



REVIEW ARTICLE

CLINICAL DIAGNOSIS IN AYURVEDA; CONCEPTS, CURRENT PRACTICE AND PROSPECTS

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Introduction

A physician's job is to know the human body and its functions in terms of Prakritisthata (homeostasis). The four cornerstones of diagnostic medicine, each essential for understanding homeostasis, are: anatomy (the structure of the human body), physiology (functions of Dosha, Dhatu and Mala), pathology (what can go wrong with the anatomy and physiology) and psychology (thought and behavior). Once the doctor knows what is normal and can measure the patient's current condition against those norms; she or he can then determine the patient's particular deviation from homeostasis and the degree of deviation. This is called diagnosis. Once a diagnosis has been reached, the doctor is able to propose a management plan, which will include treatment as well as plans for follow-up. From this point on, in addition to treating the patient's condition, the doctor educates the patient about the causes, progression, outcomes, and possible treatments of his ailments, as well as providing advice for maintaining health.

In the beginning, most of the students and practitioners find that it is very difficult to diagnose a disease on the basis of Ayurvedic principles or if they manage to diagnose, they still may not feel satisfied. I think we have failed to teach and train the students to perform Ayurvedic diagnosis.

It is so simple, clear and easy to do Ayurvedic diagnosis, provided that the

students have qualities such as intuition, knowledge, examination skill, logical thinking and continuous practice. It is essential to get the direct training from the Guru in order to become perfect in Ayurvedic diagnosis, as evidenced from the Vagbhata's citation.

अभ्यासात् प्राप्यते दृष्टिः कर्मसिद्धिप्रकाशिन
रत्नादि सत् असत् ज्ञानं न शास्त्रादेव जायते ॥¹

The proficiency comes by continuous practice, just like the genuineness of diamond etc. cannot be known by mere reading of books.

Aptopadesha, Pratyaksha and Anumana Pramana are the methods used for the understanding the stage, state and site of Dosha; state of Dooshya and the site of Dosha-Dooshya Sammurchana.

न हि ज्ञानावयवेन कृत्स्ने ज्ञेये ज्ञानं उत्पद्यते ॥²

Complete knowledge cannot be obtained by knowing the fragmentary knowledge.

Ayurveda advises to examine the person as a whole, treat as a whole and use the drug as a whole.

Diagnosis in Ayurveda

The physician should comprehend the nature of the disease through Dosha, Ashraya (the site of manifestation), Nidanans (etiological factors), and then initiate the treatment. Hence, while diagnosing a new disease it is very essential to have full knowledge about these three aspects. After understanding these three aspects, one would never fail in his attempt to cure the disease.

Diagnosis is a fluid process in which the physician responds to information garnered from the patient and others, from a physical examination of the patient, and from medical tests performed upon the patient.

The method of diagnosis in Ayurveda mainly depends on the in-depth understanding of Dosha and Dooshya. The process of diagnosis begins when the patient consults the doctor and presents a set of complaints (the symptoms). If the patient is unconscious, this condition is the de facto complaint. The doctor then obtains further information from the patient himself (and from those who know him, if present) about the patient's symptoms, his previous state of health, living conditions, and so forth.

Rather than consider the myriad diseases that could afflict the patient, the physician narrows down the possibilities to the illnesses likely to account for the apparent symptoms, making a list of only those conditions that could account for what is wrong with the patient. These are generally ranked in order of probability.

If the physician is certain of the prevailing condition, further medical tests are performed or scheduled (such as medical imaging), in part to confirm or disprove the diagnosis and also to document the patient's status so as to keep the patient's medical history up to date. Consultations with other physicians and specialists in the field may be sought. If unexpected findings are made during this process, the initial hypothesis may be ruled out and the physician must then consider other hypotheses.

Despite all of these complexities, most patient consultations are relatively brief, because many diseases are obvious, or the physician's experience may enable him to recognize the condition quickly. Another factor is that the decision trees used for most diagnostic hypothesis testing are relatively short.

Before reaching at a confirmed diagnosis, the physician must know other similar disorders having the same symptoms and clinical

presentations which is known as differential diagnosis. The determination of which one of two or more diseases or conditions a patient is suffering from, by systematically comparing and contrasting their clinical findings is called differential diagnosis.

Today with the advancement in the Medical field, the diagnosis of disease can be done from the beginning and the progress of the diseases can be stopped. But sometimes the patient can not afford expensive imaging techniques like CT Scan, MRI etc. Thus, we have to know the diagnosis according to Ayurveda which helps in reducing the financial burden on the suffering patients.

Once the physician has completed the diagnosis, he explains the prognosis to the patient and proposes a treatment plan which includes therapy and follow-up (further consultations and tests to monitor the condition and progress of the treatment, if needed), usually according to the guidelines provided by the medical field on the treatment of the particular illness.

Treatment itself may indicate a need for review of the diagnosis, if there is a failure to respond to treatments that would normally work.

Setback in Ayurvedic clinical diagnosis:

Prof. M.S. Baghel, Director IPGT & RA, Gujarat Ayurved University, Jamnagar describes the downfall of Ayurvedic clinical diagnosis beautifully as follows - due to the inclusion of Nadi Pareeksha (Pulse diagnosis) and Rasa Shastra, the practice of Ayurvedic Clinical Diagnosis declined greatly. During the Mughal's period, the Mughal Kings ordered and forced the Royal Physicians to find an alternative and quick method to diagnose their Queens ailments without examining the complete body, because the Mughals restricted the physicians to see face of Queens. The Royal Physicians then started Nadi Pareeksha, to diagnose the diseases without examining eye, tongue, face and other body parts. Rasashastra was included into Ayurveda during 8th century A.D. Most of the texts of Rasashastra opined that, for

administering Rasa Aushadhi, there is no need of examining the Dosha, Dooshya, Srotas, Desha, Kala etc. factors. Then gradually, the practice of Ayurvedic clinical diagnosis decreased.

Importance of Clinical Diagnosis:

रोगमादौ परीक्षेत ततोऽनन्तरमौषधम्

ततः कर्म भिषक् पश्चाज्ज्ञानपूर्वं समाचरेत् ।³

The physician should examine first thoroughly and then treat the patient skillfully.

विकारनामाकुशलो न जिहियात् कदाचन

न हि सर्वविकाराणं नामतोऽस्ति ध्रुवा स्थितिः ।

स एव कुपितो दोषः समुत्थानविशेषतः

स्थानान्तरगतश्चैव जनयत्यामयान् बहून् ॥⁴

If a physician is not able to name a particular disease, he should not feel ashamed because it is not always possible to give a definite name to all diseases. The same Dosha when aggravated may cause various diseases depending upon the various etiological factors and sites of manifestation.

So, the physician should comprehend the nature of disease through Dosha, the site of manifestation, etiological factors and should then initiate the treatment. Hence, while diagnosing a new disease, it is very essential to have full knowledge about these three aspects on the basis of scriptural instructions. Armed with this knowledge one would never fail in his attempt to cure the disease. As hypertension is one of the disease having unknown etiopathogenesis in Ayurveda, it is very necessary to go by the way indicated in the scriptural instructions in textbooks of Ayurveda.

यस्तु रोगमविज्ञाय कर्मायाारभते भिषक् !

अप्यौषधविधानज्ञस्तस्य सिद्धिर्यदृच्छया ॥⁵

A well versed physician who starts the treatment without knowing the disease, if he gets success, it is by chance.

सर्वथा सर्वमालोच्य यथासंभवमर्थवित्

अथाध्यवस्येत्तत्त्वे च कार्ये च तदनन्तरम् ॥⁶

After examining the disease by scriptural testimony etc.; the physician should

obtain knowledge regarding the nature of disease and therapies required therefore.

ज्ञानबुद्धिप्रदीपेन यो नाविशति तत्त्ववित् !

आतुरस्यान्तारात्मानं न स रोगांश्चकिसति ॥⁷

When a physician who even if well versed in the knowledge of the disease and its treatment, does not try to enter into the heart of the patient by virtue of the light of his knowledge, he will not be able to treat the disease.

Utility of Diagnosis:

- Early diagnosis helps in complete and faster recovery
- Early diagnosis helps in prevention of complications
- The accurate diagnosis helps in planning precise treatment for destroying the root cause of disease and thus recurrence of disease.
- Early and correct diagnosis saves money and reduces mental stress of the patient.

Elements of Diagnosis:

| | |
|--------------|--|
| Dosha: | Sthana (location), Atma rupa (cardinal symptom), Prakopa Lakshana (symptoms of aggravated humor), Gati (movement), |
| Dooshya: | khavaigunya (genetic defect or defect in tissues), |
| Srotas: | Srotodushti Lakshana (symptoms of vitiation of channels) |
| Agni: | Ama (indigested matter) |
| Srotodushti: | Atipravriti (over activity), Sangha (obstruction), Siragranthi (tumor), Vimarga gamana (displacement) |
| Roga marga: | Shakha (periphery), Marma-Asthi-Sandhi and Kosktha (vital tissues, bone, joint & GIT) |

Diagnosis of unknown or new disease:

The methodology of understanding an unknown disease has been described in

Charaka Samhita based on Aptopadesha Pareeksha. They are Prakopa (causative factors), Yoni (site of origin), Uthana (site of expression), Atmanam (cardinal symptoms), Adhithana (location), Vedana (pain), Samsthana (clinical features), Sabda (sound), Sparsa (touch), Rupa (inspection), Rasa (taste), Gandha (smell), Upadrava (complication), Vridhi (increased Dosha), Sthana (normal dosha), Kshaya (decreased Dosha), Udarka (post diseases weakness), Nama (nomenclature), Yoga (medicine) and Pratikararta Pravritti (giving treatment) and Nivritti (avoiding treatment for patient).⁸

Confirmation of the diagnosis:

After the complete examination of the patient, if physician fails to arrive at final diagnosis, then he has to seek the help of confirmatory tests.

Few confirmatory tests, which helps in the final diagnosis mentioned in classics are-

- Purisha Nimajjana Pareeksha (stool sink test)⁹
- Dushita Rakta Pareeksha (examination of vitiated blood) -A) By dog etc. B) Stain Test¹⁰
- Mootra Pareeksha (examination of urine)- Peepalika Abhidhavanam¹¹
- Taila Bindu Pareeksha (Yog Ratnakar)
- Shukra Pareeksha (examination of semen)- Nimajjana- Avasadi, Phenila¹²
- Stanya Pareeksha (examination of breast milk)¹³
- Artava Pareeksha (examination of menstrual fluid)¹⁴

Current Practice

There are two types of diagnosis viz. provisional and final.

Acc. to Vaidya C P Shukla (Former Dean, IPGT &RA, Gujarat Ayurved University, Jamnagar), diagnosis is of 3 types,

- Direct or straightforward diagnosis-** Diagnosis made purely on the basis of clinical features told in the classics.
E.g. Vataja gulma, Kamala, Amavata
- Indirect-** Some features of the disease matches with disease explained in the classics. E.g. wet gangrene = Kardama Visarpa, Leukemia/Hodgkin's Lymphoma = Granthi Visarpa, CRF = Tridoshaja Chardi
- Diagnosis of unknown/new disease-** Diagnosis made with the help of Aptopadesha Pareeksha Bhava.
E.g. SARS, Fibromyalgia, HTN

Vaidya C.P.Shuklaji opines that, the deeper understanding of disease pathology in terms of modern helps in the Ayurvedic diagnosis as well as prognosis. For example, in case of Prostate Cancer, if the physician doesn't know the symptoms of Mutravaha Srotodushti¹⁵ are due to Arbuda (Vataashtheela)¹⁶ and he simply treats on the lines of Mootraghata, eventually it will lead to metastasis and death. He opines that, the practitioner should first do diagnosis on the basis of principles of Ayurveda. In case the physician fails to arrive at final diagnosis, then he can take the help of modern diagnosis. Some hard core practitioners of Ayurveda think that there is no need of modern knowledge. But Vaidya C.P. Shuklaji contradicts this and he says that the modern knowledge enables the physician to know the subtle changes in the dooshya, prognosis, and management.

Discussion:

Ayurveda texts have described different of types of Pareeksha (Diagnostic methods) viz. Dvividha Pareeksha¹⁷, Trividha Pareeksha^{17,18}, Chaturvidha Pareeksha¹⁹, Panchavidha Pareeksha²⁰, Shadhavidha Pareeksha²¹, Asthavidha Pareeksha²², Dashavidha Pareeksha²³, Ekadashvidha Pareeksha^{24,25}, Dvodashavidha Pareeksha²⁶ which are very precise, elaborative and very practical. Also, these diagnostic methods are economical.

Modern imaging methods like CT scan, MRI, EEG are a useful tools for the diagnosis of the deep seated diseases in a particular organ. However, they are expensive and not afforded by all patients. Also, in the reporting of these investigations, it is written in the end “Please correlate clinically”, which shows that Pratayaksha Pareeksha^{27,28}, Aptopadesha Pareeksha and Anumana Pareeksha are most important. For examples, in case of Tuberculosis patient, Clinical examination is the diagnostic tool. If the patient is suffering from the clinical symptoms of TB like evening rise of temperature, night sweats, weight loss, anorexia etc. then the patient may be suffering from TB. Investigations useful in TB e.g. TB Gold, Mantoux’s test, chest X-Ray, ESR are not 100% reliable. So, it is the need of time to increase our proficiency in clinical diagnosis. We should try to inculcate the knowledge of clinical diagnosis in our students and explain to them the utility of the clinical diagnosis. Knowing the use of modern diagnostic methods is appreciable, but it is more important to know the conditions in which these investigations should be used. Overuse of laboratory investigations must be discouraged. E.g. in Amavata patient, if the clinical features of swan neck deformity, ulnar deviation of the hands etc. are obvious, then the use of routine investigations like RA Factor, CRP, Anti-CCP etc. become irrelevant in most of the cases. So, for better understanding and treatment of patients, the physicians should practice the clinical examination methods told in Ayurvedic classics and prefer judicious use of modern tools & methods of diagnosis.

Prospects of clinical diagnosis:

Vaidya can be classified into two categories, i.e. a) Vikalpavid & b) Avikalpavid. Vikalpavid (expert physician) is the one who can understand the subtle changes in Dosha, Dhatu, Mala, Agni, Srotas and its variations by his Dhyana Chakshu (sixth sense), capable of arriving at precise final diagnosis in shorter time. But in contrary, Avikalpavid is not able to do so.

Most of the current practitioners belong to second category due to lack of intuition and also practical training. They desperately need the help of modern methods to understand the subtle changes of Dosha, Dhatu and Mala. Here we want caution that only by modern knowledge of diagnosis cant helps but the Vaidya should have basic understanding & skill of Ayurvedic Clinical diagnosis.

The advantage of modern clinical diagnosis is that it helps in early diagnosis of the diseases condition and also to know the prognosis of patient.

Vaidya Vasant Patil has tried to correlate the laboratory investigations to Ayurvedic entities.²⁹

| Lab Tests | Ayurvedic correlation |
|--|-------------------------------|
| RBC, Hb %, WBC, Platelet Count, MCV, MCHC, MCH | Rakta Dhatu |
| Eosinophilia | Vata Vriddhi or Prakopa |
| ↑ neutrophilia | Saama Kapha and Pitta |
| ↑ Lymphocytes | Nirama Kapha |
| Serum electrolytes | Rasa Dhatu |
| Serum Calcium, Phosphate | Rasa Dhatu, Asthi |
| Serum Creatinine, EMG | Mamsa Dhatu |
| Serum Alkaline phosphatase, osteocalcin, Acid phosphatase, urine calcium (24 hour) | Asthi Dhatu |
| Semen Analysis, Testosterone, FSH, LH | Shukra Dhatu |
| Lipid profile | Rasagata Sneha (Abaddha Meda) |
| LFT (Liver Function Test) | Raktadhātu, Pitta Dosha |
| PFT (Pulmonary Function Test) | Prana Vayu |
| RFT (Renal Function Test) | Mutravaha Srotas |
| TMT, ECG, Echocardiography | Vyana Vayu |
| EEG, CT, MRI | Prana Vayu |

Conclusion: In order to diagnose the disease on the basis of Ayurvedic principles, the physician should work very hard to know the subtle changes occurring inside the body due

to the imbalance of Dosha. To become perfect in Ayurvedic diagnosis, the physician needs to understand Dosha Vikalpa (Dravyataha-Gunataha-Karmataha Vriddhi of Dosha), Dhatu Vaishmya (the quantum of vitiation, the status of Dhatu and Srotas), Agni Sthiti (Condition of the digestive fire viz. Samagni, Mandagni etc.) and status of Ama (Intermediate matter) in body.³⁰ If necessary the Vaidya can use modern tools and methods of diagnosis judiciously.

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