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Concept of Vyadhi Pariksha in Hansaraj Nidan - A Diagnostic Study

Dr. Yogita Jain¹, Dr. Sumant Moreshwar Pande²

¹Phd Scholar, Department of Rog Nidan, Mahatma Gandhi Ayurved College, Hospital & Research centre, Salod, Wardha, Maharashtra

²Professor & HOD, Department of Rog Nidan, Mahatma Gandhi Ayurved College, Hospital & Research Centre, Salod, Wardha, Maharashtra.

Corresponding Author: Dr. Yogita Jain, yogitadr.yj@gmail.com

ABSTRACT:

Background: Vyadhi Pariksha is an essential component of Ayurvedic diagnosis, facilitating systematic assessment of disease characteristics through classical diagnostic parameters. However, the practical application of these concepts requires greater methodological standardization.

Objective: To evaluate the application of Vyadhi Pariksha principles described in Hansaraj Nidan in the systematic diagnostic assessment of patients.

Methods: A cross-sectional observational study involving 200 participants is proposed. Clinical assessment will include Nidana, Purvarupa, Rupa, Upashaya, Anupashaya, Dosha, Dushya, Adhithana, Agni, Ama, Srotas, and Samprapti Ghataka. Descriptive statistics and appropriate association analyses will be employed.

Results: The study will examine the distribution of diagnostic parameters and the consistency of overall Vyadhi Pariksha assessments. The actual results will be reported following analysis of verified clinical observations.

Conclusion: A structured approach to Vyadhi Pariksha may facilitate comprehensive documentation of Ayurvedic diagnostic reasoning and provide a foundation for developing reproducible diagnostic assessment frameworks.

INTRODUCTION

Ayurveda represents a traditional system of medicine in which disease diagnosis involves understanding the underlying pathological processes rather than exclusively identifying clinical manifestations [1]. The diagnostic framework emphasizes the relationship between Dosha, Dushya, Agni, Ama, Srotas, and Samprapti in determining the nature and progression of disease [2].

Vyadhi Pariksha constitutes an important component of Ayurvedic clinical examination [3]. It facilitates the systematic evaluation of disease characteristics through different diagnostic parameters, including etiological factors, premonitory manifestations, clinical symptoms, therapeutic responses, and pathological mechanisms [4,18].

The classical diagnostic approach emphasizes the importance of identifying Nidana, which represents the etiological factors responsible for disease development [5]. Purvarupa refers to premonitory manifestations, whereas Rupa represents the established clinical presentation [6]. Upashaya and Anupashaya contribute to diagnostic understanding through favorable and unfavorable responses to specific interventions or exposures [19].

Furthermore, assessment of Dosha, Dushya, Adhithana, Agni, Ama, and affected Srotas provides additional information regarding disease localization and pathogenesis [7,20].

Hansaraj Nidan provides a traditional framework for understanding disease assessment and diagnostic reasoning [8]. However, translating classical Ayurvedic concepts into structured clinical research requires clearly defined operational parameters and standardized documentation [9,21–24].

Previous research has highlighted the importance of developing standardized diagnostic tools in Ayurveda [10,25,26]. Edavalath and Bharathan (2021) emphasized the need for structured development and validation procedures for Ayurvedic diagnostic instruments [11]. Similarly, research evaluating Prakriti assessment has demonstrated the importance of reliability and methodological standardization [12].

Despite increasing research interest in Ayurvedic diagnostic frameworks, structured clinical investigations specifically examining the application of Vyadhi Pariksha require further development [13,27].

Therefore, the present study is designed to systematically evaluate the clinical application of Vyadhi Pariksha principles described in Hansaraj Nidan and explore their potential role in comprehensive Ayurvedic diagnostic assessment.

Aim

To evaluate the concept and clinical application of Vyadhi Pariksha in Hansaraj Nidan through a structured diagnostic assessment.

Objectives

1. To assess the distribution of different Vyadhi Pariksha parameters among the study participants.
2. To evaluate the relationship between Nidana, Dosha, Dushya, Agni, and Samprapti.
3. To assess the distribution of different diagnostic patterns identified through Ayurvedic clinical examination.
4. To examine the consistency between individual diagnostic parameters and the overall Vyadhi Pariksha assessment.
5. To develop a structured approach for documenting Ayurvedic diagnostic findings.

MATERIALS AND METHODS

Study Design

A cross-sectional observational diagnostic study will be conducted to evaluate the application of Vyadhi Pariksha principles in clinical assessment [28,29].

Study Setting

The study will be conducted in an Ayurvedic clinical setting following approval from the Institutional Ethics Committee.

Study Duration

The study will be conducted over a predefined period following institutional approval.

Sample Size

A total of 200 participants will be recruited for the proposed investigation.

Study Population

Participants presenting with clinical complaints and undergoing Ayurvedic diagnostic assessment will be considered for inclusion.

Inclusion Criteria

- Individuals aged 18 years and above.
- Participants presenting with identifiable clinical complaints.
- Individuals willing to undergo Ayurvedic clinical assessment.
- Participants providing written informed consent.

- Individuals with sufficient clinical information for evaluating the relevant diagnostic parameters.

Exclusion Criteria

- Individuals unwilling to participate.
- Participants with incomplete clinical assessment records.
- Individuals whose clinical information is insufficient for diagnostic classification.
- Participants requiring immediate emergency intervention.

Study Variables

The following variables will be evaluated:

Parameter	Diagnostic significance
Prakriti	Constitutional assessment
Nidana	Etiological factors
Purvarupa	Premonitory manifestations
Rupa	Clinical manifestations and severity
Upashaya	Favorable response
Anupashaya	Unfavorable response
Dosha	Predominant pathological Dosha
Dushya	Involved body tissue
Adhithana	Site of disease manifestation
Agni	Digestive and metabolic status
Ama	Assessment of Ama
Srotas	Involved bodily channels
Samprapti Ghataka	Pathological components
Overall Vyadhi Pariksha	Integrated diagnostic assessment

Data Collection Procedure

Participants will undergo systematic clinical evaluation using a structured data collection sheet.

Demographic information, including age and sex, will be recorded initially.

Subsequently, the assessor will document the etiological factors, premonitory manifestations, clinical presentation, and response to relevant diagnostic interventions.

The assessment will then proceed toward identifying the predominant Dosha, affected Dushya, disease localization, Agni status, presence of Ama, and affected Srotas.

Finally, the Samprapti Ghataka will be documented to establish the overall Ayurvedic diagnostic interpretation.

The overall diagnostic assessment will be classified as consistent, partially consistent, or requiring further evaluation according to predefined criteria.

Important: The operational definitions and diagnostic criteria must be finalized from the specified edition of Hansaraj Nidan before actual recruitment.

Statistical Analysis

Data will be entered into Microsoft Excel and subsequently analyzed using appropriate statistical software.

- Continuous variables will be presented as mean and standard deviation or median and interquartile range.
- Categorical variables will be presented as frequency and percentage.
- Associations between categorical diagnostic variables will be assessed using the chi-square test or Fisher's exact test.
- Age-related differences will be examined using appropriate parametric or non-parametric tests.
- Agreement between independent assessors will be evaluated using Cohen's kappa where applicable.
- A p-value less than 0.05 will be considered statistically significant.

RESULTS

Study Population

The proposed study includes 200 participants. The uploaded workbook contains illustrative records for all 200 participants; however, these records are synthetic and cannot be used to establish clinical prevalence or statistical associations.

The following tables are therefore provided as the planned reporting structure. Numerical results will be populated after replacing the illustrative records with verified observations.

Table 1. Sociodemographic characteristics

Variable	Category	Frequency, n (%)
Age	18–30 years	To be calculated
	31–45 years	To be calculated
	46–60 years	To be calculated
	Above 60 years	To be calculated
Sex	Male	To be calculated
	Female	To be calculated

Table 2. Distribution of Ayurvedic diagnostic parameters

Diagnostic parameter	Assessment categories
Prakriti	Vata, Pitta, Kapha, combinations
Nidana	Aharaja, Viharaja, Manasika, mixed
Purvarupa	Present, absent, undocumented
Rupa	Mild, moderate, severe
Upashaya	Favorable, unfavorable, no clear response
Anupashaya	Present, absent, not assessed
Agni	Sama, Vishama, Tikshna, Manda
Ama	Present, absent, uncertain
Srotas	Different affected Srotas

Table 3. Distribution of Samprapti Ghataka

Parameter	Classification
Dosha	Vata, Pitta, Kapha, Tridoshaja, combinations
Dushya	Rasa, Rakta, Mamsa, Meda, Asthi, Majja, Shukra
Adhisthana	Amashaya, Pakwashaya, Sandhi, Shirah, and other sites
Samprapti	Sanga, Vimargagamana, and other documented patterns

Table 4. Overall Vyadhi Pariksha assessment

Assessment	Frequency, n (%)
Consistent	To be calculated
Partially consistent	To be calculated
Requires further evaluation	To be calculated

DISCUSSION

Vyadhi Pariksha represents a comprehensive approach to understanding disease through multiple interconnected diagnostic dimensions. Unlike approaches that rely exclusively on symptom identification, Ayurvedic diagnostic assessment incorporates etiological factors, pathological involvement, tissue relationships, and disease progression.

The present investigation is designed to examine how these classical diagnostic components can be systematically documented in clinical practice using the framework described in Hansaraj Nidan.

One important consideration is the relationship between classical diagnostic concepts and contemporary approaches to diagnostic standardization. Developing structured assessment procedures may improve documentation, facilitate comparison between clinical observations, and support future validation studies.

Edavalath et al. (2021) [13] emphasized the importance of developing and evaluating Ayurvedic diagnostic tools through clearly defined diagnostic criteria, tool development, and validation procedures. Their proposed framework highlights the need to integrate qualitative and quantitative methodologies when investigating traditional diagnostic constructs. This approach is particularly relevant to Vyadhi Pariksha because its interpretation involves multiple clinical and pathological components rather than a single measurable variable.

Similarly, **Kurande et al. (2021)** [14] investigated the correlation between Prakriti assessment using the AyuSoft diagnostic tool and clinical evaluation by Ayurvedic physicians. Their findings demonstrated variable agreement across different Dosha assessments, emphasizing the importance of examining reproducibility in Ayurvedic clinical classification. Although Prakriti and Vyadhi Pariksha represent different diagnostic domains, their findings provide methodological support for evaluating consistency between structured assessment tools and clinical interpretation.

The importance of standardization has also been highlighted by **Fatangare et al. (2024)** [15], who reviewed technological developments in Nadi Pariksha. Their review discussed the potential application of sensor-based approaches in Ayurvedic diagnostic assessment while identifying methodological and standardization challenges. These observations support the broader need to develop reproducible documentation frameworks for traditional diagnostic procedures [30–34].

Furthermore, **Gupta et al. (2025)** [16] conducted a scoping review examining modern Prakriti assessment tools and their psychometric properties. Their findings demonstrated considerable variation in the validation status of existing assessment methods. The authors emphasized the importance of improving reliability, validity, and reproducibility. These findings are relevant to the present investigation because structured documentation of Vyadhi Pariksha could serve as an initial step toward developing more standardized Ayurvedic diagnostic instruments.

Venkatesh et al. (2025) [17] further examined the scientific validity of existing Prakriti assessment tools. Their review identified limitations in validation procedures, contextual applicability, and methodological consistency. The authors emphasized that substantial methodological development remains necessary before such tools can be considered sufficiently standardized for broader clinical applications. These findings reinforce the importance of distinguishing classical theoretical concepts from clinically validated assessment procedures.

Clinical Interpretation of Vyadhi Pariksha

The integration of Nidana, Purvarupa, Rupa, Upashaya, and Anupashaya provides a multidimensional understanding of disease presentation.

Nidana assessment helps identify potentially relevant etiological factors, whereas Purvarupa and Rupa contribute to understanding the progression from early manifestations to established clinical disease.

Similarly, Dosha and Dushya assessment provides a conceptual basis for interpreting the relationship between pathological factors and affected tissues.

The assessment of Agni and Ama may further contribute to understanding digestive and metabolic disturbances within the Ayurvedic framework.

Srotas assessment provides additional information regarding the channels involved in disease manifestation, while Samprapti Ghataka integrates these findings into a broader pathological interpretation.

Importantly, these parameters should not be interpreted as independent diagnostic tests. Their clinical relevance depends on their integration with the patient's history, examination findings, and predefined diagnostic criteria.

Implications for Future Research

The proposed investigation may provide a foundation for developing a structured Vyadhi Pariksha assessment instrument.

Future research should consider:

1. Development of standardized operational definitions for each diagnostic parameter.
2. Independent assessment by multiple qualified Ayurvedic physicians.
3. Evaluation of inter-rater and intra-rater reliability.
4. Assessment of construct validity and diagnostic agreement.
5. External validation in different clinical populations.
6. Comparison of classical diagnostic interpretations with standardized clinical documentation.

Such research could help determine whether structured Vyadhi Pariksha assessment improves consistency in Ayurvedic diagnostic documentation.

LIMITATIONS

The proposed investigation has several anticipated limitations.

First, the cross-sectional design will limit the ability to establish temporal relationships between etiological factors and disease progression.

Second, Ayurvedic diagnostic interpretation may vary according to the clinical experience and assessment approach of individual practitioners.

Third, the absence of universally accepted operational definitions for certain diagnostic parameters may introduce classification variability.

Fourth, the findings will depend on the completeness and accuracy of clinical documentation.

Finally, the proposed sample size of 200 participants may limit the generalizability of findings across different populations and clinical settings.

CONCLUSION

Vyadhi Pariksha represents an integrated diagnostic framework that considers etiological factors, clinical manifestations, Dosha involvement, affected tissues, Agni, Ama, Srotas, and Samprapti. The proposed study aims to systematically evaluate these parameters through a structured clinical assessment based on Hansaraj Nidan. Establishing standardized operational definitions and assessing diagnostic consistency may facilitate the development of reproducible Ayurvedic diagnostic documentation. Further multicentric investigations and validation studies are necessary to determine its broader clinical applicability.

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