



## EXAMINING, EDUCATING AND TRAINING: THE HEALTHY WAY TO LIFE

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### ABSTRACT

*In the practice of medicine either it is Ayurvedic or Modern, Clinical examination of patient has great importance along with history taking. There are so many ways of examining patients clinically in all systems of medicines, but the goal of every system is to ultimately diagnose the disease perfectly so that patient can be treated properly. If we see the modern system of clinical examination of patients, then we find that it is well known, well accepted, very fast and mainly disease oriented. In nut shell the whole system is consists of history taking, examination, investigation, provisional diagnosis and ultimately the final diagnosis. Whereas the Ayurvedic concepts regarding this are complete, that cover all aspects of life, these are more subjective, more practical easy to perform, there is no chances of error and very important they are not expensive. It is not only disease oriented but also focuses on the physiological, pathological and psychological status of the diseased, habitat etc. So in this paper we have tried to present the holistic approach of examination from Ayurvedic point of view.*

**Keywords:** History taking, Examination, Investigations, Diagnosis.

## **Introduction**

Whenever we talk about treating a patient, it sum up all the knowledge gathered by a physician in his entire life. The process of treatment starts with the first step of the patient as he enters. Ultimate goal of every system of medicine is to diagnose the disease and provide a healthy, disease free life to the sufferer. Modern systems of examination mainly focus on the disease during examination. Starting from history taking it goes through the past history, general and systemic examination, investigation, provisional diagnosis and then finally to diagnosis and treatment. While on the other hand *Ayurveda* focus both on patient and the disease. *Ayurvedic* system of examination not only aims at diagnosing the nature of the disease but also focus on the basic nature of the diseased being it either the *sharirika* or *manasika prakruti* of the patient. Different *acharyas* have mentioned different *parikshai.e. trividha, shadvidha, ashtavidha* and *dashvidha pariksha*. In this way we'll be discussing about the difference between the modern and *ayurvedic* system of examination and how the *ayurvedic* approach towards a disease and the patient is complete.

### **MODERN SYSTEM OF EXAMINATION:**

In this first step was the History taking then the four basic steps are followed including inspection, palpation, percussion and last auscultation.

### **SUGGESTED SCHEME FOR BASIC HISTORY TAKING:<sup>1</sup>**

- Name, age, occupation, country of birth, other clarification of identity.
- Main presenting problem or chief complaints
- Past medical history
- Specific past medical history i.e. Diabetes, jaundice, heart disease, high blood pressure, rheumatic fever, fever, epilepsy.
- History of main presenting problem
- Family history
- Occupational history
- Smoking, alcohol, allergies
- Drug and other treatment history
- Direct questions about bodily systems not covered by the presenting complaint.

## **PHYSICAL EXAMINATION:<sup>2</sup>**

The physical examination is a time-honored in medical practice. For example, methods of medical examination are described in Egyptian papyri, in the classical world of ancient Greece and Rome, and in Vedic medicine in India. The physical examination, as currently used, was developed in the early 19<sup>th</sup> century as a method to evaluate symptoms in relation to recognized pathologies, in order to facilitate diagnosis and treatment. General physical examination includes Mental and emotional state, Physical attitude, Gait, Physique, Face, Skin, Hands, Feet, Neck (lymphatic and salivary glands, thyroid gland, pulsation), Breasts, Axilla, Temperature, Pulse (Rate, rhythm, character, and symmetry), Respiration, Odors.

## **INSPECTION:**

It includes appearance, movement and any other changes in normal view of the body. First, are there any lumps visible beneath the skin or any lesions on the skin itself, like changes in eye appearance or kyphosis or scoliosis in chest and changes in umbilicus etc. Like this other part of the body should be examined.

## **PALPATION:**

As palpation is the most important part of the abdominal examination, it was also useful in other regions of the body. Like in skin examination of the body pass the hand gently over the part pinching up between the forefinger and the thumb and note the changes in smooth or rough, thin or thick, dry or moist or other changes. In abdomen it helps in examination of intra-abdominal structures because it is unusual for structures to be very easily palpable. So it was helpful in diagnosing of diseases and other malfunctions.

## **PERCUSSION:**

The technique of percussion was probably developed as a way of ascertaining how much fluid remained in barrels of wine or other liquids. *Auenbrugger* applied percussion to the chest having learned this method in his father's wine cellar. Points to note on percussion of the chest are resonance, dullness, pain and tenderness. This was helpful in detecting chest and abdominal diseases like pleural effusion, ascitis and others.

## AUSCULTATION:

This will be done with the help of stethoscope, the diaphragm and bell of the stethoscope permit appreciation of high and low-pitched auscultatory events, respectively. The changes in bronchial, heart and bowel sounds are examined like added sounds, murmurs, bowel sound and vascular bruits etc.

After the systemic examination with the help of these four, some direct questions are also described according bodily systems because many disease processes have features that occur in several bodily systems that at first may not seem to be related to the patient's main complaint. If the specific questions have been covered by the history of the presenting problem they do not need to be included again.

### Main theories of examining patients in *Ayurveda* are:-

1) *Dashvidh Pariksha* 2) *Ashtavidh Pariksha*

3) *Shadvidh Pariksha* 4) *Trividh Pariksha*

5) *Panch Nidan*

Here some theories from *ayurvedic* texts are elaborated which are given by the *acharayas* for the *rog rogi pariksha* or you can say examination. From the ancient time till now the diagnosis of disease is the first and the most important step in the treatment of any disease because after knowing that we can prescribe the accurate treatment for the particular disease which cure the patient easily and in minimum time, for this here we categorized these theories in three aspects they are How to examine, What to examine and Where to examine? The theory *shadvidh pariksha* and *trividh pariksha* helps us to tell how we examine the patient whereas *Dashvidh pariksha* and *Panch nidan* helps us to tell what to examine and last *Ashtavidh pariksha* tells us where we have to examine the patient. Briefly we describe these theories here:

**DASHVIDH PARIKSHA**--This is consists of 10 points to examine the patients. These are *Prakruti, Vikruti, Sara, Samhanan, Pramana, Satmya, Satva, Aaharshakti, Vyayam shakti* and *Vaya*. These are the things to which we can examine about the patients or we can say that on the basis of keeping these things in mind, we shall examine the patients.

If we analyze in detail, these 10 points are found to be observation based. By these we don't examine only patients but their whole life style, biological status, total body configuration and physiology also. Similar to modern method this covers all aspects of history process. In view of some authors, by these points we can find the health amount being present in patient, to which we can promote to help in the healing of unhealthy part of body. Actually these considerable 10 points not only helps in diagnosing the disease, but some of them are also helpful in treating the patients. Such as by knowing the *prakruti* of patients we can decide more appropriate drugs that is suitable for him and similarly the *vikruti* also. The *prakruti* also helps us to observe the unwanted effects of drugs if any, so that but deciding these we can avoid the particular drug is particular type of *prakruti* people. Then the consideration of *Praman* and *Vaya pariksha* in patients can be helpful in deciding dose of drugs because the dose may differ in different body weights and age groups. Besides prescribing medicine to patients planning of *Pathyaapathya* is also important, that can be framed according to *Satmya* and *Aaharshakti pariksha*. The *Satva pariksha* is highly helpful in interpretation of symptoms as well as observing the adverse effects of drugs also. And the *Vyayam shakti pariksha* is very much useful in advising exercise tolerance in some specific conditions.<sup>3</sup>

1. **Prakruti**- In this *pariksha* two aspects are given i.e. *Deha* and *Manas*, whereas *Prakruti* also have two types of constitution named Genetic & Acquired constitution. For Genetic constitution *Sushruta* said in *sharir sthan-4*.<sup>4</sup>

*Deha prakruti* is divided in 7 types according of *dosha* predominance

*Vata, Pitta, Kapha, Vata-pitta, Vata-kapha, Pitta-kapha, Samdhatu prakruti.*

In aspect of *Manas* characteristics it was divided in 3 *Satvik, Rajsik* and *Tamsik*.

*Dosaja Prakruti* have specific *Lakshana* (symptoms) in the person which are helpful in analysis of *prakruti*. It was described on the basis of bodily structure, skin, hair, head, *netra, nasa, danta, jihva, talunakha* etc.

Like this *Mansika prakruti* are also described on the basis of Mental Temperaments and behavior.

2. **Vikruti**-It refers to morbidity. *Acharya Charaka* has stated that *Vikruti* is examined with reference to the specific causative factors.
3. **Sara-Dhatu**s forming body are known as *Sara*. This *pariksha* is done to know *Bala*, for that 8 types of *sara* are described i.e. *Twak, Rakta, Mansa, Meda, Ashthi, Majja, Shukra, Satva*.

All have particular characteristics for that we access the *bala* of person.

4. **Samhanan**-This *pariksha* is given to know compactness of body.
5. **Pramana**-This *pariksha* is given to know the various dimensions of the body & bodily structure by that we know access the *Sama pramana* person are healthier than others.
6. **Satmya**-Those *Aahar-vihar* and *Aushadha* are accordance of *Sharir-manas* are known as *Satmya*. This *pariksha* are done on two aspects:
  - a) According of *Rasa*
  - b) According of *Snigdha-Rukshadi*
7. **Satva**-For Mental power or to know patience in person we access the *Satva pariksha*.
8. **Aahar shakti**-It was also divided in
  - a) *Abhyavaharan shakti* (Power of ingestion)
  - b) *Jaranshakti* (Digestive power)

This examination reflects the *Agnibala* of the individual. So it was very useful in managing a patient's diet and nutritional therapy.
9. **Vyayam shakti**-It can be correlated with physical exercises which gives us idea about the fitness and strength of the body.
10. **Vaya**-Here patient is examined in respect to his age which represents the state of his body<sup>5</sup>. Different *Acharayas* has classified in the different way but *Acharaya Sharangdhar* gave different concept of *vaya* where he said that in every 10 years particular characters disappear from the body.<sup>6</sup>

### **SHADVIDH PARIKSHA**

This consists of six fold examinations, which are *Darshan, Sparshan, Gandhan, Shravan, Rasan* and *Prasna*. These are mainly performed by *Gyanendriya* and indicates how we should examine the patients? This is much more than modern techniques of examination i.e. inspection, palpation, percussion, and auscultation. As here we also examine by means of smelling and taste or flavor of patient. These examinations are active type of examination so here perfect skill is required, so that proper interpretation or inference can be made. Sometimes they also works like pathological investigations as the smell taste and color of matters can be considered as tools to examine.<sup>7</sup>

## ASHTAVIDH PARIKSHA

This is very important type of *pariksha*, where we find the sites or things of patients to which we can examine. And consists of 8 things i.e. *Nadi, Mutra, Mala, Jihva, Shabda, Sparsha, Netra* and *Aakruti*. These are actually external entities to which we can use to assess the status of vitals of body. They are more objective examination and may again be utilized for laboratory investigations.<sup>8</sup> Regarding these many specific and authentic descriptions are available. Among them we can discuss important ones.

**NADI PARIKSHA:** Regarding this very practical description is given by *acharya Sharangdhar*. According to him *Nadi* of people whose *Jathragni* is *pradiptais laghuand vegavati*, of hungry it is *chanchal*, in satisfied person *sthir* and in healthy person it is *sthir* and *balwan*. These are the different stages of normal person not of patients. In cases of *dosha-prakopa* some specific presentations of *nadi* can be observed. These are compared with movement style of some animals. Such as in *vata prakopa* it is like snake. in *pitta prakopa* frog like, in *kapha prakopa* it is swan like where as in *dvidoshaja prakopa* it is sometimes show or sometimes rapid and in *sannipataja* conditions it is like *bater* or *titar* like animals. In some other conditions it is described as in *Jwar* rapidly moving and *ushnata yukta*, in *manas vyadhis* it is rapid or *ksheena*, in *mandagni* and *dhatu kshaya* conditions it is slightly slow whereas interrupted type of *nadi* is indicative of losing *prana*. In *Raktaj vyadhis* it is *ushana* and *guru* and in *Amaj vyadhis* *sheetal* and heavy.<sup>9</sup>

**MUTRA PARIKSHA:** This is another important thing to be examined carefully. In some classics its appearance is correlated with particular *dosha-pariksha*. For example in *vata prakopa* it is yellowish in color, in *pitta prakopa* dark yellow and blue, in *kapha prakopa* white and frothy where as in *Raktadushti* it is red. In this way we can make approach to involvement of *dosha* in any disease<sup>10</sup>. In *Mutrpariksha Yogratnakar* said that when a drop of *tila taila* is poured over the urine then its spreading change indicates the good and bad prognosis of the disease. Different directions, shape & structures resembling shape over the urine by drop of *tilataila* tells about the prognosis of disease.<sup>11</sup>

**JIHVA PARIKSHA:** Similar to *mutra* examination and interpretation tongue can also be observed and considered. As in cases of *vata prakopa* it is *ruksha*, fissured and brownish, in *pitta prakopa* red and black color in *kapha prakopa* white, moist and sticky, where as in *dvidoshja prakopa* it is

presented as mixer of two *doshaj* and in *tridoshaj prakopa* it is of burned appearance, black and rough in touch.<sup>12</sup>

**NETRA PARIKSHA:** Eye examination is very much important by the point of view of modern aspect also. Here we can not only get findings suggestive of ophthalmological diseases but also of other systemic diseases as anaemia, jaundice, worm infestations, vitamin deficiency diseases etc. Just to detect *doshik* involvement in diseases, particular description is given by some authors. And it is *ruksha* , brownish, slightly reddish, *stabdhata* in *drashti patal* in *Vatik* diseases. In cases of *Paittik* diseases it is yellow like *haridra*, red or green in color, along with burning feeling and patient hates to any light source. In *Kaphaj prakopa* these are white and moistness and smoothness appears on exertion, there is purulent discharge in angles and may be loss of vision.<sup>13</sup>

### **TRIVIDH PARIKSHA**

This is another mode of examining patients where we utilize the *Pramanas* i.e. *Aptopadesh*, *Pratyaksha* and *Anuman*. These are mainly to interpretations of observation and discussing the problems.<sup>14</sup>

*Aptopadesh* : Expert instruction means the teaching imparted by the experts. Experts again are those who posses unequivocal knowledge, memory, the science of classification & where observation are not affected by favour. Their testimony, by reason of their being endowed with these qualities, is authorative, while that coming from insane, stupid is unauthorative.<sup>15</sup> In *aptopadesh* the knowledge we gain from ancient text book or our ancestors, teachers who taught the fundamentals of *ayurveda* and the persons who done special work on particular topic are also included.

*Pratyaksha* : Direct observation which is observed by one's own senses and the mind.<sup>16</sup> Also defined as perception or observation is defined as the cognition, definite and immediate arising from the conjunction of the soul, the senses, the mind and the sense object.<sup>17</sup>

*Anuman* : Inference is reason working on given premises.<sup>18</sup> Also inference is that which having its bases in observation enables one to conclude in three several ways and with reference to all the three division of time. Thus we infer the unseen fire from the observed smoke as also mating from the sign of pregnancy. In this manner the wise can infer the past from the present, the

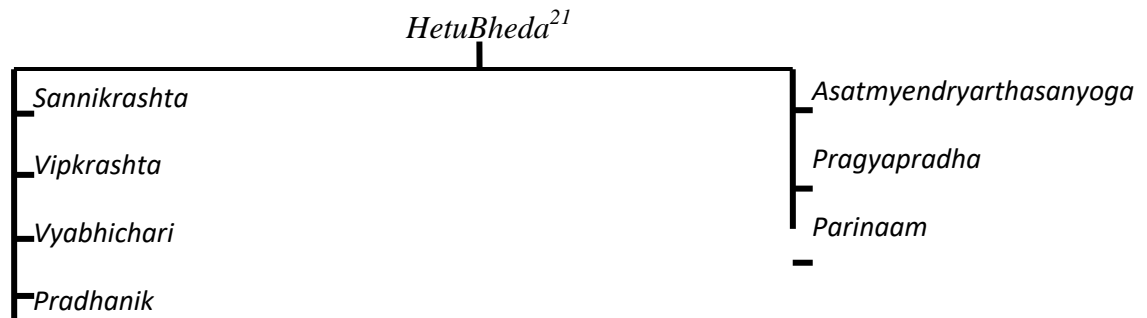


unborn fruit from the seed, having observed the fact that fruit is like into the seed.<sup>19</sup>

### **PANCH NIDAN**

This is another theory of examination especially given for *rog pariksha*. It includes *Nidan*, *Purvarupa*, *Rup*, *Upshaya* and *Samprapti*. With the help of these five we not only diagnose the disease also we conclude about the prognosis of the disease.<sup>20</sup>

**Nidan** (Aetiological factors) : The synonyms of *nidana* are said to be *nimitta*, *hetu*, *ayatana*, *pratyaya*, *utthana* and *karana*. *Nidan* words consider all the possible factors or causes those are responsible for the emergence of any diseases. It may be divided as.



**Sannikrashta**: These are the causes which produce disease immediately like diurnal variation of *doshas* takes place routinely in day, night or during digestion. For this accumulation of *dosha* is not essential, they manifests naturally.

**Vipkrashta**: These are the distant cause for the production of disease. Here accumulation of *dosha* is essential like seasonal variations.

**Vyabhichari**: They are the weak or the causes which are unable to produce the disease but when their favorable condition arises they cause the disease. They act as a carrier for the production of the disease.

**Pradhanik**: These are the powerful causes which produce diseases instantaneously like poison. Sudden manifestations of the symptom occur so accumulation of *doshas* is not necessary.

**Asatmyendryatha sanyoga**: Excessive or no or improper utilizations of the five *indrya* like *chakshu*, *Sravan*, *Ghran*, *Rasan* and *Sparshendrya*. Their improper use cause several diseases.

Pragyapradha: Here improper or wrong utilization of speech, body and mind are the responsible for the generation of the diseases.

Parinaam: This stands for the role of *kala* in manifestation of disease where seasonal variations and their excessive, lesser and improper characters cause the generation of disease.

**Purvarupa** (Prodromal features/Premonitory signs & symptoms) : The prodromal features are those which appear before the onset of the disease, that is before the involvement of the specific *doshas*. The clinical features manifested incompletely due to the pathogenic process being minimal should be taken as the specific prodromal features of the diseases. *Purvarupa* is of two types

- *Samanya purvarupa*( General symptoms): In this symptoms of the disease manifest first before the manifestations of the disease so doesn't specify the involvement of *doshas*.
- *Vishista purvarupa*( Specific symptoms): Here appearance of the specific symptoms arises which are specify for the particular *doshas* like yawning in *vataja jwara* or burning sensation in *pittajaj wara*.

**Rupa** (Clinical feature/sign & symptom): When the same prodromal features reach the stage of manifestations they are called *rupa*, *sanasthana*, *linga*, *lakshana*, *chihna* and *akriti* (are the synonyms)

**Upshaya** (Therapeutic test): The trial with drugs, diet and daily regimen having specific beneficial effects by acting directly or indirectly against the causative factors, the disease process or both, is known as *Upshaya*, the same is also called *satmya*.

**Samprapti** (Pathogenesis): The process of the production of the disease by the spreading vitiated *doshas* is called *Samprapti* or *jati* (genesis) or *agate* (onset). That is discussed on the basis of number, specificity, predominance, severity and time :-

- For instance, (as an example of *sankhya samprapti* or number) fever is said to be of eight types.
- Qualitative and quantitative analysis of the involved *doshas* is called a *vikalpa samprapti*(specificity).
- Consideration of the primary and secondary involvements in the disease process is known

as *pradhanya samprapti*(predominance).

- Consideration of the severity or otherwise of the disease on the basis of the presence of all or some of the etiological factors etc. is known as *bala samprapti*(severity).
- Consideration of the disease and the involved *doshas* in relation to the nocturnal, diurnal, seasonal, and dietary variations is known as the *kala samprapti*(time factor).<sup>22</sup>

## CONCLUSION

On above descriptions we can conclude that first of all we should detect *prakriti* of patient and type of *prakriti*. Utilizing the *Ayurvedic* tools of *nadi*, *mutra*, *jihva* and *netra*,*doshik* involvement should be confirmed for better management. In addition to *nadi*, *mutra*, *jihva* and *netra* other points should also be explored and elaborated. Regarding some examinations experience and sufficient observations is needed. For this *Aptopadesh*, *Pratyaksha* and *Anumanpramanas* are great importance. We don't think there is any deficit in our history taking and examining system. So we can call it Holistic system. By using this technique we should replace the theory of modern parameters and adopt our own methods. We should avoid the concept of "modern diagnosis ancient treatment" and replace it with "Ayurvedic Diagnosis Ayurvedic Treatment".

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