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Study on Naadi (Pulse) and Neikuri (Urine Examination) in Kabala Purakirumi (*Tinea capitis*)

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Abstract: An ancient Tamil cultural tradition gave rise to the Siddha medical system. Based on Ennvagai thervu, such as Naadi, Sparism, Naa, Niram, Mozhi, Vizhi, Malam, and Moothiram, the diagnostic methodology of the Siddha system is distinct. Naadi and Neikuri gained the most significance out of all these factors in the diagnosis and prognosis of the diseases. The purpose of this study was to assess the Naadi and Neikuri in Kabala Purakirumi patients. This study contributes to the understanding that the Siddha system is a quick, affordable, and non-invasive method used for disease diagnosis and prognosis. 80 patients were chosen for the study, watched during Naadi, and had urine samples taken for Neikuri. In the age group of 11 to 20 years, Kabala purakirumi was found to occur most frequently. In 85% of cases in Naadi, vathapitham was the predominant diagnosis. The bulk of instances (54%) in Neikuri exhibit the Vathapitham pattern.

Keywords: Kabala purakirumi, Naadi, Neikuri, Vathapitham, *Tinea capitis*, Ennvagai thervu

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Introduction

Tinea capitis is a fungal illness that may affect the scalp, eye lashes and eyebrows. It is also referred to as patchy alopecia. The dermatophytes are the most common cause of this condition. It is more frequent in youngsters than it is in adults everywhere in the globe. *Tinea capitis* often causes itching, scaling, and the production of crusts in bald spots on the scalp (Sujeethasai and

Manoharan, 2021). Naadi (pulse), Sparism (Temperature And Texture), Naa (Tongue), Niram (Color and Complexion), Mozhi (Speaking), Vizhi (Eyes and Sight), Malam (Stool), and Moothiram (Urine) are the unique diagnostic methods that are used in the Siddha medical system. These methods are based on the Ennvagai thervu (Eight fold examination). The pee of a Neikuri subject is

examined by dripping sesame oil over the urine and observing the way in which the oil spreads. This research intends to unravel Naadi and Neikuri in patients with Kabala Purakirumi. The aim of this study was to determine the diagnostic significance of Naadi and Neikuri in Kabala Purakirumi.

Materials and Methods

Selection of patients:

80 patients were selected on the basis of clinical symptoms, inclusion and exclusion criteria.

Study procedure:

- While observing the *Naadi*, the Physician should sit comfortably facing the subject. The right hand was examined in male and left hand in female. By holding the patient's hand the physician's index finger was placed on the lateral aspect near to the wrist joint, then middle finger followed by ring finger. The three fingers were gently pressed and released frequently to feel the exact conditions of Naadi Nadai (Rhythm of Pulse). The observed Naadi was noted.
- In Neerkuri and Neikuri, 50 ml of urine was collected in plastic container and transferred into a glass bowl and kept in a flat surface without disturbing. After few minutes, Neerkuri is noted, and then a drop of sesame oil was dropped at the center over the surface of urine. The pattern of oil spread was keenly observed under sunlight at 0, 30, 60 sec. The observations were documented diagrammatically and inference is noted.

Results and Discussion

Distribution of Kabala Purakirumi in relation to the age:

The age group between 11 and 20 years old had the greatest frequency of Kabala purakirumi (42.5%). Among the 80 instances, 8.75% (7) fall under the 1–10 age range, 42.5% (34) fall under the 11–20 range, 28.75% (23) fall under the 21–30 range, 10% (8) fall under the 30–40 range, 6.25% (5) fall under the 41–50 range, 2.5% (2) fall under the 51–60 range, and 1.25% (1) fall

under the 61–70 age range (Fig. 1).

Distribution of Kabala Purakirumi in relation to Naadi:

The Vatha Pitham has the greatest incidence of Kabala Purakirumi, accounting for 85% of all cases. There are a total of 80 instances, of which 85% (68) fall under the category of Vatha Pitham and 15% (12) go under the category of Pitham Vatham (Fig. 2)

Distribution of Kabala Purakirumi in relation to Neerkuri:

In *Niram*, out of 80 instances, 68.75% fall under the light yellow category, and 31.25% fall under yellow. In *Manam*, 91.25 per cent of cases are classified as ammonical, while 8.75 per cent are odorless. In *Nurai*, 81.25 per cent of cases are classified as absent, and 12.5 per cent as present. *Edai* categorizes 100% of instances as normal. In *Enjal*, 11.25% of instances fall within the present category, while 88.75% fall under absent.

Distribution of Kabala Purakirumi in relation to Neikuri:

The Vatha pitham has the greatest incidence of Kabala Purakirumi, which is 53.75 % of all cases. Out of a total of 80 cases, 8.75% (7) of those cases fall under the category of Vatham, 16.25% (13) of cases fall under the category of Pitham, 17.5% (14) of cases fall under the category of Kapham, 3.75% (3) of cases fall under the category of Salladaikan, and 53.75% (43) of cases fall under the category of Vatha Pitham (Fig. 3). Table 1 shows Kabala Purakirumi in relation to Neerkuri.

According to Nagamuni Sirarogavidhi, Kabala Purakirumi was classified under 46 types of head diseases. It is the condition with exaggeration of Vatha humors in association with Pitham leads to decreased blood circulation, itching and scaling with patchy alopecia in the scalp region (Shanmugavelu, 2003).

A key concept in Siddha Pulse diagnosis (*Naadi*) is part of the eightfold analysis since it measures the life force (*Prana*) that flows through us. *Naadi* is the first and most important

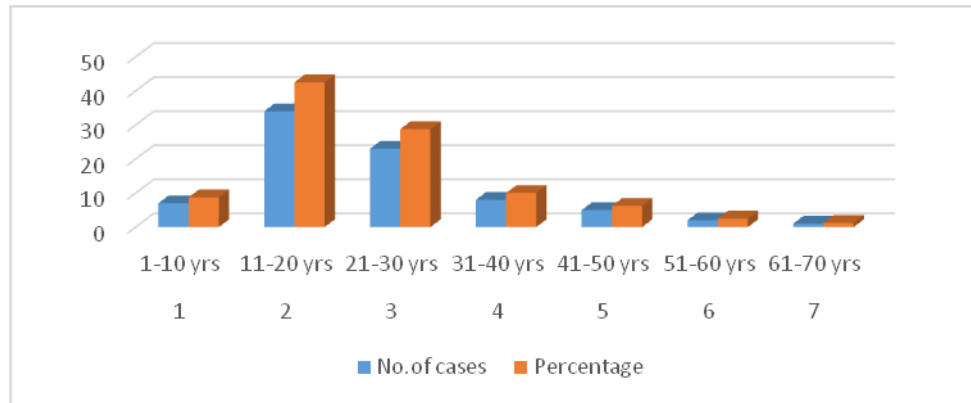


Fig. 1: Distribution of Kabala Purakirumi in relation to age.

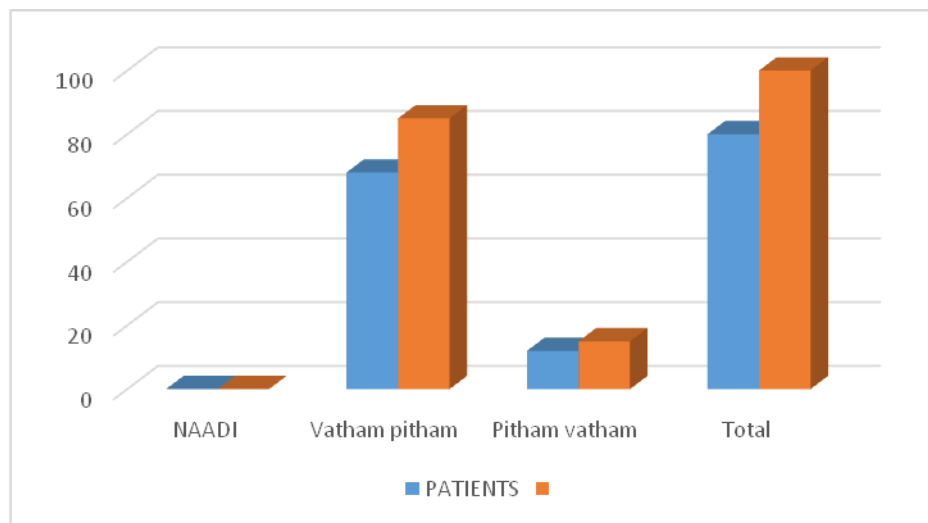


Fig. 2: Distribution of Kabala Purakirumi in relation to Naadi.

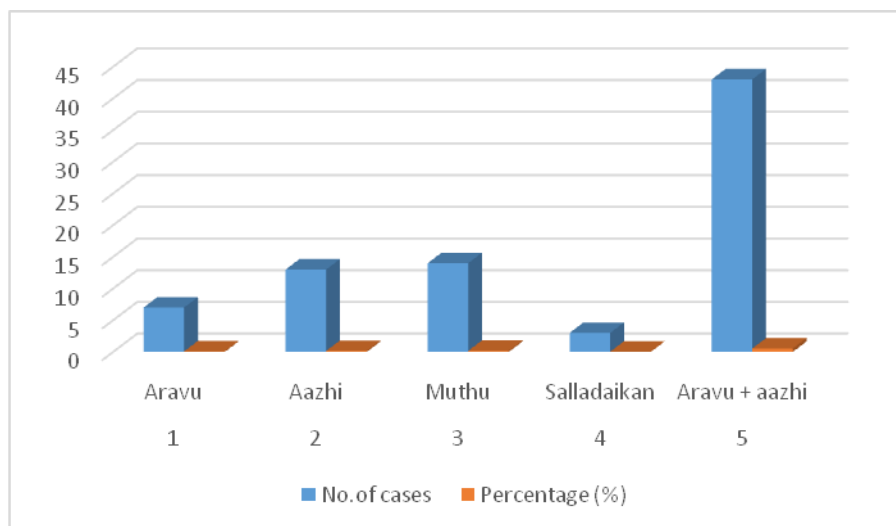


Fig. 3: Distribution of Kabala Purakirumi in relation to Neikuri.

Table 1: Kabala Purakirumi in relation to Neerkuri

<i>NEERKURI</i>	PROPERTIES	PATIENTS	
		NO	%
<i>Niram</i>	Pale yellow (Ila Manjal Niram)	55	68.75%
	Yellow	25	31.25%
<i>Manam (Smell)</i>	Ammonical	73	91.25%
	Odorless	7	8.75%
<i>Nurai (Frothy)</i>	Absent	65	81.25%
	Present	15	18.75%
<i>Edai (specific gravity)</i>	Normal	80	100%
	High	0	0%
<i>Enjal (Deposits)</i>	Present	9	11.50%
	Absent	71	88.75%

consideration when making a medical diagnosis or determining a patient's prognosis. Men should feel their pulse with their right hand and women with their left. The radial artery is the most common site for taking a pulse. The Naadi reflects any shifts in the body's humours (Vatham, Pitham, and Kapha). The body's three humours coordinate and harmonise vital processes. Naadi is thus a reliable diagnostic tool for any health problem (Muthaliyar, 2004). The height of pulsing is expressed in terms of wheat or grain. Vatham (the end of the index finger), Pitham (the end of the middle finger), and Kapham (the end of the thumb) are the standard units for determining pulse rate (Tip of ring finger). There was a rise in the value of urinalysis (Moothiram) relative to other diagnostic methods like taking the pulse. Urine testing includes both Neerkuri and Neikuri. Neerkuri focuses on the five senses of sight, smell, sound, and touch: Niram (colour), Edai (density), Manam (odour), Nurai (freshness), and Enjal (tact) (Deposits). Neikuri involves analysing the distribution pattern of oil drops on the surface of urine. If an oil drop moves in a snakelike pattern, or Aravu, that suggests Vatha sickness; if it moves in a ringlike pattern, or Pitha disease; and if it moves in a pearl like pattern, or Muthu, that indicates Kapha disease. Derangement of both humours is indicated by a

mixed design such as a ring within a snake, a snake inside a pearl, or a pearl inside a ring. Rapid, oil-drop, pearl-bead, or sieve-shaped illness progression suggests an incurable, or Asathiyam, stage.

Conclusion

The majority of people who have Kabala Purakirumi come from poor socioeconomic backgrounds. This is a feature that contributes to the disease's prevalence. Within the framework of the Siddha medical system, the diagnostic procedures of Naadi and Neikuri are considered to be both efficient and cost-effective. In this particular case, 80 patients met the requirements to be included in the research. According to the findings shown above, the most vulnerable age range for children is between 11 and 20 years old when it comes to Kabala Purakirumi. In Naadi, out of 80 instances, 85% (68) of those cases go under the category of Vathapitham, while 15% (12) of those cases fall under the category of Pitham Vatham. In Neikuri, there were a total of 80 cases, and 53.75 per cent of the patients fell into the Vathapitham Neikuri pattern. Therefore, it is concluded that in Kabala Purakirumi, both Naadi and Neikuri demonstrate that Vathapitham is prominent in every instance. Therefore, in order to treat patients with Kabala Purakirumi,

Siddha therapy should be developed with the goal of balancing the Vatha and Pitha humours.

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