

# Diagnostic Methods in Traditional Medicine System

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*sMenpa Final Year (2007-08)*

## Introduction

A patient according to Tibetan medicine is examined in three different ways, viz.

- (1) *blta* or observation,
- (2) *reg-pa* or palpation, and
- (3) *dri-ba* or interrogation.

By interrogation, information regarding the causative factors of the disease like food, drinks and conduct could be ascertained. The subjective symptoms from which the patient is suffering could also be ascertained by this method. This will help the physician to determine the *nes-pa* which is responsible for the causation of the disease, and the exact nature of the disease

The tongue and the urine are examined by *blta-ba* or observation. Reddishness, dryness and roughness of the tongue indicate the aggravation of *rlun*. If the tongue is covered with thick and yellowish material, then *mkhis-pa* is aggravated. If the tongue is gray, thick lusterless and smooth, then it is indicative of the aggravation of *bad-kan*. Urine examination provides authentic data regarding the exact nature and prognosis of the disease.

Examination of the pulse is the most important diagnostic tool which is performed by *reg-pa* or palpation.

## Pulse Examination

To diagnose a disease correctly in order to select the most appropriate therapy, and to predict the prognosis of the ailment by the examination of the pulse of the patient is one of the significant features of Traditional medicine. The expertise in this field develops in different stages. Ordinary physicians can determine the aggravation of either *rlun* or *mkhrispa* or *bad-kan* from the pulse examination, and decide upon the mode of treatment required by the patient. An experienced physician can find out the morbidity in the solid and hollow viscera (vital organs) in the patient to suggest the exact therapeutic measures required by him. An expert physician dedicated to the practice of the mantra of *Bhaijya-guru* (Medicine Buddha) can diagnose even the ailments of the close relatives like husband, wife, son, daughter, father and mother by examining the pulse of another person. Apart from the physical ailments, the physician can also ascertain the condition of the mind and spirit of the patient through pulse examination.

Unnatural or stimulating food, drinks and regimens may interfere with the pulse examination. Therefore, the patient should not take heavy food, alcoholic drinks and such other stimulating and heavy ingredients in the night prior to the examination of pulse. He should have slept well (unless he is suffering from insomnia) and should not indulge in sexual intercourse during the

night before the examination of pulse. Since pulse examination needs a lot of concentration of mind, the physician should also avoid such a heavy food, drinks and sexual intercourse.

The best time for the examination of pulse is the early morning after the patient has visited toilet and when in a relaxed mood and in empty stomach. Of course, pulse can be examined any time in emergency. But it should be ensured that the food and drinks consumed by the patient earlier are already digested. In the case of female patients, pulse examination should be avoided during menstrual period because of the hormonal disturbance associated with it. But if the patient has any gynecic ailment, pulse examination can be done even during this period.

Generally, pulse is examined over the radial artery in the hand. Physicians examine the pulse of both hands of the patient. In the female patients, the right hand pulse is examined first followed by the left hand. In the case of male patients, the pulse of left hand is examined first followed by the right hand. During pulse examination, the patient sits in front of the physician. The physician, with the help of his palm supports the hand of the patient at the elbow joint. With his right hand, he examines the pulse of the left hand of the patient, and with his left hand he examines the pulse of the right of the patient. Adept physicians even examine the pulse of both the hands simultaneously.

Over the radial artery which is located below the thumb, the physician puts three of his fingers, namely the index, middle and ring fingers simultaneously and applies uniform pressure. The hand of the patient should be slightly bent at the wrist joint so that the lines below the thumbs are clearly visible. Below the prominent line, the space equal to the size of the thumb of the patient should be left out, and thereafter, the index finger should be followed by the remaining fingers in such a way that the fingers of the physician should be closed to each other, but should not touch each other. With his three fingers, the physician places uniform pressure over the artery. Since the space below index finger is bony, and the space below the ring finger is fleshy, for uniformity of the pressure on the artery, the index finger should be lightly pressed, the middle finger should be pressed slightly more, and the ring finger should be pressed much more. This technique is important, and is perfected through a long practice.

Apart from the rate, rhythm, volume and tension, the physician is more concerned with how and where he feels the pulsation. If the pulse gives empty feelings, and there are missing beats, this indicates aggravation of *rlun*. Aggravation of *mkhris-pa* is indicated by quick, spreading and subtle pulse. If *bad-kan* is aggravated, then the physician feels as if the artery is sunk to the bottom, and it is weak as well as slow.

The physician, with concentration of mind, repeatedly examines the pulse by withdrawing the pressure and again pressing the radial artery. He then examines where the pulsation is felt. For this purpose, the finger tips of the physician are divided into two parts- the upper or external part and lower or internal part. The feeling of the pulse in the former part indicates morbidities in the solid viscera, and the feeling in the hollow viscera.

In male patients, while examining the pulse on his left hand, the feeling (pulsation) obtained by the physician, while examining through the fingers of his hand, indicates morbidities as follows:

- (1) The feeling of pulsation in the upper part of the index finger indicates morbidity in the heart;
- (2) The feeling of pulsation in the lower part of the index finger indicates the morbidity in the small intestine;
- (3) The feeling of pulsation in upper part of the middle finger indicates the morbidity in the spleen;
- (4) The feeling of pulsation in the lower part of the middle finger indicates the morbidity in the stomach;
- (5) The feeling of pulsation in the upper of the ring finger indicates the morbidity in the left kidney; and
- (6) The feeling of pulsation in the lower part of the ring finger indicates morbidity in the *bsam se`u* (*genital organs*).

In male patients, while examining the pulse of his right hand, the feeling (pulsation) obtained by the physician, while examining through the fingers of his left hand indicates morbidities as under:

- (1) The feeling of pulsation in the upper part of the index finger indicates morbidity in the lungs;
- (2) The feeling of pulsation in the lower part of the index finger indicates morbidities in the large intestine;
- (3) The feeling of pulsation in the upper part of the middle finger indicates the morbidities in the liver;
- (4) The feeling of pulsation in the lower part of the middle finger indicates the morbidities in the gall-bladder;
- (5) The feeling of pulsation in the upper part of the ring finger indicates the morbidities in the right kidney; and
- (6) The feeling of pulsation in the lower part of the ring finger indicates the morbidities in the urinary bladder.

In female patients, while examining the pulse of her right hand, the feeling (pulsation) obtained by the physician, while examining through the fingers of his left hand indicates morbidities as under:

- (1) The feeling of pulsation in the upper part of the index finger indicates morbidities in the heart; and
- (2) The feeling of pulsation in the lower part of the index finger indicates morbidities in the small intestine.

The feelings in the remaining fingers indicate similar morbidities as in the case of male.

In female patients, while examining the pulse of her left hand, the feeling (pulsation) obtained by the physician, while examining with the right hand indicates morbidities as under;

- (1) The feeling of pulsation in the upper of the index finger indicates morbidities in the lungs; and
- (2) The feeling of pulsation in the lower part of the index finger indicates morbidities in the large intestine.

The feelings in the remaining fingers indicate similar morbidities as in the case of male patient.

### **Urine examination**

Next to pulse, urine is perhaps the most important diagnostic tool for the diagnosis of the disease for determining the exact treatment required by the patient, and for eliciting information regarding the prognosis of the disease. Urine is one of the three important waste products which is regularly excreted from the body. Along with the aqueous materials, urine carries many soluble and insoluble ingredients from the blood and the urinary tract, thereby imparting specific colour, odour, turbidity, etc. to it. The other two important waste products which are regularly excreted from the body are the sweat and the stool, and they considerably influence the nature of the urine during different parts of the day and night, and during different seasons. These normal physiological changes are always to be kept in view while examining urine for the diagnostic purpose, and for arriving at the prognosis of the disease.

Depending upon the seasonal effects, during different parts of the day, the colour of the normal urine varies from absolute transparency to yellowishness. It has characteristic urinous odour and free from any sediment.

The food, drinks and conduct of the patient during the previous night may considerably affect the physical and chemical nature of the urine. In order to prevent such superimposed characteristics which may interfere in the exact diagnosis, the patient should avoid taking any heavy food, alcohol, etc., and should refrain from sexual intercourse.

Urine examination of women during their menstruation should be avoided, and while collecting urine for examination, it should be ensured that the physiological and pathological secretion of the nearby genital tract does not get mixed up with the urine.

For examination, urine should be collected during the early in the morning, and the examination should be carried out as early as possible before any significant change, both physical and chemical, takes place in it. Both in males and females, the first and the last parts of the urine-flow should be rejected, and urine of the middle part only should be collected for examination. The container or bottle to be used for containing urine should be of glass. It should be free from any greasy material or chemical used for washing it. It should be well capped to prevent dust and wind.

For actual examination, urine should be poured into a porcelain or glass beaker which is also free from greasy material and traces of chemical used for its washing.

The urine examination is carried out in different stages as follows:

- (1) When it is fresh and warm;
- (2) During the process of its becoming cold; and
- (3) After it has become cold.

Apart from colour, odour, vapour (which emanates from the surface of the urine when it is exposed to air), turbidity (caused by suspended material in the urine) and sediments (which settle down at the bottom of the collecting bottle), urine is specially examined with reference to the bubbles which emanate when it is stirred with the help of a bundle of fine sticks. About five or six slender sticks having flat bottom are loosely tied with a thread at the middle portion, and the urine is stirred with it. The nature of the bubble, the way these appear and disappear are examined.

Diseases are caused by the aggravation or vitiation of three *nes-pas*, viz., *rlun*, *mkhris-pa* and *badkan*, among others and their vitiation produces some characteristic changes in the urine. Thus, by urine examination, the physician can ascertain the condition of these *nes-pas* which enables him to correctly diagnose the disease, and predict the prognosis.

If *rlun* is aggravated, the urine becomes brownish gray in colour and slightly odorous. Moderate quantity of steam comes out which disappears quickly. The urine is less turbid. When stirred, large bubbles of bluish white colour appear which remain for sometime and then disappear. The sediments are fibrous nature, and they are so light that often they remain suspended throughout the entire urine.

If *mkhris-pa* is aggravated, the colour of the urine becomes yellow or dark-red, and strong pungent or putrid smell comes out of it. The urine produces profuse quantity of steam which continues to emanate for a long time. The urine is turbid. When stirred, bubbles of small size and yellowish colour appear in large quantity, and they disappear quickly. Large quantity of sediments appears in this type of urine.

If there is aggravation of *bad-kan*, then the urine becomes milky white in colour. There is less odour, and less of steam emanate from it. It is turbid in nature. When stirred, bubbles of small size and close to each other appear in large quantity. These bubbles do not disappear even after stirring is over for a long time.

The urine exhibit different other characteristic features to indicate the simultaneous vitiation of two or all the three of these *nes-pas*. Some of these characteristic features even indicate the exact nature of the disease and its prognosis. Such detailed study of the urine needs profound theoretical knowledge and practical experience under the supervision of an expert Masters and experienced senior Drungtshos.