

**“A STUDY ON SIDDHA DIAGNOSTIC METHODOLOGY
WITH SPECIAL MENTION TO ENVAGAI THERVU FOR
KURUTHI MOOLAM”**

Dissertation submitted by

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DECLARATION BY THE CANDIDATE

I hereby declare that this dissertation entitled "*A Study On Siddha Diagnostic Methodology With Special Mention To Envagai Thervu For Kuruthi Moolam*" is a bonafide and genuine research work carried out by me under the supervision of **Dr.S.Sundararajan MD (S)**, Reader, Department of Noi-Naadai, Govt. Siddha Medical College, Palayamkottai and the dissertation has not formed the basis for the award of any Degree, Diploma, fellowship or other similar title and contents.

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Name and Signature of the Principal

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1 INTRODUCTION

Siddha system is an ancient medical system of South India. Siddha system of medicine is the traditional medicine of our ancestors. Which has its foundations from superior wisdom of siddhars. Siddhars are those who lived and maintained the body as they desired best. They are responsible for the Tamil medicine of the present day and also for many other sciences of public utility siddha system has been spread worldwide because of its significant beneficial effect with insignificant side effects. The siddha system is the first system of medicine to emphasize health as the perfect state of physical, mental, social, moral and spiritual component of human beings.

Siddha system of Medicine as practiced by our ancestors has its own philosophy, holistic approach and life style oriented Medicare concepts. This system gives importance to the individual body constitution and customize the treatment. The basic emphasis of Siddha System is on positive health via, to prevent disease by careful dieting and proper relaxation of mind to achieve a totality of health that access not only longevity but also immortality.

This system mainly based on “**ANDAPINDA THATHUVAM**” that means the relationship between the universe and human body.

The functional unit of human body is said to be “**UYIR THATHUS**” and physiological units is said to be vatham, pitham and kapham.

The perfect diagnosis was achieved by various diagnosis tools like “**ENNVAGAI THERVU**”, which includes neerkuri, neikuri and malakuri.

According to Siddha system of medicine five elements (Earth, Water, Fire, Air and Ether) develop six tastes (Sweet, Sour, Pungent, Salt, Bitter and astringent). The six tastes conjugate with one another and build 3 humors (Vali, Azhal and Iyam) of the body. Imbalance in these three humors produces the ailment or makes the man susceptible to get disease which are about 4448 in number.

“அனில பித்த தொந்தமலாது மூலம் வராது”

- தேரையர்

One such enlighten physician the great **YUGIMUNI** classified Moola Noi into 21 types. “**KURUTHI (RATTHA) Moolam**” is one among them.

Approximately 50 % to 60 % of people have problem with moola noi at some point in their lives. Males and females are both affected with about equal frequency.

In India the prevalence is 4.2 – 7.9 % and approximately 40,723,288 people are reported to have moola noi.

Now – a – day’s people neglect symptoms like constipation, which later on may produce moola noi.

KURUTHI MOOLAM is a “curable disease. Early and proper diagnosis is most important which is avoid lead to dangerous and often fatal consequences. Simple diagnostic procedures have been done to prevent complications and making treatment easy.

The current life style, Diet, Stress, Overweight, pregnancy, Lack of physical activities and Environment all paves way in bringing out of this condition. The packaged, Sweetened, Canned foods, Non-veg items, all that might taste good, are thieves that rob the natural vibrant health. As food is medicine and medicine is food is one of the core philosophies of Siddha System of Medicine.

2 AIM AND OBJECTIVES

2.1 AIM:

To study on the Siddha diagnosis methodology of “KURUTHI MOOLAM”

2.2 OBJECTIVES:

2.2.1 Primary objectives:

- To study on ENNVAGAI THERVU in diagnosis of “KURUTHI MOOLAM”

2.2.2 Secondary objectives:

- To document MANIKKADAINOOL ALAVU.
- To document PANJAPATCHI by observing the reporting time of the patient.

3 REVIEW OF LITERATURES

3.1 BASIC OF SIDDHA SYSTEM OF MEDICINE:

Siddha system of medicine highlights the practice of medicine as the art of restoring the sick to health. Siddha medicine maintained the respectability in keeping the society in normal health and relieving people from common diseases. This system essentially leads towards a new dimension of life helping the process of flowering of human personality.

According to this system the physiological function of the human body is regulated by the three vital humors namely

- **Vatham**
- **Pitham**
- **Kabham**

These are the three fundamental principles and cardinal factors in the composition and constitution of the human body. Vatham, pitham, and kabham represent the air, the fire, and the water of the five elements of nature, which form the connecting link between microcosm or man and macrocosm or world.

The five element theory propounds that the air, water, fire, earth, and ether, mix together to produce six tastes namely sweet, sour, salty, bitter, pungent, and astringent. And when the foods composed of these six tastes are consumed they further combine to produce the three humors Vatham, pitham, and kapham. When food rich in a particular taste is consumed in large quantities, the derangement of the three humors occurs which results in diseases.

3.1.1 DIAGNOSIS IN SIDDHA:

Siddha classical literatures promote that a prompt diagnosis should be enhanced by

- Using all the senses of physician (புலனால் அறிதல்)
- Proper physical examinations (பொறியால் அறிதல்)
- Proper Questioning (வினாதல்)

“நாடிப்பரிசம் நாநிறம் மொழிவிழி
மலம் மூத்திரமிவை மருத்துவராயுதம்”
- தேரன்

Ennvagai thervu is a siddha diagnostic procedure designed on the basis to detect the deranged humour and thereby enhancing the treatment aspect. Siddhar *Tēraiyyar* proposed that Pulse, Tongue, Colour, Skin, Voice, Eyes, Urine and stool are the physician's weapons in diagnosing diseases.

Siddha medicine relies on the examination of pulse, eyes, urine, tongue, voice, skin colour, and the status of the digestive system to diagnose diseases. This system provides a detailed procedure for the examination of urine including the study of its colour, density, smell, oil drop spreading pattern and quantity to determine the cause of illness. The system advocates a holistic approach and the diagnosis is based on the study of the person as a whole and not just the examination of the affected parts of the body.

3.1.2 TREATMENT IN SIDDHA ASPECT:

The Siddha System emphasizes that the treatment of a patient should be based not just on the disease but also his physical, mental and spiritual state. It also takes into account the environment, age, gender, habits, habitat, mental frame, and the meteorological considerations while recommending the treatment. It also considers the appetite, diet, and physiological constitution of the patient. This means the treatment is individualistic and aimed at removing the root cause of the illness.

In siddha system of medicine both the cause and treatment of a diseases is based on the relationship between Five Elements- Three Humours- Six Tastes

Six tastes plays an important role in treatment of a disease.

3.2 SIDDHA PHYSIOLOGY:

3.2.1 UYIR THATHU:

The physiological function in the body is mediated by three Humours- Vatham, Pitham, and Kabam. In each cell in the body these three co-exist and function harmoniously. Vatham is formed by the basic elements space and air. Pitham is formed by fire and Kabam is formed by earth and water. If these three functions normally, health is maintained.

According to the Siddha system, the three humours are said to occupy the lower, middle and upper parts of the body respectively and maintain their integrity. For example Vatham occupies pelvis and rectum; pitham stomach and internal viscera and Kabam occupies lungs, throat and head. Vatham is connected with the functions of the nervous system; Pitham with digestion, metabolism, heat production, coloration of blood and kabam connected with the reduction of heat and functions of various glands.

Knowledge of three Uyir thathus and seven Udal kattugal will be helpful to detailed study on the disease.

3.2.1.1 VATHAM:

The term vatham denotes vayu, dryness, pain and flatulence.

3.2.1.2 LOCATION OF VATHAM:

Vatham located in the abanan, face, idakalai, spermatic cord, pelvic bone, skin, nerves, joints, hairs and muscles. Its mathirai is 1.

3.2.1.3 TYPES OF VATHAM:

It is divided into 10 types;

1. PRANAN:

It is responsible for respiration and digestion.

2. ABANAN:

It lies below the umbilicus responsible for the downward expulsion of stools, urine and constriction of anal sphincters.

3. VIYANAN:

It is responsible for Nourishment of whole body.

4. UTHANAN:

It is responsible for Speech, expelling vomits, hic-cough

5. SAMANAN:

It is responsible for the balancing of the vayus. Absorption of nutrient's and balances of the body.

6. NAGAN:

It is responsible for the movement for eyelids.

7. KOORMAN:

It is responsible for the sight, closing of eyelids, yawning and closure of mouth.

8. KIRUKARAN:

It is responsible for the secretion of mouth and nose, appetite, sneezing, cough.

9. DEVATHATHAN:

It is responsible for aggravating of the emotional disturbances anger, etc.

10. THANAJAYAN:

It escapes from the head on the third day after death.

3.2.2 PITHAM:

It is the thermal life force of the body.

3.2.2.1 Location of Pitham:

Pitham is located in Pirana Vayu, blood, moolakini, heart, umbilical region, abdomen, sweating, saliva, eyes and skin.

3.2.2.2 Functions of Pitham:

Pitham controls digestion, temperature, vision, appetite, thirst, taste and strength of the body. It is responsible for the formation of red or yellow colour in the

body and heat especially during digestion. It is also responsible for giddiness, increase of blood, discoloration of stools, urine, anger, memory and bitter and sour taste.

3.2.2.3 TYPES OF PITHAM:

1) ANALA PITHAM:

This is responsible for digestion of food. It located in stomach and intestine.

2) RANJAGA PITHAM

It is responsible for the colour and contents of blood.

3) SAATHAGAM:

It lies in the heart. It is responsible for the action after thinking.

4) PRASAGAM:

It is responsible for the complexion of skin.

5) AALOSAGAM:

It is responsible for the vision.

3.2.3 KABAM:

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

3.2.3.1 Location of Kabam:

Kapham is located in samana vayu, sperm, head, tongue, uvula, fat, bone marrow, blood, nose, chest, nerve, bone, brain, eyes, and joint and it provides the material for the structure of every cell of the body.

3.2.3.2 Functions of Kabam:

Generally it acts as a destructive factor in the body. When Kabham is in normal condition, it maintains heart function, taste, coolness of eyes, lubricates and aids free movements of the joints.

3.2.3.3 TYPES OF KABAM

1. AVALAMBAGAM

It causes diseases of the respiratory system when it is affected thereby indirectly affecting the other Iyyams.

2. KILETHAGAM

Appetite and digestion may not be normal when it is affected.

3. POTHAGAM

It is present in the tongue and gives and taste.

4. THARPAGAM

Memory and perception of sense may be affected when this is deranged.

5. SANTHIGAM

It is present in the joints and helps free movements.

3.3 SEVEN UDAL THATHUKKAL:

There are seven primary body tissues which constitute the entire human body and all the organs of the various system.

Physical constituents (Udal Thathukkal)	Related Body Constituents	Basic Elements
<i>Saaram</i>	Plasma	Water
<i>Senneer</i>	Blood	Fire + Water
<i>Oon</i>	Muscle	Earth + Water
<i>Kozhuppu</i>	Adipose tissue	Water + Earth
<i>Enbu</i>	Bone	Earth + Air
<i>Moolai</i>	Marrow	Water + Air
<i>Sukkilam/Suronitham</i>	Male or Female Hormones, Reproductive tissue.	Fire + Air

Table 1: Udal Thathukkal

SAARAM:

Saaram the end product of digestive process. It provides strength to the body and mind.

SENEER:

The saaram after absorption is converted into seneer. It provides for knowledge, strength and health complexion.

OON:

It gives figure and shape to the body. It is responsible for the movement of the body.

KOZHUPPU:

It provides lubrication to organs and thus facilitates their function.

ENBU:

Gives shape to the body, helps locomotion and protects vital organs.

MOOLAI (MACHAI)

Present in the bone and it gives strength, maintains the normal condition of the bone.

SUKKILAM OR (SURONITHAM)

Responsible for reproduction.

3.4 SIDDHA PATHOLOGY:

Siddha pathology deals with the 96 thathuvas of the human body, the three humours- vatha, pitha, kabha are the prime cause for all the disease. Though disease manifest in the variation of the seven physical constituents, basically they occur because of the variation of the three humors. The diseases of the human body are diagnosed based on the following factors;

- Nature of the body
- Three characters of satvam, rajasam, and thamasam
- Impairment of the humours
- Physical constituents
- Geographical variations
- Seasonal variations

Theory of three humours:

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

	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, polydipsia, burning sensation all over the body, sleeplessness.	Decreased appetite, cold, pallor, symptoms associated with defective growth of kabham
Kabham	Loss of appetite, excessive salivation, heaviness, excessive musculature, dyspnea, excessive sleepiness.	Prominence of bony edges, dry cough, lightness, profuse, sweating, palpitation.

Table 2: Uyir thathukkal

Seven physical constituents

	Udal thathukkal	Increased features	Decreased features
1.	SAARAM	Leads to disease identical to increase in kabam like loss of appetite, saliva secretion and depression.	Loss of weight, lassitude, dryness, of the skin and diminished activity of the sense organs.
2.	SENEER	Increased blood pressure, reddish eye and skin, jaundice, hematuria.	Tiredness, lassitude, and anemia
3.	OON	Excessive muscle growth around the neck, cheek, abdomen, thigh, external genitalia.	Muscle wasting

4.	KOZHUPPU	Identical features of increased oon associated withdyspnea for exertion	Hip pain, liver enlargement and emaciation.
5.	ENBU	Excessive ossification and dentition	Osteoporosis and sunken eyes
6.	MOOLAI	Weariness of the body and eye, swollen interphalangeal joints, oliguria and rarely healing wound	Osteoporosis and wound
7.	SUKKILAM (OR) SURONITHAM	Increased sexual activity, urinary calculi	Pricking pain in genitalia and impotence or infertility

Table 3: Pathological view of udal thathukkal

3.5 KURUTHI MOOLAM- A VATHA PREDOMINANT DISEASE:

3.5.1 Climatic aggravation of vatham:

According to sathaga naadi

The vatha naadi is predominant in the months from **aadi to iypasi**. This is stated in the verse

ஆடி யாதியாய் ஐப்பசி ஈறாய்
அனில மதந் கோர ரசியல் காலம்
கடக முதல் துலாம் வரையில் வாதமாகுங்
கண்ணாடியை பசியு மதுவே மாகும்.

-சதக நாடி

3.5.2 General characters of vatham:

“பிணியி னுற்பத்தியைப் பேசுவன் பிணிமுதல்
வாத பித்தங் கபமன் மந்திரிதந்திரி
வீதமா யுடலரண மெய்ம் புரவரசசெய்
முறை செயு மாதலான்.....”

தேரையர் காப்பியம்.

According to siddha aspect, Vatham is the initiator of all the activities of our body. So Theran said Vatham as “Arasan” in the above lines. **Increased**

“வாதங் கடுமை வறட்சியுடன் நொய்மை
சீதஞ் சலனம் சிதறணுவு – ஏதமுட
னிக்குணத்தோ ஓற்றேயியக்கந் தருமளவிற்
றக்க பரிகாரந்தா”.

கண்ணுசாமியம்.

- கடினம்
- வறட்சி
- இலேசு
- குளிர்ச்சி
- அசைதல்
- அணுத்துவம்.

vadham is characterized by the properties of dry, cold, light, minute, and movement. All movement in the body is due to properties of vatam. Pain is the characteristic feature of deranged vata.

3.6 ELUCIDATING THE DISEASE KURUTHI MOOLAM (RATHAAMOOLAM)

“சேதியாய்த் தொப்புள்தனில் வலித்து நொந்து
சிறுகதிர்போற் பீறிட்டு ரத்தம் வீழும்
மேதியாய் மேனிவற்றி வெளுத்துப் போகும்
மிகக்கைகா லயர்ந்துமே சோபை யாகும்
மாதியாய் மார்பிளக்குந் தலைநோ யுண்டாம்
மயக்கந்தான் மிகுதியாய்த் தள்ளிப் போகும்
நாதியாய் கண்ணிரண்டு மஞ்சள் போலாம்
நலியும் ரத்த மூலத்தின் பண்புதானே”

நூல் : யுகிவைத்தியசிந்தாமணி

பாடல் எண்: 650

பக்க எண். 211

LINES OF THE POEM	MEANING
“சேதியாய்த் தொப்புள்தனில் வலித்து நொந்து	Pain in umbilical region.
சிறுகதிர்போற் பீறிட்டு ரத்தம் வீழும்	In this disease the subject may feel spurting out of blood during defecation.
மேதியாய் மேனிவற்றி வெளுத்துப் போகும்	Weight loss and Pallor.
மிகக்கைகா லயர்ந்துமே சோபை யாகும்	Tiredness, weakness in the limbs and anemia.
மாதியாய்மார்பிளக்குந்தலைநோ யுண்டாம்	dropsy and headache
மயக்கந்தான் மிகுதியாய்த் தள்ளிப் போகும்	Giddiness.
நாதியாய் கண்ணிரண்டு மஞ்சள் போலாம்	Yellowish discolouration of eyes.
நலியும் ரத்த மூலத்தின் பண்புதானே	These are the symptoms of kuruthi moolam.

Table 4: Symptoms of the disease Kuruthi Moolam

According to **SiddharTherayar:**

“அனில பித்த தொந்தமலாது மூலம் வராது”

In moola noi Vadham and Pitham kuttrams are elevated.

Many siddhars have dealt about Kuruthi Moolam. Among them the author has taken Kuruthi Moolam for dissertation study from Yugi Vaidhiya Chinthamani.

3.6.1 IYAL [DEFINITION]

Litrally kuruthi means blood and Moolam means the ano rectal region. To say it correctly kuruthi moolam is a disease characterized by bleeding per rectum during defecation, constipation, weakness, headache and tiredness.

3.6.2 POTHU KURIKUNAGAL

“சேதியாய் தொப்புள்தனில் வலித்து நொந்து
சிறுகதிர் போற்பீறிட்டு ரத்தம் வீழும்
மேதியாய் மேனிவற்றி வெளுத்துப் போகும்
மிகக் கைகா லயர்ந்துமே சோபை யாகும்
மாதியாய் மார்பிளக்குந் தலைநோ யுண்டாம்
மயக்கந்தான் மிகுதியாய்த் தள்ளிப் போகும்
நாதியாய் கண்ணிரண்டு மஞ்சள் போலாம்
நலியும் நத்த மூலத்தின் பண்புதானே

- யுகி வைத்திய சிந்தாமணி

- Pain around the umbilicus
- Bleeding during defecation
- Anemia
- Pain in the limbs
- Giddiness

3.6.3 NOI ENN [TYPES]:

Yugi munivar says 21 types of Moola noi in text book of Yugi Vaidhiya Chinthamani.

சனிப்பான மூலத்தின் பெயரே தென்றால்
சமரசமாம் நீர்மூலஞ் செண்டு மூலம்
முனிப்பான முளை மூலம் சிற்று மூலம்
மூர்க்கமாம் வறள்மூலம் **ரத்தமூலம்**
தினிப்பான சீமூலம் ஆழி மூலம்
திணியான தமரகமா மூலத்தோடு
வனிப்பான வாதமொடு பித்த மூலம்
வகையான சேட்டுமத்தின் மூலமாமே
வகையாகுந் தொந்தமா மூலத்தொடு
வளர்கின்ற வினைமூலம் மேகமூலம்
பகையாகும் பவுத்திரமா மூலத்தோடு
படர்கிரந்தி மூலமொடு குதயாமூலம்
புகையாகும் புறமூலம் சுருக்குமூலம்

பொருகின்ற சவ்வாகு மூலத்தோடு
துகையாகு மூலந்தானிருபத் தொன்றும்
சூட்சமா யிதனுடைய சுருபங்களே

- யூகி வைத்திய சிந்தாமணி

பக்க எண் : 141

1. Chendu moolam
2. Mulai moolam
3. Varal moolam
- 4. Ratthaa moolam**
5. Seezh moolam
6. Neer moolam
7. Aazhil moolam
8. Thamaraga moolam
9. Vali moolam
10. Azhal moolam
11. Aiya moolam
12. Thontha moolam
13. Vinai moolam
14. Mega moolam
15. Pavuthira moolam
16. Kiranthi moolam
17. Sirru moolam
18. Kutha moolam
19. Pura moolam
20. Churukku moolam
21. Chavvu moolam

Among the 21 types, 9 types are incurable & other 12 types are curable
KURUTHI MOOLAM is a curable Moola Noi.

3.6.3.1 Agathiyar Ayoolvedham-1200

Describes six types of moola noi, of which **Kuruthi moolam** is included one among them.

முதலாமொன்று வாதமா முனிந்த விரண்டு பித்தமா

மிதமாமுன்று சேத்துமத் தினிதுவுமின்றி நாலாகும்
பதமாம் வாத சேத்துமத்திற் பண்ணுமைந்து **விரத்தத்தில்**
பிதமாம் வாய்விலுண்டாகும் பெருத்தமூல மறுவகையே

பாடல் எண் : 621

- அகத்தியர் ஆயுள் வேதம் - 1200

1.Vaatha Moolam

2.Pittha Moolam

3.Silethuma Moolam

4.Thontha Moolam

5.Tridosha Moolam

6.Raththa [Kuruthi Moolam]

3.6.3.2 In Agathiyar 2000,

Moola Noi is classified into 10 types.

1. Ul moolam

2. Pura moolam

3. Vaadha kiraani

4. Pittha kiraani

5. Sileththuma moolam

6. Vadha piththa moolam

7. Pittha sileththuma moolam

8. Vatha siltthuma moolam

9. Kadukku moolam

10. Sivappu moolam [Kuruthi Moolam]

3.6.3.3 THEERUM [CURABLE]

3.6.3.4 According to Yugi Vaidhya Cinthamani

1. Neer moolam
2. Peru moolam
3. Varal moolam
4. Vali moolam
5. Azhal moolam
6. Mega moolam
7. Kuzhli moolam
8. **Kuruthi moolam**
9. Pura moolam
10. Chavvu moolam
11. Churukku moolam
12. Kiranthi moolam

3.6.4 NOI VARUM VALI:

3.6.4.1 According to Yugi Vaidhya Cinthamani

தத்தையா மதிகமாங் குளிரினாலும்
தரியாத வழற்சிவாற் கிரந்தியாலும்
புத்தையாம் பொருந்தாத உஷ்ணத்தாலும்
புணர்ச்சியாற் கோபத்தாற் சலிப்பினாலும்
கத்தையாகு வெகுகாரம் வேண்டலாலும்
கடினமா முப்பாலும் காரத்தாலும்
மொத்தையாம் வெகுதனங்கள் போனதாலும்
மூலம்வந்துற் பத்திமுளையுந் தானே
முனையாக முத்தோரை வைதலாலும்
மோகங்கள் பண்ணியே கற்பழித்தும்

நிணையாக நினைவிலொன்று வாக்கிலொன்றும்
 நேர்ந்தபடி சொல்லுகின்ற நிட்டுரீர்க்கும்
 பணையாகப் பரதேசி பந்து வானோர்
 பசித்திருக்க உண்டதோர் பாதகர்க்கும்
 தணையாகச் சமாதானந் தவிர்க்கின்றோர்க்கும்
சண்டாள மூலம் வந்து சனிக்குந் தானே

- யுகி வைத்திய சிந்தாமணி

பக்க எண் : 140

- Due to heat
- Due to sexual extravagance
- Due to spicy & sour foods
- Due to selfishness & angry
- Due to mental illness
- Due to pungent& sour foods

3.6.4.2 According to Thirumoolar karukkidai vaidhiyam 600

காயத்தில் மூலம் கண்ட வாதங்கேளு
 பாயொத்த தீபனம் பரிந்தே அடக்கினும்
 மாயை மயக்க மலத்தை அடக்கினும்
 ஓயுற்றக் குண்டலிக்கும் உட்புகும் வாயுவே
 இறுக்கும் சிலமூலம் ஏழு மண்டலம் போல
 மறுக்க சிணங்கொண்டு உருகும் சிலமூலம்
 உறுக்கிய வாயுவால் உதிரமுந் தான்கூடி
தறுக்கிவிழுக்காட்டுந் தான் ரத்தமூலமே

திருமூலர் கருக்கிடைவைத்தியம் 600

பாடல் எண் : 74

- Loss of appetite
- Fasting
- Constipation
- Suppression of excretion

3.6.4.3 According to Agathiyar paripooranam 400 :

Moola noi occurs due to old Sin

“நீங்காத மூலநோய் கன்மத்தாலே
நிலைகெட்ட அபானத்தில் நெருப்போமீறி
வாக்காலே யபானத்தின் வாசல் தன்னில்
வந்து முலைமேகத்தால் சூட்டால் காணும்
தாக்கோ லாலடைத்தாற்போல் வாயநின்ற
தன்மையுள்ள மலமதனை வரட்டித் தீய்ந்துப்
பேய்க்கொலம் பண்ணுமடா மூல ரோகம்
புலத்தியனே பழவினைகளின் நங்களே”

- அகத்தியர் பரிபூரணம் 400

These verses prove that moola noi are due to hereditary or karmatic that is having a genetic predisposition

3.6.5 MOOLA NOI GUNAM [SIGNS AND SYMPTOMS OF KURUTHI MOOLAM]

3.6.5.1 According to the text book ofAathmaratchamirtham

இரத்தமூலக்குணம்:

“தொப்பூளைச்சுற்றி வயிறுவலித்து நொந்து ரத்தம்வீழும்
உள்ளும் மலஞ்சிக்கும் அடிவயிரையும் கைப்பையும் புளிப்பையும்
மிகவிரும்பும் அன்னஞ்செல்லாது உடல்வெளுத்து அபான
னாவித்தெரியும் வெப்புத்தோன்றும்”

- ஆத்மரட்சாமிர்தம் என்னும் வைத்தியசார
சங்கிரகம்

- Pain in the umbilicus
- Constipation
- Enhance bitter & sour
- Loss of appetite
- Anaemia

இரத்தமூலப்பாண்டுக் குணம்

“பித்தம் உடம்பெங்கும் பாய்வதால் தேகம் வெளுத்தூனதும் அந்த பித்தம் உருண்டுதிரண்டு வயிற்றில்தங்கி பிதிர்போல்விளும் தொப்புளைச்சுற்றி வலிகாணும் மேல்முச்சுஇளைப்புக்காணும் அடிவயிறு இரையு மலங்சிக்கும் அன்னஞ்செல்லாது கைப்பையம் புளிப்பையும் மிகவி ரும்பும்யிதை ரத்தமூலபாண்டென்று சொல்லப்படும்”

- ஆதமரட்சாமிர்தம் என்னும் வைத்தியசார சங்கிரகம்

- Anaemia
- Excess of gas in the abdomen
- Loss of appetite
- Enhance bitter & sour
- Indigestion
- Constipation
- Weakness
- Anger

3.6.5.2 According to Therayar segarappa

மலமிறுகித் தழைமேயுஞ் சுவேத மையின்
வகைமையெனக் குழற்கடைத்தா மரையே போல
பலமிதமா யொருவேளை யபானஞ் சன்னிப்
பதுமமுகிழ் விரியமைதிப் பிரசம் போலச்
சலசலெனப் பொசிகுருதித் திவலை பொங்கத்
தள்ளாடி வசமழியத் தளர்வுண் டாக்கி
நிலவரமற் றிடவஞரை யுஞற்று மையா
நீரத்துவ மூலகுண நிலைமை தானே

- தேரையர் கேசரப்பா மூலமும் உரையும்.

பக்க எண் 276

- Hard consistency & white coloured feces

- Constipation
- Bleeding per rectum

3.6.5.3 According to Agathiyar Gunavagadam:

தானான ரத்தமூலம் சொல்லக் கேளு
 தனியானஉள்மூலந் தன்னில் நின்று
தேனாக வருகின்ற ரத்தமப்பா
 தெளிவாக நாளத்தில் நின்று தானும்
 ஊனான நாடிதனில் இருந்து எழும்
 உள்ளபடி தோன்றுமடா ரத்தத் தானம்
 மானான இதுதீர வகையைக் கேளு
 மக்களுக்கு சொல்லுகிறேன் மகழிந்து கேளே
 கேளடா ரத்தந்தான் நிதமாயப்பா
 கெணிதமுடன் நாள்தோறும் கண்டாலுந்தான்
 நாளடா துர்பலமா யிரந்தாலுத் தான்
 நலமான தலைவலியும் மடைந்தாலுந் தான்

- அகத்தியர் குணவாகடம்.

- Bleeding per rectum through rectal vein
- Curable disease by treatment
- Bleeding for longer duration causes headache

3.6.5.4 According to Therayar Segarappa

காணப்பா வாயுவாலுங் கனந்தந்த வபானன்றன்னைப்
 பூணப்பா மலத்தை கட்டிப் புகையெனக் கறுக்கிநாளுந்
 தோணப்பா முளையைப் போலச் சுருக்கி முன் மலந்தான் வீழல்
 ஆணப்பா வபானந்தன்னை அழுத்தவே யிறுக்கும் பாரே
மூலமென் றறைந்த சொல் முதன்மை யானது
 போலநோ யாதினும் புனைந்த தேப்பிணி
 யாலமாம.ததை யறிந்த தற்குநேர்

சீலமா மவிழ்தமுஞ் செய்த லாண்மையே

- தேரையர்
 சேகரப்பா,

பக்க எண் : 247

- The nature of feces becomes hard and dark brown
- Constipation
- Flatulence
- Abdominal discomfort
- Loss of appetite

3.6.5.5 According to Agathiyar 2000:

மலத்தை இறுக்கி மந்தித்து வறண்டே **இரத்தம் மலத்தில் விழும்**
மூலத்தில் வருவது ண்மையிது வுடனே வயிறும் வலித்திருக்குந்
 தலத்தில் காணாதுள் மூலந் தசையா துளக்கிய பானத்துள்
 மலத்தை குறைக்கும் வியாதியெனப் பெரியோர் சொன்ன முறைமையிதே
 - அகத்தியர் - 2000

- Constipation.
- Bleeding present during defecation.
- Passing of stools with severe pain.

3.6.5.6 According to Thanvanthari Vaidhyam

தொப்புளும் வலித்து நொத்து துலங்டை **விரத்தம் விழ்ந்து**
 அப்பொழுது தந்தமூல மறியவே வெளியில் தள்ளுந்
 தப்பகு மேனிவற்றித் தளர்வுடன் துயரந் தோன்று
 மிப்படி குணவிரத்த **மூலமென் றியம்பலாமே**

பக்க எண் : 282

- தன்வந்திரி வைத்தியம்

- Pain in the umbilicus
- Bleeding per rectum
- Protrusion of the pile mass
- Emaciation

3.6.5.7 According to Agathiyar Ayool Vedham-1200

எச்சவாய்க்குள் தானரிக்கு **மிதற்குமுரித்தான் மலமிரத்தம்**

வச்சக்கூட்டில் வீழாமகிழ்ந்தே நரம்பு தான்சிறந்து
அச்சமறவே ரத்தம்விழு மதுவாங் குறிகளடவன்றி
நிச்சமுனிவர் மானிடர்க்கு நிகழ்த்துங் குறிகளிதுவாமே

பாடல் எண் : 631

பக்க எண் : 153

- Burning sensation in the anus
- Constipation
- Bleeding per rectum

3.6.6 Diagnostic aspects of moola noi:

3.6.6.1 Naadi:

Sathaga naadi about Moola noi:

In Sathaga Naadi ,vaatha naadi having twice its normal phenomena is referred as the pathological naadi for moola noi.

“வாதமெனும் நாடியது தோன்றில்
சீதமந்தமொடு வயிறுபொருமல் தரட்சிவாய்வு
சீதமுறுங் கிராணி மகோதரம் நீரமை
திரள்வாய்வு சூலை வலிகடுப்புத் தீரை
நீதமுறுங் கிருமிகுன்மம் அண்ட வாதம்
நிலையும்நீர்க் கிரிச்சரங்கள் தந்து மேகம்
பேதகமா முதரப்பிணி மூல ரோகம்
பேசுவெகு பிணிகளுமே பொருளதாமே”

சதக நாடி

In Sathaga Naadi, it is said that **Vatha Pitham** is the diagnostic naadi for moola noi,

“பொருளான வாதத்தில் பித்தஞ் சேர்ந்து
பொருந்து குணங்களா முஷ்ணவாயு சத்தி
செரியாமை புளித்தேப்பம் பொருமல் நீரிற்
சிவப்புமலம் பிடித்தலுருந் தாது நடட்டம்
கருவான தேகமதி லுளைச்சல் சோம்பல்
கைகால் தறிப்புநாக் கசக்கு மன்னம்

பரிவான ஊண்குறைதல் ருசிகே டாதல்
பலநோயும் வருத்திவைக்கும் பாங்கதானே”

- சதக நாடி

In Sathaga Naadi, it is said that **PithaVatham** is the diagnostic naadi for moola noi

“சிறப்பான பித்தத்தில் வாத நாடி
சேரிலுறு தாதுநட்டமுதர பீடை
உரைப்பாகச் செரியாமை குன்மஞ் சூலை
உற்றசுரங்கிராணி வயிற்றிரைச்சல்
அறைப்பாண ஓங்கார புறநீர்க் கோர்வை
ஆயச மிரக்கமொடு மயக்க மூர்ச்சை
முறைக்காய்வு விஷவீக்கம் மூல வாய்வு
முரடான நோய்பலவும் முடுகும் பண்பே”

- சதக நாடி

Vallathi Naadi:

Also in Vallaathi Naadi, it is said that Pithavatham is the diagnostic naadi for moola noi,

“வண்ணமுடன் பித்தத்தில் வாதம் வந்தால்
வருமாறு பீனங்கள் மண்டைக் குத்து
கண்ணுமடா பவுத்திரங்க ளரையாப்புண்டாந்
தப்பாது நவமூலஞ் சாருந் தானே”.

பக்கம் 174

Rathna churukkam:

According to Rathna Churukkam 500, when Pitham's maathirai increases to one and Vatham's maathirai decreases to quarter it results in various diseases. Moola noi is one among the various diseases that occur in this naadi. This is explained in the verse as follows,

“காந்தலுண்டாம் பித்தமொன்று வாதங் காலாம்
கதித்தெழுந்த நாடியடா அம்மை போல குண்ணும்
வாந்தியுண்டாம் மந்திக்கு வயிறெரிப்பு
வளமாக சுரங்காணும் கண்ணும் காந்தும்

ஊர்ந்துவிடும் பாண்டாகு மாசனத்தில்
உற்றதோர் மூலமாம் புண்ணுமாகும்.”

- பக்கம் : 136

Gunavagada Naadi:

According to Guna Vaagada Naadi, Vatham, Pitham and Kabham all are reduced from their normal maathirai in moola noi.

“மூவருமுரத்து நின்றால் முதிர்ந்திடுங் கழல்வாதங்கள்
மூவருமந்தமானால் முளைத்திடு மூலமெல்லாம்
மூவரும்பதுங்கி நின்றால் முடிவதுதிண் ணங்கண்டாய்
மூவருந்தன் தன்காலந் துடித்திடில் வாழலாமே.”

- பக்கம் : 384

3.6.7 Kaapu (Prevention):

“மூலஞ்சேர் கறிநுகரோம் மூத்ததயிர் உண்போம்
முதனாளிற் சமைத்தகறி யமுதெனினு மருந்தோம்
ஞாலந்தான் வந்திடினும் பசித்தொழிய வுண்ணோம்
நமனார்க்கிங் கேதுவை நாமிருக்கு மிடத்தே
.....
மண்பரவு கிழங்குகளிற் கருணையன்றிப் புசியோம்
வாழையிளம் பிஞ்சொழியக் கனியருந்தல் செய்யோம்
நண்புபெற வுண்டபின்பு குறுநடையுங் கொள்வோம்
நமனார்க்கிங் கேதுவை நாமிருக்கு மிடத்தே.”

- பக்கம் : 288, சித்த மருத்துவாங்கச்
சுருக்கம்.

- Tubers, which induce haemorrhoids are to be avoided
- Sour curd is to be taken
- Food prepared in the previous day is to be avoided even though it is delicious
- Eating food without hungry is to be avoided
- Among tubers, only Yam is to be taken
- Tender plantain is to be taken

- Mild walk is to be done after eating
- These are some of the general instructions to be followed to be free from diseases.

3.7 MODERN ASPECT OF THE DISEASE:

3.7.1 ANATOMY OF THE RECTUM:

3.7.1.1 DEFINITION:

The rectum is the distal part of the large gut. It is placed between the sigmoid colon and anal canal. Distention of the rectum causes the desire to defecate.

3.7.1.2 SITUATION

The rectum is situated in posterior part of the lesser pelvis, In front of the lower three pieces of the sacrum and coccyx.

3.7.1.3 DISTRIBUTION

The rectum is 12 cm in length, and it is Intraperitoneal at its proximal and anterior end, and is extra peritoneal at its distal and posterior end. The epithelial lining or mucosa of the rectum is of a simple columnar mucous secreting variety.

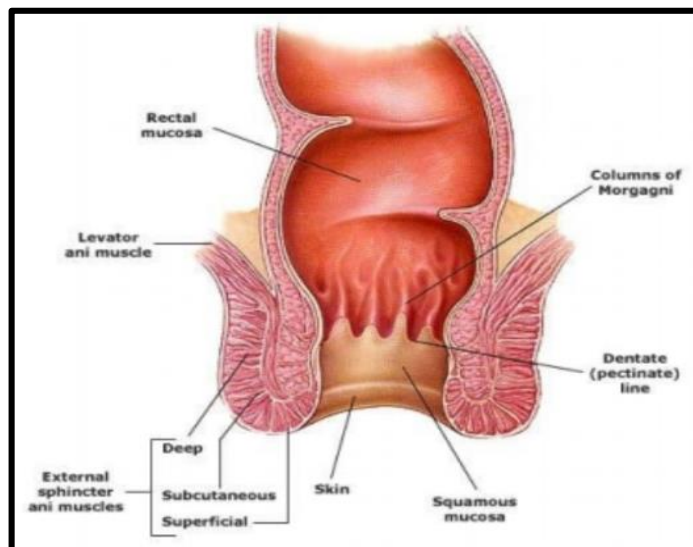


Figure 1: Anatomy of rectum

3.7.2 FUNCTIONAL PART OF RECTUM:

Rectum has two functional parts. The upper part related to hindgut lies above middle fold of the rectum. It acts as a fecal reservoir which can freely distend anteriorly. The lower part of peritoneum lies below the middle fold it is empty in normal individuals, but may contain feces in case of chronic constipation.

3.7.3 DAEFECATION REFLEX

The mass movements drive the feces in to the sigmoid or pelvic colon in the sigmoid colon the feces is stored. The desire of defecation when some of faeces enters rectum due to the mass movements. The process of defecation the contraction of the rectum and relaxation of the internal anal sphincter

3.7.4 ANATOMY OF ANAL CANAL

3.7.4.1 DEFINITION

The Anal canal is the terminal part of the large intestine.

3.7.4.2 SITUATION

It lies in the anal triangle of peritoneum inbetween the right and left ischiorectal fossae.

3.7.4.3 DISTRIBUTION

The anal canal is 3.8 cm long. It extent from the ano-rectal junction to the anus. The dentate line is a imaginary line near the midpoint of the anal canal. This location lies, where the anal crypts are found.

3.7.4.4 ANORECTAL RING

This is a muscular ring present in the ano-rectal junction. It is formed by the pubo rectalis, deep external sphincter and internal sphincter. It is easily felt by a finger in the anal canal.

3.7.5 PHYSIOLOGY OF THE ANAL CANAL

The proximal end of the anal canal is the point at which the columnar epithelium of the rectum becomes a transitional epithelium. This epithelium transitions to a stratified squamous variety at the dentate line. The distal most end of

the canal is the anal verge which is the point where the stratified squamous epithelium becomes true skin marked by the presence of hair follicles and sweat glands. Anal glands secrete mucus that empty into the anal crypts by way of anal ducts.

3.7.6 BLOOD SUPPLY

The blood supply to the anorectal region is rich. The terminal branch of the inferior mesenteric artery is the superior hemorrhoidal (rectal) artery. The superior hemorrhoidal artery branches into right and left branches; the right branch further divides into anterior and posterior branches. The classic hemorrhoidal plexus are then located at the left lateral, right anterolateral, and right posterolateral locations. The middle hemorrhoidal (rectal) arteries are direct branches from the internal iliac arteries. The inferior hemorrhoidal (rectal) arteries are branches off the pudendal arteries which also arise from the internal iliac arteries.

The superior, middle and inferior hemorrhoidal arteries complete the rich arterial supply to the anorectal region.

3.7.7 VENOUS DRAINAGE

The venous drainage of the anorectal region consists of superior hemorrhoidal veins draining into the portal venous system (by way of the inferior mesenteric vein) and the middle and inferior hemorrhoidal veins draining into the canal system (by way of the internal iliac veins)

3.7.8 NERVE SUPPLY

The rectum is supplied by sympathetic [L₁,L₂]Parasympathetic [S₂,S₃, S₄] Superior rectal and inferior hypogastric plexuses. Pain sensation are carried by both of them.

3.8 SIDDHA DIAGNOSTIC APPROACH:

3.8.1 THINAI

Geographically, the living country has been divided into five distinct physical regions, namely:-

- Kurunchi – Hilly regions
- Mullai - Forest regions

- Marutham – Fertile regions
- Neithal - Sea regions
- Palai – Sandy regions

Each region has got its own characteristic features which influence the inhabitants, mental, physical, economic, occupational and cultural activities. In each regions on basis of its peculiar physical and climatic features some ailments are endemic. The preventive and curative measures for these ailments are stated in the medical literature.

3.8.2 KALAM (Seasons)

The years divided into six seasons. They are,

- Kaar kalam – Aavani and Purattasi (August 17 to October16)
- Koothir kalam – Ippasi and Karthigai (October 17 to December15)
- Munpani kalam – Markazhi and Thai(December 16 to February 12)
- Pinpani kalam – Maasi and Panguni (February 13 to April 13)
- Elavenin kalam – Chithirai and Vaigasi (April 14 to June 14)
- Muduvenir kalam – Aani and Aadi (June 15 to August16)

In every season there will be some changes in the land, water, plants, animals, and human beings, which will modify the physiology and rendering them more susceptible to certain specific disease which are common in these seasons.

The Siddhars had good knowledge about those changes and advised certain measures in the form of diet, purgative exercises, etc, to avoid the onset of such ailment.

3.8.3 PINIYARI MURAIMAI (DIAGNOSIS)

The method adopted to find out a disease in Siddha is known as Piniyari muraimai.

It is based on the following principles.

- PoriyalArithal
- PulanalArithal
- Vinavuthal

3.8.3.1 Poriyal arithal:

“Pori” is the five organs of perception namely,

- Nose
- Eyes
- Tongue
- Ears
- Skin.

3.8.3.2 Pulanal arithal:

“Pulan” are the actions using Pori. They are Sense, Smell, Taste, Vision, and auditory respectively.

Poriyalarithal and Pulanal Arithal, go hand in hand with the concept to examine the patients “Pori” and “Pulan” with that of the “ Patients” Pori and Physician “Pulan”.

3.8.3.3 Vinaathal:

“Vinavuthal” is a method of inquiring the detail of either the patients problem that made him to approach the physician from his own or his / her attendents who accompany them.

Along with, above mentioned principles is also carried out inspection in modern medicine. Besides, Thottuparthal (palpation) and Thattiparthal

(percussion) are also used to diagnose a patient.

The primi method adopted to diagnose the disease is by means of “Envagai Thervugal” (Eight types of investigation)

3.8.4 ENNVAGAI THERVUGAL

- Naa
- Niram
- Mozhi
- Vizhi

- Sparisam
- Malam
- Moothiram
- Naadi

-அகஸ்தியர் வைத்திய சிந்தாமணி- 4000

அட்டவிதப்பரிட்சை:

“அகத்துறுநோயைக்கரத்தாமலகம்போல்
பகுத்தறிவீர்நாடிப்பரிசம்- தொகுத்தநிறம்
கட்டுவகைச்சொல்மொழிகண்கண்டமலமுத்திரம்நா
எட்டுவகையாலுமறிவீர்”

பாடல் எண்:6

பக்கம் எண்:10

உடலில்உண்டாகும்நோய்களைஉள்ளங்கைநெல்லிக்கனிபோல்அறிவதற்குநாடி,
பரிசம், நிறம், மொழி, விழி, மலம், சிறுநீர், நாக்கு ஆகிய எட்டு வகை பரிட்சை
முறைகளை அறிய வேண்டும்.

3.8.4.1 நாடிப்பரிட்சை:

“மேலுரைத்தநாடியெங்குமேவினால்உன்பாத
மூலம்கரமுலமுலமேல் - நூலனவே
தீண்டிநின்றால் வாத பித்தசிலேட்டுமமெனமுன்றாகும்
தாண்டிநின்றால் ஆச்சரியந்தான்”.

பாடல் எண்:11

பக்கம் எண்:7

உடலில்கால் முதல் கை வரை நாடி பரவி நின்றாலும் கையின்
மணிக்கட்டில் நூலளவாக வாத பித்த சிலேத்தும நாடி நடக்கும். இவை அதிகரித்து
குறைந்து நடந்தால் நோயுண்டாகும்.

3.8.4.2 நிறப்பரிட்சை:

“உரைத்தகறுப்பான் வாத ரோகிபித்தரோகி
அரைத்தமஞ்சளைக்குளித்தோன்ஆவான்இரத்தம்
குளித்தவனுமாவான்கொடும்சிலேத்துமரோகி
வெளுத்திடுவான்தொந்தரோகியே”.

பாடல் எண்:16

பக்கம் எண்:14

பொருள்:

- வாத ரோகிக்கு - உடல்கறுத்திரிக்கும்
- பித்தரோகிக்கு - அரைத்தமஞ்சள்போலிருக்கும்
- சிலேத்துமரோகி - வெளுத்துஇருப்பான்
- தொந்தரோகி - வெளுத்திருப்பான்.

3.8.4.3 மொழிப்பரிட்சை:

“பலரோகி வார்த்தைப் பலவிதமாம் வாதத்
தலைரோகி வார்த்தைச் சமமாகும்- நிலை கடந்த
பித்தரோ கிக்குயர்ந்த பேச்சுண்டாம் சிலேத்துமந்தா
சத்தம்ஈ னச்சுரமாம் தான்”

பாடல் எண்:14

பக்கம் எண்:17

பொருள்:

- பல ரோகி- வார்த்தை பலவிதமாயும்
- பித்த ரோகி- உயர்ந்த பேச்சும்
- சிலேத்தும ரோகி- ஈனசுரமாயும் இருக்கும்

3.8.4.4 நேத்திரப் பரிட்சை:

“கண்கறுத்து நீரோடில் காலாம் நடுவாகில்
கண்பசக்கும் சொக்கும் கடையாகில்- கண்பீளை
சாடிவெளுக்குமே சன்னிவாதம் பித்தமுமென்
றோடியகா மாலை பசக்கும்”

பாடல் எண்:20

பக்கம் எண்:18

பொருள்:

- வாத ரோகி- கண் கருத்திருக்கும்
- பித்த ரோகி- மஞ்சள் நிறம் போலிருக்கும்
- சிலேத்தும ரோகி- கண் பீளைக்கட்டி இருக்கும்
- சன்னி பாதத்திற்கும், காமாலைக்கும், கண் மஞ்சளாகும்.

3.8.4.5 நாட்பாரீட்சை:

“முள்ளாய் வெடித்துக் கறுத்தான்முன் பின்வெளுத்துத்
தள்ளாநீ ருண்டோசேர்ந் தால்பசந்தால்- எல்லாம்
நடுவாம் பலபலவாம் நற்சன்னி முன்னோய்
ஓடுநீரில் நாவென்றோது”

பாடல் எண்:16

பக்கம் எண்:21

பொருள்:

- வாத ரோகி- நாக்கு வெடித்துக் கருத்து முள்போலிருக்கும்
- பித்த ரோகி- மஞ்சளித்து அல்லது சிவந்திருக்கும்
- சிலேத்தும ரோகி- வெளுத்திருக்கும்
- சன்னி பாதத்தில் நீரில் உள்ளது போலிருக்கும்.

3.8.4.6 மலப்பாரீட்சை:

“கறுத்தமல பந்தமலங் காலாகும் பித்தம்
சிறுத்த முட்டிணம் செம்மை சேரும்- பொறுத் தொருக்கால்
சீதமலந் தில்லையுமாம் சேர்ந்தபல ரோகியாம்
மீதமலம் எண்ணிறமுமே”

பாடல் எண்:15

பக்கம் எண்:19

பொருள்:

- மலக்கட்டுடன் கூடிய கருத்தமலம் வாதமாகும்
- சிறுத்த உட்டிணத்துடன் செம்மையாகும் பித்தம்
- சிலேத்துமத்திற்கு சீதமாயிருக்கும்
- பலரோகிக்கு எந்த நிறமாகவும் இருக்கலாம்.

3.8.4.7 சலப்பாரீட்சை:

“வாதரோ கம்தெளிந்தான் மஞ்சளித்தான் மற்றையது
சீதனுரைத் தார்பலவாம் சேர்ந்தநோய்- கோதகலா
முத்திரத்தின் வண்மை மொழிந்தோம் இனிச் சொல்வாம்
நாத்திரத்தின் உள்ளவகை நாம்”

-அகத்தியர் மணி 4000

பொருள்:

- வாத ரோகி- நீர் தெளிந்திருக்கும்
- பித்த ரோகி- நீர் மஞ்சள் நிறமாயிருக்கும்
- சிலேத்தும ரோகி- நுரைத்திருக்கும்
- தொந்த ரோகி- இவை கலந்து காணப்படும்.

3.8.4.8 NEERKURI (Urine examination)

Siruneerin pothu gunam

“வந்த நீர்க்கரி எடை மணம் நுரை எஞ்சலென
றைந்தியலுவை யறைகுது முறையே”.

- Noi Nadal Noi Muthal Nadal

The urine is examined for its Niram (colour), Eadai (Specific gravity), Nurai (Froth), Natram (Smell), Enjal (Deposits).

நிறக்குறி நெய்க்குறி நிச்சயத்திற்குரிய நீர் இலக்கணம்:

“அருந்துமாறிரதமும் அவிரோதமதாய்
அக்கல் அலர்தல் அகாலவூன் தவிர்ந்தழற்
குற்றளவருந்தி உறங்கி வைகறை
ஆடிக்கலசத் தாவியே காது பெய்
தொருமுகூர்த்தக் கலைக்குட்படு நீரின்
நிறக்குறி நெய்க்குறி நிருமித்தல் கடனே”

என்பதனால் உண்ணுகின்ற அறுசுவைப் பொருள்களும் ஒன்றுக் கொன்று வேற்றுமையடையாமலும், பசிக்குத் தக்கபடி குறைத்தல், அதிகரித்தல், காலந்தப்புதல் முதலிய குற்றங்களுண்டாகா வண்ணம் புசித்துஉறங்கி, விடியற்காலத்தில் படிக பாத்திரத்தில் நீரை ஆவி போகாதபடி பெய்த 3 3/4 நாழிகைக்குள் அதன் நிறக் குறியையும் அதில் எண்ணெய் விட்டுபார்த்து காணப்படுகின்ற குறியையும் கவனித்து பிணிகளின் தீரும், தீரா முறைகளை மெய்ப்பித்தல் முறையாம்.

“அரவென நீண்டின.:தே வாதம்
ஆழி போற் பரவின் அ.:தே பித்தம்

முத்தொத்து நிற்கின் மொழிவதென் கபமே.”

- Noi Nadal Noi Muthal Nadal

- Vatha neer – The oil spreads likesnake
- Pitha neer – The oil spreads likering
- Kabha neer – The oil spreads like pearl

3.8.5 மணிக்கடை நூல்:

என்னும் அகத்திய சூடாமணிக்கயறு சூத்திரம் (ஈருந்து வேடமாமுனிக்கு உபதேசித்தது).

நோயின் சாரம்:

“மணிக்கடை நால்விரல் தள்ளி வன்மையாய்
தணிக்கிடைக்கயறு போட்டளந்து பார்க் கையில்
கணித்திடும் விரல்தனைக் கண்டு சொல்லவே
பிணித்திடும் நோய்களை பிரிந்துரைக்குமே”

பொருள்:

மணிக்கடைக்கு மேல் நான்கு விரற்கடை தள்ளிக் கைச்சுற்றளவை கயிற்றினாலளந்து கண்ட நீளம் அவரவர்களது கையினால் வரும் அளவினை கொண்டு நோய்களை கணிக்கலாம்.

3.8.6 PANJAPATCHI:

“சோதிடம் பஞ்ச பட்சி
துலங்கிய சரநூல் மார்க்கம்
கோதறு வகார வித்தை
குருமுனி ஓது பாடல்
தீதிலாக் கக்கி ஷங்கள்
செப்பிய கன்ம காண்டம்
ஈதெலாங் கற்று ணர்ந்தோர்
இவர்களே வைத்ய ராவார்”

ஒருவன் பிறக்கும் போது அவன் பட்சிக்குரிய பூதம், தொழில் முறை என்ற திறன் அடிப்படையில், அரசு, ஊண், என்ற ஆளுமை செயற்திறன் கொண்டகு தொழில் செய்து கொண்டிருந்தால் அப்பூதத் தன்மை நிறைந்திருக்கும் எனக் கூறியுள்ளார். அவன் பட்சி துயில், சாவு போன்ற தொழில் திறனில் இருந்தால்

அப் பட்சிக்குரிய பூதத் தன்மை அவன் உடலில் குறைவாக இருக்கும். இதை அடிப்படையாகக் கொண்ட தொகுப்பே ஐம்புள் இயக்க நூல் வழி நோய்க் கணிப்பு.

ஐம்புள் இயக்க நூல்களில் வல்லூறு, ஆந்தை,காகம், கோழி, மயில் என ஐந்து பறவைகளின் பெயர் பயன்படுத்தப் படுகின்றன. ஒவ்வொரு பறவையும் ஒரு பொழுது, ஒரு தொழில் என ஒவ்வொரு பறவையும் பகலில் ஐவகைத் தொழிலும், இரவில் ஐவகைத் தொழிலும் செய்யும். ஒரே தொழிலை ஒரே பொழுதில் இரண்டு பறவைகள் செய்யாது. ஐவகைத் தொழிலென்பது 1) ஊண் 2) நடை 3) அரசு 4) துயில் 5) சாவு எனப் பெயரிடப்பட்டுள்ளது. இதில் தொழில் என்பது பறவையின் செயல் திறனைக் குறிக்கும். பறவைகளின் தொழில் திறனைக் கணிக்க வேண்டும்

தொழில்	தொழில்களின் திறன்
சாவு	முற்றிலும் செயல்திறன் இழந்த, சக்தி இருந்தும் சக்தி இல்லா நிலை
துயில்	உடல் அசைவு மட்டும் உள்ள இயக்கமற்ற நிலை வளர்பிறை
நடை	சற்று உயர்ந்த நிலை. உயிர் தன்மையுடன் அசைந்து இயங்கும் தன்மை
ஊண்	நடையைவிட வலிமையுள்ள நிலை தன்னைத்தானே வலிதைப்படுத்தல்
அரசு	முழுமையான செயல் திறனை பெற்ற வலுவான இயங்கு நிலை

Table 5: Panjapatchinsasthiram

அதன்படி

அவன் பிறந்த நேரத்தில் பறவைகளின் தொழில் திறன் : வல்லூறு – ஊண்,

ஆந்தை– நடை : காகம் - அரசு : கோழி – துயில் : மயில் - சாவு

வளர்பிறையில் பறவைகளுக்கான பருப்பொருளைக் கணிக்க வேண்டும். அதன்படி அவன் பிறந்த நேரத்தில் பறவைகளின் தொழில் திறனும், அவற்றின் பருப்பொருள்களும்

பறவைகள்	தொழில் திறன்	பருப்பொருள் இயல்பு
வல்லூறு	ஊண்	நெருப்புபூதம்
ஆந்தை	நடை	காற்றுபூதம்

காகம்	அரசு	மண்பூதம்
கோழி	துயில்	நீப்பூதம்
மயில்	சாவு	ஆகாயப்பூதம்

Table 6: Bootham of birds in panjapatchi sasthanam

இது அவன் பிறக்கும் போதுள்ள ஐந்து பூதங்களின் இயல்பு நிலை. இது தொடர்ந்து அதன் இயல்பு நிலையிலே இருத்தல் வேண்டும் என்பது இயற்கை நியதி.

பறவைகள்	பருப்பொருள் இயல்பு
வல்லூறு	நெருப்புபூதம்
ஆந்தை	காற்றுபூதம்
காகம்	மண்பூதம்
கோழி	நீப்பூதம்
மயில்	ஆகாயப்பூதம்

Table 7: Birds representing bootham in valarpirai

பறவைகள்	பருப்பொருள் இயல்பு
வல்லூறு	மண்பூதம்
ஆந்தை	நீப்பூதம்
காகம்	நெருப்புபூதம்
கோழி	காற்றுபூதம்
மயில்	ஆகாயப்பூதம்

Table 8: Birds representing bootham in Theipirai

4 MATERIALS AND METHODS

The clinical study on KURUTHI MOOLAM was carried in the out patients of post graduate department of Noi-Naadal at Govt. Siddha Medical College, Palayamkottai.

40 cases with clinical signs and symptoms of KURUTHI MOOLAM of both sex of all different ages was studied under the guidance of faculties of post graduate department.

4.1 SELECTION OF PATIENTS

The clinical study was done in cases, out of that 40 cases were selected for the study of Kuruthi moolam on the basis of selection criteria.

4.2 SAMPLE SIZE

40 patients

4.3 STUDY TYPE

Observational type of study

4.4 STUDY PLACE

Outpatient department of government siddha medical college, palayamkottai, thirunelveli.

4.5 SELECTION CRITERIA:

4.5.1 Criteria of Inclusion

- Age 20 to 60 years
- Gender : Male & Female
- Pain in umbilical region
- Bleeding present during defecation
- Anal Itching

- Pallor
- Tiredness

4.5.2 Criteria of exclusion

- Anal Fissure
- Fistula
- Rectal Prolapse
- Diarrhea

4.5.3 Criteria of withdrawal:

Not willing

4.6 ENROLMENT OF PARTICIPANTS:

The 40 patients were selected from the out patients department (OPD) and of Government Siddha Medical College, Palayamkottai with the clinical symptoms of “*Kuruthi moolam*”. Those patients were screened and examined clinically for enrolling in the study based on the inclusion and exclusion criteria.

The patients who were enrolled in this study were informed about the study, role of the participant and the importance of the study. The information was also given by means of *consent form* to the patients in their own language and their doubts regarding the study was cleared and also it was cleared to the participant that he/she can be withdraw at any point of time during the study

After ascertaining the patient’s willingness, a written informed consent obtained from them in the *consent form*.

After getting consent, the patient was recruited for the study and the details were obtained from the patient by questioning and observation

4.7 PLAN FOR DATA COLLECTION:

Required data was collected from the participants with the help of proforma which was designed on the basis of Noy kurrippu cittu (case sheet model no.2) from the textbook of Noi Nadaal Noi Muthal Nadal Tirattu to aid brief analysis of Symptoms, Duration, Past, Present history, affected Uyir Tatukkal, Udal Tatukkal, Teka ilakkanam and to

diagnose the disease Kuruthi Moolam by means of envagai thervu and pancapatci castiram.

Relevance of diagnosing the disease Kuruthi moolam by neykurī along with its scientific background is the primary objective of the study

To attain the primary objective in a précised way, the following methods were followed during the study.

4.8 METHODS FOLLOWED IN COLLECTING DATA:

4.8.1 Assessing Ennvagai thervu:

NAADI:

- Naadi was examined through the three fingers of the physician on wrist of the patient and felt for the strength of vatham, pitham and kabam.
- The Naadi appraisal, pulse character and pulse play were assessed.
- Vatham is felt in the index finger, pitham in the middle finger and kabam under the ring finger.

NIRAM:

- The colour of the skin on the affected area is noted

SPARISAM:

- By sparisam, the temperature of skin (thatpam- cold or veppam – heat), smoothness, roughness, sweating, dryness, hard patches, swelling, abnormal growth of organs and tenderness can be felt.

MOZHI:

- Character of the speech is noted, mainly uraththa oli (high pitched), thazhndha oli (low pitched), or resembles the sound of any instrument.

VIZHI:

- Character of the eye is noted. Colour, warm, burning sensation, irritation, visual perception are generally noted

NAA:

- Signs and symptoms in the tongue are noted here. Colour, salivary secretion,

Ulcers, coating, inflammation, taste changes, deviation and its nature are generally Noted.

MALAM:

- The stools are examined for quantity, hardening (malakattu), loose motion (bedhi), colour and smell.

NEERKURI AND NEIKURI:

- Urine was collected from the participant .It was then left for a few minutes and the oil drop spreading pattern of the urine was observed. The inferences were then recorded
- The urine sample is collected and sample should be examined within one and half hours. The urine of the patient is analyzed by dropping a drop of gingely oil on the surface of the urine sample. The accumulation, formations, changes, and dispersal under the sunlight without any external disturbances of the urine sample noted.
- The urine kept on the tray in sun light, on non wind condition, should be examined by dropping a drop of gingili oil gently with dropper. If oil spread like snake, it indicates valineer, a ring indicates azhal neer and float like a pearl indicates iyya neer and sinks in urine indicates mukkutram.

4.8.2 Assessing Manikkadai nool:

MANIKKADAI NOOL:

- Diagnosis of disease is made by a unique method of measuring the wrist circumference with the help of simple cotton thread

WRIST CIRCUMFERENCE SIGN:

To measure the wrist circumference in finger units, the patient was asked to keep his left hand's four fingers just below the right thumb, then the doctor measured the circumference of the right wrist just below four fingers of the left hand of the patient using a twine, then the twine was removed from the wrist and placed on a plain surface and the measurement of the twine was taken by the patients.

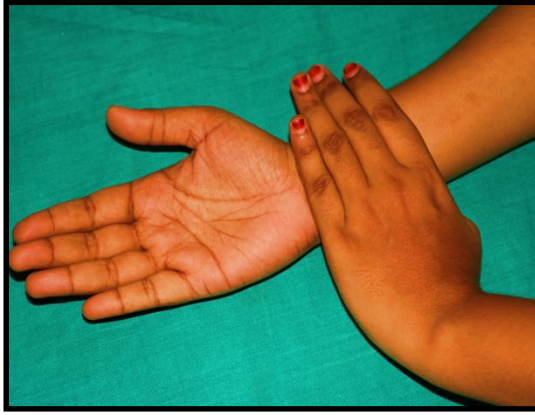


Figure 2b: Assessing manikkadai nool

4.9 INVESTIGATIONS DURING THE STUDY:

The patients were subjected to basic necessary laboratory investigations during the study at free of cost.

4.10 TREATMENT DURING THE STUDY:

Normal OPD and IPD treatment procedures followed in Government Siddha Medical College and Hospital, Palayamkottai, were prescribed to the study patients and the treatment was provided at free of cost.

4.11 STUDY PERIOD:

Total period - 24 Months

4.12 DATA MANAGEMENT:

- After enrolling the patient in the study, a separate file for each patient was opened and all forms were filed in the file. Study No. and Patient No. were entered on the top of the file for easy identification and arranged in a separate rack at the

concerned OPD unit. Whenever study patient visits OPD during the study period, the respective patient file was taken and necessary recordings were made at the assessment form or other suitable form.

- The screening forms were filed separately.
- The Data recordings were monitored for completion and adverse event by HOD and Faculty of the department. Any missed data found in during the study, were collected from the patient, but the time related data were not recorded retrospectively
- All collected data were entered using MS access/excel software onto computer.
- Data entry was cross checked by the faculties of the department.

4.13 STATISTICAL ANALYSIS:

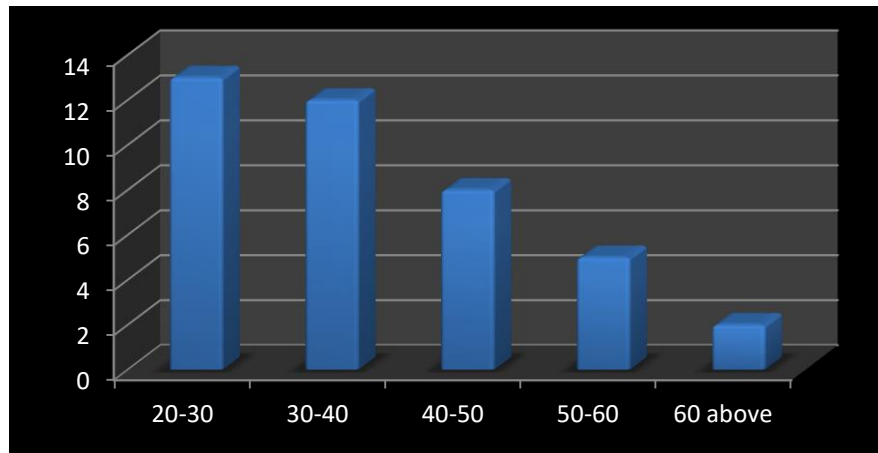
All collected data were entered onto computer using MS ACCESS/MS EXCEL software by the investigators. Descriptive analysis was made and necessary tables/graphs were generated to understand the profile of the patients included in the study. Then statistical analysis for significance of different diagnostic characteristics were done.

5 OBSERVATION AND RESULTS

40 Patients were selected from outpatient department (OPD) at the Government siddha medical college, palayamkottai. Results of the study were observed with respect to the following criteria.

- Age distribution
- Sex distribution
- Occupational distribution
- Family history
- Diet
- Clinical symptoms
- Kaalam (Pozhuthu)
- Nilam (Thinai)
- Ennvagai thervugal
- Iymporigal
- Kanmenthiriyangal
- Tega Ilakkanam
- Uyir thathukkal
- Udal thathukkal
- Mukkuttram
- Present of pile mass
- Manikkadai nool
- Panchapatchi

1. AGE DISTRIBUTION

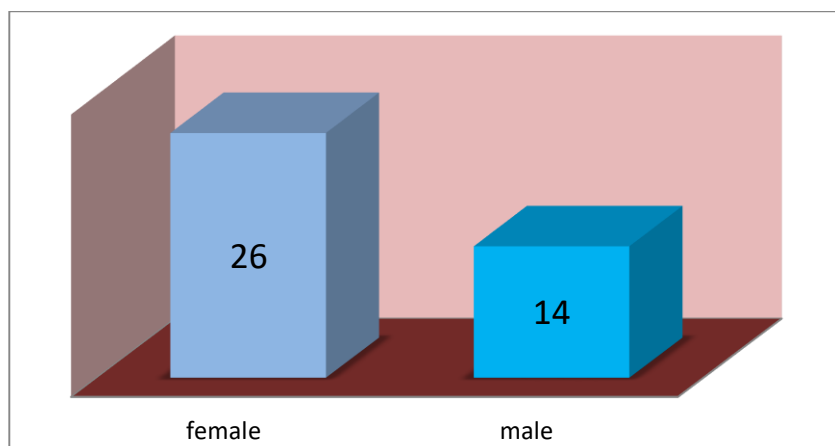


Out of 40 participants with the symptoms of Kuruthi Moolam,

- 13 (32.5%) were between age group of 20-30,
- 12 (30%) were between age group of 30-40,
- 8 (20%) were between age group of 40-50,
- (12.5%) were between age group of 50-60,
- 2(5%) were between age group of 60 above.

Most of the patients were found in the age group between 20-30 years.

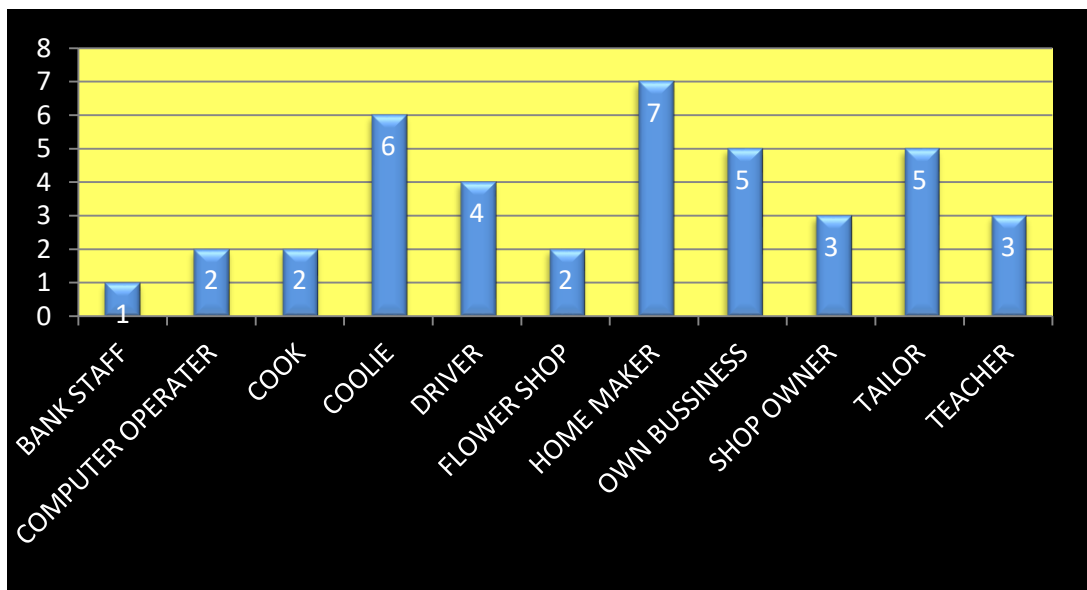
2. SEX DISTRIBUTION



40 Patients were selected out of these, 14 patients (35%) were male, 26 patients (65%) were female .

Female were affected more than male.

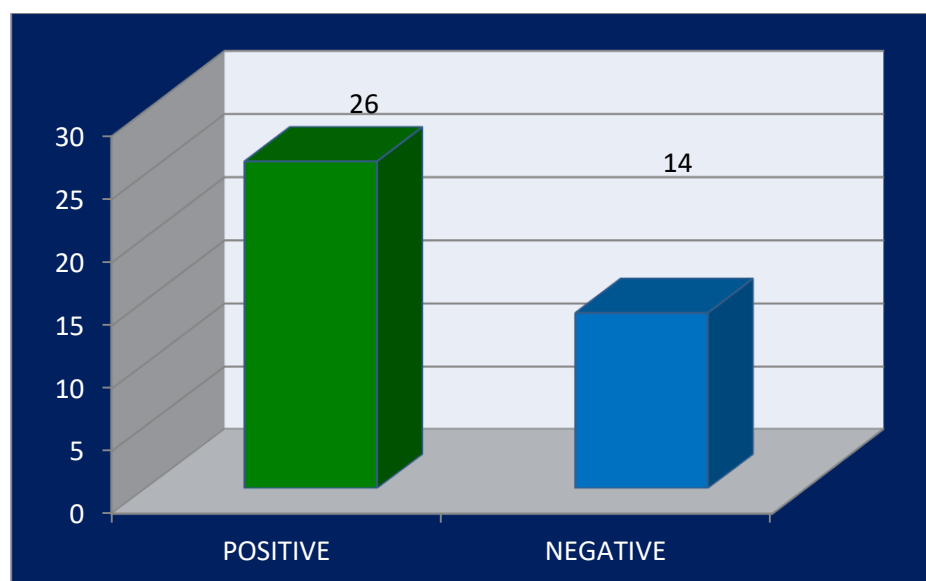
3. OCCUPATIONAL DISTRIBUTION:



Out of the 40 Patients,

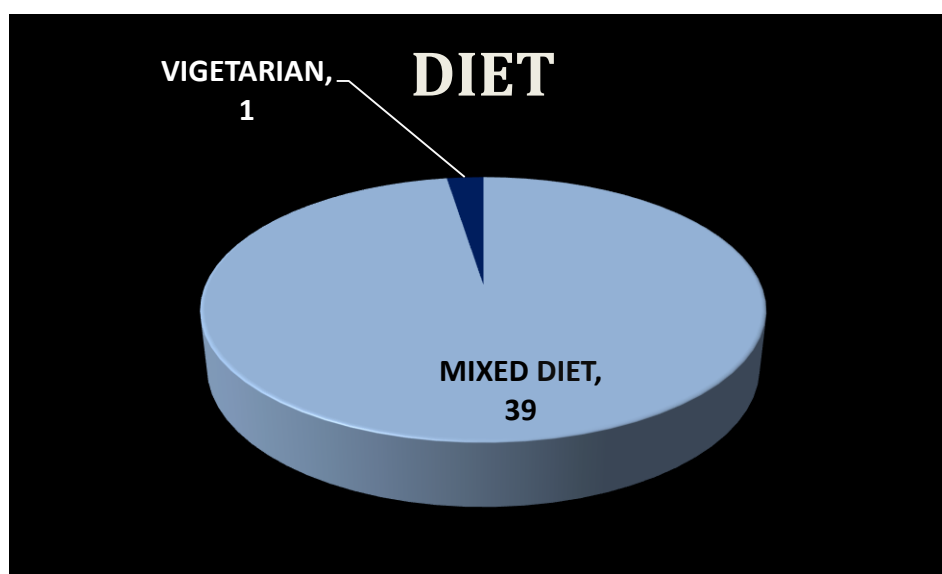
- (17.5%) Patients Were Home Makers,
- (15%) Patients Were Coolie Workers,
- 5 (12.5%) Patients Were Tailors,
- 5 (12.5%) Patients Were Own Business,
- 4 (10%) Patients Were Drivers,
- 3 (7,5%) Patients Were Shop Owners,
- 3 (7.5%) Patients Were Teachers,
- 2 (5%) Patients Were Computer Operators,
- 2 (5%) Patients Were Shop Workers,
- 2 (5%) Patients Were Cooks, And
- 1 (2.5%) Patient Was Bank Staff.

4. FAMILY HISTORY:



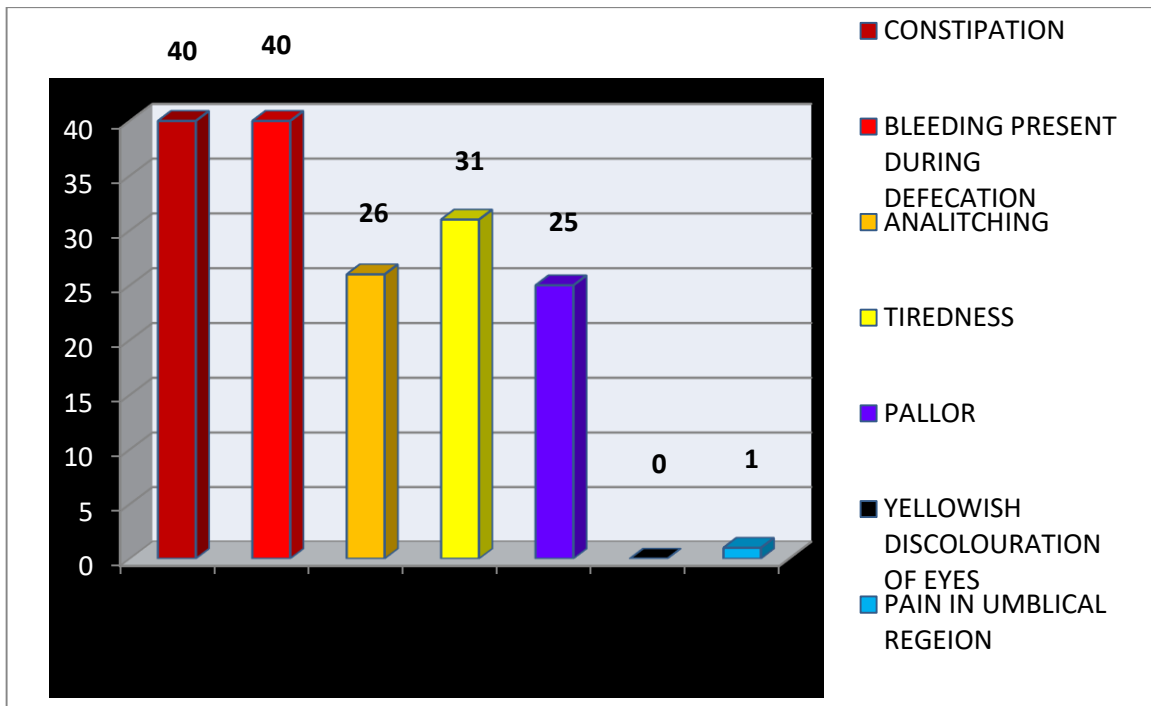
Out of 40 cases, 26 (65%) cases have Positive family history and 14 (35%) cases have Negative family history.

5. DIET:



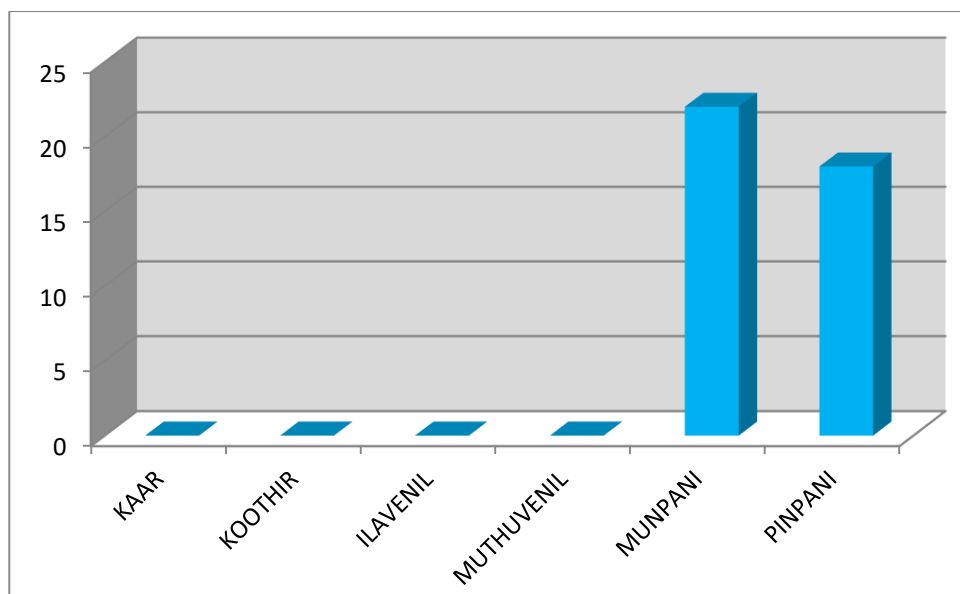
Out of 40 cases, 2.5% of cases were vegetarian, and 97.5% cases were mixed diet.

6. CLINICAL SYMPTOMS:



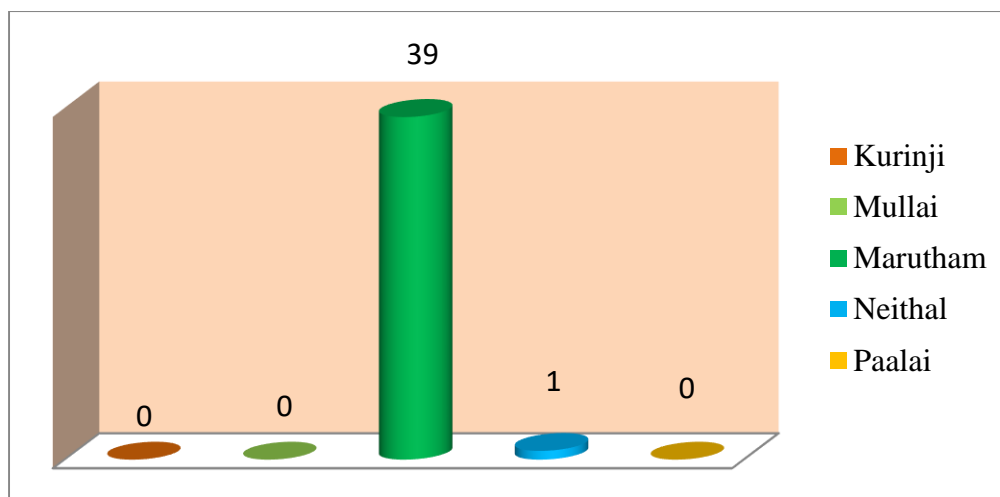
- 40 (100%) of cases had constipation and bleeding present during defecation.
- 26 (65%) of cases had anal itching.
- 31 (77.5%) of patients had tiredness.
- 25 (62.5%) of patients had pallor.
- 1 (2.5%) of cases had pain in umbilical region.

7. KAALAM (POZHUTHU)



In paruvakaalam highest incident of cases, 22 (55%) cases were visited in Munpani kaalam, 18(45%) cases were visited in Pinpani kaalam.

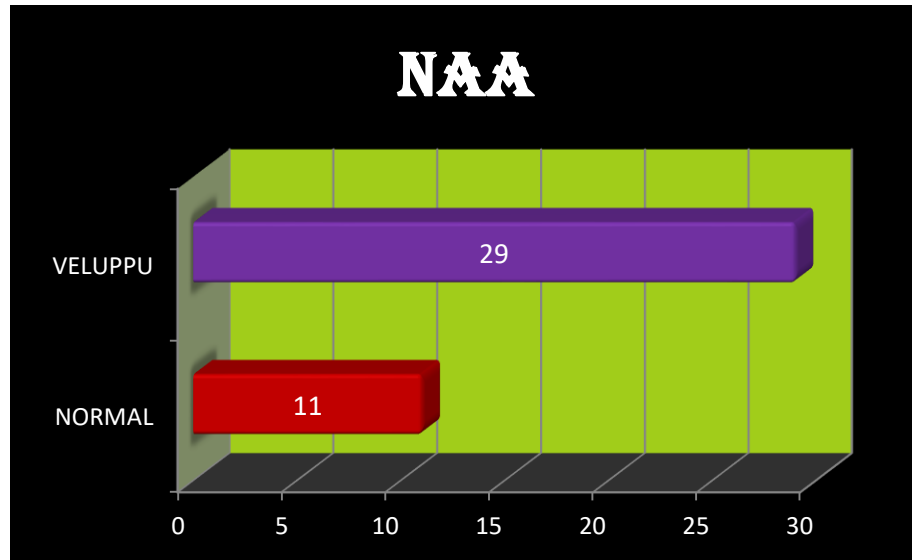
8. THINAI:



Among 40 participants 39 cases (97.5%) were from Marutham nilam, and 1 case (2.5%) was from Neithal nilam

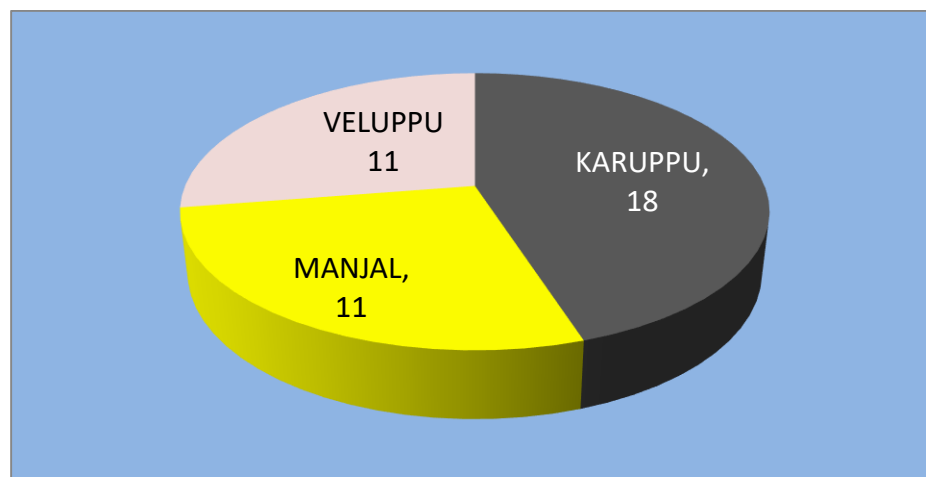
9. ASSESSMENT OF ENNVAIGAITHERVU:

NAA:



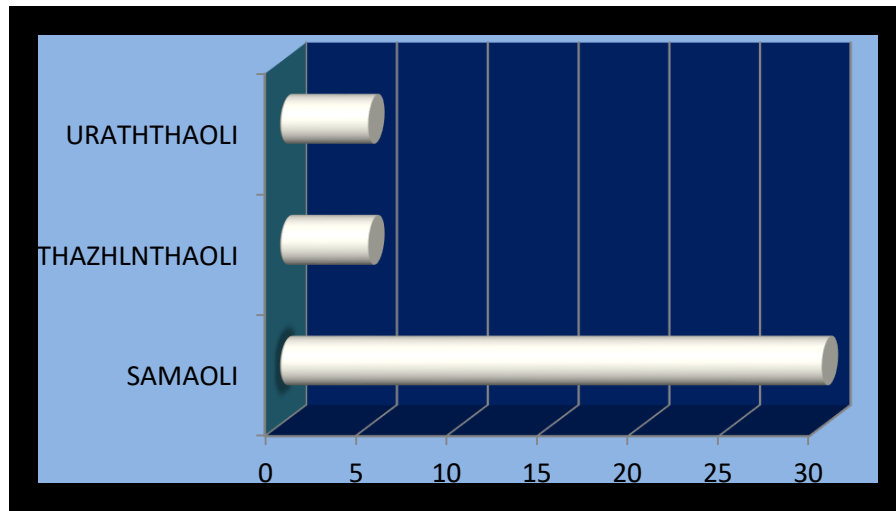
Out of 40 cases Based on naavin niram 29 (72.5%), cases had veluppu niram, 11 (27.5%) cases had normal niram.

NIRAM:



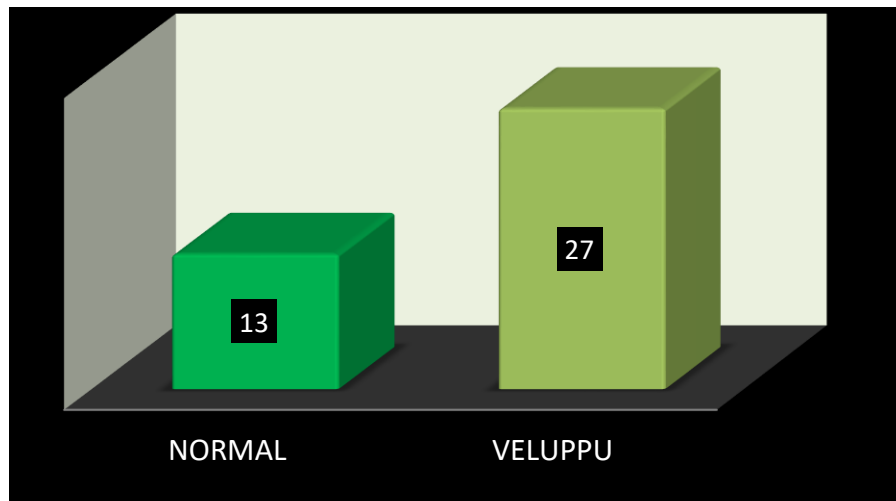
Out of 40 cases, 18 (45%) cases were in karuppu niram, 11 (27.5%) cases were in manjal niram, 11 (27.5%) cases were in velluppu niram.

MOZHI:



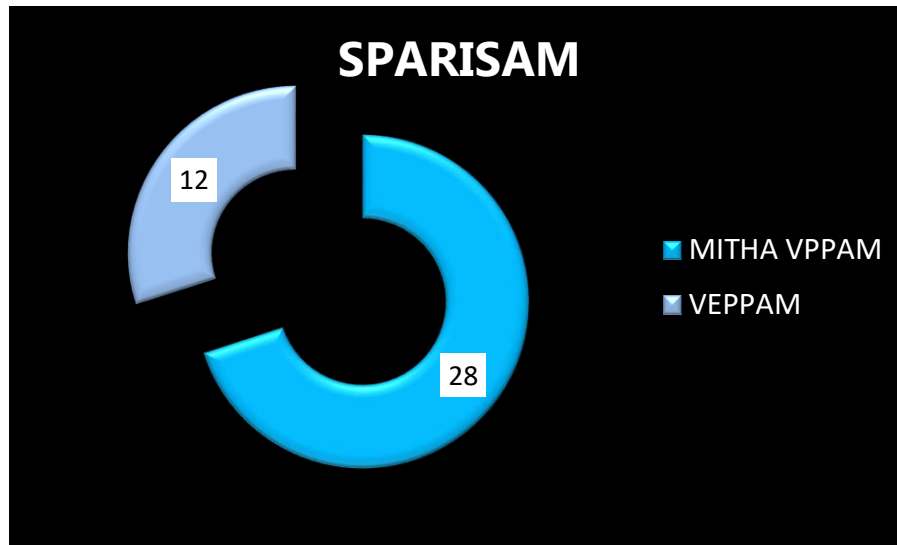
Out of 40 cases, 30 (75%) cases had sama oli, 5 (12.5%) cases had uraththa oli, and 5 (12.5%) had thazhntha oli.

VIZHI:



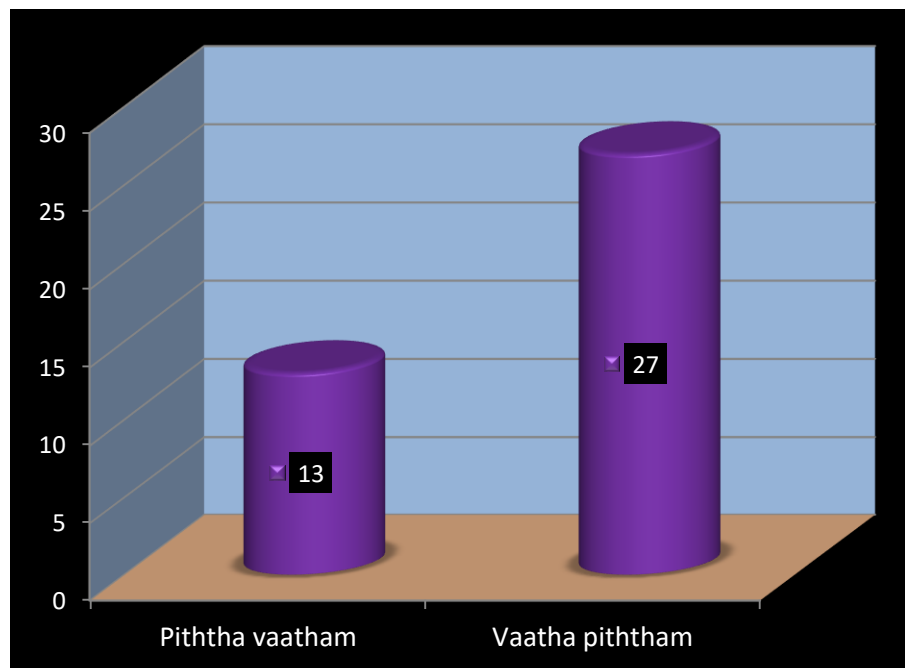
Out of 40 cases, 27 (67.5%) patients had veluppu vizhi, and 13 (32.5%) patients had normal vizhi.

SPARISAM:



Out of 40 cases, in palpation 28 (70%) cases were veppem in their mei (Sparisam), 12 (30%) cases were mitha veppam in their mei (sparisam).

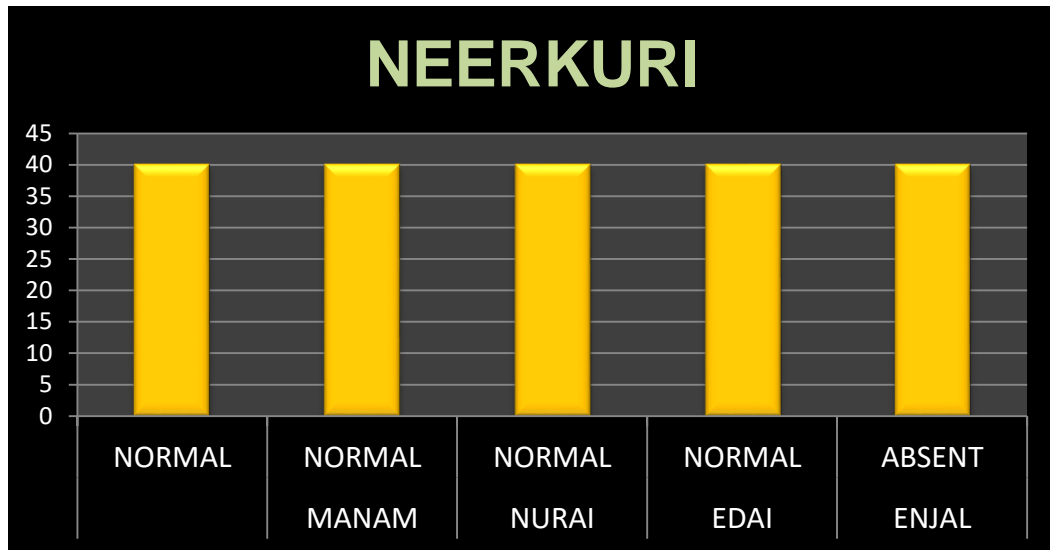
NAADI:



Out of 40 cases, 27 (67.5%) cases had vatha pitha naadi, 13(32.5%) cases had pitha vatha naadi.

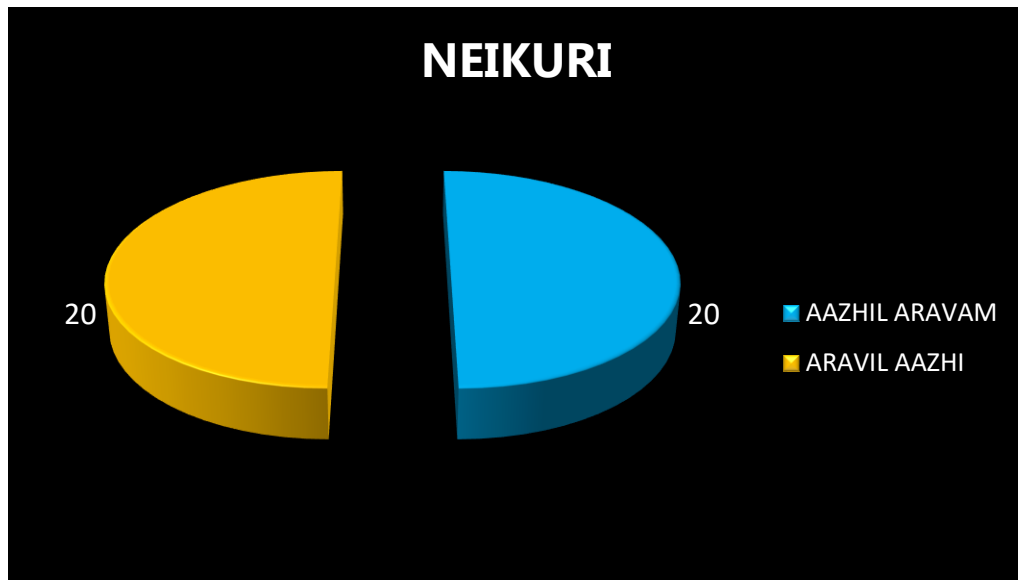
MOOTHIRAM:

NEERKURI:



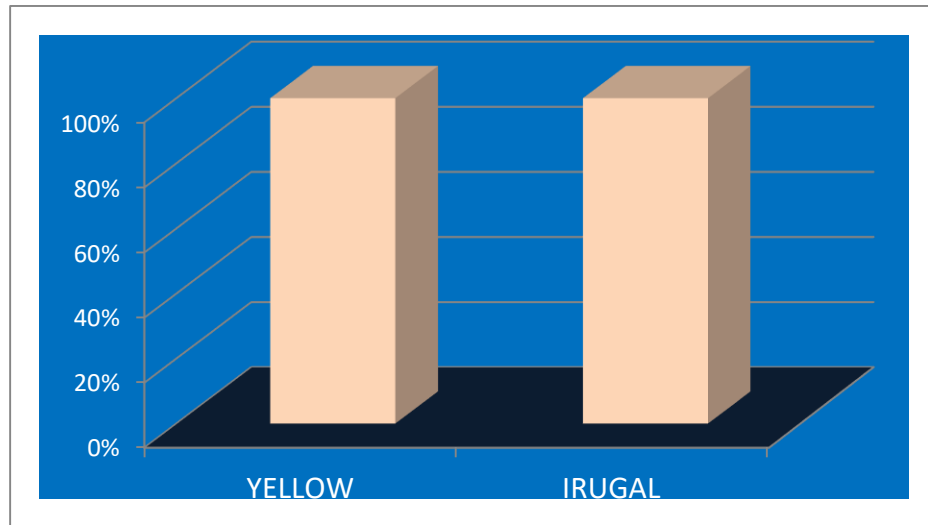
Among 40 patients all had normal Neerkuri parameters.

NEIKURI:



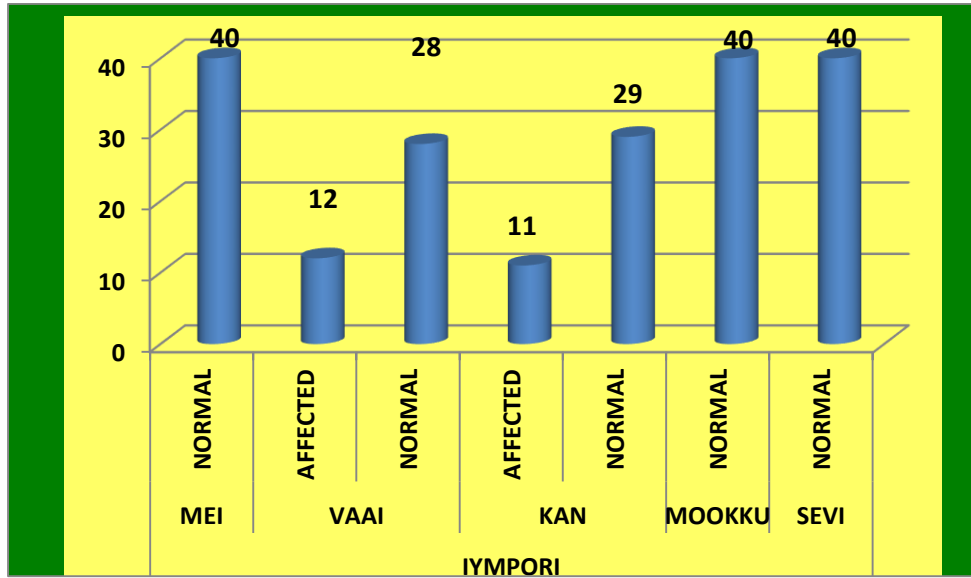
Out of 40 patients 20 (50%) cases had Aazhil aravam, 20(50%) cases had Aravil aazhi neikuri.

MAALAM:



Among 40 patients, All patients (100%) had constipation.

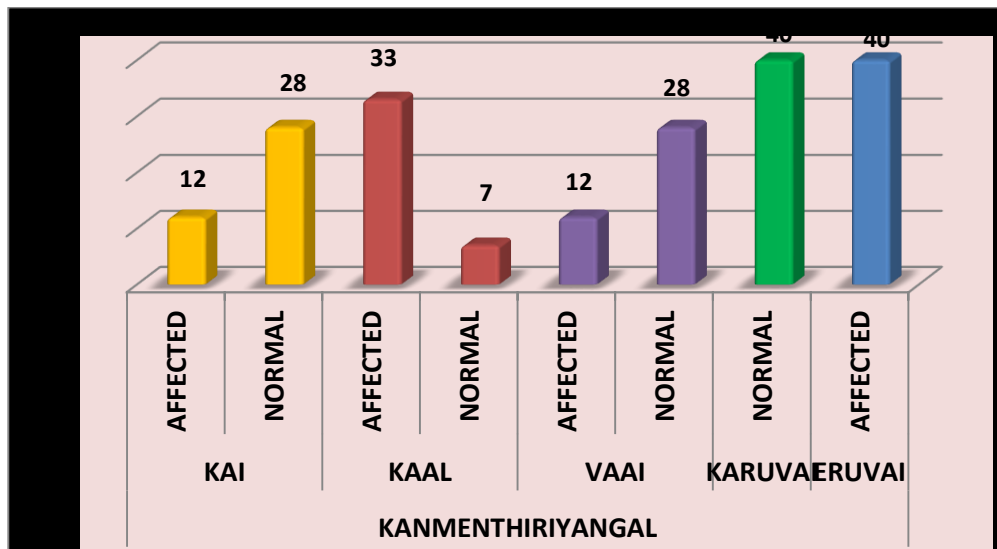
10. IYM PORIGAL:



Among 40 cases, in Imporigal,

- Vaai affected (Naa veluppu) in 12 (30%) cases.
- Kan affected (veluppu) in 11(27.5%) cases.

11.KANMENTHIRIYANGAL:



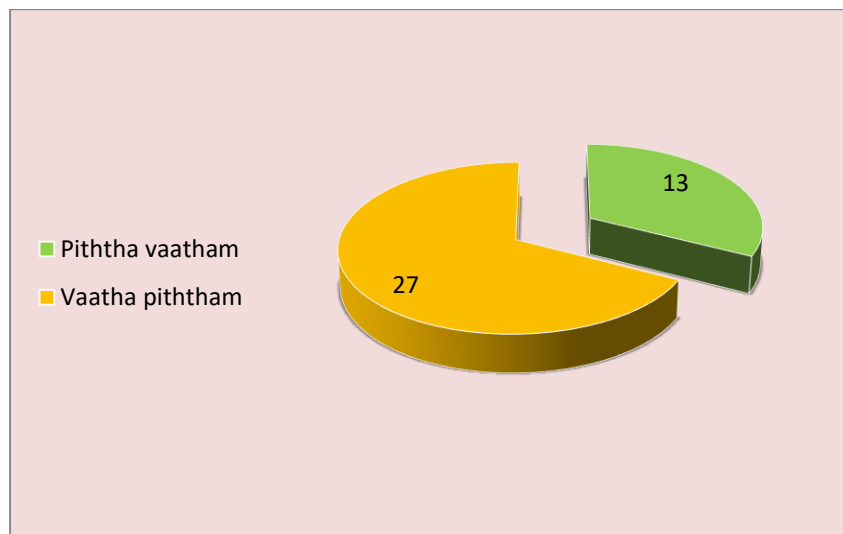
Out of 40 patients, Kai (pain and tiredness) was affected in 12 (30%) patients.

Kaal was affected (pain and tiredness) in 33 (83%) patients.

Vai was affected (Naa veluppu) in 12(30%) patients.

Eruvai was affected in 40 (100%) patients.

12.THEGA ILAKKANAM:

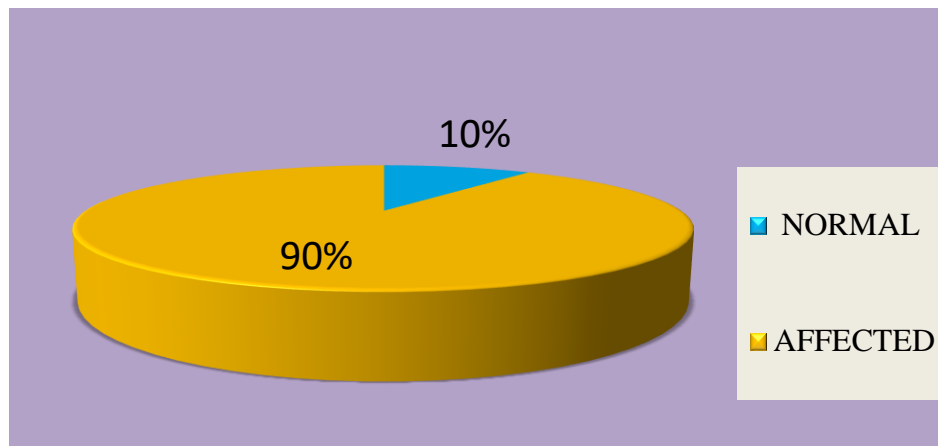


Out of 40 cases in yakkai,

- 27cases (67.5%) had vatha pitham
- 13 cases (32.5%) had pitha vatham.

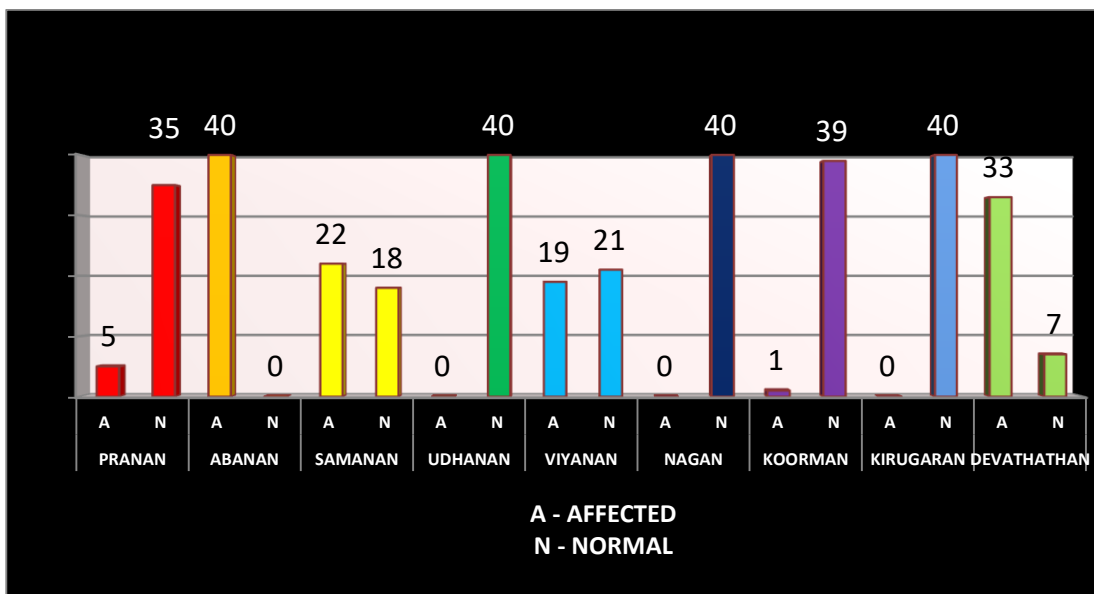
13.ASSESSMENT OF UYIR THATHUKKAL:

a. Vatham:



Among 40 patients, Vatham was affected in 36 (90%) cases.

Type of vatham affected:

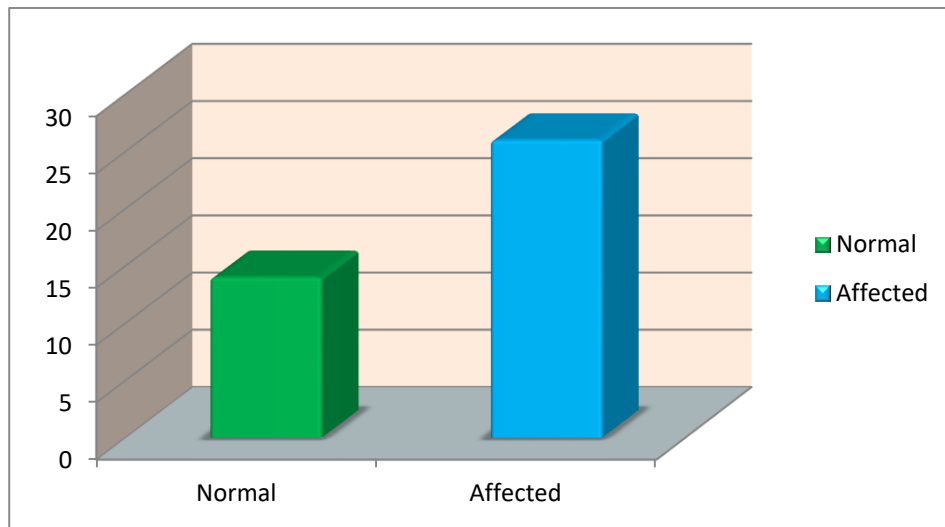


Among the 10 types of vatham, out of 40 cases,

- Abanan was affected in all 40 cases (100%),
- Pranana was noted to be deranged in 5 cases (12.5%),
- Samanan was affected in 22 cases (55%),

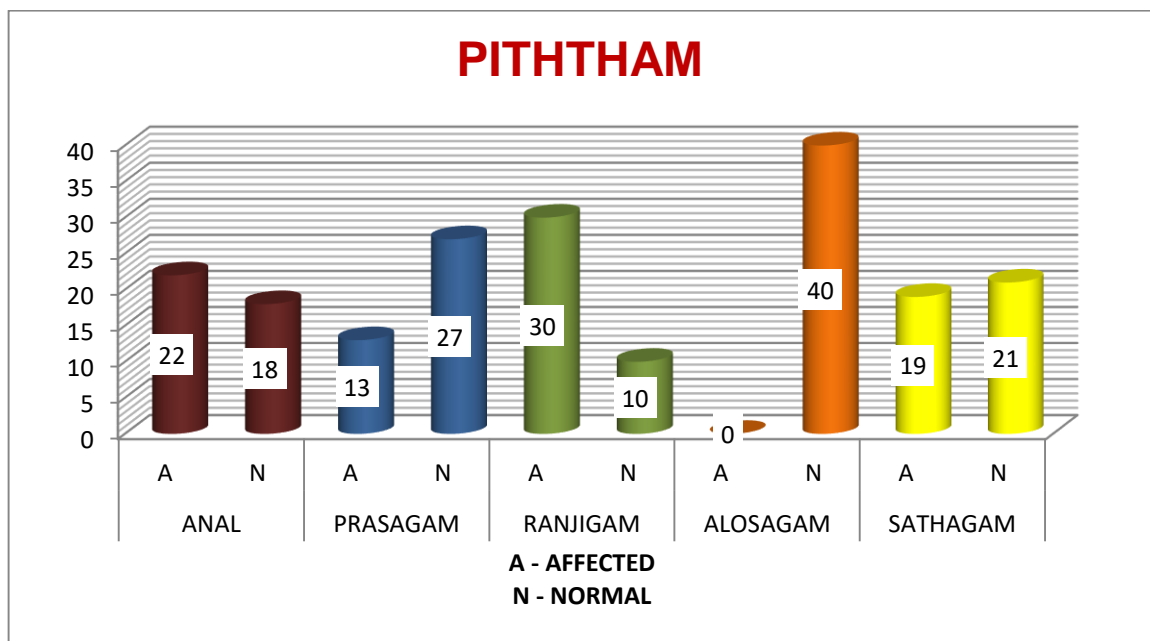
Viyanan was affected in 19 (47.5%) cases and Devathathan was affected in 33 (82.5%) cases

13.2 PITHAM:



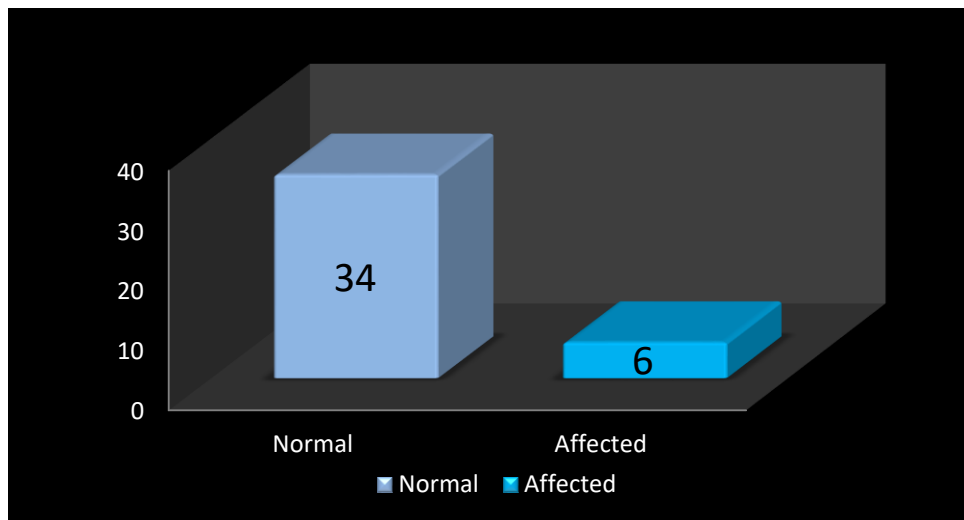
Among 40 participants, Azhal was affected in 26 (65%) patients.

TYPE OF PITHAM AFFECTED:



- Analaga pitham was affected in 22 patients (55%),
- Ranjagam was affected in 30 patients (75%),
- Prasagam was affected in 13 (32.5%) patients , and
- Saathagam was affected in all the 19 patients (47.5%).

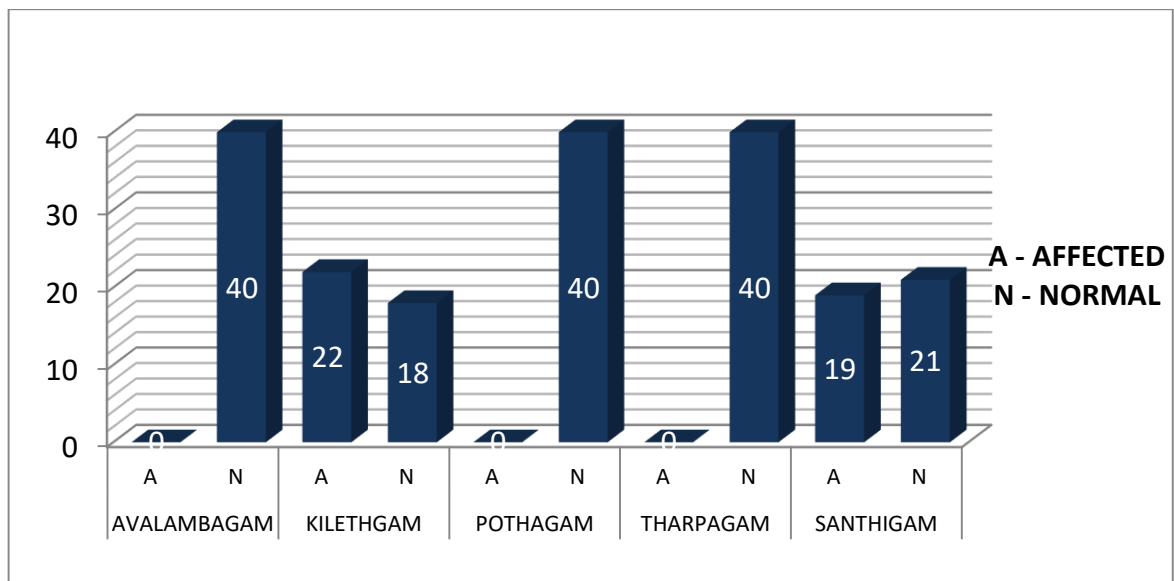
13.3 KABAM:



Among 40 cases, Aiyam was affected in 6 (15%) cases.

Mukkutram were analysed in all the 40 cases, Vali was affected in 36 (90%) cases, Azal was affected in 26 (65%) patients, Aiyam was affected in 6(15%) cases.

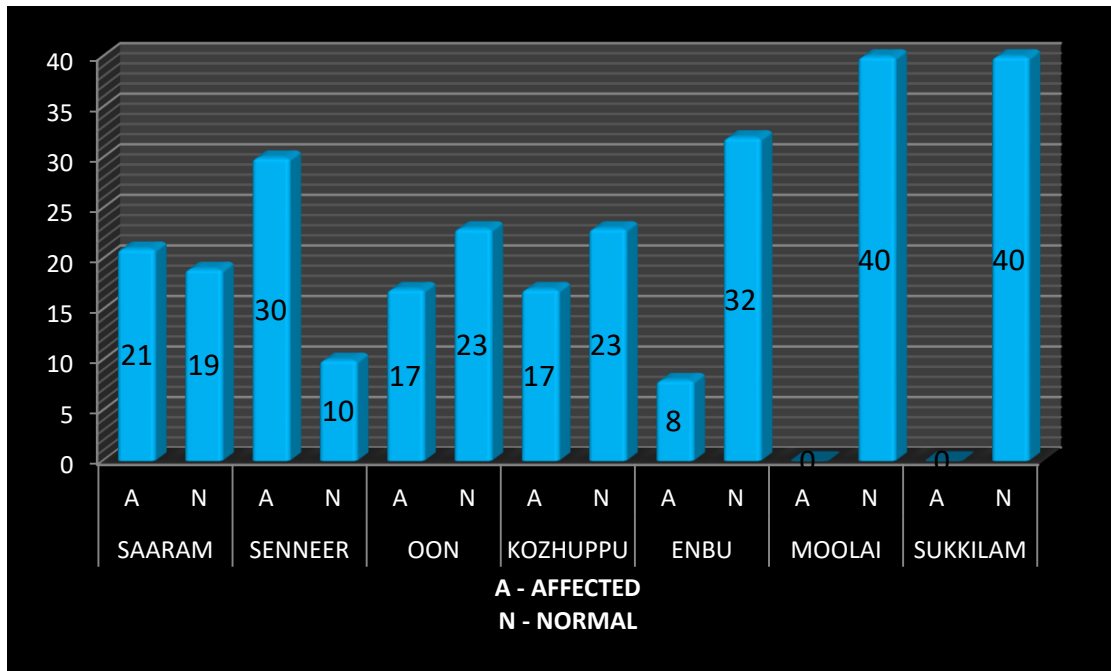
TYPE OF KAABAM:



Among the 40 patients,

- Kilethagam was affected in 22 patients (55%) and
- Santhigam 19(47.5%) patients.

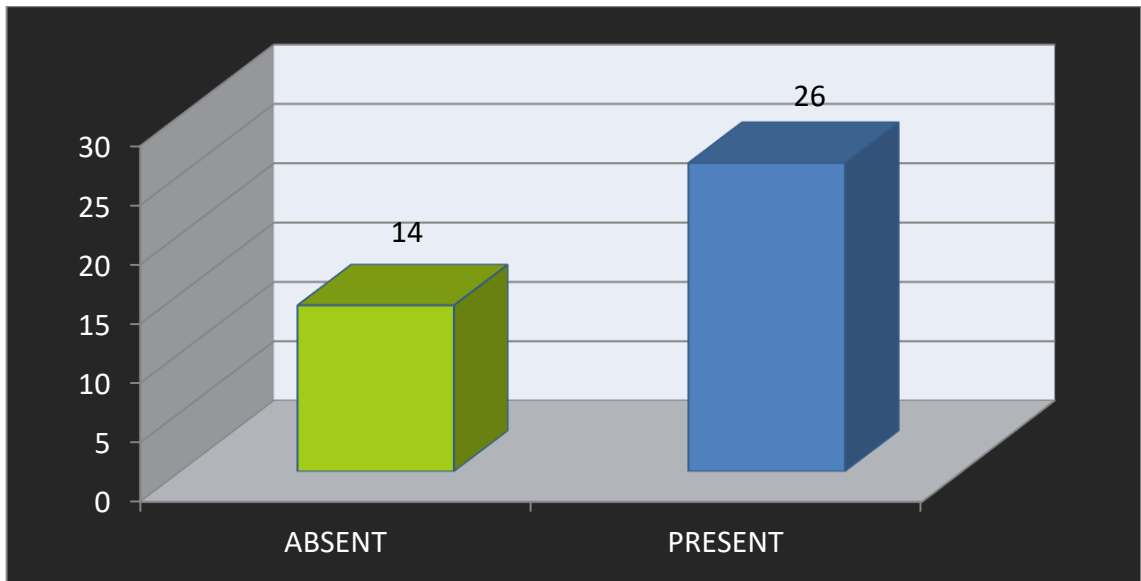
14. ASSESSMENT OF UDAL THATHUKKAL:



Among the 40 patients,

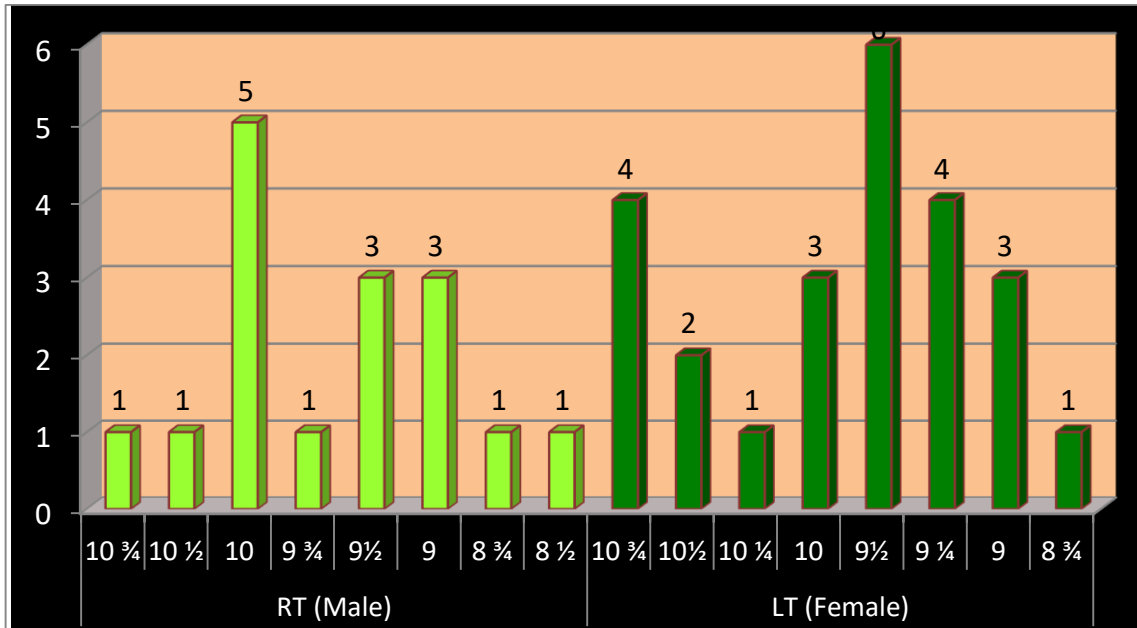
- Saaram was affected in all the 21 cases (52.5%),
- Senneer was affected in 30 cases (70%),
- Oon was affected in 17 (42.5) patients,
- Kozhuppu was affected in 17 (42.5%) patients, and
- Enbu was affected in 8 cases (20%).

15.PRESENT OF PILEMASS:



Among 40 patients, 26 (65%) patients had Pile mass

16. ASSESSMENT OF MANIKKADAI NOOL:



When comparing all Manikkadai alavu,

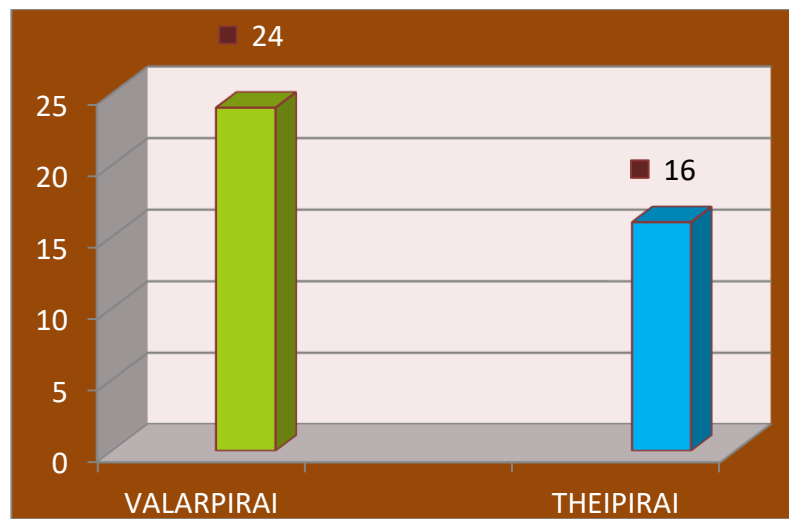
MALE:

- The Manikkadai (viratkadai) alavu 10 was observed in 5 (12.5%) patients.
- 9 ¹/₂ was observed in 3 (7.5%) patients.
- 9 was observed in 3 (7.5%) patients. and
- 10 ³/₄, 10 ¹/₂, 9 ³/₄, 8 ³/₄, 8 ¹/₂ each Manikkadai alavugal were observed in each 1(2.5%) patient.

FEMALE:

- The Manikkadai alavu 9 ¹/₂ was observed in 6 (15%) patients.
- 9 and 10 each alavugal were observed in each 3(7.5%) patients.
- 10 ³/₄, 9 ¹/₄ each alavugal were observed in each 4 (10%) patients.
- 10 ¹/₂, alavu was observed in 2(5%) patients. and
- 8 ³/₄, and 10 ¹/₄ each alavugal were observed in each 1(2.5%) patient.

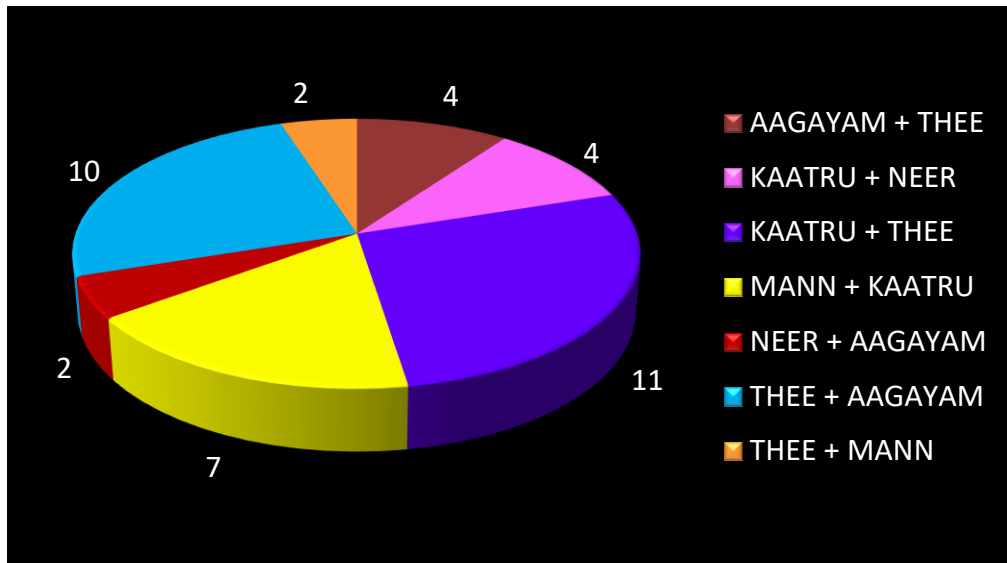
17.PANJAPATCHI:



Among 40 patients,

- 24 (60%) of patients were came in Valarpirai period.
- 16 (40%) of patients were came in Teipirai period.

AFFECTEDBOOTHAM ACCORDING TO PANJAPATCHI:



Among 40 patients,

- Aagayam + Thee was affected in 4 (10 %) cases.
- Kaatru + Thee was affected in 11 (27.5%) cases.
- Kaatru + Neer was affected in 4 (10 %) cases.
- Maan + Kaatru was affected in 7 (17.5%) cases.
- Neer + Aagayam was affected in 2 (5%) cases.
- Thee + Aagayam was affected in 10 (25%) cases.
- Thee + Maan was affected in 2 (5%) cases.

6 DISCUSSION

KURUTHI MOOLAM, is a clinical entity described by Yugi munivar in his Yugi Vaidhya Chinthamani 800. The classical symptoms are bleeding per rectum, Constipation, Tiredness and Pallor.

40 patients are selected in the Department of Noi Naadal, Government Siddha medical college, Palayamkottai, Tirunelveli.

Detailed history from the patients regarding Age, Sex, Occupation, Food habits, etc.

Ennvagaithervugal, the siddha diagnostic methods were used to diagnose the disease Kuruthi moolam. They are discussed under here.

6.1 INTERPRETATION OF PATHOGENESIS:

Derangement of vatham and pitham play vital role in the production of disease. Increased of these 2 humors, producing the symptoms of Constipation, Bleeding present during defecation, Anal itching, Tiredness, pallor, yellowish discoloration of eyes and Pain in umbilical region causing the disease.

6.2 INTERPRETATION OF GENERAL PARAMETERS:

6.2.1 Age:

(32.5%) were between age group of 20-30, 12(30%) were between age group of 30-40. Moolam generally occur in age of 20 -40.

6.2.2 Sex:

Female were affected commonly 65%.

6.2.3 Family history:

65% of patients had positive Family history.

6.2.4 Diet

97.5% of affected have their dietary habits of mixed diet.

6.2.5 Occupation:

Most of the Participants were sedentary workers whose nature of job was being seated for a long time.

6.3 INTERPRETATION OF CLINICAL FEATURES:

The maximum number of symptoms of Kuruthi moolam were found to be present in the maximum of cases.

- 40 (100%) of cases had constipation and bleeding present during defecation.
- 26 (65%) of cases had anal itching.
- 31 (77.5%) of patents had tiredness.
- 25 (62.5%) of patients had pallor.
- 1 (2.5%) of cases had pain in umbilical region.

PRESENT OF PILE MASS:

Among 40 patients, 26 (65%) patients had Pile mass. Most of the patients had pile mass.

6.4 INTERPRETATION OF SIDDHA PARAMETERS:

6.4.1 KAALAM (POZHUTHU):

In paruvakaalam the highest incidence of cases, 22 (55%) cases were visited in Munpani kaalam, 18(45%) cases were visited in Pinpani kaalam. Though kuruthi moolam aggravated in hot seasons, it could occur in all seasons.

6.4.2 NILAM (THINAI):

Among 40 cases, most of the cases were from Marutha Nilam. 39 cases (97.5%) were from Marutham nilam, and 1 case (2.5%) was from Neithal nilam. Though Kuruthi moolam occur in all lands.

6.4.3 ASSESSMENT OF ENNVAGAITHERVU:

6.4.3.1 NAA:

Among 40 cases, based on naavin niram 29 (72.5%) cases had veluppu niram, 11 (27.5%) cases had normal niram. If the disease process takes a long course then the Naa becomes pale.

6.4.3.2 Niram:

Out of 40 cases, 18 (45%) cases were in karuppu niram, 11 (27.5%) cases were in manjal niram, 11 (27.5%) cases were in velluppu niram. Pallor of skin is due to Anemia, which ensues after a long course of Kuruthi moolam.

6.4.3.3 Mozhi:

Out of 40 cases, 30 (75%) cases had sama oli, 5 (12.5%) cases had uraththa oli, and 5 (12.5%) had thazhntha oli. Mozhi is usually normal.

6.4.3.4 Vizhi:

27 (67.5%) patients had veluppu vizhi, and 13 (32.5%) patients had normal vizhi.

Conjunctiva is pale due to loss of blood with every episodes of defecation.

6.4.3.5 Naadi:

Among 40 patients, 27 (67.5%) cases had vatha pitha naadi, 13(32.5%) case had pitha vatha naadi.

6.4.3.6 Sparisam:

Out of 40 cases, in palpation 28 (70%) cases were veppem in their mei (Sparisam), 12 (30%) cases were mitha veppam in their mei (sparisam). Body is said to stay in ushnam or hyperthermic state. This is due to the combined action of vatham and pitham.

6.4.3.7 Malam:

Among 40 patients, Malam was affected in 40 cases (100%). The consistency becomes hard. There is no froth or mucus. The colour is usually yellow or dark.

Constipation is usually present.

6.4.3.8 Moothiram:

Neerkuri:

Among 40 patients they had normal neerkuri. The amount is usually normal. There is no froth. The colour is usually yellow.

NEIKURI:

Out of 40 patients 20 (50%) cases had Aazhil aravam, 20(50%) cases had Aravil aazhi neikuri. It shows that 50% of patients had pitha vatham and 50% of patients had vatha pitha neikuri.

6.4.4 Imporigal:

Among 40 cases, in Imporigal,

- Vaai (Naa veluppu) affected in 12 (30%) cases.
- Kan (Veluppu) affected in 11(27.5%) cases.

6.4.5 Kanmenthiriyangal:

- Kai (pain and tiredness) was affected in 12 (30%) patients.
- Kaal (pain and tiredness) was affected in 33 (83%) patients.
- Vai (Naa veluppu) was affected in 12(30%) patients.
- Eruvai was affected in 40 (100%) patients.

6.4.6 Uvir Thathu:

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

- Abanan was affected in all 40 cases (100%),
- Pranana was noted to be deranged in 5 cases (12.5%),
- Samanana was affected in 22 cases (55%),
- Viyanana was affected in 19 (47.5%) cases, and
- Devathathan was affected in 33 (82.5%) cases.

6.4.6.1 Vatham:

The term vatham denotes vayu, dryness, pain and flatulence.

Types of Vatham:

1. PRANANA

It is responsible for respiration and digestion. In Kuruthi moolam some patients were affected.

2. ABANAN

It is responsible for the downward expulsion of stools, urine and constriction of anal sphincters. In Kuruthi moolampatients having constipation, itching and burning sensation in anus, bleeding per rectum, some patients having pile mass due to defect of this vaayu.

3. VIYAANAN

It is responsible for nourishment of whole body. In Kuruthi moolam some patients were affected.

4. UTHANAN

It is responsible for Speech, expelling vomitus, hic-cough. In Kuruthi moolam it was usually normal.

5. SAMANAN

It is responsible for the balancing of the vayus: absorption of nutrient's and balance of the body. In Kuruthi moolam some patients were affected.

6. NAGAN:

It is responsible for the movement for eyelids. In Kruthi moolam it was usually normal.

7. KOORMAN:

It is responsible for the sight, closing of eyelids, yawning and closure of mouth.

8. KIRUKARAN:

It is responsible for the secretion of mouth and nose, appetite, sneezing, cough.

In Kuruthi moolamsome of patients affected loss of appetite.

9. DEVATHATHAN:

It is responsible for aggravating of the emotional disturbances anger, etc. In Kuruthi moolam some patients were affected due to Insomnia.

6.4.6.2 **PITHAM:**

It is the thermal source of the body. Among 40 patients, Analaga pitham was affected in 22 patients (55%), Ranjagam was affected in 30 patients (75%), Prasagam was

affected in 13 (32.5%) patients, and Saathagam was affected in all the 19 patients (47.5%).

1. ANALA PITHAM

This is responsible for digestion of food. It located in stomach and intestine. In Kuruthi moolam some patients are affected.

2. RANJAGA PITHAM

It is responsible for the colour and contents of blood. In Kuruthimoolampatients are affected in anaemia due to bleeding while defecation.

3. SAATHAGAM:

It lies in the heart. It is responsible for the action after thinking. In Kuruthi moolam some patients were affected.

4. PRASAGAM:

It is responsible for the complexion of skin. In Kuruthi moolampatients having pale skin due to anaemic.

5. AALOSAGAM

It is responsible for the vision. It was usually normal.

6.4.6.3 KABAM:

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

Among the 40 patients,

Kilethagam was affected in 22 patients (32.5%) and Santhigam 19(47.5%) patients.

1. AVALAMBAGAM

In kuruthi moolam Avalambagam was not affected.

2. KILETHAGAM

Appetite and digestion may not be normal when it is affected. In Kuruthi moolam some patients affected due to loss of appetite.

3. POTHAGAM

It is present in the tongue and gives taste. It was usually normal in Kuruthi moolam.

4. THARPAGAM

Memory and perception of sense may be affected when this is deranged. It was usually normal in all patients.

5. SATHAGAM

It is present in the joints and helps free movements. Some patients have mobility of joints is affected due to drying up of the synovial fluid.

6.4.7 UDAL THATHUKKAL:

Among the 40 patients,

Saaram was affected in all the 21 cases (52.5%),

Senneer was affected in 30 cases (70%),

Oon was affected in 17 (42.5) patients,

Kozhuppu was affected in 17 (42.5%) patients, and

Enbu was affected in 8 cases (20%).

6.4.8 MANIKKADAI NOOL:

When compared to other Manikkadai alavu, the Manikkadai (viratkadai) alavu, the Manikkadai alavu of 10 was observed in majority of Male patient and 9 ½ was observed in majority of Female patients.

According to the siddha text Noi Naadal and Noi Mudhal Naadal thirattu reference, the patients with manikkadai alavu of **10 may have the following symptoms:**

- Body burn
- Pain in upper and lower limbs
- Flatulence
- Chest pain

9½ may have the following symptoms:

- Body burn
- Body becomes too hot
- Loss of appetite

- Burning sensation of eyes

6.4.9 PANCHA PATCHI:

Among 40 patients,

- **24 (60%) of patients were came in Valarpirai period.**
- **16 (40%) 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 24 (60%) of patients were came in Valarpirai period 16 (40%) of patients were came in Teipirai period. Among 40 patients, Aagayam + Thee was affected in 4 (10 %) cases. Kaatru + Thee was affected in 11 (27.5%) cases. Kaatru + Neer was affected in 4 (10 %) cases. Maan + Kaatru was affected in 7 (17.5%) cases. Neer + Aagayam was affected in 2 (5%) cases. Thee + Aagayam was affected in 10 (25%) cases. Thee + Maan was affected in 2 (5%) cases. Among 40 patients (Kaatru + Thee) Bootham were affected in majority patients.

7 DIETARY REGIMEN

TO TAKE

Some foods can help alleviate symptoms and even help prevent Moola noi in the first place.

1) Fiber rich foods :

Legumes are the edible seeds of plants in the fabaceae family. They include beans, lentils, peas, peanuts and chickpeas. They are loaded with both kinds of fiber but especially rich in the soluble type.

2) Whole Grains:

Barley, corn, spelt, guinoa, brown rice, whole rye and oats.

3) Vegetables:

Broccoli, cauliflower, radishes, turnips and cabbage

Carrots, beetroot, turnips, pumpkin, ladyfinger, tindora

Cucumber and melons are delicious ways to bring fiber and water

4) Spinach (Keerai):

Dill spinach (fenugreek leaves), Chukan Spinach, Thuthi Spinach, Thalik Spinach, Palak Spinach,

5) Fruits:

Apples, Banana, Lemon, Guava, Datefruit, Dry grapes,

Pine apple, Orange, Papaya, Amla, Pomegranate

6) Fluids:

- take plenty of water

- juices
- Curd
- Butter Milk

7) Non-veg:

- Pork is a rich source of many vitamins and minerals. It is high in protein amino acids which is good for overall health porks are more healthy than chicken.
- Turtle flesh calipash or calipee.
- Fish

Foods to avoid:

Avoid some foods is a good idea to prevent Moola noi.

1) White flour:

This flour has the bran and germ removed, making it less fibrous product made from this type of flour include white breads, pasta, raagi flour

2) Red meat:

Avoid this type of meat, as it takes longer to digest and may induce constipation.

3) Fried foods:

These can be hard on digestive tract and difficult to digest

4) Salty foods:

They may cause bloating and make hemorrhoids more sensitive

5) Spicy food:

These food may increase pain and discomfort associated with hemorrhoids.

6) Caffeinated beverages:

These beverages may harden stools and make it more painful to use the restroom.

7) Alcohol:

Alcoholic drinks can dry up stools and exacerbated the discomfort of piles.

PREVENTION:

- Eat high - fiber foods
- Drink plenty of fluids
- Consider fiber supplements
- Don't strain during passing stool
- Go as soon as feel the urge
- Exercise
- Avoiding long periods of sitting

ASANAS

Asana were helpful to prevent and control moolanoi from getting worse. Practice of Asana technique keeps the body purified and prevent problems. The Asana postures stretch and contract the muscles of the anus, and make the anus them strong and relaxed. Moola noi are the effect of long term malfunction of the digestive tract which can be taken care by Asana.

1. MATSYASANA

Procedure

Lie on the floor with a straight back. Upon inhalation lift pelvis and slip the hands below hips. Relax posterior on the hands. Hug forearms and elbows to side. Keep elbows and forearms pressed, take a deep breath, and lift upper torso and head off the ground. Arch back, lift chest and the crown of the head back on the floor. Stay in this pose for 30seconds.

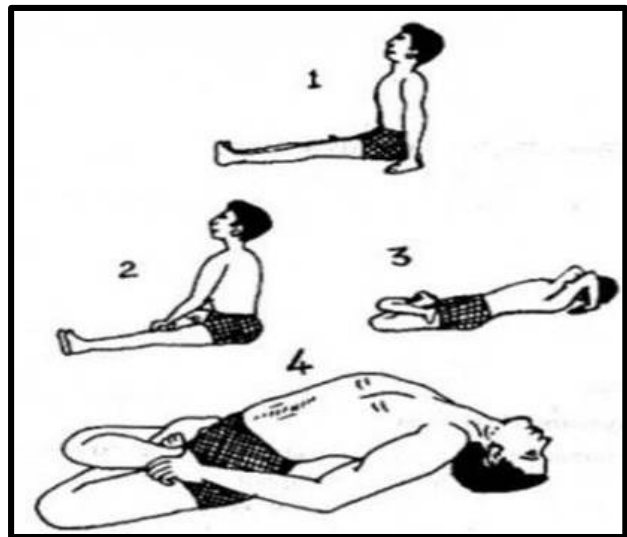


Figure 3: Matyasana

Uses:

Matsyasana is therapeutic for constipation and menstrual pain.

2. SARVANGASANA

Procedure

Lie in a supine pose on the floor, lay arms along-side torso, fold knees and actively press feet into the ground. Compress hands to push feet away from a yoga mat and draw thighs into the torso. Raise knees towards face and gently lengthen the leg upwards. Bring thigs in line with torso. Hold this posture for 10 relaxed breaths.

Uses:

Sarvangasana pose that aids in digestion and provides relief from swollen legs.

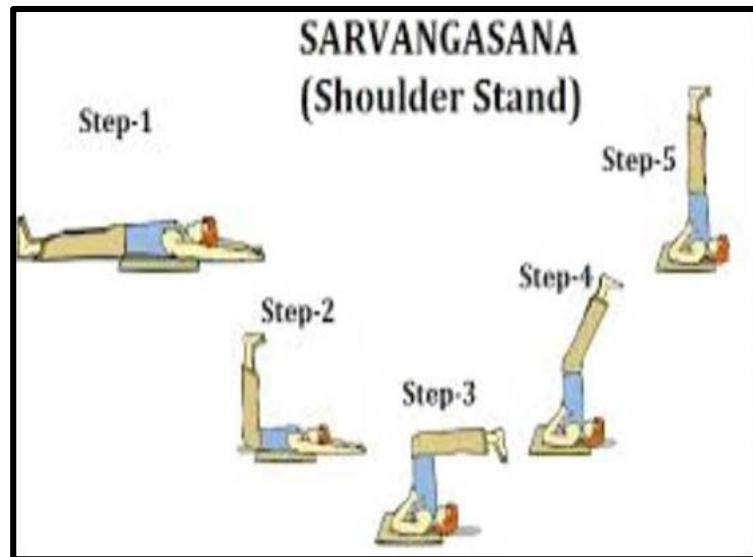


Figure 4: Sarvangasana

3. TADASANA

Procedure

Stand upright in a yoga mat. Keep feet together and arms on either side of the body. Inhale, stretch arms up, either keep them parallel to the floor or join the palms together. Keep head in a neutral position and look at a fixed point in the front. Hold this pose for 60 seconds.

Use:

An extremely beneficial pose for the disease of Moola noi as it strengthens the lower abdominal area.

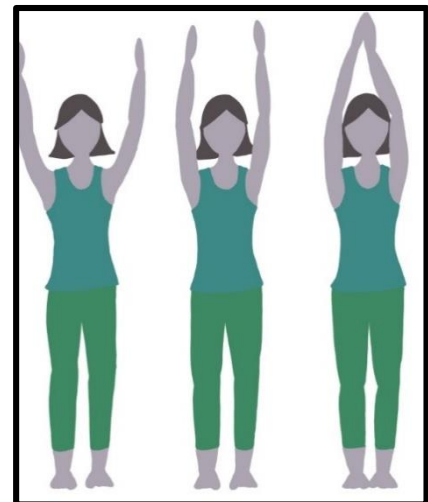


Figure 5: Tadasana

4. SALABASANA

Procedure

Lie down with back facing up, with arms resting on the side and rest forehead on the floor as well. While breathing out. Raise legs steadily. May not raise the hands with the palms up. The final position has to be maintained for a minimum of 30 seconds.

Use:

Figure 6: Salabasana

Salabasana helps to clear bowel movements, constipation, the lower back and spine are strengthened.

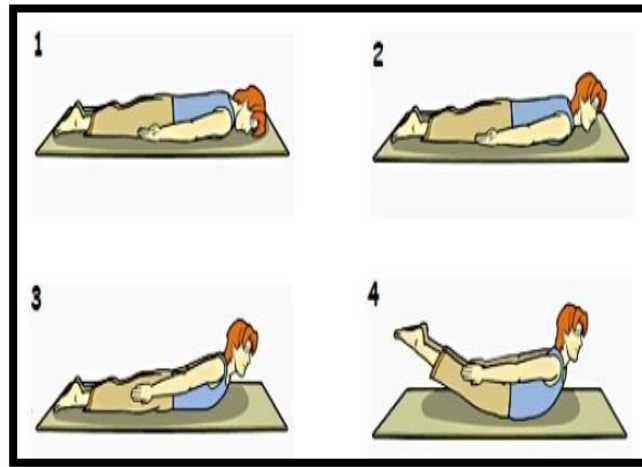


Figure 7: Salabasana

5. BHUJANGASANA

Procedure

Find a clean place and keep a mat there than lay down on the mat with the support of the stomach. Stretch the legs on the back side so that the sole of the legs faces towards the sky. Now lift the head and upper part of the body up with help of the hands so keep hands close to the shoulders. Now stable palms on the ground and slowly lift the head and upper part of the body upwards. Apply pressure on palms so that body gets fully tilted in the backward directions. Keep vision. Straight.

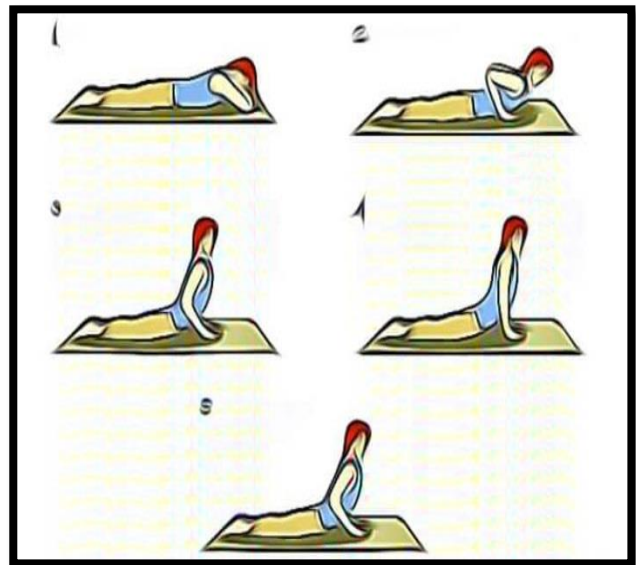


Figure 8: Bhujangasana

Use:

Bhujangasana stimulates the digestive system and relieves constipation. It makes the spine stronger and more flexible. It energizes the heart. It improves blood circulation. It decreases menstrual irregularities in women.

6. MAYURASANAM

Procedure

Start by lying on stomach and rest forehead on the floor. As inhale lift head chest and abdomen and make sure keep the navel on the floor. As exhale, slowly come down rest with hands below head.

Use:

Peacock Pose removes toxins and detoxifies body. Improves the function of digestive system and makes abdomen stronger. Peacock Pose is beneficial in Moola noi and diabetes. Strengthens and tones your reproductive system.



Figure 9: Mayurasana

7. PASCHIMOTTASANA

Procedure

Sit up with the legs stretched out straight in front of on the floor. Keep the spine exact and toes flex towards. Bring respiration to normal. Breathing in slowly raise both the arms straight head and stretch up.

Use:

Paschimottasana helps relieve the symptoms of menopause and menstrual discomfort. Therapeutic for high blood pressure, infertility, insomnia. It is beneficial in constipation.



Figure 10: Paschimottasana

8. MALASANA (Garland Pose)

Procedure

Put feet near to each other, with heels on the ground or supported on the floor. Now stretch put thighs. Putting them smoothly wider than torso. Breathe out and bend forward in a way that torso. Breathe out and bend forward in a way that torso fits comfortably in between thighs.



Use:

An extremely beneficial Pose for the disease of Moola Noi as it strengthens the lower abdominal area.

8 SUMMARY

- The aim is to conduct to a study on siddha diagnostic methodology with special mention to ennvagaithervu for **KURUTHI MOOLAM**.
- The disease is characterized by Alterations in foods, habits, life style derangements.
- The researcher had collected, the review of literature for definition, aetiology and classification from various available genres.
- The pathology of disease had been discussed.
- The clinical study on Kuruthi Moolam was carried in the 40 patients in post graduate department of Noi Naadal at government siddha medical college, palayamkottai.
- Case sheet and proforma was maintained for all the 40 cases.
- Envaigai thervugal, Manikadai nool had studied in detail and interpretations had done.
- Derangement of Uyir thathukkal and Udalthathukkal in the disease had been discussed.
- Observations made by panchapatchi are discussed.
- Derangement of Panchabootham were studied and their interpretations had done.

9 CONCLUSION

In this study the diagnosis of disease “Kuruthi Moolam” as per Siddha diagnostic procedures elucidated in the Siddha text books were done elaborately and the results observed were recorded and interpreted.

Siddha diagnostic methods such as Neerkuri, Neikuri, Manikadai Nool and Ennvagai thervu observed were significantly related with the disease Kuruthi Moolam.

In accordance with the less invasive, quick prompt, easy and less expensive and the traditional methods of Siddha diagnostic procedures for the disease Kuruthi Moolam can be entertained

For that the author believes that the current study will helpful to frame effective diagnostic procedures in future.

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ANNEXURE-1: CASE PROFORMA

GOVERNMENT SIDDHA MEDICAL COLLEGE, PALAYAMKOTTAI

DEPARTMENT OF NOI-NAADAL

DATE:

**A STUDY ON SIDDHA DIAGNOSTIC METHODOLOGY WITH SPECIAL
MENTION TO “ENNVAGAI THERVU” FOR “KURUTHI MOOLAM”**

GUIDE

Dr.S.Sundararajan,

Lecturer,

Department of Noi-Naadal,

PRINCIPAL INVESTIGATOR

Dr.A.Bhuvaneshwari,

PG Scholar,

Department of Noi-Naadal,

Patient's Name:

OPD No:

Age/Sex:

Address:

CONSENT: (ஒப்புதல் படிவம்)

மேற்சொன்னமருத்துவர் இவ்வாய்வைபற்றியும்,மருத்துவபரிசோதனைகள்

பற்றியும்,மருத்துவவழிமுறைகள் பற்றியும் எனக்குபுரியும் வகையில் விளக்கி கூறினார். மேலும்

இவ்வாய்வினால் எனக்குஎந்தவிதநேரடியானபாதிப்பும்

இல்லைஎன்றும்,எனக்குவிருப்பமில்லாதபட்சத்தில் எந்நேரமும் எக்காரணமும் சொல்லாமல்

என்னால் இவ்வாய்விலிருந்துவிலகமுடியும் என்பதையும் அறிந்துகொண்டேன். மேற்படியானநோய்

நிர்ணயஆய்விற்குசம்மதம் தெரிவித்துஒப்புதல் அளிக்கிறேன்.

மருத்துவர் விபரம்

மரு. அ. புவனேஸ்வரி,

முதுநிலை முன்றாமாண்டு

அரசுசித்தமருத்துவகல்லூரி

நோயாளியின் கையொப்பம்

பாளையங்கோட்டை

FORM I

SCREENING AND SELECTION PROFORMA

- | | |
|-------------------|---------------------|
| 1. O.P.No /Ip No: | 2. Bed no: |
| 3. Name: | 4. Age (years)/Sex: |
| 5. Occupation: | 6. Income: |
| 7. Address: | 8. Contact no: |
| 9. E-mail: | |

CRITERIA FOR INCLUSION: YES

NO

- | | | | |
|------------------------------|--------------------------|--|--------------------------|
| 1. Above 12 years | <input type="checkbox"/> | | <input type="checkbox"/> |
| 2. Patients with symptoms of | <input type="checkbox"/> | | <input type="checkbox"/> |

Constipation	
Bleeding present during defecation	
Anal itching	
Tiredness	
Pallor	
Yellowish discoloration of eyes	
Pain in umbilical region	

THE PATIENT IS ELIGIBLE / NOT ELIGIBLE FOR THE STUDY

Signature of the investigator

Signature of supervising faculty

**A STUDY ON SIDDHA DIAGNOSTIC METHODOLOGY WITH SPECIAL
MENTION TO ‘ENNVAGAITHERVU” FOR
‘KURUTHI MOOLAM”**

FORM I-A

HISTORY PROFORMA

1. O.P.No /Ip No: 2. Bed no:
3. Name: 4.Age (years)/Sex:
4. Occupation:
5. Nature Of Work:
Sedentary Work Field Work With Physical Labor Field Work Executive

6. Complaints And Duration:

7. History of Present Illness:

8. History of Past Illness:

9. Habits:

Smoking (No. of cigarettes/Day)		Tea: (No. of times/day)	
Alcohol	None/occasional/Regular	Coffee: (No. of times/day)	
Drug addiction		Milk (No. of times/day)	
Betel nut chewer		Type of diet	Veg/Nonveg/Mixed

10. Personal History:

Marital Status: Married Unmarried

No. Of Children:

Consanguineous Marriage: Yes No

11. Family History:

GENERAL EXAMINATION:

1. GENERAL EXAMINATION:

I. Vital signs:

Pulse rate:

Respiratory rate:

Blood pressure:

II. Weight:

III. Height:

IV. Nourishment: Average/ under nutrition/ Obese

V. Anaemia (Pallor): Yes/ No

VI. Icterus: Yes/ No

VII. Oedema: Yes/ No

VIII. Lymphadenopathy:

NOYINANIN THATHUVA IYALBU

Mano thathuvam: Sathuvam / Raso/ Thamo

ThegaThathuvam: Vatha/ Pitham/ Kabam/ Vathapitham/ Vathakabam/

Pithavatham/ Pithakabam/ Kabavatham/ Kabapitham

UDAL THATHU PARISOTHANAI

Udalkattugal	MiguGunam	KuraiGunam
Saaram	Agni mantham/ Vaaineerooral/ Udalganam/ Irumal/ Iraippu/ Miguthookkam	Tholsurasurappu/ Mai varutham/ Ilaithal/ Peroliketkaperamai
Senneer	Katti/ Koppulam/ Sivanthakan/ SivanthaUdal	PulippuKulirchiyilViruppam/ Varatchi
Oon	Veekkam	Keel Noi
Kozuppu	Kalaippu/ Arpauzaippil Peru moochu	Iduppuvanmaikuraivu/ Udalilaithal
Enbu	—	Par kazalal/ MudiUthirthal/ NagamVedippu

Moolai	SiruneerKurainthupothal/ Kanganathal/ Arithiltheerum pun	Kanirulal
---------------	---	-----------

பாதிக்கப்பட்ட உடல்தாதுக்கள்:

UYIR THATHU PARISOTHANAI

Uyirthathukkal	MiguGunam	KuraiGunam
Vali	Udalilaithukaruthal/ Soodanaporutkalilviruppam/ Vayiruuppal/ Udalnadukkam/ Thookamkedal/ Thalaisuzalal/ Ookkaminmai	Thaznthakural/ Moorchai/ Agni mantham/ VaaineerOoral/ Udalganam/ Irumal/ Iraippu/ Miguthookkam
Azhal	Manjalniram/ Pasiadhigam/ udalerichal/ Kurainthathookkam	Manthakkini/ Kulirchi
Aiyam	Agni mantham/ VaaineerOoral/ Udalganam/ Irumal/ Iraippu/ Miguthookkam	Thalaisuzalal/ Keelgalthalarchi (Creps), Viyarvaiadhigam/ Padapadappu

VATHAM	
PRANAN	Moochuvangal, ViduthalilBathippu/ Serimanakolaru
ABANAN	Malam / salathai velithalluvathilsiramam
VIYANAN	Uruppugalaineettamadakkasiramam/ ThoduUnachibathippu
UDHANAN	Unavuedirthal/ vaandhi
SAMANAN	Serimanakolaru
NAGAN	—
KOORMAN	Kottavi/ KangalilNeervadithal
KIRUGARAN	Naakasivuadhigarippu / Naasikasivuadigarippu/ Pasiadhigarippu/ Thummal/ Irumal
DEVADATHAN	Sombal, Udalmurithal, ThoongiezhunthirikkumbothuAyarchi/ Mikunthakobam

PITHAM	
ANAR PITHAM	Serimanakolaru

RANJAGA PITHAM	Senneerkuraivu
SATHAGA PITHAM	Viruppamannathozilaiseithumudikkum
ALOSAGA PITHAM	Kangalukkuporutkalaikanbippathilsiramam
PIRAGAASA PITHAM	Tholukkuoliyaitharum

KABAM	
AVALAMBAGAM	Moochuiduthal, Vanguthalilsiramam
KILETHAGAM	Serimanakolaru
BOTHAGAM	Suvaikedu
THARPAGAM	Kangalsivanthuvappathudankaanal
SANTHIGAM	KeelgalThalarchiyinmai

பாதிக்கப்பட்ட உயிர்தாதுக்கள்:

ENN VAGAI THERVU

NAA	Niram	Karuppu/ Sivappu/ Manjal
	Vaaineer	Adigarippu/ Varatchi
	Thanmai	

		Maapadithal/ Pun / Pilavu/ OrangalilPallam/ VaaiKonal
	Parkalinnilai	Iyalbu/ Pal kazhalal/ Vali
	Suvai	Naavilnoiundana pin kaanumsuvai-
	Pechinnilai	
NIRAM	Iyalbanaudalniram	
	Noi Ulla idathilEthenumNiramaatram	
MOZHI	IyalbanaOli	Samaoli/ UrathaOli/ Thaznthaoli
	Thanmai	Kuralkammiyapechu/ PesumbothuMoochuvangal
Vizhi	Niram	Veluppu/ Sivappu/ Iyalbu
	Thanmai	Kannilneervadithal/ Kanpeelaisarthal/ KanparvaiyinNilai-
Sparisam	Thottu parka Noi Ulla Idam	Soodu/ Kulirchi/ Athiviyarvai/ Tholvedippu
Malam	Niram	Veluppu/ Manjal/ Karuppu
	Thanmai	Irugal/ Ilagal/ Nurai
NAADI		

NEERKURI/ NEIKURI

Sample collected time:

Sample tested time:

NEERKURI:

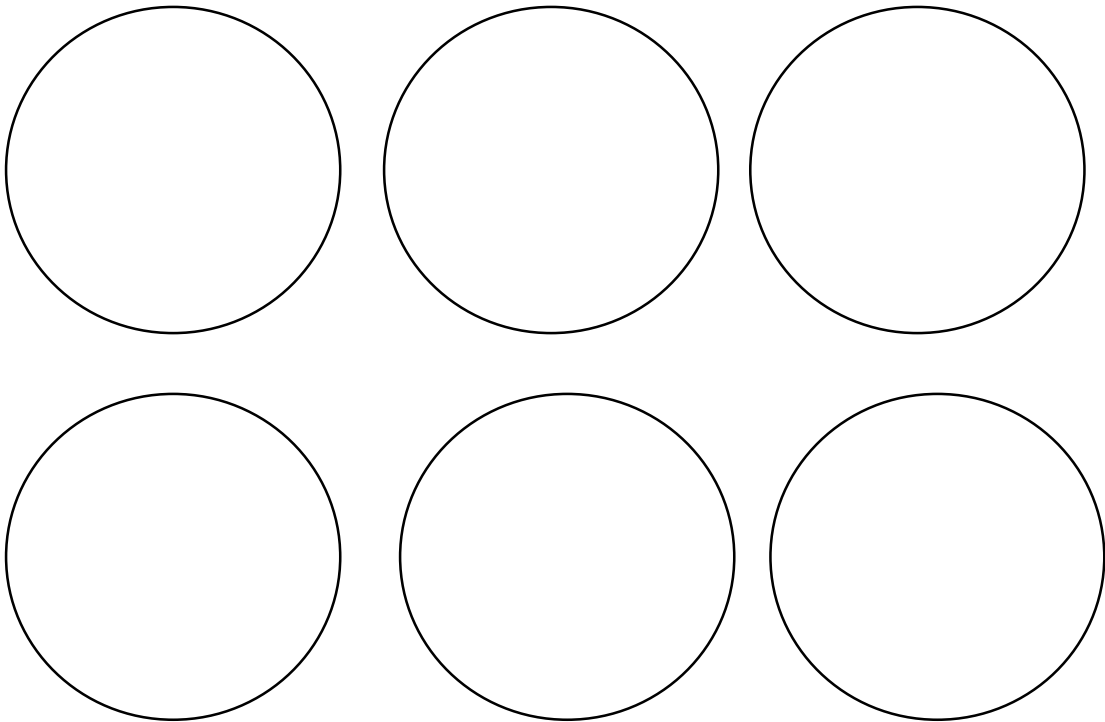
Niram:

Manam:

Edai:

Nurai:

Enjal:



IYMPORIGAL /IYMPULANGAL (Penta sensors and its modalities)

	1. Normal	2. Affected	
1. Mei (skin)	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Vaai (Tongue)	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Kann (Eye)	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Mookku(Nose)	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Sevi (Ear)	<input type="checkbox"/>	<input type="checkbox"/>	_____

KANMENTHIRIYANGAL /KANMAVIDAYANGAL

(Motor machinery and its execution)

	1. Normal	2. Affected	
1. Kai (Hand)	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Kaal (Leg)	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Vaai (Mouth)	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Eruvai(Anal canal)	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Karuvaai (Birth canal)	<input type="checkbox"/>	<input type="checkbox"/>	_____

NOIUTRA KALAM

1. Kaarkaalam (Aug15-Oct14)	<input type="checkbox"/>	2.Koothirkaalam (Oct15-Dec14)	<input type="checkbox"/>
--------------------------------	--------------------------	----------------------------------	--------------------------

3. Munpanikaalam
(Dec15-Feb14)

4. Pinpanikaalam
(Feb15-Apr14)

5. Ilavanirkaalam
(Apr15-June14)

6. Muthuvenirkaalam
(June15-Aug14)

NOI UTRA NILAM

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

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

MANIKKADAI NOOL ALAVU _____

LOCAL EXAMINATION:

RECTAL EXAMINATION

a) Inspection:

b) Discharge:

c) By manual Examination

RELEVANT LABORATORY INVESTIGATIONS:

PANJAPATCHI

Name of the patient:

Birth date/ time:

Birth star:

Patient Reporting Date/time:

Valarpirai/ Theipirai:

Panjapatchi calculation:

NOYIN THANMAI:

Valarpirai/ Theipirai						
	Oon	Arasu	Nadai	Thuyil	Saavu	Affected Bootham
NoiUltraKaalathinPatchiNilai						

Annexure 2: DATA INFORMATION SHEETS

INTERPRETATION OF HISTORY								
PARTICIPANT NO	OPD NO	AGE	SEX	DIET	OCCUPATION	NOI UTRA KAALAM	NOI UTRA NILAM	THEGA ILAKKANAM
1	15794	46	M	M	DRIVER	MP	M	VP
2	13724	33	F	M	TEACHER	MP	M	VP
3	23826	44	F	M	HOME MAKER	MP	M	VP
4	20075	29	F	M	SHOP OWNER	MP	M	VP
5	10800	33	F	M	COOLIE	MP	M	VP
6	15111	32	F	M	TAILOR	MP	M	VP
7	15891	60	M	M	COOLIE	MP	M	VP
8	15787	28	F	M	BANK STAFF	MP	M	PV
9	23424	32	F	M	TAILOR	MP	M	VP
10	25469	49	F	M	HOME MAKER	MP	M	PV
11	29462	30	M	M	OWN BUSSINESS	MP	M	VP
12	18034	39	M	M	COOK	MP	M	VP
13	25854	50	F	M	HOME MAKER	MP	M	PV
14	24666	24	F	M	COOLIE	MP	M	PV
15	23019	46	F	M	TAILOR	MP	M	PV
16	14096	48	F	M	FLOWER SHOP	PP	M	PV

17	27545	33	M	M	DRIVER	PP	M	VP
18	25853	29	F	M	COMPUTEROPRATER	PP	M	PV
19	23523	50	F	M	HOME MAKER	MP	N	PV
20	25453	40	F	M	FLOWER SHOP	PP	M	VP
21	18172	30	F	M	TAILOR	PP	M	VP
22	1379	27	F	M	TEACHER	PP	M	PV
23	21793	52	M	M	COOK	PP	M	PV
24	21144	24	F	M	HOME MAKER	MP	M	VP
25	21241	63	M	M	SHOP OWNER	PP	M	VP
26	10797	27	F	M	HOME MAKER	PP	M	VP
27	23810	36	M	M	DRIVER	MP	M	PV
28	21246	70	M	M	CLERK	PP	M	VP
29	3488	23	F	M	TAILOR	PP	M	VP
30	21792	31	F	V	HOME MAKER	PP	M	VP
31	22602	36	F	M	TEACHER	PP	N	VP
32	22307	24	M	M	OWN BUSSINESS	MP	M	VP
33	14154	63	M	M	OWN BUSSINESS	PP	M	VP
34	3487	52	F	M	COOLIE	PP	M	PV
35	15791	31	F	M	OWN BUSSINSS	PP	M	PV

36	20100	41	M	M	COMPUTER OPERATER	MP	M	VP
37	14789	70	F	M	COOLIE	PP	M	VP
38	17237	30	M	M	DRIVER	MP	M	VP
39	20535	29	F	M	OWN BUSSINESS	MP	M	VP
40	19417	38	M	M	SHOP OWNER	PP	M	VP

M- Male; F- Female

M- Marutham

Vp- Vathapitham; Vk- Vathakabam

Pv- Pithavatham; Pk- Pithakabam

Kv- Kabavatham; Kp- Kabapitham

Mp- Munpani; Pp- Pinpani

INTERPRETATION OF CLINICAL FEATURES

PARTICIPANT NO	OPD NO	AGE	SEX	CONSTIPATION	BLEEDING PRESENT DURING DEFECATION	ANAL ITCHING	TIREDFNESS	PALLO R	YELLOWISH DISCOLORATION OF EYES	PAIN IN UMBILICAL REGION
1	15794	46	M	Y	Y	Y	Y	N	N	N
2	13724	33	F	Y	Y	Y	Y	Y	N	N
3	23826	44	F	Y	Y	N	Y	Y	N	N
4	20075	29	F	Y	Y	N	Y	Y	N	N
5	10800	33	F	Y	Y	N	Y	N	N	N
6	15111	32	F	Y	Y	Y	Y	Y	N	N
7	15891	60	M	Y	Y	Y	Y	Y	N	N
8	15787	28	F	Y	Y	Y	Y	Y	N	N
9	23424	32	F	Y	Y	N	Y	Y	N	N
10	25469	49	F	Y	Y	Y	Y	Y	N	N
11	29462	30	M	Y	Y	Y	Y	N	N	N

12	18034	39	M	Y	Y	Y	Y	N	N	N
13	25854	50	F	Y	Y	Y	Y	Y	N	N
14	24666	24	F	Y	Y	N	N	Y	N	N
15	23019	46	F	Y	Y	N	Y	N	N	N
16	14096	48	F	Y	Y	N	Y	Y	N	N
17	27545	33	M	Y	Y	Y	N	N	N	N
18	25853	29	F	Y	Y	N	N	Y	N	N
19	23523	50	F	Y	Y	N	Y	Y	N	N
20	25453	40	F	Y	Y	Y	Y	Y	N	N
21	18172	30	F	Y	Y	Y	Y	Y	N	N
22	1379	27	F	Y	Y	N	N	Y	N	N
23	21793	52	M	Y	Y	Y	Y	N	N	N
24	21144	24	F	Y	Y	N	N	Y	N	N
25	21241	63	M	Y	Y	Y	Y	N	N	N
26	10797	27	F	Y	Y	Y	N	Y	N	N
27	23810	36	M	Y	Y	Y	N	N	N	N
28	21246	70	M	Y	Y	Y	Y	N	N	N
29	3488	23	F	Y	Y	Y	Y	Y	N	N
30	21792	31	F	Y	Y	N	Y	Y	N	N

31	22602	36	F	Y	Y	Y	Y	Y	N	N
32	22307	24	M	Y	Y	N	N	N	N	N
33	14154	63	M	Y	Y	Y	Y	Y	N	N
34	3487	52	F	Y	Y	Y	Y	Y	N	N
35	15791	31	F	Y	Y	Y	Y	N	N	N
36	20100	41	M	Y	Y	Y	Y	N	N	N
37	14789	70	F	Y	Y	Y	Y	Y	N	N
38	17237	30	M	Y	Y	N	Y	N	N	N
39	20535	29	F	Y	Y	Y	Y	Y	N	N
40	19417	38	M	Y	Y	Y	N	N	N	N

Y- Yes: N- No

INTERPRETATION OF MUKKUTTRAM									
PARTICI PANT NO	OPD NO	AGE	SEX	VALI		AZHAL		AIYAM	
				MIGUGU NAM	KURAI GUNAM	MIGUGUN AM	KURAI GUNAM	MIGU GUNAM	KURAI GUNAM
1	15794	46	M	A	N	N	N	A	N
2	13724	33	F	A	N	N	N	N	N
3	23826	44	F	A	N	N	A	N	N
4	20075	29	F	A	A	N	A	N	N
5	10800	33	F	A	N	N	N	A	N
6	15111	32	F	A	A	N	A	A	N
7	15891	60	M	A	N	N	A	N	A
8	15787	28	F	A	N	N	A	A	N
9	23424	32	F	A	N	N	A	N	N
10	25469	49	F	A	N	N	A	A	N
11	29462	30	M	A	N	N	A	A	N
12	18034	39	M	A	N	N	A	A	N
13	25854	50	F	A	A	N	A	A	N

14	24666	24	F	A	A	N	A	A	N
15	23019	46	F	A	N	N	A	A	N
16	14096	48	F	A	N	N	A	N	N
17	27545	33	M	A	A	N	A	A	N
18	25853	29	F	A	A	N	N	N	N
19	23523	50	F	A	N	N	A	A	N
20	25453	40	F	A	N	N	A	A	N
21	18172	30	F	A	N	N	N	N	N
22	1379	27	F	N	N	N	A	N	A
23	21793	52	M	A	N	N	A	N	N
24	21144	24	F	N	A	N	N	A	A
25	21241	63	M	A	N	N	N	A	N
26	10797	27	F	A	A	N	A	A	N
27	23810	36	M	A	N	N	A	A	N
28	21246	70	M	A	N	N	N	N	N
29	3488	23	F	N	N	N	A	N	A
30	21792	31	F	A	N	N	A	N	N
31	22602	36	F	N	A	N	N	A	A
32	22307	24	M	A	N	N	N	A	N

M-	33	14154	63	M	A	N	N	P	N	A
	34	3487	52	F	A	N	N	N	N	N
	35	15791	31	F	A	A	N	P	A	N
	36	20100	41	M	A	A	N	N	N	N
	37	14789	70	F	A	N	A	N	N	N
	38	17237	30	M	A	A	N	A	A	N
	39	20535	29	F	A	N	N	A	N	N
	40	19417	38	M	A	N	A	N	A	N

Male: F-Female

N- Normal; A- Affected

INTERPRETATION OF UYI THATHUKKAL													
S NO	REG NO	OPD NO	AGE	SEX	VALI								
					PRAN AN	ABAN AN	SAMA NAN	UDHA NAN	VIYA NAN	NAGA N	KOOR MAN	KIRU GARA N	DEVA THAT HAN
1	1	13719	27	F	N	A	N	N	N	N	N	N	A
2	2	21793	52	M	N	A	A	N	A	N	N	N	A
3	3	21144	24	F	A	A	N	N	N	N	N	N	A
4	4	21241	63	M	N	A	A	N	A	N	N	N	A
5	5	10797	27	F	N	A	N	N	N	N	N	N	A
6	6	25453	40	F	N	A	A	N	A	N	N	N	A
7	7	18172	30	F	N	A	N	N	N	N	N	N	A
8	8	23810	36	M	A	A	A	N	N	N	N	N	A
9	9	21246	70	M	N	A	A	N	A	N	N	N	A
10	10	3488	23	F	N	A	N	N	N	N	N	N	A
11	11	21792	31	F	N	A	N	N	N	N	N	N	A
12	12	2262	36	F	N	A	N	N	N	N	N	N	A
13	13	22307	24	M	N	A	N	N	N	N	N	N	A
14	14	14154	63	M	N	A	A	N	A	N	N	N	A

15	15	3487	52	F	N	A	A	N	A	N	N	N	A
16	16	15791	31	F	N	A	A	N	N	N	N	N	A
17	17	20100	41	M	N	A	N	N	N	N	N	N	A
18	18	14784	70	F	N	A	A	N	A	N	N	N	A
19	19	15757	32	F	N	A	A	N	A	N	N	N	A
20	20	15891	60	M	N	A	A	N	A	N	N	N	A
21	21	15111	32	F	N	A	N	N	N	N	N	N	AB
22	22	10800	33	F	N	A	A	N	N	N	N	N	A
23	23	20075	29	F	N	A	A	N	N	N	N	N	A
24	24	15794	46	M	N	A	A	N	A	N	N	N	A
25	25	23826	44	F	N	A	A	N	A	N	N	N	A
26	26	23424	32	F	N	A	A	N	A	N	N	N	A
27	27	13724	33	F	A	N	A	N	A	N	A	N	A
28	28	25469	49	F	A	A	A	N	A	N	N	N	A
29	29	23523	50	F	N	A	A	N	A	N	N	N	A
30	30	25853	29	F	N	A	N	N	N	N	N	N	A
31	31	27545	35	M	A	A	A	N	N	N	N	N	A
32	32	14096	48	F	N	A	N	N	A	N	N	N	A
33	33	23019	46	F	N	A	N	N	A	N	N	N	A

34	34	24666	24	F	N	N	N	N	N	N	N	N	A
35	35	25854	50	F	N	A	A	N	A	N	N	N	A
36	36	18034	39	M	N	N	N	N	N	N	N	N	A
37	37	29462	30	M	N	A	N	N	N	N	N	N	A
38	38	19417	38	M	N	A	N	N	N	N	N	N	A
39	39	17237	30	M	N	A	N	N	N	N	N	N	A
40	40	20535	29	F	N	A	A	N	A	N	N	N	A

N- Normal; A-Affected

INTERPRETATION OF UYIR THATHUKKAL

S NO	REG NO	OPD NO	AZHAL					AIYAM				
			ANAL	PRASA G AM	RANJI GA M	ALOSA GA M	SATHA GA M	AVALA MBAG A M	KILET HGA M	POTHA GA M	THARP AGA M	SANTH IGA M
1	1	13719	N	A	A	N	N	N	N	N	N	N
2	2	21793	A	N	A	N	A	N	A	N	N	A
3	3	21144	N	A	A	N	N	N	N	N	N	N
4	4	21241	A	N	A	N	A	N	A	N	N	A
5	5	10797	N	A	A	N	N	N	N	N	N	N
6	6	25453	A	N	A	N	A	N	A	N	N	A
7	7	18172	N	N	A	N	N	N	N	N	N	N
8	8	23810	A	N	N	N	N	N	A	N	N	N
9	9	21246	A	N	N	N	A	N	A	N	N	A
10	10	3488	N	N	A	N	N	N	N	N	N	N
11	11	21792	N	A	A	N	N	N	N	N	N	N
12	12	2262	N	N	A	N	N	N	N	N	N	N
13	13	22307	N	N	N	N	N	N	N	N	N	N

14	14	14154	A	A	A	N	A	N	A	N	N	A
15	15	3487	A	A	A	N	A	N	A	N	N	A
16	16	15791	A	N	A	N	N	N	A	N	N	N
17	17	20100	N	N	N	N	N	N	N	N	N	N
18	18	14784	A	N	A	N	A	N	A	N	N	A
19	19	15757	A	N	A	N	A	N	A	N	N	A
20	20	15891	A	N	A	N	A	N	A	N	N	A
21	21	15111	N	N	A	N	N	N	N	N	N	N
22	22	10800	A	A	A	N	N	N	A	N	N	N
23	23	20075	A	A	A	N	N	N	A	N	N	N
24	24	15794	A	N	N	N	A	N	A	N	N	A
25	25	23826	A	N	A	N	A	N	A	N	N	A
26	26	23424	A	N	A	N	A	N	A	N	N	A
27	27	13724	A	N	A	N	A	N	A	N	N	A
28	28	25469	A	N	A	N	A	N	A	N	N	A
29	29	23523	A	N	A	N	A	N	A	N	N	A
30	30	25853	N	A	A	N	N	N	N	N	N	N
31	31	27545	A	N	N	N	N	N	A	N	N	N
32	32	14096	N	N	A	N	A	N	N	N	N	A

33	33	23019	N	N	A	N	A	N	N	N	N	A
34	34	24666	N	N	A	N	N	N	N	N	N	N
35	35	25854	A	A	A	N	A	N	A	N	N	A
36	36	18034	N	N	N	N	N	N	N	N	N	N
37	37	29462	N	A	N	N	N	N	N	N	N	N
38	38	19417	N	N	N	N	N	N	N	N	N	N
39	39	17237	N	A	N	N	N	N	N	N	N	N
40	40	20535	A	A	A	N	A	N	A	N	N	A

N- Normal; A- Affected

INTERPRETATION OF UDAL THATHUKKAL											
S NO	REG NO	OPD NO	AGE	SEX	SAA RAM	SEN NEE R	OON	KO ZUP PU	ENBU	MOOL AI	SUKK ILAM/ SURO NITH AM
1	1	13719	27	F	N	A	N	N	N	N	N
2	2	21793	52	M	A	A	A	A	A	N	N
3	3	21144	24	F	N	A	N	N	N	N	N
4	4	21241	63	M	A	A	A	A	A	N	N
5	5	10797	27	F	N	A	N	N	N	N	N
6	6	25453	40	F	A	A	N	N	N	N	N
7	7	18172	30	F	N	A	N	N	N	N	N
8	8	23810	36	M	A	N	N	N	N	N	N
9	9	21246	70	M	A	N	A	A	A	N	N
10	10	3488	23	F	N	A	N	N	N	N	N
11	11	21792	31	F	A	A	N	N	N	N	N
12	12	2262	36	F	A	A	N	N	N	N	N
13	13	22307	24	M	N	N	N	N	N	N	N
14	14	14154	63	M	A	A	A	A	A	N	N
15	15	3487	52	F	A	A	A	A	N	N	N

16	16	15791	31	F	N	A	N	N	N	N	N
17	17	20100	41	M	N	N	A	A	N	N	N
18	18	14784	70	F	A	A	A	A	A	N	N
19	19	15757	32	F	N	A	N	N	N	N	N
20	20	15891	60	M	A	A	A	A	A	N	N
21	21	15111	32	F	A	A	N	N	N	N	N
22	22	10800	33	F	N	A	N	N	N	N	N
23	23	20075	29	F	N	A	N	N	N	N	N
24	24	15794	46	M	A	N	A	A	N	N	N
25	25	23826	44	F	A	A	A	A	N	N	N
26	26	23424	32	F	A	A	N	N	N	N	N
27	27	13724	33	F	N	A	N	N	N	N	N
28	28	25469	49	F	A	A	A	A	A	N	N
29	29	23523	50	F	A	A	A	A	N	N	N
30	30	25853	29	F	N	A	N	N	N	N	N
31	31	27545	35	M	N	N	A	A	N	N	N
32	32	14096	48	F	A	A	A	A	N	N	N
33	33	23019	46	F	A	A	A	A	N	N	N
34	34	24666	24	F	N	A	N	N	N	N	N

35	35	25854	50	F	A	A	A	A	N	N	N
36	36	18034	39	M	N	N	N	N	N	N	N
37	37	29462	30	M	N	N	N	N	N	N	N
38	38	19417	38	M	N	N	N	N	N	N	N
39	39	17237	30	M	N	N	N	N	N	N	N
40	40	20535	29	F	A	A	A	A	A	N	N

N- Normal; A- Affected

INTERPRETATION OF ENNVAGAI THERVU

S NO	RE G NO	OPD NO	AG E	SE X	N A A	NIR AM	MO ZHI	VIZ HI	SPAR ISAM	MAL AM	MOOTHIRAM						NAA DI
											NEERKURI					NEI KUR I	
											NR	MA	NU	EDAI	ENJ AL		
1	1	13719	27	F	V	V	S	V	MV	Y/I	N	N	N	N	A	PV	VP
2	2	21793	52	M	N	K	S	N	MV	Y/I	N	N	N	N	A	PV	VP
3	3	21144	24	F	V	V	S	V	MV	Y/I	N	N	N	N	A	VP	VP
4	4	21241	63	M	V	M	S	V	V	Y/I	N	N	N	N	A	VP	VP
5	5	10797	27	F	V	V	S	V	V	Y/I	N	N	N	N	A	VP	VP
6	6	25453	40	F	V	M	S	V	MV	Y/I	N	N	N	N	A	VP	VP
7	7	18172	30	F	V	K	S	V	V	Y/I	N	N	N	N	A	VP	VP
8	8	23810	36	M	N	K	U	N	MV	Y/I	N	N	N	N	A	PV	PV
9	9	21246	70	M	N	K	U	V	MV	Y/I	N	N	N	N	A	PV	VP
10	10	3488	23	F	V	M	S	V	MV	Y/I	N	N	N	N	A	PV	PV
11	11	21792	31	F	V	V	S	V	MV	Y/I	N	N	N	N	A	VP	VP
12	12	2262	36	F	V	K	S	V	V	Y/I	N	N	N	N	A	VP	VP
13	13	22307	24	M	N	M	S	N	V	Y/I	N	N	N	N	A	PV	PV

14	14	14154	63	M	V	V	S	N	V	Y/I	N	N	N	N	A	PV	PV
15	15	3487	52	F	V	V	T	N	V	Y/I	N	N	N	N	A	PV	PV
16	16	15791	31	F	V	M	T	N	V	Y/I	N	N	N	N	A	VP	PV
17	17	20100	41	M	V	K	S	V	MV	Y/I	N	N	N	N	A	VP	VP
18	18	14784	70	F	V	K	S	V	MV	Y/I	N	N	N	N	A	PV	PV
19	19	15757	32	F	V	M	U	V	MV	Y/I	N	N	N	N	A	VP	PV
20	20	15891	60	M	V	K	U	V	MV	Y/I	N	N	N	N	A	VP	VP
21	21	15111	32	F	V	K	T	N	MV	Y/I	N	N	N	N	A	PV	VP
22	22	10800	33	F	V	V	T	V	MV	Y/I	N	N	N	N	A	VP	PV
23	23	20075	29	F	V	V	S	V	MV	Y/I	N	N	N	N	A	PV	PV
24	24	15794	46	M	N	K	S	N	MV	Y/I	N	N	N	N	A	PV	VP
25	25	23826	44	F	V	K	S	N	MV	Y/I	N	N	N	N	A	PV	VP
26	26	23424	32	F	V	M	S	V	MV	Y/I	N	N	N	N	A	PV	VP
27	27	13724	33	F	V	M	S	V	MV	Y/I	N	N	N	N	A	VP	PV
28	28	25469	49	F	V	K	S	V	MV	Y/I	N	N	N	N	A	VP	VP
29	29	23523	50	F	V	M	S	V	MV	Y/I	N	N	N	N	A	VP	VP
30	30	25853	29	F	V	V	S	V	V	Y/I	N	N	N	N	A	PV	VP
31	31	27545	35	M	N	K	U	N	MV	Y/I	N	N	N	N	A	VP	VP
32	32	14096	48	F	V	K	S	V	V	Y/I	N	N	N	N	A	PV	VP

33	33	23019	46	F	N	M	T	V	MV	Y/I	N	N	N	N	A	VP	VP
34	34	24666	24	F	N	K	S	V	MV	Y/I	N	N	N	N	A	PV	PV
35	35	25854	50	F	V	V	S	V	MV	Y/I	N	N	N	N	A	PV	PV
36	36	18034	39	M	N	K	S	N	V	Y/I	N	N	N	N	A	VP	VP
37	37	29462	30	M	N	V	S	N	V	Y/I	N	N	N	N	A	PV	VP
38	38	19417	38	M	N	K	S	N	MV	Y/I	N	N	N	N	A	PV	VP
39	39	17237	30	M	V	K	S	V	MV	Y/I	N	N	N	N	A	VP	VP
40	40	20535	29	F	V	M	S	V	MV	Y/I	N	N	N	N	A	VP	VP

Naa- Veluppu; N- Normal

Niram- K- Karuppu; V- Veluppu; M- Manjal

Mozhi: T- Thazntha oli; U- Uratha oli; S- Sama oli

Sparisam- V- Veppam; N- Normal

Y/I: Yellow/ Irugal

N- Normal

Vp- Vathapitham; Vk- Vathakabam; Pv- Pithavatham; Pk- Pithakabam

INTERPRETATION OF MANIKADAI NOOL ALAVU						
S.NO	REG NO	OPD NO	AGE	SEX	RT	LT
1	1	25469	49	F	-	10
2	2	13724	34	F	-	9
3	3	23424	32	F	-	10½
4	4	23826	44	F	-	10¾
5	5	15794	46	M	10	-
6	6	20075	29	F	-	10¼
7	7	10800	33	F	-	9¼
8	8	15111	32	F	-	9
9	9	15891	60	M	10	-
10	10	15787	28	F	-	10½
11	11	14784	70	F	-	9
12	12	20100	41	M	10¾	-
13	13	15791	31	F	-	9½
14	14	3487	52	F	-	9¼
15	15	14154	63	M	10	-

16	16	22307	24	M	9 ½	-
17	17	22602	36	F	-	10 ¾
18	18	21792	31	F	-	9½
19	19	3488	23	F	-	10
20	20	21246	70	M	8 1/4	-
21	21	23810	36	M	9 ¾	-
22	22	10797	27	F	10	-
23	23	21241	63	M	10	-
24	24	21144	24	F	-	9½
25	25	21793	52	M	9½	-
26	26	13719	27	F	-	9 1/4
27	27	18172	30	F	-	8 ¾
28	28	25453	40	F	-	9½
29	29	23523	50	F	-	9 1/4
30	30	25853	29	F	-	9 ½
31	31	27545	33	M	10 ½	-
32	32	14096	48	F	-	9 1/2
33	33	23019	46	F	-	10¾
34	34	24666	24	F	-	10¾

35	35	25854	50	F	-	10
36	36	18034	39	M	9	-
37	37	29462	30	M	9 1/2	-
38	38	17237	30	M	8 3/4	-
39	39	20535	29	F	9	-
40	40	19417	38	M	9	-

INPRETATION OF PANCHAPATCHI							
PARTICI PANT NO	OPD NO	AGE	SEX	VALARPIRAI	THEIPIRAI	AFFECTED BOOTHAM	PILE MASS
1	15794	46	M	N	Y	K+N	A
2	13724	33	F	Y	N	K+T	P
3	23826	44	F	Y	N	T+A	P
4	20075	29	F	Y	N	M+K	P
5	10800	33	F	Y	N	M+K	P
6	15111	32	F	N	Y	K+N	P
7	15891	60	M	N	Y	N+A	P
8	15787	28	F	N	Y	N+A	P
9	23424	32	F	Y	N	T+A	A
10	25469	49	F	N	Y	A+T	P
11	29462	30	M	N	Y	A+T	A
12	18034	39	M	N	Y	T+A	A
13	25854	50	F	N	Y	K+N	P
14	24666	24	F	Y	N	T+A	P
15	23019	46	F	Y	N	T+A	P
16	14096	48	F	Y	N	M+K	A

17	27545	33	M	N	Y	M+K	P
18	25853	29	F	N	Y	K+T	P
19	23523	50	F	Y	N	K+T	P
20	25453	40	F	N	Y	T+M	P
21	18172	30	F	N	Y	T+M	P
22	1379	27	F	Y	N	K+T	A
23	21793	52	M	Y	N	K+T	A
24	21144	24	F	Y	N	K+T	A
25	21241	63	M	Y	N	T+A	P
26	10797	27	F	Y	N	T+A	A
27	23810	36	M	Y	N	T+A	P
28	21246	70	M	Y	N	K+T	P
29	3488	23	F	Y	N	T+A	A
30	21792	31	F	Y	N	K+T	P
31	22602	36	F	Y	N	K+T	P
32	22307	24	M	Y	N	K+T	P
33	14154	63	M	Y	N	M+K	A
34	3487	52	F	Y	N	T+A	A
35	15791	31	F	N	Y	A+T	P

36	20100	41	M	Y	N	M+K	P
37	14789	70	F	N	Y	A+T	P
38	17237	30	M	Y	N	K+T	P
39	20535	29	F	N	Y	M+K	A
40	19417	38	M	N	Y	K+N	A

Y- Yes; N- No

M-Man, N- Neer, T- Thee, K- Katru, A- aagayam

P- Present; A- Absent

INTERPRETATION OF LABORATORY INVESTIGATION

S.NO	PARTICIPANT NO	OP NO	HB GMS/DL
1	1	15794	10.5
2	2	13724	11.5
3	3	23826	11.5
4	4	20075	13
5	5	10800	12
6	6	15111	11
7	7	15891	9.5
8	8	15787	10
9	9	23424	13
10	10	25469	9.5
11	11	29462	9
12	12	18034	11.5
13	13	25854	11
14	14	24666	11.2
15	15	23019	12
16	16	14096	12.6
17	17	27545	12
18	18	25853	11.5
19	19	23523	10.5
20	20	25453	12
21	21	18172	9
22	22	1379	11
23	23	21793	10.5
24	24	21144	11.5
25	25	21241	10.2

26	26	10797	11.5
27	27	23810	11.3
28	28	21246	10.5
29	29	3488	10.5
30	30	21792	10.5
31	31	22602	9.5
32	32	22307	13
33	33	14154	13
34	34	3487	13
35	35	15791	12.5
36	36	20100	10.5
37	37	14789	9.5
38	38	17237	13
39	39	20535	11.5
40	40	19417	13

Annexure 3: Screening and IEC Certificate

**INSTITUTIONAL ETHICAL COMMITTEE
GOVERNMENT SIDDHA MEDICAL COLLEGE, PALAYAMKOTTAI.
TIRUNELVELI-627002,
TAMIL NADU, INDIA**

Ph :0462-2572736/2572737/2582010
Email ID:gsmc.palayamkottai@gmail.com

Fax:0462-2582010

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

Date:27.03.2018

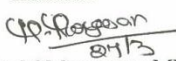
CERTIFICATE OF APPROVAL

Address of Ethical committee	Government Siddha Medical College , Palayamkottai - 627002, Tirunelveli district.
Principal investigator	Dr. A. BHUVANESHWARI, PG Scholar, I Year Department of PG Noi Naadal. bhuvanaraj9384@gmail.com
Guide	Dr.S. SUNDARARAJAN,MD(s), LECTURER, Department of Noi Naadal Govt. Siddha Medical College and Hospital, Palayamkottai. -627002. Tirunelveli Dist
Dissertation topic	A STUDY ON SIDDHA DIAGNOSTIC METHODOLOGY WITH SPECIAL MENTION TO ENNVAGAI THERVU FOR KURUTHI MOOLAM
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/32/27.03.2018

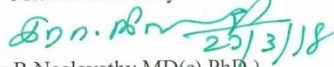
We approve the trial to be conducted in its presented form.

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.)

GOVT.SIDDHA MEDICAL COLLEGE

PALAYAMKOTTAI


SCREENING COMMITTEE FOR TOPIC SELECTION

Candidate's Name : Dr.A.BHUVANESHWARI
 Department : Noi Naadal department




This is to certify that the dissertation topic "*A STUDY ON SIDDHA DIAGNOSTIC METHODOLOGY WITH SPECIAL MENTION TO ENNVAGAI THERVU FOR KURUTHIMOOLAM*" has been approved by the screening committee.

Branch	Department	Name	Signature
I	PothuMaruthuvam	Prof. Dr.A.Manoharan MD (s)	A. T. Jeyaraj 26/3/18
II	Gunapadam	Dr. A. Kingsly MD (s) Associate Professor	Dr. A. Kingsly 26/3/18
III A	Pura Maruthuvam	Dr. M. Ahamed Mohideen ,MD(s) Associate Professor	Dr. 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)	Dr. 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
 PRINCIPAL
 Govt. Siddha Medical College
 Palayamkottai

Annexure:4 – Presentation, Participation and Publication Certificates




**Pre – Siddha Day Seminar on
Scope of Clinical Practice in Siddha System of Medicine**

This certificate is proudly presented to Dr/Mr/Mrs/Ms. Dr. A. BHUVANESHWARI
for Participating / Presenting Poster entitled“.....”
.....” in the Pre – Siddha Day Seminar on
“Scope of Clinical Practice in Siddha System of Medicine” organized by Siddha Clinical
Research Unit, Palayamkottai, a peripheral unit of Central Council for Research in Siddha(CCRS),
Chennai with the support of Ministry of AYUSH held on 19th December 2018 at Govt. Siddha Medical
College Auditorium, Palayamkottai.



Dr P.Elankani
Organizing Secretary
Research officer(S) Sci ii i/c
SERU, Palayamkottai



Dr K.Sivaranjani
Convener
Research officer(S)
SERU, Palayamkottai

Siddha Clinical Research Unit
Government Siddha Medical College campus, Palayamkottai
Central council for Research in Siddha, Ministry of AYUSH, Govt of India



WORKSHOP ON INTRODUCTION TO BIostatISTICS



Certificate of Participation

This is to certify that Dr. A. BHUVANESWARI has participated in the workshop **Introduction to Biostatistics** (Three days) jointly organized by **Government Siddha Medical College, Palayamkottai & Model Rural Health Research Unit, Kallur, Tirunelveli** under **National Institute of Epidemiology, ICMR, Chennai** on 30,31st of July and 1st of August 2018.

Dr.R.Ramakrishnan
(Consultant,MRHRU)

Dr.M.Thiruthani MD(S)
(HOD,Dept.of Nanjumaruthuvam)

Dr.R.Neelavathy MD(S),Ph.D
(Principal)

GOVERNMENT SIDDHA MEDICAL COLLEGE & HOSPITAL


PALAYAMKOTTAI

CONTINUING MEDICAL EDUCATION PROGRAMME



This is to certify that Dr A. BHUVANESHWARI 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 ”


26/6/18

Prof. Dr. S. Victoria MD(S)

(Head of the department)



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

(Principal)



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

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

This certificate is awarded to Dr. A. BHUVANESHWARI

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

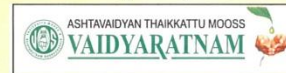

Prof.Dr.T.BALASUBRAMANIAN, M.S.,D.L.O.,
REGISTRAR


Prof. Dr.S.GEETHALAKSHMI, M.D., Ph.D.,
VICE CHANCELLOR

GOVERNMENT SIDDHA MEDICAL COLLEGE & HOSPITAL
PALAYAMKOTTAI

CME PROGRAMME

Conducted by
SIRAPPU MARUTHUVAM
DEPARTMENT
GSMCH - PALAYAMKOTTAI



S.No: 056

CERTIFICATE

This Certifies that

Dr. A. Bhuvaneswari

has participated in Continuing Medical Education on "AYUSH External Therapies-II"
held at GSMCH, Palayamkottai on Dec, 4 2018

A. S. Poongodi Kanthimathi
Dr. A.S.Poongodi Kanthimathi MD (s),
Head - Dept. of Sirappu Maruthuvam

[Signature]
Authorised Signatory
VAIDYARATNAM

[Signature]
Dr. R. Neelavathy MD (s), Ph.D.,
Principal

