



IMPORTANCE OF DIFFERENTIAL DIAGNOSIS / SAPEKSH NIDAN IN AYURVEDIC TREATMENT

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ABSTRACT

Differential Diagnosis/ *Sapeksh nidan* is an important part of clinical examination of the patient while seeking either in OPD or in indoor & is much important for making the Provisional diagnosis. Ayurveda, the oldest system of medicine since time mortal in the universe, described the five parameters namely *Panchnidan* for the enlightening the art of clinical examination or history taking. As everybody aware that according to modern system of medicine, "**The history taking is an art**". Here I attempt to describe some examples of Differential Diagnosis / *Sapeksh nidan* described in our *Ayurvedic texts Charak Samhita, Shrushtut Smhita & Madhav nidan* etc. I selected the main symptom **Dyspnea/ Shwas roga** which is the cardinal symptom/*Pratyatm linga* of bronchial asthma/ *Tamak shwas*. But it can be present in a number of diseases as a main symptom or as an associated symptom. By knowing or elaborating the associated symptoms of the other system affected/ *Shrotas* the person involved can know the differential diagnosis prior to make confirm Provisional diagnosis/ PD while examining the patient.

KEYWORDS: Bronchial asthma/ *Tamak shwas* Differential Diagnosis/ *Sapeksh Nidan*] *Panchnidan* & Dyspnea/ *Shwas roga*.

INTRODUCTION

The main & first duty of a physician to make a confirm diagnosis in any system of medicine. Whenever we study our Ayurvedic texts there are description of number of symptoms not only the related system but also some other systems symptoms are also written there. The some important factors necessary for the same are as follows as requirement of skillfull complete patient history, examination of the patient/ *Rogi pariksha*, elaborate knowledge of *shrotodushti*, causes of its aetiological factors/ *Nidan*, & pathogenesis/ *Samprapti* etc. Among them all the important factors *Rogi pariksha* is the unique & most important part of diagnosis in Ayurveda. The father of modern medicine **PROF. William Osler** quotes "**Great Physician should not treat the disease but treat the patient who has the disease.**" The same thing described in Ayurvedic text *Charak Samhita* as "**Purusham purusham sa hi veekshayam geyo bhishakuttamam.**" It's possible only when our diagnosis focused on disease's aetiology, pathogenesis, prodromal symptoms, treatment, drugs side effects, complications & measures to treat complications, if any present. Opposite to it some physicians try to treat patient symptomatologically/ based on symptoms & ultimately failure in the treatment. In *Ayurvedic texts Madhav*

Nidan considered as the best book for diagnosis/ *Nidan*. But *Acharya Charak* pays proper attention on it specially in *Viman Sthan*. "**Gyan budhhi pradipen yo navishati tatwavit aaturasyaanteratmanam na sa roganshchikitsati.**" Ch. Vi. 4/12

Here I will attempt a small practice to illustrate the importance of differential diagnosis/DD for the successful management of a patient.

1. **Tamak Shwas / Bronchial Asthma**

Ateev teevra vegam ch shwas pran prapedakam - **There is increase the heart rate as per proportionate with respiration rate.** Its due to hypoxia & left ventricle pumping blood frequently since stroke volume is decreased hence heart rate increases accordingly.

Na chaapi nidram labhate shyan shawaspeedeti -- **Disturbed sleep due to decrease the ventilation ratio of the lung fields orthopnea**, hence person comes in propped up or sitting position for better inspiration.

Aasino labhate saukhyamushanam chevabinandyati -- Feeling of relief for a short time after expulsion of scanty sputum & like hot articles & environment for the expulsion of sputum accumulate in the lung fields.

Vishushkasyo muhu - Dryness of mouth due to oral breathing since person may suffer from sinusitis & upper respiration tract infection.

Shwaso muhuschevavdhamyate -- **Periodic respiration/ Chyne stroke breathing cycles of deep breathing followed by shallow breathing due to apnea & heart failure/ cardiac asthma.**

2. Rajyakshma / Tuberculosis

Kashoanshtaapo -- Cough along with shoulder region since apex region of lungs involved in pulmonary tuberculosis, This easily explained by percussion of Kronig's isthmus (band of resonant field representing the apex of lung extend over the shoulder, dullness in this area in apical segment suggestive of pulmonary tuberculosis)

Vaishwrayam jwara -- Hoarseness of voice symptom of laryngeal Tuberculosis & Fever

Parshwa shiroruja -- Pain in lateral sides of chest

Chharadanam raktaphyo -- Hemoptysis (Blood mix sputum is the chief symptom)

Shwas vercho gadoaruchi -- **Dyspnea along with Diarrhoea & Anorexia**

3. Pandu roga / Anaemia

Gatrashool jwara --Bodyache & fever Since it's a *rasaj vikar* & *jwar* is also *rasaj vikar*.

Shwas gauravaruchimannaro --**Dyspnea, heaviness in the body & anorexia** *prakupit rasa dhatu* similar to *prakupit kapha dosha dhatu naamshaithilyam gauravam chouppjayte ashradha chaaruchiasya vairasay* described in symptoms of *dushit rasaj vikara* by *Acharya Charak*.

Shunakshikuto haritsheern loma/Periorbital oedema – Due to lack of Haemoglobin, decrease in the oncotic pressure of the blood, Oedema appears, shading the hairs of body due to lack of nutrients in the tissue.

Hataprabha -- destroy the lusture of body Since the function of *Rasa dhatu* is *rasashtushti preenamkaroti ch* nutrition of each & every tissue of the body.

Kopan /Anger -- due to weakness, vitiation of *Vata* & *Prakupit* of *Saadhak pitta*

Shishirdweshi nidralu shthivano alpvaak -- Dislike the cold food & atmosphere since *dhatukshaya* & hence *vitiation of Vata*, excessive sleeping. Spitting & person becomes less talkative due to generalised weakness in the body.

Pindikodweshtan katuruk paadsadnaani &- Spasm in calf muscles, pain & lassitude in legs.

Bhawantyarohanayase visheshchasye &- Symptoms aggeravates specially on/ up stairs or high alltitude more demand of oxygen but due to lack of haemoglobin insufficient perfusion of the body. So symptoms increase remarkably.

4. Udar roga

Ksunnasha servjirnajirn na vetti ch Sahte naatisauhityameshshophasch paadyo Shshwadbalkshayalpeapi vyayame shwasmrachhati

Atanyate ch jatharamapi laghvalpbhojnat rajijanm balivinasho jathre hi rajyiti

Vyayame shwasmrachhati & Progressively dyspnea on exertion is a symptom of udar roga but rest of the chief symptoms are Loss of appetite, Unknowing the complete digestion or indigestion, Unbearable the heavy & saturated diet, Bilateral pitting Paedal oedema which is mild in amount, Fullness of abdomen even after light food, Appearance of different colours lining on the abdomen known as *caput medusae* & *spider nevi* & loss of skin folds due to fullness of abdomen are the other prominent symptoms describing the main disease of Gastro intestinal tract.

5. Medo roga / Obesity

Kshudrashwas pipasakshut swapan swedagaatra daurgandhay krithanam gaatrasaa alprano mild dyspnea excessive thirst, appetite & sleeping, sweating & bad odour of the body, *krithanam* / suddenly respiration stop, lassitude or easily fatigued, less viability are the other prominent features in obesity. Obesity is a metabolic disease. In Ayurveda described as *Santarpanjanya vicar Rasa dhatu* is main culprit for the obesity & Lean thin condition as *Acharya Shrusht* as *ras nimmettemev sthauilya karshymev ch*.

Sleep Apnea is the most common sleep disorder. This is due to repeated upper respiratory airway obstruction during sleep, causing breathing to stop for some seconds, happening in intervals in night. This interrupted breathing causes a significant hypoxia which decreases the oxygen levels in the blood, resulting in an episode of apnea. Obese person who suffers from Sleep apnea & ARDS (Adult Respiratory Distress Syndrome) may snort, or gasp loudly as breathing resumes during sleep. It may be dangerous causing choking/ obstruction airways. Other symptoms may be Rapid and laboured breathing, severe shortness of breath or breathlessness, extreme tiredness and muscle fatigue, confusion, tachycardia /rapid heart rate, bluish discoloration of fingernails and lips due to central cyanosis / low oxygen level in the blood & Cough and chest pain.

6. Hridya Roga/ Cardiac Disease

Vaivarnya murchha jwar kasa hikka shwas asyavairasya trisha pramoha **Dyspnea with tasteless/ bitter taste of mouth.** *Aasyavairasya, hikka, trisha & pramoha developed due to rasa kshay/ vikriti of rasa dhatu.* While other main symptoms are discoloration due to central cyanosis occurs in cardiac disease, fainting due to hypoxia/ low oxygen concentration in the blood. fever, cough, hiccough, thirst & stupor.

7. Hridshula/ Angina Pectoris / IHD

Kaphpittaavrudhastu shulam shwasarodhkam param hrichhshulam iti khyato rasamarut sambhava described in *Shushrut Samhita Uttar Tantra* Obstruction of the blood vesseles represent as **retrosternal chest pain & severe difficulty in breathing** are the two chief symptoms of IHD / *hrichhol*. *Acharya* emphasis that *rasa*

dhatu dyslipidaemia/ atherosclerosis (which causes the partial or complete obstruction in blood circulation & *vayu*/ excitement of sympathetic nervous system are the main causative factors for this condition.

8. Visha/ Toxicity

Vaivarnya bhrim vepathu murchha jrimbha angchimchima tamaka tamasch darshanam & Tamak shwas / Bronchial asthma with black out or syncope along with discolouration (Cyanosis) Cyanosis develop / appear when reduced haemoglobin raised in our body & its due to insufficient blood supply by the heart. Vertigo, syncope spasm in body, excessive yawning, tingling sensation in the body are the other symptoms in poisoning.

9. Madatyaya / Alcoholism

Hikka shwas shirkamp parshvashulam prajagre vidyat bahupralapsy & Dyspnea with hiccough, tremor in head, chest pain in lateral region, sleeplessness & excessive crying are the other main symptoms which are helpful in making diagnosis of the Chronic Alcoholism. However malnutrition, flepping tremor, bad odour of the body, prominent zygomatic bones on face, loss of muscles mass, yellowness of sclera & anaemia may be the other helpful signs in such type of patient, but these symptoms fully appear when involvement of liver or liver function affected sufficiently.

10. Pratishyay / Sinusitis

Trit shwas kasam jwar raktipitta vairashya shosash & Thirst, dyspnea, cough along with hemoptysis tasteless of mouth & consumption are the other main symptoms in chronic sinusitis. Due to obstruction in upper respiratory tract oral breathing & hence excessive thirst, dyspnea develops. Other symptoms are due to weak immunity & long standing of the disease.

CONCLUSION

Physician should be fully aware about the differential diagnosis of the patient before making the provisional diagnosis. Since so many symptoms mimic, but careful & complete history may help one to confirm the diagnosis. Physician should know each & every aspects about the patients & his/ her life. Then make the diagnosis. Know the *Samprapti*/ pathogenesis of the disease; remove the aetiological factors / *Samprapti vighatan*. In Ayurveda described *Samprapti vighatan* as the *Chikitsa*/ treatment. Without knowing whole things about patient physician cannot treat the patient successfully. Now a days almost all the diseases are psychosomatic hence to know & eliminate the causes by the counselling/ *satvavajay* is the first & primarily duty of a physician.

Our treatment should be aetiological based not the based on symptoms. Since one symptom may appear in different diseases but the cause & treatment are different in each condition. we should identify the disease & then

start treatment accordingly. This is the main target of this presentation.

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