

AN ANCIENT AYURVEDIC METHOD OF URINE EXAMINATION – TAILA BINDU PARIKSHA

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ABSTRACT

All *Ayurvedic* classics have their own unique principle, to understand the healthy and unhealthy persons, on the basis of concepts which are established in *Samhitas* and are applied clinically by ancient *Acharayas*, through keen observation. The basic principles of *Ayurveda* in the form of *Samhitas* are holistic as the ancient *Vedas* of our country. In the process of formation of *Malas* during and after the digestion, the useful elements are absorbed by the body and retained as *Prasad bhag* while those excreted out are known as *Kitta bhag*. The chief *Malas* are:- *Mutra*, *Purisha*, *Sweda*. The very first reference regarding *Mootra Pariksha* is available in *Vahat* manuscript which was written during 9 – 10th Century. After that it was explained in *Vangasena Samhita* in 12th Century. After *Vangasena*, *Yogaratanakar*

and *Basvaraju* explained *Mootra Pariksha* in the 17 – 18th Century. *Madhavakara* who lived in 800 century AD also explained this *Pariksha*. A *Siddha Vaidya* by the name *Theraiyar* has also explained this examination.

KEYWORDS: *Mutra*, *Tail Bindu*, *Pariksha*, *Mala*.

INTRODUCTION

Life is a liable in a world of flex and change, health and disease are linked aspects of that all pervading instability. They are the expression of an ever changing relationship between the different components making up the living body. Our country India has been the custodian of timeless wisdom of the totality of life. From the perspective of *Vedic* knowledge, no aspect of life is disconnected from its source. The three *Dosas* governs all metabolic activities in an individual. *Ayurveda* recognised as a new age medicine now, represents the science of life

and longevity originating in the *Vedic* tradition of India. Every expression of human endeavour whether it be music, art, architecture or medicine is structured in the eternal laws of nature which govern and order our existence. *Ayurveda* is a science that is widely acknowledged to be the world's oldest system of health. It is an oral tradition that has been passed from generation to generation. Only in the last 5000 years it was actually written down. The word *Ayurveda* comes from the Sanskrit root '*Ayu*' meaning life and '*Veda*' meaning knowledge. *Ayurveda* was regarded as one of the four upvedas connected with *Atharva Veda*. Any knowledge system grows and develops through continuous researches and re-evaluations. *Ayurvedic* classics always emphasized the need of advancements in the science to keep pace with the need of time. The pledged purpose of *Ayurveda* as a medical system is to ensure a healthier and a longer life to the humanity. The ultimate goal of *Ayurveda* is to create a state of holistic health for the individual, to create, consequently, a healthy society and environment with its herbal health remedies. To attain this state *Ayurveda* believes one must move in harmony with nature's rhythms and its laws. The holistic health benefit of *Ayurveda* encompasses the physical, mental as well as spiritual aspects of a person. The life of living creatures before the *Vedic* period i.e. before 4000 B.C approximately, might have been a disease free one due to purity, piousness, and homologous attitudes towards its leading. But after that, due to the sins and unwholesome ways in diet and mode of life style, the humanity started suffering from different diseases and hence, the ancient human literatures contain the descriptions of the different afflictions of the body and remedies to cure them, along with the wholesome ways of dietics and behavioural attitudes. Traditional medicine in general is the sum total of the knowledge, skills and practices on the theories, beliefs and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health, as well as in the prevention, diagnosis, improvement or treatment of physical or mental illness. The theories and concepts of *Ayurveda* rely on a holistic approach towards disturbances or imbalances in *Dosa*, *Dhatu* and *Malas* of the body. According to ancient Indian philosophy, the universe is composed of *Panchmahabhutas*.

REVIEW OF OTHER AYURVEDIC LITERATURE W.R.T. MUTRA PARIKSHA

The sample of the urine is kept in the sun. The expert physician should drop oil in the form of drops in it very carefully. If the oil drop mixing with the urine swells up the patient is suffering from *Pitta* disorder that is the oil drop looks like *a bubble in Pitta disorder*. If the oil drop looks *rough and blackish* the disorder is caused by *Vata*. In *Vata* disorder the *oil drop remains on the surface of the urine not sinking below*. In *Kapha* disorder, the *oil drop*

mixes with the urine. If the oil drop which is dropped in the urine resembles white *mustard seed oil* the patient's disorder should be known to be caused by *Pitta and Vata*. If the stream of the urine at the time of urination is white, *strong and yellowish* the patient is suffering from *normal fever*. If it is *red* it indicates *high fever* and if it is *black* it indicates *possibility of death*. Disorders of *Kapha Vata* mixed together the urine resembles *sour gruel*. In disorders of *Kapha Pitta* combination urine becomes *yellowish white and yellow*. The urine of the patient should be taken and should be kept in the bright sunlight. A drop of the *Taila* should be dropped in the middle of the collected urine and should be examined carefully. If the drop of oil *spreads* immediately then the disease of the patient should be considered as *Sadhya (curable)*. If the drop of oil *does not spread* then the disease should be taken as *difficult to treat*. This spread of the oil drop happens by itself. By observing the swaroopa of this *Taila Bindu* in the urine one can tell about good and bad prognosis of a disease. If the drop of *Taila* when dropped in the urine attains the *shape of a fish* immediately then the person should be considered as *free from any disease*.

FORMATION OF URINE – AYURVEDIC VIEW: Urine is one among the three *Malas* as per *Ayurveda*. The word *Mala* is defined as:- That which is cleared out or moved out of the body is called as *Mala*. That which pollutes or vitiates the other structures of the body is called as *Mala*. In other words, the waste products of the body are called as *Malas* because of their ability to vitiate or pollute the *Dhatus, Dosa and the body*. By the above definition, it is clear that *Mala* represent a variety of substances produced by the body through different pakas conducted in the body. They are described as *Malas* because not only they cause *Malina* i.e. degrade the other factors of the body but also because they themselves are susceptible to become *Malina* or degraded. *Malas* have been stated to comprise of *Shakrit, Sweda* and *Mutra* as gross and many other waste excretions as sukshma waste products of the body. Broadly they can be grouped into *Mala* and *Kitta* forms, where the former represent the waste products, of which may be utilized by the body for its maintenance and others meant to be excreted out. The *Basti* (urinary bladder) is one among the *Naabhi, Pristaa, Kati, Mushkaa, Guda, Vankshana and Medra*, all of which are neighbouring structures like *Vasti (bladder), Vasti siras, (trigone of the bladder), Pourusha grandhis (prostate glands), Vrishnaas (testes) and Guda (rectum)*. All these structures are interrelated and are situated in the *Gudaasti vivara* (pelvis). Amongst all these organs *Mootraashya* looks like *Aalabu* (long gourd) and is rich in *Siras* (blood vessels) and *Snaayus* (ligaments) in and around it. The *Vasti* which continuously being filled up mootra, brought from the *Aamasaya* by

Mootravaha Nadees and percolates *Vasti* just as an earthen pot (with the holes all around) dipped in water up to its neck, gets water into it. If we try to understand the above sloka of *Sushruta* with the help of modern physiology, the *Aamaashaya* here means the renal cortex consisting of filtering units – the nephrons and the *Pakvaashaya* in this context mean ‘major and minor calyces’ and *Naadis* mean both the collecting tubules and medulla. Here, in the above *sloka* the *Basti* may be taken as pelvis of the ureter. The pelvis of the kidney seems to have been getting filled up continuously through the collecting tubules and calyces just as water percolates into an earthen pot from its sides. After the digestion, the food gets divided in to two parts i.e. *Sara and Kitta*. The liquid portion of *Kitta* part is transformed and takes the shape of *Mootra*. *Acharya Sharangdhar* opines that the *Sara Bhag* of food after the digestion is called as *Rasa* and the *Saraheena Bhag* is called as *Maladrava*. The liquid part of this *Saraheena Bhag* is brought to *Basti* via different *Siras* and it is now called as *Mootra*.

MATERIAL AND METHODS: *Taila bindu Pariksha* is a diagnostic tool of urine examination developed by the medieval *Ayurvedic* scholars, and also throws a light on the prognosis of the disease condition. This study aims at using this ancient wisdom to diagnose the medical conditions and to study about their prognosis, and studying about how it can be applied to modern medical practice and its limitations. Urine examination or urine analysis is a test to be performed on urine, and one of the most common methods of medical diagnosis. The present day urine examination is a tool for the diagnosis of the disease and planning of the treatment. It is one way for the doctors to find out what is going on inside the body and what flows out from the body. The present day urine examination serves only as a diagnostic tool for diagnosing a disease. This *Pariksha* can be done at any point of time during the treatment process to know whether the treatment is going in the right direction or not. The study concentrates on the fact that by dropping a drop of oil in the urine one can tell whether the disease is curable or not and then plans the treatment accordingly. This study aims to prove the efficacy of *Taila Bindu Pariksha* in deciding the prognosis of a disease. In this study an attempt has been made to see the reaction of the oil drop in the urine of different patients to decide the prognosis of the disease they are suffering from. As told by *Acharya Yogaratnakar* that if the oil drop spreads on the urine surface then the disease is curable; if the drop does not spread then the disease is difficult to treat and if the drop sinks then the disease is incurable. Through this study I am trying to build a principle behind the spreading or sinking or non – spreading of oil drop in different diseased conditions.

AIMS AND OBJECTIVES

- 1) To prove the authenticity of *Taila Bindu Pariksha*.
- 2) To prove it as a diagnostic and prognostic tool of a disease.
- 3) To prove its utility in knowing the chronicity of the disease.
- 4) To study the pattern of spread of *Taila Bindu* in the urine of the healthy individual as per *Yogaratanakar* reference.

Literary Review was taken from the old *Ayurvedic* texts like *Yogaratanakar*, *Vangsen Samhita*, *Basavrajeyam*, and *Charka Samhita*. To study the pattern of *Taila Bindu* in the urine 100 pre diagnosed patients were selected and grouped in to four major groups:-

- GROUP I: - *Healthy Volunteers*.
- GROUP II: - *Volunteers with Curable Disease*.
- GROUP III: - *Volunteers with Incurable Disease of Acute Origin*.
- GROUP IV: - *Volunteers with Incurable Disease of Chronic Origin*.

MATERIALS USED

- ◆ Bottle with lid to collect urine
- ◆ Round large mouthed glass bowl or a Glass beaker measuring around 4-5 inches in diameter.
- ◆ Dropper or laboratory Burette.
- ◆ Urine of the patient.
- ◆ *Tila taila* (Sesame oil).

METHODOLOGY

- ◆ To maintain uniformity, every patient was advised to sleep early (before 9 PM) with usual intake (2 to 3 glasses) of water during the dinner.
- ◆ Before sunrise, around 5 AM, patients were asked to collect the mid stream urine of the first urination of the day in a clean and neat sterile bottle.
- ◆ Urine thus collected was poured in a round wide mouthed glass bowl (4-5 inches in diameter) or a glass beaker of the same size, kept on a flat surface and is allowed to settle.
- ◆ After ascertaining that the urine was stable and devoid of wave or ripples or other influence of the wind, the urine was examined in day light.
- ◆ *Tila taila* was then taken in a dropper or a laboratory burette and one drop of the *taila* (approximately 1/20 ml) was dropped over the surface of urine slowly (keeping a distance

of 1 cm from the surface of the urine to the lower end of the oil drop) without disturbing/touching the surface. It was then left for a few minutes, and the oil drop pattern in the urine was observed. The inferences were then recorded.

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URINE SAMPLE COLLECTION



Collection of Urine Samples from the patients



Urine Sample Ready to be examined (Without any movement or thrill on a Flat Surface)



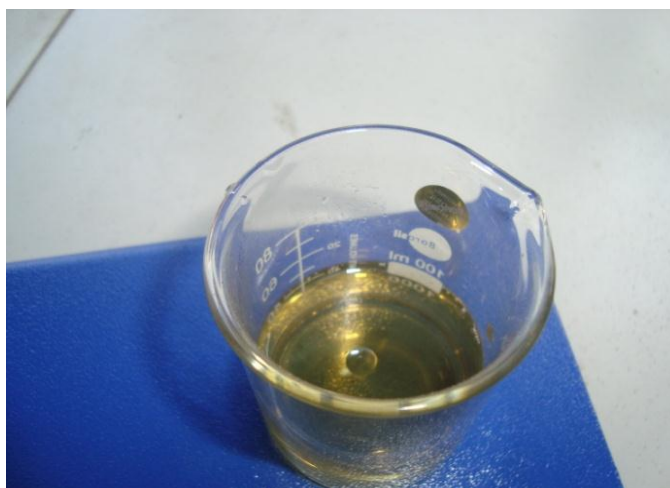
Til Taila dropped in to the Sample under Observation as per the Parameters



Spreading Oil Drop in the Sample of a Patient Suffering from a Curable Disease (Ajeerna)



Non - Spreading Oil Drop in the Form of a pearl in the urine sample of a Healthy Individual



Non - Spreading Oil Drop in the Form of a pearl in the urine sample of a Healthy Individual



Sinking of Oil Drop in the Urine Sample of a AIDS Patient after Waiting for 15-18 minutes



Sinking of the oil Drop in the urine Sample of a patient suffering from Diabties

➤ **IMPORTANT SPECIFICATIONS**

- **Size of Oil Drop:** - The average volume of one drop of oil came to be 12.48 micro litres. Around figure of 12 micro litres was taken as standard for this throughout the study period, glass dropper or laboratory burette of the same calibre was used in the study to drop the oil drop.
- **Height from which the Oil Drop is dropped:** - When tried from the height of 5cm or 10cm ripples or waves were formed so a height of 1cm was kept standard height for the dropping of oil drop throughout the study.
- **Size of the Container:-** Any glass bowl or a glass beaker with a diameter of 4inch, 6 inch or 8 inches diameter can be taken.

CONCLUSION

Discussion is the main substratum of any type of research work. It comprises the discussion of results obtained from applied study. Discussion is nothing but the logical reasoning of observation. If all the points are discussed with proper reasoning then they help to draw proper conclusion. **Total (100) hundred volunteers** were selected for the present study. Urine sample examination of hundred volunteers have been done along with various other parameters like, Age, Weight, Pulse Rate, Respiratory Rate, Blood Pressure, Temperature etc.

Volunteers with a pre diagnosed disease condition were selected and necessary tests were done to confirm the diagnosis in **Group II, III, and IV**. Each group had **25 volunteers**.

In **Group I** only **Healthy volunteers** were selected for the study. In this group the **Success rate** of the study was **88%** as in the urine sample of 22 volunteers the oil drop followed the **Spreading Pattern** which is in compliance with **Acharya Yogaratnakar's** opinion.

In **Group II** volunteers with **Curable Disease** were selected for the study. In this group the **Success rate** of the study was **88%** as in the urine sample of 22 volunteers the oil drop followed the **Spreading Pattern** which is in compliance with **Acharya Yogaratnakar's** opinion.

In **Group III** volunteers with **Acute Incurable Disease** were selected for the study. In this group the **Success rate** of the study was **64%** as in the urine sample of 16 volunteers the oil drop followed the **Non-Spreading** Pattern which is in compliance with **Acharya Yogaratnakar's** opinion.

In **Group IV** volunteers with **Chronic Incurable Disease** were selected for the study. In this group the **Success rate** of the study was **100%** as in the 15 volunteers the oil drop followed the **Sinking** Pattern and in 10 volunteers it was **Non-Spreading** which is in compliance with **Acharya Yogaratnakar's** opinion.

The result obtained from the survey is in compliance with the classical theory cited by Acharya Yogaratnakar regarding the prognosis of a particular Disease. The overall test result success percentage is 85%.

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