

**“Review of Nadividnyan with reference of Ayurveda”****Shinde Kshitija Sanjeev**Professor, Department of Rognidan & vikrutividyan,  
Ayurvedic Medical College, PethVadgaon, Maharashtra, India**\*Corresponding Author:** Mob no.- 9860054798.Email: kshitijashinde98@gmail.com**Abstract-**

Nadiperiksha is the ancient Ayurvedic technique of diagnosis through the pulse. It can accurately diagnose physical, mental and emotional imbalance. It is a non invasive science. Presence of disease in our body will be indicated as a imbalance between tridoshas, dhatu and mal. Tridoshkshaya-vridhi-prakoplakshan, rasa-rakta-dhatukshyaya-vridhilakshan, along with vyadhi-sadhya-asadhytva lakshan are identified by pulse examination<sup>1</sup>. One important thing is that we can decide life span of the patient after examination of the Nadi by an expert Nadivaidya<sup>2</sup>.Variation of pulse depends on time of examination,type of the diet, physical and mental status of the patient.<sup>3</sup>

**Key word –**

Nadi, Nadiparikshavidhi, doshajanadi, sadhya-asadhyanadi .

**Introduction-** In rogi-parikshavidhi, trividha, chaturvidha, ashtavidha, dashavidha pariksha are used for diagnosis of the disease. Here ashtavidha pariksha is well described only in yogaratnakar<sup>4</sup>. Nadipariksha is one of them. Nadiparisha was initially described in theSharangdhar samhita in the 12th

century through 8 shlokas. Later in the 16<sup>th</sup> century it was again mentioned in Bhavprakasha scripted by Shreebhavmishraji through 22 shlokas. In 17<sup>th</sup> century nadi parikshais described in Yogratanakar through 48 shlokas. In Charak samhita nadi is mentioned as a garbh-nabhinadi which is connected to the placenta<sup>5</sup>.InCharak and Sushruta samhita information about nadi is not found separately.

In ancient time nadidnyan was obtained from guru-shishya parampara. The nadi-pariksha based on the physical examination of the artery after the concentration of the mind by the physician. Nadi is called as jeeva sakshini because it denote gati for healthy and diseased person.It also called as snau, hanshi, dhamani, dharini, tantuki, jeevandyana<sup>6</sup>.

**Aim and object-**

- To study the nadi and its variation with respect of dosha-dusti, aahar, vyadhi, meal, bath, hanger, thrist, anger etc.
- To see the effects of the mental and emotional state of the person on nadi.

- To find out utility of nadi pariksha for diagnosis and treatment purpose
- To find utsadhya-asadhyatva of vyadhi

### **Material and methods**

- Collect the information about nadvindnyan from Yogratanakar, Sharangdhar, Nadividnyangranth
- Specific information about nadi from the collected data represent as tabular form.

### **Sites of examination of the pulse-**

Total 8 sites are described for nadipariksha<sup>7</sup>

1. Hashta (brachial, radial, ulnar arteries)
2. Pada (femoral, popliteal, dorsalispedis, posterior tibial)
3. Kanth (common carotid artery)
4. Nasamul(facial branch of external carotid)
5. Akshi (superficial temporal artery)
6. Karnmul(posterior articular branch of external carotid artery)
7. Jeeva (lingual branch of the external carotid artery)
8. Medra (internal pudental artery).

Here radial artery at wrist joint, popliteal artery, carotid artery, posterior tibial are easily palpable Usualy radial artery is palpated because it is easy to palpate and superficial<sup>8</sup>.

### **Methods of pulse examination**

Physician who is mentally stable, peaceful should examine the nadi by his right hand; the pulse below the left thumb in female and below the right

thumb in male<sup>9</sup>, in transgender patients below the right or left thumb according to predominant male or female characters finding in them<sup>10</sup>. Here method for examination is that first the elbow of patient should be slightly flexed to the left and the wrist slightly bend to the left with the fingers distended<sup>11</sup>. Physician after attaining concentration of mind should examine the pulse repeatedly for three times by giving and releasing the pressure alternately.<sup>12</sup> Here index finger denotes vatadosha, middle finger pittadosha and ring finger kaphadosha at the wrist joint<sup>13</sup>. In this way the physician may be able to know the good and bad prognosis of the patient.

Pulse should not be examined just after the bath, in hunger or thirst, during sleep and just after awakening and the patient has massaged with oil<sup>14</sup>

### **Best time for examining the pulse**

Generally pulse examination is done on empty stomach early in the morning. But in emergency cases pulse examination is done at any time. After full night rest; pulse becomes normal of its own pattern that's why it is examined early in the morning. At afternoon and evening pulse become chanchal (speedy) due to heat and full day work respectively.<sup>15</sup>

To understand the nadiexamination one should consider the three parameters.

The three main types of the gati of the nadi are described. The gati of various animals, birds, reptiles which are commonly seen around.

Vata-nadi -It is world wide accepted that the movement of vata-nadi resembles the gait similar to that of a leech/serpent. When studying the vata-nadi; we must keep in mind the missing character of the beats which resembles the movement of leech which stop for a time and then moves again halting and moving at its pleasure.

Pitta-nadi- It is known that the gatiof pitta resemble the movement of a sparrow, crow or frog. Here quickness of the movement of the sparrow, the hopping movement of the crow and the jumping movement of the frog.

Kapha-nadi - It is resemblance to the movement of a swan, elephant or pigeon, that is steady and heavy.

The above information just given a brief idea of diagnosis through pulse.

Variations of pulse - The pulse has the tendency to change its pulsation activities which is affected by the following factors

1. Kshudha (hunger).
2. Pipasa (thirst).
3. Nidra (sleep).
4. Guru aahar (heavy meal).
5. Physical activities.
6. after bath.
7. Time like morning, midday, evening.

8. Mental condition such as sexual excitement.

9. Season like grishmarhutu (summer).

### **Relation between Nadi and Panchamahabhuta .**

Vata dosh –Vayu ,Aakash.

Pitta dosh- Agni.

Kaph dosh - Prithvi, Jal.

Nadigati<sup>16</sup>-

VataNadi – Jalluka, Sarpa like.

Pitta Nadi - Kak, Lavak, Manduk.

KaphajNadi - Kapot, Paravat, Hansa, Kukut, Mayur.

### **Nadi and tridosh relation -**

Blood flows through nadi. It contains tridosh, so nadi also carry tridosh.

### **Seasonal nadi<sup>17</sup> -**

Vasantrutu – Sthiragati.

Shishir and Varsha–Vakragati.

Greeshma and Hemant –Chanchalgati.

### **Nadi devata<sup>18</sup> -**

Vatanadi- Bramha

Pitta nadi- Shankar

Kaphanadi- Vishnu.

**International Journal of Research in Indian Medicine**

 Table no 1- Nadidnyan from Sharangdhar samhita<sup>19</sup>

Types of pulse in different conditions	Characteristics of the pulse	Ayurvedic terms	Like the animal
Healthy pulse	Steady and strong	Sthira and balawati	-
Good hunger and appetite	Light to touch,fast	Laghwi,chapal,vegawati	-
Satisfaction after hunger	Steady	Sthira	-
Lust	Rapid	Vegavana	-
Anxiety and fear	Feeble	Kshina	-
Poor appetite	Slow	Mandatara	-
Intoxication	Heavy	Gurvi	-
Full of blood	Full, heavy	-	-
Vatika	Curvilinear	Tiryakagati	Snake and leech.
Paittika	Jumping	-	Sparrow,crow and frog.
Kaphaja	Slow	-	Swan,pigeon.
Dwandaja	Alternately slow and fast.	-	-
Sannipatika	Speedy	-	-
Fever	Very hot and fast.	-	-
Death	Slips from its normal position,slow,thready.	-	-

 Table no 2 - Pulse information from Yogaratnakara<sup>20</sup>

Type of pulse	Characteristics	Simile to movement of animals	Relation to fingers
Vatika	-	Snake and leech	Index finger
Paittika	-	Crow,lark,frog.	Middle finger

**International Journal of Research in Indian Medicine**

Kaphaja	-	Swan,pigeon,cock.	Ring finger
Vata pitta	-	Snake and frog	-
Vata kapha	-	Snake and swan	-
Pitta kapha	-	Monkey and swan	-
Sannipatika	-	Moves very fast with intermittent pause like the act of wood pecker	-
Fever	Very hot and fast	-	-
Full of blood	Heavy and hot	-	-
Auto intoxication	Heavy	-	-
Vatika fever	Curvilinear and cold	-	-
Kaphaja fever	Slow,steady,cold,slimy	-	-
Kaphapittajafever	Fast long simple	-	-

 Table no 3 -Pulse indicating bad prognosis<sup>21</sup>

Periods indicating death	Characteristics of the pulse
Death within three hours	Pulse moves like Fringe of shawl, coinciding with respiration and cold
Death within a day	Pulse appears and disappears alternately, moves like drum which is damaru shape.
Death within two days	Cold to touch
Death within three days	Pulse not felt at proximal end,cold in the middle and tired at the terminal part.
Death within seven days	Speedy at the proximal end,cold and sweaty
Death within fifteen days	Pulse is hot, fast ,body is cold ,patient take mouth breath.
Patient nearly dead	Pulse extremely weak,fast and cold.
Sudden death	Curvilinear motion like that of Lightning/pulse with intermittent pause/pulse moves zigzag/slow pulse/circular movement means 1stvatija then pittija and kaphaja.
Pulse indicating good prognosis	Pulse moves like swan, elephant.

**International Journal of Research in Indian Medicine**

Table no 4 -Characteristics of pulse after taking different food stuffs. (Nadividyan by Kanad)<sup>22</sup>

Different foods	Characteristics of pulse	Shlok no.
Oil,molasses	Strong (pushta)	62
Meat	Like rod, steady (sthira)	62,76
Sweet food	Jumping like frog	62
Banana,molasses cake prepared from pulses. Dry food .	Sometimes curvilinear, jumping	63,77
Flattened rice,	Steady and slow	74
Kushmanda,Radish	Slow	75
Green leaves stems root	Resembles the movement of the pulse filled with blood	75
Milk	Steady and slow	76
Liquids	Hard (kathin)	73
Solids	Soft	73
Frozen	Sometimes hard sometimes soft	73
Sweet taste	Resembles the movement of peacock	64
Bitter test	Moves like earthworm	64
Acid test	Slightly hot and jumping, cold	64,74
Katu rasa aahar	As like sparrow movement	64
Astringent	Hard and tight (Jada)	65

Table no 5 -Characteristics of pulse in physiological condition (as per Kanad)<sup>22</sup>

Types of pulse	Characteristics of pulse	Shlok no.
Healthy pulse	Steady	104
Good hunger	Light and fast	106

**International Journal of Research in Indian Medicine**

In the morning	Smooth (snigdha)	79
In the noon	Hot	79
In the evening	Fast	79

Table no 6 -Pulse in pathological conditions (as per Kanad)<sup>22</sup>

Types of pulse	Characteristics of pulse	Sholak no.
Fever	Very hot and fast	82
Indigestion	Hard and tight	102
Grahani	In the leg moves like swan(slow), in the hand like frog	108
Atisar	Weak, feeble, slow	108
Diabetic	Beaded	112
Fistula	Hot and curvilinear	115
After vomiting	Slow	116
Pulse in poison	Jumping	113
Amatar	Thick (prithula) and tight or rigid (Jada)	108
Cholera	Jumping like frog	109
Adhman	Strong	111

### Discussion:

Pulse reading can be learnt through continuous practice, focus, awareness and under the guidance of an experienced guru. Pulse reading involves touching, feeling, observing and experiencing not only the rate rhythm and volume of the pulse but also its movement, amplitude, temperature, force and consistency in the body. In Nadividyan, swasthanadi, dustanadi,

sukhasadhya-nadilakshna are well described. When we take specific diet, rasa then it causes change in nadigati.

Bhavamistra has not correlated various movement of pulse with those of birds, reptiles and amphibians but has only mentioned the different types of movement. Such asvegawati, mandagati. He has omitted out certain types of pulse as full of blood, autointoxication

(amadosha) and good hunger (deeptagni).

Sharangadhar was correlated movement of pulse with birds, reptiles, amphibians.

In Yogaratnakara it is mentioned about detailed anatomical position of arm during pulse exam, fixed time to examine the pulse, bad prognosis and death.

Kanadnadivindnyan mentions about the great number of diseases to be diagnosed by means of pulse examination, enumeration of pulse indicating good prognosis, bad prognosis, pulse after taking various food.

### **Conclusion:**

Nadipariksha denotes the vikrutdosh. We decide sadhya-asadhyatva, arishtalakshna of vydhi. we diagnosed various disease like jwara, attisar, hridrog, grahani and mental state like fear anxiety, anger, lust. In ayurveda vatika, paittika, kaphaja pulse is not be described distinctly in terms of rate, rhythm, volume and character. They have been described pulse in terms of movement of various birds, reptiles, amphibians.

Druta, twarita, tivra, sighra words signify the rapid movement of pulse i.e. tachycardia and this condition is always found when there is vitiation of vata.

Similarly Manda, mandtara indicates the slow pulse i.e. bradycardia is found in kapha.

Madhyagati i.e. pulse rate in between above two gati, interpret the paittika pulse.

Santha and sarala i.e. regular and trutit means irregular. Vegwati, balawati, prabala indicates high tension pulse.

Overall pulse is useful for to diagnose the body condition is healthy or not.

### **References-**

1. Tripath I, Nadivindyn of Maharsi Kanad; edited with the VidyotiniHind commentary, 5th edition 2006, Chaukhambha Orientalism Varanasi.shloka 15,page 7
2. Sastri L,Yogaratnakar with Vidyotini Hindi commentary edited by Sastri B. B.5th edition 1993, Chaukhambha Sanskrit Sansthan, Varanasi, shloka 28 to 37, page 8,9
3. Sastri L, Yogaratnakar with Vidyotini Hindi commentary edited by Sastri B. B.5th edition 1993, Chaukhambha Sanskrit Sansthan, Varanasi,shloka 9, page 6
4. Sastri L, Yogaratnakar with Vidyotini Hindi commentary edited by Sastri B. B.5th edition 1993, Chaukhambha Sanskrit Sansthan, Varanasi,shloka 1,page 5
5. Shukla V.A. and Tripathi R.D. forward by Sharmapaper, Charaksamhita edited with Vaidya Manorama Hindi compentary; Chaukhamba

- Sanskrit pratishthan, Varanasi; 2nd edition 2000; shloka 23, page 758.
6. Sastri L, Yogaratnakar with Vidyotini Hindi commentary edited by Sastri B. B. 5th edition 1993, Chaukhambha Sanskrit Sansthan, Varanasi, shloka 8, page 6
  7. Dwivedi V.N, Abhinava naditantra; Krinshnadas academy 1st edition; 1987; Choukhamba Sanskrit series; Varanasi; page 30
  8. Dwivedi V.N, Abhinava naditantra; Krinshnadas academy 1st edition ;1987; Choukhamba Sanskrit series; Varanasi; page 31
  9. Sastri L, Yogaratnakar with Vidyotini Hindi commentary edited by Sastri B. B. 5th edition 1993, Chaukhambha Sanskrit Sansthan, Varanasi, shloka 2,3, page 5
  10. Vaidya T.M; Nadi-darshan; Motilal Banarasidas; reprinted 2005; Delhi; page 59.
  11. Sastri L, Yogaratnakar with Vidyotini Hindi commentary edited by Sastri B. B. 5th edition 1993, Chaukhambha Sanskrit Sansthan, Varanasi, shloka 4, page 5
  12. Sastri L, Yogaratnakar with Vidyotini Hindi commentary edited by Sastri B. B. 5th edition 1993, Chaukhambha Sanskrit Sansthan, Varanasi, shloka 5, page 5
  13. Sastri L, Yogaratnakar with Vidyotini Hindi commentary edited by Sastri B. B. 5th edition 1993, Chaukhambha Sanskrit Sansthan, Varanasi, shloka 6, page 5, and
  14. Tripath I, Nadivindyn of maharsikanad edited with the vidyotini Hindi commentary 5th edition 2006, Chaukhambha Orientalism Varanasi. shloka 16, page 7
  15. Sastri L, Yogaratnakar with Vidyotini Hindi commentary edited by Sastri B. B. 5th edition 1993, Chaukhambha Sanskrit Sansthan, Varanasi, shloka 9, page 6
  16. Tripath I, Nadivindyn of maharsikanad edited with the vidyotini Hindi commentary 5th edition 2006, Chaukhambha Orientalism Varanasi. shloka 12, page 6
  17. Sastri L, Yogaratnakar with Vidyotini Hindi commentary edited by Sastri B. B. 5th edition 1993, Chaukhambha Sanskrit Sansthan, Varanasi, shloka 14,15, page 7.
  18. Dwivedi V.N, Abhinava naditantra; Krinshnadas academy 1st edition ;1987; Choukhamba Sanskrit series; Varanasi; page 80.
  19. Dwivedi V.N, Abhinava naditantra; Krinshnadas academy 1st edition ;1987; Choukhamba Sanskrit series; Varanasi; page 80.
  20. Tripathi B; Sarngadhara samhita; 2<sup>nd</sup> edition 1994; Chaukhamba surbharati prakashan; shloka no. 1 to 8; page no. 38,39.
  21. Sastri L, Yogaratnakar with Vidyotini Hindi commentary

**International Journal of Research in Indian Medicine**

- edited by Sastri B. B.5th edition 1993, Chaukhambha Sanskrit Sansthan, Varanasi, shloka 13,14,16,17,18,23,25,39,40 41; page 7,8,9.
22. Sastri L, Yogaratnakar with Vidyotini Hindi commentary edited by Sastri B. B.5th edition 1993, Chaukhambha Sanskrit Sansthan, Varanasi, shloka 19,26,29,30 to 34,42, page 7,8,9.
23. Tripath I, Nadivindyn of Maharsi Kanad; edited with the Vidyotini Hind commentary, 5th edition 2006, Chaukhambha Orientalism Varanasi. Page no. 20, 21, 23, 24, 25, 26, 27, 29, 32, 34, 35

Cite this article:

Review of Nadividnyan with reference of Ayurveda

Shinde Kshitija Sanjeev

Ayurline: International Journal of Research In Indian Medicine 2017; 1(4) : 1-10