WORLD JOURNAL OF PHARMACEUTICAL RESEARCH
Coden USA: WJPRAP Impact Factor 8.63
Volume 15, Issue 22, 1081-1086. Review Article ISSN 2277–7105

CLINICAL APPLICATION OF PRAMĀṆA AND ABHĀVA IN AYURVEDIC DIAGNOSTIC REASONING A CONCEPTUAL REVIEW CORRELATING CLASSICAL PADĀRTHA VIJÑĀNA WITH CONTEMPORARY DIAGNOSTIC FINDINGS

Dr. Prashant Tirmare[1]*, Dr. Rabia Sirgave[2]

[1]Assistant Professor, Department of Samhita and Siddhanta, Government Ayurvedic Collegeand Hospital, Mouje Sangaon, Tal-Kagal, Maharashtra, India.

[2]Assistant Professor, Department of Rachana Sharir, Government Ayurvedic College and Hospital, Mouje Sanaon, Tal-Kagal, Maharashtra, India.

Article Received on 17 Oct. 2026,
Article Revised on 05 Nov. 2026,
Article Published on 16 Nov. 2026

https://doi.org/10.5281/zenodo.24300519

***Corresponding Author**

Dr. Prashant Tirmare

Assistant Professor, Department of Samhita and Siddhanta, Government Ayurvedic Collegeand Hospital, Mouje Sangaon, Tal-Kagal, Maharashtra, India.

How to cite this Article: Dr. Prashant Tirmare[1]*, Dr. Rabia Sirgave[2]. (2026). Clinical Application of Pramāṇa and Abhāva in Ayurvedic Diagnostic Reasoning A Conceptual Review Correlating Classical Padārtha Vijñāna with Contemporary Diagnostic Findings. World Journal of Pharmaceutical Research, 15(22), 1081–1086.

This work is licensed under Creative Commons Attribution 4.0 International license.

ABSTRACT

Background: Pramāṇa describes valid means of knowledge in Indian philosophy and Ayurveda. Abhāva, elaborated in the Nyāya–Vaiśeṣika tradition, denotes absence or non-existence. Both concepts can inform clinical reasoning, particularly the interpretation of positive, negative and changing findings. **Objective:** To examine the clinical relevance of selected Pramāṇas and the four categories of Abhāva in contemporary diagnostic reasoning. **Methods:** A conceptual narrative review of classical Ayurvedic and philosophical literature was undertaken, with illustrative correlations to clinical examination and investigations. No patient data or clinical intervention was involved. **Discussion:** Pramāṇa offers a framework for obtaining and integrating clinical knowledge. Abhāva may prompt clinicians to distinguish pre-manifestation, resolution, absolute non-existence and non-identity. A negative test, however, is not proof that disease is absent; it must be interpreted in light of timing, test performance and clinical probability. **Conclusion:** The integrated study of Pramāṇa and Abhāva may enrich diagnostic education and reflective clinical reasoning, but the proposed correlations require empirical validation.

KEYWORDS: Ayurveda; Padārtha Vijñāna; Pramāṇa; Abhāva; clinical diagnosis; negative findings; differential diagnosis.

1. INTRODUCTION

Diagnosis is not based on a single symptom or investigation. It involves collecting information, examining its reliability, interpreting relationships and considering alternative explanations. Ayurvedic epistemology provides a structured approach to the acquisition of valid knowledge through Pramāṇa. In Charaka Saṃhitā, Āptopadeśa, Pratyakṣa and Anumāna are described as important means for understanding disease and its features; Yukti is also discussed as reasoned synthesis of multiple factors. The Nyāya–Vaiśeṣika tradition analyses Abhāva as a category of non-existence and describes four forms: Prāgabhāva, Pradhvaṃsābhāva, Atyantābhāva and Anyonyābhāva. The present review explores how these ideas can be used as conceptual tools when interpreting diagnostic findings, especially when a clinical feature is absent or has changed over time.

2. AIM AND OBJECTIVES

Aim: To explore the clinical relevance of Pramāṇa and Abhāva and establish a cautious conceptual correlation with contemporary diagnostic methodology.

Objectives: (i) to summarize clinically relevant Pramāṇas; (ii) to describe the four philosophical types of Abhāva; (iii) to correlate them with positive and negative diagnostic findings; and (iv) to identify the scope and limitations of this approach.

3. MATERIALS AND METHOD

This is a conceptual narrative review based on classical sources, including Charaka Saṃhitā, Suśruta Saṃhitā and Aṣṭāṅga Hṛdaya, together with philosophical texts such as Tarkasaṅgraha and Saptapadārthī. The concepts were interpreted in relation to clinical examination, diagnostic inference and the interpretation of investigations. No systematic database search, patient recruitment, intervention or statistical analysis was undertaken; therefore, the article should be read as a conceptual review rather than an empirical clinical study.

4. Pramāṇa: meaning and clinical application

Pramāṇa refers to a valid means of obtaining knowledge (Pramā). In clinical practice, the physician must combine reliable prior knowledge, direct examination and logical inference rather than depend on one isolated observation.

Pramāṇa	Meaning	Clinical correlation
Āptopadeśa	Knowledge conveyed by a reliable authority or established textual source.	Using classical descriptions, accepted medical literature and clinical guidelines to frame possible diagnoses and guide examination.
Pratyakṣa	Direct perception through appropriate sense faculties.	History-supported examination and observable findings such as pallor, oedema, respiratory effort, tenderness, pulse and auscultation.
Anumāna	Inference based on observed features and an established relationship.	Inferring possible cardiac dysfunction from exertional dyspnoea, orthopnoea and oedema; the inference must be tested against other causes and investigations.
Yukti	Reasoned synthesis of multiple factors and their interactions.	Interpreting symptoms together with age, risk factors, examination, ECG, laboratory results and echocardiography to form a coherent clinical assessment.

5. Abhāva: four categories and their clinical interpretation

Abhāva literally denotes absence or non-existence. The fourfold classification is described in the Nyāya–Vaiśeṣika philosophical tradition. Its use in clinical discussion is analogical: these categories are not modern disease classifications or validated diagnostic tests.

Type	Philosophical meaning	Illustrative clinical interpretation
Prāgabhāva	Prior absence before an entity comes into being.	A pathological manifestation may not yet be clinically apparent before disease expression or before it crosses the detection threshold of a test.
Pradhvaṃsābhāva	Subsequent absence after destruction or cessation.	Disappearance of previously documented fever, oedema or another manifestation after treatment. Resolution of a symptom alone does not establish cure.
Atyantābhāva	Absolute absence in a specified relation or context.	Helps distinguish the philosophical idea of absolute non-existence from a routine negative report, which only indicates that a feature was not detected by that test.
Anyonyābhāva	Mutual non-identity of two entities.	A conceptual aid to differential diagnosis: two disorders may share symptoms but remain distinct conditions requiring separate assessment.

6. Clinical correlation with diagnostic findings

6.1 Suspected cardiac disease: A patient presents with breathlessness and reduced

exercise tolerance. Pratyakṣa includes assessment of respiratory rate and effort, pulse, blood pressure, jugular venous pressure and peripheral oedema. Anumāna may raise suspicion of cardiac dysfunction when symptoms and signs occur in a compatible pattern. Yukti integrates the history, cardiovascular risk factors, physical examination, ECG, relevant biomarkers and echocardiographic findings. Absence of pedal oedema does not exclude heart failure; likewise, an ECG without a particular abnormality cannot exclude all cardiac disease.

6.2 Suspected gallstone disease: In a patient with right upper abdominal pain, history and abdominal examination contribute to Pratyakṣa-based assessment, while the symptom pattern may support Anumāna of biliary disease. Ultrasonography may identify gallstones. If no calculus is visualised, the correct interpretation is that a stone was not demonstrated on that examination. This does not prove the absolute absence of all biliary pathology; further evaluation depends on the clinical picture, the test used and the level of clinical suspicion.

7. Interpretation of positive and negative findings

The clinical value of Abhāva is most apparent when a physician considers what is absent, what has disappeared and what remains uncertain. A negative investigation is not equivalent to proof that a disease does not exist. Its meaning depends on the sensitivity and specificity of the test, the timing of testing, disease stage, technical quality and pre-test probability. For example, a normal early troponin result may require repeat testing when acute coronary syndrome remains clinically suspected; a normal ECG does not rule out every cardiac condition; and a negative ultrasound does not exclude every possible cause of abdominal pain.

The four types of Abhāva can therefore be used as prompts for disciplined questions: Was the feature not yet developed (Prāgabhāva)? Has a previously present feature resolved (Pradhvaṃsābhāva)? Is there evidence for true non-existence in the defined context, or merely non-detection (Atyantābhāva)? Are two similar-looking conditions actually distinct (Anyonyābhāva)? These questions may improve the clarity of clinical reasoning, but they do not replace validated diagnostic criteria.

8. DISCUSSION

Pramāṇa and Abhāva address complementary dimensions of reasoning. Pramāṇa concerns how knowledge is acquired and justified; Abhāva concerns how non-existence or absence is understood. Their combined discussion may encourage a clinician to assess both positive and

negative findings, avoid premature closure and distinguish symptom relief from resolution of the underlying disease. Anyonyābhāva may also provide a philosophical starting point for discussing differential diagnosis, where conditions with overlapping presentations must be distinguished through history, examination and appropriate testing.

An important qualification is that the classical categories should not be mapped one-to-one onto modern diagnostic concepts. In particular, Atyantābhāva is a philosophical category and cannot be inferred merely from a single negative test. Similarly, Prāgabhāva is not a screening-test result, and Pradhvaṃsābhāva does not independently establish remission or cure. The proposed correlations are interpretative educational models, not evidence that these categories have been clinically validated. Future work may develop case-based teaching tools or prospective studies to examine whether this framework improves diagnostic documentation and reasoning.

9. CONCLUSION

Pramāṇa provides a structured philosophical basis for acquiring and integrating clinical knowledge, while Abhāva offers a framework for reflecting on absence, disappearance and non-identity. Their combined application may enrich Ayurvedic clinical education and encourage careful interpretation of diagnostic findings. The central clinical message is that absence of a finding is meaningful only when interpreted in context; a negative test does not automatically exclude disease. Further methodological and clinical research is required before this conceptual framework can be considered a validated clinical tool.

10. REFERENCES (Vancouver style)

1. Agniveśa. Charaka Saṃhitā, revised by Caraka and Dṛḍhabala. Sharma RK, Dash B, translators. Varanasi: Chowkhamba Sanskrit Series Office; 2014. Sutra Sthana, chapter 11; Vimāna Sthāna, chapter 4.
2. Suśruta. Suśruta Saṃhitā. Sharma PV, translator. Varanasi: Chaukhambha Visvabharati; 2001.
3. Vāgbhaṭa. Aṣṭāṅga Hṛdaya. Murthy KRS, translator. Varanasi: Krishnadas Academy; 1994.
4. Annaṃbhaṭṭa. Tarkasaṅgraha with Dīpikā commentary. Varanasi: Chaukhambha Sanskrit Sansthan.
5. Śivāditya. Saptapadārthī. Varanasi: Chaukhambha Orientalia.
6. Joshi RR. Foundational principles of classical Ayurveda research. J. Ayurveda Integr.

Med., 2014; 5(3): 198-202. doi:10.4103/0975-9476.140478.

7. Patil SC, Baghel A, Dwivedi RR. Methods of examination and investigation in Ayurveda: a review in reference to Pramana Vijnana (epistemology). Ann. Ayurvedic Med., 2014; 3(1-2): 42-47.