

Integration of Rogi Pariksha, Nidana Panchaka and Mutra Pariksha with Modern Diagnostics in Prameha and CKD: A Narrative Review

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Abstract

Ayurvedic diagnostics focus on concomitant examination of the disease (Roga Pariksha) and the individual (Rogi Pariksha), which also incorporates Nidana Panchaka, Prakriti evaluation and organ-specific tests such as Mutra Pariksha. Long-term and individualised chronic kidney disease (CKD) diagnostic methods, especially Prameha (linked to diabetes mellitus), are needed to fit into these classical models. This narrative review is a synthesis of current literature on Nidana Panchaka, Rogi Pariksha, Prakriti tools, Mutra Pariksha (with Taila Bindu Pariksha) and incorporation of modern studies into Ayurvedic practice into chronic disease settings. There is evidence of classical methods, which complement biochemical tests and imaging to detect it early, risk stratification and prognosis, especially when these are complemented with validated Prakriti assessment and standardised Mutra Pariksha protocols. Its clinical utility is based on psychometric rigour, multi-centre research and standardised procedures to effectively reconcile Ayurvedic and modern approaches. A structured integrative diagnostic framework that integrates Rogi Pariksha and Nidana Panchaka with biochemical and imaging parameters is also suggested in this review to enhance early diagnosis, risk stratification and prognosis in chronic diseases like diabetes mellitus and chronic kidney disease.

Keywords: Rogi Pariksha, Nidana Panchaka, Prakriti, Mutra Pariksha, Taila Bindu Pariksha, Prameha, diabetes mellitus, chronic kidney disease, Ayurgenomics, integrative diagnostics.

1. Introduction

Ayurveda views success in treatment as a matter of proper knowledge of the disease process, as well as the patient and stresses that Roga Pariksha and Rogi Pariksha cannot be separated in the clinical decision-making process[1]. Rogi Pariksha employs multi-layered examination formats such as Trividha, Ashtavidha and Dashavidha Pariksha to evaluate constitution, tissue quality, strength, mental resilience, digestive capacity and age, thereby individualising prognosis and guiding therapy[2]. Within this diagnostic ecosystem, Nidana Panchaka offers a fivefold framework for etiological analysis, prodromal features, clinical manifestations, therapeutic tests and pathogenesis[22].

Chronic metabolic and renal disorders, particularly Prameha and CKD, pose complex diagnostic challenges owing to their gradual onset, multifactorial causation and long asymptomatic phases[9]. Ayurvedic authors have argued that classical diagnostic tools can improve prevention and early intervention in these conditions by attending to etiological factors, constitutional vulnerability and early signs such as Prabhuta Avila Mutrata (increased, turbid urine) and subtle Mutravaha Srotas dysfunction[20]. In parallel, Prakriti-based research proposes that constitutional types may correlate with metabolic and cardiometabolic risk markers [14].

Mutra Pariksha occupies a unique position because urine remains central to both Ayurvedic diagnostics and modern clinical evaluation in diabetes, CKD and other systemic diseases[5]. Traditional descriptions include macroscopic parameters and specialised techniques such as Taila Bindu Pariksha, in which the behaviour of an oil drop on urine is interpreted prognostically[13]. Recent investigators have begun examining whether features of Taila Bindu Pariksha correlate with glomerular filtration rate (GFR) or other renal markers in CKD[7].

At the same time, multiple authors discuss how modern investigations such as serum biochemistry, imaging, metabolomics and genomics can be systematically integrated with Rogi Pariksha rather than treated as competing epistemologies[11]. This review synthesises conceptual and empirical work to evaluate how Rogi Pariksha, Prakriti assessment and Mutra Pariksha can be applied to chronic disease diagnostics in a manner consistent with contemporary research standards.

Although, the interest in integrative diagnostics is growing, only a few systematic syntheses are done to relate Rogi Pariksha, Nidana Panchaka, Prakriti assessment and contemporary laboratory parameters in one clinically applicable system. The available literature is still incomplete, with an emphasis on each of the components, but not on their diagnostic potential. This review addresses this gap by systematically organising available evidence into an integrated model for chronic disease assessment.

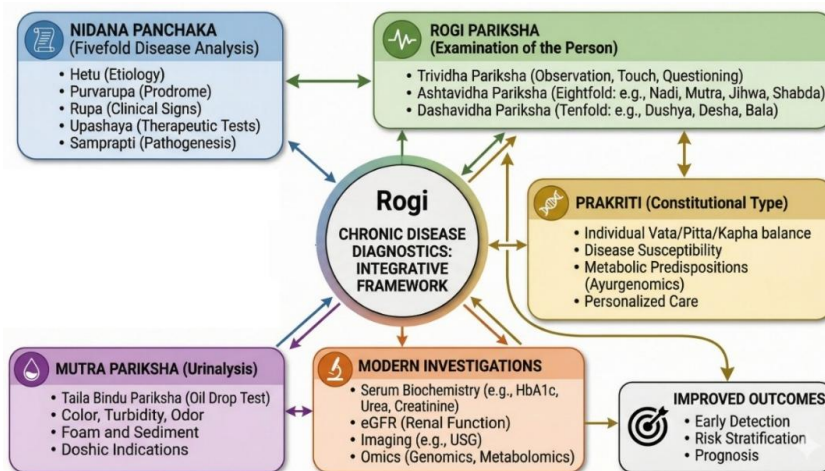


Figure 1: Conceptual framework of Rogi Pariksha, Nidana Panchaka, Prakriti, Mutra Pariksha and modern investigations in chronic disease diagnostics.

2. Methods

2.1 Review design: A narrative review design was chosen to synthesise conceptual, clinical and methodological literature relevant to Rogi Pariksha, Nidana Panchaka, Prakriti assessment, Mutra Pariksha, Taila Bindu Pariksha and modern diagnostic integration in chronic disease contexts[9]. The approach emphasised thematic analysis over quantitative pooling, because the source set spans classical-conceptual reviews, observational studies, pilot trials, case reports and methodological critiques[18].

2.2 Source set and eligibility: The review drew exclusively on twenty-six peer-reviewed sources used, including journal articles, scoping and narrative reviews, cross-sectional and case-control studies, a CKD case report and metabolomics and anthropometric investigations[26]. Documents were eligible if they addressed at least one of the following domains:

- Nidana Panchaka, Rogi Pariksha or holistic Ayurvedic diagnostic frameworks in relation to modern practice[1].
 - Prameha or Prameha–diabetes correlation with explicit use of Rogi Pariksha or Nidana Panchaka[3].
 - Prakriti and its associations with metabolism, chronic disease risk or measurable correlates[14].
 - Mutra Pariksha, Taila Bindu Pariksha or comparative analysis of Ayurvedic urine examination and modern urinalysis[5].
 - CKD diagnosis or prognosis using Ayurvedic criteria, including Taila Bindu Pariksha and CKD case documentation[25].
- Classical primary texts cited within the articles (for example, Caraka Samhita) were treated as background rather than independent entries in the reference list.

2.3 Data extraction and synthesis

Each article was reviewed to identify its main diagnostic focus, disease context and methodological contribution[15]. They were divided into the following themes: (i) Nidana Panchaka and Rogi Pariksha as whole-person diagnostic systems; (ii) disease-specific uses in Prameha and CKD; (iii) Prakriti assessment systems and quantifiable correlates; (iv) Mutra Pariksha and Taila Bindu Pariksha, with attempts at modern validation; and (v) incorporation of modern research with Ayurvedic diagnostics and implications for chronic disease management[11].

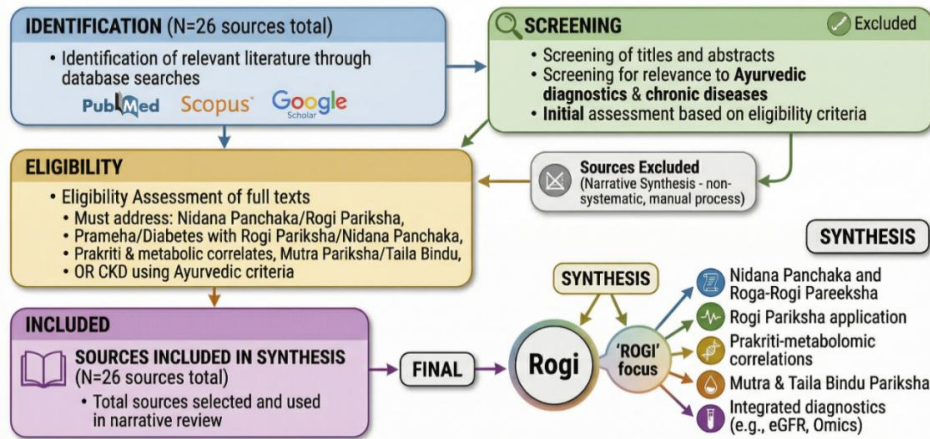


Figure 2: PRISMA-style flow diagram for the 26-source narrative review on integrative Ayurvedic diagnostics.

2.4 Search strategy: The databases such as PubMed, Scopus and Google Scholar were searched to identify relevant literature. The search keywords were: Rogi Pariksha, Nidana Panchaka, Prakriti, Mutra Pariksha, Taila Bindu Pariksha, Prameha, diabetes mellitus and chronic kidney disease. Articles that were published until 2026 were taken into account. Ayurvedic diagnostic frameworks were used to filter articles that were relevant to Ayurvedic diagnostic frameworks and their application to contemporary clinical parameters.

3. Results

3.1 Nidana Panchaka and Rogi Pariksha as holistic diagnostic frameworks: A recent paper on Nidana Panchaka and Roga-Rogi Pareeksha presents Nidana, Purvarupa, Rupa, Upashaya and Samprapti as a coherent fivefold framework for understanding disease development and guiding prevention, diagnosis and prognosis[1]. Rogi Pariksha is described as an equally essential complement through Trividha, Ashtavidha and Dashavidha Pariksha, which together assess constitution, tissue excellence, mental strength, adaptability, digestive capacity, exercise tolerance and age[3]. A complementary article on the utility of Ayurvedic examination tools in modern diagnostic practice shows that Trividha (Darshana, Sparshana, Prashna), Ashtavidha and Dashavidha Pariksha can be conceptually mapped to modern history taking, physical examination and risk assessment, while uniquely emphasising constitution and resilience[2]. The authors argue that these traditional examinations are low-cost, non-invasive and suitable for community settings, particularly when complemented by laboratory tests and imaging[9]. A review on integrating modern investigations with Ayurvedic diagnosis further proposes that combining classical clinical evaluation with laboratory and imaging findings enhances diagnostic precision and supports monitoring in chronic disorders without displacing Ayurvedic epistemology[12]. Collectively, these sources position Nidana Panchaka and Rogi Pariksha as organising frameworks for integrative diagnostics rather than as alternatives to contemporary methods[22].

Table 1: Components of Nidana Panchaka and modern diagnostic parallels.

| Component | Ayurvedic meaning | Practical clinical use | Modern diagnostic parallel |
|-----------|-------------------------------------|---|---|
| Nidana | Etiological factors causing disease | Identifies diet, lifestyle and behavioural triggers | Risk-factor assessment |
| Purvarupa | Prodromal features | Detects early warning signs before full disease | Early symptom screening |
| Rupa | Manifest signs and symptoms | Confirms active disease state | Clinical presentation |
| Upashaya | Relief/provocation response | Helps differentiate and refine diagnosis | Therapeutic response test |
| Samprapti | Pathogenesis | Explains disease progression and stage | Disease mechanism and progression model |

3.2 Application to Prameha and diabetes mellitus: A focused review on Roga and Rogi Pariksha in Prameha highlights that accurate diagnosis of this Mahagada requires not only identification of Prabhuta Avila Mutrata and other cardinal features, but also careful application of Nidana Panchaka and multiple Rogi Pariksha formats[3]. The paper details how Hetu such as excessive intake of dairy and sugar, sedentary lifestyle and day sleep, together with Purvarupa, Rupa, Upashaya and Samprapti, guide staging and prognosis in Prameha[20]. A critical literature review of Prameha reiterates that twenty classical types are described and emphasises that failure to intervene in early stages may lead to Madhumeha, which closely correlates with diabetes mellitus, including microvascular and macrovascular complications[10]. Another correlation paper systematically compares Madhumeha and diabetes mellitus in terms of causative factors, symptomatology, chronic progression and complications, thereby strengthening the translational bridge between Ayurvedic and biomedical descriptions[21]. A matched case-control study linking Prameha etiology with diabetes mellitus reports significantly higher odds for risk factors such as chronic stress, anger, exposure to heat and irregular meals among diabetic participants, which empirically supports classical Nidana descriptions[19]. These findings together indicate that Roga and Rogi Pariksha, framed through Nidana Panchaka, provide a nuanced template for recognising early and established stages of diabetes-like disease[9].

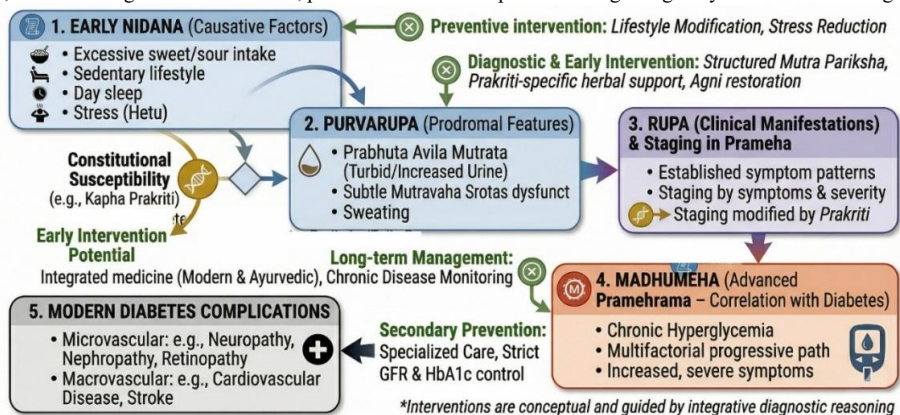


Figure 3: Flowchart showing Progression from Nidana and Purvarupa of Prameha to Madhumeha and modern diabetes complications, with diagnostic and preventive intervention points.

3.3 CKD diagnostics in Ayurveda and integrative contexts: A scoping review on Ayurvedic diagnosis of CKD interprets the condition through the lens of Pandu Roga and Mutravaha Srotas Dushti, using Nidana Panchaka and Shatkriyakala to model its progression while correlating stages with estimated GFR and albuminuria[25]. The authors propose that classical parameters such as fatigue, pallor, edema and altered urine characteristics can be integrated with modern staging systems to support earlier detection and personalised management[4]. An article on the role of modern investigations in Ayurvedic medical practice underscores that renal function tests, imaging and urinalysis should be considered indispensable adjuncts when managing CKD and other serious pathologies, with Rogi Pariksha guiding interpretation and prognostication rather than replacing objective metrics[11]. A related review of Ayurveda in chronic disease management notes that, across multiple conditions, Ayurvedic interventions are increasingly evaluated using biochemical outcomes and quality-of-life measures, reinforcing the need for robust, integrative diagnostic frameworks[9]. A case report of integrative Ayurvedic management of CKD demonstrates how Panchakarma procedures and herbal formulations were individualised based on Prakriti and Dosha status, while treatment response was monitored through serial measurements of serum urea, creatinine and symptom changes such as dyspnoea, edema and fatigue[26]. Notable improvements in urea and creatinine illustrate the feasibility of blending classical diagnostic reasoning with biomedical monitoring in real-world practice[26].

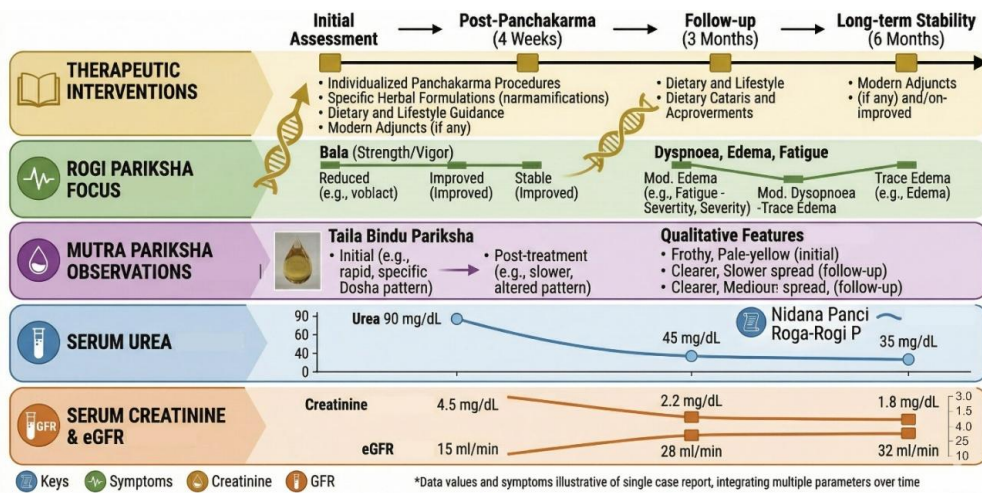


Figure 4: Clinical timeline of the CKD case report showing changes in urea, creatinine, GFR, symptoms and major interventions.

3.4 Prakriti assessment tools and measurable correlates: A foundational review on Prakriti and its association with metabolism, chronic diseases and genotypes introduced the concept of Ayurgenomics and proposed that Prakriti-based profiling could underpin newborn screening and lifelong personalised prevention strategies[14]. The authors have summarised the evidence that Kapha-dominant people are possible to be more susceptible to obesity and metabolic syndrome, whereas Pitta and Vata types possess their metabolic and physiological predispositions[20]. A systematic review of Prakriti assessment instruments identified sixty-four instruments created between 1987 and 2024, with only twenty having any type of validation and two (CCRAS-PAS and ACPI) passing most criteria of a modern scale-development model[15]. The review concluded that many tools lack dimensionality testing, contextual validity and cross-population reliability, underscoring the need for more rigorous psychometric development before large-scale clinical deployment[23].

Metabolomics-based studies have sought measurable correlates of Prakriti[16]. A single plasma metabolomics study of healthy males detected seventy-six differentially active metabolites and Kapha linked to the metabolism of sphingolipids, Pitta linked to metabolism of branched-chain amino acids, Vata linked to metabolism of catecholamines and arachidonic acids and proposed unique biochemical signatures at the pathway level[16]. A bigger multi-cohort meta-analysis comprising of over 1000 patients stated that Kapha Prakriti strongly mediated increased body mass index, negative lipid profiles and risk of type 2 diabetes, thus supporting Kapha-specificity to metabolic disorders[17]. A clinical trial on anthropometric and biochemical differences in Prakriti also found that type 2 diabetes status could be accurately determined using discriminant models based upon waist hip ratio, post-prandial blood glucose and creatinine, when stratified by constitutional type, which further support the involvement of Prakriti in risk assessment[18].

Table 2: Prakriti-linked biomarkers and disease associations from metabolomics and clinical studies.

| Prakriti type | Key biomarker or clinical correlate | Main pattern reported | Disease association |
|----------------------------|---|--|--------------------------------------|
| Kapha | BMI, lipids, adiposity-related markers | Higher adiposity and adverse metabolic profile | Type 2 diabetes, obesity risk |
| Pitta | Branched-chain amino acids, metabolic pathway variation | Distinct intermediate metabolic pattern | Metabolic risk stratification |
| Vata | Catecholamine and arachidonic acid pathways | Distinct stress/inflammatory-linked signature | Heterogeneous disease susceptibility |
| Kapha | Plasma metabolomics and clinical markers | Stronger association with cardiometabolic burden | Higher T2DM risk |
| Prakriti-stratified models | Waist-hip ratio, glucose, creatinine | Improved prediction accuracy when constitution is included | Type 2 diabetes prediction |

3.5 Mutra Pariksha and Taila Bindu Pariksha: A comprehensive review of Mutra Pariksha outlines classical descriptions of urine colour, clarity, quantity, odour, consistency and specialised techniques such as Taila Bindu Pariksha, then correlates these with modern urinalysis parameters including pH, protein, glucose, ketones and microscopic findings[5]. The authors argue that Ayurvedic urine examination offers functional and qualitative insights into systemic disturbances which may complement biochemical and microscopic analysis, particularly in early or multisystem disorders[23]. Another comparative paper on urine analysis in Ayurveda and modern medicine similarly emphasises that colour, turbidity and froth have parallels in contemporary assessment of hydration status, infection and metabolic disturbances, while also noting that subjective parameters require standardisation to reduce inter-observer variability[6]. A dedicated article on the clinical importance of Mutra Pariksha reiterates that early-morning midstream specimens, collected and examined under controlled conditions, remain central to classical protocols and may be adapted to contemporary practice through clear standard operating procedures[23]. An analytical review of Mootra Pariksha traces historical descriptions of urine examination and argues that structured observation of colour, foam and sediment can be integrated with point-of-care strip tests and laboratory analysis to provide both doshic and biochemical perspectives[24]. A further narrative comparison between Ayurvedic and modern views of Mutra Pariksha proposes practical integration schemes in which classical observations such as pale-yellow urine, frothy urine or discoloured urine are interpreted alongside specific gravity, proteinuria, glycosuria and microscopic sediment findings[17]. A dedicated paper on the importance of Taila Bindu Mootra Pariksha in the modern era details how the direction, shape and rate of oil spread have traditionally been used to infer Doshic predominance and prognosis and proposes methodical standardisation of vessel type, urine volume, oil drop size and observation timing to enable reproducible results[8]. The authors suggest that, once standardised, Taila Bindu Pariksha could function as a low-cost screening and prognostic adjunct in resource-limited settings[13]. A cross-sectional pilot study on Taila Bindu Pariksha and GFR in CKD patients found that the rate of oil spread on urine correlated significantly with GFR, whereas spread shape did not show a statistically meaningful association, thereby supporting the potential prognostic value of spread rate as a non-invasive complement to renal function testing[7].

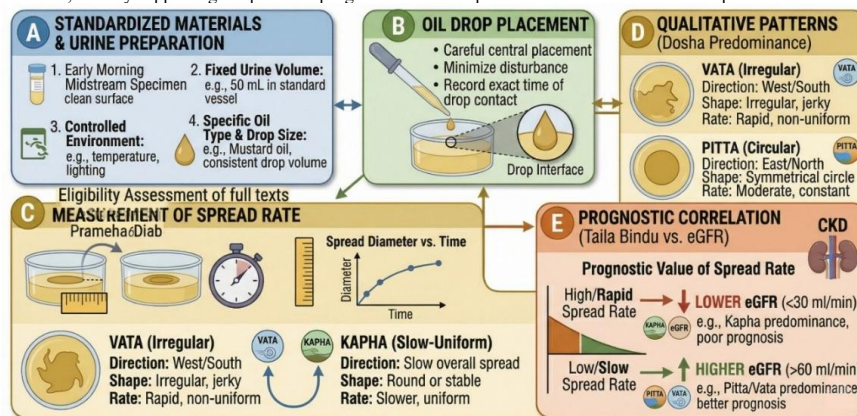


Figure 5: Standardised Taila Bindu Pariksha methodology, including urine collection, oil drop placement, spread rate assessment and interpretation patterns.

3.6 Modern investigations within Rogi Pariksha and chronic disease management: A dedicated article on the role of modern investigations in current Ayurvedic practice argues that laboratory tests, imaging and advanced “omics” should be considered extensions of Darshana, Sparshana and Prashna rather than external additions, particularly in chronic disease contexts where long-term monitoring is crucial[11]. The paper provides examples where Nadi Pariksha has been studied using digital pulse-wave analysis and where tongue diagnosis has been evaluated using image-processing tools, illustrating how classical observations can be

translated into measurable variables[2]. A complementary review on integrating modern investigations with Ayurvedic diagnosis proposes a stepwise clinical framework in which classical examination determines hypotheses about Dosha and Srotas involvement, while laboratory and imaging tests are used to confirm suspected pathologies, identify complications and support staging[12]. The authors highlight that such integration is particularly relevant for lifestyle disorders and chronic conditions that require both pathophysiological clarity and person-centred care[19]. A broader clinical evidence review on Ayurveda in chronic disease management summarises how Ayurvedic interventions have been evaluated across metabolic, cardiovascular and musculoskeletal disorders using randomised controlled trials and observational studies, with outcomes including symptom scores, biochemical markers and quality-of-life measures[9]. Another paper reviewing Ayurveda's role in chronic disease management similarly emphasises the need for robust diagnostic frameworks that can interface with modern outcome metrics such as HbA1c, lipid profiles and kidney function tests[10].

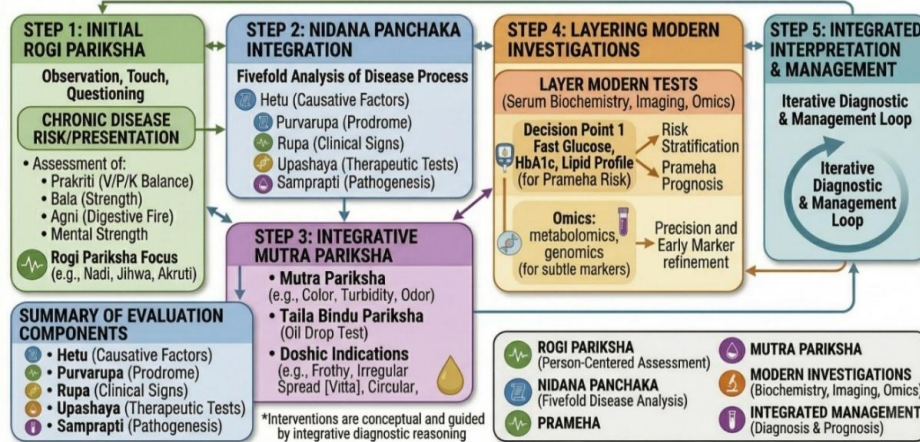


Figure 8: Integrated diagnostic pathway for Prameha and CKD combining Rogi Pariksha, Nidana Panchaka, Mutra Pariksha and modern investigations.

4. Discussion

The reviewed literature indicates that Rogi Pariksha and Nidana Panchaka remain highly relevant to chronic disease diagnostics because they emphasise causation, temporality, constitutional variability and prognosis in ways that complement modern test-centric approaches[1]. The combination of Nidana, Purvarupa, Rupa, Upashaya and Samprapti allows clinicians to conceptualise disorders such as Prameha and CKD not merely as static labels but as dynamic processes influenced by lifestyle, environment, constitution and disease stage[22].

In Prameha, Rogi Pariksha supports early detection by drawing attention to prodromal signs, urine changes and systemic features, while Nidana Panchaka structures interpretation of risk factors, clinical features and pathogenesis[3]. Empirical work on Prameha–diabetes correlations and case–control studies on risk factors reinforces the classical emphasis on diet, behaviour and psychosocial stress as key contributors to onset and progression, thereby informing preventive strategies and patient education[19]. In CKD, the application of Nidan Panchak and Rogi Pariksha to renal pathophysiology opens pathways for earlier recognition of risk and more nuanced staging when combined with eGFR, albuminuria and imaging[4]. The CKD case report shows that classical concepts such as Mutravaha Srotas Dushti and Bala can be meaningfully combined with laboratory parameters to guide Panchakarma and herbal therapy decisions, with serial changes in urea, creatinine and symptoms providing objective feedback on treatment efficacy[26].

Prakriti-focused research adds an important dimension by suggesting that constitutional types correlate with metabolic, cardiovascular and glycaemic risk markers in both healthy populations and patients[14]. At the same time, the critical appraisal of Prakriti assessment tools reminds clinicians and researchers that enthusiasm for constitutional precision medicine must be balanced with rigorous scale development, validation and cross-population testing, because under-validated tools risk misclassification and inappropriate risk communication[15].

Mutra Pariksha stands out as a particularly promising area for integrative diagnostics, as classical descriptions provide a rich qualitative vocabulary for interpreting urine in terms of Dosha and prognosis, while modern urinalysis offers quantitative measurements that can refine and sometimes challenge those interpretations[5]. Reviews on Mutra Pariksha and comparative urine analysis suggest that integrating these perspectives can deepen understanding of systemic disease processes and improve communication between Ayurvedic and biomedical practitioners[6].

Although there are promising correlations, a number of inconsistencies do exist across the studies because of variability in the subjective assessments, small sample sizes and inability to be standardised[7]. These limitations reduce reproducibility and restrict wider clinical acceptance. Greater methodological rigour and objective validation are required to strengthen the scientific credibility of integrative diagnostic approaches[16].

The literature on modern investigations within Ayurvedic practice underscores that diagnostic pluralism is both feasible and desirable when grounded in clear clinical reasoning[11]. Classical examinations can guide decisions about which modern tests are necessary and how their results should be interpreted in light of constitution, lifestyle and prognosis, while modern investigations provide objectivity, reproducibility and global comparability[12].

4.1 Clinical implications: Clinically, Rogi Pariksha and Nidana Panchaka offer structured frameworks for early detection, staging and prognosis in chronic metabolic and renal diseases[1]. Prameha management may benefit from systematic use of Rogi Pariksha parameters such as Nadi, Mutra, Jihwa and Akrti in conjunction with fasting glucose, HbA1c and lipid profiles, enabling constitution-sensitive stratification of risk and treatment response[10].

CKD care can similarly integrate Taila Bindu findings and broader Mutra Pariksha observations with GFR estimates and imaging, particularly in resource-limited settings where simple, low-cost bedside diagnostics add value[7]. Prakriti assessment, once supported by robust tools, may assist in risk stratification and personalised lifestyle counselling for high-risk groups such as Kapha-dominant individuals with adverse metabolic profiles[17].

4.2 Methodological limitations in the current evidence: At the same time, significant limitations temper these implications. Many reviewed sources are narrative or conceptual, with relatively few large-scale analytical or interventional studies using pre-registered protocols and robust controls[9]. Taila Bindu Pariksha research remains at the pilot stage, with modest sample sizes and potential observer bias.[7] It requires replication across centres and populations.

Prakriti assessment instruments often fall short of modern psychometric standards.[15] Metabolomics studies, though promising, remain exploratory, with limited external validation and ethnic diversity. Integrative diagnostic frameworks have strong conceptual appeal but have not yet been widely tested in multi-centre, mixed-methods designs that directly compare outcomes of integrated versus conventional diagnostic pathways[12].

4.3 Future research directions: Future research should prioritise standardisation and validation of Rogi Pariksha components that lend themselves to quantitative assessment, such as Nadi Pariksha, Mutra Pariksha and selected aspects of Dashavidha Pariksha[2]. In Prameha and CKD, prospective cohort and interventional studies could evaluate whether adding classical diagnostic variables to conventional risk models improves prediction of outcomes or response to therapy, using metrics such as glycaemic control, renal function trajectories and cardiovascular events[4].

Prakriti research should focus on developing and validating robust, culturally adaptable assessment tools before further expanding biomarker discovery work, ensuring that constitutional classifications are reliable enough for high-stakes clinical decision-making[18]. Finally, interdisciplinary studies involving Ayurvedic and biomedical investigators will be crucial for designing integrative diagnostic protocols that can be implemented and evaluated in real-world clinical settings, including primary care and tertiary hospitals[11].

4.4 Proposed Integrative Diagnostic Framework: A stepwise integrative diagnostic approach can enhance clinical decision-making in chronic diseases[12]. Step 1: Rogi Pariksha: Assessment of Prakriti, Bala, Agni and mental strength provides the constitutional and functional baseline for interpretation of subsequent findings [14].

Step 2: Nidana Panchaka: Identification of etiological factors, prodromal features, clinical signs and disease progression situates the patient within a temporal and causal disease narrative [22].

Step 3: Mutra Pariksha: Evaluation of urine characteristics including colour, turbidity and Taila Bindu behaviour contributes low-cost, non-invasive insights into systemic and renal status [5].

Step 4: Modern investigations: Laboratory parameters such as HbA1c, lipid profile, renal function tests and imaging supply quantitative, organ-specific information necessary for staging and monitoring [11].

Step 5: Integrated interpretation: Integrated analysis of Ayurvedic and biomedical results to diagnose, stage and prognose in diseases like Prameha and CKD [9].

5. Conclusion

Rogi Pariksha and Nidana Panchaka offer a detailed philosophy of diagnosis which is very relevant in the assessment of chronic diseases in modern practice. These frameworks can assist clinicians to pay attention to causation, constitution and stage at the same time, not narrowly looking at individual biomarkers or organ specific labels.

Prameha and CKD provide an example of how this philosophy can be implemented by having a systematic look at the patient, critical assessment of urine and constitution-related risk interpretation and however, acknowledging the inseparability of biochemical tests and imaging. Mutra Pariksha with Taila Bindu Pariksha stands out as one of the most promising locations of integrative diagnostics as long as stringent standardisation and validation efforts proceed.

Research on prakriti indicates that Ayurvedic constitutional typology can come into productive interface with contemporary precision medicine, but its safe and effective application in diagnostic methods requires well-developed instruments and careful interpretations. The best way forward is to consider Rogi Pariksha as the interpretive centre of diagnosis and prognosis and modern investigations as supplementary tools which can supplement, but not substitute, classical clinical reasoning.

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