

DIAGNOSTIC METHODS PRESCRIBED IN AYURVEDA: A REVIEW

Dr Chandrakar Yogita

Assistant Professor, Dept. of Roga Nidan Evum Vikriti Vigyana, Bharti
Ayurved Medical College, Durg, Chhattisgarh-India

ABSTRACT

In Ayurveda, health is defined as the state where physical body, senses, and psyche are in natural state with respect to body and function. Diagnosis is the result of various processes which gives conclusion about nature and localization of a lesion and the cause of the suffering of a person. The concept and method of diagnosis (Nidana) in Ayurveda mainly depends on the in-depth understanding of Dosha and Dooshya. Basic concepts and methods of examination of patients for Roga-Rogi bala and Roga-Rogi pariksha, Nidan panchak and Sapeksha nidana are unique in Ayurveda. These Parikshas should be directed toward increasing the knowledge of humans in relation to its social and natural environment. The human beings are the species who can maintain the wellbeing of all other species. Research is for the betterment of all, especially the least advantaged. Various methods of diagnosis are pointed out in Ayurvedic texts. Before coming to a definite conclusion, Ayurveda considers the disease process in different aspects. This article is an attempt to present a coherent description of *Ayurveda* and demystify it, in particular, the concept of *Ayurveda diagnosis and Pariksha*, which form the basis of *Ayurveda*. This study was done by studying the physical, physiological, psychic and behavioral aspects of the patient and also the characteristic changes in their environment.

KEYWORDS: *Roga-Rogi pariksha, Roga-Rogi bala, Dwadashvidha pariksha*

INTRODUCTION

Ayurveda is a highly systematized medical system resting on proven theories and thousands of years of documented clinical observations with unbroken and successfully continuing clinical practices. Despite these, proper recognition and appreciation have been defined for Ayurveda. Diagnosis is the result of various processes by which physician comes to a conclusion about nature and localization of a lesion and the cause of the suffering of a person. A physician's job is to

know the human body and its functions in terms of homeostasis. The four mile stones of diagnostic medicine, each essential for understanding homeostasis, are: anatomy (the structure of the human body), physiology (functions of Dosha, Dhatu and Mala), pathology (what can go wrong with the anatomy and physiology) and psychology (thought and behavior)¹. Once the Doctor knows what is normal and can measure the patient's current condition against those norms, doctor can determine

the patient's particular deviation from homeostasis and the degree of deviation is called diagnosis. Physician desirous of bringing homeostasis among dhatus by knowledge of medical science in total, practical experience, skill, purity, ideal prescription, possessing all equipment, normalcy of all sense organs, knowledge of various natural manifestations and knowledge of course of action of prescribed therapy. A patient constitutes karyadesha, that's why patients should be examined thoroughly to obtain the knowledge of life span, strengths and intensity of morbidity because treatment may be initiated after knowing that things. Thorough examination of the patient is the initial step in clinical medicine followed by planning suitable appropriate therapy. Ayurveda is based on *tridoshas* – *vata*, *pitta* and *kapha* i.e. movement, transformation, and support and growth, respectively. Ayurveda refers to these as '*doshas*'. Roga and Arogya are two words denoting opposite conditions of individual organism. Roga is a word which denotes disease. It implies disturbed or unbalanced condition of body elements or mind. That is why Roga pariksha (Diagnosis) is given first place and principles of treatment and drugs are given next places in order of importance. Diagnosis or Roga Pariksha comprises of knowledge of etiology and symptomatology both and also includes the pathology. Arogya is a just opposite of Roga; so when we have to investigate and understand a clean picture of a disease we cannot examine a disease without a reference to a living person and there too, particularly to the body and mind. Analytical study is by

studying the physical, physiological, psychic and behavioral aspects of the patient and also the characteristic change in his environment².

SUMMARY

Method of Examination of a Patient:

Diagnosis is the result of various processes which helps to reach a conclusion about nature and localization of a lesion and the cause of the suffering of a person.

The process involve are enumerated as under:

1) Pratyaksham³- Observation of Sings i.e. Physical findings by use of five senses. Here, Inspection (Darshana) and Palpation (Sparsana) are most important; Auscultation including percussion (Srotra) and Olfaction (Ghrana) is used occasionally.

2) Yukti³ - Experimentation i.e. by judgement on the basis of the correlation of effects of different causes as in the case of Upasaya and Anupasaya.

3) Upamana⁴ or Simile - Comparison and Contrast or differentiation.

4) Prasna⁵- Interrogation or questions for getting the information of patient's background and development of present and past illnesses.

5) Anumana or Tarka³- Inference- after observation of physical findings and their relation with particular pathology applied in
i) Clinical examination of patients e.g. in examining a sick infant, one should infer the seat of the disease. Wherever he touches frequently or does not allow touching and cries. If he keeps his eyes closed constantly the disease is affecting the head; by closing fits tightly-in anal region etc.

- ii) Physical examination – Urine, stool, sputum and food e.g. floating in water of stool or its sinking for Sama and Nirama.
- iii) Chemical Examination – Blood, Urine, Vomit and food.
- iv) Physiological function – Circulation, Elimination - Digestion, Absorption, Blocking by Nadi Sparsa etc. Pariksha and various Srotodusti Pariksha.

Aptopadesha⁶ (Authoritative Instruction)

Words of the divine origin are those uttered by the Gods who are enlightened par excellence e.g. the Vedas transmitted by Lord Brahma. One can understand the below mention characteristics features of disease from authoritative testimony. And last but not the least is the Reliable Authority on the validity of which relation between the cause and effect are known and correlation with the problem under investigation.

6) Special methods of examination of urine and blood have been developed as in evidence by **Taila Bindu Pariksha⁷** of Urine; and blood examination by delay in clotting, or by washing the blood stained swab and agreeability or disagreeability to a Dog or a Crow and in cases of poisoning change of colour of food, or utensils and even flame of fire by contact of poisoned food and reaction of different pet animals and pet birds is described. This may be considered as first step in future development of pathological laboratory examination, and animal experimentation in laboratory. Similarity Nadi Pariksha was also developed.

Asta Sthana Pariksha⁸ – Here

- (1) Nadi Pariksha – pulse examination
- (2) Mootra Pariksha – Urine Examination

- (3) Mala Pariksha - Stool examination
- (4) Jihva pariksha –tongue examination for its colour, movement, shape and taste sense etc.
- (5) Srotra- ear and capacity for hearing and
- (6) Sparsa-skin for sensation of touch and lusture, colour, temperature etc- these two are to be examined for their proper or impaired functions and for finding out signs of any obstruction, inflammation, wounds, change of colour etc.

(7) Drig and Chaksu-the eye is to be examined not only for its proper function but for change of its normal lusture colour for oedema, discharge for deviation of the eye ball, retraction or tightness of lids for dilation or constriction of the pupil etc. it may also indicate physical diseases and mental unrest, or moods of the person

(8) Akriti-the Facis- The patient's face may be observed for expression of emotional upset-grief, rage worry, fatigue, anxiety, elation or depression; physical changes-pallor or plethora, cynosis, jaundice, leanness plumpiness, puffines etc.

Five Factors of Identification Of Disease (Nidan Panchak):

Roga Pariksha- It helps the diagnosis & prognosis of the disease⁹.

Nidana (etiology), Purvaroop (premonitory signs and symptoms), Linga (signs and symptoms), Upashaya (explorative therapies), and Samprapti (pathogenesis)¹⁰.

i) Disease is manifested by its characteristic signs and symptoms or Linga Jnana i.e. observation of abnormal changes. Linga Jnana is the major factor in coming to a proper diagnosis.

Linga may be of two types: Some lingas denote the existing condition of the disease,

its severity or mildness and the Dosha which is responsible for the vitiation and the site or the tissue which is affected. Such symptoms are called Rupa .They are called Purva Rupa-Prodromes.

2) Ayurveda has given importance to the knowledge of the Causative Factor Nidana or Hetu. It is Nidana which is responsible for disturbing the Dosa samya balance of the Doshas and the dhatu samya homogeneity of tissue either completely or partially. Doshas have characteristic features and functions in normal and abnormal conditions. Dosas first encounter with etiological factors; they in turn, when vitiated, vitiates the tissues (Dhatu & Malas). But the nature of vitiation either mild or severe or no vitiation at all depends upon the favorable attitude of Dosas and Dhatus on the basis of their similarity or dissimilarity or equalities and functions with etiological factors. They

Elements of Diagnosis¹²

Dosha	Sthana (location), Atma rupa (cardinal symptom), Prakopa Lakshana (symptoms of aggravated humor), Gati (movement),
Dooshya	Khavaigunya (genetic defect or defect in tissues)
Srotas	Srotodushti lakshana (symptoms of vitiation of channels)
Agni	Ama (indigested matter)
Srotodushti	Atipravitti (over activity), Sanga (obstruction), Siragranthi (tumor), Vimargagamana (displacement)
Roga marga	Shakha (Periphery), Marma-Asthi-Sandhi and Koshtha (vital tissues, bone, joint & GIT)

Confirmation of the diagnosis: After the complete examination of the patient, if physician fails to arrive at final diagnosis, then he has to seek the help of confirmatory tests.

Few confirmatory tests, which helps in the final diagnosis mentioned in classics are -

i) Purisha Nimajjana Pareeksha¹³ (stool sink test).

generally provoke a particular dosa and create hyper condition - Vrdhi, and Ksaya - Hypo-condition. This process of provocation or reduction leading to manifestation of disease is usually or prolonged process.

Shadakriyakala¹¹: Samcaya (Incubation), Prakopa (Flaring up), Prasara (Spreading in general circulation) and Sthana Samsraya (Settling down in a particular site-Localization) are collectively given the name Samprapti and which in short is defined as Dosa Dusya Sammurchana. Inter action and mutual vitiation process of the Dosas, particular Dhatus, Malas, Srotas and Organs of the body before a well-defined typical disease is manifested i.e. next two stages Vyakti and Bheda (manifestation and differentiation) in which signs and symptoms when progressed further denoting well defined typical disease along with other differentiating points.

ii) Dushita Rakta Pareeksha¹⁴ (examination of vitiated blood) -A) By dog etc. B) Stain Test.

iii) Mootra Pareeksha¹⁵ (examination of urine) - Peepalika Abhidhavanam

iv) Taila Bindu Pareeksha⁷

v) Shukra Pareeksha¹⁶ (examination of semen), Nimajjana- Avasadi, Phenila

vi) Stanya Pareeksha¹⁷ (examination of breast milk).

vii) Artava Pareeksha¹ (examination of menstrual fluid).

Ayurvedic Correlation of Lab Tests¹⁹

Lab Tests	Ayurvedic correlation
RBC, Hb %, WBC, Platelet Count, MCV, MCHC, MCH	Rakta Dhatu
Eosinophilia	Vata Vriddhi or Prakopa
↑ neutrophilia	Saama Kapha and Pitta
↑ Lymphocytes	Nirama Kapha
Serum electrolytes	Rasa Dhatu
Serum Calcium, Phosphate	Rasa Dhatu, Asthi
Serum Creatinine, EMG	Mamsa Dhatu
Serum Alkaline phosphatase, osteocalcin, Acid phosphatase, urine calcium (24 hour)	Asthi Dhatu
Semen Analysis, Testosterone, FSH, LH	Shukra Dhatu
Lipid profile	Rasagata Sneha (Abaddha Meda)
LFT (Liver Function Test)	Raktadhatu, Pitta Dosha
PFT (Pulmonary Function Test)	Prana Vayu
RFT (Renal Function Test)	Mutravaha Srotas
TMT, ECG, Echocardiography	Vyana Vayu
EEG, CT, MRI	Prana Vayu

ROGI PARIKSHA- for the diagnosis & prognosis of the disease

Dwividha Pariksha²⁰ (Two Fold Examination)-

The intellectual person takes recourse to two types of examination Pratyaksha (perceptual) & Anumana (inferential). These two combined with instruction constitute the methods of examination.

Trividha Pariksha²¹ (Three Fold Examination)-

Three folds of skill for examination of patients are Aptopadesha, Pratyaksha & Anumana.

CHARKOKTA PARIKSHA-

-Navavidha Pariksha²²- The following factors must be considered for successful administration of Niruha basti i.e. Dosha, Aushadha, Desha, Kala, Satmya, Agni, Satva, Vaya & Bala.

-Dashvidha Pariksha²³- These are Prakriti, Vikriti, Sara, Samhanana, Pramana, Satmya, Satva, Aharashakti, Vyayamashakti and Vaya.

-Ekadashavidha Pariksha²⁴- Dosha, Beshaja, Desha, Kala, Bala, Sharira, Ahara, Satmya, Satva, Prakriti and Vaya.

-Dwadashavidha Pariksha²⁵- Dosha, Beshaja, Desha, Kala, Bala, Sharira, Sara, Ahara, Satmya, Satva, Prakriti and Vaya.

Description of Sushrutokta Sadvidha Pariksha for the diagnosis of disease²⁶

1. Srotrendriya pariksha (Examination by hearing percussion / auscultation) -

this method helps to elicit the abnormalities in various diseases by hearing. For example, if foreign body lodged in dhamani (blood vessels) leading to exacerbation and agitation of vata resulting into flow of frothy blood associated with sound, pain all over the body, thirst and nausea.

2. Sparshanendriya pareeksha (Examination by palpation/ touch) –

Things detected with the help of touch are as follows – cold, heat, smoothness, roughness, softness, hardness etc.

3. Chakshurendriya (Examination by Sight / inspection) - The following things can be detected through the examination by sight are increase or decrease of the body, signs of life span, change in strength and colour etc.

4. Rasanendriya (Examination by Taste)

- By interface one can ascertain the vitiation in rasanendriya. For example if bees flies attracted towards Prameha patient, it indicates tanu-madhuryata of prameha rogi.

5. Ghranendriya (Examination by Smell) -

Diagnosis of the diseases based on abnormal smell, which emits either from wounds or nonwounded region.

6. Prashna (history taking)-

Things obtained by interrogation are as follows - Place, time (season), caste, conduciveness, how the symptoms manifested, aggravation and relieving factors, strength and nature of agni, eliminations or non-elimination of flatus, urine, stool, duration of the diseases (time factors for exacerbation of disease)

etc. Such other things maybe collected from persons residing with or close relative of the patient⁵.

Desha: Whether person belongs to jangala, anupa and sadharana desha.

Jati- refers to various religions like brahmana, kshatriya etc.

Kala: is divided into two i.e. nityaga and avasthika.

Swasthasya balyadi bhedena: In this, understanding of age like children, youth, old age person. And

Vyadhitya jvararambhadi kalavastha:

It signifies about the onset and history of diseases²⁷.

Sushrutokta Dwadashvidha Pariksha²⁸

This is for the understanding of Rogibala, Rogibala (Strength of the patient) and Rogabala (Strength of the disease). These are as follows – Ayush (life span) if he has long span then his, Vyadhi (disease), Ritu (season), Agni (digestive power), Vaya (Age), Deha (Body build), Bala (Strength), Satva (Mind), Satmya (Habituations/ Accustoms), Prakriti (Constitution), Bhashaja (Drug) and Desha (Habitat) should be examined. The Physician before commencing treatment of the patient, should first of all examine his following-

A. Ayush Pariksha²⁹: (Examination Of Life-Span)

Dirghayu- having long span of life ; The person whose hands, feet, flanks, back, tip of the breasts, teeth, face, shoulders and forehead are big; whose finger joints, expirations, eyes, and arms are long; whose eyebrows, space in between the breasts and chest are broad; whose calves, penis and neck are short; whose mind ,voice, and umbilicus, are deep; whose breasts are not

greatly elevated but are firm; whose ears and back of the head (posterior part) are well grown, big, hairy; appearing on the back; the maximum age for him is seventy years.

Madhyamayu- Person of moderate life span; He who has well manifest, broad, two, three or more lines below the aksha (clavicles); whose feet and ears more muscular, tip of the nose elevated and vertical lines appearing on the back; the maximum age for him is seventy years.

Alpayu: Person of short lifespan; He who has short bony joints, big penis, and chest having hairs appearing in circles (whirls), whose back not broad; ears and nose located slightly up (than their usual place); who exhibits his gum during laughing or talking and whose sight is unsteady – such a person lives for twenty five years (only).

B. Sharira Pramana³⁰: (Measurements of The Body)

To understand knowledge of life, Pramana (measurements) of the body and its parts and sara (excellence of the tissues) has been mentioned. antaradhi (six) are the anga (major parts); organ, parts in each of these are the pratyanga (minor parts). The length of the body of man is one hundred twenty angula (216cm.).

Dalhana³¹ states that length (height) of man is to be taken when he is standing on his toes and raising his arms upward. The intelligent physician should understand that man at his age of twenty-five years and woman at her age of sixteen years are to be known as having attained full growth and vitality. The measurements of the body have been indicated in one's own angula (fingers breadth) only.

Measurements of the body have also been furnished in **Charaka samhita, Ashtanga Samgraha** and **Ashtanga Hridaya**. Differences are noticeable between these texts and **Susruta Samhita**. Commentator **Dalhana** and **Chakrapanidatta³²** have tried to explain in their own way, the reasons for such difference. The ancient method of measuring was not uniform, so also was angula - the unit measurement being not very accurate. It is quite likely that significant changes taking place in the mode of life of the people of India from one century to the next and geographical factors have effects on physique and physiology of man. Total height of the person is one hundred and twenty angula (120 angula). The expert physician should take measurement of man and woman at the age of twenty five and sixteen years respectively because they attain adulthood in these respective ages.

C. Sara³³: (Excellence of Mind and Tissues)

Satva sara (person of excellence of mind): The person who is endowed with good memory devotion, intelligence, cleanliness, valour, bravery, benevolent thoughts and actions should be understood as satva sara. Satva sara persons are satva guna pradhana, they have good memory, pragya (means knowledge of past, present & future), they are ready for doing work without any hesitation, and their work is always in public interest.

Shukra sara (person of excellence of semen): who has snigdha (smooth), well grown and white colored bones, teeth and nails; more of sexual desire and offspring should be understood as shukra sara.

Majja sara (person of excellence of bone marrow): One who is not emaciated, who has good strength, pleasant and deep voice, and lustrous, wide eyes, should be taken as majja sara.

Asthi sara (person of excellence of bone): One who has big head and shoulders; firm teeth, firm lower jaw, firm bones and firm nails should be considered as asthi sara.

Meda Sara (person of excellence of Fat): One whose urine, sweat and voice (pleasant) are unctuous, has big size body, and unable to tolerate exertion.

Mamsa sara (person of excellence of muscles): One who has well grown body, bones and boney joints are concealed and well developed muscles as of mamsa sara.

Rakta sara (persons of excellence of blood): One who has unctuous and coppery red colored nails, eyes, palate, tongue, lips, palms and soles is to be considered as Rakta sara.

Tvak sara (or **Rasa sara**) person of excellence in rasa dhatu: One whose skin and hairs are good looking and soft -is to be understood as Tvak sara. Out of these, the earlier ones in preceding order are important for determining life span and prosperity. The intelligent physician, who examines the measurements of major and minor parts of the body and excellence especially, becomes successful in his activities.

D. Vyadhi Pariksha³⁴: (Examination of Diseases)

All diseases are of three kinds viz –

Sadhya (curable), Yapya (controllable) & Pratyakhyeya (incurable)

These to be examined whether it is Aupasargika (secondary), Prakkevala (primary) or Anyalakshana (symptoms other than its own). The disease which is having secondary disease should be treated without interfering with one another or the powerful secondary disease should be treated first. The primary disease should be treated as required (appropriately). In case of Anyalakshana, the first disease (main, primary) only should be treated. Since no disease will occur without the doshas, the physician should recognize the symptoms of the dosha even though not mentioned and their treatment.

E. Ritu Pariksha³⁴: (Examination of Seasons)

During cold seasons treatment should be opposite of it and during, hot seasons, it should be to remove the heat; treatment required at different stages of activities (of the doshas) should not passed over (allowed to lapse / neglected). Treatment done earlier to the proper time, or treatment not done at the proper time and treatment being either inadequate or in excess, these do not succeed even in curable disease. In case of Amajwara medicines should not be prescribed because it aggravates disease condition.

F. Agni Pariksha³⁴: (Examination of the Digestive Power)

Pachakagni is stated to be responsible for digestion and metabolism. Mainly four varieties of agni described in Ayurveda. Equilibrium state of agni, in which normalcy of doshas observed. Other three varieties develop due to disequilibrium state of doshas i.e. Vishmagni due to influence of Vata, Tikshagni due to

abnormal function of Pitta and Mandagni due to erratic function of kapha. That (agni) which cook the food consumed at the usual time properly, is known as samagni (normal digestive power) and it is due to normalcy all the dosha. Samagni should be protected Vishamagni gives rise to diseases of vata origin. It should be treated with the use of substances (foods or drugs) which are fatty, sour, and salty. Tikshnagni causes diseases of pitta origin. Tikshnagni should be treated with substances which are sweet, fatty, shita and by purgation; Atyagni also should be treated in the same way, especially by the use of buffalo's milk, curd, and ghi. Mandagni causes diseases of kapha origin. Salivation, vomiting and weakness of the body, this is due to manda (agni) weak digestive power. Mandagni should be treated with the use of substances which are pungent, bitter and astringent tastes and by emesis.

Agni present in the jathara (stomach) which digests the food is Bhagavana Ishvara- almighty god- himself; he receives (substances of) sweet and other tastes (for growth and maintenance of the body) he being subtle (minute) it is not possible to perceive him. Served by prana, apana and samana (the three divisions of vata), by blowing, protecting and preserving it (agni) helps others (agni's) to carry on their respective functions properly.

G. Vayas Pariksha³⁵: (Examination of Age): Age is of three kinds viz. **Balya** (childhood/young age), **Madhya** (middle age), **Vridha** (old age)

Balya- Those less than sixteen years of age are called as Bala (children), they are of three kinds.

Madhya vaya (middle age) is between sixteen and seventy years; its divisions are viz.

Vridha/vardhakya: (old age/senility) is above the age of seventy years, with diminution in the tissues, sense faculties, strength, vitality and enthusiasm day after day; person develops wrinkles of the skin, grey hairs, baldness, suffers from cough, dyspnea, and such other secondary diseases, inability to perform all activities, survives like a old house drenching in rain; he is called a vridha (old man).

Importance of knowledge of Vaya (age) -

The dose of medicine to be administered in the succeeding ages (stages of life) should be in increasing quantity (dose), except in parihani ; kapha increases greatly during young age, pitta increases greatly during middle age and vata increases greatly during old age ; so treatments should be planned accordingly; use of agni (thermal cautery), kshara (alkaline cautery) and purgation therapies should be avoided during young age and old age in diseases curable by these treatments, or (if very necessary) these should be done mildly and slowly.

H. Deha Pariksha³⁵: (Examination Of Body Built)

It has been stated that the body (physique) is of three kinds- **Sthula (stout, corpulent), Krisha (emaciated, thin) and Madhya (medium/moderate)**

The stout and thin persons should always be administered thinning and shortening therapies respectively, and the moderate persons should always be protected (allowed to remain as such) by the physicians.

I. Bala Pariksha³⁵: (Examination of Strength)

Assessment of strength of the patients is done by considering the normalcy of disease, doshas, age etc. Since all kinds of treatments can be administered to strong persons only, strength itself is important for all activities. Some people though emaciated are strong, while some people are stout possess little strength, hence the physician should infer the stamina and strength through (physical) exercises.

J. Satva Pariksha³⁶: (Examination of Mental Power)

Satva is the capacity of the mind which does not cause frustration (agony, misery) at times of sorrow, joy (happiness, prosperity) etc. (other emotions like anger, fear). The person who has satva guna (predominantly) tolerates everything (grief, happiness etc.) remaining under control by himself; he who has rajo guna (predominantly) tolerates when controlled by others; and he who has tamoguna (predominantly) cannot tolerate at all.

K. Satmya Pariksha³⁶: (Examination of Habituations / Suitability)

The physician treating a patient simply with recipes without paying any attention to factors like desha (habitation in different areas), etc. may commits mistake may not achieve success. On the basis of age, strength and physical features, physiquies are of innumerable types. Accordingly patients are also of innumerable types. Satmya is the use of such things which do not cause harm to the body even though they are opposite of different from one's own constitution, habitat, time, caste, seasons, disease, exercise, water, day sleep,

tastes, and such others. If a non-homologous item of food and regimen has become wholesome to a person because of habit or nature of the nature of the place of habitat, then sudden and total withdrawal of this item does not give happiness to a person.

Satmya: It stands for such factors as are wholesome to the individual even when continuously used. It is of following 3 types- **Pravara, Madhyama, Avara.**

L. Prakriti Pariksha³⁷: (Examination of Constitution)

It is the inherent characteristics property of an individual refers to the genetically determined physical & mental makeup; it is determined by (a) sperms & ovum (b) season and condition of the uterus (c) food & regimens of the mother (d) nature of mahabhutas comprising the foetus. Doshas dominating the sperms & ovum during the time of conception and also those inhabiting the uterus at that time determine the prakriti of individual. The doshas that ultimately emerge as dominant factors actually determine the prakriti. 7 types of prakriti has been described – Vataja , Pittaja, Kaphaja, Vata-Pittaja, Vata-Kaphaja, Pitta-Kaphaja & Sannipataja and 16 varieties of Manasika prakriti.

Kaphaja- A man having kaphaja type of constitution is endowed with the excellence of strength, wealth, knowledge, energy, peace & longevity.

Pittaja- A man having pittala type of constitution are endowed with moderate strength, moderate span of life, moderate spiritual & materialistic knowledge, wealth & accessories of life.

Vataja- A man having vataja constitution are mostly possessed of strength, span of

life, procreation, accessories of life & wealth in lesser quality.

Dwandvaja Prakriti: Individuals having constitution dominated by the combination of two doshas are characterized by the combination of the manifestations of respective prakriti.

Sama Prakriti: This person possesses all excellent qualities of all the three prakriti. It is due to equilibrium state of doshas.

Manasika Prakriti: The psyche is of three types – Shuddha, rajas & tamas, shuddha prakriti person is said to be devoid of defects due to having beneficial fraction, whereas rajas and tamas are defective because of the fractions of agitation and ignorance respectively. Out of these three types of psyche, each one has got innumerable divisions due to relative degrees and variations in interaction of psyche and body according to species. Body follows psyche and vice versa.

A. Bhesaja Pariksha³⁸

Anna is basic entity for life. It is also play, basic role in development of Bala Varna and Oja of the body. Anna is depends upon rasa and rasa is depends upon dravya. Kshaya vriddhi and samanata of vatadi doshas are depends upon rasa, guna, virya, vipaka of dravyas. If ahara is good then growth of body bala, arogya, varna, and indriyas are works properly, and if any deviation has been takes places leading to manifestation of diseases occur.

B. Desha Pariksha³⁸

Desha is divided in following three types viz. **Anupa, Jangala, and Sadharana.**

Anupa desha- Land which is full of water, possessing ups and down on the ground. More rivers flowing in the area, excess

rainfall, soft, cold wind, full of high mountains and trees. Persons possess soft and tender body, well built and suffer from kapha and vata vikara.

Jangala desha- The land is dry, possesses few trees. Minimum rainfall, wind is hot and suffers from vata and pittaja vikara.

Sadharana desha- This land enjoys cold, rain heat and wind in a moderate manner. Vata, pitta and kapha doshas in their normalcy.

DISCUSSION AND CONCLUSION

Treatment principles vary from patient to patient depending on strength of the patient and morbidity of the disease. Hence it is very much essential to acquire complete knowledge regarding Sushrutokta dwadashavidha pariksha to obtain strength of the patient and strength of the disease³⁹. The physician should examine first thoroughly and then treat the patient skilfully. Roga Pariksha comprises of knowledge of etiology and symptomatology and also includes pathology. Diagnosis is the result of various processes by which we come to a conclusion about nature and localization of a lesion and the cause of the suffering of a person. As in the case of disease and treatment, the concept of diagnosis also is unique in Ayurveda. In order to diagnose the disease on the basis of Ayurvedic principles, the physician should work very hard to know the subtle changes occurring inside the body due to the imbalance of Dosha. To become perfect in Ayurvedic diagnosis, the physician needs to understand Dosha Vikalpa (Dravyataha- Gunataha-Karmataha Vriddhi of Dosha), Dhatu Vaishamy (the quantum of vitiation, the status of Dhatu

and Srotas), Agni Sthiti (condition of the digestive fire viz. Samagni, Mandagni etc.) and status of Ama (Intermediate matter) in the body. Basic concepts of Ayurveda, methods of examination of patients such as Dwividha, Trividha, Chaturvidha, Shadavidha, Astavidha for Roga and Rogi pariksha and also Dashvidha, Dwadashvidha pariksha for Rogabala and Rogi bala, five factors of identification of disease (Nidan panchak) and differential diagnosis (Sapeksha nidana) are unique in Ayurveda. If necessary the Vaidya can use modern tools and methods to diagnose judiciously.

REFERENCES

1. Patil Vasant, Sapra Umesh Kumar, Clinical Diagnosis In Ayurveda; Concepts, Current Practice And Prospects, ISSN 2321-1563, JAHM, 2013, Vol 1, Issue 2.
2. Byagi P.S., Kumar Shailendra, View of Charaka On Roga And Rogi Pariksha For The Vyadhivinishchaya (Diagnosis of Diseases), ISSN 2229-3566, IJRAP 2011,2(3) PP 694-697
3. Sri Satyanarayan Shastri, The Charaka Samhita of Agnivesha (Caraka and Dridabala), Sutra Sthana 11, Chaukhambha Prakasana, Varanasi, Reprint 2013,PP-230
4. Sri Satyanarayan Shastri, The Charaka Samhita of Agnivesha (Caraka and Dridabala), Vimana Sthana 4, Chaukhambha Prakasana, Varanasi, Reprint 2013,PP- 704
5. Acharya Trikamji Jadavaji, Agnivesha. Rasvimanam, Charaka Samhita (Charaka and Dridhabala with Chakrapani), Reprint. Varanasi, India: Chaukhamba Prakashan; 2007; PP 231.
6. Acharya Trikamji Jadavaji, Agnivesha Rogabhishagjitiya, Charaka Samhita (Charaka and Dridhabala with Chakrapani), Reprint. Varanasi, India: Chaukhamba Prakashan; 2007; PP 268.
7. Yogaratnakara, chp1,verse1, 1stedn, Varanasi, Chaukhambha Prakashana, 1996, PP 43.
8. Kaviraja Ambikadutta Shastri, Sushruta Samhita of Maharshi Susruta, Sutra Sthana 15, Chaukhambha Prakasana, Varanasi, Reprint 2011,PP-83-84
9. Byadgi P S. Rogi Pareeksha and Roga Pareeksha. Parameswarappa's Ayurvediya Vikriti Vigyan & Roga Vigyan, 1st edition, Volume 1. Varanasi, Chaukhambha Sanskrit Sansthan, 2007; PP 373-75
10. Shukla V, Tripathi R, editor, Charaka Samhita of Charaka, Vimana Sthana, chp 4, verse 12, 1st edn, Vol.I., Delhi, Chaukhamba Sanskrit Pratishthan, 2002, PP 585.
11. Kaviraja Ambikadutta Shastri, Sushruta Samhita of Maharshi Susruta, Sutra Sthana 21, Chaukhambha Prakasana, Varanasi, Reprint 2011,PP-99-100
12. Tripathi B, editor, Charaka Samhita of Charaka, Chikitsa Sthana, chapter 15, verse 94-95, 1st edn, Vol.II., Delhi, Chaukhamba Surbharati Prakashan, 2001, PP537.
13. Shukla V, Tripathi R, editor, Charaka Samhita of Charaka, Vimana Sthana, chp 4, verse 7, 1st edn, Vol.I., Delhi, Chaukhamba Sanskrit Pratishthan, 2002, PP 583.
14. Shukla V, Tripathi R, editor, Charaka Samhita of Charaka, Nidana Sthana, chp 4, verse 47, 1st edn, Vol.I., Delhi, Chaukhamba Sanskrit Pratishthan, 2002, PP 482.
15. Tripathi B, editor, Charaka Samhita of Charaka, Chikitsa Sthana, chapter 30,

verse 139-145, 1st edn, Vol.II., Delhi, Chaukhamba Surbharati Prakashan, 2001, PP 1035-6.

16. Tripathi B, editor, Charaka Samhita of Charaka, Chikitsa Sthana, chapter 30, verse 148, 1st edn, Vol.II., Delhi, Chaukhamba Surbharati Prakashan, 2001, PP 1037.

17. Tripathi B, editor, Charaka Samhita of Charaka, Chikitsa Sthana, chapter 30, verse 146, 1st edn, Vol.II., Delhi, Chaukhamba Surbharati Prakashan, 2001, PP 1036.

18. Vaidya Vasant, Sapra Umesh Kumar, Clinical Diagnosis in Ayurveda, 1sted, Vol.I, Ilkal, Atreya Ayurveda publications, 2011, PP 63-4.

19. Sri Satyanarayan Shastri, The Charaka Samhita of Agnivesha (Charaka and Dridhabala), Sutra Sthana 11, Chaukhambha Prakashana, Varanasi, Reprint 2013, PP-235

20. Acharya Trikamji Jadavaji, Agnivesha Jwaranidanam, Charaka Samhita (Charaka and Dridhabala with Chakrapani), Reprint. Varanasi, India: Chaukhamba Prakashan; 2007; PP 194.

21. Acharya Trikamji Jadavaji, Agnivesha, Rogabhishagjitiyam, Charaka Samhita (Charaka and Dridhabala with Chakrapani), Reprint. Varanasi, India: Chaukhamba Prakashan; 2007; PP 274.

22. Acharya Trikamji Jadavaji, Agnivesha Trividha rogavishesh vigyaniam, Charaka Samhita (Charaka and Dridhabala with Chakrapani), Reprint. Varanasi, India: Chaukhamba Prakashan; 2007; PP 247

23. Acharya Trikamji Jadavaji Agnivesha Trividharogavisheshvigyaniam, Charaka Samhita (Charaka and Dridhabala with

Chakrapani), Reprint. Varanasi, India: Chaukhamba Prakashan; 2007; PP 248-49.

24. Acharya Trikamji Jadavaji, Agnivesha. Basti Sutriya Siddhi, Charaka Samhita (Charaka & Dridhabala with Chakrapani), Reprint. Varanasi, India: Chaukhamba Prakashan; 2007; PP 691.

25. Vaidya Yadavji Trikamji Acharya and Narayan Ram Acharya Kavyatiratha, Sushruta Samhita of Sushruta Aturopkramniya, Chaukhambha Publication Varanasi, 2007; PP 150

26. Acharya Trikamji Jadavaji Agnivesha. Trividhakukshiya. Acharya Trikamji Jadavaji. Charaka Samhita (Charaka & Dridhabala with Chakrapani), Reprint. Varanasi, India: Chaukhamba Prakashan; 2007; PP 239.

27. Acharya Trikamji Jadavaji, Agnivesha. Rasvimanam, Charaka Samhita (Charaka and Dridhabala with Chakrapani), Reprint. Varanasi, India: Chaukhamba Prakashan; 2007; PP 231.

28. Vaidya Yadavji Trikamji Acharya and Narayan Ram Acharya Kavyatiratha, Sushruta Samhita of Sushruta Aturopkramniya, Chaukhambha Publication Varanasi, 2007; PP 150

29. Vaidya Yadavji Trikamji Acharya and Narayan Ram Acharya Kavyatiratha, Sushruta Samhita of Sushruta Aturopkramniya, Chaukhambha Publication Varanasi, 2007; PP 151

30. Vaidya Yadavji Trikamji Acharya and Narayan Ram Acharya Kavyatiratha, Sushruta Samhita of Sushruta Aturopkramniya, Chaukhambha Publication Varanasi, 2007; PP 152

31. Vaidya Yadavji Trikamji Acharya and Narayan Ram Acharya Kavyatiratha,

Sushruta Samhita of Sushruta of Shri Dalhanacharya, Chaukhambha Publication Varanasi, 2007; PP 153

32. Acharya Trikamji Jadavaji, Agnivesha Rogabhishagjitiyam, Charaka Samhita (Charaka & Dridhabala with Chakrapani), Reprint. Varanasi, India: Chaukhamba Prakashan; 2007; PP 300

33. Vaidya Yadavji Trikamji Acharya and Narayan Ram Acharya Kavyatiratha Sushruta Samhita of Sushruta Aturopkramniya, Chaukhambha Publication, Varanasi, 2007; PP 154

34. Vaidya Yadavji Trikamji Acharya and Narayan Ram Acharya Kavyatiratha Sushruta Samhita of Sushruta Aturopkramniya, Chaukhambha Publication, Varanasi, 2007; PP 155

35. Vaidya Yadavji Trikamji Acharya & Narayan Ram Acharya Kavyatiratha Sushruta Samhita of Sushruta Aturopkramniya, Chaukhambha Publication, Varanasi,2007;PP 156

36. Vaidya Yadavji Trikamji Acharya and Narayan Ram Acharya Kavyatiratha Sushruta Samhita of Sushruta Aturopkramniya, Chaukhambha Publication, Varanasi, 2007;PP 158

37. Vaidya Yadavji Trikamji Acharya and Narayan Ram Acharya Kavyatiratha, Sushruta Samhita of Sushruta Annapanvidhi, Chaukhambha Publication Varanasi,2007;PP 214-254

38. Vaidya Yadavji Trikamji Acharya and Narayan Ram Acharya Kavyatiratha, Sushruta Samhita of Sushruta Aturopkramniya, Chaukhambha Publication Varanasi,2007;157

39. Byagi P.S., Kumar Shailendra, Clinical Importance of Sushrutokta Dwadashvidha Pareeksha, ISSN 2230-8407, IRJP 2011, 2(4), PP 1-8

CORRESPONDING AUTHOR

Dr Chandrakar Yogita

Assistant Professor, Dept. of Roga Nidan

Evum Vikriti Vigyana, Bharti Ayurved

Medical College, Durg, Chhattisgarh-India

E-mail: dryogitachandrakar@gmail.com

Source of support: Nil,

Conflict of interest: None Declared

Cite this article as

Chandrakar Yogita: Diagnostic Methods Prescribed in Ayurveda: A Review ayurpub;III(3): 893-906