

**FROM CLASSICAL PARIKSHA TO EVIDENCE-INFORMED
DIAGNOSIS: REAPPRAISING THE CLINICAL UTILITY OF
ROGNIDAN IN AYURVEDA – A REVIEW****¹Dr. Nivedita V. Dhanvijay, ²Dr. Snehankita V. Dhanvijay, ³Dr. Amit Jain**

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ABSTRACT

Diagnosis is a fundamental component of clinical medicine and serves as the basis for prognosis, treatment planning and prevention of disease progression. Ayurveda describes a comprehensive diagnostic approach under the broad concept of Rognidan, in which both the disease (Roga) and the individual patient (Rogi) are examined through multiple classical methods of Pariksha. These include Nidana Panchaka, Trividha Pariksha, Shadvidha Pariksha, Ashtavidha Pariksha, Dashavidha Pariksha and other disease- and patient-oriented assessment methods.

KEYWORDS: Rognidan, Roga Pariksha, Rogi Pariksha, Nidana Panchaka, Pariksha, Ayurvedic diagnosis, Clinical reasoning, Diagnostic validation, Evidence-informed Ayurveda, Personalized medicine.

1. INTRODUCTION

Diagnosis is the process through which a clinician collects and interprets information to identify a disease or clinical condition and to understand its severity, progression and

probable outcome. Accurate diagnosis is fundamental to appropriate treatment, prognosis and prevention.

Ayurveda approaches diagnosis through a broader clinical framework. Rather than relying exclusively on a disease name, the physician attempts to understand the cause, manifestation, progression, pathogenesis and individual characteristics associated with disease. The diagnostic process is therefore closely connected with the principles of Chikitsa.

The Ayurvedic concept of Rognidan encompasses several diagnostic methods described across the classical Samhitas. These include assessment of the disease through Nidana Panchaka, examination of the patient through Rogi Pariksha, examination of the disease through Roga Pariksha, and various methods such as Trividha, Ashtavidha and Dashavidha Pariksha.

Nidana Panchaka consists of Nidana, Purvarupa, Rupa, Upashaya and Samprapti. It provides a structured approach to understanding the development and manifestation of disease.

Roga Pariksha focuses primarily on the characteristics and pathological process of disease, whereas Rogi Pariksha considers the individual constitution, strength, age, habituation and other patient-specific factors. Recent literature continues to describe Roga-Rogi Pariksha and Nidana Panchaka as important components of Ayurvedic diagnostic reasoning, while simultaneously identifying standardization and clinical validation as important research needs.

The contemporary healthcare environment increasingly emphasizes evidence-informed practice, reproducibility, patient-centered care and measurable clinical outcomes. This creates an important research question:

How can the clinical utility of classical Ayurvedic Pariksha be systematically evaluated without reducing the classical concepts to superficial equivalents of modern diagnostic tests?

The present review therefore attempts to reappraise Rognidan through an evidence-informed perspective.

2. AIMS AND OBJECTIVE

The present review aims to critically reappraise the clinical utility of classical Ayurvedic

diagnostic principles and explore their potential transition from traditional clinical observation towards an evidence-informed diagnostic framework.

3. REVIEW OF LITERATURE

3.1 Concept of Rognidan

Rognidan can broadly be understood as the systematic identification and understanding of disease.

The Ayurvedic diagnostic process can be represented conceptually as:

Hetu/Nidana → Dosha involvement → Dosha-Dushya interaction → Srotas involvement → Sthana Samshraya → Rupa → Diagnosis → Prognosis → Chikitsa

This sequence illustrates that diagnosis and treatment are interconnected.

Rognidan therefore includes

- Identification of causative factors
- Recognition of early manifestations
- Identification of established clinical features
- Assessment of pathogenesis
- Assessment of the patient
- Assessment of disease severity
- Differential diagnosis
- Prognostic evaluation

Thus, Rognidan is broader than disease nomenclature.

3.2 Nidana Panchaka

Nidana Panchaka is one of the principal frameworks used in Ayurvedic disease examination.

It consists of

1. Nidana
2. Purvarupa
3. Rupa
4. Upashaya
5. Samprapti

A recent review published in 2026 described Nidana Panchaka together with Roga-Rogi Pariksha as a holistic diagnostic framework, while also noting challenges related to

standardization, reproducibility and clinical validation.

3.2.1 Nidana

Nidana refers to etiological or causative factors associated with disease.

These may include

- Dietary factors
- Lifestyle factors
- Environmental factors
- Seasonal influences
- Occupational factors
- Behavioural factors
- Psychological factors
- Improper habits

Assessment of Nidana is clinically important because identification and avoidance of causative factors may contribute to prevention and management.

From an evidence-informed perspective, Nidana assessment can potentially be operationalized through structured history-taking tools.

3.2.2 Purvarupa

Purvarupa represents prodromal manifestations preceding the complete expression of disease.

Its potential clinical utility includes

- Early recognition
- Identification of disease progression
- Preventive intervention
- Risk stratification

However, to establish diagnostic accuracy, individual Purvarupa features require clear definitions and systematic clinical assessment.

3.2.3 Rupa

Rupa represents the manifested signs and symptoms of disease.

Assessment may include:

- Nature of symptoms
- Severity
- Duration
- Frequency
- Distribution
- Progression
- Associated symptoms

Rupa therefore forms a major component of clinical disease recognition.

3.2.4 Upashaya and Anupashaya

Upashaya refers to factors that produce improvement or relief, whereas Anupashaya refers to factors associated with aggravation or lack of relief.

The diagnostic significance of Upashaya lies in its potential to distinguish conditions with similar manifestations.

In modern methodological terms, Upashaya can be viewed as a clinical response-based diagnostic clue, but its diagnostic performance would need prospective evaluation rather than assumption.

3.2.5 Samprapti

Samprapti refers to the process through which disease develops.

It provides an Ayurvedic explanation of:

- Dosha aggravation
- Dushya involvement
- Srotas involvement
- Localization
- Manifestation
- Progression

Samprapti is particularly important because it connects diagnosis with treatment selection.

Understanding the Samprapti may help answer

Why has this disease developed in this particular patient?

3.3 Roga Pariksha

Roga Pariksha represents examination of the disease.

It may include consideration of:

- Nidana
- Purvarupa
- Rupa
- Samprapti
- Dosha
- Dushya
- Srotas
- Adhisthana
- Disease duration
- Disease severity
- Prognostic features

Roga Pariksha can therefore be considered the disease-oriented component of Ayurvedic diagnosis.

3.4 Rogi Pariksha

Rogi Pariksha examines the individual patient.

Important factors include

- Prakriti
- Vikriti
- Sara
- Samhanana
- Pramana
- Satmya
- Satva
- Ahara Shakti
- Vyayama Shakti
- Vaya
- Bala

This approach reflects the Ayurvedic principle that the same disease may manifest differently in different individuals.

Rogi Pariksha therefore provides the basis for individualized interpretation and treatment.

3.5 Trividha Pariksha

Trividha Pariksha includes

1. Darshana

Observation or inspection.

2. Sparshana

Examination through touch.

3. Prashna

Systematic questioning or history taking.

These three methods correspond to three complementary information-gathering approaches.

Prashna is particularly important for obtaining information about:

- Chief complaints
- Duration
- Progression
- Diet
- Lifestyle
- Exposure
- Previous illness
- Treatment history

3.6 Ashtavidha Pariksha

Ashtavidha Pariksha traditionally includes

1. Nadi
2. Mutra
3. Mala
4. Jihva
5. Shabda
6. Sparsha
7. Drik

8. Akriti

These parameters represent multiple domains of clinical observation.

From an evidence-informed perspective, each parameter should be evaluated separately for:

- Operational definition
- Inter-observer reliability
- Intra-observer reliability
- Diagnostic accuracy
- Clinical relevance

3.7 Dashavidha Pariksha

Dashavidha Pariksha evaluates the patient through:

1. Prakriti
2. Vikriti
3. Sara
4. Samhanana
5. Pramana
6. Satmya
7. Satva
8. Ahara Shakti
9. Vyayama Shakti
10. Vaya

This framework demonstrates the person-centered character of Ayurvedic diagnosis.

It may also provide useful variables for research on personalized healthcare, provided that these constructs are defined consistently.

3.8 Dosha-Dushya Assessment

The identification of Dosha-Dushya involvement is central to Ayurvedic understanding of disease.

The presence of a Dosha alone may not adequately explain disease manifestation. The interaction among:

Dosha + Dushya + Srotas + Adhithana + Nidana

is considered important in understanding the disease process.

This framework may help explain why similar symptoms may arise through different underlying pathogenetic patterns.

3.9 Srotas Pariksha

Srotas represent channels involved in transportation and physiological or pathological processes.

Assessment of Srotas may contribute to understanding

- Site of disease
- Pathway of disease progression
- Nature of Srotodushti
- Dosha involvement
- Dushya involvement

Srotas assessment can therefore be considered an important component of Ayurvedic pathophysiological reasoning.

3.10 Differential Diagnosis and Sapeksha Nidana

Clinical diagnosis frequently requires differentiation between diseases with overlapping manifestations.

Ayurveda also recognizes the importance of comparative diagnostic reasoning.

Sapeksha Nidana can be applied by comparing:

- Nidana
- Purvarupa
- Rupa
- Dosha predominance
- Samprapti
- Upashaya-Anupashaya
- Prognostic features

This approach may be conceptually comparable to differential diagnosis, but the two should not be considered identical without appropriate methodological research.

3.11 Shad Kriyakala and Temporal Diagnostic Reasoning

The concept of Shad Kriyakala provides a temporal understanding of disease progression:

1. Sanchaya

2. Prakopa
3. Prasara
4. Sthana Samshraya
5. Vyakti
6. Bheda

This framework is important because it suggests that disease may be recognized at different stages rather than only after complete manifestation.

The concept therefore has potential relevance to

- Early detection
- Disease progression
- Preventive intervention
- Prognostic assessment

Its contemporary diagnostic utility, however, requires disease-specific operationalization and validation.

3.12 From Classical Pariksha to Evidence-Informed Diagnosis

Evidence-informed practice requires more than historical description. A diagnostic method should ideally demonstrate:

- Defined target condition
- Clearly defined diagnostic criteria
- Reproducibility
- Sensitivity and specificity where appropriate
- Predictive value
- Inter-observer agreement
- Clinical utility
- Appropriate reference standard

A methodological review specifically examining Ayurvedic diagnostic tool development concluded that the field requires greater standardization and validation and proposed adapting established diagnostic research methodology to Ayurveda.

This provides an important bridge between classical Pariksha and contemporary clinical research.

4. MATERIALS AND METHODS

A conceptual narrative review was undertaken using classical Ayurvedic texts including Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya and Madhava Nidana, along with relevant secondary literature on Ayurvedic diagnosis, Nidana Panchaka, Roga-Rogi Pariksha, diagnostic methodology, standardization and validation. The literature was organized thematically to examine the diagnostic role of classical Pariksha, clinical reasoning, individualized assessment and contemporary research requirements.

5. DISCUSSION

5.1 Rognidan as Clinical Reasoning

Rognidan should not be interpreted simply as the Ayurvedic equivalent of a modern laboratory diagnosis.

Its broader purpose is to construct a clinical understanding of:

Cause → Patient → Disease → Pathogenesis → Stage → Prognosis → Management

This makes Rognidan closer to a clinical reasoning framework than to a single diagnostic test.

5.2 Strength of a Multidimensional Approach

One of the major strengths of Ayurvedic Pariksha is the simultaneous consideration of disease and patient.

A disease-centered assessment without patient assessment may not adequately explain individual variation.

Conversely, patient assessment without understanding disease-specific pathology may also be insufficient.

Therefore

Roga Pariksha + Rogi Pariksha = Integrated Clinical Assessment

This principle is consistent with the person-centered orientation of Ayurveda.

Recent literature has similarly emphasized the complementary roles of Roga and Rogi Pariksha and Nidana Panchaka.

3.3 Early Diagnosis

Nidana and Purvarupa provide a framework for identifying disease before full clinical manifestation.

Theoretically, early recognition could allow

- Nidana avoidance
- Lifestyle modification
- Preventive intervention
- Closer monitoring

However, claims regarding early diagnostic accuracy should be supported by prospective studies rather than based solely on textual descriptions.

3.4 Individualized Diagnosis

Modern medicine increasingly recognizes the importance of individualized risk assessment and patient-specific factors.

Ayurveda has traditionally incorporated

- Prakriti
- Bala
- Satmya
- Ahara Shakti
- Vyayama Shakti
- Vaya

Into clinical assessment.

This provides an important conceptual basis for studying personalized diagnosis.

Nevertheless, the scientific evaluation of these constructs requires standardized definitions and validated measurement tools.

3.5 Role of Upashaya in Diagnostic Reasoning

Upashaya has a distinctive position because it uses response to an intervention as diagnostic information.

This is potentially valuable in conditions where symptoms overlap.

However, several methodological questions need to be answered

- What intervention qualifies as Upashaya?
- What magnitude of response is considered significant?
- What is the observation period?
- How reproducible is the response?
- What are the sensitivity and specificity of the response?

These questions provide opportunities for future clinical research.

3.6 Rognidan and Diagnostic Error

Diagnostic error is an important issue in healthcare.

The Ayurvedic emphasis on detailed history, observation, examination and understanding of disease progression may provide useful conceptual tools for reducing incomplete clinical assessment.

However, this proposition should be investigated empirically.

A 2022 review on standardized Ayurvedic diagnostic protocols specifically discussed the potential relevance of Nidana Panchaka to contemporary diagnostic practice and the importance of standardization.

Therefore, rather than claiming that classical Pariksha automatically prevents diagnostic error, research should investigate whether structured Ayurvedic assessment improves diagnostic accuracy or reduces missed clinical information.

3.7 Need for Operational Definitions

A major challenge in Ayurvedic diagnostic research is that several classical terms have broad conceptual meanings.

For example

- Agni
- Bala
- Prakriti
- Ama
- Srotodushti

- Dosha predominance

May be interpreted differently by different practitioners.

For clinical research, each construct should have

Definition → Assessment method → Scoring system → Reliability → Validity

This transformation can make classical concepts researchable without necessarily abandoning their theoretical foundations.

3.8 Standardization Without Loss of Classical Identity

Standardization should not mean replacing Ayurvedic concepts with modern terminology.

Instead, the preferred approach may be

Classical concept → Operational definition → Structured assessment → Reliability testing →

Clinical validation → Evidence-informed application

For example, instead of simply stating that “Prakriti assessment is useful,” research should determine

- What constitutes a Prakriti assessment?
- Which tool is used?
- How consistent is the assessment?
- What is the inter-rater agreement?
- Does it influence clinical decision-making?
- Does it predict measurable clinical outcomes?

This approach could strengthen the scientific basis of Rognidan.

3.9 Proposed Evidence-Informed Framework for Rognidan

A conceptual framework may be proposed

Step 1 – Patient Identification

Age, sex, occupation, lifestyle and relevant background.

Step 2 – Nidana Assessment

Dietary, behavioural, environmental and other etiological factors.

Step 3 – Rogi Pariksha

Prakriti, Bala, Satmya, Ahara Shakti, Vyayama Shakti and other relevant factors.

Step 4 – Roga Pariksha

Clinical manifestations and disease characteristics.

Step 5 – Nidana Panchaka

Nidana, Purvarupa, Rupa, Upashaya and Samprapti.

Step 6 – Dosha-Dushya-Srotas Assessment

Assessment of Ayurvedic pathogenesis.

Step 7 – Differential Diagnosis

Comparison with clinically similar conditions.

Step 8 – Appropriate Investigations

Use of laboratory, imaging or other investigations wherever clinically indicated.

Step 9 – Prognostic Assessment

Assessment of severity, chronicity and prognosis.

Step 10 – Documentation and Follow-up

Recording findings systematically and reassessing changes over time.

This model does not propose replacing contemporary diagnostic investigations. Instead, it proposes a structured approach in which classical Ayurvedic reasoning and appropriate biomedical investigations may coexist where clinically justified.

3.10 Future Research Directions**Future research in Rognidan should focus on:**

1. Development of standardized diagnostic instruments.
2. Operational definitions of classical diagnostic constructs.
3. Inter-rater and intra-rater reliability studies.
4. Diagnostic accuracy studies.
5. Prospective cohort studies.
6. Validation of Prakriti assessment tools.
7. Standardization of Dosha assessment.

8. Structured assessment of Agni and Ama.
9. Validation of Upashaya-based diagnostic approaches.
10. Disease-specific Rognidan algorithms.
11. Digital documentation of Pariksha findings.
12. Development of clinical decision-support tools.
13. Comparative effectiveness studies.
14. Multicentric validation studies.
15. Integration of Ayurvedic clinica

CONCLUSION

Rognidan may be viewed as a structured clinical reasoning system rather than merely a traditional disease-naming method. Its future relevance depends on translating classical diagnostic constructs into clearly defined, reproducible and testable clinical parameters without losing their Ayurvedic theoretical context. Evidence-informed development of Ayurvedic diagnostic tools may provide a pathway for strengthening clinical practice and research.

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