

## This is why avoiding *nidan* is first line of treatment

Amruta Bhamburkar\*<sup>1</sup>, Umesh. N. Patil<sup>2</sup>

1. P. G. Scholar ,
2. Associate Professor and Guide,

Rognidan and Vikruti Vighyan Dept.,  
 D. M. M. AyurvedMahavidyalaya, Yavatmal, Maharashtra, India

\*Corresponding Author: Mob. No. – 8380903215, Email – [amrutabhamburkar19@gmail.com](mailto:amrutabhamburkar19@gmail.com)

### Abstract:

The science of Ayurveda originated with the need to understand and cure diseases and to maintained the health of the human being. This basic of Ayurveda tenet is best explained in the Sanskrit verse, “ *Swasthasya swasth rakshanam atursya vikar prashmanam cha.* “. Acharya told that before planning for *chikitsa* , *Rog* and *Rogi parikshan* both are important. *Nidan Parivarjanam* is first line of treatment hence getting knowledge of *nidan of vyadhi* by which patient suffered is essential . Today we focus on *chikitsa dravya* and *shodhan* but many times we forgot to take history or do study of *nidan of patient* .it will definitely going to affect treatment success. Ayurveda believed in treating the patient and not disease. In this paper I tried to focus importance on *Nidan parikshan* in the *chikitsa*. To explain it properly I could like to take example of patient from our institute of *shwas vyadhi* .*Nidan Prikshan* playes important

role in the success of our day to day practice.

**Keywords:** *Nidan parikshan, Parivarjanam, Vyadhi, Chikitsa.*

### Introduction:

Today with the advancement in the medical field ,the diagnosis of disease can be done in beginning and the progress of the disease can stopped. sometimes we can not found any abnormality in outcome of investigation but patient have symptoms or many time patient can afford costly investigation like x-ray , CT scan, MRI, etc. Thus we have to know the diagnosis according ayurveda which help treating disease early and reducing the burden on the suffering patient. In ayureda there are five means of diagnosis namely *nidan* , *purvarup* , *rup*, *upashay*, *samprapti* ,. The physician who start his treatment without diagnosis the disease or without going through *nidan panchak* succeeds by chance, even if he is well versed in management with drugs . The who know

the character of disease is well versed in all therapeutic measures and is acquainted with factor such as place , time etc. succeeds undoubtedly . by knowing the concept of *nidan panchak* physician can diagnosis the disease at an earlier stage and hence faith can plan for the treatment well there by preventing further complications.

### A Case Report:

A 25 yrs. Old male patient came to OPD of Kaychikitsa department of L. K. Ayurveda Hospital Yavatmal.

- Kas ( cough with sputum ): on and off : Since 2 yrs
- Shortness of breath: on and off: Since 2 yrs
- Night Awakening: on and off: Since 2 yrs

### Physical Examination:

- R.R.- 36/min
- Temp.- 97\*f
- Heart rate - 82/min
- Wheezing all over the chest.
- Peak expiratory flow rate - predicted

### Disease History:

- Recurrent symptoms of cough and sputum , shortness of breath and sleep disturbance since last 2 yrs . He is on inhaled Asthalin and Budecort since last one year.
- No associated condition like eczema.
- Occasional episodes of asthma, not required emergency medical treatment.shta v
- Treatment given

- Snehan with til tail and lavan fallowed by nadi swedan of nirgundi kwath on urah Pradesh.
- Sitopaladi churna and Yashtimadhu churna 5gm thrice daily with honey.
- Swadish virechan churna 3gm. at night with warm water.
- Syp. Septilline 15ml twice daily.
- Syp. Pachan 15ml twice daily.

After two month treatment patient observed for subjective and objective parameters and assessment was done. Patient feels relief but when treatment stopped

After some days all symptoms shows again.

### Discussion:

After doing all the treatment and fallowing all the pathyas patient not getting permanent relief . Then we decided to take history again then we find that he had to travelled for 3 hrs daily . He used to carry his bag from chest side. Many time because of water bottle leakage from bag or some time because of sweating chest remain wet and it became nidan of shwas for that particular patient . Some one told to patient that hot oil is good for shwas rog and he started to take til tail. In nidan of shwas intake of sesame oil and food made from sesame . As he started to avoid carry bag from chest, try to keep the chest dry and stop intake of sesame oil he felt relief.

### Conclusion:

Knowledge of *nidan* helps in rectifying the causative factor causing disease . *Sankshepataha kriya yogo*

*nidan parivarjanam*. The best ,simplest and first form of treatment is removing causative factor which are responsible for causation of disease. *Nidan* will help in planning specific treatment and in making correct diagnosis.

### Result:

The who know the character of disease is well versed in all therapeutic measures and is acquainted with factor such as place, time etc. succeeds undoubtedly

### References:

1. Ambikadatt Shastri, Sushruta Samhita of Sushruta with Ayurveda Tatva Sandipika Hindi Commentary, Uttar Tantra Reprint edition; Varanasi: Chaukhambha Sanskrit Sansthana, 1, 2013.
2. Pt.Kashinathshastri and Dr.Gorakhanathchaturvedi, Charaka Samhita of charaka with Vidyostini Hindi Commentary, Sutrasthana, Reprint edition; chapter 1,Varanasi: Chaukhambha bharati academy 2009.
3. Ashtanga Hridaya of Vagbhata – Sarvanga Sundari Comm. Arunadatta, Edited by Pt. hari

- Sadasiva sastri paradakara, Chaukhambha Surbharati Prakashan Varanasi, reprint; nidanasthana, chapter 1, 2014.
4. Madhav Nidana Madhukosh Vyakhya by Ayurveda Acharya sh. Sudershan Shastri Utrardh Chaukhambha Sanskrit sansthan 5(1).
5. Pt.Kashinathshastri and Dr.Gorakhanathchaturvedi, Charaka Samhita of charaka with Vidyostini Hindi Commentary, nidanasthana, Reprint edition; Varanasi: Chaukhambha bharati academy, 1, 2009, 600-609.
6. Ambikadatt Shastri, SushrutaSamhita of Sushruta with Ayurveda Tatva Sandipika Hindi Commentary, Sutrasthana, Reprint edition, Varanasi: Chaukhambha Sanskrit Sansthana, 21, 2009.
7. Sushrut Samhita, Vaidya Atridev, Motilal Banarasidaspublication, New Delhi, 2002.
8. Susrut samhita, Yadavji Trikamji Acharya, Susruta Samhita with Nibandha Sangraha of Dalhanacharya. 8 th ed. Varanasi: Chaukhambha Orientalia, 2008.

### Cite this article:

*"This is why avoiding nidan is first line of treatment."*

*Amruta Bhamburkar, Umesh N. Patil*

Ayurline: International Journal of Research In Indian Medicine 2019; 3(4) : 1-3