

A Critical Review of Trividha, Ashtavidha, and Dashavidha Pariksha in Clinical Practice

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Abstract—Ayurveda emphasizes a holistic approach to diagnosis through *Pariksha* (clinical examination), which enables accurate assessment of the patient's health status, disease condition, and individualized treatment planning. Among the classical diagnostic methods, *Trividha Pariksha*, *Ashtavidha Pariksha*, and *Dashavidha Pariksha* occupy a central place in clinical practice. *Trividha Pariksha*, comprising *Darshana* (inspection), *Sparshana* (palpation), and *Prashna* (interrogation), forms the foundation of patient evaluation by integrating observation, physical examination, and detailed history taking. *Ashtavidha Pariksha* extends the diagnostic process through examination of *Nadi*, *Mutra*, *Mala*, *Jihva*, *Shabda*, *Sparsha*, *Drik*, and *Aakruti*, providing valuable insights into *Dosha* predominance, disease progression, and systemic involvement. *Dashavidha Pariksha* offers a comprehensive assessment of the patient by evaluating *Prakriti*, *Vikriti*, *Sara*, *Samhanana*, *Pramana*, *Satmya*, *Satva*, *Ahara Shakti*, *Vyayama Shakti*, and *Vaya*, thereby facilitating individualized diagnosis and treatment based on the principles of personalized medicine. This critical review examines the classical concepts, clinical relevance, strengths, and limitations of these three diagnostic frameworks in the context of contemporary healthcare. It also explores their integration with modern clinical examination to enhance diagnostic precision and patient-centered care. The review highlights that while each method has distinct applications, their combined use provides a systematic, holistic, and evidence-informed approach to diagnosis. Strengthening the scientific validation and standardization of these traditional diagnostic tools may improve their acceptance in integrative medicine and support their wider application in modern clinical practice while preserving the fundamental principles of Ayurveda.

Index Terms—Ayurveda, Pariksha, Trividha Pariksha, Ashtavidha Pariksha, Dashavidha Pariksha, Clinical Diagnosis, Personalized Medicine, Integrative Medicine, Diagnostic Methods, Patient Assessment

I. INTRODUCTION

Diagnosis forms the foundation of successful clinical practice, as appropriate therapeutic intervention depends upon an accurate understanding of the patient and the disease. In Ayurveda, diagnosis is not merely the identification of a disease entity but a comprehensive evaluation of the individual in relation to constitutional characteristics, pathological alterations, physiological functions, psychological status, and environmental influences. This systematic process of examination is referred to as *Pariksha*, which occupies a pivotal position in Ayurvedic clinical practice. The classical texts emphasize that no treatment should be initiated without a thorough examination of both the patient (*Rogi*) and the disease (*Roga*), as inadequate assessment may lead to inappropriate management and unsatisfactory therapeutic outcomes.¹ The philosophy of Ayurvedic diagnosis is based on the concept that health is maintained through the equilibrium of *Dosha*, *Dhatu*, *Mala*, and *Agni*, along with the proper functioning of the mind, senses, and soul. Any disturbance in this equilibrium results in disease, necessitating a detailed assessment of the factors responsible for its manifestation. Therefore, the physician is expected to evaluate not only the presenting symptoms but also the underlying *Samprapti* (pathogenesis), *Dosha-Dushya*

Sammurchana, strength of the patient (*Rogi Bala*), strength of the disease (*Roga Bala*), digestive and metabolic capacity (*Agni*), and prognosis before formulating an individualized treatment plan.² Among the various diagnostic methods described in Ayurvedic literature, *Trividha Pariksha*, *Ashtavidha Pariksha*, and *Dashavidha Pariksha* constitute the principal clinical examination techniques. Although these methods differ in their scope and complexity, they complement one another by providing comprehensive information regarding the patient's physical, physiological, and psychological status. *Trividha Pariksha* comprises *Darshana* (inspection), *Sparshana* (palpation), and *Prashna* (interrogation), which collectively correspond to the essential components of modern clinical examination.³ *Ashtavidha Pariksha*, elaborated in *Yogaratanakara*, includes examination of *Nadi*, *Mutra*, *Mala*, *Jihva*, *Shabda*, *Sparsha*, *Drik*, and *Aakruti*, offering valuable insights into *Dosha* predominance, disease progression, and systemic involvement.⁴ *Dashavidha Pariksha*, primarily described in *Charaka Samhita*, provides a broader evaluation by assessing *Prakriti*, *Vikriti*, *Sara*, *Samhanana*, *Pramana*, *Satmya*, *Satva*, *Ahara Shakti*, *Vyayama Shakti*, and *Vaya*, thereby facilitating individualized diagnosis and treatment planning. With the growing emphasis on personalized medicine and integrative healthcare, the relevance of classical Ayurvedic diagnostic methods has gained renewed scientific interest. The constitutional assessment described in Ayurveda shares conceptual similarities with the principles of precision medicine, wherein therapeutic decisions are tailored according to individual biological variability. Contemporary research has attempted to explore the scientific basis of *Prakriti* assessment, pulse diagnosis, and other Ayurvedic diagnostic tools using genomics, metabolomics, and systems biology. These studies suggest that several traditional diagnostic concepts possess significant potential for integration with modern healthcare, although robust scientific validation and standardized assessment protocols remain essential for their wider acceptance.^{5,6} Despite their extensive clinical application over centuries, *Trividha*, *Ashtavidha*, and *Dashavidha Pariksha* continue to face challenges related to observer variability, lack of uniform diagnostic criteria, and limited high-quality clinical evidence. Nevertheless, these methods remain indispensable in

Ayurvedic practice because they facilitate holistic patient assessment, individualized treatment planning, and continuous evaluation of therapeutic outcomes. A critical appraisal of these diagnostic frameworks is therefore necessary to understand their theoretical foundations, clinical applicability, strengths, limitations, and future prospects within evidence-based integrative medicine.⁷

II. CONCEPT OF *PARIKSHA* IN AYURVEDA

The concept of *Pariksha* forms the cornerstone of Ayurvedic diagnosis and reflects the systematic methodology adopted by the ancient physicians for understanding both the patient (*Rogi*) and the disease (*Roga*). The term *Pariksha* is derived from the Sanskrit root "*Iksha*" meaning "to observe" or "to examine," while the prefix "*Pari*" denotes thoroughness or completeness. Thus, *Pariksha* signifies a comprehensive examination carried out with the objective of establishing an accurate diagnosis, assessing prognosis, and formulating an individualized treatment plan. Acharya Charaka has emphasized that a physician should never initiate treatment without carefully examining both the disease and the patient, as improper assessment may result in ineffective or even harmful therapeutic interventions.⁸ This principle highlights the scientific temperament of Ayurveda, wherein diagnosis serves as the foundation of rational clinical practice rather than merely identifying the disease by its symptoms.

Ayurvedic diagnosis is fundamentally different from the reductionist approach of contemporary biomedicine. While modern diagnosis primarily aims to identify structural or functional abnormalities responsible for a disease, Ayurveda focuses on understanding the disturbed equilibrium of *Dosha*, *Dhatu*, *Mala*, and *Agni*, together with the patient's constitutional and psychological characteristics. Consequently, the same disease may manifest differently in individuals with different *Prakriti*, *Satva*, or *Agni*, requiring individualized therapeutic interventions. This patient-centred approach represents one of the distinguishing characteristics of Ayurveda and closely resembles the principles of contemporary personalized medicine.⁹

The classical Ayurvedic texts advocate a multidimensional approach to clinical examination. The physician is expected to evaluate the etiological

factors (*Nidana*), premonitory features (*Purvarupa*), clinical manifestations (*Rupa*), pathogenesis (*Samprapti*), prognosis (*Sadhya-Asadhyata*), and complications before arriving at a diagnosis. Simultaneously, factors related to the patient, including constitutional makeup, tissue quality, physical strength, digestive capacity, mental resilience, habitual adaptation, age, and environmental influences, should also be considered. This dual assessment of *Roga* and *Rogi* forms the basis of Ayurvedic clinical reasoning and enables the physician to formulate a treatment plan tailored to the individual rather than the disease alone.¹⁰

To facilitate systematic examination, the Ayurvedic classics describe several diagnostic frameworks, including *Trividha*, *Chaturvidha*, *Panchavidha*, *Shadvidha*, *Ashtavidha*, and *Dashavidha Pariksha*. Among these, *Trividha*, *Ashtavidha*, and *Dashavidha Pariksha* have attained the greatest practical importance because they provide a logical sequence of patient evaluation. *Trividha Pariksha* constitutes the basic clinical examination through inspection, palpation, and interrogation. *Ashtavidha Pariksha* expands the clinical evaluation by examining eight observable and functional parameters that reflect the current physiological and pathological state of the individual. *Dashavidha Pariksha* further extends the assessment by evaluating constitutional, anatomical, physiological, psychological, and functional characteristics that influence disease susceptibility, prognosis, and therapeutic response.¹¹

From a contemporary perspective, these three methods should not be viewed as independent diagnostic systems but rather as complementary stages of comprehensive clinical assessment. In routine practice, an experienced physician integrates findings obtained from all three methods before establishing a diagnosis and selecting appropriate treatment. For example, observations made during *Darshana* may be corroborated by findings of *Nadi Pariksha* or *Jihva Pariksha*, while constitutional characteristics identified through *Dashavidha Pariksha* help determine the selection of medicines, dosage, dietary advice, and *Panchakarma* procedures. Such an integrated approach enhances diagnostic accuracy and strengthens the principle of individualized patient care. The renewed global interest in personalized and integrative medicine has prompted researchers to re-examine the scientific basis of Ayurvedic diagnostic

methods. Studies exploring the relationship between *Prakriti* and genetic polymorphisms, metabolomic profiles, immune responses, and disease susceptibility suggest that constitutional assessment may possess measurable biological correlates.^{12,13} Similarly, efforts have been made to standardize *Nadi Pariksha*, *Prakriti* assessment, and other diagnostic parameters using validated questionnaires, digital sensors, artificial intelligence, and machine learning technologies. Although these investigations demonstrate encouraging results, substantial heterogeneity in methodology and limited large-scale validation continue to restrict their clinical translation.¹⁴

Despite these limitations, the conceptual framework of *Pariksha* remains highly relevant in present-day clinical practice. Its emphasis on holistic assessment, patient individuality, and dynamic evaluation of physiological functions offers valuable insights that complement conventional diagnostic methods. Rather than replacing modern investigations, Ayurvedic diagnostic principles can serve as an adjunctive clinical framework for individualized healthcare. Future research should therefore focus on developing standardized diagnostic criteria, improving inter-observer reliability, and validating classical examination methods through well-designed multicentric clinical studies. Such efforts would not only strengthen the scientific foundation of Ayurvedic diagnostics but also facilitate their meaningful integration into evidence-based healthcare systems.

III. TRIVIDHA PARIKSHA: FOUNDATION OF AYURVEDIC CLINICAL EXAMINATION

Trividha Pariksha represents the most fundamental method of clinical examination described in Ayurveda and serves as the basis of physician–patient interaction. It comprises *Darshana* (inspection), *Sparshana* (palpation), and *Prashna* (interrogation), which together facilitate comprehensive assessment of the patient's health status. Although these three components appear simple, they encompass a systematic approach to history taking and physical examination that closely parallels the principles of modern bedside clinical medicine. Acharya Charaka emphasized that a physician should employ all three methods simultaneously to obtain complete diagnostic information, as reliance on a single method may result in incomplete or misleading clinical conclusions.¹⁵

Among the three components, *Darshana* constitutes the initial stage of clinical evaluation. It involves careful visual observation of the patient before physical examination or questioning. The physician assesses complexion, body build, posture, gait, facial expression, eye appearance, tongue, skin, nails, hair, respiratory movements, deformities, oedema, nutritional status, and behavioural responses. These observations provide important clues regarding the predominance of *Dosha*, chronicity of disease, nutritional status, and overall vitality. Classical Ayurvedic physicians regarded visual examination as an indispensable skill because many disorders could be suspected from external appearance even before detailed questioning.¹⁶ Contemporary medicine similarly recognizes inspection as the first step of physical examination, highlighting the enduring relevance of this classical principle.

Sparshana refers to tactile examination performed through direct physical contact with the patient. Classical texts describe assessment of temperature, tenderness, consistency, texture, moisture, swelling, pulsation, and pain through palpation. The physician may also evaluate joint mobility, muscle tone, abdominal rigidity, and local inflammatory changes depending upon the clinical condition. In Ayurvedic practice, tactile findings are interpreted not only in anatomical terms but also in relation to *Dosha* predominance. For example, increased warmth is generally associated with *Pitta*, coldness and roughness with *Vata*, whereas heaviness and firmness indicate *Kapha* predominance.¹⁷ Although these interpretations differ conceptually from biomedical explanations, palpation continues to remain an indispensable component of modern clinical examination, reinforcing the practical significance of *Sparshana*.

The third component, *Prashna*, is considered the most informative aspect of *Trividha Pariksha* because it enables the physician to understand the patient's subjective experiences, lifestyle, dietary habits, occupational exposure, psychological status, and disease progression. Classical Ayurvedic texts recommend obtaining detailed information regarding the onset, duration, aggravating and relieving factors, bowel and bladder habits, sleep, appetite, mental state, previous illnesses, seasonal variations, and etiological factors (*Nidana*). Such comprehensive history taking enables identification of disease causation and

facilitates individualized therapeutic planning. Interestingly, several contemporary studies suggest that a substantial proportion of clinical diagnoses can be established primarily through detailed history taking, with physical examination serving to confirm the diagnostic impression.¹⁸ This observation demonstrates the remarkable clinical foresight embodied in the Ayurvedic concept of *Prashna*.

The major strength of *Trividha Pariksha* lies in its simplicity, universality, and cost-effectiveness. It requires no sophisticated equipment and can be performed in primary healthcare centres, rural settings, and resource-limited environments. Furthermore, it promotes direct physician–patient interaction, enabling the clinician to establish rapport while simultaneously gathering diagnostic information. This holistic communication process often reveals psychosocial, behavioural, and lifestyle factors that may not be detected through laboratory investigations alone. Consequently, *Trividha Pariksha* remains highly relevant in preventive medicine, chronic disease management, geriatric care, and community health practice.

From a critical perspective, however, *Trividha Pariksha* also possesses certain limitations. The interpretation of findings depends considerably upon the physician's knowledge, clinical experience, and observational skills, resulting in significant inter-observer variability. Parameters such as *Dosha* predominance or subtle constitutional characteristics cannot always be measured objectively, limiting reproducibility across different practitioners. Moreover, classical descriptions provide qualitative rather than quantitative criteria, making standardization difficult in research settings.¹⁹ These challenges have prompted recent efforts to develop structured clinical assessment formats, validated questionnaires, and digital diagnostic technologies capable of improving reliability and minimizing subjective bias.

Advances in biomedical engineering and artificial intelligence have opened new avenues for objective assessment of traditional diagnostic methods. Digital pulse analysis, computer-assisted tongue imaging, thermal sensors, facial recognition systems, and machine-learning algorithms have been investigated as potential tools for standardizing Ayurvedic clinical examination. Although these technologies remain in developmental stages, they demonstrate the possibility

of integrating traditional observational skills with modern diagnostic innovations.²⁰ Such integration has the potential to enhance diagnostic precision without compromising the holistic philosophy that underpins Ayurvedic medicine.

Overall, *Trividha Pariksha* continues to represent the cornerstone of Ayurvedic clinical diagnosis. Its principles remain remarkably consistent with the universally accepted sequence of history taking, inspection, and physical examination practiced in contemporary medicine. Rather than viewing it as an obsolete traditional method, it should be recognized as a clinically relevant diagnostic framework that can complement modern investigations by providing individualized and holistic patient assessment. Future research should focus on standardizing examination protocols, validating diagnostic parameters, and evaluating their reliability through multicentric clinical studies, thereby strengthening the evidence base for their integration into contemporary healthcare.

IV. ASHTAVIDHA PARIKSHA: A FUNCTIONAL APPROACH TO CLINICAL ASSESSMENT

Ashtavidha Pariksha is one of the most important bedside diagnostic methods described in *Yogaratanakara*. It complements *Trividha Pariksha* by providing a structured evaluation of eight clinical parameters, namely *Nadi* (pulse), *Mutra* (urine), *Mala* (stool), *Jihva* (tongue), *Shabda* (voice), *Sparsha* (touch), *Drik* (eyes), and *Aakruti* (body build). These parameters help assess the functional status of the patient, determine *Dosha* predominance, evaluate disease progression, and guide individualized treatment.²¹ Among these, *Nadi Pariksha* is considered the most significant and is widely used to assess the physiological state of the body. Classical texts describe characteristic pulse patterns corresponding to *Vata*, *Pitta*, and *Kapha* predominance. Although pulse examination is traditionally based on clinical expertise, recent studies have explored digital pulse analysis to improve objectivity and reproducibility.²² The examination of *Mutra*, *Mala*, and *Jihva* provides valuable information regarding *Agni*, metabolic status, hydration, digestive efficiency, and the presence of *Ama*. Similarly, *Shabda*, *Sparsha*, *Drik*, and *Aakruti* help evaluate neurological status, body temperature, nutritional condition, constitutional features, and

systemic involvement. Together, these observations provide a comprehensive understanding of the patient's physiological and pathological condition.

Table 1. Components of *Ashtavidha Pariksha* and their clinical relevance

Component	Clinical significance
<i>Nadi</i>	Pulse characteristics and <i>Dosha</i> assessment
<i>Mutra</i>	Urinary function and metabolic status
<i>Mala</i>	Bowel function and digestive health
<i>Jihva</i>	<i>Agni</i> , <i>Ama</i> , and nutritional status
<i>Shabda</i>	Voice and neurological assessment
<i>Sparsha</i>	Temperature, tenderness, and inflammation
<i>Drik</i>	Ocular changes and systemic disorders
<i>Aakruti</i>	Body build and constitutional assessment

The major strength of *Ashtavidha Pariksha* lies in its holistic, economical, and non-invasive nature. It can be performed in any clinical setting without sophisticated equipment and provides valuable functional information that complements modern diagnostic methods. However, interpretation largely depends on the physician's clinical expertise, resulting in observer variability and limited standardization.²³ Recent technological advancements, including digital pulse analysers, computer-assisted tongue imaging, and artificial intelligence-based diagnostic systems, have shown promising potential for improving the objectivity of *Ashtavidha Pariksha*.²⁴ Although further validation is required, these developments may facilitate integration of classical Ayurvedic diagnostics with contemporary evidence-based clinical practice.

V. DASHAVIDHA PARIKSHA: A COMPREHENSIVE TOOL FOR INDIVIDUALIZED ASSESSMENT

Dashavidha Pariksha, described by Acharya Charaka in *Charaka Samhita*, is one of the most comprehensive diagnostic methods in Ayurveda. Unlike *Trividha* and

Ashtavidha Pariksha, which mainly assess the present clinical condition, *Dashavidha Pariksha* evaluates the patient's constitutional, physical, physiological, and psychological status. This comprehensive assessment helps determine disease susceptibility, prognosis, and individualized treatment planning.²⁵ The ten components of *Dashavidha Pariksha* are *Prakriti*, *Vikriti*, *Sara*, *Samhanana*, *Pramana*, *Satmya*, *Satva*, *Ahara Shakti*, *Vyayama Shakti*, and *Vaya*. Together, these parameters provide information regarding constitutional makeup, tissue quality, body structure, mental strength, digestive capacity, physical endurance, and age, enabling physicians to select appropriate medicines, dosage, dietary advice, and *Panchakarma* procedures.

Table 2. Components of *Dashavidha Pariksha* and their clinical significance

Component	Clinical significance
<i>Prakriti</i>	Constitutional assessment and disease susceptibility
<i>Vikriti</i>	Current pathological status
<i>Sara</i>	Tissue quality and nutritional status
<i>Samhanana</i>	Body build and structural strength
<i>Pramana</i>	Anthropometric assessment
<i>Satmya</i>	Adaptability to diet and lifestyle
<i>Satva</i>	Mental strength and stress tolerance
<i>Ahara Shakti</i>	Digestive capacity
<i>Vyayama Shakti</i>	Physical endurance
<i>Vaya</i>	Age-related physiological assessment

Among these parameters, *Prakriti* is considered the most important because it forms the basis of personalized treatment. Recent studies have shown possible associations between *Prakriti* and genetic, metabolic, and immunological variations, supporting its relevance in precision medicine.^{26,27} The major

strength of *Dashavidha Pariksha* is its holistic approach. It evaluates both disease-related and patient-related factors, allowing individualized therapeutic planning. However, most parameters remain qualitative and depend on the physician's expertise, resulting in limited standardization and observer variability.²⁸ Recent advances in *Ayurgenomics*, artificial intelligence, and digital assessment tools may improve the objectivity and reproducibility of these classical diagnostic methods in the future.²⁹

Overall, *Dashavidha Pariksha* provides a scientific framework for personalized healthcare by integrating constitutional assessment with clinical evaluation. Its principles remain highly relevant for modern integrative medicine, although further validation through well-designed clinical studies is necessary.

VI. COMPARATIVE ANALYSIS OF TRIVIDHA, ASHTAVIDHA, AND DASHAVIDHA PARIKSHA

The three classical diagnostic methods described in Ayurveda are complementary rather than independent. Each serves a distinct purpose in clinical practice and collectively provides a comprehensive understanding of the patient. *Trividha Pariksha* forms the foundation of clinical examination through inspection, palpation, and interrogation, allowing the physician to obtain preliminary diagnostic information. *Ashtavidha Pariksha* expands this assessment by evaluating eight functional clinical parameters that reflect the physiological and pathological status of the patient. In contrast, *Dashavidha Pariksha* adopts a holistic approach by assessing constitutional, physical, psychological, and functional characteristics that influence disease susceptibility, prognosis, and therapeutic planning.³⁰ Although these diagnostic methods differ in their scope, they complement each other during routine clinical practice. Findings obtained from *Trividha Pariksha* may be supported by *Ashtavidha Pariksha*, while *Dashavidha Pariksha* provides patient-specific information required for individualized treatment planning. Therefore, an integrated application of all three methods enables a more accurate and holistic diagnosis than the use of any single examination method alone.

Table 3. Comparison of *Trividha*, *Ashtavidha*, and *Dashavidha Pariksha*

Parameter	<i>Trividha Pariksha</i>	<i>Ashtavidha Pariksha</i>	<i>Dashavidha Pariksha</i>
Classical source	<i>Charaka Samhita</i>	<i>Yogaratanakara</i>	<i>Charaka Samhita</i>
Number of parameters	3	8	10
Primary objective	Basic clinical examination	Functional assessment	Comprehensive patient assessment
Major components	<i>Darshana, Sparshana, Prashna</i>	<i>Nadi, Mutra, Mala, Jihva, Shabda, Sparsha, Drik, Aakruti</i>	<i>Prakriti, Vikriti, Sara, Samhanana, Pramana, Satmya, Satva, Ahara Shakti, Vyayama Shakti, Vaya</i>
Clinical application	Initial diagnosis	Assessment of disease status	Individualized treatment planning
Modern correlation	History taking and physical examination	Functional clinical assessment	Personalized and precision medicine

The principles underlying these diagnostic methods remain relevant in contemporary healthcare. While modern medicine relies heavily on laboratory investigations and imaging techniques, Ayurvedic examination emphasizes direct physician–patient interaction and holistic assessment. The integration of classical diagnostic methods with objective investigations may improve diagnostic accuracy while preserving the individualized approach that characterizes Ayurveda.³¹ Despite their clinical importance, these methods require further standardization and scientific validation to improve reproducibility and wider acceptance in evidence-based practice. Development of validated assessment tools, digital diagnostic technologies, and multicentric clinical studies may facilitate their integration with modern healthcare systems.³²

VII. CLINICAL IMPLICATIONS IN CONTEMPORARY PRACTICE

The principles of *Trividha*, *Ashtavidha*, and *Dashavidha Pariksha* continue to play a vital role in contemporary Ayurvedic clinical practice. These diagnostic methods provide a systematic and holistic approach to patient assessment by integrating clinical observation, physical examination, functional evaluation, and constitutional analysis. Unlike disease-centred diagnostic systems, Ayurveda emphasizes individualized assessment, allowing treatment to be planned according to the patient's constitution, disease status, digestive capacity, mental

strength, and overall health. In the present era of personalized and preventive healthcare, these classical diagnostic methods have gained renewed importance. Assessment of *Prakriti*, *Agni*, *Satva*, and other patient-specific factors helps in identifying disease susceptibility, predicting prognosis, and selecting individualized therapeutic interventions. These methods also encourage a strong physician–patient relationship through detailed history taking and careful clinical examination, promoting holistic patient care. Modern diagnostic technologies and laboratory investigations provide valuable objective information; however, they may not always reflect the patient's constitutional and functional status. Therefore, integrating Ayurvedic diagnostic principles with contemporary clinical investigations can improve diagnostic accuracy and support individualized treatment planning. The use of digital technologies, standardized assessment protocols, and electronic documentation may further enhance the reliability and practical application of these classical methods in modern healthcare.

VIII. DISCUSSION

The present review highlights the enduring importance of *Trividha*, *Ashtavidha*, and *Dashavidha Pariksha* as the fundamental diagnostic frameworks in Ayurveda. Each method contributes uniquely to clinical assessment, with *Trividha Pariksha* forming the basis of history taking and physical examination, *Ashtavidha Pariksha* providing functional evaluation

through eight clinical parameters, and *Dashavidha Pariksha* offering a comprehensive assessment of the patient's constitutional, physical, and psychological characteristics. The review demonstrates that these diagnostic methods are complementary rather than independent. Their combined application enables a holistic understanding of the patient by assessing not only the disease but also individual factors such as *Prakriti*, *Agni*, *Satva*, and overall strength. This individualized approach closely aligns with the modern concept of personalized medicine, where treatment is tailored according to patient-specific characteristics. Despite their long-standing clinical utility, challenges such as lack of standardized assessment protocols, observer variability, and limited scientific validation continue to hinder their wider acceptance in evidence-based healthcare. However, recent developments in digital diagnostics, artificial intelligence, and systems biology offer promising opportunities for improving the objectivity and reproducibility of these traditional examination methods. Overall, *Trividha*, *Ashtavidha*, and *Dashavidha Pariksha* remain clinically relevant and continue to serve as valuable tools for comprehensive patient evaluation. Their integration with modern diagnostic techniques may enhance clinical decision-making, promote individualized patient care, and strengthen the role of Ayurveda within contemporary integrative healthcare.

IX. FUTURE PERSPECTIVES

Future research should focus on strengthening the scientific foundation of Ayurvedic diagnostic methods through standardization and evidence-based validation. Development of uniform assessment guidelines, validated clinical scoring systems, and digital diagnostic tools can improve the objectivity and reproducibility of *Trividha*, *Ashtavidha*, and *Dashavidha Pariksha*. Interdisciplinary research combining Ayurveda with emerging fields such as genomics, systems biology, artificial intelligence, and biomedical engineering may further establish the scientific relevance of these classical concepts. Incorporating standardized diagnostic protocols into Ayurvedic education and routine clinical practice will improve consistency among practitioners and facilitate better patient care. Such efforts will contribute to the wider acceptance of Ayurveda as an evidence-

informed system of personalized and integrative healthcare.

X. CONCLUSION

Trividha, *Ashtavidha*, and *Dashavidha Pariksha* together form the foundation of Ayurvedic diagnosis by providing a comprehensive and patient-centred approach to clinical assessment. While *Trividha Pariksha* establishes the basic clinical examination, *Ashtavidha Pariksha* evaluates functional changes, and *Dashavidha Pariksha* facilitates individualized treatment through constitutional assessment. Their holistic approach remains highly relevant in modern healthcare, particularly in the context of personalized medicine. Continued research, standardization, and integration with contemporary diagnostic methods will further enhance their clinical utility and strengthen their role in evidence-based integrative medical practice.

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