

## A review of *Nadi Parikshan* in various *Ayurvedic Samhita* with its clinical methods

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### ABSTRACT

*Nadi Pariksha* is the most effective diagnostic tool known in the medical field. It is cost effective, accurate, safe, and gives quick results. We can conduct *Nadi Pariksha* on healthy individuals as well as all patients irrespective of stage of the disease also, and even pregnant woman, children, elderly can undergo without any harm or side effects. However, this technique is not being widely practised at present, because of lack of training, practise and knowledge about it in the present day among *Ayurveda* vaidyas. An iconic factor for identification of a physician, irrespective of the time, Region, *Nadi Pariksha* can be highlighted as a common factor or even System of Medicine or Civilization of the known world. Thus, we can perceive that *Nadi Pariksha* or the pulse examination remains as an effective diagnostic tool since ages. *Nadi Pariksha* was not been discussed among the Brihatrayees of *Ayurveda*. *Acharya Sharangdhara* was the first to document in the doctrines of *Ayurveda*. Thus *Acharya Sharangdhara*

is considered as ‘The Founder of *Nadi Pariksha*’ in *Ayurveda*. *Nadi Pariksha* was titled under the Pancha-Nidana by *Acharya Sharangdhara* and *Ashta Sthana Pariksha* by *Acharya Yogaratnakara*. It was the Foremost among all the other diagnostic tools mentioned by him. Later *Acharyas* like *Acharya Bhava Mishra*, *Acharya Yogaratnakara*, *Acharya Basavaraja*, *Acharya Kanada Maharishi*, and *Acharya Ravana* have contributed in giving more descriptions and importance. In the recent days Dr. *Vasant lad* and Dr. *Sarvadeva Upadhaya*’s research work interest and scope of *Nadi Pariksha*.

**KEYWORDS-** *Nadi Parikshan*, Pulse examination, *Ayurved Samhita*

### INTRODUCTION:

Kills the patients in no time and does not earn Glory. As the strings attached to a ‘Veena’ plays all the Ragas, so does the pulse, found in the hand discloses all the ailments i.e. clear diagnosis can be made through careful

examination of the *Nadi*.

First duty of a physician is to examine the patient; the degree of vitiation of the Tri-Dosha should be examined through *Nadi*. The physician should clearly observe the condition of the patients pulse in the beginning and the end of the ailment i.e. for *Vata*, *Pitta* and *Kapha*.

**Aims** – to study *Nadi Parikshan* from various ayurvedic *Samhita* and its clinical methods

**Material- Yogaratnakara** states at his first chapter (Yg.1/40). “The physician, who does not know the features of *Nadi*, *Mutra* and *Jiwha* etc.

#### Review of Literature:

#### Method-

#### *Pariksha Vidhi*

*Acharya* Ravana explained about the procedure of *Nadi Pariksha* as-

1. The physician who wish to exam the *Nadi*, should posses
  - Complete Knowledge of *Nadi*.
  - Good Experience.
  - Should be free from Natural Urges.
  - Have a Comfortable Seat.
2. Ideal Time for *Pariksha*
  - Early Hours of the morning.
3. Misleading Time
  - Just After Food.
  - After Exercise.
  - Just After Bath.
  - Just After Intoxicants.
  - Just After Sexual act.
  - Just After Sleep.
  - During Hunger.
  - During Anger.
  - During Thirst.
  - During Grief or worry.
4. The person who wish to be examined the *Nadi*, should follow

- Must be made to sit comfortably – *Sukhasana*.
- He should be relieved from all Natural Urges.
- He must have Faith in the Physician.
- He must have faith in *Nadi Pariksha*.
- He should not be in Hurry.

#### Site for Palpating Pulse

*Acharya* Basavrajyayam explained about the site of *Nadi Pariksha* in individuals as- The radial pulse is usually examined as a routine. However, if necessary the physician may examine the pulse at the following sites:

- 1) Wrist (radial artery)
- 2) Elbow (brachial artery)
- 3) Arm (brachial artery)
- 4) Axilla (axillary artery)
- 5) Ankle (posterior tibial artery)
- 6) Dorsum of foot (dorsalis pedis)
- 7) Neck (carotid artery)
- 8) In front of ear (superficial temporal arteries), i.e. right ear-*pusha* left ear-*yashaswini* temples branch of superficial temporal.
- 9) Above the eye (supra orbital) *hastijivha*
- 10) Near the nose (facial artery branch) *aambusha*
- 11) Tongue (lingual)
- 12) Lips (labial branch of facial artery)
- 13) Penis (Branch of Int. pudendal artery)
- 14) Perineum (Branch of Int. pudendal artery)
- 15) Apex beat.

The pulse is felt in the right hand in males and the left hand in females.

The radial and posterior tibial artery are palpated over a length of three fingers, carotid artery over toe fingers and orbital artery over a length of half a finger only.

## DISCUSSION-

### Three Basic *Gatis* of *Nadi*

*Acharya Yogratanakara* explained about three basic *gatis* of *Nadi* as-

The word *gati* means movement. We have to discussed the three basic pulses. In order to begin to understand the variety and complexity in pulse reading, we will look at some variations of these pulses or *gatis*. This introduction will begin to expand our sensitivity and later we will go into the detection of specific disease conditions in more detail.

In addition to the three doshic *gatis*, there are other pulses which help to identify specific diseases. In *jalaauka gati* (leech pulse), the pulse touches the fingers of the clinician and after another in rhythm like the movement of a leech. *Pitta* enters rakta dhatu which then carries *pitta* deeper into asthi dhatu, the joints, leading to gout and arthritis.

Under Manduka, the *pitta* pulse, the *Acharyas* observed lavaka, tittiraka and kaka. Lavaka is a common quail. A lavaka pulse indicates the possibility of prostatitis in a man or cervicitis in a women. Tittiraka is a partridge. With a tittiraka pulse, partridge hops and then stops. This pulse shows a sharp spike under the middle finger indicating gastric ulcer. kaka means crow and this pulse as a higher spike than tittiraka and denoted as excess *pitta* disorder in the small intestine (enteritis). This kind of observation is called darshana of the

pulse, which leads to antar darshana, inner vision or insight. Practicing this kind of observation, one opens new doors of perception through the tips of the fingers.

The peacock pulse is called mayura *gati*. The peacock *gati* is full and bounding but the distal phase is spreading like the fan of a peacock. Peacock *gati* is common in arterial hypertension. This pulse may occur in *kapha-pitta* people.

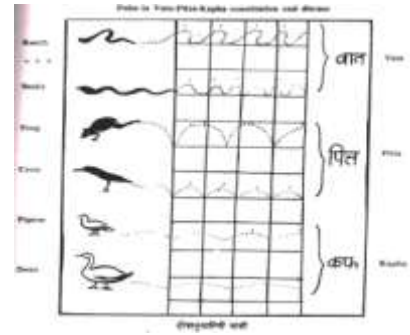
Another interesting dual pulse under the *Vata* or *pitta* finger is the camel pulse, which has a hump. Lift the finger and a little notch will be felt, which then drops down. This is called ushtra *gati* (camel pulse). A camel pulse indicates aortic stenosis with thickening or narrowing of the aortic valve.

Under *kapha*, the ring finger, which moves like a swan, one can observe an elephant pulse moves deeply and slowly.

The elephant pulse feels like the head of an elephant with a little notch. Feel the and fro. elephant moving under the ring finger, letting intuition and awareness work. It is slow, deep and heavy, with a notch before it collapses. This pulse is called gaja *gati* and it shows extremely high *kapha* blocked in the lymphatic tissue. This pulse may indicate elephantitis or lymphosarcoma and can be felt under the ring finger.

Under the *kapha* finger one might also find a padma *gati*, a lotus pulse. Just as the lotus moves and floats in the water, the pulse under the finger moves to That lotus *gati* is a very sacred pulse, indicating that the person is enlightened. The thousand petal lotus is open. This pulse is broad but moves to and fro. as if constant 'so-hum, hum-sa' is moving in the breath. This pulse is present during

deep meditation and indicates enlightenment and a blissful state.



Feeling the pulse is an art. Awareness should be passive. One should let that awareness act upon the mind. Use the tips of the fingers to feel the nature or *gati* of the pulse. *sarpa gati* (the cobra pulse) is a normal *Vata* pulse. *Manduka gati* (the Frog pulse) is a normal *pitta* pulse, *Hamsa gati* (swan pulse) is a normal *kapha* pulse these are the three basic pulses that one should bear in mind.

*Ayurveda* is a subjective as well as objective science. A computerized machine to study the *Nadi* has been devised. To use a machine as a diagnostic tool is all right to quantify perception but to qualify perception requires the sensitivity of human fingers.

Certain subtleties about whether the pulse is not, heavy, light, or *Vata* is pushing *pitta* or *pitta* is blocking *Vata* are difficult to represent graphically. To have a machine will satisfy some people, but we should program our highly developed human computer, which is our brain, improve the sensitivity of these beautiful electrodes in the fingertips. When one starts feeling a *manduka gati*, *hamsa gati* or *jalaauka gati*, a memory is stored in the finger as well as in the brain. Through the receptors in the fingertips one can perceive these characteristics of different pulses. Once one knows how to perceive, one will begin to gain insight and mastery over the pulse.

	<b><i>Vata Nadi</i></b>	<b><i>Pitta Nadi</i></b>	<b><i>Kapha Nadi</i></b>
<b>Characteristics</b>	Fast, Feeble, Cold, light, thin, disappears on pressure	Prominent, strong, High amplitude, hot and forceful, lifts up the palpating fingers	Deep, slow, Broad, wavy, thick, cool or warm, regular
<b>Location</b>	Best felt under the index finger	Best felt under the middle finger	Best felt under the ring finger
<b><i>Gati</i></b>	Moves like a cobra	Moves like a frog	Moves like a swimming swan

#### **Doshanusarini Nadi**

***Vata +Pitta:*** The pulse is a tortuous, tremulous, hard with a good uplift. Its

movements resembles at times that of a serpent and at other times that of a frog.

**Kapha +Vata:** The pulse is bulky, tortuous, tremulous, slow and cold. Its movement resembles that of a swan and at other time that of a frog or a serpent.

**Pitta +Kapha:** The pulse is thin, cold and steady. Its movements resembles at times that of a peacock and at other times that of a frog or a swan. The pulse which is sometimes fast and sometimes slow and the pulse which is well felt at its normal place and gets dislodged often indicates combination of doshas.

### **Sharangdhara and his contribution**

A new start appears to have been made with commencement of the 13<sup>th</sup> century where a new type of medical literature, a new school of medicine and new trends in medical diagnosis and therapeutics made their appearance.

*Sharangdhara Samhita*, a popular medical work of this period is the first text which described '*Nadi Pariksha*' a method of medical diagnosis in preference to the classical Pancha-Nidana the five essentials of diagnosis. *Nadi Pariksha* is not mentioned in *Caraka Samhita* or *Susruta Samhita* or Vagabhatta's *Astanga Hrdayam* or *Sangraha*. It was a great advance over the Pancha-Nidana of the ancient classics. The correlation of the *Nadi-Pariksha* with the tridosa theory is indeed a very great achievement.

1. *Nadi Pariksha* - Pulse Examination a new tool in the diagnosis at that time.
2. Important drugs like mercury and opium.

### **Sharangdhara –The Founder of Nadi Pariksha**

As described earlier, Sharangdhara was the first person to introduce *Nadi Pariksha* concept in *Ayurveda*, since it was introductory, it contained only eight shlokas. In these

eight verses, *Sharangdhara* explained the entire *Nadi Vignana* in a '*Nut Shell*' manner. Therefore, a critical study of the each *Shloka* is desirable to build up '*Nadi-Marma Vignanato*' greater heights.

The first Stanza Very clearly deals with the anatomical position of the (Radial) Artery, and its clinical importance as the pulse '*Jeeva Saksini*'. This *Jeeva Saksini Dhamani* lies at the root of the Thumb (*Angusthamoola*). Pulsation in the artery reflects the evidence of life and the learned physician through the *Sparshana Pariksha*; i.e. feeling the pulse of this *Jeeva Saksini*, is able to come to a clinical assessment of the subject concerned, whether he is ill or well.

Other seven verses deal with types of pulse which can be broadly grouped under 3 categories.

1. The pulse in physiological state of the body – The *Prakruta Nadi*.
2. The pulse in certain (Mental condition) Psychological condition – The *Manasika Nadi*.
3. The pulse in pathological states of the body- The *Vikrutha Nadi*.

*Acharya* Sharangdhara, described the characteristics of *Nadi* in the different condition of the life process, beginning with the pathological state of *Nadi*, followed by psychological status, and finally and physiological condition of *Nadi* in normal status. However in keeping with Charaka's concepts of *Prakruti* first then *Vikruti* next (in *Grahani* chapter), the *Prakruta Nadi*, as described by Sharangdhara is described here under, so that a clear cut picture of good and bad, *Nadi* can be visualised by the readers.

During the 'Diptagni' and Kshudha' i.e. when a person is having good digestive fire and normal appetite, his pulse is Lagavi; i.e. light Chapala (tremulous) and Vegavati – fast pulse. After meals, when one's hunger is satisfied i.e. during Trupta Awastha,

*Nadi* becomes Sthira or stable (while during the period of hunger it is Chapala i.e. Unstable). In Sukhita Awastha; i.e. in healthy state the pulse is Sthira (steady) and Balawati (strong). One can feel these characteristic values in *Nadi* only on prolonged practice of pulse science with dedication and devotion.

During the various situations on Manasika Udrekata the *Nadi* represents the following characteristics.

- a) In case of Kama (lust) and Krodha (anger), the *Nadi* is rapid i.e. Vegavahi.
- b) During the state of Chinta (anxiety) Bhaya (fear) the pulse is feeble 'Ksheena'.

#### REFERENCES:

1. Dr. Bramhanand Tripathi, Charaka Samhitha, Volume – I, Published by Chaukamnbha Surbharti, Varanasi, Reprint year 2007.
2. Dr. Asha Kumari & Dr. P.V. Tewari. Yogaratnakara, Part – 1. First Edition. Varanasi. Chaukhamba Visvabarathi; 2010.
3. Dr. P.S.Byadgi. Ayurvediya Vikrti-Vijnana & Roga Vijnana, Volume –
1. Reprint Edition. New Delhi. Chaukhamba Publications; 2012.
4. Dr. S. Suresh Babu. Over view of *Nadi Pariksha*. Second Edition. Varanasi. Chaukhamba Krishnadas Academy; 2007.
5. Tripathi Narendra Shanker. Concept of formation of Prakruti in *Ayurveda*. Indian Journal of research. 2011.
6. Prof. K.R.Srikantha Murthy. Vagbhatas Ashtanga Hridayam, Volume-1. Seventh Edition. Varanasi. Chaukhamba Krishnadas Academy; 2010.
7. Acharya JT. Charaka Samhitha with *Ayurveda* Dipika Commentary of Chakrapani Datta. Reprint Edition. Varanasi. Chaukhamba Sanskrit Sansthan; 2011. Vd.Laxmipati Shastri, Yogaratnakar, Volume – I, Published by Chaukamnbha, Varanasi, II Edition Year – 2009, Purvardha, Ashta Sthana RogiPariksha, shlok-1-3, page- 5.
8. Acharya JT. Susruta Samhitha with Nimbandhasangraha Commentary of Dalhana. Reprint Edition. Varanasi. Chaukhamba Sanskrit Sansthan; 2009.
9. P.V. Sharma, Susruta Samhitha, Volume – I, Published by Chaukhamba VisvaBharati, Varanasi, Reprint year – 2004, Sutrasthana.

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