

COMPARATIVE STUDY OF LOCATIONS OF NADI WITH ANATOMICAL
LANDMARKS - A REVIEWVidya Dharshini K.*¹ and Neelavathy R.²¹PG Scholar, Department of Noi Naadal, Government Siddha Medical College, Palayamkottai, Tamil Nadu, India.²Principal, Government Siddha Medical College, Palayamkottai, Tamil Nadu, India.

*Corresponding Author: Vidya Dharshini K.

PG Scholar, Department of Noi Naadal, Government Siddha Medical College, Palayamkottai, Tamil Nadu, India.

Article Received on 12/02/2018

Article Revised on 05/03/2018

Article Accepted on 26/03/2018

ABSTRACT

Nadi is a remarkable diagnostic parameter in Siddha system of medicine which is included in *envagaithervu* and well explained by *Siddhars*. User friendly modern diagnostic methods, less number of *Nadi* experts and little number of publish documents has led to non-familiar of *Nadi*. Current study was done to locate the different *Nadi* assessment places and compare the locations with anatomical landmarks. Literature review was done using text books and journals. Various number of *Nadi* locations were documented in the literature. Ten locations of *Nadi* assessment places were mentioned in *Thirumoolar nadi nool* (TNN) and *Yugimuni nadi* (YN) and five locations were noted in *Nadi vagadam* (NV). A discrepancy was noted with the locations of *Nadi* among the text books. Ten places was documented at TNN as *Kuthi santhi* (ankle-posterior tibial artery/dorsalis pedis artery), *Kamiyam* (inguinal region-femoral artery), *Unthi* (epigastric region-abdominal aorta), *Marbu* (chest-precordial impulse), *Kaathu* (ear-posterior auricular artery/superficial temporal artery), *Mooku* (nose-angular artery/facial artery), *Kandam* (neck-common carotid artery), *Karam* (upper limb-axillary artery/brachial artery/ulnar artery/radial artery/princeps pollicis artery), *Puruvam* (eye brow-superficial temporal artery) and *Uchchi* (fontanelle-cerebral artery). *Kaaladi* (sole-medial and lateral plantar artery), *Mulankal* (Knee-popliteal artery), *Mulankai* (elbow-brachial artery) and *Kaikuli* (armpit-axillary artery) were mentioned in YN, even though *Unthi*, *Kaathu*, *Mooku* and *Kamiyam* not documented. *Kai*, *Kanukkal*, *Kandam*, *Kalin peruviral* (big-toe-medial plantar artery) and *Kannichchuli* (fontanelle) were noted in NV. Generally upper limb was used, whereas different locations were documented to assess *Nadi*. Warranting further studies needed to ensure the suitable locations to assess the *Nadi* in clinical practice.

KEYWORDS: *Nadi*, Siddha system of medicine, anatomical landmarks.

INTRODUCTION

Siddha system of medicine is one of the oldest system of medicine in the world, laid by Siddhars (Ivy and Malini, 2010). A number of diagnostic methods have been using in various systems of medicine globally. Siddha system has unique assessment methods as *envagaithervu* (*nadi*, *sparism*, *naa*, *niram*, *mozhi*, *vizhi*, *malam* and *siruneer*) to diagnosis the diseases (Natarajan, 2009; Shanmugavelu, 1967). *Nadi* is a diagnostic way to assess health status of an individual (Ivy and Malini, 2010) and a remarkable diagnostic parameter, included in *envagaithervu* and well explained by *Siddhars* (Kalaththur kanthasami, 2012).

Tri humours such as *Vatham*, *Pitham* and *Kapham* are the basic principal of Siddha system of medicine, which governs the psycho-biological aspect of the body (Natarajan, 2009). Increases or reduces of the tri humours causes disease (Natarajan, 2009). In a healthy person, the *maathirai* of the *Nadi* of *Vatham* will be one,

Pitham will be half and the *Kapham* will be quarter (Natarajan, 2009). Derangement of this ratio indicates the disease (Natarajan, 2009). Several locations were indicated to the assessment of the *Nadi* in the Siddha text books, to diagnosis the diseases as well as evaluate the prognosis. User friendly modern diagnostic methods, less number of *Nadi* experts and little number of publish research documents on *Nadi* has led to non-familiar of *Nadi*. Current study was done to locate the different *Nadi* assessment places and compare the locations with anatomical landmarks to create a strong belief regarding old concepts.

MATERIALS AND METHODS

Literature review was done using ancient text books as *Yugimuni nadi* (YN), *Thirumoolar nadi nool* (TNN), *Nadi vagadam* (NV), *Nadi sakkiram* (NS) and journals.

RESULTS AND DISCUSSION

Several locations for the assessment of the *Nadi* were documented in literature. Ten locations of *Nadi* assessment places were mentioned in TNN and YN. Eight and five locations were noted in NS and NV

respectively. Discrepancy was noted with the locations of assessment of *Nadi* among the text books. Different locations of assessment of *Nadi* described in the literature and anatomical land marks (arterial pulses) have shown in the Table 1.

Table 1: Locations and anatomical landmarks of *Nadi*.

| TNN | | YN | | NV | | NS | |
|----------------------------------|--|----------------------------|--|----------------------------------|--|--|--|
| Anatomical landmark | Artery | Anatomical landmark | Artery | Anatomical landmark | Artery | Anatomical landmark | Artery |
| <i>Kuthi santhi</i> (ankle) | Post ^r tibial/ dorsalis pedis | <i>Kanukkal</i> (ankle) | Post ^r tibial/ dorsalis pedis | <i>Kai</i> (upper limb) | Axillary/ brachial/ ulnar/ radial/ princeps pollicis | <i>Kai</i> (upper limb) | Axillary/ brachial/ ulnar/ radial/ princeps pollicis |
| <i>Unthi</i> (epigastric region) | Abdominal aorta | <i>Kaaladi</i> (sole) | Med.&Lat plantar | <i>Kandam</i> (neck) | Common carotid | <i>Kaal</i> (lower limb) | Popliteal/ Post ^r tibial/ dorsalis pedis/ Ant ^r tibial |
| <i>Kaathu</i> (ear) | Post ^r auricular/ superficial temporal | <i>Mulankal</i> (knee) | Popliteal | <i>Kal peru viral</i> (big toe) | Med. plantar | <i>Kaluththin mun pakkam</i> (front of the neck) | Common carotid |
| <i>Kandam</i> (neck) | Common carotid | <i>Kandam</i> (neck) | Common carotid | <i>Kanukkal</i> (ankle) | Post ^r tibial/ dorsalis pedis | <i>Mookkin adi</i> (base of the nose) | Angular/ Sup ^r labial/ columellar |
| <i>Mooku</i> (nose) | Angular/ facial | <i>Mulankai</i> (elbow) | Brachial | <i>Kannichchuli</i> (fontanelle) | Cerebral | | |
| <i>Karam</i> (upper limb) | Axillary/ brachial/ ulnar/ radial/ princeps pollicis | <i>Kai</i> (upper limb) | Axillary/ brachial/ ulnar/ radial/ princeps pollicis | | | | |
| <i>Kamiyam</i> (inguinal region) | Femoral | <i>Kaikuli</i> (arm pit) | Axillary | | | | |
| <i>Uchchi</i> (fontanelle) | Cerebral | <i>Uchchi</i> (fontanelle) | Cerebral | | | | |
| <i>Puruvam</i> (eye brow) | Superficial temporal | <i>Puruvam</i> (eye brow) | Superficial temporal | | | | |
| <i>Marbu</i> (chest) | Precordial impulse | <i>Nenchu</i> (chest) | Precordial impulse | | | | |

Post^r-posterior, Ant^r-anterior, Sup^r-superior, Med. medial and Lat. lateral

TNN- Thirumoolar nadi nool, NV- Nadi vagadam, YN- Yugimuni nadi and NS- Nadi sakkiram

The locations of *kanukkal*, *kandam*, *karam*, *uchchi*, *puruvam* and *marbu* were mentioned in both text books as TNN and YN. *kaaladi*, *mulankal*, *mulankai* and *kaikuli* were mentioned in YN, even though *unthi*, *kaathu*, *mooku* and *kamiyam* not documented. One of the text book as NS documented eight locations for *Nadi* assessment as right and left *kai*, *kaal*, *kaluththin mun pakkam* and *mookkin adi*. *kai*, *kanukkal* and *kandam* were stated in TNN, YN and NV, even though *kaluththin mun pakkam* (front of the neck) documented in NS. *kai* (upper limb) was noted as a common place for the assessment of *Nadi* at all literature studied. Left and right

hand (*Kai*) were used to assess the *Nadi* for female and male respectively (Shanmugavelu, 1967).

CONCLUSION

Generally upper limb was used, whereas different locations were documented to assess *Nadi*. Warranting further studies needed to ensure the suitable locations to assess the *Nadi* in clinical practice.

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