

**“A STUDY OF SIDDHA DIAGNOSTIC METHODS
SPECIALLY NEERKURI, NEIKURI AND MANIKADAI
FOR ORUTHALAIIVAKATHABETHAM”**

Dissertation submitted by

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DECLARATION BY THE CANDIDATE

I hereby declare that this dissertation entitled “**A STUDY OF SIDDHA DIAGNOSTIC METHODS SPECIALLY NEERKURI, NEIKURI AND MANIKADAI FOR ORUTHALAIIVAKATHABETHAM**” is a bonafide and genuine research work done by me under the guidance and supervision of **Prof. Dr. S. VICTORIA,MD(s),** Post Graduate Department of Noi Naadal, Government Siddha Medical College and Hospital, Palayamkottai and the dissertation has not formed the basis for the award of any other Degree, Diploma, Fellowship or other similar title and contents.

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This is to certify that the dissertation entitled “**A STUDY OF SIDDHA DIAGNOSTIC METHODS SPECIALLY NEERKURI, NEIKURI AND MANIKADAI FOR ORUTHALAIIVAKATHABETHAM**” is a bonafide work done by **Dr. J. NANDHINI SHENBAGA SUBHA** (Reg. No: 321715008), Government Siddha Medical College and Hospital, Palayamkottai, inpartial fulfillment of the University rules and regulations for award of MD(s) - NOI NAADAL under my guidance and supervision during the academic year 2017-2020.

Name and Signature of the Guide:

Name and Signature of the Head of the Department:

Name and Signature of the Principal:

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1 INTRODUCTION

The Siddha system of medicine is mainly practised in the southern part of India. It is one of the earliest traditional medicine systems in the world which treats not only the body but also the mind and the soul. The word Siddha has its origin in the Tamil word Siddhi which means “an object to be attained” or “perfection” or “heavenly bliss”. The roots of this system are intertwined with the culture of ancient Tamil Civilization. Thus this system connects both spiritual and physical and treats the person as a whole i.e, it concentrates the physical, psychological, social and spiritual well being of an individual.

Siddhargal or Siddhars were the premier scholars of this system in ancient times. Siddhar's from Tamilnadu laid the foundation for Siddha system of medicine. Siddhars were spiritual masters who possessed the ashta (eight) Siddhis or unique powers. Agastyar or Agasthya, is believed to be the founding father of Siddha medicine. Eighteen siddhars are considered to be pillars of Siddha medicine. Siddha medicine is claimed to revitalize and rejuvenate dysfunctional organs that cause the disease.

The Siddhars were great seers of the ancient Tamil land and were associated with temples and worship of god. They travelled far and wide over the land in search of philosophy, medicine & Yoga. It is said that Lord shiva, the first Siddhar was the founder of this system followed by Devi, Nandhi Devar, Thanvanthiri, Asvini devar, Agasthiyar, Pulathiyar, Theraiyar, below the line mentioned by Yugi munivar in *Yugi Vaithiya Sinthamani 800* text book as follows,

“சொல்லிடவே தேவிக்குச் சதாசிவன்றான்
சொல்லவே தேவியும் நந்திக்குச் சொல்ல
நல்லிடவே நந்திதன் வந்திரிக்குச் சொல்ல
நயமுடன் தன்வந்திரியசுவினிக்கு சொல்ல
அவ்விடவே யசுவினியாத் தேவர் தாமும்

அகத்தியர்க் குரைத்திடவே யம்மு னீந்தான்
புல்லிடவே அகத்தியர்க் குபதே சிக்க
புலத்தியரும் தேரையர்க்குப் புகன்றிட்டாரே”. (16)

-தோற்ற கிரம ஆராய்ச்சியும் சித்த (மருத்துவ வரலாறும்(ப.
எண்:496)

Siddha system deals not only with medicine but also with different processes of life .It deals with body of man which is Rubanilai (gross function) aswell and the Arubanilai (Subtle form) is an integral part of universe.The saint Thirumoolar said ,our body is originating from 96 Thathuvams in the text book *Thirumanthiram* which is,

“நாலொரு கோடியே நார்ப்பத் தெண்ணாயிர
மேலு மோரைந்நூறு வேறாயடங்கிடும்
பூலவை தொண்ணூ ரோடாறுட்படுமவை
சோலிய ஐயைந்து ளாகுங் குறிக்கிலை
ஆகின்ற தொண்ணூற்றோடாறும் பொது என்பர்.”

-திருமந்திரம்

The universe made by five elements viz earth, water, fire, air and space.which are known as panjaboothams in Siddha system.

“நிலம் நீர்தீவளி விசும்போடைந்தும்
கலந்தமயக் கமுலகம் இது.” (3)

-நோய்நாடல் நோய்முதல் நாடல் திரட்டு I
ப.எண்:5

In Siddha system of medicine the three humours namely Vali, Azhal, Iyam are essential constituents of the living body which are responsible for the regulating all over the body functions. The classical siddha text *Noi Nadal Noi Muthal Naadal Thirattu* describe about three dhosa as follows,

“உயிர்க்காதாரம்உயிர்தாதெனவும்
முப்பிரிவாகி முக்குணமாகி
உடலையும் உயிரையும் மோம்பிக்காத்து

வருமென முதுமுறை வகுக்குந்துணிபே”.(3)

-நோய்நாடல் நோய்முதல் நாடல் திரட்டு.ப.எண்:66

Siddhars dealt with various diagnostic tools to point out to diagnose the diseases. These diagnostic tools were applied to the patients to rule out the of diseases.

“நாடிப்பரிசம் நாநிறம் மொழிவிழி

மலம் மூத்திரமிவை மருத்துவராயுதம்”(3)

-நோய்நாடல் நோய்முதல் நாடல் திரட்டு ப.எண்:270

Thiruvalluvar also says the diagnostic value as follow as,

“நோய்நாடி நோய்முதல் நாடி அதுதணிக்கும்

வாய்நாடி வாய்ப்பச் செயல்”.(7)

-திருக்குறள் (பாடல் எண்- 948)

So behind the treatment diagnosis is very important for success.

Noi Naadal – To find out the disease

Noi Muthal Naadal – To find out the etiology of the disease

In Classical Siddha texts like *Noi Naadal Noi Muthal Naadal*, Pulippani Panchapatchi sathirametc, deals with methodology to diagnose the diseases.

Some important parameters mostly used are

- Ezhu udal thathukkal
- En vagai thervu
- Manikkadai nool
- Neerkuri & Neikuri
- Panjapatchi

The above tools gives validate measures for diagnosing the disease.

According to Siddha system diseases are classified into 4448 types, of this One of the siddhar “*YUGI MUNI*” has classified Vatha diseases into 80 types. One among them is “*Oruthalaivakathabetham*”. In the text book of *Yugi Vaidhyasinthamani* described the numbers of vatha disease which is,

“எண்ணவே வாதமது என்பதாகும்
ஏற்றமாம் பேருடைய எழிலைக் கேளாய்
தாக்கான வாதந்தா என்பதாகும்.” (1)

-யூகி வைத்திய சிந்தாமணி

Prevalance of Headach in urban areas affecting 4.13% of population. The Southern state prevalence of primary headache is about 62% and migranious headache about 22.2%. . The worldwide prevalence of tension-type headache is approximately 40%. The most common trigeminal autonomic cephalgia is cluster headache, with a population prevalence of 0.1% and a male/female ratio of 3.5 to 7:1. In India prevalence of migraine in rural population ranges from 1.37% to 72%. It commonly affects female patients aged about 21 years. (18,19)

Patients with headache mostly affected with functionally and psychologically in day to day life. Hence the author planned to study the Siddha diagnostic tools such as Neerkuri and Neikuri, Manikadaai, Envagaithervu, Panjapatchi for *Oruthalaivakathabetham*. The data are collected and taken up for the study.

2 AIM AND OBJECTIVE

2.1 AIM:

To Study the Siddha diagnostic methods pecially Neerkuri, Neikuri and Manikkadai Nool alavu for “*Oruthalaivakathabetham*”

2.2 OBJECTIVE:

2.2.1 PRIMARY OBJECTIVE:

- To document Siddha diagnostic methods of Oruthalaivakathabetham by Neerkuri, Neikuri and Manikkadai alavu for “*Oruthalaivakathabetham*”.

2.2.2 SECONDARY OBJECTIVE:

- To document the Naadi in Oruthlaivakathabetham patients.
- To document the diagnosis based on panjapatchi.

3 REVIEW OF SIDDHA LITERATURE

Vatham is one of the three humours. Among the five elements (pancha boothas) Vatham is formed by vayu (Air) and Aagayam (sky). In a healthy individual the existence of the three humours are in the ratio 1:1/2:1/4 respectively. When the three humours are in the above said ratio, they are called as thathus and when they are deranged, they are called as kuttram.

The alteration of the above ratio may be due to environmental factors, diet, habits and lifestyle changes etc. When vatham is affected the other two thathus are also affected that leads to the pathological changes. This is known as follows.

“வாதமலாது மேனி கெடாது”(3)

நோய்நாடல் நோய்முதல் நாடல் திரட்டுI

வாதம்:

வாதம் என்பது கண்ணால் பார்க்கக் கூடியதல்ல. காற்று எப்படி ஸ்பரிசு உணர்ச்சியால் அறியப்படுகிறதோ அப்படியே சரிரத்தில் உண்டாகும் வாதமும் அது செய்யும் வேலையினாலும் மற்ற குணங்களாலும் அறியப்படுகிறது.

வாதம் இயற்கை பண்பு:

ஒழுங்குடன் தாதேழ் மூச் சோங்கி இயங்க

எழுச்சிபெற எப்பணியுமாற்ற – எழுந்திரிய

வேகம் புலன்களுக்கு மேவச் சுறுசுறுப்பு

வாகளிக்கும் மாந்தாக்கு வாயு. (8)

- (மருத்துவத் தனிப்பாடல்) –
சி.ம.சு.(ப.எண்:140)

இயற்கை நிலையில் நின்று ஊக்கமுண்டாக்கல், மூச்சுவிடல், மூச்சுவாங்கல், மனமொழி மெய்களுக்குச் செயலைத் தரல், மலம் முதலிய பதினான்கு வேகங்களை வெளிப்படுத்தல், சாரம் முதலிய ஏழு உடற்தாதுக்களுக்கும் ஒத்த நிகழ்ச்சியை தரல், ஜம்பொறிகுக்கு வன்மையை கொடுத்தல் ஆகியவற்றில் உடலுக்கு துணைபுரிகிறது.

வாதம் உடலில் செய்யும்தொழில்:

1. உடல் நோதல்
2. குத்தல்
3. பிளத்தல் போற்காணல்
4. நரம்பு முதலிய குன்றல்
5. நடுக்கல்
6. இருக்கமாதல்
7. நீர்ப் பசையின்மை(வறட்சி)
8. அசைத்தல்
9. இளைத்தல்
10. குடைச்சல்
11. தடி முதலியவற்றால் அடிப்பட்டது போன்ற வேதனை
12. உறுப்புத் தளர்ச்சி
13. உறுப்புகள் தொழில் புரியாமல் மரம் போலக்கிடத்தல்
14. மலம் சிறுநீர் முதலியன தீய்தல் அல்லது அடைபடுதல்
15. நீர்வேட்கை
16. கண்டைக்கால், தொடை முதலியன நொறுங்கிப் போவது போலத் தோன்றல்
17. எலும்புக்குள் துளைப்பது போன்ற உணர்ச்சி
18. மயிர்க்கூச் செறிதல்
19. கை கால்களை நீட்டவும் மடக்கவும் இயலாதபடி செய்தல்
20. எச்சுவையும் துவர்ப்பாய் இருத்தல் அல்லது துவர்ப்பாக வாய்நீருறல்
21. தோல், கண், மலம், நீர் முதலியன கறுத்துக் காணல்
ஆகிய இவை வாதமானது உடலிற் செய்யுந் தொழில்களாம்.

வாதம்(வளி) வகைகள்:

இஃது ஒன்றாயிருப்பினும், தன் இடம் தொழில் முதலியவற்றால் பத்து வகைப்படும். அவை : 1. பிராணன், 2. அபானன், 3. வியானன், 4. உதானன், 5. சமானன், 6. நாகன், 7. கூர்மன், 8. கிருகரன், 9. தேவதத்தன், 10. தனஞ்செயன் என்பனவாம்.

இதனை,

“முறைமையாம் பிராணனோடபானன் வியானன்

மூர்க்கமா முதானனோடு சமான னாகன்

திறமையாங் கூர்மனோடு கிருக ரன்றான்

தேவத்த னொடுதனஞ் சயனு மாகும்.” (2)

யுகிமுனி சிந்தாமணி 800-ல்

வாதரோகம் உண்டாகும் காரணங்கள்:

1. வறட்சி, சீதம் இவைகள் உள்ள அன்னபான பழக்க வழக்கங்களை அதிகமாகக் கையாளுவதாலும்
2. ஆகாரக் குறைவினாலும்
3. இலகுவான ஆகாரத்தையே சாப்பிடுவதாலும்
4. அதிகமான ஸ்திரீ சங்கத்தாலும்
5. அதிகமான கண் விழிப்பினாலும்
6. பேதிக்குச் சாப்பிடுதல், வஸ்தி எடுத்துக்கொள்ளுதல், வாந்தியெடுக்க மருந்து சாப்பிடுதல் முதலிய முறைகளில் அளவு கூடிக் குறைவதாலும்
7. இரத்தத்தை வெளிப்படுத்தும் சிகிச்சையில் அளவு மீறுவதாலும்
8. தாண்டுதல், ஓடுதல், நடத்தல், தேக அப்பியாசம் இவைகளில் அதிகமாக ஈடுபடுவதாலும்
9. வலுவுக்குமிஞ்சிய காரியங்களைச் செய்வதாலும்
10. கவலை, துக்கம், வியாதி, அதிக இளைப்பு இவைகளினால் ஏற்படும் தாதுப்டிக் குறைவதாலும்
11. மலமூத்திராதி வேகங்களை அடக்குவதாலும்
12. ஜீரணமாகாத ரஸம் ஆமவிமாக மாறுவதாலும்
13. அடிபடுவதாலும்
14. பசியை அடக்குவதாலும்
15. உயிர்நிலைகளுக்கு கெடுதி ஏற்படுவதாலும்
16. வேகமாகச் செல்லும் வாகனங்களிலிருந்து விழுவதாலும்

Yugi Munivar describes 80 types of vatha diseases, According to **Yugi Vaidhya Chinthamani, Oruthalaivagathabetham** is a disease comes under the 80 types of vatha diseases.

வாதம் எண்பதிற்கான பாடல் (வாதம்80) :

“என்னவே வாதமது எண்ப தாகும்
ஏற்றமாம் பேருடைய வெழிலைக் கேளாய்
வன்னவே தஸ்தம்பம் வாத கர்ணம்
வகையான காஸ்தம்பந் தலஸ்தம் பந்தான்

பென்னவே பூசிரவா தத்தி னோடு
பெரியகா ளாஞ்சக மூறாஸ் தம்பம்
குன்னவே லாகர்ன்னங் கிரி'கு ரி'கம்
கூறான நரித்தலையன் வாத மாமே.”

“தலைக்கும்ப வாதமொடு மலைத்த கம்பம்
தருக்கான பாணிகம்பங் கூனி வாதம்
அலையஆ குனிவாதம் அ'வ கந்தான்
அதிவாதம் உபகதம்பம் நெற்றிகுலை
கலைகன்னாச் சூலைசேவி படுவா யாகும்
கடுபக்க வாதமொடு பட்ச வாதம்
திலையபெய் வாதமொடு பிராணா லையம்தான்
செலஸ்தம்ப மொடு சந்து வாத மாமே.”

.....

“ஊக்கான கர்ணாவா தந்தன் னொடு
ஒருதலையி னவகாத வாதமுமே யாகும்
வாக்கான வாதகன்ன சூலை யொடு
மருவியதோர் பித்தகன்ன சூலை யாகுந்
தேக்கான சேட்பகன்ம சூலை யொடு
செயமத்த ருமிககன்ன சூலை தானே.”

“தானான தந்தவாயு வின்றன் னொடு
தாக்கான வாதந்தா னெண்ப தாகும்
ஆனான வரன்றனையே மதியா மாந்தர்
ஆகதிபர தேசியர்கட் கன்ன மீயார்
கோனானகுரு மொழியை மறந்த பேர்கள்
கொலைகளவு பொய்காமங் குறித்த பேர்க்கு
ஊனான சடந்தன்னில் வாதம் வந்து

உற்பவிக்கும் வேதத்தி னுண்மை தானே.” (1)

யூகி வைத்திய சிந்தாமணி(ப.எண்:76-79)

In this classification 10 types of head diseases are described. It's mentioned below.

“சீறியதோர் வாதத்தின் தலை நோக்காடு
பூணவே பித்தத்தின் தலைநோக்காடு
புகழான சிலேட்டுமத் தின்றலை நோக்காடு
சாணவே சன்னி வாதத்தின் தலைநோக்காடு
சுரரத்த பித்தத்தின் றலை நோக்காடே
நுதற் சூரியா வர்த்த மொடு சந்திராவர்த்தம்
ஊக்கான கர்ணாவாதத்தின் னோடு
ஒரு தலையின் வகாதவாதமு மேயாகும்”.

- யூகி வைத்திய சிந்தாமணி

- வாதத்தலைநோக்காடு
- பித்ததலைநோக்காடு
- சேத்துமத்தலைநோக்காடு
- சன்னிவாதத்தலைநோக்காடு
- இரத்தபித்தத் தலைநோக்காடு
- கிருமிகந்த தலைநோக்காடு
- சூரியா வர்த்ததலைநோக்காடு
- கர்ணாவர்த்த தலைநோக்காடு
- சந்திராவர்த்த தலைநோக்காடு
- ஒருதலைவகாதபேதம்

3.1 AETIOLOGY :

3.1.1 தலையில் நோய் வருவதற்கான காரணங்கள்:

“கனத்திடுஞ் சமையி னாலுங் கடுவெயிற் படுத லாலும்
நனைந்திடு மெண்ணெய் தன்மை நாட்பட முழுகலாலும்
புனக்கொடி மடநல் லாரை விடாதுறப் பல்க லாலும்
சினத்தடி படுத லாலுஞ் சிரத்தினோய் சேருந் தானே”.

“இரு செவி நாசி யூடே யீமுத லேறினாலும்

முருகவிழ் குழலீர் கானற் சுனையிடை மூழ்கினாலும்
மருவிய லகிரி யேது மயலுற வருந்த லாலும்
சிரமிசை யனேக தோ'ஞ் சேர்ந்திடுந் திருவி னல்லாய்". (4) (6)

-நாகமுனிவர் தலைநோய்
மருத்துவம். (ப.எண்-2 பாடல் 12,13)

கனத்த சுமைகளைத் தலையில் தாங்கிச் செல்வதாலும், வெயிலின் சூடு தலையில் தாங்கும்படி செய்தலாலும், எண்ணெய் முழுக்கைத் தவிர்ப்பதனாலும், பெண்களை விடாது புணர்வதாலும், தலையில் அடி படுவதனாலும், மூக்கின்றுளைகளிலும், காதின்றுளைகளிலும் ஈ முதலியன செல்வதனாலும், சுனையில் மூழ்குவதனாலும், போதையை உண்டாக்கும் பொருட்களைப் பயன்படுத்துவதாலும் தலையில் நோய்கள் உண்டாகிறது.

3.1.2 தலைவலி வர பதினான்கு வேகங்களை அடக்குதலும் காரணங்களாக உள்ளது.

அவை:

1. தும்மல்
2. மலம்
3. நித்திரை

1. தும்மல்:

“தும்மலைத் தடைதான் செய்தல்

தொகுத்திடுந் தலைநோ யுண்டாம்”

மூக்கிலிருக்கும் கிருகரணான வாயுவின் தொழிலாகிய தும்மலைத் தடுத்தல், அவ்வாயு வெம்மையுற்றை அடைந்து இலேசாகி, மேலுக்குக் கிளம்பி, தலைமுழுமையும் நோதல், இயல்பாயுள்ள இருவகையான பத்து இந்திரியங்களும் தெறித்து விழுந்து விடுவதுபோல தோன்றல் ஆகிய குறிகுணங்கள் தோன்றும்.

‘இந்திரியம் எல்லாம்’ என்பதால், கன்மேந்திரியம் ஞானேந்திரியம் என்னும் பத்தும் ஆகும்.

2. மலம்:

“மலமதை யடக்கி னாலே

மலந்தனை வாயு தள்ளும்

சலதோட முழங்காலின்கீழ்த்

தன்மையாய் நோவுண்டாகும்

தலைவலி மிகவுண்டாகும்”

மலத்தை கீழ்த்தள்ளும் தொழிலையுடைய அபான வாயுவில் செயலை எதிர்த்து மலத்தை அடக்கினால் அவ்வபானம் பெருகி அடக்கப்பெற்ற மலத்தை தள்ளும். அவ்வளியின் தண்மையூற்றால் சலதோடம், முழங்காலின் கீழ்த்தன்மையான நோய் ஆகிய இவை உண்டாகும். அவ்வளியே வெம்மையூற்றால் மேலுக்கு கிளம்பி தலையிற் சேர்ந்து தலைவலித்தல், ஒலியுடன் கீழ்க்கால் பறிதல், உடல் வன்மை குறைதல் ஆகிய இவற்றுடன் வேறுபல நோய்களும் தோன்றும்.

வாயுவால் மலச்சிக்கலும் தலைவலியும் உண்டாம் என்பதை ‘வாயுவினாலே மலசலங்கட்டிடும்’ எனும் திருமுலர் வாக்கினாலும்,

“கண்ணிரண்டும் நீர்சொரியும் காணுந்தலைநோயும்”

என்னும் வியாசர் 80 என்னும் நூலாலும் அறியலாம்.

3. நித்திரை- தூக்கம்:

“நித்திரை யடங்கிப் போக

நிகழ்த்திடு கருமங் கேளாய்

நித்தமுந் தலைக்க னப்பு” (8)

- சித்த மருத்துவாங்கச் சுருக்கம்

தூக்கத்தை அடக்கினால், நாள்தோறும் தலைக்கனம், கண்கள் சிவத்தல், செவிடு, தெளிவற்ற பேச்சுமுதலியன உண்டாகும்.

3.2 ELUCIDATION OF THE DISSERTATION TOPIC

According to Yugi Vaithiya Chithamani Oruithalaivakathabham has been described

3.2.1 ஒருதலைவகாதபேதம்

பகரான ஒருதலையை பாதி நொந்து
பகழி கொண்டு மௌலிதனை பிளந்தார்போல்
நிகரான கண்ணுநீர் பாய்ந்து காந்தி
நெடு மூச்சி விட்டுமே நினைந்து காந்தி
திகரான சடந்தானும் திடுக்குண்டாகித்
சிணுக் கிருமலாகியே பசி காணாது
வகரான வாதமாய் மயிர் கூச்சமாகும்
வாகாத பேதத் தோர் தலைவலியுமாமே. (2)

-பூகிமாமுனிவர் வைத்திய சிந்தாமணி 800

(ப.எண்-128) பாடல் எண்-335

தலையின் ஒருபாதி மட்டும் நொந்து, கபாலத்தை கம்பு கொண்டு பிளந்ததுபோல வலிக்கும். கண்ணில் நீர் பாய்ந்து நெடுமூச்சு உண்டாகும். உடல் திடுக்குண்டாகும். சிறுஇருமல் உண்டாகும். பசிஇருக்காது, மயிர்க்கூச்சம் உண்டாகும். இவை ஒரு தலைவலிக்குள்ள குணங்களாகும்.

LINES OF THE POEM	MEANING
ஒரு தலையின் பாதி நொந்து- தலையின் ஒரு பக்கம்	Pain in one side of the head
பகழி- ஆயுதம், அம்பு	Violent
மௌலிதனை பிளந்தார் போல்	Splitting pain in head
கண்ணுநீர்- கண்ணீர்-	Lacrimation
காந்தி- உஷ்ணம்	Heat
நெடுமூச்சுவிட்டுமே- பெருமூச்சு விடுதல்	Deep respiration
திடுக்குண்டாகி- திடுக்கிடுதல்	Trembling of the body

சிணுக்கிருமல்- அற்ப இருமல், விட்டு விட்டு அடிக்கடி காணும் சொற்ப இருமல்	Short and frequent feeble cough, Hacking cough.
பசிகாணாது -பசிஇருக்காது	Loss of appetite
மயிர்கூச்சமாகும்-மயிர் சிலிர்த்தல்	Horripilation (hair standing on ends)

Table 1: Symptoms of oruthalai vakatha betham

T.V Sambasivam pillai Dictionary

T.V. Sambasivam pillai (5)

3.3 ELABORATION ON SYMPTOMATOLOGY OF ORUTHALAI VAKATHA

BETHAM

Other Texts also explained this disease under in various headings they are,

- 1) நேத்திர வாதம் - வாதநோய் மருத்துவம்
- 2) ஒருதலை வாதம் - பரராசசேகரம்
- 3) கபால வாயு - தன்வந்திரி வைத்தியம்
- 4) ஒருதலைநோவு - தேரையா' வாகடம்
- 5) அர்த்தாவபேதம் - சரபேந்திர வைத்திய முறைகள்
- 6) ஒற்றைத்தலைவலி - சிகிச்சாரந்தீபம்
- 7) வாதகர்ண சூலைரோகம் - சரபேந்திர வைத்திய முறைகள்

3.3.1 NETHIRA VATHAM:

As mentioned in vatha noi maruthuvam

“புருவச்சுழியில் மிகக் குத்தி புண்போல் நோவாய் தலைகனத்து

ஒருபக்கத்தே கடுதாசி ஓடியடங்கும் சிரம் தன்னில்

பெருகக் கண்கள் விழிநொந்து போய் பிரியவொட்டாது

நெரியக்குத்தும் பொய்க்கண்ணும் நேத்திர வாதமிதுவாமே...(14)

- வாதநோய் மருத்துவம்(ப.எண்:54)

டாக்டர்.S.சிதம்பரதாணுப்பிள்ளை

இருபுருவங்களின் சுழியில் குத்தல் ஏற்பட்டு புண்போல் வேதனை தோன்றும். தலைக்கனம் ஒரு பக்கமாகத் தோன்றி தலை முழுவதும் படர்ந்து நிற்கும். கண்விழிகளில் வேதனை ஏற்பட்டு, கண்களை திறக்கமுடியாமல் ஆக்கிவிடும். குத்தல், குடைச்சல் தோன்றும்.

3.3.2 ORUTHALAI VATHAM:

As mentioned in pararasa sekaram

“பற்றிய வாதபேதஞ் சிரசினிற் பாதி தன்னில்

உற்றுமே நொந்து பின்னுமுச்சியைப் பிளந்தாப்போலச்

செற்றிடுங் கண்ணீர் பாய்ந்து திடுகியே வலிகுத்துண்டாம்

மற்றிது வாதத்தன்னிலொரு தலை நோவென்பேராம்”(17)

- 291 – பரராசசேகரம்

எட்டாவது வாதரோக நிதானம்

வாதமானது சிரசினைப் பற்றி சிரசின் பாதி நொந்த பின் உச்சியை பிளந்தாற்போல் வலித்து கண்ணீர் பாய்ந்து குத்து வலியுண்டாகும்.

3.3.3 KABALA VAYU:

As mentioned in Dhanvanthri Vaidhyam

“சேரு நரம்புமோர் புறத்திறீறிருந்து வாயுவது பொருந்தித்

சாறுங் கபாலத்தோர் புறத்தைத் தளரயிடித்து மிக வலிக்குஞ்

சோறு மயக்கஞ் கண் மயக்குஞ் சுரமுங் குளிர்முண்டாகும்

பாருங் கபால பாரிசத்திற்திருக்கும் வாயுவலி யாகும்.” (15)

- தன்வந்திரி வைத்தியம் பாகம் I
(கபாலரோகநிதானம்) (ப.எண்:133)

கபாலத்தின் ஒரு புறத்தில் வாயு தங்கி நின்று அந்த ஒரு புறத்தில் குத்து வலியையுண்டாக்கும். வயிறு மந்திக்கும். கண்களும் மயங்கும். சுரம், குளிர் இவைகளும் ஏற்படும். இவை கபால வாயுவின் குறிகுணங்களாகும்.

3.3.4 ORUTHALAI NOVU:

As mentioned in Theraiyar Vagadam

“பெருகிய கழுத்துப் பிராண தாரையில்

மருவி வியாதியை வகையறச் சொல்லுவேன்

உச்சியில் வாதம் ஒரு தலை நோவு

உச்சியில் பொடுகு முதிர்ந்திடு சூலை

சூரியவாதம் கழற்புழுவெட்டு

புரியகடிவக பக்கமற் கடிவகம்

சந்திரரோகம் தலையிழி சூலை

.....

.....

மற்றும் வியாதிவர்க்கம் பலப்பல.

- தேரையர் வாகடம்

3.3.5 ARTHAAVABETHAGAM:

As mentioned in Sarabenthra vaidhiya Muraigal

தலையினொரு பக்கத்தில் பிளப்பது போன்ற குத்துவலி உண்டாகும். இந்த நோய் பதினைந்து நாட்களுக்கு ஒருமுறையோ (அ) ஒரு மாதத்திற்கு ஒருமுறையோ உண்டாகித் தானாகவே குறைகிறது. இதற்குத் தகுந்த சிகிச்சை செய்யாவிட்டால் அது கண்களையோ அல்லது காதுகளையோ நாசமாக்கும்.(12)

- சரபேந்திர வைத்திய முறைகள்,
(வாத ரோக சிகிச்சை)

3.3.6 OTRAITHALAIVALI:

As mentioned in Chikitcharathnathebam

இது சிரசின் ஒருபக்கத்திலுள்ள நரம்புகளில் வியாபித்து செவிகளிரண்டையும் பிளந்தாற்போல் நோயுண்டாக்கும். அப்போது கண்ணீர்ததும்பல், பெருமூச்சு, திடுக்கிடல், சிணுக்கிருமல், பசியின்மை, ரோம சிலிர்ப்பு முதலியவற்றை உண்டாக்கும். (11)

- சிகிச்சாரத்தீபம்

இரண்டாம் பாகமாகிய வைத்திய சிந்தாமணி.

3.3.7 VATHA KARNA SOOLAI ROGAM:

As mentioned in Sarabenthira vaidhya muraigal

ஒருதலைவலி, குளிர்ச்சியில் விருப்பமின்மை, (உஷ்ணமான திரவ பதார்த்தங்களை காதுகளில் விட ஹிதமாக இருக்கும்) முதலியவைகளுடன் காதுகளிலிருந்து நீர் கொஞ்சமாக கசியும். நாளடைவில் காதுகள் அழன்று சீழ் வெளிப்படும். சில சமயங்களில் சப்தத்தைக் கேட்க இயலாது. மேலும், எறும்புகள் ஊறுவது போன்ற பிரமையும உண்டாகும். (12)

3.4 SIDDHA PHYSIOLOGY

Siddha system is a part of Indian Medicines, Siddha system is not a medicine to treat a disease only, and it also gives more importance to prevent the diseases, all the preventive measures said by our Siddhars mentioned in their literatures.

“உறுதியாம் பூதாதி யோரைந்தாம்
உயர்கின்ற பொறியைந்து புலனைந் தாகும்
கறுதியாய் கன்மவிந் திரிய மைந்தும்
படிதான ஞானவிந் திரிய மைந்தும்
திறுதியாந் தீதாய கரணம் நான்கும்
திறமான வறிவொன்றும் நாடி பத்தும்
மறுதியாம் வாயுவது பத்து மாகும்
மகத்தான விடயமஞ்சு கோச மஞ்சே” (1)

- யூகி வைத்திய சிந்தாமணி

All physiological functions of human beings based on 96 Thathuvas, and pathological changes in human beings it will be diagnosed by Kanmenthriyankal, Gyanenthriyankal, Imporigal, Uyir thathukkal, Udal thaathukkal & Envagaitervugal, based on Siddha literatures.

3.4.1 VATHAM

The term Vatham denotes vayu, dryness, pain, flatulence etc., Based on functions and locations it is classified into 10 types. They are,

Pranan (Uyirkaal)

It is mainly responsible for respiration and it is necessary for proper digestion and utilisation of the food material.

Abanan (Keezh nokkunkaal)

Responsible for all downward forces such as voiding of urine, stools, semen, menstrual flow etc.,

Viyanan (Paravukaal)

Dwells in the skin and is concerned with the sense of touch, extension and flexion of the parts of the body and distribution of the nutrients to various parts of the body.

Uthanan (Melnokkukaal)

Responsible for all kinds of upward motion such as nausea, vomiting 30

Samanan (Nadukkaal)

Considered essential for proper digestion, assimilation and carries the digested nutrients to each and every organ.

Nagan

Helps in opening and closing of the eyes

Koorman

Responsible for yawning, vision and lacrimation.

Kirugaran

Induces appetite, salivation, all secretions in the body including nasal secretion and sneezing.

Thevathathan

Induces and stimulates a person to become alert, get anger, to quarrel, to sleep, to become lazy etc.

Dhananjeyan

Resides in the cranial cavity and produces bloating of the body after death This leaves from the body after 3 days forming a way through the skull bone.

3.4.2 PITHAM

Pitham is formed by the element, fire (thee). It maintains the body heat for normal physiology. Pitham signifies the function of thermogenesis, metabolism, digestion, formation of various secretions and excretions and also given colour to skin and blood.

Five types of pithams are

PITHAM	FUNCTIONS
1. Analagam	Responsible for digestion
2. Ranjagam	Gives nutrition to blood.
3. Sathagam	Responsible for willful activities.
4. Prasakam	Gives luster to skin
5. Alosakam	Gives strength to eyes

Table 2: Functions of Pitham(3)

3.4.3 KABAM

It is responsible for the stream line functions of the body and body's defence chanism to be intact. It is classified in to 5 types.

Table 3: Normal functions of kabam(3)

1	Avalambagam	Lies in the respiratory organs, exercises authority over other kaphas and controls the heart and circulatory system.
2	Kilethagam	Found in stomach as its seat, moistens the food, softens and helps to be digested.
3	Pothagam	Held responsible for the sensory perception of taste
4	Tharpagam	Present in the head and is responsible for the coolness of the eyes sometimes referred to as cerebrospinal fluid.
5	Santhigam.	Necessary for the lubrication and the free movements of joints.

3.4.4 UDAL KATTUGAL

Once the functional elements (Vatham, Pitham and Kapham) are upset repercussions are felt immediately over the components by altering the nature of somatic components.

1. Saaram (Digestive essence)

It is responsible for the growth and development. It keeps the individual in good temperament and it enriches the blood.

2. Senneer (Blood)

It is responsible for the intellect, nourishment, strength, vigour and valour of the body.

3. Oon (Muscle)

It gives lookable contour to the body as needed for the physical activity. It feeds the fat next day and gives a sort of plumpness to the body.

4. Kozhuppu (Fat)

It smoothes the organs to facilitate frictionless function.

5. Enbu (Bones)

Supports and protects the organs, bestows a definite structure to the body and responsible for the posture and movement of the body.

6. Moolai (Bone marrow. Brain)

It nourishes the bone (marrow) and the brain is the center of every other system of the body.

7. Sukkilam or Suronithan

Responsible for reproduction.

Pathological aspect of Udal Kattugal:

S.NO	Udal Kattugal	Increased features	Decreased features
1	Saaram	Leads to a disease identical to the increase in kabam like loss of appetite profuse salivation depression etc.,	Loss of weight, lassitude, dryness of the skin and diminished activity of sense organs
2	Senneer	Colic pain, increased blood pressure, reddish eye and skin, jaundice, haematuria	Tiredness, lassitude and anaemia
3	Oon	Extra growth around the neck face, abdomen, thigh, genitalia etc.,	Muscle wasting
4	Kozhuppu	Identical features of increased oon associated with dyspnoea on exertion	Hip pain, liver enlargement emaciation
5	Enbu	Excessive ossification and dentition	Weak bone and nails
6	Moolai	Weariness of the body and eye, swollen interphalangeal joints, oliguria and healing ulcer	Osteoporosis and Blurred vision
7	Sukkilam (or) Suronitham	Increases sexual activity, urinary calculi etc.,	Pain in the genitalia failure to reproduce

Table 4: Increased and Decreased features of udal kattugal (3)

3.4.5 **IMPORIGAL:**

Organ	Sense
Mei (Skin)	Touch
Vaai (Mouth-tongue)	Taste
Kan (Eye)	Vision
Mooku (Nose)	Smell
Kadhu (Ear)	Hearing

Table 5: Sensory organs (8)

3.4.6 **KANMENTHIRIYAM:**

- Kai (Upper limb)- All manoeuvres
- Kal (Lower limb)- Walking
- Vai (Mouth)- Speaking
- Eruvai (Anal orifice) - Defaecation
- Karuvai (Reproductive orifice)- Reproduction

3.4.7 **Kosangal:**

- Anna maya kosam- The Physical body made up of seven thathus
- Pranmaya kosam- The conjunction of Pranan and the kanmundriyas
- Manomaya kosam- The conjunction of mind and the five Gnanendriyas
- Vignana maya kosam - The conjunction of the puththi (intellect) and the Gnanendriyers
- Ananthamaya kosam - The conjunction of Arana vayu and suzhuthi (entire sensibility)

3.4.8 **Thinai (Land or Place)**

Generally, the nilam has been classified into five. They are

1. Kurinchi

Mountain and its surrounding areas (Hilly terrain) – kabam disease

2. Mullai

Forest and its surrounding areas (Forest ranges) – pitham disease

3. Marudham

Agricultural land and its surrounding areas (Cultivable lands) -

4. Neithal

The Sea shore and its surrounding areas (Costal belts) –vatha disease

5. Paalai

Desert and its surrounding areas (Arid zone) – All three humours are affected

3.4.9 KAALAM:

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

1. PERUMPOZHUDHU :

The year is divided into six seasons. They are,

1. **Kaarkalam** - Monsoon season (August 16-October 15)
2. **Koothir** - Post monsoon season (October 16-December 15)
3. **Munpani** - Early winter season (December 16-February 15)
4. **Pin pani** - Late winter season (February 16-April 15)
5. **Ilavenil** - Early summer season (April 16-June 15)
6. **Mudhuvenil** - Late summer season (June 16 – August 15)

2. 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), Erpadu (Afternoon).

The each perumpozhuthu and sirupozhuthu is associated with the three humours naturally.

S.No	Kalam	Kuttram	State of Kuttram
1.	Kar Kalam (Avani & Purattasi)	Vatham Pitham	Vettrunilai valarchi Thannilai valarchi
2.	Koothir Kalam (Iypasi & Karthigai)	Vatham Pitham	Thannilai valarchi Vettrunilai valarchi
3.	Munpiani Kalam (Margazhi & Thai)	Pitham	Thannilai adaithal
4.	Pinpani Kalam (Masi & Panguni)	Kapham	Thannilai valarchi
5.	Elavenir Kalam (Chithirai & Vaikasi)	Kapham	Vettrunilai valarchi
6.	Mudhu Venir Kalam (Aani & Aadi)	Vatham	Thannilai valarchi

Table 6: Seasonal Distribution of Three humours (3)

3.4.10 ATHARANGAL:

S.No	Aatharangal	Panchaboothangal
1.	Moolatharam	All panchaboothangal
2.	Swathishtanam	Mann Kooru
3.	Manipooragam	Neer Kooru
4.	Anagatham	Thee Kooru
5.	Vishuthi	Kaatru Kooru
6.	Aakinai	Aagayam Kooru

Table 7:Aatharam and Panjabootham (8)

3.5 SIDDHA PATHOLOGY

3.6 PINIYARIMURAIMAI (DIAGNOSIS) OF ORUTHALAI VAKATHA BETHAM IN SIDDHA ASPECT:

According to Siddha system 4448 types of diseases in human beings and each one of the disease has been diagnosed by Noi varum vali, Poriyalarithal, pulanal arithal, vinathal, Uyirthatthukkal, Udalthaathukkal, Ganmenthriyam, Gyanenthiriyam, Envagaithervugal etc..

The method adopted to find out a disease in siddha is known as piniyarimuraimai.

It is based on the following principles,

- ✓ Poriyar arithal
- ✓ Vinavuthal
- ✓ Uyir thatthukal
- ✓ Udal Kattukal
- ✓ Aatharangal
- ✓ Kanmenthriyam
- ✓ Envagaithervugal

1. PORIYALARITHAL:

Porigal	Affected in Oruthalaivakathabetham
Mei (Skin)	Horripilation
Vaai (Mouth-tongue)	-
Kan (Eye)	Lacrimation and Burning sensation of eyes
Mooku (Nose)	Deep respiration
Kadhu (Ear)	-

Table 8: Pathology of Imporigal

2. VINATHAL:

The Physician take history of patients name,age,occupation,native,socio-economic status, complaints, history of previous illness, history of present illness, frequency of illness, family history, Diet & habits, if the patient is in the stage of Inability to speak ,physician should interrogate the details with his relatives who are taking care of him.

UYIR THAATHUKKAL:

VATHAM

Vatham	Physiological functions	In Oruthalaivakathabham
Pranan	Pranan is a state of vaayu, Responsible for respiration,digestion,belching	Deep respiration Loss of appetite
Abanan	Act with downward movement	Constipation
Viyanan	Regulates all other vayus, Spreads all over the body,give functions to all organs and responsible for movement and flexion extension of body parts.	-
Uthanan	States in chest,navel, neck, nose, Responsible for strength of the body.	Vomitting
Samanan	Regulates all other vaayus	Affected
Nagan	Responsible for all eye functions	Horripilation

Koormam	Responsible for all eye functions and yawning and closure of mouth	Lacrimation,Burning sensation of eyes
Kirukaran	Responsible for Tongue,sneezing,coughing	Frequent and feeble cough
Devathathan	States of kutham,kuiyam.Laziness,anxiety,angry,arguments	Anxiety,Angry
Dananjeyan	Bulging from nose to all over the body,sounds in ear,after death of third day vaayu will be released.	-

Table 9:Pathology of Vatham

PITHAM

Pitham is thermal life force of the body,

Pitham	Physiological functions	In Oruthalaivakathabham
Anarpitham	States of heat,give appetite and helps in digestion	Indigestion and disturbances in appetite
Ranjagapitham	Increase the blood and gives colour to blood	Anemia present
Sathagapitham	Makes the works complete, what minds thinks to do,Which controls the whole body.	Affected due to can't concentrate to anything
Prasagapitham	Which gives complexion to the skin	Horripilation

Alosagapitham	Which responsible for all the functions of eye	Lacrimation and Burning sensation of eyes
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Table 10: pathology of Pitham

KABAM

It is responsible for the streamline functions of the body,

Kabam	Physiological Functions	In Oruthalaivakathabetham
Avalambagam	States of lungs, controls other four types of kabam	Frequent and feeble cough
Kilethagam	States of Intestine, moistens food	Constipation present
Tharpagam	States in head, and keep the eyes cool	Burning sensation of eyes
Pothagam	Which gives taste	Not affected
Santhigam	Which lubricates and aids free movements of the joints	Not affected

Table 11: Pathology of Kabam

UDAL KATTUKAL:

There are seven udal thathukkal in human body.

Udal kattugal	Migu Gunam	Kurai Gunam
Saarm	Loss of appetite, Nausea	-

	Sleeping disturbances,cough	
Seneer	Loss of appetite,Burning sensation	-
Oon	-	-
Kozhuppu	Deep respiration Frequent and feeble cough	-
Enbu	-	-
Moolai	-	Unable to see the bright light
Sukilam/ Suronitham	-	-

Table 12:Migu and Kurai Gunam of Udal kattukal

KANMENTHRIYANGAL

Kanmenthriyangal	Physiological functions	In Orthalaivakathabetham
Kai	Responsible for all works done by hand	Not affected
Kaal	Help to walking	Not affected
Vaai	For Speaking	Not affected

Karvai	For Reproduction	Not affected
Eruvai	For Defecation	Constipation

Table 13: Pathology of Kanmenthriyam

IMPORIGAL

IMPORIKAL	Physiological functions	In Oruthalaivakathabham
Mei	Feels the sensation of touch	Horripilation
Vaai	Responsible for mastication	Not affected
Kan	Responsible for eye sight	Lacrimation, Burning sensation of eyes
Mokku	Responsible for taste sensation	Nausea
Sevi	Responsible for hearing	Not affected

Table 14: Pathology of Imporigal

AATHARANGAL:

S.No	Aatharangal	Panchaboothangal	Affected in Oruthalaivagathabedham
1.	Moolatharam	All panchaboothangal	Affected
2.	Swathishtanam	Mann	Headache, Horripilation (hair standing on ends)
3.	Manipooragam	Neer	

4.	Anagatham	Thee	Burning of eyes,Lacrimation,Loss of appetite
5.	Vishuthi	Kaatsu	Short and frequent feeble cough, Hacking cough.
6.	Aakinai	Aagayam	Pain in one side of the head,Trembling of the body

Table 15: Pathophysiology of Oruthalaivakathabham based on Aatharangal &Panchaboothangal

3.6.1 ENVAGAI THERVUGAL (EIGHT DIAGNOSTIC TOOLS)

The unique diagnostic principle in siddha system of medicine is ‘Envagai Thervugal’. Siddhars describe in many of their literatures that “Envagai Thervugal” is an instrument for a siddha physician to examine and diagnose a patient.

“நாடிப் பரிசம் நா நிறம் மொழி விழி
மலம் மூத்திர மிவை மருத்துவ ராயுதம்”

“மெய்க்குறி நிறத்தொளி விழிநாவிருமலம் கைக்குறி” (3)

- தேரையர்

- நோய்நாடல் நோய் முதல்நாடல் திரட்டு

பாகம்- I, ப.எண்: 270

- Naadi - Pulse
- Sparisam - Palpation
- Naa - Tongue
- Niram - Colour
- Mozhi - Speech
- Vizhi - Eyes
- Malam - Faeces
- Moothiram - Urine

1. Naadi:

Pulse can be felt at one inch below the wrist on the radial artery by palpating it with the physician's tip of index, Middle and ring fingers corresponding Vatham, Pitham, Kabham respectively.

The normal ratio of 1: ½: ¼ Vatham: Pitham: Kabham. This ratio is altered can caused by disease.

Naadi may be studied at ten places in the body which are heel, genital organs, abdomen, chest, ear, nose, neck, hand, temporal and vertex.

“தாது முறைகேள் தனித் தகுதிச் சந்தோடு
ஒதுறு காமிய முந்திநெடு மார்பு
காது நெடுமுக்குக் கண்டம் கரம் புருவம்
போதுறு முச்சிபுகழ் பத்தும் பார்த்திடே” (3)

- திருமூலர் நாடி நூல்

- நோய்நாடல் நோய் முதல்நாடல் திரட்டு

பாகம்- I, ப.எண்: 126.

2. Sparisam

By sparisam the temperature of the skin, smoothness and roughness, sweat, dryness, hard patches, swelling, abnormal growth, tenderness and nourishment can be felt.

3. Naa

Examination of the tongue for its colour, coating, dehydration, dryness, deviation, sensory changes, fissure, ulcer, conditions of the tooth and gums are noted.

4. Niram (Colour)

Pallor, cyanosis, yellowish and other discolouration of the skin should be noted. The type of body is confirmed by the skin colour whether in black (Vatha), red or yellow (pitha), white (Kaba) and mixed colours (mixed humours).

5. Mozhi (Speech)

In examination of speech, the higher or low pitched voice, slurred speech, aphasia, dysarthria, nasal speech, hoarseness of voice can be noted.

6. Vizhi (Eye)

Discolouration of eyes, swelling, lacrimation, ulceration of eye lids, falling of eye lashes, vision, conjunctiva and pupils can be examined.

7. Malam (Faeces)

Nature, quality, colour, odour, froth and abnormal consistency, constipation, diarrhoea, presence of blood, mucus, pus, undigested matter, tenesmus etc can be noted.

8. Moothiram (Urine)

The examination of urine is classified into two types. They are

- a) Neer Kuri - Physical examination of urine.
- b) Nei Kuri - Oil examination.

a. NEERKURI

The urine analysis is done in siddha system according to five parameters.

“வந்த நீக்காரி எடை மணம் நுரை எஞ்சலென்
றைந்தியலுளவவை யன்றகுது முறையே”

- தேரன் நீக்குறி நெய் குறிநூல்
- நோய்நாடல் நோய் முதல்நாடல் திரட்டு
பாகம்- I, ப.எண்: 282

- Niram - It indicates the Colour of urine
- Manam - It indicates the smell of urine
- Eadai - It indicates specific gravity of Urine
- Nurai - It indicates froth of urine
- Enjal - It indicates quantity of Urine

In addition frequency, urgency, hesitancy of micturation, painful burning micturation any sedimentation and any associated discharge can be analysed.

b. NEIKURI

The urine sample was collected and examined within one and half hours. The urine of the patient was analysed by dropping a drop of Gingelly oil at the center of upper surface of urine bowl without any shaking. It should be ensured that the direct

sunlight does not fall on it, but bright light is necessary for observation. And it should not be disturbed by the wind. The changes of the oil drop in urine suggest the condition of the patient.

“நிறக்குறிக் குரைத்த நிருமாண நீரிற்
சிறக்க வெண்ணெய்யோர் சிறுதுளி நடுவிடுத்
தென்றுறத் திறந்தொலி ஏகாதமைத்ததி
னின்றதிவலை போம் நெறிவிழியறிவும்
சென்றது புகலுஞ் செய்தியை யுணரே.”

- நோய்நாடல் நோய் முதல்நாடல் திரட்டு

பாகம்- I, ப.எண்: 298

If the drop of oil,

- lengthens like a snake it indicates Vatha disease
- spreads like a ring it indicates Pitha disease
- Appears like a pearl, it indicates Kapha disease

4 MODERN ASPECT

4.1 ANATOMY OF SKULL :

The skull is a bony structure that supports the face and forms a protective cavity for the brain. It is comprised of many bones, formed by intramembranous ossification, which are joined together by sutures (fibrous joints). These joints fuse together in adulthood, thus permitting brain growth during adolescence.

The bones of the skull can be divided in to two groups:

- Cranium (Which can be subdivided the skullcap known as the calvarium, and the cranial base).
- Face

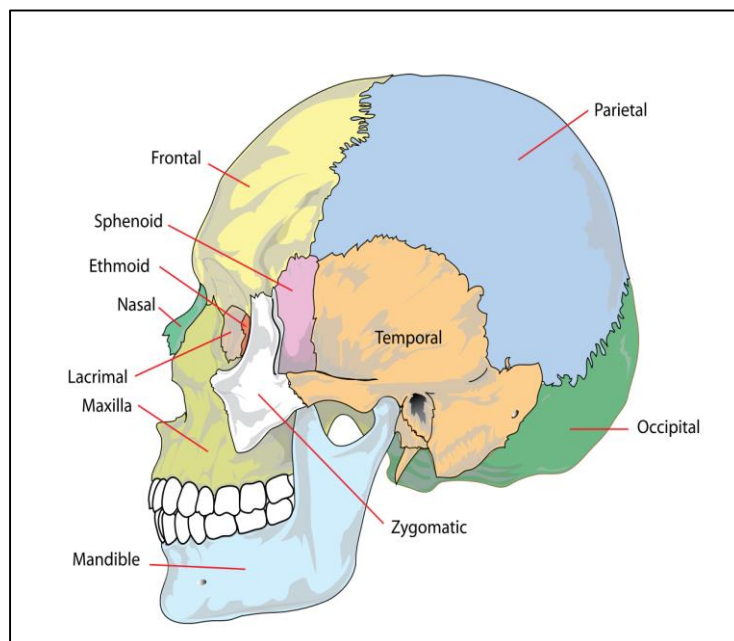


Figure 1: Anatomy of skull Bones

4.1.1 The Cranium:

The cranium (also known as the neurocranium), is formed by the superior aspect of the skull. It encloses and protects the brain, meninges and cerebral vasculature.

Anatomically, the cranium can be subdivided into a roof (known as the calvarium), and a base.

- **Calvarium:** Comprised of the frontal, occipital and two parietal bones.
- **Cranial base:** Comprised of six bones- the frontal, sphenoid, ethmoid, occipital, parietal and temporal bones. These bones are important as they provide an articulation point for the 1st cervical vertebra (atlas), as well as the facial bones and the mandible (jaw bone).(27)

4.1.2 The Face:

The facial skeleton (also known as the viscerocranium) supports the soft tissues of the face. In essence, they determine our facial appearance.

It consists of 14 individual bones, which fuse to house the orbits of the eyes, nasal and oral cavities, as well as the sinuses. The frontal bone, typically a bone of the calvaria, is sometimes included as part of the facial skeleton,

The facial bones are,

- **Zygomatic (2)** – Forms the cheek bones of the face, and articulates with the frontal, sphenoid, temporal and maxilla bones.
- **Lacrimal (2)** – The smallest bones of the face. They form part of the medial wall of the orbit.
- **Nasal (2)** – Two slender bones, located the bridge of the nose.
- **Inferior nasal conchae (2)** – Located within the nasal cavity, these bones increase the surface area of the nasal cavity, thus increasing the amount of inspired air that can come into contact with the cavity walls.
- **Palatine (2)** – Situated at the rear of oral cavity, and forms part of the hard palate.
- **Maxilla (2)** – Comprises part of the upper jaw and hard palate.
- **Vomer** – Forms the posterior aspect of the nasal septum.

- Mandible (jaw bone) – Articulates with the base of the cranium at the temporomandibular joint (TMJ).

4.1.3 Sutures of the skull

Sutures are a type of fibrous joint that are unique to the skull. They are immovable, and fuse completely around the age of 20.

Sutures are of clinical importance, as they can be points of potential weakness in both childhood and adulthood.

The main sutures in adulthood are:

- **Coronal suture** - which fuses the frontal bone with the two parietal bones.
- **Sagittal suture** – which fuses both parietal bones to each other.
- **Lambdoid suture** – which fuses the occipital bone to the two parietal bones.

In neonates, the incompletely fused suture joints give rise to membranous gaps between the bones, known as fontanelles. The two major fontanelles are the frontal fontanelle (located at the junction of the coronal and sagittal sutures) and the occipital fontanelle (located at the junction of the sagittal and lambdoid sutures).(27)

4.2 ANATOMY OF BRAIN

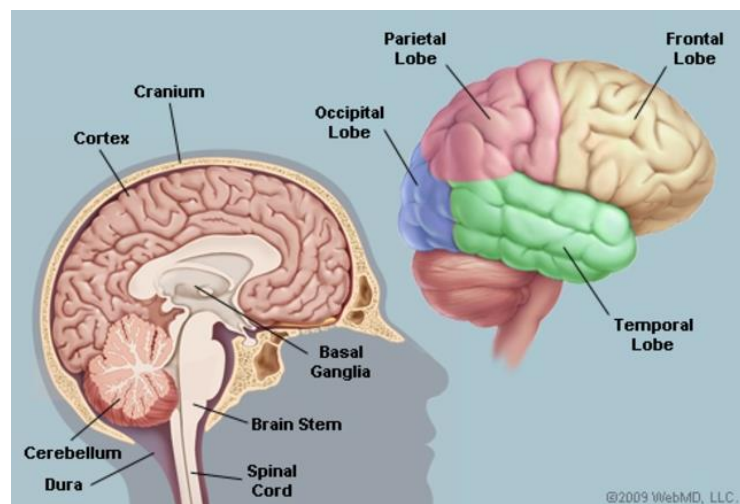


Figure 2: Anatomy of Brain

The **brain** has three main parts: the cerebrum, cerebellum and brainstem.

Cerebrum: Is a largest part of the **brain** and is composed of right and left hemispheres. It performs higher functions like interpreting touch, vision and hearing, as well as speech, reasoning, emotions, learning, and fine control of movement.

The adult human brain weighs on average about 1.2–1.4 kg which is about 2% of the total body weight, The cerebrum, consisting of the cerebral hemispheres, The outer region of the hemispheres, the cerebral cortex, is grey matter, consisting of cortical layers of neurons.

Each hemisphere is divided into four main lobes – the **frontal lobe, parietal lobe, temporal lobe, and occipital lobe**. Three other lobes are included by some sources which are a *central lobe*, a limbic lobe, and an insular lobe. The central lobe comprises the precentral gyrus and the postcentral gyrus and is included since it forms a distinct functional role.

Brainstem: Brainstem resembling a stalk, attaches to and leaves the cerebrum at the start of the midbrain area. The brainstem includes the midbrain, the pons, and the medulla oblongata. Behind the brainstem is the cerebellum

The cerebrum, brainstem, cerebellum, and spinal cord are covered by three membranes called meninges. The membranes are the tough dura mater; the middle arachnoid mater and the more delicate inner pia mater. Between the arachnoid mater and the pia mater is the subarachnoid space and subarachnoid cisterns, which contain the cerebrospinal fluid. The outermost membrane of the cerebral cortex is the basement membrane of the pia mater called the glia limitans and is an important part of the blood–brain barrier. The living brain is very soft, having a gel-like consistency similar to soft tofu. The cortical layers of neurons constitute much of the cerebral grey matter, while the deeper subcortical regions of myelinated axons, make up the white matter. The white matter of the brain makes up about half of the total brain volume.

4.3 CEREBRAL CIRCULATION

Circulation of blood through a network of cerebral arteries and veins supplying the brain. The rate of cerebral blood flow in an adult human is typically 750 milliliters per minute, or about 15% of cardiac output. Arteries deliver oxygenated blood, glucose and other nutrients to the

brain. Veins carry "used or spent" blood back to the heart, to remove carbon dioxide, lactic acid, and other metabolic products.

Because the brain would quickly suffer damage from any stoppage in blood supply, the cerebral circulatory system has safeguards including autoregulation of the blood vessels. The failure of these safeguards may result in a stroke. The volume of blood in circulation is called the cerebral blood flow. Sudden intense accelerations change the gravitational forces perceived by bodies and can severely impair cerebral circulation and normal functions to the point of becoming serious life threatening conditions. (23)

4.4 THE CIRCLE OF WILLIS IS A PART OF THE CEREBRAL CIRCULATION AND IS COMPOSED OF THE FOLLOWING ARTERIES:

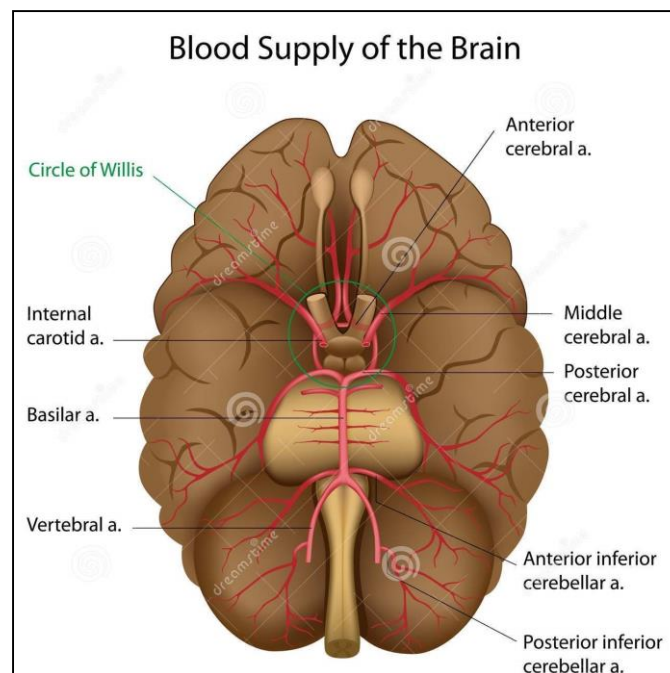


Figure 3: Blood supply of the Brain

- Anterior cerebral artery (left and right)
- Anterior communicating artery
- Internal carotid artery (left and right)
- Posterior cerebral artery (left and right)
- Posterior communicating artery (left and right)

The middle cerebral arteries, supplying the brain, are not considered part of the circle of Willis.

4.5 VENOUS DRAINAGE OF BRAIN:

The veins of cerebrum are responsible for carrying blood from the brain tissue, and depositing it in the dural venous sinuses.

They can be divided into **superficial** and **deep** groups, which are flamboyantly arranged around the gyri and sulci of the brain. Upon exiting the cerebral parenchyma, the veins run in the **subarachnoid space** and pierce the meninges to drain into the dural venous sinuses.

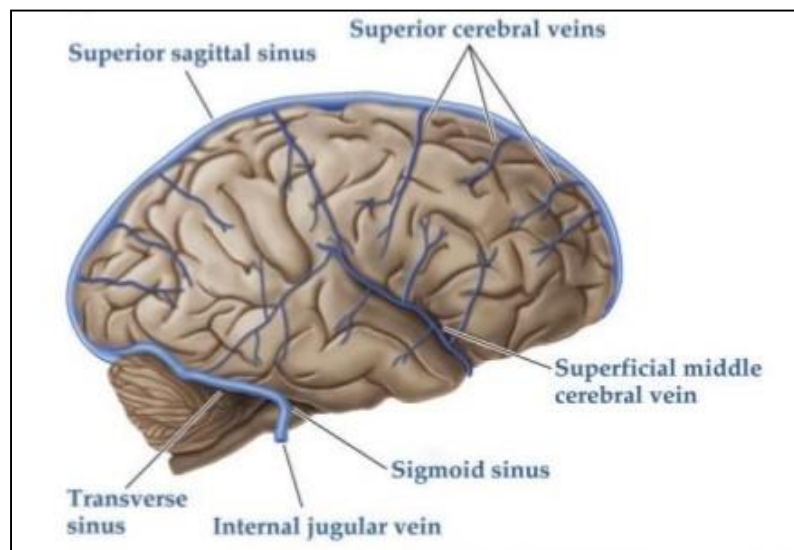


Figure 4: Venous drainage of brain

Superficial System

The superficial system of veins is largely responsible for draining the cerebral cortex:

- **Superior cerebral veins:** Drain the superior surface, carrying blood to the superior sagittal sinus.
- **Superficial middle cerebral vein:** Drains the lateral surface of each hemisphere, carrying blood to the cavernous or sphenoplatine sinuses.
- **Inferior cerebral veins:** Drain the inferior aspect of each cerebral hemisphere, depositing blood into cavernous and transverse sinuses.
- **Superior anastamotic vein (Trolard):** Connects the superficial middle cerebral vein to the superior sagittal sinus.

- **Inferior anastamotic vein** (Labbé): Connects the superficial middle cerebral vein to the transverse sinus.

Deep System

- **Subependymal veins** – There are numerous subependymal veins, which will not be described here in detail. These receive blood from the medullary veins and carry it to the dural venous sinuses. The **great cerebral vein** (vein of Galen) is worthy of a mention; it is formed by the union of two of the deep veins, and drains into the straight sinus.
- **Medullary veins:** Originate 1-2cm below the cortical grey matter, and drain into subependymal veins. These drain the deep areas of the brain. (23)

4.6 HEADACHE

Headache is one of the most common and yet the most difficult clinical problem encountered by the physician. Though the term headache can mean pain anywhere in the head, it is usually confined to pain arising in the region of the cranial vault. Most often headache is a symptomatic expression of some minor ailment, mental tension or fatigue and in vast majority of cases, the cause is non-neurological. Occasionally, it is of sinister significance, indicative of serious intracranial disease.(26)

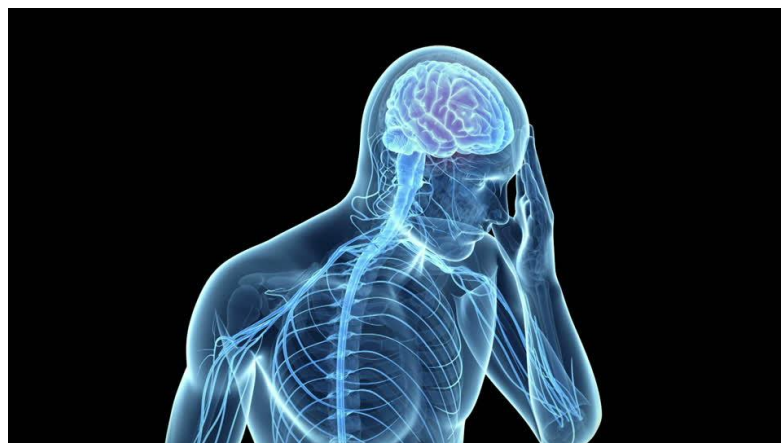


Figure 5: Schematic Representation of Headache

Pain in the head may arise from different structures, which include:

- The cranial vault consisting of skin, subcutaneous tissue, muscles, arteries and periosteum of skull

- Intracranial venous sinuses and their tributaries
- Intracranial arteries before they penetrate brain parenchyma
- Meninges at the base of the brain
- Trigeminal, glossopharyngeal, vagal and the first three cervical nerves
- Structures of eye, ear and nasal cavity.

CLASSIFICATION:

The classification of headache is into three major categories. (26)

- Primary headache
- Secondary headache
- Painful cranial neuropathies and other headache disorders.

TYPES OF PRIMARY AND SECONDARY HEADACHE:

PRIMARY HEADACHE		SECONDARY HEADACHE	
Type	Percentage	Type	Percentage
Tension type	69	Systemic infection	63
Migraine	16	Head injury	4
Idiopathic stabbing	2	Vascular disorders	1
Exertional	1	Subarachnoid hemorrhage	<1
Cluster	0.1	Brain tumor	0.1

Table 16: Types of primary and secondary headache:

EXTRACRANIAL AND INTRACRANIAL PAIN SENSITIVE STRUCTURES:

External pain sensitive structures	Intracranial pain sensitive structures
Sinuses	Arteries of circle of willis and proximal dural arteries
Eyes/orbits	Dura venous sinuses,veins
Ears	Meninges
Teeth	Dura
Temporomandibular joints	
Blood vessels	
5,7,9 and 10 cranial nerves carry pain from these structures	

Table 17:Pain sensitive structures of Intra ana Extra cranial (26)

4.6.1 PRIMARY HEADACHE:

Migraine:

The most common form of vascular headache is migraine (megrim means hemicranial). Migraine is characterized by episodic, throbbing hemicranial headache, beginning in childhood, adolescent or early adult life with a tendency to decrease in intensity and frequency as age advances. It is estimated that 5% of the population suffers from migraine. Women are slightly more affected. In many cases a positive family history is elicitable

Current thinking has moved away from vascular dysregulation as a primary cause of migraine .It is now believed that vasodilation and vasoconstriction are probably epiphenomena and that neuronal dysfunction is the possible primary driver in the pathophysiology of the disorder.

MIGRAINE WITH AURA OR CLASSIC MIGRAINE:

Here, the episode begins with prominent neurologic symptoms (auras) such as visual disturbances like dazzling zig-zag lines, spreading scotoma, homonymous hemianopia, field defects or rarely total blind ness sensory disturbances affecting one-half of the

body, disturbances of speech or hemiparesis. These neurologic symptoms last for 15-30 minutes and usually merge into a hemicranial or generalized throbbing headache with nausea and vomiting, all of which may last even for 1-2 days. In the majority of cases the duration is much shorter. Many complain of photophobia and phonophobia during the attacks.

MIGRAINE WITHOUT AURA OR COMMON MIGRAINE:

Here, there is no preceding neurological symptom, but there is unheralded onset of headache, nausea and vomiting following the same sequence.

Diagnosis of both classic and common types of migraine is made mainly from history. Long duration of illness, onset during childhood, positive family history and relief with ergot derivatives are in favor of migraine. Migraine has to be differentiated from other organic disorders such as raised intracranial tension, subarachnoid haemorrhage (SAH) and arteriovenous malformations (AVM)

TENSION HEADACHES:

They may be either episodic or chronic are the most common headaches and include muscle contraction, headache, stress headache and psychogenic headache. The sensation is often described as the pressure exerted by a tight hat. The pain is mild to moderate, bilateral and does not worsen with normal physical activity. This group can be further subdivided into two:

- 1) Those with abnormalities of the pericranial muscles, detected by palpation or demonstrating overactivity by electromyographic studies
- 2) Those without such abnormalities.

Muscle contraction headaches may also be secondary to localized disease of the head, temporomandibular joint (TMJ) dysfunction, cervical spondylosis, eye muscle disorders and sinus diseases. Treatment of such headaches consists of attention to any removable underlying cause, use of sedatives, altering the lifestyle and relaxing techniques such as biofeedback, meditation and leisure activities.

4.7 SECONDARY HEADACHE:

Systemic infections:

Headache is a common accompaniment of systemic viral infections such as influenza. It is also common with sepsis more rarely it may accompany other systemic infections, In intracranial infections, headache is usually the first and most frequently encountered symptoms.

5 MATERIALS AND METHODS

5.1 STUDY PLACE:

Outpatient, post graduate department of Noi naadal at Government siddha medical college and hospital, Palayamkottai, Tirunelveli.

5.2 STUDY DESIGN:

Observational study.

5.3 SAMPLE SIZE:

40 Cases were selected for this study.

5.4 STUDY PERIOD:

24 MONTHS

5.5 SELECTION OF PATIENT:

The patients will be selected as per the inclusive and exclusive criteria after getting the subject consent. Patients are selected from OPD PG department of Noi Naadal.

5.6 SELECTION OF CRITERIA:

5.6.1 INCLUSION CRITERIA:

GROUP 1

- Age between 15 – 65.
- Gender – Both.
- Unilateral headache.
- Watery eyes and burning sensation of eyes
- Splitting pain.

GROUP 2

- Anorexia
- Horripilation
- Mild to severe pain on head
- Deep breath
- Frequent and feeble cough

Patients presenting with symptoms of Group 1 and any of 2-3 Symptoms of Group 2 were included in the study.

5.6.2. EXCLUSION CRITERIA:

- Suryavartham
- Chandravartham
- Thalaikudaichal vatham
- Mensturation period
- Pregnant and lactating women
- Tumours

5.6.2 WITHDRAWAL CRITERIA:

During the course of the study if the patient could not cooperate to conduct the study the investigator will be remarked the probable case of withdrawal. In the circumstances of discontinuation of the study related all data will be erased and the withdrawn subjects will be replaced by new subjects according to inclusion and exclusion criteria.

5.7 ENROLMENT OF PARTICIPANTS:

- In the study, patients reporting at the PG Noi naadal OPD of Government siddha medical college, Palayamkottai, Tirunelveli. With the clinical symptoms of “Oruthalaivakathabetham” will be referred to the research group. Those patients will be screened by using the screening proforma and examined clinically for enrolling in the study based on inclusion and exclusion criteria. Based on the

inclusion criteria the patient will be included first and excluded from the study on the same day, if they hit the exclusion criteria.

- The patients who are to be enrolled would be informed about the study, and the objectives of the study in the language and terms understandable for them.
- After ascertaining the patient's willingness a written informed consent would be obtained from them in the consent form.
- All these patients will be given unique register card in which patients register number of the study, address, phone number and doctors phone number will be given so as to report to research group easily, if any complication arises.
- Complete clinical history, complaints and duration, examination findings all would be recorded in the prescribed proforma.

5.8 PLAN FOR DATA COLLECTION

Data was collected from the patients with the help of designed proforma on the basis of Noi Kurippu Cheetu (case sheet model) from the text book of Noi Nadaal Noi Muthal Naadal Thiratu to aid brief analysis of Symptoms, Duration, Past present history, affected Uyir Thatukkal, Udal Thathukkal, Thegiyin Ilakkanam, Envagaithervu and to diagnose the disease Oruthalaivakathabham by means of Panjapatchi sasthanam.

Relevance of diagnosing the disease Oruthalaivakathabham by Neerkuri and Neikuri, Manikkadai alavu along with its scientific background is the primary objective of the study.

5.9 LAB INVESTIGATIONS DURING THE STUDY:

The patient will be subjected to basic laboratory tests which is necessary during the study at free of cost at Government Siddha Medical College and Hospital, Palayamkottai, Tirunelveli.

Blood:

- TC
- DC
- ESR
- Hb

- Blood Sugar
 - Fasting
 - Post Prandial
- Blood urea
- Serum Creatinine
- Serum Cholesterol

Urine:

- Albumin
- Sugar
- Deposits

OTHER INVESTIGATIONS:

CT Scan
MRI
EEG

5.10 DATA MANAGEMENT:

- After enrolling the patient in the study, a log book maintained for each patient, some of special details will be filled in the log book. Study Number and Patient Number will be entered on the log book for easily identification, the log book signed by concern staff on the particular day and arranged in a separate rack of the concerned OPD unit. Whenever study patient visits OPD during the study period, the respective patients log book will be taken and necessary recordings will be made at the assessment form. Screening form will be maintained.
- The Data recording will be monitored for completion and adverse event by HOD and Faculty of the department. Any missed data found during the study, it will be collected from the patient, but the time related data will not be recorded retrospectively.
- All collected data will be entered in MS Excel software of computer.

5.11 STATISTICAL ANALYSIS:

All collected data will be entered in MS Excel software by the investigators. Descriptive analysis will be made and necessary tables/graphs generated to understand the profile of the patient included in the study.

5.12 ETHICAL CONSIDERATIONS

- The study was carried out after getting ethical approval from **IEC-Institutional Ethical Committee and after registering in CTRI -Clinical Trial Registry of India**. The study was carried out under the supervision and guidance of faculties and HOD of the department.
- Other than this, the following measures were followed to keep up the ethical considerations:
 - The data collected from the patient was kept confidential.
 - Informed consent was obtained from the patient after explaining in the understandable language to the patient.
 - After the consent of the patient (through written consent form) was enrolled in the Study.
 - This study involves only the necessary investigations.
 - Patients were given the right to withdraw from the study at any point of time during the study period.
 - No other unwanted investigations were done.
 - Normal treatment procedure followed in GSMC &Hospital was prescribed to the study patients.
 - There was no infringement on the rights of patient.
 - Sterile circumstance was maintained during lab investigation procedures.

6 DIAGNOSTIC METHODOLOGY

Evaluation of Clinical Parameters:

The detailed history and clinical features are documented carefully.

1. History:
2. Age
3. Occupation
4. Marital status
5. Religion
6. Family history
7. Diet and Personal activities
8. Yakkai and Gunam
9. Noiutra Nilam and Noiutra Kaalam

Documentation of Clinical Features of “ORUTHALAI VAKATHA BETHAM”:

It is carried out on the basis of interpretation of the following SiddhaDiagnostic Principles.

1. UyirThathukkal
2. UdalThathukkal
3. EnnvagaiThervugal
4. ManikkadaiNool
5. Panjapatchi

ENNVAGAI THERVUGAL CONSTITUTES:

“நாடிப்பரிசம் நாநிறம் மொழிவிழி
மலம் மூத்திரமிவை மருத்துவராயுதம்”. (3)

1. Mei kuri :

By Mei kuri the following symptoms are observed. The temperature of the skin (heat or cold), sweating, numbness, fissures, thickening of hairs, hair falling, hair erection, ulcers, swelling, weight loss and weight gain.

2. Naa :

Tongue colour (black, red, yellow, white) coating of tongue, excessive salivation, dryness, ulcers, nature of gums, teeth, taste mouth deviation, speech are noted.

3. Niram :

Body colour (black, yellow, white, red, blue) flush, pallor, yellow colour in eyes and teeth are observed.

4. Mozhi :

Pitch of voice (high, low, normal) hoarseness of voice, fluency, intelligence, articulation, character, breathlessness are observed.

5. Vizhi :

Eyes easily reflect the pathological changes of the body. Size and shape, colour (red, yellow, pallor blue, muddy), lacrimation, dryness swelling of eyelids, ulceration, visual field, sharpness of vision, colour of vision, inflammation (ulcer in conjunctiva, cornea, pupil) are observed

6. Malam :

Colour (Yellow, red, black, white, green), froth, solid or semisolid or liquid, quantity, odour are noted.

7. Moothiram :

Urine is observed under 2 headings

1. Neerkuri

2. Neikuri

“அருந்துமாறிரதமும் அவிரோதமதாய்
அ.கல் அல்தல் அகாலவூன் தவிர்ந்தழற்
குற்றளவருந்தி உறங்கி வைகறை

ஆடிக்கலசத் தாவியே காது பெய்
தொருமுகூர்த்தக் கலைக்குட்படு நீரின்
நிறக்குறி நெய்க்குறி நிருமித்தல் கடனே.” (3)

NEERKURI:

Urine was collected from the patient; it was then left for a few seconds undisturbed. General features like Colour (Niram), Smell (Manam), Edai (Specific Gravity), Froth (Nurai), Enjal (Quantity and Deposits) were noted.

NEIKURI:

- The urine sample was collected and examined within one and half hours. The urine of the patient was analysed by dropping a drop of Gingelly oil at the center of upper surface of urine bowl without any shaking.
- It should be ensured that the direct sunlight does not fall on it, but bright light is necessary for observation. And it should not be disturbed by the wind. The changes of the oil drop in urine suggest the condition of the patient.

General Nature of Urine in Oil Examination:

- If the oil drop takes the shape of a snake (Aravu), It indicates Vali disease.
- If it spreads like a ring (Ahzal) it indicates Azhal disease.
- If it stands like a pearl (Muthu) it indicates Iya disease.
- If any two factors of the three humours are seen together in the urine it suggests derangement of particular two humours. Eg. AravilAazhi indicates ValiAzhal.
- If the oil drop spreads fast, it will indicate Asaathiyam.

Naadi:

“பார்க்கவே கைபிடித்து நாடி தன்னைப்
பகர்ந்திடவே நெட்டையது வாங்கிப் பின்னுஞ்
சேர்க்கவே மணிக்கட்டு மேல தாகச்
சிறப்புடனே நாடிதன்னை விரலாற் காண
தீர்க்கவே அழுத்திப்பின் தளர்த்தி யேதான்
திறமுடனே விரல்களையு மாறி மாறி
ஆர்க்கவே நாடிதன்னைப் பார்ப்பா யானால்

அப்பனே நாடிநடை தெரியும் தானே.”

- (வைத்திய சாரசங்கிரகம்)

Naadi is very important tool. Diagnosis of the disease by assessing naadi gives a best way to treat the diseases. Vali Naadi is felt in tip of the index finger. Ahzal naadi is felt in tip of the middle finger. Iya naadi is felt in tip of the ring finger.

DIAGNOSIS OF UYIR THATHUKKAL:

Abnormal change in these three mukuttram lead to abnormal changes in structure, function and behaviour of various body organs. These changes are listed below

MUKUTTRAM	INCREASE	DECREASE
VATHAM	Tremors, Distended abdomen, constipation, weakness, insomnia	Body pain, feeble voice, diminished competence of intellectual functions, syncope etc...
PITHAM	Yellowish discoloration of eyes, skin, urine and motion polyphagia, poydipsia, burning sensation all over the body,	Decreased appetite, cold, pallor, symptoms associated with defective growth of kabam
KABHAM	Loss of appetite, excessive salivation, heaviness, excessive musculature, dyspnoea,excessive sleepiness.	Prominence of bony edges, dry cough, lightness, profuse, sweating, palpitation.

Table 18:Uyir Thathukkal (3)

DIAGNOSIS OF UDAL THATHUKKAL:

S.N	UDAL THATHUKKAL	INCREASED FEATURES	DECREASED FEATURES
1.	SAARAM	Leads to disease identical to increase in kabam like loss of appetite, saliva secretion, depression.	Loss of weight, lassitude, dryness, of the skin and dimished activity of the sense organs.
2.	SENNEER	Increased blood pressure, reddish eye and skin, jaundice, haematuria.	Tiredness, lassitude, and Anaemia
3.	OON	Excessive muscle growth around the neck , cheek, abdomen, thigh, external genitalia.	Muscle wasting
4.	KOZHUPPU	Identical features of increased oon associated with dyspnoea for exertion	Hip pain, liver enlargement and emaciation
5.	ENBU	Excessive ossification and	Osteoporosis and sunken

		dentition	Eyes
6.	MOOLAI	Weariness of the body and eye, swollen interphalangeal joints, oliguria and rarely healing wound	Osteoporosis and Blurred vision
7.	SUKKILAM/ SURONITHAM	Increased sexual activity, urinary calculi	Pricking pain in genitalia and impotence or infertility

Table 19:Udal Thathukkal (3)

GENERAL PROCEDURE FOLLOWED TO TAKE MANIKKADAI NOOL MEASUREMENT:

Apart from eight fold examination our masters were practised remarkable method of diagnosis by *Manikkadai Nool*(Agathiyar Sudamani Kairu Suththiram).

“மணிக்கடை நால்விரல் தள்ளி வன்மையாய்
தணிக்கிடைக்கயறு போட்டளந்து பார்க்கையில்
கணித்திடும் விரல்தனைக் கண்டு சொல்லவே
பிணித்திடும் நோய்களைப் பிரித்துரைக்குமே” (3)

The subjects were supposed to be seated in their comfortable position.

According to text reference “*MANIKKADAI NAAL VIRAL THALI VANMAIYAI...*” the participants were asked to place their four fingers except thumb without bending or deviation beside wrist joint and the measurement just below that four finger breadth was taken.



Figure 6:Manikkadai nool alavu

- Measuring side- (Right and left)
- Measuring surface- (Palmar and Dorsal)
- Measuring joints - (Metacarpo Phalangeal joints and Inter Phalangeal)
- Measuring thread of Manikkadai Nool – Panjavarna thread (27)

PANJAPATCHI:

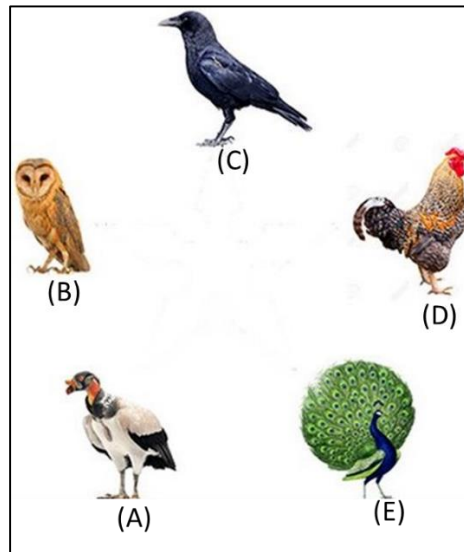


Figure 7: Panjapatchi Birds

- Falcon
- Owl
- Crow
- Hen
- Peacock

Pancha – Pakshi Shastram is very popular in south India especially in Tamil Nadu. Pancha-Pakshi Shastra is based on ancient literature in Tamil language. Pancha means five and Pakshi means Bird. The Pancha-Pakshi system has some resemblance to the Pancha-Bhuta (Five elements) system of Vedic Astrology. It is believed that the Five Elements represented by five birds, influence and control all the actions of human beings. (20)

The five birds in the Pancha-Pakshi Shastra are:

- Falcon
- Owl
- Crow
- Hen
- Peacock

S.NO	BIRDS ACTIVITY
1	Rule (Arasu)
2	Eat (Onn)
3	Walk (Nadai)
4	Sleep (Thuyil)
5	Dead (Saavu)

Table 20: Activity of birds

These five birds take their turns in a special sequence and radiate their powers during day and night. The power that takes effect first on a day or night and the sequence that follows depends on the day of the week and the Paksha (waxing half or waning half cycles) of the Moon.

One of the five birds is assigned to every human being as the controlling power based on the Birth Star of the person and the Paksha of the Moon at the time of birth. The activity of this Main Bird at a given point of time and the activity of the Sub-Bird at that time and the relationship between them indicates whether the time will be beneficial and lucky for the person or not. It helps selection of auspicious time and also for answering queries (Prasna). The birds are considered most powerful when they rule and least powerful when they die.

S.NO	BIRDS	VALARPIRAI	THEIPIRAI
1	Falcon	Thee	Mann
2	Owl	Kattru	Neer
3	Crow	Maan	Thee
4	Hen	Neer	Kaatru
5	Peacock	Aagayam	Aaagayam

Table 21: Birds in valaipirai and Theipirai (21)

To find out your Birth Pakshi (Nakshatra Pakshi) you have to know your birth star according to Vedic Astrology and the Paksha of the Moon at the time of your birth. The half of the Lunar Cycle when the Moon increases in size and reaches the Full Moon (Pournami) is called Sukla-Paksha and the other half of the cycle when the size decreases until the New Moon is called the Krishna-Paksha. Birth

Stars are based on the longitude of Moon and are 27 in number from Aswini to Revati. Once you know the Birth Star (Nakshatra) and the Paksha you can find your Nakshatra Pakshi (Bird)

The five birds rule certain days of the week and the days when your bird rules are considered good for you. Also, the days on which your bird is least powerful (death days) will be least useful for you. It is best not to undertake important tasks or take decisions on such days. The ruling days and death days also depend on the Paksha of the day you are considering for an activity. While death days of a bird are same for day as well as night, the ruling days are different for day and night

During Sukla-Paksa (between fullmoon day and newmoon day)

Each day of 12 hours is divided into five equal portions and given to different activities of the birds. Within each portion, the time is further allocated to other birds called apahara birds and their activities. The duty cycles follow complex and intricate logic of Pancha-Pakshi Shastra. The Pancha-Pakshi Shastra is not to be confused with '*Pakshi Shastra*' practiced by nomads in India where they use a parrot to pick a card from a deck to predict the future. (20,21)

7 OBSERVATION AND RESULTS

40 patients were selected from outpatient department (OPD), of Government Siddha Medical College & Hospital, Palayamkottai.

7.1ASSESSMENT OFGENERAL CRITERIA

- Age
- Sex
- Diet
- Beverage Habits
- Sleep

7.2ASSESSMENT OF CLINICAL FEATURES

- Symptoms of the patients
- Location and type of pain
- Duration and time of onset
- Episodes of pain

7.3ASSESSMENT OF UYIRTHATHUKKAL

7.4ASSESSMENT OF UDAL THATHUKKAL

7.5ASSESSMENT OF ENVAGAITHERVU

7.6ASSESSMENT OF MANIKKADAI NOOL

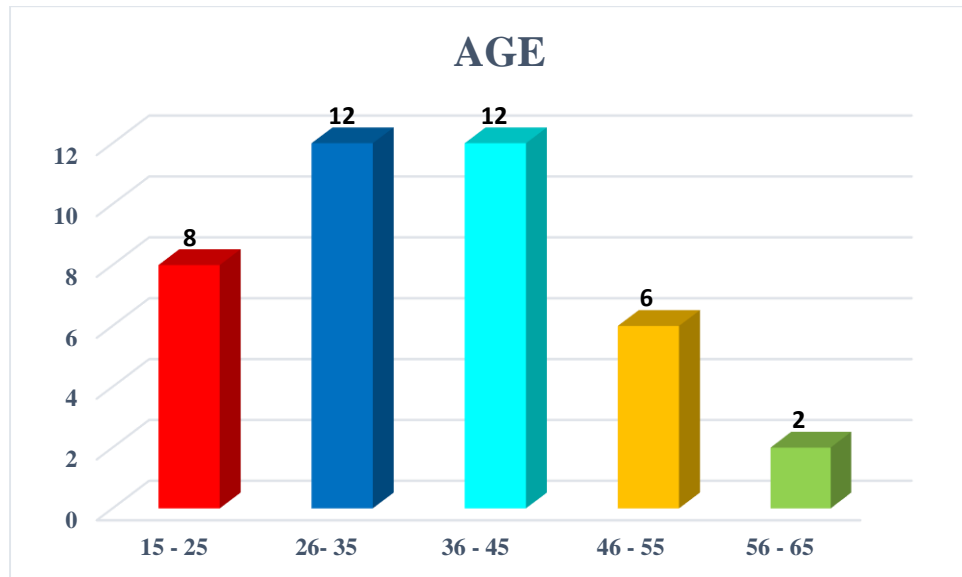
7.7ASSESSMENT OF PANJAPATCHI SASTHIRAM

7.7ASSESSMENT OF SIDDHA PARAMETERS

- Noiutra Nilam and Kaalam
- Gunam
- Iymporigal
- Kanmaenthiriam
- Kosam

7.1 ASSESSMENT OF GENERAL CRITERIA:

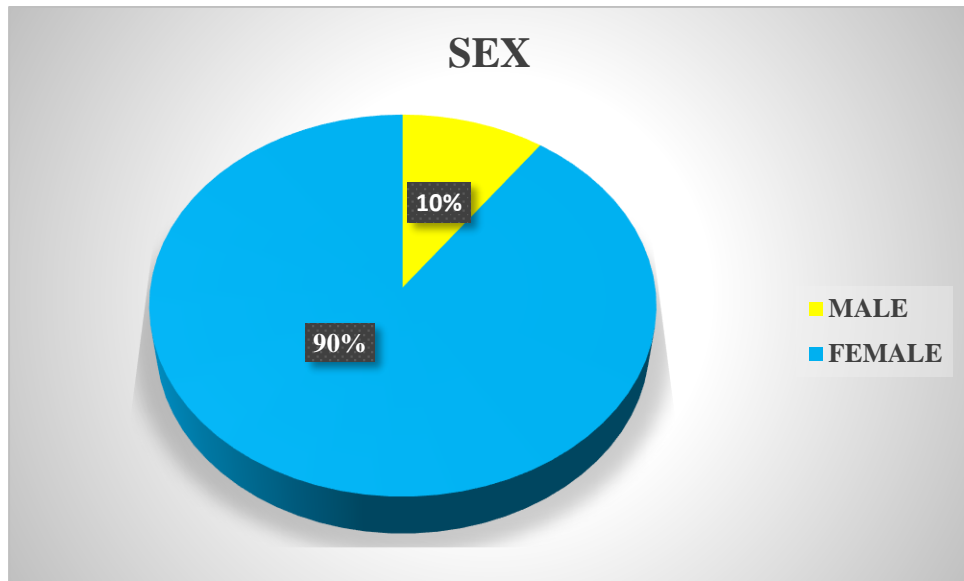
7.1.1 AGE:



INFERENCE:

Among 40 cases, Most of the patients 12 (30%) were found in the age group of 26-45.

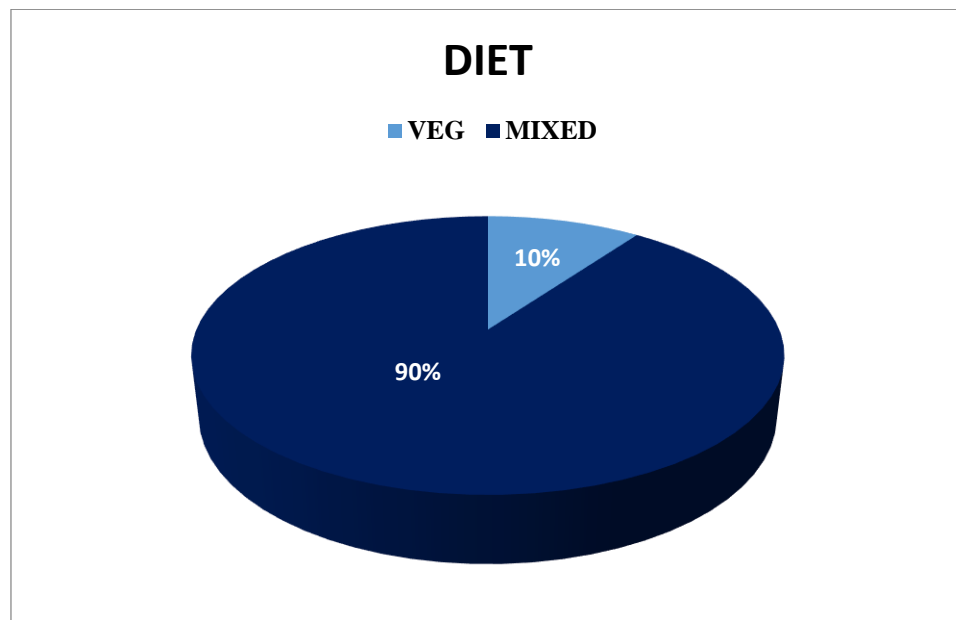
7.1.2 SEX:



INFERENCE:

In this study, 90% of patients were female, 10% patients were male.

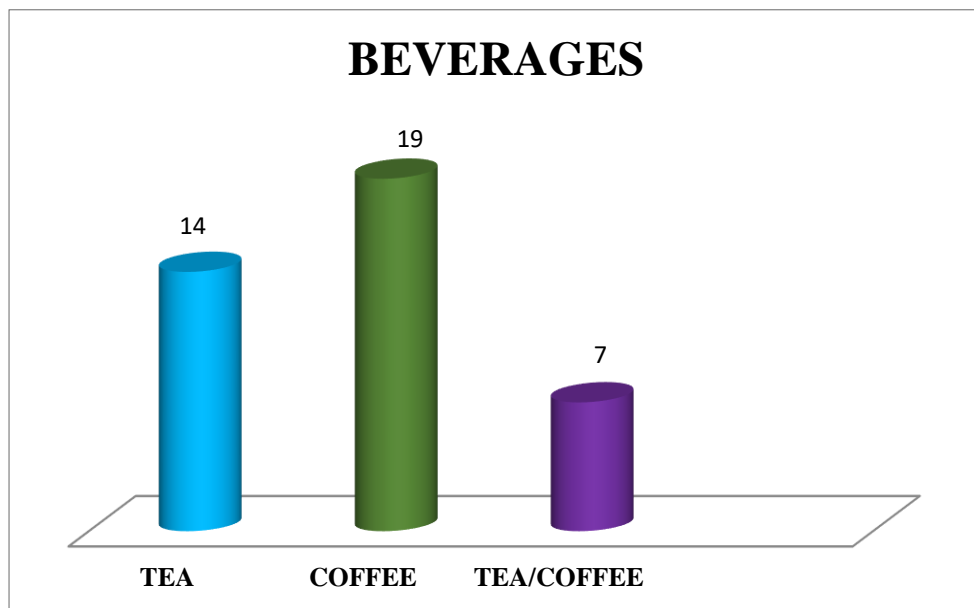
7.1.3 DIET:



INFERENCE:

Out of 40 cases, 90% of patients had mixed dietary habit.

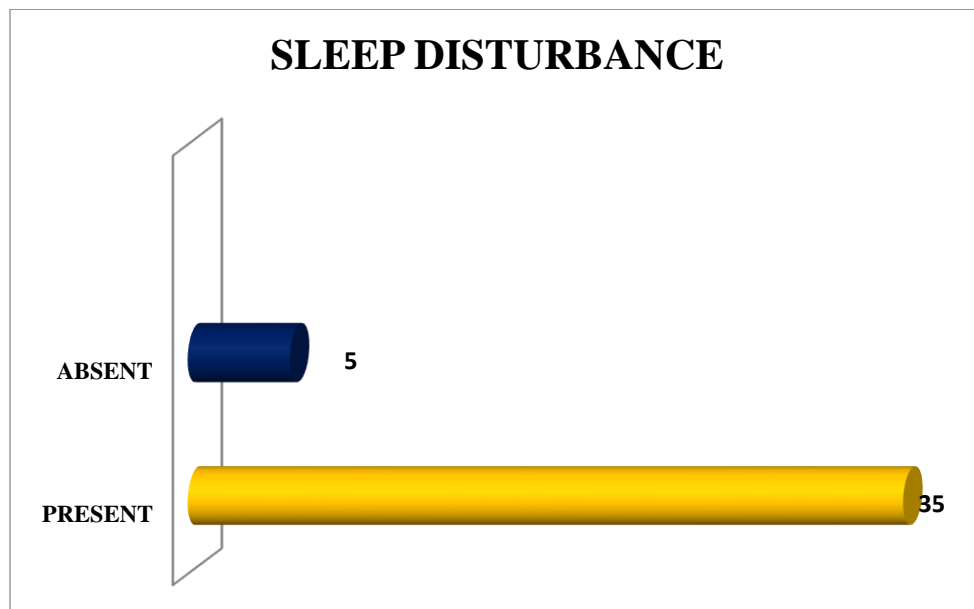
7.1.4 BEVARAGE HABITS:



INFERENCE:

Out of 40 cases, 47.5% of patients are the habitual coffee intakers.

7.1.5 SLEEP:

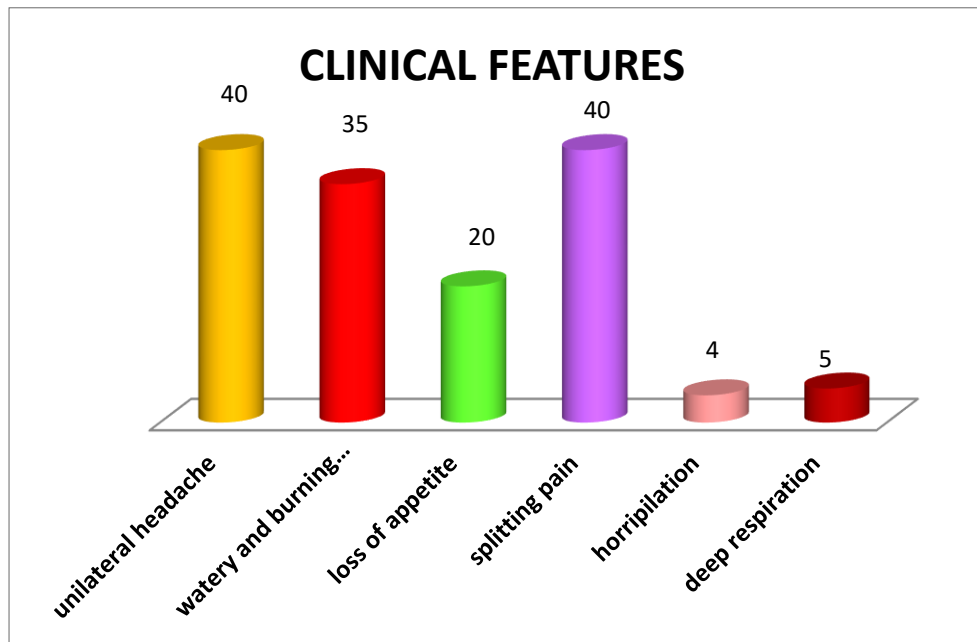


INFERENCE:

Out of 40 cases, 87.5% of patients have sleeping disturbance.

7.2 CLINICAL FEATURES:

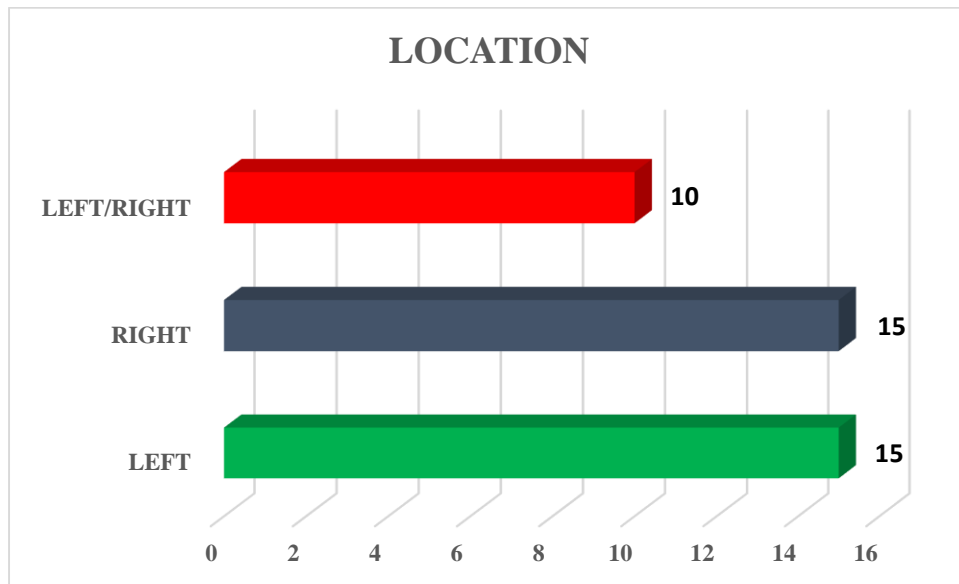
7.2.1 SYMPTOMS OF THE PATIENTS:



INFERENCE:

Out of 40 cases, All patients had unilateral headache and splitting pain, 35 patients (87.5%) had presented with watery and burning sensation of eye, 20 patients (50%) had loss of appetite, 4 patients(10%) had horripilation, 5 patients (12.5%) had deep respiration.

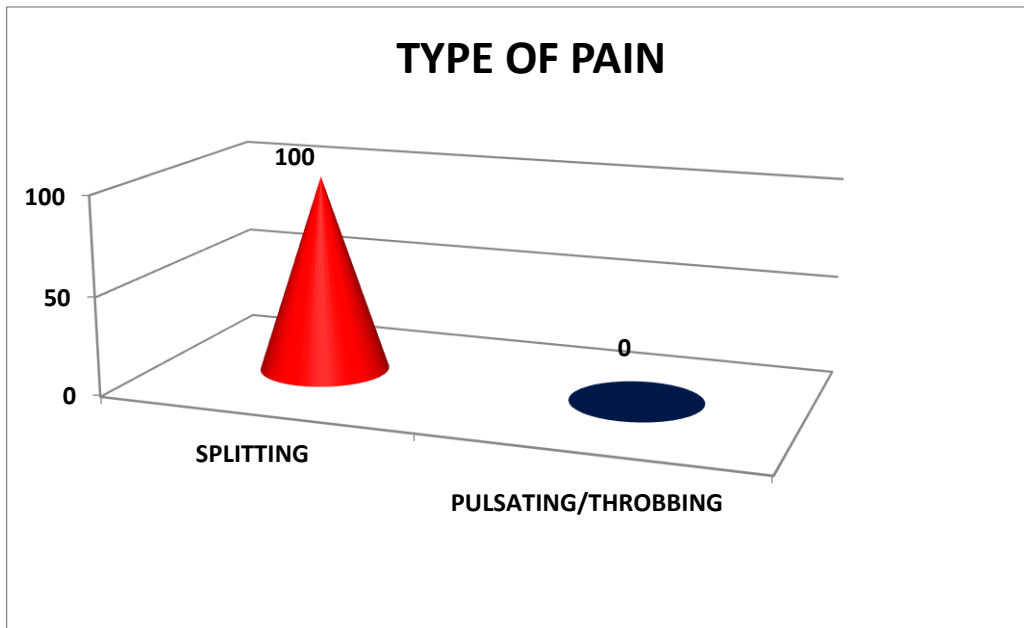
7.2.2 LOCATION OF PAIN:



INFERENCE:

Out of 40 cases, 15 patients (37.5) had pain in left side of the head, 15 patients (37.5) had pain in right side of the head.

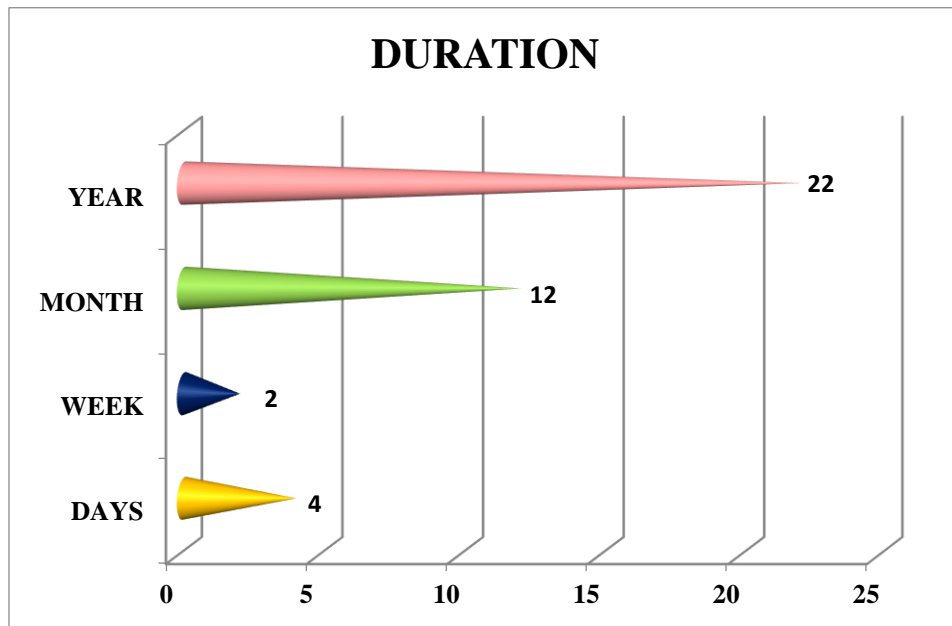
7.2.3 TYPE OF PAIN:



INFERENCE:

Out of 40 cases, All 40 patients were presented with splitting pain.

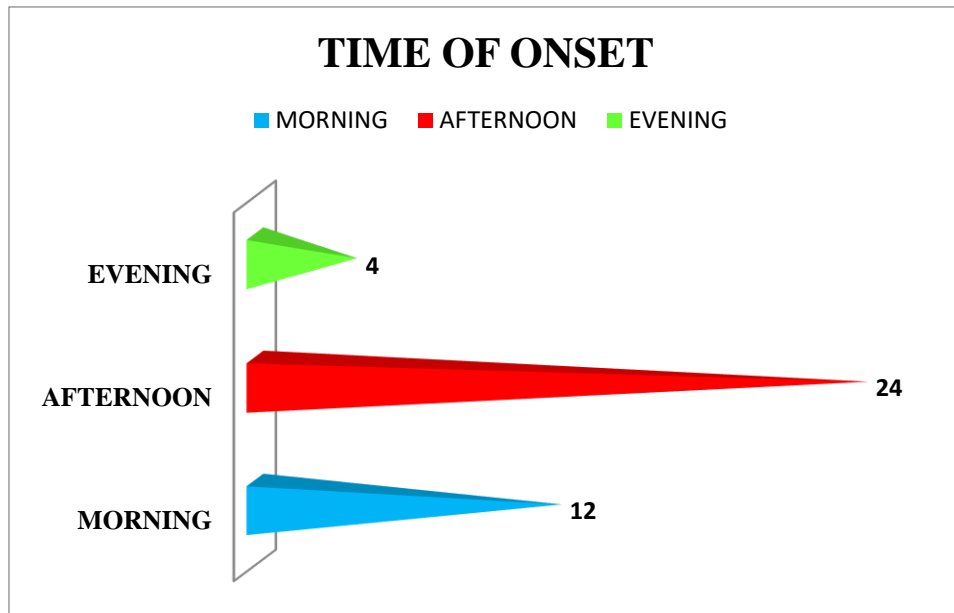
7.2.4 DURATION:



INFERENCE:

Out of 40 cases, 22 patients (55%) were affected with oruthalaivakathabham for more than one year.

7.2.5 TIME OF ONSET:



INFERENCE:

Out of 40 cases, 60% patients were prone to oruthalaivakathabham at noon time.

7.2.6 EPISODES:

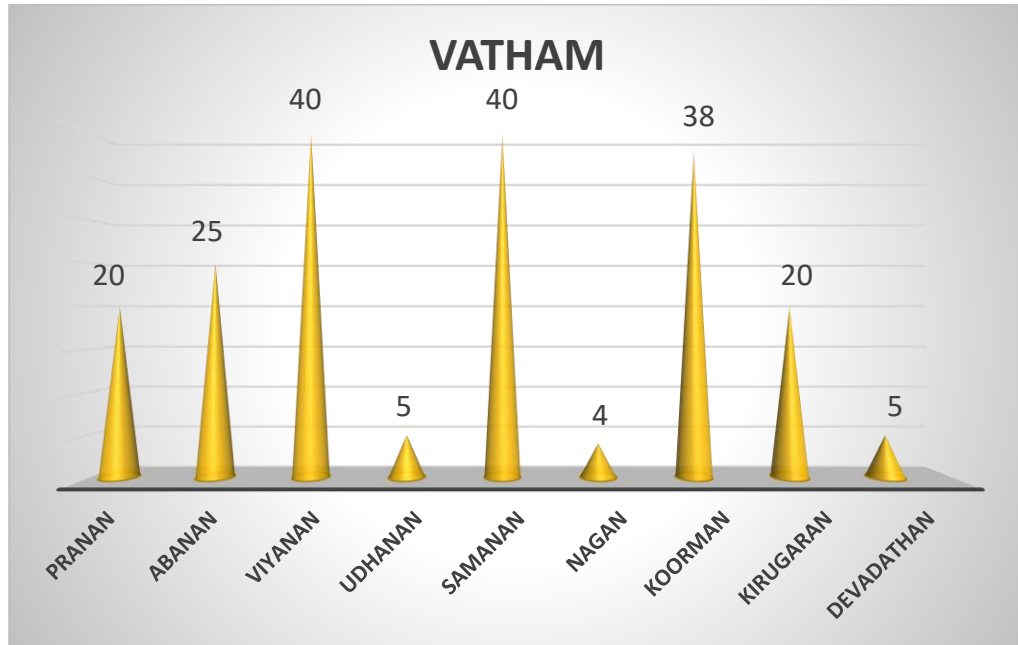


INFERENCE:

Out of 40 cases, 37.5% of patients had pain in once in a month.

7.3 ASSESSMENT OF UYIRATHATHUKKAL:

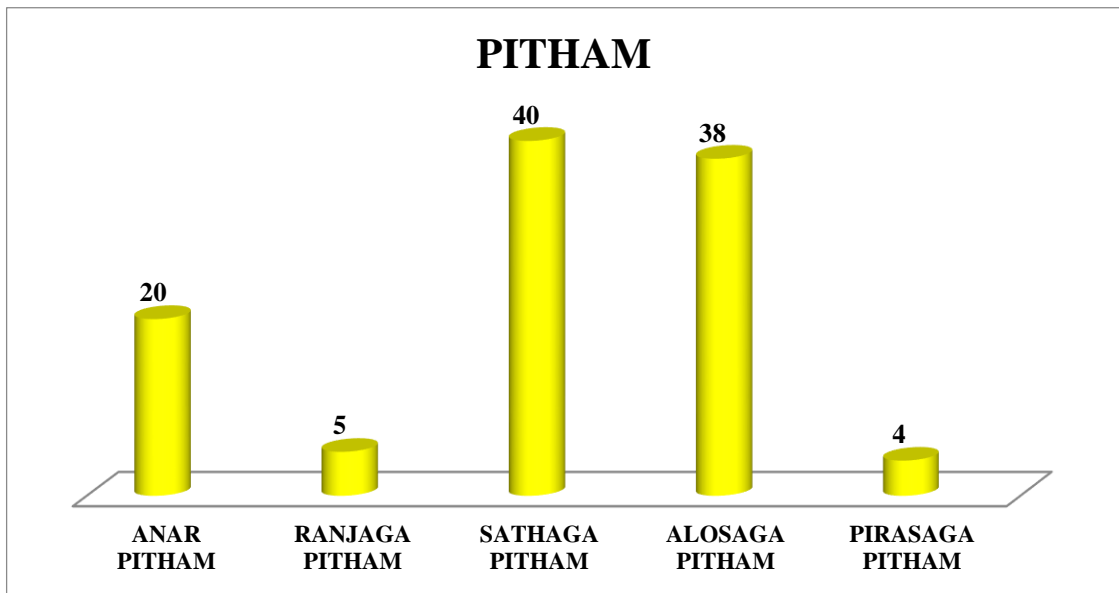
7.3.1 VATHAM:



INFERENCE:

On analysis of Uyir thathukkal (Vatham) in 40 cases, All patients affected with Samanan and viyanan next to that koorman (lacrimation and burning sensation of eyes) was affected in 95% of patients. abanan (constipation) was affected in 62.5% of patients.

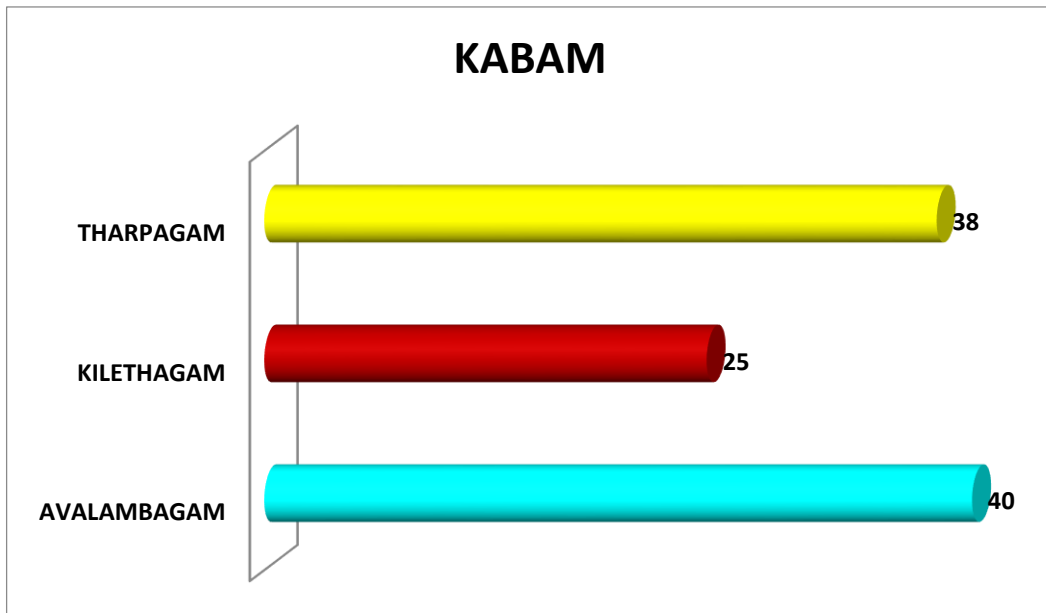
7.3.2 PITHAM:



INFERENCE:

On analysis of Uyir thatukkal (pitham), out of 40 cases, all patients were affected with Sathaga pitham (it controls the whole body) and 95% were affected with Alosaga pitham(presented with the symptoms of lacrimation and burning sensation of eyes) 50% of patients were affected with Anar pitham.

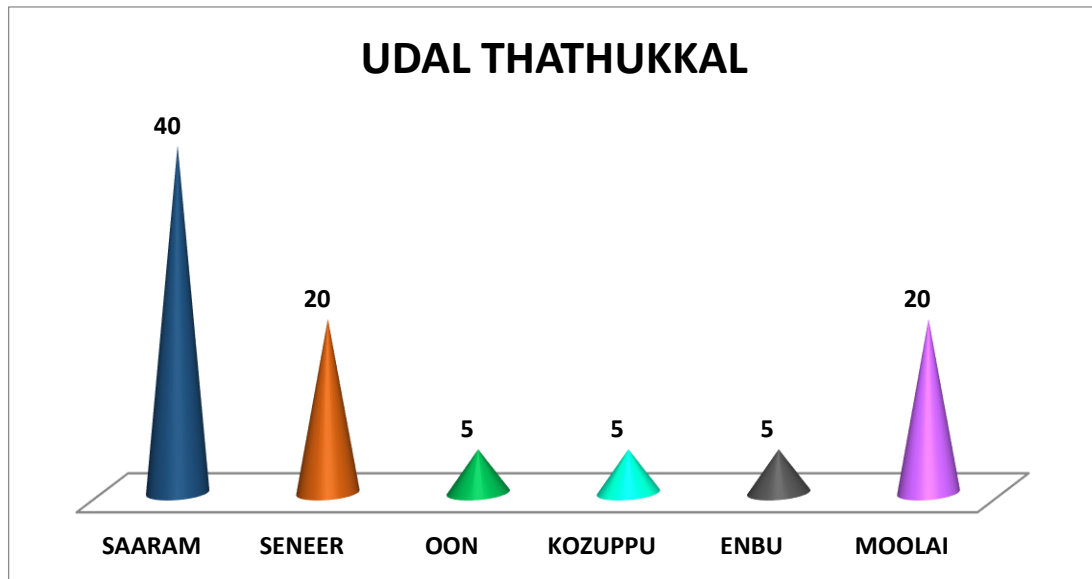
7.3.3KABAM:



INFERENCE:

On analysis of Uyir thathukkal (Kabam) in 40 cases, all patients were affected with Avalambagam, (it controls other four types of kabam) 95% were affected with Tharpagam (lacrimation and burning sensation of eyes).62.5% were affected with kilethagam.

7.4 ASSESSMENT OF UDAL THATHUKKAL:

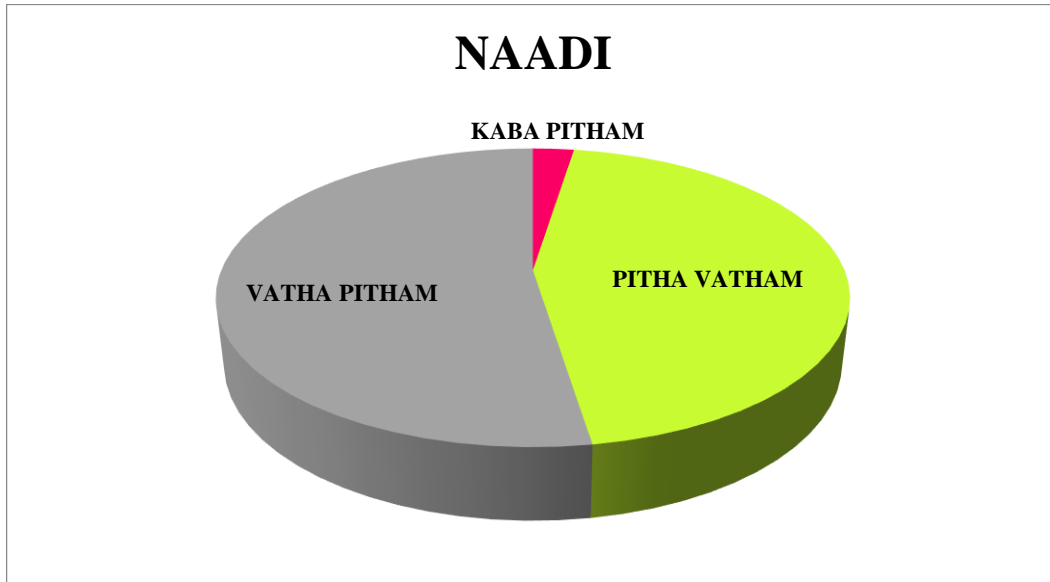


INFERENCE:

On analysis of Udal thathukkal in 40 cases, all patients were affected with Saram (loss of appetite, nausea, sleeping disturbances, cough) and 50% patients were affected with senneer (loss of appetite, burning sensation of eyes) and Moolai (unable to see the bright light vision).

7.5 ENVAGAI THERVU:

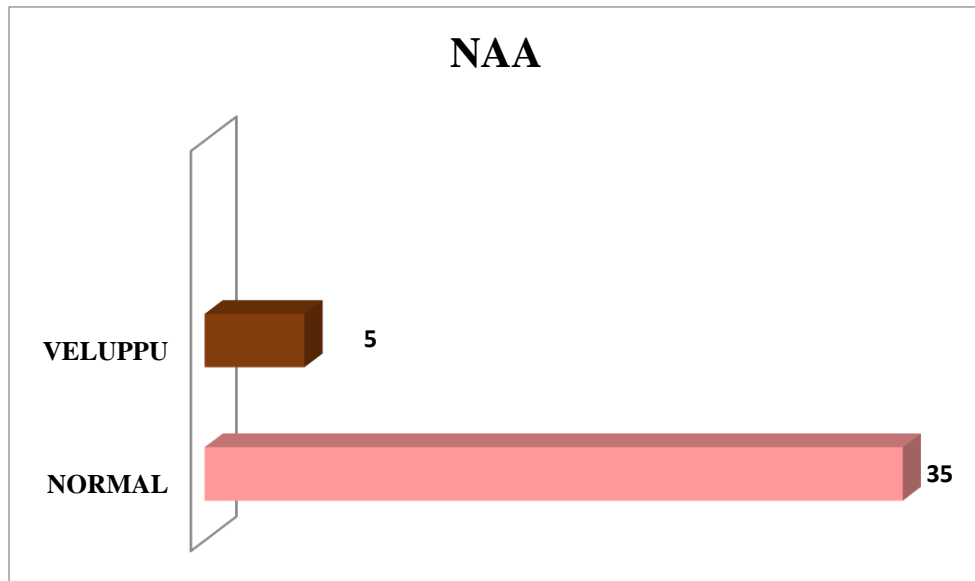
7.5.1 NAADI:



INFERENCE:

Out of 40 cases, 52.5% patients had Vathapitha naadi and 45% patients had Pithavatham.

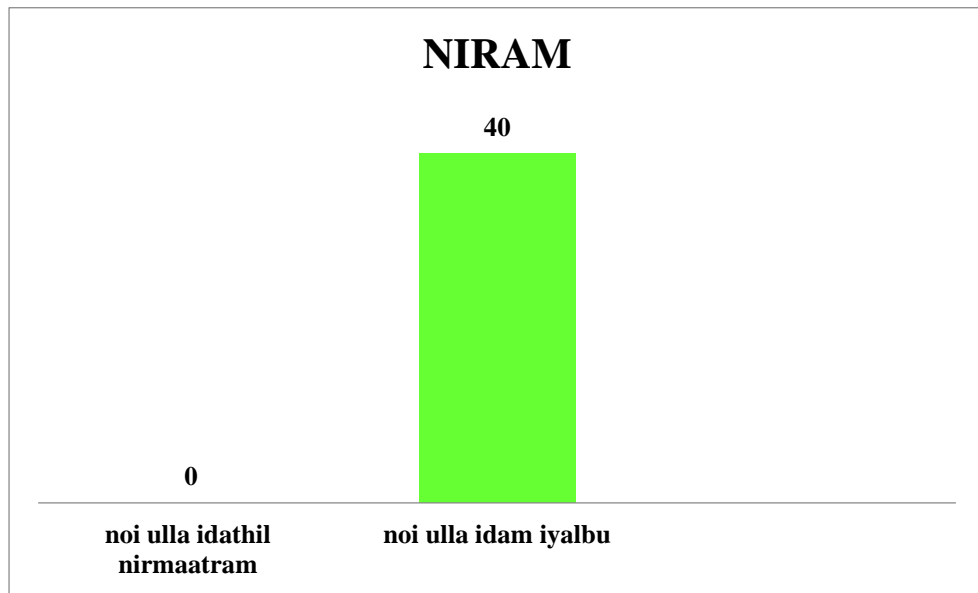
7.5.2NAA:



INFERENCE:

Among 40 patients on analysis of Naa niram, 87.5% of patients had normal niram and 12.5% of patients had veluppu niram

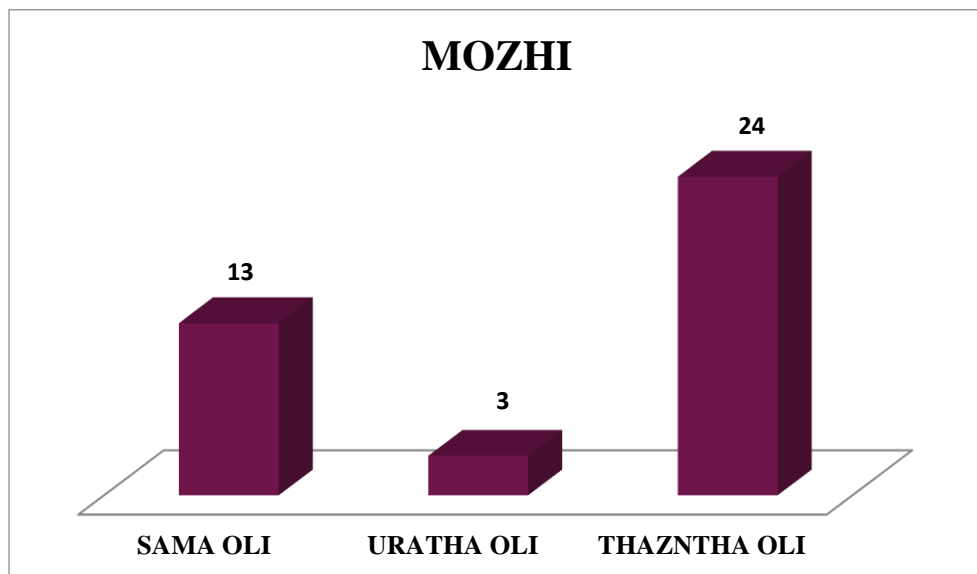
7.5.3NIRAM:



INFERENCE:

Out of 40 cases, all the patients had normal colour in affected part of the head.

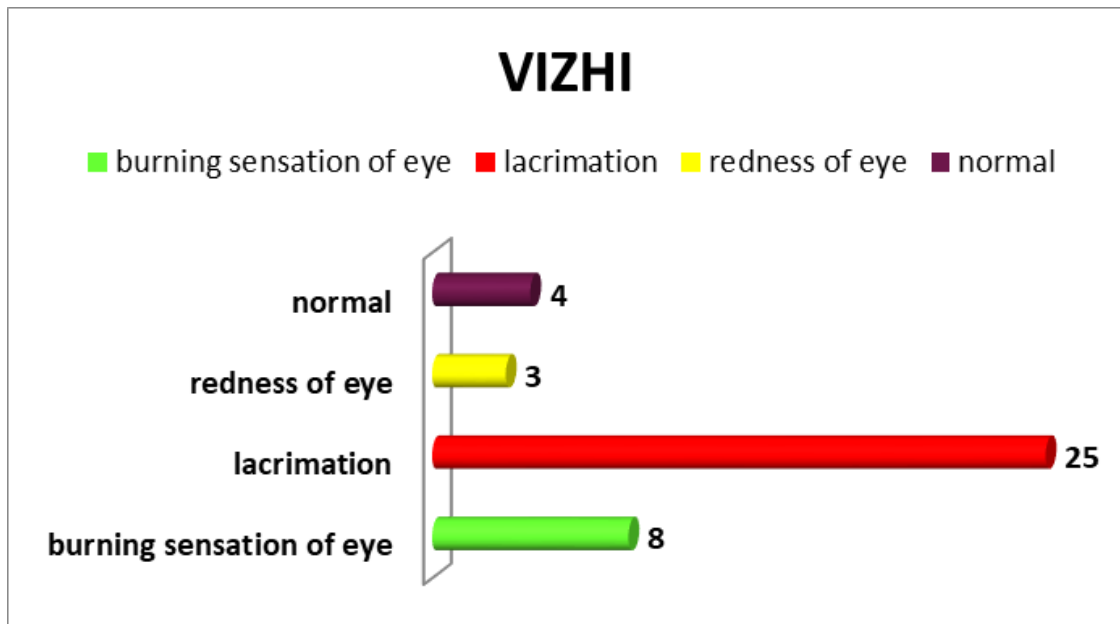
7.5.4 MOZHI:



INFERENCE:

Out of 40 cases, 60% patients had Thazntha oli, 32.5 % patients had sama oli, and 7.5% had uratha oli.

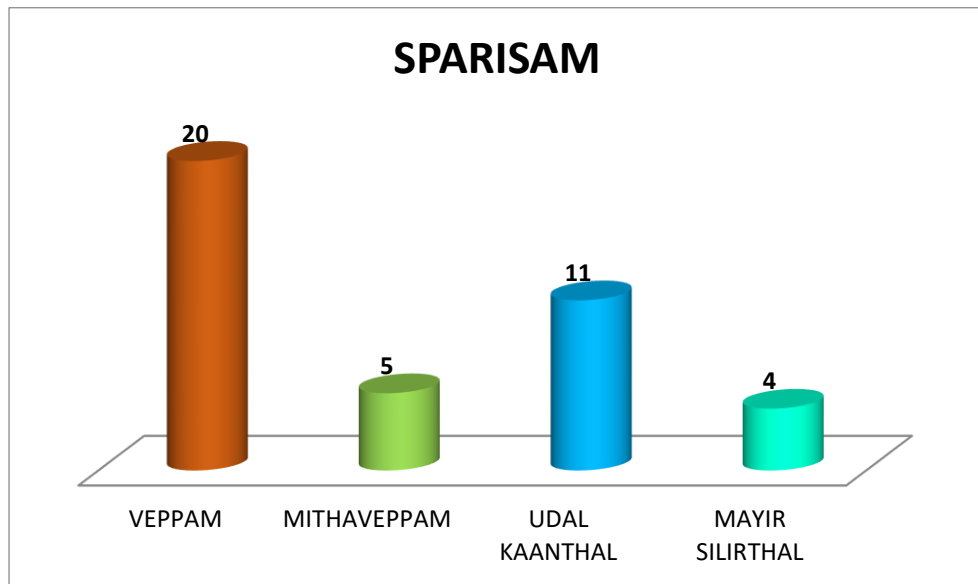
7.5.5 VIZHI:



INFERENCE:

Out of 40 cases, 62.5% had lacrimation, 20% patients had burning sensation of eyes, 7.5% patients had redness of eyes.

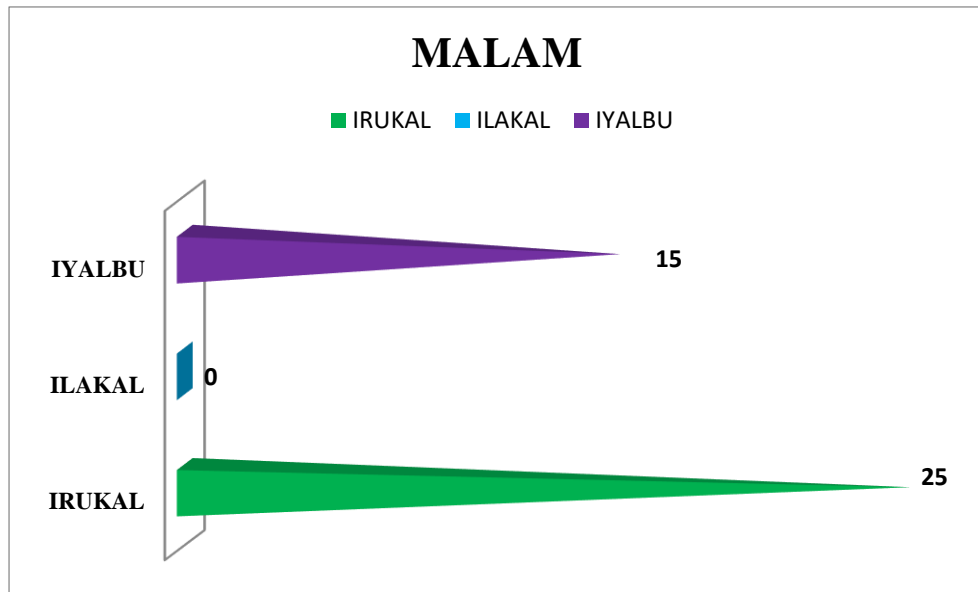
7.5.6 SPARISAM:



INFERENCE:

Out of 40 cases, 50% patients had veppam in their mei (sparisam), 27.5% patients had udal kaanthal, 12.5% patients had mithaveppam, 10% patients had mayir silirthal.

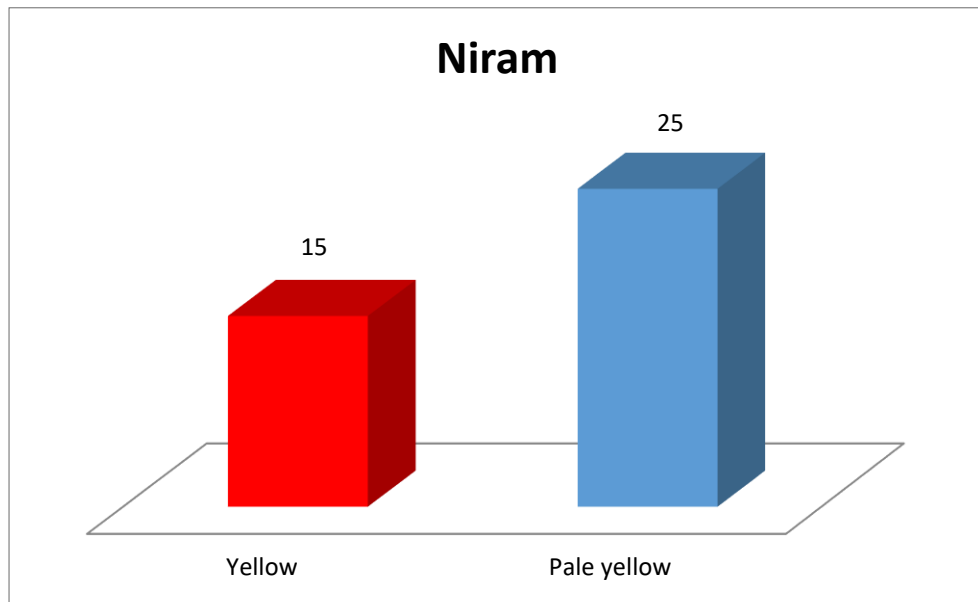
7.5.7 MALAM:



INFERENCE:

Out of 40 cases, 62.5% of cases had constipation.

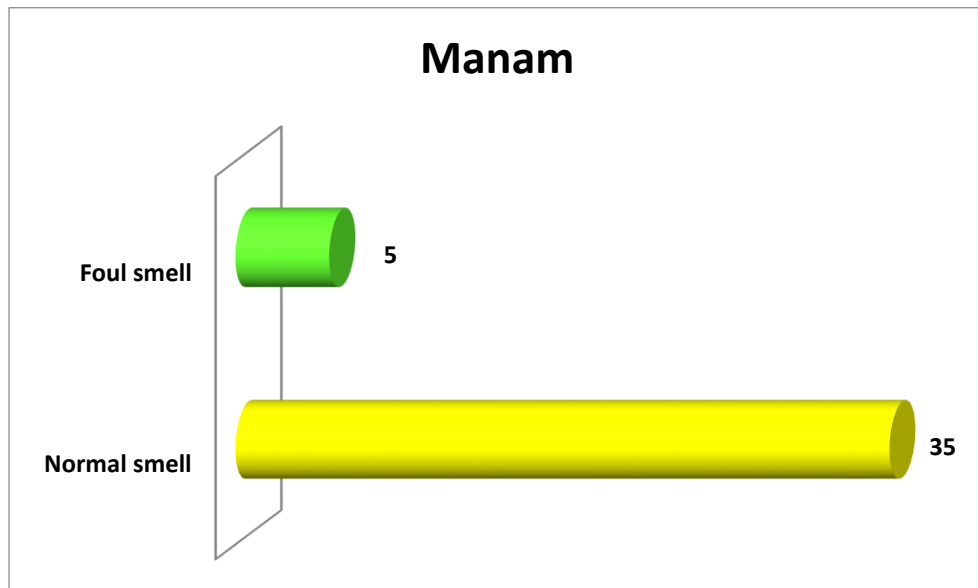
7.5.8NEERKURI:



INFERENCE:

Out of 40 cases, 62.5% patients urine colour were pale yellow and 37.5% patients were yellow.

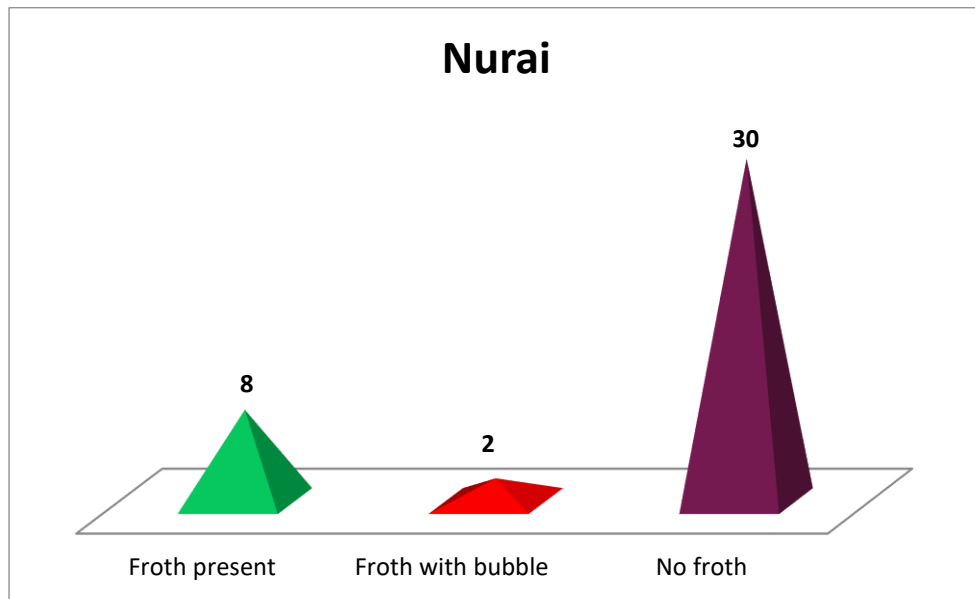
7.5.8.1 MANAM



INFERENCE:

Out of 40 patients, 87.5% patients had normal odour of urine, 12.5% patients had foul smell of urine.

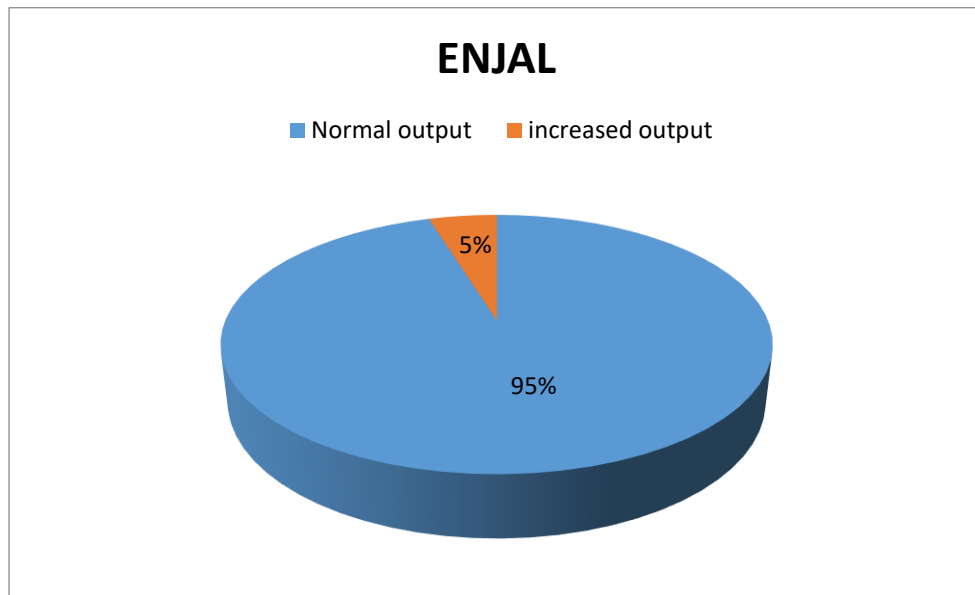
7.5.8.2 NURAI



INFERENCE:

Out of 40 cases, 75% patients had no froth(nurai) in urine, and 20% patients had froth in urine, 5% patients had froth with bubbles in urine.

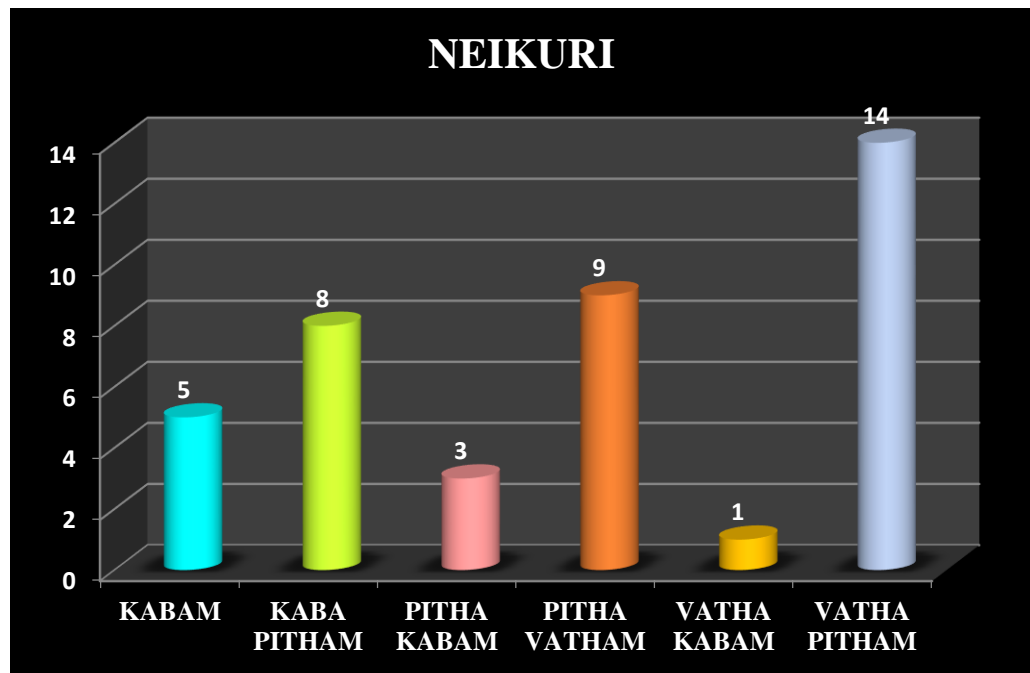
7.5.8.3 ENJAL



INFERENCE:

Out of 40 cases, 95% patients had normal out put in urine, 5% of patients had increased out put of urine.

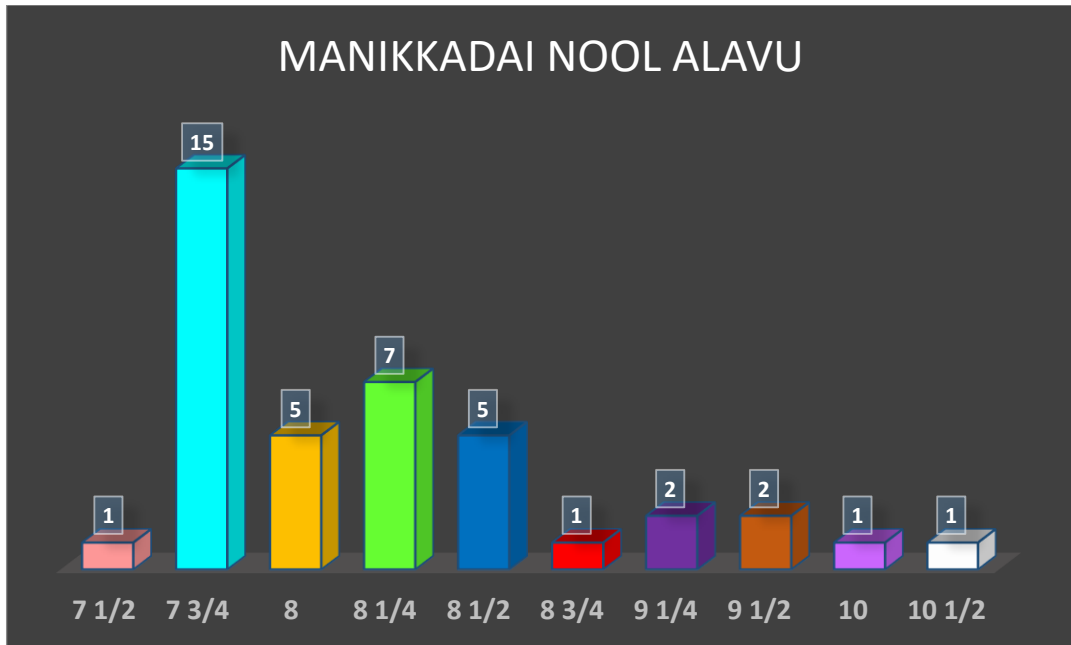
7.5.9 NEIKURI:



INFERENCE:

On analysis of neikuri 35% of patients had Vathapitham and 22.5% of patients had Pithavatham.

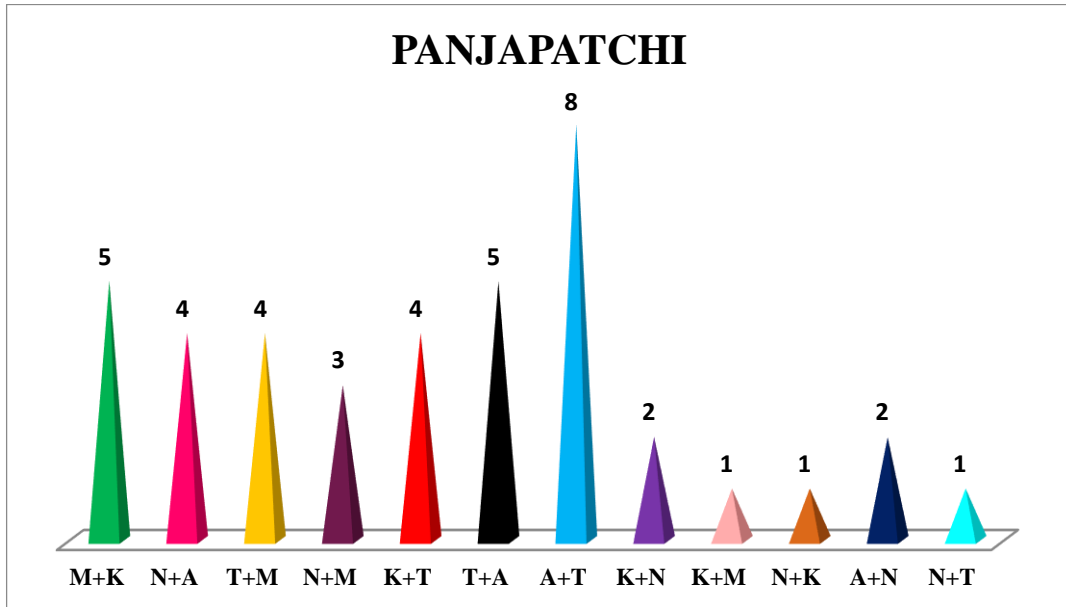
7.6 ASSESSMENT OF MANIKKADAI NOOL ALAVU:



INFERENCE:

Out of 40 cases, 35% of patients manikadai nool alavu had 73/4.

7.7ASSESSMENT OF PANJAPATCHI:

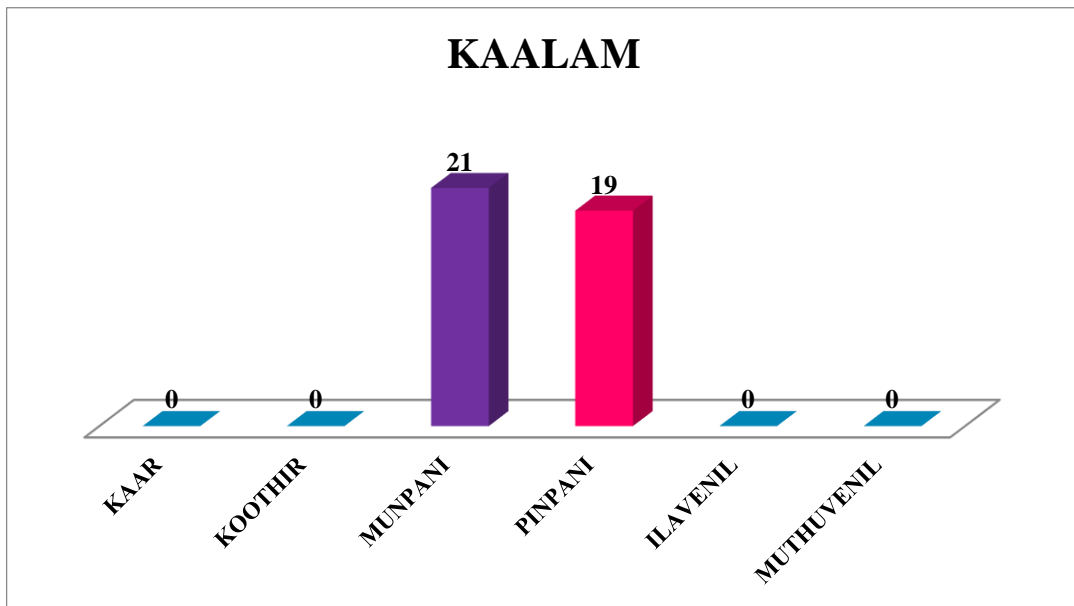


INFERENCE:

Out of 40 cases, 20% of patients were affected with Agayam + Thee bootham and 12.5% of patients were affected with Man + Kaatru & Thee + Agayam.

7.8ASSESSMENT OF SIDDHA PARAMETERS:

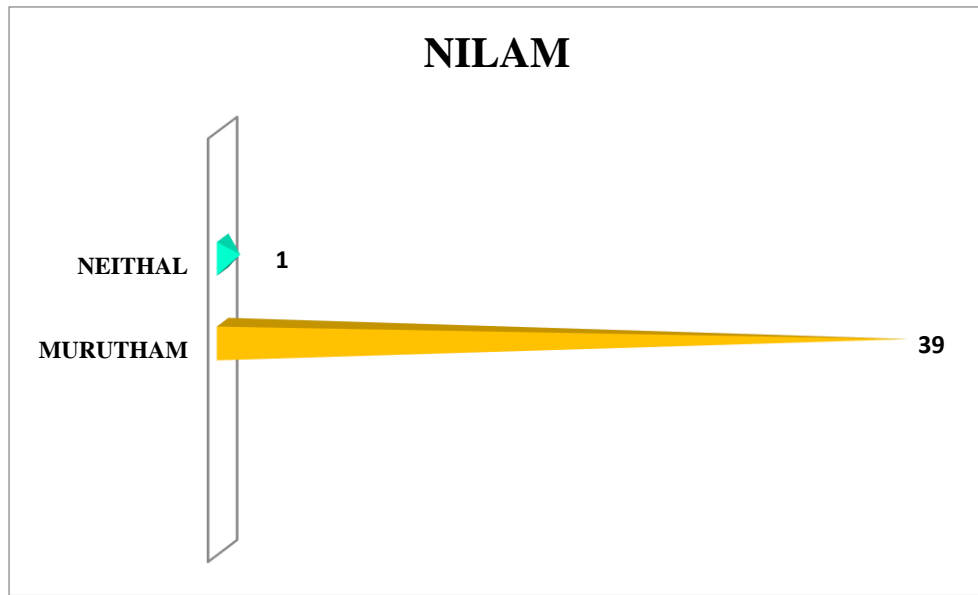
7.8.1 KAALAM:



INFERENCE:

Out of 40 cases, 52.5% of patients were noted in Munpani kaalam and 47.5% of patients were noted in Pinpani kaalam.

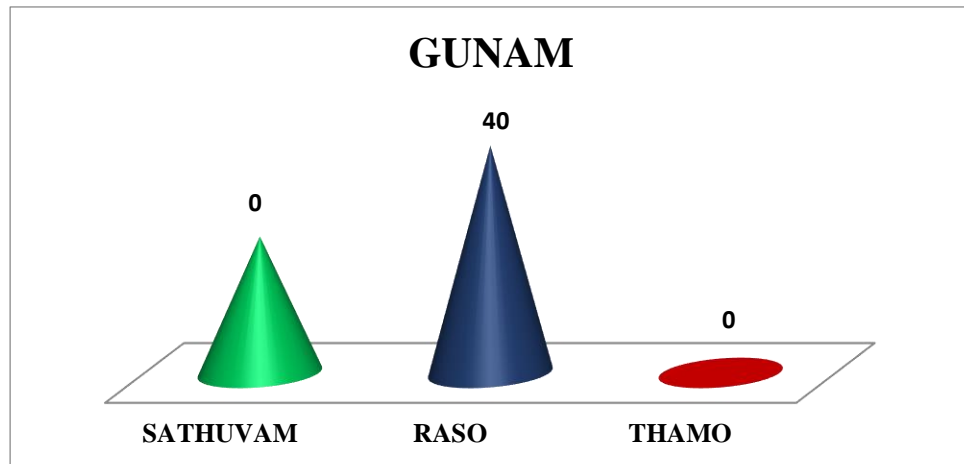
7.8.2NILAM:



INFERENCE:

Out of 40 cases, 97.5% of patients were noted from Maruthanilam.

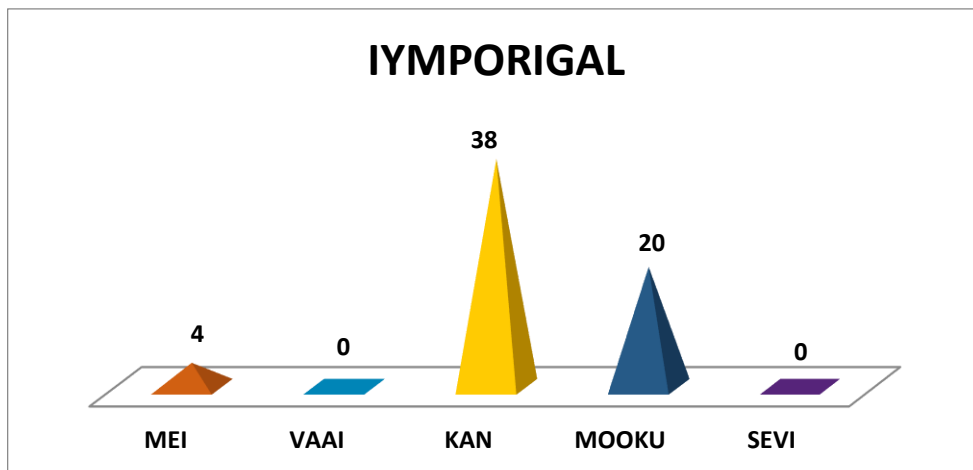
7.8.3 GUNAM:



INFERENCE:

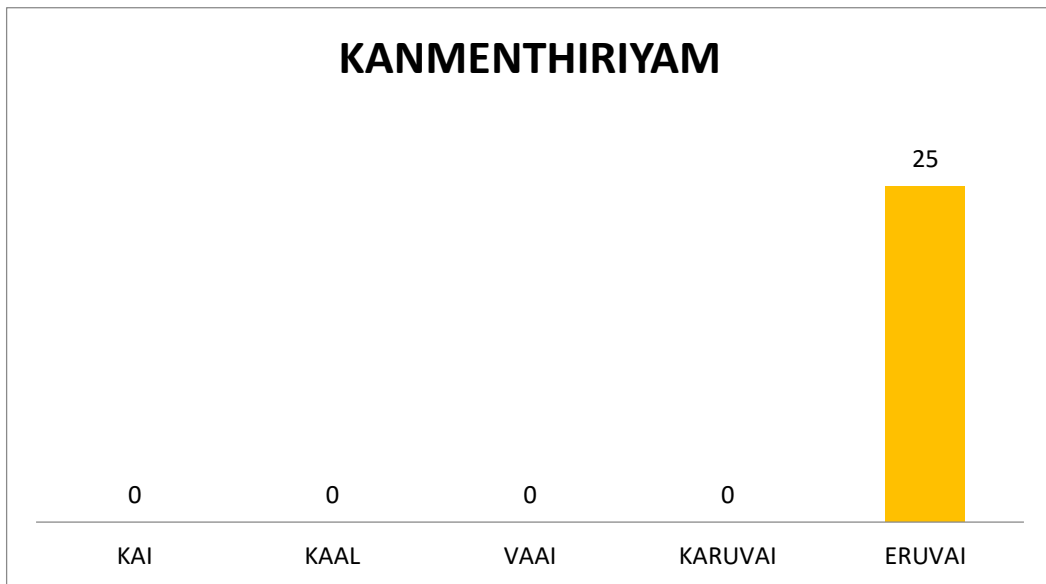
Out of 40 cases, 100% of patients had Rasogunam.

7.8.4 IYMPORIGAL:



Among 40 cases, 95% patients kan (lacrimation and burning sensation of eyes) were affected, 50% patients mooku (deep respiration) were affected.

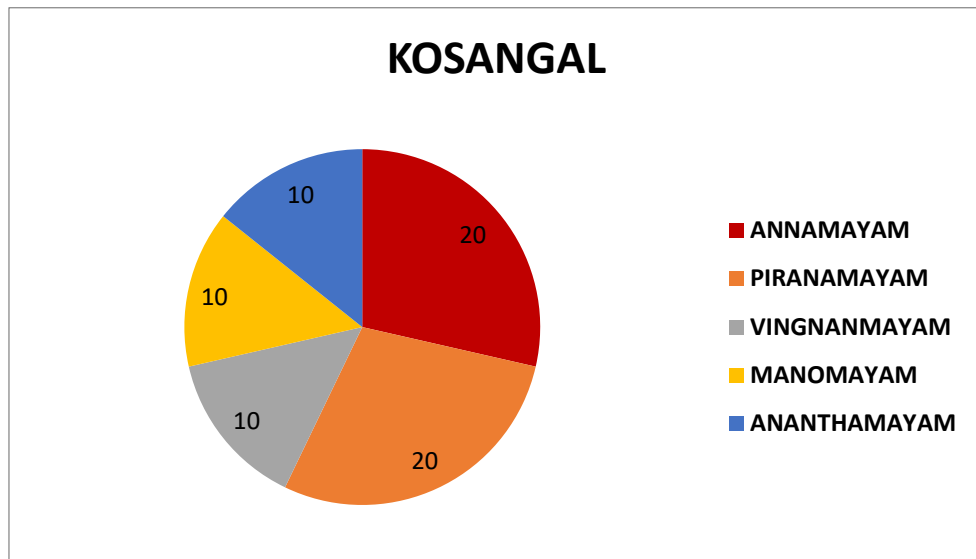
7.8.5 KANMENTHIRIYAM:



INFERENCE:

Among of 40 cases, 62.5%, patients were affected with eruvai (constipation).

7.8.6 KOSANGAL:



INFERENCE:

Out of 40 cases, 50% patients affected with annamayakosam (loss of appetite) and piranamayakosam (deep respiration).

8 DISCUSSION:

- ORUTHALAIIVAKATHABETHAM, is a clinical entity described by Yugima Munivar in his Yugi Vaidhya Chinthamani
- The classical symptoms are unilateral headache, Splitting pain in head, watery eyes, Anorexia.
- 40 patients are selected in the Department of PG, Noi Naadal, Government Siddha medical college, Palayamkottai, Tirunelveli.
- Neerkuri and Neikuri then Naadi, Manikkadai, Panjapatchi, Ennvagaithervugal, are the siddha diagnostic methods were used in this study to diagnose the disease Oruthalaivakathabetham.

8.1 INTERPRETATION OF PATHOGENESIS:

Dearrangement of vatham and pitham play vital role in the production of disease. Increased of these 2 humors, producing the symptoms of Headache, watery eyes, Loss of appetite, Burning sensation of eyes, Constipation, Frequent and feeble cough,Horripilation

8.2 INTERPRETATION OF GENERAL PARAMETERS:

8.2.1Age:

Among 40 cases,Most of the patients (30%) were found in the age group of 26-45, (20%) were between age group of 15-25. In this study shows young adult group people were mostly affected with oruthalaivakathabetham.

8.2.2Sex:

In this study 90% of patients were Female,10% patients were male.

8.2.3Family history:

30% of patients had positive Family history.

8.2.4Diet

90% of cases have their dietary habits of mixed diet.

8.2.4 Sleep:

87.5% of patients have sleeping disturbance.

8.3 INTERPRETATION OF CLINICAL FEATURES:

The maximum number of symptoms of **Oruthalaivakathabham** were found to be present in the maximum of cases.

- 40 (100%) of cases had Unilateral headache and Splitting pain
- 35 (87.5%) had presented with watery and burning sensation of eyes
- 20 (50%) of patients had loss of appetite
- 5 (12.5%) of patients had deep respiration
- 4 (10%) of patients had horripilation.

8.4 INTERPRETATION OF SIDDHA PARAMETERS:

8.4.1 KAALAM (POZHUTHU):

In paruvakaalam the highest incidence of cases, 21(52.5%) cases were noted in Munpani kaalam, 19(47.5%) cases were noted in Pinpani kaalam. Oruthalaivakathabham occur in all seasons.

8.4.2 NILAM (THINAI):

Among 40 cases, 39 cases (97.5%) were from Marutha nilam, and 1 case (2.5%) was from Neithal nilam. Though oruthalaivakathabham occur in all lands.

8.4.3 GUNAM:

Out of 40 cases, 100% of patients had Rasogunam.

8.4.4 IYMPORIGAL :

Among 40 cases, 95% of patients Kan (Lacrimation and burning sensation of eyes) were affected.

- 50% of patients Mokku (deep respiration) were affected.

8.4.5 KANMENTHIRIYAM :

Out of 40 cases , 62.5% patients were affected with eruvai (constipation).

8.5 INTERPRETATION OF ENNVAGAITHERVUGAL:

8.5.1NAA:

Among 40 cases, based on Naavin niram 35 (87.5%)cases had normal niram, 5(12.5%) cases had vellupu niram.

8.5.2 Niram:

Out of 40 cases,All the patients had normal colour in affected part.

8.5.3 Mozhi:

Out of 40 cases, 24(60%) cases had thazhntha oli, 13(32.5%) cases had sama oli, and 3(7.5%) cases had uratha oli.

8.5.4 Vizhi:

Out of 40 cases, 62.5% had lacrimation, 20% patients had burning sensation of eyes, 7.5% had redness of eyes.

8.5.5 Naadi:

Among 40 patients, 21(52.5%) cases had vatha pitha naadi, 18(45%) case had pitha vatha naadi,1(2.5%) case had kaba pitham.

8.5.6 Sparisam:

Out of 40 cases, 50% patients had veppam in their mei (sparisam), 27.5% patients had udal kaanthal, 12.5% patients had Mitha veppam ,10% of patients had mayir silirthal in their mei (Sparisam).

8.5.7 Malam:

Among 40 patients, 62.5% of cases had constipation .There is no froth or mucus. The colour is usually yellow or dark.

8.5.8 Moothiram:

8.5.8.1 Neerkuri:

Among 40 patients, 62.5% patients urine colour were pale yellow and 37.5% patients were yellow.

Manam:

Out of 40 patients, 87.5% patients had normal odour of urine, 12.5% patients had foul smell of urine.

Nurai:

Among 40 cases, 20% patients had froth in urine, 5% patients had froth with bubbles.

Enjal:

Out of 40 cases, 95% patients had normal urine output and 5% of patients had increased urine output.

8.5.8.2 NEIKURI:

Out of 40 patients

- 14 (35%) of cases had Vadha pitham
- 9 (22.5%) of cases had Pitha vatham
- 8 (20%) of cases had Kaba pitham
- 5 (12.5%) of cases had Kabam.

8.6 INTERPRETATION OFUYIR THATHUKKAL:

8.6.1 VATHAM:

Among the 10 types of vatham, out of 40 cases,

- Abanan was affected in 25 (62.5%) cases
- Viyanan and Samanan was noted to be dearranged in 40(100%) cases
- Koorman (lacrimation and burning sensation of eyes) was affected in 95% of cases
- Piranan and Kirugaran was affected in 20 (50%) cases.

8.6.2 PITHAM:

Among the 5 types of pitham, out of 40 cases,

- Saathaga pitham(it controls the whole body) was affected in all 40(100%) cases
- Analaga pitham (indigestion) was affected in 20(50%) cases
- Ranjagam was affected in 5(12.5%) cases
- Alosaga pitham 38(95%) cases were affected with the symptoms of lacrimation and burning sensation of eyes
- Pirasaga pitham 4(10%) cases were affected with the symptoms of horripilation.

8.6.3KABAM:

It is responsible for the stream line functions of the body.

Among the 5 types of kabam, out of 40 cases,

- Avalambagam was affected in all 40(100%) cases, (it controls oter four types of kabam)
- Kilethagam(constipation) was affected in 25(62.5%) cases
- Tharpagam (lacrimation and burning sensation of eyes) was affected in 38(95%)cases

8.7 INTERPRETATION OF UDAL THATHUKKAL:

Among the 40 patients,

- Saaram was affected in all the 40(100%) cases with the symptoms of loss of appetite,nausea, sleeping disturbances,frequent cough.
- Senneer (loss of appetite, burning sensation of eyes) was affected in 20 (50%) cases
- Oon was affected in 5 (12.5%) patients,
- Enbu was affected in 5 (12.5%) patients,
- Kozhuppu was affected in 5 (12.5%%) patients, and

- Moolai was affected in 20(50%) cases with the symptoms of unable to see the brights light vision.

8.8 INTERPRETATION OF MANIKKADAI NOOL:

Manikkadai (viratkadai) alavu

73/4 observed in 15(37.5%) cases

81/4 observed in 7(17.5%) cases

8 and 81/2 observed in 5(12.5%) cases

According to the siddha text Noi Naadal and Noi Mudhal Naadal thirattu reference, the patients with manikkadai alavu

73/4 may have the following symptoms:

- Burning sensation of palm and sole
- Headache
- In later days Nasal bleeding will be present
- Kandamaalai (Scrofula)

81/4 may have the following symptoms:

- Headache
- Sinusitis, Sweat
- Loss of appetite
- Difficult in breath & Excessive cough

8.8 INTERPRETATION OF PANCHA PATCHI:

Among 40 patients,

19 (47.5%) of patients were came in Valarpirai period.

21 (52.5%) of patients were came in Teipirai period.

According to the review of Impul iyakka vithi is one of the important diagnostic tool of the siddha medicine. This method is based on the period. Among the 40 patients

19 (47.5%) of patients were came in Valarpirai period 21 (52.5%) of patients were came in Teipirai period.

Among 40 patients,

- Aagayam + Thee was affected in 8 (20 %) cases.
- Maan + Kaatru was affected in 5 (12.5%) cases.Thee + Aagayam was affected in 5 (12.5%) cases.
- Thee + Maan was affected in 4 (10%) cases.Neer + Aagayam was affected in 4 (10%) cases. Kaatru + Thee was affected in 4 (10%) cases.

Among 40 patients (Aagayam+ Thee) Bootham were affected in majority patients.

9 LINE OF TREATMENT AND DIETARY REGIMEN

The main role of the treatment includes the normalization of deranged three humours

Treatment as follows,

- Purgation should be given
- Oil bath must be advised
- Advice of physical exercises and yoga
- External therapy must be given lie Ottradam, Pattru to relieve pain

9.1 DIET REGIMEN

To Eat,

- Fresh fruits
- Fresh vegetables(orange, yellow and green vegetables)
- Watermelon
- Spinach
- Brown rice
- Nuts and Seeds

To Avoid

- Dairy Products
- Alcohol particularly beer and red wine
- Chocolate
- Smoked fish
- Food preservatives such as nitrates and nitrites
- Wheat including pasta and bread products (22)

9.2 IN SIDDHA ASPECT (EXTERNAL MEDICINE)

- 1) Artemisia nilagirica (Macipachai) and Lawsonia inermis (Azhavanam) is used for Ottradam.

- 2) *Leucas aspera* (Thumbai), *Sesbania grandiflora* (Agathi) and *Sapindus laurifolia* (Manippungu) is used as Nasal Drops.
- 3) *Zingiber officinale* (Chukku), *Crocus sativus* (Kunkumappu), *Coriandrum sativum* (Koththumalli) and *Vitex negundo* (Notchi) used as Pattru. (25)

10 SUMMARY

- The aim of the study is to conduct a clinical study on documentation of siddha diagnostic methods for oruthlaivakathabham.
- For this study 40 cases were enrolled with the symptoms of oruthalaivakathabham.
- The author had collected, the review literature, aetiology for oruthalaivakathabham from classical siddha literatures.
- The etiopathogenesis of the disease has been discussed.
- Log book and proforma maintained for all 40 cases.
- Alterations in siddha parameters like Iymporigal, Iympulungal, Kosam, Kaalam, Atharungal, Manikkadai nool alavu have been recorded.
- Ennvagaitervukal had studied in detail and their interpretation had been done.
- In this observational study, 62.5% of the patients Neerkuri had pale yellow in colour, 20% of the patients had Froth in the urine and 5% of patients had increased out of urine and the Neikuri pattern of the patient had 35% of Vathapitham(Aravil moothiram) and 22.5% of Pithavatham (Moothirathil aravam).
- Observations made by panjapatchi were discussed.
- Based on the above observations,
 - Line of treatment
 - Dietary regimen had recommended.

11 CONCLUSION

This study shows the siddha diagnostic methods in the diagnosis of Oruthalai vakatha betham. Probably 35% of patients Manikkadai Nool alavu 73/4 is correlated with the text book Noi Nadaal Noi muthal naadal Thiratu. Besides that, other Siddha diagnostic methods such as Neikuri and Naadi also reveals that, the oruthalaivagathabedham occurs due to vadha pitha derangement. So Further study to be done in all siddha parameters separately in large sample size for better understanding the disease Oruthalaivakathabetham.

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Annexure 1: Case proforma

GOVERNMENT SIDDHA MEDICAL COLLEGE, PALAYAMKOTTAI,
DEPARTMENT OF NOI-NAADAL

CASE PROFORMA

DATE:

A STUDY OF SIDDHA DIAGNOSTIC METHODS SPECIALLY NEERKURI,
NEIKURI, MANIKADAI FOR 'ORUTHALAIIVAKATHABETHAM'

GUIDE

Dr.S.Victoria,
Principal, Head of the department,
Department of Noi-Naadai,
Govt siddha medical college,

PRINCIPAL INVESTIGATOR

Dr.J.Nandhini shenbaga subha
PG Scholar,
Department of Noi-Naadai,
Govt siddha medical college,

Patient's Name:

OPD No:

Age/Sex:

Phone No:

Address:

CONSENT: (ஒப்புதல் படிவம்)

மேற்சொன்ன மருத்துவர் இவ்வாய்வை பற்றியும், மருத்துவ பரிசோதனைகள் பற்றியும், மருத்துவ வழிமுறைகள் பற்றியும் எனக்கு புரியும் வகையில் விளக்கி கூறினார். மேலும் இவ்வாய்வினால் எனக்கு எந்தவித நேரடியான பாதிப்பும் இல்லை என்றும், எனக்கு விருப்பமில்லாத பட்சத்தில் எந்நேரமும் எக்காரணமும் சொல்லாமல் என்னால் இவ்வாய்விலிருந்து விலக முடியும் என்பதையும் அறிந்து கொண்டேன். மேற்படியான நோய் நிர்ணய ஆய்விற்கு சம்மதம் தெரிவித்து ஒப்புதல் அளிக்கிறேன்.

மருத்துவர் விபரம்

ஜெ.நந்தினிசெண்பகசுபா

முதுநிலை மூன்றாமாண்டு

அரசு சித்த மருத்துவ கல்லூரி

பாளையங்கோட்டை

நோயாளியின் கையொப்பம்

SCREENING AND SELECTION PROFORMA

S.NO:

DATE:

1. OP.NO/IP NO:
 2. NAME :
 3. AGE(YEARS):.....
 4. SEX:.....
 5. DATE OF BIRTH:.....
 6. TIME OF BIRTH:.....
 7. PLACE OF BIRTH:
 8. RELIGION: :
 9. EDUCATION : ILL/P/M/HS/GR/PG
 10. OCCUPATION:.....
 11. INCOME :
 12. MARITAL STATUS: UM/M/DW
 13. ADDRESS :
-

CRITERIA FOR INCLUSION:

	CRITERIA	YES	NO
Group 1	Age between 15 to 65		
	Unilateral headache		
	Watery eyes & Burning sensation of the eye		
	Splitting pain		
Group 2	Anorexia		
	Horripilation		
	Mild to severe pain		
	Deep breath		
	Frequent and feeble cough		

CRITERIA FOR EXCLUSION:

CRITERIA	YES	NO
Suryavartham		
Chanthravartham		
Thalaikudaichal vatham		
Pregnant and lactating women		
Tumours		

Patients matching the criteria of Group 1 and 2-3 symptoms in group 2 are eligible for the study

Based on the above, the Participant is eligible for this study

Signature of Principal Investigator

Signature of the Supervisor

HISTORY PROFORMA

1. NOYIN THANMAI & KAALA ALAVU (CHIEF COMPLAINTS AND DURATION):

2. NOI UNDANA KIRAMAM (HISTORY OF PRESENT ILLNESS):

3. MUNTHAIYA NOYIN VARALARU (HISTORY OF PAST ILLNESS):

4. KUDUMBA SARITHAI (FAMILY HISTORY):

5. SUYA VARALARU (PERSONAL HISTORY):

Unavu(Diet) : Veg/ Non veg/ mixed

Pasi (Appetite): Mandham/ Samam/ Deekshanam/ Vidam

Urakkam (Sleep): Kurai/ Samam/ Adhigam

Pazhakka Vazakkam (Habits): Tea/ Coffee/ Betel nut/ Alcohol/

Smoking/Others

_____ times per day.

Malam (Bowel Habit): Samam/ Malakattu/ kazhichal

Moothiram (Micturation): Samam/ kuraivu/ Miguthi

Viyarvai (Sweat): Samam/ Kuraivu/ Miguthi

6. GYNAECOLOGICAL AND OBSTETRIC HISTORY:

Menarche at:

Menstrual cycle:

Number of deliveries:

Mode of delivery:

7. TREATMENT HISTORY:

Medical treatment:

Surgical treatment:

BRIEF INSIGHT OF HISTORY

1) Location of Headache:

Where do you feel the pain during your headaches?

Leftside _____ Right side _____

2) Type of pain? What does the headache pain feel like?

Pressure _____ Stabbing _____ Splitting _____ Tightband _____

Throbbing _____ Dullache _____ Pulsating _____ Others _____

3) From when you have migraine / headache episodes?

From years _____ From months _____ From weeks _____

From days _____

4) Frequency of headache – on Average, how often do you get episodes of headache?

Times/Day _____ Times/ week _____ Times/ month _____

Times/Year _____

5) IS there any increase / decrease in frequency of episodes? YES/ NO

6) Onset of each headache?

i) Headache typically begin _____ Gradually _____ Suddenly _____
_____ varies

ii) They usually begin in the _____ Mor _____ Aft _____ Evg _____
Night

7) How does each episode of headaches lasts?

Shortest _____ longest _____ Average _____ constant _____

8) Headache Triggering Factors:

Food		Certain odors	
Too much caffeine		Constipation	
Hunger/ Skipping meals		Weather changes	
Stress and anxiety		Poor sleep	
Menstruation		Bright lights/ sun	
Gadgets			

PHYSICAL EXAMINATION

1. GENERAL EXAMINATION:

I. Vital signs:

II. Heart rate:

Pulse rate:

Respiratory rate:

Blood pressure:

III. Weight:

IV. Height:

V. Nourishment: Average/ under nutrition/ Obese

VI. Anaemia (Pallor): Nil/ Mild/ Moderate/ Severe

VII. Icterus: Yes/ No

VIII. Oedema: Yes/ No

IX. Lymphadenopathy: Yes/ No

NOIUTRA KALAM

1. Kaarkaalam 2.Koothirkaalam
(Aug15-Oct14) (Oct15-Dec14)

3. Munpanikaalam 4.Pinpanikaalam
(Dec15-Feb14) (Feb15-Apr14)

5. Ilavenirkaalam 6.Muthuvenirkaalam
(Apr15-June14) (June15-Aug14)

NOI UTRA NILAM

1. Kurunji 2. Mullai 3. Marutham
(Hilly terrain) (Forest range) (Plains)

4. Neithal 5. Paalai
(Coastal belt) (Desert)

NOYINANIN THATHUVA IYALBU

Mano thathuvam: Sathuvam / Raso/ Thamo

Thega Thathuvam: Vatha/ Pitham/ Kabam/ Vathapitham/ Vathakabam/
Pithavatham/ Pithakabam/ Kaba vatham/ Kaba pitham

NOYIN NILAMAI – Noyinanin Unarthal

Saptham : Iyalbu/ Bathippu (Kadhugalai anaithu kettal/ Thoniyal arithal)

Sparisam : Vappam/ Thatpam

Roobam : Iyalbu/ Bathippu

Suvai : Ini /Pul/ Uppu /Kai /Kar /Thu

Naatram : Vaai/ Yethcil/ Viyarvai/ Malam/ Moothiram

Udal kattugal	Migu Gunam	Kurai Gunam
Saaram	Agni mantham/ Vaai neer ooral/ Udal ganam/ Irumal/ Iraippu/ Migu thookkam	Thol surasurappu/ Mai varutham/ Ilaithal/ Peroli ketka peramai
Senneer	Katti/ Koppulam/ Sivantha kan/ Sivantha Udal	Pulippu Kulirchiyil Viruppam/ Varatchi
Oon	Veekkam	Keel Noi

Kozuppu	Kalaippu/ Arpa uzaippil Peru moochu	Iduppu vanmai kuraivu/ Udal ilaithal
Enbu	—	Par kazalal/ Mudi Uthirthal/ Nagam Vedippu
Moolai	Siruneer Kurainthu pothal/ Kan ganathal/ Arithil theerum pun	Kan irulal

பாதிக்கப்பட்ட உடல் தாதுக்கள்:

UYIR THATHU PARISOTHANAI

Uyir thathukkal	Migu Gunam	Kurai Gunam
Vali	Udal ilaithu karuthal/ Soodana porutkalil viruppam/ Vayiru uppal/ Udal nadukkam/ Thookam kedal/ Thalai suzalal/ Ookkam inmai	Thazntha kural/ Moorchai/ Agni mantham/ Vaai neer Ooral/ Udal ganam/ Irumal/ Iraippu/ Migu thookkam
Azhal	Manjal niram/ Pasi adhigam/ udal erichal/ Kuraintha thookkam	Manthakkini/ Kulirchi

Aiyam	Agni mantham/ Vaai neer Ooral/ Udal ganam/ Irumal/ Iraippu/ Migu thookkam	Thalai suzala/ Keelgal thalarchi (Creps), Viyarvai adhigam/ Padapadappu
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VATHAM	
PRANAN	Moochu vangal, Viduthalil Bathippu/ Serimana kolaru
ABANAN	Malam / salathai velithalluvathil siramam
VIYANAN	Uruppugalai neetta madakka siramam/ Thodu Unachi bathippu
UDHANAN	Unavu edirthal/ vaandhi
SAMANAN	Serimana kolaru
NAGAN	Mayirkalai silirrakappanum
KOORMAN	Kottavi/ Kangalil Neer vadithal

KIRUGARAN	Naa kasivu adhigarippu / Naasi kasivu adigarippu/ Pasi adhigarippu/ Thummal/ Irumal
DEVADATHAN	Sombal, Udal murithal, Thoongi ezhunthirikkum bothu Ayarchi/ Mikuntha kobam

PITHAM	
ANAR PITHAM	Serimana kolaru
RANJAGA PITHAM	Senneer kuraivu
SATHAGA PITHAM	Viruppamanna thozilai seithu mudikkum
ALOSAGA PITHAM	Kangalukku porutkalai kanbippathil siramam
PIRAGAASA PITHAM	Tholukku oliyai tharum

KABAM	
AVALAMBAGAM	Moochu viduthal, Vanguthalil siramam
KILETHAGAM	Serimana kolaru
BOTHAGAM	Suvai kedu
THARPAGAM	Kangal sivanthu vappathudan kaanal
SANTHIGAM	Keelgal Thalarchiyinmai

ENN VAGAI THERVU

NAA	Niram	Karuppu/ Sivappu/ Manjal
	Vaai neer	Adigarippu/ Varatchi
	Thanmai	Maa padithal/ Pun / Pilavu/ Orangalil Pallam/ Vaai Konal
	Parkalin nilai	Iyalbu/ Pal kazhalal/ Vali
	Suvai	Naavil noi undana pin kaanum suvai-
	Pechin nilai	
NIRAM	Iyalbana udal niram	
	Noi Ulla idathil Ethenum Niramaatram	
MOZHI	Iyalbana Oli	Sama oli/ Uratha Oli/ Thazntha oli
	Thanmai	Kural kammiya pechu/ Pesum bothu Moochu vangal
Vizhi	Niram	Veluppu/ Sivappu/ Iyalbu

	Thanmai	Kannil neer vadithal/ Kan peelai sarthal/ Kan parvaiyin Nilai-
Sparisam	Thottu parka Noi Ulla Idam	Soodu/ Kulirchi/ Athi viyarvai/ Thol vedippu
Malam	Niram	Veluppu/ Manjal/ Karuppu
	Thanmai	Irugal/ Ilagal/ Nurai
NAADI		

NEERKURI/ NEIKURI

Sample collected time:

Sample Received time:

Sample tested time:

NEERKURI:

Niram:

Manam:

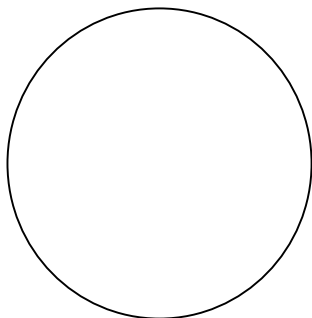
Edai:

Nurai:

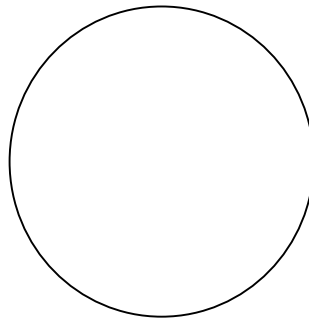
Enjal:

NEI KURI (oil spreading sign)

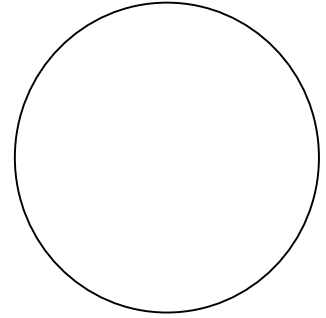
0 min

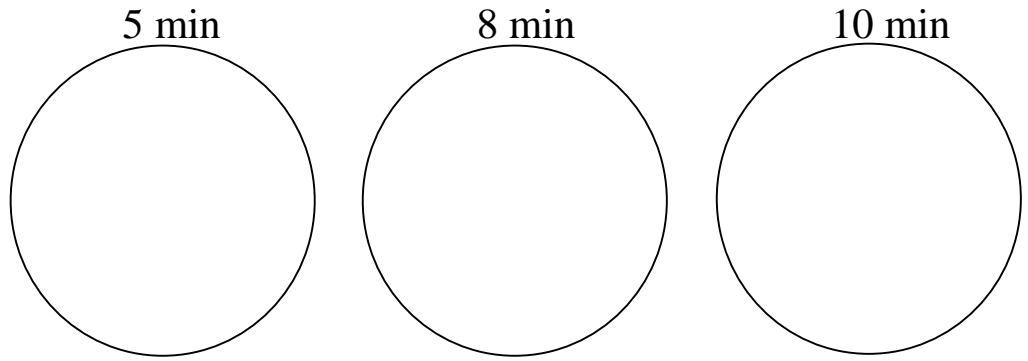


1 min



3 min





MANIKKADAI NOOL VIRARKADAI ALAVU:

Standard manikkadai for the above complaint:

.....

IYMPORI:

Mei:

Vaai:

Kan:

Mooku:

Sevi:

KANMENTHIRIYAM:

Kai:

Kaal:

Vaai:

Karuvaai:

Eruvaai:

KOSAM:

AnnamayaKosam:

Praanamaya Kosam:

Manomaya Kosam:

Vignyanamaya Kosam:

Anandhamaya Kosam:

PANJAPATCHI

Name of the patient:

Birth time:

Birth star:

Patient Reporting time:

Reporting Day:

Valarpirai/ Theipirai:

Panjapatchi calculation:

NOYIN THANMAI:

Valarpirai/ Theipirai						
	Oon	Arasu	Nadai	Thuyil	Saavu	Affected Bootham
Noi Utra Kaalathin PatchiNilai						

Annexure 2: Data Information Sheets

DATA OF DIAGNOSTIC PARAMETERS							
S.NO	OP.NO	AGE	SEX	NAADI	NEIKURI	MANIKADAI	PANJAPATCHI
1	3991	47	F	KP	K	81/2	M+K
2	3992	22	F	VP	VP	73/4	M+K
3	5779	27	F	PV	KP	81/2	N+A
4	7635	60	F	PV	KP	73/4	T+M
5	7801	24	F	VP	VP	81/4	T+M
6	7800	28	F	VP	PV	8	T+M
7	9813	25	F	VP	PK	81/4	N+M
8	11134	29	F	VP	PV	81/4	M+K
9	13316	45	M	PV	VP	73/4	T+A
10	13424	26	F	VP	PV	91/4	T+A
11	13330	36	F	PV	KP	81/4	T+A
12	13688	27	F	VP	PK	81/2	K+T
13	13273	49	M	PV	PV	73/4	K+T
14	13725	54	F	PV	VP	73/4	K+T
15	14751	43	F	VP	PV	101/2	A+T
16	14515	20	M	VP	VP	73/4	A+T
17	15494	35	F	PV	VP	83/4	T+M

18	15795	21	F	VP	VP	73/4	N+A
19	15796	22	F	PV	PK	73/4	N+A
20	16200	30	F	VP	VP	73/4	K+N
21	16208	38	F	PV	VP	81/2	K+M
22	17325	54	F	PV	VP	8	T+A
23	17393	36	F	VP	KP	8	A+T
24	17824	30	F	PV	VP	81/4	N+K
25	18452	45	F	PV	KP	10	A+T
26	18559	52	F	VP	KP	91/2	A+T
27	18485	60	F	VP	K	8	N+A
28	19072	21	F	VP	KP	73/4	A+T
29	19067	35	F	PV	KP	73/4	A+T
30	19235	35	F	PV	PV	8	A+T
31	19880	45	F	VP	PV	73/4	N+T
32	20135	37	F	PV	K	81/4	M+K
33	20283	19	F	VP	K	73/4	A+N
34	20395	45	F	VP	VP	81/2	N+M
35	22613	46	M	VP	PV	91/2	M+K
36	22950	42	F	VP	VP	91/4	N+M
37	23372	31	F	VP	VK	71/2	T+A
38	23700	36	F	PV	VP	81/4	K+T

39	24606	28	F	PV	K	73/4	A+N
40	24995	36	F	PV	PV	73/4	K+N

F- Female: M-Male

M-Mann: N-Neer: T- Thee; K-Katru; A-Aagayam

K- Kabam; KP- Kaba Pitham; PK- Pitha Kabam

PV- Pitha Vatham; VP- Vatha Pitham; VK- Vatha Kabam

PK- Pitha Kabam

UYIR THATHUKKAL – VATHAM										
S.N O	OP.NO	PRANA N	ABANA N	VIYANA N	UDHAN AN	SAMAN AN	NAAGA N	KOORM AN	KIRUGAR AN	DEVADATH AN
1	3991	N	A	A	A	A	N	A	A	A
2	3992	A	N	A	A	A	N	A	A	N
3	5779	N	N	A	N	A	N	A	A	N
4	7635	N	A	A	N	A	A	A	N	N
5	7801	A	A	A	N	A	N	A	N	N
6	7800	N	N	A	N	A	N	A	A	N
7	9813	N	A	A	A	N	N	A	A	N
8	11134	A	N	A	N	A	N	A	N	N
9	13316	N	A	A	N	A	N	A	A	N

10	13424	A	N	A	N	A	N	A	A	N
11	13330	N	A	A	N	A	A	A	N	N
12	13688	A	A	A	N	A	N	A	N	N
13	13273	A	N	A	N	A	N	A	A	N
14	13725	N	A	A	N	A	N	A	N	N
15	14751	N	A	A	A	A	N	A	A	N
16	14515	A	N	A	N	A	N	A	A	N
17	15494	N	A	A	N	A	N	A	N	A
18	15795	A	N	A	N	A	N	A	A	N
19	15796	N	A	A	N	A	N	A	N	N
20	16200	A	A	A	N	A	N	A	A	N
21	16208	A	N	A	N	A	N	A	A	N
22	17325	N	N	A	N	A	N	A	N	N
23	17393	A	A	A	N	A	N	A	A	N
24	17824	A	A	A	N	A	N	A	N	N
25	18452	N	A	A	N	A	N	A	A	N
26	18559	A	A	A	N	A	N	A	N	N
27	18485	A	N	A	N	A	A	A	A	N
28	19072	N	A	A	N	A	N	A	N	N
29	19067	A	A	A	N	A	N	A	A	N
30	19235	N	N	A	N	A	N	N	N	N
31	19880	A	A	A	N	A	N	A	N	N
32	20135	A	A	A	N	A	N	A	N	N
33	20283	N	N	A	N	A	N	A	N	A
34	20395	A	A	A	N	A	N	A	N	N
35	22613	N	A	A	N	A	N	N	N	N
36	22950	A	A	A	N	A	N	A	N	A

37	23372	N	N	A	N	A	A	A	N	N
38	23700	N	A	A	N	A	N	A	A	A
39	24606	N	A	A	N	A	N	A	A	N
40	24995	A	N	A	A	A	N	A	A	N

A- Affected; N- Normal

PITHAM							KABAM				
S.NO	OP.NO	ANA	RAN	SA	PIR	ALO	AVA	KI	PO	THA	SA
1	3991	N	N	A	N	A	A	N	N	A	N
2	3992	A	N	A	N	A	A	A	N	A	N
3	5779	N	N	A	N	A	A	N	A	A	N
4	7635	N	N	A	N	A	A	A	N	A	N
5	7801	A	N	A	N	A	A	A	N	A	N
6	7800	N	N	A	N	A	A	A	N	A	N
7	9813	A	N	A	N	N	A	N	N	A	N
8	11134	A	N	A	N	A	A	A	N	A	N
9	13316	N	N	A	N	A	A	A	N	A	N
10	13424	N	N	A	N	A	A	N	N	A	N

11	13330	A	N	A	N	A	A	A	N	N	N
12	13688	N	N	A	N	A	A	N	N	A	N
13	13273	A	N	A	N	A	A	A	N	A	N
14	13725	A	A	A	N	N	A	A	N	A	N
15	14751	N	A	A	A	A	A	N	N	A	N
16	14515	N	N	A	N	A	A	A	N	A	N
17	15494	A	N	A	N	A	A	A	N	A	N
18	15795	N	N	A	N	A	A	A	N	A	N
19	15796	N	N	A	N	A	A	N	N	A	N
20	16200	A	N	A	N	A	A	A	N	A	N
21	16208	A	N	A	A	A	A	A	N	A	N
22	17325	A	N	A	N	A	A	N	N	A	N
23	17393	A	A	A	N	A	A	A	N	A	N
24	17824	N	N	A	N	A	A	A	N	A	N
25	18452	A	N	A	N	A	A	N	N	A	N
26	18559	N	N	A	N	A	A	A	N	A	N
27	18485	A	N	A	A	A	A	N	N	A	N
28	19072	N	N	A	N	N	A	A	N	A	N
29	19067	A	N	A	N	A	A	N	N	A	N
30	19235	N	A	A	N	A	A	A	N	A	N

31	19880	A	N	A	N	A	A	A	N	A	N
32	20135	A	N	A	N	A	A	A	N	A	N
33	20283	N	N	A	N	A	A	N	N	A	N
34	20395	A	N	A	N	A	A	A	N	A	N
35	22613	N	A	A	N	A	A	N	N	A	N
36	22950	A	N	A	A	A	A	A	N	A	N
37	23372	N	N	A	N	A	A	N	N	A	N
38	23700	N	N	A	N	A	A	A	N	A	N
39	24606	N	N	A	N	A	A	N	N	N	N
40	24995	A	N	A	N	A	A	A	N	A	N

A- Affected; N- Normal

UDAL THATHUKKAL							
S.NO	OP.NO	SARAM	SENNER	OON	KOLUPPU	ENBU	MOOLAI
1	3991	AF	AF	AF	AF	N	AF
2	3992	AF	N	N	N	N	AF
3	5779	AF	AF	N	AF	N	N
4	7635	AF	AF	N	N	N	AF
5	7801	AF	N	N	N	N	N
6	7800	AF	AF	N	N	AF	AF
7	9813	AF	N	N	N	N	N
8	11134	AF	AF	N	N	N	AF
9	13316	AF	N	N	N	N	AF
10	13424	AF	N	N	N	N	N
11	13330	AF	AF	AF	N	N	AF
12	13688	AF	AF	AF	N	N	AF
13	13273	AF	N	N	N	N	N
14	13725	AF	N	N	N	AF	N
15	14751	AF	AF	N	N	N	AF
16	14515	AF	N	N	N	N	N

17	15494	AF	AF	N	N	N	AF
18	15795	AF	N	AF	N	N	N
19	15796	AF	N	N	N	N	AF
20	16200	AF	AF	N	AF	AF	N
21	16208	AF	N	N	AF	N	N
22	17325	AF	AF	N	N	N	AF
23	17393	AF	N	N	N	N	N
24	17824	AF	AF	N	N	N	N
25	18452	AF	N	N	N	N	AF
26	18559	AF	AF	N	N	N	N
27	18485	AF	N	N	N	N	N
28	19072	AF	AF	N	N	N	N
29	19067	AF	N	N	N	N	N
30	19235	AF	AF	N	N	N	AF
31	19880	AF	N	N	N	N	N
32	20135	AF	AF	N	N	N	AF
33	20283	AF	N	N	N	N	N
34	20395	AF	AF	N	N	N	AF
35	22613	AF	N	N	N	N	N
36	22950	AF	AF	N	N	N	AF

37	23372	AF	N	AF	N	AF	AF
38	23700	AF	AF	N	N	N	N
39	24606	AF	N	N	N	AF	AF
40	24995	AF	AF	N	AF	N	AF

N- Normal

A-Affected

AVA- Avalambagam

KI- Kilethagam

PO- Pothagm

THA-Tharpagam

SA-Santhigam

ANA-Anarpitham

RAN-Ranja pitham

SA-Sathaga pitham

PIR-Pirasaga pitham

ALO-Alosaga pitham

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Review Article



DOI: <http://dx.doi.org/10.22192/ijcrops.2020.07.03.003>

A review on single herb therapy followed in Siddha medicine for Sinusitis (Peenism)

Dr. S. Renugadevi¹, Dr. J. Nandhinishenbagasubha¹, Dr. S. Victoria²

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Tamil Nadu, India.

Abstract

Medicine is not only a science but also a kind of art. Medicine varies according to the life-style of people with their geographical condition.

The pillars of Indian System of Medicine is dedicated by siddhars to our human society to lead long life, free from diseases. Mostly the treatment were based of medicinally useful plants. Medicinal plants play a major role in treating the diseases. The siddha medical text book referred as "Siddha Materia Medica" gives information about the plants used for the treatment of sinusitis. The review article is about the medicinal plants used in the management of treating peenism. The main objective of the study is to document the medicinal plants used for the sinusitis.

Keywords: Peenism, mookadaippu, sinusitis, siddha management

Introduction

Siddha system is the ancient traditional treatment system, generated from Dravidian culture. This system not only treats illness, but also prevents the disease and promotes the the longevity of life.

The word SIDDHA comes from the word SIDDHI which means a state to be attained by perfection or heavenly bliss. Siddha system highlights "ASHTAMAHASIDDHI" the eight supernatural power. Those who attained the

ASHTAMAHASIDDHI are known as siddhars, who developed the siddha system of curing ailments. Sinusitis is a very common disease in India. More than one thirty million people suffer from atleast once in their lifetime. Medicines prepared from the plants were more effective. The term SINUSITIS refer to inflammation of the mucosal lining of the paranasal sinuses.



A review on single herb therapy in the management of headache disorders – Siddha external therapy methods

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Abstract

The goal of life can be attained by means of keeping the health of this mortal body. This is also the prime principle of *Siddha* system of medicine. Headache is one of the most common and yet most difficult clinical problem. Though the term headache can mean pain anywhere in the head, it is usually confined to pain arising in the region of the cranial vault. Headache is common, afflicting 4.13% of the population, however a recent focused survey found the 1-year prevalence rate of primary headache as 62.0% and that of migrainous headache as 25.2% from a southern state. *Siddha* system focusses on treating this disease by nature gifted herbal preparations, Herbo-mineral combination drugs, Metallic preparations based on intensity and duration of the disease. This paper is a collection work of easily available herbal preparations in the management of headache from classical *siddha* literatures. Single herbal therapies for the management of headache are better discussed along with their Parts used, Taste, and Preparation methods.

Keywords: Headache, migraine, *Therathalaivali* Single herb therapy,

Introduction

Siddha medicine, Traditional system of healing that originated in south India and is considered to be one of India's oldest systems of medicine. God has created this beautiful world with maximum natural infrastructural facilities to all living beings for a comfortable and healthy life. The goal of life can be attained by means of keeping the health of this mortal body. This is also the prime principle of *siddha* system of medicine. *Siddha* have extensively knowledgeable in science, technology, astronomy and literature. *Siddha* the founders of *siddha* medicine perceived and announced the use of herbs, minerals, metals and non-metals as a remedy for various incurable diseases.

Headache is one of the most common health complaints.

Headache is one of the most common and yet most difficult clinical problem though the term headache can mean pain anywhere in the head. Headache is common in urban areas, afflicting 4.13% of the population, however a recent focused survey found the 1-year prevalence rate of primary headache as 62.0% and that of migrainous headache as 25.2% from a southern state. *Siddha* system focusses on treating this disease by nature gifted herbal preparations, Herbo-mineral combination drugs, Metallic preparations based on intensity and duration of the disease.

GOVT.SIDDHA MEDICAL COLLEGE

PALAYAMKOTTAI

SCREENING COMMITTEE FOR TOPIC SELECTION

Candidate's Name : Dr.J. Nandhini shenbaga subha
Department : Noi Naadal department


This is to certify that the dissertation topic A STUDY OF SIDDHA DIAGNOSTIC METHODS SPECIALLY NEERKURI, NEIKURI, MANIKADAI FOR "ORUTHALAIVAKATHABETHAM" has been approved by the screening committee.

Branch	Department	Name	Signature
I	PothuMaruthuvam	Prof. Dr.A.Manoharan MD (s)	A. Manoharan 26/3/18
II	Gunapadam	Dr. A. Kingsly MD (s) Associate Professor	A. Kingsly 26/3/18
III A	Pura Maruthuvam	Dr. M. Ahamed Mohideen ,MD(s) Associate Professor	M. Ahamed Mohideen 26/3/18
III B	Varma Maruthuvam	Prof.Dr.A.S.PoongodikanthimathiMD(s)	A.S. Poongodikanthimathi 26/3/18
III C	Siddhar Yoga Maruthuvam		
IV	KuzhanthaiMaruthuvam	Prof. Dr. D.K. Soundararajan MD (s)	D.K. Soundararajan 26/3/18
V	NoiNaadal	Prof. Dr. S. Victoria MD (s)	S. Victoria 26/3/18
VI	NanjuNoolMaruthuvam	Prof. Dr. M. Thiruthani MD (s)	M. Thiruthani 26/3/18

Remarks:

Place:Palayamkottai

Date:26-3-2018


PRINCIPAL
26/3/18
Govt. Siddha Medical College
Palayamkottai

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F.No.GSMC/ 5676/P&D/Res/IEC/2014

Date:27.03.2018

CERTIFICATE OF APPROVAL

Address of Ethical committee	Government Siddha Medical College , Palayamkottai - 627002, Tirunelveli district.
Principal investigator	Dr. J.NANDHINI SHENBAGA SUBHA , PG Scholar,I Year Department of PG Noi Naadal. subhajaiganesh14@gmail.com
Guide	Dr.S.VICTORIA,MD(s), H.O.D, Department of Noi Naadal Govt. Siddha Medical College and Hospital, Palayamkottai. -627002. Tirunelveli Dist
Dissertation topic	A STUDY OF SIDDHA DIAGNOSTIC METHODS SPECIALLY NEERKURI, NEIKURI, MANIKADAI FOR ORUTHALAIIVAKATHABETHAM
Documents filed	1)Protocol, 2) Data Collection Forms, 3) Patient Information Sheet, 4) Consent form
Clinical / Non Clinical trial protocol	CLINICAL TRIAL PROTOCOL
Informed consent document	Yes
Any other document	Case sheet/ Investigation documents
Date of IEC Approval & it's Number	GSMC-V-IEC/2018-Br-V/38/27.03.2018

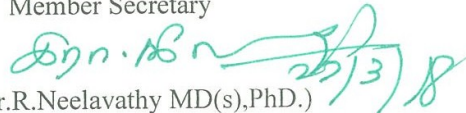
We approve the trial to be conducted in its presented form.

The Institutional Ethical committee expects to be informed about the process report to be submitted to the IEC at least annually of the study any changes in the protocol and submission of final report.

Chairman


(Prof. Dr. M. Murugesan MD(s))

Member Secretary


(Prof. Dr. R. Neelavathy MD(s), PhD.)



The Tamil Nadu Dr.M.G.R. Medical University

69, Anna Salai, Guindy, Chennai - 600 032.

This certificate is awarded to Dr. ✓ J. NANDHINI SHENBAGA SUBHA

for participating as Delegate / Resource Person in the 27th Workshop on

“ How To Do a Good Dissertation & Publish?” Research Methodology and Biostatistics:

For AYUSH Post - Graduates & Researchers organized by the Department of Siddha,

The Tamil Nadu Dr.M.G.R. Medical University from 16.04.2018 to 20.04.2018 .


Dr.N.KABILAN, M.D.(S), Ph.D.,
PROF & HEAD, DEPT.OF SIDDHA

Prof.Dr.T.BALASUBRAMANIAN, M.S.,D.L.O.,,

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VICE CHANCELLOR



GOVERNMENT SIDDHA MEDICAL COLLEGE & HOSPITAL

PALAYAMKOTTAI



CONTINUING MEDICAL EDUCATION PROGRAMME

This is to certify that Dr **J. NANDHINISHENBAGA SUBHA** has participated in the CME programme held on 25-6-18 at Conference Hall, Special Therapy Wing, Govt. Siddha medical college, Palayamkottai.

This programme is focussed on “Siddha Maruthuva Murai Parisothanaigal ”

CERTIFICATE

OF

PARTICIPATION

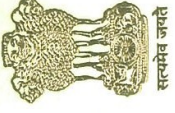
26/6/18

Prof. Dr. S. Victoria MD(S)

(Head of the department)

Prof. Dr. R. Neelavathy MD(S) PhD

(Principal)



सत्यमेव जयते

Ministry of AYUSH

Global Acceptance for Siddha System of Medicine : Scope and Challenges

A NATIONAL CONFERENCE

Certificate of Appreciation

This certificate is proudly presented to*Dr. Nandhini Shenbaga Subha J*.....
 for *authoring / co-authoring / presenting / co-presenting the oral / poster presentation entitled " Perception of Siddha ..*
Physicians towards private Siddha practice in Tirunelveli district.....
 in the National Conference on "Global Acceptance for Siddha System of Medicine: Scope and Challenges"
 organised by Central Council for Research in Siddha (CCRS) with the support of Ministry of AYUSH held on 28th & 29th
 September, 2018 at Amma Arangam, Shenoy Nagar, Chennai- 600 030.

Dr. S. Selvarajan
 Organising Secretary
 Research Officer (Siddha) S-II, CCRS



Dr. N.J. Muthukumar
 Chairman & Convener
 Director General, CCRS

CENTRAL COUNCIL FOR RESEARCH IN SIDDHA

Ministry of AYUSH, Govt. of India

Arumbakkam, Chennai – 600106.



KOKILA SIDDHA HOSPITAL AND RESEARCH CENTRE MADURAI

(First siddha hospital accredited by NABH, Quality council of India)

Certificate of Participation

This is to certify that Dr. J. NANDHINI SHENBAGIA SUBHA

Post Graduate Scholar from Department of Noi-Naadal, Government Siddha Medical College, Palayamkottai, Tirunelveli, Tamilnadu (IN)
(Affiliated to The Tamilnadu Dr. MGR Medical University, Chennai) Participated in
Hospital/ Research Institute Visit at

KOKILA SIDDHA HOSPITAL AND RESEARCH CENTRE,

held on 10-10-2019

Dr. J. Jeyavenkatesh MD (Siddha), PhD

Chairman

Kokila Siddha Hospital & Research Centre, Madurai



Clinical Trial Details (PDF Generation Date :- Tue, 23 Jun 2020 13:59:56 GMT)

CTRI Number	CTRI/2019/07/020042 [Registered on: 05/07/2019] - Trial Registered Prospectively		
Last Modified On	23/06/2020		
Post Graduate Thesis	Yes		
Type of Trial	Interventional		
Type of Study	Siddha		
Study Design	Single Arm Trial		
Public Title of Study	Clinical evaluation of the effect on oral administration of tar? m?ttirai in management of Vitiligo		
Scientific Title of Study	Clinical evaluation of the effect on oral administration of tar? m?ttirai in management of VENKUTTAM		
Secondary IDs if Any	Secondary ID	Identifier	
	NIL	NIL	
Details of Principal Investigator or overall Trial Coordinator (multi-center study)	Details of Principal Investigator		
	Name	L Santhosh kumar	
	Designation	Post graduate student	
	Affiliation	Government Siddha Medical College and Hospital, Palayamkottai.	
	Address	Department Of Kuzhanthai Maruthuvam, Government siddha medical college and hospital, Palayamkottai. Tirunelveli Tirunelveli TAMIL NADU 627 002 India	
	Phone	8883447447	
	Fax		
	Email	drsanthosh94@gmail.com	
	Details Contact Person (Scientific Query)	Details Contact Person (Scientific Query)	
		Name	K Shyamala
Designation		Lecturer Grade-II	
Affiliation		Government Siddha Medical College and Hospital, Palayamkottai.	
Address		Department Of Kuzhanthai Maruthuvam, Government siddha medical college and hospital, Palayamkottai. Tirunelveli Tirunelveli TAMIL NADU 627002 India	
Phone		9442277124	
Fax			
Email		shyamsujisathya@gmail.com	
Details Contact Person (Public Query)		Details Contact Person (Public Query)	
	Name	K Shyamala	
	Designation	Lecturer Grade-II	
	Affiliation	Government Siddha Medical College and Hospital, Palayamkottai.	
	Address	Department Of Kuzhanthai Maruthuvam, Government siddha medical college and hospital, Palayamkottai. Tirunelveli Tirunelveli TAMIL NADU 627002 India	
	Phone	9442277124	



	Fax			
	Email	shyamsujisathya@gmail.com		
Source of Monetary or Material Support	Source of Monetary or Material Support			
	> Government siddha medical college and hospital, palayamkottai, Tirunelveli, Tamil Nadu - 627002			
Primary Sponsor	Primary Sponsor Details			
	Name	Santhoshkumar L		
	Address	Department Of Kuzhanthai Maruthuvam, Government siddha medical college and hospital, Palayamkottai. Tirunelveli-627002		
	Type of Sponsor	Other [Self]		
Details of Secondary Sponsor	Name	Address		
	Nil	Nil		
Countries of Recruitment	List of Countries			
	India			
Sites of Study	Name of Principal Investigator	Name of Site	Site Address	Phone/Fax/Email
	L Santhosh Kumar	Government Siddha Medical College and Hospital, Palayamkottai Tirunelveli-627002	Op no 7 Department of kuzhanthai maruthuvam Government siddha medical college and hospital, Palayamkottai, Tirunelveli Tirunelveli TAMIL NADU	8883447447 drsanthosh94@gmail.com
Details of Ethics Committee	Name of Committee	Approval Status	Date of Approval	Is Independent Ethics Committee?
	Institutional Ethical Committee Government Siddha Medical College, Palayamkottai, Tirunelveli-627002, Tamil Nadu, India	Approved	27/03/2018	No
Regulatory Clearance Status from DCGI	Status		Date	
	Not Applicable		No Date Specified	
Health Condition / Problems Studied	Health Type		Condition	
	Patients		Vitiligo	
Intervention / Comparator Agent	Type	Name	Details	
	Intervention	tar? m?ttirai	The test drug will be administered orally and externally. internal dose - thettrankottai alavu(Strycnus potatorum) 1/2 - 1 tablet two times a day with an adjuvant of sufficient water	
	Comparator Agent	nil	nil	
Inclusion Criteria	Inclusion Criteria			
	Age From	4.00 Year(s)		
	Age To	12.00 Year(s)		
	Gender	Both		
	Details	The patient attending to the OPD will be screened for the following symptoms and will be included in the study		



	Primary symptoms 1. Hypopigmented patches with hyperpigmented border without any structural changes in any part of the body surface. 2. Children who are willing to undergo blood tests for laboratory investigations				
Exclusion Criteria	Exclusion Criteria				
Details	Tinea versicolor Chemical leucoderma Dermatological manifestation of leprosy Burn scar Pityriasis alba Total albinism White patches in mucous membrane				
Method of Generating Random Sequence	Not Applicable				
Method of Concealment	Not Applicable				
Blinding/Masking	Not Applicable				
Primary Outcome	<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: center;">Outcome</th> <th style="text-align: center;">Timepoints</th> </tr> </thead> <tbody> <tr> <td>Reduction of the hypopigmented lesions over the affected area</td> <td>45 days</td> </tr> </tbody> </table>	Outcome	Timepoints	Reduction of the hypopigmented lesions over the affected area	45 days
Outcome	Timepoints				
Reduction of the hypopigmented lesions over the affected area	45 days				
Secondary Outcome	<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: center;">Outcome</th> <th style="text-align: center;">Timepoints</th> </tr> </thead> <tbody> <tr> <td>Reduction in the recurrence rate of the lesions</td> <td>3 months</td> </tr> </tbody> </table>	Outcome	Timepoints	Reduction in the recurrence rate of the lesions	3 months
Outcome	Timepoints				
Reduction in the recurrence rate of the lesions	3 months				
Target Sample Size	Total Sample Size=40 Sample Size from India=40 Final Enrollment numbers achieved (Total)=40 Final Enrollment numbers achieved (India)=40				
Phase of Trial	Phase 2				
Date of First Enrollment (India)	06/07/2019				
Date of First Enrollment (Global)	No Date Specified				
Estimated Duration of Trial	Years=2 Months=0 Days=0				
Recruitment Status of Trial (Global)	Not Applicable				
Recruitment Status of Trial (India)	Completed				
Publication Details	nil				
Brief Summary	<small>It is an interventional study, to evaluate the effect of oral administration of tur? m?tirai in management of venkattan consisting of the sample size of 40. The patient were assessed on the basis of clinical symptoms like Hypo-pigmented patches with hyper-pigmented border without any structural changes in any part of the body surface, and the primary outcome were assessed after 45 days of test drug administration and the secondary outcome were followed up after every 3 months.</small>				

**INTERNATIONAL JOURNAL OF ADVANCED
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Editorial Board Member of
International Journal of Advanced Research in Biological Sciences
is hereby awarding this certificate to

Dr. J. Nandhinishenbagasubha¹, Dr. S. Renugadevi², Dr. S. Victoria³

^{1,2}PG scholars, Department of Noi-Naadai, Government Siddha Medical College and Hospital,
Palayamkottai, Tirunelveli-627002.

³ Principal, Head of the Department of Noi-Naadai, Government Siddha Medical College and Hospital,
Palayamkottai, Tirunelveli-627002

Corresponding Author: Dr. J. Nandhinishenbagasubha

E-mail: subha.jaiganesh.14@gmail.com

In recognition of the publication of the paper entitled **“A review on single herb therapy in the management of headache disorders – Siddha external therapy methods”** published in IJARBS Journal, Volume: 7, Issue: 3, Year: 2020.

T. Sumanth
Managing Editor
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8/173, Vengayapalayam,
Seerappalli (Po.), Rasipuram (Tk.),
Namakkal (Dt.)-637 406.
Tamil Nadu, India.



V. Shanmugam
Editor in Chief
IJARBS
Website: www.ijarbs.com
E-mail: editorijarbs@gmail.com



Clinical Trial Details (PDF Generation Date :- Sat, 20 Jun 2020 06:06:05 GMT)

CTRI Number	CTRI/2019/06/019793 [Registered on: 20/06/2019] - Trial Registered Prospectively		
Last Modified On	20/06/2020		
Post Graduate Thesis	Yes		
Type of Trial	Observational		
Type of Study	Follow Up Study		
Study Design	Single Arm Trial		
Public Title of Study	A STUDY ON ORUTHALAIKATHABETHAM BY SIDDHA DIAGNOSTIC TOOLS		
Scientific Title of Study	A STUDY OF SIDDHA DIAGNOSTIC METHODS SPECIALLY NEERKURI,NEIKURI,MANIKADAI FOR "ORUTHALAIKATHABETHAM"		
Secondary IDs if Any	Secondary ID	Identifier	
	NIL	NIL	
Details of Principal Investigator or overall Trial Coordinator (multi-center study)	Details of Principal Investigator		
	Name	J NANDHINI SHENBAGA SUBHA	
	Designation	PG SCHOLAR	
	Affiliation	GOVT SIDDHA MEDICAL COLLEGE AND HOSPITAL	
	Address	DEPARTMENT OF NOI NAADAL OP NO 2 GOVERNMENT SIDDHA MEDICAL COLLEGE AND HOSPITAL PALAYAMKOTTAI TIRUNELVELI DEPARTMENT OF NOI NAADAL OP NO 2 GOVERNMENT SIDDHA MEDICAL COLLEGE AND HOSPITAL PALAYAMKOTTAI Tirunelveli TAMIL NADU 627002 India	
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	Fax		
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	Details Contact Person (Scientific Query)	Details Contact Person (Scientific Query)	
		Name	S VICTORIA
Designation		PROFESSOR	
Affiliation		GOVERNMENT SIDDHA MEDICAL COLLEGE AND HOSPITAL	
Address		DEPARTMENT OF NOI NAADAL GOVERNMENT SIDDHA MEDICAL COLLEGE AND HOSPITAL PALAYAMKOTTAI TIRUNELVELI DEPARTMENT OF NOI NAADAL GOVERNMENT SIDDHA MEDICAL COLLEGE AND HOSPITAL PALAYAMKOTTAI TIRUNELVELI Tirunelveli TAMIL NADU 627002 India	
Phone		9444109971	
Fax			
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Details Contact Person (Public Query)	Details Contact Person (Public Query)		
	Name	S VICTORIA	
	Designation	PROFESSOR	
	Affiliation	GOVERNMENT SIDDHA MEDICAL COLLEGE AND HOSPITAL	
	Address	DEPARTMENT OF NOI NAADAL GOVERNMENT SIDDHA MEDICAL COLLEGE AND HOSPITAL PALAYAMKOTTAI	



	TIRUNELVELI DEPARTMENT OF NOI NAADAL GOVERNMENT SIDDHA MEDICAL COLLEGE AND HOSPITAL PALAYAMKOTTAI TIRUNELVELI Tirunelveli TAMIL NADU 627002 India			
Phone	9444109971			
Fax				
Email	drvictoriathangaraj@gmail.com			
Source of Monetary or Material Support	Source of Monetary or Material Support			
	> GOVERNMENT SIDDHA MEDICAL COLLEGE AND HOSPITAL			
Primary Sponsor	Primary Sponsor Details			
Name	Government siddha medical college and hospital			
Address	DEPARTMENT OF NOI NAADAL OP NO 2 GOVERNEMNET SIDDHA MEDICAL COLLEGE AND HOSPITAL			
Type of Sponsor	Government medical college			
Details of Secondary Sponsor	Name	Address		
	NIL	NIL		
Countries of Recruitment	List of Countries			
	India			
Sites of Study	Name of Principal Investigator	Name of Site	Site Address	Phone/Fax/Email
	NANDHINI SHENBAGA SUBHA	Govt Siddha Medical College Hospital	DEPARTMENT OF NOI NAADAL OP NO 2 GOVERNMENT SIDDHA MEDICAL COLLEGE AND HOSPITAL PALAYAMKOTTAI TIRUNELVELI Tirunelveli TAMIL NADU	9843649282 subhajaiganesh14@gm ail.com
Details of Ethics Committee	Name of Committee	Approval Status	Date of Approval	Is Independent Ethics Committee?
	IEC Govt Siddha Medical College Palayamkottai	Approved	27/03/2019	No
Regulatory Clearance Status from DCGI	Status		Date	
	Not Applicable		No Date Specified	
Health Condition / Problems Studied	Health Type		Condition	
	Patients		Migraine, unspecified	
Intervention / Comparator Agent	Type	Name	Details	
	Comparator Agent	NIL	NIL	
Inclusion Criteria	Inclusion Criteria			
	Age From	15.00 Year(s)		
	Age To	65.00 Year(s)		
	Gender	Both		
	Details	UNILATERAL HEADACHE MILD TO SEVERE PAIN		



	THROBBING PAIN LOSS OF APPETITE Harripilation Lacrimation				
Exclusion Criteria	Exclusion Criteria				
Details	SURYAVATHAM Bilateral headache TUMOURS HAEMORRHAGIC INFESTATIONS OF HEAD VASCULAR DISORDER LACTATING WOMENS AND PREGNANT LADIES				
Method of Generating Random Sequence	Not Applicable				
Method of Concealment	Not Applicable				
Blinding/Masking	Not Applicable				
Primary Outcome	<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">Outcome</th> <th style="width: 50%;">Timepoints</th> </tr> </thead> <tbody> <tr> <td>Establishing the relevance of sage Yugi symptomology about the disease Oruthalai Vakatha Betham of the present day Patient sample</td> <td>1 year</td> </tr> </tbody> </table>	Outcome	Timepoints	Establishing the relevance of sage Yugi symptomology about the disease Oruthalai Vakatha Betham of the present day Patient sample	1 year
Outcome	Timepoints				
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Outcome	Timepoints				
Siddha Pathophysiology and Symptomatology and Etiology were compared with modern concepts Finding the Neerkuri Finding the Neikuri Finding the Manikadai	1 year				
Target Sample Size	Total Sample Size=40 Sample Size from India=40 Final Enrollment numbers achieved (Total)=40 Final Enrollment numbers achieved (India)=40				
Phase of Trial	N/A				
Date of First Enrollment (India)	01/07/2019				
Date of First Enrollment (Global)	No Date Specified				
Estimated Duration of Trial	Years=1 Months=0 Days=0				
Recruitment Status of Trial (Global)	Not Applicable				
Recruitment Status of Trial (India)	Completed				
Publication Details	nil				
Brief Summary	In our Siddha System ,disease are classified on the basis of Mukkutram (Vatham,Pittham,Kabam). Any alteration in this Mukktram,disease occurs.There are 4448 disease classified by Siddhars of those disease the author focus on the disease Oruthalai vakatha betham a disease which comes under 80 classes of Vatha diseases classified by Yugi muni.				