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Development And Validation Of Rasavaha Srotodushti Assessment Scale (RSAS Scale)

[1]Dr.Md Altaf Khadri, [2]Dr Parameshwar G H,

[1]Final Year PG Scholar, Department of Kriya Shareera, SJGAMC KOPPAL, Karnataka, India,
[2]Prof & HOD Department of Kriya Shareera, SJGAMC KOPPAL, Karnataka, India ,
Corresponding author : altafkhadri24@gmail.com

Abstract:

Background: Rasavaha Srotas is the principal channel for nutrient transport (*Rasa Dhatu*) in Ayurveda. Its vitiation (*Srotodushti*) manifests through a spectrum of symptoms described in classical texts, but a standardized, validated assessment tool is lacking. **Aim:** To develop and validate the Rasavaha Srotodushti Assessment Scale (RSAS) questionnaire. **Methods:** A cross-sectional study was conducted. The 13-item scale was derived from classical Ayurvedic literature and validated through face, content, and construct validation with ten experts. Internal consistency, item-total correlations, and factor analysis suitability were assessed in 108 participants. Severity was categorized using arbitrary cutoffs: Mild (13–30), Moderate (31–48), and Severe (49–65). **Results:** The scale demonstrated excellent internal consistency (Cronbach's α = 0.916). Content validity was high (S-CVI/Ave = 0.93). The Kaiser-Meyer-Olkin measure was 0.862, and Bartlett's test was significant ($p < 0.001$), confirming factorability. Severity distribution was: Mild 73.1%, Moderate 23.1%, and Severe 3.7%. **Conclusion:** The RSAS is a valid, reliable, and clinically applicable tool for assessing Rasavaha Srotodushti, suitable for use in screening, diagnosis, and therapeutic monitoring in Ayurvedic practice and research

Keywords: Rasavaha Srotas, Rasavaha Srotodushti, Rasavaha Srotodushti Assessment Scale, Dhatu ,Ayurvedic Questionnaire, Validation, Srotodushti Lakshana Scale , Srotodushti Questionnaire ,Clinical Assessment Tool, channels,srotas.

INTRODUCTION

In Ayurveda, the human body is conceptualized as a complex network of channels and sub-channels, collectively known as *Srotamsi*[1]. These are the fundamental conduits responsible for the transportation and transformation of biological substances, facilitating the continuous nourishment of all bodily tissues[2]. Among these, The *Rasavaha Srotas* holds a position of prime importance as it is the principal channel responsible for circulating the nutrient fluid, *Rasa Dhatu*, throughout the body[3].

The integrity of *Rasavaha Srotas* is vital for overall health. Its roots (*Mulasthana*) are established in the *Hridaya* and the *Dasha Dhamani* [4]. Physiologically, it is responsible for the *Poshana* (nourishment) of itself and the subsequent *Rakta Dhatu*, forming the very foundation of the circulatory system in Ayurveda[5].

Modern interpretations correlate the functions of *Rasavaha Srotas* with the integrated activities of the heart, circulatory system, and lymphatic system[6]. Its proper functioning is said to manifest as excellence of the skin, happiness, power, intellect, and longevity, whereas its vitiation is a precursor to a multitude of systemic dysfunctions[7].

The vitiation of these channels, termed *Srotodushti*, is a fundamental pathological concept. *Rasavaha Srotodushti* specifically arises due to specific etiological factors (*Nidana*) such as the consumption of (*Guru, Sheeta, Atisnigdha Ahara*), improper food combinations (*Samashana*), and mental stress (*Chinta*)[8]. The classical texts provide a comprehensive list of clinical features (*Lakshanas*) that arise from this vitiation, including a spectrum of symptoms Such as *Aruchi, Aasyavairasya, Hrillasa , Gaurava ,Tandra Saangamarda, Jwara, Tama, Pandu, Strotasaam Rodha, Klaibya, Saada Krishangata, Nashoagneyah ,Vali and Paalitya* [9].

In contemporary clinical practice and research, the assessment of *Rasavaha Srotodushti* relies on the clinician's interpretation of these classical signs. However, this approach remains subjective and lacks standardization. Consequently, a significant gap exists in the availability of a validated, standardized instrument that can objectively quantify the subjective experience of these symptoms for use in clinical diagnosis and research.Therefore, To address this gap, the present study aimed to systematically develop and validate a self-reported Rasavaha Srotodushti Assessment Scale (RSAS), thereby creating a psychometrically robust tool grounded in classical Ayurvedic literature.

MATERIALS AND METHODS

Study Design

A cross-sectional survey study was conducted for scale development and validation.

Research Questions:

To Design and validate the *Rasavaha Srothodushti assessment scale* based on the description of *Rasavaha Srothodushti Lakshanas* .

Participant Recruitment

A total of 108 participants were recruited through purposive sampling. Inclusion criteria: adults aged 18–65 years, willing to provide informed consent. Exclusion criteria: severe psychiatric or cognitive impairment, inability to comprehend the scale

Scale Development

The initial item pool was derived from a thorough review of classical Ayurvedic texts, including *Charaka Samhita* and *Sushruta Samhita*, focusing on symptoms of *Rasavaha Srotodushti*. Eighteen symptoms were initially identified. Content validation was performed with 10 Ayurvedic experts using the Item-Content Validity Index (I-CVI), with a cutoff of 0.78. Thirteen items were retained for the final scale see (Table 1)

Scale and response format:

The questionnaire was framed in a close-ended frequency LIKERT FORMAT with five options for each question, i.e.,Always, Often, Sometimes, Rarely, Never, and Gradings as follows: Never = 1,Rarely = 2,Sometimes = 3,Often = 4, Always = 5

Statistical Analysis

Data were analyzed using SPSS version 28.0.[10] Descriptive statistics (mean, standard deviation, skewness, kurtosis) were computed for all items, Reliability was assessed using Cronbach's alpha and item-total correlations (Tavakol & Dennick, 2011). Sampling adequacy for factor analysis was evaluated using the Kaiser-Meyer-Olkin (KMO) measure and Bartlett's test of sphericity (Kaiser, 1974). Severity categories were derived based on total scores following established scale development guidelines (DeVellis, 2017).

VALIDATION PROCESS

Face validity :

Face validity is rigorously evaluated by panel of Ten Ayurvedic experts who assessed content validity. The preliminary questionnaire, accompanied by detailed instructions outlining the four key evaluation criteria—**clinical relevance to classical Lakshanas**, **clarity and comprehensibility for laypersons**, **wide applicability across demographic groups**, and **suitability for self-reporting**—was distributed for structured review[11]. Experts rated each item based on these criteria and provided specific feedback on phrasing, terminology, and overall usability. Their recommendations led to meaningful revisions, including simplification of classical, removal of clinician-dependent signs and enhancement of clarity in symptom descriptions. The revised scale was resubmitted for final approval, and unanimous consensus was achieved, confirming that the Rasavaha Srotodushti Assessment Scale (RSAS) exhibits strong face validity and is appropriately designed for self-administration in the target population.

Content validity :

Content validity is established through quantitative expert evaluation. An initial pool of 18 symptoms derived from classical Ayurvedic literature was independently rated by Ten Ayurvedic experts for relevance on a 4-point scale (1=Not Relevant, 2=Somewhat Relevant, 3=Quite Relevant, 4=Highly Relevant)[12]. The **Item-Content Validity Index (I-CVI)** was calculated as the proportion of experts rating each item 3 or 4. Applying a stringent cutoff of **I-CVI ≥ 0.78**, 13 items were retained for the final scale. The **Scale-Level Content Validity Index, Average (S-CVI/Ave)** for these retained items was **0.93**, significantly exceeding the recommended excellence threshold of 0.90 This process confirmed that the Rasavaha Srotodushti Assessment Scale possesses high content validity, with strong expert consensus on item relevance to the construct.

Table 1: showing the 10 expert Content Validation index

Q .NO	Expert 1	Expert 2	Expert 3	Expert 4	Expert 5	Expert 6	Expert 7	Expert 8	Expert 9	Expert 10	Relevant (3 or 4)	I-CVI Score	Decision
1	3	4	4	4	4	3	3	3	4	4	10	**1**	**Retain**
2	3	4	4	4	4	3	4	3	4	4	10	**1**	**Retain**
3	4	4	4	4	4	3	3	3	4	3	10	**1**	**Retain**
4	3	4	4	4	4	3	3	1	3	3	9	**0.9**	**Retain**
5	4	4	4	3	4	3	3	4	4	4	10	**1**	**Retain**
6	3	4	4	4	4	3	4	1	4	4	9	**0.9**	**Retain**
7	3	4	4	3	4	4	3	3	3	3	10	**1**	**Retain**
8	4	4	4	4	4	3	4	4	3	4	10	**1**	**Retain**
9	3	4	4	4	1	3	1	3	4	4	8	**0.8**	**Retain**
10	3	3	4	3	4	1	4	3	3	3	9	**0.9**	**Retain**
11	3	3	4	4	1	3	1	3	3	3	8	**0.8**	**Retain**
12	2	2	1	3	1	1	2	1	1	1	1	0.1	Reject
13	1	4	1	3	1	2	1	1	1	1	2	0.2	Reject
14	4	4	4	4	3	3	4	3	3	3	10	**1**	**Retain**
15	2	2	1	2	4	1	2	1	4	2	2	0.2	Reject
16	4	3	4	4	4	3	4	3	4	3	10	**1**	**Retain**
17	1	4	1	2	2	2	4	3	2	2	3	0.3	Reject
18	2	1	1	2	2	2	4	3	3	2	3	0.3	Reject
	S-CVI/Ave for 13 retained items: (1.00 + 1.00 + 1.00 + 0.90 + 1.00 + 0.90 + 1.00 + 1.00 + 0.80 + 0.90 + 0.80 + 1.00 + 1.00) / 13 = **0.93**										S-CVI/Ave =0.93		

Construct validity :

Construct validity was evaluated to determine whether the RSAS measures the underlying theoretical construct of *Rasavaha Srotodushti*. This was assessed through **structural validity** by examining the scale's suitability for factor analysis[13] . The Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy was **0.862**, indicating excellent suitability for factor analysis, and Bartlett's Test of Sphericity was significant (χ^2 = 1456.83, df = 78, $p < 0.001$), confirming that the correlation matrix was factorable. Additionally, **internal consistency** evidence was considered as part of construct validation, with high item-total correlations (range: 0.51–0.75) suggesting all items contribute to measuring a unified construct. These results provide

preliminary evidence that the RSAS has acceptable construct validity, though future confirmatory factor analysis with larger samples is recommended to establish its dimensional structure conclusively..

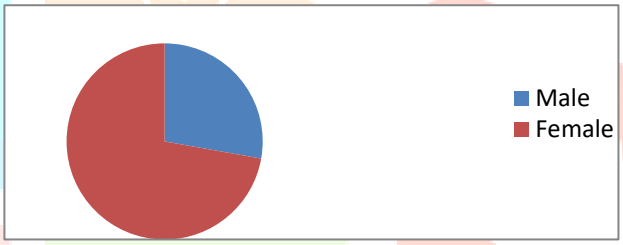
Reliability :

Reliability of the RSAS was assessed through **internal consistency** using **Cronbach's alpha coefficient**[14]. The scale demonstrated excellent reliability with α = **0.916**, indicating high homogeneity among the 13 items. Item-total correlations ranged from **0.51 to 0.75**, all exceeding the acceptable threshold of 0.30. Analysis of "alpha if item deleted" values showed that removing any item would not substantially improve the overall reliability (range: 0.903–0.915), supporting the retention of all items in the final scale. These results confirm that the RSAS produces consistent and stable measurements of *Rasavaha Srotodushti* symptoms in the studied population.

RESULTS :

DEMOGRAPHIC CHARACTERISTICS

The study included 108 participants (72.2% female, 27.8% male). Mean age was 22.4 years (SD = 6.3), with 87.0% under 25 years.



DESCRIPTIVE STATISTICS

Table 2 Descriptive Statistics

Item	Symptom Description	Mean	SD	Skewness	Kurtosis
1	Lack of desire to eat/swallow food	2.48	1.02	0.56	-0.48
2	Lack of taste and food avoidance	2.32	0.94	0.78	0.12
3	Bad/altered taste in mouth	2.07	0.89	1.24	1.86
4	Unable to perceive any taste	1.71	0.82	2.13	5.43
5	Vomiting sensation	1.91	0.86	1.57	3.16
6	Feeling of heaviness in body	2.41	1.02	0.66	-0.27
7	Tiredness/laziness after work	2.76	1.11	0.24	-0.96
8	Generalized body aches	2.39	1.03	0.69	-0.23
9	Rise in body temperature/feverish	2.27	0.95	0.86	0.47
10	Inactive/dullness in routine work	2.42	1.01	0.63	-0.34
11	Pale/yellowish discoloration (eye)	1.56	0.79	2.82	9.17
12	Generalized weakness	2.33	1.03	0.77	-0.08
13	Loss of appetite	2.17	0.98	0.97	0.86

Table 2 presents the mean, standard deviation, skewness, and kurtosis for each item. Total scores ranged from 13 to 65, with a mean of 29.89 (SD = 9.67).systemic symptoms like tiredness (Item 7, M=2.76) and body heaviness were most frequently reported, while specific signs like eye discoloration (Item 11, M=1.56) were rare. All items showed positive skew, indicating most responses clustered at the lower frequency end. Moderate standard deviations (0.79–1.11) reflect consistent variability across the sample.

RELIABILITY ANALYSIS

Table 3 : The RSAS demonstrated excellent internal consistency with a Cronbach's alpha of 0.916. Item-total correlations ranged from 0.51 to 0.75, all within acceptable limits

Item	Corrected Item-Total Correlation	Cronbach's α if Item Deleted
1	0.68	0.906
2	0.65	0.908
3	0.62	0.909
4	0.58	0.911
5	0.61	0.910
6	0.71	0.905
7	0.73	0.904
8	0.72	0.904
9	0.69	0.906
10	0.74	0.903
11	0.51	0.915
12	0.75	0.903
13	0.70	0.905
Total Scale	–	**α = 0.916**

Table 3 Item-total correlation analysis revealed that all items correlated adequately with the total score, with coefficients ranging from 0.51 to 0.75. Item 12 ("generalized weakness") exhibited the highest correlation (0.75), indicating it is a central symptom of *Rasavaha Srotodushti*, while Item 11 ("pale/yellowish discoloration of eyes") showed the lowest (0.51), though still within the acceptable range (>0.30). Examination of "alpha if item deleted" values indicated that removal of any item would not improve scale reliability (α range: 0.903–0.915), supporting the retention of all 13 items. The overall Cronbach's alpha of 0.916 confirms excellent internal consistency.

FACTOR ANALYSIS SUITABILITY

Table 4: KMO and Bartlett's Test

Test	Value
Kaiser-Meyer-Olkin Measure	0.862
Bartlett's Test of Sphericity	
– Approx. Chi-Square	1456.83
– df	78
– p-value	<0.001

The Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy was 0.862, indicating excellent suitability for factor analysis. Bartlett's Test of Sphericity was statistically significant ($\chi^2 = 1456.83$, df = 78, $p < 0.001$), confirming that the correlation matrix was not an identity matrix and was factorable. These results demonstrate that the dataset possesses adequate inter-item correlations and is appropriate for exploratory factor analysis to identify underlying dimensions of the Rasavaha Srotodushti construct which confirming scale homogeneity

SEVERITY DISTRIBUTION :

Severity cutoffs were established arbitrarily for preliminary interpretation cutoff scores, was distributed as follows [15]

Table 5: Severity Categorization of Rasavaha Srotodushti (n=108)

Severity	Score Range	n	%
Mild	13–30	79	73.1%
Moderate	31–48	25	23.1%
Severe	49–65	4	3.7%

Severity categorization based on total RSAS scores revealed that **73.1% of participants (n=79)** were classified as having **mild** *Rasavaha Srotodushti* (13–30 points). **23.1% (n=25)** fell into the **moderate** category (31–48 points), and a smaller proportion, **3.7% (n=4)**, met criteria for **severe** manifestation (49–65 points). This distribution reflects a predominantly mild symptomatic profile in the studied population, with moderate and severe presentations observed in approximately one-quarter of respondents.

DISCUSSION

The present study aimed to develop and validate a Rasavaha Srotodushti Assessment Scale (RSAS) grounded in classical Ayurvedic lakṣaṇas, addressing the lack of a standardized tool for assessing Rasavaha Srotodushti in contemporary practice. Rasavaha Srotas is fundamental to the nourishment and circulation of Rasa Dhātu, and its vitiation is considered the earliest pathological event in many systemic disorders. Although classical texts provide detailed qualitative descriptions of Rasavaha Srotodushti, their clinical application remains subjective, necessitating a structured and objective assessment method.

The items included in the RSAS were derived from authoritative Ayurvedic texts such as Charaka and Suśruta Saṃhitā and represent both Agni-related and systemic manifestations of Rasavaha Srotodushti. Symptoms like Aruchi, Aasyavairasya, Hrillāsa, Gaurava, Angamarda, and Daurbalya reflect impaired Rasa formation and circulation, aligning with classical descriptions of early and progressive Srotodushti. High content validity (S-CVI/Ave = 0.93) and satisfactory face validity confirmed that the retained items adequately represent the construct and are clear and suitable for self-administration.

Descriptive analysis showed that generalized symptoms such as tiredness, heaviness, and weakness were more frequently reported, while specific signs like discoloration of the eyes were less common. This pattern suggests that functional and systemic features dominate in early or mild Rasavaha Srotodushti, whereas specific signs may indicate advanced involvement. The predominance of mild severity observed in the study population supports the role of RSAS as an effective screening and early assessment tool.

The RSAS demonstrated excellent internal consistency and acceptable construct validity, indicating that the selected lakṣaṇas collectively measure a coherent clinical construct. These findings support the conceptualization of Rasavaha Srotodushti as a measurable entity and reinforce the relevance of classical symptomatology in modern research frameworks.

The RSAS offers significant clinical utility by providing a simple, reliable, and standardized method for assessing Rasavaha Srotodushti. It can be effectively employed in outpatient departments for early screening, baseline assessment before initiating Deepana–Pachana, Rasayana, or Śodhana therapies, and for monitoring therapeutic response over time. Additionally, the scale holds promise for use in clinical trials, epidemiological surveys, and academic teaching, thereby contributing to evidence-based Ayurvedic practice.

Despite its strengths, the study has certain limitations. The sample was predominantly composed of young individuals, which may limit the generalizability of findings across all age groups. The self-reported nature of the scale may also introduce subjective bias. Furthermore, the severity cut-off scores were derived arbitrarily for preliminary interpretation and require further validation. Future studies involving larger, more diverse populations, confirmatory factor analysis, and correlation with biomedical parameters are recommended to strengthen the scale's applicability and external validity.

CONCLUSION

The present study successfully developed and validated a Rasavaha Srotodushti Assessment Scale (RSAS) based on classical Ayurvedic lakṣaṇas. The scale demonstrates satisfactory validity and excellent reliability, confirming its ability to objectively assess the presence and severity of Rasavaha Srotodushti. By converting qualitative textual descriptions into a structured, self-reported format, RSAS bridges classical Ayurvedic concepts with contemporary research methodology. The scale is simple, feasible, and clinically relevant, making it useful for screening, baseline assessment, and monitoring of therapeutic outcomes in both clinical practice and research settings. Further validation across diverse populations may enhance its wider applicability.

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ANEXXURE :1

DEVELOPMENT AND VALIDATION OF RASAVAHA SROTODUSHTI ASSESSMENT SCALE (RSAS SCALE)
LIKERT SCALE FORMATE

Instructions: "Please read each statement below carefully. Thinking about the past two months, indicate how frequently you have experienced each of the following by selecting the most accurate option for each row. Please tick in every question."

1. Do you feel lack of desire to eat or swallow food

○1) Never ○2) Rarely ○3) Sometimes ○4) Often ○5) Always

2. Do you feel lack of taste and avoid consuming food

○1) Never ○2) Rarely ○3) Sometimes ○4) Often ○5) Always

3. Do you experience a bad or altered taste in your mouth

○1) Never ○2) Rarely ○3) Sometimes ○4) Often ○5) Always

4. Are you unable to perceive any taste from your food

○1) Never ○2) Rarely ○3) Sometimes ○4) Often ○5) Always

5. Do you have a feel vomiting sensation

○1) Never ○2) Rarely ○3) Sometimes ○4) Often ○5) Always

6. Do you experience a feeling of heaviness in your body

○1) Never ○2) Rarely ○3) Sometimes ○4) Often ○5) Always

7. Do you feel tired or laziness after doing any work

○1) Never ○2) Rarely ○3) Sometimes ○4) Often ○5) Always

8. Do you experience generalized body aches

○1) Never ○2) Rarely ○3) Sometimes ○4) Often ○5) Always

9. Do you experience an rise in your body temperature or feverish

○1) Never ○2) Rarely ○3) Sometimes ○4) Often ○5) Always

10. Do you experience inactive or dullness in your routine work

○1) Never ○2) Rarely ○3) Sometimes ○4) Often ○5) Always

11. Do you have pale or yellowish discoloration in your eye or conjunctiva

○1) Never ○2) Rarely ○3) Sometimes ○4) Often ○5) Always

12. Do you feel a generalized weakness in your body

○1) Never ○2) Rarely ○3) Sometimes ○4) Often ○5) Always

13. Do you experience loss of appetite

○1) Never ○2) Rarely ○3) Sometimes ○4) Often ○5) Always

Note: Responses on the frequency scale were assigned a numerical value for quantitative analysis. The anchors were scored as follows:

Never = 1, Rarely = 2, Sometimes = 3, Often = 4, and Always = 5

- **Never** : The symptom was not experienced at all.
- **Rarely** : The symptom was experienced on a few occasions.
- **Sometimes** : The symptom was experienced on a regular on and off
- **Often** : The symptom was experienced frequently, but not constantly.
- **Always** : The symptom was experienced continuously

Interpretation of result	
	Score
Mild Rasavaha Srotodushti	**13-30**
Moderate Rasavaha Srotodushti	**31-48**
Severe Rasavaha Srotodushti	**49-65**

@Prepared by Dr Md Altaf khadri, scholar ,sjgamc ,koppal