

ROGI PARIKSHA – AS PER AYURVEDA AND MODERN SCIENCE

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ABSTRACT

Pariksha is nothing but the examination as *pariksha* has its great importance in the evaluation of a patient health status. Examination of a patient is not a new concept. From the ancient time to till date it is still important. *Vyadhi utpatti* always lead to disrupted body system and after that body is need to be investigated by various protocols, *pariksha* are one among them. *Rogi pariksha* is an important parameter in the diagnosis of a disease as before diagnosis the treatment of a disease is not possible. Examining the patient is a skillful act and *Ayurveda* samhita as well as in contemporary science both have explained these examinations elaborately. *Prakruta* as well as *Aprakruta awastha Rogi pariksha* are dealt in *Ayurveda*. In the present article a possible correlation is tried to understand the *Rogi pariksha*.

Keywords: *Pariksha, Rogi pariksha, Ayurveda, Contemporary science*

INTRODUCTION

Principle of *Ayurveda* is to take care of individual health and to relieve the ailing individual from disease. *Dharama, Artha, Kama, Moksha (Purushartha chatustyam)* are obtained by healthy body only but due to certain factors, the health of an individual is affected and person becomes ill, so the ailing person should be examined thoroughly, Acharyas have given a variety of examinations in the form of *Rogi pariksha*. *Pariksha* are the diagnostic tool that helps to diagnose the *Vyadhi* of the *Rogi*.

The English noun Patient is derived from Latin word *patiens* which means ‘suffering’. Patient is one who is receiving or registered to receive medical treatment.

The key point in *Rogi pariksha* is said that the *Vaidya* should judge the *Rogi* by enlightens his/her *gyanachakshu* and the *rogi pariksha* should be done minutely (*Gyanbuddhi pradeepen yo na vishti tatvitaha aaturasyantratmaanam*).^[1]

By defining the importance of *Rogi pariksha* it is told that the patient should be examined by *pariksha* before any kind of treatment and the work of physician starts after that (*Rogmado parikshet tatoanantaram oushdam, tata karma bhishak paschat gyanpurvakam samachret*)^[2]

The aim of *Rogi pariksha* is also told as *Pratipatigyanam (Knowledge)*^[3]

The qualities of the examiner are told as:^[4]

Shrutam (listener), *Budhiwaan* (intelligent), *Smritidakshyam dhriti* (good memory with good mental strength), *Hita niveshnam* (thinks of patient benefit), *Vagavishuddhi* (clear speech – should tell clearly about the patient), *Shamawaan* (forgiver),

Dhairyam (good patience), *Aashrayanti parikshkam* (should do the *pariksha* with stability)

In *Ayurveda* samhita different acharya have given different *pariksha* to evaluate the patient. These are as follows: ^{[5][6,7][8][9][10][11][12]}

TABLE 1: CLASSIFICATION OF PARIKSHA

<i>Dwividha pariksha</i>	<i>Pratyaksha, Anumana</i>
<i>Trividha pariksha</i>	<i>Pratyaksha, Anumana, Aaptopdesha</i>
	<i>Darshana, Sparshana, Prashana</i>
<i>Chaturvidha pariksha</i>	<i>Pratyaksha, Anumana, Aaptopdesha, Yukti</i>
<i>Shadvidha pariksha</i>	<i>Panch gyanendriya evam Prashana pariksha</i>
<i>Astavidha pariksha</i>	<i>Nadi, Mutra, Mala, Jihwa, Shabda, Sparsha, Druk, Aakruti</i>
<i>Dashavidha pariksha</i>	<i>Prakruti, Vikruti, Sara, Samhanana, Pramana, Satmya, Satwa, Ahara Shakti, Vyayama Shakti, Vaya</i>
<i>Dwadasha pariksha</i>	<i>Ayu, Vyadhi, Agni, Vaya, Ritu, Deha, Bala, Satwa, Satmya, Prakruti, Bheshaja, Desha</i>

TABLE 2: PARIKSHA WITH THEIR UNDERSTANDING

<i>Pratyaksha</i>	Direct observation
<i>Anumana</i>	Inferential
<i>Aaptopdesha</i>	Authoritative instruction
<i>Yukti</i>	Experimental evidence
<i>Sparsanendriya</i>	Organ of touch
<i>Srotrendriya</i>	Organ of hearing
<i>Chakshurendriya</i>	Organ of sight
<i>Rasanendriya</i>	Organ of taste
<i>Ghranendriya</i>	Organ of smell
<i>Prashana</i>	History taking
<i>Nadi</i>	Examination of pulse
<i>Mutra</i>	Examination of urine
<i>Mala</i>	Examination of stool
<i>Jihwa</i>	Examination of tongue (<i>Varna</i> etc.)
<i>Shabda</i>	Examination by organ of hearing
<i>Sparsha</i>	Palpation (temp. etc.)
<i>Druk</i>	examination of eyes
<i>Aakruti</i>	Examination of whole body (<i>Mukhakruti, Varna, Chaya, Sara, Samhanana</i> etc.)
<i>Prakruti</i>	Identification of constitution
<i>Vikruti</i>	Morbidity of pathologic factors
<i>Sara</i>	Examination of essence of <i>Dhatu</i>
<i>Samhanana</i>	Examination of compactness of body organs
<i>Pramana</i>	Examination of measurement of body organs
<i>Satmya</i>	Examination of homologation
<i>Satwa</i>	Examination of mental faculties
<i>Ahara shakti</i>	Examination of power of digestion
<i>Vyayama shakti</i>	Examination of power of exercise
<i>Vaya</i>	Examination of age
<i>Ayu</i>	<i>Deerghayu, Madhyamayu, Alpayu</i>

<i>Vyadhi</i>	<i>Sadhya, Yasya, Pratyakhyeya</i>
<i>Ritu</i>	<i>Shad ritu (Shishira, Vasanta, Grishma, Varsha, Sharad, Hemanta)</i>
<i>Agni</i>	<i>Vishmagni, Teekshnagni, Mandagni, Samagni</i>
<i>Vaya</i>	<i>Bala, Madhya, Vriddha</i>
<i>Deha</i>	<i>Sthoola, Krusha, Madhya</i>
<i>Bala</i>	<i>Pravara, Madhya, Avara</i>
<i>Satwa</i>	<i>Satwawan, Rajo bahula, Tamo bahula</i>
<i>Satmya</i>	Adaptability towards factors by body
<i>Prakruti</i>	<i>Sapta prakruti(V,P,K,VP,VK,KP, Sanipataja)</i>
<i>Bheshaja</i>	Dose of medicine
<i>Desha</i>	<i>Anupa, Jangala, Sadharana</i>

Pratyaksha: (Direct observation)

Substances perceived by the self or through the sense organs may be included under direct observation. E.g. *Sukha, Dukha, Icchha, Dwesha* etc. are felt by the individual and *Shabda* etc. are perceived by the help of sense organs. Physician desirous of examining the specific findings of disease in a patient can do with the help of *Pratyaksha pariksha* by using his sense organs

Findings detected by sense of hearing (Shravanendriya):

Aantrkoojnam (gurgling sound in the abdomen)
Sandhispoornam (Crepitation in big and small joints)
Swaravishesha (Voice of patient) *Shareerogata Shabda* (Other abnormal sounds produced in various diseases like *Hikka, Swasa, kasa* etc.

Findings detected by sense of sight (Netrendriya):

Colour, shape, measurement and complexion (*Varna samsthana pramana chaya Shareera prakruti vikaro*). Natural & unnatural changes in body (*Chaanya nuktani taani*). Other findings examined visually like signs of the disease, lusture and other Abnormalities. In case of *Mrutbhakshanaja pandu Shoono gandakshi koot bhruhu* is told which is perceivable by *netrendriya* [13]

Findings detected by sense of smell (Ghranendriya):

Normal and abnormal smells of the whole body may be detected by organ of smell (*Gandhastu khalu sarwa shareera gatanaam*) [14] e.g. while describing the *arista laxanas*, it is said that the smell of differ-

ent flowers if arising from the body, it indicates recent death of the person. Likewise in Kussmaul's breathing, fruity odour is significant

Findings detected by sense of touch (Sparshendriya):

Normal and abnormal findings of skin may be observed by hand (*Sparsham cha panina prakruti vikruti yuktam*) [15] e.g. in context of *Kaphaja shotha* the features of the *shotha* are told which can be perceived by *Sparshendriya (Prashmo nipidito na ch unmedra)* [16]. Presence of any abnormal mass, its size, shape, consistency, mobility etc. can be detected by touch.

Findings detected by sense of taste (Rasnendriya):

Now a day as well as in ancient days it was very difficult to implement this *Pramana* practically. So, indirect method of *Rasnendriya pariksha* has been given by noting the behaviour of insects like ants, flies, lice etc. Though this method is an *Anumana pariksha*, it can be substituted for *Pratyaksha* as it is difficult to do with physician's tongue

Anumana:

Anumana is the inferential knowledge. The act of inferring is called as inference. Acharya *Charaka* advocates that wise physician should properly understand a disease by the scriptural testimony, direct observation and inference. Some factors are mentioned in *Samhita* under *Anumana pariksha* which gives an idea about the information obtained through *Anumana Pramana* [17]. The factors are as follows:

TABLE 3: ANUMANA GAMYA BHAVA

<i>Agni</i>	<i>Jarana shaktya</i>
<i>Balam</i>	<i>Vyayama shaktya</i>
<i>Shrotradini</i>	<i>Shabdadya artha grahanena</i>
<i>Mano</i>	<i>Mano artha vyabhicharnena</i>
<i>Vigyanama</i>	<i>Vayvasayayena</i>
<i>Medha</i>	<i>Grahanena</i>
<i>Rajaha</i>	<i>Sangena</i>
<i>Sangya</i>	<i>Naam grahanena</i>
<i>Moha</i>	<i>Moham vigyanena</i>
<i>Smriti</i>	<i>Smarnena</i>
<i>Krodha</i>	<i>Krodham abhidrohena</i>
<i>Dwesham</i>	<i>Pratishedhena</i>
<i>Shokam</i>	<i>Dainyena</i>
<i>Vaya</i>	<i>Kaala</i>
<i>Harsham</i>	<i>Harshama amodena</i>
<i>Aayush kshaya</i>	<i>Kshayam ariste</i>
<i>Priti</i>	<i>Toshena</i>
<i>Bhayam</i>	<i>Vishadena</i>
<i>Dhairya</i>	<i>Dhairyam vishadena</i>
<i>Viryam</i>	<i>Viryam utthanena</i>
<i>Awasthanam</i>	<i>Awasthanam vibhrmena</i>
<i>Shraddha</i>	<i>Shraddham abhi prayena</i>

Aaptopdesha:

The preaching of the *Aapta purusha* is called as *Aaptopdesha*. *Ayurveda* has insisted that the infor-

mation about patient illness also comes under *Aapta vachana*. Some factors which comes under *Aaptopdesha parikshya bhava* are as follows^[18]:

TABLE 4: AAPTOPDESHA PARIKSHYA BHAVA

<i>Prakopana</i>	<i>Dosha prakopana karana</i>
<i>Yoni</i>	<i>Vatadi dosha</i>
<i>Samutthan</i>	<i>Amashaya, Pakwashaya etc.</i>
<i>Aatmanam</i>	<i>Mrudu, Daruna, Aashukari, Chirakari etc Swabhava</i>
<i>Adhithana</i>	<i>Roga adhithana</i>
<i>Vedna</i>	<i>Vedna vishesha</i>
<i>Samsthana</i>	<i>Roga laxananusara aakruti Shabda, Sparsha, Rupa, Rasa, Gandha etc. roga parikshaya bhava</i>
<i>Upadrava</i>	<i>Roga upadrava</i>
<i>Dosha, dushya</i>	<i>Vridhi, Kshaya, Sthana</i>
<i>Udaraka</i>	<i>Vyadhi parinama, Vyadhi nama, Yoga evum Chikitsa</i>

Yukti:

Recognition of *Yukti* as a source of valid knowledge is the peculiarity of *Ayurveda*. *Charaka samhita* has described it as the source of the examination of true

and Untrue^[19]. *Yukti gyana* is the sense of knowledge of *Avigyaat bhava* by *Vigyat vishya karya karana bhava* perceived by *Budhi*. *Yukti pariksha* is done by the means of accessory objects

(instruments helps to diagnose a disease). *Yukti* helps in diagnosing the clinical features of a patient based upon *Dosha, Dhātu, Agni, and Bala*. From today's point of view *Yukti pramana* as a tool for *pariksha* can be implemented on the basis of use of instruments for the diagnosis e.g.

Stethoscope: helps in auscultation

ECG: helps to diagnose cardiac disorders

EEG: helps to diagnose brain disorders

Skiagram: helps to diagnose the osteological pathology, lung pathology etc.

Darshana pariksha:

Things identified by direct observation of patient either directly or indirectly are called *Darshana pariksha* (*Darshnen dristya*)^[20]. *Darshana pariksha* includes: *Pratyaksha pariksha, Chakshurendriya pariksha, Aakruti pariksha, Jihwa pariksha. Darshana pariksha* helps to detect the changes in colour, structure, size, shape, deformities etc.

Sparshana pariksha:

It is a palpatory method [*Sparshnen hasta kaya sparshen*] help to understand coldness, hotness, palpitations, coarseness, smoothness etc. Factors observed under *Sparshana pariksha* are *Jwara, Gulma, Vidradhi, Sheeta, Ushna, Stabdhta, Spanda, Shlakshna, Khara sparsha* etc. *Sparshanendriya pariksha, Nadi pariksha*, etc.^[21]. It is helpful in detecting the change of body temperature, organomegaly, consistency etc.

Prashana pariksha:

Prashana pariksha is to ask question to patient regarding disease [*Prashanen pricchya*]. It is helpful to know about aggravating and relieving factors of diseases like *Shoola, Arochaka, Chardi*, about *Mridu* or *Krura kostha, Swapana* (dreams) etc.^[22]

CARDINAL TECHNIQUES OF EXAMINATION:

INSPECTION: Close observation of the details of the patient's appearance, behaviour and movement such as facial expression, mood, body habitus and conditioning, skin conditions such as petechiae or ecchymoses, eye movements, pharyngeal color, symmetry of thorax, height of jugular venous pulsa-

tions (normally 4 cm.), abdominal contour (flat, rounded, protuberant or scaphoid), lower extremity edema and gait (normally smooth, continuous rhythm)

PALPATION: Tactile pressure from the palmer fingers or fingerpads to access areas of Skin elevation, Depression, Warmth, or Tenderness, Lymph nodes, Pulses, Contours and sizes of organs and masses and crepitus in joints

PERCUSSION: Use of the striking or *plexor finger*, usually the third, to deliver a rapid tap or blow against the distal pleximeter finger, usually the distal third finger of the left hand laid against the surface of chest or abdomen, to evoke a sound wave such as resonance or dullness from the underlying tissue or organs. This sound wave also generates a tactile vibration against the *pleximeter finger*.

AUSCULTATION: Use of the diaphragm and bell of the stethoscope, to detect the characteristics of Heart, Lung and Bowel sounds, including Location, Timing, Duration, Pitch and intensity. For the heart this involves sounds from closing of the four closing of the four valves and flow into the ventricles as well as murmurs. Auscultation also permits detection of bruits or turbulence over arterial vessels.

Ghradrasi in relation to examination: To understand better the correlation between *Ayurveda* and modern science *Ghradrasi vyadhi* can be taken as an example with contrast to sciatica.

Ghradrasi disease as told in *Ayurveda* has its specific features in the form of origination of pain, nature of pain, spreading of pain, and the posture of the patient is well defined. Likewise in modern science a disease named Sciatica is described which resemble the features of *Ghradrasi*.

Sciatica: Sciatica is a disease of the involvement of the sciatica nerve as a root cause. Sciatica nerve is the largest nerve in the body, about 2 cm wide at its origin and passes through the greater sciatic foramen into the buttock then descends through the posterior aspect of the thigh supplying the hamstring muscles. At the level of the middle of the femur it divides to form the tibial and the common peroneal nerves.

Sciatica is one of the significant disorder which disturb the population frequently in the form of low backache now a day. Its cause may be varying. Brief about sciatica pain is as follows:

Sciatica pain: This is usually associated with low back pain, but may be the sole presenting symptom. The pain radiates to the gluteal region, the back of the thigh and leg. The pattern of radiation depends upon the root compressed. The characteristic features of nerve compression and disc prolapse resulted in pain are as follows:

1. S1 root compression – pain radiates to the postero – lateral calf and heel
2. L5 root compression – pain radiates to the antero – lateral aspect of the leg and ankle
3. Disc prolapse at higher level (L2-L3) – pain may radiate to the front of the thigh
4. Disc prolapse at L3-L4 level – pain felt at lumbar region and radiates along the antero medial aspect of the thigh
5. Disc prolapse at L4-L5 level (95% disc prolapse occurs in this area) – Pain felt at lumbar, groin, sacroiliac region and radiates to lateral thigh, lateral dorsum of the foot & hallux
6. Disc prolapse at L4-S1 level – Pain felt as above like L4-L5 level but radiates to buttocks, posterior thigh, leg & lateral foot

EXAMINATION FOR LOW BACK:

1. Posture: Pt. stands like a rigid, flattened lumbar spine. The whole trunk is shifted forwards on the hips. The trunk is tilted to one side (sciatic tilt or scoliosis). The side way tilt tends to exaggerate on attempted bending forwards
2. Movements: Pt. is unable to bend forwards, any such attempt initiates severe muscle spasm in the paraspinal muscles
3. Tenderness: (Door bell sign): There is a diffuse tenderness in the lumbo - sacral region. A local-

ised tenderness in the midline or lateral to the spinous process is found in some cases

4. Straight leg raise test (SLRT): This test indicates nerve root compression. A positive SLRT at 40 degree or less is suggestive of root compression. More important is a positive contralateral SLRT test.
5. Contralateral SLRT: SLRT performed on the unaffected side may give rise to pain on the affected side.
6. Lasegue test: This is a modification of SLRT where first the hip is lifted to 90 degrees with the knee bent. The knee is then gradually extended by the examiner. If nerve stretch is present, it will not be possible to do so and the pt. will experience pain in the back of the thigh or leg.
7. Bragards’s test: The pt. in supine position with straight lifting of lower limb, then make little lower the limb to lessen the stretching, at this angle if the ankle is passively dorsiflexed, the pain at the back of the thigh or in the calf will be felt which is termed as reinforcement positive or positive bragard’s test.
8. Bowsting’s test: Clinical test used to identify sciatic nerve (radicular) pathology. The patient begins lying supine with the legs extended while the examiner performs a passive SLR on the involved side. If the patient reports radiating pain. The examiner then flexes the patient’s knee until symptoms are reduced. The examiner then applies pressure to the popliteal fossa to try to reproduce the radicular pain. Reproduction of pain with popliteal compression implies sciatic nerve pathology

Both contemporary sciences have given clinical features of *Ghradrasi* and sciatica, among them some resembling clinical features are there like;

TABLE 5: CORRELATIONS BETWEEN CLINICAL FEATURES:

<i>Pravakrta</i>	The whole trunk is shifted forwards on the hips. The trunk is tilted to one side (sciatic tilt or scoliosis)
<i>Stabdhta</i>	Pt. is unable to bend forwards, any such attempt initiates severe muscle spasm
<i>Shambha</i>	Pt. stands like a rigid, flattened lumbar spine
<i>Sphurnam</i>	Radiating pain, tingling sensation

SIMILARITIES BETWEEN EXAMINATIONS OF AYURVEDA AND MODERN SCIENCE

1. *Nadi pariksha* is told along with the its typical patterns, like that the modern science also admits Pulse examination to rule out certain cardiac illness
2. *Mutra pariksha* with different parameters, like wise Urine examination is told
3. *Mala pariksha* with different parameters, like wise Stool examination is told
4. *Druk pariksha* with certain parameters, like wise Eye examination is given
5. *Aakruti pariksha* with certain parameters, like wise Physical examination by observing appearance of person is told
6. *Samhanana pariksha* with certain parameters, like wise compactness of body (body built type) is examined in modern science. *Pramana pariksha* with its certain parameters, like wise measurement of body is done in modern science to check height etc. to rule out growth deformities
7. *Vaya pariksha* with its certain parameters, like wise Age examination is done in modern science for the medicine dosage as well as for age related disputes & age related disorders
8. *Rutu pariksha* with its certain parameters, like wise seasonal variations along with dietetics, seasonal diseases are told in modern science
9. *Bheshaja pariksha* with its certain parameters, like wise dosage administration according to age is dealt in modern science
10. *Desha pariksha* with its certain parameters, like wise Patient's habitat is importantly dealt in modern science because of availability of particular disease acc. to habitat

DISCUSSION

The need of the time to understand a patient's discomfort properly is by means of patient examination. A list of patient examination techniques are told well in both systems i.e. *Ayurveda* as well as modern science. Importance of *Pariksha* in context of *Rogi* is

well explained. As treatment of a disease need diagnosis first and diagnosis requires skillful examination of a patient with various tools like of *Rogi pariksha vidhi* or Patient examination techniques. *Ayurveda samhita* like same of modern science has given a number of diagnostic techniques. *Rogi pariksha* is a detailed topic which includes a lot of examination methods told in *Samhita* by the scholars of *Ayurveda*. As while describing the importance of *Pariksha*, it is said that, the patient should be examined first before starting any medicine because the diagnosis of any disease is must and examination methods help to diagnose the disease. Modern science has also elaborated about examination techniques and methods for patient. With suitable examples and requirement of the examination of the patient is given here. The patient is examined thoroughly by using different techniques and findings are searched on the basis of these specific examinations. Each and every examination techniques of both systems have its own importance in the diagnosis of a disease. In this present article both aspect of the examination methods are given along with suitable examples to understand *Rogi pariksha* properly for the readers. The present article will help to judge the condition of the patient as per the particular need of the specific examination technique.

CONCLUSION

Pariksha are the tool for the knowledge. *Ayurveda* as well as the contemporary science has given various modes of patient examination depends upon the patient condition. In ancient time the availability of the accessory tools were not there but still the patients were examined as well as treated well. There is a modification in the examination patterns as per the modern time due to available instruments as compare to ancient time. An effort has been made to find out the similarity between the examination of *Ayurveda* and Modern science in the current article

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