



## Case Report

J. Ayu. Herb. Med.  
2016; 2(1): 3-5  
January- February  
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# Importance of *Nidana* (Ayurvedic diagnosis) for treatment of an anonymous disease in Ayurveda: a case study

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## ABSTRACT

Ancient Ayurvedic scholars has opined, there may not be the nomenclatures of all the diseases in text but such diseases can be managed on the basis of *Dauṣika* (pathological) concern. To reveal this disease process, *Nidāna* (cause), *Pūrvarūpa* (prodermal symptoms), *Rūpa* (sign and symptoms), *Upaśaya* (association), *Samprāpti* (pathogenesis) are regarded as the basic tools for the diagnosis. In present study a case of End stage renal disease, which is an anonyms in the ancient text was managed with Ayurvedic therapy by considering the different stages of the disease. The case was treated with *Mahā Tikta ghṛita*, *Varuṇādi Kaṣāya* which acts on *Meda vaha srota* and *Mandāgni*. As we know treatment should be given for *srota* and its root. Root of *Meda vaha srota* is *Vṛkka* and *Vapāvahanaṁ* from where *Mūtra* is formed. In this case it was observed that after one month of treatment patient was clinically better than before and also in biochemical investigation all parameters were decreased. Study cleared out that before providing treatment for an anonymous disease, diagnosis of case based on Ayurvedic parameters is essential.

**Keywords:** *Nidana*, Ayurvedic diagnosis, *Mutrabahasrota*.

## INTRODUCTION

**Hetu** (aetiology), **Liṅga** (sign and symptoms), **Ouśadha** (drug and therapy) are the three *sūtra* (principles) of *Āyurveda* <sup>[1]</sup>. Without the knowledge of *Hetu* (cause of a disease) and *Liṅga* (sign and symptoms), the implication of *Ouśadha* (drug and therapy) is not possible. In the present Era, many new diseases are emerging with varied features; all of these were not mentioned in our compendium but on the basis of *Doṣa*, *Dūṣya*, *Srota*, *Agni* etc (Ayurvedic tools for diagnosis) we can make out the disease as well as management. As per ancient Ayurvedic scholars there may not be the nomenclatures of all the diseases in transcript but these all can be managed on the basis of *Dauṣika* (pathological) concern. A disease is caused due to specific causative factors followed by the pathogenesis with the manifestation of sign and symptoms and if ignored the complication is the next outcome <sup>[2]</sup>. To reveal this process, *Nidāna* (cause), *Pūrvarūpa* (prodermal symptoms), *Rūpa* (sign and symptoms), *Upaśaya* (association), *Samprāpti* (pathogenesis) are regarded as the basic tools for the diagnosis <sup>[3]</sup> and to mitigate the disease process *Sodhana* (purification) therapy is applicable. In present study a case of End stage renal disease, which had not mentioned in the text, was managed with Ayurvedic therapy by considering the different stages of the disease.

## CASE HISTORY

A 50 years Muslim Female House wife, belonging to lower socioeconomic status from Belgachia, West Bengal, came in OPD with complaints of loss of appetite, excessive thirst burning micturation with scanty amount of urine for last 6 months, associated with swelling in both legs, vomiting and generalized weakness. This condition was gradually progressive. She had past H/O hypertension, repeated common cold and trauma over Left elbow joint with bone infection. She was not Diabetic; No such relevant family history presented. On menstrual history menopause was occurred last 15 years back. On personal history: appetite was less, Bowel- hard and irregular, Bladder- Frequently passing of scanty amount of urine, yellowish in colour with pain and burning sensation, occasionally urine mixed with blood. Sleep- Disturbed, 3-4 hours/ day. On Physical Examination: Pallor was present and pitting type of bilateral pedal edema was present, Pulse was 89 beats/ minute, regular, low volume; Bp was 150/98 mm of Hg. Tongue examination revealed dehydrate. Skin was dry. On systemic examination, G.I system showed, mild tenderness over hypo gastric region. Biochemical Investigation dated on 26.05.2015 revealed-

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## Treatment schedule selected:

Restriction of *Lavaṇa Rasa* and *Udaka* (Excessive intake of salt and water).

*Mahā Tikta Ghṛta*- 1tsf two times daily before meal.

*Niruha Basti* by *Varuṇādi Kaṣāya* - 400ml one times daily.

(This schedule was continued for 1 month).

## RESULT AFTER TREATMENT

On Biochemical Investigation: On 26.06.2015

Blood Urea: 82 mg/dl.

Blood Creatinine: 4.99 mg/dl.

Urinary Micro - Albumin: 629.2 mg/L.

Urinary Creatinine: 22.8 mg/dl.

Urinary Albumin/ Creatinine ratio: 2124.7

## DISCUSSION

*Nidan Pañcaka* was described on the basis of patient's history. Due to *bhūtoupaghāta*, *vega bidhārana*, the *Rukṣya guṇa* of *Apāna Vayu*, *Pācaka Pitta* and *Kledaka Kapha* were increased. Followed by *Agni* became in altered condition, due to this *Rasādi dhātu kṣaya* occurred which leads to improper *sāra kiṭṭa bibhājana*. As *Mūtra* is one of the *kiṭṭa* there was ultimately *Mūtra kṣaya*. On the other hand *Prakupita Tridoṣa* vitiates the *Rasādi dhātu* specially *Rasa*, *Rakta*, *Meda* and *Mūtra* and *sthānasaṁśraya* was occurred in *Basti* which leads to *Mūtra kṣaya*. Here *Mahā Tikta ghṛta* was applied because it's having the capacity to mitigate the disease which is not cured by any other medicine, mentioned in the text<sup>[7]</sup>. *Varuṇādi Kaṣāya* acts on *Meda vaha srota* and *Mandāgni*<sup>[8]</sup>. As we know treatment should be given for *srota* and its root. Root of *Meda vaha srota* is *Vṛkka* and *Vapāvahanaṁ*<sup>[9]</sup> from where *Mūtra* is formed. In this case it was seen that after 1 month patient was clinically better than before there was no such scanty amount of urine, burning micturation etc. and in biochemical investigation all parameters were decreased.

## CONCLUSION

Hence from this study it is clear that before providing treatment for an anonymous disease, diagnosis of case based on Ayurvedic parameters is essential. Study showed if we have proper knowledge regarding the pathogenesis of disease then we can easily treat the disease and its need to long term therapy for getting the better result. Further study can be done on this regard.

## CONFLICTS OF INTEREST

No conflicts of interest.

## SOURCE OF FUNDING

Nil.

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## HOW TO CITE THIS ARTICLE

Nath R, Mahajon B, Sengupta A, Chattopadhyay A. Importance of *Nidana* (Ayurvedic diagnosis) for treatment of an anonymous disease in Ayurveda: a case study. J Ayu Herb Med 2016;2(1):3-5.