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OSCE *for* Applied Roga Nidan evam Vikriti Vigyan





Vandana Kumari

Foreword
Deepti Parashar Mehta

JAYPEE

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CHAPTER

13 Immunological and Metabolic Disorders

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LEARNING OBJECTIVE

Perform relevant clinical examination of immunological and metabolic disorders

- Rheumatic fever
- Rheumatic arthritis
- SLE, ankylosing spondylitis and gout

RHEUMATIC FEVER

Topic: Clinical examination of rheumatic fever
Time allotted: 20 minutes
Marks: 10

Instructions for Students

(As spoken by examiner):

"You are posted in *Roga Nidan evam Vikriti Vigyan* OPD. A child/young patient presents with fever, joint pains, and palpitations. Your task is to take history suggesting recent sore throat, perform joint and cardiac examination, identify major and minor Jones Criteria findings, and correlate with Ayurveda. Proceed gently during joint examination."

Objectives of this OSCE

- Elicit recent history suggestive of streptococcal pharyngitis
- Identify signs from Jones criteria (major and minor)
- Perform examination of joints (migratory polyarthritis)
- Perform cardiac examination (carditis)
- Look for chorea and subcutaneous nodules
- Examine for erythema marginatum
- Correlate with Ayurveda—*Jwara, Amavata, Hridroga, Snayugata Vata*

Station Format

Station no.	*Task*	*Time*	*Marks*
1	History taking	5 minutes	3
2	General examination	5 minutes	2
3	Joint and cardiac examination	5 minutes	3
4	Diagnosis + Ayurveda interpretation	3 minutes	1
5	Viva	2 minutes	1
Total		**20 minutes**	**10 marks**

Station Task

(To be read by students):

A patient presents with fever and multiple joint pains. You must:

- Take a focused rheumatologic history
- Perform general, joint, and cardiac examination
- Look for major signs of rheumatic fever
- Correlate with Ayurveda
- Write your impression

History Taking

(Ask minimum four questions):

Recent Infection (Key for OSCE)

- Sore throat/pharyngitis in last 2–6 weeks
- Pain while swallowing
- Fever history

Joint Symptoms

- Migratory joint pains
- Swelling, redness, warmth
- Large joints involved (knees, ankles, elbows)

Cardiac Symptoms

- Palpitations
- Breathlessness
- Fatigue
- Chest pain

CNS Symptoms

- Involuntary movements
- Emotional lability (Sydenham chorea)

Skin Symptoms

- Rash (erythema marginatum)
- Nodules

Ayurvedic Correlation

Symptom	***Ayurveda concept***
Fever	*Jwara*
Migratory joint pains	*Amavata/Vata-Rakta*
Carditis	*Hridroga – Pitta-Vata* involvement
Chorea	*Vata prakopa*
Nodules	*Granthi/Shotha*

General Examination

- Temperature
- Pulse (tachycardia)

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- Respiratory rate
- Signs of anemia
- Lymphadenopathy
- Skin rash: Erythema marginatum
- Subcutaneous nodules over elbows, knees, spine

Joint Examination (Major Jones Criterion)

Migratory polyarthritis affecting large joints

- **Inspection:**
  - Swelling
  - Redness
  - Warmth
  - Symmetry (usually asymmetrical)
- **Palpation:**
  - Tenderness
  - Increased warmth
  - Effusion
- **Movement:**
  - Painful restriction
  - Migration (joints improve as new joints become inflamed)

Cardiac Examination (Carditis)

- **Inspection:**
  - Dyspnea
  - Pedal edema (rare early)
  - Precordial bulge (in severe cases)
- **Palpation:**
  - Tachycardia
  - Thrills (if valve involvement)
- **Auscultation**
  - Common findings:
    - Pansystolic murmur of MR (most common)
    - Mid-diastolic murmur (Carey Coombs murmur)
    - Soft S1 (mitral involvement)
    - Pericardial rub (if pericarditis)
  - Heart failure signs:
    - Crepitations in lungs
    - Raised JVP

CNS Exam—Sydenham Chorea (Major Criterion)

- **Look for:**
  - Involuntary jerky movements
  - Milkmaid's grip
  - Worm-like tongue movements
  - Emotional instability
  - Hypotonia

Skin Examination

- **Erythema marginatum:**
  - Pink rash with wavy margins
  - Nonitchy
  - Mostly on trunk

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- **Subcutaneous nodules:**
  - Firm, nontender
  - Over extensor surfaces (elbow, spine, knees)

Respiratory Exam

- Basal crepitations
- Signs of heart failure

Jones Criteria (For Clinical Identification)

Major Criteria

- Carditis
- Polyarthritis
- Chorea
- Erythema marginatum
- Subcutaneous nodules

Minor Criteria

- Fever
- Arthralgia
- Elevated ESR/CRP
- Prolonged PR interval
- Previous rheumatic fever

Ayurvedic Correlation

Modern disease	*Ayurvedic concept*	*Dosha*	*Srotas*
Rheumatic fever	*Amavata with Jwara/Sannipata Jwara*	*Vata-Kapha-Pitta*	*Rasavaha*
Polyarthritis	*Amavata/Vata-Rakta*	*Vata-Kapha*	*Asthi, Sandhi*
Carditis	*Hridroga (Pitta-Vata)*	*Vata-Pitta*	*Pranavaha*
Chorea	*Vata Vikara*	*Vata*	*Majjavaha*
Nodules	*Granthi*	*Kapha-Vata*	*Mamsa*

Clinical Impression Format

Probable diagnosis: .....
Major Jones criteria found: .....
Joint findings: .....
Cardiac findings: .....
CNS/skin findings: .....
Ayurvedic diagnosis: .....
Dosha/Srotas: .....
Suggested investigations: ASO titer, ESR, CRP, ECG, Echo

Viva Questions

(Any two may be asked):

- Name the major Jones criteria for rheumatic fever.
- What is migratory polyarthritis?
- What murmurs are heard in rheumatic carditis?

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- Explain Sydenham chorea.
- Ayurvedic interpretation of rheumatic fever.

Faculty Marking Checklist

Skill	*Marks*
Introduction and consent	1
History taking	2
Joint and cardiac examination	3
General examination	2
Ayurveda correlation	1
Diagnosis + Viva	1
Total	**10**

RHEUMATOID ARTHRITIS (RA)

Topic: Clinical examination of rheumatoid arthritis
Time allotted: 20 minutes
Marks: 10

Instructions for Students

(As spoken by the examiner):
"You are posted in *Roga Nidan evam Vikriti Vigyan* OPD. A patient presents with joint pain and morning stiffness. Your task is to take a focused joint history, perform detailed musculoskeletal examination, assess hand deformities, examine systemic involvement, and correlate findings with Ayurveda. Be gentle while examining painful joints."

Objectives of this OSCE

- Take focused RA history
- Examine small joints of hands and feet
- Assess for tenderness, swelling, warmth, range of motion
- Identify classical RA deformities
- Examine extra-articular manifestations
- Correlate with Ayurveda *(Amavata)*
- Form a diagnostic impression

Station Format

Station no.	*Task*	*Time*	*Marks*
1	History taking	5 minutes	3
2	General and musculoskeletal exam	5 minutes	2
3	Detailed joint examination	5 minutes	3
4	Diagnosis + Ayurveda interpretation	3 minutes	1
5	Viva	2 minutes	1
Total		**20 minutes**	**10 marks**

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Student Task

(To be read aloud):

A patient presents with small joint pain and morning stiffness. You must:

- Take relevant history
- Perform general and hand joint examination
- Examine tender and swollen joints
- Look for RA deformities
- Correlate with Ayurveda
- Write your diagnosis

History Taking

(Ask minimum four questions):

Presenting Complaints

- **Pain in small joints:** Wrists, MCP, PIP
- Symmetrical involvement
- Morning stiffness >1 hour
- Swelling and warmth
- Difficulty in gripping objects
- Fatigue, malaise

Course

- Gradual onset
- Progressive deformity
- Fluctuating pain

Extra-articular Symptoms

- Dry eyes (Sjögren)
- Breathlessness (lung involvement)
- Anemia
- Rheumatoid nodules

Relevant Risk Factors

- Smoking
- Family history

Ayurvedic Correlation

Symptom	***Ayurvedic concept***
AM stiffness	*Ama* + *Kapha* dominance
Warm swollen joints	*Pitta* involvement
Chronic deformity	*Vata prakopa*
Fatigue	*Agnimandya*
Symmetrical polyarthritis	*Amavata*

General Examination

- Pallor (anemia)
- Weight loss

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- Fever (mild)
- Rheumatoid nodules (extensor surfaces)
- **Skin:** Rashes, vasculitis
- **Eyes:** Conjunctival pallor, dryness

Musculoskeletal (Joint) Examination

Use the look – feel – move – measure – special tests protocol.

- **Inspection:**
  Observe hands for:
  - Symmetrical swelling
  - Redness
  - Muscle wasting (interossei)
  - Deformities:
    - Ulnar deviation
    - Swan-neck deformity
    - Boutonnière deformity
    - Z-thumb
    - Wrist subluxation

  Check gait + foot deformities:
  - Hallux valgus
  - Toe subluxation
- **Palpation:**
  Feel for:
  - Warmth
  - Tenderness (using TIP or squeeze test)
  - Swelling
  - Joint effusion

  Specific palpation signs
  - MCP squeeze test (positive in RA)
  - Wrist tenderness
  - Elbow nodules
- **Range of motion (move):**
  Active and passive movements
  - Wrist flexion/extension
  - Finger flexion/extension
  - Grip strength
  - Reduced ROM due to pain or deformity
- **Measure:**
  - Assess deformity progression
  - Measure grip strength
  - Check for muscle wasting

Special Tests

- **Hand squeeze test:** Pain on squeezing MCP = RA positive
- **Check for tenosynovitis:** Palpate flexor tendon sheath
- **Assess functional ability:**
  - Buttoning shirt
  - Making a fist
  - Picking up small objects

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Extra-Articular Manifestations

System	*Findings*
Eyes	Dryness, scleritis
Lungs	Fibrosis, effusions
Skin	Rheumatoid nodules
Heart	Pericarditis
Blood	Anemia
Nerves	Carpal tunnel syndrome

Differentiation: RA vs OA

Feature	*RA*	*OA*
Joint type	Small joints	Weight-bearing joints
Symmetry	Symmetric	Asymmetric
Morning stiffness	>1 hour	<30 minutes
Deformity	Ulnar deviation etc.	Bony spurs
Age	20–50 years	Elderly

Ayurvedic Correlation

Modern RA	*Ayurvedic condition*	*Dosha*	*Srotas*
Rheumatoid arthritis	*Amavata*	*Vata + Ama + Kapha*	*Rasavaha, Asthivaha*
Warm, red joints	*Pitta* involvement	*Pitta*	*Rakta*
Chronic deformity	*Vata prakopa*	*Vata*	*Majja*
Fatigue	*Agnimandya*	*Kapha*	*Rasavaha*

Clinical Impression Format

Probable diagnosis: .....
Joint involvement: .....
Morning stiffness: Yes/no
Deformities: .....
Extra-articular signs: .....
Ayurvedic diagnosis: .....
Dosha/Srotas: .....
Suggested investigations: RF, Anti-CCP, ESR, CRP, X-ray hands

Viva Questions

(Any two may be asked):

- What are classical hand deformities in RA?
- What is the MCP squeeze test?
- Differentiation between RA and OA?
- Explain Ayurvedic concept of *Amavata*.
- Why is RA symmetrical?

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Faculty Marking Checklist

Skill	*Marks*
Introduction and consent	1
Focused history	2
General + joint examination	2
Deformity and systemic assessment	3
Ayurveda correlation	1
Diagnosis + Viva	1
Total	**10**

SLE, ANKYLOSING SPONDYLITIS AND GOUT

Topic: Departmental clinical practical examination
Time allotted: 20 minutes
Marks: 10

Instructions for Students

(As spoken by examiner):
"You are posted in *Roga Nidan evam Vikriti Vigyan* OPD. The patient presents with joint pain. Your task is to take a focused rheumatology history, perform general and musculoskeletal examination, identify key clinical signs of SLE, Ankylosing spondylitis or gout, and correlate findings with Ayurveda."

Objectives of this OSCE

- Perform systematic rheumatological history
- Examine joints for swelling, tenderness, deformities
- Assess systemic features (skin, eyes, spine, kidneys)
- **Perform specialized tests:**
  - SLE: Skin exam, oral ulcers, hair, vasculitis
  - AS: Schober test, chest expansion, sacroiliac tenderness
  - Gout: Acute joint warmth, erythema, podagra
    - Differentiate clinical patterns
    - Correlate findings with Ayurveda (*Amavata, Vatarakta, Sandhivata, Vishamajwara*)

Station Format

Station no.	*Task*	*Time*	*Marks*
1	History taking	5 minutes	3
2	General + joint examination	5 minutes	3
3	Disease-specific examination	5 minutes	2
4	Diagnosis + Ayurveda interpretation	3 minutes	1
5	Viva	2 minutes	1
Total		**20 minutes**	**10**

Station Task for Students

You must take history, perform general and joint examination, and identify whether the findings suggest SLE, AS, or Gout, and then correlate with Ayurveda.

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History Taking

(Ask at least four):

❖ **Common symptoms:**
- Joint pain, swelling, morning stiffness
- Fever
- Fatigue
- Rash
- Lower back pain
- Eye symptoms
- Renal symptoms (SLE)

A. SLE—History Clues

❖ Butterfly rash
❖ Photosensitivity
❖ Hair loss
❖ Mouth ulcers
❖ Raynaud's phenomenon
❖ Joint pains (nonerosive)
❖ History of miscarriages
❖ Fatigue
❖ Chest pain (pleuritis/pericarditis)
❖ Renal symptoms: Foamy urine, edema

B. Ankylosing Spondylitis – History Clues

❖ Low back pain improving with exercise, not rest
❖ Morning stiffness >30 minutes
❖ Night pain
❖ Alternating buttock pain
❖ Eye pain/redness (uveitis)
❖ Restricted chest expansion
❖ Family history (HLA-B27)

C. Gout – History Clues

❖ Sudden onset of severe joint pain
❖ **Most common:** 1st MTP joint (podagra)
❖ Red, hot, swollen joint
❖ **Trigger:** Alcohol, meat intake
❖ Renal stones
❖ **Chronic:** Tophi or recurrent episodes

Ayurvedic Correlation (History)

Condition	*Ayurveda term*	*Dosha*
SLE	*Aupasargika/Asruk-Vikara + Ama + Pitta*	*Pitta-Vata*
AS	*Asthi-Majjagata Vata/Sandhivata*	*Vata-Pitta*
Gout	*Vatarakta*	*Vata + Rakta*

General Examination

❖ Pallor
❖ Rash
❖ Oral ulcers

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- Lymphadenopathy
- Hair loss
- Fever
- Blood pressure
- Eye exam (uveitis)
- Tophi (gout)
- Spinal posture (AS – stooped spine)

Joint Examination (All Conditions)

- **Inspection:**
  - Swelling, redness, deformity
  - Gait abnormalities (AS)
  - Asymmetry (gout)
- **Palpation:**
  - Tenderness
  - Warmth
  - Effusion
- **Movements:**
  - Active and passive range of motion
  - Pain, restriction

Disease-Specific Examination

A. SLE—Examination

- **Skin:**
  - Butterfly rash (malar rash)
  - Discoid rash
  - Photosensitivity
  - Vasculitis lesions
  - Purpura
- **Mucosa:** Painless oral or nasal ulcers
- **Hair:** Diffuse alopecia
- **Joints:**
  - Nondeforming polyarthritis
  - Tender but nonerosive
- **Cardiorespiratory:**
  - Pleural rub
  - Pericardial rub
- **Renal:** Edema (nephritis)

B. Ankylosing Spondylitis – Examination

Gait and posture:

- Stooped posture
- Loss of lumbar lordosis

Spinal mobility tests

- **Schober test:**
  - Mark L5 + 10 cm above
  - Normal increase ≥ 5 cm on bending
  - AS: Reduced expansion

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- **Chest expansion test:**
  - Measure chest circumference in full expiration vs full inspiration
  - < 2.5 cm suggests AS
- **Sacroiliac joint tenderness:**
  - Direct pressure over SI joint
  - FABER test (positive)

C. Gout—Examination

- **Acute attack:**
  - Hot, red, swollen joint
  - Exquisitely tender (even bedsheet hurts)
  - Podagra (1st MTP joint)
  - Local warmth
- **Chronic gout:**
  - Tophi over ears, elbows, Achilles tendon
  - Joint deformity
- **Kidney:** Flank tenderness (stones)

Differentiation Summary

Feature	*SLE*	*AS*	*Gout*
Age	Young females	Young males	Middle-aged men
Nature	Multisystem	Axial spine	Acute monoarthritis
Skin	Malar rash	None	Red hot joint
Spine	Normal	↓ mobility	Normal
Joints	Nonerosive	SI joints	1st MTP
Special tests	None	Schober, chest expansion	Tophi

Ayurvedic Correlation

Disease	*Ayurveda equivalent*	*Dosha*	*Srotas*
SLE	*Ama + Pitta + Rakta* vitiation	*Pitta-Vata*	*Rasa-Rakta*
AS	*Asthi-Majjagata Vata*	*Vata*	*Asthivaha*
Gout	*Vatarakta*	*Vata + Rakta*	*Raktavaha*

Clinical Impression Format

Probable diagnosis: .....
Joint findings: .....
Skin/mucosal findings: .....
Spine tests: .....
Ayurvedic diagnosis: .....
Dosha/Srotas: .....
Recommended investigations:

- CBC
- ESR/CRP
- ANA, Anti-dsDNA (SLE)
- HLA-B27, X-ray SI joints (AS)
- Serum uric acid (gout)

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Viva Questions

(Any two may be asked):

- What is Schober's test?
- Name diagnostic criteria for SLE.
- What is podagra?
- What is *Vatarakta*?
- What are tophi?
- What is chest expansion test?

Marking Checklist

Skill	***Marks***
History taking	3
General + joint examination	3
Disease-specific tests	2
Ayurveda interpretation	1
Viva + diagnosis	1
Total	**10**

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OSCE for Applied
Roga Nidan evam Vikriti Vigyan

Salient Features

- The book is created in compliance with the new NCISM competency-based undergraduate curriculum, guaranteeing curriculum compliance, relevance, and standardization.
- To help students become proficient in step-by-step clinical assessment, each disease is designed to support the objective structured clinical examination (OSCE) methodology.
- Teachers can create schematic, consistent, and repeatable OSCE stations, checklists, and assessment tools with the help of this ready-to-use schematic OSCE framework.
- Each topic follows a standardized format (History, General Examination, Systemic Examination, Differential Diagnosis, Ayurveda correlation), making learning simple and predictable.
- A strong emphasis has been laid on Ayurvedic diagnostic reasoning, including Dosha predominance, Srotodushti and Vikriti, which are frequently absent from contemporary clinical manuals.
- The book provides exam-oriented content for UG students as this content focuses on what to write, what to ask, and what to look for in theory, practical, and viva exams.
- It will assist MD scholars with system-wise disease OSCE preparation, clinical concept revision, teaching support, and assessment design during departmental postings.
- During examinations and patient evaluations, students can differentially diagnose between closely related clinical conditions with the aid of simple-to-remember tables.
- The book closes a significant gap in undergraduate Ayurvedic education by transforming textbook knowledge into bedside-applicable examination skills.
- a one-stop shop for instruction, education, and evaluation, the book provides instructors, undergraduate students, and postgraduate students with a single reference book, making it an invaluable long-term academic resource.
- It contains marking-oriented checklists for formative evaluation, practical exams, internal assessment, and mock OSCEs.
- It is written in an approachable style that preserves academic rigor while avoiding unnecessary complexity.

Vandana Kumari BAMS MD (Roga Nidan evam Vikriti Vigyan) completed her Bachelor of Ayurvedic Medicine and Surgery (BAMS) from Shri Krishna Government Ayurvedic College, now known as the Institute for Ayurved Studies and Research, Kurukshetra, Haryana, India. She obtained her MD in Roga Nidan evam Vikriti Vigyan from Chaudhary Brahm Prakash Ayurved Charak Sansthan, Najafgarh, Delhi. She has been teaching Ayurveda scholars for more than 6 years with utmost honesty and dedication, imparting insightful knowledge and guidance to prepare them as competent and confident professionals.

With a passionate commitment to teaching and continuous reading, Dr Vandana Kumari actively integrates clinical practice with academic research. She advocates for a rigorous, research-driven transformation of classical Ayurvedic knowledge, believing that such an approach is vital to refining and advancing Ayurvedic diagnostics. Her work aims to bridge traditional wisdom with modern scientific inquiry, ultimately contributing to improved healthcare outcomes and the broader service of humanity.

Shelving Recommendation
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