A STUDY ON

ATTASOOLAI

(DISSENTATION SUBJECT)

For the partial fulfillment of the requirements to the Degree of

DOCTOR OF MEDICINE (SIDDHA)

BRANCH V – NOI NAADAL DEPARTMENT

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CHAPTER-1

INTRODUCTION

Siddha system of Medicine is an integral part of Indian culture over a span of 5000 yrs. Of all the systems of Medicine practiced all over the world, it is undoubtedly the oldest transcending centuries and millenniums.

The word ‘Siddha’ means ‘SIDDHI’ which means ‘Perfection’, ‘Heavenly bliss’ or ‘An object to be achieved’.

Siddha system has its origin from Saivism, (ie) Lord Shiva who disclosed the secret to Parvathi, then to Nandhi Devar, which was later passed on to the 18 siddhars.

The Siddhars were the great spiritual scientists in ancient times with high intellectual spiritual and supernatural faculties. The Siddhars dominated in their contribution to the Siddha system in all fields of science, ie., Astrology, Astronomy, Medicine, Alchemy, Philosophy, Chemistry, Rejuvenation, Immortality, Magic and Metaphysics. Relating to Medicine, the Siddhars have utilized Herbs, Metals, Minerals and Animal Products.

Siddha Medicine, the Traditional Tamil Medicine is the first system to emphasize health as the perfect state of physical, psychological, social and spiritual component of a human body.
Thirumoolar stresses the importance of maintaining a healthy body. He says that when one’s body deteriorates, the soul also deteriorates, and prevents the person from attaining meignanam. He says that by knowing the methods of protecting the body from deterioration can obtain longevity of the soul.

Siddhars have mentioned the functions and constituents of the body in a beautiful way. All the things in this universe including man are made up of five basic elements namely ‘Pancha Boothams’. They are Mann, Neer, Thee, Vaayu and Aagayam.

And thus ‘Uyir Thathukal’ namely Vali, Azhal and Iyyam are also formed by the combination of Pancha Bootham’s

Food habits and daily activity of an individual play a major role in causing disease.

Regarding food, it consists of 6 tastes, Enippu, Pulipu, Kaipu, Thuvarpu, Kaarpu, Uvarpu. They are made up of Pancha Bootham’s. When taking food in an abnormal proportion the five elements alter the Uyir Thathus and ends up in disease.

Prevention and cure of illnesses are the basic aims of any system of medicine. But our system has in addition, transcental motivation, a concern for what might be called the immortality of the body, as the soul also is immortal.
1.1 SIDDHA PHYSIOLOGY

All the existing things in this world and universe around it are made up by the five basic elements, namely Aagayam (Space), Vaayu (Air), Thee (Fire), Neer (Water), and Mann (Earth). They are called the Fundamental Boothams (Elements).

These elements constituting the human body and other worldly substances are explained as Pancheekaranam (Mutual Intra Inclusion). Anyone of these elements cannot act independently by itself. They can act only in co-ordination with the other four elements. The living creatures and the non-living things are made up of these five elements.

1.1.1 THE 96 BASIC PRINCIPLES (96 Thathuvam)

Siddhars described 96 principles as the constituents of Human being. They include Physical, Physiological, Psychological and Intellectual components of a person. They are nothing but the manifestations of the five basic Elements.
Bootham - 5 (Elements)

- Aakaayam – Space
- Vaayu – Air
- Thee – Fire
- Neer – Water
- Mann – Earth

Pori - 5 (Sense organs)

- Sevi (Ear) – It is a component of Aagayam bootham
- Mei (Skin) – It is a component of Vaayu bootham
- Kan (Eye) – It is a component of Thee bootham
- Naakku (Tongue) – It is a component of Neer bootham
- Mookku (Nose) – It is a component of Mann bootham

Pulan - 5 (Functions of sense organs)

- Kaetal – Hearing, It is a component of Aagayam bootham
- Thoduthal – Touch, It is a component of Vaayu bootham
- Paarthal – Vision, It is a component of Thee bootham
- Suvaithal – Taste, It is a component of Neer bootham
- Nugarthal – Smell, It is a component of Mann bootham

Kanmenthiriyam - 5 (Motor organs)

- Vaai (Mouth) – The speech occur in relation with Space element
- Kaal (Leg) – The walking take place in relation with Air element
- Kai (Hands) – Giving and taking are carried out with the Fire element.
- Eruvaai (Rectum) – The excreta is removed in association with water element
- Karuvaai (Sex Organs) – The sexual acts are carried out in association with the earth element
Kanmavidayam -5 (Functions of Motor organs)

- Vaarthaiyadal - Speech
- Nadathal - Walking
- Kodukal, Vaangal - Giving and taking
- Malam Kazhithal - Defecation
- Magizhthal - Sexual act

Antha Karanam - 4 (Intellectual faculties)

- Manam – Thinking of a thing
- Bhuddhi – Deep thinking or analyzing of the same thought
- Agankaaram – Determination to accomplish
- Siddham – The deciding faculty to finishing it.

Arivu - 1 (Wisdom of self realization)

Naadi - 10 (Channels of life force responsible for the dynamics of Pranan)

- Idakalai – Starts from the right big toe and ends at the left nostril.
- Pinkalai – Starts from the left big toe and ends at the right nostril.
- Suzhumunai – Starts from moolaathaaram and extends upto centre of head.
- Siguvai – Located at the root of tongue and helps in swallowing.
- Purudan – Located in right eye.
- Kanthari – Located in left eye.
- Atthi – Located in right ear.
- Allampudai – Located in left ear.
- Sanguni – Located in genital organ.
- Gugu – Located in anorectal region.
**Vayu - 10 (Vital nerve force which is responsible for all kinds of movements)**

- **Uyir kaal (Praanan):**

  This is responsible for the respiration of the tissues and digestion of the food taken in.

- **Keel nokku kaal (abaanan):**

  It lies below the umbilicus. It is responsible for the downward/onward expulsions of stools and urine.

- **Paravu kaal(viyaanan):**

  This is responsible for the motor and sensory function of the entire body and the distribution of nutrient to the various tissues.

- **Mael nokku kaal (Uthaanan):**

  It originates from utharakini. It is responsible for digestion, absorption, and distribution of food.

- **Nadu kaal (Samaanan):**

  This is responsible for the physical activities of the Vali, i.e. Praanan, abaan, viyaanan and uthaanan etc. Moreover it is responsible for the nutrient and water balance of the body.

- **Naagan:**

  It is responsible for the movements of the eye.

- **Koorman:**

  It is responsible for the opening and closing of the eyes and vision. Responsible for yawning.
Kirukaran: It is responsible for the moisture of the tongue and nose. Responsible for cough and sneezing and induce hunger.

Devathathan: This aggravates the emotional disturbances like anger, lust, frustration etc. An emotional disturbances influence is to a great extent the physiological activities to be responsible for the emotional upsets.

Dhanancheyan: Responsible for the plethora of the body Expelled from the head three days after the death.

Asayam - 5 *(Visceral Cavities)*

- Amarvasayam – Stomach (digestive organ). It lodges the ingested food.

- Pakirvasayam – Small Intestine. The digestion of food, separation and absorption of saaram from the digested food are done by this asayam.

- Malavasayam – Large Intestine, especially rectum. Responsible for the expulsion of undigested food parts and flatus.

- Chalavasayam – Urinary Bladder, kidney. Responsible for the formation and excretion of urine.

- Suckilavasayam – Genital organs. Place for the formation and growth of the sperm and ovum
**Kosam - 5 (Five States of the Human Body or Sheath)**

- Annamaya Kosam  - Physical Sheath (Gastro intestinal system)
- Pranamaya Kosam  - Respiratory Sheath (Respiratory system)
- Manomaya Kosam  - Mental Sheath (Cardio vascular system)
- Vignanamaya Kosam  - Intellectual Sheath (Nervous system)
- Ananthamaya Kosam  - Blissful Sheath (Reproductive system)

**Aatharam - 6 (Stations of Soul)**

- Moolatharam:
  Situated at the base of spinal column between genital organ and anal orifice. Letter “Y” is inscribed.

- Swathitanam:
  Located 2 finger above the Mooladharam, (i.e) between genital and navel region. Letter “f” is inscribed. Earth element attributed to this region.

- Manipooragam:
  Located 8 finger above the Swathitanam, (i.e) at the naval center. Letter “l” is inscribed. Element is water.

- Anaakatham:
  Located 10 finger above Manipooragam, (i.e) location of heart. Letter “s” is inscribed. Element is Fire.

- Visuthi:
  Located 10 fingers above the Anaakatham (i.e) located in throat. Letter “u” is inscribed. Element is Air.

- Aakinai:
  Located between two eye brows. Element is Space. Letter “b” is inscribed.
Mandalam - 3 (Regions)

- Thee Mandalam(Agni Mandalam):
  Fire Region, found 2 fingers width above the Moolathaaram

- Gnayiru Mandalam(Soorya Mandalam):
  Solar Region, located at 4 fingers width above the umbilicus.

- Thingal Mandalam(Chandra Mandalam):
  Lunar Region, located at the center of two eye brows

Malam - 3 (Three Impurities of the Soul)

- Aanavam:
  This act makes clarity of thought, knowing power of the soul, yielding to the egocentric consciousness like ‘I’ and ‘Mine’ considering everything is to his own.

- Kanmam:
  Goes in collusion with the other two responsible for incurring Paavam (the Sin) and Punniyam (virtuous deed).

- Mayai:
  Claiming ownership of the property of some one else and inviting troubles.

Thodam - 3 (Three Humors)

- Vali (Vatham) - It is creative force. Formed by Vaayu and Aakaya bootham
- Azhal (Pitham) - It is protective force. Formed by Thee bootham
- Iyyam (Kapham) - It is destructive force. Formed by Mann and Neer bootham

Eadanai - 3 (Physical Bindings)

- Porul Patru - Material bindings
- Puthalvar Patru - Offspring bindings
- Ulaga Patru - Worldly bindings
**Gunam - 3 (Three Cosmic qualities)**

- **Sathuvam (Characters of Renunciation or Ascetic Virtues)**
  - The grace, control of sense, wisdom, penance, generosity, excellence, silence, truthfulness are the 8 traits
- **Raso (Characters of Ruler)**
  - Enthusiasm, wisdom, valour, virtue, offering gift, art of learning, listening are the 8 traits
- **Thamo (Immoral Characters)**
  - Immortality, lust, killing, laziness, violation of justice, gluttonousness, false hood, forgetfulness, fraud.

**Vinai - 2 (Acts)**

- **Nalvinai** - Good Acts
- **Theevinai** - Bad Acts

**Ragam - 8 (The Eight Passions)**

- **Kamam** - Desire
- **Kurotham** - Hatred
- **Ulobam** - Stingy
- **Moham** - Infatuation (Intense or Sexual desire)
- **Matham** - Pride (The feeling of respect towards yourself)
- **Macharyam** - Internal Conflict
- **Idumbai** - Mockery
- **Ahankaram** - Ego

**Avathai - 5 (Five States of Consciousness)**

- **Ninaivu** - Wakefulness with the 14 karuvikaranathigal (5 pulan, 5 kanmaenthiriyam and 4 karanam) and feels the good and sad things.
• **Kanavu** - Dreams. In these 10 karuvikanathigal (5 pulan, 5 kanmaenthiriyam) except karanam present in the neck.

• **Urakkam** - Sleep. The state in which hearing and seeing can’t explained to others. The respiration present in the heart.

• **Perurakkam** - Repose (Tranquil or Peaceful State). The seevaanma stands in the naabi, producing the respiration.

• **Uyirpadakkam** - Insensibility to Surroundings. The seevaanma goes to moolathaaram and produce insensibility.

### 1.1.2 THE UYIR THATHUKKAL

Our Siddha system is based on the humoral theory. The three humors described in the Siddha medicine is a golden line continuous in physiology, and treatment or management. The 3 humors are called by different terminologies, Thosham, Uyirthathu, Kutram.

They are the physiological units of the Human body. They are Vali (Vatham), Azhal (Pitham) and Iyyam (Kapham). They are formed by the combination of the five elements. Accordingly Vali formed by the combination of Vali (Air) and Aagayam (Space). This is the Creative force. Azhal formed by Thee (Fire). This is the Force of Preservation. Iyyam formed by Mann (Earth) and Neer (Water). This is the Destructive Force. These three humours are in the ratio 4:2:1 in equilibrium or Normal condition, they are called as the Life Forces.
The formation of Uyir Thathukkal

“The formation of Uyir Thathukkal

The vali naadi is formed by the Abaanan and Idagalai. The Azhal nadi is formed by Praanan and Pinkalai. The Iyya naadi is formed by Samaanan and
1. Vali (Vatham)

Vali is soft, fine and the temperature (coolness and hotness) could be felt by touch.

- **The sites of Vatha**

According to vaithya sathakam, vali dwells in the following places:

- Umbilicus, rectum, faecal matters, abdomen, anus, bones, hip joint navel plexus, joints, hair follicle and muscles.

According to Saint Thirumoolar and Yuki muni, the places of vatham are the anus and below the naval region.
• **Properties of Vali:**

“அதுன்றி வலி மாறு எளியால் இனான குணப்பாடு பாதுகாப்பு முற்போக்கு நடுநிலையில்
சேரும் பண்புகளைப் போன்ற அறிவியல்
ஏற்றுதல் மாற்றாக அடுத்து அறும்”

- சென்னை முந்தியால் தில்லியா

• **The following are the natural properties of Vatham**

1. To stimulate the respiration
2. To activate the body, mind and the intellect.
3. To expel the fourteen different types of natural reflexes.
4. To activate the seven physical constituents in functional co-ordination.
5. To strengthen the five sense organs.

In the above process vatham plays a vital role to assist the body functions.

2. **Azhal (Pitham)**

The nature of Azhal is atomic. It is sharp and hot. The ghee becomes watery, salt crystalies and jaggery melts because of heat. The heat of Azhal is responsible for many actions and their reactions.

• **The seat of Azhal**

“அழல் பிளதம் பிளாவுலடுமல்லாமையாக
சா ராமய பிளாவுலடுமல்லாமை விளங்கும்
அல்லாஹ் பிளாவுழை அரசு அலுமத்
நிலா நினா இலாம் எனிலே
பனிராத இருவாயதில் போடும் போக்கு
போடும் திருச்சப்பு போடும்
அல்லாஹ் திருச்சப்பு போடும்
நினா நினா பிளாவு இலாம் எனிலே”

- கல்லாய தில்லியா
According to vaithiya sathagam, the pingalai, urinary bladder, stomach, stomach and heart are the places where Azhal sustains. In addition to the above places, the umbilicus, epigastric region, stomach, sweat, saliva, blood, essence of food, eyes and skin are also the places where Azhal sustains. Yugi muni says that the Azhal sustains in urine and the places below the neck.

- **The character of Azhal**
  Azhal is responsible for the digestion, vision, maintenance, of the body temperature, hunger, thirst, taste etc. its other functions include thought, knowledge, strength and softness.

- **The functions of Azhal**
  1. Maintenance of body temperature
  2. Produces reddish or yellowish colour of the body.
  3. Produce heat energy on digestion of food.
  4. Produces sweating
  5. Induces giddiness.
  6. Produces blood and the excess blood is let out.
  7. Gives yellowish colouration to the skin, eyes, faeces and urine
  8. Produce anger, heat, burning sensation, inaction and determination.
  9. Gives bitter or sour taste.
The types of Azhal

1. Aakkanal - Anala pitham or Pasaka pitham - The fire of digestion.
   It lies between the stomach and the intestine and causes digestion and dries up the moist ingested substance.

2. Vanna eri – Ranjaga pitham - Blood promoting fire
   The fire lies in the stomach and gives red colour to the chyme and produces blood. It improves blood.

3. Aatralanki – Saathaga pitham – The fire of energy.
   It gives energy to do the work.

   It gives colour, complexion and brightness to the skin.

   It lies in the eyes and causes the faculty of vision. It helps to visualize things.

3. Iyyam (Kapam):

   • The nature of Iyyam
     Greasy, cool, dull, viscous, soft and compact are the nature of Iyyam.

   • Seats of Iyyam
     “நையர் விசாரமான வுருவான
      கத்துமையாள் குடியாளாம் பக்தர் நீர்வெளியாம்
      நையர் விசாரமான வுருவான கையல்
      குடியாள் குடியாளாம் நீர்வெளியாம்
      நையர் விசாரமான வுருவான கையல்சித்தை
      கையல்சித்தை குடியாளாம்
      கையல்சித்தை குடியாளாம்
     வுருவான கையல் குடியாளாம் வுருவான கையல்
     கையல் குடியாளாம் வுருவான கையல்
     கையல் குடியாளாம்
     - வாழ்குமாசர்

   Head, tongue, eyes, nose, throat, thorax, bone, bone marrow, joints, blood, fat, sperm and colon are the seats of Iyyam. It also lies in the stomach, spleen, the pancreas, chyle and lymph.
• **The natural quality of Iyyam**
  Stability, greasiness, formation of joints, the ability to withstand hunger, thirst, sorrow and distress are the qualities. It also helps to withstand sufferings.

• **Functions of Iyyam**
  Greasiness, strength, roughness, knowledge, cool, growth, heaviness of bone, restriction of joint movements, pallor, indigestion, deep sleep and to have a sweet taste in tongue are the function of Iyyam. The skin, eyes, faeces and urine are white in colour due to the influence of Iyyam.

• **Five types of Iyyam:**
  1. **Ali iyyam** - Avalambagam
     Heart is the seat of Avalambagam. It controls all other types of Iyyam
  2. **Neerpi iyyam** - Kilethagam:
     Its location is stomach. It gives moisture and softness to the ingested food.
  3. **Suvai kaan iyyam** - Pothagam:
     Its location is tongue. It is responsible for the sense of taste.
  4. **Niraivu iyyam** - Tharpagam
     It gives coolness to the vision.
  5. **Ondri iyyam** - Santhigam
     It gives lubrication to the bones particularly in the joints.

1.1.3 THE UDAL THATHUKKAL

Udal Thathukkal is the basic physical constituents of the body. They are also constituted by the Five Elements.
Seven physical constituents of the body:

1. **Saaram** - This gives mental and physical perseverance.
2. **Chenneer** - Imparts colour to the body and nourishes the body.
3. **Oon** - It gives shape to the body according to the physical activity and covers the bones.
4. **Kozhuppu** - It lubricates the joints and other parts of the body to function smoothly.
5. **Enbu** - Supports the frame and responsible for the postures and movements of the body.
6. **Moolai** - It occupies the medulla of the bones and gives strength and softness to them.
7. **Sukkilam** - It is responsible for reproduction.

These are the seven basic constituents that form the Physical Body. The Bones are predominantly formed by the Earth component, but other elements are also present in it. All the three humours Vali, Azhal and Iyyam present in this 7 constituents. The intake food converted to udal thaadus in which the intake food is converted to saaram in the first day, and then it converted to chenneer in the second day, oon, kozhuppu, enbu, moolai and sukkilam respectively in the following days. So in the seventh day only the intake food goes to the sukkilam.

### 1.1.4 UDAL THEE (Four kinds of body fire)

There are four kinds of body fire. They are Samaakkini, Vishamaakkini, Deeshaakkini and Manthaakkini.

1. **Samaakkini**
   
The digestive fire is called as Samaakkini. This is constituted by Samana Vayu, Anala Pitham and kilethaga Kapham. If they are in normal proportion then it is called as Samakkini. It is responsible for the normal digestion of the food.
2. Vishamaakkini

Due to deranged and displaced Samana Vayu, it takes a longer time for digestion of normal food. It is responsible for the indigestion due to slow digestion.

3. Deeshaakkini

The samana vayu rounds up the Azhal, which leads to increased Anala Pitham, so food is digested faster.

4. Manthaakkini

The samana vayu rounds up the Iyyam, which leads to increased kilethaga Kapham. Therefore, food is poorly digested for a very longer period and leads to abdominal pain, distention heaviness of the body etc.

1.1.5 THINAI

- There are five thinai (the land)
  1. Kurinchi - Mountain
  2. Mullai - Forest
  3. Marudham - Agricultural land
  4. Neidhal - The coastal area
  5. Paalai - Desert

- Features of the five regions
  1. Kurinchi

"நைர்ந்த உள்ளூர்கள் ஒன்றாகும் உள்ளிடையே... அல்லது குழு கொண்டு உள்ளூர்கள் ஒன்றாகும் உள்ளிடையே... குழு கொண்டு உள்ளூர்கள் ஒன்றாகும்..." - பாகாரிக் சோ விங்காராயில்
INTRODUCTION

Fever causing anemia, any abnormal enlargement in the abdominal organ (Vayitril aamai katti). Also leads to Iyya disease

2. Mullai

"புலபுல என்று பெற்றுச் செய்யவும் விளைவாய் செய்யவும்
புலபுல என்று பெற்றுச் செய்யவும் விளைவாய் - அழகைத்
நிரலின் பாதுகாப்பு வேண்டும் தொட்டு அழகைத்
நிரலின் பாதுகாப்பு வேண்டும்".

- பகாண்டு தென் சிக்காவளி

This mullai land leads to the Azhal disease, and Vali disease.

3. Marudham

"பருதியை மதிக்கை மட்டுமேனு மாற்றும்
பருதியை மதிக்கை மாற்றும் - அழகைத்
தொலைத் தறு எளிளநிலைச் செயலாயின
தொலைத் தறு எளிளநிலைச் செயலாயின"

- பகாண்டு தென் சிக்காவளி

All the Vali, Azhal and Iyyam disease will be cured in this land.

4. Neidhal

"நீத்தோய் ஒண்டமை பின் விளைவாய்
நீத்தோய் ஒண்டமை பின் விளைவாய் - நீத்தோய்
ஒண்டமை பின் விளைவாய் விளைவாய் கூட்டுமில்லாமல்
ஒண்டமை பின் விளைவாய் கூட்டுமில்லாமல்"

- பகாண்டு தென் சிக்காவளி

This place induces Vali diseases and affects liver and intestines.
5. Paalai

“This land produces all the three Vali, Azhal and Iyyam disease

1.1.6 KAALAM

Ancient Tamilians had divisions over the year into different seasons known as Perumpozhudhu and likewise in the day, it is known as Sirupozhudhu

Perumpozhudhu:

The year is divided into six seasons. They are,
1. Kaarkalam
2. Koothir
3. Munpani
4. Pin pani
5. Ilavenil
6. Mudhuvenil

Sirupozhudhu

The day has been divided into six yamams of four hours each. They are Maalai (evening), Idaiyammam (Midnight), Vaikarai (Dawn), Kaalai (Morning), Nannpakal (Noon), Erpaddu (Afternoon). The each Perumpozhuthu and sirupozhuthu are associated with the three humours naturaly.
1.1.7 SIDDHA ANATOMY

As per the literature Pathinen Siddhar nadi sasthiram the Siddha anatomy were found.

"உடையோம் குரையோம் மரணத்துணையும் பெருந்தான்குறிக்கும் மிழாவுக் குழுக்குக் காக்கும் விளையாட்டு குறிப்பிட்டு பெருந்தான் ஒழுங்கம் செய்வதற்குவிட்டது குறிப்பிட்டு விளையாட்டு குறிப்பிட்டு பெருந்தான் ஒழுங்கம் செய்வதற்குவிட்டது குறிப்பிட்டு விளையாட்டு குறிப்பிட்டு பெருந்தான் ஒழுங்கம் செய்வதற்குவிட்டது குறிப்பிட்டு விளையாட்டு குறிப்பிட்டு பெருந்தான் ஒழுங்கம் செய்வதற்குவிட்டது குறிப்பிட்டு விளையாட்டு குறிப்பிட்டு பெருந்தான் ஒழுங்கம் செய்வதற்குவிட்டது குறிப்பிட்டு விளையாட்டு குறிப்பிட்டு பெருந்தான் ஒழுங்கம் செய்வதற்குவிட்டது குறிப்பிட்டு விளையாட்டு குறிப்பிட்டு பெருந்தான் ஒழுங்கம் செய்வதற்குவிட்டது குறிப்பிட்டு விளையாட்டு குறிப்பிட்டு பெருந்தான் ஒழுங்கம் செய்வதற்குவிட்டது குறிப்பிட்டு விளையாட்டு குறிப்பிட்டு பெருந்தான் ஒழுங்கம் செய்வதற்குvaisu-kulam gistinguished as the 5 Ks."

The Height of once individual is 96 finger of his own finger.the total muscle weight is 125 palam, Each Eye - 2 Kalanchi weight, Nose - 3 Kalanchi Edai, Tongue -4 Kalanchi edai, total bones weight - 120 palm, Liver - 8 palm, the total gastrointestinal tract length is 32 Muzham, Moolai is 8 palm. Blood - 30 uzhakku and 72000 Nadikal.

1.1.8.THE ASTROLOGY

Macrocosm and microcosm

Man is said to be microcosm, and the world is macrocosm; because what exist in the world exist in man. Man is an integral part of universal nature. The forces in the microcosm (man) are identical with the forces of the macrocosm (world). The natural forces acting in and through the various organs of the body are intimately related to
the similar or corresponding forces acting in and through the organism of the world. This closely follows the Siddhars doctrine

"असीमानात्मक असार्वशिष्य असंगमो
असमानं असमर्थ्यं असंगतं
असीमसे असार्वशिष्य असंगतं
असमानसे असार्वशिष्य असंगतं
असीमसे असार्वशिष्य असंगतं"
- सांस्कृतिक अध्याय

Astral influences:

All the influences that come from the sun, planets and stars act on human bodies.

Moon exercises a very bad influence over the disease in general, especially during the period of new moon. Examples are paralysis, brain affections, dropsy, and stimulation of sexual passions. Mars causes women’s suffering from want of blood and nervous strength. A conjugation of the moon with other planets such as Venus, mars, etc may make her influence still more injurious.

The 8th place from the laghanam deals about ones age, chronic disease, death etc.

"साहानात्मक असार्वशिष्य असंगमो असंगतं
असार्वशिष्य असंगमो असंगतं
असार्वशिष्य असंगमो असंगतं
असार्वशिष्य असंगमो असंगतं
असार्वशिष्य असंगमो असंगतं"
- सांस्कृतिक अध्याय

In the organisms of man, these forces may act in an abnormal manner and cause disease. Similarly in the great organism of the cosmos they may act abnormally likewise and bring about disease on earth and its atmospheric condition like earthquake, storms etc. The mar invisibly influences human’s blood constituents. The Venus makes love between two persons of the opposite sex.

The following are the instance in which every sign of the zodiac has effects towards some particular parts of the body.

1. Aries - To the neck
2. Taurus - Neck and shoulder
3. Gemini - Arms and hands
5. Leo - The heart and stomach
6. Virgo - The intestine, base of stomach and umbilicus
7. Libra - Kidney
8. Scorpio - Genitals
9. Sagittarius - Lips
10. Capricorns - Knees
11. Aquarius - Legs
12. Pisces - Feet

2. According to literature Thiruvalluvar periya sunthara sekaram.

1. Mesam – Head
2. Risabam – Face
3. Mithunam – Neck
4. Kadagam – Shoulder
5. Simmam – Chest
6. Kanni – Side of body
7. Thulam – Posterior trunk (muthugu), stomach
8. Virutchigam – Testis
9. Thansu – Thigh (thudai)
10. Magaram – Knee
11. Kumbam – Calcanium
12. Minam – Foot
The different planets influence the human organ.

1. According to literature Siddha maruthuvanga surukkam:

   Like the signs of the zodiac, each of the planets has jurisdiction over some parts of the body. The seven planets exercise special power over some parts of the body to cause disease or diseases according to their influences on the three humors in the system:

1. **Saturn**

   It presides over bones, teeth, cartilages, ear, spleen, bladder and brain and gives rise to fever, leprosy, tabes, paralysis, dropsy, cancer, cough, asthma, phthisis, deafness of the right ear, hernia, etc.

2. **Jupiter**

   It has jurisdiction over the blood, liver, pulmonary veins, diaphragm, muscles of the trunk and sense of touch and smell.

3. **Mars**

   It has power over the bile, gall bladder, left ear, pudendum, kidneys, fever, jaundice, convulsions, hemorrhage, carbuncle, erysipelas, ulcer etc.

4. **Venus**

   It presides over the pituitous blood and semen, throat, breast, abdomen, uterus, genitalia, taste, smell, pleasurable sensation, gonorrhea, barrenness, abscesses or even death from sexual or poison.

5. **Mercury**

   It has jurisdiction over the animal, spirit, over legs, feet, hands, fingers, tongue, nerves and ligaments and produces fevers mania, phrenitis, epilepsy, convulsion, profuse expectoration or even death by poison, witchcraft and so on.
### Planets and Organ Influenced

<table>
<thead>
<tr>
<th>Planets</th>
<th>Organ Influenced</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Solar force</td>
<td>Heart</td>
</tr>
<tr>
<td>2. Lunar force</td>
<td>Brain</td>
</tr>
<tr>
<td>3. Mars</td>
<td>Gall Bladder</td>
</tr>
<tr>
<td>4. Mercury</td>
<td>Kidney</td>
</tr>
<tr>
<td>5. Venus</td>
<td>Lungs</td>
</tr>
<tr>
<td>6. Jupiter</td>
<td>Liver</td>
</tr>
<tr>
<td>7. Saturn</td>
<td>Spleen</td>
</tr>
</tbody>
</table>

2. According to literature Thiruvalluvar periya sunthara sekaram.

| 1. Sooriyan     | head                  |
| 2. Santhiran    | face                  |
| 3. Sevvai       | chest                 |
| 4. Puthan       | center of posterior trunk |
| 5. Guru         | stomach               |
| **6. Sukiran**  | **groin, genitalia**  |
| 7. Sani         | thigh (thudai)        |
| 8. Raagu        | hands                 |
| 9. Kedhu        | legs                  |

The related Rasi and the organs, like wise the related Kiragam and organs are more prone to disease in their corresponding organ itself. Therefore, the human body is impregnated with the vital forces to be affected by the astronomical bodies in the sky. With the augmented spiritual force, a sage is able to control the above said planets. The others are activated by the force of these asteroids.

So by the literature Sithamaruthuvanga surukkam, T.V.S dictionary, Thiruvalluvar periya sunthara sekaram, the genitalia is closely related to **scorpio** (virutchigam), Venus (sukiran).
1.2 Siddha pathology

This is the first medical system to emphasize health as the perfect state of Physical, Psychological, Social and Spiritual component of human being. The condition of the human body in which the dietary habits, daily activities and the environmental influence keep the three humours in equilibrium is considered as Healthy Living.

DISEASE

Disease is also known by other names via malady, sickness, distemper, suffering, and ailment, distress of mind, chronic disease and dreadful illness.

THE CHARACTERISTICS OF DISEASE:

Disease is of two kinds:
1. Pertaining to the body and disease
2. Pertaining to the mind according to the variation of the three humors.

Cause for Disease:

Excepting the disease caused by our previous birth, the disease caused by our present birth is due to our food habits and actions.

This has been rightly quoted in the following verse by saint Thiruvalluvar:

*“மருதவில்லா தொல்லியல்களின் முழு மன்னாரின் நான்கு சுவாசக்கறையின் (துறை)”*

The food and action of a person should be in harmony with the nature of his body. Any increase or decrease in a humor viz. Vali (vatham), Azhal (pitham), Iyyam (kapham) leads to the derangement of the three humors. The acceptance of food means the taste and quality of the food eaten and a person’s ability to digest. Actions mean his good words, deeds or bad actions. According to Thiruvalluvar the disease is caused due to the increase or decrease in the equilibrium of three humors.
So disease is a condition in which there is derangement in the Five Elements, which alters the three humours, which is also reflected in the Seven Physical Constituents. The change could be an increase or decrease in the equilibrium. They show their following signs as per the vitiation of individual humour.

**Functions of deranged Vali (Vatham)**

Body ache and pain, pricking pain, the pain is as though the body is tightly bound by cords, nervous debility, tremor, rigidity, dryness, remorseless, emaciation, throbbing pain, trauma, displacement of joint, weakness of the functional organ and loss of function, loss of sensation, perception of astringent taste only, constipation, concentrated urine, thirst, sensation of fragility in the foreleg and thigh, numbness and pricking pain in the bone, goose skin, stiffness of upper and lower limbs and back and the skin, eyes, faces and the urine are darker in colour.

**Features of increased Vali**

Emaciation, body color – blackish, desire to take hot food, shivering of body, abdominal distension, constipation, insomnia, weakness, weakness of five sense organs, giddiness, lack of enthusiasm.

**Features of decreased Vali**

Body pain, feeble voice, decreased activity, dull mental power, syncope, disease caused by increase of Iyyam.

**Features of increased Azhal**

Yellow discolouration of the skin, eyes, urine, faeces, increased appetite, increased thirst, irritation all over the body, insomnia.

**Features of decreased Azhal**

Poor digestion, coolness and demulcent, pallor, Iyya disease.
**Features of increased Iyyam**

Increased salivary secretion, reduced activeness, heaviness of the body, body colour – whitish, chillness of the body, reduced appetite, Cough, laborious breathing, increased sleepiness.

**Features of decreased Iyyam**

Vertigo, weekness and dryness of joints, causing prominence of articular bones, dry cough, lightedness, excessive sweat, palpitation of heart.

**The variation of the seven thathukkal.**

1. **Saaram**
   In the condition of increased Saaram leads to disease of increased Iyyam like indigestion. etc are found. Decreased Saaram leads to loss of weight, tiredness, and lassitude, dryness of the skin and diminished activity of the sense organs.

2. **Chenneer**
   Increased chenneer causes boils in different parts of the body, throbbing pain, anorexia, mental disorder, splenomegaly, colicy pain, increased blood pressure, reddish eyes and skin, jaundice, haematuria etc.
   Decreased chenneer leads to anemia, tiredness, neuritis and lassitude, pallor of body.

3. **Oon**
   Oon in excess causes cervical lymphadenitis, venereal granulomas, lumps over cheeks, abdomen, thighs, genitalia, etc, Hypertrophy in the cervical region are the signs.
   Decreased oon leads to impairment of sense organs, Joints diseases and Shortening of jaw, thigh and genitalia.

4. **Kozhuppu**
   The increased kozhuppu leads to that of increased oon associated with dyspnoea and loss of activity.
Decreased kozhuppu leads to pain in the hip region and disease of spleen.

5. Enbu
Excess of enbu causes growth in bones and teeth.
Decreased enbu causes pain in joints, teeth disease, breaking of nails and hair.

6. Moolai
Excess causes obesity, heaviness of eyes, decreased urine, delayed wound healing.
Decreased moolai causes pores in the bones, diminished vision.

7. Suronitham
Excess suronitham causes calculus, increased sexual attitude.
Decreased venner causes pricking pain in vagina, black coloration of genitalia.
1.3 DIAGNOSTIC METHODS OF SIDDHA SYSTEM

The diagnostic methodology in Siddha treatment is unique in which the Physician examines the tongue, complexion, speech, eyes, and palpatory findings in a patient and also examines the urine and stools. The diagnosis is then confirmed by the ‘Pulse Diagnosis’. The examination for the above is called as the “Envagai thervugal” (Eight Tools of Diagnosis).

These diagnostic tools not only help for diagnosis but also to learn the prognosis and restoration of health. Apart from the envagai thervu other parameters in Siddha system to diagnose the disease, are the Manikadai nool and the Sothidam.

Envagai thervugal

The diagnostic tools of envagai thervu slightly differs from Siddhar to Siddhar. The most common is

“

- வெற்று வேறு வேறு வேறு வேறு

As per Saint Therayar, the eight methods of diagnosis are nadi (pulse), Naa(tongue), Niram (color), Mozhi(voice), Vizhi (eyes), Malam (faeces) and Neer (urine), sparisam(touch).

As per sait Agathiyar Nadi, Malam, Salam, Niram, Gunam, Muga kuri, Thegam, Vayadhu, Elamai are the diagnostic tools.
கல்லறிமுகப்படை காரணிகள்

"எள்ளக்குடியர் அளிக்கும் பார்வீட்டு தலையை குறிப்பிட்டு பாலரக்கு புனிதங்களைப்
பலிக்கும் தலையை பிரம்மத்தினை

பலிக்கும் தலையை பிரம்மத்தினை

பலிக்கும் தலையை பிரம்மத்தினை

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பலிக்கும் தலையை பிரம்மத்தினை

- கல்லறிமுகப்படை காரணிகள்

According to literature Kannu saami paramparai vaithiyam Naadi, varthai, Naa, Thegam, Thodu unarvu, Niram, Malam, Salam, Vizhi are the diagnostic tools.

அகதியர் அமைப்பு ராஜிவு கத்தகம்

"குருவையில் ஒருவரால் நாசல் ராஜிவில் கத்தகத்தை

குருவையில் ஒருவரால் நாசல் ராஜிவில்

குருவையில் ஒருவரால் நாசல் ராஜிவில்

குருவையில் ஒருவரால் நாசல் ராஜிவில்

குருவையில் ஒருவரால் நாசல் ராஜிவில்

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குருவையில் ஒருவரால் நாசல் ராஜிவில்

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குருவையில் ஒருவரால் நாசல் ராஜிவில்

- அகதியர் அமைப்பு ராஜிவு கத்தகம்

According to literature Agathiya vaithiya surukkam the diagnostic tools are Nadi, Vizhi, Kurigunam, Nalkirippu, Maeni, Malam, Neer.

பரிபாலக நாடா

“ஆலமன்கிறில் காணப்படும் பாுளிகளின் எண்ணிக்கை

ஆலமன்கிறில் காணப்படும் பாுளிகளின் எண்ணிக்கை

ஆலமன்கிறில் காணப்படும் பாுளிகளின் எண்ணிக்கை

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ஆலமன்கிறில் காணப்படும் பாுளிகளின் எண்ணிக்கை

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ஆலமன்கிறில் காணப்படும் பாுளிகளின் எண்ணிக்கை

ஆலமன்கிறில் காணப்படும் பாுளிகளின் எண்ணிக்கை

- பரிபாலக நாடா

According to above literature the diagnostic tools are Mugam, Pal, Vai, Naakku, kaayam, Irumalam, Nadi.
According to literature Agathiyar vaithiya sinthamani Venpa 4000, the diagnostic tools are Naadi, sparism, Niram, Mozhi, Vizhi, Malam, Moothiram, and Naa.

According to Literature Thanvantri vaithiyam the diagnostic tools are Nadi, Mugam, Malam, Neer, Udal, Vizhi, Naa, Pal.

According to the above literature the diagnostic tools are Nadi, Kan,
Tongue (காம்பைத்து)

In Vali derangement, tongue will be Blackish, cold, rough, furrowed and pungent taste. In Azhal, it will be red or yellow and kaipu taste will be present. In Iyyam, it will be pale, sticky and sweet taste will be present. In depletion of thontham, tongue will be dark, with the papillae raised and dry.

Colour (நட்சத்திரம் பரிசை)

In Vali derangement, tongue will be Blackish, cold, rough, furrowed and pungent taste. In Azhal, it will be red or yellow and kaipu taste will be present. In Iyyam, it will be pale, sticky and sweet taste will be present. In depletion of thontham, tongue will be dark, with the papillae raised and dry.
In Vali, Azhal and Iyyam vitiations, the colour of the body will be Black, Yellow or red and White colour respectively.

Voice (மார்க்கம் பிரிவு)

"பார்வாய் பிரிவாய் பிரிவாய் பிரிவாய் பிரிவு வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வா�் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வா�் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வாய் வா�்
In vitation of vali, Azhal and Iyyam the voice will be Medium, heavy and lower respectively. By the voice, the strength of the body can also be accessed.

**The Eyes (விளையாட்டு)**

"In vitation of vali, Azhal and Iyyam the voice will be Medium, heavy and lower respectively. By the voice, the strength of the body can also be accessed."
In vali disease the venvizhi are blackish colour, in Azhal disease they are yellow, in Iyya disease they are whitish in colour and in thontha disease they are multi colour. In vali disease the tearing will be increasingly present. In disturbance of all three humour, eyes will be inflamed and red.

**Faeces (மாலை)***

“அதிகம் அந்தந்தரம் மாலேகள் பராமலிதான”

“அதிகம் குளிர் இருப்பதால் மாலேகள்”

“மாலேகள் புருஷாகக் காணப் படுவதால் மாலேகள்”

“மாலேகள் புருஷாகக் காணப் படுவதால் மாலேகள்”

“யலேகள் புருஷாகக் காணப் படுவதால் மாலேகள்”

“குளிர்கள் மாலேகள் பராமல் பிறக்கும்”

“சுமார் மாலேகள் பராமல் பிறக்கும்”

“சுமார் மாலேகள் பராமல் பிறக்கும்”

“In provoked Vali - faeces is hard, dry and black in colour. In Azhal vitiation, it is yellow. In Iyyam disturbance it is pale.
Urine (மார்பு பாசி)

"அமரிய மகரதிகசன மகரதிகசன முருகமாக
சுருக்கத் தரவுவமான விளக்கத்தில் - ராமேஸ்
அமரராசன அமராசன அமராசன திரிகோணமான
அமரராசன அமராசன முருகமாக படும்"

- அமரராசன அமரராசன சிங்கராச்சி வட்டம் 4000
In vali disease, urine is reduced in quantity and blackish in colour. In Azhal disease, urine is reddish and burning sensation while urination is present. In Iyya disease, urine is whitish in colour.

Theraiyar, one of the authors siddha Medicine wrote on urine examination and stages of health in his Neerkuri & Neikuri Neer is urine and kuri is signs and symptoms. He explains the colour and consistency of the urine in different humor and disease. In Neikuri, he describes the spreading of a single deep of oil on the surface of the urine which indicates imbalance of specific dosha and prognosis of disease. The time of the day and Meals eaten will affect the colour and other qualities of the urine. Qualities of urine to be seen are (1) colour (2) weight (3) odur(4) Foam (5) Quantity. Normal urine is thin straw colour and odurless.
Nei Kuri

The oil spreading nature indicates the Vali, Azhal and Iyya disease e.g.
1. Aravu (Snake Pattern of spread) indicates Vali disease
2. Mothiram (Ring Pattern of spread) indicates Azhal disease
3. Muthu (Pearl Pattern of spread) indicates Iyya disease

In Nei kuri, the fastly spread, muthu and salladai kan type of spreading nature shows the Asaathiyan (incurable) state of the disease. So the prognosis can be assessed by the Nei Kuri.

Touch (துட்சு)

"துட்சு உட்பட்டை வரைக்கவும்
துட்சுவை நீர்க்குரி கீழ் மின்னடியில் ஊட்டி
பல்லு, பேல்லிப்பு குறைப்பு
பல்லிப்பு பொருட்களில் நீர் காரணம்
சேர்க்கிய அடிப்பொருள் மில்லிகளின்
சீர்க்கியை வேதிக் குறிப்பிட்டுக்கொள்ளும்
பாம் ஒருவர் உத்தம பார்வையா
பொருள் சீர்க்கிய சீர்க்கியம் பரிமாறக் கேள்வி"

- அஞ்சாலியர் பெருமாள் சமவேதனம்

"மோக்ளை முன்னெச்சற்ற முக்தீனா ஆழக்கம்
மோக்ளை தென்றியார்பாசு முறியவா - சமவேதனம்
சேர்க்கியடம் அற்றைக் காண்டால் சீர்க்கியம் பொருந்துவது
பொருந்தும் அற்றை ரைம்"

- அஞ்சாலியர் அமைதிய திகழ்வு முறை 4000
“நரகத்தரின் ருதுகரின் பாசத்தில்
முதலில் புதுக்கோட்டு வருநரானது
நந்தித்தரின் ப் பழம்பாள் வாழ்நரும்
என்று பதினையம்பு விளக்கும்
நந்தித்தரின் ராமேஸ் சுருக்கியும்
என்று தம்புரோம்பாள் விளக்கும் கிடைந்து”
- அர்த்தநாயகி (புதரெசுணம் பிராணி ராத் நாடீஸ்வரம்)

In Vali disease some of the body areas are chill and in some areas they are hot.
In Azhal disease heatness can be felt. In Iyya disease chillness can be felt. In Thontham disease different sense will be felt.

**Naadi (நாடி)**

The ‘Pulse Diagnosis’ is very unique in Siddha Medicine, which was introduced to other Indian Systems of Medicine at a later period. The pulse is examined in the Right hand for males and the left hand for females. The pulse is recorded at the Radial-artery. Diagnosis and Prognosis are done by reading of the pulse.

Naadi is nothing but, the vital energy that sustains the life in our body. Naadi plays the most important role in envagai thervu and it has been considered to be the most important for assessing the prognosis and diagnosis of the disease. Any variation that occurs in the three humours is reflected in the naadi. These three humours organize, regularize and integrate the functions of the human body. So, naadi serves as a good indicator of all ill health.

தென்முனையில் வெளியான

“மரங்களின் கால்முனையின் மரங்கள் கால்முனை
நூறுக் கால்முனை சில்கள் - மலைந்துணல்
அழ்த்தல் வெளிய அல்லாம்புரும் வலதுற்றுப்
முனையில் எழுதிய வருட்
- அர்த்தநாயகி கால்முனையின் விளக்கம் 4000
Naadi is felt as,

Vali  -  Tip of index finger
Azhal  -  Tip of middle finger
Iyyam  -  Tip of ring finger

The normal unit of pulse diagnosis is 1 for Vali (Vatham), ½ for Azhal (Pitham) and ¼ for Iyyam (Kapham).
The Gait of the Naadi:

Compared to the various animals, reptiles and birds.

“நாடில் நடப்பு குருதி வேரிலோ தர்க்கம் ஏற்கும்
துடன் தட்டிகய் பிள்ளையம் தவறு பிரிக்கும்
சுற்றிலிருந்து வெள்ளி நடன வலம் வருகிறது”
- குருதில் நடற்று சுருக்குப்படும்

Vali - Movement of Swan and Peacock
Azhal - Movement of Tortoise and Leech
Iyyam - Movement of Frog and Serpent.

MANIKADAINOOL (Agathiya soodamanikayaru soothiram)

“டச்சித்தராலைக்காற்றியற்றுக் காருக்குறிய
குளிர்கிற தட்டிகய் தவறாமல்
சுற்றிலிருந்து வெள்ளி நடனம்
நாடில் சுற்றிலிருந்து பிள்ளைய வெள்ளி”

“டச்சித்தராலைக்காற்றியற்றுக் காரு
குளிர்கிற தட்டிகய் தவறாமல்
சுற்றிலிருந்து வெள்ளி
நாடில் சுற்றிலிருந்து பிள்ளைய வெள்ளி”
- பிள்ளையக் குறித்து நடை நடன

According to the Pathinen siddhar naadinool, Manikadainool is also used for diagnosis. This manikkadai nool is a parameter to diagnose the disease through measuring the circumference of the wrist by the thread and then measuring the thread with the patient’s finger. By this measurement the disease can be diagnosed.
AIM AND OBJECTIVE

Our Siddha system is based on humoral theory. The homeostasis of the three humors is responsible for good health. The homeostasis of the three humors is influenced by food habits, day to day activities and environmental factors. Disease is the manifestation of imbalanced state of the three humors.

Yugi Muni, the author of Yugi Vaithya Sinthamani, classifies AttaSoolai under vali diseases. By classification itself, it is established that AttaSoolai is due to alteration of predominantly vali humor.

AttaSoolai comprises of the following symptoms, viz., constipation with pain around the anus, fear, fatigue pain in the groin region, oliguria with pain, perspiration and intolerable pain due to the above symptoms. By the symptom descent of vagina, this disease comes under gynaec disorders.

Women in the reproductive age group constitute about 25% of the Indian population. Prolapse of genital organs are becoming common nowadays among Gynaec disorders, particularly affecting the multiparaous women. It is one of the genital tract diseases that cause severe embarrassment both physically and mentally.

The role of women in framing the society is obviously greater. So, concentrating on her health becomes more important. As vaginal prolapse is now becoming common among Gynaecological diseases, I selected AttaSoolai as my dissertation topic.

A. Primary Aim:
To diagnose AttaSoolai through Envagai Thervu, Manikadai Nool, Nilam, Kaalam and Sothidam along with clinical symptoms.
B. Secondary Aim:

- To analyse the ‘Mukutra verupaadu’ (Siddha Pathogenesis) of AttaSoolai.
- To establish that how the vitiated vali kutram causes this disease.
- To ascertain the etiology of this disease.
- To study the clinical course of AttaSoolai on the basis of Siddha principles.
- To establish the preventive measures of this disease.
- To evaluate the fate of this disease with Siddha treatment.
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Attasoolai is one of the vali diseases affecting the female genital tract causing descent of vagina associated with constipation with pain around the anus, oliguria with pain, pain in the groin region. Pain is of pricking and darting nature.

### 4.1 Affected 96 Thathuvam in Attasoolai

Table showing the affected 96 thathuvam, in the case of Attasoolai

<table>
<thead>
<tr>
<th>Affected 96 thathuvam</th>
<th>Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bootham</td>
<td>The vaayu, Akaaya bootham mainly deranged due to vali vitiation, leads to derangement of other boothams.</td>
</tr>
<tr>
<td>Pori</td>
<td>Mei is affected due to Tenderness.</td>
</tr>
<tr>
<td>Pulan</td>
<td>Thoduthal is affected due to Tenderness.</td>
</tr>
<tr>
<td>Kanmenthiriyam</td>
<td>Eruvaai is affected due to constipation. Karuvaai is affected due to descent of vagina. Kaal is affected due to pain in the groin region.</td>
</tr>
<tr>
<td>Anthakaranam</td>
<td>The Anger and depression are one of the etiological factors and fear is one of the symptoms of Attasoolai. These characters make the four anthakaranam to get affected.</td>
</tr>
<tr>
<td>Asayam</td>
<td>Reduced food intake, general tiredness, constipation, oliguria, descent of vagina. These symptoms make the 5 Asayam to get affected.</td>
</tr>
<tr>
<td>Kosam</td>
<td>Reduced food intake due to severe pain. So, Annamayakosam is affected.</td>
</tr>
</tbody>
</table>
Manomayakosam is affected due to fear. Affected Annamayakosam leads to other kosams to get affected, since it is the building block of the other kosams.

Aatharam

Reduced food intake, constipation, oliguria, descent vagina. So Moolatharam, Swathittaanam and Manipooragam are affected.

Gunam

The Thamo Guna character is one of the etiology of Attasoolai.

### 4.2 Affected Uyir Thaathukkal

Table showing affected uyir thaathukkal, in the case of Attasoolai

<table>
<thead>
<tr>
<th>Affected uyir thathukkal</th>
<th>Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vali Praanan</td>
<td>Increased appetite, but reduced food intake due to pain.</td>
</tr>
<tr>
<td>Abaanant</td>
<td>Constipation, oliguria, descent of vagina.</td>
</tr>
<tr>
<td>Uthaanant</td>
<td>Increased appetite. But, reduced food intake due to pain.</td>
</tr>
<tr>
<td>Viyaanan</td>
<td>Severe pain in the groin region, general tiredness.</td>
</tr>
<tr>
<td>Samaanan</td>
<td>Other vali types,.are affected.</td>
</tr>
<tr>
<td>Kirugaran</td>
<td>Increased appetite. But reduced food intake due to pain.</td>
</tr>
<tr>
<td>Devathathan</td>
<td>General tiredness and increased anger.</td>
</tr>
<tr>
<td>Azhal Anarpitham</td>
<td>Increased appetite. But reduced food intake due to pain.</td>
</tr>
<tr>
<td>Ranjaga pitham</td>
<td>Palorness</td>
</tr>
<tr>
<td>Saathagam</td>
<td>Difficulty to do work due to severe pain.</td>
</tr>
<tr>
<td>Iyyam Avalambagam</td>
<td>Other types of Iyyam affected.</td>
</tr>
<tr>
<td>Kilethagam</td>
<td>Increased appetite. But reduced food intake due to pain in the groin region.</td>
</tr>
</tbody>
</table>
4.3 Affected Udal Thaathukkal

Table showing affected Udal thaathukkal, in the case of Attasoolai.

<table>
<thead>
<tr>
<th>Affected Udal Thaathukkal</th>
<th>Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saaram</td>
<td>General tiredness, reduced food intake.</td>
</tr>
<tr>
<td>Chenneer</td>
<td>General tiredness, palor</td>
</tr>
<tr>
<td>Oon</td>
<td>General tiredness, pain in the groin region.</td>
</tr>
<tr>
<td>Kozhuppu</td>
<td>Low back pain.</td>
</tr>
<tr>
<td>Enbu</td>
<td>Pain in the groin region</td>
</tr>
<tr>
<td>Moolai</td>
<td>Fatigue</td>
</tr>
<tr>
<td>Suronitham</td>
<td>Pain in genitalia.</td>
</tr>
</tbody>
</table>

4.4 Astrological view of Attasoolai

According to literature Sothida al angaaram, Sitha maruthuvanga surukkam, T.V.S dictionary, Thiruvalluvar periya sunthara sekaram, the genitalia is closely related to Sukiran and Viruchigam. So in the case of Attasoolai, these raasi’s are more prone to get affected.

4.5 Etiology for Attasoolai

Attasoolai comes under the classification of Vali diseases. Yoni is affected in Attasoolai. So, along with causes of vali diseases, the causes of Yoni rogam also described below.

The etiology of Attasoolai is seen under the following topics.

1. Etiology of Vali diseases.
2. Etiology of Yoni Rogam.

4.5.1 Etiology of Vali disease.

1. *Yugi vaithiya chinthamani*
According to Yugi the causes of Vatha disease are as follows

- **Seiyal maarupadukal**
  Increased intake of Kaipu taste, Increased intake of Thuvarpu taste, Increased intake of Kaarpu taste, Increased intake of Pulipu, Increased intake of Palaya saatham, Increased intake of Kail varagu, Increased intake of Varagu, Increased intake of Thinai, Increased intake of Naei[ghee], Miguntha kaatru padum padi iruthal, Altered diet timings and Increased intake of water, these all leads to vali disease.

- **Manam maarupadukal**
  Increased Anger, Fear, Sadness [Thukkam], Fast running

- **Manam matrum Seiyal maarupadukal**
  Prolonged constipation, Pagalil thungi iravil Kanvizhithal, Increased Starvation and Increased sexual desire leads to vali disease.
2. According to pararasa sekaram

Excessive intake of spicy, pungent, astringent unhealthy food habits, day sleeping, loss of sleep in the night. Excessive food or starvation, Excessive indulgence of sex and ego. Irregular time of diet, excessive intake of water, excessive intake of sour, and ghee.

3. Agathiyar kanaga mani 100
Constipation, over intake of food items like palaa, malai vaazhai, monthan vaazhai, kal vaazhai, vathakkaai, nathikkaai, parangikkaai, vaazhai thandu, arumai more, thayir, vennai. Having Sexual contact, immediately after food. Standing in the rain, increased sexual habit, all these cause the Vali diseases.

Increased intake of puli, kollu, perum payaru, ulundu, panai and thennam kal, kozhi yarisi, umi, mullangi, kadalai, mochai, aavarai muthal, murungai muthal, muppazham, paalsoor u, pongal, vellarikkaai, semmari, udumbu. Increased intake of panai vellam after food and intake of curd before fermenting, all these cause the Vali diseases.

4. Increased Pulipu and Thuvarppu

Increased intake of pulipu and thuvarppu leads to Vali diseases.

5. Increased Pulipu and Thuvarppu

Increased intake of pulipu and thuvarppu leads to Vali diseases.
Chilled items, ghee, milk, meat, fish, tender coconut and fruits leads to Vali vitation.

6. அவர்களின் விக்கிமை

“அல்லாஹ் நம்மையுடன் கொல்லாமல் கைத்தாலே நோக்குவதில்லை
நூற்றண்டு தமிழ்த்தாழ்வார்”

- ஆப்பிரிக்கா விக்கிமை

Over intake of Tender coconut, meat, ghee, milk, fruits lead to Vali vitiations.

4.5.2 Etiology for Yoni Rogam:

1. According to T.V. Sambasivam pillai dictionary
   - Prostitution
   - Venereal Disorders
   - Improper dietary habbits
   - Interoperate habits
   - Conceptional defects

2. According to ‘Sidhar Aruvai Maruthuvam’ Text:
   - Menstrual disorder
   - Having more than one sexual partner
   - Having sex with a man with abnormally developed penis.
   - Resting on bed with uneven surface
   - Sexual transmission from the male partner.
3. According to ‘Magalir Maruthuvam’ Text:
   - Due to any injury during delivery or abortion.
   - Due to application of forceps during delivery.
   - Insertion of chemical [Padana marunthugal]
   - Douches
   - Long lasting usage of intra-uterine devices
   - Due to pathogenic organisms

4.6 The Classification of Attasoolai

Attasoolai is classified under the Vali diseases in Yugi Vaithiya Sinthamani.

Pavanavatham, which resembles Attasoolai is also classified under Vali diseases in Agathiyar Vaithiya Sinthamani Venpa - 4000.

1. Yugi Vaithiya Sinthamani
SIDDHA ASPECT OF ATTASOOLAI
CHAPTER -4

குறிப்பிட்டிய விளக்கங்கள்

1. குறிப்பிட்டிய பல்கலை வருமானத்தில் வரும
2. குறிப்பிட்டிய விளக்கங்கள் வேறுபாடு
3. குறிப்பிட்டிய விளக்கங்கள் வேறுபாடு
4. குறிப்பிட்டிய விளக்கங்கள் வேறுபாடு
5. குறிப்பிட்டிய விளக்கங்கள் வேறுபாடு

குறிப்பிட்டிய விளக்கங்கள் வேறுபாடு

1. குறிப்பிட்டிய விளக்கங்கள் வேறுபாடு
2. குறிப்பிட்டிய விளக்கங்கள் வேறுபாடு
3. குறிப்பிட்டிய விளக்கங்கள் வேறுபாடு
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4. குறிப்பிட்டிய விளக்கங்கள் வேறுபாடு
5. குறிப்பிட்டிய விளக்கங்கள் வேறுபாடு

NATIONAL INSTITUTE OF SIDDHA – CHENNAI
Saint Yugimuni classified vali diseases into 80 types. He mentioned 80 types of vatham. But he explained 85 types of vatham.

1. Vathasthambam
2. Vatha karsanam
3. Karathamba vatham
4. Thalathamba vatham
5. Poosu vatham
6. Kalanjaga vatham
7. Ooruthamba vatham
8. Vatha karnagam
9. Kurisa kirisa vatham
10. Narithalai vatham
11. Kumba vatham
12. Malaithakamba vatham
13. Ponikamba vatham
14. Kooni vatham
15. Aakooni vatham
16. Aatsebaga vatham
17. Vatha upakatham
18. Netri Soolai vatham  
19. Sevi Soolai vatham  
20. Sevi padu vatham  
21. Pakka vatham  
22. Patsha vatham  
23. Pei vatham  
24. Praanalaya vatham  
25. Salasthamba vatham  
26. Santhu vatham  
27. Sagana vatham  
28. Aruputha vatham  
29. Uragadha vatham  
30. Uragaari vatham  
31. Aasuvathamba vatham  
32. Paasathamba vatham  
33. Nethra pavuthra vatham  
34. Thandaga vatham  
35. Atta thanthira vayu  
36. Vasana vatham  
37. Maga vatham  
38. Miruthu vatham  
39. Uthara vatham  
40. Moothira vatham  
41. Sukila vatham  
42. Saviranga vatham  
43. Oorthuva vatham  
44. Angana thambam  
45. Sirakamba vatham  
46. Sathasthamba vatham  
47. Vachira roobam  
48. Kanda kiraagam  
49. Nagari vatham  
50. Pathitha vatham
51. Yoni soolai
52. Karba soolai
53. Atta soolai
54. Kudal vatham
55. Asuva vatham
56. Mechu vatham
57. Moodu vatham
58. Vasu vatham
59. Peejasthambam
60. Thanthira vetti
61. Vatha suronitham
62. Sithuvatha suronitham
63. Vagitha vatham
64. Uthiravatha suronitham
65. Paithiya vatha suronitham
66. Siletuma vatha suronitham
67. Uthara vatha suronitham
68. Guna avathanagam
69. Kandaga avathanagam
70. Sirakamba avathanagam
71. Vatha thalainokadu
72. Pitha thalainokadu
73. Setuma thalainokadu
74. Sannivatha thalainokadu
75. Rathapitha thalainokadu
76. Kirumikantha thalainokadu
77. Suriya vartham
78. santhira vartham
79. Karnavartham
80. Oruthalai vagaathapetham
81. Vatha karna soolai
82. Pitha karna soolai
83. Sethuma karna soolai
84. Kirumi karna soolai
85. Thaantha vaiyu

2. **Agathiyar Vaithiya Sinthamani Venpa 4000:**

In Agathiyar Vaithiya Sinthamanni Venpa 4000, 75 types of Vali diseases are mentioned. They are,

1. Oorthuva vatham
2. Siro vatham
3. Parisa soolai vatham
4. Kamba vatham
5. Oorthakamba vatham
6. Kikisa vatham
7. Sona vatham
8. Aamila vatham
9. Rasu vatham
10. Santhiya vatham
11. Thanur vatham
12. Thimir vatham
13. Anthi vatham
14. Kaga vatham
15. Uthara vatham
16. Nasiga vatham
17. Avaiyanga vatham
18. Simmanga vatham
19. Nara vatham
20. Karna vatham
21. Sarpa vatham
22. Viruchiga vatham
23. Mutaku vatham
24. Sanni vatham
25. Anguli vatham
26. Bramma vatham
27. Mala bandha vatham
28. Moothira vatham
29. Kunma vatham
30. Pagu vatham
31. Parisa pagu vatham
32. Patha vatham
33. Visoogai vatham
34. Thooma vatham
35. Vithooma vatham
36. Vichuvatta vatham
37. Rasaseda vatham
38. Sura vatham
39. Soba vatham
40. Sala vatham
41. Ajeeranavatham
42. Saya vatham
43. Sutka vatham
44. Thava vatham
45. Sala vatham
46. Adhitha vatham
47. Akini vatham
48. Thathi vatham
49. Mathu vatham
50. Snana vatham
51. Unmatha vatham
52. Kadi vatham
53. Vayuvatham
54. Sukila vatham
55. Samboga vatham
56. Kandha vatham
57. Keera vatham
58. Thamboda vatham
59. Seerana vatham
60. Bootha vatham
61. Mogana vatham
62. Thukka vatham
63. Pavana vatham
64. Kalaga vatham
65. Mega vatham
66. Rana vatham
67. Soolai vatham
68. Kadaga vatham
69. Saakira vatham
70. Aathmariya vatham
71. Kanma vatham
72. Thoombira vatham
73. Kabala vatham
74. Natiya vatham
75. Nithirai vatham

4.7 Naadi Nadai for Attasoolai

- அருங்கைக் குறிப்பிட்டு

- குறிப்புகள்

- இடைவிசை

- குறிப்பு
4.8 Diet for reducing vali humor:

- **Advisable diets**

  "orumakam iyaiyinaithe unakku palayamaiyinai
  kilangu iyaiyinaithe kuvaliyinai - orunakam
  iyaiyinaithe unakku palayamaiyinai
  varagu, varagu, increased intake of thinai,
  Naei(Ghee)"

  - 4448 nimmakani kudai nimmakam

- **Restricted diet**

  1. **As per saint yogi**

     Thuvarpu taste (astringent), milagu vagai uraippu (excessive intake of
     spicy diet), kilangu vagai(tuberous diet), kaippu taste, kaarpu taste,
     pulippu, palaya satham, kail varagu, varagu, increased intake of thinai,
     Naei(Ghee)

  2. **As per literature Noigalukku Siddha parikaram**

     Orulai kilangu, Sena kilangu, vaazhakkai, maamisam, machcham,
     thattai payaru, mochai payaru.
Anatomy of the vagina

The Vagina is a fibromusculo–membranous sheath communicating the uterine cavity with the exterior at the vulva. It constitutes the excretory channel for the uterine secretion and menstrual blood. It is the organ of copulation and forms the birth canal of parturition.

The canal is directed upwards and backwards forming an angle of 45° with the horizontal in erect posture. The diameter of the canal is about 2.5cm, being widest in the upper part and narrowest at its introitus.

Walls

Vagina has got an anterior, a posterior and two lateral walls. The length of the anterior wall is about 7cm and that of posterior wall is about 9cm.

Fornices

The fornice are the clefts formed at the top of vagina due to the projection of the uterine cervix through the anterior vaginal wall. There are four fornice – one anterior, one posterior and two lateral; the posterior one being deeper and the anterior, most shallow one.

Relations

Anterior

The upper one third is related with base of the bladder and the lower two thirds are with the Urethra.

Posterior

The upper one third is related with the pouch of Douglas, the middle third with the anterior rectal wall separated by rectovaginal septum and the lower-third is separated from the anal canal by the perineal body.
Lateral walls

The upper one third is related with the pelvic cellular tissue at the base of broad ligament. The middle third is blended with the levator ani and the lower third is related with the bulbocavernosus muscles, vestibular bulbs and Bartholin’s glands.

Histology

Layers from within outwards are

1. Mucous coat which is lined by stratified squamous epithelium without any secreting glands,
2. Submucous layer of loose areolas vascular tissues,
3. Muscular layer consisting of indistinct inner circular and outer longitudinal fibers, and
4. Fibrous coat derived from the endopelvic fascia which is tough and highly vascular.

Blood Supply

Arteries:

The arteries involved are,

• Cervico vaginal branch of the uterine artery
• Vaginal artery – branch of internal iliac artery
• Middle rectal
• Internal pudendal.

These anastomose with one another and form two azygos arteries – anterior & Posterior.

Veins:

Veins drain into internal iliac and internal pudendal veins.

Nerve supply

The vagina is supplied by sympathetic and parasympathetic from the pelvic plexus. The lower part is supplied by the pudendal nerve.
Supports of uterus

The uterus is held in its position by supports conveniently grouped under three tier systems. The objective is to maintain the position and to prevent descent of the uterus through the natural hiatus in the pelvic floor.

Upper tier:

Maintains the uterus in anteverted position. The responsible structures are,

- Endopelvic fascia covering the uterus
- Round ligaments
- Broad ligaments with intervening pelvic cellular tissues.

Middle tier:

Constitutes the strongest support. The structures are,

- Cervico – Vaginal junction
- Pelvic cellular tissues
- Endo pelvic fascia covering the cervico - vaginal junction.

The pelvic cellular tissues at places are condensed and reinforced by plain muscles to form ligaments

- Mackenrodt’s
- Uterosacral
- Pubocervical

The arrangement of condensed pelvic cellular tissues is the cardinal support of the uterus.
Inferior tier
The Support is principally given by the musculofascial tone of the vagina which is supported by the fascial condensation of the vault and by the pelvic floor at the lower end.

Supports of vagina

• Anterior vaginal wall

• Positional support
In the erect posture the Vagina makes an angle of 45° to the horizontal. Any raised intra – abdominal pressure is transmitted to the anterior vaginal wall which is apposed to the posterior vaginal wall.

• Pelvic cellular tissue:
The vagina is ensheathed by strong condensation of pelvic cellular tissue called endopelvic fascia. Traced below, they form the posterior urethral ligament giving strong support to the urethra. Traced laterally, these form the pubo cervical fascia

• Bladder
It directly supports the anterior vaginal wall.

• Posterior vaginal wall.
It is supported by:

• Endopelvic fascial sheath
• Uterosacral ligament
• Levator ani muscles
• Urogenital diaphragm
• Perineal body.
VAGINAL PROLAPSE

It includes descent of anterior or posterior wall of vagina with or without descent of uterus.

Aetiology:

The vaginal prolapse occurs due to weakness of the structures supporting the organs in its position.

Predisposing factors:

Acquired:

Vaginal delivery with consequent injury to the supporting structures.

The injury is caused by:

1. Overstretching of the Mackenrodt’s and uterosacral ligaments.
   - Application of forceps prior to full dilatation of the cervix.
   - Precipitate Labours.

2. Overstretching of the endopelvic fascial sheath of the Vagina:
   - Degree of distension of birth canal.
   - Duration of such distension.

3. Overstretching of the perineum:
   - Prolonged station of the head on the Perineum.
   - Avoidance or delay in episiotomy.

4. Sub involution of the supporting structures:
   - Repeated Childbirths at frequent intervals.
   - Persistent Overfilling of the bladder in the Puerperium.
   - Early resumption of activities which greatly increase intra abdominal pressure before the tissues regain their tone.
Congenital

Congenital weakness of the supporting structures is responsible for nulliparous prolapse or prolapse following an easy vaginal delivery.

Aggravating Factors:

- Post menopausal atrophy.
- Increased intra – abdominal pressure as in chronic cough and constipation.
- Asthenia and malnutrition.
- Increased weight of the uterus as in fibroid or myohyperplasia.
- Traction by the anterior vaginal wall or cervical polyp.

Clinical Types:

While vaginal prolapse can occur independently without uterine descent, the uterine prolapse is usually associated with variable degrees of vaginal descent.
Vaginal Prolapse:

Anterior wall:

- **Cystocele:**
  The cystocele is formed by the laxity of the upper half of the anterior vaginal wall with adjacent injury of the pubocervical fascia. As the bladder base is closely related to the area, there is herniation of the bladder through the lax anterior wall.

- **Urethrocele:**
  When there is laxity of the lower third of the anterior vaginal wall, the urethra herniates through it. This may appear independently or usually along with cystocele and is called cystourethrocele.

Posterior wall:

- **Relaxed Perineum:**
  Torn perineal body produces gaping introitus with bulge of the lower part of the posterior vaginal wall.

- **Rectocele:**
  There is laxity of the middle third of the posterior vaginal wall and the adjacent rectovaginal septum. As a result, there is herniation of the rectum through the lax area.

Vault Prolapse:

- **Enterocoele:**
  Laxity of the upper third of the posterior vaginal wall results in herniation of the pouch of Douglas. It may contain omentum or even gut.

- **Secondary Vault Prolapse:**
  Cystocele occurs first following either vaginal or abdominal hysterectomy.
Uterine Prolapse:

- **Uterovaginal:**
  Cystocele occurs first followed by traction effect on the cervix causing retroversion of the uterus.

**Degrees of uterine prolapse:**

- **First degree**
  The uterus descends down from its normal position but the external os still remains inside the vagina.

- **Second degree**
  The external os protrudes outside the vaginal introitus but the uterine body still remains inside the vagina.

- **Third degree**
  Syn: Procidentia, Complete prolapse.
  The uterine body descends to lie outside the introitus.

**Clinical Features:**

- ‘Something ‘Coming down’ when the patient is on her feet. The sensation is not there when she lies down.
- **Backache.** This is often due simply to the patient being over weight.
- **Increased frequency of micturition.**
This is at first due to incomplete emptying, but sooner or later is aggravated by cystitis.

- **A ‘bearing down’ sensation**, analogous to the parturient woman’s desire to push. This is probably, caused by Pelvic venous congestion, and pressure from the abdominal contents on an inadequate pelvic floor.

- **Stress Incontinence.**
  This is by no means always present. Sometimes it is found that reduction of the prolapse causes stress incontinence.

- **Coital Problems.**
  The patient may admit to difficulties with intercourse only on direct questioning.

- **Difficulty in voiding urine and defaecating.**
  The patient may find that it is impossible to initiate micturition except by pushing up the cystocele with her finger. In the same way the rectocele must be pushed back to allow emptying of the rectum.

**Fate:**

**Vaginal mucosa**

The mucosa become stretched and if exposed to air, becomes thickened and dry with surface keratinisation. There may be pigmentation.

**Decubitus ulcer**

It is a trophic ulcer always found at the dependent part of the prolapsed mass lying outside the introitus.

**Cervix**

**Vaginal Part**

There is chronic congestion which may lead to hyperplasia and hypertrophy of the fibro-musculo-glandular components. Addition of infection leads to purulent or at times blood stained discharge from ulceration.
Supra Vaginal Part

The supravaginal part becomes elongated due to the strain imposed by the pull of the cardinal ligaments.

Urinary System

Bladder

Due to incomplete emptying of the bladder, there is hypertrophy of the bladder wall and trabeculation. Incomplete evacuation also favours cystitis.

Ureters

Hydro ureteric changes occur due to mechanical obstruction of the ureters by the hiatus of the pelvic floor. Infection of the bladder ascend up to produce pyelitis or pyelonephritis.

On rare occasions, uraemia may occur specially in long standing cases of procidentia.

Incarceration

At times, infection of the paravaginal and cervical tissues makes the entire prolapsed mass oedematous and congested.

Peritonitis

The peritoneal infection may occur through the Posterior Vaginal Wall.

Carcinoma

Carcinoma rarely develops on decubitus ulcer.

Preventive measures:

- Treating and preventing constipation.
- Treating a chronic cough.
- Avoiding heavy lifting.
- Maintaining a healthy weight.
- Doing exercises called kegels that are designed to strengthen pelvic floor muscles.
CHAPTER 6

MATERIALS AND METHODS

The clinical study on topic ‘AttaSoolai’ was carried out in the outpatient department of Ayothidoss Pandithar Hospital of the National Institute of Siddha, Chennai-47.

Selection of cases

100 cases were seen and 30 cases were screened and selected from the out patient department and were followed under the supervision of the Head of the department and faculties of Noi nadal department.

Population and sample

The population consists of AttaSoolai patients with constipation, pain in the groin region, fear, fatigue decent prolapse of vagina, oliguria, with pain, perspiration satisfying the inclusion and exclusion criteria mentioned below.

The sample consists of AttaSoolai patients attending the out patient department of Ayothidoss Pandithar Hospital of the National Institute of Siddha, Chennai – 47.

Inclusion criteria

1. Age between 30 years to 70 years
2. Duration of the AttaSoolai less than 5 years.

Exclusion Criteria

1. Patients with any serious illness.

Evaluation of clinical parameters

During interrogation, the cases were subjected to careful examination which involved history taking and examination of clinical features. The signs and symptoms of AttaSoolai as per the literature Yugimuni Vaithiya Sinthamani, are
constipation, pain in the groin region, fear, fatigue decent of vagina, oliguria with pain, peraspiration. The detailed history of the past and present illness, dietary habits, Gynaecological and Obstetric history were also taken, before considering the case for selection in this study. The patients satisfying inclusion and exclusion criteria will be admitted to the study.

**Study on Siddha Clinical Diagnosis**

The Envagai Thervu, Mukkutram, Udal Thathukal, Manikadai Nool, Nilam, Kaalam and Sothidam of the patient were assessed.

**Modern parameters**

The following routine laboratory investigations were carried out in the patients.

**Blood**

- Total Count
- Differential Count
- Erythrocyte sedimentation rate
- Haemoglobin estimation
- Blood sugar.

**Urine**

- Albumin
- Sugar
- Deposits.
CHAPTER 7

OBSERVATION AND RESULTS

In the present study comprising 30 patients, all were between the ages 30 to 70 years. No patients were below 30 and above 70 years. The incidence of Attasoolai during season of the year, month of the year, was also studied, among the 30 patients admitted in the O.P.D (28 cases) and I.P.D (2 cases) of Ayothidoss pandithar hospital, National institute of Siddha. The incidence in the three periods of human life namely Vali kaalam, Azhal kaalam and Iyya kaalam is noted.

7.1 AGE DISTRIBUTION

Table No. 1 Age Distribution

<table>
<thead>
<tr>
<th>Age group</th>
<th>No.of cases</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>30-40 yrs</td>
<td>5</td>
<td>17</td>
</tr>
<tr>
<td>40-50 yrs</td>
<td>15</td>
<td>50</td>
</tr>
<tr>
<td>50-60 yrs</td>
<td>8</td>
<td>26</td>
</tr>
<tr>
<td>60-70 yrs</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>30</td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Among the 30 cases of this study, 50% of cases were in the age group 40-50 years. 26% of cases were in the age group 50-60 yrs. 17% of cases were in the age group 30-40 yrs. 7% of cases were in the age group 60-70 yrs.

7.2 AGE DISTRIBUTION WITH CORRESPONDING KAALAM

Table No. 2 Age distribution with corresponding Kaalam

<table>
<thead>
<tr>
<th>Age group and Kaalam</th>
<th>No.of cases</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-33 yrs – Iyya Kaalam</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>33-66 yrs – Azhal Kaalam</td>
<td>25</td>
<td>83</td>
</tr>
<tr>
<td>66 – 100 yrs – Vali Kaalam</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>30</td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>
Among the 30 cases of this study 10% of cases were in the Iyya Kaalam i.e. age group between 1 – 33 yrs. 83% of cases were in the Azhal Kaalam i.e. age group between 33 to 66 yrs. 7% of case were in the Vali Kaalam i.e. age group between 66 to 100 yrs.

7.3 KAARANANGAL FOR ATTASOOLAI (ETIOLOGY)

Table No.3  Kaaranangal for Attasoolai (Etiology)

<table>
<thead>
<tr>
<th>Kaaranangal for Attasoolai</th>
<th>No.of cases</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased intake of Kaippu taste</td>
<td>12</td>
<td>40</td>
</tr>
<tr>
<td>Increased intake of Thuvarppu taste</td>
<td>5</td>
<td>17</td>
</tr>
<tr>
<td>Increased intake of Kaarppu taste</td>
<td>23</td>
<td>77</td>
</tr>
<tr>
<td>Increased intake of Pulippu taste</td>
<td>23</td>
<td>77</td>
</tr>
<tr>
<td>Increased intake of Kizhangu vagaigal</td>
<td>27</td>
<td>90</td>
</tr>
<tr>
<td>Altered diet timings</td>
<td>30</td>
<td>100</td>
</tr>
<tr>
<td>Increased starvation</td>
<td>28</td>
<td>93</td>
</tr>
<tr>
<td>Migundha Kaatru padum padi iruthal.</td>
<td>18</td>
<td>60</td>
</tr>
<tr>
<td>Pagalil thoongi iravil kanvizhithal.</td>
<td>20</td>
<td>67</td>
</tr>
<tr>
<td>Restricting Micturition</td>
<td>23</td>
<td>77</td>
</tr>
<tr>
<td>Prolonged Constipation</td>
<td>30</td>
<td>100</td>
</tr>
<tr>
<td>Lifting heavy weight</td>
<td>28</td>
<td>93</td>
</tr>
<tr>
<td>Fear</td>
<td>28</td>
<td>93</td>
</tr>
<tr>
<td>Sadness (thukkam)</td>
<td>30</td>
<td>100</td>
</tr>
<tr>
<td>Increased sexual desire</td>
<td>11</td>
<td>33</td>
</tr>
<tr>
<td>Vaginal delivery with injury to the supporting structures</td>
<td>27</td>
<td>90</td>
</tr>
<tr>
<td>Repeated child birth at frequent intervals</td>
<td>23</td>
<td>77</td>
</tr>
</tbody>
</table>

Among the 30 cases, 100% of cases were having altered diet timings, prolonged constipation and sadness (thukkam) 93% of cases were having increased starvation, lifting heavy weight, increased intake of kizhangu vagaigal, vaginal delivery with injury to the supporting structures 77% of cases were having increased
intake of kaarpu taste, Increased intake of Pulippu taste, restricting micturition, and repeated child birth at frequent intervals. 67% of cases were having pagalil thoongi iravil kanvizhithal. 60% of cases were having migundha kaatru padum padi iruthal.

### 7.4 FOOD HABIT AND OTHER HABITS

Table No: 4 Food Habit and other habits

<table>
<thead>
<tr>
<th>Food habit</th>
<th>No. of cases (Out of 30)</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vegetarian</td>
<td>7</td>
<td>23</td>
</tr>
<tr>
<td>Non – Vegetarian</td>
<td>23</td>
<td>77</td>
</tr>
<tr>
<td>Fast food</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Betel nut</td>
<td>13</td>
<td>43</td>
</tr>
<tr>
<td>Tobacco</td>
<td>3</td>
<td>10</td>
</tr>
</tbody>
</table>

Among the 30 cases of this study, 77% of cases were Non – Vegetarian. 43% of cases were having Betel nut chewing habit. 10% of cases use Tobacco.

### 7.5 UDAL VANMAI

Table No: 5 Udal Vanmai

<table>
<thead>
<tr>
<th>Udal Vanmai</th>
<th>No. of cases</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Iyalpu</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Valivu</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Melivu</td>
<td>27</td>
<td>90</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>30</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Among the 30 cases of this study, 90% of cases were having Melivu Udal Vanmai.
### 7.6 NAADI

Table No. 6  

<table>
<thead>
<tr>
<th>Naadi</th>
<th>No.of cases (Out of 30)</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Naadi Nithanam</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vannmai</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>Menmai</td>
<td>27</td>
<td>90</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>100</td>
</tr>
<tr>
<td>Naadi Panbhu</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pura nadai</td>
<td>30</td>
<td>100</td>
</tr>
<tr>
<td>Azhunthal</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Kalathal</td>
<td>30</td>
<td>100</td>
</tr>
<tr>
<td>Naadi Nadai</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vali Azhal</td>
<td>23</td>
<td>77</td>
</tr>
<tr>
<td>Azhal Vali</td>
<td>5</td>
<td>17</td>
</tr>
<tr>
<td>Vali Iyyam</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Iyya vali</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>100</td>
</tr>
</tbody>
</table>

Among the 30 this study 90% of cases were having Naadi nithaanam as Menmai. 100% were having Kalathal and puranadai as Naadi panbu. In the Naadi nadai, 77% were having vali azhal, 17% were Azhal vali and 3% were vali Iyyam and Iyya vali.
Bar diagram showing Naadi nadai in percentage.

### 7.7 NAA

<table>
<thead>
<tr>
<th>Naa</th>
<th>No.of cases (out of 30)</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thanmai</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maa padithal</td>
<td>27</td>
<td>90</td>
</tr>
<tr>
<td>Vedippu</td>
<td>23</td>
<td>77</td>
</tr>
<tr>
<td>Niram</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Karuppu</td>
<td>17</td>
<td>57</td>
</tr>
<tr>
<td>Manjal</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Velupu (Palomess)</td>
<td>30</td>
<td>100</td>
</tr>
<tr>
<td>Suvai</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pulippu</td>
<td>7</td>
<td>24</td>
</tr>
<tr>
<td>Thuvapurpe</td>
<td>21</td>
<td>70</td>
</tr>
<tr>
<td>Kaippu</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Normal</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>100</td>
</tr>
<tr>
<td>Vai neer ooral</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increased</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>Normal</td>
<td>27</td>
<td>90</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>100</td>
</tr>
</tbody>
</table>
Among the 30 cases of this study 90% of cases were having Maa padithal, 77% of cases were having vedippu. In tongue, 100% of cases were having veluppu (palorness) and 57% of cases were having Karuppu niram. In suvai among 30 cases 70% of cases were having Thuvarpu taste and 23% of cases were having pulippu taste. In vai neer oral, 10% of cases were having increased saliva secretion.

### 7.8 NIRAM, MOZHI AND VIZHI

Table No.8  Niram, Mozhi and Vizhi

<table>
<thead>
<tr>
<th>Niram, Mozhi and vizai</th>
<th>No.of cases ( Out of 30)</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Niram</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Karuppu</td>
<td>25</td>
<td>83.3</td>
</tr>
<tr>
<td>Manjal</td>
<td>1</td>
<td>3.3</td>
</tr>
<tr>
<td>Veluppu</td>
<td>4</td>
<td>13.3</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>100</td>
</tr>
<tr>
<td>Mozhi</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sama oli</td>
<td>26</td>
<td>87</td>
</tr>
<tr>
<td>Uratha oli</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Thazhntha oli</td>
<td>4</td>
<td>13</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>100</td>
</tr>
<tr>
<td>Vizhiyin niram venvizhi</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Karuppu</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Manjal</td>
<td>10</td>
<td>33</td>
</tr>
<tr>
<td>Sivappu</td>
<td>4</td>
<td>13</td>
</tr>
<tr>
<td>Veluppu</td>
<td>30</td>
<td>100</td>
</tr>
<tr>
<td>Vizhiyin Thanmai</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kanneer</td>
<td>5</td>
<td>17</td>
</tr>
<tr>
<td>Peelai seruthal</td>
<td>5</td>
<td>17</td>
</tr>
<tr>
<td>Parvai kuraivu</td>
<td>17</td>
<td>57</td>
</tr>
</tbody>
</table>

Among the 30 cases of this study, 83.3% of cases have dark complexion. 87% of cases were having sama oli. In vizhiyin niram, 100% were having veluppu, 33% were having manjal and 13% were having Sivappu. 57% of cases have affected vision. 17% of cases have kanneer and peelai sereethal.
7.9 MEIKURI

Table No. 9  Meikuri

<table>
<thead>
<tr>
<th>Meikuri</th>
<th>No. of cases (Out of 30)</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Veppam Mitham</td>
<td>26</td>
<td>87</td>
</tr>
<tr>
<td>Veppam Migu</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Veppam Thatpam</td>
<td>4</td>
<td>13</td>
</tr>
<tr>
<td>Veppam Total</td>
<td>30</td>
<td>100</td>
</tr>
<tr>
<td>Viyarvai Normal</td>
<td>26</td>
<td>87</td>
</tr>
<tr>
<td>Viyarvai Reduced</td>
<td>4</td>
<td>13</td>
</tr>
<tr>
<td>Viyarvai Total</td>
<td>30</td>
<td>100</td>
</tr>
<tr>
<td>Thanmai Thodu vali</td>
<td>24</td>
<td>80</td>
</tr>
<tr>
<td>Thanmai Yoni</td>
<td>30</td>
<td>100</td>
</tr>
<tr>
<td>Thanmai Thaznthiruthal</td>
<td>30</td>
<td>100</td>
</tr>
</tbody>
</table>

Among the 30 cases of this study 87% of cases were having Mitha veppam. 87% of cases were having normal viyarvai. 100% of cases were having Yoni Thaznthiruthal and 80% of cases were having Thodu vali.

7.10 MALAM

Table No. 10  Malam

<table>
<thead>
<tr>
<th>Malam</th>
<th>No. of cases (Out of 30)</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Niram Karuppu</td>
<td>24</td>
<td>80</td>
</tr>
<tr>
<td>Niram Manjal</td>
<td>6</td>
<td>20</td>
</tr>
<tr>
<td>Niram Total</td>
<td>30</td>
<td>100</td>
</tr>
<tr>
<td>Thanmai Mala sikkal</td>
<td>30</td>
<td>100</td>
</tr>
<tr>
<td>Thanmai Siruthal</td>
<td>28</td>
<td>93</td>
</tr>
</tbody>
</table>

Among the 30 cases of this study 80% of cases were having Karutha malam. 100% of cases were having Malasikkal and 93% of cases were having siruthal.
### 7.11 NEER KURI

Table No. 11  Neerkuri

<table>
<thead>
<tr>
<th>Neerkuri</th>
<th>No. of cases (Out of 30)</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neer Thanmai</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neer Manam</td>
<td>16</td>
<td>53</td>
</tr>
<tr>
<td>Neer Erichal</td>
<td>16</td>
<td>53</td>
</tr>
<tr>
<td>Neer Niram</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Venmai</td>
<td>4</td>
<td>13</td>
</tr>
<tr>
<td>Manjal</td>
<td>20</td>
<td>67</td>
</tr>
<tr>
<td>Crystal clear</td>
<td>6</td>
<td>20</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>100</td>
</tr>
<tr>
<td>Nurai</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nil</td>
<td>24</td>
<td>80</td>
</tr>
<tr>
<td>Reduced</td>
<td>6</td>
<td>20</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>100</td>
</tr>
<tr>
<td>Edai</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Normal</td>
<td>30</td>
<td>100</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>100</td>
</tr>
<tr>
<td>Enjal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Normal</td>
<td>4</td>
<td>13</td>
</tr>
<tr>
<td>Reduced</td>
<td>26</td>
<td>87</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>100</td>
</tr>
<tr>
<td>Neikuri</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Aravam</td>
<td>26</td>
<td>87</td>
</tr>
<tr>
<td>Muthu</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Mella paraviyathu</td>
<td>26</td>
<td>87</td>
</tr>
<tr>
<td>Asathiyam</td>
<td>3</td>
<td>10</td>
</tr>
</tbody>
</table>

Among the 30 cases of this study, 53% of cases were having Neer manam. 53% of cases were having Neer erichal 67% of cases were having Manjal niram urine. 100% were normal edai. 87% were having reduced Enjal. 87% of cases were having Aravam pattern of spread in Neikuri.
7.12 IMPORIGAL AND KANMAENTHRIYANGAL

Table No. 12  Imporigal and Kanmaenthriyangal

<table>
<thead>
<tr>
<th>Imporigal and Kanmaenthriyangal</th>
<th>No. of cases (Out of 30)</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Imporigal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mei</td>
<td>24</td>
<td>80</td>
</tr>
<tr>
<td>Kan</td>
<td>17</td>
<td>57</td>
</tr>
<tr>
<td>Kanmachthriyangal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kaal</td>
<td>26</td>
<td>87</td>
</tr>
<tr>
<td>Eruvaai</td>
<td>30</td>
<td>100</td>
</tr>
<tr>
<td>Karuvaai</td>
<td>30</td>
<td>100</td>
</tr>
</tbody>
</table>

Among the 30 cases of this study, in 80% of cases Mei is affected and in 97% of cases Vaai is affected. In 100% of cases Eruvaai and Karuvaai is affected and in 87% of cases Kaal is affected.

7.13 MANIKADAI NOOL

Table No. 13  Manikadai Nool

<table>
<thead>
<tr>
<th>Manikadai nool (Viral Kadai)</th>
<th>No. of cases (Out of 30)</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>7</td>
<td>12</td>
<td>40</td>
</tr>
<tr>
<td>8.25</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>9</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>9.25</td>
<td>10</td>
<td>33</td>
</tr>
<tr>
<td>9.50</td>
<td>5</td>
<td>16.6</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>100</td>
</tr>
</tbody>
</table>

Out of 30 cases 40% of cases have 7 V.K, 3% of cases have 8.25 V.K, 6.6% of cases have 9 V.K, 33% of cases 9.25 V.K, 16.6% of cases have 9.50 V.K.
Bar diagram showing Manikadai Nool for Attasoolai

7.14 UYIR THATHUKKAL

Table No. 14  Uyir Thathukkal

<table>
<thead>
<tr>
<th>Uyir Thathukkal</th>
<th>No.of cases affected (Out of 30)</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vali</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Praanan (Uyirkkaal)</td>
<td>30</td>
<td>100</td>
</tr>
<tr>
<td>Abaanan (Keezh nokku kaal)</td>
<td>30</td>
<td>100</td>
</tr>
<tr>
<td>Samaan (Nadu kaal)</td>
<td>30</td>
<td>100</td>
</tr>
<tr>
<td>Uthaan (Mel nokku kaal)</td>
<td>30</td>
<td>100</td>
</tr>
<tr>
<td>Viyaan (Paravu kaal)</td>
<td>27</td>
<td>90</td>
</tr>
<tr>
<td>Naagan</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Koorman</td>
<td>17</td>
<td>57</td>
</tr>
<tr>
<td>Kirugaran</td>
<td>30</td>
<td>100</td>
</tr>
<tr>
<td>Devathathan</td>
<td>28</td>
<td>93</td>
</tr>
<tr>
<td>Dhananjayan</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Azhal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Analam (Aaku anal)</td>
<td>30</td>
<td>100</td>
</tr>
<tr>
<td>Ranjagam (Vanna eri)</td>
<td>30</td>
<td>100</td>
</tr>
<tr>
<td>Alosagam (Nokku anal)</td>
<td>17</td>
<td>57</td>
</tr>
<tr>
<td>Prasagam (ul oli thee)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Saathagam(Atralangi)</td>
<td>30</td>
<td>100</td>
</tr>
</tbody>
</table>
In Vali, out of 30 cases of this study, in 100% of cases Praanan, Abaan, Samaanan, Uthaanan and kiruganan are affected. In 93% of cases Devathathan affected. In 57% of cases koorman affected.

In Azhal, our of 30 cases of this study, in 100% of cases Analam, Ranjagam and Saathaham are affected. In 57% of cases, Alosagam affected.

In Iyyam, out of 30 cases of this study, in 100% of cases, Avalambagam and kilethagam are affected. In 90% of cases Santhigam affected.

### 7.15 UDAL THATHUKKAL

Table No.15  Udal ththukkal

<table>
<thead>
<tr>
<th>Udal Thathukkal</th>
<th>No. of cases affected (Out of 30)</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saaram</td>
<td>30</td>
<td>100</td>
</tr>
<tr>
<td>Chenneer</td>
<td>30</td>
<td>100</td>
</tr>
<tr>
<td>Oon</td>
<td>30</td>
<td>100</td>
</tr>
<tr>
<td>Kozhuppu</td>
<td>28</td>
<td>93</td>
</tr>
<tr>
<td>Enbu</td>
<td>27</td>
<td>93</td>
</tr>
<tr>
<td>Moolai</td>
<td>25</td>
<td>83</td>
</tr>
<tr>
<td>Suronitham</td>
<td>20</td>
<td>67</td>
</tr>
</tbody>
</table>

In udal thathukkal, out of 30 cases 100% of cases have deranged saaram, Chenneer and Oon. 93% of cases have deranged Kozhuppu, Enbu and suronitham 67% of cases have deranged Moolai.
7.16 NOI UTRA KAALAM

Table No.16  Noi utra kaalam

<table>
<thead>
<tr>
<th>Noi utra kaalam</th>
<th>No.of cases affected (Out of 30)</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kaar kaalam</td>
<td>12</td>
<td>40</td>
</tr>
<tr>
<td>Koothir kaalam</td>
<td>4</td>
<td>13</td>
</tr>
<tr>
<td>Munpani kaalam</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Pinpani kaalam</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>Elavenir kaalam</td>
<td>2</td>
<td>7</td>
</tr>
<tr>
<td>Mudu venire kaalam</td>
<td>7</td>
<td>23</td>
</tr>
</tbody>
</table>

In kaalam, out of 30 cases of the study, 40% of cases were affected in Kaar kaalam and 23% of cases were affected in Muduvenir kaalam.

7.17 NOI UTRA NILAM

Table No.17  Noi utra Nilam

<table>
<thead>
<tr>
<th>Noi utra Nilam</th>
<th>No.of cases affected (Out of 30)</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kurinji</td>
<td>3</td>
<td>10</td>
</tr>
<tr>
<td>Mullai</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Marutham</td>
<td>6</td>
<td>20</td>
</tr>
<tr>
<td>Neithal</td>
<td>20</td>
<td>67</td>
</tr>
<tr>
<td>Palai</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

In Nilam, out of the 30 cases of this study, 67% of cases were affected in Neithal Nilam.
7.18 RAASI AND NATCHATHIRAM

Table No.18  Raasi and Natchathiram

<table>
<thead>
<tr>
<th>Raasi and Natchathiram</th>
<th>No.of cases</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Raasi</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mesham</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Katakam</td>
<td>4</td>
<td>16</td>
</tr>
<tr>
<td>Thulaam</td>
<td>6</td>
<td>24</td>
</tr>
<tr>
<td>Viruchigam</td>
<td>10</td>
<td>40</td>
</tr>
<tr>
<td>Meenam</td>
<td>3</td>
<td>12</td>
</tr>
<tr>
<td>Kumbam</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Total</td>
<td>25</td>
<td>100</td>
</tr>
<tr>
<td>Natchathiram</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bharani</td>
<td>2</td>
<td>15.3</td>
</tr>
<tr>
<td>Rohini</td>
<td>1</td>
<td>7.7</td>
</tr>
<tr>
<td>Visakam</td>
<td>2</td>
<td>15.3</td>
</tr>
<tr>
<td>Anusham</td>
<td>5</td>
<td>38.3</td>
</tr>
<tr>
<td>Kettai</td>
<td>2</td>
<td>15.3</td>
</tr>
<tr>
<td>Avittam</td>
<td>1</td>
<td>7.7</td>
</tr>
<tr>
<td>Total</td>
<td>13</td>
<td>100</td>
</tr>
</tbody>
</table>

Out of 25 cases, 40% of cases documented under Viruchigam and 24% of cases under Thulam. In Natchiram out of 13 cases 38.3 % of cases were documented under Anusham.

7.19 CLINICAL FEATURES OF ATTASOOLAI

Table No. 19  Clinical features of Attasoolai

<table>
<thead>
<tr>
<th>Clinical features of Attasoolai</th>
<th>No.of cases (Out of 30)</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Constipation with pain around the anus</td>
<td>30</td>
<td>100</td>
</tr>
<tr>
<td>Fear</td>
<td>28</td>
<td>93</td>
</tr>
<tr>
<td>Fatigue</td>
<td>25</td>
<td>83</td>
</tr>
<tr>
<td>Pain in the groin region</td>
<td>27</td>
<td>90</td>
</tr>
<tr>
<td>Descent of vagina</td>
<td>30</td>
<td>100</td>
</tr>
<tr>
<td>Oliguria associated with pain</td>
<td>28</td>
<td>93</td>
</tr>
<tr>
<td>Perspiration</td>
<td>24</td>
<td>80</td>
</tr>
</tbody>
</table>
In clinical features, out of the 30 cases, 100% of cases have constipation with pain around the anus and descent of vagina. 93% of cases have fear and oliguria associated with pain. 90% of cases have pain in the groin region. 83% of cases have Fatigue. 80% of cases have Perspiration.
CHAPTER 8

DISCUSSION

- Author has seen 100 cases of vaginal prolapse in the outpatient department of Ayothidoss pandithar hospital, National institute of Siddha. In the 100 cases, 30 cases were selected with the clinical symptoms of AttaSoolai for the study.

- AttaSoolai is a specific type of disease affecting the female genital tract with the symptoms of constipation, descent of vagina, pain in the groin region, oliguria associated with pain, fear, fatigue and perspiration.

- AttaSoolai is classified in the vali diseases according to Yugi Vaithiya Sinthamani.

- In the literature Agathiyar vaithiya sinthamani venpa- 4000, pavanavatham has the symptoms like that of AttaSoolai. The symptoms descent of vagina, constipation, vitiation of vali humor resemble AttaSoolai. Pavanavatham is classified under vali diseases.

- In the present study comprising 30 patients, all were between the ages of 30 to 70 years. All the patients were seen throughout all the seasons.

- The AttaSoolai mostly occurs in the age group 40-50 years.

- The AttaSoolai mostly occurs in the Azhal kaalam i.e. age group between 33 to 66 yrs. It has naadi nithaanam as Menmai.

- In AttaSoolai, majority of cases were having coating and fissure in the tongue. The colour of the tongue is pallor and in most of the cases were of dark coloured. Most cases have medium pitched voice.

- In most of the cases vizhiyin niram was veluppu.

- Most cases have mild warmth and normal sweating. Most cases have tenderness. All the cases had descent of vagina.
• In AttaSoolai most cases have dark stools, constipation and reduced stool bulk.

• In half of the cases dysuria was present. Most cases had yellowish urine, normal density and reduced quantity and deposits.

• The Neikuri of AttaSoolai showed vali pattern of spread i.e. (serpentine fashion) and slowly spreading.

• The Manikadai nool (wrist metric sign) for AttaSoolai was mostly between 7 and 9 ¼ finger breadths (fbs).

• In AttaSoolai, mei, vaai, eruvaai, karuvaai, were affected.

• In subtypes of vali, praan (uyirk aal), Abaan, (keezh nokku kaal) Samaanan (Nadukaal), Uthaaman (Mel nokku kaal), Viyaanan (Paravu kaal) and Kiruharan, Devathathan were affected.

• In azhal sub types Analam (Aakku anal), Ranjagam (Vanna eri) and Saathaham (Attral agri) were affected.

• In Iyyam sub sypes Avalambagam (Ali iyyam), Kilethajam (neerpi iyyam) Pothagam (savai kaan iyyam) and Santhigam (ondri Iyyam) were affected.

• In udal thathukal 100% of cases had deranged Saaram, Chenneer and Oon. 93% of cases had deranged Kozhuppu, Enbu and Moolai, 67% of cases had deranged Suronitham.

• Most of the cases had Vali migu gunam characters like constipation, weakness, giddiness, lack of interest, desire to take hot food, body colour-blackish and insomnia.

• Most of the AttaSoolai cases were affected in kaarkaalam (rainy season) and muduvenil kaalam (peak summer). Most of the cases were affected in neithal nilam (coastal regions).
• In the population zodiac sign scorpio had more number of incidences of Attasoolai disease.

• In the 96 principles air and space elements are mainly deranged and leads to derangement of other elements.

• In pori and pulan, mei and vaai were affected. In kanmenthiriyam, kaal, Eruvaai and karuvaaai were affected.

• In the Anthakaranam, the four anthakaranams, and in Aasayam the five aasayams were affected.

• In kosam, the Annamayakosam and the Manomayakosam were affected. The affected annamayakosam affected other kosams.

• In Aathaaram, the Moolatharam, Swathittaanam and manipooragam were affected.

• The Thamogunam character is one of the main etiological factors for Attasoolai.

• As Attasoolai is one of the vali diseases, the etiology for vali diseases cause this disease. Attasoolai affects the female genital tract. So, conditions of yoni rogam cause this disease. By preventing these causative factors, Attasoolai can be prevented.

• In the text of Siddha Research pharmacopoeia, Muthoda ennai is mentioned for prolapse. Muthoda ennai was administered to the 30 cases who were admitted in this study. The dosage is 5 ml with honey twice a day. They were followed up for 3 months. Most of the cases had good results. The symptoms, constipation with pain around the anus, oliguria and pain in the groin region were decreased in most of the cases by this drug. Cases with descent of vagina in the initial stage had improvements.
CHAPTER 9

SUMMARY AND CONCLUSION

1. The causes for Attasoolai which were mentioned under vali diseases and yoni rogam were correlated best in this study. So, by avoiding the causes we can prevent AttaSoolai.

2. In terms of astrology, scorpio sign persons are more prone to this disease. These raasi patients should take care to prevent this disease.

3. Persons living in Neithal nilam (coastal regions) are more prone to this disease. These Neithal nilam patients should take care to prevent this disease.

4. Persons in Azhal kaalam i.e. age between 34 to 66 years are mostly affected. So this age group people should take care to prevent this disease.

5. In the three humors the vali humor is affected more in this disease which leads to derangement of other two humors.

6. The signs and symptoms of Attasoolai correlate more closely to vaginal prolapse in modern aspects. The vaginal proapse occurs due to weakness of the supporting structures of the pelvic organs. Repeated child birth with frequent intervals and vaginal delivery with injury to supporting structures causes weakness of the supporting structures. By preventing these causes, vaginal prolapse can be prevented.

7. Muthoda ennai which was administered to the cases in this study showed good results. This is a preliminary study. In the future, extensive study can be carried out.

By this study of Envagai thervu, Nilam, Kaalam, Sothidam, Manikadai nool and along with the clinical symptoms, the author concludes it as AttaSoolai and vali humor gets affected more prominently in this disease.
### Table Showing the Envagai Thervu

<table>
<thead>
<tr>
<th>SL.No</th>
<th>OP.No</th>
<th>Age</th>
<th>Naa</th>
<th>Niram</th>
<th>Mozhi</th>
<th>Vizhi</th>
<th>Sparisam</th>
<th>Malam</th>
<th>Moothiram</th>
<th>Naadi</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>IP788</td>
<td>37</td>
<td>Pal+, M.P, Bk, Fis</td>
<td>Bk</td>
<td>Reduced</td>
<td>M.Y, Peelai, Pal+, Tear+</td>
<td>T.N+, M.H</td>
<td>Yw Cons</td>
<td>White, F.N, S.S Aravu</td>
<td>A.V</td>
</tr>
<tr>
<td>2</td>
<td>IP923</td>
<td>55</td>
<td>Pal+, M.P, Fis, Thuvarppu</td>
<td>Bk</td>
<td>Medium</td>
<td>Pal+</td>
<td>T.N+, M.H</td>
<td>Bk Cons</td>
<td>Yw, F+, S.S Aravu</td>
<td>V.A</td>
</tr>
<tr>
<td>3</td>
<td>AE5232</td>
<td>31</td>
<td>Pal+, M.P, Fis, Thuvarppu</td>
<td>Bk</td>
<td>Reduced</td>
<td>Red, Tear+, Vis A, Peelai, Pal+</td>
<td>T.N+, M.H</td>
<td>Bk Cons</td>
<td>Yw, F.N, Muthu</td>
<td>V.I</td>
</tr>
<tr>
<td>4</td>
<td>AE2956</td>
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<td>Bk</td>
<td>Medium</td>
<td>Pal+, Vis A</td>
<td>T.N+, M.H</td>
<td>Bk Cons</td>
<td>Yw, F.N, Aravu, S.S</td>
<td>V.A</td>
</tr>
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<td>Bk</td>
<td>Medium</td>
<td>Pal+, Vis A</td>
<td>T.N+, M.H</td>
<td>Bk Cons</td>
<td>Yw, F.N, S.M Aravu, S.S</td>
<td>V.A</td>
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<td>Medium</td>
<td>M.Y, Vis A, Peelai, Pal+, Tear+</td>
<td>T.N+, M.H</td>
<td>Bk Cons</td>
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<td>V.A</td>
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<td>Pal+, Tear+</td>
<td>T.N+, R.S, M.H</td>
<td>Yw Cons</td>
<td>White F.N, S.S</td>
<td>V.A</td>
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<td>T.N+, M.H</td>
<td>Yw Cons</td>
<td>Yw, S.S, F.N, Aravu</td>
<td>V.A</td>
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<td>Pal+, Vis A</td>
<td>Chill+</td>
<td>Bk Cons</td>
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<td>T.N+, M.H</td>
<td>Bk Cons</td>
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<td>V.A</td>
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<td>Reduced</td>
<td>Red, Pal+</td>
<td>M.H, T.N, R.S</td>
<td>Bk Cons</td>
<td>Yw, F.N, S.S, Aravu</td>
<td>V.A</td>
</tr>
</tbody>
</table>
## Table Showing the Envagai Thervu

<table>
<thead>
<tr>
<th>SL.No</th>
<th>OP.No</th>
<th>Age</th>
<th>Naa</th>
<th>Niram</th>
<th>Mozhi</th>
<th>Vizhi</th>
<th>Sparisam</th>
<th>Malam</th>
<th>Moothiram</th>
<th>Naadi</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
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<td>Velupu</td>
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<td>Pal+</td>
<td>T.N+, M.H, R.S</td>
<td>Bk</td>
<td>Cons</td>
<td>Yw, F.N, S.S, Aravu</td>
</tr>
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<td>Velupu</td>
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<td>Red, Pal+</td>
<td>T.N+, M.H</td>
<td>Bk</td>
<td>Cons</td>
<td>C.C, B.S+, F.N, Aravu</td>
</tr>
<tr>
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<td>Pal+, M.P, Fis, Thuvarpu</td>
<td>Bk</td>
<td>Medium</td>
<td>Pal+</td>
<td>T.N+, M.H</td>
<td>Bk</td>
<td>Cons</td>
<td>C.C, F.N, S.S, Sal</td>
</tr>
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<td>18</td>
<td>AI4203</td>
<td>43</td>
<td>Pal+, Bk, M.P, Thuvarpu</td>
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<td>Medium</td>
<td>Pal+</td>
<td>T.N+, M.H</td>
<td>Yw</td>
<td>Cons</td>
<td>C.C, F.N, S.S, Sal</td>
</tr>
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<td>Pal+, Vis A</td>
<td>T.N+, M.H</td>
<td>Bk</td>
<td>Cons</td>
<td>Yw, F+, Aravu, S.S</td>
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<td>AH1438</td>
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<td>Medium</td>
<td>M.Y, Pal+</td>
<td>T.N+, M.H</td>
<td>Bk</td>
<td>Cons</td>
<td>Yw, F.N, S.S, Sal</td>
</tr>
<tr>
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<td>AH4283</td>
<td>40</td>
<td>MP, Fis, Pulipu, Pal+, Bk</td>
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<td>Medium</td>
<td>M.Y, Pal+, Vis.A</td>
<td>M.H</td>
<td>Bk Cons</td>
<td>Yw, Aravu, F.N</td>
<td>V.A</td>
</tr>
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<td>AG2990</td>
<td>47</td>
<td>Pal+, Bk, M.P, Pulipu</td>
<td>Bk</td>
<td>Medium</td>
<td>M.Y, Vis.A, Peelai, Pal+, Tear+</td>
<td>T.N+, M.H</td>
<td>Bk Cons</td>
<td>Yw, F.N.S.S, Aravu</td>
<td>V.A</td>
</tr>
<tr>
<td>23</td>
<td>AJ3737</td>
<td>33</td>
<td>Pal+, M.P, Bk, Thuvarpu, Fis</td>
<td>Bk</td>
<td>Medium</td>
<td>Pal+</td>
<td>T.N+, M.H</td>
<td>Bk</td>
<td>Cons</td>
<td>White, F.N, S.S, Aravu</td>
</tr>
<tr>
<td>24</td>
<td>AF387</td>
<td>35</td>
<td>Bk, Pal+, Fis, Thuvarpu, M.P</td>
<td>Bk</td>
<td>Medium</td>
<td>M.Y, M.A, Pal+, Vis A</td>
<td>M.H, T.N</td>
<td>Bk Cons</td>
<td>Yw, F.N, S.S, Sal</td>
<td>V.A</td>
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</tbody>
</table>
### Table Showing the Envagai Thervu

<table>
<thead>
<tr>
<th>SL.No</th>
<th>OP.No</th>
<th>Age</th>
<th>Naa</th>
<th>Niram</th>
<th>Mozhi</th>
<th>Vizhi</th>
<th>Sparisam</th>
<th>Malam</th>
<th>Moothiram</th>
<th>Naadi</th>
</tr>
</thead>
<tbody>
<tr>
<td>25</td>
<td>AA2632</td>
<td>47</td>
<td>Pal+, M.P, Bk, Thuvapru</td>
<td>Bk</td>
<td>Reduc</td>
<td>Pal+, Vis A</td>
<td>M.H, R.S</td>
<td>Bk</td>
<td>Cons</td>
<td>White, F+, S.S, Aravu</td>
</tr>
<tr>
<td>26</td>
<td>AF6714</td>
<td>32</td>
<td>Pal+, M.P, Bk, Thuvapru, Fis</td>
<td>Velupu</td>
<td>Mediu</td>
<td>M.Y, Pal+, Vis A</td>
<td>T.N+, M.H</td>
<td>Bk</td>
<td>Cons</td>
<td>Yw, FN, S.S, Aravu</td>
</tr>
<tr>
<td>27</td>
<td>AH4336</td>
<td>52</td>
<td>Pal+, Bk, M.P, Fis, Thuvapru</td>
<td>Bk</td>
<td>Mediu</td>
<td>Vis A, Pal+</td>
<td>T.N+, M.H</td>
<td>Bk</td>
<td>Cons</td>
<td>Yw, F+, Arau, S.S</td>
</tr>
<tr>
<td>28</td>
<td>AI8543</td>
<td>45</td>
<td>Pal+, Bk, Thuvapru, Fis, M.P</td>
<td>Bk</td>
<td>Mediu</td>
<td>M.Y, Pal+, Vis A</td>
<td>T.N+, M.H</td>
<td>Bk</td>
<td>Cons</td>
<td>Yw, Sal, F+, S.S</td>
</tr>
<tr>
<td>29</td>
<td>X8094</td>
<td>44</td>
<td>Pal+, Bk, M.P, Fis, Thuvapru</td>
<td>Velupu</td>
<td>Mediu</td>
<td>Pal+</td>
<td>M.H</td>
<td>Bk</td>
<td>Cons</td>
<td>Yw, F+, Arau, S.S</td>
</tr>
<tr>
<td>30</td>
<td>AH5692</td>
<td>46</td>
<td>Pal+, Bk, M.P, Thuvapru, Fis</td>
<td>Bk</td>
<td>Mediu</td>
<td>M.Y, Vis A, Pal+</td>
<td>T.N+, M.H</td>
<td>Bk</td>
<td>Cons</td>
<td>Yw, F.N, Aravu</td>
</tr>
</tbody>
</table>

- **Pal** – Palorness
- **M.P.N** – Maapadithal nil
- **Fis** – Fissure
- **Vis.A** – Vision affected
- **F** – Foam
- **F.S** – Forty spread
- **M.H** – Mild heat ness of body
- **V.A** – Vali Azhal
- **C.C** – Crystal clear
- **I.A** – Iyya Azhal
- **M.Y** – Muddy yellow
- **S.S** – Slow spread
- **Bk** – Black
- **F.N** – Foam nil
- **M.P** – Maapadithal
- **I.V** – Iyya Vali
- **V.I** – Vali Iyyam
- **T.N** – Tenderness
- **R.S** – Reduced sweating
- **A.V** – Azhal Vali
O.P No: AE5232  31/F

Urine Colour - Yellow

I.P No: 788  37/F

Neerkuri - Snake (Aravam) like spread
## ANNEXURE

**NATIONAL INSTITUTE OF SIDDHA, CHENNAI-47**

**A STUDY TO DIAGNOSE ATTA SOOLAI THROUGH SIDDHA DIAGNOSTIC METHODOLOGY**

**DIAGNOSTIC PROFORMA FOR ATTA SOOLAI**

<table>
<thead>
<tr>
<th>No.</th>
<th>Description</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>O.P. No.</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>I.P. No.</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Bed No.</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>S.No.</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Name</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Age (Yr)</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Occupation</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Social status</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Marital status</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Parity</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Permanent Address</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Complaints &amp; Duration</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>History of Present Illness</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Menstrual History</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Obstetric History</td>
<td></td>
</tr>
</tbody>
</table>
16. past Medical History

17. Family History
   1. No [ ]
   2. Yes [ ]

18. Beverages
   1. Tea [ ]
   2. Coffee [ ]
   3. Milk [ ]

19. Food habit
   1. Veg [ ]
   2. Non Veg [ ]
   3. Fast food [ ]

20. Other Habits
   1. Betel nut [ ]
   2. Tobacco [ ]
   3. Snuff [ ]

GENERAL & SYSTEMIC EXAMINATION:


22. Stature

23. Palor

24. Jaundice

25. Neck

26. Cardio vascular System

27. Respiratory System

28. Pulse

29. Blood Pressure

30. Examination of Abdomen

PELVIC EXAMINATION

31. Inspection of External Genitals

32. Vaginal Examination
### GENERAL ETIOLOGY FOR ATTASOOLAI

#### Alteration in food habits

<table>
<thead>
<tr>
<th></th>
<th>1. Yes</th>
<th>2. No</th>
</tr>
</thead>
<tbody>
<tr>
<td>33. Increased intake of Kaipu taste</td>
<td></td>
<td></td>
</tr>
<tr>
<td>34. Increased intake of Thuvarpu taste</td>
<td></td>
<td></td>
</tr>
<tr>
<td>35. Increased intake of Kaarpu taste</td>
<td></td>
<td></td>
</tr>
<tr>
<td>36. Increased intake of pulipu taste</td>
<td></td>
<td></td>
</tr>
<tr>
<td>37. Increased intake of Kizhangu Vagaigal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>38. Altered diet timings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>39. Increased Starvation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Alteration in Regular Activities

<table>
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<tr>
<th></th>
<th>1. Yes</th>
<th>2. No</th>
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</thead>
<tbody>
<tr>
<td>40. Migundha kaatru padum padi iruthal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>41. Pagalil thungi iravil kanvizhithal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>42. Restricting micturition</td>
<td></td>
<td></td>
</tr>
<tr>
<td>43. Prolonged constipation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>44. Lifting heavy weight</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Alteration in Mind

<table>
<thead>
<tr>
<th></th>
<th>1. Yes</th>
<th>2. No</th>
</tr>
</thead>
<tbody>
<tr>
<td>45. Increased Anger</td>
<td></td>
<td></td>
</tr>
<tr>
<td>46. Fear</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
47. Sadness (Thukkam)  
48. Increased Sexual desire  
Others  
49. Vaginal delivery with injury to  
The supporting structures  
50. Repeated childbirth at frequent intervals  

ENVAGAI THERVU

NAADI (KAI KURI)

1. Naadi Nithanam

51. Kalam  
1. Kaarkaalam  
2. Koothirkaalam  
3. Munpanikaalam  
4. Pinpanikaalam  
5. Ilavenirkaalam  
6. Muduvenirkaalam

52. Desam 1. Kulir 2. Veppam

53. Vayadu 2.1-33 yrs 2.33-66 yrs 3. 66-100 yrs

54. Udal Vannmai 1. Iyyalpu 2. Valivu 3. Melivu


2. Naadi Nadai


NAA

57. Maa padinthiruthal 1. Present 2. Absent
60. Vedippu  1. Absent  2. Present
61. Vai neer ooral  1. Normal  2. Increased  3. Reduced

VIZHI
65. Kanneer  1. Present  2. Absent
66. Erichchal  1. Present  2. Absent
67. Peelai seruthal  1. Present  2. Absent

MEI KURI (SPARISAM)
69. Viyarvai  1. Normal  2. Increased  3. Reduced
70. Thoduvali  1. Present  2. Absent
71. Yoni thazhnthiruthal  1. Present  2. Absent

MALAM
<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>3. Sivappu</td>
<td>4. Velluppu</td>
<td></td>
<td></td>
</tr>
<tr>
<td>73. Sikkal</td>
<td>1. Present</td>
<td>2. Absent</td>
<td></td>
</tr>
<tr>
<td>74. Sirutthal</td>
<td>1. Present</td>
<td>2. Absent</td>
<td></td>
</tr>
<tr>
<td>75. Kalichchal</td>
<td>1. Present</td>
<td>2. Absent</td>
<td></td>
</tr>
<tr>
<td>76. Seetham</td>
<td>1. Present</td>
<td>2. Absent</td>
<td></td>
</tr>
<tr>
<td>77. Vemmai</td>
<td>1. Present</td>
<td>2. Absent</td>
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</table>

**MOOTHIRAM NEER KURI**

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<thead>
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<tbody>
<tr>
<td>79. Manam</td>
<td>1. Present</td>
<td>2. Absent</td>
<td></td>
</tr>
<tr>
<td>80. Nurai</td>
<td>1. Nil</td>
<td>2. Reduced</td>
<td>3. Increased</td>
</tr>
<tr>
<td>81. Edai(Ganam)</td>
<td>1. Normal</td>
<td>2. Increased</td>
<td>3. Reduced</td>
</tr>
<tr>
<td>82. Enjal(Alavu &amp; padivu)</td>
<td>1. Normal</td>
<td>2. Increased</td>
<td>3. Reduced</td>
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</table>

**Nei Kuri**

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
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<tr>
<td>11. Other shapes</td>
<td></td>
<td></td>
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<p>| | |</p>
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<tr>
<th></th>
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<tbody>
<tr>
<td>84. Paravum Thanmai</td>
<td>1. Slow</td>
</tr>
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</table>
85. **MANIKADAI NOOL (Viral kadai alavu)**

86. **Gunam**
   1. Sathuvam [ ] 2. Rasatham [ ] 3. Thamatham [ ]

87. **Udal Iyal**
   1. Vali [ ] 2. Azhal [ ] 3. Iyyam [ ]
   4. Valiozhal [ ] 5. Azhal Vali [ ] 6. Iyya Vali [ ]

**IYMPORIGAL / IYMPULANGAL**

<table>
<thead>
<tr>
<th></th>
<th>Normal</th>
<th>Affected</th>
</tr>
</thead>
<tbody>
<tr>
<td>88. Mei</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>89. Vai</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>90. Kan</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>91. Mooku</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>92. Sevi</td>
<td>[ ]</td>
<td>[ ]</td>
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</table>

**KANMAENTHIRIYANGAL / KANMAVIDAYANGAL**

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<tr>
<td>93. Kai</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>94. Kaal</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>95. Vaai</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>96. Eruvai</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>97. Karuvai</td>
<td>[ ]</td>
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</table>
### UYIR THATHUKAL

#### 1. VALI

<table>
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<tbody>
<tr>
<td>98. Praaan (Uyirkkaal)</td>
<td></td>
</tr>
<tr>
<td>99. Abaan(keezh nokku kaal)</td>
<td></td>
</tr>
<tr>
<td>100. Samaaan(Naduk kaal)</td>
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</tr>
<tr>
<td>101. Uthaaan(Mel nokku kaal)</td>
<td></td>
</tr>
<tr>
<td>102. Viyaaan(Paravu kaal)</td>
<td></td>
</tr>
<tr>
<td>103. Naahan</td>
<td></td>
</tr>
<tr>
<td>104. Koorman</td>
<td></td>
</tr>
<tr>
<td>105. Kiruharan</td>
<td></td>
</tr>
<tr>
<td>106. Devathathan</td>
<td></td>
</tr>
<tr>
<td>107. Dhananjeyan</td>
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</tbody>
</table>

#### 2. AZHAL

<table>
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</tr>
</thead>
<tbody>
<tr>
<td>108. Analam(Aakku anal)</td>
<td></td>
</tr>
<tr>
<td>109. Ranjagam(Vanna eri)</td>
<td></td>
</tr>
<tr>
<td>110. Alosagam (Nokku anal)</td>
<td></td>
</tr>
<tr>
<td>111. Prasangam (Ul oli thee)</td>
<td></td>
</tr>
<tr>
<td>112. Saathaham (Astral angi)</td>
<td></td>
</tr>
</tbody>
</table>

#### 3. IYYAM

<table>
<thead>
<tr>
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<th>Affected</th>
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</thead>
<tbody>
<tr>
<td>113. Avalambagam (Ali iyyam)</td>
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<tr>
<td>114. Kilethangam(Neerpi iyyam)</td>
<td></td>
</tr>
<tr>
<td>115. Pothagam(Suvai kaan iyyam)</td>
<td></td>
</tr>
<tr>
<td>116. Tharpagam(Niraivu iyyam)</td>
<td></td>
</tr>
<tr>
<td>117. Santhigam(Ondri iyyam)</td>
<td></td>
</tr>
<tr>
<td>UDAL THATHUKKAL</td>
<td>1. Normal</td>
</tr>
<tr>
<td>------------------</td>
<td>-----------</td>
</tr>
<tr>
<td>118. Saaram</td>
<td></td>
</tr>
<tr>
<td>119. Senneer</td>
<td></td>
</tr>
<tr>
<td>120. Oon</td>
<td></td>
</tr>
<tr>
<td>121. Kozhuppu</td>
<td></td>
</tr>
<tr>
<td>122. Enbu</td>
<td></td>
</tr>
<tr>
<td>123. Moolai</td>
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</tr>
<tr>
<td>124. Suronitham</td>
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</table>

<table>
<thead>
<tr>
<th>MUUKUTRA MIGU GUNAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Vali migu gunam</td>
</tr>
<tr>
<td>125. Ematiation</td>
</tr>
<tr>
<td>126. Body color – Blackish</td>
</tr>
<tr>
<td>127. Desire to take hot food</td>
</tr>
<tr>
<td>128. Shivering of body</td>
</tr>
<tr>
<td>129. Abdominal distension</td>
</tr>
<tr>
<td>130. Constipation</td>
</tr>
<tr>
<td>131. Insomnia</td>
</tr>
<tr>
<td>132. Weakness</td>
</tr>
<tr>
<td>133. Weakness of five sense organs</td>
</tr>
<tr>
<td>134. Giddiness</td>
</tr>
<tr>
<td>135. Ookkaminmai</td>
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</table>

<table>
<thead>
<tr>
<th>2. Azhal migu gunam</th>
<th>1. Present</th>
<th>2. Absent</th>
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</thead>
<tbody>
<tr>
<td>136. Yellow colouration of skin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>137. Yellow colouration of eye</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
138. Yellow colouration of urine
139. Yellow colouration of faeces
140. Increased Appetite
141. Increased Thirst
142. Irritation all over the body
143. Reduced sleep

3. Iyyam migu gunam

<table>
<thead>
<tr>
<th>1. Present</th>
<th>2. Absent</th>
</tr>
</thead>
<tbody>
<tr>
<td>144. Increased salivary secretion</td>
<td></td>
</tr>
<tr>
<td>145. Reduced activeness</td>
<td></td>
</tr>
<tr>
<td>146. Heaviness of body</td>
<td></td>
</tr>
<tr>
<td>147. Body colour-Whitish</td>
<td></td>
</tr>
<tr>
<td>148. Chillness of body</td>
<td></td>
</tr>
<tr>
<td>149. Reduced appetite</td>
<td></td>
</tr>
<tr>
<td>150. Cough</td>
<td></td>
</tr>
<tr>
<td>151. Eraippu</td>
<td></td>
</tr>
<tr>
<td>152. Increased Sleepiness</td>
<td></td>
</tr>
</tbody>
</table>

153. Noi utra Kaalam


154. Noi Utra Nilam


155. Date Of Birth: [ ] [ ] [ ] [ ]
156. Time of Birth: [ ] [ ] [ ]
157. Place of Birth: ________________________________
158. Raasi

1. Mesham  
2. Rishabam  
3. Midhunam  
4. Katakam  
5. Simmam  
6. Kanni  
7. Thulam  
8. Viruchikam  
9. Dhanush  
10. Maharam  
11. Kumbam  
12. Meenam  
13. Not known  

159. Natchathiram

1. Aswini  
2. Barani  
3. Karthikai  
4. Rohini  
5. Mirugaseeridam  
6. Thiruvathirai  
7. Punarpusam  
8. Poosam  
9. Ayilam  
10. Makam  
11. Pooram  
12. Utthiram  
13. Astham  
14. Chithirai  
15. Swathi  
16. Visakam  
17. Anusam  
18. Kettai  
19. Moolam  
20. Pooradam  
21. Uthiradam  
22. Thiruvonam  
23. Avittam  
24. Sadayam  
25. Poorattathi  
26. Uthirattathi  
27. Revathi  
28. Not known  

Investigation

Blood

160. TC (cells / cu.mm) :

161. DC (%) :

1. P  
2. L  
3. E  
4. B  
5. M  

162. Hb (gms%) :

163. ESR (mm/hr) :

1.11/2  
2.1hr  

164. Blood Sugar (R) (mg%) :

Urine:

165. Albumin :

1. Nil  
2. Traco  
3. +  
4. ++  
5. +++  

166. Sugar: 1. Nil □ 2. Traco □ 3. + □ 4. ++ □ 5. +++ □

Deposit:

167. Puscells □ □ 
168. Epithelial cells □ □ 
169. RBC □ □ 
170. Crystals □ □ 

CLINICAL SYMPTOMS OF ATTASOOLAI

171. Constipation with pain around the anus □ □ 
172. Pain in the groin region □ □ 
173. Descent of vagina □ □ 
174. Oliguria associated with pain □ □ 
175. Intolerable Pain □ □ 
176. Fear □ □ 
177. Fatigue □ □ 
178. Perspiration □ □
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