



Research Article

OBSERVATION OF SIDDHA DIAGNOSTIC PARAMETER *NEIKKURI* (OIL ON URINE SIGN) IN CHRONIC KIDNEY DISEASE PATIENTS

P.Kayal vizhi¹, H.Vetha Merlin Kumari^{2*}, S.Mohan³, N.J.Muthukumar⁴

¹PG scholar, ²Associate Professor, ³Professor and HOD, Department of Maruthuvam, ⁴Director, National Institute of Siddha, Chennai, India.

ABSTRACT

Chronic renal disease is a common health problem in the world. In 2016, females are mostly affected by CKD than the males. There are many diagnostic methods in modern aspect of medicine like serum Creatinine, urea and etc., The Siddha system of medicine is a treasure dedicates to the world by Siddhars. In Siddha system of medicine, different diagnostic methods present for all diseases. As per *Theraiyar*, the eight methods of diagnosis '*Envagaithervu*' are *Naadi* (pulse), *Naa* (Tongue), *Niram* (Color), *Mozhi* (Voice), *Vizhi* (Eyes), *Malam* (Feces), *Neer* (urine) and *Sparisam* (Touch). Among the eight diagnostic tools, *Neikkuri* is one of the important methods for urine analysis. This study was aimed to Observed the *Neikkuri* (oil on urine sign) in chronic kidney disease patients. 40 patients were selected from NIS OPD by non randomised method. The study details were collected in the data collection form with the consent of the patients. Urine samples were collected in glass bowl. A small drop of black sesame oil was instilled on the center of the upper surface of the urine perpendicularly. The spreading nature of the oil has to be observed. Result of the study shows 30% of *Neikkuri* is *Kabapitham* nature. This study is helps to evaluate the siddha diagnostic method for Chronic Kidney Disease.

KEYWORDS: Chronic Kidney Disease, *Neikkuri*, Siddha diagnostic method.

INTRODUCTION

The Siddha system has worked out detailed procedure of urine examination which includes the study of its color, smell, density, quantity, and oil drop spreading pattern. it is holistic approach and the diagnosis involves the study of a person as a whole and his disease as well.

This unique methodology "*Neikkuri*" defined as '*Nei*' in Tamil means oil or gingely oil to be more precise. '*Kuri*' refers to sign. The procedure and various patterns in *Neikkuri* are illustrated in the text of *Theran*, a Siddhar who excelled in expounding urine examination procedures.

Neikkuri is dropping sesame oil drop onto the mid stream urine sample surface collected in a crystal/glass bowl during early morning. The mode of spreading nature of oil indicates the prognosis of diseases.

The spreading pattern of oil drop is the indicative of *Vali*, *Azhal* and *lyyam* diseases e.g.

Aravu (Snake Pattern of spread) indicates *Vali* disease

Mothiram (Ring attern of spread) indicates *Azhal* disease

Muthu (Pearl Pattern of spread) indicates *lyyam* disease.

In *Neikkuri*, the rapid spread of oil drop; Pearl beaded and sieve type of spreading Pattern indicates incurable state of the disease. From this, we can assess the prognosis by the *Neikkuri*.

MATERIALS AND METHODS

This cross sectional study was conducted in outpatient department of National Institute of Siddha, Ayothidass Pandithar Hospital. The study was approved by IEC (Institutional Ethical Committee)-NIS/IEC/2019/M-7. The study was also registered in CTRI (Clinical Trial Registry India)-/2019/05/019424. The study takes place from February 2019 to July 2019 (6 months). In this study approximately 40 out patients in between the age group 13 to 75 were selected without any bias for the data collection like sex, occupation, socio economic status and duration of disease. A pre designed self-administrated questionnaire interview method was used for collecting data about the patients. Data on demographic characteristic (including age, address of residence, education levels, occupation and personal habits) were obtained.

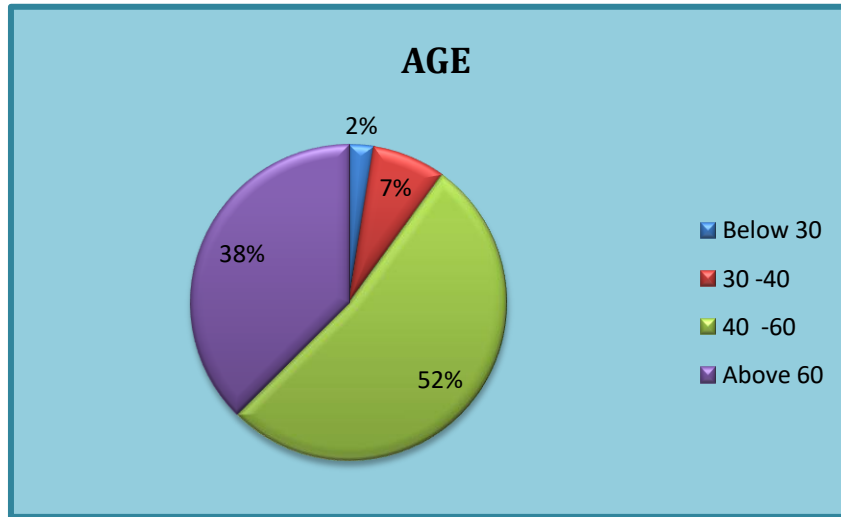
RESULTS

AGE

Table 1: Distribution of the sample patients reporting NIS OPD according to Age

Age distribution	Percentage	Number of cases
Below 30	2%	1
30 -40	7%	3
40 -60	53%	21
Above 60	38%	15

Diagram: Distribution of the sample patients reporting NIS OPD according to Age



Inference

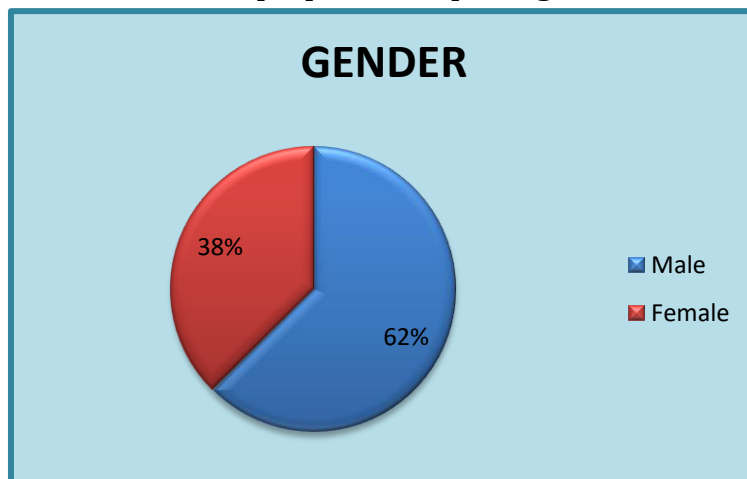
For the study on *Neikkuri* of chronic kidney disease 40 patients were included in this study, 2% of cases were below 30age, 8%cases were 30 to 40 age, 53% cases were 40 to 60 age, 38%cases were Above 60 age.

Gender

Table 2: Distribution of the sample patients reporting NIS OPD according to Gender

Gender distribution	Percentage	Number of cases
Male	62%	25
Female	38%	15

Diagram: Distribution of the sample patients reporting NIS OPD according to Gender



Inference

For the study on *Neikkuri* for chronic kidney disease 40 patients were included in this study, 62% of cases were Male and 38% of cases were Female.

Occupation

Table 3: Distribution of the sample patients reporting NIS OPD according to Occupation

Occupation distribution	Percentage	Number of cases
Desk work	17.5%	7
Field work	82.5%	33

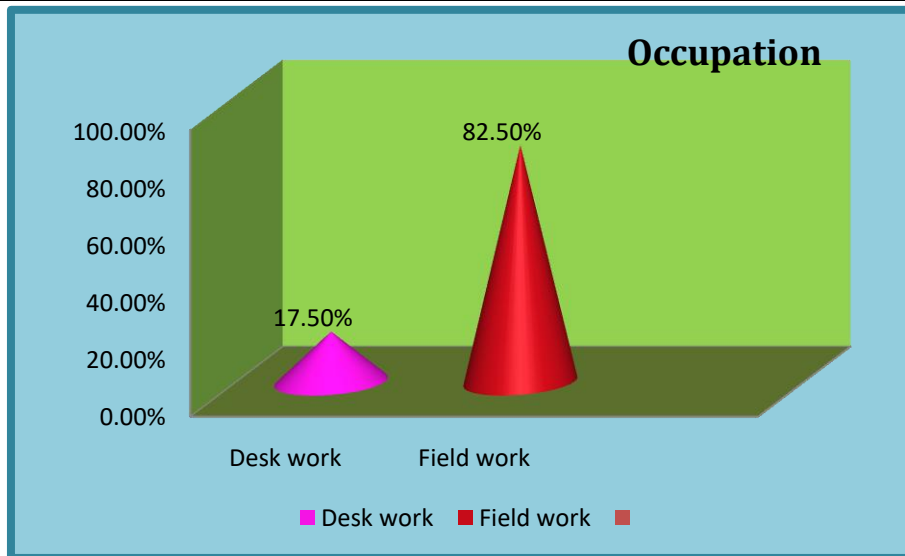


Diagram: Distribution of the sample patients reporting NIS OPD according to Occupation

Inference

Out of 40 cases taken for this study, most of cases were belonged to 17.5% Desk work and 82.5% field work. It is shown table 3.

Food Distribution

Table 4: Distribution of the sample patients reporting NIS OPD according to Food Habit

Food distribution	Percentage	Number of cases
Vegetarian	0%	0
Non vegetarian	100%	40

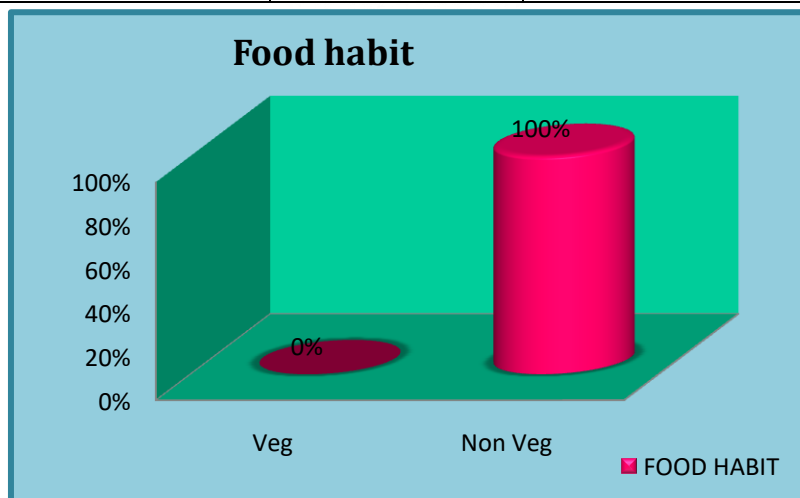


Diagram: Distribution of the sample patients reporting NIS OPD according to Food Habit

Inference

Out of 40 cases, all cases were taking non vegetarian diet. It is shown table 4.

Family History Distribution

Table 5: Distribution of the sample patients reporting NIS OPD according to Family history

Family History	PERCENTAGE	NUMBER
YES	10%	4
NO	90%	36

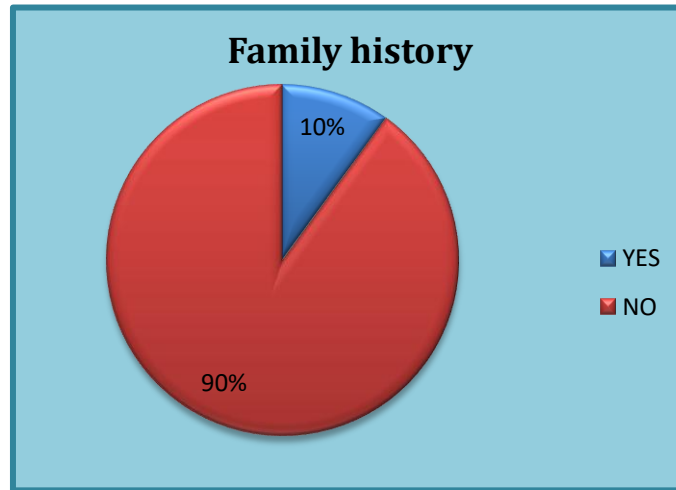


Diagram: Distribution of the sample patients reporting NIS OPD according to Family history

Inference

Out of 40 cases, 90% of cases had no relevant family history and 10% of cases had family history of chronic kidney disease. It is shown table 5.

Treatment Distribution

Table 6: Distribution of the sample patients reporting NIS OPD according to Treatment History of chronic kidney disease

Treatment distribution	Percentage	Number of patients
Siddha Treatment	75%	30
Alopathy Treatment	0%	0
Siddha And Alopathy Treatment	20%	8
No Treatment	5%	2

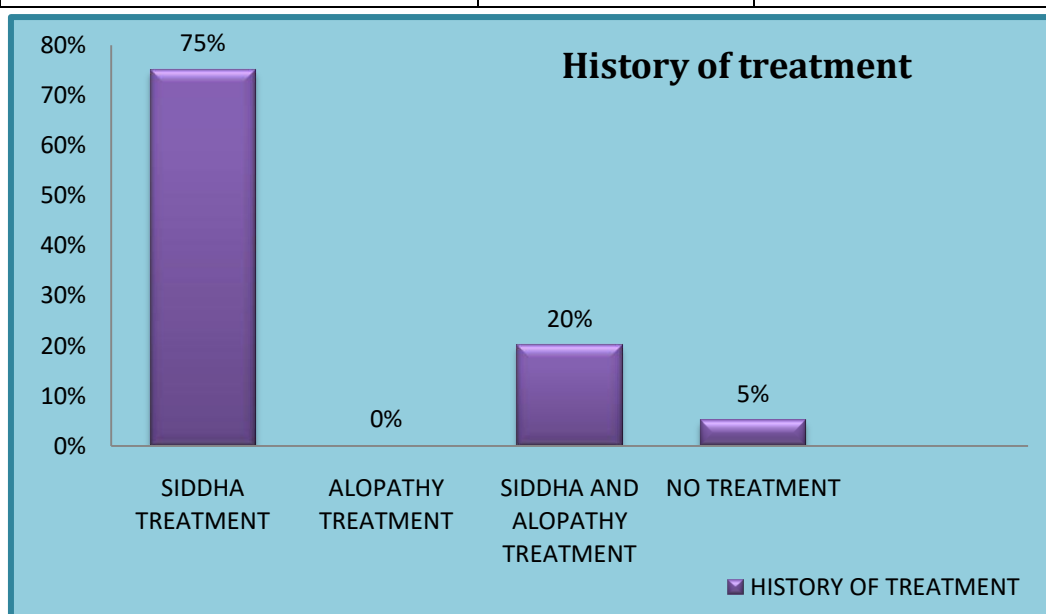


Diagram: Distribution of the sample patients reporting NIS OPD according to Treatment History of chronic kidney disease

Inference

Out of 40 cases, 75% of cases were taken Siddha treatment, 20% of cases were taken siddha and alopathy treatment, and 5%of cases were not taken any treatment and no cases were taken treatment in alopathy alone. It is shown table 5.

Past Illness Distribution

Table 7: Distribution of the sample patients reporting NIS OPD according to Past illness Present in chronic kidney disease

Past illness distribution	Percentage	Number of cases
Diabetes mellitus	17.5%	7
Hyper tension	37.5%	15
Coronary artery disease	0%	0
Dm and htn	22.5%	9
Renal related disease	2.5%	5
No illness	20%	8

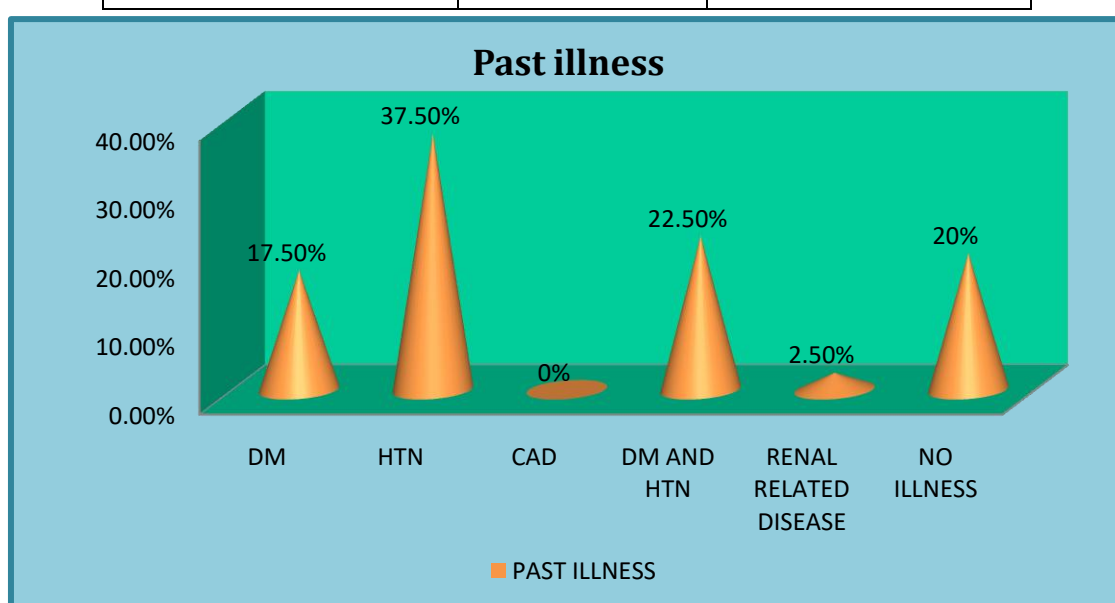


Diagram: 7 Distribution of the sample patients reporting NIS OPD according to Past illness Present in chronic kidney disease

Inference

Out of 40 cases, 17.5% of cases had Diabetes mellitus, 37.5% of cases had Hypertension, 22.5% of cases had Diabetes Mellitus and Hypertension 2.5% of cases had Renal related disease and 20% of cases had No illness and no patient had cardiac diseases. It is shown table 7.

Habitation Distribution

Table 8: Distribution of the sample patients reporting NIS OPD according to Habit

Habit distribution	Percentage	Number of patients
Smoking	12.5%	5
Tobacco	2.5%	1
Alcohol	7.5%	3
Smoking and alcohol	5%	2
Bad habits	72.5%	29

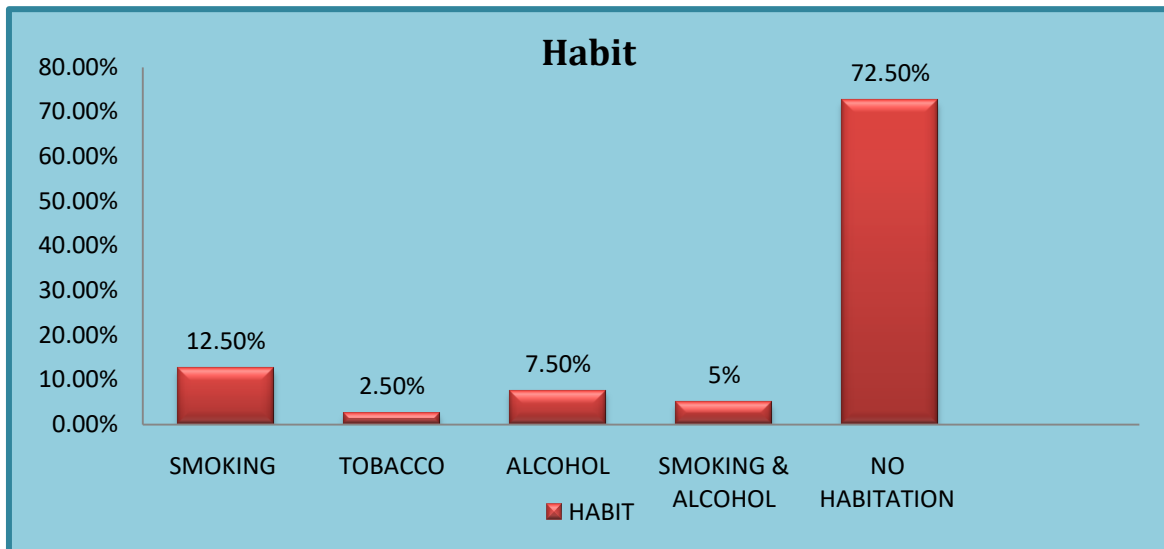


Diagram: 8 Distribution of the sample patients reporting NIS OPD according to Habit

Inference

Out of 40 cases, 12.5% of cases were smoker, 2.5% of cases were tobacco taker, 7.5% of cases were alcoholic, 5% of cases had smoking and alcoholism, and 72.5% of cases had No bad habits. It is shown table 7.

Naadi Distribution

Table 9: Distribution of the sample patients reporting NIS OPD according to Naadi

Naadi distribution	Percentage	Number of patients
<i>Vadham</i>	2.5%	1
<i>Vatha Pitham</i>	15%	6
<i>Vatha Kabham</i>	20%	8
<i>Pitham</i>	0%	0
<i>Pitha Vatham</i>	2.5%	1
<i>Pitha Kabham</i>	2.5%	1
<i>Kabham</i>	7.5%	3
<i>Kabha Vatham</i>	17.5%	7
<i>Kabha Pitham</i>	7.5%	3
<i>Muklutram</i>	25%	10

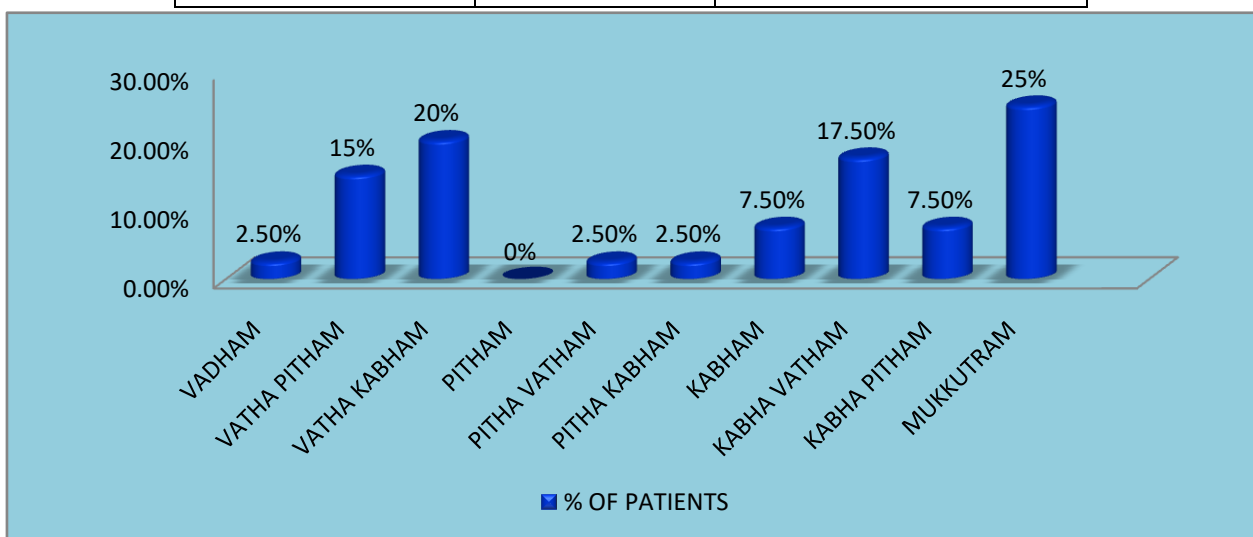


Diagram 9: Distribution of the sample patients reporting NIS OPD according to Naadi

Inference

Out of 40 cases, 2.5% of cases were with *Vatham*, *Pithavatham* and *Pitha Kaba Naadi*, 15% of cases were with *Vathapitha Naadi*, 20% of cases were with *Vathakabam Naadi*, 7.5% of cases were with *Kaba Naadi*, 17.5 % of cases were with *Kabavatha Naadi*, 7.5% of cases were with *Kabapithanaadi* and 25% of cases were with *Mukkuatranaadi*. It is shown table 9.

Neikkuri Distribution

Table 10: Distribution of the sample patients reporting NIS OPD according to Neikkuri

Neikkuri distribution	Percentage	Number of patients
<i>Vatham</i>	0%	0
<i>VathaPitham</i>	15%	6
<i>VathaKabam</i>	2.5%	1
<i>Pitham</i>	0%	0
<i>PithaVatham</i>	10%	4
<i>PithaKabam</i>	0%	0
<i>Kabam</i>	20%	8
<i>KabaVatham</i>	7.5%	3
<i>KabaPitham</i>	30%	12
<i>Mukkutram</i>	15%	6

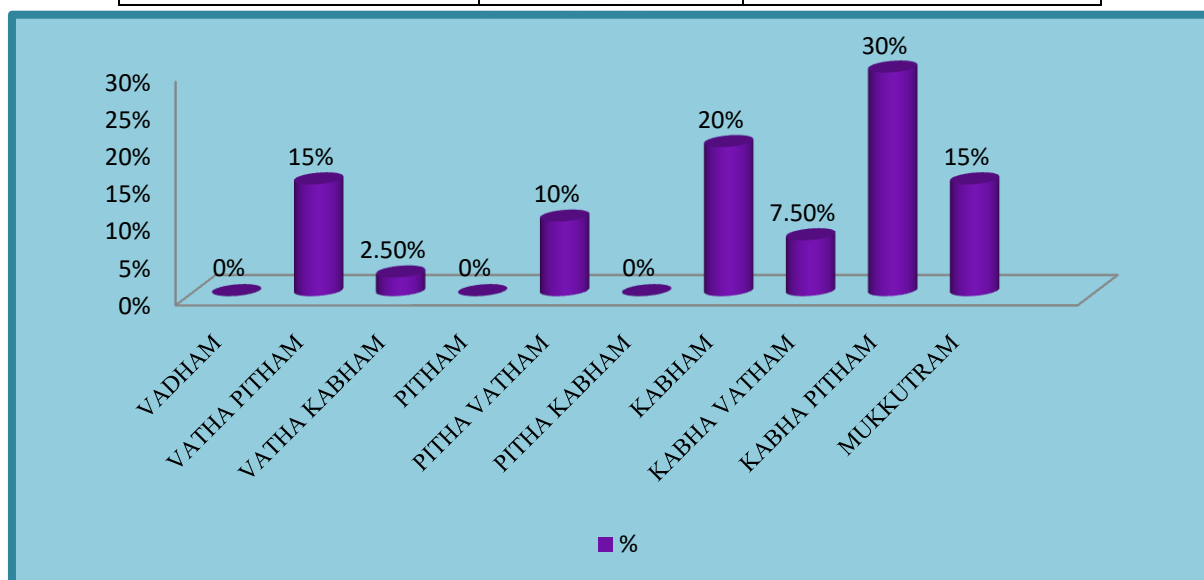


Diagram 10: Distribution of the sample patients reporting NIS OPD according to Neikkuri

Inference

In 15% of cases *Neikkuri* was *Vathapitham neikkuri*, 2.5% of cases had *Vathakaba neikkuri*, 10 % of cases had *Pithavathaneikkuri*, 20 % of cases had *Kabam neikkuri*, 7.5% of cases had *Kabavatham neikkuri*, 30% of cases had *Kabapitha neikkuri* and 15% of cases had *Mukkuatra neikkuri*. It is shown table10.

DISCUSION

Neikkuri is exclusive Siddha method of diagnostic urine examination propounded by *Theraiyar*. This is an efficient method in elucidating the prognosis of given disease. The 40 cases were

screened and selected for this study from the Out Patient Department of national institute of Siddha.

Among the 40 cases, age group of the patient were distributed as, 53% around 40-60 years, 38% above 60 years, 7% around 30-40 years, 2% below 30. It represents the patients who were in 40-60 years of age group most affected in chronic kidney disease.

Among the 40 cases, gender was distributed as, 62.5% male, 37.5% female.

Occupation of the 40 cases distributed as, 82.5% had field work, and 17.5% had desk work. It

may be the reason of poor intake of water and heavy physical work of field work.

Among the 40 cases, food habitations of the patients were 100% of non vegetarian. Most of them take chicken and fish in their food.

In family history distribution, in 40 cases 90% patient did not had any family history and 10% of patient had the family history of Chronic Kidney Disease.

Among the 40 cases, 75% of patients already had treatment in Siddha, 20% of them take treatment in Siddha and allopathic and 5% of patients did not had any treatment.

Among the 40 cases, 37.5% had hypertension, 22.5% had diabetic and hypertension, 20% did not had any kind of illness, 17.5% had diabetes mellitus and 2.5% had renal related diseases.

Among the 40 cases, habitations of the patients were distributed as, 72.5% did not had any bad habitation, 12.5% had smoking habit, 7.5% were alcoholic, 5% were smoking with alcoholic habits and 2.5% were tobacco chewing.

Naadi of the 40 cases were distributed as, 25% of patients had *Mukuttranaadi*, 17.5% of cases had *Kabavathanaadi*, 20% of patients had *Vadhakabanaadi*, 15% had *Vadhapithanaadi*, 7.5% had *Kabapithanaadi* and *Vadham*, *Pithavatham*, *Pithakabamnaadi* were distributed in 2.5%.

Neikkuri had distributed in 40 cases as, 30% of cases had *Kabapithakuri*, and 20% had *Kabakuri*, each *Vadhapitham* and *Mukuttramneikkuri* presented in 15% of the patient. 10% of patients had *Pithavadhakuri*, 7.5% had *Kabavadhakuri* and 2.5% had *Vadhakabakuri*.

CONCLUSION

In *Neikkuri*, spreading nature and shape of the oil were observed. That helps to diagnose the disease with Siddha concept.

In most of the cases, the shape of the *Neikkuri* was observed in coin and vacuolated sieves. It indicates *Kabapithakuri* in Siddha literature. It has slowly spreading nature.

According to our literatures, the slow spreading *Neikkuri* indicates good prognosis.

This study also shows that in many cases the slow spreading *Neikkuri* was observed.

Most of the chronic kidney disease cases were affected by hypertension. It rule out the hypertension may be the common reason for Chronic Kidney Disease.

Out of 40 cases, most of the patients have *Mukuttranaadi*; it may depend on the affect of the *Udalthathukkal*.

This study helps to provide scientific data for the diagnostic method of Siddha. It concluded that *Kabapithaneikkuri* is most common in chronic kidney disease.

REFERENCES

1. Dr.M.Shanmugavelu H.P.I.M, Noinaadal Noi Mudhal Nadal Pagam -I, Pg N0-282
2. Dr.M.Shanmugavelu H.P.I.M, Noinaadal Noinaadal Noi Mudhal Nadal Pagam -II Edition-2003.
3. R.Alagappan Manual of practical medicine, 4th Edition, Page No:414.
4. S.B.Ramachandran, Theraiyar Neerkuri vaithiyanoole-Neerkurinoole-Neekkurinoole moolamu muraium, Page No:24, Edition -June 2000.
5. Agathiyar Neerparitchai (Theraiyar Viruththam) Sigicha Rathna Deepam Ennum Vaithiyanoole, page no :18.
6. T.V.Samasivampillai Dictionary of medicine Edition -1992. page no :214.
7. Robert Thomas, Abbas kanso, John R sedor. Chronic kidney disease and its complications article. Prim Care. 2008 June ; 35(2): 329-vii.

Cite this article as:

P.Kayal vizhi, H.Vetha Merlin Kumari, S.Mohan, N.J.Muthukumar. Observation of Siddha Diagnostic Parameter Neikkuri (Oil on Urine Sign) in Chronic Kidney Disease Patients. International Journal of Ayurveda and Pharma Research. 2019;7(12):40-47.

Source of support: Nil, Conflict of interest: None Declared

*Address for correspondence

Dr.H.Vetha Merlin Kumari
Associate professor,
Department of Maruthuvam,
National Institute of Siddha,
Chennai-47
Email: dr.vetha@gmail.com