



IJAPC

Volume 11 Issue 2,
2019

www.ijapc.com

2350-0204

GREENTREE GROUP PUBLISHERS



Aatur Pariksha: An Ancient Approach to Examination of the Patient

Neelam Sajwan^{1*}, Varsha Saxena², Sunil Pandey³ and Archana Singh⁴

¹⁻⁴Shalya Tantra, UAU, Harrawala, Dehradun, Uttarakhand, India

ABSTRACT

A careful medical examination of the patient is the first step in making diagnosis and proper management of the disease. *Acharya Charaka* also mentioned that a physician who can distinguish between curable and incurable diseases and initiates treatment in time with full knowledge about the various aspects of therapies can certainly accomplish his object of curing the disease. Patient's examination in our ancient time includes not only about the details of the patient but also examination of life span of the patient, diseases, seasons, digestive fire, age, body physique, physical strength, mental power, habituations and land. Ancient *Acharyas* always focussed on various aspects like in which season the disease is occurring, *doshik* involvement in that season, whether the season is aggravating factor to the disease, to the patient's *prakriti* or not, whether the patient is able to overcome the hazardous effects of the disease or get troubled by even minor symptoms of the disease. *Vaya pariksha* (examination of the age) is useful in determining the dose of the medicine to be administered. The digestive fire of the patient is also assessed so that selection of the correct dose of drug in a particular season which is suitable for the disease can be done. Examination of habituations is also essential as it defines the qualities of the medicine to be given to the patient at the particular season for the particular disease.

KEYWORDS

aturpariksha, examination, *doshik*, *prakriti*, patient



Greentree Group Publishers

[Received 14/06/19](#) [Accepted 15/07/19](#) [Published 10/09/19](#)



AIMS AND OBJECTIVE

1. To discuss the ancient methods of patient's examination through extensive knowledge of verbal and non-verbal communication from the patient.

MATERIAL AND METHODS

All the references were collected from ancient Ayurvedic literatures and research journals.

INTRODUCTION

An accurate history suggests the correct diagnosis of the disease, whereas the physical examination and subsequent investigations merely serve to confirm this impression¹. The best physician is the one who is able to differentiate the possible and the impossible (Herophilus of Alexandria). The ancient *atur pariksha* helps us to better understand this philosophy. A wise physician should examine the distinctive features of the disease beforehand and then should start the treatment of the curable diseases. So a physician who can distinguish between curable and incurable diseases, he, with his right applications will not subscribe to the wrong notions prevailing among the pseudo-physicians, to say, he will certainly succeed in curing diseases².

Patient examination in our ancient classics can be studied under the following headings:

1. Examination of the patient
2. Examination of life span of the patient
3. Examination of the diseases
4. Examination of seasons
5. Examination of drug
6. Examination of the digestive fire
7. Examination of the age
8. Examination of body physique/ strength
9. Examination of mental power
10. Examination of habituations
11. Examination of land

1. Examination of the patient

Before each and every surgical procedure, the patient is assessed whether the procedure should be done to the patient or not or whether the procedure will be helpful to the patient or not. The physician should observe the patient carefully by inspection, palpation and interrogation. Examination of the patient is also done by using five sense organs and by questioning³.

The purpose of the patient's examination is to obtain the knowledge relating to the strength of the individual. If strong or heavy dose of drugs are immediately administered without proper examination, to a weak patient, it might result in death. So the patient should be properly examined with reference to his *prakriti* (physical constituent), *vikriti* (morbidness), *sara*



(excellence of *dhatu*s), *samhanana* (compactness of the body), *samhanana* (measurement of the body organs), *satmya* (homologation), *satva* (psychic condition), *aaharshakti* (power of intake and digestion of the food), *vyayam-shakti* (power of performing exercise) and *vaya* (age) in order to ascertain the strength of the patient⁴.

2. Examination of life span of the patient

(a) Features of long life span

The person whose hands, feet, flanks, back, nipples, teeth, face, shoulders and forehead are big; whose finger joints, expirations, eyes and arms are long, whose eye brows, space in between the breasts and chest are broad, whose mind, voice and umbilicus are deep; whose breasts are not greatly elevated but are firm; whose ears and posterior part of the head are well developed, big and hairy; whose body drying first from the head after a bath and anointing and the region of the heart later on; should be understood as *deergha-aayu* (having long span of life). These patients should be treated with all efforts; the patients who have features opposite to these should be considered as *alpayu* (having short life span) and he with mixture of features should be treated as *madhyam-aayu* (having medium life span).

He who has deep located bony joints, veins and ligaments, well developed body, steady

sense organs; who has remained disease free even from his foetal life, common and special knowledge can be said in brief as one of long life.

(b) Features of moderate life span

The person who has well manifest, broad, two, three or more lines below the *aksha* (clavicle); whose feet and ears are more muscular, elevated tip of the nose and vertical lines appearing on the back; the maximum age for him is seventy years.

(c) Features of short life span

The persons having short bony joints, big penis, hairy chest, narrow neck; ear and nose located slightly up than their usual place; who exhibits his gums during laughing or talking and whose sight is unsteady, such a person lives for twenty five years only⁵.

3. Examination of the diseases

All the diseases are divided into three categories- *sadhya* (curable), *yapya* (controllable), and *pratyakheya* (incurable). These can be further examined whether it is *aupsargika* (secondary), *prakkevala* (primary) or *anyalaksana* (symptoms other than its own). *Aupsargika* is that which develops later than the earlier disease and remains with it, it has the same cause as that of the earlier disease and is known as *upadrava* (complication).



Prakkevala is that which has developed earlier, without premonitory symptoms and without secondary diseases.

Anyalaksana is that which foretells the future disease; this is known as *purvarupa* (premonitory symptoms).

The disease having secondary disease should be treated without interfering one another or powerful secondary disease should be treated first. The primary disease should be treated appropriately. In case of *anyalaksana*, the primary disease should be treated. Since no disease is there without the *dosha* involvement, the intelligent physician should recognise the symptoms of the *doshas*, even though not mentioned, treat them wisely⁶.

The disturbance in the equilibrium of *dhatu*s is invariably indicated by onset of the diseases. The state of health can be ascertained from the appearance of specific symptoms in smaller or greater degrees due to *doshas* responsible for the causation of the disease⁷.

4. Examination of seasons

During cold season treatment should be opposite to the season and during hot season, it should be to remove heat. Treatment done earlier to the proper time, or treatment not done at the proper time and treatment being either inadequate or in excess, these do not work even in case of curable diseases. The treatment is said to be

ideal which cures the aggravated disease and not give rise to another disease, but not that treatment which cures one disease and gives rise to another disease⁸.

5. Examination of drug

Medicaments constitute the instruments for achieving the object i.e. cure of the disease. Medicaments are those which are employed by the physician to maintain equilibrium of deranged *dhatu*s. They are divided into *yukti-vyapashraya* (rational therapy) and *dev- vyapashraya* (spiritual therapy). Depending upon the nature of composition, these are of two types, viz. those having any material substance and those without having any material substrata. The drugs to be given should be examined with reference to their characteristics as follows: nature, qualities, specific action, and place of growth, season of collection, mode of collection, method of preservation, processing method and dosage form⁹.

6. Examination of the digestive fire

Patient's *aahar-shakti* (capacity of food intake) can be examined through the power of ingestion as well as the power of digestion. Both the strength and life span are determined by the diet of the individual¹⁰.

Agni (digestive fire) is of four types: *sama* (equilibrium of all *doshas*), *vishama* (vitiated from *vata*), *tikshana* (from *pitta*), and *manda* (from *kapha*). The *agni* which



cooks the consumed food at the proper time is known as *samagni* and it is because of normalcy of all the *doshas*.

Vishama-agni is that which cooks the food sometime properly and some other time cooks the food producing flatulence, abdominal pain, and upward movement of air inside the abdomen, heaviness of the abdomen, diarrhoea, intestinal gurgling and straining at stools and produces *vataja* disorders.

The *agni* which cooks the ingested food very quickly is called as *tikshana-agni* (powerful digestive power); the same when greatly increased is called *atyagni* (hyperactive digestive power); it cooks too fast even the large amount of food taken and at the end of the digestion produces dryness of the throat, palate and lips, burning sensation and exhaustion by heat and leads to diseases of *pittaja* origin.

Mandaagni cooks the ingested food, though in less quantity, after a long time, producing heaviness of the abdomen and head, cough, dyspnoea, more salivation, vomiting and weakness of the body and produces *kaphaja* disorders.

Proper care of digestive power should be taken. *Vishma-agni* should be treated with the use of substances which are fatty, salty substances; *tikshana-agni* should be managed with sweet, fatty, cold substances and by purgation; *atyagni* should be treated

in the same manner as that of *tikshana-agni*; especially by the use of buffalo's milk, curd and ghee; *mandagni* should be treated with the use of substances which are pungent, bitter and astringent and by emesis.

Agni present in the *jathar* which digest the food is itself *Bhagwan Ishwar* (almighty God), he receives all the taste of the substances for growth and maintenance of the body; he, being subtle, it is not possible to perceive him. Served by *prana*, *apana* and *samana* by blowing, protecting and preserving, *agni* helps others to carry on their respective functions properly¹¹.

7. Examination of the age

Vaya (age) is of three types: *balya* (childhood), *madhya* (middle age) and *vridhi* (old age). Less than sixteen years of age is called *bala*, it can further sub-divided into-

- (a) *Ksrirapa*- who drink only milk, up to one year.
- (b) *Ksirannada*- who consume both milk and solid food, up to two years.
- (c) *Annada*- who eats solid food, above two years of age.

Madyamvaya (middle age) is between sixteen and seventy years. It is sub-categorized into:

- (a) *Vridhi* (growth), up to twenty years.
- (b) *Yauwana* (youth, adolescence), up to thirty years.



(c) *Sampurnata* (maturity), up to forty years, with full growth of all tissues, strength and vitality.

(d) *Parihani* (diminution), up to the age of seventy years, slight diminution in strength, vitality.

(e) *Vardhika* (old age), above the age of seventy years, with diminution in the tissues, strength, vitality and enthusiasm day after day, person develops wrinkles of the skin, grey hairs, baldness, suffers from cough, dyspnoea, and inability to perform all activities.

The dose of the medicine to be administered in the succeeding ages should be in increasing quantity, except in *parihani*, during this period the dose should be same as of the young age.

Kapha increases greatly during young age, *pitta* increases during the middle age and *vata* greatly increases during old age. Treatment should be planned accordingly; use of *agni*, *kshara* and purgation therapies should be avoided during young age and old age. If diseases are only curable by *agni*, *kshara* and enema, and if very necessary then these treatment should be mild and slow¹².

8. Examination of body physique/ strength

(a) *Sthaulya* (Obesity)

Persons who indulge for long periods in foods which cause increase of *kapha*, who

are habituated to eat too much food and often; who do not do physical activity and who sleep during day time; the food thus ingested remains inadequately digested and more sweet.

This *rasa dhatu* circulating throughout the body produces more *meda* (fat) because of partially digested *rasa dhatu*, this leads to obesity, mild dyspnoea, severe thirst, hunger, sleep, perspiration, bad smell in the body, debility of the body, snoring; because of softness of fat, the person becomes incapable of all the activities, because of obstruction of the channels of the *sukravaha-srotus* by *kapha* and fat, he becomes poor in copulation capacity; because of obstruction of the channels, the remaining *dhatu* do not get proper nourishment and it makes the person with poor strength, easily get affected by various disorders. All his disorders become very powerful due to obstruction of the micro-channels of the body.

Hence all the causes which produce this condition should be avoided. If already developed, the person should accordingly use *guggulu*, *gomutra*, *triphala*, *lohraj*, *rasanjana*, *madhu*, *yava*, *mudga*, *kordushaka*, *shyamaka*, *uddalaka* etc. which create dryness in the body and clear the obstructed channels; indulgence in physical exercise is necessary¹³.

(b) *Karshya* (Emaciation)



Persons who indulge (for long periods) in *ruksha, sheeta, kashaya* food, which leads to increment in *vata dosha*, who indulge too much in physical activities, copulation, study, fear, grief, worry, suppuration of thirst and hunger, use things of astringent taste, consume less quantity of food etc. thus formed *rasa dhatu* is less in quantity.

Because of inadequate quantity of *rasa dhatu*, it leads to profound emaciation; such greatly emaciated person becomes incapable of tolerating hunger, thirst, cold, breeze, rain, easily get affected by *vatika* disorders and get affected quickly by dyspnoea, cough, consumption, weak digestive power, abdominal tumour, bleeding disorder and such other diseases and dies; all his diseases will be severe because of his poor strength.

Hence the person should avoid all the causes which enhance this condition. If emaciation is already developed, he should use *usepayasa, ashwagandha, vidarigandha, satawari, bala, atibala, nagbala* and other drugs which are sweet; milk, curd, ghee, meat, *sali, swastika, yava and godhuma*, indulge in sleeping at day time, less physical exercise and resort to nutritive enema etc.

(c) *Madhyam sharir*

The person who consumes food in moderate quantity, it nourishes all the *dhatu* properly. Thus formed normal *dhatu* make

the person medium sized. The person is capable of performing all the activities of enduring hunger, thirst, cold, heat, breeze, rain and sunlight and will be strong; such condition should be maintained¹⁴.

The intelligent physician should try to protect the health of a healthy person; in case of unhealthy person, the *doshas, dhatus* and *malas* which have decreased or increased should be increased or decreased respectively till the person becomes free from diseases or abnormal symptoms¹⁵.

Capacity of exercise is determined by patient's ability to perform work like lifting weight etc. Strength of individuals is classified into three categories, depending upon their ability to perform work¹⁶.

9. Examination of mental power

Satva is the capacity of mind which does not cause agony at times of sorrow, joy etc. The person who has *satva guna* predominantly tolerates everything (grief, happiness etc.) and remains under control by himself; the person who has *rajo guna* predominantly is controlled by others; and he who has *tamo guna* cannot tolerate at all¹⁷.

10. Examination of habituations

Satmya (habituation) is the use of such things which do not cause harm to the body even though they are opposite/ different from one's own constitution, habitat, time,



family, caste, disease, season, physical activity, food, water etc.

11. Examination of land

Desha (land) is of three types: *aanupa* (marshy), *jangala* (desert) and *sadharana* (moderate region).

Land which has more water, uneven ground, rivers and fountains, soft and cold wind, mountains and tree is called *aanupa*.

The habitants of this region have soft, tender and well-built body, and suffer from *kapha-vata* disorders.

The land which is even of one level, generally having few small trees grown apart and thorny, with less rainfall, less of streams and reservoirs of water; hot and strong wind, with few small hills apart from one another, inhabited mostly by people having stable and emaciated body and where *vata-pittaja* disorders are found more-is called *jangala* region.

The land having mixed features of *aanupa* and *jangala* is called *sadharana desh*. In this region cold, rain, heat and wind are moderate and *tri-doshas* (*vata*, *pitta* and *kapha*) are also in equilibrium state.

Diseases produced in *aanupa* (marshy) are less powerful, if brought to *jangala* (desert) and vice-versa, similarly the *doshas* which are slightly increased in their own region, if become aggravated in another region; there will be no fear of diseases due to land regions, if people remain indulging in food,

daily regimen etc. which are similar to the land qualities¹⁸.

Nature of the land as well as the patient constitutes *desha* or habitat. Nature of land is examined with a view to ascertaining the specific features of individual patients as well as the medicinal plants in different localities¹⁹.

12. The information obtainable through touch are- cold, heat, smoothness, roughness, softness, hardness etc. in fever, oedema and in other diseases. Those obtainable through the organ of sight (eye) are increase or decrease of the size of the body, signs of life span, changes of colour of the body etc. Those obtainable through the organ of smell are-the different odours appearing along with fatal signs, in ulcers and non-ulcerous diseases. Those collected through questioning are nature of the habitat, cause for onset of diseases, exacerbation of the symptoms, nature of the digestive fire, elimination or non-elimination of faeces, flatus and urine, time of exacerbation of the disease etc. Other relevant information can be collected through patient's relative or neighbours²⁰.

Conclusion

The treatment of the patient starts the moment he enters the physician's consulting room. The ancient approaches of



patient examination focus on differentiate the *Sadhya* (curable), *asadhya* (incurable) and *krich-sadhya* (curable with difficulty) diseases. *Sadhya*, *asadhya* and *krich-sadhya* diseases are determined by the nature of the region, habituation, season, recent onset of the disease, strength of the patient, mental status, digestive power, life span of the patient, diseases, seasons, digestive fire, physical strength, habituations and land. Treatment done earlier to the proper time, or treatment not done at the proper time and treatment being either inadequate or in excess, these do not work even in case of curable diseases. The treatment is said to be ideal which cures the aggravated disease and not give rise to another disease, but not that treatment which cures one disease and gives rise to another disease.



REFERENCES

1. Longson D. The clinical consultation. JR Coll physician Lond 1983; 17: 192-195. Outlines the principles of hypothesis generation and testing during the clinical evaluation.
2. Caraka Samhita, Text with English translation and critical exposition based on Cakrapani Datta's Ayurveda Dipika, Sutra sthana 10/21-22, Vol-I, R.K. Sharma, Bhagwan Dash, Chowkhamba Sanskrit series office, Varanasi, 2018.
3. Prof. K. R. Srikantha Murty, Susruta samhita, Sutra sthana, Chaukhamba orientalia, Varanasi, 2016, 10/4: p-60.
4. Caraka Samhita, Text with English translation and critical exposition based on Cakrapani Datta's Ayurveda Dipika, Sutra sthana 8/94, Vol-I, R.K. Sharma, Bhagwan Dash, Chowkhamba Sanskrit series office, Varanasi, 2018.
5. Prof. K. R. Srikantha Murty, Susruta samhita, Sutra sthana, Chaukhamba orientalia, Varanasi, 2016, 35/4-11: p-241-242.
6. Prof. K. R. Srikantha Murty, Susruta samhita, Sutra sthana, Chaukhamba orientalia, Varanasi, 2016, 35/18-19: p-246.
7. Caraka Samhita, Text with English translation and critical exposition based on Cakrapani Datta's Ayurveda Dipika, Sutra sthana 10/21-22, Vol-I, R.K. Sharma, Bhagwan Dash, Chowkhamba Sanskrit series office, Varanasi, 2018.
8. Prof. K. R. Srikantha Murty, Susruta samhita, Sutra sthana, Chaukhamba orientalia, Varanasi, 2016, 35/21-23: p-247.
9. Caraka Samhita, Text with English translation and critical exposition based on Cakrapani Datta's Ayurveda Dipika, Vimana sthana 8/87, Vol-II, R.K. Sharma, Bhagwan Dash, Chowkhamba Sanskrit series office, Varanasi, 2018.
10. Caraka Samhita, Text with English translation and critical exposition based on Cakrapani Datta's Ayurveda Dipika, Sutra sthana 8/120, Vol-I, R.K. Sharma, Bhagwan Dash, Chowkhamba Sanskrit series office, Varanasi, 2018.
11. Prof. K. R. Srikantha Murty, Susruta samhita, Sutra sthana, Chaukhamba orientalia, Varanasi, 2016, 35/24-28: p-248-249.
12. Prof. K. R. Srikantha Murty, Susruta samhita, Sutra sthana, Chaukhamba orientalia, Varanasi, 2016, 35/29-32: p-249-250.
13. Prof. K. R. Srikantha Murty, Susruta samhita, Sutra sthana, Chaukhamba orientalia, Varanasi, 2016, 15/32: p-107.
14. Prof. K. R. Srikantha Murty, Susruta samhita, Sutra sthana, Chaukhamba orientalia, Varanasi, 2016, 15/33-34: p-108-109.



15. Prof. K. R. Srikantha Murty, Susruta samhita, Sutra sthana, Chaukhamba orientalia, Varanasi, 2016, 15/340: p-110.
16. Caraka Samhita, Text with English translation and critical exposition based on Cakrapani Datta's Ayurveda Dipika, Sutra sthana 8/121, Vol-II, R.K. Sharma, Bhagwan Dash, Chowkhamba Sanskrit series office, Varanasi, 2018.
17. Prof. K. R. Srikantha Murty, Susrutasamhita, Sutra sthana, Chaukhamba orientalia, Varanasi, 2016, 35/37-38: p-251.
18. Susruta samhita, Sutra sthana, Chaukhamba orientalia, Varanasi, 2016, 35/44-45: p-253.
19. Caraka Samhita, Text with English translation and critical exposition based on Cakrapani Datta's Ayurveda Dipika, Sutra sthana 10/93, Vol-I, R.K. Sharma, Bhagwan Dash, Chowkhamba Sanskrit series office, Varanasi, 2018.
20. Prof. K. R. Srikantha Murty, Susruta samhita, Sutra sthana, Chaukhamba orientalia, Varanasi, 2016, 10/4: p-60.