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Clinical Application of *Parikṣa*: An Ayurvedic Perspective of Examination

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ABSTRACT:

An attempt has been made to explain the clinical significance of *Parikṣā* for fulfillment of the aim of Ayurveda, both in prevention and cure as well as in field of research. Various Ayurvedic classics and research article related to *Parikṣā* were collected and analyzed. Contemporary and recent research article regarding clinical examination were searched online from google scholar, PubMed, Medline Plus etc. Ayurvedic classics were searched for better understanding of concept. Examination of patient and disease is very important in clinical practice, as it forms basis for treatment. Concept of *Dashavidha pareeksha* described in Ayurveda is very much scientific in terms of understanding the span of life and strength of person with probable cause and strength of the disease.

Key words: *Parikṣā, Roga and RogiBala, Darśana, Sparśan, Pramāna, Sādhyāsādhyatā.*

INTRODUCTION

From ancient period to till today *Parikṣā* is an important scientific clinical tool to assess *Roga and Rogibala*. Importance of *Parikṣā* can be understood by statement of Acharya that clinician who carelessly examine patient is known as Yama. Also In modern medical science, there is a certain protocol to be followed to examine the patient before giving any treatment i.e. inspection, auscultation, percussion, palpation. Before administration of any therapy, *Parikṣā* provides actual picture of constitute of individual which is primary necessity for *bheṣaja kalpanā*. “*Yogmansatu yo vidyadeshkaloppaditam purusham purusham vikshya sag yeo bhishugatam (Ch.Su 1/123)*” As Acharya Charak has mentioned that administration of

treatment or drug (with high potential and dose) can be fatal without proper examination of patient’s strength. It provides facts about *āyupramāna, Dosha Balapramāna*, drug dose according *Roga and Rogibala, Sādhyāsādhyatā and Rogaviniścaya*. *Parikṣā* can be employed to a *Svastha puruṣa* to assess the risk factors and make necessary changes in the *āhār and vihāra* to prevent the impending disease. In ayurvedic classical text our Acharya has mentioned importance of *Parikṣā* in various ways and places. E.g. four fold method to investigate transparency of universe. Term *pramaana* is used in spite of *Parikṣā*. *Dividham khalu sarvamsachasach tasya chaturvidha pareekisha – aptopdesh pratakshaym anumanam yuktishcheti (Ch .Su 11/17)*

Acharya gangaadhara commented that *Parikṣā, pramaana,*



uplabdhi, saadhana, gyaana all are synonyms.

Pramanerthavaranam pariksha (Vatasyan)

Derivation and Definition-

Derivation-

- “*Pari*” *upsarg purvaka* “*iksh samdarshney*”
dhatu (*Shabd kalpduram* 3/3 /102) ‘

- **Definition** - *Paritaah ikshyeteanaya iti pariksha*
- Which means – A keen inspection with all aspects
- As Acharya chakrapāṇī commented - the due process of examination by which the exact nature of an object is determined¹.

MATERIAL AND METHODS

Different *Ayurvedic* classical books were referred to fulfil this part. It comprises subsections having literary part of various *pareeksha* described in classical texts mainly *Dashwidhapareeksha* and its components and importance of *Dashwidha pareeksha* in diagnosis.

DISCUSSION AND REVIEW

In the classical texts of *Ayurveda*, different methods of examinations are described. Viz:

1. *Dwividha Parikṣā: Pratyaksha* and *Anumana*².
2. *Trividha Parikṣā: Darshana, Sparshana* and *Prashna*³.
3. *Chaturvidha Parikṣā: Pratyaksha, Anumana, Aptopadesha* and *Yukti*⁴.
4. *Panchavidha Parikṣā: nidan, purva-rupa, rupa, upashaya* and *samprapti*⁵.
5. *Shadvidha Parikṣā: by Pancha indriya+ Prashna*⁶.
6. *Ashtasthana Parikṣā: nadi, mutra, mala, jiwaha, shabda, sparsha, drik* and *aakriti*⁷.
7. *Dashavidha Parikṣā: Prakriti, Vikriti, Sara, Sahnana, Pramana, Satmya, Satva, Aahara Shakti, Vyayama Shakti* And *Vaya*⁸.
8. *Dwadashvidha Parikṣā: ayu, vyaadhi, ritu, agni, vaya, deha, bala, satva, satmya, prakriti, bheshaja*⁹.

In *Dashavidha Parikṣā* except the *Vikriti pareeksha*, the other nine points are applicable to both ‘*Swastha*’ and ‘*Aatura*’, while *vikritipareekshais* done solely in a patient/disease.

All these concepts are equal and somehow mutually support each other. Like viz-

- *Daršana, sparśan* and *suśrutoktapancendriyajanyajñāna* are *pratyakṣa* type of *parikṣā*. Clinical examination methods of modern science, are also *pratyakṣaparikṣā*.

- Through *Darśanaparikṣā* clinician can assess- *Mala, Mūtra, Jihvā, Dṛka, Ākṛti, Sāra, Samhanana, Pramāṇa, Varṇa, Chāyā, Prabhā, Deha*. E.g.
- **Pāṇḍu** – whitish appearance of skin, stool, urine and oedema on cheeks, eye orbit, umbilicus and hypochondriac region and feet.
- **Kāmalā** – yellow and greenish appearance of face, eye, skin and dizziness.
- **Kumbhakāmalā** – Blackish yellow stool and urine with severe oedema.
- **Sākhāśrita kāmalā** – whitish stool.
- **Jalodar** – Swelling in the abdomen, sense of fullness, bloating,
- **Plihodar** - discoloration of abdomen with blue green linings over it.
- **Baddhgudodar** – Cow tail like appearance on the abdomen over the umbilicus region.
- **Udumbar Kushtha** – Red and black discoloration
- **Sandraprasadmeha** - Turbid appearance of urine at the bottom of pot.
- Through *Sparśanaparikṣā - Nārī, Koṣṭhādi, Tvak, Saṁtāpa*. And also, palpation
- *Ghrāṇaparikṣā*– weather patient’s body smells (sweat, urine, stool, sputum, bacal cavity- also by *praśna*) are normal or abnormal.
- Through *Śrotendriya - Hṛddhvani, Āmtrakūjana, Sandhi-Sphuṭana, Svaravaikṛti*. According to modern percussion and auscultation.
- Through *rasendriya* – its acquisition with perception is not feasible so it should be performed with *praśna* and *anumānaparikṣā* e.g. whether taste of patient’s mouth is bitter or sweet; abnormal taste of body by retreating of lice; sweetness of body by approaching of flies; in case of doubt about internal hemorrhage as to whether it is pure blood or pitta *duṣṭa* is removed by feeding the sample mix food to dog or crow. If they eat it, it is pure otherwise pitta *duṣṭa*.
- Through *Praśnaparikṣā – Prakṛti, Vikṛti, Sātmya, Satva, Āhāraśakti, Vyāyamaśakti, Vaya*.
- Information obtained through *Praśnaparikṣā* may be a source for *Anumānaparikṣā* or may be *rūpa* and *pūrvarūpa* described by *aptopadeśa*.
- *Aptopadeśa* provides facts and brief knowledge about disease such as aggravating factors, pathogenic materials etiology, specific feature, location, chief complaints, symptoms, complications, aggravation, stasis and diminution, consequences, name and associations, procedure for counteraction or otherwise.

Clinical application of *parīkṣā* –Although significance of *parīkṣā* well-accredited from ancient period to till today while considering present necessities it can be studied in three classes i.e.

- 1) For Prevention
 - 2) For Cure
 - 3) For research
- For Prevention – maintenance of equilibrium state in healthy individual, is priority of Ayurveda. *nidānaparivarjana* is first line of treatment, mentioned āyurvedika classics.
- For Cure - After onset of disease, Before starting any treatment or therapy, clinician must know about *Roga-Rogī-Doṣabala*, *Roga-Prakṛti*, *Rogī-Prakṛti*, *Amśāmśadoṣakalpanā* etc.
- For research - research is a way to develop analytical and critical thinking skills for better understand disease and interpret scientific literature to keep up to date with latest advances in the field. It allows us to develop the tools and techniques that help our patients and establishes the guidelines that direct physician decision making.

Daśavidha parīkṣā -

Examination of patient is conducted for the knowledge of lifespan or for evaluation of strength. Weak patients are not able to bear intensely potent drugs. On the other hand, the drug having low potency applied to strong patients having severe disorders becomes ineffective. So, there is need to access the status of patient and the disease to plan the relevant treatment. *Dashavidha pareeksha* helps in accessing the patient in all aspects.

Prakṛiti-

Prakṛiti is the *swabhava* or nature of an individual and it is an inherent characteristic. Foetus is dependent on many factors such as *prakṛiti* of *shukra*(sperm), *shonit*(ovum), *kala* (time of conception) and *garbhashaya*(uterus). *Prakṛiti* is also affected by the food habits and life style followed by the mother at the time of conception and during the entire gestational period. These factors are in turn completely dependent on the *dosha*. Thus, foetus is dependent on the *dosha* and its *prakṛiti* is decided by the predominant *dosha/doshas* at the time of conception¹⁰. In Ayurveda classical text, *Kapha* dominant *prakṛiti* individuals are said to be blessed with excellence of vigour, prosperity, knowledge, zest, tranquility and perpetuity while moderate value of all these qualities is mentioned in *Pittaja dominant prakṛiti* individuals and

vataja prakṛiti individuals are mentioned with lower value of all these qualities comparably. The person who has constitute with combination of any two of three *Dosha* are supposed to show mix characteristic of the respective *Dosha*. *Sama prakṛiti* (equilibrium of all the three dosha) is considered the best. The *prakṛiti* of a person indicates physical, physiological, psychological and immunological strengths and weaknesses of that individual. It also suggests susceptibility of that individual to various diseases.

Studies reveal evidences of significant correlation between genetics and *prakṛiti*. Some examples are –

1)finding of correlation between CYP2C19 genotype and *prakṛiti* indicating that *kapha and pitta prakṛiti* being low and fast metabolizer group are likely to require low and high doses of CYP2C19 substrates¹¹.

2)Finding of higher levels of marker of metabolic syndrome and chronic inflammation (TG, total cholesterol, LDL, VLDL, low HDL, uric acid, SGPT) in *kaphaja* male compared to *vaataja* and this was also consistent with over – expression of genes involved in inflammatory response.

- **For prevention** - Knowledge of *prakṛiti* has prime importance in both healthy and diseased persons. *Prakṛiti* is important for prescribing dietary regimen and life style management in healthy individuals *prakṛititulya āhāra-vihāra* can disturb the equilibrium state of *tridoṣa* and lead to *nānāmajavikāra* e.g. *vātajaprakṛtipuruṣa* is more prone to *vātavyādhi* because of indulging in *vāta-prakopakaāhāra-vihāra* by assessing *prakṛiti*, preventive measures can be taken also during *ṛtukṛtadoṣaparakopa*. Like various diseases, the manifestation of which is predominant by the person according to his *Prakṛiti* according to the season, age or diet, it can also be prevented or postponed by using herbs, diet and yoga and asanas.

- **For cure** -As our Achārya has mentioned for *auśadhayukti* “पुरुषपुरुषवीक्ष्य” there must be different mode of treatment for different type of *prakṛiti* while *doṣaduṣṭi* is same. Like viz. line of treatment for *Kaphaparakopa In Vaaja, Pittaja, Kaphajaprakṛiti* will be different. *Kaphaparakopa in kaphajaprakṛiti* needs *tikṣṇaauśadha* while in *pitta prakṛiti* it will aggravate pitta so *mṛduauśadha* must administrate. E.g. in *kaphapradhānasannipātatribhuvan akirti rasa* is indicated but in *pitta pradhāna prakṛiti* it can't be used without *pravālapīṣṭi*. It helps to know the limitation of treatment in case of *kulajaroga*.

- **For research – 1**)single validated and generalize format with consideration of both *śārīrika and mānasa Prakṛti* is need of hour.
- 2) To establish the fundament, objective approach is necessary.
- 3) Dhatu sthiti, agni sthiti w.s.r. to Prakṛti.
- 4) in *dvandajaprakṛti* occurrence or recurrence *rogaviśeṣa* according to *doṣaprādhānyatā*.
- 5) Comparative physiological studies of *dvandajaprakṛti / sāra / sātmya / satva / ojas / vyādhikṣamatva* w.s.r. to नचसर्वाणिशरीराणिव्याधिक्षमत्वेसमर्थानिभवन्ति| (च.सू.२८/६)

Vikṛti –

Vikṛti is disturbance of equilibrium of *tridoṣa* than vitiation of *dhātu* causes occurrence of disease. *vikṛtiparīkṣā* is done to determine *vyādhibala* by assessing intensity of causative factors. Before breakdown pathogenesis this is necessary to know about its intensity, whether it is *sādhyā or asādhyā*. If the involved *doshas, dhatu, prakṛiti, desha, kala, bala* of the disease are of same strength and the causative factors and symptoms are too strong and numerous, then the manifested disease will be acute and severe¹².

- **For prevention –** *through vikṛti parīkṣā* clinician come to know about *nidāna* so its become easy to advise which type of *nidānaparivarjana, and doṣaviparyayaāhāra-vihāra* patient has to follow.
- **For cure -** first clinician should know about *sādhyāsādhyatā of vyādhi*. Clinician can assess *śeṣaāyu* of patient by *svaravarṇādivikṛti*. After assessing *doṣa* involvement *doṣapratyāñkacikitsā* can be administrated.
- **For research –** *Nahi sarvvikaraanam naamtoasti dhruva sthithi sa eva kupito dosha samuthanvisheshta sthannaantragatchev janyattyaamyaan bahun tasmatvikarprakritidhisdtaninantrani ch samuthanvisheshach ch budhwa karma samachreta* (Ch. Su 18/44-46)

Sāra -

Sara is examined to know the *bala* of patient¹³. The physical and psychological characteristic of different *Sara* described in the text are the reflection of status of respective *dhatu* in terms of structure and functions. According to *Ayurveda*, there are 7 *dhatu*s in our body (*rasa, rakta, mamsa, meda, asthi, majja* and *shukra*). *Sara pareekshais* about knowing quality of each *dhatu*. *Acharya charakahas* described 8 types of *Sara*. Features of different types of *sara* are (Table 1)¹⁴:

Sāra indicates not only physical strength but also *bala assessed by vyādhikṣamatva* to resist disease as *ācārya* has mentioned *ārogyādilakṣaṇa in sāra* description. Hence *pravarasārapuruṣa or uttarottarasārapradhānapuruṣa* posses good immunity as compared to *madhyama / avara / pūrvapūrvā (rasāt - śukraparyanta)*.

Samhanana -

Patient should be examined with reference to compactness of the body¹⁵. *Samhanana, samhati* and *samyojana* are its synonyms in *Ayurveda*. A person having compact body reflects the quality of overall body built. Clinically patient may be assessed for *pravara, madhyamand avarasamhanana* depending on the compactness of body.

a. Pravara samhanana– Person with symmetrical and well demarcated bones, well-formed joints, good muscles tone and proper blood circulation is considered as *pravarasamhanana* (strong built). They possess excellent strength.

b. Madhyama samhanana– Person with moderately symmetrical and demarcated bones, moderately formed joints, moderate muscles tone and moderate blood circulation are known as *madhyamsamhanana* (moderately built). They have moderate strength.

c. Avara samhanana– person with asymmetrical bones and joints, weak muscle tone, poor blood circulation are known as *avarasamhanana* (weak built). They are weak.

Pramāṇa–

Acharya charakahas mentioned *angulipramana* for measuring the height, length and breadth of the body parts¹⁶. The total height of any individual is 84 *angula*. Here *angula* is finger’s breadth of an individual. A body having normal measurement is endowed with longevity, strength, ojas, happiness, power, wealth and virtues. If the measurement is either on the high or low side, the individual possesses qualities contrary to what are mentioned for normal measurement in the texts. *Acharya charakahas* also mentioned *Anjali pramanain shareerasthanachapter 7*. There he has mentioned of *Anjali pramana* of *jala, purisha, kapha, pitta, mutra, vasa, mashtishka, oja* and all *dhatu* except *mamsa* and *asthi*.

Sāra, Samhanana, Pramāṇa–

- **For prevention –** Although *sāra* has not concern with body frame like *samhanana and pramāṇa* yet all these three are indicator of *bala*, if someone is *avara in sāra, samhanana and pramāṇa* that means he is *hīna* in *bala* with lower immunity power. To boost his immunity and

strength, *balyaāhāra - auśadha and rasāyana* should be introduced to prevent frequent occurrence of disease.

- **For cure** – *auśadhamātrā, auśadhaprakṛti, auśadhakāla and anupāna* should be decided according to *roḡibala*.
- **For research** – 1) Need to explore bio markers of various *sāra* to fulfill requirement of objective parameters.
2) Relation and causality between *sāra* and immunity also particular *sāra* which is affecting disease resistant mostly than others.
3) *medhā in tvakasāra* – whether academic performances found significant in *raktasāra* even than *shukrasāra*.
4) *Saubhagyaadīlaxana* mentioned in various *sāra*, in which these are *pradhāna*.
5) *samhanana and pramāṇa* depends on *Prakṛti* than why it is described as next diagnostic parameter.
6) Assessment criteria to justify terms *samasuvibhaktāsthi, subaddhasandhisuniviṣṭamāmsaṣoṇitam* etc.

Sātmya -

Everything that is favorable to the body and mind after metabolism and does not cause ill effects is said to be *Satmya*¹⁷. Stuff that used continuously also become suitable for body, these are also known as *Satmya*. Continuous use of *ghee*, milk, oil and meat soup as well as the herbs and diets having all six *rasa*, develops great strength and individual who use these continuously live a long healthy life. While who uses unctuous Stuffs, drugs and single *Rasa* and only one particular type of property containing diet, have less strength and smaller life span. The one who uses combination two or more *rasa*, possesses moderate strength.

For prevention& cure- One must try to incorporate healthy foods in his daily life i.e. which possess opposite properties relatively with *desha* and *vyaadhi*, This leads the way to a healthy life. Though the unhealthy diet does not harm immediately, but it counts for increase proneness to diseases.

For research - *samsarvrasam satmyaam samdhatu prashsayte*

Satva -

The word *satva* is used for mental strength. It is supposed to regulate the body in association with soul¹⁸. Depending upon *satva*, there are three types of individuals, viz. *pravara, madhyamand avarasatva*. Individuals having *pravarasatva* are in fact *satva sara purush*. They seem to be stable even in severe affliction either innate or exogenous because of dominance of *satvalakshana*. Co- operative in medication / treatment procedures. They possess great

mental strength and do not panic in difficult situations i.e. *guruvyadhita*. While the one having *madhyamsatva* have moderate mental strength and bears anything moderately in association with others. Individuals with *avarasatva* are weak mentally and panic in every situation, looks afraid and crying loudly even the disease or injury is not so serious i.e. *laghuvyadhita*.

- **For prevention** – During observation patient can mislead the clinician in administration of proper drug and its dose, but if he is diagnosing patient properly through *satva* he never can be misled and set aside *ayoga or atiyoga of auśadha*.
- **For cure** –if it required, *pravarasatvapuruṣa* can be administered *tikṣṇaśodhanaauśadhaśastrakarma* etc. but for *avarasatva* clinician has to use *mṛduauśadhamṛdulamghana* and he will be unable to *śāstrādikarma*
- **For research** –to explore correlation of *satva with mānasika / śārīrikaprakṛti*.
Comparison of *satva* with *sātmya / samhanana / pramāṇa / sāra*.

Ahāraśakti -

Digestive capacity of an individual can be examined by two ways that is *abhyavaharana shakti* (the power of ingestion) and *jarana shakti* (power of digestion)¹⁹. Strength and life span of the individual depend on diet. It all depends on the status of the *Agni* residing in the body.

- **For prevention**– *Shantiagnirmiryati yuktechiram jivyanamaya rogi syadvikrite mulam agni tasmanniruchyate* Ch.Ch 15/5
- **For cure** – As *āchārya* has mentioned *mandāgnina* as root cause of all disease so after occurrence of disease, *agnidīpanacikitsā* is first necessary before administration of any therapy or treatment. if patient is taking his normal diet and digesting it with in time than *roga is sukhasādhyā*.

Vyāyāmaśakti–

Vyayama shakti is an important component of *dashavidhapareeksha*. The *vyayama shakti* (power of exercise) is examined by the working capacity. It is also a criteria for assessing *bala*²⁰. Individuals may be categorized into *pravara, madhyamand avarabal* depending on the working capacity. The one having high working capacity is supposed to possess great strength while the one with low working capacity is supposed to be weak and the individuals with intermediate working capacity usually have intermediate strength.

Vaya - Vaya is defined as the state of the body in respect of time. Age is broadly divided into three stages – *bala*(childhood), *madhya*(middle age), *jeerna*(old age)²¹.

Bala: This stage is the first stage of life. This is divided into two parts; one is upto 16 years, when dhatus are immature, sexual characters are not manifested; the body is delicate and unstable with incomplete strength. *Kapha dosha* is predominant during this phase. The next phase is 16-30 years. During this phase, dhatus are maturing to perform their respective functions and mind remains unstable.

Madhya: In middle age all the *dhatus* reach in their best quality in reference to their functions and strength. Individual in this stage possesses the power of strength, energy, sexual power, acquisition, retention, recollection, speech and understanding with proper physical and mental strength. There is predominance of *pitta dhatu* in this stage and it lasts up to 60 years.

Jeerna: This stage lasts up to one hundred years. Degeneration of *dhatus* starts. Their functions also begin to hamper. The strength of sense organs starts to diminish with decrease in sexual desire, power of understanding, retention, memory and speech. There is dominance of *vata dosha*. There are persons with variable life span (longer or shorter). In such cases, one should examine the age with the help of other factors of *dashavidhapareeksha* except *vikriti* and with the features of age as described.

Vayānusārakṣaya (Table 2)²²-

CONCLUSION

Examination of patient and disease is very important in clinical practice, as it forms basis for treatment. It is very essential that before planning any treatment one should have complete knowledge of *roga* and *rogibala*. Patient should be categorised according to their *bala* into *pravara*, *madhya* and *avara*. *Vikriti* should be used to divide disease into 3 categories; *avara*(mild), *madhya*(moderate) and *pravara*(severe/acute). After deciding the *bala* of patients and disease, the drugs should be categorised into *Mridu* (mild), *madhya*(moderate) and *tikshan*(potent). Concept of *dashavidhapareeksha* described in *Ayurveda* is very much scientific in terms of understanding the span of life and strength of person with probable cause and strength of the disease. So, *dashavidhapariksha* should be used as a vital diagnostic *Ayurvedic* tool for assessing the present health of a patient and to know the prognosis of diseases as well.

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Table 1 Features of different types of sara are¹⁴:

Sr.no.	Sara	Lakshana
1.	<i>Tvaka (rasa)</i>	<i>Snigdha, Slakshana, Mridu, Prasan, Sukshma, Alpa, Gambhir Sukumaraloma and parabha-yuktatvacha</i>
2.	<i>Rakta</i>	<i>Snigdha, Rakta- varna and Bhrajishnu Karna, akshi, mukha, jiwha, nasa, osth, Pani-pad tal, nakh, lalat, mehan.</i>
3.	<i>Mansa</i>	<i>Sthira, Guru and Mansa upachita- shankha, lalata, akshi, hanu, griva, skandh, udar, kaksha, vaksh, pani-pad sandhi</i>
4.	<i>Meda</i>	<i>Snigdha – varna, swara, netra, kasha, loma, nakh, dant, otha, mutra, purish</i>
5.	<i>Asthi</i>	<i>Sthoola- parshani, gulfa, janu, aratni, jatru, sira, parva, asthi, nakha, dant</i>
6.	<i>Majja</i>	<i>Mridu-anga, balwana, Snigdha-varna and svara, sthoola-dhirga-vrita sandhi</i>
7.	<i>Shukra</i>	<i>Saumya, Ksheerpurna-lochan, snigdha-sam-samhatdant , Prasann, snigdha –varna, swara, Bhrajishnu, maha-sphik</i>
8.	<i>Satva</i>	<i>Smriti, Bhakti, suchi, maha-utsaha, daksha, gambhir-budhi-chesta, gyana-yukta.</i>

Table 2 Vayānusārakṣaya²²-

Decades	Year	Vagbhata	Sharangadhara
First	1-10	<i>Balya</i>	<i>Balya</i>
Second	11-20	<i>Vruddhi</i>	<i>Vruddhi</i>
Third	21-30	<i>Prabha</i>	<i>Chavi</i>
Fourth	31-40	<i>Medha</i>	<i>Medha</i>
Fifth	41-50	<i>Twak</i>	<i>Twak</i>
Sixth	51-60	<i>Shukra</i>	<i>Drusti</i>
Seventh	61-70	<i>Drusti</i>	<i>Shukra</i>
Eight	71-80	<i>Srotendriya</i>	<i>vikram</i>
Ninth	81-90	<i>Mana</i>	<i>Buddhi</i>
Tenth	91-100	<i>Sparsendriya</i>	<i>Karmendriya</i>