

## A Critical Review of Clinical Reasoning in Ayurveda Samhitas

### Abstract

Ayurveda is a stream of knowledge in which there exists a theoretical, systematic, and scientific framework that facilitates effective diagnosis and management of existing and new diseases. In Ayurveda there are many disease diagnosis aspects which while giving a clinical reasoning should be considered. Clinical reasoning is similar to the fable of the blind men and the elephant—different people describe it in different ways based on their perspective. [21] The doctor gathers more information and continuously updates this understanding until they are confident enough to make a diagnosis and decide on treatment. In Ayurveda the diagnostic principles are in view of two important aspects like knowledge of roga (disease) and rugna (patient). By critically reviewing clinical reasoning in Ayurveda Samhitas, we acknowledge the need for further exploration and structured methodologies to bridge traditional wisdom with contemporary healthcare advancements.

### Keywords

clinical reasoning, nidana panchaka, trividha bodhya Vishay, beej chatushtya, diagnosis in Ayurveda, clinical reasoning in Ayurveda

### Introduction

Diagnosis of a disease is the key to all the major treatment protocol. The correct diagnosis is the first step towards successful treatment. Clinical reasoning is a perennial focus of medical education, performance assessment, and study. It is, however, a very complex and multi-faceted phenomenon that should be understood for successful diagnosis of a disease. It is a central focus in medical education, performance evaluation, and research.

Ayurveda is a stream of knowledge in which there exists a theoretical, systematic, and scientific framework that facilitates effective diagnosis and management of existing and new diseases. The modus operandi for approaching

### Review Article

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new conditions has been laid down in classical literature. A novel disease must be analyzed based on three essential components: Disease patterns (vikaara prakrti), disease targets in the body (adhishtana), and factors influencing the disease (especially etiological ones, hetu) [5].

In Ayurveda there are many disease diagnosis aspects which while giving a clinical reasoning should be considered. The most important diagnostic principle is defining Nidana Panchaka of a particular disease. These Nidana Panchaka includes hetu (causative factor), purvarooopa (premonitory signs), roopa (signs & symptoms), upashaya (pacifying factors) and samprapti (pathogenesis).

Clinical reasoning is important while studying any patient's condition. Ayurveda believes in shudha Chikitsa (ideal therapy), Acharya Charak states in 8th chapter of Nidana Sthana,

Prayogaḥ śamayē vyādhiṃ yo 'nyam anyam udīrayet |

nāsau viśuddhaḥ, śuddhas tu śamayed yo na kopayet ||  
(Ca. Ni. 8.23)

A therapy that alleviates one disease condition but provokes another disease is not shudha (or is an impure or incorrect therapy). The ideal therapy is that which pacifies a disease without provoking any other disease. [20] Thus for ideal treatment Acharya Charak explains the term Chikitsa as,

Yābhiḥ kriyābhir jāyante śārīre dhātavaḥ samāḥ |  
sā cikitsā vikārāṇām karma tad bhiṣajām smṛtam |  
katham śārīre dhātūnām vaiśamyam na bhaved iti |  
samānām cānubandhaḥ syād ityartham kriyate kriyā ||  
(Ca. Su. 16.34–35)

Therapeutics therefore consists of measures or operations by way of which concordance of the tissue elements can be sustained and this (achieving concordance of tissue elements) constitutes the duty of the physician. Therapy is administered with the sole objective of ensuring that no discordance prevails in tissue elements and that there is sustenance of continued concordance. [22]

Thus, to attain this equilibrium of bodily elements, the physician should reach the correct pathophysiology of the disease. For this purpose, the study of clinical reasoning with an Ayurveda perspective marks its importance in the ideal treatment.

## Aim and Objectives

1. To explore the concept and methodologies of clinical reasoning domain in Ayurveda.
2. To understand its relevant application for the prospective study of Ayurveda diagnostic perspective of a disease.

## Materials and Methods

1. Some web journals and research papers have been referred for understanding system of clinical reasoning skill in the field of Ayurveda.
2. A complete review of great compendia Charak Samhita and Sushruta Samhita has been made to explore the concept of diagnosis principles and its relevant application in various contexts.

## Clinical Reasoning

Clinical reasoning is similar to the fable of the blind men and the elephant—different people describe it in different ways based on their perspective. There is no universally agreed-upon definition, and many studies assume that its meaning is already understood without clearly defining it.

In simple terms, clinical reasoning is the process a doctor uses to diagnose and manage a patient's condition. It involves combining medical knowledge with the patient's symptoms to form an initial understanding of the problem. The doctor then gathers more information and continuously updates this understanding until they are confident enough to make a diagnosis and decide on treatment. This process includes many factors, such as how knowledge is stored and accessed, how expertise influences reasoning, and how different interpretations are evaluated. [21]

## Clinical Reasoning in Ayurveda

In Ayurveda, the diagnostic principles are in view of two important aspects like knowledge of roga (disease) and rugna (patient). It always considers interaction between the individual and the affecting pathological entities. It also considers the prognosis and inter-relation of different diseases or co-morbid conditions.

Before diagnosis of a disease, one needs to understand the self-healing capacity of an individual. This depends upon equilibrium of five components of health, namely dosha (regulatory functional factors of body and mind), Agni (digestive and metabolic capacity), dhatu (body tissues), mala (metabolic waste products) and psycho-spiritual state. Health is a state of equilibrium, whereas disease is a state of dis-equilibrium of any of these factors.

## Nidanapanchaka:

It is the second phase of the diagnostic protocol focuses on detail understanding of the disease. This includes identifying causative factors (Hetu), recognizing premonitory signs and symptoms (Purvarupa), analyzing clinical features (rupa), understanding the pathogenesis (samprapti), and assessing pacifying factors (upashaya) [7]. Collectively, these five diagnostic tools form the 'Nidanapanchaka,' which serves as a foundational diagnostic framework in clinical practice to assess various states of imbalance.

Sr. no.	Nidanapanchaka	Their importance in Clinical reasoning
1.	Hetu	<ul style="list-style-type: none"> <li>Identifying the causative factors is essential for accurate diagnosis and effective treatment.</li> <li>It allows practitioners to address the root causes of ailments.</li> <li>Preventive measures can be implemented to avoid recurrence.</li> </ul>
2.	Purvarupa	Recognizing the early signs and symptoms enables, <ul style="list-style-type: none"> <li>early intervention</li> <li>potentially halting disease progression and</li> <li>facilitating prompt treatment in its early stage.</li> </ul>
3.	Rupa	<ul style="list-style-type: none"> <li>Accurate disease identification</li> <li>Differential diagnosis</li> </ul>
4.	Samprapti	Understanding the sequence of events in disease development is crucial for <ul style="list-style-type: none"> <li>Determining disease severity               <ul style="list-style-type: none"> <li>Stage</li> </ul> </li> <li>Appropriate therapeutic strategies.</li> </ul>
5.	Upashaya	Upashaya involves observing the patient's response to specific therapeutic interventions. This component serves as a key diagnostic element, where positive or negative reactions to treatments help confirm or rule out certain diseases, thereby refining the diagnostic process

**Table 1:** Nidana Panchaka and its importance in clinical reasoning

### Trividh Bodhya Sangraha:

Acharya Charak has mentioned various perspectives to understand a disease. One such similar concept is Trividh Bodhya Sangraha.

While classification of a disease, Acharya Charak in the Sutra Sthana of Charak Samhita states that a physician should never be ashamed if he is not able to name a disease as there can be no definite standardization of

nomenclature of all diseases. (Ch. Su. 18/44) Hence, there should be the methodology for understanding those types of pathogenesis. The verse outlines three fundamental stages of disease pathology:

1. Kupita Dosha – The imbalance and vitiation of Doshas.
2. Samutthanavisheshat – The diverse causative factors leading to disease.
3. Sthanaantaragata – The spread and localization of the disease in different bodily sites.

These stages provide a structured understanding of how diseases develop and progress.

Expanding upon this framework, Trividha Bodhya Sangraha is further explained as a comprehensive diagnostic approach in Charak Samhita (Ch. Su. 18/46), consisting of:

1. Vikara Prakriti – The intrinsic nature and characteristics of the disease.
2. Adhishthanantarani – The specific locations where the disease manifests.
3. Samutthana Vishesha – The distinct causative factors responsible for disease onset.

These Trividha Bodhya Sangraha serves as a fundamental methodology for diagnosing all types of pathologies. It is an essential tool for physicians to accurately understand diseases and formulate effective treatment plans.

Sr no.	Trividha Bodhya Sangraha	Importance in Clinical reasoning
1.	Vikara Prakriti	<ul style="list-style-type: none"> <li>It describes the fundamental nature of the disease, including the involvement of Dosha, Dushyas, Agni, and Ama.</li> <li>It helps in determining whether the disease is Nija (internal, due to Dosha imbalance) or Agantuja (external, caused by trauma, infections, etc.).</li> </ul>

2.	Adhishthanantarani	<ul style="list-style-type: none"> <li>The disease can occur in Srotasa (body channels), Dosha Sthanani (specific sites of Dosha accumulation), or Pranayataniya (vital structures like heart, brain, etc.).</li> <li>Identifying the site of pathology helps in deciding treatment strategies such as Shodhana (purification therapies) or Shaman (palliative treatments).</li> </ul>
3.	Samutthana Vishesha	<ul style="list-style-type: none"> <li>It includes the entire process of disease formation, starting from Hetu (causative factors) leading to Samprapti (pathogenesis).</li> <li>It also considers Samutthanavisheshat (specific factors responsible for disease progression) and Sthanaantaragata (disease spread to other locations)</li> <li>Understanding Samprapti helps in identifying disease stages, prognosis, and individualized treatment planning.</li> </ul>

**Table 2:** Trividha Bodhya Sangraha and its importance in clinical reasoning)

#### Beeja chatustaya:

Another perspective of sushruta Samhita is Beeja chatustaya. It is the Chikitsa methodology adopted by sushruta to explain the Sushruta Samhita as includes purusha (individual persons), vyadhi (diseases) aushadha (medicine), kriyakala (time of administration of treatment). [14]

Component	Definition	Clinical Application
Purusha (Individual)	Refers to the patient as the central entity in treatment, consisting of Pan-chama-habhuta and Atma.	<ul style="list-style-type: none"> <li>Understanding the Prakriti (constitution) and Vikriti (disease state) of the patient.</li> <li>Individualized treatment based on Dosha balance and Agni assessment.</li> <li>Considering psychosomatic aspects in disease management.</li> </ul>

Vyadhi (Disease)	Any disorder arising from Dosha imbalance affecting Sharira (body) and Manas (mind).	<ul style="list-style-type: none"> <li>Identifying the root cause (Nidana) of disease.</li> <li>Categorizing disease into Shareerika (somatic), Manasika (mental), Agantuja (external causes), and Swabhavika (natural).</li> <li>Planning treatment strategies like Shodhana (purification), Shaman (palliative), and Rasayana (rejuvenation).</li> </ul>
Aushadha (Medicine)	Therapeutic substances, including herbal, mineral, and dietary components.	<ul style="list-style-type: none"> <li>Selecting appropriate Dravya (medicinal substances) based on Rasa (taste), Guna (properties), Virya (potency), and Vipaka (post-digestive effect).</li> <li>Administering formulations like Kashaya, Churna, Ghrita, and Bhasma.</li> <li>Applying Ahara (diet) as a form of therapy (Pathya-Apathya principles).</li> </ul>
Kriyakaal (Timing of Treatment)	The appropriate time for intervention and disease management.	<ul style="list-style-type: none"> <li>Administering treatments according to disease progression (Shatkriyakala).</li> <li>Panchakarma procedures (e.g., Vamana in Purvahna, Virechana in Prataha Kaal).</li> <li>Seasonal and daily regimens (Ritucharya, Dinacharya) to maintain health and prevent disease recurrence.</li> </ul>

**Table 3:** Beeja-Chatustaya and its importance in clinical reasoning)

Utilizing the Beeja-Chatustaya concept while diagnosing planning the treatment and administration of proper medicine in proper time in disease condition will give the success in their treatment. Recognizing the patient's unique constitution, identifying the root cause of disease, selecting the appropriate medicines, and administering treatment at the right time can significantly enhance therapeutic outcomes. Beeja-Chatustaya not only guides clinical decision-making but also reinforces the preventive and restorative aspects of Ayurveda, making it a timeless and fundamental approach to holistic healthcare.

Acharya Charak has covered various small topics which

is useful in clinical reasoning. Like, the phenomena of a disease causing another disease is described as Nidanarthakara roga, Upadrava (complications), Udarka (marks of disease after it is cured), vyadhi sankara (combination of diseases) are applied for knowing the cause-effect relationship in pathogenesis of disease.

Also, diseases stated as Anubandha and Anubandhya, is essential for Shudha Chikitsa (ideal chikitsa). The primary disease(anubandhya) manifests its own symptoms independently, this morbid condition is caused by factors specific to the manifestation of the disease. This can be cured by the therapies prescribed for that disease. The subordinate disease (anubandhya) is characterized by opposite features. Thus, to treat disease from their root and to prevent recurrence identifying these entities in patient is essential.

Focusing on Diagnostic aspect of etiological factors Acharya Charak states that

Eko hetur anekasya tathāikasyaiva eva hi |

vyādher ekasya cāneko bahūnām bahavo 'pi ca ||  
(Ca. Ni. 8.24)

One causative factor may cause one or many diseases. Many causative factors may result in a single disease or may cause several diseases. [17]

Similarly, on the diagnostic aspect of symptoms Acharya states,

Liṅgaṃ caikam anekasya tathāivaikasya lakṣyate |

bahūny ekasya ca vyādher bahūnām syur bahūni ca ||  
(Ca. Ni. 8.27)

Similarly, one symptom may be common to many diseases, one symptom may be related to only one disease, many symptoms may be associated with only one disease, and many symptoms may be common to many diseases. [18]

Considering treatment, Acharya states

Ekā śāntir anekasya tathāivaikasya lakṣyate |

vyādher ekasya cānekā bahūnām bahvya eva ca ||  
(Ca. Ni. 8.30)

A single therapy can subside many diseases as well as a single disease. Multiple therapies may be needed to

subside many diseases, whereas one disease could require multiple therapies to cure. [19]

A wise physician should carefully observe the subtle changes in the state of diseases (aggravated, normal and diminished) while properly assessing the patient's body strength, digestive power and mental ability.

The physician, who is keenly observing variations in disease stages in the patient, should know it (the disease) well and prescribe such a treatment that would be helpful in attaining the fourfold effect of therapeutics.

## Conclusion

Clinical reasoning is a broad and complex concept that is often used without a clear definition. To improve medical education, assessment, and research, we must be more precise about what aspect of clinical reasoning we are discussing. There is no single correct way to study it, but different perspectives can help us better understand and improve how doctors think and make decisions.

Ayurveda always have a patient centric approach which has been driven towards personalized medicine. The classical Samhitas present a structured yet adaptable framework for clinical reasoning, integrating Tridosha theory, Agni, Dhatu assessment, and Vyadhi Samprapti (pathogenesis) to guide diagnosis and treatment. Despite variations in individual practitioner's perspectives, the fundamental principles governing Ayurveda diagnosis remain consistent. Each doctor, shaped by their training, experience, and intuition, may interpret symptoms differently, yet their reasoning is firmly rooted in the core tenets of Ayurveda Siddhantas. This interplay of standardized principles and individualized interpretation underscores the depth and flexibility of clinical reasoning within Ayurveda.

The Samhitas advocate a multi-dimensional approach that considers Desha (geographical factors), Kala (seasonal influences), and Prakriti (individual constitution) while formulating a diagnosis. This intricate web of reasoning, embedded in classical texts, highlights the importance of a thorough and context-aware analysis rather than a standardized approach. The adaptability of Ayurveda reasoning allows for the evolution of clinical judgment while maintaining the integrity of time-tested foundational principles.

By critically reviewing clinical reasoning in Ayurveda Samhitas, we acknowledge the need for further exploration and structured methodologies to bridge traditional wisdom with contemporary healthcare advancements. A deeper understanding of how Ayurvedic practitioners apply

reasoning in diverse clinical scenarios can significantly contribute to the standardization and modernization of Ayurveda, ensuring its continued relevance and efficacy in personalized medicine.

## References

1. Gruppen, Larry D. "Clinical reasoning: defining it, teaching it, assessing it, studying it." *Western Journal of Emergency Medicine* 18, no. 1 (2016): 4.
2. Krishnamurthy. "Why We Need Detailed Case History in Ayurveda?" *Easy Ayurveda*
3. Nambootthiri, Brahmaddattan, Skanthesh Lakshmanan, Rishi Mannivanan, Maël Voegeli, Unnikrishnan Payyappallimana, and Ramanohar Puthiyedat. "Presentation of logic and reasoning in Ayurveda. Building epistemologies of the South." *Recherches & éducations* 28-29 (2024).
4. Rautaray, Kshirabdh Tanaya, Shiva Prasad Mohanty, and Raka Jain. "Cognitive Psychology: As essential & integrated part of medical education wsr to Yukti Pramana in Ayurveda." *Journal of Ayurveda and Integrated Medical Sciences* 8, no. 7 (2023): 48-53.
5. Karthik, K. P., Aparna Dileep, S. Rajagopala, Mahapatra Arun Kumar, Prasanth Dharmarajan, and Jessica Vellela. "Ayurvedic clinical decision-making methods to predict, prevent and manage childhood allergic disorders." *Journal of Ayurveda and Integrative Medicine* 15, no. 1 (2024): 100857.
6. Deole Y. S.. (2020). *Nidana Sthana*. In: Basisht G., (Eds.), *Charak Samhita New Edition* (1st ed. pp.33). CSRTS-DC. <https://doi.org/10.47468/CSNE.2020.e01.s02.001>
7. Sawant, Varun, Akhilanath Parida, and N. A. Prasad. "Nidana Panchaka-A tool of diagnosis in Ayurveda." *Journal of Ayurveda and Integrated Medical Sciences* 4, no. 01 (2019): 61-65.
8. Kumari, Priyanka, Rohit Ranjan, and Vijay Shankar Pandey. "Beeja Chatushtaya-A Special Unique Contribution of Sushruta Samhita." *International Journal of Ayurveda and Pharma Research* (2023): 28-32.
9. Kumari, Priyanka, Rohit Ranjan, and Vijay Shankar Pandey. "Beeja Chatushtaya-A Special Unique Contribution of Sushruta Samhita." *International Journal of Ayurveda and Pharma Research* (2023): 28-32.
10. Vaidya Yadavji Trikamji acharya and Narayan Ram Acharya, *Sushruta Samhita with Nibandha Sangraha commentary, Dalhana commentator, Chaukhambha Sanskrit Sansthan*, 2009; Varanasi, Sutra Sthana 1/38; page: 9
11. Vaidya Yadavji Trikamji Acharya and Narayan Ram Acharya; *Sushruta Samhita with Nibandha Sangraha commentary, Vol-1, Varanasi; Chaukhamba Sanskrit Sansthan*, 2015; Sutra Sthana 1/39, page no.9
12. Acharya Yadavji Trikamji, *Charaka Samhita of Agnivesh, Chakrapani Datta's Ayurveda Dipika Commentary*, publisher- Chaukhamba Orientalia, Varanasi, 2011; Sutra Sthana 25/4
13. Acharya Yadavji Trikamji, *Charaka Samhita of Agnivesh, Chakrapani Datta's Ayurveda Dipika Commentary*, publisher- Chaukhamba Orientalia, Varanasi, 2011; Sutra Sthana 25/4
14. Vaidya Yadavji Trikamji acharya and Narayan Ram Acharya, *Sushruta Samhita with Nibandha Sangraha commentary, Dalhana commentator, Chaukhambha Sanskrit Sansthan*, Varanasi, 2009; *Sushruta Shareera* 1/16
15. Vaidya Yadavji Trikamji acharya, editor, *Charaka Samhita of acharya Agnivesha, Chakrapani Datta commentator, Chaukhambha, Sanskrit Sansthan*, Varanasi, 2009; Sutra stana-1/63 page: 18
16. Vaidya Yadavji Trikamji acharya, editor, *Charaka Samhita of Acharya Agnivesha, Chakrapani Datta commentator, Chaukhambha, Sanskrit Sansthan*, Varanasi, 2009; Sutra stana-1/63 page: 18
17. Vaidya Yadavji Trikamji acharya, editor, *Charaka Samhita of Acharya Agnivesha, Chakrapani Datta commentator, Chaukhambha, Sanskrit Sansthan*, Varanasi, 2009; *Nidana stana-8/24* page: 228
18. Vaidya Yadavji Trikamji acharya, editor, *Charaka Samhita of Acharya Agnivesha, Chakrapani Datta commentator, Chaukhambha, Sanskrit Sansthan*, Varanasi, 2009; *Nidana stana-8/27* page: 228

19. Vaidya Yadavji Trikamji acharya, editor, Charaka Samhita of Acharya Agnivesha, Chakrapani Datta commentator, Chaukhambha, Sanskrit Sansthana, Varanasi, 2009; Nidana stana-8/30 page: 228
20. Vaidya Yadavji Trikamji acharya, editor, Charaka Samhita of Acharya Agnivesha, Chakrapani Datta commentator, Chaukhambha, Sanskrit Sansthana, Varanasi, 2009; Nidana stana-8/23 page: 228
21. Gruppen LD. Clinical Reasoning: Defining It, Teaching It, Assessing It, Studying It. West J Emerg Med. 2017 Jan;18(1):4-7. doi: 10.5811/westjem.2016.11.33191. Epub 2016 Dec 5. PMID: 28115999; PMCID: PMC5226761.
22. Vaidya Yadavji Trikamji acharya, editor, Charaka Samhita of Acharya Agnivesha, Chakrapani Datta commentator, Chaukhambha, Sanskrit Sansthana, Varanasi, 2009; Sutra stana-16/34-35 page: 98

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