

Sapeksha Nidana and Vyavachedaka Nidana in Ayurveda: Diagnostic Principles of Anuktavyadhi and Differential Diagnosis

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Cite this paper as: Dr. Anil Dev, Dr. Jyoti Meghdambar, Dr. Giriyavvanavara Rangaswami, Dr. Renuka Sawant, Dr. Ramanand Tiwari , Dr. Parameswarappa S. Byadgi (2024) Sapeksha Nidana and Vyavachedaka Nidana in Ayurveda: Diagnostic Principles of Anuktavyadhi and Differential Diagnosis. *Frontiers in Health Informatics*, Vol.13, No.7, 1461-1467

ABSTRACT:

Ayurveda emphasizes comprehensive clinical evaluation for accurate diagnosis and treatment planning. Among the important diagnostic concepts described in classical Ayurvedic literature are Sapeksha Nidana and Vyavachedaka Nidana, which correspond to comparative and differential diagnosis respectively. These principles become especially significant in the understanding and management of Anuktavyadhi (unnamed or unclassified diseases). Classical Ayurvedic texts explain that diseases may manifest in innumerable forms due to variations in Doṣa, Dūṣya, Adhiṣṭhāna, Hetu, and Samprapti; therefore, it is not always possible to assign a specific nomenclature to every disease. Hence, physicians should analyze the disease based on etiological factors, site of manifestation, involved Doṣas, symptomatology, and therapeutic response. The present article critically reviews the concepts of Anuktavyadhi, Sapeksha Nidana, and Vyavachedaka Nidana with reference to classical Ayurvedic literature. The article also highlights the relevance of differential diagnosis, principles of unnamed disease management, therapeutic applications, and appropriate use of treatment modalities according to Deśa, Kāla, Pramāṇa, and Sātmya. These concepts demonstrate the scientific and analytical approach of Ayurveda toward clinical diagnosis and individualized treatment.

INTRODUCTION

Diagnosis forms the cornerstone of successful treatment in Ayurveda. Classical Ayurvedic scholars emphasized that diseases do not always manifest in a fixed or uniform manner. Variations in Doṣa predominance, etiological factors (Hetu), site of manifestation (Adhiṣṭhāna), disease strength, chronicity, and individual constitution (Prakṛti) result in diverse clinical presentations. Hence, the physician should not depend solely upon disease nomenclature but must thoroughly analyze the underlying pathological process responsible for disease manifestation.

The concept of Anuktavyādhi described in the Caraka Saṁhitā highlights that several diseases may remain unnamed because of their atypical or variable presentations. Ācārya Caraka clearly states that the physician should not feel embarrassed if a disease cannot be assigned a specific name, as treatment primarily depends upon understanding the involved Doṣa, Dūṣya, Samutthāna (etiological factors), Adhiṣṭhāna (site of manifestation), and the nature of disease progression. Thus, Ayurvedic diagnosis is fundamentally based on pathophysiological understanding rather than merely labeling the disease.

In this context, the principles of Sapekṣa Nidāna and Vyavachedaka Nidāna assume great clinical importance. These diagnostic methods are employed to distinguish between diseases having similar signs and symptoms through careful evaluation of Doṣa predominance, etiological factors, symptomatology, progression, prognosis,

and therapeutic response. Such analytical assessment closely resembles the modern concept of differential diagnosis.

Ayurveda advocates an individualized and comprehensive diagnostic approach that integrates clinical examination, interrogation, observation, inference, and assessment of disease causation. These principles help physicians identify subtle differences between clinically overlapping disorders and thereby facilitate accurate diagnosis, rational treatment planning, and improved therapeutic outcomes. Even in contemporary clinical practice, the concepts of Sapekṣa Nidāna and Vyavacchedaka Nidāna remain highly relevant for understanding complex diseases and developing integrative diagnostic methodologies

Aims and Objectives

Aim

To critically analyze the Ayurvedic concepts of Sapekṣa Nidana and Vyavacchedaka Nidana with special reference to Anuktavyadhi and differential diagnosis.

Objectives

To study the concept of Anuktavyadhi in classical Ayurveda.

To understand the principles of Sapekṣa Nidana and Vyavacchedaka Nidana.

To evaluate the role of Doṣa, Dūṣya, Hetu, and Adhiṣṭhāna in unnamed diseases.

To analyze the principles of differential diagnosis in Ayurveda.

To discuss therapeutic approaches for named and unnamed diseases.

To correlate Ayurvedic differential diagnosis with modern clinical approaches.

Materials and Methods

Materials

The study material was collected from classical Ayurvedic texts including:

Caraka Saṁhitā

Suśruta Saṁhitā

Aṣṭāṅga Hr̥daya

Madhava Nidāna

Contemporary Ayurvedic textbooks and commentaries

Methods

A literary and conceptual review method was adopted. Relevant references related to Anuktavyadhi, Sapekṣa Nidana, Vyavacchedaka Nidana, Doṣa involvement, therapeutic principles, and differential diagnosis were compiled, analyzed, interpreted, and presented systematically.

Concept of Anuktavyadhi

Classical Reference

Vikāra-nāma-akushalo na jihriyā t kadaṅcana \text{Vikāra-nāma-akushalo na jihriyāt kadācana} Vikāra-nāma-akushalo na jihriyā t kadaṅcana

Caraka states that physicians should not feel ashamed if they are unable to assign nomenclature to a disease because diseases manifest in innumerable forms.

Important Principles of Anuktavyadhi

Diseases are produced by aggravated Doṣas.

A single Doṣa may produce different diseases at different sites.

Disease manifestation depends upon:

Hetu (etiological factors)

Doṣa

Adhiṣṭhāna (site)

Samprapti

Bala of disease and patient

Table 1: General Diagnostic Principles of Anuktavyadhi

Principle	Explanation
Disease nomenclature is not mandatory	All diseases cannot be named specifically
Doṣa involvement is essential	No disease occurs without Doṣa vitiation
Site-specific manifestation	Same Doṣa produces different diseases at different sites
Importance of Samprapti	Pathogenesis determines disease expression
Clinical analysis is superior to nomenclature	Treatment depends upon pathology rather than name
Individualized diagnosis	Disease should be evaluated according to patient constitution and presentation

Role of Doṣa in Disease Manifestation

Sthānāntaragata Doṣa

A Doṣa situated at different anatomical sites produces varying diseases.

Example

Site of Doṣa	Diseases Produced
Gala (throat region)	Kāsa, Svarabheda, Kaṇṭhodhvamsa, Arocaka
Āmāśaya	Chardi, Ajīrṇa
Pakvāśaya	Atisāra, Grahaṇī
Sandhi	Sandhivāta

Sapeksha Nidana

Sapeksha Nidana refers to comparative evaluation of diseases with similar manifestations. It involves analyzing subtle distinctions between clinically overlapping disorders.

Components of Sapeksha Nidana

Component	Clinical Importance
Doṣa predominance	Determines disease nature
Hetu	Identifies causative factors
Adhiṣṭhāna	Localizes pathology
Rūpa	Differentiates symptom patterns
Samprapti	Understands pathogenesis
Upaśaya-Anupaśaya	Evaluates therapeutic response

Vyavachedaka Nidana (Differential Diagnosis)

Definition

Vyavachedaka Nidana is the process of differentiating one disease from another disease having similar signs and symptoms.

It is comparable to differential diagnosis in contemporary medicine.

Table 2: Parameters of Vyavacchedaka Nidana

Diagnostic Parameter	Purpose
Definition with Pratyātma Lakṣaṇa	Identifies characteristic symptom
Etiological factors	Determines causation
Premonitory symptoms	Early differentiation
Signs and symptoms	Disease identification
Severity and duration	Assesses progression
Localization	Identifies affected system
Aggravating and relieving factors	Functional assessment
Clinical examination	Objective assessment
Ancillary investigations	Diagnostic confirmation
Past medical history	Identifies predisposition
Family history	Detects hereditary tendency

Principles of Treatment in Named and Unnamed Diseases

Caraka explains that treatment should be based upon:

Doṣa
Dūṣya
Hetu
Bala
Kāla
Deśa
Satmya
Prakṛti

rather than merely on disease nomenclature.

Table 3: Therapeutic Principles in Anuktavyadhi

Principle	Explanation
Doṣa-viparīta cikitsā	Opposite therapy to aggravated Doṣa
Hetu-viparīta cikitsā	Removal of causative factors
Vyādhi-viparīta cikitsā	Disease-specific treatment
Dūṣya consideration	Tissue-specific management
Bala assessment	Based on strength of patient and disease
Kāla consideration	Seasonal and disease stage adaptation
Satmya assessment	Personalized compatibility

Appropriate Use of Therapeutic Measures

Classical Factors to be Considered

1. Deśa (Location)

Deha Deśa (body constitution)

Bhūmi Deśa (habitat/environment)

2. Kāla (Time)

Includes:

Day

Season

Stage of disease

Digestive status

3. Pramāṇa (Dose)

Hīna (small)

Madhyama (moderate)

Uttama (large)

4. Sātmya and Asātmya

Wholesome and unwholesome factors according to:

Diet

Habitat

Constitution

Disease condition

Table 4: Relation of Doṣa with Body

Doṣa State	Clinical Significance
Prakṛta Avasthā	Maintains normal physiology
Vikṛta Avasthā	Produces disease
Vāta aggravation	Functional disturbances
Pitta aggravation	Metabolic and inflammatory disorders
Kapha aggravation	Structural and obstructive disorders

Discussion

The concept of *Anuktavyadhi* described in Ayurveda demonstrates the profound clinical insight and advanced diagnostic understanding possessed by classical Ayurvedic scholars. They acknowledged that diseases may manifest in diverse and variable forms due to the interaction of multiple pathological factors such as Doṣa, Dūṣya, Hetu, Adhiṣṭhāna, Bala, and Samprapti. Hence, it was considered impractical to assign a fixed nomenclature to every disease condition. Instead of depending solely on disease names, Ayurveda emphasizes understanding the underlying pathological process and clinical presentation before initiating treatment. This reflects the scientific and rational foundation of Ayurvedic diagnostics.

The principles of *Sapeksha Nidana* and *Vyavacchedaka Nidana* further illustrate the analytical and systematic diagnostic approach adopted in Ayurveda. Differential diagnosis in Ayurveda is not based merely upon similarity of symptoms, but also upon detailed assessment of Doṣa predominance, site of pathology, etiological factors, disease progression, associated manifestations, and therapeutic response. Such an approach closely resembles modern concepts of clinical reasoning and evidence-based differential diagnosis, wherein multiple disease possibilities are carefully analyzed before arriving at a final diagnosis.

Ayurveda also places great emphasis on individualized patient assessment. The physician is expected to evaluate each patient according to their unique constitution (*Prakṛti*), strength (*Bala*), mental status (*Satva*), compatibility (*Sātmya*), age (*Vaya*), and disease stage. This patient-centered diagnostic model enhances diagnostic precision and helps in formulating personalized therapeutic strategies. The physician must therefore possess keen observational skills, sound theoretical knowledge, and practical clinical experience to interpret disease manifestations accurately.

Furthermore, the therapeutic principles described for named and unnamed diseases indicate that Ayurvedic

treatment is fundamentally based on pathophysiological understanding rather than disease labels alone. Therapies are selected according to the status of Doṣa, Dūṣya, Hetu, and Samprapti, along with consideration of Deśa, Kāla, Pramāṇa, and Sātmya. This flexible and dynamic approach allows Ayurveda to effectively address newly emerging diseases, atypical clinical presentations, and complex disorders that may not fit into conventional classifications. Thus, the concepts of *Anuktavyadhi*, *Sapeksha Nidana*, and *Vyavacchedaka Nidana* continue to remain highly relevant in contemporary clinical practice and contribute significantly toward integrative and holistic diagnostic methodologies.

Table 5 : Difference between Sapeksha Nidana and Vyavacchedaka Nidana

S.No.	Sapeksha Nidana	Vyavacchedaka Nidana
1	Sapeksha Nidana refers to comparative evaluation of diseases having similar manifestations.	Vyavacchedaka Nidana refers to differential diagnosis used to distinguish one disease from another.
2	It mainly focuses on understanding the relative similarities among diseases.	It mainly focuses on identifying distinguishing features between diseases.
3	It is based on comparative clinical assessment.	It is based on exclusion and differentiation of similar disease conditions.
4	Helps in understanding disease presentation in relation to other disorders.	Helps in establishing a precise and final diagnosis.
5	Emphasizes similarities in Doṣa, Lakṣaṇa, Hetu, and Samprapti.	Emphasizes dissimilarities in symptoms, etiology, pathology, and prognosis.
6	Used during preliminary clinical assessment.	Used during confirmatory diagnostic evaluation.
7	Assesses diseases with overlapping signs and symptoms.	Distinguishes diseases with closely resembling clinical features.
8	More concerned with comparative understanding of disease nature.	More concerned with exclusion of other possible diseases.
9	Includes analysis of Doṣa predominance and symptom resemblance.	Includes identification of specific Pratyātma Lakṣaṇa (cardinal signs).
10	Useful for broad clinical categorization.	Useful for accurate disease identification and treatment planning.
11	Relatively general and analytical approach.	More specific and decisive diagnostic approach.
12	Helps physician understand pathological similarities.	Helps physician arrive at exact diagnosis through differentiation.
13	Clinical interpretation is comparative in nature.	Clinical interpretation is discriminative in nature.
14	Can be correlated with provisional diagnosis in modern medicine.	Can be correlated with differential diagnosis and final diagnosis in modern medicine.
15	Guides understanding of disease evolution and progression.	Guides precise therapeutic intervention and prognosis assessment.

Conclusion

Sapeksha Nidana and *Vyavacchedaka Nidana* are important diagnostic principles in Ayurveda that help physicians differentiate diseases presenting with similar clinical manifestations. The concept of *Anuktavyadhi* highlights that accurate diagnosis should not depend solely upon disease nomenclature, but rather upon comprehensive understanding of Doṣa, Dūṣya, Hetu, Adhiṣṭhāna, and Samprapti involved in disease manifestation. Classical Ayurvedic scholars emphasized detailed clinical evaluation, logical reasoning, and individualized assessment for establishing precise diagnosis and planning effective treatment. These principles reveal the scientific, analytical, and patient-centered nature of Ayurvedic diagnostics. Even in the present era, these concepts retain significant clinical relevance and can contribute meaningfully toward integrative approaches in differential diagnosis,

personalized medicine, and holistic healthcare management.

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