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DASHA VIDHA PARIKSHA BHAVA AND DASHA VIDHA PARIKSHAS IN PANCHAKARMA

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ABSTRACT

Pariksha is an essential clinical tool used to assess the Ayu, varna, and bala of the patient, as well as nature of the disease, in order to decide the appropriate line of treatment.without proper examination (pariksha) treatment cannot be decided approapriately so for this our Acharya Charaka has eloberately described Dashavidha Parikshas,namely Karana, Kaarana, Karyayoni, Karya, Karyaphala, Anubandha, Desha, Kala, Pravritti, and Upaya.along with Pariksha Bhavas like Prakriti, Vikruti, Sara, Samhanana, Pramana, Satmya, Satva, Ahara Shakti, Vyayama Shakti and Vaya. This study attempts to establish the relevance and applicability of the Dashavidha Pariksha and Dashavidha Pariksha Bhavas in the assessment and treatment of disease especially Panchakarma, aiming to enhance the success of treatment outcomes.

AIM AND OBJECTIVE

To explain the concept of *Dasha Vidha Pariksha Bhava* and *Dasha Vidha Pariksha* in relation to Panchakarma procedures.

MATERIALS AND METHODS

A detailed literary review was done from various *Samhitas*, classical Ayurvedic textbooks, and research articles.

INTRODUCTION

A thorough assessment of the Roga and *Rogi* is essential for planning any *Panchakarma* procedure which is necessary to gain knowledge of dosha bala, vyadhi bala and vyadhita bala. *Rogi Pariksha* is carried out through the *Dashavidha Parikshas*, which include ten *Pariksha Bhavas* [1]. Among these, the first and most important is *Karana* which is said as physician, followed by *Kaarana* (medicine), *Karya* (disease), *Karyaphala* (*Dhatusamya* or equilibrium of body tissues), *Anubandha* (life span or *Ayu)*. *Desha* (*Bhumi desha* and *Atura Desha*, *Atura pariksha* further includes *Prakriti*, *Vikruti*, *Sara*, *Samhanana*, *Pramana*, *Satmya*, *Satva*, *Ahara Shakti*, *Vyayama Shakti* and *Vaya*. *Kala* is classified into two types *Nityaga* and *Avasthika*. *Pravritti* refers to the initiation of treatment based on the *Yukti* of the physician and *Upaya* denotes the therapeutic protocol or line of management. Hence, before commencing any *Panchakarma* therapy, a comprehensive analysis of these factors is essential. Proper assessment ensures the accurate selection of treatment modalities and contributes to successful disease management.

Importance of dashavidha pariksha in Panchakarma

- Karana refers to the physician. According to Chikitsa Chatushpada, the four essential components of treatment are *Vaidya* (physician), *Bheshaja* (medicine), *Paricharaka* (attendant), and *Rogi* (patient). Among these, the *Vaidya* is supreme, as the physician's *Yukti* plays crucial role for the accurate diagnosis and effective treatment of diseases.
- Kaarana refers to *Bheshaja* (medicines) or instruments used during treatment.
- *Karya Yoni* relates to the imbalance of *Doshas* and *Dhatus* (pathological state).
- *Karya* represents *Panchakarma* procedure which is indicated in specific conditions.
- *Karyaphala* denotes *Nivritti*, i.e., relief from the disease when the *Doshas* get allevates or eliminated from body and balance is restored.
- *Anubandha* refers to the patient's *Ayu*. Following *panchakarma*, the patient attains the *Rasayana* effect, which promotes rejuvenation and anti-aging benefits
- *Atura Desha*, as previously mentioned, includes ten factors. These factors are carefully considered during preventive, curative and promotive *Panchakarma* therapies.
- Kala (time) is of two types: *Avasthika* and *Nityaga*. Shodhana should be administered only during *Avasthika Kala*, while *Rutu Shodhana* [2] can be performed during *Nityaga Kala* according to seasonal variations for example, *Basti* in *Varsha Ritu*, *Vamana* in *Vasanta Ritu*, and *Virechana* in *Sharad Ritu*.
- Pravritti refers to the initiation of treatment
- Upaya involves the first three factors of *Pariksha Karana*, *Kaarana*, and *Karya Yoni* which together help formulate the
- treatment protocol. By carefully considering these ten factors, *panchakarma* can be safely and effectively initiated.

Importance of dashavidha Pariksha bhavas in Panchakarma
Prakruti

Prakruti refers to an individual's *Swabhava*, they are inherent characteristics. It encompasses both the physical and mental constitution of a person and is determined at the time of conception. Assessment of *Prakruti* provides specific knowledge regarding *Dosha* predominance and mental constitution (*Satva*), which is crucial for planning and

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conducting *panchakarma* therapies. Before initiating any *Panchakarma* procedure, evaluation of the patient's *Sharirika Bala* and *Manasika Satva Bala* is essential.

- Panchakarma not only helps to cure the disease but it will also help to prevent the disease, hence based on individuals prakriti the specific panchakarma procedure, Ritu shodhana can be selected.
- Vata predominant prakriti persons are prone to vataprakopa, in varsha ritu in such individuals, basti can be administered.
- pitta predominant prakriti persons are prone to pitta prakopa, in sharad ritu, in such individuals virechana can be administered.
- kapha predominant prakriti persons are prone to kaphaprakopa, in vasanta ritu in such individuals, vamana can be administered
- Additionally, the choice of *Snigdha* or *Ruksha, mridu - tikshna* substances is adjusted according to the patient's constitution, snigdha, mridu dravyas in vata prakrati and Tikshna, ruksha dravyas in kapha prakriti.

Vikruti

Vikruti refers to the current pathological state or disease condition of an individual, representing any deviation from their natural *Prakruti*. It reflects the imbalance of *Doshas* that has manifested due to *Nidana* sevana and can vary in severity, duration, and presentation.

Due to nidana sevana dosha dushti occur which further vitiates dhatus lead to dosha dushya sammurchana ultimately cause disease condition

- Vataja Vikruti: *Basti*
- Pittaja Vikruti: *Virechana* and *Raktamokshana*
- Kaphaja Vikruti: *Vamana*
- pakvashaya is vata stana, adhoga amashaya is pitta stana and urdwa amashaya is kapha sthana, shodhana is nothing but the elimination of doshas from nearest route hence basti in vata, virechana in pitta and vamana in kapha vikriti is indicated [3]
- In samsargaja and sannipatika conditions based on the pradhana dosha and presenting symptoms panchakarma treatment should be planned.
- In stanagata vikriti, stanika dosha should be treat first later agantuja doshas[4] hence panchakarma procedure, which acts on stanika dosha should be selected for therapy.
  E.g In case of kamala and tamaka shvasa virechana is considered as best as this disease is having udhbavastana of amashaya hence considering shodhana of stanagata dosha virechana karma is important.
- In chaya purvaka prakopavastha and in vriddha doshavastha panchakarma is helpful whereas in achaya purvaka prakopa and in kupita dosha avashta shamana is enough, this consideration helps in proper treatment.
- Shat kriyakala helps to select the most appropriate *Panchakarma* based on vyadhi avastha.

Sara

Sara refers to the essence of the *Dhatus* and represents the superior quality and functional efficiency of each tissue. It is an important parameter in assessing the *Bala* and *Pramana* of a patient, which is crucial before undertaking *Shodhana* procedures. Acharya Charaka explained 8 types of saara in shareera sthana they are tvaka sara, rakta sara, mamsa sara, meda sara, ashti sara, majja sara, shukra sara and satva sara

The assessment of *Sara* is particularly important before adopting panchakarma, as it indicates the patient's ability to tolerate the procedure and sustain its effects.

- Patients with Pravara or Madhyama Sara can tolerate the procedural effect of Tikshna dravyas hence panchakarma is indicated in such individuals but in avara sara it is not possible because the individual will not be able to tolerate the therapy if necessary mridu shodhana or nitya virechana can be administer rather than vamana or virechana for doshaharanartha.
- The individuals are more prone to different types of diseases based on sarata, eg rakta sara purusha is more prone to have skin diseases and virechana and raktamokshana is more helpful in that condition, similarly in rasa, mamsa and meda sara vamana is more suitable.
- Thus, evaluating *Sara* allows the practitioner to plan *panchakarma* according to the patient's dhatu sara, ensuring effective and safe treatment outcomes.

Samhanana

Samhanana refers to the compactness, firmness, and structural integrity of the body. It reflects well-developed and proportionate the bones, joints, and muscles.

- pravara samhanana along with vyadhibala plays major role for selection of vamana, virechana and basti.
- If the samhanana is pravara along with other pariksha bhavas then Tikshna shodhana can be administered, if it is avara then mridu shodhana can be administered.
- Thus, assessing *Samhanana* ensures the selection of appropriate Panchakarma procedures according to the patient's body constitution, enhancing efficacy and safety.

Pramana

Pramana Pariksha refers to the assessment of the dimensions and proportions of the human body (utsedha, Vistara and ayama). It helps evaluate the overall health, physical strength, and potential longevity of an individual.

Acharyas told swangula Pramana as unit of measurement during treatment example madanaphala for vamanartha is told in the Pramana of antarnakha mushti, pratimarsha nasya Dravya must be parvadwaya, anguli Pramana varies from one individual to the other according to age, hence patients anguli Pramana is very much important to avoid ayoga or atiyoga of aoushadha during panchakarma.

This assessment is also important in determining the suitability for panchakarma therapies, helps to attain Samyaka yoga and to avoid Ayoga or Atiyoga.

Satmya

Satmya refers to an individual's compatibility or tolerance toward substances and therapies. It is classified as Pravara, Madyama and Avara. Assessing Satmya helps determine patient strength, tolerance and suitability for different Panchakarma therapies.

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- Vamana and *Virechaka* drugs may be administered in Vati or Avaleha forms for patients unwilling to take them in kwatha or churna form and it can be mixed with other food items.
- Vamana is contraindicated in case of individuals who are not habituated to vomit i.e samvruta koshta [5] and virechana is contraindicated in daruna koshta i.e vata dominant, ruksha persons [6].
- In Sneha satmya person, who are habituated to take Sneha daily are snigdha in nature hence rukshana is done prior to shodhana [7] and in such individuals more Sneha matra is needed to attain Sneha satmyata.
- If the person is habituated to take ksheera daily, then during vamana akantapanartha ksheera can be selected.If the person is not satmya to take ksheera then ikshurasa, payasa, dadhi, takra can be used as vamanopaga for akantapana and virechanopagas like ksheera, draksha rasa, triphala Kashaya can be used.
- After shodhana Samsarjana krama is advised according to the individuals satmya ahara, If the patient is unwilling to take *Mamsarasa*, *Masha* yusha can be advised as an alternative, as it provides similar nourishing properties like mamsarasa.

Satva

Satva refers to the mental strength and resilience of an individual. It is essential for determining the indications and contraindications of Shodhana therapies.

- Individuals with Pravara Satva can tolerate all Panchakarma procedures safely, and any complications that arise can be managed easily.
- Avara Satva exhibit qualities such as vyaghra, chanda, bhiru in such individuals shodhana is contraindicated. counselling plays very important role in such individuals.
- Intensive procedures like Vamana, Virechana, Tikshna Niruha Basti, Pradhamana Nasya, raktamokshana and Kshara Basti are contraindicated in Avara Satva individuals if needed mridu basti can be administer with ghrita or ksheera instead of Tikshna basti.
- In Sukumara, Jalouka is indicated and siravyadha is contra indicated.
- In Avara Satva individuals, Tikshna dravyas like *Snuhi Ksheera* should be avoided as it may lead to atiyoga. Mild purgatives such as *Aragavadha* or *Trivrit Kalpas* can be used according to the disease condition. In necessary Tikshna dravyas like *Gomutra, Yavaksharajala, Chincha Swarasa* can be administered in smaller doses than usual.
- Alternatively, Nitya Virechana with a reduced dosage may be preferred over classical Virechana and Pratimarsha Nasya over Marsha Nasya.

Ahara shakti

Ahara Shakti refers to an individual's ability to ingest and digest food, which varies from person to person. It includes two components

1. Abhyavaharana Shakti – the intake capacity of food
2. Jarana Shakti – the digestion capacity of food

Assessment of Ahara Shakti is essential before selecting Sneha for Snehapana, as the type and quantity of Sneha depend on the patient's digestive capacity.

Additionally, evaluating Agni and Koshta helps determine the appropriate Shodhana dravya and dosage for Panchakarma therapies. By considering both Agni and Koshta, the selection of suitable therapeutic substances can be accurately planned.

Deepana and Pachana are recommended as Poorvakarma, Administering Deepana and pachana before Snehana therapy is essential, as these medicines stimulate Agni, enhance digestion, and improve the absorption of therapeutic substances, thereby facilitating Koshta Laghuta.

After Shodhana, the quality of Agni improves (*Vamite Vardite Vanhi*), leading to enhanced Guna and Karma of the agni, which supports better metabolism and therapeutic outcomes.

Vyayama Shakti

Bala refers to the overall strength and vitality of an individual, encompassing both physical (Sharirika Bala) and mental strength (Manobala or Satva). Assessing Bala is crucial for determining the suitability, intensity, and safety of Panchakarma procedures.

Assessment through Vyayama Shakti:

- Vyayama Shakti represents the individual's capacity for physical activity and endurance. It serves as an indirect measure of Sharirika Bala.
- Pravara Vyayama Shakti person can tolerate Tikshna Shodhana, as their constitution can tolerate intense therapies. Patients with Avara Bala are not suitable for Shodhana therapies, as their physical condition may not tolerate the stress of intensive cleansing procedures, Sukumara persons can be advised mridu Shodhana, to avoid complications.

Vaya

The age of the patient plays a significant role in planning and conducting Panchakarma procedures, indicated in Madhyama vaya and contra indicated in bala and vriddha vaya if necessary, mild Shodhana can be administered.

Dosha predominance according to age:

- Bala: Kapha dosha pradhanata
- Madhyama Vaya: Pitta dosha pradhanata
- Vriddha: Vata dosha pradhanata

Age-specific Panchakarma guidelines [8]

- Children: Anjana, Lepa, Snana, Abhyanga, and Pratimarsha nasya therapies can be administered since birth.
- Kavala: Can be started from 5 years of age.
- Nasya: Can be performed from 7 to 80 years of age.
- Vamana, Virechana and siravyadha: Recommended between 10 to 70 years.
- Dhuma: Can be performed after 18 years of age.
- Acharyas have also recommended adjusting the quantity of Basti (Basti Yantra Pramana) according to age.

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Niruha basti matra[9]

Upto one year	Ardha prasruta or one pala
1-12 years	Increase 1 pala every year till it becomes 12 pala (6 prasruta)
At 12 -18 years	increase 2 pala every year till it becomes 24 palas (12 prasruta)
At 18- 70 years	24 palas (12 prasruta)
After 70 years	20 palas (10 prasruta)

The quantity of *Anuvasana Basti* is generally one-fourth of the *Niruha Basti*[10], adjusted according to the age of the patient.

A skilled physician can modify the type of Basti Dravya and its matra based on the Rogi bala, vaya and prakriti, using their Yukti to ensure safe and effective therapy.

DISCUSSION

Proper assessment through Dashavidha Pariksha and Pariksha Bhavas plays a vital role in planning preventive, promotive, and curative aspects of Panchakarma treatment. The application of the Dashavidha Pariksha concept helps the physician to understand the prognosis of the disease, ensuring that the procedures are performed safely and effectively. This comprehensive evaluation allows for the formulation of a well-structured treatment protocol, leading to optimal therapeutic outcomes while minimizing adverse effects.

Each type of Pariksha holds its own importance. The Pariksha Bhavas guide the physician in determining the dosage, selection, and suitability of specific Panchakarma procedures. Similarly, the Karana and other Parikshas highlight the essential qualities of the physician, the appropriateness of the instruments and the overall treatment plan.

CONCLUSION

A physician who masters these methods of examination can diagnose accurately, treat effectively and achieve success in practice, gaining reputation, professional recognition and trust. Ultimately, the proper execution of Panchakarma, following thorough Pariksha, not only aids in the cure of diseases but also contributes to their prevention and health promotion.

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