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Clinical understanding of *Ashtasthana Pareeksha*

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ABSTRACT

The thorough examination of the patient is the first step to be followed for the planning of treatment. There are different types of *Rogi Pareekshas* that have been mentioned in the classics and *Ashtasthana Pareeksha* is one among them. The *Ashtasthana Pareeksha* mentioned by *Acharya Yogaratnakara* is considered as one of the methods of examination of patient which helps in assessment of eight factors - *Nadi, Mutra, Mala, Jihwa, Shabda, Sparsha, Drik* and *Akriti* and their related abnormalities which in turn gives an idea regarding the normal and abnormal changes of these factors in diseased condition. The assessment of these eight factors helps in understanding the changes seen in an unhealthy person and acts as a tool for planning the treatment. Hence the *Rogi Pareeksha* plays an important role in the diagnosis as well as the treatment.

Key words: *Rogi Pareeksha, Ashtasthana Pareeksha, Yogaratnakara, Ayurveda*

INTRODUCTION

Nadi Pareeksha - the *Nadi* is felt at the wrist region that signifies the life of the patient through which the physician should be able to diagnose the health and ill health. For *Nadi Pareeksha* the physician and the patient should be seated in a comfortable position and the pulse should be examined in the morning *Prahara*. The physician must hold the patient's elbow gently with left hand and feel the pulse with the right index-middle and ring fingers kept in close.^[1]

The pulse should be examined thrice by using the intelligence. The *Vata, Pitta, Kapha* pulsations at the index, middle and ring fingers respectively and elicit its

characters like *Manda, Madhyama, Teekshna*.^[2]

There are about 3.5 crore of *Nadis* of which 24 are palpable among that, 8 are usually used for the purpose of examination.

1. *Angushtamula Nadi (Jeeva Nadi/Jeevasakshini Nadi)*
2. *Kanthamula Nadi*
3. *Gulphamula Nadi*
4. *Nasamula Nadi*
5. *Jihwamula Nadi*
6. *Netramula Nadi*
7. *Karnamula Nadi*
8. *Medhramula Nadi*

Following things should be noted while *Nadi Pareeksha*

Gati - rate, *Tala* - rhythm, *Yati* - volume, *Vega* - force, *Sparsha* (touch) - *Ushna, Sheeta*

Physiological state of *Nadi*^[3]

In a healthy person, the *Nadi* will be steady and forceful (with normal rate, rhythm, character and symmetry)

The wave form of *Nadi* resembles that of Swan or elephant with freshness on the face signifies the healthy pulse (*Swastha Nadi*)

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Pathological state of Nadi^[4]

- The *Nadi* resembles the movement like that of *Jaluaka / Sarpa* indicates the *Vata Prakopa*.
- The *Nadi* resembles the movement like that of *Sparrow, Kaaka, Madooka* indicates the *Pitta Prakopa*.
- The *Nadi* resembles the movement like that of *Hamsa, Paravata* indicates the *Kapha Prakopa*.
- The *Nadi* resembles the movement like that of *Lava, Tittira, Varti* indicates the *Tridosha Prakopa*.
- In case of *Dwandwaja Doshas*, the *Nadi* will be sometimes slow and sometimes fast.

Effects of Rasa on Nadi

Madhura - Manda, Amla - Manda, Lavana - Teevra, Katu - Bhramaravat, Tikta - Shlakshna, Kashaya - Kathina

Nadi Gati in various conditions

Jwara - Teevra Gati, Kshudha - Vishama Gati, Chinta - Manda Gati, Kama-Krodha-Udvega - Teevra Gati, Ama - Jada Gati, Ajeerna - Manda Gati, Rajayakshma - Gaja Gati

Prameha - Grathita Roopi Gati, Gulma - Vakra Gati, Pandu - Teevra Gati, Visha - Sarpa Gati, Grahani - Sookshma Gati^[5]

Contraindications for Nadi Pareeksha

Nadi Pareeksha should not be done in following conditions

Just after taking bath, after *Snehana*, after food intake, during hunger, during thirst, during sleep/ just after awakening.

Nadi indicating poor prognosis

Teevra, Kathina, Manda, Sookshma, Chyuta, Vishama Nadi

Pulse

- The rhythmic dilation of an artery that results from beating of the heart.
- It is often measured by feeling the arteries of the wrist and neck.

Characteristics

- Rate - the normal pulse rate is the number of beats per minute. It should be counted for one minute.
- Rhythm - it indicates the regularity and irregularity, whether it is completely irregular or regularly irregular.
- Volume - The degree of expansion displayed by artery during diastolic and systolic state is called volume. It depends upon the cardiac output and the caliber of the artery.
- Force - It is the approximate measure of the systolic pressure felt by compressing with the proximal finger.
- Character - The nature of the pulse wave i.e., the rise and fall of a particular wave is recognized as the character.
- Condition of the Arterial wall - The thickness of the wall is estimated by rolling the artery on the underlying bone of the wrist. In young age, arteries are soft difficult to palpable, in old age, arteries are easily palpable.
- Temperature of the skin - The temperature over the part where the pulse is being examined is also felt with clinical examination of the pulse.

Causes of increased pulse rate

Exercise, fear, anxiety, stress, anger

Pathological causes of increased and decreased pulse rate

Tachycardia - hypertension, coronary artery diseases, heart valve diseases, heart failure, tumours, infections, fever

Bradycardia - hypothyroidism, hashimoto's disease, Opium Poison, Heart block, Pressure on vagus nerve

Character of pulse in various conditions

- Anxiety - Feeble and Low-Tension Pulse
- Pneumonia - Rapid pulse
- Bacillary Dysentery - Rapid and Small
- Rheumatic Fever - Soft and Rapid

- Sepsis - Rapid Pulse

1. Mootra Pareeksha^[6]

The patient should be awakened in the early morning at 4 and the urine should be collected in a fresh glass jar which is examined after the sunrise.

The patient is asked to discard the first stream and the middle stream should be used for the examination for better results.

Characters of Mootra according to Doshas

Vata - Pandura, Pitta - Raktavarna, Kapha - Saphena, Dwandwaja - mixed features, Sannipataja - Krishna Varna

Taila Bindu Pareeksha^[7]

Parameters for the assessment

Direction, Speed, Distribution, Shape, Sinks / Floats

Observations: Vyadhi Sadhyasadhyata

The urine sample is taken in a wide mouth vessel and a drop of *Tila Taila* is put with the help of *Trina* and observed for the changes. The spread of the *Taila Bindu* assessed based on the parameters indicating the good and bad prognosis.

Good prognosis^[8]

- *Purva* - the patient becomes healthy soon
- *Dakshina* - in a patient with *Jwara*, gradually the person becomes healthy
- *Uttara* - the disease gets cured.

Bad prognosis

- *Ishanya* - Patient dies in a month
- *Agneya/Nairutya* - patient dies
- *Vaayavya* - patient dies
- Different shapes - indicates *Asadhya Lakshanas*
- Definite recovery - *Hamsa, Kamala, Gaja, Chatra*
- No recovery - *Koorma, Shara* human body without head.

Characteristics of Mutra in various conditions

Mutrakricchrata - *Ashmari Purvarupa, Kaphaja Arshas*

Peeta Mutrata - *Pittaja Mutrakricchra, Pittaja Pandu*

Shukla Mutrata - *Kaphaja Pandu, Udakameha*

Tandulodakavat - *Ajeerna*

Picchila Mutra - *Udakameha*

Krishnamutrata - *Vataja Arshas, Kaalameha*

Common symptoms: *Atimutrata, Mutralpata, Amutrata, Pooyamutrata, Raktamutrata, Shwetamutrata.*

Urine examination^[9]

- Physical examination - volume, colour, odour, reaction & pH, specific gravity, sediment formation
- Chemical examination - glucose, bile salts, bile pigments, ketone bodies, albumin, occult blood
- Microscopic examination - pus cells, RBC's, epithelial cells, casts, crystals

Physical examination

1. Volume - in an adult normal average daily volume of urine is about 1200-1500ml
2. Polyuria - quantity more than 2500ml (diabetes mellitus)
3. Oliguria - less than 500ml per day (renal calculi)
4. Anuria - complete suppression of urine (renal calculi)
5. Colour - normally urine will be pale yellow to dark amber.
6. Appearance - normal is clear, it appears cloudy due to phosphates, appears turbid due to presence of protein or RBC's
7. Odour - the presence of ketone bodies the urine exhibits sweet smell, and if the urine is contaminated with bacteria it exhibits pungent smell.
8. Reaction and pH - 4.6-7.0 slightly acidic. High protein intake, consumption of acidic fruits produces acidic urine and intake of vegetables and citrus fruits causes alkaline.
9. Specific gravity - 1.003 to 1.030

Specific gravity increases when the fluid intake is low, diabetes insipidus and decreases when the fluid intake is more, in diabetes mellitus.

Chemical examination of urine

1. Glucose - diabetes mellitus
2. Bile salts - hepatic and post hepatic conditions
3. Bile pigments - hepatic and post hepatic conditions
4. Ketone bodies - fever, severe diabetes mellitus
5. Albumin - pre renal conditions, heart disease.
6. Occult blood - renal calculi, acute nephritis

Microscopic examination

Pus cells - UTI, acute glomerulonephritis

Epithelial cells - more than 5/HPF in pyelo nephritis, acute tubular necrosis

Crystals - present in high concentration in renal calculi.

2. Mala Pareeksha^[10]

Properties of Mala according to the Dosha predominance are as follows,

- Vata Prakopa - Ruksha, Kathina, Krishna
- Pitta Prakopa - Peeta, Ushna
- Kapha Prakopa - Shweta, Snigdha
- Tridosha Prakopa - Krishna, Peeta, Shweta with foul smell

Properties of Mala indicating poor prognosis

The Mala which is too black, too white, too yellow or too red

Mala Pareeksha

Jala Nimajjana Pareeksha is done to check whether it is Sama or Nirama

A small amount of Mala is put in a container with water and observed for the changes. If it sinks, then it is Sama Mala and if it floats then it is Nirama Mala.

Characteristics of Mala in various conditions

- Amagandhi - Amatisara
- Kunapagandhi - Chidrodara

- Ghana/ Grathita - Sangrahani, Vataja Arshas
- Picchila Purisha - Kaphaja Arshas, Sangrahani
- Shushka Purisha - Udavarta, Vataja Grahani

Change in consistency

- Sandra - Kaphaja Atisara
- Vibaddha - Vataja Prameha
- Drava - Vataja Arshas
- Bhinna - Shleshmaja Grahani
- Shushka - Vataja Grahani

Change in colour

- Krishna Varna - Vataja Gulma
- Rakta Varna - Pittaja Atisara, Pittaja Arshas
- Shukla Varna - Kaphaja Rogas
- Peeta Varna - Pittaja Arshas, Pittaja Atisara
- Hareeta Varna - Haleemaka
- Aruna Varna - Vataja Atisara, Sangrahani

Abnormal quantity / frequency

- Alpa - Vataja Atisara
- Alpalpa - Pravahika
- Atipravritti - Amatisara
- Sanga - Apana Vayu Avarodha, Atisara Purvarupa, Vataja Gulma
- Muhurmuhu - Vataja Grahani, Vataja Atisara
- Sashabda - Amatisara, Vataja Grahani, Vataja Arshas
- Krichra - Vidvighata, Vataja Ashmari

Change in the odour

- Durgandha - Kaphaja Atisara, Pittaja Pandu
- Amagandhi - Amatisara
- Kunapagandhi - Chidrodara Putigandhi - Jalodhara
- Visragandhi - Pittaja Atisara

Change in touch (Sparsha)

- Sheeta - Ajeerna, Kaphaja Atisara

- Ushna - Pittaja Atisara, Pittaja Arshas
- Snigdha - Kaphaja Atisara, Kaphaja Arshas
- Ruksha - Vataja Jwara, Vataja Atisara

Stool examination^[11]

Physical examination - colour, consistency, mucous

Abnormal colour

Black - bleeding in the upper GIT

Bright red - bleeding piles, contamination with the menstrual blood

Clay coloured - post hepatic jaundice

White - after barium meal

Abnormal consistency

Hard - constipation

Watery - bacterial infection

Rice water stool - cholera

Flattened and ribbon like - obstruction in the intestinal lumen

Chemical examination - for occult blood, pH

pH - Normal stool sample is slightly acidic, neutral or slightly alkaline

Occult blood

Microscopic examination - For ova-cyst

3. Shabda Pareeksha^[12]

Properties of Shabda according to the Dosha predominance are as follows,

Vata - Ruksha, Karkasha, Pitta - Sphuta, Kapha - Guru

The Shabda Pareeksha is not only the examination of change in the voice tone but it also includes the different kinds of sounds produced in the body in various disorders which is elicited through the help of Shrotrendriya or Shravanendriya.

It includes-

- Voice of the patient - Deena, Ksheena, Karkasha, Snigdha, Swarabheda
- Sounds produced in the abdomen

- Sounds produced during breathing
- Sounds produced during percussion
- Sounds produced by joints.

Abnormalities in the Shabda seen in various conditions

- Vatarakta - Sandhi Spathana
- Kshataja Kasa - Paravata Eva Koojana
- Apatantraka - Kapota Eva Koojana
- Swarabheda / Bhinnaswara - Vataja Pratishyaya
- Mahashwasa - Matta Vrushabha Eva
- Atopa - Udara, Gulma, Parinamashoola
- Adhmana - Baddhagudodara, Udavarta, Udara
- Antrakujana - Amavata, Gulma Purvarupa
- Anu Swara - Medajagalaganda

4. Sparsha Pareeksha^[13]

Sparsha / Sparshanendriya Pareeksha is the method of examination by touch. The things that are detected with the help of touch are- Sheetata, Ushnata, Karkashata, Slaksnata, Mriduta, Kathinata.

In Vataja Vikara - Sheeta Sparsha

In Pittaja Vikara - Ushna Sparsha

In Kaphaja Vikara - Ardra Sparsha

Abnormalities in the Sparsha seen in various conditions

Ushna Sparsha - Jwara

Mridu Sparsha - Pittodara

Kathina - Kaphodara

Dukha Sparsha - Kshataja Kasa

5. Jihwa Pareeksha^[14]

Doshanusara Lakshana

- Vataja Vikara - Ruksha, Sheeta, Sphutita
- Pittaja Vikara - Raktavarna, Shyava
- Kaphaja - Snigdha, Shubhra, Picchila
- Dwandwaja Vikara - Mixed Features

- *Tridoshaja Vikara - Sphutita, Shyava, Ruksha*

Characteristics of *Jihwa* in various disorders

- *Jihwa Lepa - Amlapitta*
- *Neela Jihwa - Madatyaya Asadhya Lakshana*
- *Jihwa Shosha - Trishna Nirodhaja Daha*

Underside of the tongue

- Dark veins indicate blood stasis, the darker the colour the more severe the stasis.
- If the veins are distended but not dark then it indicates the *Vata* imbalance.
- Distended veins indicate - *Kapha*
- Thin veins indicate - *Vata*
- Reddish purple and shiny veins indicate - *Pitta*
- White slippery veins indicate - *Kapha*

6. *Drik Pareeksha*^[14]

Dosha predominance, are the findings according to the *Dosha Prakopa*

Vata Prakopa - Dhumra Varna, Chanchala

Pitta Prakopa - Peeta, Tamra Varna

Kapha Prakopa - Shweta, Pluta

Apart from these findings, the other things that are to be examined are the findings of *Pratyaksha Pareeksha* like the *Varna, Samsthana, Pramana, Chaya* and other abnormalities visualised through the eyes.

Characteristics of *Netra* in various disorders^[15]

Drik in various *Vyadhi*

- *Jeerna Jwara - Nirbala, Nisteja*
- *Kamala - Peeta Varna*
- *Visuchika - Sunken*
- *Pandu - Akshikuta Shotha*
- *Manyasthambha - Urdhwagati*
- *Unmada - Chanchala*

Examination of Eye

Check for;

Icterus - yellowish discolouration of sclera in jaundice.

Visual acuity - checked with the Snellen's chart. It is the eye's ability to detect the fine details and is the quantitative measurement of the eye's ability to see an in-focus image at a certain distance. The normal visual acuity is 20/20 or 6/6

Visual field - it is the assessment of the extent of peripheral field which gets affected in hemianopia, scotoma.

Refractive errors - an optical abnormality of the eye in which a corrective lens is needed for proper focusing.

Ex: myopia, hyperopia, astigmatism

Pupil function - checking the pupils for size, shape, reactivity to light, direct and consensual accommodation.

Ocular motility - done to check for the double vision and in neurologic diseases.

Other conditions like - Xerophthalmia, Blepharitis, Ptosis, Iritis, Trachoma, Lacrimation, Pterygium

7. *Akriti Pareeksha*^[17]

It is for the assessment of *Ayu Pareeksha, Pramana Pareeksha*

It is the assessment of physical structure, gait, decubitus, nutritional status, BMI, aging features.

Akriti Pareeksha is an observable examination from head to toe. It can be made conveniently as observation of general appearance - *Mukhantargataa, Bhavavyaktikarana, Shiras, Netra, Mukhavarana, Oshta, Nasika* etc.

The general appearance is the index of *Deha Prakriti* - Lean, short, thin body with *Shyava Varna - Vata Prakriti* *Madhyama Shareera, Aruna Varna - Pitta Prakriti*

Stoola, Guru, Gaura Varna Shareera - Kapha Prakriti

Helps in the assessment of *Ashta Nindita Purusha* on general appearance itself.

There are certain other classification grouped according to body configuration like;

- Asthenic type - thin, emaciated, tall with long neck, flat chest, slender hands with long fingers (*Vataja Prakriti*)
- Sthenic type - short, broad neck, quadrangular palm with stumpy fingers (*Pittaja Prakriti*)
- Plethoric type - same as sthenic type, but with florid complexion and suffused eyes (*Kaphaja Prakriti*)
- Pthisical type - asthenic type with poor nutrition (*Vatapittaja Prakriti*)

Observation of Shiras

Kapala - shape, size, swelling, bulging etc.

Circumference of skull to be checked.

Abnormalities-

Ex: Hydrocephalus, Acromegaly, Oestitis deformans

Mukha - appearance (physiognomy of face)

Abnormalities of facial appearance

Ex: leonine, bisexual, acromegalic, moon, cretoid etc.

Mukhavarna - apart from the *Prakrita Varna* (*Krishna, Gaura, Shyama, Shyamavadata*)

Ex: *Pandu, Neela, Haridra, Shukla, Shweta* etc.

Mukhantargata Bhavavyaktikarana - facial expressions

Ex: restless, anxious, expressionless, apathic, sunken eyes, shifty etc.

Netra - check for changes in the conjunctiva, nerve palsy, ptosis etc.

Oshtha - *Varna, Vrana, Rukshata, Shotha, Upalepa*, any other congenital anomaly.

Nasika - check for congenital anomaly, saddle nose, beaked nose, destruction of nasal septum, cyanosis etc.

Karna - check for size, shape, texture, secretion, tophi, cauliflower ear etc.

It includes-

General appearance - visible deformities, history of weight gain / loss, appearance consistent with the age.

Any visible deformities, short and tall, weight gain/loss, thin - muscular etc.

Physical attitude - Position of the patient

Patient with abdominal pain, lies still, joint diseases have an attitude of helplessness etc.

Gait - differs in patients with nerve palsy, joint pain, and neurological disorders

Spastic, hemiplegic, stamping, waddling, festinant etc.

Decubitus - posture adopted by the patient when lying on the bed in different conditions of illness.

Severely ill patients unable to change postures or move, abdominal pain- lie still, colicky pain- restless etc^[18]

Diseases where the *Akriti* gets affected,

Kubjatwa - *Snayugata Vata, Kubjata*

Karshya - *Rajyakshma, Arsha, Jwara*

Kampa - *Apasmara, Murcha, Kampavata, Hikka*

Dehavakrata - *Gridhrasi*

Akshepa - *Apasmara, Vatavyadhi*

Balakshaya - *Vatavyadhi*

DISCUSSION

According to modern science, the radial pulse should be palpated with the pads of fingers on the flexor surface of the wrist which helps to feel the pulse. Comparison should be done by palpating the pulse in both the arms. There are several systems of grading the amplitude of the arterial pulse using a scale of 0-4.

3+ bounding, 2+ brisk- expected (normal), 1+ diminished - weaker than expected, 0 absent - unable to palpate.

If the arterial insufficiency is expected, the brachial pulse is checked by slightly flexing the patient's elbow and palpating the artery just medial to the biceps tendon at the antecubital crease. There are conditions where the bounding carotid, radial, and femoral pulses present in aortic insufficiency and asymmetric diminished pulses occur in arterial occlusion from atherosclerosis and embolism.

A flourishing and moist tongue indicates a good supply of bodily fluids. A dry and withering tongue indicates the exhaustion of bodily fluids. Flourishing is called "to have spirit" and indicates brightness, clear colour, freshness and a light red colour. All these attributes indicates life; the absence of them indicates death. A bright moist and blood coloured tongue indicates life; a dark withered tongue with no blood colour indicates death

Purisha Pariksha as such gives information about so many physiological and pathological states of the body like, Status of *Agni*, Symptoms of abnormal *Doshas*, disease prognosis

On the basis of bodily measurements or physical anthropometry, three main types of humans are identified based on preponderance of germinal layers as,

Endomorph - soft, round contour with well developed cutaneous tissues.

Mesomorph - wide, stocky, muscular individuals.

Ectomorph - long, narrow hands and feet, shallow thorax with a thin chest.

This somatotyping classification of anthropology can be considered as *Kapha, Pitta, Vata Deha Prakriti*.

CONCLUSION

In females left hand is preferred and in males right hand is preferred. The anatomical location of the two trunks of autonomic nervous system (ANS) namely sympathetic and parasympathetic system are located on the right and left side of the body respectively. These two components of ANS are known to physiologically correspond with the masculine and feminine behaviour and function respectively. Hence a woman is known to be a parasympathetic individual whereas a man is a sympathetic. The *Ida Nadi (Chandra Nadi / Stree Nadi)* is located on the left side of the body and is linked with left nostril while the *Pingala Nadi (Surya Nadi / Purusha Nadi)* is located on the right side of the body and is linked with right nostril. *Ida* and *Pingala* function similar to parasympathetic and sympathetic autonomic nervous systems respectively.

For the *Taila Bindu Pareeksha* the urine should be collected when 4 *Ghatika* are left in the last *Yaama* of night (1 *Ghatika* = 24 mins, which means approximately 1 hour 36 minutes). The drop of oil spreads on the fluid where the extent of spread depends on the density, viscosity and surface tension of the oil and the urine. For the accurate results, the urine sample in the container should be stabilised. The fresh morning sample is preferred and considered as reliable because of the adequate quantity as well as the urine is concentrated and the immediate influence of foods, drinks and other activities are minimal. The physician should thoroughly examine the patient as well as should have the knowledge regarding the disease before starting with the treatment. Hence it is important to diagnose the disease by using the appropriate methods and accordingly treat the diseases. The physician should develop the scientific knowledge and technical skill to acquire the complete knowledge required for the proper diagnosis of the diseases. These methods of examination were designed in such a way that they are applicable in to the diagnosis of a certain diseases and these got modified with the time and additions were done according to the requirement.

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