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TAILA BINDU PARIKSHA: A CASE STUDY OF AYURVEDIC DIAGNOSTIC ASSESSMENT OF URINE IN VARIOUS TYPES OF DISORDERS

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ABSTRACT

Taila Bindu Pariksha is an *Ayurvedic* urine examination used to analyze various disorders as a diagnostic and predictive approach. This test is based on the pattern, shape, and direction of oil spreading over a stable surface of a urine sample. This test was used in this study to assess the prognosis of individuals with various diseases. So, to examine the oil drop pattern, a developing device was used to keep all factors constant, such as the technique for collecting urine samples, the distance at which *sesame oil* is dropped, and the distance overhead light sources, among others. **Methods and Material:** Fifty instances were chosen at random and divided into two groups. Ten healthy volunteers made up Group I, whereas 40 pre-diagnosed cases of various diseases made up Group II. Photographs were taken of the oil-drop dispersal pattern. The results were obtained by examining the oil drop spreading pattern, including the direction and shape of the oil drop on the urine surface. **Results:** The results showed that among 40 cases of different diseases, a maximum of 30% cases had Pearl shape oil drop while 36% were ill defined in terms of classical expression. The results on the direction of oil drop showed that 14 % of cases move towards west- south while 20 cases were of the ill-defined pattern. **Conclusions:** It was concluded that wherever the intensity of the disease increased or decreased, the direction and shape, as well as size of dispersion of drop of sesame oil, were changed. The modified device is helpful to standardize all parameters of the test in each case and also makes reproducibility of procedure accurately. This procedure is simple and cost-effective

Keywords*:* *Ashtavidhh Pariksha, Tail Bindu Pariksha,* Assessment, Diagnosis, Prognosis, *Vata Pitta Kapha.*

INTRODUCTION

Ayurveda depicts various assessment procedures, like *Ashtavidha Pariksha* Viz, to survey the clinical state of patients. *Nadi* (Pulse*), Mootra* (Urine), *Mala* (Feces), *Jihwa* (Tongue), *Shabda* (speech), *Sparsha* (Touch), *Drika* (Eyes), and *Akriti* (Posture) are exceptional and the major technique for clinical appraisal, which is interestingly supported by *Aacharya Yogratnakar*. It is not a complete clinical evaluation of a patient that is extremely similar to the general actual evaluation of the patient as portrayed in Modern Medicine. It is without a doubt the evaluation of an individual's eight viewpoints that determines their well-being state. The body of the patient is the genuine seat of contamination, and these eight areas address the whole-body sign of principal disease, which is the fundamental part of the organization. Among these appraisals, *Mutra Taila Bindu Pariksha* (MTBP) is one of the strong gadgets of assurance seeing prognostic points as per the *Ayurvedic* viewpoint. More endorsement of this test depends upon the illustration of oil drop spreading besides, heading over the surface of the patient's pee. On that premise, the treatability and reality of ailment might be reviewed.

Aim & Objectives:

1. To assess the clinical condition and strength of the patient.
2. To survey the analytic and prognostic part of sickness with the assistance of *Ashtavidha Pariksha.*

Material & Methods:

Standard method: This system was performed by keeping all boundaries fixed like the methodology of an assortment of pee, the distance at which Sesame oil was dropped, without wireless transmission obstruction, and catching the picture of oil design changes during association with pee.

Hardware: A predefined bureau of glass and acrylic fiber sheets was explicitly intended to record observational changes in oil drop design. This gear was joined with a visual gadget on top of that bureau.

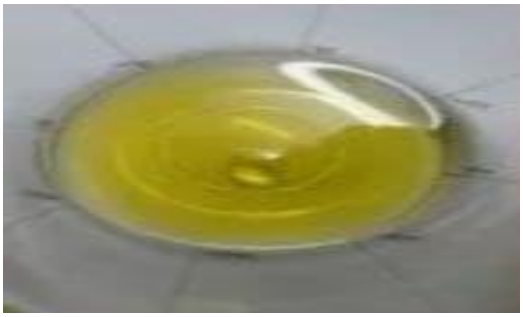
Elements of Cabinet:

- Strong wood base cover with a glass plate of 45cms what's more 45cms was encircled by a cubic molded collection of acrylic fiber sheets with 45 X 45 X 45cms on each side.
- The top part of the bureau was of sliding way
- comprised of an acrylic sheet of appropriate size.
- Round enormous, mouthed glass bowl of 250 ml limit.
- Burette of 10 ml limit.
- Visual gadget of 14.1 Megapixels joined with the bureau.
- Smooth white light was kept up with a fluorescent tube which was set north of one and a half meters in the range from the planned bureau.

Materials for *Taila Bindu Pariksha*

- Pee of the patient
- *Tila Taila* (Sesame oil) according to necessity in the burette.

Choice of Cases: A similar observational screening was led on subjects of one or the other sex between the ages gathering of 20-65 years. They were separated into two gatherings. Group, I comprised 10 sound volunteers, and Group II comprised 40 prediagnosed instances of various kinds of disease. Technique: Patients were kept a rest at 9 PM. On the next morning (5 AM) mid-stream pee of the primary pee was gathered in a standard measured glass bowl of 250ml. The test bowl was kept at the focal point of an explicitly planned bureau that was without wireless transmission. A 10ml glass burette loaded up with Tila taila (Sesame oil) was fixed over the center of the bowl containing pee. One drop of sesame oil was gradually dropped over the stable surface of pee from a distance of 2cms. It was left for two moments for a legitimate response. The oil drop dispersal design on the outer layer of the gathered pee test was recorded visually. It was broken down intermittently at month-to-month spans multiple times with pre-treatment design.



Safety measures

I. Mid-stream of the day's first pee was thought of for the test.

ii. Bowl in which the pee was kept ought to be put on the focus of the point of the base of the bureau at which drop of oil was to fall.

iii. Oil was gradually dropped just when the pee becomes steady with no development.

iv. Oil drop was dropped from a low stature (2cm range from the lower endpoint of the oil drop) without contacting the pee with the drop ends, some association between oil and pee ought to be constrained a lot of stature can upset the pee and give bogus outcomes.

Rules of investigation:

The consequences of oil spreading nature, heading, and shape over pee surface were aligned with biochemical, hematological, and microscopic parameters in different types of disease in patients.

Results: Absolutely 40 cases experiencing various kinds of disease were remembered for the review.

Table 1: Age-wise distribution of cases of Group I and II

Age group	Group 1	Group 2	Total %
20-30	2	2	4 (8 %)
31-40	2	12	14 (28 %)
41-50	4	15	19 (38 %)
51-65	2	11	13 (26 %)
Total	10	40	50 (100 %)

The distribution of instances was determined based on the prominence of the *Tridosha*, the direction of oil spread, and the creation of distinct forms after oil was dropped on the urine surface. Tables 2-5 are examples of this. Their shape and oil spread was photographed in each case with a 14.1-megapixel digital camera and the above-mentioned light source.

Table 2: Distribution of cases in Group I and II according to Dosha dominance

Dosha	Group 1	Group 2	Total %
Vata	2	4	6 (12 %)
Pitta	2	8	10 (20 %)
Kapha	3	13	16 (32 %)
Vata - Kapha	1	3	4 (8 %)

Kapha - Pitta	-	5	5 (10 %)
Vata - Pitta	2	4	6 (12 %)
Tridosha	-	3	3 (6 %)
Total	10	40	50 (100 %)

Table 3: Distribution of Group I and II cases according to Oil-drop dispersal pattern

Direction	**Group 1**	**Group 2**	**Total %**
Purva (East/E)	4	-	4 (8 %)
Paschim (West/W)	2	2	4 (8 %)
Uttar (North/N)	3	-	3 (6 %)
Dakshin (South/S)	1	6	7 (14 %)
Eshanya (E-N)	-	5	5 (10 %)
Vayavya (N - W)	-	5	5 (10 %)
Nairutya (W - S)	-	7	7 (14 %)
Agneya (S - E)	-	5	5 (10%)
Ill-defined	-	10	10 (20 %)
Total	10	40	50 (100 %)

Table 4: Distribution of cases in groups I and II according to the shape of an oil drop on urine

Shape	**Group 1**	**Group 2**	**Total %**
Bindu vat	-	11	11 (22%)
Motiya kar	-	15	15 (30 %)
Chhatrakar	-	6	6 (12 %)
Ill-Defined	10	8	18 (36 %)
Total	10	40	50 (100 %)

DISCUSSION

Urine is often utilized to diagnose urogenital system illnesses as well as hormonal profiles, such as diabetes. It is not, however, done regularly. In this study, a specific model was designed, developed, and fabricated for study purposes where all other features were kept constant such as the movement of the air, devoid of shaking, variation in reproducibility of procedure, addition, the picture which comes out on the surface on the urine is recorded with the help of the camera which can be quantified. Thus, this procedure is not only quantitative but on the other hand similar to the procedure already used by Ayurvedic doctors for a very long period in their clinical practice but also prognostic which is capable of predicting different stages of different diseases. There is also a correlation with the biochemical, hematological, and microscopic parameters which could be helpful from a prognostic point of view. It was observed that most of the diseases showed a shape of oil drop was *Muktavat* (like a Pearl), *Sthira* (stable) and directed towards diversified spread, which showed incurability of diseases. In the different intervals of analysis, it was observed there was little difference in oil drop pattern. Effect of Ayurvedic formulations on diabetes, UTI, renal stone, cholelithiasis, piles, fistula, vitiligo, TB, gout, etc., are some examples that validate the ancient approach scientifically. Adopting these principles of *Ayurvedic* science, and the use of the traditional test in the diagnosis of patients, improve the well-being of the patient, which increases the quality of life, and a person may enjoy a normal life span.

CONCLUSION

It was observed that the pattern of dispersal of sesame *oil* was differing from patient to patient; it shows variation in subjective and objective parameters of individual cases. The comparison with laboratory parameters indicated that wherever the intensity of the disease increased or decreased, the direction and

shape, as well as size of the *Tail Bindu*, were changed in all cases. The parameters of *Tridosha* estimation were also taken into account while summarizing the results in all 40 cases. It was invariably found that this *Mutra tail Bindu Pariksha* (MTBP) which was in practice in the early period of Ayurveda may be assessed on a large scale so as provide more and more conformity on the topic. It is a non-invasive, cost-effective diagnostic criterion and therefore needs to be detailed further studies to validate this diagnostic tool compared with other prognostic tools. In a comparison of established conventional methods for diagnosis and prognosis value, this test appears, to be easier, simple, and cost-effective and thus can be used for primary diagnosis and prognostic features.

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