



## CONCEPTUAL STUDY ON THE ETIOLOGICAL FACTORS APPLICABILITY IN THE CLINICS W.S.R TO MEDOVAHASROTO VIKARAS

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### ABSTRACT:

*Trisutra Ayurveda* emphasizes mainly on the diagnostics and treatment approach. The applied study on *Hetu* [etiology of the disease] in every subjects clinically irrespective of the *Desha* [place of birth/diseased], *Kaala* [state and stage of the disease], *Rutu* [seasonal influence], *Vaya* [age] is significant in today's scenario where the diagnosis of the disease is reliant merely on laboratory findings rather than history taking and clinical valuation of both the diseased and the disease. Understanding *Hetu/Nidana* considerably with respect to severity in the manifestation of the disease and its anticipation helps in the advancement of fundamentals in the treatment protocol. *Medovahasroto Dusti Vikaras* [Diseases caused due to atypical *Medo Dathu*] i.e. *Prameha*, *Sthoulya*, *Karshya* which are acknowledged as lifestyle disorders are apparent in day to day clinics with an upsurge in its percentage in Indian population. Notable previous works has not be done on the analysis of *Nidana* usage practically in the clinics. Hence, the present literary work is preferred in making an effort to assess the importance of etiological factors influence in *Medovahasroto Dusti Vikaras*.

**Keywords-** *Nidana*, *Medovahasroto Vikara*

## INTRODUCTION

In the current period understanding of health and disease status has turn out to be substantial. This thought varies from one system of medicine to another because of distinctive methodologies and principles it stands on. Accepting the complex human body's structure and function itself varies from contemporary and *Ayurvedic* Science which pointers the alteration in consideration of health and disease. According to Ayurveda, *Vikara* [state of abnormality] or *Dukha* [distress] pertaining to *Kaya* [body], *Vak* [speech] and *Manas* [mind] changes as an resultant of *Dhatu Vaishamyatha* [disturbance in equilibrium of body elements] and *Prakruti* [state of normal physiological functioning] or *Sukha* [well-being] is because of *Dhatu Samyata* [equilibrium of anatomical & physiological body elements]<sup>[1]</sup>. Therefore preserving *Dosha -Dhatu Samyata* is the definitive aim of the science<sup>[2]</sup>.

Nutrition plays a key role in the restoration of health as well as retrieving a person from disease condition. Every person should receive the right amount of nutrition, both excess and underneath nourishment manifests into disease condition. According to classics these diseases are known as *Santarpanajanya Vyadhis* [diseases due to excess nourishment] and *Apatarpanajanya*

*Vyadhis* [diseases due to under nourishment]. Classification of disorder especially pertaining to *Medodhatu - Prameha, Sthoulya* and *Karshya* are a major concern in present time. Conquering over these diseases and improving the life expectancy and quality of life is the need of the hour.

## Materials and Methods

The article is based on literary review collected from classical Ayurvedic texts, contemporary science books. The text from *Brihatrayee* i.e. *Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya* and their respective commentaries in Sanskrit as well as Hindi have been referred for the present literary work.

## TRISUTRA AYURVEDA AND IMPORTANCE OF HETU

Ayurveda is obtainable in the system of *Trisutra* [three aphorisms] for the purpose of understanding both *Swastha* as well as *Athura Purusha*. These *Trisutras* are *Hetu* [causative factor for origin of disease], *Linga* [signs and symptoms seen as a result of manifestation of disease], and ultimately *Aushadha* [medications & treatments of disease]<sup>[3]</sup>. *Hetu* is placed first among the three because of its utmost implication in analyzing the disease indicator.

Scrutinizing *Hetu* is the first step in understanding a disease. Practice of *Hetu* leads to *Dosha Vaishamyata* [disturbance in equilibrium of body humors] which leads to

*Agni Dushti* [disturbance in digestion process] which in turn incites and vitiates *Dushyas* [body structures] after *Dosha Dushya Sammorchana* [interface between *Dosha* and *Doshya*] leading to progression of the pathogenesis. For disease to manifest this interaction should occur at a particular anatomical site which require intensity of vitiation of *Doshas*. Based on *Dosha, Dushya, Agni, Kaala, Bala, Prakruti, Vaya, Satva, Satmya* of the subject and the disease, the pathogenesis progresses through various stages of *Vyadhi Kriya Kaala- Sanchaya, Prakopa, Prasara, Sthanasamshraya, Vyaktha* and *Bheda* [stages of pathogenesis] [4].

A disease can be diagnosed and treated if a physician is effective in ascertaining the etiological factors for the manifestation of the disease. For example, when a person practices *Adharma* [unrighteous act] *Daivavyapashraya mode of treatment using – Mantra Ucchara, Aushadha Dharana, Mani Dharana, Managala Vachana, Bali, Upahara, Homa, niyama, prayascchitha, upavasa, svasthyayana, pranipatagamana etc.* will be adopted [5]. So ascertaining *Nidana* and advising the patient to constrain the practice of causative factor of the disease itself is considered as a prime approach of *Chikitsa* [treatment] known as *Nidana Parivarjana* [avoiding all the etiological factors initiating the disease] [6].

## **FACTORS RESPONSIBLE FOR DEVELOPMENT OF DISEASE**

*Acharya Charaka* elucidated the concept of *Vyadhi Vighatakara Abhava* i.e. absence of factors that can hinder the process of disease development, the factors are *Nidana* [etiological factors], *Dosha* [physiological elements of the body] and *Dushya* [systemic functions of the body], interaction between these three factors along with the immune status of the patient constitute a principal part in the pathogenesis. *Vikara Vighatakara Bhava* and *Abhava* with the influence of *Nidana, Dosha, Dushya* and *Vyadhikshamatva* leads to either non-development of disease or delayed development of the disease condition or development of disease with less severe or minimal symptoms [7].

As mentioned earlier, *Vyadhikshamatva* [immunity] offered by the body is also a major determining factor for the extent of progression of a disease. An individual's *Vyadhikshamatva* depends on various factors like excellence of quality of sperm and ovum of parentages, genetic predisposition, place of birth and livelihood, age, seasonal influence, and maintenance of healthy lifestyle like performing consistent physical exercise, nutritious regimen, undertaking *Rasayana* [rejuvenation therapy], etc [8] [9].

## **DIAGNOSIS OF DISEASE**

Diagnosis is the paramount segment in the treatment protocol of the disease. Ayurveda gives prominence equally to *Rogi Pareeksha* [examination of patient] and *Roga Pareeksha* [examination of disease]. *Rogi Pareeksha* is conducted by *Dvididha*, *Trividha*, *Chaturvidha*, *Shadvidha*, *Ashtavidha* and *Dashavidha Pareeksha* (types of clinical examination), while *Roga Pareeksha* is conducted by *Nidana Panchakas* (etiology, premonitory symptoms, symptoms, diagnostic therapeutics and pathogenesis) [10]. A judicious physician will foremost diagnose the disease, and based on the diagnosis determines the appropriate medication. Physician who is skilled in administration of medicine by assessing *Desha* [place- patient habitat or site of disease] and *Kala* [time factor e.g. - chronological changes in the functions of *Doshas* with respect to day, night, season and digestion state or stage of disease manifestation] is sure to accomplish the desired objective [11].

### **NIDANA**

*Roga Pareeksha* is done through *Nidana Panchaka*. The 5 phases of understanding the pathogenesis are - *Nidana* [etiological factors], *Purvaroopas* [premonitory symptoms], *Lakshanas* [symptomatology], *Upashayas* [diagnostic therapeutics], and *Samprapthi* [pathogenesis]. Each of the above plays a prominent role in diagnosis, prognosis and

therapeutics of the disease. Out of these five, *Nidana* is the primary diagnostic tool. The contextual meaning of "*Nidana*" is deliberated in two ways- the first implication is *Vyadhijanaka Nidana* and the latter is *Vyadhibhodaka Nidana*. Causative factors for the manifestation of the disease is known as *Vyadhijanaka Nidana*, understanding of the disease by means of *Rogi Pareeksha* and *Nidana Panchaka* is called as *Vyadhibodhaka Nidana* [12].

### **SYNONYMS OF NIDANA [13]:**

1. *Hetu*: initiation of disease with intensification of *Vatadi Doshas* Guna, Karma.
2. *Nimitha*: certain signs manifested in the body act as causative factor for disease
3. *Ayathana*: place of origin of disease.
4. *Karta*: main culprit for in- equilibrium state of *Doshas*, *Dushyas*, etc. for disease expression.
5. *Karana*: factors which interrupts the normal physiological functions and capable of manifesting the disease.
6. *Pratyaya*: consumption of disagreeable diet unintentionally
7. *Samutthana*: chief fundamental factor for initiation of disease process
8. *Moola*: root cause for initiation of vyadhi.
9. *Yoni*: source of vyadhi.

**Table 1. Classification of *Nidana*** <sup>[14]</sup>

Basis of Classification	Types
Severity, mode of onset, progression of the disease	<i>Sannikrishta</i> <i>Viprakrishta</i> <i>Vyabhichari</i> <i>Pradhanika</i>
Usage of senses, sense organs, <i>Kaala</i>	<i>Asatmya Indriyatha Samyoga</i> <i>Prajnaparadha</i> <i>Parinama</i>
Specific <i>Dosha Guna Karma</i> involvement, disease causative factor or both	<i>Dosha Hetu</i> <i>Vyadhi Hetu</i> <i>Ubhaya Hetu</i>
Disease causative and precipitous factors	<i>Utpadaka Hetu</i> <i>Vyanjaka Hetu</i>
Mode of causes which are prevalent external and internal of the body	<i>Bahya Hetu</i> <i>Abhyantara Hetu</i>
<i>Chaya, Prakopa, Prashama</i> of <i>Doshas</i> in respective <i>Rutu Kriya Kala</i>	<i>Prakrita Hetu</i> <i>Vaikrita Hetu</i>
Pradhana( primary) and Apradhana( secondary) <i>Nidana</i>	<i>Anubandha</i> <i>Anubandhya</i>
<i>Dosha Gati</i>	<i>Aashayapakarsha</i>

Depending on the severity, mode of onset and time interval in progression of the disease the *Chaturvidha Nidana Bheda* - 4 fold *Nidana* classification i.e. *Sannikrishta*, *Viprakrushta*, *Vyabhichari* and *Pradhanika* has been explained as-

*Sannikrushta Nidana*: Adjacent source for disease causation. *Vatadi tridoshas* itself are considered as *Sannikrushta Nidana*. *Doshas* indeed undergoes diurnal fluctuations during

day, night, seasonal and in different phases of digestion <sup>[15]</sup>. These *Nidanas* do not require any prerequisite accretion of *Doshas*. For example, *Pitta Dosha* undergoes magnification with respect to its *Guna, Karma, Pramana* in mid part of day, night and digestion.

*Viprakrushta Nidana*: distant root in disease manifestation, which require preceding accretion of *Doshas*. For example, in *Hemant Rutu* [early winter season] *Kapha* gets hoarded

and is intensified in *Vasanta Ritu* [spring season] to produce *Kaphaja Vikar with respect to its Guna, Karma, Pramana* [diseases predominant with *Kapha Dosha*] <sup>[16]</sup>.

*Vyabhichari Nidana*: fragile causative factor, which is not accomplished of producing disease individually. These factors are just capable of exaggerating the already ongoing process of disease in the body when combined with other factors like season, place etc. for e.g. *Tamaka Shwasa* gets provoked on cloudy day, by usage of cold water etc<sup>[17]</sup>.

*Pradhanika Nidana*: probing etiological factors, which immediately aggregate *Doshas* and cause life threatening disorders, due to their intense and aggressive nature leads to demise of an individual. For example- poison, allergens and other foreign bodies causing hypersensitivity and anaphylactic reactions, massive body trauma, cessation of body functions, etc.

Depending on the usage of senses, sense organs, *Kala* of the disease the *Trividha Nidana Bheda* - 3 fold *Nidana* classification i.e. *Asatmyaindriyarthasamyoga, Prajnaparadha, Parinama* has been explained as-

*Asthmendriyarthasamyoga*: *Ayoga* [diminished use], *Atiyoga* [excessive use], and *Mithyaayoga* [deviant use] amongst the *Indriyas* [sense organs] and its respective *Arthas* [entity of sense organ] is called

*Asthmendriyarthasamyoga*. For ex., *Sarvasho Adarshanam* [not seeing anything] is considered as *Ayoga* of *Indriyarthas Roopa* [sight] with its *Indriya* i.e. *Chakshurindriya* [visual sense organ] <sup>[18]</sup>.

*Prajnaparadha*: *Ayoga, Atiyoga, and Mithyaayoga* of *Vak* [speech], *Shareera* [body] and *Mana* [mind] is called *Prajnaparadha*. For ex., *Vegadharana* [suppression of natural urges] is considered as *Shaaririka Mithyaayoga, Vishama Skhalana* [unbalanced dwindling] is considered as *Shaaririka Mithyaayoga* <sup>[19]</sup>

*Parinama*: *Ayoga, Atiyoga, and Mithyaayoga* of *Sheeta* [cold], *Ushna* [hot], and *Varsha* [rain] in *Hemanth* [winter season], *Grishma* [summer season], and *Varsha Ritu* [rainy season]. For example, enormous rainfall during rainy season is *Atiyoga* of *Varsha* in *Varsha Ritu*<sup>[20]</sup>

Depending on the specific *Dosha Guna Karma* involvement, disease causative factor or both the involvement of *Dosha* and disease causative agent the *Trividha Nidana Bheda* - 3 fold *Nidana* classification i.e. *Dosha Hetu, Vyadhi Hetu, Ubhaya Hetu* has been explained as-

*Dosha Hetu*: typical *Chaya* [accretion], *Prakopa* [intensification] and *prashama* [reconciliation] of *Doshas* takes place in respective *Ritu*

[season]. For example, *Chaya* of *Vata* in *Grishma Ritu* [summer season] <sup>[21]</sup>.

*Vyadhi Hetu*: explicit causative factors accountable for the progression of specific disease. For example, consistent ingestion of *Mrud* [mud] manifests *Mrudbhakshanajanya Pandu* [Pica Disorder] <sup>[21]</sup>.

*Ubhaya Hetu*: etiological factors that exaggerate *Doshas* as well as lead to the advancement of specific *Vyadhi*. For example, factors that aggravate *Vata* [eg: Excessive traveling on elephant, horse, consumption of ruksha ahara etc] and *Raktha* [eg: Excessive intake of irritant, hot, sour, alkaline substances etc] can cause *Vataraktha* disease. <sup>[21]</sup>

### **MEDA DHATU**

The structure of our body is sustained by *Dhosha*, *Dhatu* and *Mala* <sup>[22]</sup>. *Dhatu* organizes the *Dharana Karma* of *Shareera* [sustenance]. There are seven *Dhatus* namely *Rasa* [plasma], *Raktha* [blood], *Mamsa* [muscle], *Meda* [fat], *Asthi* [bone], *Majja* [bone marrow] and *Shukra* [reproductive tissue] <sup>[23]</sup> Each of these seven *Dhatus* have their own specific physiological and anatomical functions inside body- *Preenana* [nourishment], *Jeevana* [maintenance of life activities], *Lepana* [sheath], *Snehana* [lubrication], *Dharana* [supportive], *Poorana* [interior of bones] and *Garbha Uthpadana* [regenerative, conception] respectively <sup>[24]</sup>

Medo dhatu is the fourth *Dhatu* among the seven which is molded after *Mamsa Dhatu*. According to *Shabdakalpadhuma* "*Medati Snehayati Ithi*" the derivation of word *Meda* which means to be unctuous in nature. Because of the unctuous property it is considered to be guru [heavy] and offers strength to the body. It accomplishes functions like *Sneha* [unctuousness], *Sweda* [sweat production], *Drudatva* [compactness of the body] and *Asthi Pushti* [nurture bone cells] <sup>[25]</sup>. It is present in diverse anatomical positions of the body - *Udara* [abdomen], inside *Anuasthi* [small bones] as *Saraktha Meda* [red bone marrow], inside *Sthoola Asthi* [long bones] as *Majja* and in between muscles as *vasa* [intramuscular fat] <sup>[26]</sup>. *Medas* is *Drava Pradhana Dhatu* with predominance of *Prithvi*, *Aap* and *Teja* [Earth, water and fire respectively] *Mahabhoota* <sup>[27]</sup>

### **MEDOVAHA SROTAS**

*Srotas* are structural and functional units of the body that are entitled for derivation, transformation and obliteration of *Dosha*, *Dhatu*, and *Mala*. Word *Srotas* [body channels] has its root as '*Sru Sravane*' which means to ooze, move or flow <sup>[28]</sup>. It symbolizes the macro and micro body channels and pathway. 13 types of *Srotas* are explained by *Acharyas*. Three carrying the vital essentials i.e. *Prana* [respiratory system], *Udaka* [circulating body fluids- blood, lymph, tissue fluids], and *Anna*

[digestive tract]. Seven for respective *Dhatu* transport i.e. *Rasa, Raktha, Mamsa, Meda, Asthi, Majja* and *Shukra*. And the last three which carry the metabolic waste of the body i.e. *Mutra* [urine], *Pureesha* [feces] and *Sweda* [sweat] <sup>[29]</sup>

Each *Srotas* have *Srotomoola* [source structure]. These *Srotomoola*, apart from being the main site for physiological function, is also the focal position for the pathological manifestation of a disease. Different *Acharyas* have mentioned different *Srotomoolas* for *Medovaha* *Dhatu* are-

**Table 2. Srotomula according to different Acharyas**

Acharya	Srotomoola
Acharya Charaka <sup>[30]</sup>	Vrikka [kidney] Vapavahana [omentum]
Acharya Sushruta <sup>[31]</sup>	Vrikka Kati [pelvic region]
Acharya Vagbhata <sup>[32]</sup>	Vrikka Mamsa [muscle tissue]

### MEDOVAHA SROTODUSHTI NIDANA

Vitiation of *Medovaha Srotas* is initiated due to – *Avyayama* [lack of physical exercise], *Divaswapna* [day sleep], *Atibhakshana* of *Medya Ahara* [excessive consumption of oily food substances] and excessive consumption of *Vaaruni* [alcoholic drink prepared from toddy palm or dates palm] <sup>[33]</sup>

### DISCUSSION

The expression of a disease and preservation of health will be determined by practice of etiological factors, *Dosha* and *Dushya*, which is explicated intricately under the direction of *Vikara Vighatakara Abhava* and *Vikara Vighatakara Bhava*. Based on the arrangement

and amalgamation of etiology, *Dosha, Dushya* ie. *Dravataha, Gunataha, Karmataha* equality the manifestation of the clinical features and pathogenesis ensues. If the arrangement does not depend on each other or based on *Kaala* or based on minimal formation then the disease does not marked or manifests later or expresses less severe disease or disease exhibits with good prognosis. On the contrary based on the encouraging etiology, *Dosha, Dushya* with *Kaala* leads to severe expression of the disease or bad prognostic disease or manifestation of disease with all clinical features arises. For instance: In *Prameha Vyadhi* etiological factors like *Aasyasukha*



[consuming excess food only based on taste perception without considering hunger], *Swapna Sukha* [sleeping for long hours], *Kaphavardhaka Ahara* [food items leading to *Kapha* vitiation] leads to *Kapha Dosha Vriddhi* with its *Aashrayee Dhatu Medo, Mamsa Dhatu Vriddhi* with favorable *Kaala* leading to exhibition of *Tulyaguna* amongst *Nidana, Dosha, Dushya* sorts appearance of severe disease. Hence, scrutinizing the etiological factors and its position in demonstration of clinical features, severity, prognosis and complete pathogenesis of the ailment is substantial.

Assortment of line of management with medications grounded on the above concept is the prerequisite for the hour. *Nidana Parivarjana* is the prime line of *Chikitsa* to be adopted. Hindrance in the practice of etiological factors leads to cessation in the arrangement of *Dosha, Dushya* and *Kaala* with

respect to disease manifestation. Later based on the *Dosha* and *Dushya* involved by analyzing the clinical features, severity and prognosis of the disease i.e. State and stage of the disease the management protocol *Shadvidha Upakarma – Langhana [deprivation therapy], Rukshana [drying therapy], Swedana [sudation therapy]* to be implemented in *Santarpanajanya Vyadhi* [e.g. *Prameha, Sthoulya*] and *Bruhmana [nourishing therapy], Snehana [oleation therapy], Stambhana [astringent therapy]* to be incorporated for *Apatarpanajanya Vyadhi* [e.g. *Karshya*].

*Medovaha Sroto Vikaras* are *Prameha, Sthoulya* and *Karshya*, recognized as Lifestyle disorders which is much prevalent in today's culture. In the present study only 4 fold classification of *Nidana* is considered with respect to *Medovaha Sroto Vikaras* as mentioned in classics by different Acharyas in the below table:

**Table 3. Medovahasroto Vikara Nidana**

<b>Vyadhi</b>	<b>Sannikrushta</b>	<b>Viprkrushta</b>	<b>Vyabhichari</b>	<b>Pradhanika</b>
<i>Prameha</i> (EF-2) [34] [35] [36]	<i>Sheeta, Snigdha, Drava, Pichila, Guru and Madhura Ahara Sevana</i> [consumption of cold, oily, fluid, sticky, heavy and sweet food items, ex: <i>pishtanna, anupa mamsa</i> ]	<i>Havi Prashana</i> [consuming excess quantity of ghee]	<i>Kapha Utpadaka Hetu</i> [etiological factors leading to <i>Kapha</i> vitiation ex: <i>yavaka, masha, sheeta kala, etc</i>	
	<i>Ati Dadhi Sevana</i> [consumption of excess quantity of curd]	<i>Aadibala pravrutthi</i> (morbidity of <i>Shukra</i> and	<i>Medho</i> and <i>Mutra Kara</i> [factors contributing to	

		<i>Shonitajanya Vyadhi</i>	increased urine and fat production, ex: sugarcane ]	
	<i>Atidrava Annapana</i> [excess liquid food consumption]			
	<i>Ati Paya Sevana</i> [excess consumption of cow, buffalo or any other animal milk]			
	Consumption of <i>Ikshu</i> and <i>Guda</i> [sugarcane, jaggery and its by- products]			
	<i>Gramya Anupa Audaka Prani Mamsa Ati Sevana</i> [consumption of native, marshy and aquatic animals meat]			
	<i>Nava Dhanya</i> [consuming freshly harvested grains]			
	<i>Vyayama Varjya</i> [not performing physical exercise]			
	<i>Divaswapna</i> [sleeping during day time]			
	<i>Aalasya Prasaktha</i> [laziness]			
	<i>Aasya Sukha</i> [consuming excess food only based on taste perception without considering hunger]			
	<i>Swapna Sukha</i> [sleeping for long hours]			
	<i>Sura sevana</i> [excess alcohol consumption]			
<i>Sthoulya</i> <sup>[37]</sup> [ACB-1]	<i>Atisampoorana</i> [excessive food consumption even after satiety]	<i>Beeja Swabhava</i> ( genetic predisposition, ex:		

		<i>Astanindita Purusha)</i>		
	<i>Guru, Madhura, Sheeta, Snigdha Upayoga</i> [heavy, sweet, cold and oily food consumption, ex: <i>ksheera, dadhi</i> ]			
	<i>Avyayama</i> [not performing physical exercise]			
	<i>Avyavaya</i> [abstinence from sexual intercourse]			
	<i>Divaswapna</i> [indulging in day sleep]			
	<i>Harshanitya</i> [incessant exuberance]			
	<i>Achintana</i> [absence of uncertainties]			
<i>Karshya</i> [AAB-29] [38]	<i>Rooksha Annapana Sevana</i> [intake of dry food and drinks, ex: <i>Chanaka, truna dhanya</i> ]	<i>Prakruthi</i> [ <i>Dehajanaka</i> <i>Beejam</i> – inherited conditions, ex: <i>Astanindita Purusha</i> ]	<i>Vikaranushaya</i> [unremitting illness, ex: <i>Shvasa, Jvara, Arshas</i> etc.]	
	<i>Langhana</i> [fasting]	<i>Jara</i> [old age]		
	<i>Pramithashana</i> [intake of food in inadequate quantity]	<i>Krodha</i> [anger]		
	<i>Kriyathiyoga</i> [ excess administration of purificative therapies]			
	<i>Shoka</i> [grief]			
	<i>Vega Nigrahana</i> [suppression of natural urges]			
	<i>Rooksha Udwartana</i> [massage with dry substances]			

	<i>Snana Abhyasa</i> [repeated bathing for long duration]			
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Further categorization of the *Aharaja*, *Viharaja* and *Manasika Nidanas* into *Sannikrishta*, *Viprkrushta*, *Vyabhichari* and *Pradhanika* helps in determining the sternness of a *vyadhi* with its prognosis. As inferred from the above table, analysis of *Pradhanika Nidana* contributing to development of *Medovahasroto Vikara* is challenging as in the *Upadrava Avastha* of *Medovahasroto Vikaras*, *Pradhanika Nidana* possibly will play a substantial role. Due to the involvement of either *Avarna* or *Dhatukshaya Samprapti* comprising two conjointly contrary *Doshas* i.e. *Vata* and *Medas*. Hence, disease progression and severity are to be understood and addressed decisively. The present effort is grounded on the basis of review of literature and the persistent work of the same as observational study marks weightage in *Nidana* study.

### CONCLUSION

Sequestration of causative factor is the principal step in both curative and prevention of the disease. In recent times lifestyle disorders have amplified significantly, hence analysis of *Nidana* and its practice routinely by *Vaidyas* is the need for the hour. The etiological factors as mentioned in *Prameha*,

*Sthoulya*, *Karshya Vyadhi's* are to be gauged in day to day clinics by history taking in the form of questionnaires which in turn supports the valuation of mode of onset, disease progression and severity of the disease. *Pathya* [do's] and *Apathya* [don'ts] approach of *Aahara* [form & processing of food], *Kayika-Vachika- Manaiksa Vihara* [physical, mental, verbal activities] has to be advised in everyday clinics to the healthy as well as diseased for the betterment.

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