ASSESSMENT OF PROGNOSTIC ASPECTS OF *PRAMEHA* (DIABETES MELLITUS) BY *TAILA BINDU PARIKSHA*

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ABSTRACT

Taila bindu pariksha of Ayurveda is pioneer of all laboratory diagnostic method described by yogaratnakara. It's very unique cost effective method provides diagnostic as well as prognostic information. This method is out of practice now with the rush of advance technology. In this work it have been tried to justify the practical aspect of this old technique *Taila Bindu Pariksha*. Work is done in 30 patients of *Prameha* (diabetes mellitus) to see the prognostic aspect of the disease. Different aspects of *Taila bindu pariksha* were studied like spreading time, shape and direction of *Taila bindu*. Observation includes demographic profile and comparative study of *Taila bindu pariksha* with corresponding laboratory values of DM. A conclusion drawn after the whole work that there are some indicating feature found in *Taila bindu pariksha* which provides knowledge about prognosis of the disease.

Key words: *Taila bindu*, Shape, Direction, *Mutra*, Prognosis

INTRODUCTION

Taila Bindu Pariksha is an ancient diagnostic method which is a precious contribution by *Yogaratnakara*. It is a very easy way of diagnostic method and also cost effective which provides information regarding diagnosis as well as prognosis of diseases. Present research work was done in patients of *Prameha* (diabetes mellitus) so as to see the aspects of *Taila bindu pariksha* of *Mutra*. Cases of *Prameha* were selected for the study having both *Sadhya* and *Asadhya* features. In case of diabetes mellitus there is pre diabetic and controlled diabetic condition which can be categorised as *Sadhya* and diabetics with complication are categorised as *Asadhya*. In this research work it has been tried to justify the feature of *Taila bindu pariksha* with the condition of diabetics.

AIMS AND OBJECTIVES

• To assess the prognostic features of *Prameha* by *Taila bindu pariksh* of *Mutra*
• To evaluate the efficacy of *Taila bindu pariksha* of *Mutra*

MATERIAL AND METHODS

The study was carried out in the Department of *Vikriti Vigyan* and Clinical Laboratory (IM), Sir Sunderlal Hospital, Institute of Medical Sciences, Banaras Hindu University. 30 patients of *Prameha* (DM) were recruited into the study.

Selection of cases: Diabetic patients (with or without complications) of either sex with age group above 35 were selected for this study.

Study profile:

A. Subjective findings: includes Demographic Profiles, Clinical/Constitutional

Profile, Physical examination, Systemic Examination and ayurveda methods of diagnosis like *Dashavidha* and *Astavidha pariksha*

B. Objective findings: Laboratory investigation: includes   urine routine examination, Blood Sugar (Fasting and Postprandial), Blood Urea and serum creatinine.

Taila bindu pariksha **of urine :**

Done in all selected patients and features of *Taila bindu pariksha* were compared with different laboratory values of urine and blood.

Equipments required: Dry and clean glass Petri dish of diameter 6 inch, fresh grass leaf, micro pipette, sesame (*tial)* oil, compass, photographic instrument.

Method of collection of urine: The first morning mid stream urine of the patients were collected in a clean glass vessel and was kept covered with a clean cloth to avoid contamination till sunrise then examined in proper light.

Procedure of *Taila bindu pariksha*: A small quantity of urine was taken in a Petri dish and was kept on fixed laboratory table and free from disturbing factor i.e. fast moving wind (wind of fan) and dust. Then a drop of *Tila taila* (sesame oil) with the help of a grass leaf/micro pipette was dropped out on the surface of the urine. The changes of the oil drop were carefully observed for its spread and formation of different types of shapes etc. the following points were noted:

i. Time of spread- Immediate spread/ late spread/ Sinking down of oil drop

ii. Direction of spread- East (*Purva*)/ West (*Paschima*)/ North (*Uttara*)/ South (*Dakhina*)/ North-east (*Ishana*)/ North-west (*Vayavya*)/ South- west (*Nairutta*)/ south-east (*Agneya*)

iii. Shape and Pattern of oil on urine surface.

OBSERVATIONS AND RESULTS

1. **Demographic Profile of the Patients**: Demographic profiles of the patients were as follows: Out of the 30 patients maximum 57% belongs to age group 46-65 years. Maximum 53.33% were male and 96.66% were Hindu. Maximum incidence of DM was found in middle and lower middle socio economic class i.e. 50% and 40 %. As per body constitution maximum 46.66% were *Krisha* (asthenic). Concerned to diabetic history it was observed that 36.66% patient were on Oral-anti hyperglycemic treatment, 13.33% on Insulin, 13.33% on Ayurvedic medicine and 33.33% patient were on both ayurvedic and allopathic medicine and 3.33% patient were fresh case. 73.33% patients had complications and 27.67% were without complications. Out of 73.33% patients, 53% were having Neuropathy, 29% Nephropathy and 18% were having Retinopathy.

2. **Laboratory investigation of blood and urine vs *Taila bindu pariksha* of *Mutra***

Laboratory investigations	Circular shape (%)	Non circular shape (%)	Uniform Direction (%)	Non uniform direction (%)
FBS<150mg/dl	72.72	27.27	90.90	9.09
FBS >150mg/dl	21.05	78.94	63.15	36.84
PPBS<300mg/dl	66.66	33.33	83.33	16.66
PPBS >300mg/dl	0.00	100	58.33	41.66
Blood urea <40 mg/dl	50	50	81.81	18.18
Blood urea >40mg/dl	12.5	87.5	50	50

Sr creatinine <1.2mg/dl	44	56	84	16
Sr creatinine >1.2mg/dl	0	100	20	80
Non albuminurea	50	50	81.81	18.18
Albuminurea	12.5	87.5	50	50
Non glycosuria	55.55	44.44	66.66	33.33
Glycosuria	16.66	83.33	83.33	16.66
Normal spgr	50	50	66.66	33.33
Increase SPgr in urine	0	100	66.66	33.33
Absence of microscopic element in urine	27.27	72.72	54.54	45.45
Presence of microscopic element in urine	27.27	72.72	54.54	45.45
DM Nephropathy	0.00	100	20	80
DM Neuropathy	33.33	66.66	66.66	33.33
DM Retinopathy	33.33	66.66	66.66	33.33

DISCUSSION

Under the *Taila bindu Pariksha* shape, direction and time of spread of *Taila bindu* were observed. Cirular shape of the *Taila bindu* has been considered as *Sukhasadhya* and rest of the shape such as netted, rectangle, half-moon like, splitted were recorded as non circular type indicating *Krichhrasadhya* , *Yapya*, *Asadhya* etc. of the patient of the DM.

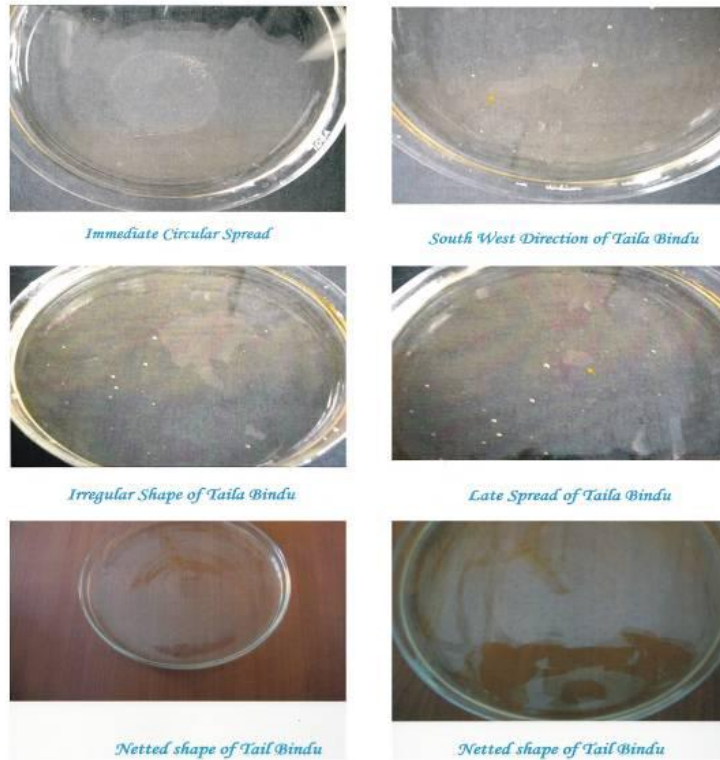Regarding the direction, two terms has been used i.e. uniform direction indicating good prognosis and non-uniform direction indicating bad prognosis. The timing of the spread/direction has been observed and it was found as immediate in most of the cases.

Features of different types of spread of Taila Bindu

Immediate Circular Spread

South West Direction of Taila Bindu

Irregular Shape of Taila Bindu

Late Spread of Taila Bindu

Netted shape of Tail Bindu

Netted shape of Tail Bindu

Interpretation with observation

It was observed that in 60% of cases the shape of *Taila bindu* had non circular shape, 40% cases had circular or normal shape and in 73% cases had uniform direction where as in 27% it was non-uniform. So it indicates that shape would be more significant than the direction of the *Taila bindu* to assess the diabetic condition.

From the observation it was observed that in condition of increased level of FBS, PPBS, blood urea, and urine specific gravity and in albuminuria, glycosuria, DM neuropathy, DM retinopathy the shape was significantly affected but not the direction. In presence or absence of microscopic element in urine neither the shape nor the direction was affected. Only in case of increase level of serum creatinine and DM nephropathy both shape and direction were affected.

CONCLUSION

From the above obseravation we found that features of *Asadhyata lakshna* (incurable feature) of *Taila bidu pariksha* were present in complecated Diabetics. Specially the shape of the *Taila bindu pariksha* is found to be more appropriate than direction of *Taila bindu*. It can be concluded that *Taila Bindu Pariksha* has a valueble role in the assessement of prognosis of a disease. Within the time bound period it was difficult to assess the whole feature, so further work should be done with sufficient time and as a project work in all other diseases. Many developed countries are bringing out every day various new concepts and technologies from our ancient literatures. So it is our responsibility to search research and develop clear knowledge about all ancient scientific aspects for the service of mankind.

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