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Chennai – 47
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A STUDY ON

VATHA PERUMBADU

(DISSESSATION 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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INTRODUCTION
INTRODUCTION

“This Quotation’s stresses the importance of maintaining a healthy body. Thirumoolar and Auvaiyar say that when one’s health deteriorates, the soul also deteriorates and prevents the person from attaining divine wisdom. They say that by knowing the methods of protecting the body from deterioration one can obtain longevity of the soul.

This reminds the famous saying

“Health is Wealth”

A health body is the real wealth of a person. Health is defined as a state of complete physical, mental and social wellbeing and not merely an absence of disease or infirmity.

According to Siddha system of medicine, the treatment is given not only to the body but also to the mind. Psychological changes are said to be causes for a disease. And so, the saying “A Sound mind in a Sound body” is very meaningful in this context.

Siddhars have mentioned the basic functions and constitutions of the body in a beautiful way. All the things in this universe including man are made up of five basic elements named as “Pancha Boothas”. They are Earth, Water, Fire, Air and Space.
And then “Uyir thathukkal” or humors namely Vatham, Pitham and Kabam are formed by the combination of these pancha boothas. Whenever there is any derangement in these thathus, the resultant would be the “Disease”.

“

Food habits and daily activities of an individual play a major role in causing disease, because the abnormal physical activities may enhance the three basic humors level which results in a disease. Emotion and stress also stimulates the Uyir thathukkal ending up in a disease.

Siddhars have classified disease into 4448 types. In this modern mechanical world, now-a-days people are suffering from various diseases. Especially females are the majority of sufferers due to their dual role both in family as well as in the society.

In particular, the menstrual disorders go unreported due to their ignorance and lead to dreadful complications which may result in even death.

One among the diseases in menstrual disorders is the “Perumbadu” the very name itself denotes the magnitude of the disease, which points to the great suffering of the patient (individual). Sage Yugi classified ‘Perumbadu’ in his Yugi Vaidhya Chintamani into 4 types. Of these ‘Vatha Perumbadu’ throws a big challenge to medical practitioners of our siddha field and also the general medical world. Since it affects the patients mentally, physically and economically.

The author tries to evolve a basic methodology in diagnosing the ‘Vatha Perumbadu’ with the principles of Siddha system. The author has laid more importance in redefining the etiology of ‘Vatha perumbadu’ there by exploring the preventive aspect of the disease and also treating the disease in a rational manner. This is the main objective of the work done by the author.
SIDDHA PHYSIOLOGY
All the existing things in this world and universe around it are made up by the five primordial elements-Earths (Mann), Neer (water), Thee (fire), Kaal (Air) and Aagayam (Space) are called the fundamental Elements (Boothams).

As per above lines the Universe and the human body are made of five elements. The physiology in the siddha system involves 96 basic principles, seven constituent elements, 14 reflexes and four body fires.
THE 96 BASIC PRINCIPLES (96 Thathuvam)

Siddhars described 96 principles as the constituent components of a 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)

Kadhu (Ear) - It is a Portal of Aagayam bootham
Thol (Skin) - It is a Portal of Vaayu bootham
Kan (Eye) - It is a Portal of Thee bootham
Naakku (Tongue) - It is a Portal of Neer bootham
Mookku (Nose) - It is a Portal of Mann bootham

Pulan - 5 (Functions of sense organs)

Kaetal - Hearing, it is a functional component of Aagayam bootham.
Thoduthal - Touch, it is a functional component of Vaayu bootham.
Parthalam - Vision, it is a functional component of Thee bootham.
Suvaithalam - Taste, it is a functional component of Neer bootham.
Nugaruthalam - Smell, it is a functional component of Mann bootham.

Kanmehniriyam - 5 (Motor organs)

<table>
<thead>
<tr>
<th>Vaai (Mouth)</th>
<th>- The speech is executed by space element.</th>
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<tr>
<td>Kaal (Leg)</td>
<td>- The walking takes place in concordance with air element.</td>
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<tr>
<td>Kai (Hands)</td>
<td>- Giving and taking are carried out with the fire element.</td>
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<tr>
<td>Eruvaai (Rectum)</td>
<td>- The removal of execrate is represented by water element.</td>
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<tr>
<td>Karuvaai (Sex Organs)</td>
<td>- The sexual acts are a functional reflection of earth element.</td>
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Karanam- 4 (Intellectual faculties)

<table>
<thead>
<tr>
<th>Manam</th>
<th>- Thinking of a thing.</th>
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<tr>
<td>Bhuddhi</td>
<td>- Deep thinking or analyzing of the same think.</td>
</tr>
<tr>
<td>Agankaaram</td>
<td>- Deep determination to do something</td>
</tr>
<tr>
<td>Siddham</td>
<td>- Accomplishment of a given thing.</td>
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</table>

Arivu-1 (Wisdom of self realization)

Naddi-10 (Channels of life force responsible for the dynamics of praanan)

| Idakalai | - Starts from the right big toe and runs crisscross to end in Left nostril. |
Pinkalai - Starts from the left big toe and runs crisscross to end in Right nostril

Suzhumunai - Starts from moolaatharam and extends up to centre of head.

Siguvai - Located at the root of tongue it helps in swallowing the foods.

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 food taken in.

Keel nokku kaal (Abaanan)

It lies below the umbilicus. It is responsible for the (caudal) downward expulsions of stools and urine.

Paravu kaal (Viyanan)

This is responsible for the motor and sensory function of the entire body and the distribution of nutrients to the various tissues.
Mael nokku kaal (Uthanan)

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

Samaanan (Nadu kaal)

This is responsible for the physical activities of the Vali, i.e. Praanan, abanan, viyanan and uthanan 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 moistening 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

Expelled from the head three days after the death.
**Asayam - 5 (Reproductory, digestive excretory organs)**

Amarvasayam  - stomach (Digestive organ). It lodges the ingested food.

Pakirvasayam  - Small intestine. The digestion and assimilation of food is done here.

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 systems of the human body)**

Annamaya kosam  - Gastro intestinal system.

Pranamaya kosam  - Respiratory system.

Manomaya kosam  - Mental system.

Vignanamaya kosam  - Nervous system and intellect

Ananthamaya kosam  - Reproductive system and rupture.

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

Moolatharam

Situated at the base of spinal column between external genital organ and the anal orifice. Letter “�性” is stationed there.
Swathitanam

Located 2 fingers above the Muladharam, (i.e.) between genital and navel regions. Letter “ دقيقة” is inherently found there. Earth element attributed to this region.

Manipooragam

Located 8 finger breadths above the Swathitanam, (i.e.) at the navel centre. Letter “اء” is contained here. Element is water.

Anakratham

Located 10 finger breadths above the Manipooragam, (i.e.) location of heart. Letter “ش” is inherently present here. Element is fire.

Visuthi

Located 10 finger breadths above the Anakratham (i.e.) located in throat.

Letter “و” is inscribed. Element is air

Aakinai

Situated between two eyebrows. Element is Space. Letter “ع” is relevant here.

Mandalam - 3 (Regions)

Thee Mandalam (Fire zone)

Fire region, found 2 finger widths above the moolathaaram.
Gnayiru mandalam (Solar zone)

Solar region, located at 4 finger widths above the umbilicus.

Thingal Mandalam (Lunar zone)

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 to be his own.

Kanmam

Goes in collusion with the other two responsible for incurring sins and virtues.

Mayai

Claiming ownership of the property of others and inviting troubles.

**Thodam - 3 (Three humors)**

Vali (Vatham) - It is a creative force. Formed by Air and Space elements.

Azhal (Pitham) - It is a protective force. Formed by Fire element.

Iyyam (Kapham) - It is a destructive force. Formed by Earth and Water elements.
Eadanai - 3 (Physical bindings)

Porul patru - Materialistic desires.

Puthalvar patru - Affinity towards children.

Uлага patru - Worldly affections.

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, valor, virtue, offering gift, art of learning, listening are the 8 traits.

Thamo (Immoral characters)

Immortality, lust, killing, laziness, violation of justice, gluttony, falsehood, forgetfulness, fraudulence.

Vinai - 2 (Acts)

Nalvinai - Virtues.

Theevinai – Viles.
Ragam - 8 (The Eight Passions)

Kamam – Desire

Kurotham – Hatred

Ulobam – Stingy

Moham - Infatuation.

Matham - Pride (Haughtiness/arrogance)

Marcharyam - Hidden enmity.

Idumbai - Mischief mongering.

Ahankaram - High ego.

Avathai - 5 (five states of consciousness)

Ninaivu
Wakefulness with the 14 elements (karuvikaranathigal) (5 senses, 5 Performing parts (kanmaenthiriyam) and 4 mind components (karanam)) in operation and feeling the good and sad things.

Kanavu

Dreams. In this, 10 karvikaranathigal (5 senses, 5 performing parts) except karanam present in the neck.

Urakkam

Sleep. The state in which what is heard and seen can’t be explained to others. The respiration is centered on heart.
Perurakkam
Coma/ Narcosis. The seevaanma stands in the naabi, producing the respiration.

Uyirpadakkam
Somatic death. Insensibility to surroundings. The seevaanma goes to moolathaaram and produce insensibility.

THE UYIR THATHUKKAL

The Physiological units of the human body are Vali (Vatham), Azhal (Pitham) and Iyyam (Kabam). They are also formed by the combination of the five elements.

Accordingly Vatham is formed by the combination of Air and Space. This is the creative force. Azhal formed by fire. This is force of Preservation. Iyyam is formed by Earth and Water. This is the destructive force. These three humors are in the ratio 4:2:1 in equilibrium or normal condition, they are called as the life forces.

" வாத்மில்லியாற்றாணந்தால் வாத்மில்லியாற்றாணந்தால்
கால்களாய் சாமானால் மேற்காலாக
பாதிப் பற்றிப்பில்லா பாதிக்கு பெரிதும்").

“ பாதிக்கிறின் நன்னுக்குறிஞர் தலைகையாக
சாய்வை சிவகார்த்திக் குறிப்பிட்டு விளக்காமையாளன
காணலாய வர்த்தியில் காதல் பின்புறக்
மக்காரியில் பித்து நீண்டு சாமான அணிப்பும்”

-பொருளாதார மிகுந்த ராமர் சாமி
1. Vali (Vatham)

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

The sites of vatha

According to vaidhya sathakam, Vali dwells in the following places:

" சீருற்றுடன் வாய்ந்த மலர்முடையங்கள்
சிறைமறைவான வாய்ந்த முடையங்கள் கொண்டு விளக்கு
சீருற்றுடன் வாய்ந்த மலர்முடையங்கள் கொண்டு விளக்கு
சீருற்றுடன் வாய்ந்த மலர்முடையங்கள் கொண்டு விளக்கு
சீருற்றுடன் வாய்ந்த மலர்முடையங்கள் கொண்டு விளக்கு"

-தேசேஸ்வரன்

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

" அலுவலிக் வாய்ந்த மலர்முடையங்கள் "
-திருமுள்ளோர்

" பாலாமல் வாய்ந்த மலர்முடையங்களாக மிக்கான "
-தேசேஸ்வரன்

According to sage Thirumoolar and sage Yugi muni, the places of vatham are the anus and below the naval region.
Properties of vali:

"துறந்து வீடு தமிழுடைய சூரியனை வந்தது
நல்லத்திருத் தமிழில்லை ஏனையின்
இல்லை பெருமையுள்ளை வெளிப்படுத்தியுள்ளை
வெளிப்படுத்தியுள்ளை முக்கியம் வந்தது"

-சீர்கொள்ள மார்க்கவாணி அர்த்தம்.

The following are the natural properties of vatham

1. To stimulate the respiration.
2. To activate the body, mind and the intellect.
3. To execute 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 sites of Azhal

According to vaidhiya sathagam, the pingalai, urinary bladder, stomach, and heart are the places where Azhal is situated. 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 lives. Sage Yugi muni says that the Azhal survives 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. Produces heat energy on digestion of food.
4. Produces sweating.
5. Induces giddiness.
6. Produces blood and the excess blood are let out.
7. Gives yellow colouration to the skin, eyes, faeces and urine.
8. Produces anger, heat, burning sensation, inaction and determination.
9. Gives bitter or sour taste in the tongue.

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.
4. Ulloli thee- Prasaka pitham - The fire of brightness.

   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 (Kabam):

   The nature of Iyyam

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

   Seats of Iyyam

   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.
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, and urine is white in colour due to the influence of Iyyam

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 (Chyme): This gives mental and physical perseverance.

2. Chenner (Blood): Imparts colour to the body and nourishes the body.
3. Oon (Muscle): It gives shape to the body according to the physical activity and covers the bones.

4. Kozhuppu (Fat): It lubricates the joints and other parts of the body to function smoothly.

5. Enbu (Bones): Supports the frame and responsible for the postures and movements of the body.

6. Moolai (Marrow): It occupies the medulla of the bones and gives strength and softness to them.

7. Suronitham (Genital discharge): It is concerned with 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 are present in these 7 constituents. The food converted to udal thathus in which the intake food is converted to saaram in the first day, and then it converted to chenner in the second day, oon, kozhuppu, enbu, moolai and suronitham respectively in the following days. So in the seventh day only the intake food goes to the suronitham.

**UDAL THEE (Four kinds of body fire)**

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

1. Samaakkini

This digestive fire is called as Samaakkini. It is constituted by Samana Vayu, Anala Pitham and Kilethaga Kabam. 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 toxic 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 Kabam. Therefore food is poorly digested for a very longer period and leads to abdominal pain, distention heaviness of the body etc.

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

"குரின்சி காவியான்சருக்குச் சுருளறையுடன்
எல்லாம் காவியான் வெளி - குரின்சியாக
எக்கனின் சுருள காயத்துக்குச் சுருளறையுடன்
என்று சொல்கின்றன்.
"
- பொம்மங்கார் குரு சிரூர்பா சந்திதாசு
Fever causing anemia, any abnormal enlargement in the abdominal organ (vaitul aamai katti). Also leads to Iyya disease.

2. Mullai

"வெத்தை குறுக்குக்குக் கிளைக்குழு விளைவு
வெத்தை குறுக்குக்குக் கிளைக்குழு விளைவு – குன்று
வெத்தை குறுக்குக்கு விளைவு பல்குமுகை
வெத்தை குறுக்கு விளைவு பல்குமுகை"

-பார்பநந்த கூண்டு சிவேசாவியன்

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

3. Marudham

"சாற்றிய வெல்லாளிகள் மாவியாருந்து காலங்கள்
சாற்றிய வெல்லாளிகள் மாவியாருந்து – காலங்கள்
சாற்றிய வெல்லாளிகள் மாவியாருந்து
சாற்றிய வெல்லாளிகள் மாவியாருந்து"

-பார்பநந்த கூண்டு சிவேசாவியன்

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

4. Neidhal

நெச்சலெயில் வருவதுவரை பற்றி வருவது
நெச்சலெயில் வருவது விளக்கம் – நெச்சலெயில்
பற்றியாலை குமரளவாய் வருவதுவரை விளக்கம்
குமரளவாய் குமரளவாய் வருவது"

-பார்பநந்த கூண்டு சிவேசாவியன்

This place induces Vali diseases and affects liver and intestines.

5. Paalai

"பாலை வெத்தையாளிகள் பலையாளிகள்
வெத்தையாளிகள் பலையாளிகள் – வெத்தையாளிகள்
வெத்தையாளிகள் பலையாளிகள் குமரளவாய்
குமரளவாய் பலையாளிகள்"

-பார்பநந்த கூண்டு சிவேசாவியன்
This land produces all the three Vali, Azhal and Iyyam disease.

**KAALAM**

Ancient Tamilians had divisions of the year into different seasons known as Perumpozhudhu and likewise of the day, which are known as Sirupozhudhu.

**Perumpozhudhu:**

The year is divided into six seasons. They are,

2. Koothir kaalam  - (Iypasi – Karthigai) - (Oct 16th – Dec 15th)
3. Munpani kaalam  - (Markazhi – Thai) - (Dec 16th – Feb. 15th)
4. Pin Pani Kaalam  - (Masi – Panguni) - (Feb 16th – Apr 15th)
5. Ilavenil kaalam  - (Chithirai – Vaikasi)-(Apr 16th – June15th)
6. Mudhuvenil kaalam – (Aani – Aadi) - (June 16th – Aug 15th)

**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 is associated with the three humors naturally.
THE ASTROLOGY

Macrocsm and microcosm

Man is said to be microcosm, and the world is the macrocosm; because what exists in the world exist in man also 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

“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. The conjugation of the moon with other planets such as Venus, mars, etc may make their influence still more injurious.

The following are the instance in which every sign of the zodiac has towards some particular parts of the body.
According to T. V. S Dictionary

<table>
<thead>
<tr>
<th>Number</th>
<th>Sign</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Aries</td>
<td>To the neck</td>
</tr>
<tr>
<td>2</td>
<td>Taurus</td>
<td>-Neck and shoulder</td>
</tr>
<tr>
<td>3</td>
<td>Gemini</td>
<td>-Arms and shoulder</td>
</tr>
<tr>
<td>4</td>
<td>Cancer</td>
<td>-Chest and adjacent parts</td>
</tr>
<tr>
<td>5</td>
<td>Leo</td>
<td>-The heart and stomach</td>
</tr>
<tr>
<td>6</td>
<td>Virgo</td>
<td>-The intestine, base of stomach and umbilicus</td>
</tr>
<tr>
<td>7</td>
<td>Libra</td>
<td>-Kidney</td>
</tr>
<tr>
<td>8</td>
<td>Scorpio</td>
<td>-Genitals</td>
</tr>
<tr>
<td>9</td>
<td>Sagittarius</td>
<td>-Lips</td>
</tr>
<tr>
<td>10</td>
<td>Capricorns</td>
<td>-Knees</td>
</tr>
<tr>
<td>11</td>
<td>Aquarius</td>
<td>-Legs</td>
</tr>
<tr>
<td>12</td>
<td>Pisces</td>
<td>-Feet</td>
</tr>
</tbody>
</table>

According to literature Thiruvalluvar periya sundara sekaram

<table>
<thead>
<tr>
<th>Number</th>
<th>Sign</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Mesam</td>
<td>Head</td>
</tr>
<tr>
<td>2</td>
<td>Risabam</td>
<td>Face</td>
</tr>
<tr>
<td>3</td>
<td>Mithunam</td>
<td>Neck</td>
</tr>
<tr>
<td>4</td>
<td>Kadagam</td>
<td>Shoulder</td>
</tr>
<tr>
<td>5</td>
<td>Simmam</td>
<td>Chest</td>
</tr>
<tr>
<td>6</td>
<td>Kanni</td>
<td>Side of body</td>
</tr>
<tr>
<td>7</td>
<td>Thulam</td>
<td>Posterior trunk stomach</td>
</tr>
<tr>
<td>8</td>
<td>Virutchigam</td>
<td>Testis</td>
</tr>
</tbody>
</table>
The different planets influence the human organ

I. 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, genetalia, taste, smell, pleasurable sensation, gonorrhea, abscesses or even death from sexual disease 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.

<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>

II. According to literature Thiruvalluvar periya sundara 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
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 ‘Siddhamaruthuvanga surukkam’, the uterus is closely related to Venus.
SIDDHA PATHOLOGY
SIDDAH 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 humors in equilibrium is considered as healthy living.

DISEASE

Disease is also known by other names via 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 food habits and actions.

This has been right by quoted in the following verse by sage Thiruvalluvar:

“பொறியாது கலுங்கியும் நீண்டகரயாமிடும்
நீர்ப்பதன் வெட்டும் வரைப்பு.”

- திருவால்கோவில்.

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. vatham, pitham, kabam 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 humors, 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 humor.

**Functions of deranged Vali**

Body ache and pain, pricking pain, the pain is as though the body is tightly bound by cords, nervous debility, tremor, rigidness, 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 discoloration of skin, eyes, urine, faeces, increased appetite, increased thirst, burning sensation in 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, laborious breathing and increased sleep.

**Features of decreased Iyyam**

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

**The variation of the seven thathukkal.**

**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.

**Chenneer:**
Increased chenneer causes boils in different parts of the body, throbbing pain, anorexia, mental disorder, splenomegaly, colic pain, increased blood pressure, reddish eyes and skin, jaundice, haematuria etc.
Decreased chenneer leads to anemia, tiredness, neuritis and lassitude, pallor of body.
Oon
Oon in excess causes cervical lymph adenitis, veneral granulomas, lumps over the cheeks, abdomen, thigh, genitalia, etc., hyper trophy in the cervical region are the signs. Decreased oon leads to impairment of sense organs and joint diseases jaw, thigh and genitalia gets atrophied.

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

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

Moolai
Excess causes obesity, heaviness of eyes, decreased urine, delayed wound healing. Decreased moolai causes osteoporosis, diminished vision.

Suronitham
According to T.V.S. dictionary suronitham means menstrual bleeding. Excessive menstrual bleeding which is associated with tiredness, back ache. Decreased suronitham causes lower abdominal pain, pain present in the genital organs, inflammation present in the external genitals.
### Paruva kalangal

<table>
<thead>
<tr>
<th>S. no</th>
<th>Kalam</th>
<th>Kuttram</th>
<th>State of kuttram</th>
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<tbody>
<tr>
<td>1.</td>
<td>Kar kaalam</td>
<td>Vatham ↑↑</td>
<td>Vettrunilai valarchi</td>
</tr>
<tr>
<td></td>
<td>(Aavani – Puratasi)</td>
<td>Pitham ↑</td>
<td>Thannilai valarchi</td>
</tr>
<tr>
<td></td>
<td>(Aug 16 – Oct 15)</td>
<td>Kabam (--)</td>
<td>Thannilai adaithal</td>
</tr>
<tr>
<td>2.</td>
<td>Koothir kaalam</td>
<td>Vatham (--)</td>
<td>Thannilai adaithal</td>
</tr>
<tr>
<td></td>
<td>(Iypasi – Karthigai)</td>
<td>Pitham ↑↑</td>
<td>Vettrunilai valarchi</td>
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<td></td>
<td>(Oct 16 – Dec 15)</td>
<td>Kabam (--)</td>
<td>Thannilai adaithal</td>
</tr>
<tr>
<td>3.</td>
<td>Munpani kaalam</td>
<td>Vatham (--)</td>
<td>Thannilai adaithal</td>
</tr>
<tr>
<td></td>
<td>(Markazhi – Thai)</td>
<td>Pitham (--)</td>
<td>Thannilai adaithal</td>
</tr>
<tr>
<td></td>
<td>(Dec 16 – Feb 15)</td>
<td>Kabam (--)</td>
<td>Thannilai adaithal</td>
</tr>
<tr>
<td>4.</td>
<td>Pinpani kaalam</td>
<td>Vatham (--)</td>
<td>Thannilai adaithal</td>
</tr>
<tr>
<td></td>
<td>(Masi – Panguni)</td>
<td>Pitham (--)</td>
<td>Thannilai adaithal</td>
</tr>
<tr>
<td></td>
<td>(Feb 16 – Apr 15)</td>
<td>Kabam ↑</td>
<td>Thannilai valarchi</td>
</tr>
<tr>
<td>5.</td>
<td>Elavenir kaalam</td>
<td>Vatham (--)</td>
<td>Thannilai adaithal</td>
</tr>
<tr>
<td></td>
<td>(Chithirai – Vaikasi)</td>
<td>Pitham (--)</td>
<td>Thannilai adaithal</td>
</tr>
<tr>
<td></td>
<td>(Apr 16 – Jun 15)</td>
<td>Kabam ↑↑</td>
<td>Vettrunilai valarchi</td>
</tr>
<tr>
<td>6.</td>
<td>Mudhuvenir kaalam</td>
<td>Vatham ↑</td>
<td>Thannilai valarchi</td>
</tr>
<tr>
<td></td>
<td>(Aani – Aadi)</td>
<td>Kabam (--)</td>
<td>Thannilai adaithal</td>
</tr>
<tr>
<td></td>
<td>(Jun 16 – Aug 15)</td>
<td></td>
<td></td>
</tr>
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</table>

### Nilam

<table>
<thead>
<tr>
<th>S. no</th>
<th>Thinai</th>
<th>Land</th>
<th>Humors</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Kurinchi</td>
<td>Mountain and its surroundings</td>
<td>Kabam</td>
</tr>
<tr>
<td>2.</td>
<td>Mullai</td>
<td>Forest and its surroundings</td>
<td>Pitham</td>
</tr>
<tr>
<td>3.</td>
<td>Marutham</td>
<td>Farm land and its surroundings</td>
<td>All three humors are in equilibrium</td>
</tr>
<tr>
<td>4.</td>
<td>Neithal</td>
<td>Sea and its surroundings</td>
<td>Vatham</td>
</tr>
<tr>
<td>5.</td>
<td>Palai</td>
<td>Desert and its surroundings</td>
<td>All three humors are affected.</td>
</tr>
</tbody>
</table>
DIAGNOSTIC METHODOLOGY
DIAGNOSTIC METHODOLOGY

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 eight - fold examination (Enn Vagai Thervugal).

These diagnostic tools not only help in the diagnosis but also to learn the prognosis of the disease. Apart from the ennvagai thervu there are certain other parameters in Siddha system to diagnose the disease; they are Manikadai nool and the sothidam.

ENNVAGAI THERVUGAL:

The diagnostic stools of ennvagai thervu slightly differs from siddhar to siddhar

"ஒன்பது வஞ்சாதி குறிப்பிட்டும் பொறுப்புடையது
மூழ் புராணத்திலிருந்து பாதத்துக்குறுத்தது" 

As per sage Therayar, the eight methods of diagnosis are pulse (naadi), tongue (Naa), complexion (Niram), speech (Mozhi), eye (Vizhi), stool (Malam), urine (Neer), tactile perception (Sparism).

"அறிமுக பற்றியவும் குறிப்பிட்டு ஏற்பாட்டுத் 
பாதிப்பிலிருந்து பாது பாது - குறிப்பிட்டு பாது
செய்யவை விளக்காக்கும் குறிப்பிட்டுப் பாது பாது
செய்யவை விளக்காக்கும் குறிப்பிட்டு பாது"

--அறிமுக பற்றியவும் குறிப்பிட்டு.
As per sage Agathiyar naadi, niram, mozhi, malam, neer, sparism, vizhi, naa are the diagnostic tools.

“பார்வை வாய் குறிப்பிட்டு கூறியுள்ளனர் பார்வை தொலையே மலைத்தழுங்கணம்பற்றி
நீர் வெளியே தொலையே செங்குத்தாக இருக்கிறது
கிரியாகியாக பல்வேறு பார்வை வைக்க வேண்டும்
நீர்த்தழுங்கணம் நீரில் போன்று வாய்வதை சுட்டிக்கும்”

- காலாவநகரி காலாவநகரி சிற்றகம்

“செங்குத்தாக வெளியே வளையச் செங்குத்தாக வெளியே
நீர்த்தழுங்கணம் வைக்கிறார் வைக்கிறார்
நீர்த்தழுங்கணம் வைக்கும் வைக்கும்
கிரியாகியாக கூறியுள்ளனர்
பார்வை வைக்கும் பார்வை வைக்கிறார்
பார்வை வைக்கும் பார்வை வைக்கிறார்”

- காலாவநகரி காலாவநகரி

According to literature work of Dhanvantri the diagnostic tools are Naadi, Mugam, Malam, Neer, Udal, Vizhi, Naa, pal.

According to the above literature the diagnostic tools are Naadi, Kan, sattham, thegam, parisam, Naa, malam.

Tongue (தம்பகலை)

“தெய்வ வைக்கும் வைக்கும் வைக்கும் வைக்கும்
தெய்வ வைக்கும் வைக்கும் வைக்கும்
தெய்வ வைக்கும் வைக்கும் வைக்கும்
தெய்வ வைக்கும் வைக்கும் வைக்கும்
தெய்வ வைக்கும் வைக்கும் வைக்கும்
தெய்வ வைக்கும் வைக்கும் வைக்கும்”

- காலாவநகரி காலாவநகரி சிற்றகம்
According to the above verse, the tongue is blackish and fissured for vatha patients, yellowish or reddish in colour for pitha patients, white colour for kabha patients.

In vali, Azhal and Iyyam vitiations, the colour of the body will be Black, yellow or red and white colour respectively.

The complexion of a person with vatha constitution is dark. Red or yellow colour indicates pitha disease and paleness indicates kabha disease.
The voice of a vatha patient is normal, for the pitha patient it is louder and for the kabha patient it is shrill in character.

In a vatha disease patient the eyes turn darker with excessive lacrimation. For a pitha disease patient eyes are suffused and in a kabha patient the eyes are pale with mucous discharge.

Touch (உடல்நிலா பாட்டு)

"உடல்நிலாவிலும் உடல்நிலாவிலும் உடல்நிலா கலரில்
உடல்நிலாவிலும் உடல்நிலாவிலும் உடல்நிலா
உடல்நிலாவிலும் உடல்நிலாவிலும் உடல்நிலா
உடல்நிலாவிலும் உடல்நிலாவிலும் உடல்நிலா
உடல்நிலா உடல்நிலா உடல்நிலா உடல்நிலா

-பார் கோண்டால் கிளேர்த்தை பைரந்தால்"
According to the above verse, the body temperature is warm in vatha patients; for pitha patients the body temperature is high; for kabha patients the body temperature is cool and the sweating is frequent.

The derangements of three humors are identified by examining the nature of stools as follows;

The dark and constipated stools indicate vatha disease. Reddishness of stools points to the pitha disease. Palloriness of the stool indicates presence of kabha disease.

If the urine is still and clear it indicates vatha disease. If the urine is yellow tinged it indicates pitha disease. If the urine is pale, it indicates the kabha disease.
Naadi (நாதி)

“நாதியானது வடிவாக்கி குழுக்கி வருப்பினோம்
வாதியமில்லாமல் குழுவிட்டிருந்து முடியவேண்டும்
வாதியால் குழுவிட்டிருந்து முடியவேண்டும்
நாதியானது குழுவிட்டிருந்து முடியவேண்டும்.”

Naadi is felt by the

Tip of Index finger-Vali
Tip of Middle finger-Azhal
Tip of ring finger-Iyyam.

உண்ணுறை அலையா

“கமலபாதியானது அருளியின் உண்ணுறையா
தெருந்து குறைவு வாய்ந்தது உண்ணுறையா”

The normal unit of pulse diagnosis is 1 grain expansible unit for vali, 1/2 grain expansible unit for pitham and 1/4 grain expansible unit for iyyam.

General Characters of urine

“உண்ணை விளையாட்டுக்குள் மாற்றும் தருமான தீர்த்தடன்
உண்ணை விளையாட்டுக்குள் மாற்றுமான தீர்த்தடன்”
- நூற்கர்ஜா

According to these lines urine has 5 characters i.e.: Colour (Niram), density (edai), odour (manam), frothy (nurai), deposit (enjal), Venmai Niram of urine indicates Vatha disease yellowish colour indicates pitha disease, crystal colour urine with excess of froth and less dense indicates Kabha diseases.

Nei kuri
Neikuri unfolds the prognosis of diseases and also helps in diagnosis.

Manikadai Nool (Agathiya soodamanikayaru Soothiram)

Manikadai Nool is also used for diagnosis there are twenty-seven different measurements of manikadai each of which has been given its own symptoms are disease itself.
AIM AND OBJECTIVES
AIM AND OBJECTIVES

Perumbadu is one of the diseases that commonly occurring in reproductive age group of women’s life. Perumbadu means excessive menstrual bleeding that lasts for a prolonged period. According to Yugi vaidhiya sinthamani, Perumbadu is classified into four types. *Vatha perumbadu* is one of the four types of Perumbadu.

*Vatha perumbadu* presents with headache, back ache, body pain, changes in complexion of body, abdominal distension, abdominal pain, excessive menstrual bleeding of reddish black colour with offensive odour.

Perumbadu is exceedingly a common problem affecting about 30% of females, working nature, their diet and life-style changes forms the major reasons of Perumbadu in most of the patients. From ancient times till the present day, the people suffering from perumbadu commonly feels shy and refuse to take proper treatment.

Excessive menstrual bleeding leads to anaemia and consequently to other systemic problems. So, it is most important to diagnose *Vatha Perumbadu* for its proper treatment which throws a big challenge in the clinical practice.

In our Indian culture, women make homes and the families are centered on them. Therefore it needless to save that the health and well being of a woman is all the more important. Hence I am interested in working on this topic as my dissertation.

**Primary Aim**

The main aim of the present study is to evolve the diagnostic methodology for Vatha Perumbadu through Ennvagai thervu, Manikkadai Nool, Nilam, Kalam and Sothidam and arrives at a diagnosis. *Vatha Perumbadu* is a disease indicated in Yugi Vaithiya Sinthamani under the classification of perumbadu.

The study was undertaken in 40 selected cases in the OPD/IPD of Ayothisoss Pandithar Hospital of the National Institute of Siddha. The dissertation work includes...
literary and analytical study on the etiology, Pathogenesis, clinical features on the basis of Siddha system.

A Statistical account of the patients with references to incidence age, food habits etc was also brought out in the study.

Secondary aim

- To elicit the causes.

- To make a precise diagnosis

- To know about the vitiation of Muthathukkal.

- To find out the charges that occurs in the Udal thathukkal.

- To evolve preventive measures and helping clinicians to standardize a line of treatment.
REVIEW OF LITERATURE SIDDHA
அறிக்கை சிற்பாக விளக்க விளக்கம்

சிறில் கைழிக்கோள் சிற்பாக விளக்கம்
சிறில் கைழிக்கோள் சிற்பாக விளக்கம்
சிறில் கைழிக்கோள் சிற்பாக விளக்கம்
சிறில் கைழிக்கோள் சிற்பாக விளக்கம்
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சிறில் கைழிக்கோள் சிற்பாக விளக்கம்

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புனிய விளக்கம்

புனிய விளக்கம்

- முருகண் எஸ்கிராந்

- முருகண் எஸ்கிராந்
DEFINITION

According to Manmurikiyam

“வலம் குடும்புகளின் பாலாட்சி நோயானை
அரங்கில் குரிய விளக்கத்துறை நோயானை
 ஆரம் பார்வை நோயானை”
- மாம்பியாம்

According to Pararasasekaram

“அகரசனூர் வாகிய மருத்துவப் பிள்ளைகளியை சுருக்கி
நடுத்திரமிக்கும் விளக்கத்துறை
பாரசூரூர் வாகிய மருத்துவப் பிள்ளைகள்
சுருக்கி பார்வைப் பந்துவல்ல விளக்கத்துறை”
- பாரசூரூர்

Excessive and profuse menstrual bleeding is called perumbadu.

According to Agathiyar Gunavagadam

“ஏற்கெனித விளக்கத்துறை
நடுத்திரமிக்கும் விளக்கத்துறை
ஏற்கெனித விளக்கத்துறை
ஆர்கூர் வாகிய மருத்துவப் பிள்ளை”
- ஆர்கூர்

According to Anubava Vaidhya Devaragasiyam

Abnormal, Profuse, Prolonged discoloured menstrual blood flow is defined as “Perumbadu”
AETIOLOGY:-

According to Manmurikiyam
- Alcoholic beverages
- Walking long distances
- Starvation
- Long traveling
- Hard work
- Sexual indulgence.
- Emotion.
- Anxiety.
- Depression.
- Sleeplessness.
- Sleeping during day time.
- Leucorrhea.

According to Pararasasekaram

Three humors gain access into the uterine cavity and get associated with the endometrium causing to waxing and waning periodically represented by growth and shedding.
Perumbadu is caused by
Excessive heat
Sexual indulgence.

“எடை என காத்வாரம் காலிம் பாதியும் பிதிதையாம்
பாதுகாப்பை பிதித்து உறுதியாக மீட்டுகத்து
காலசூத்தியாக காய்வு இல்லாய் உறுதியாக கைத்து
சிவபெரும் லப்பம் காலை குலும்பிய பாடுமலர்காகு”

- பாராதியாகும்

Excessive heat, anger, etc disturbance of pitha Vatham and then the confluence of agitated Kabam leads to Perumbadu.

According to Agathiyar Gunavagadam

“பாராதியாகும் காலை குலும்பிய பாடுமலர்காகு
சிவபெரும் லப்பம் காலை குலும்பிய பாடுமலர்காகு
சிவபெரும் லப்பம் காலை குலும்பிய பாடுமலர்காகு
சிவபெரும் லப்பம் காலை குலும்பிய பாடுமலர்காகு”

- பாராதியாகும் காலை குலும்பிய பாடுமலர்காகு

Goitrous thyroid disorders

Chronic renal diseases
Spleenic Pathology.
Chronic anaemia.
Ovarian and uterine disorders.

“குளையாக பாதியும் காலை குலும்பிய பாடுமலர்காகு
சிவபெரும் லப்பம் காலை குலும்பிய பாடுமலர்காகு
சிவபெரும் லப்பம் காலை குலும்பிய பாடுமலர்காகு”
Perumbadu is caused by
Inflammation of uterus
Excessive sexual indulgence
Malignant and benign tumour of uterus.

**According to Jeevarakshamirtham**
Perumbadu is caused by
Gluttony,
Over eating,
Lying over rough surfaces
Excessive coitus
Menstrual disorders
Excessive heat
Immorality
Possessed.

**According to Anubava Vaidhya Devaragasiyam**
Perumbadu is caused by
Consuming hot food,
Over eating
Indigestion
Inflammation of uterus
Mountaineering
Accustomed exercise
Fasting / Starvation
Trauma
Altered sleep rhythm
READING BETWEEN YUGI LINES.

According to Yugivaidhya sinthamani

*Vatha perumbadu* is a type of perumbadu

Symptoms of *vatha perumbadu*

- Head ache
- Body pain
- Lumago
- Complexion changes

This line refers to a subjective feeling of fullness of the abdomen and at times objective distension of the abdomen. In conditions of massive fibroids, tumours, etc. Abdominal pain.

- Excessive menstrual bleeding
<table>
<thead>
<tr>
<th>Tamil Description</th>
<th>English Translation</th>
</tr>
</thead>
<tbody>
<tr>
<td>மன்னித்தான் கன்றுக்காணக்கு</td>
<td>Menstrual bleeding reddish black colour is because of slight alteration of blood (Clotted flow)</td>
</tr>
<tr>
<td>மன்னித்தான் ஊர்க்கவளர்க்கு</td>
<td>Menstrual bleeding with offensive odour.</td>
</tr>
</tbody>
</table>

**According to T.V.S dictionary explanation**

An immoderate secretion of the menstrual discharge perumbadu Vatha perumbadu is one type of perumbadu. Menorrhagia of vatha type is marked by pain in the waist below the naval, in the sides and in the chest or breasts. The menstrual flow continues, sometime for the whole month or even two. In some varieties the symptoms are burning sensation and pain in the eyes palms of the hand and the vagina. The discharge is mixed with slimy secretions. It may also appear at an interval of 3 or 4 months or even longer then that. The breasts may become heavy and swollen and body emaciated.

**Classification**

**According to ManMurikiyam**

“நான் மன்னித்தான் கன்றுக்காணக்கு
நான் மன்னித்தான் ஊர்க்கவளர்க்கு”

- மன்னித்தான் கன்றுக்காணக்கு

Perumbadu is classified into 4 types

1. Vatha perumbadu
2. Pitha perumbadu
3. Kabha perumbadu
4. Thontha perumbadu
Vatha perumbadu

"காத்து குருவு உணவுக்கு அன்னி
தட்டாக பிறந்து முருக்குது
நீரித்துநிழ்வார் வெண்து பொருள் குருவில்
நீரை மார்த்தான் பொருளின் மேல் "
- மார்த்தான் சுந்திரம்

Vatha perumbadu is characterised by
- Blackish red frothy bleeding
- Thick viscous vaginal discharge
Small amount of discharge blood as that of “a meat wash”.

Pitha perumbadu

"பிற்று குருவு உணவு சுந்திரம்
காத்து குருவு உணவுக்கு
நீரித்துநிழ்வார் வெண்து பொருள்
நீரை மார்த்தான் பொருளின் மேல் சுந்திரம்
அதேசுவில் பிறந்து பொருளின் மேல் "
- மார்த்தான் சுந்திரம்

Pitha perumbadu is characterised by
- Yellowish, bluish and blackish, red vaginal discharge
- Flow of blood is hot and flushing.

Kaba perumbadu

"கப்பு குருவு உணவுக்கு மேல்பிறந்து குருவில்
சுந்திரம் வெண்டு பொருள் குருவில்
சுந்திரம் வெண்டு பொருளின் மேல் குருவில் "
- மார்த்தான் சுந்திரம்

Kaba perumbadu is characterised by
- Pale white, mucoid, jelly like, vaginal discharge is like a “paddy wash “
Etiology for *vatha perumbadu*

Vatha perumbadu comes under the classification of perumbadu. Therefore etiology for perumbadu is applicable for Vatha perumbadu also.

**Etiology for perumbadu**

"குறிப்பிட்டு வையாக நிற்பிட்டு வையாடு
கைதற்கனவைம் சிதற்கைதனவை போற்றவு
படிப்பிட்டும் முயல்விட்டும் கோட்டு
பெரும்பிட்டும் எடுத்துக்கொள்ளும் பெரும்பிட்டு
நீர்ப்பிட்டும் புறமுள்ளதளவை முயலேற்றாகாகினை
போற்றவு போற்றுள்ள போற்றுள் கோட்டு
கைதற்கணை வீடுகளின் வீட்டு கோட்டு").

"தகசசாறு காணும் வசதிகள விகிதமாக பாதுக
கைதற்கனவை உயிரினங்கள் கொலையும் காலங்க
குறாசாறு பாதுகாப்பு கொலையும் காலங்க
துதூட்டு இறியேற்று புதுத்து பத்து
பாதுகாப்பு பாதுகாப்பு பாதுகாப்பு காலங்க
பாதுகாப்பு கைதற்ககளும் கைதற்ககளும்

c துடுப்பிட்டும் துடுப்பிட்டும் துடுப்பிட்டு

c குறத்துகளும் குறாசாறு காலங்க
c குறாசாறு குறாசாறு காலங்க
c காலங்க வீடுகளின் வீடு

c பீட்டும் கைதற்காக்களும்

c குறாசாறு குறாசாறு காலங்க
c காலங்க வீடுகளின் வீடு

c").

-பாதுகாப்பு விடுதலை.

All the etiological factors listed out by sage yugi are easily grouped under 3 definite headings. They are

Habitual factors
Psychological factors
Moral factors.
Habitual reasons

- Increased intake of non vegetarian diet,
- Eating without hunger
- Heavy weight bearing

Psychological reasons

- Anger
- Frustration
- Sleeplessness
- Sleeping improper position
- Sleeping in day time
- Teasing poor people and beggar

Classification of perumbadu

Yugi vaidhya chinthamani

"நூறு ஐந்து சிக்கவாய் வகைகள் இருக்கின்றனே
நூறு ஐந்து சிக்கவாய் வகைகள் இருக்கின்றனே
பல்குறிகள் பிற்கணிக்கின்றன இருக்கின்றன
பல்குறிகள் பிற்கணிக்கின்றன இருக்கின்றன
துற்றகம் துற்றகம் இருக்கின்றன இருக்கின்றன
துற்றகம் துற்றகம் இருக்கின்றன
tீங்குத்தென்றால் நூறு, நூறு ஐந்து வகைகள்
கூறப்பட்டுள்ளதனை நூறு, நூறு ஐந்து வகைகள்
ஏன் என்று நூறு ஐந்து வகைகள் கூறப்பட்டுள்ளனென
classified the perumbadu into 4 types

1. Vatha perumbadu
2. Pitha perumbadu
3. Kaba perumbadu
4. Thontha perumbadu"
According to Anubava vaidhya Devaragasiam

Perumbadu is classified into 4 types. They are
1. Vatha perumbadu
2. Pitha perumbadu
3. Kaba perumbadu
4. Mukkutra perumbadu

Vatha perumbadu
Less volume of discharge
Red colour
Bleeding appears to be frothy
Appearance is like meat wash.

Pitha perumbadu
Menstrual bleeding with pain
Excessive flow
Blood is yellow or blue tinged

Kaba perumbadu
It is characterized by mucoid, jelly like, viscous, pale white vaginal discharge with rice water appearance.

Clinical features

According to Manmurikiyam

According to Manmurikiyam
- Bleeding is like red tender coconut
- Malaise
- Fatigue
- Inflammation of uterine cavity and abdomen viscera
- Weakness of body organs
- Lamentation
- Giddiness
- Loss of function
- State of confusion
- Abdominal pain
- Tremors

According to Athmaraksha mirdham:-

According to Danvantri Vaidhyam - II part.

"Perumbadu is characterized by,
Profuse menstrual bleeding."

According to Danvantri Vaidhyam - II part.
- Burning sensation in hands and legs.
- Failure of conception.
- Watery reddish discharge from vagina.

**According to Agathiyar-2000**

"இன்றுணர்ந்தகங்கள் சேர்ந்தோரும் தோற்கூரையின்போது போன்று விழுங்கும்
சுற்றுக்கும் பிற்கூரும் குக்கு சுமித்து கூட்டம் சோதிக்கும் விளம்பு குண்டு
நவீரான் வித்தமையும் தாரமையும் புரோக்கச் செய்யும் வேறுபடார்"

It is characterized by
- Excessive blood discharge with clots
- Head ache

**According to Sarabendrar vaidhya muraigal**

Countenance
Shrunken eyes
Excessive coitus
Excessive bleeding
Aching pain all over the body

**According to Anubava Vaidhya Devaragasiyam**

Excessive menstrual bleeding
Vague abdominal pain
According to pararasasakaram

In addition to the classical signs and symptoms of excessive menstrual bleeding some more associated signs and symptoms are also given in Pararasasekaram.

They are

- Head ache,
- Throbbing pain with discharge in the ear
- Lower abdominal pain.

Naadi Nadai for Perumbadu

"Naadi Naadai for Perumbadu" is a traditional treatment method used in Tamil Nadu. The text mentions various signs and symptoms associated with menstrual issues.

- Head ache
- Throbbing pain with discharge in the ear
- Lower abdominal pain

"Naadi Naadai for Perumbadu" is a traditional treatment method used in Tamil Nadu.
Vatha Perumbadu and pitha perumbadu are curable.
kaba perumbadu, Thontha perumbadu are incurable.

According to Manmurikiyam

"According to Manmurikiyam

If and when the menstrual bleeding in pale in colour with offensive odour and with burning sensation over the body breathlessness, palpitation, cough, giddiness, Anaemia, excessive body heat present in that patient , this perumbadu is deemed to be incurable."
PATHOLOGY

OF

VATHA PERUMBADU
PATHOLOGY FOR VATHA PERUMBADU

The basic constituents of the body are 96 principles. Due to diet and activities 96 principles get deranged and results in diseases, either pertaining to the body or mind.

Affected Uyir thathukkal

Vali

Praanan - dyspnoea, loss of appetite
Abaanan - Excessive menstrual bleeding
Viyanan - Body pain
Samaanan - Loss of appetite
Udhaanan - Vomiting
Kirukaran - Loss of appetite
Devathathan - Anger

Azhal

Anar pitham - Loss of appetite.
Ranjagam - Pallor
Prasagam - Complexion changes
Saathagam - Difficulty to do work due to excessive menstrual bleeding.

Iyyam

Avalambagam - Dyspnoea
Kilathagam - Loss of appetite
Santhigam - Pain present in the back region
Affected Udal thathukkal

- Saaram: Tiredness
- Chenneer: General tiredness, pallor
- Oon: Fullness of the abdomen.
- Kozhuppu: Low back pain
- Enbu: Low back pain
- Moolai: Giddiness
- Suronitham: Excessive menstrual bleeding

Manikadai nool

- *Vatha perumbadu* patients have either 10 finger breadths (which indicates abdominal distension, flatulence, tiredness) or 9 finger breadths

Affected 96 principles are as follows

- Earth: Fullness of the abdomen
- Water: Excessive menstrual bleeding
- Fire: Complexion changes
- Air: Anxiety
- Space: Increased anger

Imporigal (sensory apparatus)

- Mei: Tenderness present in the lower abdomen

Kanmenthiriyan (motor apparatus)

- Kaal: Pain present in the both lower limbs
- Eruvai: Constipation
Karuvai - Excessive menstrual bleeding

**Anthakaranam (mind components)**

Anger and frustration in the *Vatha perumbadu* are one of the main etiological factors. So these characters make the four anthakaranam to get affected.

**Aasayam:**

- Amarvasayam - Loss of appetite
- Malavasayam - Constipation
- Suronithaasayam - Excessive menstrual bleeding

**Kosam:**

- Annamayokosam - Loss of appetite
- Manomaya kosam - Anger

Affected annamayokosam leads to the others kosams to get affected since it is the building block of other kosam

**Aatharam:**

- Swathittanam - lower abdominal pain
- Moolatharam - Excessive menstrual bleeding, Constipation

**Gunam**

Thamo gunam character is one of the causative factors.

**Astrological view of Vatha perumbadu**

According to the “Siddha maruthuvanga surukkam” the uterus is closely related to venus, rishabam. So in the case of women with the above said zodiac signs, *Vatha perumbadu* is most likely to occur.
REVIEW

OF

LITERATURE

MODERN
FEMALE REPRODUCTIVE SYSTEM

Female reproductive organs include external and internal genital organs.

Female external genital organs/ pudendum or vulva

It includes

1. The mons pubis
2. The labia majora
3. The labia minora
4. The clitoris
5. The vestibule of the vagina
6. The bulbs of the vestibule
7. The greater vestibular glands

The Internal genital organs:-

It includes

1. A pair of Ovaries
2. A pair of uterine / fallopian tubes
3. Uterus
4. Vagina

The vagina

The vagina is a fibromuscular canal lined with stratified squamous epithelium that leads from the uterus to the vulva. It is longer in the posterior wall (around 9 cm) than anteriorly (approximately 7 cm). The vault of vagina is divided into four fornices, posterior, anterior and two lateral.

The vagina is kept moist by secretions from the uterine and cervical glands and by some transudation from its epithelial lining. It has no glands. The epithelium is thick and rich in glycogen, which increases in the postovulatory phase of the cycle. However before puberty and after the menopause the vagina is devoid of glycogen because of oestrogen deficiency.
Doderlein’s bacillus is a normal commensal of the vagina breaking down the glycogen to form lactic acid and producing a pH of around 4.5. This has a protective role for the vagina in decreasing the growth of pathogenic organisms.

The upper posterior vaginal wall forms the anterior peritoneal reflection of the pouch of Douglas. The middle third is separated from the rectum by pelvic fascia and the lower third abuts the perineal body.

**Age changes**

At birth, the vagina is under the influence of maternal oestrogens so the epithelium is well developed. After a couple of weeks the effects of the estrogens disappear and the pH raises to 7 and the epithelium atrophies. At puberty the reverse occurs and finally at the menopause the vagina tends to shrink and the epithelium atrophies.

**The cervix**

The cervix is narrower than the body of the uterus and is approximately 2.5 cm in length. Due to antiflexion or retroflexion the long axis of the cervix is rarely the same as the long axis of the body of the uterus.

The upper part of the cervix mostly consists of involuntary muscle, whereas the lower part is mainly fibrous connective tissue. The mucous membrane of the endocervix has anterior and posterior columns from which folds radiate out, known as the arborvitae. It has numerous deep glandular follicles that secrete clear, alkaline mucus, the main component of physiological vaginal discharge. The epithelium of the endocervix is cylindrical and also ciliated in its upper two-thirds and changes to stratified squamous epithelium around the region of the external os. This squamocolumnar junction is also known as the transformation zone and is an area of rapid cell division and approximately 90 percent of cervical carcinoma arises in this area.
**The uterus**

The uterus is shaped like an inverted pear tapering inferiorly to the cervix and in the non-pregnant state is situated entirely within the pelvis. It is hollow and has thick muscular walls. Its maximum external dimensions are approximately 7.5 cm long, 5 cm wide and 3 cm thick. The uterus consists of three layers – the outer serous layer (peritoneum), the middle muscular layer (myometrium), and the inner mucous layer (endometrium).

The peritoneum covers the body of the uterus and posteriorly, the supravaginal portion of the cervix. The serous coat is intimately attached to a subserous fibrous layer except laterally where it spreads out to form the leaves of the broad ligament. The muscular myometrium forms the main bulk of the uterus and comprises interlacing smooth muscle fibres intermingling with areolar tissue, blood vessels, nerves and lymphatics. Externally these are mostly longitudinal but the larger intermediate layer has interlacing longitudinal, oblique and transverse fibres. Internally they are mainly longitudinal and circular.

The inner endometrial layer has tubular glands that dip into the myometrium. The endometrial layer is covered by a single layer of columnar epithelium.

**The fallopian tubes**

Each fallopian tube extends outwards from the uterine cornu to end near the ovary. The fallopian tube runs in the upper margin of the broad ligament, part of which, known as the mesosalpinx, encloses it so that the tube is completely covered with peritoneum except for a narrow strip along this inferior aspect.

Each tube is about 10 cm long & is described in four parts.

1. The interstitial portion
2. The isthmus
3. The ampulla
4. The infundibulum, or fimbrial portion.

**Ovaries**

The size and appearance of the ovaries depends on both age and the stage of the menstrual cycle. In the young adult they are almond shaped, solid, a greyish pink and approximately 3 cm long, 1.5 cm wide and 1 cm thick.

In the child the ovaries are small structures approximately 1.5 cm long. They have a smooth surface and at birth they contain between one and two million primodial follicles, some of which will ripen into nature follicles in the reproductive years. The ovaries increase to adult size in the months preceding puberty. This considerable increase is brought about by proliferation of the stromal cells and by the commencing maturation of the ovarian follicles. After the menopause no active follicles are present and the ovary becomes a small shrunken structure with a wrinkled surface.

The ovary is the only intra-abdominal structure not to be covered by peritoneum. Each ovary is attached to the cornu of the uterus by the ovarian ligament and at the hilum to the broad ligament by the mesovariun, which contains its supply of vessels and nerves.

Laterally each ovary is attached to the suspensary ligament of the ovary with folds of peritoneum, which become continuous with that overlying the psoas major.

Anterior to the ovary like the fallopian tubes, the superior position of the bladder and the uterovesical pouch. It is bound behind by the ureter where it runs downwards and forwards in front of the internal iliac artery.

**Structure**

The ovary has a central medulla & Outer thicker cortex. The surface of the ovaries is covered by a single layer of cuboidal cells, the germinal epithelium. Beneath this is an ill-defined layer of condensed connective tissue, the tunica albuginea, which increases in density with age.
MENSTRUAL CYCLE

Definitions:-

The cyclic events that take place in a rhythmic fashion during the reproductive period of a women’s life is called Menstrual cycle.

CHANGES DURING MENSTRUAL CYCLE

During each menstrual cycle, series of changes occur in ovary and accessory sex organs. These changes are

1. Ovarian changes
2. Uterine changes
3. Vaginal changes

Ovarian changes during menstrual cycle:-

The changes in the ovary during each menstrual cycle occur in two phases.

a) Follicular phase

b) Luteal phase.

Follicular phase:-

This extends from the 5th day of the cycle until the time of ovulation, which takes place on 14th day. During this phase, the primordial follicle of the ovary develops into a graffian follicle.
Ovulation:-

Ovulation is the process in which there is rupture of graffian follicle with consequent discharge of ovum into abdominal cavity. This occurs after the maturity of follicle. It is influenced by LH. The Ovulation occurs usually on 14th day of menstrual cycle in a normal cycle of 28 days.

Luteal phase:-

This phase extends between 15th and 28th day of menstrual cycle. After Ovulation, the ruptured follicle develops into a yellow body called Corpus luteum.

Uterine changes during Menstrual cycle:-

The changes in uterus take place in three phases.

1. Menstrual phase
2. Proliferative phase

Menstrual phase:-

This is the phase during which bleeding occurs and, its duration lasts for about 4 to 5 days. There is sudden reduction in the release of estrogen and progesterone from Ovary. The reduced level of these hormones is responsible for menstruation.

Changes in endometrium:-

Due to lack of the hormones estrogen and Progesterone, the endometrium in the uterus is not activated. This leads to sudden involution of the endometrium up to 65% of original thickness. During the next 24 hours, the tortuous blood vessels in the endometrium undergo severe constriction. This endometrial vasoconstriction is because of 3 reasons.
1. The involution of endometrium
2. The actions of vasoconstrictor substances like prostaglandin released from tissues of involutes endometrium.
3. Sudden lack of estrogen and progesterone, which are vasodilators.

The Vasoconstriction causes hypoxia leading to necrosis in the endometrium. Due to necrosis, the blood vessels of endometrium start rupturing and blood oozes out. The menstrual bleeding is called menstruation.

During normal menstruation, about 35 ml of blood is lost. Along with this, an additional amount of 85 ml of serous fluid is also expelled. The blood clots as soon as it oozes into the uterine cavity. The fibrinolysin causes lysis of clot in uterine cavity itself so that, the menstrual fluid does not clot. However, in the pathological conditions involving uterus, the menstrual fluid clots.

Menstruation stops between 3\textsuperscript{rd} and 7\textsuperscript{th} day of menstrual cycle. At the end of menstrual phase, the thickness of endometrium is only about 1 mm.

2. Proliferative phase:-

This phase extends usually from 5\textsuperscript{th} to 14\textsuperscript{th} day of menstruation. During proliferative phase, the ovary secretes estrogen. Estrogen acts on cells of endometrium. These endometrial cells proliferate rapidly under the influence of estrogen. Thus, the epithelium reappears on the surface of endometrium within the first 4 to 7 days of proliferative phase. The continuous cellular proliferation, the thickness of endometrium increases very much. At the end of proliferative phase, the thickness of endometrium is 3 to 4 mm.

3. Secretory phase:-

It extends between 15\textsuperscript{th} and 28\textsuperscript{th} day of the menstrual cycle is between the day of ovulation and the day when menstruation of next cycle commences. After ovulation, Corpus luteum is developed in the ovary. Corpus luteum secretes a large quantity of
progesterone. It also secretes a small amount of estrogen. Estrogen causes further proliferation of cells in uterus, so that the endometrium becomes thicker. Progesterone causes further enlargement of endometrial stroma and further growth of glands under the influence of progesterone, the endometrium glands obtain the secretory function.

The secretory phase is the preparatory period during which, the uterus is prepared for the implantation of ovum. At the end of secretory phase, the thickness of endometrium is 5 to 6 mm. All these uterine changes during secretory phase occur due to the influence of estrogen and progesterone. Estrogen is responsible for repair of damaged endometrium and growth of the gland. Progesterone is responsible for further growth of these structures and the secretory activities in the endometrium.

If a fertilized ovum is implanted during this phase and if the implanted ovum starts developing into a fetus, further changes occur in the uterus for the survival of the developing fetus. If the ovum is not fertilized or if pregnancy does not occur, menstruation occurs after this phase and a new cycle starts.

**CHANGES IN VAGINA AND CERVIX DURING MENSTRUAL CYCLE:**

**Vaginal changes during menstrual cycle:**

Vaginal epithelium undergoes cyclic change during menstrual cycle.

**Proliferative phase:**

During Proliferative phase, the epithelial cells of vagina are cornified. Estrogen released from ovary is responsible for the cornification of vaginal epithelial cells.

**Secretory phase:**

During secretory phase, due to the actions of progesterone, there is proliferation of vaginal epithelium. The vaginal epithelium is infiltrated with leukocytes.
CHANGES IN CERVIX UTERI DURING MENSTRUAL CYCLES:-

The mucus membrane of cervix uteri also shows cyclic changes during different phase of menstrual cycle.

**Proliferative phase:-**

The mucus membrane of cervix becomes thinner and more alkaline.

**Secretory phase:-**

The mucus membrane of cervix becomes more thick and adhesive.

HORMONAL REGULATION OF MENSTRUAL CYCLE:-

The various changes in ovary and uterus during menstrual cycle are controlled by gonadotropins secreted by ant-pituitary.

HORMONAL REGULATION OF OVARIAN CHANGES:-

**Follicular phase:-**

Changes in the ovary during follicular phase of menstrual cycle are mostly under the influence of FSH from anterior pituitary; FSH is responsible for the development and growth of graffian follicle from primordial follicle. FSH is also responsible for secretion of estrogen by theca cells of graffian follicle.

LH is also secreted from anterior pituitary at the later part of follicular phase. Along with FSH, LH causes maturation of follicle.

**Ovulation:-**

LH is important for ovulation.

**Luteal phase:-**
After the ovulation, the development of corpus luteum from the follicle depends upon LH. FSH also plays a role in maintaining secretory activity of corpus luteum.

**HORMONAL REGULATION OF UTERINE CHANGES:-**

The cyclic changes which occur in uterus during menstrual cycle are influenced by estrogen and progesterone secreted from ovary. The secretion of these ovarian hormones from anterior pituitary.

The sudden withdrawal of secretion of these ovarian hormones causes the destructive changes in uterus and menstruation occurs.

Lack of these hormones causes the release of gonadotropins once again from anterior pituitary. This results in onset of development of follicles in ovary and the cycle repeats.
MENORRHGIA DUE TO UTERINE MYOMA

MENORRHGIA

Menorrhagia is a Greek Word. ‘Men’ means menses and “rrhagia” means burst forth.

Definition:-

Menorrhagia is a cyclical bleeding at normal intervals which is excessive in amount or duration. It is generally caused by conditions affecting the uterus or it’s vascularity, rather than any disturbance of function of the hypothalamic-pituitary-Ovarian axis. Whenever the uterine endometrial surface is enlarged, the bleeding surface is increased and it contributes to excessive bleeding. Such conditions prevail in uterine fibroids, adenomyosis, uterine polyps, myohyperplasia and endometrial hyperplasia.

A normal menstrual blood loss is 50 to 80 ml and does not exceed 100 ml. In menorrhagia, the menstrual cycle is unaltered but the duration and quantity of the menstrual loss are increase Menorrhagia is essentially a symptom and not in itself a disease. It affects 20-30% of women at sometime or other with significant adverse effects on quality of life in terms of anaemia, cost of sanitary pads and interferes with day-to-day activities.

Causes:-

The causes can be divided into

General diseases causing menorrhagia are:-

- Blood dyscrasia, i.e. leukaemia, coagulopathy, thrombocytopenic purpura, severe anaemia, Coagulation disorders in 20% adolescents.

- Thyroid dysfunction

- Hypothyroidism and hyperthyroidism in initial stages.
General tuberculosis may cause menorrhagia initially, but in advanced state amenorrhea ensues.

Local Pelvic causes are

- Uterine causes: Uterine fibroids, fibroid polyp, adenomyosis, endometrial hyperplasia.

- Chocolate cyst, ovarian feminizing tumors, Polycystic Ovarian disease (PCOD), endometriosis

- Uterine arteriovenous fistula and varicosity of vessels rare - This may be congenital, but quite often it is traumatic following dilation and curettage (D&C).

- Saipingo - Oophoritis, Pelvic inflammatory disease (PID), genital TB.
  - Immediate puerperal and post abortal periods.

Endocrine disorders:

- Hyperestrogenism
  - Hypothyroidism tends to cause menorrhagia.
  - Hypothalamic and pituitary diseases cause excessive uterine bleeding.

- Cirrhosis of the Liver, and any disease which disturbs the normal metabolism and inactivation of estrogen by the liver, can lead to menorrhagia.

  Intra uterine Contraceptive device (IUCD) has provided yet other etiological factors.

Psychological upsets:

  Emotional and nervous disorders may cause excessive uterine bleeding.
  Changes in Environment, nervous tension, anxiety states, unsatisfied sex urge, marital upsets, stress situations and redundancy or over work are examples of the factors which
are commonly to blame. These factors operate possibly through the endocrine system which is influenced by the hypothalamus, but more probably through the autonomic nervous system which controls the blood vessels supplying the pelvic organs.

Active or passive congestion causes hypertrophy of the myometrium and endometrium so that the uterus can become from two to six times normal in size. A similar vascular upset which involves the ovaries may make them cystic, and causes polymenorrhea.

Psychological factors are the commonest reasons for patients perceiving bleeding as excessive or abnormal.

**FIBROMYOMAS**

Fibromyomas, leiomyomas, fibroids or simply myomas, leiomyomata.

Uterine fibroids are very common non cancerous growths that develop in the muscular wall of the uterus, commonly encountered in gynecological practice (5-20% of women in the reproductive age group).

**Aetiology**

Each myoma is derived from smooth muscle cell rests, either from vessel walls or uterine musculature. The association of fibroids in women with hyperoestrogenism is evidenced by endometrial hyperplasia, dysfunctional metropathia bleeding and endometrial carcinoma.

Myomas are known it increase in size during pregnancy and with oral contraceptives.

New myomas rarely appear after menopause.

Myomas are rarely found before puberty, and they generally cease to grow after Menopause.
**Anatomy**

A typical myoma is well circumscribed tumour with a pseudocapsule. It is firm in consistency. The cut surface is pinkish white and has a whorled appearance. The capsule consists of connective tissue which fixes the tumour to the myometrium. The vessels which supply blood to the tumour. Because of this arrangement of blood supply, the central portion of the tumour receives the blood supply, and degeneration is noticeable early and most often in this part of the tumour. On the other hand calcification begins at the periphery and spreads inwards along the vessels. Microscopically, the tumour consists of bundles of plain muscle cells, separated by varying amount of fibrous strands.

**Intramural fibroids**

The tumour may grow symmetrically, remaining within the myometrial wall, it is called intra mural tumour. These are the most common fibroids. Intra mural fibroids can result in heavier menstrual bleeding and pelvic pain, back ache or the generalized pressure that many women experience.

**Subserous fibroids**

These develop under the outside covering of the uterus and expand outward through the wall, giving the uterus a knobby appearance. They typically do not affect a women’s menstrual flow, but can cause pelvic pain, back pain and generalized pressure. The subserosal fibroid can develop a stalk or stem like base, making it difficult to distinguish from an ovarian mass.

**Submucosal fibroids**

Uterine contractions may force the myoma towards the cavity where it is covered only by thin endometrium; it is then called sub mucous myoma.
SYMPTOMS:

Heavy, prolonged menstrual periods and unusual monthly bleeding, sometimes with clots. This can lead to anemia

Pelvic pain and pressure

Pain in the back and legs

Bladder pressure leading to frequent urge to urinate

Pressure on the bowel, leading to constipation and bloating

Abnormally enlarged abdomen

Differential diagnosis

Pregnancy

A cystic degenerated fibroid causing a soft enlarged uterus can be mistaken for pregnancy. The breast sign, soft cervix, pregnancy test and ultrasound resolve the doubt.

Adenomyosis

Adenomyosis shares the clinical features of uterine fibroma. The uterus more than 12 weeks size or an irregular enlarged uterus favors the diagnosis of fibroma. Besides adenomyomatous uterus is often tender. Ultrasound confirms the diagnosis.

Endometriosis, chocolate cyst

The clinical features are similar, but the uterus is normal in size and adherent to the pelvic mass.
Ectopic pregnancy

Chronic ectopic pregnancy with pelvic haematocele can give clinical impression of a fibroid. However the history is different ultrasound will clear the doubt.

Chronic PID

The history and clinical findings may be identical, but inflammatory masses are slightly tender and the uterus normal sized and fixed.

Benign ovarian tumour

A subserous or pedunculated fibroid may resemble an ovarian tumour. Ultrasound will show the nature of the tumour.

Malignant ovarian tumour

One of the grave errors is to mistake a malignant ovarian tumour for the uterine fibroid.

Endometrial cancer

Endometrial cancer and myoma coexist in elderly woman. Abnormal bleeding requires curettage to rule out malignancy.

INVESTIGATIONS

The following investigations may be carried out

Total WBC count
Differential count
Total RBC count
Erythrocyte sedimentation rate
Haemoglobin estimation
Blood sugar
Bleeding time,
Clotting time,
Smear study.
Blood sugar
Ultra sound
Hysterosalpingography
Hysteroscopy
D/C
MRI.
MATERIALS AND METHODS
MATERIALS AND METHODS

The clinical study on topic *Vatha perumbadu* was carried out in the out-patient department of the Ayothidoss pandithar Hospital of the National Institute of Siddha Chennai – 47

**Selection of cases:-**

40 cases were selected from the out and in patient department and were followed under the supervision of the Head of department and staffs of the post graduates Noi Naadal department.

**Population and sample**

The population consists of *Vatha perumbadu* Patients with head ache, body pain, complexion changes, fullness of the abdomen, abdominal pain, excessive menstrual bleeding of reddish black colour with offensive odour.

The sample consists of Vatha perumbadu patients attending at Out & In patient department of the Ayothidoss Pandithar Hospital of the National Institute of Siddha Chennai 47

**Inclusion criteria**

- Age - Reproductive age group (25 – 45yrs)
- Duration of diseases more than 3 months

**Exclusion criteria:**

- Patients with any serious system illness,
- Carcinoma cervix,
- Cervical dysplasia

**Evaluation of clinical parameters**

During examination, the cases were subjected to careful enquiry which involved history taking and examination of clinical features. The signs and symptoms of *Vatha perumbadu* as per the literature of Yugi Vaidhiya Sinhamani, head ache, body pain, complexion changes, fullness of the abdomen, abdominal pain, excessive menstrual bleeding of reddish black colour with offensive odour.
The detailed history of the past and present illness, dietary habits, occupational history were also taken before considering a case for selection in this study. The patients fully satisfying inclusion and exclusion criteria will be admitted to the study on siddha clinical Diagnosis.

The eight fold examination (Ennvagai thervu), trihumoural theory (Mukkutram), seven body components (Udal thathukal), wrist circummetric test (Manikadi Nool), habitat (Nilam), season (Kaalam) and astrology (Sothidam) of the patient was assessed.

**Modern Parameters**

The following routine laboratory investigations were carried out in the patients

**Routine**

- Total WBC count
- Differential count
- Total RBC count
- Erythrocyte sedimentation rate
- Haemoglobin estimation
- Blood sugar
- Bleeding time
- Clotting time.
- Smear study.

**Urine**

- Albumin
- Sugar
- Deposit

**Specific test**

- USG – Pelvis
OBSERVATION AND RESULTS
OBSERVATION AND RESULTS

Among the 200 cases screened, 100 cases were short listed and among this 100, 40 cases were diagnosed to have *Vatha perumbadu*. In the present study comprising 40 patients, all were between the 25 to 48 years. Among the 40 patients admitted in the OPD and IPD of Ayothidoss Pandithar Hospital, National Institute of Siddha.

AGE DISTRIBUTION

Table No. 1

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<th>Age</th>
<th>No of cases</th>
<th>Percentage</th>
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<tbody>
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<td>25-30</td>
<td>7</td>
<td>17.5</td>
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<tr>
<td>31-35</td>
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<td>36-40</td>
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<td>41-45</td>
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<td>32.5</td>
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<tr>
<td>Total</td>
<td>40</td>
<td>100</td>
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Among 40 cases 37.5% of cases were under 36 – 40 age group. 32.5% of cases were under 41 - 45 age group.

KAALAM

Table No. 2

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<th>Age group and kaalam</th>
<th>No of cases</th>
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<td>8</td>
<td>20</td>
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<tr>
<td>34 to 66 yrs</td>
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<td>80</td>
</tr>
<tr>
<td>67 to 100 yrs</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>40</td>
<td>100</td>
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</table>
Among 40 cases 80% of cases come under Azhal kaalam i.e. 34 – 66 yrs.

ETIOLOGY FOR VATHA PERUMBADU

Table No. 3

<table>
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<th>Etiology for Vatha perumbadu</th>
<th>No of cases</th>
<th>percentage</th>
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<tbody>
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<td>Anger</td>
<td>40</td>
<td>100</td>
</tr>
<tr>
<td>Frustration</td>
<td>30</td>
<td>75</td>
</tr>
<tr>
<td>Increased intake of non-vegetarian diet</td>
<td>35</td>
<td>87.5</td>
</tr>
<tr>
<td>Eating without hunger</td>
<td>31</td>
<td>77.5</td>
</tr>
<tr>
<td>Heavy weight bearing</td>
<td>32</td>
<td>80</td>
</tr>
<tr>
<td>Sleeplessness</td>
<td>38</td>
<td>95</td>
</tr>
<tr>
<td>Sleeping during day time</td>
<td>35</td>
<td>87.5</td>
</tr>
<tr>
<td>Sleeping in improper positions</td>
<td>33</td>
<td>82.5</td>
</tr>
<tr>
<td>Increased sexual desire</td>
<td>11</td>
<td>27.5%</td>
</tr>
<tr>
<td>Teasing poor people and beggars</td>
<td>10</td>
<td>25</td>
</tr>
</tbody>
</table>
Out of 40 cases, 100% cases have anger, 95% cases have the history of sleeplessness, 87.5% cases for increased intake of non-vegetarian diet, sleeping during day time, 82.5% cases for sleeping improper position, 80% cases for heavy weight bearing, 77.5% cases for eating without hunger, 75% cases for frustration, 75% cases for increased sexual desire, 25% cases for teasing poor people and beggars.
Table No 4

<table>
<thead>
<tr>
<th>Food habits</th>
<th>No of cases</th>
<th>percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vegetarian</td>
<td>5</td>
<td>12.5</td>
</tr>
<tr>
<td>Non vegetarian</td>
<td>35</td>
<td>87.5</td>
</tr>
</tbody>
</table>

Among the 40 cases, of this study 87.5% of cases were non vegetarian, 12.5% were vegetarian.

Table No. 5

<table>
<thead>
<tr>
<th>Other habits</th>
<th>No of cases</th>
<th>percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Betel nut chewing</td>
<td>10</td>
<td>25</td>
</tr>
</tbody>
</table>

Among the 40 cases of this study, 25% of cases were betel nut chewing habit.
### NOI UTRA KAALAM

Table No. 6

<table>
<thead>
<tr>
<th>Noi utra kaalam</th>
<th>No of cases</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kaar kalam</td>
<td>10</td>
<td>25</td>
</tr>
<tr>
<td>Koothirkaalam</td>
<td>4</td>
<td>10</td>
</tr>
<tr>
<td>Munpanikaalam</td>
<td>5</td>
<td>12.5</td>
</tr>
<tr>
<td>Pinpanikaalam</td>
<td>3</td>
<td>7.5</td>
</tr>
<tr>
<td>Elavenirkaalam</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Muduvenirkaalam</td>
<td>16</td>
<td>40</td>
</tr>
</tbody>
</table>

In kaalam, out of the 40 cases of this study 40% of cases were first affected in mudu venil kaalam. 25% of cases were affected in kaar kaalam.

### NOI UTRA NILAM

Table No 7

<table>
<thead>
<tr>
<th>Noi utra nilam</th>
<th>No of cases</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kurinji</td>
<td>4</td>
<td>10</td>
</tr>
<tr>
<td>Mullai</td>
<td>10</td>
<td>25</td>
</tr>
<tr>
<td>Marutham</td>
<td>02</td>
<td>5</td>
</tr>
<tr>
<td>Neithal</td>
<td>24</td>
<td>60</td>
</tr>
<tr>
<td>Palai</td>
<td>00</td>
<td>00</td>
</tr>
</tbody>
</table>

In nilam, 60% of cases were affected from Neithal Nilam.
UDAL VANMAI

Table No. 8

<table>
<thead>
<tr>
<th>Udal vanmai</th>
<th>No of cases</th>
<th>percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Iyyalpu (Normal)</td>
<td>35</td>
<td>87.5</td>
</tr>
<tr>
<td>Valivu (well built)</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Melivu (lean)</td>
<td>3</td>
<td>7.5</td>
</tr>
<tr>
<td>Total</td>
<td>40</td>
<td>100</td>
</tr>
</tbody>
</table>

Among the 40 cases of this study, 87.5% of cases were of Iyyalpu udal vanmai, 5% cases were of Valivu udal vanmai, and 7.5% cases were of Melivu udal vanmai.

NAADI (PULSE)

Table No. 9

<table>
<thead>
<tr>
<th>Naadi</th>
<th>No of cases (out of 40)</th>
<th>percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Naadi nithanam (pulse appraisal)</td>
<td>Vanmai</td>
<td>30</td>
</tr>
<tr>
<td></td>
<td>Menmai</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>40</td>
</tr>
<tr>
<td>Naadi panbu (pulse character)</td>
<td>Munnokku</td>
<td>28</td>
</tr>
<tr>
<td></td>
<td>Pinnokku</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Puranadai</td>
<td>7</td>
</tr>
<tr>
<td>Naadi nadai (pulse play)</td>
<td>Vali azhal</td>
<td>28</td>
</tr>
<tr>
<td></td>
<td>Azhal vali</td>
<td>12</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>40</td>
</tr>
</tbody>
</table>
Among the 40 cases of this study, 75% of cases have Vanmai character and 25% cases have Menmai character in Naadi nithanam, 70% of cases have Munnokku character, 12.5% of cases have Pinnokku character, 17.5% of cases have puranadai in Naadi panbu, 70% of cases have Vali azhal and 30% of cases have Azhal vali in their Naadi Nadai.

Table No 10

<table>
<thead>
<tr>
<th>Naa</th>
<th>No of cases</th>
<th>percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Thanmai</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maa padithal</td>
<td>15</td>
<td>37.5</td>
</tr>
<tr>
<td>(Coating)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vedippu</td>
<td>5</td>
<td>12.5</td>
</tr>
<tr>
<td>(Fissuring)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Niram</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Colour)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Karuppu</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Manjal</td>
<td>00</td>
<td>00</td>
</tr>
<tr>
<td>Velluppu</td>
<td>28</td>
<td>70</td>
</tr>
<tr>
<td>Suvai</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Taste)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kaippu</td>
<td>05</td>
<td>12.5</td>
</tr>
<tr>
<td>Inippu</td>
<td>00</td>
<td>00</td>
</tr>
<tr>
<td>Pulippu</td>
<td>08</td>
<td>20</td>
</tr>
</tbody>
</table>
Among 40 cases, 37.5% of cases have coated tongue, 12.5% of cases have fissure in their tongue. 70% of cases have pallor in their tongue. 12.5% of cases have Kaippu taste, 20% of cases have sour taste in their tongue.

**NIRAM MOZHI AND VIZHI**

**Table No. 11**

<table>
<thead>
<tr>
<th>Niram mozhi and vizhi</th>
<th>No of cases</th>
<th>percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Niram (colour)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Karuppu</td>
<td>35</td>
<td>87.5</td>
</tr>
<tr>
<td>Manjal</td>
<td>05</td>
<td>12.5</td>
</tr>
<tr>
<td>Vellupu</td>
<td>00</td>
<td>00</td>
</tr>
<tr>
<td>Total</td>
<td>40</td>
<td>100</td>
</tr>
<tr>
<td>Mozhi (Voice)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sama oli (Normal)</td>
<td>20</td>
<td>50</td>
</tr>
<tr>
<td>Urattha oli (High pitch)</td>
<td>10</td>
<td>25</td>
</tr>
<tr>
<td>Thazhantha Oli (Low pitch)</td>
<td>10</td>
<td>25</td>
</tr>
<tr>
<td>Total</td>
<td>40</td>
<td>100</td>
</tr>
<tr>
<td>Vizhiyin niram</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Karuppu (muddy)</td>
<td>12</td>
<td>00</td>
</tr>
<tr>
<td>Manjal</td>
<td>00</td>
<td>00</td>
</tr>
<tr>
<td>Sivappu</td>
<td>00</td>
<td>00</td>
</tr>
<tr>
<td>Vellupu</td>
<td>28</td>
<td>70</td>
</tr>
</tbody>
</table>
Among 40 cases, 87.5% of cases are Karuppu ie: black and brownish black. 50% of cases have Sama oli, 25% of have Urattha oli, 25% of cases have Thazhantha oli oli. 70% of cases have Vellupu venvizhi.

### MEI KURI

<table>
<thead>
<tr>
<th>Mei kuri</th>
<th>No of cases</th>
<th>percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Veppam (Warmth)</td>
<td>Mitham (Mild)</td>
<td>40</td>
</tr>
<tr>
<td></td>
<td>Migu (High)</td>
<td>00</td>
</tr>
<tr>
<td></td>
<td>Thatpam (Cold)</td>
<td>00</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>40</td>
</tr>
<tr>
<td>Viyarvai (Sweat)</td>
<td>Normal</td>
<td>40</td>
</tr>
<tr>
<td></td>
<td>Reduced</td>
<td>00</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>40</td>
</tr>
<tr>
<td>Tenderness</td>
<td>Present</td>
<td>21</td>
</tr>
<tr>
<td></td>
<td>absent</td>
<td>19</td>
</tr>
</tbody>
</table>

Among 40 cases, 100% of cases have Mitha veppam. 52.5% of cases have tenderness present in the lower abdomen.

### MALAM

<table>
<thead>
<tr>
<th>Malam (stools)</th>
<th>No of cases</th>
<th>percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Niram (Colour)</td>
<td>Manjal (Yellowish)</td>
<td>40</td>
</tr>
<tr>
<td></td>
<td>Sivappu (Reddish)</td>
<td>00</td>
</tr>
<tr>
<td></td>
<td>Veluppu (pale)</td>
<td>00</td>
</tr>
<tr>
<td></td>
<td>Total</td>
<td>40</td>
</tr>
<tr>
<td>Sikkal (Constipation)</td>
<td>15</td>
<td>37.5</td>
</tr>
</tbody>
</table>
Among 40 cases, 100% of cases have yellow colour of stool, 25% of cases have constipation.

**NEER KURI**

Table No 14

<table>
<thead>
<tr>
<th>Neer kuri (Colour)</th>
<th>Neer manam No of cases</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neer thanmai</td>
<td>40</td>
<td>100</td>
</tr>
<tr>
<td>Neer erichchal</td>
<td>00</td>
<td>00</td>
</tr>
<tr>
<td>Neer niram</td>
<td>Venmai (Whitish) 02</td>
<td>05</td>
</tr>
<tr>
<td>Neer niram</td>
<td>Manjal (Yellowish) 38</td>
<td>95</td>
</tr>
<tr>
<td>Neer niram</td>
<td>Crystal clear 00</td>
<td>00</td>
</tr>
<tr>
<td>Neer niram</td>
<td>Total 40</td>
<td>100</td>
</tr>
<tr>
<td>Neer thanmai</td>
<td>Present 28</td>
<td>70</td>
</tr>
<tr>
<td>Neer thanmai</td>
<td>Nil 12</td>
<td>30</td>
</tr>
<tr>
<td>Neer thanmai</td>
<td>Total 40</td>
<td>100</td>
</tr>
<tr>
<td>Neer thanmai</td>
<td>Normal 40</td>
<td>100</td>
</tr>
<tr>
<td>Neer thanmai</td>
<td>Total 40</td>
<td>100</td>
</tr>
<tr>
<td>Neer thanmai</td>
<td>Nil 40</td>
<td>100</td>
</tr>
<tr>
<td>Neer thanmai</td>
<td>Total 40</td>
<td>100</td>
</tr>
<tr>
<td>Nei kiuri (Oil - on-urine sign)</td>
<td>Aravam 3</td>
<td>7.5</td>
</tr>
<tr>
<td>Nei kiuri (Oil - on-urine sign)</td>
<td>Muthu 5</td>
<td>12.5</td>
</tr>
<tr>
<td>Nei kiuri (Oil - on-urine sign)</td>
<td>Mela paraviyathu (slow spreading and assuming a coin like pattern)</td>
<td>80</td>
</tr>
<tr>
<td>Nei kiuri (Oil - on-urine sign)</td>
<td>Total 40</td>
<td>100</td>
</tr>
</tbody>
</table>
Among 40 cases, all the (100%) cases have neer manam, 95% of cases have yellowish urine. 70% of cases have frothy and 100% of cases have normal edai, enjal. In nei kuri 80% of cases have slow spreading pattern and assuming a coin like pattern. 12.5% of cases having pearl bended pattern.

**IMPORIGAL AND KANMAENTHIYANGAL**

Table No 15

<table>
<thead>
<tr>
<th>Imporigal and Kanmaenthriyangal</th>
<th>No of cases</th>
<th>percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Imporigal Mei</td>
<td>21</td>
<td>52.5</td>
</tr>
<tr>
<td>Kanmaenthriyangal Kaal</td>
<td>40</td>
<td>100</td>
</tr>
<tr>
<td>Eruvai</td>
<td>15</td>
<td>37.5</td>
</tr>
<tr>
<td>Karuvai</td>
<td>40</td>
<td>100</td>
</tr>
</tbody>
</table>

Among 40 cases all the (100%) of cases have karuvai, kaal are affected. 37.5% of cases have affected eruvai

**MANIKADAI NOOL**

Table No 16

<table>
<thead>
<tr>
<th>Manikadai nool</th>
<th>No of cases</th>
<th>percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 3/4 fbs</td>
<td>4</td>
<td>10</td>
</tr>
<tr>
<td>8 1/4 fbs</td>
<td>5</td>
<td>12.5</td>
</tr>
<tr>
<td>8 1/2 fbs</td>
<td>5</td>
<td>12.5</td>
</tr>
<tr>
<td>8 3/4 fbs</td>
<td>1</td>
<td>2.5</td>
</tr>
<tr>
<td>9 fbs</td>
<td>8</td>
<td>20</td>
</tr>
<tr>
<td>9 1/4 fbs</td>
<td>4</td>
<td>10</td>
</tr>
<tr>
<td>9 3/4 fbs</td>
<td>1</td>
<td>2.5</td>
</tr>
<tr>
<td>10 fbs</td>
<td>12</td>
<td>30</td>
</tr>
</tbody>
</table>
fbs - finger breadths

Among 40 cases, 30% of cases have 10 fbs, 20% of cases have 9 fbs. According to the authors observation vatha perumbadu falls in a wrist circumetric range of 7 ¾ - 10 fbs.

![Graph showing distribution of wrist circumetric range](image)

**UYIR THATHUKKAL**

Table No 17

<table>
<thead>
<tr>
<th>Uyir thathukkal</th>
<th>No of cases</th>
<th>percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vali</td>
<td>Abaanan</td>
<td>40</td>
</tr>
<tr>
<td>Praanann</td>
<td>28</td>
<td>70</td>
</tr>
<tr>
<td>Viyanan</td>
<td>40</td>
<td>100</td>
</tr>
<tr>
<td>Samanann</td>
<td>40</td>
<td>100</td>
</tr>
<tr>
<td>Udhaanaan</td>
<td>30</td>
<td>75</td>
</tr>
<tr>
<td>Kirukaran</td>
<td>28</td>
<td>70</td>
</tr>
<tr>
<td>Devathathan</td>
<td>40</td>
<td>100</td>
</tr>
</tbody>
</table>
All the 40 cases, 100% cases have deranged Abaan, Samanan, Viyanan and Devathathan. 75% of cases have deranged Udhaanan, 70% of cases have deranged Praanan and Kirukaran. All the 40 cases (100%) have deranged Saathanagam. 70% of cases have deranged Anar pitham, Ranjaga pitham and 52.5% of cases have deranged Prasaga pitham. All the 100% of cases have deranged Santhigam. 70% of cases have deranged Kilethagam and Avalambagam.

**UDAL THATHUKKAL**

Table No 18

<table>
<thead>
<tr>
<th>Udal thathukkal</th>
<th>No of cases</th>
<th>percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Saaram</td>
<td>40</td>
<td>100</td>
</tr>
<tr>
<td>Senneer</td>
<td>28</td>
<td>70</td>
</tr>
<tr>
<td>Oon</td>
<td>40</td>
<td>100</td>
</tr>
<tr>
<td>Kozhuppu</td>
<td>40</td>
<td>100</td>
</tr>
<tr>
<td>Enbu</td>
<td>40</td>
<td>100</td>
</tr>
<tr>
<td>Moolai</td>
<td>40</td>
<td>100</td>
</tr>
<tr>
<td>Suronitham</td>
<td>40</td>
<td>100</td>
</tr>
</tbody>
</table>
All the 40 cases (100%) have deranged saaram, chenner, oon, kozhuppu, enbu, moolai and suronitham.

**RAASI DISTRIBUTION**

Table No 19

<table>
<thead>
<tr>
<th>Zodiac sign</th>
<th>No of cases</th>
<th>percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aries</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Taurus</td>
<td>5</td>
<td>12.5</td>
</tr>
<tr>
<td>Gemini</td>
<td>1</td>
<td>2.5</td>
</tr>
<tr>
<td>Leo</td>
<td>1</td>
<td>2.5</td>
</tr>
<tr>
<td>Virgo</td>
<td>3</td>
<td>7.5</td>
</tr>
<tr>
<td>Libra</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Scorpio</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Sagittarius</td>
<td>4</td>
<td>10</td>
</tr>
<tr>
<td>Capricorns</td>
<td>1</td>
<td>2.5</td>
</tr>
<tr>
<td>Pisces</td>
<td>3</td>
<td>7.5</td>
</tr>
<tr>
<td>Not known</td>
<td>16</td>
<td>40</td>
</tr>
</tbody>
</table>

Out of 40 cases 12.5% of cases have zodiac sign Taurus.

**NATCHATHIRAM DISTRIBUTION**

Table No 20

<table>
<thead>
<tr>
<th>Natchathiram</th>
<th>No of cases</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aswini</td>
<td>1</td>
<td>2.5</td>
</tr>
<tr>
<td>Karthikai</td>
<td>1</td>
<td>2.5</td>
</tr>
</tbody>
</table>
Among the 40, 24 cases know their stars. In the 24, 12.5% of cases have Rohini natchathiram.

**CLINICAL FEATURES OF VATHA PERUMBADU**

**Table No 21**

<table>
<thead>
<tr>
<th>Clinical features of Vatha perumbadu</th>
<th>No of cases</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head ache</td>
<td>36</td>
<td>90</td>
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<td>Body pain</td>
<td>40</td>
<td>100</td>
</tr>
<tr>
<td>Lumbago</td>
<td>40</td>
<td>100</td>
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<tr>
<td>Complexion changes</td>
<td>21</td>
<td>52.5</td>
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<tr>
<td>Fullness of the abdomen</td>
<td>40</td>
<td>100</td>
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<tr>
<td>Lower abdominal pain</td>
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<tr>
<td>Condition</td>
<td>Count</td>
<td>Percentage</td>
</tr>
<tr>
<td>-----------------------------------------------------</td>
<td>-------</td>
<td>------------</td>
</tr>
<tr>
<td>Excessive menstrual bleeding</td>
<td>40</td>
<td>100</td>
</tr>
<tr>
<td>Excessive menstrual bleeding with offensive odour</td>
<td>37</td>
<td>92.5</td>
</tr>
<tr>
<td>Excessive menstrual bleeding with reddish black colour</td>
<td>35</td>
<td>87.5</td>
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In clinical features, all the 40 cases (100 %) had body pain, lumbago, fullness of the abdomen and excessive menstrual bleeding. 92.5% cases had excessive menstrual bleeding with offensive odour, 90% of cases have head ache, 87.5% of cases have excessive menstrual bleeding of reddish black colour, 52.5% of cases had Complexion changes.
## INVESTIGATIONS

### Table No - 22

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<th>Hb</th>
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<td>12.6 – 13.6</td>
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Out of 40 cases, 30 % of cases have 9.6 to 10.5 gms% hemoglobin, 22.5% of cases have 10.6 to 11.5 gms% hemoglobin.
### Allied parameters

**Table No. 23**

Table showing the Envagai thervu

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>OP.No</th>
<th>Name</th>
<th>Age/sex</th>
<th>Naa</th>
<th>Niram</th>
<th>Mozhi</th>
<th>Vizhi</th>
<th>Sparism</th>
<th>Malam</th>
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<th>Naadi</th>
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<th>Nei kuri</th>
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<td>Manjal</td>
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<td>Sikkal</td>
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### Allied parameters

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### Allied parameters

**Table showing the Envagai thervu**

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## Allied parameters
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**Allied parameters**

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<td>Sl. No</td>
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<td>Age/sex</td>
<td>Blood Cells /cu mm</td>
<td>ESR</td>
<td>Hb</td>
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<td>TRBC</td>
<td>Sugar mgs%</td>
<td>BT</td>
<td>CT</td>
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<td>E</td>
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<td>8</td>
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<tr>
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<td>41/F</td>
<td>8800</td>
<td>55</td>
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<td>05</td>
<td>-</td>
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<td>AC 1013</td>
<td>30/F</td>
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<td>6800</td>
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<td>4</td>
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<td>X 5650</td>
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<td>8600</td>
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Envagai thervu

IP NO : 896
AGE/SEX: 41/F

Tongue - pale

IP.NO : 902
AGE/SEX : 42/F

Conjunctiva – pale
Slow spreading and assuming like a coin shaped.

IP.NO : 934
AGE/ SEX: 34/ F

IP.NO : 796
AGE/ SEX: 40 /F
OP. NO : X5650
AGE/ SEX: 45/F

Muthu kabam
DISCUSSION
DISCUSSION

*Vatha perumbadu* is a specific type of disease with symptoms like headache, body pain, complexion changes, fullness of the abdomen, abdominal pain, back ache and excessive offensive, reddish black coloured menstrual bleeding.

Sage Yugi in his ‘Yugi vaidhya sinthamani’ classifies perumbadu into four types. *Vatha perumbadu* is one of those types. Also ‘Manmurikiyam’ and ‘Anubava vaidhya devaragasiyam’ describe *Vatha perumbadu* under the heading perumbadu.

Among the 200 cases screened, 100 cases were shortlisted and among this 100, 40 cases were diagnosed to have *Vatha perumbadu*. Out of the 40 cases, 32 cases were observed in OPD and 8 cases were observed in IPD of Ayothidoss Pandithar Hospital, National Institute of Siddha, Chennai – 47.

Among 40 cases, 37.5% of cases were under 36 – 40 age group. 32.5% of cases were under 41 - 45 age group. 80% of the cases acquired the disease during Azhal kaalam. (33 – 66 yrs)

According to Yugi’s literature, heavy intake of animal foods leads to *Vatha perumbadu*. This correlates well with the observation in the author’s study that 87.5% of cases were found to be non- vegetarians.

In *Vatha perumbadu* the character of pulse is ‘Munnokku’ in vali and azhal pulses. Pulse appraisals of 75% of cases showed the ‘vanmai’ (bounding) character. Pulse play in 70% of cases had Valiazhal. In patients with complaints of excessive menstrual bleeding they are more likely to be of *Vatha perumbadu* if they have their pulse play vali azhal consistently in serial recordings. Because in all the 40 cases of the study, 70 % of cases have Vali azhal.
In Vatha perumbadu 37.5% of cases had coated tongue and 70% of cases showed pallor of the tongue.

In most of the cases pallor was presented in the eyes. 70% of cases have suffering from Vatha perumbadu were found to be anaemic and was confirmed by the lab investigations.

Most cases had mild warmth and normal sweat.

The complexions of the 87.5% of cases were blackish brown. There may be a predilection of Vatha constitution subjects to have Vatha perumbadu at some point of time in their lives.

Most cases had normal voice.

The urine in the cases was yellow colour. Foam was present in the urine of 70% of cases.

Therayer’s Neerkuri Vaidhyam states that the oil-on–urine sign in perumbadu patients shows patterns of slow spreading and taking a coin like pattern. This was confirmed in 80% of the cases inducted in the study.

Of all the cases 52.5% of cases had lower abdominal tenderness. (‘Mei’ of the Iymporigal).

Among 40 cases all of them had deranged abaan, samanan, viyanan and devathathan. 75% of cases had deranged udhaanan, 70% of cases had deranged praanan and kirukaran. 100% of cases had deranged saathaga pitham. 70% of cases had deranged pasagam, Ranjaga pitham, 52.5% of cases had deranged prasaga pitham.100% of cases had deranged santhigam. 70% of cases had deranged kilathagam, avalambagam. This indicates the predominance of Vali humor that was affected.
The deranged Udal thathukkal were saaram, chenner, oon, kozhuppu, enbu, moolai and suronitham.

In Zodiac sign, 12.5% of cases have zodiac sign Taurus. Patients of zodiac sign Taurus were observed to be more prone to get involved in *Vatha perumbadu*.

In the wrist circummetric sign, 30% of cases had 10 finger breadths, 25% of cases have 9 finger breadths.

Mostly *Vatha perumbadu* was incidental in muduvenir kaalam. Mostly the disease *Vatha Perumbadu* got to be started in subjects lived in coastal belts because Vali humor is bound to be affected in subjects living in coastal areas.

The symptoms of *Vatha perumbadu* are congruent with symptoms like Menorrhagia in the setting of Uterine Myoma.

In the 96 principles, five pancha boothams were affected.

In Vatha perumbadu kaal, eruvai and karuvai were affected.

All the four anthakaranams were affected.

In aasayam, Amarvasayam, malavasayam and suronithaasayam were affected.

In kosam, annamayakosam and manomayakosam were affected. The affected annamayakosam affects other kosams.

In Aatharam, swathittanam and moolatharam were affected.

Thamogunam is implicated as one of the etiological factor for *Vatha perumbadu*

Most of the cases had the Vali migu gunam character like abdominal distension, lack of activities, weakness, and body colour – blackish, insomnia.

Excessive offensive reddish black coloured menstrual bleeding in *Vatha perumbadu* is different from Pitha, Kaba and Thontha perumbadu.
Differential diagnosis

Pitha perumbadu

Though pitha perumbadu produces symptoms like loss of appetite, yellowish vaginal discharge, pallor of the body, pain in the both lower and upper limbs, passing of dark blood clots, burning sensation of the body, it does not have excessive offensive reddish black colour menstrual bleeding. Thus it is differentiated from Vatha perumbadu.

Kaba perumbadu

Though in Kaba perumbadu the vaginal discharge is light coloured, offensive odour, burning sensation of the body, palpitation, dyspnoea, cough with expectoration, giddiness occurring quite often, it does not have excessive offensive reddish black colour menstrual bleeding. Thus it is differentiated from Vatha perumbadu.

Thontha perumbadu

Though Thontha perumbadu causes clotted flow of reddish black colour, abdominal distension, pain presenting in the abdomen, offensive yellowish vaginal discharge, titubation, increased salivation, it does not have excessive offensive reddish black coloured menstrual bleeding. Thus it is differentiated from Vatha perumbadu.

Mukkutra verupaadu (Interplay of trihumors)

People who are living in conditions which are conducive for the augmentation of Vatham are in favour of developing extra growth like masses anywhere in the body especially the uterus and its adnexea in the females.
Naturally the humor Pitham is inherent to cause bleeding at all potential sites, whenever the condition is seemly for it. Here in this study the Pitham combines with the Vatham secondarily causing uterine bleeding. This interplay of the humors is postulated by the author to be critical in the causation of the disease *Vatha perumbadu*.

**Preventive aspects of vatha perumbadu**

Restrictions in diet
- Sour taste, non vegetarian diet, tuberous diet, astringents, increased intake of pulses and cereals.
- Should avoid anger

To prevent *vatha perumbadu* by following the anti vali diet, good habits, spiritual acts, peaceful sleep.

**Suggested line of treatment**

“வில்லிகள் வசதை விட்டு கும்பு”

“வைனி வசதை எடுத்து கும்பு”

*Vatha perumbadu* arises due to elevation of vali humor; it affects the seven constituents of the body and there by increases the pitha humor. So accordingly to bring vatha and pitha towards normal, Purgation and Emetic should be given as the first line of treatment followed by administration of internal medicines.
SUMMARY

AND

CONCLUSION
SUMMARY AND CONCLUSION

Siddhars postulated the causes for *Vatha perumbadu* which was mentioned by this study.

Increased intake of non vegetarian diet, sleeplessness, increased anger, frustration, sleeping during day time, eating without hunger, heavy weight bearing, increased sexual desire and teasing poor people will produce vatha perumbadu. Living moral life without sexual immorality, helping others, avoiding mental depression or anger, unaltered timely food habits are the main factors to avoid this disease.

It is apparent from the study that vatha perumbadu occurs mostly in Azhal kaalam of an individual and Non vegetarians.

*Vatha perumbadu* occurs mostly in Muduvenir kaalam. The symptoms of the disease also developed mostly in Neithal nilam.

A good number of *Vatha perumbadu* patients have 10 finger breadths of Manikkadai nool.

Patients with zodiac signs, Taurus was more prone to be involved with *Vatha perumbadu*.

In the three humors, Vali is affected more in this disease which leads to derangements of other two humors.

Most of the *Vatha perumbadu* patients had Vali azhal naadi.

Nei kuri study revealed that 80% of cases had slow spreading and a coin like pattern.

In this study by means of Eight fold examination, Land, Season, Astrology, Manikkadai nool and along with the clinical symptoms, the author concludes the diagnosis as *Vatha perumbadu*. 
ANNEXURE
A STUDY TO ACCESS THE DIAGNOSTIC ABILITY OF SIDDHA SYSTEM FOR VATHA PERUMBADU

FORM-I  SELECTION PROFORMA

5. Name: ________________ 6. Age (years): ___ 7. Sex ☐
10. Local Address


11. Permanent Address


12. Complaints and duration:


13. History of present illness:


14. Past history:


15. Family history:


16. Menstrual & Obstetric history:


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<tr>
<th>Habits</th>
<th>Yes (1)</th>
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<tr>
<td>17. Betalnut chewer:</td>
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<td></td>
</tr>
<tr>
<td>18. Tea:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Coffee:</td>
<td></td>
<td></td>
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<tr>
<td>20. Milk:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. Food habit</td>
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<td>NV M</td>
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**GENERAL ETIOLOGY FOR VATHA PERUMBADU**

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<tr>
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<tr>
<td>22. Anger</td>
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<tr>
<td>23. Frustration</td>
<td></td>
</tr>
<tr>
<td>24. Heavy intake of non vegetarian</td>
<td></td>
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<tr>
<td>25. Sleeplessness</td>
<td></td>
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<tr>
<td>26. Eating before hungef</td>
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<tr>
<td>27. Heavy weight bearing</td>
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<tr>
<td>28. Improper sleeping position</td>
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<td>29. Sleeping in day time</td>
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<tr>
<td>30. Increased sexual desire</td>
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</tr>
<tr>
<td>31. Teasing poor people and beggar</td>
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**GENERAL EXAMINATION**

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<tr>
<th>32. Weight (kg)</th>
<th>/Kg</th>
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<tr>
<td>33. Temperatures (°F)</td>
<td>/°F</td>
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<tr>
<td>34. Pulse rate / minute</td>
<td>/ Min</td>
</tr>
<tr>
<td>No.</td>
<td>Parameter</td>
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<tr>
<td>-----</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td>35</td>
<td>Heart rate / minute</td>
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<tr>
<td>36</td>
<td>Respiratory rate / minute</td>
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<td>37</td>
<td>Blood pressure (mmHg)</td>
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<td>38</td>
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<td>41</td>
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<tr>
<td>42</td>
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<td>43</td>
<td>Clubbing:</td>
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<td>44</td>
<td>Jugular vein pulsation:</td>
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**EXAMINATION OF FUNCTION OF VITAL ORGANS**

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<td>☐</td>
</tr>
<tr>
<td>46</td>
<td>Lungs</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>47</td>
<td>Brain</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>48</td>
<td>Liver</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>49</td>
<td>Kidney</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>50</td>
<td>Spleen</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>51</td>
<td>Stomach</td>
<td>☐</td>
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</table>
SIDDHA SYSTEM OF EXAMINATION

ENVAGAI THERUVUKAL

NAADI(KAI KURI)

I. Naadi Nithanam

52. Kalam

1. Kaarkaalam  2. Koothirkaalam
3. Munpanikaalam  4. Pinpanikaalam
5. Ilavanirkaalam  6. Muthuvenirkaalam

53. Desam

1. Kulir  2. veppam

54. Vayathu

1. 1-33yrs  2. 34-66yrs  3. 67-100

55. Udal Vannmai

1. Iyyalbu  3. Valivu  4. Melivu


57. Panbhu

1. Thannadai  2. Puranadai  3. Illaitthal
13. Pakkamnokku

II. Naadi nadai

### NAA

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<td>1. Present</td>
<td>2. Absent</td>
</tr>
<tr>
<td>61. Vedippu</td>
<td>1. Present</td>
<td>2. Absent</td>
</tr>
<tr>
<td>62. Vai neer ooral</td>
<td>1. Normal</td>
<td>2. Increased</td>
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### NIRAM

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<tr>
<td>1. Sama oli</td>
<td>2. Urattha oli</td>
<td>3. Thazhantha oli</td>
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### VIZHI

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<td>3. Sivappu</td>
<td>4. Veluppu</td>
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<tr>
<td>64. Kanneer</td>
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<td>2. Absent</td>
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<tr>
<td>65. Erichchal</td>
<td>1. Present</td>
<td>2. Absent</td>
</tr>
<tr>
<td>66. Peelai seruthal</td>
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### MEI KURI - SPARISM

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<td>2. Normal</td>
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<tr>
<td>69. Thodu vali</td>
<td>1. Present</td>
<td>2. Absent</td>
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### MALAM

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<td></td>
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<tr>
<td>71. Sikkal</td>
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<td>2. Absent</td>
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<td>72. Sirutthal</td>
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<tr>
<td>73. Kalichchal</td>
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<td>74. Seetham</td>
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<tr>
<td>75. Vemmai</td>
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### NEER KURI

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<td>78. Nurai</td>
<td>1. Nil</td>
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<tr>
<td>80. Enjal (Alavu)</td>
<td>1. Normal</td>
<td>2. Increased</td>
<td>3. Reduced</td>
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### NEI KURI

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<tbody>
<tr>
<td>81. Aravam</td>
<td>2. Mothiram</td>
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<tr>
<td>5. Aravilmuthu</td>
<td>6. Mothirathilmuthu</td>
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<td>7. Mothirathilaravam</td>
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<td>9. Muthilmothiram</td>
<td>10. Asathiyam</td>
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<tr>
<td>11. Mellena paraval</td>
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### 82. MANIKADAI NOOL (Viral kadai alavu)

**IYMPORIGAL**

<table>
<thead>
<tr>
<th></th>
<th>1. Normal</th>
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<tbody>
<tr>
<td>83. Mei</td>
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<td>84. Vaai</td>
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<td>85. Kan</td>
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<tr>
<td>86. Mookku</td>
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<tr>
<td>87. Sevi</td>
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### KANMAENTHRIYANGAL

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<tbody>
<tr>
<td>88. Kai</td>
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<td>89. Kaal</td>
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</tr>
<tr>
<td>90. Vaai</td>
<td></td>
</tr>
<tr>
<td>91. Eruvai</td>
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</tr>
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<td>92. Karuvaai</td>
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### YAKKAI

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<tbody>
<tr>
<td>93. Vali</td>
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### GUNAM

<table>
<thead>
<tr>
<th></th>
<th>103. Rajo Gunam</th>
<th>104. Thamo Gunam</th>
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<tbody>
<tr>
<td>102. Sathuva Gunam</td>
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<td>1. Normal</td>
<td>2. Affected</td>
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<tr>
<td>105. Praanan</td>
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<tr>
<td>106. Abaan</td>
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<tr>
<td>107. Samaan</td>
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<tr>
<td>108. Udhaan</td>
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<td>109. Viyaan</td>
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<td>110. Naagan</td>
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<td>111. Koorman</td>
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<td>112. Kirukaran</td>
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<td>113. Devathathan</td>
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<td>114. Dhananjeyan</td>
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<tbody>
<tr>
<td>115. Anala pittham</td>
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<td>116. Prasaka pittham</td>
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<td></td>
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<tr>
<td>117. Ranjaka pittham</td>
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<td>118. Aalosaka pittham</td>
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<td>119. Saathaka pittham</td>
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### IYAM

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<tr>
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<tbody>
<tr>
<td>120. Avalambagam</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>121. Kilethagam</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>122. Pothagam</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>123. Tharpagam</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>124. Santhigam</td>
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### UDAL THATHUKKAL

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<thead>
<tr>
<th></th>
<th>1. Normal</th>
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</thead>
<tbody>
<tr>
<td>125. Saaram</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>126. Chenneer</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>127. Oon</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>128. Kozhuppu</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>129. Enbu</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>130. Moolai</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>131. Suronitham</td>
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### Mukkutra Migu Gunam

<table>
<thead>
<tr>
<th></th>
<th>1. Present</th>
<th>2. Absent</th>
</tr>
</thead>
<tbody>
<tr>
<td>132. Emaciation</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>133. Body colour – black</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>134. Desire to take hot food</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>135. Shivering of body</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>
136. Abdominal distension

137. Constipation

138. Insomnia

139. Weakness

140. Weakness of sense organs

141. Giddiness

142. Ookaminmai

II. Pitham migu gunam

1. Present  2. Absent

143. Yellow colouration of skin

144. Yellow colouration of the eye

145. Yellow colouration of urine

146. Yellow colouration of faeces

147. Increased appetite

148. Increased thirst

149. Burning sensation in the body

150. Sleeping disturbance

III. Kapham migu gunam

1. Present  2. Absent

151. Increased salivary secretion

152. Reduced activeness

153. Heaviness of the body

154. Body colour – White
155. Chillness of the body
156. Reduced appetite
157. Eraippu
158. Increased sleep

159. NOI UTRA KAALAM

1. Kaarkaalam  2. Koothirkaalam
3. Munpanikaalam  4. Pinpanikaalam
5. Ilavanirkaalam  6. Muthuvenirkaalam

160. NOI UTRA NILAM

4. Neithal  5. Palai

161. Date of Birth
162. Time of Birth
A.M / P.M

163. Place of Birth

INVESTIGATION

BLOOD

164. TC (cells /cumm):
5. M
166. Hb (gms %): □ □ □

167. ESR (mm/hr): 1. 1/2hr □ □ 2.1hr □ □

168. Blood Sugar (R) (mgs / dl) □ □ □

169. Smear study

170. Bleeding Time: □

171. Clotting Time: □

**URINE**

172. Albumin: 0. Nil □ 1. Trace □ 2. + □ 3. ++ □ 4. +++ □

173. Sugar: 0. Nil □ 1. Trace □ 2. + □ 3. ++ □ 4. +++ □

**Deposits**

1. Yes 2. No

174. Pus cells □ □

175. Epithelial cells □ □

176. RBC □ □

177. Crystals □ □

179. Ultra sonography

**180. Raasi**

13. Not Known □
181. Natchathiram

1. Aswini  
2. Barani  
3. Karthikai  
4. Rohini  
5. Mirugaseeradam  
6. Thiruvathirai  
7. Punarpoosam  
8. Poosam  
9. Ayilyam  
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

CLINICAL SYMPTOMS OF VATHA PERUMBADU

182. Head ache  
183. Body pain  
184. Back ache  
185. Complexion changes  
186. Fullness of the abdomen  
187. Abdominal pain  
188. Profuse menstrual bleeding  
189. Menstrual bleeding in reddish black colour  
190. Menstrual bleeding with offensive odour
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