

Guidelines For Determining Your Vikruti (Current State)

Instructions: To determine your vikruti, base your choices on how you have been feeling recently. Sometimes it helps to have a friend ask you the questions and fill in the chart for you, as they may be more impartial. Add up the number of marks under vāta, pitta and kapha to calculate the ratio of doshas in your vikruti compared to your prakruti. For instance, if your prakruti is V₂ P₃ K₁ but your vikruti shows a ratio of V₂ P₄ K₁ this indicates high pitta.

This will help you discover your own ratio of doshas in your prakruti and vikruti. Most people will have one dosha predominant, a few will have two doshas approximately equal and even fewer will have all three doshas in equal proportion. For instance, if your vikruti shows more pitta than your prakruti, you will want to follow a pitta-soothing regimen to try and bring your vikruti back into balance with your prakruti. If your prakruti and vikruti seem about the same, then you would choose the regimen of your strongest dosha.

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OBSERVATIONS	V	P	K	VATA	PITTA	KAPHA
Appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thin, bony, emaciated	Medium, intense	Large, sluggish
Weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Underweight	Steady	Overweight
Joints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cracking and popping	Tender	Swollen
Spine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Scoliosis tendency	Kyphosis tendency	Lordosis tendency, slipped disk
Muscles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tremors, tics, spasms	Tenderness	Swelling
Skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dark, dry, rough, scaly, liver spots	Yellow or red, rashes, pimples, acne	Pale, oily, smooth, swelling
Lymph Nodes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skinny	Tender, inflamed	Enlarged, congested
Veins	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prominent, collapsed, empty	Bruises easily, moderate visibility	Full, wide, stagnant
Eyes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dry, restless, blinking	Red, burning, hypersensitive to light	Pale, swollen, sticky, excessive lacrimation
Ears	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ringing (tinnitus)	Pain, infections	Clogged, discharge
Nose, Sinuses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dry, crusty	Red, inflamed	Congestion
Lips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dry, cracked	Red, inflamed	Pale, oily
Mouth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dry, receding gums	Red, inflamed and tender gums	Excessive salivation
Teeth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cavities, receding gums, cracked enamel	Yellow, wasted enamel	Sweet tooth, strong enamel
Tongue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dry, cracked, tremors, dark coating	Red, inflamed, yellow coating	Pale, thick white coating
Hair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dry, knotted, brittle	Oily, graying, bald	Oily, wavy
Nails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dry, rough, brittle, cracked, bitten	Soft, sharp, inflamed	Pale, thick, oily
Appetite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variable, anorexia nervosa	Strong, unbearable, hypoglycemia	Low, steady
Digestion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Irregular, gas and bloating	Quick, acid indigestion	Slow, prolonged, indigestion
Metabolism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Irregular	Hyperactive	Slow
Thirst	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Variable	Strong	Low
Elimination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Constipation, dry, hard stools	Loose stools, diarrhea, burning	Heavy, oily stools with mucus
Energy Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hyperactive, exhausts quickly	Intense, exhausts from excessive thinking	Low, exhaustion due to excess weight
Sex Drive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Premature orgasm	Painful sex	Low libido
Liver & Spleen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Palpable (double normal size)	Tender	Enlarged, fatty degenerative changes
Voice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dry, exhausted, explosive, whispering, stuttering	Sharp, penetrating, metallic	Deep, hoarse, drum-like
Speech	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rapid, abrupt, unclear ideas	Sharp, determined, premeditated	Slow, monotonous
Breathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nervous, diaphragmatic, (sympathetic nervous system)	Aggressive, intercostals, tight in chest	Slow, abdominal, apnea tendency
Allergies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dry wheezing, breathlessness	Hives, rashes, urticaria	Congestion, runny nose
Sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insomnia, broken	Difficult entering, insufficient	Excessive, drowsiness
Dreams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plenty, active, fearful	Fiery, violent	Watery, romantic
Emotions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anxiety, fear, loneliness	Judgment, criticism, anger, hate, jealousy	Attachment, greed, depression
Intellect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fast but faulty response	Abrupt but accurate response	Slow but exact response
Memory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recent good, remote poor	Moderate, distinct	Slow, remote very good
TOTAL						