

Trividha Pariksha – Diagnostic Importance And Its Application In Clinical Practices

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Abstract: Health is a state of equilibrium of the Dosha, Dhātu, and Mala along with the proper functioning of Indriya, Manas, and Atma. To treat the disease, it is necessary to keep a balance between Doshas and to bring back them to their normal condition. The prime duty of any Physician is to diagnose the ailment of the patient. The diagnosis cannot be done just based on one type of examination. In Ayurveda, different types of examinations have been mentioned which were and still are useful in diagnosing the various diseases in patients. These basic methods which are practiced today, with modern technologies play significant role in diagnosis of disease. The purpose is to study the application of Trividha pariksha in current clinical practices and to study darshan, sparshana, and prashna pariksha from Ayurvedic texts and their application in today's day-to-day practice. Various ayurvedic and modern texts, research papers and information available on the internet were reviewed. Trividha pariksha is the root of all diagnostic methods. Modern diagnostic methods like X-rays, CT scans, MRI, etc are just a medium in the form of modern technology. Comprehensive and applied knowledge of Trividha pariksha is needed for perfect diagnosis and treatment i.e. good clinical practice. Trividha pariksha in Ayurveda has a key role in current clinical practice for diagnostic as well as prognostic purposes. The importance of early diagnosis is that the earlier we diagnose fast is the recovery, also the early diagnosis helps in the prevention of complications, and the accurate diagnosis helps in planning precise treatment for destroying the root cause and so the recurrence of disease.

Keywords: Ayurveda Nidan, History Taking, Rogi Pariksha, Trividha Pariksha

I. INTRODUCTION

Ayurved is considered as a samakalin shastra which is science for all times, the fundamentals apply to all eras most modern science principles are based on the fundamentals of Ayurveda. The word Pariksha is derived from the root 'Iksha' means to view, to observe, and to consider, with the preposition 'pari' fixed before the root which means from all sides simply meaning observing from all sides^[1].

Disease reflects abnormalities in the normal structural, physiological, or psychological aspects of the body. Before the application of medication, a well-organized examination should be carried out, for an explicit diagnosis and for designing a proper line of treatment. The due process of examination by which the exact nature of an object is determined is known as pariksha.

Pariksha is of two types^[2]

1. **Roga Pariksha** – Examination of the disease.
2. **Rogi Pariksha** - Examination of the patient.

Once a diagnosis is made, it becomes easy to execute a management plan. The methodology generally used to diagnose a disease is Rog and Rogi pariksha. Rog pariksha includes Nidan panchak and Rogi pariksha includes various pariksha like trividha pariksha, panchavidha pariksha, shadvidha pariksha, asthavidha pariksha and a better understanding of shata kriya kala to understand the pathophysiology of disease and diagnosing disease. The trividha pariksha includes darshan, sparshan, and prashna. In our day-to-day practice, we either directly or indirectly use this Trividha pariksha. So, this Trividha pariksha plays a key role in the diagnosis of any disease condition.

AIMS AND OBJECTIVE: To study the application of Trividha pariksha in clinical practice and to study darshan, sparshana, prashana pariksha from ayurvedic texts

II. MATERIALS AND METHODS

Various ayurvedic and modern texts, published articles, research papers and information available on the internet were reviewed.

REVIEW OF LITERATURE

Trividha pariksha comprises the aspect of both Roga and Rogi pariksha. 1. Darshana pariksha (Inspection) 2. Sparshana pariksha (Palpation, Percussion) 3. Prashana pariksha (Questionnaire /interrogation).

1. DARSHAN PARIKSHA

Physician should have best observation skill to master this examination. It includes variety of observational examination but for study purpose it can be simplified under the following headings from Ayurvedic point of view^[3].

1. Gati (Gait) 2. Asana (sitting position) 3. Shayana (Supine position) 4. Varna (change in complexion, change in colour of urine, stool, sputum, sweat)

Natural & unnatural changes in body.

Darshan Pariksha can be correlated with the following^[4]:

1. Gati (Gait)-

Gait	Disease condition
1.Limbing gait	Grudhrasi (sciatica)
2.Forward bending while walking	Katigraha (low back pain)
3.Walking with hands placed on both knee	Sandhivaat (joint pain)
4. Holding abdomen while walking	Udarshool (pain in abdomen)
5. Shuffling Gait [walking with tremors in whole body]	Kampavaat (parkinsonism), madyatyay (alcoholic liver disease), khanja
6.Hands placed over chest while walking	Shwas (respiratory disease), Hridrog (Cardiac disease)
7. Antalgic Gait	Pain related to arthritis or tendonitis
8. Spatic Gait	Hemiplegia related to CVA
9.Ataxic Gait	Cerebellar disease
10.Waddling Gait (Trendelenburg)	Bilateral gluteus Medius tendinopathy
11.High stepping (Foot drop)	Peroneal neuropathy (multiple causes)

2. Asana (sitting position)

Asana	Disease condition
1. Sits in forward bending position	Tamakshwas (bronchial asthma), Udarshool (pain in abdomen)
2 Prone positions	Udarshool, Prushtashool (back pain), Daurbalya
3.Incomplete supine position	Hridayoga, Tamakshwas
4. Sits with head in one direction	Manyasthamba (neck pain)

3. Shayana (Supine position)

Shayana	Disease condition
1.Lying with both legs flexed in knee towards abdomen	Udarshool, Shitanubhuti (shivering)
2 Prone positions	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)
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4. Varna (change in complexion, change in colour of urine, stool, sputum, sweat)

Varna	Disease condition
1. Panduvarna (pallor)	Pandu (anaemia)
2. Pitah varna (yellowish)	Kamla (jaundice), pittaj pandu, paitik gulma.
3. Atipitah varna	Halimaka, Lagharak
4. Raktavarna	Vatarakta (gout), Visarpa (erysipelas)
5. Presence of sirajal on Udar	Jalodar

Clinical examinations ^[5]:

- Shape of the abdomen/Chest, and the movement of the abdominal/chest wall with respiration.
- Skin abnormalities, Scars, stretch marks, lesions, dilated veins, rashes, wounds due to trauma or burn injuries
- Any bumps, Abdominal distension, or depressions.
- Colour changes: -of the tongue, eye-sclera, Nails, Gums Teeth.

e.g.

- Blue / Black discolouration skin- Cyanosis, Thrombosis etc.
- Reddish discolouration-skin inflammation, sclera-subconjunctival haemorrhage, fingertips- Raynaud's Disease.
- Yellow discolouration: -Of sclera/nail/skin/urine in jaundice, urine -vitamin tablet intake.

TONGUE APPEARANCES AND COLOUR INCLUDE ^[6]-

1. White/coated-Leucoplakia or oral thrush.
2. Yellow-Poor oral hygiene
3. Black- certain medications
4. Purple-Kawasaki disease
5. Green-tobacco use
6. Blue-blood disorders
7. Strawberry -Scarlet fever
8. Geographic-psoriasis/eczema
9. Bald-atrophic glossitis-vit B deficiency.

OTHER CLINICAL PRESENTATION INCLUDES ^[7]-

1. Moon face, buffalo hump and truncal obesity -Cushing's syndrome
2. Puffy face, rough skin, obesity- Myxoedema
3. Tremors, tachycardia, exophthalmos thyroid dermopathy and goitre- Hyperthyroidism
4. Prognathism, dubbed hand, coarse features -Acromegaly
5. Pigmentation - Neurofibromatosis
6. Radio femoral delay and collateral vessels over the chest wall - Coarctation of aorta
7. Weaker left radial-productal coarctation
8. Water hammer pulse - Aortic incompetence

DECUBITUS AND ASSOCIATED CONDITIONS ^[8]-

1. Hemiplegia-Lied one side immobile
2. Meningitis/Tetanus-Neck stiffness and opisthotonos.
3. Colic-Restless tosses in bed.
4. Acute inflammatory abdominal disease- Lies on his bed quietly with legs drawn up

5. Cardiorespiratory embarrassment is comfortable in a sitting position.
6. Pneumonia/Pleurisy-Most comfortable lying on the affected site.

VERTEBRAL COLUMN AND ASSOCIATED CONDITIONS ^[9]-

1. Scoliosis-Abnormal lateral curvature of the spine.
2. Kyphosis-Abnormal anteroposterior curvature of the spine with forward concavity.
3. Lordosis- Abnormal anteroposterior curvature of the spine with forward convexity.
4. Pes Cavus-Increased anteroposterior curvature of arch of foot.

NAIL ^[10] -

1. Clubbing-Chronic low blood oxygen level/Cyanotic heart disease.
2. Koilonychia-Spoon shaped nail in iron deficiency.
3. Onychia-Fungal or Tuberculous infection.
4. Discolouration- Raynaud's disease, silver and mercury poisoning.
5. Haemorrhage-SBE and bleeding disorders.
6. Trophic changes-Syringomyelia, leprosy, tapes dorsalis.

Radiological examinations –

X-ray, Endoscopy, and microscopic examination these modern technologies are nothing but advanced versions of Darshana pariksha.

Kashyap Samhita especially Vedana Adhyaya is completely based on darshan pariksha. As children are unable to speak, they convey their pain or feelings through certain actions, which are precisely explained in Kashyap Samhita for diagnosis of disease

[11]

2. SPARSHAN-

It is an examination by Sparsha (touch). The physician can evaluate several factors through the medium of touch. He can assess the temperature of the body, feel the margins of the swelling in the skin, palpate and note the characteristics of pulse, or check for organ enlargements. According to the commentary of Ashtanga Hridaya sparshana pariksha includes Sheeta (cold), Ushma (hot), shlakshna (smooth), karkash (rough), mrudu (soft), kathin (hard) interpretation on tactile examination ^[12].

Examples of sparshana pariksha are as follows ^[13] -

Ushna Sparsha in jwar. (fever) 2. Pronmati-unmati examination of shoth. (pitting and non-pitting oedema) 3. Vaatpurna Druti Sparsha in sandhivaat. (crepitus in joints) 4. Drava sanchiti in jalodar. (fluid collection in ascites) 5. Sthanik ushna Sparsha in Aamvaat 6. Sparshasahatva (hyperesthesia) in case of acute pain, sensory examination in various neurological diseases like peripheral neuritis, diabetic neuropathy 7. Pidasasahatva (Tenderness) 8. Fluctuation test is performed in cyst (granthi)

Reactions that

may indicate pathology during palpation include:

- Guarding: muscle contraction as pressure is applied
- Rigidity: indicating peritoneal inflammation.
- Rebound: release pain.
- Referred pain:
 - pain produced away from
 - the area being palpated.

Percussion

Percussion is done by palpating the hand over the chest or abdomen. The different sound types produced due to differences in density indicate a diseased condition.

A dull sound indicates consolidation

Resonant Sound indicate COPD (Chronic Obstructive Pulmonary Disease) or Pneumothorax

Alteration in density is seen in Pneumothorax.

Tympanic Note-Gases

Dull Note-Fluid

Yog Ratnakar and Bhav Prakash have included Nadi pariksha (pulse examination) in sparshana pariksha ^[14], ^[15]. Nadi pariksha is done by the palpation of the radial artery at the wrist. The strength, rhythm, speed, and quality of the pulse are examined to decide the condition of the dosha and diagnose the disease. The conventional clinical methods of palpation and percussion are also examples of Sparshana pariksha.

3. PRASHNA PARIKSHA

Prashna means question. Interrogation with the patient is most important in clinical practises. The patient should be allowed to narrate the entire history of the ailment in his own words. Conversation makes the patient feel comfortable and secure about his problems. History taking plays a key role in Ayurveda. All the activities of the patient from early rising from bed to night sleep, family history, history of previous illness, and personal, occupational, and socio-economic history are taken into consideration for finding the cause of the disease. It helps get information about the patient's present as well as past illness. According to Sushrut Samhita, prashna pariksha helps know desh (region), kala (climate), Jati (religion), vaat-mutra-malaadi pravrutti (natural urges), Pathya-apathya (wholesome-unwholesome), vyadhi Utpatti kram (chronology of symptoms), pramukha Vedana (main complaints), sharir Bala (physical strength), Agni Bala (digestion) ^[16].

Prashna pariksha (history taking) can be done in the following format

1. Pramukh Vedana (chief complaint)
2. VartamanVyadhi vrutta (history of present illness)
3. Purva Vyadhi vrutta (history of previous illness)
4. Parivarik vrutta (Family history)
5. Vyaktigat, vyavsayik, samajik itivrutta (Personal, occupational and socio-economic history)

The Prashana Pariksha gives information on the following aspects of patients-

- Desh (place of living)
- Kaal (Season of the disease occurrence)
- Jati (Religion, sex)
- Vedana(pain)
- Bala
- Agni
- Frequency, consistency of Vegas of Vata, Mutra, Purisha, Kaal etc.

History taking is the most important aspect of patient examination. Provisional diagnosis and treatment require proper history taking, hence specific

questions are asked to not only conclude the Nidana but also Dosh Dushya Sammurchana, Sattva type, Hétu, Samprapti, Upashaya etc. It gives information about the condition of the patient. Thus, the Trividha Pariksha Despite includes three types of Pariksha or examinations but covers a large surface of aspects for proper Nidana and Chikitsa.

Trividha pariksha concerning systemic examination [17]

Respiratory system:

In a respiratory system Darshan pariksha can be done in the following ways -

1. The shape of the chest – Normally the chest is bilaterally symmetrical with smooth contour and slight recession below the clavicles. The abnormal chest shapes are

2. Pigeon chest or keeled breast -Rickets.
3. Funnel chest- Heart disorders.
4. Barrel-shaped chest- Emphysema.
5. Flat chest -Adenoid lymphoid bilateral tuberculosis.
6. Flair chest-severe blunt trauma/Accident.

B. Movement of the chest –

Unilateral diminished movements

1. Obstruction to the main bronchus
2. Consolidation
3. Fibrosis of lungs
4. Massive Collapse
5. Hydropneumothorax

Bilateral diminished movements

1. Emphysema
2. Bilateral fibrosis
3. Bronchial asthma

Sparshana pariksha: Tactile vocal fremitus –TVF is the tactile perception of vibration communicated to the chest wall from the larynx.

Increase in TVF -Tuberculosis infection, pulmonary infarction

Decrease in TVF- Bronchial obstruction pleural effusion, bronchial obstruction Pleural friction Rub- Pleurisy

Bronchial fremitus- Bronchitis, bronchial asthma COPD Palpable rales- Pulmonary fibrosis pulmonary congestion

Percussion: when lungs are impaired there is the possibility of impaired note, dull note, stony dull note and tympany in case of pneumothorax, superficial and emphysema.

Prashana-

Any breathing difficulty or experience breathlessness normally or on exertion?

Cough how frequently?

III. DISCUSSION

The physician who is unable to enter the mind of the patient with the help of enlighten knowledge and fails to acquire the trust of the patient is always unsuccessful in their treatment has been mentioned in Charak Samhita vimana sthana. So, its basic need for physician to have a full knowledge of various pariksha for a good clinical practise. Trividha pariksha is supreme of all the methods. Though various modern technology and laboratory test have been arrived in today's era, but trividha pariksha still has the spark and capacity to guide towards the proper diagnosis. Proper Diagnosis without any advance expensive tests in clinical practise will facilitate more patients without financial hesitation. In Coming era other tests will be considered as a secondary source and will be of physician based good clinical practises. One should be expert in Trividha pariksha as it also has application in modern diagnostic tests like Xray, MRI, CT scan, Endoscopy, USG which are nothing but extended version of darshan pariksha. Sparshana pariksha like palpation, percussion is also practiced by every physician in his day-to-day clinical practise. Lastly prashana pariksha, history taking is pearl of Ayurveda. In many cases, half of the symptoms of the patient is relieved just by having a positive conversation with doctor. Proper case history can guide us to right diagnosis without requirement of any special investigation.

IV. CONCLUSION

We can conclude that Trividha pariksha is soul of the Ayurved pariksha padhati and holds a big place in Ayurveda. Trividha pariksha Set serves as the reference for the investigator, an easy method for understanding all the details related to point and helps in avoiding the unnecessary repetition. And serves as the best way for assessing the patient within short time with less efforts and with fewer chance of commanding mistake.

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