

## **A REVIEW ARTICLE OF ASHTAVIDHA PARIKSHA WITH SPECIAL REFERENCE ON VISHAM JWARA**

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### **ABSTRACT**

*Health is a state of equilibrium of the Dosha, Agni function of Dhatu, mala along with proper functioning of Indriya, Manas and Atma [1]. To treat the disease it is necessary to keep balance between Doshas and to bring back them into their normal condition. Ayurveda had described various tools to diagnose various diseases one of them is Rog and Rogi Pariksha. For Rogi Pariksha there are various parikshas are described like “Dwividha Pariksha, Trividh Pariksha, Chaturvidha Pariksha, Panchvidha Pariksha, Asthavidha Pariksha and Dashavidh Pariksha.[2] Ashtawiddha pariksha is the most significant pariksha among all.[3] Vishamajwara is characterised by Visamarambha (irregular onset) Visama Kriya (alternative feeling of hot and cold) and Visamakala (irregular duration of sufferings) of Jwara.[7] Further in this article Importance of Asthavidha Parikasha w.s.r to Vishama jwara will be reviewed.*

**Keywords – Rog, Rogi pariksha, Ashtavidha pariksha, Jwara, Vishamjwara.**

### **INTRODUCTION**

The fundamental principle of Ayurveda is to maintain health of a healthy person and to diminish the disease of patient. As to maintain a perfect unanimity of body, mind and soul. Health is a state of equilibrium of the Dosha, Agni function of Dhatu, mala along with proper functioning of Indriya, Mans and Atma [1]. Due to imbalance of these Doshas, various diseases genertate in body. To treat the disease it is necessary to keep balance between Doshas and to bring back them into their normal condition. Ayurveda had described various tools to diagnose various diseases one of them is Rog and Rogi Pariksha. For doing Rog Pariksha, Nidan Panchak is used. For Rogi Pariksha there are various parikshas are described like “Dwividha Pariksha, Trividha Pariksha, Chaturvidha Pariksha, Panchvidha Pariksha, Asthavidha Pariksha and Dashavidha Pariksha.[2] Ashtavidha pariksha is the most significant among all types of examinations.[3] In Ayurveda, Jwara is described as independent Vyadhi as well as causing factors of so many diseases. It is also found

as lakshana and complications of so many diseases. Chakrapani described Jwara as “Jwarayati Santapayati” i.e. disease associated with burning manifestation is known as Jwara.[4] Vishamajwara is the variety of Jwara, which can be identified by its peculiarity of Vishamata.[5] Vishamajwara is characterised by Vishamarambha (irregular onset) Vishama Kriya (alternative feeling of hot and cold) and Vishamakala (irregular duration of sufferings) of Jwara.[6] Vishamajwara is characterized by having fever with chill and rigor, it may be remittent type or intermittent type Vishamajwara have been observed to be present in other disease including Malaria, which is caused by a plasmodium parasite, transmitted by the bite of infected mosqui

### **Aims & Objectives –**

**Aim** – To know the Importance of Asthvidha Pariksha w.s.r to Vishama jwara.

### **Objectives –**

- 1) To evaluate ashtavidha pariksha.
- 2) To evaluate the ashtavidha pariksha importance in Vishama Jwar

### **MATERIAL AND METHODS:**

Various Ayurvedic classical texts has been referred to fulfil this part. It includes literary part of various Parikshas described in classical texts mainly Ashtavidha Pariksha, its components and importance in diagnosis. There are various types of parikshas are mentioned by different acharayas in different classical texts but by various aspects ashtavidha pariksha is one of the best rogi pariksha.

#### **Methods of Examination explained in various classical texts-**

<b>S.No</b>	<b>Method of examination</b>	<b>Method</b>
1.	Dwividha Pariksha [7]	Pratyaksha and Anumana
2.	Trividha Pariksha [8]	Aptopadesha, Pratyaksha and Anumana Darshana, Sparshana and Prashna
3.	Chaturvidha Pariksha [9]	Aptopadesha, Pratyaksha, Anumana and Yukti
4.	Sadvidha Pariksha [10]	Panchendriya pariksha and Prashna Pariksha
5.	Ashtavidha Pariksha [11]	Nadi, Mala, Mutra, Jihva, Shabda, Sparsha, Drika, Akrti
6.	Navavidha Pariksh [12]	Dosha, Aushadha, Desha, Kala, Satmya, Agni, Satva, Vaya and Bala

7.	Dashavidha Pariksha [13]	Prakriti, Vikriti, Sara, Samadhana, Pramana, Satmya, Satva, Aharashakti, Vyayama Shakti and Vaya 8
8.	Ekadashavidha Pariksha [14]	Dosha, Bheshaja, Desha, Kala, Bala, Sharira, Ahara, Satmya, Satva, Prakriti and Vaya
9.	Charakokta Dwadashavidha Pariksha [15]	Dosha, Bheshaja, Desha, Kala, Bala, Sharira, Sara, Ahara, Satmya, Satva, Prakriti and Vaya
10.	Sushrutokta Dwadashavidha Pariksha [16]	Dosha, Bheshaja, Desha, Kala, Bala, Sharira, Sara, Ahara, Satmya, Satva, Prakriti, Vaya

### **Ashtavidha Rogi Pariksha [17]**

It is purely noninvasive form of diagnostic tool. [18] Among various described rogi parikshas ashtavidha pariksha is one of the best rogi pariksha.

- (1) Nadi Pariksha (Pulse Study)
- (2) Mutra Pariksha (Examination of Urine)
- (3) Mala Pariksha (Stool Examination)
- (4) Jihwa Pariksha (Tongue Examination)
- (5) Shabda Pariksha (Voice Examination)
- (6) Sparsha Pariksha (Skin Examination)
- (7) Drik Pariksha (Eye Examination)
- (8) Akrti Pariksha (General appearance Examination)

#### **1. Nadi Pariksha (Pulse study) –**

It is examined with respect to its rate, volume, tension and type of pulsation. There are various prayayas of Nadi are mentioned in texts like Snayu, Nadi, Hansi, Dhamani, Dharani, Dhara, Tantuki, and Jeevan Gyan. [19]

#### **Location of Nadi –**

Vata lies under Tarjini (index finger), Pita lies in Madhyama (middle finger) and Kapha nadi lies under Anamika (ring finger) of examining physician. [20]

By placing fingers in position over nadi we can know the condition of Tridosha and their gati i.e. Manda, Madhyama and Tikshna. [21] The index finger denotes Vata, the middle finger denotes Pitta and the ring finger denotes Kapha. By Nadi Pariksha we can get to know about involvement

of dosha- Vata, Pitta and Kapha, Dwandaja (any two dosha) and Tridoshaja (all three dosha), and Sadhya Asadhyata (prognosis of disease)[22]

### How to examine nadi:

Nadi should be examined in mental stability and peace of mind before with his hand pulse (beat) below the right thumb. As regards methodology, the elbow (Kurpara) of the patient should be lightly flexed to the left and the wrist slightly bent to the left with the fingers distended and dispersed. Nadi should be examining repeatedly for three times by applying and releasing pressure alternately over Nadi to assess the condition of Doshas rightly [23]. Physician should wash his/her hands after Nadi Pariksha because disease disappears from the patient like mud gets washed away [24].

### Method for Arterial pulse examination-

An ideal time for pulse examination is early morning with empty stomach. But in case of emergency, it can be examined at any time of the day or night. It is essential as a routine to feel not only the radial pulse but also the other peripheral pulses. The pulse is usually felt at the wrist and over the radial artery, because of its superficial position and ease of palpability. The radial artery is situated slightly medial to the styloid process of the radius, on the anterior aspect of the wrist, and is best felt with the subject's forearm slightly pronated and wrist somewhat flexed [25].

### NADI GATI [26] [27]

Vataja Nadi	Pittaja Nadi	Kaphaja Nadi	Vata Kaphaj Nadi	PittaKaphaj Nadi	Vata Pittaj Nadi	Sannipataja Nad
Snake and leech	Crow, lark and frog	Swan, pigeon and cock.	Snack and swan	Monkey and swan	Snake and frog	Wood pecker

### Nadi Gati in different pathological condition [28] [29]

S. No.	Pathological Conditions	Nadi Gati (Pulse movements)
1.	Jwara	Gambheera, Ushna and Vegavati
2.	Kama Krodha	Vegavati (rapid)
3.	Chinta and Bhaya	Kshina (weak)
4.	Mandagni	Manda (slow)
5.	Rakta Dosha	Ushna, Gurvi (heavy) and Sama

6.	Ama	Gambheer
7.	Deeptagni	Laghu and Vegavana
8.	Kshudhita	Chanchala (unstable)
9.	Triptā	Sthira (stable)
10.	Asadhya Vyadhi	Kampana (vibration) and Spandana (pulsation)

## 2 .Mutra Pariksha (Examination of Urine) -

Any running pathology inside the body can be asses by Mutra Pariksha [30]. Urine is the end product of metabolism by billions of human cells and the body chemistry, blood pressure, fluid balance, nutrient intake, and the state of health are key elements in establishing the characteristic of urine [31].

Method of Collecting urine -

The physician has to wake up the patient early in the morning around 4 o'clock, and collect the urine of subsequent flow in a clean glass vessel by avoiding the first early morning urine stream and examine thoroughly for the assessment of disease. [32-33].

Doshas involve in appearance of urine - In aggravated Vata dosha, urine is rough, light yellow in colour & dries early ; If Pitta dosha is aggravated then urine is in reddish colour, in aggravated kapaha dosha urine is oily, watery, unctuous and having more bubbles in urine, urin; in aggravation of blood, urine is hot & bloody. [34]

## 3. Mala pariksha (Stool Examination) –

The status of the digestive system is typically reflected in the character of stool. [35] By Mala pariksha, condition of disease and dosha involve in disease can be determined [36]. If vata is aggravated then stool is hard, ruksha (dry),tritita broken, fenila (frothy), dhumala (smoky). If pitta aggravates then stool is yellowish in colour, shyam, baddha (binding), tritita (broken). In kapha aggravation stool is Shweta (white), peeta, Pichchhila, ishat Sandra. In Tridosha prakop stool is Tritita, Shyama, Pittabha, Baddha Sweta [37].

## 4 .Jihva pariksha (Tongue Examination)

Type of disease and its condition can be examined by jihva Pariksha [38]. In different dosha prkopa there is different conditions of jihva. In Vata dosha, jihva is cold, rough and cracked (brown or black). In Pitta dosha aggravation, the jihva is reddish & blackish. In kaphaja dosha jihva is sticky and whitish and in tridoshaj prakop jihva is kantaka (thorny), blackish and dry [39].

**5. Shabda Pariksha (Voice Examination)** - The voice will be healthy and natural, when doshas are in a balance state. Different type of dosha prakop will generate different types of shabda like in Vataja dosha hoarse or rough shabda. In pittaja dosha Sphuta vaktra (cracked) shabda. And in kaphaja dosha Guru (heavy) shabda [40]. Auscultation can be compared with the Shabda Pariksha of Ayurveda. Four auscultatory areas of the heart facilitate clinical diagnosis. Interscapular area, infrascapular area, cranial area, abdominal area and peripheral arterial sites may disclose murmurs of diagnostic significance [41]. In Respiratory examination, inspiratory and expiratory sounds with or without an intermediate pause or interval is observed as normal condition [42].

#### **6. Sparsha Pariksha (Skin Examination) -**

In sparsha pariksha, due to different types of Doshas the sparsh is feel different like rough and cold sparsha due to vataja dosha, moist and hot sparsha due to pittaja dosha and cold and wet sparsh due to kaphaja dosha [43]. Touch examination in healthy and diseased states should be carried out with hands. Sheeta, ushna, snigdha, ruksha perceptions, fever, edema etc. should be examined. As in Kapha diseases skin is moist/wet, in Pittaja skin is ushna and in Vataja disorders skin texture is ruksha and sheeta in touch [44]

#### **7. Drik Pariksha (Eye Examination) –**

By drik pariksha conditions of dosha can be examined. As eyes become reddish brown, sunken and dry in vata prakopa. Due to pitta eyes become yellow or turn to red and patients have burning sensations & photophobia. In kapha prakop eyes become watery & wet with heaviness in eyelids [45]. Prakop of Vata dosha prakop make drishti Dhumra, Aruna, Nila, Ruksha, Chanchala, Antrapravista, Roudra, Antarjwala. Due to prakop of pitta dosha drishti will become Aruna, Haridra, Rakta, Malina, Tikshna, Dipa dwesha, Dahayukta. And in prakop of kapha dosha the drishti will be Sweta, Dhavala, Pluta, Snigdha, Sthira, Santa, Jyotish, Kanduyukta. In prakopa of dwandaja Doshas lakshanas of involved Doshas will be seen. In prakop of sannipataja dosha drishti will become Rakta, Roudra, sunken and lusterless [46].

#### **8. Akrti Pariksha (General appearance Examination) -**

By akrti pariksha physician is able to know the nature of the disease as the dosha influencing the patient, reflect on the face. As by examining the personalities of patient the condition of dosha can be examined. As in Vataja peoples, they are more prone towards diseases, having dry skin, split hairs, dhushara varna & they don't like cold atmosphere. In pittaja peoples there is, fair complexion, less hairs, brave, egoistic and they have strong appetite and thirst. In kaphaja personalities, there is, well built & joints, able to tolerate thirst and hunger, having oily skin [47].

#### **VISHAMA JWARA**

Literally Vishamajwara, is irregular fever. It may be remittent or intermittent type as micro-organisms have been incriminated as one of the causes of Vishamajwara. Vishamajwara have this major cardinal symptom i.e. Fever with chill and rigor & it also have been observed in other disease

including Malaria. It is a protozoal disease & it's causing agent is plasmodia group of organism and it is primarily transmitted to man by infected female anopheles mosquitoes. The description of Vishamajwara was mentioned in classical texts from ancient era. In "Upanishad" (400B.C) Vishamajwara is described as "Takman". In this, it is described that the due to Jwara having properties like Dahana and Shosana, it attacks like agni on patient. To treat it chanting of Mantras has been described effective [48]. Charaka had described that Vishamajwara is Tridoshaja in origin. In Sushruta Samhita it has been mentioned that the Vishamajwara occurs due to Tridosha but Vata is dominant. He also considered the Agantuka Karana (external cause) of occurring vishamajwara in which one of them is Bhutabhishanga constitute one of the variety in the main aetiology for Vishamajwara [49].

Dosha pradhanyata in Vishamajwara [50] -

Kala (Rutu)	Dushya	Dosha
Vasanta	Medas	Kapha
Sharada	Rakta	Pitta
Varsha	Asthi	Vata

### **SAMPRAPTI –**

When fever is residing and mithya ahara vihara is taken on that case jwara become vishama jwara. As per another aspect Keetanu can also aggravate Dosha as according to Balam Kalamcha Prapya (dependent on the host strength and climate). As Susruta had mentioned that if a person is having daurbalya after jwara and person adopts mithya ahara, then his residual doshas aggravate being afflicted by Vata localised in Kaphasthana (Shira, Kantha, Hridaya, Amasaya) to produce Vishamajwara. The five types of Vishamajwara manifested after invading of Rasa, Rakta, Mamsa, Meda, Asthi and Majja Dhatu and loges at Shira, Kantha, Hridaya, Amasaya and Rasavaha Srotas, as a result of which different types of Vishamajwara are produced. [51]

### **SAMPRAPTI GHATAK –**

**Dosha** – Tridosha, Pitta pradhan

**Dushya** – Koshtagni and dhatu

**Stroto dusthi** – Sanga

**Adhistan** – Amashaya, sarvasharira

**Swabhava** – Mridu

**Sadhyasadhyta** – Krichha Sadhya

**NIDANA OF VISHAM JWARA – [52]**

<b>AHARA</b>	<b>VIHARA</b>	<b>AGANTUJA</b>	<b>MANASIKA</b>	<b>ANYA</b>
Ajeernaja	Ahitakara vihara	Bhootabhishanga	Shokaja	Rogotha
Payasakshiradhi	Divaswapna	Nakshatrapeedajanya	Manas - jwara	Prapakatha
Apakwa dadhi	Maithuna after panchkarma	Abhicharaja		Kshayaja
Gramyaanupa Mamsa	Sheetopchara after panchkarma	Abhishapaja		Ritu viparyaya
Virudha ahara		Abhighataja		Apaprasoothi Janya
Adhyasana		Vishaja,oushadipuspaganda janya		Soothika jwara
Ahitakara ahara				Stanyavarana janya
Adhika jalapana				
Kashaya atisevana				
Guru asatmya				

**ROOP (SIGNS & SYMPTOMS) PARIKSHA IN VISHAMA JWARA BY ASHTAVIDHA PARIKSHA**

<b>S.No</b>	<b>PARIKSHA</b>	<b>SYMPTOMS IN VISHAM JWARA</b>
1.	Nadi (pulse)	Gambheera, Ushna and Vegavati [53] [54]
2.	Mala -	
	Purisha (stool)	Atisara [55] Badhvitakta [56], Gadhvitakta [57]
	Sweda (sweat)	Sweda pravriti [58]
	Danta-jihva-akshigata mala	Pitta vaman [59]
3.	Mutra (urine)	Bahumutra [60], Daha [61]
4.	Jihva (tounge)	Red, Yellow green coated tongue due to pitta [62]
5.	Shabda (speech)	Dheema shabda
6.	Sparsha (palpation)	Sheeta-ushna [63]
7.	Druka (examination of eyes)	Nayanplav [64], tama [65]



8.	Aakruti (mukhakruti, varna, Chaya, sara, samhanana etc.)	Krishta, varna vivarnata, guruta. [66] shiro gauratvam, glani, aruchi, mukhvairasya [67] Vaman, murchha, shwas, trishna [68] Stabdhta [69]
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## DISCUSSION –

Astavidha Pariksha in Ayurveda is one of the important examinations to find different causing factors of diseases. These Eight factors are mentioned in Ashtavidha Pariksha - Nadi Pariksha (Pulse Study), Mutra Pariksha (Examination of Urine), Mala Pariksha (Stool Examination), Jihwa Pariksha (Tongue Examination), Shabda Pariksha (Voice Examination), Sparsha Pariksha (Skin Examination), Drik Pariksha (Eye Examination), Akrti Pariksha (General appearance Examination). Each one of them plays very important role in diagnosis of the disease. By ashtavidha pariksha characters of various Doshas can be evaluate either they are in balance form or unbalanced. Ashtavidha pariksha was mentioned in detail by Acharya Yogratnakar. Vishamajwara, is irregular fever. It may be remittent or intermittent type as micro-organisms have been incriminated as one of the causes of Vishamajwara. Vishamajwara have this major cardinal symptom i.e. Fever with chill and rigor & it also have been observed in other disease including Malaria. Acharya Sushruta has also considered the Agantuka Karana (external cause) of occurring vishamajwara in which one of them is Bhuta abhishanga constitute one of the variety in the main aetiology for Vishamajwara.

## CONCLUSION –

Before starting the treatment of any disease diagnosis is the first and most important step. To diagnose various diseases Ashtavidha pariksha is mentioned as a necessary tool in our different Ayurvedic texts. In present era there are many physicians which diagnose the diseases by evaluating Nadi. On the basis of eight factors mentioned in ashtavidha pariksha, diagnosis can be conclude to a particular disease and then treatment can be done. Charaka had described that Vishamajwara is Tridoshaja in origin. In Sushruta Samhita it has been mentioned that the Vishamajwara occurs due to Tridosha but Vata is dominant. He also considered the Agantuka Karana (external cause) of occurring Vishamajwara in which one of them is Bhutabhishanga constitute one of the variety in the main etiology for Vishamajwara. Dosh pradanyata in Vishamajwara is different according to different ritu kala like in Vasanta ritu Dushya is Medas and dosha is kapha, in Sharada ritu Dushya is Rakta and dosha is pittaand in Varsha ritu Dushya is Varsha and dosha involved is Vata. There are various aharaja, viharaja, agantuja, mansika and anya nidana are responsible for Vishamajwara.

## REFERENCES –

1. Tekade Anand<sup>1\*</sup>, Watkar Deepali<sup>2</sup>, Daulatkar Kavita<sup>3</sup>, Dive Mukund<sup>4</sup> \* REVIEW OF ASHTAVIDHA PARIKSHA W.S.R. TO NADI PARIKSHA, International Journal of Ayurveda and Pharma Research, ISSN: 2322 - 0902 (P) ISSN: 2322 - 0910 (O), <http://ijapr.in>
2. Pandit Kashinatha Shastri, Charaka Samhita of Agnivesa, Hindi commentary Part-I Rogbhishakji vimanadhyaya, chapter 8.verse no.94 Varanasi:Chaukhambha Bharati Academy, P.no.771.
3. 1Katwal Savita\*, 2Chandresh Renuka , 3Srivastava Akhilesh, 4Sharma Dalip, ASHTAWIDHA PARIKSHA: AN AYURVEDIC DIAGNOSTIC TOOL, International Journal of Applied Ayurved Research ISSN: 2347- 6362, IJAAR VOLUME III ISSUE V NOV-DEC 2017, [www.ijaar.in](http://www.ijaar.in)
4. Agnivesa, Charaka Samhita, 4th ed. Varanasi: Chaukhambha Sanskrit Sansthan; 1994. (Kasi Sanskrit series 228), Nidana 1/16-20
5. A Litrary Review of Vishama Jwara and its principle of treatment Saurabh Parauha, Hullur M.A.1, Prashanth A.S.2 Post Graduate Scholar, 1Principal & Guide, 2Professor & HOD, ISSN: 2456-3110, Journal of Ayurveda and integrated medical science.
6. Singh. R.H, Principles of Ayurvedic diagnosis and treatment, Vol-2, 2nd edition, 1991, Choukhamba Amarabharati Prakashan, Varanasi, p 352-353.
7. (2007), Charaka Samhita (Dridhabala with Chakrapani), Reprint, Varanasi, India, Chaukhambha Prakashana, p.274
8. Trikamji Jadavaji, (2007), Charaka Samhita (Dridhabala with Chakrapani), Reprint, Varanasi, India, Chaukhambha Prakashana, p.247
9. 4. Trikamji Jadavaji, (2007), Charaka Samhita (Dridhabala with Chakrapani), Reprint, Varanasi, India, Chaukhambha Prakashana, 70
10. Trikamji Jadavaji, (2007), Shushruta Samhita, Varanasi, Kavyatiratha Chaukhambha Publication, p.43
11. 6. Bydgi P.S., Rogi Pariksha and Roga Pariksha, (2007), Paramoswarappa's Ayurvediya Vikriti Vijnana, 1st edition, Varanasi, Chaukhambha Sanskrit Saamsthana, p. 376
12. 7. Trikamji Jadavaji, (2007), Charaka Samhita (Dridhabala with Chakrapani), Reprint, Varanasi, India, Chaukhambha Prakashana, p. 69
13. 8. Trikamji Jadavaji, (2007), Charaka Samhita (Dridhabala with Chakrapani), Reprint, Varanasi, India, Chaukhambha Prakashana, p. 276
14. 9. Trikamji Jadavaji, (2007), Charaka Samhita (Dridhabala with Chakrapani), Reprint, Varanasi, India, Chaukhambha Prakashana, p.70
15. 10. Trikamji Jadavaji, (2007), Charaka Samhita (Dridhabala with Chakrapani), Reprint, Varanasi, India, Chaukhambha Prakashana, p. 4
16. 11. Trikamji Jadavaji, (2007), Charaka Samhita (Dridhabala with Chakrapani), Reprint, Varanasi, India, Chaukhambha Prakashana,
17. Tripathi Indradeva and Tripathi Dayashankara, (2007), Yogaratnakara, Krishnadasa Ayurveda Series 54, Varanasi, Chaukhambha Ayurveda Prakashana, p.4]
18. Katwal Savita et al: Ashtawidha Pariksha: an Ayurvedic Diagnostic Tool.

19. Tekade Anand1\*, Watkar Deepali2, Daulatkar Kavita3, Dive Mukund4 \* REVIEW OF ASHTAVIDHA PARIKSHA W.S.R. TO NADI PARIKSHA, International Journal of Ayurveda and Pharma Research, ISSN: 2322 - 0902 (P) ISSN: 2322 - 0910 (O), <http://ijapr.i>
20. Tripathi Indradeva and Tripathi Dayashankara, (2007), Yogaratnakara, Krishnadasa Ayurveda Series 54, Varanasi, Chaukhambha Ayurveda Prakashana, p.6
21. Tripathi Indradeva and Tripathi Dayashankara, (2007), Yogaratnakara, Krishnadasa Ayurveda Series 54, Varanasi, Chaukhambha Ayurveda Prakashana, p.5.
22. Tripathi Indradeva and Tripathi Dayashankara, (2007), Yogaratnakara, Krishnadasa Ayurveda Series 54, Varanasi, Chaukhambha Ayurveda Prakashana, p.5
23. Tripathi Indradeva and Tripathi Dayashankara, (2007), Yogaratnakara, Krishnadasa Ayurveda Series 54, Varanasi, Chaukhambha Ayurveda Prakashana, p.5
24. Tripathi Indradeva and Tripathi Dayashankara, (2007), Yogaratnakara, Krishnadasa Ayurveda Series 54, Varanasi, Chaukhambha Ayurveda Prakashana, p.8
25. Aspi F. Golwala and Sharukh A. Golwala, (2006), Physical Diagnosis, A textbook of Symptoms and Physical Signs, by Media Performance and Publishers, 11th Edition, Delhi, p.220.
26. Sharma Rohit1\*, Amin Hetal2, Galib3, Prajapati P K4, astasthan pariksha - a diagnostic method of yogaratnakara and its clinical importance, GJRMI, Volume 1, Issue 5, May 2012, 186–201, [www.gjrmi.com](http://www.gjrmi.com)
27. Tripathi Indradeva and Tripathi Dayashankara, (2007), Yogaratnakara, Krishnadasa Ayurveda Series 54, Varanasi, Chaukhambha Ayurveda Prakashana, p.7
28. Sharma Rohit1\*, Amin Hetal2, Galib3, Prajapati P K4, astasthan pariksha - a diagnostic method of yogaratnakara and its clinical importance, GJRMI, Volume 1, Issue 5, May 2012, 186–201, [www.gjrmi.com](http://www.gjrmi.com)
29. Tripathi Indradeva and Tripathi Dayashankara, (2007), Yogaratnakara, Krishnadasa Ayurveda Series 54, Varanasi, Chaukhambha Ayurveda Prakashana, p.7
30. Tripathi Indradeva and Tripathi Dayashankara, (2007), Yogaratnakara, Krishnadasa Ayurveda Series 54, Varanasi, Chaukhambha Ayurveda Prakashana, p.7
31. Tripathi Indradeva and Tripathi Dayashankara, (2007), Yogaratnakara, Krishnadasa Ayurveda Series 54, Varanasi, Chaukhambha Ayurveda Prakashana, p.8
32. 34. An Experienced professor, (1996), Notes on Pathology Bacteriology Virology & Parasitology by 10th revised and enlarged edition, Shroff Publishers and Distributors, p.2.
33. Tripathi Indradeva and Tripathi Dayashankara, (2007), Yogaratnakara, Krishnadasa Ayurveda Series 54, Varanasi, Chaukhambha Ayurveda Prakashana, p.8
34. 1Katwal Savita\*, 2Chandresh Renuka , 3Srivastava Akhilesh, 4Sharma Dalip, ASHTAWIDHA PARIKSHA: AN AYURVEDIC DIAGNOSTIC TOOL, International Journal of Applied Ayurved Research ISSN: 2347- 6362, IJAAR VOLUME III ISSUE V NOV-DEC 2017, [www.ijaar.in](http://www.ijaar.in)
35. Tekade Anand1\*, Watkar Deepali2, Daulatkar Kavita3, Dive Mukund4 \* REVIEW OF ASHTAVIDHA PARIKSHA W.S.R. TO NADI PARIKSHA, International Journal of Ayurveda and Pharma Research, ISSN: 2322 - 0902 (P) ISSN: 2322 - 0910 (O), <http://ijapr.in>
36. Tripathi Indradeva and Tripathi Dayashankara, (2007), Yogaratnakara, Krishnadasa Ayurveda Series 54, Varanasi, Chaukhambha Ayurveda Prakashana, p.9 45

37. Tripathi Indradeva and Tripathi Dayashankara, (2007), Yogaratnakara, Krishnadasa Ayurveda Series 54, Varanasi, Chaukhambha Ayurveda Prakashana, p.13
38. Tripathi Indradeva and Tripathi Dayashankara, (2007), Yogaratnakara, Krishnadasa Ayurveda Series 54, Varanasi, Chaukhambha Ayurveda Prakashana, p.11
39. Tripathi Indradeva and Tripathi Dayashankara, (2007), Yogaratnakara, Krishnadasa Ayurveda Series 54, Varanasi, Chaukhambha Ayurveda Prakashana, p.13
40. Tripathi Indradeva and Tripathi Dayashankara, (2007), Yogaratnakara, Krishnadasa Ayurveda Series 54, Varanasi, Chaukhambha Ayurveda Prakashana, p.13]
41. Aspi F. Golwala and Sharukh A. Golwala, (2006), Physical Diagnosis, A textbook of Symptoms and Physical Signs, by Media Performance and Publishers, 11th Edition, Delhi, p.150]
42. Tripathi Indradeva and Tripathi Dayashankara, (2007), Yogaratnakara, Krishnadasa Ayurveda Series 54, Varanasi, Chaukhambha Ayurveda Prakashana, p.13
43. Tripathi Indradeva and Tripathi Dayashankara, (2007), Yogaratnakara, Krishnadasa Ayurveda Series 54, Varanasi, Chaukhambha Ayurveda Prakashana, p.11]
44. Dr.PS Byadgi, Ayurvediya Vikriti Vijyana and Roga Vijyana 2016, Chaukhamba orientalis Varanasi p.no.417]
45. Sharma Rohit1\*, Amin Hetal2, Galib3, Prajapati P K4, astasthana pariksha - a diagnostic method of yogaratnakara and its clinical importance, GJRMI, Volume 1, Issue 5, May 2012, 186–201, [www.gjrmi.com](http://www.gjrmi.com)
46. Tripathi Indradeva and Tripathi Dayashankara, (2007), Yogaratnakara, Krishnadasa Ayurveda Series 54, Varanasi, Chaukhambha Ayurveda Prakashana, p.11]
47. Dr.Radhavallabh Satti, Ayurveda Rog vigyan evum vikriti vigyan, part1, 2008  
Chaukhamba orientalis Varanasi, p.no.376-378.]
48. Agnivesa, Charaka Samhita, 4th ed. Varanasi: Chaukhambha Sanskrit Sansthan; 1994. (Kasi Sanskrit series 228), Nidana 1/16-20
49. Singh. R.H, Principles of Ayurvedic diagnosis and treatment, Vol-2, 2nd edition, 1991, Choukhamba Amarabharati Prakashan, Varanasi, p 352-353.
50. Susruta, Susruta Samhita, Varanasi: Krishnadas Academy; 1980. (Krishnadas Ayurveda series 51), Uttara, 39/53]
51. Sen, Ganath, The Siddhanta Nidanam, Vol-2, 5th ed, Choukhamba Sanskrit Series, Varanasi, 1966:112-115
52. Nagraj s1, nidhin v 2 a study on visham jvara nidana w.s.r to risk factors in malarial fever, research article, international ayurvedic medical journal issn: 2320 5091.
53. Sharma Rohit1\*, Amin Hetal2, Galib3, Prajapati P K4, astasthana pariksha - a diagnostic method of yogaratnakara and its clinical importance, GJRMI, Volume 1, Issue 5, May 2012, 186–201, [www.gjrmi.com](http://www.gjrmi.com)
54. Tripathi Indradeva and Tripathi Dayashankara, (2007), Yogaratnakara, Krishnadasa Ayurveda Series 54, Varanasi, Chaukhambha Ayurveda Prakashana, p.7
55. Vidyadhar vidyalankar, Yogratnakar, Purvardha, Jwaraadhikara chapter, verse no. 44, p.no.-261
56. Vidyadhar vidyalankar, Yogratnakar, Purvardha, Jwaraadhikara chapter, verse no. 2, p.no.-248

57. Trikamji Jadavaji, (2007), Shushruta Samhita, Varanasi, Kavyatiratha Chaukhambha Publication, shloka no. 29-30 chapter – 39.
58. Trikamji Jadavaji, (2007), Shushruta Samhita, Varanasi, Kavyatiratha Chaukhambha Publication, shloka no. 31- 32 chapter – 39.
59. Trikamji Jadavaji, (2007), Shushruta Samhita, Varanasi, Kavyatiratha Chaukhambha Publication, shloka no. 31- 32 chapter – 39.
60. Vidyadhar vidyalankar, Yogratnakar, Purvardha, Jwaraadhikara chapter, verse no. 46, p.no.- 261
61. Trikamji Jadavaji, (2007), Shushruta Samhita, Varanasi, Kavyatiratha Chaukhambha Publication, shloka no. 31- 32 chapter – 39.
62. Article on tongue and corresponding organ locations, [www.ayurveda.com](http://www.ayurveda.com)
63. Vidyadhar vidyalankar, Yogratnakar, Purvardha, Jwaraadhikara chapter, verse no. 29, p.no.- 259
64. Vidyadhar vidyalankar, Yogratnakar, Purvardha, Jwaraadhikara chapter, verse no. 3, p.no.- 247
65. Vidyadhar vidyalankar, Yogratnakar, Purvardha, Jwaraadhikara chapter, verse no. 4, p.no.- 247
66. Vidyadhar vidyalankar, Yogratnakar, Purvardha, Jwaraadhikara chapter, verse no. 23, p.no.- 258
67. Vidyadhar vidyalankar, Yogratnakar, Purvardha, Jwaraadhikara chapter, verse no. 24 - 25, p.no.- 258
68. Vidyadhar vidyalankar, Yogratnakar, Purvardha, Jwaraadhikara chapter, verse no. 44, p.no.- 261
69. Vidyadhar vidyalankar, Yogratnakar, Purvardha, Jwaraadhikara chapter, verse no. 46, p.no.- 261