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## STUDY OF PATIENT EXAMINATION WITH REFERENCE TO DASHVIDHAPARIKSHABHAV

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#### **ABSTRACT**

Ayurveda is to be eternal science. It is very logical science based on basic scientific principles. In this, many Pariksha had been explained by different Acharyas for the assessment of Rog as well as Rogi. One of the synonyms of pariksha is praman. This Dashvidha Pariksha Bhavas explained by Acharya Charaka in Vimansthan of Charak Samhita and can be used as clinical assessment protocol. This Dashvidha Pariksha Bhavcan be correlated with different examinations explained in modern science. But Acharya Charakahad differentiated the Rog and Rogipariksha. Hence, ultimate goal of this bhav is to help the vaidya to examine patient with the help Dashvidhaparikshabhav in complete and well-organized manner. Here

we are compairing Dashvidh Pariksha Bhaywith Diabetes Mellitus or Prameh.

**KEYWORDS:** Pramana, Pariksha, Bhay, Dashvidha, Pariksha, Rogi Pariksha, Prameha, Diabetes.

#### INTRODUCTION

Ayurveda literally means the 'Science of Life'and hence also considered as an eternal. It is not just a medicinal system, but also a way of life. Ayurveda deals with the physical, as well as spiritual health. The medicinal form is governed by the laws of nature, which suggest that life is a combination of senses, mind, body and soul. According to the Science of Life, the structural aspect of every individual comprises five elements which are called as Panchmahabhoot.<sup>[1]</sup>

Man has three aspect of personality vizSharirik, Mansik and Adhyatmik.<sup>[2]</sup> These three aspects always try to maintain a perfect co-ordination and harmony. Such a condition is known as Arogya (Health). But any imbalance in this harmony, even by slight changes, in any one of these aspects make a healthy person as rogi.<sup>[3]</sup>

It is the duty of the physician to detect the disorder with the help of some parameters like nidan or diagnosis and adopt appropriate measures to correct those disorder with the help of rogipaiksha, rogapariksha and latter with nidan. A proper nidan forms a base for proper treatment whereas ignorance of disease or improper diagnosis leads to haphazard. So, diagnosis of vyadhi is first and foremost thing to do wisely.

This can only be done first through rogipariksha (examination of patient) and then by rogapariksha (examination of vyadhi). The method of diagnosis in Ayurveda mainly depends on in-depth understanding of dosha and dushya.

Hence keeping the above point in view, attempt has been made in the forward articleto present the subject in a cogent manner.

#### Dashvidha Pariksha Bhav

To any wise vaidya, roga is not the only concern. For successful nidan of any vyadhi, pariksha i.e., examination is must. One of the differentiating points between modern and Ayurveda science is method of examination. Modern science treats the disease only while Ayurveda first give importance to rogi and then to the roga. Hence examination of rogi is the important thing which should be done first. This can be done by this Dashvidhaparikshabhavexplained by Acharya Charaka in Charaka Samhita Vimansthan. This are explained as follows –

Kaarana, Karan, Karyayoni, Karya, Karyaphala, Anubandha, Desh, Kaal, Pravrutti and Upay. [4]

## 1) Kaaran (Examination of Physician)

While doing chikitsa, Vaidya will be the Kaaran. Because the one who does the treatment is said as vaidya. In today's era, this vaidya or in other word doctor is said to be the Kaaran. He is the only one who will treat the patient as well as his disease. Hence this vaidya must have the qualities like knowledge about shashtra, practical approach towards patient, dexterity and purity.<sup>[5]</sup> Kaaran is of three types<sup>[6]</sup>-Samavayi, Asamavayi and Nimitta.

Samavayi Kārana is the one which is present right through the process. In other words, it is the one which gets transformed into Kārya. AsamavayiKārana is the one which is present either before or after theprocess in inseparable relation either with the Kārya or with the Kārana. It is the next intimate cause for Kārya.

Ex- Diabetologist or endocrinologist.

## **2) Karan**(Examination of curative measures)

Here, Aushadhi is the karan. To establish the level of dhatusatmya, the efforts made by any vaidya is Bheshaj. It should be differentiating to Desh, Kaal, Pravrutti and Upay. This bheshaj is of two type- Daivyavyapashray and Yuktivyapashray.<sup>[7]</sup>

During the examination of patient, among these two types, appropriate curative measure should be used by keeping every aspect of rogi in mind. Daivavyapashray include mantra, Aushadhdharan, manidharan, bali, havan etc. while Yuktivyapashray include management of medicine, diet and regimen according to Rutu, Kala, Desh etc.

Ex- Antidiabetic drugs

## 3) **Karyayoni**(Examination of imbalance dosha)

Imbalance in dosha is the root cause of any vyadhi. This can be visualised by presence of roga in body. Observing the severity of vyadhi or visualising many symptoms of vyadhi and sadhya, asadhyata, mrudu or daarunlakshan of vyadhi is the only pariksha of karyayoni. <sup>[8]</sup> Karyayoni is the diseases state of individual, where Vaidya performs Chikitsa. By obtaining this stage, the Vaidya can predict the prognosis of the disease. During the examination of patient, following the above concept will help to approach the vaidya towards nidan.

Ex. Diabetes- Thisis the most common disease seen during this modern era. Prevalence is high due to people disturbed daily regimen and sedentary life style. Examination point of view, one should ask patient all his complaints and simultaneously vaidya have to look for sings in patient. Like in diabetic patient, by observing some symptoms like polyuria, polyphagia or polydipsia, one can reach to the provisional diagnosis of diabetes. Also, in this patient, patient complain of weight gain/loss and fatigue also.

## 4) Karya(Examination of balanceddosha)

Karya is the process done by karta i.e, Vaidya.

Maintaining the balance of vishamdhatu is the only karya of chikitsa. Decrease in the nature of vyadhi is the lakshan of karya.<sup>[9]</sup>

Its examination involves following observations

- Disappearance of disease
- Accession of shabda and akruti
- Growth and development of body
- Increase of strength
- Desire of having food
- Digestion of food at proper time.

Ex- In Diabetes, if patient is obese then weight management or sugar balance diet (Aahar-Vihar) which is given by Karta or vaidya is Karya.

By observing its sign and symptoms in rogi, vaidya have to decide whether this vyadhi is sukhasadhya, yaypya or krucchasadhya. Likewise, treatment protocol will change. In the vyadhi like prameha, one should think about the predoninance of dosha involved.

#### Ex.

- Vatajprameha is asadhya
- Pittajprameha is krucchasadhya
- \* Kaphajprameha is sukhsadhya to cure.

## 5) Karyaphala (Examination of Attainment of Health)

End product of karyaiskaryaphala. As attaining healthy life after disease will be the karyaphala of any chikitsa and its lakshanas are equilibrium of mann, buddhi, indriya and sharir.<sup>[10]</sup>

Vaidya should asses the patient right from his prakrutti and reached up to his vikrutdosha. The end result of this entire process is Karyaphala. In clinical practice also, after examining the patient thoroughly and providing him the correct curative measures, attaining patient's healthy life will be the karyaphala or final result.

As, in diabeties, following good treatment and regulating pathyaapathya, some patient went into tapering dose of Antihyperglycemic drugs & also they will feel that their appetite will improve.

## **6) Anubandha** (Examination of Life-Span)

Anubandha means the long-term effects or after effects which can be good or bad.Good means maintenance of long healthy life, which is characterized by union with vital breath and bad, can be understood as complications of the treatment.

Existence of Ayu by the combination of Sharir, Indriya, Mann or Atma is Anubandh. Its lakshan is relation of rogi with pran.<sup>[11]</sup>

It is the condition of happiness with misery, resulting from the action which invariably attaches to the actor after the accomplishment of action.

- ❖ To cure any disease, not only aushadh will help but also yoga or change in ahar and vihar are also play important role.
- ❖ This help to prevent any further development of disease and also help for life longitivity. Ex- In Diabetes if BSL is maintained then Life-Span will be long & healthy.

#### 7) **Desh**(Site)

While examining patient, one should give attention towards desh of rogi. Acharya Charak has mention two types of desh as<sup>[12]</sup>-

- Bhumidesh
- Aturdesh

Bhumipariksha is done to gain the entire information of rogi (Ex, where he is staying, what is his aahar and how his vihar is etc.) or to gain entire knowledge about Aushadh. To the other hand, sharir of diseased person is Aturdesh. It helps to know the pramangyan of ayu of rogi and pramangyanof bala and dosh.

Knowledge of desh is very necessary while thinking about the medicine as it can help to cure the rogi but it can also worsen the condition of rogi.

- \* As in diabetes, it is seen commonly in Anuppradesh.
- \* In India, Kerala has the largest number of diabetes patients followed by Tamil Nadu and Punjab, according to endocrinologists and dialectologists in the state.
- \* Hence one should ask about patient's locality or his birth place.
- \* Treatment protocol should be decided not only by his symptoms but also taking into consideration of his prakrutti and dosha predominance in that region.

## **8) Kaal**(To understood time)

In general term, kaal is a year. But while thinking according to examination point of view, kaal is the awastha of rogi. AcharyaVagbhatt has mentioned the predominance of each dosha according to rutu. Also, sanchay, prakop, prasar of each dosha differ in every rutu. According to this only ahar and aushadh should be prescribed to diseased person. Maintaining the equilibrium between this three i.e. ahar, aushadh and rutu will the diseased person to heal quickly.

Ex- In clinical practice, the change in the normal blood sugar seen at any time, no specific kaal is there.

#### 9) **Pravrutti** (Initiation of Curative measures)

Initiation of chikitsa is Pravrutti. By providing the equal contribution of proper vaidya, proper aushadh, proper rogi and proper paricharak are the lakshana of pravrutti.<sup>[13]</sup>

Ex- In Diabetes- firstly treatment starts from proper diet & exercise then Antihyperglycemic agents then insulin therapy.

## **10) Upay**(Means of Curative Measures)

Facilities and proper aids available in the form of proper Vaidya, Aushadh, Rogi, and Paricharak – for treatment and suitable for proper environment for getting the cure is called as Upay.<sup>[14]</sup>

It is characterized by their respective qualities and their proper application considering place, time, dose etc.

#### **DISCUSSION**

Ayurveda had described various methods of examination viz. dwividh<sup>[15]</sup>, trividh<sup>[16]</sup>, chaturvidh<sup>[17]</sup>, panchavidha<sup>[18]</sup>, shadvidh<sup>[19]</sup>, asthvidh<sup>[20]</sup>, Dashvidha pariksha.<sup>[21]</sup> This pariksha are very precise, very elaborative and very practical in day to day clinical life. We compare Diabetes mellitus examination & treatment with Dashvidhapariksha Bhav & explaind the relation in both.

#### **RESULT**

Concept of Dashvidhaparikshabhav described in Ayurveda is very much scientific in terms of understanding the span of life, strength of person, strength of vyadhi and its probable cause. Before planning any treatment protocol, one should go through this Dashvidhaparikshabhav for as this are the vital diagnostic tools of Ayurvedafor assessing the current health of person and helping the diseased person to stop the further growth or progression of vyadhi. This examination can be use in daily practice in every type of patient & disease.

## **REFERENCES**

- 1. http://ayurveda.iloveindia.com/#7FelrRMeWDa50lh2.99
- 2. Shukla v., Tripathi R., charaksamhita, Vimansthan, chapter 4, verse no.5, 1<sup>st</sup> edition, vol no.1, Delhi Chaukhambasansktrit Pratishthan, 2002, p.582.
- 3. Shukla v., Tripathi R., charaksamhita, Vimansthan, chapter 8, verse no.68, 1<sup>st</sup> edition, vol no.1, Delhi Chaukhambasansktrit Pratishthan, 2002, p.638.
- 4. Shukla v., Tripathi R., charaksamhita, Vimansthan, chapter 8, verse no.86, 1<sup>st</sup> edition, vol no.1, Delhi Chaukhambasansktrit Pratishthan, 2002, p.638.
- 5. Acharya YT, Charaka Samhita of Agnivesa, Vimansthan. Reprint, Chapter 8, Verse no. 69, Varanasi: Chaukhamba Prakashan; 2011. p. 272.
- 6. Shukla v., Tripathi R., Charaksamhita, Viman sthan, chapter8, verse no.87, 1<sup>st</sup> edition, vol no.1, Delhi Chaukhambasansktrit Pratishthan, 2002, p.639.
- 7. Shukla v., Tripathi R., Charaksamhita, Vimansthan, chapter 8, verse no.88, 1<sup>st</sup> edition, vol no.1, Delhi Chaukhambasansktrit Pratishthan, 2002, p.640.
- 8. Shukla v., Tripathi R., Charaksamhita, Vimansthan, chapter 8, verse no.89, 1<sup>st</sup> edition, vol no.1, Delhi Chaukhambasansktrit Pratishthan, 2002, p.640.

- 9. Shukla v., Tripathi R., Charaksamhita, Vimansthan, chapter 8, verse no.90, 1<sup>st</sup> edition, vol no.1, Delhi Chaukhambasansktrit Pratishthan, 2002, p.641.
- 10. Shukla v., Tripathi R., Charaksamhita, Vimansthan, chapter 8, verse no.91, 1<sup>st</sup> edition, vol no.1, Delhi Chaukhambasansktrit Pratishthan, 2002, p.641.
- 11. Shukla v., Tripathi R., Charaksamhita, Vimansthan, chapter 8, verse no.92, 1<sup>st</sup> edition, vol no.1, Delhi Chaukhambasansktrit Pratishthan, 2002, p.641.
- 12. Shukla v., Tripathi R., Charaksamhita, Vimansthan, chapter 8, verse no.129, 1<sup>st</sup> edition, vol no.1, Delhi Choukhambasansktrit Pratishthan, 2002, p.658.
- 13. Shukla v., Tripathi R., Charaksamhita, Vimansthan, chapter 8, verse no.130, 1<sup>st</sup> edition, vol no.1, Delhi Chaukhambasansktrit Pratishthan, 2002, p.658.
- 14. Shukla v., Tripathi R., Charaksamhita, Vimansthan, chapter 4, verse no.5, 1<sup>st</sup> edition, vol no.1, Delhi Chaukhambasansktrit Pratishthan, 2002, p.582.
- 15. Tripathi B., Charaksamhita, Chkitsasthan, chapter 25, verse no.22, 1<sup>st</sup> edition, vol no.2, Delhi Chaukhambasansktrit Pratishthan, 2002, p.840.
- 16. Shukla v., Tripathi R., Charaksamhita, Sutrasthan, chapter 11, verse no.17, 1<sup>st</sup> edition, vol no.1, Delhi Chaukhambasansktrit Pratishthan, 2002, p.166.
- 17. Kaviraj Atridev Gupt, Editor, Ashtang Hridayam of Vagbhat sutra sthan, chapter 1, verse no.22, Varanasi Chaukhambasansktrit Pratishthan, 2009.
- 18. Yadavji Trikamji, Editor, Sushrutasamhita, chapter 10, verse 4,7tg edition Chukhambaoriental, 2002.
- 19. Yogaratnakar, chapter 1, verse 1, 1<sup>st</sup> edition, Chaukhambasansktrit Pratishthan, 1996, page no 43.
- 20. Shukla v., Tripathi R., Charaksamhita, Vimansthan, chapter 8, verse no.94, 1<sup>st</sup> edition, vol no.1, Delhi Chaukhambasansktrit Pratishthan, 2002, p.642.
- 21. Dr. P.J. Mehta, Practical Medicine for student & Practitioners, chapter no.2, edition 19, oct, 2011.
  - Editor Michael Swash, Michael glynn, Hutchison's clinical method, chapter 1, 22<sup>nd</sup> edition, s2007, Page no 3.