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**NIDAN PANCHAKA AND ITS APPLICATION IN LIFESTYLE DISORDERS****Dr. Ashwini Ramrao Bele<sup>1</sup>, Dr. Jaikrishna Chhangani<sup>2</sup>, Dr. Pramod Garje<sup>3</sup>**

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**Shri Ayurved Mahavidyalaya, Nagpur, Maharashtra.****ABSTRACT:**

Lifestyle disorders, also referred to as non-communicable diseases, are a major global health concern that typically arise from extended interruptions in daily routines, physical exercise, diet, and mental discipline. Through an integrated view of the body, mind, and lifestyle, Ayurveda, an ancient medical science, provides a holistic framework for lifestyle illnesses. According to Ayurvedic texts, the main causes of sickness are prajnaparadha, asatmyendriyarthasamyoga, and parinama, which lead to dosha-dushya sammurchana and the disease's subsequent manifestation. Chronic overeating, sedentary behaviour, stress, and disruption of biological cycles are the main causes of lifestyle disorders such as obesity, diabetes, hypertension, mental illnesses, and osteoporosis. Using nidana, purvarupa identification, samprapti analysis, and rogi-roga pariksha, this article explores the etiopathogenesis of lifestyle issues from an Ayurvedic perspective and highlights the importance of the Roga Nidana for early diagnosis and disease staging. The prevention and treatment of lifestyle problems through the use of swasthavritta techniques, including dinacharya, ritucharya, ahara-vihara, rasayana, sadvritta, and panchakarma.

**KEY WORDS:-** Nidanpanchak, lifestyle disorders, Rognidan, Rupa, Purvarupa, Samprapti.**Corresponding Details:****Dr. Ashwini Ramrao Bele**

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## INTRODUCTION

Ayurveda, the ancient Indian system of medicine, emphasises understanding the root cause of disease rather than merely treating symptoms. The diagnostic framework in Ayurveda is known as Nidan Panchaka, comprising five essential components: Nidana (etiological factors), Purvarupa (prodromal symptoms), Rupa (clinical features), Upashaya (therapeutic tests), and Samprāpti (pathogenesis). [1] This systematic approach enables early detection, precise assessment, and preventive planning. In the current era, the rise in lifestyle disorders such as obesity, diabetes mellitus, hypertension, and dyslipidaemia—collectively known as “metabolic syndrome”—can be explained through the lens of Nidān Pañchaka. Nutritional imbalance, sedentary habits, and mental stress serve as major Nidānas leading to deranged doṣa, dhātu, and agni status. [2] Applying Nidan Panchaka principles allows not only for diagnosis but also for modification of the etiological factors, thereby preventing disease progression.

## MATERIALS AND METHODS

A comprehensive review of classical Ayurvedic texts—including *Charaka Saṁhita*, *Susruta Saṁhita*, and *Ashtanga Hridaya*—was undertaken to analyse references to Nidan Panchaka in relation to disease diagnosis and pathogenesis. Secondary data were collected from modern research journals and Ayurvedic clinical studies focusing on lifestyle disorders and their correlation with Nidan Panchaka principles. The data were compared and interpreted qualitatively to establish the conceptual and practical applicability in modern health scenarios. [3-5]

## RESULTS

The analysis demonstrated that the core of lifestyle disorders aligns with the principles of Nidan Panchaka.

- Nidana (Causative Factors): Excessive intake of calorie-dense food, irregular sleep, physical inactivity, stress, and excessive screen time are identified as chief Nidanas leading to Kapha-Meda accumulation and Agnimandya (decreased metabolic activity). [6]
- Purvarupa (Premonitory Signs): Early manifestations such as heaviness, lethargy,

indigestion, and mild weight gain correspond to preclinical stages in disorders like prediabetes and overweight.

- Rupa (Clinical Symptoms): Fully manifested symptoms—obesity, hyperglycaemia, breathlessness, or dyslipidaemia—represent clinical evidence of disease manifestation. [7]
- Upashaya (Therapeutic Tests): Implementing dietary modification, exercise, and herbal formulations (e.g., *Triphala*, *Guggulu*) provides relief, confirming the diagnosis through *anubandha-upashaya* (if the disease subsides with opposite measures). [8]
- Samprapti (Pathogenesis): Chronic indulgence in Nidānas leads to Kapha and Meda vitiation, resulting in *ama* formation, obstruction in *srotas*, and impaired *agni*, forming the pathophysiological basis of metabolic disorders. [9]

## DISCUSSION

A disturbed biological clock, altered lifestyle patterns, bad eating choices (such as an increased reliance on junk food, alcohol, and smoking), and inactivity are the main causes of lifestyle disorders. Pure psychological and innate influence over bodily and sensory processes is thought to be the origin of psychosomatic diseases. According to Ayurveda, the three causes of all ailments are Parinama, Pragyaparadha, and Asatmyendriyārtha Samyoga. Among these, Pragyaparadha—the awareness of making mistakes—has been identified as the primary and fundamental cause of the emergence of lifestyle illnesses. [10]

The appearance of lifestyle disorders is also caused by pragyaparadha, which includes not adhering to good dinacharya, ritucharya, sadvritta, and ahara. Vegadharana, such as the habit of suppressing any natural need, is also a major contributor to disease since improper waste elimination causes toxins to accumulate in the body and cause illness. Different ailments appear when these vitiated doshas receive sthanasamshraya in various locations. For instance, disorders like *madhumeha* (diabetes) and *atisthaulya* (obesity) fall under the *santarpana janya vyadhis* category, or diseases brought on by overeating. For instance, excessive kapha accumulation from a sedentary lifestyle causes obesity, while stress-induced vata aggravation causes hypertension. [11]

Excessive thirst, urination, and exhaustion are symptoms of diabetes meda dhatu dushti, an imbalance of *kapha-pitta*. *Vatapitta* vitiation, which results in headaches and stress on the

heart and blood vessels, is brought on by rakta chapa and other hypertension equivalents. Stress at work and loneliness exacerbate mental-lifestyle disorders like anxiety caused by Rajas-tamas guna dominance. *Ayurveda* highlights the mind-body connection by linking these to disruptions of manas (mind). [12] *Asthisoushrya*, or osteoporosis, is caused by a disturbance of *asthi dhatu*.

### Roga Nidana's Diagnostic Perspective Discussion

The area of *Ayurveda* that deals with illness diagnosis is called *Roga Nidana*. It will assist in determining the disease's stage, which facilitates efficient treatment. Disease prevention is greatly aided by early detection of lifestyle disorders. Regarding the diagnostic viewpoint, *Nidana Panchaka* provides comprehensive clinical reasoning. *Nidana* (etiological causes), *purvarupa* (prodromal symptoms), *rupa* (clinical features), *upshaya*, and *samprapti* (pathogenesis) are all included in *Nidana Panchaka*. One can learn therapeutic hints about illness and begin treatment early by observing this.

**Nidana:** *Asatmyaindriyarth samyoga*, or repeated exposure to incompatible food patterns, is one of the three main causes of any disease, according to *Ayurveda*. *Pragyaparadha*, or the inability to control oneself, comes in second, and *Parinama*, or Seasonal and temporal factors. *Nidana* are *Aharaja* (dietary factors), *Viharaja* (inactivity and disruption of rhythm), and *Manasika* (psychological variables) when compared to the evolution of modern lifestyles and the Ayurvedic perspective.

### National Journal of Ayurveda & Yoga

*Aharaja*, for example ... Chronic overnutrition and intestinal overload are frequently reflected in dietary *nidana* in lifestyle conditions. The majority of lifestyle problems are classified as *santarpanajanya vyadhis*. It is associated with habitual overeating and frequent consumption of heavy, greasy, and high-calorie foods. Heavy meals consumed late at night and irregular meal schedules disrupt hunger cycles and impair digestion. *Viruddhahara*, or incompatible food combinations, and *Adhyashana*, or frequent eating before previous meals are metabolised, both lead to the development of disease. Like *Avyayama*, *Viharaja Nidana* primarily focuses on inactivity and rhythm disruption. For many contemporary patients, *Diwaswapna* is a defining characteristic that is frequently compared to a sedentary lifestyle.

Suppression of natural desires, or *vegadharana*, leads to disruption of regulation. Chronic concern, rage, mental exhaustion and emotional overload are examples of psychological

*nidana* that function through *prajnaparadha*, when the person consistently fails to maintain healthy behaviours. This psychological strain exacerbates eating dysregulation and sleep disturbance.

**Purvarupa** are prodromal symptoms that appear prior to a disease's full manifestation. They show *dushya samurchana*, or early dosha. The stage of an illness known as '*rupa*' is when the symptoms are obvious and diagnosable. *Upashaya* refers to specific foods, hobbies or therapies that alleviate illness or its symptoms. It is utilised in *Roga Nidana* to determine *samprapti*, *dosha*, and sickness.

### **Samprapti:**

The interconnectedness of agni, ama, and srotas integrity is the primary *Ayurvedic* metabolic triangle that frequently manifests in lifestyle diseases. As previously said, sustained *nidana sevana* causes *agnidushti* at the *jatharagni* level, and *dhatwagni dushti* causes *agnimandya*. Digestion becomes irregular when these *agnis* are weaker and overworked. *Dosha* aggravation is facilitated by this poor processing, which resulted in *ama-utpatti*. *Srotas* lose their functional integrity as a result, showing up as *Srotorodha* or *Srotodushti*. Transport, distribution, and transformation at the tissue level become ineffective as a result. Cardiometabolic disorders are a result of lifestyle disorders. Chronicity tends to increase *vata* prominence, particularly when difficulties arise. In many metabolic disorders, *kapha* dominance manifests early, frequently with *meda* involvement.

## National Journal of Ayurveda & Yoga

*Pitta* sometimes manifests as inflammatory tendencies, metabolic "heat" or impatience and irritation that accompany stress and sleep disturbances. As this progresses, other *srotas*—typically *Annavaha*, *Rasavaha*, *Raktavaha*, *Medovaha*, and *Mutravaha*—become involved, leading to a systemic pattern as opposed to an organ-limited illness. According to *Ayurveda*, there are stages of disease manifestation and progression, such as *Sanchaya*, *Prakopa*, *Prasara*, *Sthansamshrya*, *Vyaktawastha*, and *Bhedawastha*. Early stages like *chaya* and *prakopa* may only manifest as *pitavabhasta*, *stabdhapurna koshta*, *madoshmata*, *atopa*, *osha*, *chosha*, *paridaha*, etc., which many patients eventually normalise.

Measurable disease manifests by the time the pathology reaches *sthanashamshrya* and *vyaktawastha*, and consequences may already be present. The staging model explains why lifestyle diseases are frequently discovered after the fact. Let's look at an example of a serious

lifestyle disorder, such as obesity, which may be comprehended using the *sthoulya/medoroga* framework.

Here, *meda* buildup and ineffective tissue transformation result from prolonged *santarpanjanya nidana*, inactivity, and rhythm disruption. Clinical manifestations of *kapha-ama* tendencies and early *srotorodha* characteristics include heaviness, lethargy, decreased activity tolerance, and postmeal drowsiness.

*Rogi-roga pariksha* is another component of *Roga Nidana* that aids in illness diagnosis. It comprises *Dashavidha pariksha*, like *Prakriti*, *vikriti*, *sara*, *samhana*, *sattva*, *satmya*, *aharshakti*, *Vyayamshakti*, and *vaya*, as well as *Ashtasthana pariksha*, like *Nadi*, *mala*, *mutra*, *jivha*, *Shabda*, *Sparsha*, *Druk*, and *Akruti*. It assists medical professionals in determining which preventative measures are most likely to be effective for a particular patient, how quickly changes may be implemented and how intensive the intervention should be. This is a diagnostic viewpoint that inherently incorporates prevention. The earlier the clinician detects *purvarupa* and early-stage *samprapti*, the more lifestyle-based rather than medication-focused the intervention can be.

Application of *Nidan Panchaka* in lifestyle disorders provides a preventive and curative framework. Early identification of *Nidanas* helps in implementing behavioural and dietary corrections before disease onset. [13] The understanding of *Samprapti* at various stages aids in breaking the pathological chain through *Panchakarma*, herbal therapy, and lifestyle correction. Moreover, *Upashaya* serves as a diagnostic and therapeutic pilot, guiding the physician toward individualised treatment.

This model also harmonises with modern preventive medicine, emphasising lifestyle modification, stress management, and metabolic balance, making *Nidan Panchaka* a holistic diagnostic and preventive tool adaptable in contemporary healthcare practice.

## CONCLUSION

*Nidan Panchaka* offers a time-tested, comprehensive diagnostic method aligning with preventive and personalised medicine approaches. Its application in lifestyle disorders emphasises identifying causative factors, recognising early symptoms, understanding pathogenesis, and applying appropriate therapeutic trials. Integrating these Ayurvedic principles into modern practice can significantly aid in early intervention, reduction of disease burden, and promotion of holistic health.

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