

ASHTAWIDHA PARIKSHA: AN AYURVEDIC DIAGNOSTIC TOOL

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ABSTRACT

Proper Examination of patient plays a vital role in the diagnosis of a disease. Accurate diagnosis forms the basis of treatment. In *Ayurveda*, the word *Pariksha* is used for examination. Although, *Ayurveda* is an ancient medical science, yet the art of examination was well developed. Various types of *Pariksha* are available in *Ayurvedic* texts viz. *Dashavidha Pariksha*, *Ashtasthana Pariksha*, *Shadvidha Pariksha*, *Panchvidha Pariksha*, *Trividha Pariksha* etc. All these methods are used to observe the different characteristics of various *Dosha*, *Dhatu* and *Mala* to evaluate their proportion. Examination of both the patient and the disease is very important in clinical practice. The overall purpose of medical practice is to relieve the sufferings. In order to achieve this, every patient should be examined thoroughly and systemically. The purpose of examination is to obtain knowledge regarding the life span, physical and psychological strength of an individual, extent of pathogenesis of diseases and the intensity of morbidity.

Keywords: *Pariksha*, *Ashtasthan*, diagnosis, *Doshas*, pathogenesis, examination

INTRODUCTION: It is very important to examine the patient thoroughly to arrive at a proper diagnosis (*Vyadhi Nirnaya*). After knowing fully about the nature and types of disease, management should be augmented in the form of suitable “*Aushadha*” or by employing various procedures e.g. *Snehana*, *Lepa* etc. Different methods of examination have been explained in classics of *Ayurveda* which are helpful in diagnosis of a disease, estimating the status of *Rogibala* and *Rogabala*. If physician prescribes therapies after proper diagnosis and plans as per the line of treatment after considering morbidity of pathogenetic factors, strength, place, season etc, definitely he will get success. In the classical texts, different methods of examinations have been described, Viz: *Dwividha Pariksha*, *Trividha Pariksha*, *Chathurvidha pariksha*, *Panchvidha Pariksha*,

Shadvidha Pariksha, *Ashtasthana Pariksha*, *Dashavidha Pariksha*.¹ *Ashtawiddha pariksha* is the most significant among all types of examinations. *Acharya Yogratnakar* has described *Rogi Pariksha* in detail in his classic.

MATERIAL AND METHODS: Different Ayurvedic classical books were referred to fulfil this part. It comprises subsections having literary part of various *Parikshas* described in classical texts mainly *Ashtawidha Pariksha* , its components and importance in diagnosis.

ASTASTHANA PARIKSHA: It is purely a non invasive form of diagnostic tool. Diagnosis according to *Ayurveda* is not merely naming the disease but the study of imbalance of three *Doshas*. *AstaSthana Rogi Pariksha* includes *Nadi Pariksha* (Pulse Study), *Mutra Pariksha* (Examination of Urine), *Mala Pariksha*

(Stool Examination), *Jihwa Pariksha* (Tongue Examination), *Shabda Pariksha* (Voice Examination), *Sparsha Pariksha* (Skin Examination), *Drik Pariksha* (Eye Examination) and *Akriti Pariksha* (General appearance Examination).²

Nadi Pariksha (Pulse Examination):

Nadi means Pulse and *Pariksha* means Examination, so *Nadi Pariksha* is taken as “Pulse Examination” which is used as one of tool in emergency and clinical conditions. This is one of the most significant methods of making diagnosis in *Ayurveda*. Many *Vaidyas* can diagnose only by examining the pulse of the patient.

How to examine: *Nadi* should be examined early morning hours in healthy mood and peace of mind. Physician should examine the pulse of patient in right hand by using his right hand. As regards methodology, the elbow (*Kurpara*) of the Patient should be lightly flexed to the left and the wrist slightly bent to the left with the Fingers distended and dispersed. *Nadi* should be examining repeatedly for three times by Applying and releasing pressure alternately over *Nadi* to assess the condition of *Doshas* rightly.³

Contraindications for Nadi Pariksha: In the following conditions *Nadi Pariksha* gives no correct information i.e. immediately after bath, after having food, after Massage, in the hunger and thirst.

Nadi pariksha according to Dosha: To make the study easier and to understand this concept, the three main divisions are made for the movement of the pulse, which resembles with the gait of various animals/birds etc.

In Vata - The pulse movement is compared with the gait of leech or a serpent.

In Pitta - The pulse will be like of a sparrow, crow or frog.

In Kapha - The pulse will be like that of a swan or pigeon. These may be present in any combination and should be understood accordingly.

Vata pitta kapha pulse or Sannipataj nadi - This type of pulse categorizes in the patient in which all the three *dosha* are imbalanced. This is demonstrated by the alternative slow and intermittent movements of pulse. Different *Acharyas* have mentioned different views but *Acharya Sharangdhara* has described the movement of *Sannipataj* pulse as similar to the gait of *Laavaka* and *Titthiri* birds because these birds flutter rapidly for some time and then all of sudden, they stop their movements , to repeat their quick movements once again.⁴

Nadi in Different States of Body & Mind: Pulse is steady in happy as well as in satisfied person, Hungry Persons, During Sexual urge and anger the pulse is fast, Pulse is weak in worry, fear and sorrow . In fever, the pulse becomes fast and is felt hot to touch. In the state of poor digestive power, the pulse becomes very slow and low in Volume⁵. In *Ama* it becomes heavy, in a person with normal digestion; the pulse is felt light and fast. Pulse in *Dhatu kshaya* ,the pulse becomes very slow and low in volume.

Mutra Pariksha:

Importance: By *Mutra Pariksha* (urine examination) one can assess the pathology related to urinary system and other systems of the body. Urine is the end product of metabolism. The body chemistry; blood pressure, fluid balance, nutrient intake, and the state of health are key elements in establishing the normal characteristics of urine.

Method: The physician should wake up the patient early in the morning around 4 am, should avoid the first stream of early

morning urine, then the urine is collected in a clean glass beaker/ jar and examine the urine thoroughly to assess the disease process and then treat the patient accordingly.

Urine appearance involving doshas: In *Vata* aggravation, urine is rough, dries early and light yellow in color; In *Pitta* aggravation urine is reddish in colour, urine is oily in *Kapha* aggravation and there are more bubbles in urine, urine is watery and unctuous; in aggravation of blood, urine is bloody and hot.

Method of Examination (Taila bindu Pariksha): *Taila bindu mutra pariksha* described in it is not only diagnostic but also prognostic in nature. *Taila Bindu Mutra Pariksha* has been described in number of Ayurvedic texts like *Vangasen Samhita*, *Vasavrajiyam*, *Yogtarangini* and *Yogratnakar*. *Taila bindu mutra pariksha* can be used as a tool for assessing the prognosis and management of diseases. This simple technique is also helpful in diagnosis of diseases as well as assessing the healthy condition.

The oil: *Vasavarajiyam* had mentioned the use of *Til taila* for *Taila Bindu Pariksha* while other authors had just mentioned the word 'Tail'. According to *Acharya Sharangdhar*, if name of particular oil is not mentioned, then *Til tail* should be taken.

Time of conducting Taila bindu pariksha: The various texts as *Yogaratnakara*, *Vangasena Samhita*, and *Vasavarajiyam* etc. have described the early morning time for the *Taila Bindu Pariksha* describing it by various names as – *Suryodaye*, *Prabhate*, *Suryatape*, *Bhaskaro udaye bela* etc.

Prognosis of disease by the examination of oil drops on the urine surface:

By spreading nature of the oil

1. If oil spreads quickly over the surface of urine, the disease is *Sadhy* (curable).
2. If the oil does not spread it is considered as *Kashtha Sadhy* or difficult to treat.
3. If the dropped oil sinks to bottom of the vessel, then it is regarded as *Asadhy* or incurable.⁶

Mala Pariksha: Various types of *Dosha Vikara* and disease conditions can be determined by *Mala Pariksha*. If digestion & absorption of food is poor, the stool carries a foul odour and sinks in water. *Vata* aggravated stool is hard, dry and grey/ash in colour. Excess *Pitta* makes it green/yellow in colour and liquid in form and lot of mucus in stool indicates effect of *Kapha dosha*.

Significance of Mala Pariksha in diagnostic purpose: Stool examination is one of the simplest, widely applied and most important tests for the diagnosis of parasitic infection and other inflammatory conditions. In *Ayurveda Rashi*, *Swarupa*, *Varna*, *Gandha*, *Sama-Nirama Lakshana* of stool etc are the diagnostic tools for many diseases. In modern era microscopic examination of the stool is important to diagnose Amoebic dysentery etc. Blood in stool indicate gastrointestinal lesion. In *Ayurveda* various *Mala Vikriti* has been mentioned like *Tilpishtawat* (pale /clay) colored stool indicates *Shakhashritta Kamala* (obstructive jaundice), *Krishna Varna* (malena) indicates *Kumbhakamla*, *Raktaguyakuta* (mixed with blood and mucus) in *Mrittikabhadhranjanya Pandu* (anemia due to worm infestation), *Mamsambu Sadrisham* (dark reddish-blackish) in *Sannipataj Asaadhya Atisar*.⁷

Jihwa Pariksha: Diagnosis of certain disease conditions can be made by *Jihwa Pariksha*. Patient is asked to protrude the tongue and observe it carefully. *Jihwa*

appearance according to *doshas* has been mentioned in Ayurvedic texts. In vitiation of *Vata*, tongue is dry, rough and cracked; in *Pitta* vitiation, tongue is reddish/blackish. In *kapha* aggravation tongue is whitish and coated .In vitiation of all the three *doshas*, tongue is inflamed at periphery, rough and blackish.

Significance of Jihwa Pariksha in diagnostic purpose: On the basis of tongue examination: pale and white tongue (shukla) indicates *Kaphadhikya* (overnourishment),*Pandu* (anemia), leukoplakia, excessive furring ;bright red (*Arakta*) tongue denotes *Pittadhikya*, *Sannipatik jwara* (fatal fever involving tongue),*Pittaj Jivha Kantak* (acute glositis), scarlet fever (red at tip) and niacin deficiency ; Yellowish (*peetaabh*) tongue is present in jaundice (kamala).Different areas of the tongue correspond to different organs of the body. The color, size, shape, coating, surface, mobility and local lesion should be noted to make the diagnosis of a particular disease.

Shabda Pariksha: The voice will be healthy and natural, when the *doshas* are in a balance state. The voice will be heavy and deep when aggravated by *kapha*, broken but cracking under *Pitta* effect and hoarse & rough when dominated by *Vata dosha*.

Interpretations: The conditions producing change in speech and sound are *Vakastamba* (dysarthria) and *Swarabheda* (hoarseness of voice).*Vakastambha* can be reflected as spastic speech(*Gadgaatwa*), ataxic speech i.e. slurred and irregular as in cerebellar lesions, LMNL speech (*MinMinitwa*) i.e. nasal speech and monotonous in case of extra pyramidal lesions. *Gadgadatva* (spastic speech) could result due to brain trauma (indicating

upper motor neuron lesions).*Swarabheda* refers to change of voice (*bhinna swar*) which is unpleasant may resemble rough sound of donkey due to invasion of sound tract by morbid *Doshas*.⁸ Persistent hoarseness of voice may leads to chronic irritation of the larynx which in turn can be caused by smoking or excessive alcoholism.

Sparsha Pariksha: Touch examination in healthy and diseased states should be carried out with hands. Cold , hot , smooth ,rough , soft , hard perceptions, fever, edema etc. should be examined through tactile perception In *Kapha* diseases skin is moist/wet, in *Pittaja* skin is Hot and in *Vataja disorders* skin texture is rough and cold in touch.⁹

Interpretations: In case of circulatory failure/cardiac arrest the skin and extremities are found to be cold (*Shaityam*),in fever the skin and extremities are hot. Hard edema (*Shilawat padam*) is noticed in elephantiasis. Palpation and percussion can be included under *Sparsha Parikshas* .Soft and tender hepatomegaly is seen in acute hepatitis, soft goiter swelling (*Medoj galgand*), and stony hard in malignant tumor (*Mansarbuda*) .In this way tactile examination plays important role in diagnosis of particular disorder.

Drika Pariksha: Expressions of the eyes may reflect the health status of an individual. *Vata* domination makes the eyes sunken, dry and smoky .On aggravation of *Pitta*, eyes are red or yellow and the patient suffers from photophobia and burning sensations. *Kapha* predominance eyes are wet, lusterless and watery with heaviness in the eyelids.

Interpretation: Different types of eye features may reflect the personality of an individual as well as the state of ill health.

Prominent /bulging eyes can be seen in thyrotoxicosis, yellow conjunctiva in case of weak liver or jaundice, prominent white ring around iris represents joint degeneration with probability of arthritis. Flickering of eyelids occurs in epileptic seizures, sunken eyes results due to excessive blood loss, purgation and starvation.

Akritis Pariksha: The *Doshic* influences that reflect on the face of the patient enable the physicians to know the nature of the disease. *Kapha* personalities are having oily skin, well built body and joints, tolerance to hunger, thirst, hardship, hot sun. *Pittaja* personalities having strong appetite and thirst, fair complexion, brave, bold and egoistic and less hair. *Vataj* personalities are prone to many diseases, having split hairs and dry skin with *Dhusara Varna*, dislikes cold things and atmosphere. Memory, intelligence and behavior are unstable.¹⁰

DISCUSSION: All the above mentioned methods are used to observe the characteristics of various *Dosha* to evaluate their proportionate imbalance. The *Ashthavidha Pariksha* has not been mentioned in *Brihatrayi* i.e. *Charaka*, *Sushuruta*, or *Ashtanga Samhita*. *Maharishi Sharangdhara* first of all mentioned the *Nadi Pariksha* (pulse examination) but didn't mention about *Ashth Vidh Pariksha*. *Acharya Yogaratnakar* gave a detailed description of these eight fold investigation techniques. *Naadi pariksha* is still one of the most significant methods of diagnosis in *Ayurveda*. Many *Vaidyas* are able to make the diagnosis only by examining the pulse. *Mutra Pariksha* gives clues about any pathology forming in the *Mutravaha Strotas*. *Malapariksha* gives clues about both *Annavaha* as well as *Purishvaha*

Strotas abnormalities. Similarly rest of the *Pariksha* included in *Ashtasthan pariksha* has important role in the diagnosis of disease.

CONCLUSION: Diagnosis is the foremost step before starting management of any disorder. There are various diagnostic methods have been mentioned in our ancient literature. *Ashtasthan Pariksha* is an important tool to assess the *bala* of *rog* and *rogi*. In present era there are many successful physicians which diagnose the diseases only on *Nadi* basis. On the basis of various clinical features described in *Asthastan Pariksha* one can draw a conclusion on diagnosis of particular disease and can start management accordingly.

REFERENCES:

1. Pandit Kashinatha Shastri, *Charaka Samhita of Agnivesa*, Hindi commentary Part-I Rogbhishakji vimanadhyaya,chapter 8.verse no.94 Varanasi:Chaukhambha Bharati Academy, P.no.771
2. Vaidya Shrilakshamipattishastri Ayurvedacharya,Yogaratnakar elaborated Vidyotini' Hindi commentary, (reprint year:2015), Varanasi: Chaukhambha Bharati Academy, P.no.5
3. Dr.Sarvadeva Upadhyaya ,Naadi Vijnana, (reprint year:2009), Delhi: Chaukhambha Sanskrit Paristhaan, P.no.55
4. Dr. Shailaja Srivastava, Sharangadhara Samhita, Varanasi, Choukhamba Orientalia; Edition, 2013, Prathama Kahnda, P.no.25.
5. Dr. Shailaja Srivastava, Sharangadhara Samhita, Varanasi, Choukhamba Orientalia; Edition, 2013, Prathama Kahnda, P.no.26.
6. Prof.Subhash D.Waghe, Integrated Approach to clinical methods in

Ayurveda,(First edition-2016),Nagpur:
Rashtra Gaurav publications,P.no.95-95

7. Prof.Subhash D.Waghe, Integrated Approach to clinical methods in Ayurveda,(First edition-2016),Nagpur:
Rashtra Gaurav publications,P.no.96

8. Pandit Kashinatha Shastri, Gorakha Natha Chaturvedi. Charaka Samhita of Agnivesa elaborated 'Vidyotini' Hindi commentary, Part-II (reprint year: 2011), Varanasi: Chaukhamba Bharati Academy, P.no. 255

9. Dr.PS Byadgi,Ayurvediya Vikriti Vijyana and Roga Vijyana 2016, Chaukhamba orientalis Varanasi p.no.417

10. Dr.Radhavallabh Satti,Ayurveda Rog vigyan evum vikriti vigyan,part1,2008

Chaukhamba orientalis Varanasi,
p.no.376-378.

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