International Journal of Ayurveda Orientation

Volume 1, Issue 10, October 2016

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Received: May 22, 2016 | **Published:** October 27, 2016

Article ID: 4 | DOI: https://doi.org/10.67949/ijao.2016.4
www.ijao.in

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ABSTRACT: The main objective of this study was to assess the knowledge of Nadi Pariksha in the BAMS first professional student and others.

Present study was survey a study. A total of 70 subjects was enrolled, 1st year students of BAMS and other student from different classes randomly. They were interviewed for Nadi Pariksha practices. Study shows overall awareness regarding Nadi Pariksha in BAMS first professional student was not satisfactory. We found that about the Dosha Guna (like Rukshadi Vat guna, Tikshanadi Pitta Guna and Gurvadi Guna of Kapha Dosh) almost all the students were equally have knowledge but knowledge about Nadi Pariksha Vidhi was more in MD and internship students compared with BAMS Ist year students.

INTRODUCTION

This study was design for evaluate the important of clinical posting for the awareness about Nadi Pariksha. Sharangdhar was the first Physician to incorporate Nadi pariksha into orthodox medicines; mentions difference types of pulses on the bases of Doshas and certain physiological condition. Nadi pariksha is the best tool for patient examine. It is included in Ashtavid Pariksha. Clinical posting gives the opportunity to examine the patient of different types. It is way of gain the practical knowledge.

Review of Nadi Pariksha

Type of Nadi Pariksha-

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Radial Pulse – The radial artery is examined as a routine and is important for diagnosing the following conditions –

- Physiological states like, hunger, exercise etc.
- Psychological states like, fear, sorrow etc.
- Disorder of G.I.T. like, indigestion etc.
- To predict the onset of fever, along with its type
- Accumulation of various doshas in excess.

Carotid Artery- It is important to diagnose the fever of exogenous origin, thirst, exertion, exhaustion, sex urge, fear, sorrow and anger.

Artery of Nose – It gives important clues for the diagnosis of sex urge, headache, and disease of E.N.T. Disorder of nervous system and for estimating the longevity.

Artery of the Ear- It is important for diagnosing eye and ear diseases, diabetes, and disease of foot.

Artery of Foot- Artery of foot should be examined for diagnosis of indigestion, bleeding disorders, and convalescence from fever. It is also indicator of health and longevity.

Mechanism of Pulse beating –

Heart is a place for Chetana (Atama) by the virtue of which we can feel ‘Sukha’ and ‘Dukha’. When the heart contracts and expands the air comes in and goes out of the heart taking with it the blood out sides of the heart into the arteries. In this way by the contraction and relaxation of the heart the pulse starts beating.

The arteries attached to the heart, spread over the whole body, carry the current of blood and nourish the system. Due to contraction of heart, blood leaps into the artery and enters into other veins. It passes through the whole body and then enters into the heart. Then again, it goes to the lungs, form the lungs to heart and this work is being done repeatedly. Due to this circulation of blood, the arteries beat again and again and owing to the difference in the nature of the circulation, the difference is observed in the pulsation of arteries. The thickness, lightness and other conditions of the pulse are caused by that nature of circulation.

Method of NADI PARIKSHA-

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The Time of feeling the Pulse- Just as the face is clearly seen in a looking glass, so also all diseases are properly examined in the morining, after sunrise at the base of the thumb. Both the examiner and the examinee of the pulse should perform their respective moring duties and then sit down comfortably. After this, the physician should examine the pulse according to the method described in the texts.

The Time not fit for NADI PARIKSHA-

Pulse should not be examined at the time of besmearing oil, at the time of sleeping, after taking meal and after bathing. The pulse should not be felt, when the patient is hungry, thirsty, fatigued due to exercise, heated, in affection with evil spirit or crying. The pulse should not be examined, after the intercourse, after drinking liquor, after taking Bhang and after swimming.

Qualities of a Physician-

The physician should be healthy, calm, composed and expert in examination and interpretation of pulse. He should be seated comfortably and concentrate over the NADI PARIKSHA. He should be free from natural urges and should not be under the effect of alcohol. He should not offer himself to examine the pulse, but only at request.

Procedure of NADI PARIKSHA-

The physician and the patient should be seated in a comfortable and erect posture. The physician should gently hold the patient’s elbow with his left hand and should give a slight massage over the inner aspect of the elbow with his right hand. The physician should feel the radial pulse of the patient with Index, Middle and Ring fingers of his right hand. The fingers of the hand of the patient should be straight and kept close to each other. The hand of the patient should be slightly flexed and the forearm slightly pronated. The fingers should be kept in close apposition starting from just below the styloid process of the radius bone. The radial pulse of male should be examined in his right hand while that of a female in her left hand. The pulse should be examined three times before coming to any conclusion. Pulse should be examined up to a minimum time of 30 impulses of patient’s pulse. The physician should wash his hands after NADI PARIKSHA. Age and Site of NADI PARIKSHA- In infants the superficial temporal artery, in children the supra-orbital and in adults the brachial and perineal arteries are relatively better felt. The heartbeat, the carotids, and the axillary arteries are well felt in all the age groups. Number of Fingers to be used at Various Sites for NADI PARIKSHA- The radial and posterior tibial arteries are palpated over a length of 3 fingers, carotid artery over two fingers and orbital artery over half a finger only.

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MATERIALS AND METHODS

Study subjects:

The study was conducted in the Department of physiology, Government Alkhandanand Ayurved College and Hospital, Ahmedabad, Gujarat, India. A total of 70 subjects were enrolled after written informed consent in our study.

STUDY DESIGN AND METHODS

This study was a cross-sectional type of study. The aim was to study the awareness on NADI PARIKSHA in 1st year students from BAMS at least after 6 months of admission in college and others students of different years of institution.

GROUPING

Students were divided in two categories or groups Group A have student they were not attend the clinical posting and group B they were attend the clinical posting.

METHODS

They were interviewed about Nadi pariksha. Interviews were conducted on predesigned and pretested questionnaires and checklist. Data were collected and analyzed.

RESULTS

When we try to find out knowledge of all the students on NADI PARIKSHA and its use, almost all the students were aware of what is NADI PARIKSHA and it\'s important. When they were asked about types of NADI PRIKSHA only 15% of group A students, 59% of group B students were aware of it. Even for Method of NADI PARIKSHA, awareness in Group A students was 23% and 48% of group B students. On asking about Qualities of a Physician for NADI PARIKSHA only 20% group A students and 75% Group B students were able to answer it. When we try to know that them can identify and compare the gates of various animals in NADI PARIKSHA, 18% of Group A students, 62% of Group B students, were able to identify it.

Table and chart (n = 35 in each group)

Group name	Group A	Group B

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Awareness of what is NADI PARIKSHA	100%	100%
Awareness of important of NADI PARIKSHA	80%	100%
Types of NADI PRIKSHA	23%	59%
Method of NADI PARIKSHA	20%	48%
Qualities of a Physician for NADI PARIKSHA	18%	75%
Identify the gates of various animals in NADI PARIKSHA	15%	62%

DISCUSSION

Learning NADI PARIKSHA methods needs complete efforts, and it requires participation of all ayurvedic persons. Knowledge of Nadi Pariksha is more important where the patient examination done. It is a clinical tool. Result show the Group B student has more Knowledge and awareness of Nadi Pariksha. Result show in our study, clinical posting improves to learning of Nadi Pariksha. In this study, scholar tried to find out the difference in awareness and knowledge regarding NADI PARIKSHA and its methods in group A and Group B students. Exposure of these students to the NADI PARIKSHA in hospital during their clinical posting leads to more hesitate to them as they may not be trained properly. As third year students BAMS and other senior students have clinical posting in hospital from the beginning of year and Second year students have few clinical posting, but BAMS first year students do not have clinical posting. Hence, our study also aims for to see the difference in awareness in these students.

Result show the low level of knowledge is mainly attributed to poor practical training. In our study, we observed that almost all the students were aware of what is NADI PARIKSHA. But third year students BAMS and other senior students were more aware of practical part of NADI PARIKSHA than first year BAMS students. Hence, in this study, scholar found overall awareness in Group B students was better than Group A students. Being a cross-sectional study and we tried to assess the students very beginning in its carrier or learning process, it is difficult to say that what will be their awareness and attitude toward NADI PARIKSHA in the future. But from this study, we can say that it is not only theoretical knowledge about topic, but the practical aspect that is clinical posting in hospital has effect on the awareness and attitude toward NADI PARIKSHA.

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CONCLUSIONS AND RECOMMENDATIONS

Lack of proper and complete knowledge about NADI PARIKSHA impacts practices of inappropriate diagnosis. The group B students comparatively were having better knowledge and approach than group A students in all aspects. But overall knowledge of BAMS students from all the groups was not satisfactory. Following recommendations are proposed:

1. Need to add this topic in BAMS first year theory syllabus.
2. It should be made compulsory for medical institute to educate their students and trainee before they start their clinical posting in hospital not just by lectures but also by demonstration. These training sessions should not become merely a 1-time activity but should be a continuous process depending upon the patient input. 3. Conduct Guest lecturer of Nadi Parikha experts for BAMS first year students.

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HOW TO CITE THIS ARTICLE:

APA: Dr. Pankaj Kumar Jain (2016). IMPORTANCE OF CLINICAL POSTING OF BAMS FIRST PROFESSIONAL STUDENTS AND OTHERS FOR LEARNING NADI PARIKSHA. *International Journal of Ayurveda Orientation*, 1(10), 20-26. DOI: https://doi.org/10.67949/ijao.2016.4

MLA: Dr. Pankaj Kumar Jain, et al. "IMPORTANCE OF CLINICAL POSTING OF BAMS FIRST PROFESSIONAL STUDENTS AND OTHERS FOR LEARNING NADI PARIKSHA." *International Journal of Ayurveda Orientation* 1.10 (2016): 20-26.

Vancouver: Dr. et al. IMPORTANCE OF CLINICAL POSTING OF BAMS FIRST PROFESSIONAL STUDENTS AND OTHERS FOR LEARNING NADI PARIKSHA. International Journal of Ayurveda Orientation 2016;1(10):20-26.

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