

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 treatment¹. "*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 *Mutra pariksha* helps in assessing the prognosis of a disease. *Tail Bindu Pariksha* is described in number of Ayurvedic texts like *VangasenaSamhita*, *Vasavarajiyam*, *Yogaratnakar*, *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 men². 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 urine³. Present study of *Mutra Tila 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 constant⁴.

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

Nature of spread	No. of Patients	Percentile
Not Spreading	08	26.67%
Sinks at Bottom	06	20%
Spreads quickly	16	53.33%
Total	30	100%

TABLE 2: DIRECTION OF SPREAD OF TAILA BINDU:

Direction	No. of Patients	Percentile
No specific direction	14	46.67%
East	04	13.33%
North	02	6.67%
South	04	13.33%
North west	05	16.67%
North east	01	3.33%
Total	30	100%

TABLE 3: SHAPE OF TAILA BINDU

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

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

Characteristic of Taila	Sadhya	Kruichhsadhya	Asadhya
Nature of spread	16	08	06
Direction of spread	24	-	06

Shape of spread	18	02	10
Total	58 (64.44%)	10 (11.11%)	22 (24.44%)

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

Alparooopa – 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

1. Pandeya G, editor. Agnivesa. Charaka Samhita. Part-I. 5th ed. charak chikitsa 20/20. Varanasi: Chowkhambha Sanskrit Sansthan; 1997. p.406.
2. Leo AS, Braun E, Neil KJ, Wilson JD, Martin JB, Kasper DL, et al. Harrison's principles of internal medicine. 17th ed. New York: Health Professions Division; 2008.
3. Godkar P.B, Godkar D.P, reprinted, Textbook of Medical Laboratory Technology. 2nd ed. Mumbai: Bhalani Publishing 2011.
4. Kar Anukul C., Sharma Reetu, Panda Bimal K, Singh Virendra P. A study on Taila Bindu Mootra Pareeksha (oil drop test). Ayu journal 2012.
5. Vaidya tripathi Indradev, tripathi Dayashankar. Yogaratnakara, Vaidya Prabha: 2nd ed. Varanasi: Krishnadas Academy; 2007. Purvardhh 01/11-19 p.16-9.

CORRESPONDING AUTHOR

Dr. Sumit Srivastava

Email: sumitpankaj@gmail.com

Source of support: Nil

Conflict of interest: None Declared