

## **EVALUATION OF PROGNOSIS IN ACCORDANCE WITH PULSE DIAGNOSIS (NAADI PARISODANAI) – A CASE REPORT**

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### **ABSTRACT**

Siddha system medicine is the oldest indigenous system of medicine in India. One among the uniqueness of this system is determining humoural vitiation through <sup>5</sup>pulse assessment. It can also be correlated with other <sup>6</sup>diagnostic parameters. Here in this case authors made an effort to assess the prognosis of patient suffering from Inter Vertebral Disc Prolapse (IVDP) during the *Siddha* treatment. The clinical features, details of physical examination, correlation with <sup>7</sup>*Sathaganaadi* verses, reasoning for choosing *Siddha* drugs in the treatment plan and assessment of prognosis both symptomatically and pulse assessment are discussed in this article with prompt diagrammatic representations. The authors chose *Vathathil vayu naadi* as the exact pulse assessment for IVDP and how the *Vathathil vayu* transforms into *Vali azhal naadi* after the course of treatment in ten days with three phases of assessment. Finally it is proved and concluded that pulse assessment can be used as a valid assessment tool during the course of treatment.

### **Keywords**

*Envagai Thervu, Vali, Azhal, Iyam, Naadi Nadai, Naadi Parisodanai*

### **AIM**

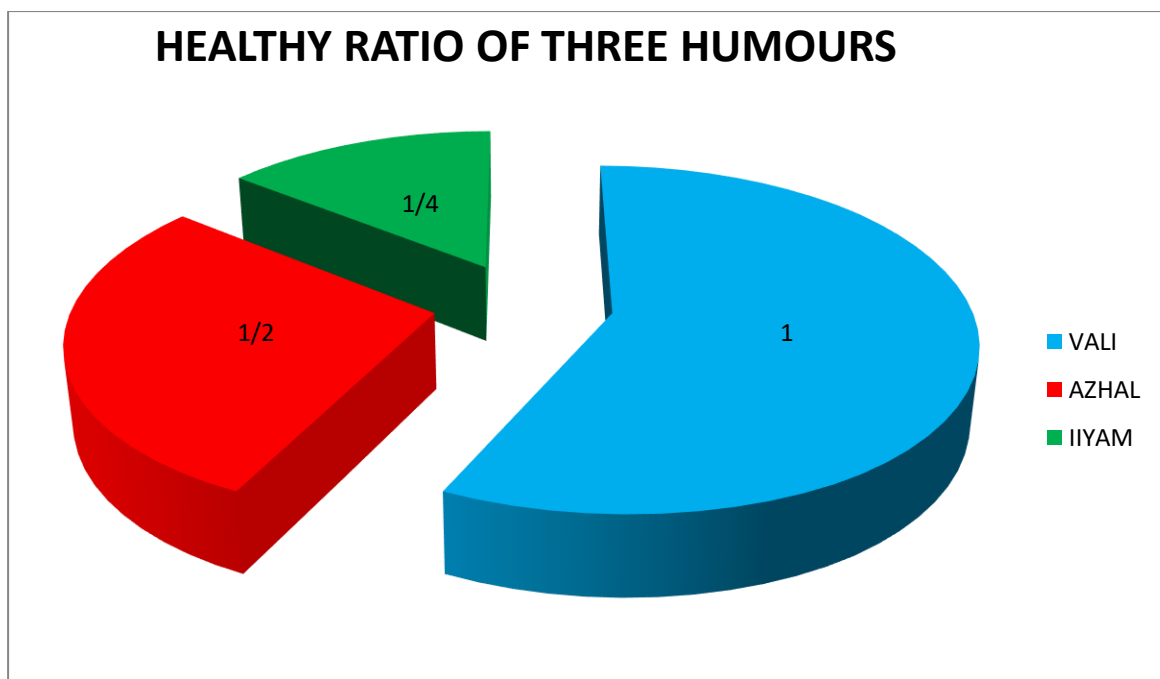
The Article focuses on assessment of the prognosis of a patient based on various observations in the pulse assessment (Naadi Parisodanai).

## INTRODUCTION

<sup>5</sup>*Naadi parisodanai* (pulse examination) is an accurate reflection of the variations in the functional status of <sup>3</sup>*Vali*, *Azhal* and *Iyam* (<sup>3</sup>Life forces) in compliance with temperament of the individual. <sup>4</sup>*Naadi* (Pulse) can be used to diagnose current status of humoral (Life forces) vitiations as well as to assess the prognosis of the treatment. With references from ***Pathinen Siddhar Naadi sasthanam, Sathaga Naadi , Vallathy Naadi*** authors have made an effort to apply *Naadi* as a criteria of prognosis of an Inter Vertebral Disc Prolapse patient during his treatment period in the in-patient ward of Santhigiri Siddha Medical College & Hospital, Pothencode, Trivandrum.

The uniqueness of *Naadi* in this patient is currently assessed as <sup>5,7</sup>*Vathathil vayu Naadi* (*kind of pulse*) is that this condition is usually misinterpreted among the practitioners in relevance to the various meanings of <sup>6</sup>*Vayu* (Rheumatism). The authors wish to bring out the exact meaning or proper understanding of the terminology '*Vayu*' with reference to this particular *Naadinadai* (*Status of pulse*). This condition is very commonly seen among the middle aged patients due to life style modifications.

As per Siddha Philosophical concepts the <sup>4</sup>three humours (<sup>4</sup>*Uyir thathus*- collective term) are responsible for the functional status of human body. They are <sup>3</sup>*Vali* (*Generative force*), <sup>3</sup>*Azhal* (*Operating force*) and <sup>3</sup>*Iyyam* (*Destructive force*). When they function in the equilibrium of 1:1/2:1/4 respectively is called healthy status. Any vitiation in this equilibrium leads to the onset of a disease.



## PATIENT DETAILS

The patient is 53 years old male admitted to the in-patient ward of Santhigiri Siddha Medical College & Hospital, Pothencode, Trivandrum with the complaints of low backache which had a prolonged history and aggravation of pain during coughing and sneezing. Pain also aggravates on walking, standing for even a short duration (<10 minutes). He was a driver by profession for the past 23 years and straining on the seats by bearing the pain for long duration is usual phenomenon.

## PHASE I –ASSESSMENT AND TREATMENT PLAN

After thorough examination and history taking, he was diagnosed as a patient of IVDP (Intervertebral Disc Prolapse) at L4 and L5, due to a positive Straight Leg Raising test (SLR) on right leg. Pain increases within 40 degrees of raising the leg is indicative of IVDP. Patient was also examined as per the <sup>10</sup>Revised Oswestry Functional Disability Index and his score was 70%.

On the first day, his pulse on both forearm indicated *Vathathil vayu*. It means the *Azhal* is decreased than the normal and *Kapham* is increased than the normal limit but *Vali* is not perceivable. With reference to the *Sathaga Nadi*, with which patient had symptoms such as pain, restricted Range of Movements (RoM), disturbed sleep, frustration etc as the <sup>5</sup>song implies

**“Adarkindra vathathil vayuvathu vandhu.....**

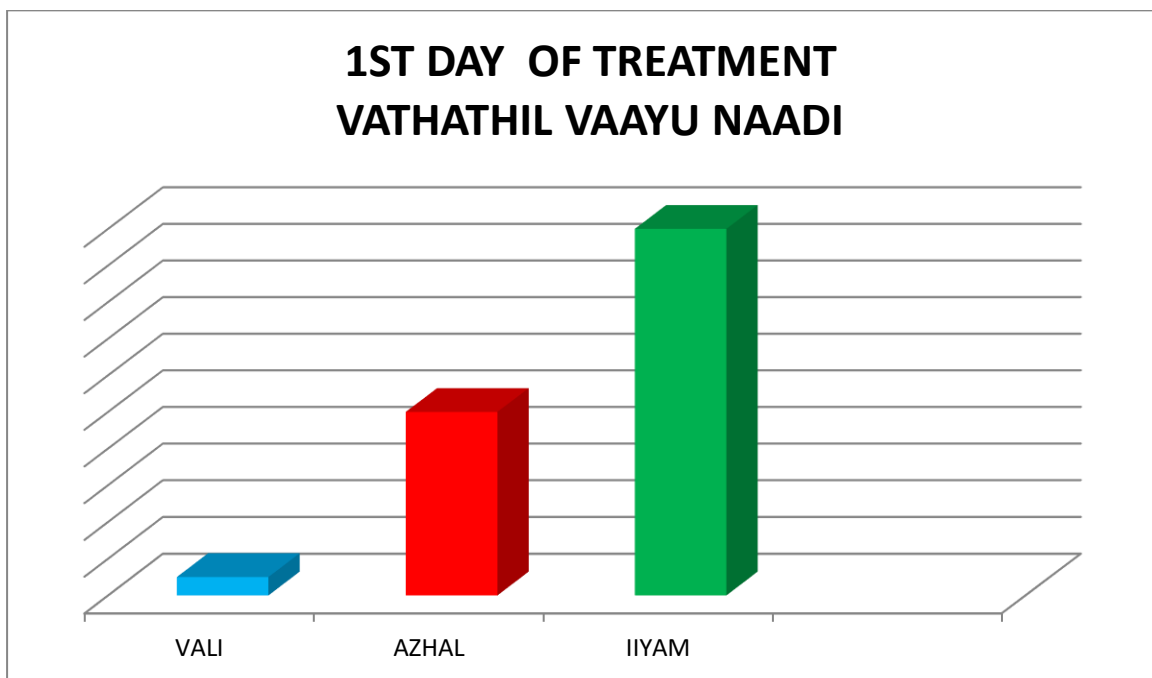
- *Thimir viyathi*(Numbness)
- *Narambu vali*(Pain along the nerve route)
- *Narambilezhuppu* (Restriction of movements)
- *Paranthu kuthum*(Radiating pain)
- *Iyamthonthikum*(Increase of Iyyam)

After one day of assessment and observation, patient was given internal medicines in order to increase *Vali*. So, the patient exhibited the same *naadi nadai* (status of pulse) i.e *Vathathil Vaayu* as before treatment.

He was prescribed the following treatment.

1. Amukkara Chooranam- 2gms  
Parangipattai pathangam- 50 mg  
Annabedhi chenduram - 200mg } Twice a day after meals with milk
2. Poorna chandrodayam pills 1 once a day with honey (After dinner)
3. Idivallathy Mezhugu – 1gm once a day (After lunch)
4. Agasthiyar thylam – local spinal massage
5. Vathakesari thylam – Full body massage and vedhu

In this prescription <sup>1</sup>Amukkara Chooranam and <sup>1</sup>Poorna chandrodayam will act as <sup>8,9</sup>Tonics. They will enhance the function of *Vali* where as <sup>1</sup>Annabedhi chenduram will stabilize the function of *Azhal* therefore digestive function will be maintained under normal condition. <sup>1</sup>Parangipattai Pathangam and <sup>1</sup>Idivallathy Mezhugu will act against the predominance of <sup>8,9</sup>*Kapham* and will neutralize the humoural vitiations potentially. Hence pain and stiffness of joints will be relieved. External applications of <sup>13</sup>Agasthiyar thylam and <sup>1</sup>Vathakesari thylam will also increase the functional status of *Vali* in combination with fomentation on the affected parts.



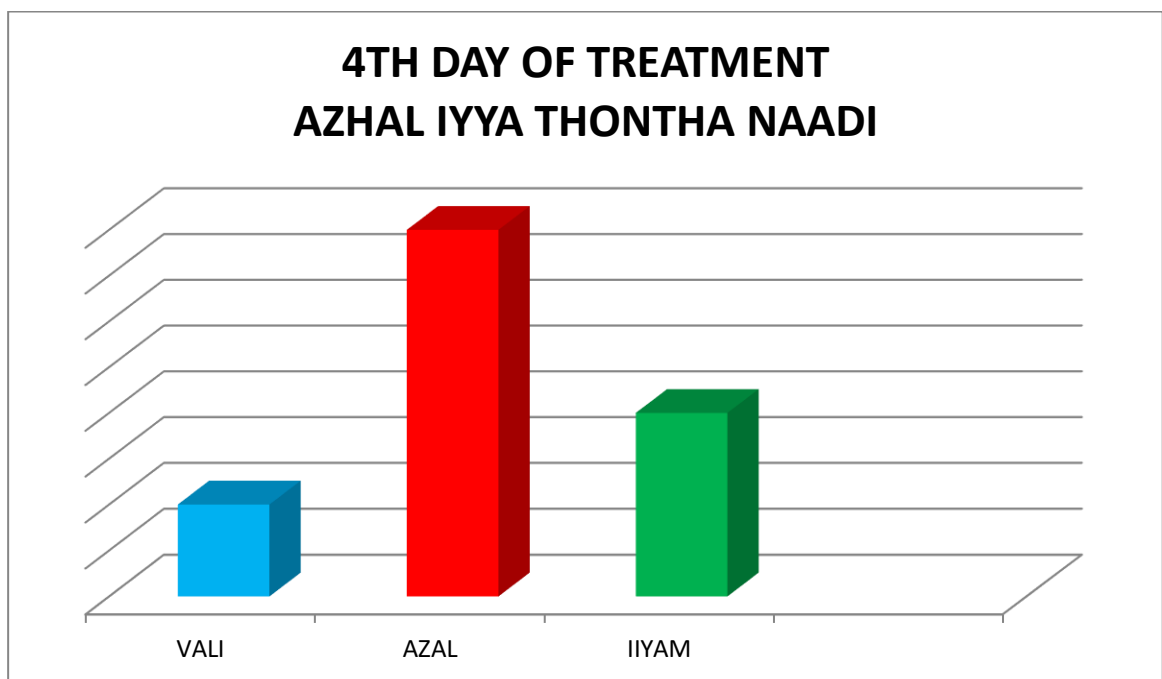
The medicines aimed at reducing pain, promoting sleep, eliminating depression and to restore the quality of life. *Naadi* continued as *Vathathil vaayu* for 3 days. There is meager improvement in the condition of the patient. His score as per Revised ODI is 64%.

## PHASE II – COURSE OF TREATMENT

On the 4<sup>th</sup> day of treatment, patient's *naadi* was assessed to be *Azhal* increase and *Iyyam* as the same, indicating <sup>5</sup>*Azhal iyya thontha naadi* in which he exhibited mild itching and pain in neck region and reduction of pain in low back region. *Sathaga naadi* explains it as

<sup>5</sup>*“Panbana pithathil sethuma naadi...”*

- *Rathavippuruthi*(Stasis of blood flow)
- *Rathaveekam*(Rashes on the upper back region)
- *Pidariyil vali*(Neck pain)



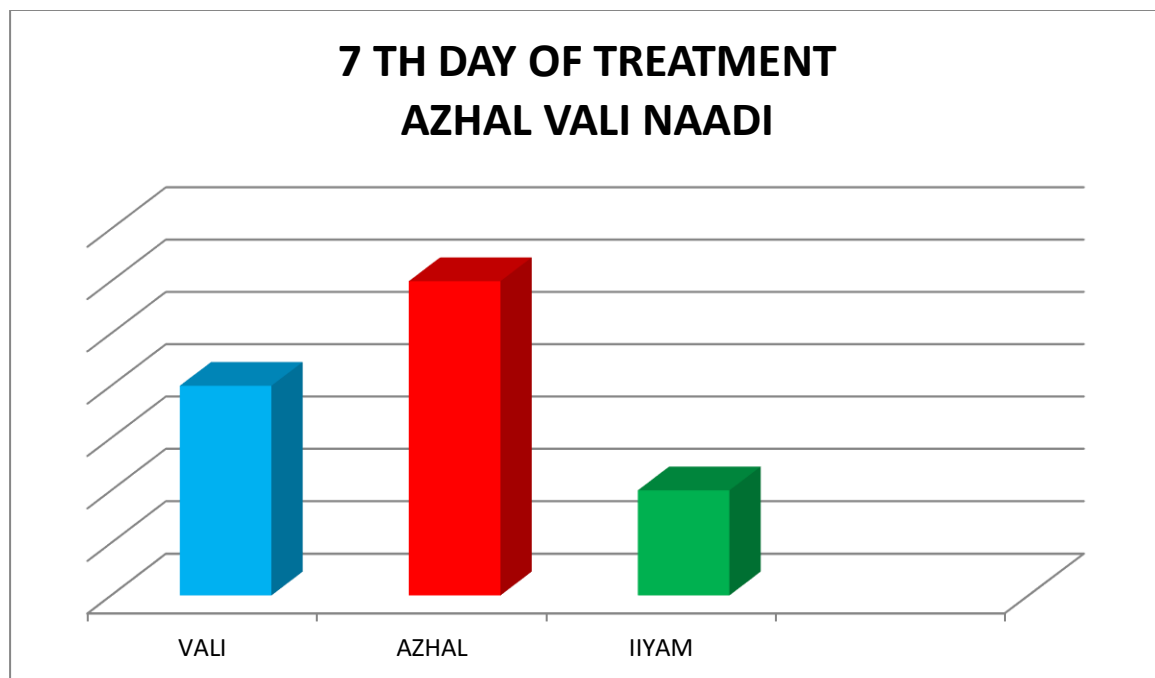
On 4<sup>th</sup> day onwards the External therapy alone was modified with <sup>1</sup>Vishamushti Thylam and it was continued to three more days. In association with this, preliminary exercises to improve the Range of Movements in various joints were taught. Thereafter <sup>12</sup>Yogasanas such as Bavanmudrasana, Bujangasana, Vitilasana and Shavasana was taught to practice regularly. These are very simple and <sup>12</sup>static type of Asanas. They are <sup>12</sup>highly beneficial to regulate the flow of Pranan (Life force) through the channels (*Dasanaadi*). This regulated flow of *Pranan* is very helpful to achieve fast recovery from pain and restricted movements.

Vishamushti Thylam is an <sup>8</sup>tonic which will strengthen the spinal muscles effectively. The yogasanas will also regulate the flow of *Vali* (Pranan) through the channels effectively. Hence they are also recommended.

After 6 days of treatment, patient was <sup>11</sup>assessed with Revised ODI score and presented with well appreciated pain reduction and improvement in range of movements of the spine. The itching in neck region with rashes subsided completely and patient had no pain in low back even on a good duration of walk. His score as per <sup>10</sup>Revised ODI is 36%.

From 4<sup>th</sup> to the 7<sup>th</sup> day *naadi* was assessed to be gradual progressing of *Vali*. On 7<sup>th</sup> day it appears to be *Azhalvali*.

On the 7<sup>th</sup> day of treatment, the prescription is little modified as Idivallathy Mezhugu was stopped and Poornachandrodayam tablet was made twice a day after meals. It was also recommended to take full body massage with Vishamushti thylam and *Navaraikizhi* (Cooked Red rice packed in a cloth and soaking it in moderate hot milk) as external application in order to strengthen paraspinal muscles. Yogasanas were practiced as mentioned earlier. This treatment was continued for three days.



### **PHASE III- ASSESSEMENT AFTER TREATMENT AND FOLLOW UP**

After 10 days of treatment the patient was completely recovered from back ache, had good sleep and was able to interact in a positive manner. He was examined as per the

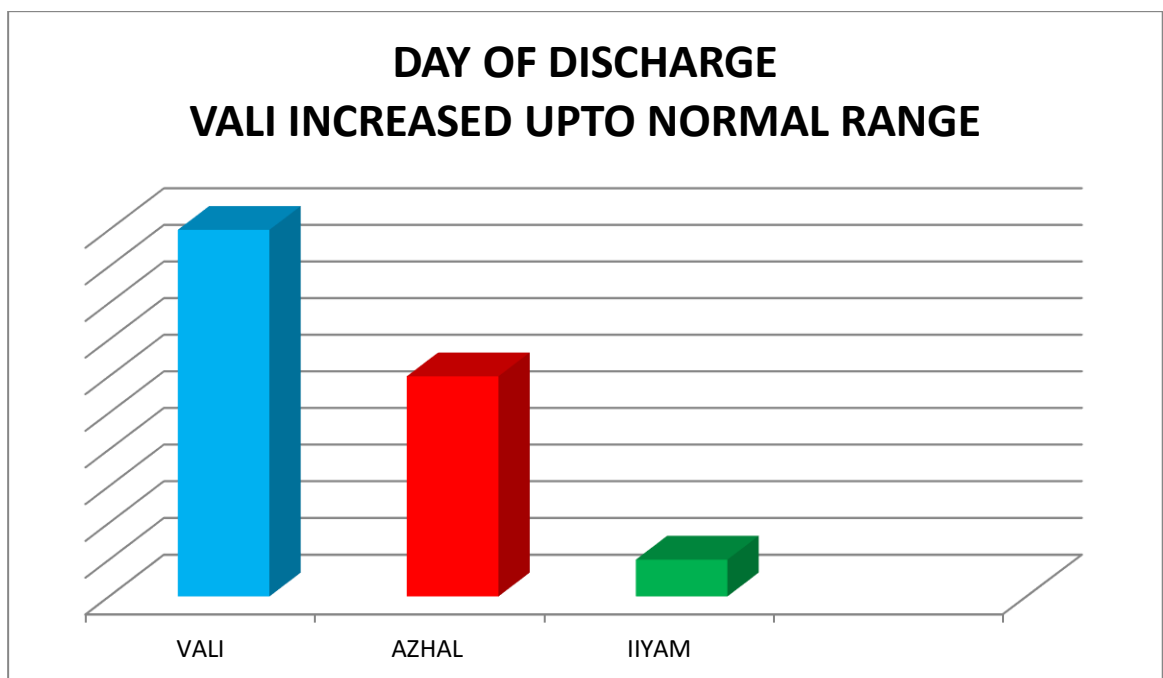
guidelines of Revised ODI and the score is 14%. The *naadi* was assessed to be *Vali Azhal* and the patient was discharged and advised to make review after 15 days.

Medicines advised on discharge:

1. Amukkara Chooranam- 2gms  
Annabedhi Chenduram – 200mg  
Silasathu Parpam - 200mg- } Twice a day after meals with milk

2. Vishamushti thylam - external application

All the above <sup>8,9</sup>medicines are tonics. In combination with milk they will induce sleep also. They will also increase the stamina of the patient. In order to sustain the equilibrium of three humours, Annabedhi Chenduram and <sup>1</sup>Silasathu Parpam are incorporated to stabilize digestion and absorption (to stabilize Azhal). Vishamushti thylam as a tonic, tones up the skeletal muscles.



## DISCUSSION

The authors have taken effort to establish the changes in the pulse correlating with prognosis of the patient's symptoms and pulse assessment as mentioned in <sup>7</sup>*Sathaga Naadi*, which revealed that,

Stage	Day of Treatment	Naadi nadai (pulse assessment)	Clinical features
PHASE-I (Before treatment)	1	<i>Vathathil vaayu</i>	Increased Back Ache, Restricted movements, Pain along nerve route, SLR + ve, right leg
PHASE-II (Mid of treatment)	4	<i>Azhal iyya thontham</i>	Itching, rashes and pain in neck region
	7	<i>Azhal vali</i>	Itching and rashes disappeared, considerable reduction of pain.
PHASE-III (After treatment)	10	<i>Vali azhal</i>	Well appreciated reduction in pain. No pain in low back even on walking or standing. SLR test negative.

## CONCLUSION

As *Thirumoolar* says “

*<sup>5</sup>pitham adangidir paesathae poividu.....*

*ethiya vatham ezhumbin marunthu sei...”*

An *increase in vali naadi* is considered as a **good prognosis** and the clinical findings correlated with the same.

Hence, the authors conclude that assessment of Naadi can be a appropriate diagnostic tool in assessing prognosis of the patient in correlation with his clinical features. More over the term Vathathil Vayu means that *Vali naadi* is not palpable. Here Vayu means ‘**a gap**’. It indicates *sathaga naadi* verses are written in very simple, easily understandable in lay man’s standard. No elegant or technical mind is needed to understand. If we apply those strategies in *Sathaganaadi*, may lead to misunderstanding of the ideology of great saints.

## REFERENCES

1. Dr. K.N Kuppusamy Mudhaliyar, Dr. K.S Uthamarayan, Siddha Vaidhya Thirattu, published by Directorate of Indian Medicine and Homeopathy, Chennai(2014).



2. Dr.K.S Uthamarayan, H.P.I.M Siddha Maruthuvanga Surukkam,3<sup>th</sup> edition, publisher, Directorate of Indian Medicine and Homeopathy, Chennai(2003).
3. N. Kandhasamy Pillai, History of Siddha Medicine, second edition, Directorate of Indian Medicine and Homeopathy, Chennai (1998).
4. Dr.T.Thirunarayanan, Introduction to Siddha Medicine, Center for Traditional Medicine and Research, Chennai (2013).
5. Dr.M Shanmugavelu, Noinaadai Noi Mudhal Naadai, Part 1 published by Directorate of Indian Medicine and Homeopathy, Chennai (2006).
6. Dr.M Shanmugavelu, Noinaadai Noi Mudhal Naadai, Part 2 published by Directorate of Indian Medicine and Homeopathy, Chennai (2006).
7. S.P.Ramachandran, Pathinen Siddhar Naadi Sashtiram, Thaamarai pathipagam, chennai (1999).
8. Dr.K.S. Murugesu mudaliyar, Gunapadam- (Mooligai vaguppu), Part-1, Tamilnadu Siddha Maruthuva Variyam, Chennai-600106 (1988)
9. Dr.R.Thiagarajan L.I.M, Gunapadam- (Thathu- Jeeva vaguppu), Part-2&3, published by Directorate of Indian Medicine and Homeopathy, Chennai-600106 (1981)
10. Fairbank JCT& Pynset, pb (2000)The Oswestry Disability Index, Spine25 (22):2940-2953
11. P.J. Roberts, Oswestry Orthopaedic Clinical Examination, The Institute of Orthopaedics (Oswestry) Publishing group.
12. Yogasana- A comprehensive Description about Yoga (2008), Moraji Desai National Institute of Yoga.
13. Therapeutic Index, Santhigiri Ayurveda & Siddha Vaidyasala, Published by Santhigiri Ashram, Thiruvananthapuram, Kerala