

Rogotpatti Siddhanta In Ayurveda: An Analytical Review of the Classical Pathogenesis Framework

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Abstract—Background: Ayurveda provides a systematic framework for understanding the origin and progression of disease through the concept of *Rogotpatti Siddhanta*. Disease develops through the interaction of *Nidana*, *Dosha*, *Dushya*, *Srotas*, *Agni*, and susceptible sites. The concept of *Samprapti* explains the sequential development of pathological changes from causation to clinical manifestation.

Objective: To critically analyze the classical concept of *Rogotpatti Siddhanta*, with special reference to *Nidana*, *Dosha-Dushya Sammurchana*, *Srotodushti*, *Agni*, *Ama*, *Kha-Vaigunya*, *Samprapti*, and *Shatkriyakala*.

Materials and Methods: Classical Ayurvedic texts, including *Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Hridaya*, and *Madhava Nidana*, were reviewed along with relevant published literature on Ayurvedic pathogenesis, *Nidana Panchaka*, and *Kriyakala*. The available information was critically analyzed and conceptually synthesized.

Results: *Rogotpatti* is a dynamic and multifactorial process. Etiological factors cause *Dosha* aggravation, which may disturb *Agni* and produce *Ama* where applicable. The aggravated *Dosha* interacts with susceptible *Dushya* through affected *Srotas* and sites of *Kha-Vaigunya*, resulting in *Dosha-Dushya Sammurchana* and disease manifestation. *Shatkriyakala* explains the temporal progression of disease.

Conclusion: *Rogotpatti Siddhanta* provides a comprehensive framework for understanding disease causation, progression, diagnosis, prognosis, prevention, and individualized treatment in Ayurveda. Further clinical research is required to validate its individual components using standardized assessment methods.

Index Terms—*Rogotpatti Siddhanta*, *Samprapti*, *Dosha*, *Dushya*, *Srotas*, *Agni*, *Ama*, *Kha-Vaigunya*, *Shatkriyakala*, *Nidana Panchaka*.

I. INTRODUCTION

Ayurveda approaches disease through an integrated understanding of the body, mind, environment, diet, lifestyle and temporal factors. Disease is not considered merely as the presence of symptoms but as a state of disturbance in the normal equilibrium of bodily constituents. Charaka describes disease as *Dhatu Vaishamya* and health as *Dhatu Samya*, thereby establishing equilibrium and disequilibrium as fundamental concepts in Ayurvedic physiology and pathology.[1]

विकारो धातुवैषम्यं साम्यं प्रकृतिरुच्यते । सुखसञ्ज्ञकमरोग्यं विकारो दुःखमेव च ॥

This principle establishes the conceptual basis of *Rogotpatti*: when normal functional equilibrium is disturbed, a pathological state develops.

The Ayurvedic understanding of disease formation is particularly expressed through the concept of *Samprapti*. In *Nidana Panchaka*, *Samprapti* is regarded as one of the five essential components for understanding disease along with *Nidana*, *Purvarupa*, *Rupa* and *Upashaya*. [4] *Madhava Nidana* explicitly describes these five components as the means by which diseases are understood. [4]

The concept of *Rogotpatti Siddhanta* is therefore broader than the modern idea of a single disease mechanism. It includes:

- causative factors,
- Dosha aggravation,
- impairment of *Agni*,
- formation of *Ama* where applicable,
- involvement of *Dushya*,
- *Srotodushti*,
- localization at a susceptible site,

- *Dosha-Dushya Sammurchana*,
- development of characteristic signs and symptoms,
- progression through different stages, and
- eventual manifestation or complications.[5-7]

II. AIM

To critically analyze the classical Ayurvedic concept of *Rogotpatti Siddhanta* and establish an integrated framework explaining the initiation, progression, localization and manifestation of disease.

III. OBJECTIVES

1. To review the classical concept of *Rogotpatti Siddhanta* with reference to *Nidana*, *Dosha*, *Dushya*, *Srotas*, *Agni*, *Ama*, and *Kha-Vaigunya*.
2. To analyze *Dosha-Dushya Sammurchana*, *Samprapti*, and *Shatkriyakala* as the mechanisms and stages of disease progression.
3. To evaluate the clinical significance of *Rogotpatti Siddhanta* in diagnosis, prognosis, treatment, and future research.

IV. MATERIALS AND METHODS

Primary and Secondary Sources

Classical Ayurvedic texts, including *Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Hridaya*, and *Madhava Nidana*, were reviewed, with emphasis on *Nidana*, *Dosha*, *Dushya*, *Srotas*, *Agni*, *Samprapti*, and *Kriyakala*. Relevant peer-reviewed literature on *Rogotpatti*, *Nidana Panchaka*, *Samprapti*, and *Shatkriyakala* was also examined.[1-6]

Method of Analysis

The classical concepts were critically analyzed to formulate an integrated pathogenic sequence:

Nidana → *Dosha Prakopa* → *Agni Vaishamy* → *Dosha Prasara* → *Srotodushti* → *Kha-Vaigunya* → *Dosha-Dushya Sammurchana* → *Sthana Samshraya* → *Vyakti* → *Bheda*.

The sequence was interpreted according to the classical descriptions rather than as a rigid universal pathway.

CONCEPTUAL FOUNDATION OF ROGOTPATTI
Rogotpatti Siddhanta denotes the systematic understanding of disease origin and progression. Ayurveda considers disease as a state of *Dhatu Vaishamy*, while *Samprapti* explains the specific process through which pathological changes develop.[1]

विकारो धातुवैषम्यं साम्यं प्रकृतिरुच्यते ।
सुखसञ्ज्ञकमरोगं विकारो दुःखमेव च ॥

Thus, disease develops through disturbance of physiological equilibrium.

NIDANA AS THE INITIATING FACTOR

Nidana represents the etiological factors responsible for initiating pathological changes. These include inappropriate diet, lifestyle, environmental, seasonal and psychological factors.[1,2]

The basic sequence may be represented as:

Nidana → *Dosha Prakopa* → *Pathological Progression*

The effect of *Nidana* varies according to its intensity, duration, frequency, individual *Prakriti*, *Agni*, *Bala*, *Kala*, and susceptibility of the affected site. Therefore, *Nidana* is not merely a list of causes but the initiating component of the pathogenic process.[2]

DOSHA VAISHAMYA

The aggravated *Dosha* acts as an important pathogenic factor. Following exposure to appropriate *Nidana*, *Vata*, *Pitta*, or *Kapha* may undergo *Chaya*, *Prakopa* and *Prasara*, followed by localization at a susceptible site.

The pathological outcome depends upon the interaction of the aggravated *Dosha* with the particular *Dushya* and *Srotas* involved.

Nidana → *Dosha Prakopa* → *Prasara* → *Sthana Samshraya* → *Dosha-Dushya Sammurchana* → *Vyadhi*

Thus, *Dosha* represents the active pathogenic component, while *Dushya* provides the susceptible substrate for disease manifestation.

ROLE OF AGNI AND AMA

Agni plays a fundamental role in digestion, metabolism and maintenance of physiological equilibrium. Impairment of *Agni* may result in improper transformation and, in appropriate disease conditions, contribute to the formation of *Ama*.

The conceptual sequence is:

Agni Vaishamya → Ama formation where applicable
→ Srotorodha/Srotodushti → Dosha-Dushya
interaction → Disease manifestation.

However, *Ama* should not be considered an obligatory component of every disease. Its involvement should be determined according to the specific *Samprapti*. Similarly, diseases may arise through other mechanisms such as direct *Dosha Prakopa*, *Avarana*, *Srotorodha*, *Dhatu Kshaya*, or trauma.

Hence, assessment of *Agni* and *Ama* should be disease-specific and clinically justified.

CONCEPT OF AMA

Ama represents an improperly transformed pathological product, particularly associated with impaired *Agni* and metabolism. It may contribute to *Srotorodha*, heaviness, impaired tissue metabolism, *Srotodushti*, *Dosha* aggravation, and persistence of disease.

Pathogenic sequence:
Nidana → Agnimandya → Apakva Ahara/Metabolic Products → Ama → Srotorodha → Dosha Aggravation → Dosha-Dushya Sammurchana → Vyadhi

However, *Ama* is considered **disease-specific** and should not be regarded as an obligatory component of every *Samprapti*.

DUSHYA AND TISSUE SUSCEPTIBILITY

Dushya refers to the tissues or functional components that become affected during disease development. The principal *Dushya* include:

Rasa | Rakta | Mamsa | Meda | Asthi | Majja | Shukra
Disease manifestation occurs when aggravated *Dosha* interacts with susceptible *Dushya* at an appropriate site, resulting in *Dosha-Dushya Sammurchana* and subsequent pathological changes.

For example:

Dosha	Possible Dushya	Illustrative pathological involvement
Vata	Asthi, Majja, Mamsa	Pain, stiffness, degeneration
Pitta	Rakta, Rasa	Inflammation, burning,

		discoloration
Kapha	Meda, Mamsa, Rasa	Heaviness, excess accumulation
Tridosha	Multiple Dushya	Complex systemic disorders

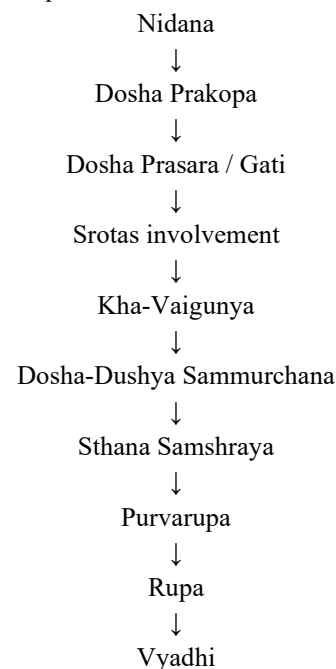
The same *Dosha* may produce different diseases depending upon the *Dushya* involved. This is one of the reasons why Ayurveda does not reduce pathogenesis to *Dosha* alone.

DOSHA-DUSHYA SAMMURCHANA

Dosha-Dushya Sammurchana may be understood as the pathological interaction or convergence between aggravated *Dosha* and susceptible *Dushya*.

This is a critical transition in *Rogotpatti*.

Conceptual sequence



For example, a particular *Dosha* may encounter:

- *Rakta* in one person,
- *Meda* in another,
- *Sandhi* in another,
- *Majja* in another.

ROLE OF SROTAS IN DISEASE FORMATION

Srotas are channels or pathways responsible for the transportation and transformation of bodily substances and functional activities.

Disturbance of *Srotas* may contribute significantly to disease development.

Ayurvedic literature recognizes different forms of *Srotodushiti*, including:

1. *Atipravritti* – excessive flow/activity
2. *Sanga* – obstruction
3. *Siragranthi* – abnormal structural changes
4. *Vimargagamana* – movement into an abnormal pathway.

Contemporary Ayurvedic reviews have emphasized that disturbance of *Srotas* can facilitate the interaction between *Dosha* and *Dushya* and thereby contribute to disease manifestation.[9]

Thus:

Dosha + Dushya + Srotas dysfunction

is a more clinically useful model than considering any one component independently.

KHA-VAIGUNYA

Kha-Vaigunya refers to weakness, abnormality or susceptibility of a particular anatomical or functional site.

It is an important explanation for the localization of disease.

The sequence can be understood as:

General Dosha aggravation + susceptible site = localized disease manifestation.

For example, if a particular tissue or organ possesses structural, functional or metabolic weakness, the circulating aggravated *Dosha* may preferentially localize there.

This provides an Ayurvedic explanation for individual variation in disease susceptibility.

STHANA SAMSHRAYA

Sthana Samshraya represents the stage in which aggravated *Dosha* becomes localized at a susceptible site.

It forms an important transition between generalized pathological movement and localized disease manifestation.

The process can be represented as:

Dosha Prakopa → Prasara → Sthana Samshraya → Purvarupa → Rupa.

At this stage, early manifestations or *Purvarupa* may develop.

The clinical importance of this stage is considerable because intervention before complete manifestation may prevent further progression.

INIDANA PANCHAKA AND ROGOTPATTI

Madhava Nidana gives a clear five-fold framework:

निदानं पूर्वरूपाणि रूपाण्युपशयस्तथा । सम्प्रप्तिश्चेति विज्ञानं रोगाणां पञ्चधा स्मृतम् ॥

Thus, the five components are:

1. *Nidana*
2. *Purvarupa*
3. *Rupa*
4. *Upashaya*
5. *Samprapti*. [4]

Table 1. Relationship of Nidana Panchaka with Rogotpatti

Component	Role in Rogotpatti
Nidana	Identifies causative factors
Purvarupa	Indicates early disease development
Rupa	Indicates established disease
Upashaya	Helps diagnostic clarification
Samprapti	Explains complete pathogenic process

Nidana Panchaka therefore represents a diagnostic perspective, whereas *Samprapti* gives the mechanistic explanation of how disease develops.

Recent reviews similarly describe *Samprapti* as an essential component of disease diagnosis and treatment planning.[5-7]

SAMPRAPTI AS THE CENTRAL COMPONENT

Samprapti denotes the specific process and sequence through which a disease develops. It integrates *Nidana*, *Dosha*, *Dushya*, *Srotas*, and the site of disease manifestation, explaining the transition from causation to clinical expression.[3]

Thus, *Samprapti* is not merely a list of pathological factors but represents the dynamic process of disease formation, including *Dosha* aggravation, movement, localization, *Dosha-Dushya Sammurchana*, and eventual manifestation of disease.

TYPES OF SAMPRAPTI

1. *Sankhya Samprapti* - This concerns the number and classification of pathological entities involved.
2. *Pradhanya Samprapti* - This identifies the predominant *Dosha* or pathological factor.
3. *Vidhana Samprapti* - This considers the specific manner or sequence in which the disease develops.

4. Vikalpa Samprapti - This considers variations in the combination and relative predominance of pathological factors.
5. Bala Samprapti - This considers the strength or intensity of disease.
6. Kala Samprapti - This considers the influence of time, season, disease duration and temporal variation.

These analytical dimensions are clinically important because two patients with the same disease name may have different pathogenic patterns and therefore require different therapeutic approaches.

SHATKRIYAKALA: TEMPORAL MODEL OF ROGOTPATTI

One of the most significant classical contributions to Ayurvedic pathogenesis is *Shatkriyakala*.

Sushruta described six stages:

1. *Sanchaya*
2. *Prakopa*
3. *Prasara*
4. *Sthana Samshraya*
5. *Vyakti*
6. *Bheda*

Table 2. Shatkriyakala and Rogotpatti

Stage	Classical concept	Pathogenetic significance
1. Sanchaya	Accumulation	Initial increase of Dosha
2. Prakopa	Aggravation	Dosha becomes more active/aggravated
3. Prasara	Dissemination	Dosha leaves its normal site and spreads
4. Sthana Samshraya	Localization	Dosha localizes at susceptible site
5. Vyakti	Manifestation	Characteristic disease becomes evident
6. Bheda	Differentiation/complication	Advanced differentiation and complications

SANKALPA OF SHATKRIYAKALA AND MODERN PATHOGENESIS

Modern pathology generally studies the biological mechanisms by which an etiological factor produces structural and functional changes and eventually clinical disease.

Ayurvedic *Shatkriyakala* may be compared conceptually with sequential disease progression, but direct one-to-one equivalence should be avoided.

For example:

Sanchaya may conceptually resemble an initial accumulation or predisposition.

Prakopa may represent progression of the pathological disturbance.

Prasara represents dissemination.

Sthana Samshraya indicates localization.

Vyakti corresponds to clinically recognizable disease manifestation.

Bheda represents advanced differentiation or complications.

Published Ayurvedic literature has proposed relationships between *Shatkriyakala*, homeostasis and disease progression, but such correlations should be regarded as interpretive rather than as experimentally established equivalences.[10]

ROLE OF DOSHA-DUSHYA-SROTAS TRIAD

The central pathogenic relationship may be represented as:

$\text{Dosha} + \text{Dushya} + \text{Srotas} + \text{Kha-Vaigunya} = \text{Disease-specific Samprapti}$

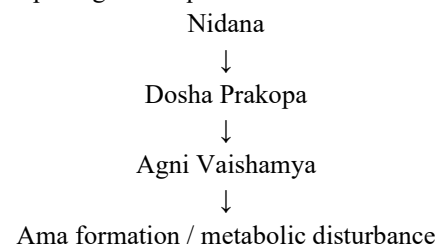
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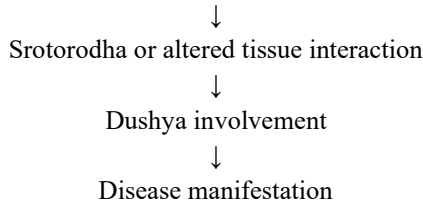
- *Dosha* = active pathogenic factor
- *Dushya* = affected tissue/functional substrate
- *Srotas* = pathway through which pathological activity occurs
- *Kha-Vaigunya* = susceptible site
- *Agni* = metabolic/transformation factor
- *Ama* = pathological product where applicable.

IMPORTANCE OF AGNI-DOSHA RELATIONSHIP

Agni and *Dosha* are interconnected in disease development.

Possible pathogenic sequence:





A critical reading of classical pathology requires differentiation between:

- *Ama*-dominant pathogenesis,
- obstruction-dominant pathogenesis,
- depletion-dominant pathogenesis,
- *Dosha* excess,
- *Dosha* deficiency,
- *Avarana* mechanisms,
- trauma-related pathology and
- other specific mechanisms.

AVARANA AS A DISTINCT PATHOGENETIC MECHANISM

Avarana represents obstruction or covering of the normal movement/function of *Vata* by another pathological factor.

This mechanism is particularly important in *Vata* disorders.

Conceptually:

Avaraka factor → obstruction of *Vata* → impairment of normal *Vata* function → symptoms/disease.

The clinical significance of *Avarana* lies in identifying the actual relationship between the obstructing and obstructed factors.

Therefore, *Avarana* should not automatically be equated with every form of *Sanga* or *Srotorodha*. The exact pathological relationship should be established from the clinical presentation and classical disease context.

ROLE OF DESHA, KALA AND BALA

Disease manifestation depends upon more than *Dosha* and *Dushya*.

Important modifying factors include:

- *Desha*,
- *Kala*,
- *Vaya*,
- *Prakriti*,
- *Bala*,
- *Satva*,
- *Ahara*,

- *Satmya*,
- *Agni* and
- previous exposure or disease.

Charaka emphasizes the importance of assessing disease characteristics and patient-related variables before therapeutic intervention.[2]

24. ROLE OF PRAKRITI

Prakriti determines an individual's baseline physiological characteristics and may influence susceptibility to particular pathological processes.

For example:

- a *Vata*-predominant individual may be more susceptible to disorders characterized by dryness, pain, instability and altered movement;
- a *Pitta*-predominant individual may show greater susceptibility to inflammatory or metabolic disturbances;
- a *Kapha*-predominant individual may show greater tendency toward accumulation, heaviness and stagnation.

ROLE OF KALA

Time influences both physiological and pathological processes.

- age,
- day-night cycle,
- seasonal changes,
- duration of disease,
- stage of disease,
- chronicity,
- recurrence.

Kala is particularly important in *Kriyakala*, where disease is understood as a progressive process rather than a single event.[8-10]

ROLE OF SATMYA AND AHARA

Diet is not merely a source of nutrition in Ayurveda. Its quantity, quality, compatibility and timing influence *Agni*, *Dosha* and *Dhatu*.

Repeated inappropriate dietary exposure can therefore contribute to the initial stages of disease formation.

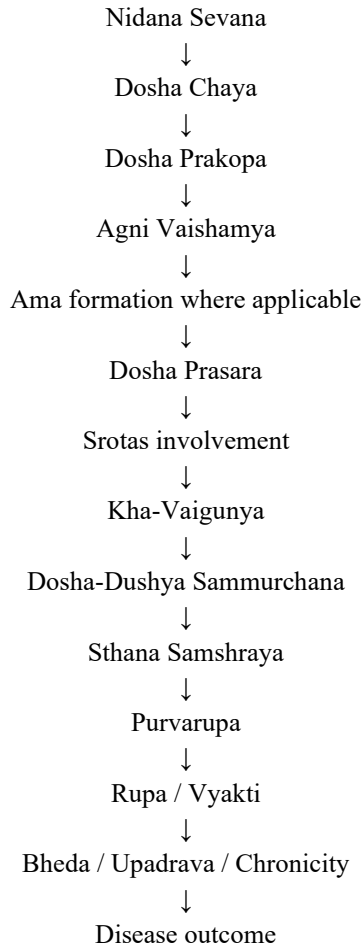
The conceptual sequence may be:

Mithya Ahara → *Agni* disturbance → *Dosha* Vaishamya → *Dushya* involvement → *Srotodushti* → *Vyadhi*.

ROGOTPATTI AS A MULTISTAGE PROCESS

The entire framework can be summarized as follows:

Figure 1. Integrated Ayurvedic model of Rogotpatti



CLINICAL SIGNIFICANCE OF ROGOTPATTI SIDDHANTA

The clinical significance of *Rogotpatti Siddhanta* lies in understanding disease pathogenesis and individualizing diagnosis and treatment. Clinical assessment considers the causative factors, involved *Dosha-Dushya*, affected *Srotas*, status of *Agni* and *Ama*, site of localization, *Kha-Vaigunya*, disease stage, chronicity, and strength of both disease and patient.

Accordingly, treatment is planned by identifying and interrupting the dominant pathogenic mechanism rather than merely treating symptoms. Thus, understanding *Samprapti* provides a rational basis for diagnosis, prognosis, prevention, and individualized *Chikitsa*.

SAMPRAPTI AND SAMPRAPTI VIGHATANA

An important therapeutic principle follows from the understanding of pathogenesis.

If disease develops through a sequence:

$A \rightarrow B \rightarrow C \rightarrow D \rightarrow \text{Disease}$

Examples include:

- *Nidana Parivarjana* → removes the initiating cause.
- *Langhana* → may address selected *Ama/Kapha*-dominant states.
- *Deepana-Pachana* → addresses impaired *Agni* where appropriate.
- *Shodhana* → removes aggravated *Dosha* in suitable patients.
- *Shamana* → pacifies aggravated *Dosha*.
- *Rasayana* → supports tissue strength and recovery in appropriate contexts.

Therefore, treatment selection should be based on the mechanism rather than simply on the disease name.

ROGOTPATTI AND CHIKITSA

Charaka defines therapeutic activity in relation to restoring equilibrium:

चतुर्णां भिषगादीनां शस्तानां धातुवैकृते ।
प्रवृत्तिर्धातुसाम्यार्था चिकित्सेत्यभिधीयते ॥

Therapeutic intervention is directed toward restoration of equilibrium.[1]

Therefore, treatment may be directed toward:

- Nidana - *Nidana Parivarjana*
- Dosha - *Dosha Shamana* or *Shodhana*
- Agni - *Deepana-Pachana*
- Ama - *Ama Pachana* and correction of associated pathology
- Srotas - Correction of obstruction or abnormal movement
- Dushya - Protection/restoration of affected tissues
- Kha-Vaigunya - Strengthening or correcting the susceptible site

This provides the theoretical basis of individualized Ayurvedic treatment.

DIFFERENCE BETWEEN SYMPTOMATIC AND PATHOGENETIC APPROACH

A symptom-based approach primarily follows “symptom → medicine,” whereas Ayurveda emphasizes understanding the underlying pathogenesis:

Nidana → Dosha → Dushya → Srotas → Samprapti → Vyadhi → Samprapti Vighatana

For example, pain may arise from different mechanisms such as *Vata* aggravation, *Ama*, obstruction, inflammation, trauma, or degeneration. Therefore, treatment is selected according to the underlying Samprapti rather than the symptom alone.

ROGOTPATTI AND DIFFERENTIAL DIAGNOSIS

Samprapti helps differentiate diseases with similar clinical presentations. Although disorders may share symptoms such as pain, swelling, fever, weakness, or digestive disturbance, they may differ in *Nidana*, *Dosha*, *Dushya*, *Srotas*, *Agni*, *Ama*, localization, and disease progression. Thus, analysis of *Samprapti* supports more precise diagnosis.

PROGNOSTIC VALUE

The nature and extent of *Samprapti* provide important prognostic information. Greater involvement of multiple *Doshas* and *Dushyas*, deeper tissue involvement, chronicity, severe *Srotodushti*, complications, and reduced patient strength may indicate a more complex disease process. Early recognition during *Sanchaya*, *Prakopa*, and early *Sthana Samshraya* offers an opportunity to prevent further progression.[8-10]

PREVENTIVE IMPORTANCE

Rogotpatti Siddhanta also provides a foundation for disease prevention by identifying and controlling pathogenic factors.

Nidana avoidance → Agni maintenance → Dosha equilibrium → Srotas integrity → Dhatu Samya → Health

Thus, understanding disease formation supports not only *Chikitsa* but also early intervention, prevention, and maintenance of health.

CRITICAL ANALYSIS

The major strength of the Ayurvedic pathogenesis model is its multidimensional character.

Unlike a model based solely on a disease label, it examines:

- cause,
- host,
- tissue,
- functional imbalance,

- pathway,
- localization,
- temporal progression and
- clinical expression.

The concept of *Shatkriyakala* further introduces a temporal dimension to pathology, while *Nidana Panchaka* provides a structured diagnostic approach.[5,8-10]

MODERN RESEARCH RELEVANCE

The Ayurvedic pathogenesis model offers several potentially researchable domains.

Agni research

Possible parameters:

- digestive symptoms,
- appetite,
- bowel pattern,
- metabolic markers,
- nutritional status.

Ama research

Possible research domains:

- inflammatory markers,
- metabolic dysfunction,
- gastrointestinal symptoms,
- oxidative stress.

These should be investigated without prematurely claiming that a single modern biomarker is equivalent to *Ama*.

Srotas research

Potential investigation can involve:

- physiological flow,
- vascular function,
- gastrointestinal motility,
- respiratory function,
- urinary function,
- lymphatic and microcirculatory parameters.

Kriyakala research

Longitudinal studies could investigate whether early clinical indicators can predict later disease manifestation.

The 2017 review by Chauhan et al. highlighted the potential research value of *Shatkriyakala* for early recognition and therapeutic intervention.[8]

PROPOSED INTEGRATED RESEARCH MODEL

A clinically researchable model may be constructed as:

Domain	Classical variable	Possible research approach
Cause	Nidana	Structured exposure questionnaire
Constitution	Prakriti	Validated Prakriti assessment
Functional status	Agni	Standardized Agni scale
Pathological mediator	Dosha	Validated clinical assessment
Tissue	Dushya	Clinical/laboratory parameters
Channel	Srotas	Disease-specific functional assessment
Susceptibility	Kha-Vaigunya	Anatomical/functional risk factors
Pathological interaction	Sammurchana	Composite clinical model
Stage	Kriyakala	Longitudinal assessment
Manifestation	Rupa	Validated disease outcome
Treatment	Samprapti Vighatana	Mechanism-based intervention

V. DISCUSSION

The analysis demonstrates that *Rogotpatti Siddhanta* should not be reduced to a simple statement that “Dosha imbalance causes disease.” Such an interpretation is incomplete.

The complete Ayurvedic pathogenic framework involves the interaction of multiple factors.

First, *Nidana* initiates the pathological process. Second, the causative factors influence the *Dosha*. Third, the disturbed *Dosha* may affect *Agni* and, where appropriate, produce *Ama*. Fourth, the disturbed *Dosha* moves through or affects *Srotas*. Fifth, it encounters a susceptible *Dushya* or site characterized by *Kha-Vaigunya*. Sixth, *Dosha-Dushya Sammurchana* produces localized pathology. Finally, the disease progresses through recognizable stages until clinical manifestation and possible complications.

This interpretation is consistent with the classical emphasis on understanding *Nidana*, *Purvarupa*, *Rupa*, *Upashaya* and *Samprapti* before deciding upon treatment.[3,4]

The *Shatkriyakala* framework adds an important temporal dimension. Contemporary Ayurvedic reviews describe it as a framework for identifying stages of disease development and appropriate opportunities for therapeutic intervention.[8-10]

Thus, *Rogotpatti Siddhanta* can be understood as a dynamic interaction between causation, functional disturbance, tissue susceptibility, localization and temporal progression.

VI. CONCLUSION

Rogotpatti Siddhanta represents one of the central analytical principles of Ayurvedic medicine. It explains disease not as an isolated event but as a dynamic sequence beginning with etiological exposure and progressing through *Dosha* disturbance, *Agni* impairment where relevant, *Ama* formation in appropriate conditions, *Srotas* involvement, tissue susceptibility, *Dosha-Dushya Sammurchana*, localization and clinical manifestation.

The concept of *Nidana Panchaka* provides a comprehensive diagnostic structure, whereas *Samprapti* explains the specific mechanism of disease formation. *Shatkriyakala* adds the important dimension of time and disease progression. Together, these principles provide a framework for early recognition, individualized diagnosis, prognosis and mechanism-based treatment.

The principal clinical message of *Rogotpatti Siddhanta* is therefore:

The disease name alone is insufficient for treatment; the physician should understand the mechanism by which the disease has developed in the individual patient.

Accordingly, Ayurvedic management can be directed toward interruption of the pathogenic process through *Nidana Parivarjana*, *Dosha Shamana*, *Shodhana*, *Agni Deepana-Pachana*, correction of *Srotas* disturbances, protection of affected *Dushya* and restoration of physiological equilibrium according to the individual *Samprapti*.

Further systematic clinical research is necessary to transform these classical constructs into reproducible, measurable and clinically validated research variables while preserving their original theoretical meaning.

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