

**TRIVIDHA PARIKSHA A DIAGNOSTIC METHODOLOGY OF THE DISEASE IN  
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**ABSTRACT**

A physicians job is to know the human body and its functions in terms of *prakritsthata* (homeostasis). The four pillars to know the health (*prakruti*) is *dosha*, *dhatu mala* and *agni*. If all are in balance state with stable psychology then it is termed as *swastha* and imbalance leads to disease. To know this imbalance a methodology is applied to understand the *vikrut dosha*, *dhatu*, *mala* and *strotas*. This methodology is termed as process of diagnosis. Once a diagnosis is made it becomes easy to propose a management plan. The methodology generally used to diagnose a disease is *Rog* and *Rogi pariksha*. *Rog pariksha* include *nidaan panchak* and *Rogi pariksha* includes various *pariksha* like *trividha pariksha*, *panchavidha pariksha*, *shadvidh pariksha*, *asthavidha pariksha* and also a better understanding of *shata kriya kala* to understand the pathophysiology of disease and diagnosing disease. The *trividha pariksha* includes *darshan* (inspection), *sparshan* (palpitation) and *prashna* (history taking). The importance of early diagnosis is that earlier we diagnose fast is the recovery, also the early diagnosis helps in the prevention of complication, the accurate diagnosis helps in planning precise treatment for destroying root cause and so the recurrence of disease. Early and correct diagnosis save money and reduces mental stress of patient.

**KEYWORDS:** *Rogi pariksha*, *nidaan panchak*, diagnosis.**INTRODUCTION**

Disease is a reflection of abnormalities in the normal structural, physiological or psychological aspects of the body. Treatment is aimed in bringing back the normality. Before application of medication a well organised examination should be carried out, for an explicit diagnosis as also for designing proper line of treatment. The due process of examination by which the exact nature of an object is determined is known as *pariksha*.

*Pariksha* are of two types1. *Roga Pariksha* – Examination of the diseases2. *Rogi Pariksha* - Examination of the patient**1. Roga Pareeksha:**<sup>[1]</sup> *Roga Pareeksha* i.e examination of the disease is done by analyzing *Nidanpanchak* i.e five components of disease diagnosis such as1. *Nidan* – Aetiology2. *Purvarupa* - Prodromal features3. *Rupa* – Clinical features4. *Samprapti* – Pathogenesis5. *Upashaya/ unupshaya* –**2. Rogi pariksha** for the diagnosis of the disease as described they are as below,

1. *Dwividha pariksha*,<sup>[2]</sup> (two fold examination)- *Pratyaksha* and *Anumana*
2. *Trividha pariksha*<sup>[3]</sup> (three fold examination)- *Aptaupadesha*, *Pratyaksha* and *Anumana*
3. *Darshana*, *Sparshana* and *Prashna*.<sup>[4]</sup>
4. *Chaturavidha pariksha*<sup>[5]</sup> (four fold examination) i. *Aptopadesha* ii. *Pratyaksha* iii. *Anumana* iv. *yukti*.
5. *Shadavidhpariksha*<sup>[6]</sup> (six fold examination) 1. *Sparshanendriya* (organs of touch) 2. *Srotrendriya* (organs of hearing) 3. *Chakshurindriya* (organs of sight) 4. *Rasanendriya* (organs of taste) 5. *Ghranendriya* (organs of smell) 6. *Prashna* (history taking)
6. *Astavidhpariksha*<sup>[7]</sup> (eight fold examination technique) *Nadi* ii) *Mutra* iii) *Mala*, iv) *Jihva* v) *Sabda* vi) *Sparsa* vii) *Drika* viii) *Aakriti*
7. *Dashavidha Pariksha*<sup>[8]</sup> - *Prakruti*, *Vikruti*, *Sara*, *Samhanana*, *Pramana*, *Satmya*, *Satwa*, *Ahara Shakti*, *Vyayama Shakti*, *Vaya*.
8. *Dwadashavidha Pariksha*<sup>[9]</sup> – *Ayu*, *Vyadhi*, *Ritu*, *Agni*, *Vaya*, *Deha*, *Bala*, *Satva*, *Satmya*, *Prakriti*, *Bheshaja*, *Desha*. Of these the *trividh pareeksha* is the most significant as it encompasses all the other types of examinations.

**Aim and objective:** To study the application of *Trividha pariksha* in clinical practice and to study *darshan*, *sparshana*, *prashana pariksha* from ayurvedic texts.

**Material and Methods:** *Trividha pariksha* comprises the aspect of both *roga and rogi pariksha*.

1. *Darshana pariksha* (Inspection) 2. *Sparshan pariksha* (Palpation Percussion) 3. *Prashna pariksha* (Questionnaire /interrogation) *I. Darshana Pariksha:* The word '*darshana*' means inspection, observation. In Ayurveda clinical examination begins as soon as patient

steps in the consultation room. Physician should have best observation skill to master in this examination. *Darshan pariksha* is vague term. It includes variety of observational examination. But for study purpose it can be simplified under the following headings from ayurved point of view.<sup>[10]</sup>

1. *Gati* (gait)
2. *Asana* (sitting position)
3. *Shayana* (Supine position)
4. *Varna* (change in complexion, change in colour of urine, stool, sputum, sweat)

#### 1. *Gati* (gait)

Gati (gait)	Diseased condition
1. Limbing gait	<i>Grudhrasi</i> (sciatica)
2. Forward bending while walking	<i>Katigraha</i> (low back pain)
3. Walking with hands placed on both knee	<i>Sandhivaat</i> (joint pain)
4. Holding abdomen while walking	<i>Udarshool</i> (pain in abdomen)
5. walking with tremors in whole body	<i>Kampavaat</i> (parkinsonism), <i>madatyay</i> (alcoholic liver disease), <i>khanja</i>
6. Hands placed over chest while walking	<i>Shwas</i> (respiratory disease), <i>Hridrog</i> (Cardiac disease)

Many more gaits are explained in modern text which can also be included under *darshan pariksha*.

#### 2. *Asana* (sitting position)

1. Sits in forward bending position	<i>Tamakshwas</i> (bronchial asthma), <i>Udarshool</i> (pain in abdomen)
2. Putting complete weight on one side while sitting	<i>Arsha</i> (piles), <i>Bhagandhar</i> (fistula in ano), <i>Katigraha</i> (low back pain)
3. Sits with head in one direction	<i>Manyasthamb</i>

#### 3. *Shayan*

Shayan (supine position)	Disease conditioned
1. Lying with both legs flexed in knee towards abdomen	<i>Udarshool</i> , <i>Shitanubhuti</i> (shivering)
2. Prone position	<i>Udarshool</i> , <i>Prushtashool</i> (back pain), <i>Daurbalya</i>
3. 3. Incomplete supine position	<i>Hridayrog</i> , <i>Tamakshwas</i>
4. Lying with face in towards the wall or in direction of dark.	<i>Avasad</i> (epileptic attack), <i>Dhanustambh</i> (Tetanus)

#### 4. *Vrana*

<i>Vrana</i>	Disease condition
1. <i>Panduvarna</i> (pallor)	<i>Pandu</i> (anaemia)
2. <i>Pitah varna</i> (yellowish)	<i>Kamla</i> (jaundice), <i>pittaj pandu</i> , <i>paitik gulma</i> .
3. <i>Atipitah varni</i>	<i>Halimaka</i> , <i>Lagharak</i>
4. <i>Raktavarna</i>	<i>Vatarakta</i> (gout), <i>Visarpa</i> (erysepalis)
5. Presence of <i>sirajal</i> on <i>udar</i>	<i>Jalodar</i>

**II. Sparshan pariksha (Palpation, Percussion)** It is examination by *sparsha* (touch). The physician can evaluate several factors through the medium of touch. He can assess the temperature of the body, feel the margins of the swelling in skin, palpate and note the characteristics of pulse, or check for organ enlargements. According to the commentary of *ashatang hridiya sparshan pariksha* includes *sheeta*, *ushna*, *shlakshan*, *karkash*, *mruudu*, *kathin* interpretation on tactile examination.<sup>[11]</sup> examples of *sparshan pariksha* are as follows

1. *Ushna sparsha in jwar*. (fever)
2. *Pronmati-unmati* examination of shoth. (pitting and non-pitting oedema)

3. *Vaatpurna drutisparsha* in *sandhivaat*. (crepitus in joints)
4. *Drava sanchiti* in *jalodar*. (fluid collection in ascities)
5. *Sthanik ushna sparsha in Aamvaat*.
6. *Sparshasahatva* (hyperesthesia) in case of acute pain, sensory examination in various neurological disease like peripheral neuritis, diabetic neuropathy-
7. *Pidasasahatva* (Tenderness)
8. Fluctuation test is performed in cyst (*granthi*) *Yogratnakar* and *bhavprakash* has included *Nadi pariksha* (pulse examination) in *sparshan pariksha*.<sup>[12,13]</sup> *Nadi pariksha* is done by the palpation of radial artery at the wrist. The strength, rhythm,

speed, quality of pulse is examined to decide the condition of dosha and diagnose the disease. The conventional clinical methods of palpation and percussion are also examples of Sparshana pariksha.

**III. Prashna pariksha** (Questionnaire/interrogation) Prashna means question. Interrogation with the patient is most important in clinical practise. It is always favourable to allow the patient to relate the entire history of the ailment in his own words. It facilitates the doctor patient relationship.

**Prashna pariksha** (history taking) can be done in following format.<sup>[10]</sup>

1. *Pramukh vedana* (chief complaint)
2. *Vartaman vayadhivrutta* (history of present illness)
3. *Purva vyadhivrutta* (history of previous illness)
4. *Parivarik vrutta* (Family history)
5. *Vyaktigat, vyavsayik, samajik itivrutta* (Personal, occupational and socio-economic history)

1. *Pramukh vedana* (chief complaint): Precise and complete information of the suffering can be obtained directly from the patient. As this is directly obtain from the victim it is error less and more reliable. It helps physician to trace exact cause and severity of disease. He can concentrate on main symptoms and plans treatment accordingly.

2. *Vartaman vayadhivrutta* (history of present illness): Patient should be asked for complete information about the disease. He should be allowed to address his suffering in his own words from the arrival of first symptom to the present complaint, type of pain, various treatment he has taken, relieving factors according to him, all this should be taken into consideration.

3. *Purva vyadhivrutta* (history of previous illness): History of Previous illness like DM, HTN, Malaria, jaundice should be asked for. If patient is suffering from diabetes or hypertension he is generally on regular medication. This would affect the line of treatment. If patient has previous surgical history certain care need to be taken while doing further treatment. Many of the times previous history is helpful in diagnosis of disease. A person having traumatic history to the spinal cord, are most likely to have spine related problems in future.

4. *Parivarik vrutta* (Family history): Hereditary disease are increasing day by day. If any of the family member is suffering from hereditary disease like Diabetes, hypertension, sickle cell anaemia etc. they are more prone of getting such disease, if they do not follow the healthy lifestyle.

5. *Vyaktigat, vyavsayik, samajik itivrutta* (Personal, occupational and socio-economic history): Some of the disease are more common in certain occupational population. Chemical Factory workers are more prone to respiratory disease, hospital workers are more prone to infectious disease. Now a day's depression is the main cause of many physical and mental illnesses. Socioeconomic status helps us to know whether the person is socially happy and his social surrounding.

#### **Trividha pariksha with respect to systemic examination**

**Respiratory system:** In a respiratory system *Darshan pariksha* can be done in the following ways

**A. Shape of chest** – Normally the chest is bilaterally symmetrical with smooth contour and slight recession below the clavicles. The abnormal chest shapes are

Shapes of chest	Disease condition
1. Pigeon breast or keeled breast or pectus carianatum	Rickets
2. funnel chest	Heart disorders
3. Barrel shape chest	Emphyema
4. Flat chest	Adenoid lymphoid bilateral tuberculosis

**B. Movement of chest** – A. unilateral diminished movements

1. Obstruction to the main bronchus
2. Consolidation
3. Fibrosis of lungs
4. Massive Collapse
5. Hydropneumothorax

B. Bilateral diminished movements 1. Emphysema 2. Bilateral fibrosis 3. bronchial asthma

**Sparashan pariksha:** Tactile vocal fremitus –TVF is the tactile perception of vibration communicated to the chest wall from the larynx.

Increase in TVF	Tuberculosis infection, pulmonary infarction,
Decrease in TVF	Bronchial obstruction pleural effusion, bronchial obstruction
Pleural friction Rub	Pleurisy
Bronchial fremitus	Bronchitis, bronchial asthma COPD
Capillary Rales	Pulmonary fibrosis pulmonary congestion

b. percussion: when lungs are impaired there is possibility of impaired note, dull note, stony dull note

and tympany in case of pneumothorax, superficial and emphysema.

3. **Prashna:** questionnaires can be asked respiratory disease.

For example

1. Do you breath Hard when u have exertion?
2. Do you cough and how frequently ? and many more.

### Abdominal examination

**Inspection (darshan):** the abdomen can be divided into 9 quadrants.

### Palpitation sparshan pariksha

**Tenderness:** it is the pain on pressure. it is commonly found in inflammatory lesions of viscera.

Pain on site	Possibilities of disease condition
In the epigastrium	Peptic ulcer
In the right hypochondrium	Hepatitis, choleccystitis
In the right iliac fossa	Appendicitis
Pluery visceral pain	Colic or gastric pain
Guarding	Abdominal muscular contraction
Rebound tenderness	Appendicitis
Rigidity	Perforation of hollow organ, peritonitis, acute pancreatitis or cholycystitis, twisted ovarian cyst

**Percussion** – Test like shifting dullness, horse shoe shaped dullness, fluid thrill, and puddle sign can be done to diagnose the disease.

### Prashna (questionaries)

Questionaries like onset of pain, location of pain and duration of pain must be asked.

Likewise other systems disorder can be diagnosed by *trividha pariksha*.

### DISCUSSION AND CONCLUSION

In *charak Samhita vimana stahana* it has been well said that the physician who are unable to enter the soulful mind of the patient with the help of enlighten knowledge and fails to acquire the trust of the patient are always unsuccessful in their treatment.<sup>[14]</sup> So, its mandatory for physician to have a full flesh knowledge of various *pariksha* for a good clinical practise. *Trividha pariksha* is supreme of all the methods. He should be expert in *darshan*, *saparshan* and *prashana pariksha* because it also has application in modern diagnostic tests. *Trividha pariksha* - Set serves as the reference for the investigator. An easy method for understanding all the details related to particular point and helps in avoiding the unnecessary repetition of the same point. And also serves as the best way for assessing the patient within short time with less efforts and with fewer chance of commanding mistake.

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The shape of abdomen generally enlarges due to 9 F are fat, flatus, fetus, feces, fetus, full blader and fatal new growth.

Umbilicus –the everted umbilicus may occur with herniation of bowel or fat into the widened umbilical ring. a faint blue discoloration around the umbilicus that is cullens sign or in one or both flank grey turners sign may occur in acute pancreatitis or ectopic pregnancy cherry red swelling suggest meckels diverticulum.

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