

Rogi Parīkṣā In Ayurveda: A Critical Review Of Dvididha, Trividha, Pratyakṣa, Anumāna And Āptopadeśa Examination Methods

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Abstract

Rogi Parīkṣā (examination of the patient) forms the cornerstone of Ayurvedic diagnosis and clinical practice. Classical Ayurvedic texts emphasize systematic examination through perceptual, inferential, and authoritative methods for accurate diagnosis and successful treatment. The present article critically reviews the concepts of Dvididha Parīkṣā (twofold examination), Trividha Parīkṣā (threefold examination), Pratyakṣa Parīkṣā (direct observation), Anumāna Parīkṣā (inferential examination), and Āptopadeśa (authoritative instruction) based on classical references from Caraka Samhita. The article discusses the philosophical and practical aspects of these diagnostic approaches and highlights their relevance in clinical evaluation. The study demonstrates that Ayurvedic diagnostic methods involve comprehensive assessment through sensory perception, inference, interrogation, and scriptural wisdom, thereby ensuring holistic understanding of disease and patient status.

Introduction

Ayurveda considers diagnosis as the foundation of successful treatment. Rogi Parīkṣā is an essential clinical process through which the physician acquires complete knowledge regarding the patient, disease condition, prognosis, and therapeutic approach. Classical Ayurvedic scholars emphasized that improper examination leads to confusion in diagnosis and failure in treatment.

Among the diagnostic approaches, Dvididha Parīkṣā and Trividha Parīkṣā occupy significant positions. These methods incorporate Pratyakṣa (direct perception), Anumāna (inference), and Āptopadeśa (authoritative instruction) as important tools for understanding disease manifestations and patient conditions.

The physician utilizes sensory organs, mental faculties, interrogation, observation, and scriptural knowledge to establish a diagnosis. These approaches collectively represent the scientific and holistic methodology of Ayurveda.

Aims and Objectives

Aim

To critically analyze the concepts of Dvididha and Trividha Rogi Parīkṣā described in Ayurvedic classics.

Objectives

1. To study the principles of Pratyakṣa Parīkṣā.
2. To evaluate the role of Anumāna Parīkṣā in diagnosis.

3. To understand the importance of Āptopadeśa in clinical examination.
4. To analyze the practical utility of sensory examination in Ayurveda.
5. To correlate classical diagnostic approaches with holistic patient assessment.

Materials and Methods

Materials

The present study is based on literary review from classical Ayurvedic texts including:

- Caraka Saṁhitā
- Suśruta Saṁhitā
- Aṣṭāṅga Hṛdaya
- Madhava Nidāna
- Classical commentaries and modern Ayurvedic textbooks

Methodology

Relevant references regarding Rogi Parīkṣā, Dvividha Parīkṣā, Trividha Parīkṣā, Pratyakṣa, Anumāna, and Āptopadeśa were collected, translated, compiled, and critically analyzed. Comparative interpretation was performed to understand their diagnostic significance.

Concept of Dvividha Parīkṣā

Definition

“Dvividhāṁ parīkṣāṁ jñānavatāṁ pratyakṣamanumānaṁ ca”
(C.Vi. 8/83)

Caraka described two methods of examination:

1. **Pratyakṣa Parīkṣā** – Direct perceptual examination
2. **Anumāna Parīkṣā** – Inferential examination

Trividha Parīkṣā

Definition

“Āptopadeśaḥ, pratyakṣam, anumānaṁ cetī”
(C.Vi. 4/3)

Threefold examination includes:

1. Āptopadeśa
2. Pratyakṣa
3. Anumāna

Pratyakṣa Parīkṣā (Direct Examination)

Definition

Pratyakṣa refers to knowledge obtained directly through sensory organs and self-perception.
(C.Vi. 8/39)

It includes examination through:

- Hearing
- Vision
- Smell
- Touch
- Interrogation for taste and subjective experiences

Table 1: Sensory Examination in Pratyakṣa Parīkṣā

Sense Organ	Findings Observed
Hearing	Gurgling sounds, crepitation, abnormal voice
Vision	Color, shape, complexion, deformities
Smell	Normal and abnormal body odor
Touch	Temperature, texture, tenderness
Taste (Indirect)	Sweetness, bitterness, altered taste inferred through questioning

Clinical Utility of Pratyakṣa Parīkṣā

Pratyakṣa examination enables direct clinical assessment of:

- Physical abnormalities
- Signs and symptoms
- Sensory changes
- Structural deformities
- Prognostic indicators

The physician uses sensory perception systematically to identify pathological changes.

Anumāna Parīkṣā (Inferential Examination)

Definition

Anumāna refers to knowledge acquired indirectly through logical inference.

(C.Vi. 4/8)

Certain clinical conditions cannot be directly perceived and must be inferred from associated manifestations.

Table 2: Important Factors Assessed by Anumāna Parīkṣā (Based on Caraka Saṁhitā Vimānasthāna 4/8)

Sl. No.	Sanskrit Term	Method of Inference	Clinical Interpretation
1	Agnim Jāraṇaśaktyā Parīkṣeta	By digestive capacity	Agni (digestive fire) is assessed through digestion and metabolism
2	Balam Vyāyāma Śaktyā	By exercise tolerance	Physical strength is inferred from ability to perform exercise
3	Śrotrādīni Śabdādyartha Grahaṇena	By perception of sensory objects	Functional status of sense organs is assessed
4	Mano Arthavyabhicāreṇa	By mental activities	Mind and psychological status are inferred
5	Vijñānam Vyavasāyena	By understanding and decision-making	Intelligence and cognition are assessed
6	Rajaḥ Saṅgena	By attachment and attraction	Presence of Rajasika mental qualities
7	Moham Avijñānena	By lack of understanding	Delusion or unconsciousness is inferred
8	Krodham Abhidroheṇa	By aggressive behavior	Anger and irritability are identified
9	Śokam Dainyena	By sorrowful behavior	Grief and sadness are assessed
10	Harṣam Āmodena	By cheerful activities	Joy is inferred from happiness and festive behavior
11	Prītim Toṣeṇa	By satisfaction	Pleasure and contentment are assessed
12	Bhayam Viśādena	By anxious expressions	Fear is inferred through worry and anxiety

Sl. No.	Sanskrit Term	Method of Inference	Clinical Interpretation
13	Dhairyam Aviṣādena	By stability in adversity	Courage and mental strength are assessed
14	Vīryam Utthānena	By initiative and enthusiasm	Energy and vitality are inferred
15	Avasthānam Avibhrameṇa	By absence of confusion	Mental stability and orientation are assessed
16	Śraddhām Abhiprāyeṇa	By personal inclination	Desire, faith, and intention are inferred
17	Medhām Grahaṇena	By comprehension power	Intelligence and grasping ability are assessed
18	Samjñām Nāmagrahaṇena	By recognition of names	Consciousness and recognition are inferred
19	Smṛtim Smaraṇena	By recollection	Memory function is assessed
20	Hrīyam Apatrapaṇena	By modest behavior	Shyness and modesty are inferred
21	Śīlam Anuśīlanena	By habitual practices	Habits, conduct, and lifestyle are assessed
22	Dveṣam Pratiṣedhena	By avoidance and dislike	Aversion and dislike are inferred
23	Upadhim Anubandhena	By subsequent manifestations	Deception and hidden motives are identified
24	Dhṛtim Alaulyena	By steadiness	Courage and firmness are inferred
25	Vaśyatām Vidheyatayā	By obedience	Compliance and discipline are assessed
26	Vayo Bhakti Sātmya Vyādhi Samutthānāni Kāla Deśa Upaśaya Vedanā Viśeṣeṇa	By age, habitat, wholesome factors, pain characteristics	Age, adaptation, etiology, and disease nature are inferred
27	Gūḍha Liṅgam Vyādhim Upaśaya Anupaśayābhyām	By therapeutic response	Hidden diseases are identified through relief/aggravation
28	Doṣa Pramāṇa Viśeṣam Apacāra Viśeṣeṇa	By effect of improper diet/lifestyle	Severity of Doṣa vitiation is inferred
29	Āyusaḥ Kṣaya Ariṣṭaiḥ	By Ariṣṭa Lakṣaṇas	Prognosis and life expectancy are assessed
30	Upasthita Śreyastvam Kalyāṇa Abhiniveśena	By inclination toward good conduct	Mental purity and sattvika qualities are inferred
31	Amala Satva Vikāreṇa	By absence of mental morbidity	Pure and stable mind is identified
32	Grahaṇyāstu Mṛdu Dāruṇatvam	By bowel characteristics	Nature of Koṣṭha and Grahaṇī is assessed

Sl. No.	Sanskrit Term	Method of Inference	Clinical Interpretation
33	Svapna Darśana Abhiprāya Dviṣṭeṣṭa Sukha Duḥkhāni Praśna Parīkṣayā	By interrogation/questioning	Dreams, desires, likes, dislikes, happiness, and sorrow are understood through history taking

Importance of Anumāna Parīkṣā

Anumāna Parīkṣā helps in evaluating:

- Internal physiological status
- Psychological conditions
- Digestive strength
- Mental faculties
- Prognosis
- Hidden disease manifestations

It demonstrates the analytical and inferential strength of Ayurvedic diagnostics.

Āptopadeśa (Authoritative Instruction)

Definition

Āptopadeśa refers to the teachings of trustworthy sages and authoritative scriptures.

(C.Vi. 4/4)

Āpta persons possess:

- Unbiased knowledge
- Pure intellect
- Accurate memory
- Freedom from attachment and aversion

Their teachings are considered authentic sources of knowledge.

Table 3: Diagnostic Information Obtained through Āptopadeśa (Based on Caraka Saṁhitā, Vimānasthāna 4/6)

Sl. No.	Sanskrit Term	Meaning / Interpretation	Clinical Significance
1	Prakopaṇa / Vāyukṣatvādī Hetu	Aggravating factors causing Doṣa vitiation	Helps identify causative and aggravating factors of disease
2	Yoni Vātādyā	Source or origin involving Doṣas	Determines the primary pathogenic Doṣa involved
3	Utthāna	Etiology or causative factors	Establishes disease causation
4	Ātma Svabhāva	Specific nature or inherent characteristics of disease	Helps understand severity and individuality of disease
5	Adhiṣṭhāna / Āśraya	Site of manifestation	Identifies affected organs or systems
6	Vedanā	Nature of pain	Assesses type, intensity, and location of pain
7	Samsthāna	Clinical features and manifestations	Helps in symptom-based diagnosis
8	Śabda	Abnormal sounds	Detects disease-specific sounds such as cough, wheeze, hiccups
9	Sparśa	Touch-related findings	Evaluates temperature, tenderness, roughness, softness etc.

Sl. No.	Sanskrit Term	Meaning / Interpretation	Clinical Significance
10	Rūpa	Colour and appearance	Observes discoloration and visible abnormalities
11	Rasa	Taste abnormalities	Indicates internal Doṣic disturbances
12	Gandha	Odor or smell	Detects abnormal body or lesion odor
13	Upadrava	Complications	Assesses secondary manifestations and severity
14	Vṛddhi	Aggravation or increase	Evaluates progression and exacerbation of disease
15	Kṣaya	Diminution or degeneration	Assesses depletion and chronicity
16	Samanvita	Associated features	Identifies accompanying conditions and combined manifestations
17	Udarka	Prognosis and future outcome	Predicts disease course and therapeutic outcome
18	Nāmāni	Nomenclature	Identifies disease classification and naming
19	Yoga	Therapeutic measures	Guides preventive and curative treatment planning
20	Pravṛtti / Nivṛtti	Initiation or cessation of treatment	Helps determine treatment commencement or withdrawal

Discussion

Ayurvedic diagnostic methods are comprehensive and multidimensional. Dvididha and Trividha Parīkṣā provide an organized framework for clinical evaluation. Pratyakṣa enables objective assessment through sensory organs, while Anumāna allows understanding of hidden pathological processes through logical reasoning.

Āptopadeśa forms the theoretical foundation of diagnosis by providing validated knowledge from authoritative sages. Together, these methods ensure holistic assessment of the patient involving physical, psychological, sensory, and prognostic dimensions.

The clinical approach described in Ayurveda resembles modern principles of history taking, inspection, palpation, auscultation, and analytical reasoning. However, Ayurveda uniquely integrates sensory perception, inferential logic, and scriptural wisdom into a unified diagnostic system.

Conclusion

Rogī Parīkṣā is a vital component of Ayurvedic clinical science. Dvididha and Trividha examination methods provide systematic and scientific approaches for understanding disease and patient status. Pratyakṣa Parīkṣā facilitates direct sensory assessment, Anumāna Parīkṣā helps infer hidden pathological conditions, and Āptopadeśa provides authentic theoretical guidance.

These classical diagnostic tools continue to hold immense clinical relevance and contribute toward holistic patient-centered healthcare. Proper application of these principles enhances diagnostic accuracy, prognosis assessment, and therapeutic success.

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