

DIAGNOSTIC APPROACH TO SKIN DISEASE THROUGH *ROGA-ROGI PARIKSHA*– A CASE REPORT

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ABSTRACT

Technical skill and scientific knowledge is required for the diagnosis of various diseases. In Ayurveda, *Roga- Rogi Pariksha* has been mentioned as an essential diagnostic parameter. A study has been taken to evaluate the pathogenesis of disease by using various diagnostic parameters. A Case of 40 years old male patient who got admitted in IPD with the complaints of *Shyava* (blackish discoloration), *Pidika* (boil) over the extensor compartment of right lower limb associated with *Rukshata* (dry lesion) and *Kandu* (itching) since 11 years which was aggravated since 4 years with Absolute Eosinophil count of 450 cells/cmm. Based on the diagnostic parameter, the patient was diagnosed as a case of *Vicharchika*. *Vicharchika* is a clinical entity headed under *Kshudra Kushta* and is one among the *Rakta Pradoshaja Vyadhi*. Being *Tridoshaja* in origin *Vicharchika* has its impact on body and mind that requires proper evaluation. The present case is intended to provide an insight to approach the case for diagnosis with the *Ayurvedic Pariksha* as mentioned in classics with documented evidence.

KEYWORDS: *Ayurveda, Roga Pariksha, Rogi Pariksha, Nidana, Diagnosis, Kushta, Chikitsa.*

INTRODUCTION

Ayurveda, the eternal science explains ‘*Dosha Dhātu Mala Mulam Hi Shareeram*’.^[1]

Due to indulgence in *Mithyahara Vihara*, *Tridosha* gets vitiated which further leads to the affliction and aggravation of *Rasa, Rakta, Mamsa* and *Lasika* causing ‘*Kushnati Shareerasya Shonitam Vikrute*’ that means *Kushta* manifestation.^{[2][3]} According to *Acharya Charaka* a wise physician is one who closely observe the *Avastha* of *Roga* and examine the *Rogi* to come to final diagnosis so that the treatment is planned accordingly.^[4]

CASE PRESENTATION

A case of 40 years male patient presented with *Shyava* and *Pidika* associated with *Kandu* and *Rukshata* over the extensor compartment of right lower limb since 11 years aggravated since 4 months.(Image 1)

- Name: ABC
- Age: 40yrs
- Gender : male
- Religion: Hindu
- Education: literate

- Occupation: Employee
- Marital Status: married
- Address: Raman Nagar, Bangalore
- *Purva Vyadhi Vrittanta*: N/K/C/O T₂DM, HTN and Thyroid disorders, K/C/O migraine since 3 years(under medications SOS)
- *Chikitsa Vrittanta*: Rantac 1 tab sos, Homeopathic treatment (details unknown) for 10 days, Ayurvedic treatment: TAB *Arogyavardhini* 2-0-2, *Durvadi Taila* E/A, *Mahamanjisthadi Khada* 3tsf-0- 3tsf, *Naturoderm* E/A
- *Kula Vrittanta*: Diseased both sisters are suffering from skin diseases (relevant family history). His parents were K/C/O HTN and T₂DM
- *Samajika Vrittanta*: In Sound relation with family and friends, no pets kept at home.
- *Vyavsayika Vrittanta*: Office work, Duration of 9-10 hours, more travelling, mental stress frequently related to work.
- *Vaiyaktika Vrittanta*:

Ahara -vegetarian diet, *Katu Ahara* sevana (intake of spicy food), *Akala Bhojana* (untimely intake of food), *Dadhi Sevana* (curd)

Kshuth Pravrutti- Vaikruta, *Aruchi* sometimes

Mutra Pravrutti- peeta varna (Light yellow in colour), 4-5 times in day time /occasional at night, no burning sensation

Mala Pravrutti- Regular, once or twice a day, normal consistency, without any difficulty and without bleeding per rectum

Nidra- Adequate about 8-9 hours, habit of day sleep for 2 hours, no c/o bad dreams

Vyasana- Nothing relevant.

Prayoga Shaleena Pareeksha: Hb-13gm%, Total WBC count-6900cells/cmm, ESR-6mm/hr, AEC count-450cells/cmm, SGOT 31.8U/L, SGPT 38.4U/L, S. Cholesterol

212 mg/dl, Triglycerides 269mg/dl, LDL 53.8mg/dl (Image2A, B)

Clinical Findings

Vitals: Blood Pressure 130/80mm of Hg, Pulse rate 82/min, Afebrile

Ashta Sihana Pareeksha: *Nadi- Vata Pitta*, *Mutra-Mala-Prakruta*, *Jihwa-Lipta*, *Shabda-Prakruta*, *Sparsha-Anushna Sheeta*, *Druk-Ruksha*, *Akriti-Vatapitta*

Dashavidha Pareeksha: *Prakruti-Vata-Kaphaja*, *Sara-Madhyama*, *Samhanana-Madhyama*, *Satmya-Madyama*, *Satva-Madhyama*, *Pramana-Madhyama*, *Aharashakti-Avara*, *Vyayamashakti-Madhyama*, *Vaya-Madhyama*,

Systemic examination: Integumentary examination-Injection

- Site of lesion-Extensor compartment of right leg of lower limb
- Shape- Circular
- Colour- Blackish Lesion
- Discharge- Absent
- Odour- Absent
- Distribution- Localized
- Arrangement- Disseminated
- Symmetry- Asymmetrical

Palpation

- Elevation- Unspecific
- Temperature- Not Raised
- Sensation- Intact
- Border- not well demarcated/irregular
- Texture- Dry/Rough
- Type Of Lesion- Patch

Tests: Candle Grease Sign: Negative, Auspitz Sign: Negative

Koebner's Phenomenon: Negative, Dermatographism: Negative

Presenting Concern

Patient was apparently healthy 11 years back when he noticed a small depression to the skin over the shin of right lower limb. He developed Pidika (pustule) along

with *Ruja* (pain over the lesion). It got bursts up and the pain was relieved. Soon it was followed by *Shyavata* (brownish black discoloration) in right leg of lower limb. He did not consult any physician for the complaints. In due course of illness, 4 years back he developed the skin lesion of coin size. He did not take any medication for relieving of symptoms. Occasionally it is used to be associated with *Kandu* (itching), *Sweda* (sweating) and skin got thickened. It was not associated with *Daha* (burning sensation), *Srava* (any kind of discharge), *Raaga* (redness). Patient was anxious about his condition and consulted the homeopathic physician and was given with some of the medications. After intake of medications it got spread to anterior aspect of right leg below the knee upto ankle of lower limb. He consulted *Ayurvedic* physician thereafter and find little relief. It used to get aggravated on taking spicy items. On limiting the intake of curd, spicy food complaints used to get reduced. The relief was temporary as the lesion was spreading further towards knee area. On getting the reference he finally approached *Ayurvedic Medical College* for better treatment.

AIMS AND OBJECTIVES OF THE STUDY

A diagnostic approach to Skin Disease through *Roga-Rogi Pariksha*

MATERIALS AND METHODS

The patient with complaints of *Kandu*, *Shyava*, *Rukshata*, *Pidika* got admitted In Patient Department of *Ayurvedic Medical College*. Diagnosis was made with thorough examination based on the clinical findings and presentation of the disease as per *Ayurveda* classics.

DISCUSSION

It is necessary to diagnose the contributory factors of disease. *Roga Pariksha* is an important diagnostic, therapeutic and prognostic parameter which includes *Nidana Panchaka* and *Shad Kriyakala*.^[5]

Nidana Panchaka evaluation

Nidana

In the present study, *Beeja Dusti*, *Katu Ahara*, *Chinta*, *Dadhi Sevana*, *Atiadhva*, *Akala Bhojana*, *Diwaswapanam* can be considered as *Nidana*.

- *Beeja Dusti* occurs due to *Sukra Shonita Dusti*. *Kushta* is considered as *Aupsargika Roga*^[6] and it runs in families. It can be included as *Vyabhichari Nidana*
- *Dadhi Sevana* is *Abhishyandi* that brings obstruction in *Rasavaha Srotas*, *Guru Guna Pradhana* that takes long duration for digestion and is *Kushtakara*.
- *Akala Bhojana* means the irregular pattern of food intake. It does *Agni Dushti*
- *Diwaswapana* is *Snigdha*, does *Kapha Prakopa* and does *Sroto Dusti*
- *Katu Ahara* is *Vata* and *Pitta Vardhaka*.
- *Atiadhva* is *Vata Prakopaka*.
- *Chinta* means anxiety and any of the psychological factors are having direct relation to *kushta*.

Nidana can be categorised into different types as shown (Table 1) below.^[7]

Table 1: Nidana Evaluation.

A. Sannikrasta Nidana:	Ati Adhva, Katu Ahara, Chinta, Dadhi, Akala Bhojana, Diwaswapanam
B. Viprakrasta Nidana:	-
C. Vyabhichari Hetu:	Beeja Dusti
D. Pradhanika Hetu:	-
A. Asatmendriyarth Samyoga	-
B. Prajnaparadha	Adharma
C. Parinama	-
A. Dosha Hetu	Vata – Atiadhva, Ruksha-Katu Ahara Pitta- Katu Ahara, Dadhi Sevana Kapha- Diwaswapanam, Dadhi Sevana
B. Vyadhi Hetu	Shrama, Katu-Ahara, Dadhi Sevana, Diwaswapanam, Chinta, Akala Bhojana
C. Ubhaya Hetu	Diwaswapanam, Dadhi Sevana, Akala Bhojana
A. Bahya Hetu:	Diet: Dadhi Sevana, Katu Ahara Vihara: Diwaswapanam, Atiadhva
B. Abhyantara Hetu:	Tridosha Dushti
A. Anubandha Hetu:	Vata
B. Anubandhya Hetu:	Pitta Kapha

Purvarupa

In the present study *Vaivarnya*, *Pidika Utpatti*, *Swedanam*, *Alpa Kandu* can be considered under *Purvarupa*. These are also mentioned in general *Purvarupa* of *Kushta*.

Rupa

- *Khara Sparsha* where *Khara* refers to roughness that occurs due to *Vata* affliction in skin
- *Kandu* means itching and is mentioned as *Pitta Vikara* and *Kapha Prakopa Lakshana*
- *Shyava* due to dominancy of *Vata* may occur as change in normal colour of body (brownish black)
- *Pidika* means eruption when *Pitta* gets aggravated and get localised in skin causes *Pidika Utpatti*

Among *Sapta Dhatugata Kushta*; *Rukshata*, *Sweda*, *Kandu* are the features mentioned in *Rasagata Kushta* whereas *Sweda*, *Kandu* in *Raktagata Kushta*. *Lakshanas* evaluation shows the involvement of *Tridosha* in the disease manifestation.

Samprapti^[8]

Samprapti determines the manifestation of disease. *Sukra Shonita Dusti* marks *Beeja Dushti* but it remains as *Vyabhichari Hetu*. On getting exposed to various etiological factors there occurs *Tridosha Dusti* with dominancy of *Vata Dosha*. *Drava Guna* and *Tikshana Guna* of *Pitta* is involved, *Ruksha Guna* of *Vata* is affected with *Snigdha Guna* of *Kapha*. Along with *Dosha Dushti* there occurs *Agni Dushti*. With vitiation of *Rasa* and *Rakta Dhatu* occur *Dhatu Shaithilyata* and *Tiryak Gati* of *Doshas*. *Rasavaha Srotas* and *Rakta Vaha*

Srotas will be afflicted during the course of the disease with the *Srotodushti* as *Sanga* and *Vimarga Gamana* will occur. *Adhishthana* will be *Amashaya* and *Sthana samshraya* will take place at *Twak* presented with symptoms of *Vaivarnya*, *Kandu*, *Khara Sparsha* and finally manifested with *Kushta*.

Types of Samprapti

- *Sankhya Samprapti*: 11 type of *Kshudra Kushta* by *Acharya Charaka*, included in *Maha Kushta* by *Acharya Sushruta* and *Vagbhatta*
- *Vikalpa Samprapti*: *Vata*, *Kapha*, *Pitta* (*Ruksha Guna* of *Vyana Vata*, *Drava Guna*, *Tikshna Guna* of *Brajaka Pitta*, *Pachaka Pitta*, *Snigdha Guna* of *Kapha*)
- *Bala and Kala Samprapti*
- *Pradhyana Samprapti*: *Vata* predominant *Tridoshaja*
- *Vidhi samprapti*: *Nija Vyadhi Samprapti Ghataka* (Components of *Samprapti*):
 - *Dosha*: *Vata Pradhana Tridoshaja*
 - *Dushya*: *Rasa, Rakta, Sira, Sweda*
 - *Agni*: *Jatharagnijanya, Dhatvagnijanya mandhya*
 - *Ama*: *Sama*
 - *Srotas*: *Rasavaha, Raktavaha, Annavaha, Swedavaha*
 - *Srotodusti Prakara*: *Sanga, Vimarga gamana*
 - *Udbhava Sthana*: *Pakwashaya*
 - *Sancharana Sthana*: *Sarvasharira*
 - *Vyakta Sthana*: *Twak*
 - *Adhishthana*: *Twak*
 - *Rogamarga*: *Bahya*

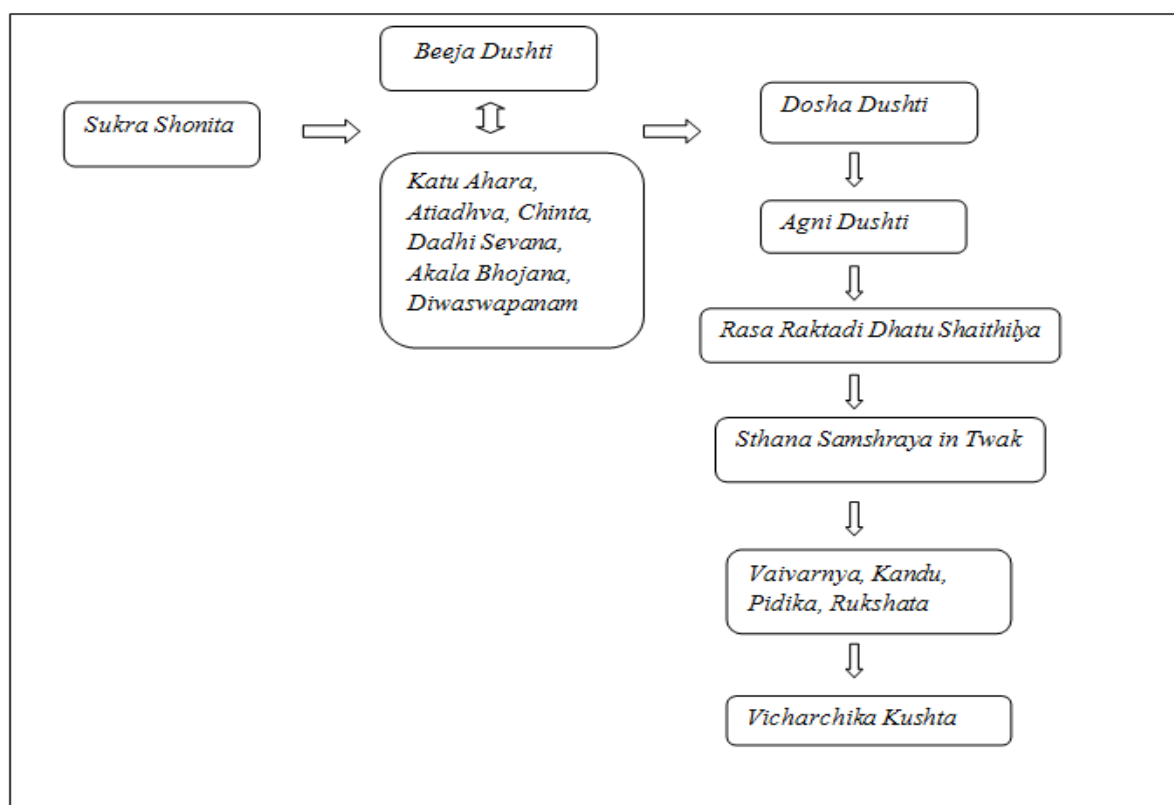


Figure 1: Samprapti.

Shat Kriya Kala Evaluation^[9]

It is the process of understanding the disease in consecutive stages.

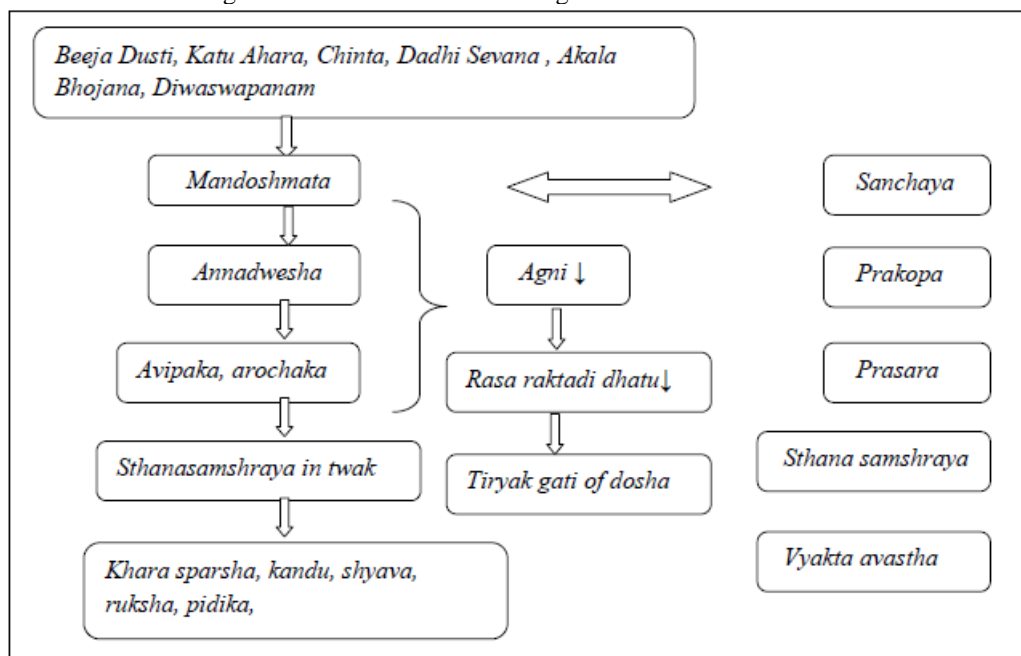


Figure 2: Shat Kriya Kala Evaluation.

Vyavchedaka Nidana (Table 2A, 2B).

(Table 2A, Vyavchedaka Nidana)		
DISEASES	INCLUSION CRITERIA	EXCLUSION CRITERIA
1. Kitibha	Shyava, Khara Sparsha	Kinva Parusha
2.Eka Kushta	-	Mahavastu, Aswedanam, Matasya Shakalopamam
2. Pama	Shyava Kandu Pidika	Sweta, Paridaha,
3. Vicharchika	Kandu Pidika Shyava Gatreshu Iti Panipadeshu(Dal.)	strava
4.Vatika Kushta	Khara, Ruksha, Aruna Varna	Vedana
5.kaphaja kushta	Kandu	
6.Pittaja Kushta	Raaga	Srava, Daha Santapa Visraganda

(Table 2B, Differential Diagnosis)

Disease	Inclusion criteria	Exclusion criteria
1.Eczema	Skin with redness, dryness, itching sometimes, small raised bumps which may leak fluid, thick skin	Blisters, crusts
2.Dyshidrotic Eczema	Due to Stress	More in women, as small blisters, prolonged exposure to metals
3.Contact Dermatitis	Rash	Burning , swelling, blisters due to allergens
4.Nummular Eczema	Coin shaped Skin rash ,itchy	Affected areas can turn into open sores, Occurs after an insect bite
5.Stasis Dermatitis	Itching	Occurs due to poor circulation to legs, swelling, scaling, pain
6.Scabies	Itching	Involvement of flexors wrist, finger webs, genitals

Vyadhi Vinishchya: Vicharchika or Dry Eczema

Sadhyasasadyata: Sadhya

Vyadhi Swabhava: Chirakari

Updrava: Not manifested

Arishta: Not manifested

Chikitsa (Image 3A, 3B)**Table 3: Chikitsa.**

First day	Panchkola Phanta 50ml TDS Tab ANULOMA DS 2 tab after dinner Sarvanga Pariseka with Dashamoola Kashaya
next 4 days	Snehapana with Mahatiktaka Ghrita 40ml, 80ml, 120ml, 170 ml Padabhyanga and Avangundana
last 3 days	Sarvanga Abhyanga with Pinda Taila and Bhasp Sweda Virechana with Trivruth Lehya 80gms and Draksha Kashaya 150ml.
Vegas	17 Vegas
Samshamana Chikitsa	Murivenna Taila Pichu Bandana for 30 days Arogyavardini Vati 2 Tab BD



Image 1

Before treatment

LABORATORY REPORT			
Test	Result	Units	Reference Range
BLOOD & URINE -ROUTINE			
HAEMOGLOBIN	13.0	gm%	(f)12-14 gm% (M)13-16 gm%
TOTAL W.B.C. COUNT	6,500	Cells/CMM	4000-11000 Cells/CMM
E.S.R. { WESTERGREN'S METHOD }	06	mm/hour	(F)0-7mm/hr (M)0-10mm/hr
DIFFERENTIAL W.B.C. COUNT			
NEUTROPHILS	55	%	40-70 %
LYMPHOCYTES	40	%	20-40 %
MONOCYTES	01	%	2-6 %
EOSINOPHILS	04	%	1-4 %
PLATELET COUNT	2.79	Lakhs/CMM	1.5-4 Lakhs/CMM
R.B.C. COUNT	5.05	Millions/CMM	(F)3.9-5.5 Millions/CMM (M)4.8-6 Millions/CMM
HAEMOGRAM REPORT			
P.C.V.	42.2	%	36-47 %
M.C.V.	83.6	fL	76-95 fL
M.C.H.	28.5	Pg	27-30 Pg
M.C.H.C.	34.1	%	31-55 %
R.D.W.	41.6	fL	(F)36.4-46.3 fL (M)35.1-43.9 fL
BIO-CHEMISTRY REPORT			
FBS	101.1	mg/dl	65-110 mg/dl
BLOOD UREA	26.8	mg/dl	15-45 mg/dl
SERUM CREATININE	0.9	mg/dl	(F)0.5-1.1 mg/dl (M)0.6-1.2 mg/dl
URINE ANALYSER REPORT			
LEUCOCYTES	NEGATIVE		
GLUCOSE	NEGATIVE		
PROTEIN	NEGATIVE		
PH	6.0		

Image 2A, investigation report(Before Treatment)

GRAVITY	1.025		
SEROLOGY REPORT			
HUMAN IMMUNODEFICIENCY VIRUS	NEGATIVE		
HBSAG	NEGATIVE		
LIPID PROFILE			
TOTAL CHOLESTEROL	212.0	mg/dl	150 - 200 mg/dl
H.D.L. CHOLESTEROL	42.0	mg/dl	30 - 70 mg/dl
L.D.L. CHOLESTEROL	116.2	mg/dl	up to 150 mg/dl
TRIGLYCERIDES	269.0	mg/dl	25 - 160 mg/dl
V.L.D.L. CHOLESTEROL	53.8	mg/dl	05 - 35 mg/dl
L.F.T (LIVER FUNCTION TEST)			
TOTAL BILIRUBIN	1.4	mg/dl	Adults:- 0-2.0 mg/dl Newborns:- 0-1 d 2.0-6.0 mg/dl 1-2 d 6.0-10.0 mg/dl 3-5 d 4.0-8.0 mg/dl
DIRECT BILIRUBIN	0.9	mg/dl	Adults&Infants:- 0-0.2 mg/dl
INDIRECT BILIRUBIN	0.5		
TOTAL PROTEIN	6.7	mg/dl	6.2-8.2 mg/dl
ALBUMIN	4.1	mg/dl	3.5-5.3 mg/dl
S.G.O.T [AST]	31.8	U/L	8-34 U/L
S.G.P.T [ALT]	38.4	U/L	4-36 U/L
ALKALINE PHOSPHATASE [ALP]	65.0	IU/L	25-147 IU/L
TOTAL ELCTROLYTES			
SERUM SODIUM	142.5	mmol/L	135-155 mmol/L
SERUM POTASSIUM	4.2	mmol/L	3.5-5.5 mmol/L
SERUM CHLORIDE	106.8	mmol/L	95-106 mmol/L
HAEMATOLOGY REPORT			
ABSOLUTE EOSINOPHIL COUNT	450	Cells/CMM	40-400 Cells/CMM
Remarks:			

Image 2B, Investigation report (Before Treatment)



Image 3A

During treatment



Image 3 B

After Treatment

RESULT

Among *Kushta*, with the vitiation of *Tridosha*, disease is diagnosed as *Vicharchika* on the basis of *Vyavchedaka Nidana*. Further as per classics treatment mentioned was given to the patient for recovery. Thus analysis of disease is essential in managing the ailment.

CONCLUSION

To diagnose any disease, the patient should be thoroughly interrogated and examined to determine the dominance of the *Dosha* in disease manifestation, involvement of *Dhatu* and *Mala*, affliction of the *Srotas* with the type of *Srotodushti* and other factors of *Samprapti* has to be evaluated in order to adopt *Chikitsa* accordingly and manage the ailment.

Future Direction

This study marks only the diagnostic approach of a patient in detail further the maximum cases diagnostic approach to be studied in large sample size and standardization is done for smooth understanding of concepts and purpose of management.

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