



INTERNATIONAL JOURNAL OF  
MULTIDISCIPLINARY HEALTH SCIENCES  
ISSN: 2394 9406

“A REVIEW ON TRIVIDHA PARIKSHA AND ITS IMPORTANCE”

**Dr. Sonali Pramodrao Mahamune<sup>1</sup>, Dr. Suhas B. Mohite<sup>2</sup>, Dr. G.A. Mulik<sup>3</sup>**

<sup>1</sup>P. G. Scholar, Dept. of Rognidan and V.V.,

<sup>2</sup>Assistant Professor of Panchakarma Department,

<sup>3</sup>Guide and H.O.D., Dept. of Rognidan and V.V.,

L.R.P. Ayurvedic Medical College, Islampur, Sangli, Maharashtra.

**Corresponding Author's Email ID –**

[dr.sonali.mahamune@gmail.com](mailto:dr.sonali.mahamune@gmail.com)

**ABSTRACT:-**

Indian traditional medicine, Ayurveda has a great history. Ayurveda as a holistic medicine has a sound philosophical and experimental basis. *Rognidan* comprises of knowledge of etiology and includes the pathology. It is one of the process, with the help of which we come to the certain conclusion about the nature and localization of lesion and cause of suffering of a person. Diagnostic methods in Ayurveda rely more on the physician reading of patient signs and symptoms than on diagnostic practice (subjective interpretation). Various diagnostic methods has been described in various ayurvedic texts, out of which ‘*Trividhpariksha*’ i.e. *Darshana* (Inspection), *Sparshana* (Palpation, Percussion), *Prashana* (Questionnaire) forms the basis of all.

Categorised under these basic ‘*Trividhpariksha*’. *Darshan* or direct observation is the first diagnostic technique of the three fold *Rogipareeksha* method. Factors those are elicited by *Chakshurindriya* (eyes) come in this category. It begins with the initial greeting and continues through the entire data collection process. Observation or inspection of patient is done through the patient’s general appearance, eyes, skin, scalp hair, body hair , teeth, walking, complexion, etc. Inspection begins through active observation.

Physician must note the facial expressions of patients even during interrogating the patient. In our day to day practice we either directly or indirectly use this *Trividhapariksha* to arrive at certain diagnosis and give proper treatment. As these *Trividhapariksha* plays a key role in diagnosis of any disease condition. So this is a sincere effort to elaborate the practical utility of *Trividhapariksha*.

**Keywords:** Ayurveda, *Roga- Rogipariksha*, *Trividhapariksha*, *Tailbindupariksha*.

## INTRODUCTION:

Ayurveda is often called as a *Samakalinshastra* (a science of all times). The fundamentals of this ancient science are simple and easily applicable to all eras. One cannot help but wonder at the profound wisdom and observational skills of the early ayurvedic physicians who could fathom the deepest secrets of human body and mind even in absence of modern technology<sup>1</sup>. Diagnosis comprises of knowledge of etiology and symptomatology both and includes pathology<sup>2</sup>.

It is a result of various process by the means of which we conclude about the nature and localisation of lesion and the cause of suffering of the person<sup>3</sup>. Thus, *Pariksha* means observation from all direction<sup>4</sup>. A proper diagnosis forms the basis for effective treatment, whereas ignorance of disease or improper diagnosis leads to inefficient treatment<sup>5</sup>. In Ayurveda, the physician's approach of clinical examination (disease diagnosis

and patient diagnosis) is used to determine the root cause of disease and to determine the treatment of the disease.

### Ayurveda diagnostic methods:-

This involves keen observation of each aspect of patient. It relies mostly on physicians' skills than on modern technology. Various diagnostic methods are described in different ayurvedic texts. These are broadly classified into two categories <sup>6</sup>*Rogapariksha* (Diagnosis of disease) and *Rogipariksha* (Examination of patient). These *Pariksha* together helps in proper diagnosis of disease. *Rogpariksha* means *nidanpanchak* i.e. *Nidan* (cause), *Purvarupa* (early signs and symptoms), *Rupa* (signs and symptoms), *Upashaya*, *Samprapti* (etiopathogenesis) we get to know the disease. *Rogipariksha* includes diagnostic method of different Ayurvedic texts. Various diagnostic texts described in Ayurveda are as follows<sup>7,8,9,10,11,12,13,14,15,16</sup>

Classification of *Pariksha* :-

Table no. 1

Dwividhapar iksha	Pratyaksha , Anumana
Trividhapar iksha	Pratyaksha , Anumana , Aaptopdesha
	Darshana, Sparshana, Prashana
Chaturvidha pariksha	Pratyaksha , Anumana , Aptopdesha, Yukti
Shadvidhapa riksha	PanchagyanendriyaevamP rashnapariksha
Astavidhapar iksha	Nadi, Mutra, Mala, Jihwa, Shabda, Sparsha, Druk, Akruti
Dashavidhap ariksha	Prakruti, Vikruti, Sara, Samhanana, Pramana, Satmya, Satwa, Aharashakti, Vyamashakti, Vaya.
Dwadashapa riksha	Ayu, Vyadhi, Agni,Vaya, Ritu, Deha, Bala, Satwa, Satmya, Prakruti, Bheshaja, Desha.

These form the base of all the other diagnostic methods. As years passed by this pariksha was further revised by Vagbhat in *AshtangaHridiyaSamhita* as *arshan, Sparshan, Prashna*. Which together were tagged as ‘*Trividhapariksha*’. Similar description

was further traced in *Yogratnakar* and *BhavprakashSamhita*<sup>17,18,19</sup>

### **Trividhapariksha:-**

This comprises the aspect of both *Roga* and *Rogipariksha*.

I. *Darshanapariksha* (Inspection)

II. *Sparshanpariksha* (Palpation  
Percussion)

III. *Prashnapariksha*  
(Questionnaire/interrogation)

### **I.DarshanaPariksha:**

The word ‘*Darshana*’ means it is the stage of inspection and observation. *DarshanPariksha* is vague term. It includes variety of observational examination. In this stage various factors like age and other physical characteristics of the patient are thoroughly examined.

This is the first method of clinical assessment in ayurveda. In this the nature of the disease can be known externally. For study purpose it can be simplified under the following headings from ayurved point of view .

#### **1. Gati (Gait):**

[Table no. 2]

Gait	Disease condition
1.Limblinggait	<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)

### 2. Asana (sitting position):

[Table no. 3]

Asana	Disease condition
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 the support of hands	<i>Daurbalya</i> (weakness)
4. Sits with head in one direction	<i>Manyastamb</i> (neck pain)

### 3. Shayana (Supine position)

[Table no. 4]

Shayana	Disease condition
---------	-------------------

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. 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. Varna (change in complexion, change in colour of urine, stool, sputum, sweat)

[Table no. 5]

Varna	Disease condition
1. <i>Panduvarna</i> (pallor)	<i>Pandu</i> (anaemia)
2. <i>Pitahvarna</i> (yellowish)	<i>Kamla</i> (jaundice), <i>Pittajpandu</i> , <i>Paitikgulma</i>
3. <i>Atipitahvarni</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>

These are few examples of *darshan pariksha*.<sup>20</sup>

According to *Acharya Charak* – colour, shape, size, luster, normal and abnormal



characters of the body and other visual objects unsaid here, should be examined with eyes.

According to *Acharya Sushrut* – By the help of eyes one can acquire knowledge about metabolism of body, colour and any deformity in body.

According to modern context, Diseases are diagnosed according to change in colour of urine, stool, sputum. *Darshanpariksha* is part of their physical examination in terms of modern context. Swelling, elevation or depression of umbilicus, *Vranavastu* (type of injury) are also included in *Darshanpariksha*. *Kashyap Samhita* speciality *Vedanaadhyaya* is completely based on *Darshanpariksha*. X-ray, Endoscopy, microscopic examination these modern technologies are nothing but advanced version of *Darshanpariksha*. Now a day's various tools are used for indirect inspection (*Darshanpariksha*) of various organ.

## II. *Sparshanpariksha* (Palpation, Percussion)

It is examination by *Sparsha* (touch). Stage where observation is done through touch method. Palpation, Percussion are different '*Sparshana*' techniques. It is one of the methods from the triad described in *TrividhPariksha* for the assessment of diseases. The resembling organ of touch

i.e. the skin carries out this examination. Here we can evaluate several factors through the medium of touch. One can assess temperature of the body i.e. coldness, hotness, clamminess, dryness, palpation of glands and tumour, intolerance to touch, feel the margins of the swelling in skin, palpate and note the characteristics of pulse, palpation and percussion of ascitis, or check for organ enlargements.

According to the commentary of *AshatangHridiya SparshanPariksha* includes *Sheeta* (cold), *Ushna* (hot), *Shlakshna* (smooth), *Karkash* (rough), *Mrudu* (soft), *Kathin* (hard) interpretation on tactile examination<sup>21</sup>.

Examples of *sparshanpariksha* are as follows

1. *Ushnasparsha* in *jwar*. (fever)
2. *Pronmati-unmati* examination of *Shoth*. (pitting and non-pitting oedema)
3. *Vaatpurnadrutisparsha* in *Sandhivaat*. (crepitus in joints)
4. *Dravasanchiti* in *Jalodar*. (fluid collection in ascites)
5. *SthanikushnaSparsha* in *Aamvaat*.
6. *Sparshasahatva* (hyperesthesia) in case of acute pain, sensory examination in various neurological disease like peripheral neuritis, diabetic neuropathy, alcoholic neuritis. Hyperesthesia in peritonitis.

7. *Pidasahatva* (Tenderness)

8. Fluctuation test is performed in cyst (granthi)

*Yogratnakar* and *bhavprakash* has included *Nadipariksha* (pulse examination) in *Sparshanpariksha*<sup>22,23</sup>.

*Nadipariksha* 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 *Sparshanpariksha*.

According to *AcharyaCharak*, *Sparshpariksha* is carried out with the help of hands<sup>24</sup>

According to *AcharyaSushruta*, With the help of *Sparshanpariksha* one get knowledge about coldness, hotness, smoothness, roughness, softness, hardness and it is especially important in *Jwara* (fever) and *Shopha* (inflammation).

### III. *Prashnapariksha*

#### (Questionnaire/interrogation)

*Prashna* means question. It is the stage of interrogation where the patient is asked about his illness and the symptoms that he is observing on a daily basis. Interrogation with the patient is most important in clinical practice. It is done in order to synchronize the observation of the *Vaidya* with the feeling of the patient. It is an

important aspect of the whole diagnostic process, here it is important to ask the patient all the necessary questions in order to treat them properly. Family history, history of previous illness, personal, occupational, socio-economic history are taken into the consideration for finding the cause. These questions at times are very beneficial as they enhance the treatment or diagnosis process.

According to *AcharyaCharak*, Etiology, pain, suitability and power of digestion should be known by patients statement.<sup>25</sup>

According to *Sushrutsamhita*, *prashnapariksha* is helpful in knowing *Desh* (region), *kala* (climate), *jati* (religion), *Vaat-mutra-malaadipravrutti* (natural urges), *Satmya-asatmya* (wholesome-unwholesome),

*Vyadhiutpattikram* (chronology of symptoms), *Pramukhavedana* (main complaints), *Sharirbala* (physical strength), *Agnibala* (digestion)<sup>26</sup>.

*Prashnapariksha* (history taking) can be done in following format

- i) *Pramukhvedana* (chief complaint)
- ii) *Vartamanvayadhivrutta* (history of present illness)
- iii) *Purvavyadhivrutta* (history of previous illness)
- iv) *Parivarikvrutta* (Family history)

v) *Vyaktigat, Vyavsayik, Samajikivrutta* (Personal, occupational and socio-economic history)

1. *Pramukhvedana* (chief complaint): Precise and complete information of the suffering can be obtained directly from the patient.

2. *Vartamanvayadhivrutta* (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. *Purvavyadhivrutta* (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.

4. *Parivarikvrutta* (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.

5. *Vyaktigat, vyavsayik, samajikivrutta* (Personal, occupational and socio-economic history): Some of the disease are more common in occupational population.

Some diseases are more common in certain economic status like malnutrition, tuberculosis, rickets in poorer and Diabetes, Heart disease in high society.

#### DISCUSSION:

In *Charak samhita vimanasthana* it has been mentioned 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 . So it is mandatory for the physician to have a full flesh knowlwdge of various *pariksha* for a good clinical practice. *TrividhaPariksha* is supreme of all the methods .

Physician should be expert in *Darshan, Sparshan, prashnapariksha* because it also has application in modern diagnostic tests. Xray , MRI, CTscan, Endoscopy , USG , these all are indirect *Darshanpariksha* with the help of modern technology . *Sparshanpariksha* like palpation, percussion is also practice by every physician in his day to day clinical practice. *PrashnaPariksha* is atmostimportance , and practioners should be expert at this. In many cases half of the symptoms of the patient is relieved just by having a positive conversation with doctor , because due to changing lifestyle many of the disease are due to depression , mental stress . Proper case history can



guide us to right diagnosis without requirement of any special investigation.

**CONCLUSION:**

*Trividhapariksha* \_comprises the aspect of *Roga* and *Rogipareeksha* which is an important clinical tool for assessment of diagnosis . 1. *Rogapariksha* – diagnosis of the disease 2. *Rogipariksha* – Examination of the patient . *Trividhapariksha* approach helps to cover the diagnosis as well as prognosis of diseases<sup>27</sup>. From the above we can conclude that *Trividhapariksha* i.e. *Darshana, Sparshan, Prashna* is soul of the *Ayurvedparikshapadhati*. It has great importance in clinical practise. Though various modern technology and laboratory test have arrived in today’s era, but *Trividhapariksha* still has as that spark and capacity to guide towards the proper diagnosis. Its importance has not faded. *Trividhapariksha* is boon to mankind. Proper Diagnosis without any advance expensive tests in clinical practise will facilitate more patients without financial hesitation. This will increase the number of skilled physicians. The coming era will be of physician based good clinical practise and other tests will be considered as a secondary source at the time of dilemma.

**REFERENCES:**

1. Dr. SumitSrivastav, Comparative study of patient examination (RogPariksha)

method in Ayurveda and modern science, European journal of pharmaceutical and medical research, ejpmr 20174(5), page no.251- 255

2. Dr. V. J. Thakar, Research paper on Diagnostic method in Ayurveda, journal of Ancient Science of life, vol.no.3, January 1982, page no. 139-145

3. Dr. V. J. Thakar, Research paper on Diagnostic method in Ayurveda, journal of Ancient Science of life, vol.no.3, January 1982, page no. 139-145

4. Dr. SumitSrivastav, Comparative study of patient examination (RogPariksha) method in Ayurveda and modern science, European journal of pharmaceutical and medical research, ejpmr 20174(5), page no.251- 255

5. Dr. SumitSrivastav, Comparative study of patient examination (RogPariksha) method in Ayurveda and modern science, European journal of pharmaceutical and medical research, ejpmr 20174(5), page no.251- 255

6. Dr. Annamoreshwarkunte, Ashtanga hrudaya Samhita of Vagbhata with the commentaries; Sarvangasundara of Arunadatta and Ayurvedarasayan of Hemadri, Chaukhamba Sanskrit sansthan, Varanasi, Edition reprint 2012, Sutrasthan chapter 1, verses 22, page no.14

7. Dr. Annamoreshwarkunte, Ashtanga hrudaya Samhita of Vagbhata with the



commentaries; Sarvangasundara of arunadatta and Ayurvedarasayan of hemadri, Chaukhamba Sanskrit sansthan, Varanasi, Edition reprint 2012, Sutrasthan chapter 1, verses 22, page no.14

8. Dr. Harish Chandra singhkushwala, CharakSamhita Ayurved dipikaAyusihindi-commentary, Chaukhamba orietalia, Edition reprint 2014, vimansthan, chapter 4, verses 3, page no.622

9. Agnivesha ,Charak Samhita , ayurvedadeepika commentary , edited by vaidyaYadavji Trikamji Acharya publication Choukhamba vishwabharati prakashan Varanasi , 2011, pg 738p274..

10. Agnivesha ,Charak Samhita , ayurvedadeepika commentary , edited by vaidyaYadavji Trikamji Acharya publication Choukhambavishwabharatiprakashan Varanasi , 2011, pg 738p247.

11. Vagbhatacharya , ashtanhridaya, Dr. annaMoreshwaraKute , Choukhamba publication 2000, Varanasi p956,p 14.

12. Agnivesha, CharakSamhita , ayurvedadeepika commentary , edited by Vaidya Yadavji Trikamji Acharya publication Choukhambavishwabharatiprakashan Varanasi , 2011, Pp738p70.

13. Sushrutasamhita, Varanasi, shriDalhanaAcharya, Chaukhamba

Sanskrit Sansthan , 2002, Pp824, page no. 43.

14. Yogaratnakara ,vidyotini hindi teeka, Bhisagratna shri Brahma shankara shastri , Chaukhambha prakashana Varanasi Pp.504, p5.

15. Agnivesha Charaka Samhita ,ayurvedadeepika commentary, edited by vaidyayadavjitrikamjiacharya publication Chaukhambhavishwabharatiprakashan Varanasi , 2011, Pp738,p276.

16. .Sushrutasamhita , Varanasi , shri Dalhana Acharya , Chaukhamba Sanskrit Sansthan , 2002, Pp824, page no. 148.

17. Dr. V. J. Thakar, Research paper on Diagnostic method in Ayurveda, journal of Ancient Science of life, vol.no.3, January 1982, page no. 139-145

18.Dr. SumitSrivastav, Comparative study of patient examination (RogPariksha) method in Ayurveda and modern science, European journal of pharmaceutical and medical research, ejpmr 20174(5), page no.251- 255

19.Dr. Annamoreshwarkunte, Ashtanga hrudaya Samhita of vagbhata with the commentaries; Sarvangasundara of arunadatta and Ayurvedarasayan of hemadri, Chaukhamba Sanskrit sansthan, Varanasi, Edition reprint 2012, Sutrasthan chapter 1, verses 22, page no.14

20.www.iamj.in, Review article ISSN:23205091 .

21. Dr. V. J. Thakar, Research paper on Diagnostic method in Ayurveda, journal of Ancient Science of life, vol.no.3, January 1982, page no. 139-145
22. Dr. Bhramhashankarshastri, BhavaprakashSamhita with vidyotanihindi commentary, Chaukhamba Sanskrit series office, Varanasi, Purvakhanda, chapter 7, versus 1, page 905
23. Dr. shrilakshampatishastri, YogratnakarSamhita with vidyotanihindicommentary,Chaukhamba Sanskrit sansthan publication, chapter ,verses 12,page no.3
24. Dr, Ambikaduttashastri, Sushrut Samhita, Chaukhmba publication, Varanasi, Edition reprint 2010, chapter 10, verses 4, page no.-42
25. Dr. Harish Chandra singhkushwala, Charak Samhita Ayurved dipika Ayusihindi-commentary, Chaukhambaorietalia, Edition reprint 2014, vimansthan, chapter 4, verses 7-8, page no.623
26. Dr. Harish Chandra singhkushwala, Charak Samhita Ayurved dipika Ayusihindi-commentary, Chaukhamba orietalia, Edition reprint 2014, vimansthan, chapter 4, verses 8, page no.623
27. [www.wjpr.net](http://www.wjpr.net) vol 7, issue 19,287-291.ISSN 2277-7105.