

## ASSESSMENT OF PROGNOSTIC ASPECTS OF ASCITES(JALODAR)

BY TAILA BINDU PARIKSHA

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Accepted on 21 Feb. 2021DOI: <https://doi.org/10.17605/OSF.IO/RHSJ7>**\*Corresponding Author****Dr. Avinash C. Rathod**P. G. Scholar, Rognidan  
Department, Shri Ayurved  
Mahavidyalaya Nagpur.**ABSTRACT**

The *taila bindu pariksha* which is a part of the *Mutra pariksha* helps in assessing the prognosis of a disease. In *Taila Bindu Pariksha*, urine is taken in a glass vessel over which an oil drop is dropped and behaviour of oil is noted down. Ascites is defined as the accumulation of fluid in the peritoneal cavity. It is a common clinical finding, with various extraperitoneal and peritoneal causes, but it most often results from liver cirrhosis. It is a symptom of numerous medical conditions and has a broad differential diagnosis. Ascites can be classified by the underlying pathophysiological mechanism: portal hypertension, peritoneal disease, hypo albuminemia and miscellaneous disorders. An

adequate diagnosis is necessary for successful treatment. This review aims to provide a comprehensive overview of the current diagnostic approach to ascites and also discusses recent developments in ascites research. Present study of *Mutra Taila bindu pariksha*, a simple and cost-effective method; aims at finding whether it is still valid to consider as one of the prognostic tools in the critically ill patients like ascites and is there any pattern specificity present between ascites patients. Results of *taila bindu pariksha* shows highest percentage of *sadhya* (curable) prognosis ascites patients which contradict with the modern text. The Ayurvedic system's core strength is its holistic approach to health and disease using natural remedies derived from medicinal plants and minerals. Ayurveda and modern medicine are derived from different epistemological and ontological premises. Therefore, the approach to diagnosis and prognosis of diseases differs.

**KEYWORDS:** *Taila bindu pariksha*, Ascites, prognosis.

## INTRODUCTION

Ayurvedic text suggest to diagnose the disease first and then to think over the treatment. "*Rogamadou pariksheta tatoanantaramoushadham*" (*Charaka sutrasthana* 20/20) Examination plays an important role in the diagnosis of a disease. In ancient times the method of examination was by the usage of *trividha pariksha*, *Shadvidha pariksha*, *Ashta vidha pariksha* and *dasha vidha pariksha*. *Ashta vidha pariksha* represents the clinical assessment as well as the laboratory investigations of that period. Among the *ashta vidha pariksha*, *mutra pariksha* is one which proves to be an important aid in diagnosis as well as assessing the prognosis of a disease. The *taila bindu pariksha* which is a part of the *Muttra pariksha* helps in assessing the prognosis of a disease. *Tail Bindu Pariksha* is described in number of Ayurvedic texts like *VangasenaSamhita*, *Yogaratanakar*, *Yogatragini*. In *Taila Bindu Pariksha*, urine is taken in a glass vessel over which an oil drop is dropped and behavior of oil is noted down. The features are indicative of prognosis of diseases. Ascites can be classified as: mild ascites only detectable by ultrasound (grade 1), moderate ascites evident by moderate symmetrical distension of the abdomen (grade 2), and large or gross ascites with marked abdominal distension (grade 3). Ascites is a common problem and patients present to a broad range of medical specialties. Liver cirrhosis (75%) is the most common cause in adults in the Western world, followed by malignancy (10%), heart failure (3%), tuberculosis (2%), and pancreatitis (1%) Present study of *Muttra Taila bindu pariksha*, a simple and cost-effective method; aims at finding whether it is still valid to consider as one of the prognostic tools in the critically ill patients like ascites and is there any pattern specificity present between ascites.

## REVIEW OF LITRATURE

### Diagnosis of the disease by the examination of urine By appearance of urine:

#### 1. Diagnosis of *Dosha* involvement

- i. In "*Vata*" aggravated diseases, urine of the patient appears as *Pandu varna* (whitish) or slightly '*Nilam*' (Bluish).
- ii. In *Kapha* dominated conditions urine becomes "*Phenayukta*", i.e., frothy or *Snigdha* (cloudy).
- iii. In *Pitta* aggravation urine appears yellowish or *Rakta varna* (reddish).
- iv. In case of *rakta*-aggravation urine become *Snigdha*, *Ushna* (hot) and resembles blood.
- v. In *Dwandaja*, i.e., a state of combined *Dosha* aggravation, mixed colours are seen in the appearance of the urine as per the *Dosha* involved in the disease causation.

vi. In *Sannipata* state urine becomes *Krishna varna* (blackish).

## 2. Diagnosis of disease involvement

- i. In the case of diseases related to '*Ajirna*' (indigestion), urine appears like *Tandulodaka* (rice water).
- ii. In *Navina Jwara* (acute fever) urine appears 'Smoky' and the affected passes more urine (*Bahu Mutrata*).
- iii. In *Vata-Pitta jwara* - urine is smoky, watery and hot.
- iv. In *Vata Shlesmajwara* - urine is whitish with air bubbles.
- v. In *Shlesma-Pitta jwara* - urine is polluted and is mixed with blood.
- vi. In *Jirna* (Chronic) *jwara* - urine becomes yellowish and red.
- vii. In *Sannipata jwara* - urine appears in mixed shades depending on the *Dosha* involvement. Also, it is said that if urine is placed in a glass jar and appears reddish in the bottom, the patient is suffering from *Atisara* (diarrhoea). If the urine has particles appearing like the droplets of ghee, it indicates *Jalodara* (Ascites). In *Amavata* (Rheumatoid arthritis), urine appears as *Vasa* (fat) or *Takra* (buttermilk). In *Vata jwara*, urine appears reddish or kunkuma (saffron) in colour, and in excessive passage of stools, urine becomes yellowish.

### By shape of the spread oil drop

Diagnosis of *Dosha* involvement

- i. If *Tailabindu* takes a snake like image in the urine, it is *Vata roga*.
- ii. If urine takes an "Umbrella" shape it is *Pittaja roga*.
- iii. If urine spreads like Pearl (*Mukta*) it is *Kaphaja roga*.

Also, it is said that if the *Vata* is predominant, then the *Taila* attains *Mandala* (circular shape); in *Pitta* diseases it attains *Budbuda* (bubbles) shape; in *Kapha* diseases it becomes *Bindu* (globule or droplet) and in the *Sannipata* the *Taila* sinks in the urine.

Diagnosis of disease involvement

- iv. If the dropped *Taila bindu* takes a *Chalini* (sieve) shape in the urine sample and then spreads, it is a definite indication of '*Kuladosha*' (genetic disorder).
- v. If the dropped *Taila bindu* takes the image of human being (*narakaram*) or skull it indicates '*Bhutadosha*' and is treated accordingly.

**Prognosis of disease by the examination of urine****By spreading nature of the oil.**

- i. If inserted oil spreads quickly over the surface of urine, that disease is *Sadhya* (curable or manageable).
- ii. If the oil does not spread it is considered as *Kashta sadhya* or difficult to treat.
- iii. If the dropped oil directly goes inside and touches the bottom of the vessel, then it is regarded as *Asadhya* or incurable. Also, in another text it is mentioned that if the oil does not spread and remains as a droplet in the middle of the urine the disease is considered incurable.

**By spreading direction of the oil**

- i. If the oil spreads in the direction of *Purva* (east) the patient gets relief.
- ii. If the oil spreads in the south direction, the individual will suffer from *jwara* (fever) and gradually recovers.
- iii. If the oil spreads in the northern direction, the patient will definitely be cured and become healthy.
- iv. If the oil spreads towards the west, he will attain *Sukha* and *Arogya* i.e. happy and healthy.
- v. If the oil spreads towards the Ishanya (Northeast), the patient is bound to die in a month's time; similarly, if the oil spreads into *Agneya* (Southeast) or *Nairutya* (Southwest) directions, or when the instilled oil drop splits, the patient is bound to die.
- vi. If the oil spreads on to *Vayavya* (Northwest) direction, he is going to die anyway.

**By spreading shapes of the oil:**

- i. It is a good prognosis if the oil creates the images of *Hamsa* (swan), lotus, *Chamara* (*chowri* composed of the tail of *Yak*), *Torana* (arch), *Parvata* (mountain) elephant, camel, tree, umbrella and house.
- ii. If the *taila* attains the shape of a fish, then the patient is free of *dosha* and the disease can be treated easily.
- iii. If the drop of the *taila* attains the shape of *Valli* (creeper), *Mrdanga* (a kind of drum), *Manushya* (human being), *Bhanda* (pot), *Chakra* (wheel) or *Mriga* (deer) then the disease is considered as the *Kashtasadhya* (difficultly curable).

- iv. If the spreading oil creates the shapes of tortoise, buffalo, honey-bee, bird, headless human body, *astra* (instrument used in surgery, like knife etc), *Khanda* (piece of body material) physician should not treat that patient as that disease is incurable.
- v. If the shape of the drop of *taila* is seen as four-legged, three-legged, two-legged that patient will die soon.
- vi. If the shape of the drop of *taila* is seen in the shape of *Shastra* (sharp instruments), *Khadga* (sword), *Dhanus* (bow), *Trishulam* (type of weapon with three sharp edges) *Musalayudham* (pestle), *Shrugala* (jackal), *Sarpa* (snake), *Vrishchika* (scorpion), *Mushika* (rat), *Marjara* (cat), arrow, *Vyaghra* (tiger), *Markata* (monkey) or *Simha* (lion), then it is understood that the patient will die soon.

## AIMS

- ☐ To evaluate *Taila bindu pariksha* as one of the prognostic tests in the critically ill patients of ascites.

## OBJECTIVE

1. Is there any pattern specificity present between ascites?
2. Conceptual study of ascites and *taila bindu pariksha*.

## MATERIALS AND METHODS

### Materials

1. Bottle with lid to collect urine.
2. Round large mouthed glass bowl.
3. measuring around 4-5 inches in diameter.
4. and 1.5 inches deep.
5. Dropper (Pasteur pipette)
6. Iv. 100 ml Urine of the patient
7. *Standardized Tila taila* (Sesame oil)
8. Compass.
9. Stop Watch.

### Method of collection of data

Diagnosed patients of ascites were selected. Among various variable parameters like shape and size of *patra* (vessel), volume of urine in vessel, size of oil drop, dropping height of oil from surface of urine, variety of *til tail*, were kept constant 4. 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 midstream urine of the first urination of the day in a neat and clean bottle. Urine thus collected was poured in a round wide mouthed glass bowl (4-5 inches in diameter and 1.5-inch depth), kept on a flat surface and allowed to settle. After ascertaining that the urine is stable and devoid of wave or ripples or other influence of the wind, the urine was examined in day light at 6.30-7:00 AM. One drop of the *tila 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 left for a few minutes, and the oil drop pattern in the urine was observed.

**Study Design:** Observational Cross-sectional study.

Sample size (n)=30. Diagnosed patients of OPD and IPD of *rognidan* Dept.

#### **Inclusion criteria**

1. Diagnosed Patients of ascites.
2. Aged between 20-60 years.

#### **Exclusion criteria**

1. tubercular peritonitis
2. hepatocellular carcinoma.
3. C.C.F.
4. Malignancy, lymphoma.
5. Nephrotic syndrome.
6. Diabetes Mellitus, Tuberculosis, HIV, AIDS
7. Patients with Congenital disorders.
8. Dehydrated Patients.
9. Patient with any other complication which may interfere in course of the study.

#### **OBSERVATION**

Pattern of oil drop spread, spreading time and direction was observed and inference is made as per text described in *Yogratnakar Purvardhh*.

**Table 1: Nature of Spread of Taila Bindu.**

Nature of spread	No. of Patients	Percentage
Not Spreading	12	60%
Sinks at Bottom	3	15%
Spreads quickly	5	25%
<b>Total</b>	<b>20</b>	<b>100%</b>

**Table 2: Direction of Spread of Taila Bindu.**

Direction	No. of Patients	Percentage
No specific direction	2	10%
East	0	0%
North	5	25%
South	10	50%
North west	2	10%
North east	1	5%
<b>Total</b>	<b>20</b>	<b>100%</b>

**Table 3: Shape of Taila Bindu.**

Shape	No. of patients	Percentile
<i>Parvata</i>	0	0%
No proper shape	1	5%
<i>Hansa</i>	5	25%
Umbrella	8	40%
<i>Chakra</i>	3	15%
Tortoise	2	10%
<i>Dhanush</i> (Bow)	0	0%
<i>Sarpa</i> (Snake)	1	5%
<b>Total</b>	<b>20</b>	<b>100%</b>

**Table 4: Showing The Prognostic Aspects of Tailabindu Pariksha For Ascites.**

Characteristic of Taila Sadhya	sadhya	Kruichhsadhya	Asadhya
Nature of spread	<b>5</b>	<b>12</b>	<b>3</b>
Direction of spread	<b>8</b>	<b>10</b>	<b>2</b>
Shape of spread	<b>2</b>	<b>15</b>	<b>3</b>
<b>Total</b>	<b>15</b>	<b>37</b>	<b>8</b>

## RESULT

Nature, Direction and Shape of percentage i.e. 25% *sadhya* (Curable) prognosis, 13.33% *Asadhya* (Incurable) and 61.66% *Krichhsadhya* (Curable with difficulty) prognosis of disease.

In majority of the patients, the correlation was found statistically highly significant.



## CONCLUSION

Prognostic assessment based on Ayurvedic principals related to *Mutra pariksha* i.e. *Taila Bindu pariksha* will add to the armamentarium of available prognostic indication. Scientific validation of these Ayurvedic principles in light of modern medical science will be landmark in the field of prognosis determination.

Finally, it may conclude that *Taila bindu pariksha* can be used as tool for study on prediction of prognosis of diseases. On the basis of *mutra pariksha* assessing the prognosis and severity of diseases to plan the treatment. This simple technique may also be helpful in diagnosis of the diseases as well as in assessing the healthy conditions. But it requires observations in large number of cases. Since no laboratory test is available to instantly assess or forecast the prognosis of the diseases, this method which is very cost effective may be proved to be useful technique in this field. *Taila Bindu Pariksha* may be used as an alternative method to ascertain the prognosis of the ascites patients.

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