1. UTILITY OF TAILA BINDU PARIKSHA AS PROGNOSTIC TOOL IN ADVANCE STAGE PROSTATE CANCER

Sumit Srivastava
Associate Professor Dept of Rog-nidan, Shri Dhanwantry Ayurvedic College, Chandigarh, India

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 behavior of oil is noted down. The features are indicative of prognosis of diseases. Prostate cancer is one of the most common cancers affecting older men in developed countries and a significant cause of death for elderly men. 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 tool in the critically ill patients like Prostatic cancer and is there any pattern specificity present between prostate Cancer patients. Nature, Direction and Shape of spread of *taila bindu* shows highest percentage i.e. 64.44% *sadhya* (Curable) prognosis, 24.44% *Asadhya* (Incurable) and 11.11% *Krichhsadhya* (Curable with difficulty) prognosis of disease. Results of *taila bindu pariksha* shows highest percentage of *sadhya* (curable) prognosis of advance staged prostate cancer 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*, prostate Cancer, prognosis of advance staged prostate cancer

INTRODUCTION

Ayurvedic text suggest to diagnose the disease first and then to think over the treatment. "*Rogamadou pariksheta tatoanantaramoushadham*" (Charaka sutrasathana 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 *Vangasena Samhita, Vasavarajiyam, Yo garatnakar, Yogatrangini*. 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. A healthy human male prostate secretes a slightly alkaline fluid, milky or white in appearance, that usually constitutes roughly 30% of the volume of the semen along with sperms and seminal vesicle fluid. Benign prostatic hyperplasia (BPH) occurs in older men; the prostate often enlarges to the point where urination becomes difficult. Prostate cancer is one of the most common cancers affecting older men in developed countries and a significant cause of death for elderly men. If checks are performed, they can be in the form of a physical rectal exam, measurement of prostate specific antigen (PSA) level in the blood, or checking for the presence of the protein Engrailed-2 (EN2) in the urine. 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 tool in the critically ill patients like Prostatic cancer and is there any pattern specificity present between prostate Cancer patients.

Aims and Objective:
- Present study aims at finding whether it is still valid to consider Taila bindu pariksha as one of the prognostic criteria in the critically ill patients like Prostatic cancer.
- Is there any pattern specificity present between prostate Cancer patients?

MATERIALS AND METHODS:

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

Method of collection of data:
30 advance stage (III, IV) prostate Cancer diagnosed patients 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.

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: Clinical observational study comprising 30 patients of advance stage Prostate Cancer.

Inclusion criteria:
1. III, IV stage Diagnosed Prostate Cancer patients.
2. Aged between 40-70 years.

Exclusion criteria:
1. Traumatic cases
2. Post-surgical complicated patients
3. Diabetes Mellitus, Tuberculosis, HIV-AIDS cases.
4. Patients with Congenital disorders.
5. Dehydrated Patients.
6. Patients having renal impairments.
7. 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* 01/11-195.

### TABLE 1: NATURE OF SPREAD OF TAILA BINDU

<table>
<thead>
<tr>
<th>Nature of spread</th>
<th>No. of Patients</th>
<th>Percentile</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Spreading</td>
<td>08</td>
<td>26.67%</td>
</tr>
<tr>
<td>Sinks at Bottom</td>
<td>06</td>
<td>20%</td>
</tr>
<tr>
<td>Spreads quickly</td>
<td>16</td>
<td>53.33%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>30</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

### TABLE 2: DIRECTION OF SPREAD OF TAILA BINDU:

<table>
<thead>
<tr>
<th>Direction</th>
<th>No. of Patients</th>
<th>Percentile</th>
</tr>
</thead>
<tbody>
<tr>
<td>No specific direction</td>
<td>14</td>
<td>46.67%</td>
</tr>
<tr>
<td>East</td>
<td>04</td>
<td>13.33%</td>
</tr>
<tr>
<td>North</td>
<td>02</td>
<td>6.67%</td>
</tr>
<tr>
<td>South</td>
<td>04</td>
<td>13.33%</td>
</tr>
<tr>
<td>North west</td>
<td>05</td>
<td>16.67%</td>
</tr>
<tr>
<td>North east</td>
<td>01</td>
<td>3.33%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>30</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

### TABLE 3: SHAPE OF TAILA BINDU

<table>
<thead>
<tr>
<th>Shape</th>
<th>No. of Patients</th>
<th>Percentile</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parvata</td>
<td>01</td>
<td>3.33%</td>
</tr>
<tr>
<td>No proper shape</td>
<td>14</td>
<td>46.67%</td>
</tr>
<tr>
<td>Hansa</td>
<td>02</td>
<td>6.67%</td>
</tr>
<tr>
<td>Umbrella</td>
<td>01</td>
<td>3.33%</td>
</tr>
<tr>
<td>Chakra</td>
<td>02</td>
<td>6.67%</td>
</tr>
<tr>
<td>Tortoise</td>
<td>03</td>
<td>10%</td>
</tr>
<tr>
<td>Dhanush (Bow)</td>
<td>02</td>
<td>6.67%</td>
</tr>
<tr>
<td>Sarpa (Snake)</td>
<td>05</td>
<td>16.67%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>30</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

### TABLE 4: SHOWING THE PROGNOSTIC ASPECTS OF TAILABINDU PARIKSHA FOR PROSTATE CANCER

<table>
<thead>
<tr>
<th>Characteristic of Taila</th>
<th>Sadhya</th>
<th>Kruichhsadhya</th>
<th>Asadhya</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nature of spread</td>
<td>16</td>
<td>08</td>
<td>06</td>
</tr>
<tr>
<td>Direction of spread</td>
<td>24</td>
<td>-</td>
<td>06</td>
</tr>
</tbody>
</table>
RESULT: Nature, Direction and Shape of spread of taila bindu shows highest percentage i.e. 64.44% sadhya (Curable) prognosis, 24.44% Asadhya (Incurable) and 11.11% Krichhsadhya (Curable with difficulty) prognosis of disease.

DISCUSSION

As per Modern text prostate cancer prognosis is determined with Staging. Staging is a way of describing where the cancer is located, if or where it has spread, and whether it is affecting other parts of the body. Staging for prostate cancer involves looking at test results to find out if the cancer has spread from the prostate to other parts of the body. Knowing the stage decides what kind of treatment is best and can help predict a patient's prognosis, which is the chance of recovery. Stage of the cancer is determined by combining the T (Tumor), N (Node), and M (Metastasis) classification.

Stage III: The cancer has spread beyond the outer layer of the prostate into nearby tissues. It may also have spread to the seminal vesicles.

Stage IV: This stage describes any tumor that has spread to other parts of the body, such as the bladder, rectum, bone, liver, lungs, or lymph nodes. According to Ayurvedic text prognosis of diseases depends on many factors; As told in Ashtang Hriday; Qualities of Sukhsadhya (Easily Curable) diseases are:

- Sarvaushadha kshame dehe – The body of patient is able to tolerate all types of medicines
- Yunaha – Young patient
- Jitatmanaha – Patient having good control over sense organs, who follows abstinence,
- Amarmaga – If the disease is not affected sensitive areas like brain, heart and kidney
- Alpahetu – If the cause for disease is mild
- Alparoopa – Mild symptoms
- Anupadrava – no complications
- Atulya dushya desha rutu prakruti – If the Dosha involved, Dhatu (body tissue) involved,
- Desha (place), Rutu (season) and Prakruti (body type) are not influenced by one particular Dosha,
- Pada sampadi - If all the sixteen qualities of Doctor, patient etc are present,
- Graha anuguna - If astrology is in favor of the patient
- Eka Doshaja - Disease due to only one Dosha
- Eka Marga - If only one body channel is affected
- Nava - Disease of recent origin / onset.

Diseases which require the use of sharp instruments etc. in treatment and also those which have mixture of factors are Kruichhsadhya (curable with difficulty).

Diseases which have features entirely opposite of curable diseases, which have stayed for long period of time, involving all the important tissues and vital organs, which have produced anxiety (fear of death), delusion and restlessness; which are presenting fatal signs and which causes loss of sense organs are impossible to cure (Anupakrama ), which require no therapy, fit to be rejected, sure to cause death. The physician should reject the patient, who is hated by physician and the king and who hates them; who hates himself (dejected in life), who is not having the equipments and other facilities required for treatment, who is
busy with other activities, not having the required attention, leisure etc. towards the treatment, who is disobedient (to the physician), whose life is coming to an end, who is of evil mind (violent, destructive), who is afflicted with great grief, who is full of fear, who is ungrateful and who thinks himself to be a physician (in respect of deciding drug, therapies, food, activities etc) Tailabindu pariksha, is based on the consistency, thickness, density of urine and by seeing the shape of a spread of oil drop on the urine surface. These changes in the properties of the urine as compared to normal occur due to the release of various excretory substances in the urine in different disease conditions which can be assessed by the patterns' formed by the oil drop during the Tailabindu pariksha, and thereby the diagnosis and prognosis can be assessed. According to Ayurveda, due to alteration of the body's normal physiological functions during diseases and the production of Vata, Pitta and Kapha, the chemical composition of urine also changes which ultimately changes the pattern of Tailabindu pariksha.

CONCLUSION

The present study was a preliminary effort to assess the utility of taila bindu pariksha as a prognostic tool in the advance staged prostate cancer patients. Results of taila bindu pariksha shows highest percentage of sadhya (curable) prognosis of advance staged prostate cancer 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, laying emphasis on self-discipline and modest living with high human values. Ayurveda and modern medicine are derived from different epistemological and ontological premises. Therefore, the approach to diagnosis and prognosis of diseases differs. Since the sample size of the present study was small, there is a scope for further research on a large group of patients to arrive at a more precise conclusion.

REFERENCES


CORRESPONDING AUTHOR

Dr. Sumit Srivastava
Email: sumitpankaj@gmail.com

Source of support: Nil
Conflict of interest: None Declared