



Research Article

CLINICAL ASSESSMENT OF *DOSHA* PREDOMINANCE IN *SHALYA KARMA* USING AN ELECTRONIC DEVICE *NADI TARANGINI*

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ABSTRACT

Shalya Karma i.e., operative procedures for fistula-in-ano, fissure-in-ano, haemorrhoids, appendicitis, cholelithiasis, different hernias etc is nowadays very commonly adopted in which surgeons are highly concerned about the recurrences and complications which highly affects the patient's quality of life. Ayurveda places a lot of stress on feeling the pulse at the radial artery in order to evaluate the *Doshas*, but it does not restrict the pulse location to just the radial artery and instead makes it plain that the pulse can be felt from eight different places. The radial artery can be used to learn about the *Vata*, *Pitta*, and *Kapha doshas*. *Nadi Pariksha* uses completely all the basic subjects described in Ayurveda. All spheres of medical science is not remained untouched from *Nadi Pariksha*. Cause-effect /*Karya-karan* or *Nidan-vyadhi* relationship can be finely diagnosed with *Nadi Pariksha*. Therefore, treatment becomes very unique and specific. Whether treatment is of body or mind, it becomes very clear with *Nadi Pariksha*. In Ayurveda, post-operative *Tridosha* specific *Nadi Pariksha* can be considered a more rationale plan for better outcomes in overcoming the recurrences and gaining a lead over modern surgical complications after *Shalya Karma*. *Nadi Tarangini* is a tool to detect and analyze information about our inner health. *Nadi Tarangini*, the pioneer of the modern *Nadi Pariksha* system, is a perfect synthesis of hardware and intelligent software powered by artificial intelligence.

INTRODUCTION

Ayurveda is well known for *Nadi Pariksha* and classical texts have emphasized its significance in assessment of *Tridoshas*, which are the basis of disease diagnosis and prognosis^[1,2,3,4]. There are two at the radial artery, two at the ankle, two at the neck region, and two at the nasal region, in accordance with the eight spots to perceive *Nadi* given in the traditional literature *Basavarajeeyam*^[1]. *Vata dosha* is felt at the root of the thumb and can be felt with the index finger, followed by *Pitta dosha* with the middle finger and *Kapha dosha* with the ring finger. As per Ayurveda, balanced *Tridoshas* represent the sound health and unbalanced *Doshas* lead to diseases. The importance of *Nadi Pariksha* is indicated by Yoga Ratnakara's assertion that all ailments may be diagnosed from the

Nadi, which was compared to *Veena* strings playing all the *Ragas*^[3]. The aggravated *Doshas* change the pace, stability, and *Gati* of the pulse and detecting these fluctuations with *Nadi Pariksha* is a unique combination of art and science. Traditional Ayurveda doctors were skilled in diagnosing ailments using the patient's pulse and could do so simply by placing their fingers on the radial artery. Although Ayurveda has extensive experience with pulse-based diagnosis, it is heavily dependent on the doctor's skill and is vulnerable to interpretation. Recently, there has been an increase in study interest in taking a pulse at *Tridosha* places and scientifically analysing the pulse wave shapes in the context of Ayurveda. *Upadhyaya* used the Dudgeon Sphygmograph in his clinical and experimental investigations on *Nadi Pariksha* to thoroughly examine the *Vata*, *Pitta*, and *Kapha dosha* pulse patterns^[5]. It was a thorough study that included a comprehensive examination of Ayurvedic literature, hemodynamics, and statistical analysis of pulse rhythms that represented the *Vata*, *Pitta*, and *Kapha doshas* of healthy and unwell people. The relevance of pulse parameters including rate, rhythm, volume, force, tension, character, and hardness of the artery

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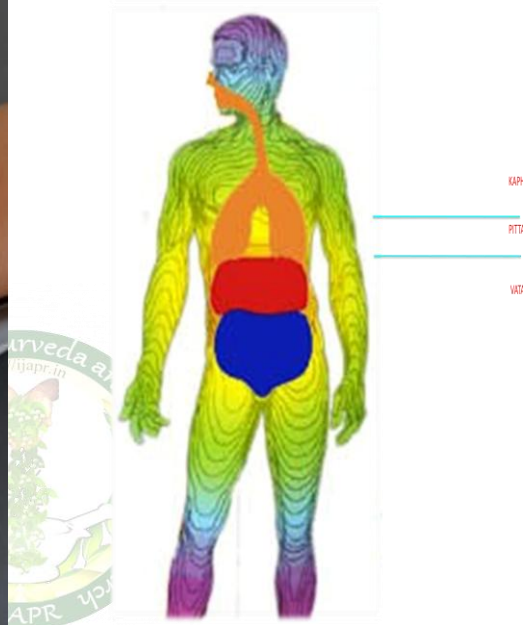
was examined in the context of Ayurveda. The mean pulse rate and mean pulse pressure were explored throughout the *Vata*, *Pitta*, and *Kapha doshas*. Vasant has examined the physiological relevance of the pulse metrics *Gati* (movement), *Vega* (rate), *Tala* (rhythm), *Bala* (force), *Tapamana* (temperature), *Akruti* (volume and tension), and *Kathinya* (consistency of the vessel wall) across *Vata*, *Pitta*, and *Kapha doshas*^[6]. The ancient texts of *Ayurveda* were included in the study of *Nadi Pariksha*. The *Ayurveda* texts included were *Sarangadhara Samhita*, *Yoga Ratnakara*, *Basava rajeeyam*, and *Bhavaprakasha*. The investigation of *Nadi Pariksha*'s customary practises also included the reading of *Nadi Vijnana* by *Upadhyaya* and *Secrets of*

the Pulse by *Vasant*. A thorough search was conducted using the terms *Nadi* and *Nadi Pariksha* in *PubMed*, *Google Scholar*, *Science Direct*, and *Google*. Only six works that covered *Nadi Pariksha* according to traditional literature were found in the search.^[7-13]

MATERIAL

Nadi Tarangini device consist of combination of three units:

- Doctor's Unit- Designed with three pressure sensors.
- Patient's Unit- Designed for optimal sensing and recording of *Nadi* signals.
- Related Software



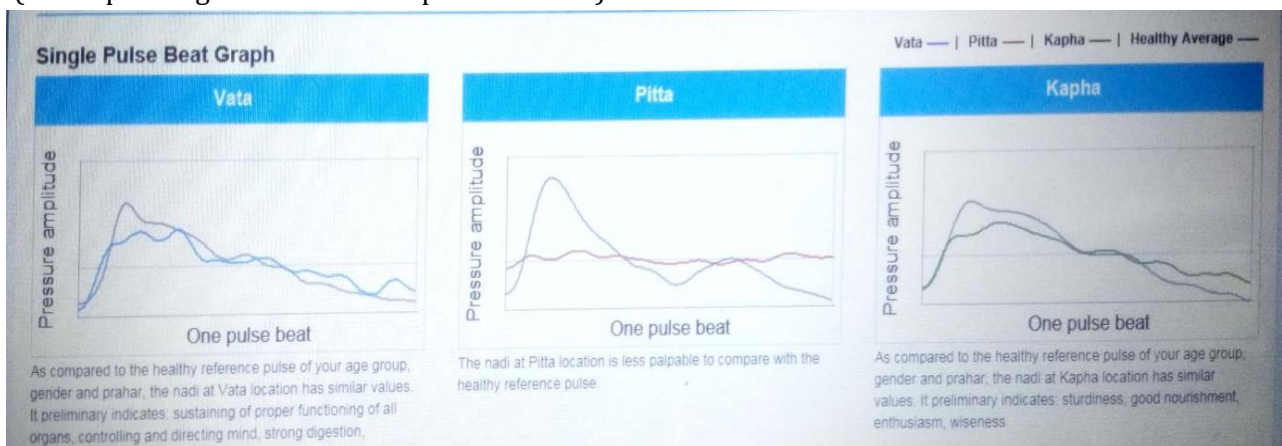
Study Plan

Configuration of *Vata*, *Pitta* and *Kapha doshas* in a diseased or a healthy patient with above signs shows the typical inequilibrium. Below body parts are shown in comparison to Grey wave (describes healthy parameters):

Shakha (Last part of blue wave in Graph on XY-Axis)

Srotas (Middle part of red wave in Graph on XY-Axis)

Kostha (Initial part of green wave in Graph on XY-Axis)



Procedure

To clinically assess *Dosha* predominance for validation of tridosha specific *Nadi Pariksha* in *Shalya Karma*.

Written informed consent and routine investigations of patients taken before *Nadi Pariksha*. Data collection of

Nadi reports (generated online) using an electronic device *Nadi Tarangini*.

Investigations

Routine investigations viz. Hb gm% TLC, DLC, ESR, RBS, HIV, HBsAg, RFT, ECG, Chest X -Ray PA view, Urine-Routine/Microscopic were done.

All investigation were WNL.

Case Reports

Signs mean (\uparrow =Vitiated, \downarrow =Obstructed & \neq =Vikrut)

Case 1

A 19 years male patient- Right Side Inguinal Hernioplasty done.

Pre-Operative *Dosh* assessment

Kostha= $V\uparrow P\downarrow K\downarrow$

Srotas= $V\downarrow P=K=$

Shakha= $V\downarrow P=K\uparrow$

9th Post-Operative Day -*Dosh* assessment

Kostha= $V\downarrow P=K=$

Srotas= $V=P\uparrow K=$

Shakha= $V\uparrow P=K\uparrow$

Case 2

A 55 years male patient- Fistulotomy with primary threading done

Pre-Operative *Dosh* assessment

Kostha= $V\downarrow P\downarrow K\downarrow$

Srotas= $V\downarrow P\uparrow K=$

Shakha= $V\downarrow P\uparrow K\uparrow$

7th Post Operative Day - *Dosh* assessment

Kostha= $V=P\downarrow K\downarrow$

Srotas= $V=P\uparrow K=$

Shakha= $V\uparrow P\uparrow K\uparrow$

Case 3

A 36 years female patient- Appendisectomy done

Pre-Operative *Dosh* assessment

Kostha= $V\downarrow P\downarrow K\downarrow$

Srotas= $V=P\uparrow K=$

Shakha= $V\uparrow P\uparrow K\uparrow$

9th Post Operative Day- *Dosh* assessment

Kostha= $V\downarrow P=K=$

Srotas= $V=P\uparrow K=$

Shakha= $V\uparrow P=K=$

RESULT

Vata, *Pitta* and *Kapha dosha* graphs (best 10 seconds *Nadi* capture) created separately shows their predominance at *Kostha*, *Srotas* and *Shakha* levels while performing *Nadi* analysis (3 mins) using *Nadi Tarangini* device before and after *Shalya Karma*. Thus, clinically assessed operated patients when given *Samsodhana/Sanshamana* treatment plan were benefited much and fastly.

DISCUSSION

Discussion is a crucial component of research because it adds a fresh perspective to already-existing knowledge and aids in a better comprehension of cause-and-effect relationships. In order to present a comprehensive view of truth, it is the logical interpretation of the collected literary works and scientific results.

Even after doing the *Tridosha*-specific *Nadi Pariksha* successfully, a tiny percentage of patients will continue to experience surgical difficulties because of their altered lifestyle. As *Shalya Karma* according to Ayurvedic Texts, is an ultimate treatment in surgical pathologies with its own limitations, wherein, *Nadi Pariksha* can be recommended as a very helpful tool in Ayurvedic/modern surgery with no complications.

- Conclusion can be made from the present study that in traditional Ayurvedic texts, our respected Acharyas has described the signs and symptoms according *Tridosha* predominant in respective diseases. However, they did not write the nature of *Tridosha* to help us prescribe Ayurvedic medicines with the changing time, place, and person.

- Here we have tried to discover the facts of determining configurations of *Tridosha* in *Shalya Karma* as how our great Acharyas might have followed the concept of treating disease through inferring nature of *Tridosha* i.e., *Doshanusara chikitsa*.

- Any Ayurvedic medicine must be prescribed only after *Tridosha* assessment through *Nadi Pariksha*, which is not a tough task as we have proved and shown on scientific principles through graphical representation. Ayurvedic practitioners will believe in real graphical presentation of *Tridoshic* nature and can get a short training to educate their fingers for further Ayurvedic prescriptions. Ayurvedic treatment is unique from other streams of medical fields as it uses the concept of *Samsodhana/Samsahna* before starting the treatment for both *Shareerika/Manshika vyadhies*.

CONCLUSION

Through *Nadi Priksha*, we can infer three most important facts as

- The real signs and symptoms of diseases other than presented by patient can also be judged significantly.
- A practitioner is able to diagnose the primary disease, which in most of the cases is missed after going through modern investigations also.
- The real cause of the primary disease is obtained which can be both *Shareerika/Manshika*, thereby helpful in *Nidanaparivarjana* i.e., first line of treatment in Ayurveda.

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