SOME IMPORTANT ASPECTS OF NADIPARIKSHA FROM BASAVARAJIYAM

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ABSTRACT

Nadi Pariksha has been said as one of the important Ashta sthana parikshas. Though, there are some physicians who are doing miracles just by examining Nadi, this system of examination in many views has became extinct now a days. The main reason for this is, now a days very little research and practice is going on regarding this technique. So, many resent samhitas and Chikitsa granthas like Sarangadhara, Yogaratnakara, etc., have highlighted Nadi pariksha. Basavarajiyam is also one of those resent treatises (19th century), which has highlighted this ancient type of examination of the patient. Basavarajiyam is a popular Ayurvedic heritage of Andhra Pradesh written by Basavaraju, son of Namahshivaya and disciple of Ramadeshika. The author has referred many books and collected many slokas from various ancient granthas and quoted them in 25 Prakaranas along with his own views and quotations. This book was translated in Telugu language by Puvvada surya Narayana Rao and lppublished by A.B.S.publications, Rajahmundry A.P. In this paper Nadi sthanas (Location), Nadi types, Nadi Pareeksha vidhi (examination of Nadi) and its utilities in different aspects of the disease are dealt, which have been mentioned in Basavarajeeyam.

INTRODUCTION

Nadi Pariksha is one among the Ashta sthana parikshas. So many ancient Ayurvedic texts highlighted this technique. Basavarajiyam is one among them. In this book different types of Nadis, their location, Nadi Pariksha vidhi. Nadi lakshanas (features of *Nadi*) in relation to doshas, stree (female), Purusha (male), Baala (child), Vriddha (old person) Nadi bed (differentiation), Nadipariksha nishedha kala (contra indicated timings examination of Nadi), Trikala, Shubha, Ashubha, Asadhya, Ajeerna (Indigestion), Mritvu (dead) nadi lakshanas, etc are mentioned.

Eight types of Nadis and their location:

There are eight important Nadis in human body. Among them two are *Hastha dvayagata Nadis*, which are located at the

end of *Prakoshta* (fore arm) and three inches below the *Manibandha* (wrist). Two are *Pada dvaya gata Nadis*; these are located below *Gulpha* (ankle) around three inches level. Two are *Kantha Parswa Nadies*. These are located at the root of the neck in both sides around one inch level. Another two are *Nasamulagata Nadis*, which are located around one inch at *Nasamulam* (root of nose).

Hastagata Nadi pariksha vidhi:

The physician should press the patient right palm and forearm with his left hand, then the physician should examine the patient's angushta mula (root of thumb i.e., below the thumb in the wrist region), with his Dakshina kara angulitraya (Right hand' middle three fingers).

Types of Nadi pariksha according to the condition of the patient:

- A) To know the Ayu (life span), *Laghutva* (light ness), *Swasthya* (health) and *Jwara vimochan* (be coming free from fever), *Piragua Nadi* should be examined
- B) To know the Jeeva niryam (death), Hastagata Nadi pariksha should be done.
- C) To know *Ajeerna* (Indigestion) and *Ama dosha*, *Jwara agamana* (arrival of fever), *Kshudham* (appetite), *Dushta vata*, *pitta kaphas*, *Hasta Nadi* should be examined.
- D) To know *Aganthuka jwara*, *Thrishna* (thrist), *Ayasa* (dyspnoea), *Maithusanklamana* (fatigue due to copulation), *Bhaya* (fear), *Soka* (sorrow), *Kopa* (anger), Kanta Nadi should examined.
- E) To know about *Mrityu* (death) *Kama* (desire), *Netraroga* (eye disorder) *Sirovyatha* (head ache), *Sravana* (ear) *Mukharogas* (mouth), Nasa Nadi should be examined.

Nadi lakshanas in relation to Doshas

It has been said that Vata Nadi will be in Vakra gati, Pitta Nadi will be in Chanchala (fickle) gati (movement) and Shleshmaja will be Sthira (constant). Combinations of doshas will be in combined form. It is also said that in Vatadhikya first fingers end, in Pittadhikya middle fingers end. shleshmadhikva third will be vibrated and in Vilakshanata Sannipata (strange extraordinary) will be seen. In comparison Vatadhikya Nadi is like sarpagati and Tantri, in Pittadhikya chanchal gati like crow, and in shleshmadhikya it is like Baka

(crane), *Manduka* (Frog), *Chataka* (Sparrow), *Hamsa* (Swan), *Kukkuta* (Cock) or *Kapotha* (Pigeon).

Stree, Purusha, Baala, Vriddha Nadi bhedha:

In females *Nabhikurma* is in *urdhwamukh* (up ward), where as in males it is *Adhomukh* (down ward), by this male and female *Nadis* can be differentiated. In male right hand, in female left hand and in *Napumsak* according to male and female division right or left hand should be examined. As a lamp shines the things differently *Nadi gati* differs in *Baala*, *Vriddha*, *Unmattha* (mad), *Abhinyasa peedita rogi*, *yoga purush etc*.

Trikala, Shubha, Ashubha, Asadhya, Ajeerna, mrityu nadi lakshanas:

Normally in early morning *Nadi* will have *Shleshma gati*, afternoon *Pitta gata*, evening *Vatagati* and again in midnight *Pitta agati*.

Suvyaktata, Nirmalata, Swasthana sthiti, Achanchalata, Mandhatwa etc, denotes Shudha Nadi vice versa denoted Ashubha Nadi.

Asthira, Vyakula, Mandagamini, Sukshma and Vakra Nadis are considered as Asadhya.

Ajeerna nadi will be Kathina, Jada and Purita.

Kshudha nadi will be Prasanna, Prapushta and Suddha.

The person whose nose is cool, eyes stare (Sthaimithyam) and Nadi is in sthanachyuti condition (displaced), he is going to die with in short period. It is also said Vyakula; Sithila, Manda and Vakra gati nadi indicates Arishta lakshana.

Nadipariksha Nishedha kala:

Vyayama, Thrishna, Bubhuksha (hunger), Bokthavata (after meal), Abhyanga, snana, sthri sambhogita, Madhya (alcohol), Bhanga (Cannabis sativa) Sevita, Sarpa, Kukkuta, Sasa (rabbit), Mandukamamsa (Frog's flesh) bhakshita, nadi should not be examined

Nadi gnanahina vaidhya dosha:

The physician who wants to treat the patient with out the knowledge of nadi gati will fail in the treatment as a blind that tries to climb a mountain.

Conclusion:

Ayurveda is a science of life in which so many scientific techniques are mentioned to examine the patient, among them Nadi pariksha has its own importance and highness because of its multi dimensional role in examining the patient and diagnosing the disease in various aspects. The aim of this paper is to remind the scholars about this technique which has been mentioned in detail in Basavarajeeyam. I suppose in future much research will take place in this technique and much more facts can be rediscovered for the utility of mankind.

REFERENCE

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