

Application of Trividha and Ashtavidha Pariksha in Modern Clinical Practice

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Abstract—*Trividha Pariksha* and *Ashtavidha Pariksha* are fundamental diagnostic approaches described in *Ayurveda*, providing a systematic framework for assessing disease, the patient, and the underlying disturbances in physiological functions. *Trividha Pariksha*, comprising *Darshana*, *Sparshana*, and *Prashna*, emphasizes direct observation, physical examination, and detailed patient interrogation. *Ashtavidha Pariksha* further expands clinical assessment through *Nadi*, *Mutra*, *Mala*, *Jihva*, *Shabda*, *Sparsha*, *Drik*, and *Akriti*. These approaches enable the physician to understand both subjective and objective aspects of health and disease. In modern clinical practice, the principles of these traditional examinations can be correlated with history taking, general physical examination, systemic examination, and focused clinical assessment. *Darshana* facilitates observation of body habitus, gait, facial expression, skin colour, posture, and visible clinical signs, while *Sparshana* corresponds to examination through palpation and assessment of temperature, tenderness, consistency, and other physical findings. *Prashna* parallels systematic history taking, including presenting complaints, chronology, associated symptoms, personal history, and relevant risk factors. Similarly, components of *Ashtavidha Pariksha* provide clinically relevant information regarding gastrointestinal, urinary, neurological, sensory, and general systemic status. Integration of these traditional diagnostic methods with evidence-based modern clinical examination may provide a comprehensive, patient-centred approach to diagnosis. Such integration can strengthen clinical observation, improve documentation, and encourage individualized assessment while preserving the holistic principles of *Ayurveda*. The present review discusses the applicability, clinical relevance, and potential integration of *Trividha Pariksha* and *Ashtavidha Pariksha* in contemporary clinical practice.

Index Terms—*Trividha Pariksha*, *Ashtavidha Pariksha*, *Ayurveda*, *Clinical Examination*, *Diagnosis*, *Patient Assessment*, *Darshana*, *Sparshana*, *Prashna*, *Integrative Medicine*.

I. INTRODUCTION

Ayurveda places considerable emphasis on systematic examination of both the disease and the patient before initiation of treatment. *Rogi Pariksha* is considered important for understanding the patient's condition and for planning appropriate management.¹ Different approaches to examination have been described in Ayurvedic literature, including *Dwividha*, *Trividha*, *Chaturvidha*, *Panchavidha*, *Ashtavidha* and *Dashavidha Pariksha*. *Trividha Pariksha* occupies an important position among these approaches. In the context of obtaining valid clinical knowledge, *Charaka Samhita* describes *Aptopadesha*, *Pratyaksha* and *Anumana* as important means of knowledge acquisition. In a practical clinical context, *Darshana*, *Sparshana* and *Prashna* are described as methods through which the patient can be examined. These classifications represent related but distinct dimensions of clinical reasoning: one emphasizes the means by which knowledge is obtained, while the other emphasizes practical patient examination. *Darshana* refers to observation, *Sparshana* to examination through touch and *Prashna* to systematic questioning. These methods have considerable methodological similarity with contemporary clinical practice, in which observation, history taking and physical examination form the foundation of clinical assessment. *Ashtavidha Pariksha*, described by *Yogaratanakara*, consists of

eight examination domains: *Nadi, Mutra, Mala, Jihwa, Shabda, Sparsha, Drik* and *Akriti*. These domains direct the physician toward systematic examination of pulse, urine, stool, tongue, voice, touch, eyes and general physical appearance. A contemporary review published in the *Journal of Ayurveda and Integrated Medical Sciences* has discussed these eight domains and their possible relationship with examination methods used in the current era. Modern medicine has developed sophisticated diagnostic technologies, but clinical history and physical examination continue to have an important role in diagnosis. Physical examination incorporates observation, palpation, percussion and auscultation, with findings interpreted in conjunction with the patient's history and pathophysiology. The relevance of *Trividha* and *Ashtavidha Pariksha* in modern clinical practice should therefore be considered from a complementary perspective. Their purpose should not be to replace validated laboratory, imaging or other diagnostic methods, but to encourage systematic bedside assessment and clinical reasoning. The present review aims to examine the classical basis of *Trividha* and *Ashtavidha Pariksha*, evaluate their component-wise clinical relevance, explore their possible correlation with contemporary clinical examination and discuss their limitations and future research requirements.

II. CLASSICAL BASIS OF TRIVIDHA PARIKSHA

The concept of *Pariksha* is central to Ayurvedic clinical reasoning. Different classifications of examination have been described depending upon the purpose and context of assessment.²

Table 1. Different approaches to examination described in Ayurveda

Type	Components
Dwividha Pariksha	Pratyaksha, Anumana
Trividha Pariksha	Aptopadesha, Pratyaksha, Anumana
Clinical Trividha Pariksha	Darshana, Sparshana, Prashna
Chaturvidha Pariksha	Aptopadesha, Pratyaksha, Anumana, Yukti
Ashtavidha Pariksha	Nadi, Mutra, Mala, Jihwa, Shabda, Sparsha, Drik, Akriti

Dashavidha Pariksha	Prakriti, Vikriti, Sara, Samhanana, Pramana, Satmya, Satva, Ahara Shakti, Vyayama Shakti, Vaya
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The description of *Aptopadesha, Pratyaksha* and *Anumana* in *Charaka Samhita* emphasizes the epistemological basis of clinical knowledge, while *Darshana, Sparshana* and *Prashna* provide a practical framework for examination.

DARSHANA PARIKSHA

Darshana Pariksha refers to assessment through direct observation. It enables the physician to identify visible abnormalities and to form an initial clinical impression. General appearance, body build, nutritional status, posture, gait, facial expression, skin colour, pallor, icterus, cyanosis, edema/swelling, respiratory effort, abnormal movements, deformities, discharge and distension. Modern physical examination similarly begins with observation and inspection. Physical examination is described as the evaluation of objective findings through observation, palpation, percussion and auscultation.

SPARSHANA PARIKSHA

Sparshana Pariksha refers to examination through touch. Traditional examination through touch includes assessment of clinically appreciable characteristics of the body and affected structures.

In contemporary clinical medicine, palpation is used to assess:

- Temperature
- Tenderness
- Swelling
- Consistency
- Pulsation
- Edema
- Organ enlargement
- Local sensitivity

Physical examination commonly combines observation with palpation and other examination techniques.³

PRASHNA PARIKSHA

Prashna Pariksha involves systematic questioning of the patient and forms an important component of clinical assessment.⁴ Relevant areas include chief complaints, onset, duration, progression, site,

character, severity, aggravating and relieving factors, associated symptoms, dietary history, sleep, bowel and bladder habits, medication and previous illness history, family and occupational history, and lifestyle factors.

Contemporary clinical literature similarly recognizes the medical interview as a major diagnostic and therapeutic tool.

III. MODERN CLINICAL CORRELATION OF *TRIVIDHA PARIKSHA*

Table 2. *Trividha Pariksha* and contemporary clinical practice

Ayurvedic component	Primary function	Modern clinical counterpart	Example
<i>Darshana</i>	Observation	Inspection	Pallor, icterus, edema
<i>Sparshana</i>	Examination through touch	Palpation	Tenderness, organomegaly
<i>Prashna</i>	Interrogation	History taking	Onset, duration, associated symptoms

Modern clinical examination is similarly organized around history and physical examination, with subsequent investigations selected according to the clinical context.⁵

IV. CONCEPT OF ASHTAVIDHA PARIKSHA

Ashtavidha Pariksha, also known as *Ashtasthana Pariksha*, comprises eight examination domains described in later Ayurvedic literature and prominently associated with *Yogaratanakara*.

Table 3. Components of *Ashtavidha Pariksha*

No.	Component	Meaning	Clinical domain
1	<i>Nadi</i>	Pulse	Cardiovascular/systemic assessment
2	<i>Mutra</i>	Urine	Urinary/metabolic assessment
3	<i>Mala</i>	Stool	Gastrointestinal assessment
4	<i>Jihwa</i>	Tongue	Oral/general assessment
5	<i>Shabda</i>	Voice/speech	Neurological/ENT assessment
6	<i>Sparsha</i>	Touch	Physical examination
7	<i>Drik</i>	Eyes	Ocular/general assessment
8	<i>Akriti</i>	General appearance/body form	General physical assessment

The component-wise relationship between *Ashtavidha Pariksha* and examination methods used in contemporary practice has also been discussed in Ayurvedic literature.⁶

1. *NADI PARIKSHA*

Nadi Pariksha involves assessment of the pulse. Classical descriptions provide qualitative observations of pulse characteristics, while contemporary clinical practice assesses pulse rate, rhythm, volume and other clinically relevant characteristics.

Modern pulse examination includes rate, rhythm, volume, character, symmetry and peripheral perfusion.

Pulse examination is performed systematically, beginning with the rate, followed by rhythm, volume and symmetry, and finally clinical interpretation. Abnormal pulse findings may occur in fever, dehydration, anemia, anxiety, endocrine disorders and cardiac arrhythmias. When indicated, further evaluation with ECG and other investigations is performed. Traditional interpretation of pulse characteristics in terms of *Dosha* should not be directly equated with a specific biomedical diagnosis without standardized examination and proper diagnostic validation.

2. MUTRA PARIKSHA

Mutra Pariksha involves examination of urine. Classical examination considers observable and symptomatic features of urine, whereas contemporary medicine uses objective urinalysis and microbiological investigations when indicated.

Mutra Pariksha includes assessment of colour, appearance, specific gravity, pH, protein, glucose, ketones, blood, bilirubin, microscopy and culture when indicated. It helps in systematic evaluation of urinary symptoms, while urinalysis, microscopy and culture provide objective confirmation and aid diagnosis.

3. MALA PARIKSHA

Mala Pariksha involves assessment of stool and bowel-related characteristics. Classical descriptions consider features of *Mala* in relation to physiological and pathological states. *Mala Pariksha* includes assessment of frequency, consistency, colour, quantity, odour, difficulty in evacuation, mucus, blood and associated abdominal symptoms. Modern evaluation may include stool microscopy, occult blood testing and microbiological examination, as clinically indicated. It helps in systematic assessment of bowel habits and identification of possible underlying causes.

4. JIHWA PARIKSHA

Jihwa Pariksha refers to examination of the tongue. Classical descriptions consider characteristics such as colour, appearance and coating. Modern tongue examination includes assessment of colour, dryness, coating, ulcers, cracks, enlargement, deviation and other mucosal abnormalities. Findings such as pallor may suggest anemia, while dryness may indicate dehydration; however, these are nonspecific and

should be correlated with other clinical findings and investigations.

5. SHABDA PARIKSHA

Shabda Pariksha involves examination of voice and speech. Contemporary *Shabda Pariksha* includes assessment of hoarseness, dysphonia, dysarthria, aphasia, slurred speech, nasal speech and abnormal respiratory sounds. Sudden speech abnormalities may indicate a neurological disorder such as stroke and require prompt neurological examination, urgent evaluation and neuroimaging when indicated. Thus, abnormal speech can serve as an important clinical warning sign.

6. SPARSHA PARIKSHA

Sparsha refers to examination through touch.

Modern palpation assesses temperature, tenderness, swelling, consistency, pulse, edema, organ enlargement and local sensitivity, showing considerable overlap with bedside physical examination.

7. DRIK PARIKSHA

Drik Pariksha includes assessment of conjunctival pallor, scleral icterus, redness, discharge, pupils, eye movements and visual abnormalities. For example, yellow sclera → suspicion of jaundice → serum bilirubin/LFT → etiological evaluation.

8. AKRITI PARIKSHA

Akriti Pariksha assesses body build, nutritional status, posture, gait, symmetry, deformities, facial appearance and general physical condition. Contemporary examination similarly evaluates general appearance, including cachexia, obesity, muscle wasting, edema, deformity, abnormal gait and respiratory distress.

V. COMPONENT-WISE MODERN CORRELATION

Table 4. *Ashtavidha Pariksha* and contemporary clinical assessment

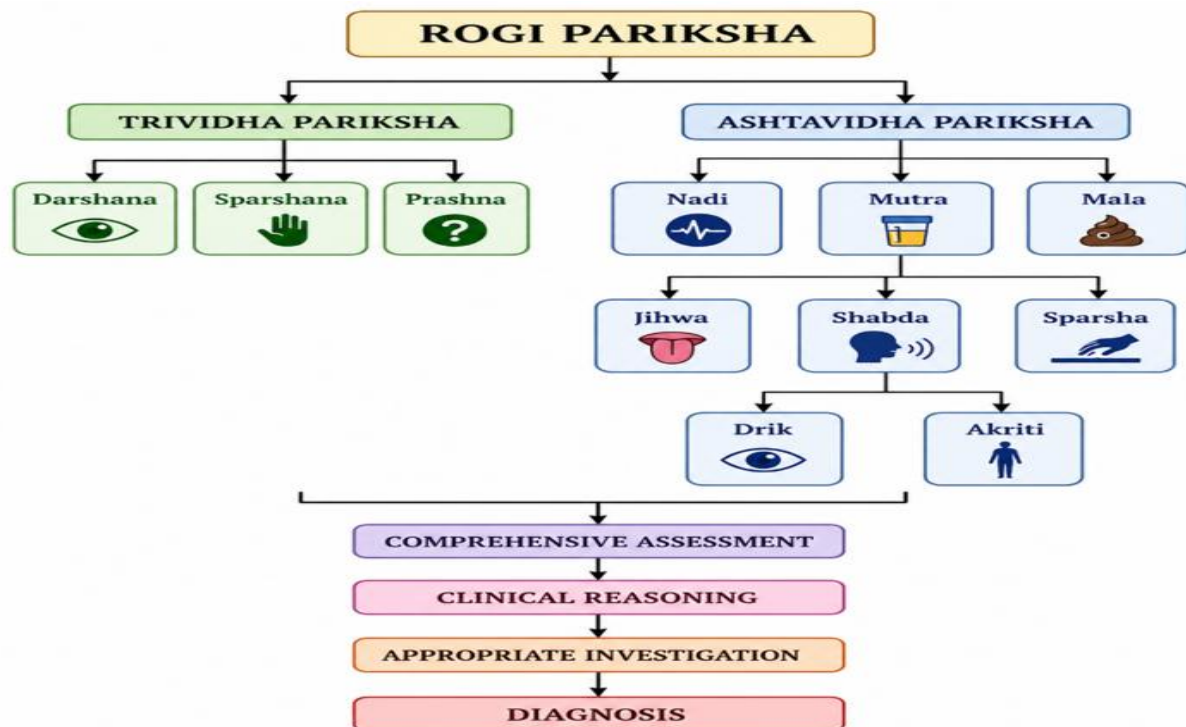
<i>Ashtavidha Pariksha</i>	Traditional focus	Modern clinical assessment	Possible relevance
<i>Nadi</i>	Pulse	Rate, rhythm, volume	Cardiovascular/systemic assessment
<i>Mutra</i>	Urine	Urinalysis	Urinary/renal/metabolic disorders
<i>Mala</i>	Stool	Stool examination	Gastrointestinal disorders
<i>Jihwa</i>	Tongue	Oral examination	General/oral clinical clues

<i>Shabda</i>	Voice/speech	Speech and voice assessment	Neurological/ENT disorders
<i>Sparsha</i>	Touch	Palpation	Local/systemic abnormalities
<i>Drik</i>	Eyes	Ocular examination	Ocular/systemic clues
<i>Akriti</i>	Body form	General physical examination	Nutritional/systemic assessment

The correspondence shown in Table 4 should be understood as functional similarity and not diagnostic equivalence. The contemporary review literature itself discusses *Ashtavidha Pariksha* alongside current examination tools, while emphasizing the traditional framework.

VI. RELATIONSHIP BETWEEN TRIVIDHA AND ASHTAVIDHA PARIKSHA

The two frameworks may be understood as complementary approaches to patient examination.



Trividha Pariksha provides a broad process of observing, questioning and examining, whereas *Ashtavidha Pariksha* directs attention toward specific clinical domains.

VII. APPLICATION IN MODERN CLINICAL PRACTICE

A practical integrated approach may be organized into sequential stages.

Stage 1 – Observation

Darshana → general appearance, posture, gait, skin, eyes and visible abnormalities.

Stage 2 – History

Prashna → chief complaint, history of present illness, associated symptoms, personal history, medication history and relevant risk factors.

Stage 3 – Physical examination

Sparshana → pulse, temperature, tenderness, swelling, organomegaly and other relevant findings.

Stage 4 – Focused *Ashtavidha Pariksha*

Nadi → Mutra → Mala → Jihwa → Shabda → Sparsha → Drik → Akriti

Stage 5 – Modern investigation

Investigations are selected according to clinical indication.

Stage 6 – Clinical synthesis

Ayurvedic assessment + Modern assessment +
Objective investigations → Integrated understanding
→ Individualized management

Modern clinical methods similarly emphasize
integration of history, physical findings and
investigations rather than interpreting isolated findings
independently.

VIII. APPLICATION IN COMMON CLINICAL CONDITIONS

Table 5. Illustrative clinical applications

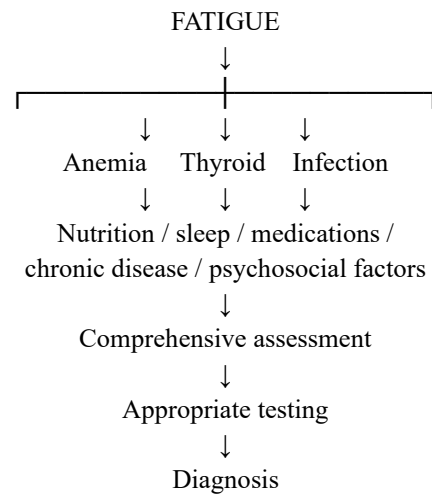
Condition	<i>Trividha Pariksha</i>	Relevant <i>Ashtavidha</i> domains	Modern confirmation
Anemia	Pallor + history + examination	<i>Jihwa, Drik, Akriti</i>	CBC, Hb
Jaundice	Icterus + history + abdominal examination	<i>Drik, Mutra, Mala, Akriti</i>	Bilirubin, LFT ± imaging
Diabetes mellitus	Symptoms + history + examination	<i>Mutra, Jihwa, Akriti</i>	FPG/HbA1c
UTI	Urinary symptoms + examination	<i>Mutra, Sparsha</i>	Urinalysis ± culture
GI disorder	History + abdominal examination	<i>Mala, Jihwa, Akriti</i>	Stool tests/endoscopy/imaging when indicated
Neurological disorder	Observation + neurological examination + history	<i>Shabda, Drik, Sparsha, Akriti</i>	Neuroimaging/other investigations
Respiratory disorder	Respiratory observation + examination + history	<i>Shabda, Sparsha, Akriti</i>	Pulse oximetry/imaging/PFT as indicated

These examples represent possible clinical applications of the examination framework, rather than evidence that *Ashtavidha Pariksha* independently diagnoses these diseases.

IX. ROLE IN PATIENT-CENTRED CLINICAL PRACTICE

A major potential contribution of these approaches is their emphasis on comprehensive assessment of the individual.

A symptom such as fatigue, for example, may have multiple possible causes:



Systematic patient assessment may therefore reduce premature diagnostic closure and encourage consideration of multiple clinical possibilities.

X. INTEGRATION WITH MODERN DIAGNOSTIC TECHNOLOGY

Integration should follow a complementary rather than substitutive model.

Table 6. Proposed integrated framework

Clinical level	Ayurvedic approach	Contemporary approach
History	<i>Prashna</i>	History taking
Observation	<i>Darshana</i>	Inspection
Physical examination	<i>Sparshana</i>	Palpation/physical examination
Focused examination	<i>Ashtavidha Pariksha</i>	Focused clinical assessment
Reasoning	<i>Anumana</i>	Clinical inference
Confirmation	—	Laboratory/imaging investigations
Final assessment	Ayurvedic clinical interpretation	Evidence-based diagnosis
Management	Individualized assessment	Evidence-based treatment

The integration of traditional examination methods with modern clinical tools should therefore be based on complementarity, patient safety and evidence generation.

XI. LIMITATIONS AND CHALLENGES

1. Lack of Standardization-Traditional examination findings may vary according to the examiner's training and experience. Contemporary clinical examination literature similarly recognizes that some physical signs have substantial inter-observer variability.
2. Subjectivity-Some qualitative findings are difficult to quantify objectively.
3. Limited Diagnostic Validation-Specific traditional examination findings require prospective studies evaluating sensitivity, specificity, predictive value and reproducibility. Diagnostic interpretation should recognize the probabilistic nature of clinical information.
4. Risk of Overinterpretation-A traditional observation should not automatically be interpreted as a confirmed biomedical diagnosis.
5. Terminological Differences-Ayurvedic and biomedical terminology may describe similar observations within different conceptual frameworks.
6. Need for Objective Confirmation-Potentially serious disorders require appropriate validated investigations and should not be excluded solely on the basis of traditional examination.

Table 7. Challenges and possible solutions

Challenge	Potential solution
Examiner variability	Standardized training
Subjectivity	Structured examination forms

Lack of reproducibility	Inter-rater reliability studies
Uncertain modern correlation	Diagnostic validation
Overinterpretation	Objective confirmatory testing
Terminological ambiguity	Standardized operational definitions
Limited evidence	Multicentric prospective studies

XII. FUTURE RESEARCH PERSPECTIVES

Important areas for future research include:

1. Standardization of *Nadi Pariksha*.
 2. Inter-observer reliability of *Darshana* and *Sparshana*.
 3. Validation of specific *Jihwa Pariksha* findings.
 4. Correlation of *Mutra Pariksha* with laboratory urinalysis.
 5. Evaluation of *Mala Pariksha* in gastrointestinal disorders.
 6. Standardized assessment of *Shabda Pariksha*.
 7. Objective documentation of *Drik Pariksha*.
 8. Standardized assessment of *Akriti*.
 9. Development of structured *Ashtavidha Pariksha* case-record forms.
 10. Prospective diagnostic accuracy studies.
- Such research should use clearly defined reference standards and appropriate statistical methodology.

XIII. DISCUSSION

The present review indicates that *Trividha Pariksha* and *Ashtavidha Pariksha* can be interpreted as

complementary frameworks for systematic clinical assessment. The classical descriptions emphasize multiple sources of information rather than dependence upon a single observation. The *Darshana-Sparshana-Prashna* framework has substantial methodological overlap with contemporary clinical practice. Observation provides initial clues, questioning establishes the clinical history and physical examination provides objective findings. Modern clinical examination likewise integrates observation and palpation with history and other examination techniques. The relevance of *Darshana* is evident in routine general examination. Findings such as pallor, icterus, cyanosis, edema, respiratory distress and abnormal gait can provide important clues before specific investigations are performed. Contemporary physical examination literature similarly emphasizes careful observation of appearance, speech, gait and visible physical abnormalities.

Sparshana also has direct clinical relevance because palpation remains an important component of physical examination. Temperature, tenderness, swelling, consistency, organomegaly and peripheral pulses can contribute to clinical reasoning. *Prashna* has perhaps the strongest correspondence with modern clinical practice. The medical interview is recognized as an important diagnostic and therapeutic instrument, allowing the clinician to establish chronology, characterize symptoms and identify associated factors.⁷ *Ashtavidha Pariksha* adds further specificity by directing attention to eight clinical domains. Kaggod described *Nadi*, *Mutra*, *Mala*, *Jihwa*, *Shabda*, *Sparsha*, *Drik* and *Akriti* as the eight components of *Ashtasthana Pariksha* and emphasized their role in understanding normal and abnormal states and planning treatment. Yadav and Singh have also discussed the application of *Ashtasthana Pariksha* in relation to tools used in the current era, illustrating the possibility of comparative clinical interpretation.⁸ However, such comparisons should be interpreted cautiously because a shared examination domain does not establish diagnostic equivalence. For example, both traditional *Nadi Pariksha* and modern pulse examination assess the pulse, but this does not establish that traditional pulse characteristics have the same diagnostic validity as electrocardiography or other cardiovascular investigations. Likewise, tongue, urine, stool and eye findings may provide useful clinical clues but may be nonspecific. This distinction

is essential for scientifically responsible integration. Traditional examination methods may be useful as clinical observation frameworks, while modern diagnostic methods remain essential for confirmation and characterization of disease. Another important consideration is the role of clinical examination in rational investigation. Physical examination should be integrated with the clinical history and underlying pathophysiology rather than interpreted as isolated findings. The same principle can be applied when integrating Ayurvedic examination with modern diagnostics. The educational value of these approaches should also be considered. *Darshana*, *Prashna* and *Sparshana* provide a simple conceptual sequence—observe, ask and examine—that can help students develop systematic bedside habits. *Ashtavidha Pariksha* further encourages attention to multiple clinical domains.⁸ Nevertheless, the transition from conceptual relevance to clinical implementation requires evidence. Standardized protocols, examiner training, inter-rater reliability studies, diagnostic accuracy studies and prospective validation are necessary. Clinical findings should be assessed using appropriate statistical methods rather than assuming that traditional descriptions are inherently diagnostic.⁹ Thus, the most appropriate contemporary interpretation is that *Trividha* and *Ashtavidha Pariksha* may contribute to comprehensive and patient-centred clinical assessment when used alongside, rather than instead of, validated modern diagnostic approaches.

XIV. CONCLUSION

Trividha Pariksha and *Ashtavidha Pariksha* provide structured approaches to patient assessment within the Ayurvedic clinical tradition. *Darshana*, *Sparshana* and *Prashna* emphasize observation, physical examination and systematic questioning, while *Ashtavidha Pariksha* expands assessment into eight specific domains comprising *Nadi*, *Mutra*, *Mala*, *Jihwa*, *Shabda*, *Sparsha*, *Drik* and *Akriti*. Several of these domains demonstrate meaningful methodological correspondence with contemporary clinical examination. Their greatest potential in modern practice lies in promoting systematic bedside observation, comprehensive history taking, focused physical examination and individualized patient assessment. However, conceptual similarity should not be considered proof of diagnostic equivalence, and

traditional findings should not replace validated laboratory, imaging or other investigations when clinically indicated. Future research should focus on standardization, operational definitions, inter-observer reliability, diagnostic accuracy and clinical utility. A scientifically responsible and complementary integration of these approaches may contribute to comprehensive, patient-centred healthcare while maintaining the conceptual integrity of Ayurvedic clinical examination.

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