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 ‘Trividhapariksha’ i.e. Darshana (Inspection), Sparshana (Palpation, Percussion), Prashana (Questionnaire) forms the basis of all.

Categorised under these basic ‘Trividhapariksha’. 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.
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. Diagnosis comprises of knowledge of etiology and symptomatology both and includes pathology. 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. Thus, Pariksha means observation from all direction. A proper diagnosis forms the basis for effective treatment, whereas ignorance of disease or improper diagnosis leads to inefficient treatment. 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. This are broadly classified into two categories (Diagnosis of disease) and (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.

Classification of Pariksha:
Table no. 1

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.
Dwividhapariksha | Pratyaksha, Anumana
---|---
Trividhapariksha | Pratyaksha, Anumana, Aaptopdesha
Chaturvidhapariksha | Darshana, Sparshana, Prashana
Shadvidhapariksha | Pratyaksha, Anumana, Aaptopdesha, Yukti
Astavidhapariksha | Nadi, Mutra, Mala, Jihwa, Shabda, Sparsha, Druk, Akruti
Dashavidhapariksha | Prakruti, Vikruti, Sara, Samhanana, Pramana, Satmya, Satwa, Aharashaki, Vyamashakti, Vaya.
Dwadashapariksha | Ayu, Vyadhi, Agni, Vaya, Ritu, Deha, Bala, Satwa, Satmya, Prakruti, Bhashaja, 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 

**Trividhapariksha:**

This comprises the aspect of both Roga and Rogipariksha.

I. Darshanapariksha (Inspection)
II. Sparshanpariksha (Palpation)
III. Prashnapariksha (Questionnaire/interrogation)

**1. Darshana Pariksha:**
The word ‘Darshana’ means it is the stage of inspection and observation. Darshana Pariksha is a 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.

<table>
<thead>
<tr>
<th>Gait</th>
<th>Disease condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Limbinggait</td>
<td>Grudhrasi (sciatica)</td>
</tr>
<tr>
<td>2. Forward bending while walking</td>
<td>Katigraha (low back pain)</td>
</tr>
<tr>
<td>3. Walking with hands placed on both knee</td>
<td>Sandhivaat (joint pain)</td>
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</tbody>
</table>
4. Holding abdomen while walking
   - **Udarshool** (pain in abdomen)

5. Walking with tremors in whole body
   - **Kampavaat** (parkinsonism),
     - **Madatyay** (alcoholic liver disease),
     - **Khanja**

6. Hands placed over chest while walking
   - **Shwas** (respiratory disease),
     - **Hridrog** (Cardiac disease)

2. **Asana** (sitting position):
   [Table no. 3]

<table>
<thead>
<tr>
<th>Asana</th>
<th>Disease condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Sits in forward bending position</td>
<td><strong>Tamakshwas</strong> (bronchial asthama),</td>
</tr>
<tr>
<td></td>
<td><strong>Udarshool</strong> (pain in abdomen)</td>
</tr>
<tr>
<td>2. Putting complete weight on one side while sitting</td>
<td><strong>Arsha</strong> (piles), <strong>Bhagandhar</strong> (fistula in ano), <strong>Katigraha</strong> (low back pain)</td>
</tr>
<tr>
<td>3. Sits with the support of hands</td>
<td><strong>Daurbalya</strong> (weakness)</td>
</tr>
<tr>
<td>4. Sits with head in one direction</td>
<td><strong>Manyasthamb</strong> (neck pain)</td>
</tr>
</tbody>
</table>

1. Lying with both legs flexed in knee towards abdomen
   - **Udarshool**, **Shitanubhuti** (shivering)

2. Prone position
   - **Udarshool**, **Prushtashool** (back pain), **Daurbalya**

3. Incomplete supine position
   - **Hridayrog**, **Tamakshwas**

4. Lying with face in towards the wall or in direction of dark
   - **Avasad** (epileptic attack), **Dhanustambh** (Tetanus)

4. **Varna** (change in complexion, change in colour of urine, stool, sputum, sweat)
   [Table no. 5]

<table>
<thead>
<tr>
<th>Varna</th>
<th>Disease condition</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. <strong>Panduvarna</strong></td>
<td><strong>Pandu</strong> (anaemia)</td>
</tr>
<tr>
<td>2. <strong>Pitahvarna</strong></td>
<td><strong>Kamla</strong> (jaundice), <strong>Pittajpandu</strong>, <strong>Paitikgulma</strong></td>
</tr>
<tr>
<td>3. <strong>Atipitahvarna</strong></td>
<td><strong>Halimaka</strong>, <strong>Lagharak</strong></td>
</tr>
<tr>
<td>4. <strong>Raktavarna</strong></td>
<td><strong>Vatarakta</strong> (gout), <strong>Visarpa</strong> (erysepalis)</td>
</tr>
<tr>
<td>5. Presence of sirajal on.udar</td>
<td><strong>Jalodar</strong></td>
</tr>
</tbody>
</table>

These are few examples of **darshan pariksha**.²⁰

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 Darshanapariksha.

Kashyap Samhita speciality Vedanaadhyaya is completely based on Darshanapariksha. X-ray, Endoscopy, microscopic examination these modern technologies are nothing but advanced version of Darshanapariksha. Now a day’s various tools are used for indirect inspection (Darshanapariksha) 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 Trividha Pariksha 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.

Examples of sparshanpariksha are as follows

1. Ushnasparsha in jwar. (fever)
2. Pronmati-unmati examination of Shoth. (pitting and non-pitting oedema)
3. Vaatpurnadritisparsa in Sandhivaat. (crepitus in joints)
4. Dravasanchiti in Jalodar. (fluid collection in ascites)
5. ShhanikushnaSparsha in Aamvaat.
7. *Pidanashatva* (Tenderness)

8. Fluctuation test is performed in cyst (granthi)

*Yogratnakar* and *bhavprakash* has included *Nadipariksha* (pulse examination) in *Sparshanpariksha*.22,23. *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*, *Sparshanpariksha* is carried out with the help of hands.24 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.


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

i) *Pramukhvedana* (chief complaint)

ii) *Vartamanvayadhivrutta* (history of present illness)

iii) *Purvvyadhivrutta* (history of previous illness)

iv) *Parivarikvrutta* (Family history)
v) Vyaktigat, Vyavsayik, Samajikritivrutta (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, reliving factors according to him, all this should be taken into consideration.

3. Purvayadhivrutta (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, samajikritivrutta (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 knowledge 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 atmost importance 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. 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.

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