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Review Article

Understanding of Roga Pareeksha according to Charaka Samhita

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ABSTRACT:

In the present era, the major obstacle as well as task faced by *Ayurveda* scholars is to develop and to express the perspective of *Ayurveda* as presented in the original terms and make the world understand and develop an orientation to the principles of *Ayurveda* as mentioned in the classical texts years back. In the present article, the effort is made to explain the principle of order of the examination of disease or *Roga Pareeksha* with the appropriate rationality using various *Tantrayukti* (tools to understand texts). The importance given in *Ayurveda* for examination of a patient can be appreciated by the word used '*Sparsha*' or touch but it is more than just 'Palpation'. It is mentioned as the last among examination through sense organs and considered to be most important as it verifies all the previous findings, as well as there, will be *Sparshana* till the *Manas* or mind. The purpose of this article will be fulfilled when the principle of order of examination of disease or *Roga Pareeksha* and its importance will be accepted globally as the most logical and reasonable ones.

KEY WORDS: Roga Pareeksha, Tantrayukti, Sparshana, Manas

INTRODUCTION:

Roga Pareeksha or understanding of disease and Rogi Pareeksha or examination of the patient are the two important means through which treatment is planned and provided. Understanding of disease is explained in detail as Roga Vishesha Vijnana in Charaka Samhita Vimana Sthana as Trividha Roga vishesha Vijnaneeyam and examination of patient is explained in *Rogabhishagjiteeyam Vimana Adhyaya*^{1,2}. Here these concepts are better understood by applying Adhikarana, Vidhana, Uhya and Apavarga Tantrayukti 7.

Literary Review

The 3 means through which knowledge of disease can be attained are- 1. *Aptopadesha*¹ which is defined as words of authoritative personalities or *Pareekshaka*³ for the subject in the form of book or article though which information can be quoted or referred. 2. *Pratyaksha* is the knowledge attained through direct perception through the healthy sense organs. 3. *Anumana*- the inference attained through the knowledge of sense organs, past experiences and words of learned people.

In the understanding of disease, *Aptopadesha* gives knowledge regarding the cause of disease, signs and symptoms of disease, aggravating factors of disease, prognosis of disease etc.

The Physician must use his sensory organs to analyze these factors in patients and document them for better understanding of disease. Various examples are given regarding the factors observed in body to understand the perception of each sense organ and its relation with the possibility of particular signs or disease. The sequences of sense organ perception are mentioned as *Shabda* (auditory perception), *Roopa* (visual perception), *Rasa* (gustatory perception), *Gandha* (olfactory perception) and finally *Sparsha* (haptic perception).

When further 'Sparsha' concept is analyzed and referred, in Kathidhapurusheeyam Shareeram, it is

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mentioned all the *Mahabhoota* are felt through *Sprashanendriya* i.e. touch except *Akasha* which can be perceived through the 'absence of touch'. *Khara*-roughness (of Prithvi), *Drava*-Fluidity (of Ap), *Chala*-Mobility (of Vayu), *Ushna*-heat (of Teja) are all the various perception felt under touch³.

In the later reference of the same chapter, *Acharya* highlight the importance of *Sparshana* once again. *Saprshanendriya* is not limited to one Sense organ but it is generalized to all the *Indriya* including *Manas* or Mind⁴.

The third way of examination of disease is done through *Anumana* or Inference. Various examples are given like by knowing the digestion of patient the power of digestion can be recognized, strength can be known through the extent of physical activity patient can involve in and so on.

DISCUSSION:

On applying the *Vidhana Tantrayukti* to the sequence of means to understand diseases – *Aptopasdesha*, *Pratyaksha* and *Anumana*, it can be derived that the same sequence will be followed for understanding of any kind of task because, in *Tisraishaneeya Adhyaya*, the concept of *Punarjanma⁵* is also analyzed and proved in the above-said order of means of knowledge. But the number varies. *Yukti* is mentioned in *Charaka Samhita Sutra Sthana* 11th Chapter. In understanding the disease it is stressed by the author and Commentator that *Yukti* is incorporated in *Anumana*¹.

When applying *Vidhana Tantrayukti* to understand the sequence of *Artha* of *Pratyaksha Pareeksha* or examination through sense organs, the sequence of knowledge obtained is listed as *Shabda, Roopa, Rasa Gandha* and *Sparsha*. This sequence differs from the reference in *Indriyopakramaneeya adhyaya* of *Sutra Sthana*⁵ and *Katidhapurusheeyam Shaareeram Adhyaya*⁶ which is in the order *Shabda, Sparsha, Roopa, Rasa* and *Gandha*. These references are mentioned according to *Srushti Krama* or the order of creation.

But in *Adhikarana* or the context of explaining *Roga Pareeksha* or examination of disease, it is an exceptional case or *Apavarga Tantrayukti*. The sequence of knowledge obtained is as *Shabda, Roopa, Rasa, Gandha* and then *Sparsha*. The author does not give reason, relying on the *Uhana* or guess based on the intelligence of the Reader. Applying *Uhya Tantrayukti*, it is understood that the sequence is planned according to the order of observation as the patient approaches from a distance to nearer

proximity to the physician.

Chakrapani also comments that initially, the physician hears the various sound related to the patient, later he visualizes the *Roopa*, then does the inference of the taste related to patient and by questioning, he understands taste felt by the patient. As the Patient nears the physician, he senses the *Gandha* or the smell of patient and then finally goes for *Sparsha Pareesha* or examination by palpation. Finally, he enlists the findings under normal and abnormal. According to *Aptavachana* and *Prayaksha Pareeksha* findings, *Guna* or quality and *Dosha* or defects are analyzed by *Anumana* and final diagnosis will be done.

Sparshana or the perception through touch cannot be limited to only one sense organs as it has its role in 'creating contact' among all the sense organs and its objects, for the perception of right knowledge.

Also *Sparshana* is a *Vishaya* or Object which can perceive the objects related to other *Indriya* or sense organs too.

These are the two reasons for placing the *Sparshana Pareeksha* or examination of patient through touch at the end. It helps in verifying preciously gained knowledge as well as it reaches the Mind for deeper secrets that are necessary for the right diagnosis.

CONCLUSION:

The *Artha Krama* or order of perception is altered according to the *Adhikarana* or context, which is the *Apavarga* or exceptional for the other references, where the order is listed according to the various observations that can be done from sense organ of physician from the time of arrival of the patient till the diagnosis and the importance of the knowledge gained through *Pareeksha* or examination for the right diagnosis and treatment to be prescribed.

REFERENCES:

- 1. Charaka Samhita Vimana Sthana 4/4-8
- 2. Charaka Samhita Vimana Sthana 8/94-122
- 3. Charaka Samhita Shareera Sthana 1/29-30
- 4. Charaka Samhita Shareera Sthana 1/133
- 5. Charaka Samhita Sutra Sthana 11/17-33
- 6. Charaka Samhita Shareera Sthana 1/27
- 7. Charaka Samhita Siddhi Sthana Chakrapani commentary 12/41-44

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