A STUDY ON
KUMBAVAADHAM

Dissertation submitted to
The Tamil Nadu Dr.M.G.R. Medical University
Chennai – 32

For the partial fulfillment for the award of degree of
Doctor of Medicine (Siddha)
(Branch – V, Noi Naadal)

DEPARTMENT OF NOI NAADAL
Government Siddha Medical College,
Palayamkottai – 627 0002.

March 2009
PROTOCOL
“A STUDY TO DIAGNOSE KUMBA VAATHAM THROUGH SIDDHA DIAGNOSTIC METHODOLOGY”

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1. BACKGROUND

KUMBA VAATHAM

Kumba Vaatham is one of the vali disease in which the vali humour is abnormally changed.

According to the literature Yugi Vaithiya Sinthamani, Kumba Vaatham has been mentioned as.

Kumba vaatham shows symptoms such as pain in the shoulder radiating to the upper arm, Decrease the tonicity of muscles in the shoulder joint and upper arm, boring Pain and twitching in the cheek and peri orbital area, Giddiness, Pain occur below the pelvis and pain in the Tongue.
2. **AIMS**
   
a) **Primary Aim**

   To diagnose the Kumba Vaatham through Envagai Thervu along with abnormalities of Mukkutram and Udal thathukkal.

b) **Secondary Aim**

   To evaluate the etiology, Pathology and to analyse the state of curability in Kumba Vaatham through Nilam, Kaalam, Naadi, Neerkkuri, Neikkuri, Sothidam and Manikadai Nool.

3. **Population and Sample**

   Kumba Vaatham (as explained above the poem) patients, satisfying the inclusion and exclusion criteria mentioned below.

   The sample consist of Kumba Vaatham patients attending the O.P. department of Govt. Siddha Medical College, Palayamkottai under the guidance of faculties and Head of the Department of Post graduate, Noi Naadal Department.

4. **SAMPLE SIZE**

   A sample size of 50 patients will be taken for detailed study.

5. **INCLUSION CRITERIA**

   Pain in the shoulder and upper arm

   Age above 40 years with Madhu megam

   Willing to give blood and Urine specimen for Investigation whenever required.
6. **EXCLUSION CRITERIA**

Segana Vaatham (pain radiating from cervical region)

Azhal Keel vayu,

7. **CONDUCT**

Kumba Vaatham patients satisfying the inclusion and exclusion criteria will be included in this study. Envagai thervu, age, Naadi, Neerkuri, Neikkuri, Sothidam and Manikkadai Nool of the patients will be noted.

8. **FORM**

Form – Diagnostic proforma for Kumba Vaatham
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ACKNOWLEDGEMENT

First of all, the author wish to express her gratitude to Her Parents and Her husband for their sincere prayers and best wishes.

The author would like to be much grateful to the Lord Almighty who gave her the will power and showered blessings to complete her dissertation work.

The author wish to thank the esteemed authorities of the Tamil Nadu Dr.M.G.R. Medical University for permitting her to under take this study, and the commissioner, Directorate of Indian Medicine and homeopathy Chennai, who flagged her dissertation with cheer.

The author sincerely thanks to her principal and Head of the Department of Post Graduate Noi Naadal Dr.R.Devarajan M.D(S) I/C Govt. Siddha Medical College, Palayamkottai for granting permission, providing the necessary infrastructure and valuable giddiness and suggestions in bringing out this dissertation whole successfully.

The author would like to express her sincere gratitude to her vice principal Dr.Soundar Rajan M.D. (S) Government Siddha Medical College, Palayamkottai for permitting and providing the necessary facilities to do this work.

The author feels pride to put her thanks to Dr.R.Rajasekaran M.D. (S), Government Siddha Medical College, Palayamkottai for his most valuable and selfless assistance through out this dissertation work.
The author would like to express her profound gratitude to Dr. A. Vasukidevi M.D. (S) for her guidance, suggestions and ideas for completing this work.

The author would like to express her profound gratitude to Dr. S.K. Sasi M.D. (S) for her guidance, suggestions, and ideas for completing this work who has been helping her in every step of this work.

The author expresses her sincere thanks to Dr. Padma M.B.B.S., DMRD Radiologist Government Siddha Medical College, Palayamkottai for her guidance in doing radiological studies.

The author also grateful to the Librarian Mrs. T. Poonkodi, M.A. M.Lis., M.Phil., of Government Siddha Medical College, Palayamkottai for their co-operation in referring books.

The author extend her thanks to Juhi Xerox, Maharajanagar, and Mrs. J. Rajalakshmi B.A. for her kind co-operation.
Introduction
INTRODUCTION

Health is Wealth. The New millennium has shown numerous disorders that are due to the changes in the atmosphere, diet and lifestyle. This factors causes serious disorders like cancer and Aids etc. The world is turning towards our indigenous medicine.

Siddha system is very ancient system given by the supremo siddhars. The Siddha system has been purely associated with philosophy and as such is evidently based on truth.

Siddha system of medicine is well defined science, for diagnosing and curing diseases. Siddhars had unparallel knowledge in Mukkutra Verupadugal (Pathology). It is a medical science comprised all kinds of science such as Alchemy, Yoga, philosophy, Astrology etc.

The siddha system spells out the nature and man are essentially one and the same man is part of the universal nature.

The universe is called macrocosm (Andam) and the human body is considered as the microcosm (pindam). If there is any change in the macrocosm will have its impact in the microcosm (human body). This can be understood as the verse follows.

“அந்தாரிசுரிராயில் பிள்ளாமை
பிள்ளாரிசுரிராயில் ஆறால்
ஆறால் பிள்ளாமை தவமடி
ஆறால் கால் பாக்காம் குமாரா”

- பல்பரி
Both macrocosm and microcosm are formed by the basic five elements (panchapoothangal). This five elements combined to form the three thathus as its basis namely Vatham, Pitham and Kapham.

Vatham – Air + Sky
Pitham – Fire
Kabam – Water + Earth

Even among theses three, Vatham is placed first. It can be proved by the following lines.

“நீர்த்தாவர் தூண் தான்”

There is a general assumption that there are 80 vatha disease, 40 pitha disease, and 21 Kapha diseases. The ratio between these humours are 1 : ½ : ¼. This is cleared as by

“நீர்த்தாவர் கோட்டமம்
செந்து பிக்கு இல்லாய்
நீர்த்தாவர் கோட்ட அதிக”
- குண்டுக்குி

The three thosas are important factors to be considered in health and diseases. When these are in normal condition that health and vitality are maintained. If these are either increased or decreased, then starts the trouble resulting in disease. This is known as the following verses.

“பிட்டம் கவுப்பித்து சின் நீர்த்தாவர் புகைக்கொண்டு அண்டு கருணை கட்டோம்”
- சிதோர்கள்
These alterations can be changed by proper diets including a proper ratio of the six tastes that arise from the five pooothams.

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In our siddha system the disease are classified in 4,448 types diagnosed by the following.
1. Three thosha theory
2. Five elemental principles
3. Seven Udal Kattugal
4. Envagai thervugal including Neerkuri and Neikuri

This diagnostic method forms the more essential and interesting.

“இரும்பிய இரும்பிய நடுவாயத்தி நடுத்தார்
நிலைத்தல் இருப்பது கூறால்”

“துணைகனவும் தொடர்வலும் கணவாது
காணாது காணாது இல்லாங்க”

If we do not have an idea about and exact diagnosis with a clear understanding of its aetiology, signs and symptoms, pathogenesis, cannot give proper treatment. Hence a sound knowledge of Noinaadal is essential to formulate the correct therapeutic measures by the way of modern parameters.
The said above reasons prove that Noi naadal has an exclusively unique place in the siddha system.

For the dissertation work the author selected the disease “Kumba Vaatham” is one of the vaadha disease. His evidence of proof for this disease has been studied by Yugi Munivar in his literature “Vaithiya Sinthamani 800”.

I have done this work on the way of such scientific views of Kumbavaatham are screened and clinically assessed under the post graduate department of the Noi naadal. I humbly contribute this work to the glory of the holy system of pathology.
In Siddha system, the physiology involves 96 Basic factors, seven udal thathukkal, 14 vegams, 6 suvaigal, 3 immunities, and four body fires.

**Pancha Bhootha Theory**

There are 5 elements or Bhoothams, the Ether, Air, Fire, Water, Earth in universe. They are the original base of all the corporeal things which when die out or destroyed, resolve themselves again into elements. They have very close and intimate connections between the external world and internal man. Pancha Bhoota Pancheekaranam denotes the union of microsomal elements (Sukkuma body – invisible) to form macrosomal elements (thula body – visible)


“

Human body as made up of 2 kinds of bodies

i. Sthula Sariram (Visible body)

ii. Sukkuma Sariram (invisible body)

**Sthula Sariram includes,**

Bones. Muscles, Blood Vessels, Nerves and all functional system of human body. It is known as functional units of body.
Sukkuma Sariram,

This is the basic for the Sthula Sariram. It makes the Sthula Sariram to be active.

The universe is made up of five basic elements called.

- Earth (Prthivi) - பெர்சிவ்
- Water (Appu) - ப்ரு
- Fire (theyu) - தைன்
- Air (Vayu) - வாயு
- Space (Aagayam) - திரீட்

As we said before the human body is also made up of these five basic elements.

The basic elements exists in two forms

i. Sthula form (ப்ரத்திவ் தன்னால்) - Recognized by our sense

ii. Sukkuma form (எப்பையென்) - Not recognized by our senses

Physiology → Basic process underlying the functioning of the species.

Pancha Poothas

- Earth - பெர்சிவ்
- Water - ப்ரு
- Fire - தைன்
- Air - வாயு
- Space - திரீட்

These five elements contribute our whole body structure and function.
I. 96 BASIC FACTORS

“மருதை பொருள் சுவாச்செய்து
…………………………………
…………………………………
மருதை பொருள் புகழ்கள் காட்டி”

96 Thathuvangal consists of

1. External Thathuvas (Sthula Sariram)
2. Internal Thatuvas (Sukkuma Sariram)

1. EXTERNAL THATHUVAS
i. Gnanaenthiryam (5)
(Five sense organs)
   Ear
   Nose
   Body
   Eye
   Tongue

ii. Pori (5)
Functions of the five sense organs
   Hearing
   Touch
   Vision
   Smell
   Taste

iii. Kanmaenthriyam (5)
(Functional Organs)
   Mouth
   Leg
   Arm
Anus
Genital

iv. Kanmavidayam
(Functions of Kanmaenthriyam)

Speech
Movements through legs
Flexion and extension of arm
Daefication
Evacuations of semen and ovum and contributes coitus.

INTERNAL THATHUVAS

i. Anthakaranam – 4
ii. Arivu – 1
iii. Naadi – 10
iv. Vayu – 10
v. Aasayam – 5
vi. Kosam – 5
vii. Aadharam - 6
viii. Mandalam – 3
ix. Thodam – 3
x. Malam – 3
xi. Edanai – 3
xii. Gunam – 3
xiii. Vinai – 2
xiv. Raagam – 8
xv. Avathai – 5
UYIRTHATHUKKAL

Vaatham

Location
Vali lives in

1. Abaanan
2. Edakalai
3. Kamakodi
4. Undhiyin keezh moolam
5. Hip region
6. Bones
7. Muscles
8. Nerves
9. Joints
10. Skin
11. Hair follicles
12. Stools

Functions of Vaatham
Giving briskness
Respiration
Functioning of the body and mind
Regulation of the fourteen organs
Functioning of the seven Udal Kattugal
Protection and strengthening of the five sensory organs

Vaatham is of 10 types

1. Praanam
2. Abaanan
3. Uthaanan
4. Viyaanan
5. Samaanan
Among the divisions of Vaatham, first five play an important role in the physical actions, necessary for the preservation of the physical body.

**Praanan**

It regulates the respiratory system and helps the digestive system.

**Abaanan**

It helps to excrete the motion and urine, stools, sperms, menstrual flow etc. It controls the sphincter action of the anus

**Viyaanan**

It helps in the movement of various parts of the body responsible for sensation. It helps for getting energy from the food.

**Uthaanan**

It regulates the higher functions of brain like speech. It is responsible for the physiological reflex action like vomiting, Hiccough, laugh, sneezing etc.

**Samaanan**

When any one of the other vayus is affected, the samanan also affected. It helps in the proper digestion etc. Dry balancing of the other vayus, tarte's water and food.
Naagan

This vayu is responsible for intelligence. It promotes good characters. It helps for opening and closure of the eyes and hair raising.

Koorman

It is responsible for closure of the eyes, yawning. It helps to see all the things of the world. It have the action falling tears from the eyes.

Kirukaran

It is responsible for the saliva secretion in the oral cavity and mucous secretion in the nasal cavity. It helps to do meditation and produces cough and sneeze.

Devatitathan

It responsible for laziness, rotate eye balls in various direction. It is responsible for unwanted characters like quarreling, angry, argening and begging.

Thananjeyan

It produces swelling all over the body, roaring sensation like see in the eyes. It leaves from the body by lowing of the cranium only on the third day after death.

Pitham

It is the representation of thee pootham.

Location of Pitham

Pinkalai
Piramavayu
Moolakim
Urinary bladder
Heart
Head
Umblicus
Stomach
Sweat
Saliva
Blood
Saaram
Eye
Skin

Functions of the pitham

It governs digestion, heat, visual perception, hunger, thirst, luster, complexion, understanding, intelligence, courage and softness of the body also governs all aspects and levels to light and warmth in the body and mind. Pitham is classified in to 5 depending upon its location and function.

**Anar Pitham**

It is responsible for digestion of food.

**Ranjaga Pitham**

It is responsible for the colour and contents of the blood.

**Saathaga Pitham**

It accomplishes the acts that are wished to be done.

**Praasaga Pitham**

It resides in the skin and is responsible for its shine, texture and complexion.

**Aalosaga Pitham**

It is responsible for vision.

**Kabam**

It is representation of Appu and piruthuvi pootham
**Location of Kabam**

- Samana Vayu
- Suli munai
- Venneer
- Aaakkinai
- Tongue
- Uvla
- Fat
- Bone marrow
- Blood
- Nose
- Chest
- Nerves
- Bone
- Brain
- Eye
- Joint

**Functions of Kabam**

It gives stability, lubrication, holding, together of the joints and support of the other two humors.

According to its location and function, Kabam is classified into five types. They are

**Avalambagam**

It resides in the lungs and is responsible for the basic functions of the heart and other four kabams.

**Kilethagam**

It present in the stomach and helps for digestion.
**Pothagam**

It is located in the tongue as Saliva and it responsible for the sense of taste.

**Tharpagam**

It is located in the head as cerebrospinal fluid keeps the eye cool

**Santhigam**

Located in joints as synovial fluid and responsible for free movements of the joints.

**II. UDAL THATHUKKAL**

Udal thathukkal maintain the functions of different organs, systems and vital parts of the body. They play a very important role in the development and nourishment of the body. When one thathu is defective, it affects the successive thathus. Each thathu receives its nourishment from the previous thathu.

1. **Saaram (chyle)**

Contains nutrients from digested food and nourishes all the tissues, organs and system. It is responsible for growth and development.

2. **Senneer (Blood)**

It is responsible for the nourishment and strength of the body.

3. **Oon (Muscle)**

Shapes the body and its organs

4. **Kozhuppu (Fat)**

Maintains the lubrication of all tissues and gives energy to the body
5. **Enbu (Bone)**

Gives support to the body structure and a fundamental requirement for posture, movement of the body.

6. **Moozhai (Bone marrow)**

Fill up the bone spaces. It nourishes the bones and imparts strength.

7. **Sukkilam or Suronitham**

It is responsible for reproduction.

### III. VEHANGAL

The natural reflexes, excretions protective and preventive mechanisms are called the vehangal.

> “புருநிலக்கள் வெள்ளா வெள்ளாகன்  
> புருநிலக்கள் வெள்ளாகன்  
> புருநிலக்கள் வெள்ளாகன்  
> புருநிலக்கள் வெள்ளாகன்  
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> புருநிலக்கள் வெள்ளாகன்”

1. **Vaatham (Abanavayu)**
2. **Thummal (Sneezing)**
3. **Siruneer (Urine)**
4. **Malam (Stool)**
5. **Kottaavi (Yawning)**
6. **Pasi (Hungry)**
7. **Neervetgai (Thirsty)**
8. **Kaasam (Erumal)**
9. Elaippu (Rest)
10. Nithirai (Sleep)
11. Vaanthi (Vomit)
12. Kanneer (Tear)
13. Sukkilam or Surotitham
14. Suvaasam (Respiration)

**IV. Arusuvaigal** – We get from foods

It has linked to uyirthathu, panchapootham and body functions

- **Sweet** - Mann + Neer  Vali - Vayu + Mann
- **Sour** - Mann + thee  Azhal - Thee
- **Salt** - Neer + thee  Iyam - Neer
- **Bitter** - Vayu + Aagayam
- **Pungent** - Vayu + thee
- **Astringent** - Mann + Vayu

Any alteration takes place in suvaigal. It affects the uyirthathu and body functions.

Arusuvai (Any alterations)

\[ \downarrow \]

Uyirthathukkal (Alterations)

\[ \downarrow \]

Diseases (Noi)

**V. UDAL VANMAI**

Smartness, Strength and vitality constitute udal vanmai. It is classified into three types. They are as follows:

1. Eyarkai vanmai - It is inherited vitality
2. Kalavanmai - Vitality that is generally found in different age
periods on the basis of inherited constituents.

3. Seyarkai vanmai - Improvement of vitality obtained by good habits
(Due to physical exercise and proper diet)

VI. FOUR BODY FIRES

The normal digestive fire is called Sadarakkini and it is a combination of Samaana Vayu, Anila Pitham and Kilethaga Kapham.

1. Samanaakkini

When the sadrakkini is normal with proper balance of the three constituents it is called samanakkini. The balanced diet of an individual is properly digested in time.

2. Mandhaakkini

An increased kilethagam with the deficiency of anila pitham causes this condition, in which food is poorly digested and the process of digestion takes a longer time.

3. Deekshanaakkini

An increased anila pitham with the deficiency of kilethagam leads to this condition causing excessive digestive fire burning a larger quantum of food in a lesser duration of time.

4. Vishamaakkini

The samaana vayu is mostly affected there by causing irregular digestion and may make the food, poisonous.
This poem indicates the importance of diagnosing pathology of the diseases.

The Greek word pathology means.

Pathos (or) Noi - “Disease”
Logos (or) Naadal - “To know the cause”

Noi Naadal Noi mudhal naadal indicates the approach to the process of diagnosis in siddha. Noi nadal means to find out the disease, Noi mudhal naadal means the determination of the disease.

Humoral pathology explains that all diseases are caused by the excess or reduction of the three cardinal humours vatham, pitham, kabam. The relative proportion of these humours are responsible for a person’s physical and mental qualities and dispositions.
The siddhars recognise the 96 thathuvas and further add that the human body is composed of 72,000 vessels, 10 main arteries, 10 vital airs all together in the form of a network. The derangement of the three humours become liable to 4448 diseases which are diagnosed via piniyari muraimai.

Dietary factors
- Seasonal, environment changes
- Suppression of reflexes

Genetic factors
- Immoral activities
- Germs

**Causes for disease (Noi muthanadal)**

- Produces changes in Uyirthathukkal
- AFFECTED UYIRTHATHU (Vali, Azhal, Iyam)
- ALTERES 7 UDAL THATHUKKAL
- Diseases occur
- Envagai thervu (stools of diagnosis)

**Diseases (Noi)**

**Siddha system of Pathology (Noi Naadal)**

**Diagnosis Noi naadal**

Diagnosis
Causation of diseases:

Derangement of the Mukkutram and seven udal kattugal are due to.

I) Internal causes

II) External causes

I. INTERNAL CAUSE

Karma Vinai

When no reason could be assigned for the appearance of any disease, it may also be concluded that the parents in whom some morbid tendency already existed, may be handed down to act on the offspring. This karmic theory is stated in Siddha

II. EXTERNAL CAUSES

1) Variation in the intake of diet

2) Seasonal variations

3) Regional variations

4) Control of 14 reflexes

5) Immoral Activities

6) Changes in three udal vanmai.

7) Microorganisms

1) Variation in the intake of diet

"அழுத்துறையலாய உடல் பாதிப்பாயத் தோன்றும் பாதிக்கான விளைவு முடியும் போன்றது

- யாழ்க்காலம்.
Food is one which gives strength and helps for proper functions such as,

1) Provision of energy
2) Body building and repairs
3) Maintenance and regulation of tissue functions.

Food comprises “six suvaigal” in appropriate proportion.

So any amendment in the normal, regular diet will produce changes in the proportion of suvaigal and cause NOI. Excess intake of a particular ‘suvai’ may produce clinical manifestation as follows.

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Suvaigal</th>
<th>Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Inippu (sweet)</td>
<td>Obesity, Indigestion, Diabetes, cervical adenitis</td>
</tr>
<tr>
<td>2.</td>
<td>Pulippu (Sour)</td>
<td>Body weakness, dull vision, giddiness, anaemia, dropsy, herpes, feverishness, dryness of the tongue, scabies, blisters.</td>
</tr>
<tr>
<td>3.</td>
<td>Uppu (Salt)</td>
<td>Grey hair, aging, falling of hair, herpes, leprosy, dryness of the tongue, progressive weakness of the body.</td>
</tr>
<tr>
<td>4.</td>
<td>Kaippu (Bitter)</td>
<td>Disease related to Vatham, disorders of Physical Constituents.</td>
</tr>
<tr>
<td>5.</td>
<td>Kaarppu (Pungent)</td>
<td>Excessive dryness of the tongue, defect in spermatogenesis, general malaise, lassitude, tremors, back pain.</td>
</tr>
</tbody>
</table>
6. Thuvarppu
(Astringent) | Abdominal discomfort, heart disease.
dryness of the tongue, tiredness, impotency,
vascular constriction and constipation.

2) Seasonal variations of Humours

1) Viserka Kaalam – From Aavani to Thai

Viṣāka kālamam, visrājanāśam, pithānām
viṣājanam,agnisuddham, nakṣatram,
āvaiyam. Visrājanāyam, pithānāyam
viṣājanam.

2) Aadna Kaalam – From Masi to Aadi

Aatna kālamam, āvaiyam, nakṣatram,
āvaiyam, visrājanāyam, vīrājanāyam,
avaiyam.  

Kaarkaalam → All the 3 humours are disturbed. Pitham,
altered from normal state. Aggravated Vatha spread to other areas.
Koothirkkaalam → Altered Pitham spreads to other areas.
Vatham is in normal state.
Munpanikaalam → Pitham is in normal state.
Pinpanikaalam → Kabam is altered from its nature.
Elavaenirkaalam → Altered Kabam spreads to other areas
Muthuvaenirkaalam → Kabam is in normal state. Vatha disease aggragate.

For the prevention of disease, Dicipline, Dietry practices, living place,
avoidable circumstances for that specific kalam should be coped up with
our life style to lead a peaceful life.
3. Regional Changes of Humours

In Kurinji  - Kabha diseases
In Mullai  - Pitha diseases
In Neydhal  - Vatha diseases.
In Marutham  - No disease will occur.
In Paalai  - Mukkutra diseases are common.

Surviving in those lands may cause that diseases can be found.

4. Control of 14 Reflexes

Reflexes are normal physiological functions when there is any suppression of those reflexes that will lead to the pathological state.

Sl. No. | Vegams | Diseases
--- | --- | ---
1. | Vatham | Heart disease, gastritis, umbilical hernia, boy pain, liver disorder, constipation, oliguria, loss of appetite.
2. | Thummal | Head ache, defect in the sensory organs and its activities, pain over the face, hip joint pain.
| | | pain in the penis, gas formation in the abdomen.
4. | Malam | Diarrhoea due to increased Abaanan, cold, knee pain, head ache, flatulence, weakness.
5. | Kottavi | Lethargic face, exhaustion, indigestion, urinary
<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>6.</td>
<td>Pasi</td>
<td>All organs are affected, pricking pain all over the body.</td>
</tr>
<tr>
<td>7.</td>
<td>Neer Vetkai</td>
<td>All organs are affected, pricking pain all over the body, Schizophrenia excitation apathetic face, pain in the joints.</td>
</tr>
<tr>
<td>8.</td>
<td>Erumal</td>
<td>Increased cough, bad breath, heart disease.</td>
</tr>
<tr>
<td>9.</td>
<td>Elaippu</td>
<td>Urinary disorder, peptic ulcer, syncope, rigor, identical features of suppression of sneezing.</td>
</tr>
<tr>
<td>10.</td>
<td>Thookkam</td>
<td>Heaviness of head, pain in the eyes.</td>
</tr>
<tr>
<td>11.</td>
<td>Vaanthi</td>
<td>Urticarial rashes, itching, anaemia, eye diseases, diseases of increased Pitham, asthma, fever, cough.</td>
</tr>
<tr>
<td>12.</td>
<td>Kanneer</td>
<td>Heart diseases, upper respiratory disorders, eye diseases, wounds in the scalp, peptic ulcer.</td>
</tr>
<tr>
<td>13.</td>
<td>Sukkilam or Suronitham</td>
<td>Fever, anuria, joint diseases, diseases of the upper and lower limbs, acute chest pain, increased urinary diseases.</td>
</tr>
</tbody>
</table>

5. Immoral activities

In siddha aspect it is the don’t and does of humans.

Eyamam (ேயம்) - Self restricts don’ts
Niyamam (நியம்) - Do’s

When who skip the does and don’ts they will suffer by diseases.

6. Udal Vanmai

The disease affecting an individual is also based on the immunity, apart from food and climatic conditions.
1) Eyarkai vanmai

This is based on sathuva, rajo and thamo gunas and it is the strength which is present naturally. So Guna Marupadu changes in the guiding principles of mind may lead to defect in natural immunity and this cause diseases.

2) Seayarkai vanmai

The Mukkuna based body is maintained by food habits and the strength is improved by diet and medicine.

3) Kaala vanmai

It is based on seasons. The strength is gained or lost which is due to seasonal variation and is also based on age.

7. Microorganisms

Some disease are caused by micro organisms (Kirumi). According to Siddhar’s thought.

“சிரீலயம் சரணற்களை சாத் சாத்
நகைந்த விருத்தலை களப்பந்தை
சாளல்களை மட்டுமே களப்பந்தை
புள்ளுகள்மாற் களகுரு களப்பந்தை
சாளல்களை மட்டுமே களப்பந்தை
சுருக்கை ஊரக களம் களப்பந்தை
சுருக்கையறக களகுரு களப்பந்தை
சுருக்கை ஊரக களம் களப்பந்தை”

- சக்தி சங்கம்
Above this poem explains

Anaemia, skin diseases, venereal diseases, urticarial rashes and fistula they are caused by micro organism (Kirumi)

UDAL THATHUKKAL

1) Saaram (Chyle)

It is responsible for growth and development.

**Increased features:**

- Loss of appetite
- Excessive salivation
- Diminished activity
- Heaviness
- Pallor
- Cold decreased physical constituents
- Dyspnoea
- Flatulence
- Cough
- Excessive sleep.

**Decreased features:**

- Dryness of skin
- Tiredness
- Loss of weight
- Lassitude
- Less ability in hearing.
2) Senneer (Blood)

It is responsible for the nourishment and strength of the body.

**Increased features:**

- Boils in different parts of the body
- Spleenomegaly
- Humours
- Pricking Pain
- Loss of appetite
- Haematuria
- Hypertension reddish eye
- Skin diseases
- Leprosy
- Jaundice.

**Decreased Features:**

- Affinity to sour and cold food
- Nervous debility
- Dryness
- Pallor.

3) Oon (Muscle)

Shapes the body and its organs.

**Increased features:**

- Tuberculous Adenitis
- Venerial diseases
- Extra growth around neck, cheeks, abdomen, thigh and genitalia.
Decreased features:
- Lethargic sense organs
- Pain in the joints
- Muscle wasting in chin, gluteal region, Penis and thighs.

4) Kozhuppu (Fat)
Maintains the lubrication of all tissues and gives energy to the body.

Increased features
- Identical feature of increased Oon
- Tiredness
- Dyspnoea on exertion
- Extra musculature in gluteal region, external genitalia, chest, abdomen and thighs.

Decreased features
- Loin pain,
- Spleenomegaly
- Emaciation

5) Enbu (Bone)
Gives support to the body structure and a fundamental requirement for posture, movement of the body.

Increased features
- Excessive ossification and dentition

Decreased Features
- Joint pain,
- Falling of teeth falling
- Splitting of hairs and nails.
6) Moozhai (Bone Marrous)

Fill up the bone spaces. It nourishes the bones and imparts strength.

**Increased features**

- Heaviness of body and eyes
- Swollen inter phalangeal joints
- Oliguria
- Non healing Ulcers.

**Decreased features**

- Osteoporosis
- Blurred Vision

7) Sukkilam (or) Suronitham

It is responsible for reproduction.

**Increased features**

- Increased sexual activity
- Urinary calculi

**Decreased features**:-

- Dripping of semen, vaginal fluid, blood during coitus
- Pricking Pain in the scrotum
- Inflamed and contused external genitalia.
ALTERATIONS OF UYIRTHATHUKKAL

Vaatham

Increased features

Wasting, Blakish discolouration, Affinity on hot foods, tremors, Distended Abdomen, constipation, weakness in sense organs, giddiness, Brisklessness.

Decreased Features:

Body pain, feeble voice, Diminished capability of the brain, Decreased intellectual functions, syncope, symptoms of increase Kabam.

Pitham

Increased features

Yellowish discolouration of conjunctiva skin, urine and faeces, polyphagia, polydypsia, burning sensation all over the body, Decreased sleep.

Decreased features

Loss of appetite, cold, pallor, features of disturbance of increased Kabam.

Kabam

Increased features

Loss of appetite, excessive salivation diminished activity, heaviness, Pallor, cold, decreased physical constituents, dyspnoea, flatulence, cough, excessive.
Decreased features

Giddiness, dryness of joints, prominence of bones, Profuse sweating in the hairfollicles and palpitation.

DIAGNOSTIC METHODS

Diagnosis is the mandatory process in the treatment of a patient. Envagai thervugal which is the unique and special method having a broad and important role in diagnosing a particular disease. It is based upon the principles of Poriyaal arithal, pulanaal arithal and vinaathal.

Poriyal arithal

It means understanding by the five organs of perception i.e Nose, Tongue, Eyes, Skin and ears.

Pulanaal arithal

It means understanding by the sense objects i.e smell, taste, vision, somatic sense and sound.

Vinaathal

It means interrogating the patient, learning the history and symptoms of the disease by asking questions to the patient.

ENVAGAI THERVUGAL

The diagnosis is also made by the eight tools of diagnosis as mentioned below:
1. Meikuri  -  Feel of touch
2. Niram    -  Colour
3. Thoni    -  Sound and speech variation
4. Vizhi    -  Eye
5. Naa      -  Tongue
6. Malam    -  Faces
7. Moothiram -  Urine

(1) Meikuri
Appreciating through a feel of touch by meikuri, the temperature of skin, smoothness, roughness, softness, sweat, dryness, tenderness, Ulcess, hard patches, swelling abnormal growth, nourishment can be examined.

(2) Niram
Diagnosis made with the help of colour of skin, nails, hair, conjunctiva, teeth, mucous membrane etc.

(3) Thoni
The Quality of sound is assessed in the examination of thoni.
(4) **Vizhi**

The eye disease have to be noted along with the changes in the eyes due to systemic involvement. Further eye movements, vision disturbances, Eyelid condition, colour of the eye, congenital abnormalities of eyes, Ulcer, lacrimation all has to be noted.

(5) **Naa**

In the examination of tongue we have to see the dorsal surface, vertical surface, margin, tip of the tongue up to root, colour of the tongue, coating, size, dryness, increased salivation, deviation, movement, variations in taste and the conditions of teeth and gums, Ulcers, fissures, boils, any abnormal growth, inflammed tongue, pigmentation should be examined.

(6) **Malam**

First examine the color, contour, quantity, frequency and see if there is any discharge along with the faeces. Ask for timing of defecation, Pain while defecation, abnormal odour etc.

(7) **Moothiram**

Urine is observed by two ways

i)  Neer kuri

ii) Nei kuri

i) **Neer Kuri**

“அம்ம தன்றளவில் கோள் மற்றும் கொள்ளல் உள்ளவை
ஏர்காண்டுவால் பருத்தை பற்றியே”
Colour, Quantity, Odour, froth constitutions, specific gravity, flow of Urine, force, deposits, any other discharge should be noted.

ii) **Nei Kuri**

In a bowl urine was collected and kept on a sun light a drop of gingelly oil is added and the derangement of three thathus is studied.

> “அந்த கிழக்கான் ஆற்றங்கள் போன்றாலும்
  ஆண்டேற்ற போலின் ஆற்றங்கள்
  யுரேயங்கள் கூடாது வீரமுள்ளவை அளித்து”

Oil spreading like snake indicates – vatham

Oil spreading like ring indicates - Pitham

Oil floating as a peal indicates - Kabam

(8) **Naadi**

Naadi paritchari (Examination of pulse) is an important aspect of diagnosis.

From a quantitative point of view,

Vatham has a tension of one as felt by the index finger

Pitham has a tension of half as felt by middle finger

Kabam has a tension of quarter as felt by ring finger.
Aim and objectives
AIM AND OBJECTIVES

The derangement of vadha humour aggravated the diseases and produce hazardous effects. In siddha system, Siddhars have identified four thousand four hundred and forty eight diseases and scientifically arranged eighty types of vadha diseases.

Among all forms of treatment Noi naadal (or) identification of disease and Noi muthal naadal (or) determination of the aetiology of the disease are most important aspects. Once the diagnosis is accurate the treatment is easily fulfilled.

Aim

The main aim of this study is to evaluate the pathology of the disease kumbavatham with the help of Siddha and modern aspects.

Objectives

The following objectives have been drawn to achieve the above aim.

- To collect siddha literature about Kumbavaatham
- To evaluate the siddha basic physiology and pathology
- To analyse the signs and symptoms of Kumbavaatham
- To find out the changes that occur in Uyirthathukkal, Udal Kattukal Envagai thervugal, including Neerkuri, Neikuri and Naadi.
➢ To correlate etiology, symptoms, diagnosis with modern system of medicine.

➢ To use the modern diagnostic parameters to confirm the disease.
Elucidation about kumbavaadham
ELUCIDATION ABOUT KUMBA VAATHAM

According to the Yugi Vaithiya Sinthamani, Kumba vaatham has been described as

“துளித்து இளைஞ்சுவின் குணம் மேம்பதி
தர்ப்பு முக்கிய மார்பால் தோற்றம் பரிந்து
காமல் காட்கமது பூச்சு தரைகள்
குறுக்கின் மிதுமின்று பாகைகள் கணங்கள்
ஆகிவில் பல்வைகள் விளைவு கலந்து
அழியும் பல்வைகள் கல்லறுகளை
அசைந்து அதிகம் காண்க வந்து”

துளித்து - இளைஞ்சுவின், குணம் **
To say

துளித்து - கேங்க, புமை, மேன்பு ***
Shoulder

குறுக்கின் - கேங்க ***
Upper arm

காமல் - மலைகளும், மீனமு மேலு **
Malai, Tamil, Tamil **
Decreased

முட்டை - மிகுதியும் **
Much, abundantly

முட்டை - முனியில், பிரதானம்; **
Malai **

முட்டை - கோல, கோலாவளி *
Eye
Check

Boring pain

Twitching

Sharpness

Head

Pelvis

Abdomen

Backbreadth
Pain in the shoulder joint and upper arm, Decrease the tonicity of muscles in the shoulder and upper arm.

Boring pain and twitching in the check and peri orbital area.

Giddiness, Pain occur below the pelvis

Pain in the inferior surface of the Tongue

Summary

(The poem’s lines are summarized)

- Pain in the shoulder joint and upper arm.
- Decrease the tonicity of muscles in the shoulder and upper arm.
- Boring pain and twitching in the check and peri orbital area.
- Giddiness.
- Pain occur below the pelvis.
- Pain in the inferior surface of the Tongue.
Detailed pathological view of the dissertation topic
DETAILED PATHOLOGICAL VIEW OF

DISSERTATION TOPIC

INTRODUCTION ABOUT DISSERTATION TOPIC

Vatham, Pitham, Kabam are considered as three supports of the human system. Because they are the three fundamental principles in the composition of the human body. When the harmony of the three humours get deranged owing to a relative increase or decrease of one or more of the principal humours, disease will be the result which would be well indicated by Naadi.

Definition of Vatha disease:

A clinical entity is defined as Vatha disease when it produces clinical features manifested by the primary affection of one or several of the vayus which are branches of Vatha. The involvement of other thathus may be associating or accompanying factor.

The definition of Vatha disease cannot be precisely defined in a single line several descriptions are available in various siddha literatures.
குறிப்பிட்டு விளக்குறிக்கை ஆசிரியர்கள்

ஆசிரியர் முன்னர் பெரிய ஆசிரியர்”

- மலையர் கல்லூரிய கலைநிலை

கலை முன்னர் முன்னர் கலைநிலை வங்கியவர் கல்லூரிய

கலை முன்னர் முன்னர் கலைநிலை வங்கியவர் கல்லூரிய

- மலையர் கலைநிலை

துல்லாயப் பெயரின் போது மூலை கலைநிலை

மீது புள்ளி இயக்கு விளக்கவர் மேலை மேலை

துல்லாயப் பெயரின் போது மூலை கலைநிலை

- மலையர் முன்னர் - பக்தி 42

புத்துயர கலைநிலை போட்டியாளர் கலைநிலை

குழுவான புதுக்கால கலைநிலை போட்டியாளர்

துல்லாயப் பெயரின் போது மூலை கலைநிலை

- 4448 மீண்டுக்கும் வள்ள மீண்டுக்கும்.
SIDDHA PATHOLOGY OF DISSERTATION TOPIC

Altered state of udal thathukkal and Uyir thathukkal causes Disease.

Internal Causes
- Hereditary

External Causes
- Irregular diet;
- Irregular Actions

Uyir thathukkal affected

Udal thathukkal affected

Disease

Kumba vaatham

It is one of the disease among the 80 types of vatha diseases.
Pathogenesis of kumbavaatham

<table>
<thead>
<tr>
<th>Hereditary</th>
<th>Irregular Actions</th>
<th>Irregular diet</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Lethargy</td>
<td>Semi cooked food</td>
</tr>
<tr>
<td></td>
<td>Anger</td>
<td>Intake of Ghee, milk,</td>
</tr>
<tr>
<td></td>
<td>Excessive Coitus</td>
<td>Alcohol and meat.</td>
</tr>
</tbody>
</table>

↑ Vatham  →  ↑ Pitham  →  ↓ Kabam

- Pain in the shoulder joint
- Indigestion
- Constipation
- Giddiness
- Brisklessness
- Yellowish discolouration of the urine
- Burning sensation in the eye
- Burning sensation all over the body
- Giddiness
- Stiffness in the shoulder joint

Udal Thathukkal Affected

1. Saaram (Tiredness)
2. Senneer (Boring pain and Twitching in the cheek and Peri orbital area)
3. Oon (Pain in the shoulder)
4. Kozhuppu (Emaciation)
5. Enbu (Pain in the shoulder and upper arm)
6. Moolai (Pain in the shoulder and upper arm)

↓ Kumba Vaatham
Review of Literatures
REVIEW OF LITERATURES

Many Siddhars have described about Vaatha diseases. They have classified the Vaatha diseases into eighty types. Some have classified in to eighty five types of vadha diseases. Among these kumba vaatham is one of the Vaatha disease.

1. As per VAATHA NOI THOKUTHI (Dr.T.Mohan Raj)

Kumba vaatham

“அம்மற்றையும் நம்ம வெண்ணெய்வு அல்லது மாநந்த ஏனையன்
அனைவும் கைலாம் பின் வாத்தையும் என்ன அதையும் மாற்கக் குறிக்கும் நிலையில் வாத்தையும் குறுக்கும் உள்ளார் உள்ளார் நிலையில் பின்
முயற்சியும் மயில் குரு அனைவும் விளக்கம் விளக்கம் மயில் விளக்கம் விளக்கம் மயில் விளக்கம்
மயில் விளக்கம் விளக்கம் விளக்கம் மயில் விளக்கம் விளக்கம்
மயில் விளக்கம் விளக்கம் விளக்கம் விளக்கம்
மயில் விளக்கம் விளக்கம் விளக்கம்

- பெண்கு வெண்ணெய்வு. 58

Edema in legs, obesity, Increased thirst, Giddiness, Vomiting, Swelling in upper and lower limbs, Flatulence, Diarrhoea, Dryness of Throat and Tongue, Anger. Pain in both shoulder and upper arm, pain in the check and eye, Head ache and Pain in the Tongue.

2. According to CHIHICHA RATHNA DEEPAM,

Kumba vaatham

இரு பல பேச்சு தருக்க எள்ளசரியும் காந்தில் மிகாத கருத்து
மிகவும் பாலா பின் அதற்கு வீர்வடிவங்கள் கூடாது, கூடா புகழியும்
மிகவும் நரிமங்கள் காணப்படுகின்றனர் கருதியுள்ள நிலையை, அடுத்து நன் அருகில்
திகழ்ந்து அடைப்பையார் குறுக்கும்.”

- பெண்கு வெண்ணெய்வு. 58
Pain in the shoulder and arm, twitching in the cheek and eye. Pain below the pelvis and pain in the inferior surface of the Tongue.

Some authors have described Kumbavaatham in to different Names. But the signs and symptoms are same as Kumbavaatham

3. According to YUGIMUNI VAITHIYA KAVIYAM

“அப்பொழுது கடவுசு புருட்டு பொழுதும் நாய்கள் காணப்படும் ஸ்ரீ முனிவர் கலியல் மன்னர் காவுருக்கு தெய்வநிலைநிலை விந்தியது ஆணையான நாய்கள் காணப்படும் காள்கறை தொண்டையும் மாறிகும்மாறிகுமாறும் பக்ததாம்”
- பக்த கலை.20

Pain in the shoulder and upper arm, Numbness, Pain all over the body.

4. According to AGASTHIYAR MANI 4000

“ஆசிர்வது பாரசுமதி சிற்றுருக்கில் குறுப்பது
ஆசிர்வது கலியல் ஆணையான பொழுது காணப்படும் பொழுதும் நாய்கள்
மராத்தி வேளாசை பொழுதும் குறுக்கில் காணப்படும்
பாரசுமதியும் பாரசுமணியும்”
- பாரசுமணி.55

பாரசுமதியும் : Pain in the both shoulder

பாரசுமணியும் : Pain in one shoulder

5. According to JEEVARAKSHAMIRTHHAM

அன்பானும் கரை விரும்பி
இரு முனிவர் கமல், முனிவர் கமல், முனிவர் சூல் கமல், சூரியனும்
பரிசிப்படு, பரிசிப்படும் மாலை குன்றாக்கம், தூக்கு கொண்டு பாருதை
Pain in the shoulder, Deceased tonicity of muscles in the shoulder.

6. According to ANUBHAVA VAITHIYA DEVA RAGASIAM (J.Seethasama Prasath)

- Pain in the shoulder and upper arm.

IAM In Aathma Ratchamitham Vaatha diseases are classified into 80 types. But kumba Vaatham was not discribed.

IAM In Pararasa Segaram Vaatha Diseases are classified into 80 types. But Kumba Baatham was not described.
Theoretical view of dissertation topic in modern aspects
THEORETICAL VIEW OF DISSERTATION TOPIC

IN MODERN ASPECT

ANATOMY OF SHOULDER JOINT

Surface marking

The anterior margin of the glenoid cavity corresponds to the lower half of the shoulder joint. It is marked by a line 3 cm long drawn downwards from a point just lateral to the tip of the coracoid process. The line is slightly concave laterally.

Type

The shoulder joint is a synovial joint of the ball and socket variety.

Articular surface
The joint is formed by articulation of the scapula and the head of the humerus. Therefore it is also known as the glenohumeral articulation.

The glenoid cavity is too small and shallow to hold the head of the humerus in place. The head is four times the size of the glenoid cavity. However, this arrangement permits great mobility. Stability of the joint is maintained by the following factor.

1. The coracoacromial of secondary socket for the head of the humerus.
2. The musculo tendinous cuff of the shoulder.
3. The glenoid labrum helps in deepening the glenoid fossa. Stability is also provided by the muscles attaching the humerus to the pectoral girdle, the long head of the biceps, the long head of the triceps and atmospheric pressure.

**Ligaments of the joint**
As the articular capsule is opened the three glenohumeral ligaments are noticeable on the anterior part of the capsule. Define the articular surfaces, ligaments, bursae related to this important joint.

1. The capsular ligament

It is very loose and permits free movements. It is least supported inferiorly where dislocations are common. Such a dislocation may damage the closely related axillary nerve.

Medially the capsule is attached to the scapula beyond the supraglenoid tubercle and the margins of the labrum. Laterally, it is attached to the anatomical neck of the humerus. Inferiorly the attachment extends down to the surgical neck. Superiorly it is deficient for passage of the tendon of the long head of the biceps brachii. The joint cavity communicates with the subscapular bursa, with the synovial sheath for the tendon of the long head of the biceps brachii and often with the infraspinatus bursa. Anteriorly the capsule is reinforced by supplemental bands called the superior middle and inferior gleno humerical ligaments. The capsule is lined with synovial membrane. An extension of this membrane forms a tubular sheath for the tendon of the long head of the biceps brachii.

2. The Coracohumeral ligament

It extends from the root of the corocoid process to the neck of the humerus opposite the greater tubercle. It gives strength to the capsule.
3. **Transverse humeral ligament**

It bridges the upper part of the bicipital groove of the humerus. (between the greater and lesser tubercles) The tendon of the long head of the bicaps brachii passes deep to the ligament.

4. **The glenoidal labrum**

It is a fibrocartilaginous rim which covers the margins of the glenoid cavity, thus increasing the depth of the cavity.

**Bursae related to the shoulder joint**

1. The subacromial (sub deltoid) bursa
2. The subscapularis bursa, communicates with the joint cavity.
3. The infraspinatus bursa, may communicate with the joint cavity.
4. Several other bursae related to the coracobrahialis, teres major, long head of the triceps, latissmus dorsi, and the corocoid process are present.

**Relations**

**Superiorly** : Coraco acromial arch  
Subacromial bursa, Supraspinatus and deltoid.

**Inferiorly** : Long head of the triceps brachii

**Anteriorly** : Subscapularis, coracobrahialis, Short head biceps and deltoid.

**Posteriorly** : Infraspinatus, teresminor and deltoid

**Within the joint**: Tendon of the long head of the biceps brachii.
Blood supply

1. Anterior circumflex humeral vessels.
2. Posterior circumflex humeral vessels
3. Supra scapular vessels.
4. Subscapular vessels.

Nerve supply

1. Axillary Nerve
2. Musculocutaneous nerve and
3. Suprascapular nerve
MOVEMENTS OF THE SHOULDER JOINT

The shoulder joint enjoys great freedom of mobility at the cost of stability. There is no other joint in the body which is more mobile than the shoulder. This wide range of mobility is due to laxity of its fibrous capsule and the large size of the head of the humerus as compared with the shallow glenoid cavity.

Movements of the shoulder joint are considered in relation to the scapula rather than in relation to the sagittal and coronal planes. When the arm is by the side (in the resting position) the glenoid cavity faces almost equally forwards and laterally and the head of the humerus faces medially and backwards.

1. Flexion and extension

During flexion the arm moves forwards and medially, and during extension the arm moves backwards and laterally.

2. Abduction and adduction take place at right angles to the plane of flexion and extension, i.e. approximately midway between the sagittal and coronal planes. In addition the arm moves antero laterally away from the trunk. This movements is in the same plane as that of the body of the scapula.

3. Medial and lateral rotation are best demonstrated with a mid flexed elbow. In this position the hand is moved medially in medial rotation and laterally in lateral rotation of the shoulder joint.
4. **Circumduction** is a combination of different movements as a result of which the hand moves along a circle.

The range of any movement depends on the availability of an area of free articular surface on the head of the humerus. It may be noted that the articular area on the head of the humerus is four times larger than that on the glenoid cavity.
PATHOLOGY

PERI ARTHRITIS (FROZEN SHOULDER)

Definition:

Peri arthritis is a condition characterised by pain and progressive limitation of some movements of the shoulder joint occurring in the elderly.

Types:

i) Primary idiopathic type

ii) Secondary Type

i) Primary Idiopathic type:

The cause is not known.

ii) Secondary Type:

It is occurring in patients with Diabetes, Tuberculosis, Cardiac Ischemia and hemiplegia.

Pathology:

The process often starts as a chronic tendinitis but inflammatory changes spread to involve the entire cuff and the underlying capsule.

As the inflammation subsides, the tissues contract, the capsule may stick to the humeral head and the infra articular synovial gusset may be obliterated by adhesions.

It has been suggested that this is an autoimmune response to the products of local tissue breakdown.

One of the earliest descriptions of the pathology of a Frozen shoulder was by Neviaser (1945), who found thickened contracted capsule around the humeral head. Histology of the capsule showed fibrosis and inflammatory cells.
**Clinical features:**

Diffuse pain in the shoulders with radiation down to the middle of the upper arm but without being localized to any never distribution.

Tenderness in the sub acrmial region and in the anterior joint line.

Night pain often awakening the patient from sleep is a common complaint.

Marked limitation of abduction and external rotation of the shoulder with free flexion and extension movements.

When the condition involves the whole rotator cuff it results in total restriction of all movements of the joint. The condition is termed “Frozen shoulder” or “Adhesive capsulitis”.

After several months the pain begins to subside, but as it does so stiffness becomes more and more of a problems, continuing for another 6-12 months pain has disappeared. Gradually movement is regained but is may not return to normal.

On examination there is a generalized tenderness about the shoulder and marked restriction of all movements but especially abduction and rotation with pain if force is used

**INVESTIGATION:**

1. **X-Ray:-**
   
   Radiographs of the shoulder is normal. In severe cases X-Rays reveal decreased bone density in the humerus

2. **Arthrography:** Shown a contracted joint.
Evaluation of the dissertation topic
EVALUATION OF THE DISSERTATION TOPIC

MATERIALS AND METHODS

The pathological evaluation of the disease KUMBA VAATHAM was carried out in out patient as well as in patient department at Government Siddha Medical College & Hospital, Palayamkottai during the year 2007-2009.

SELECTION OF CASES

Cases with similar symptoms of KUMBA VAATHAM were selected from OP and IP departments of Government Siddha Medical College, Palayamkottai and followed by the author whose work was under the close supervision of the faculties of the post graduate Noi Naadal Department.

EXCLUSION CRITERIA

In addition to KUMBA VAATHAM patients who ever having other clinical symptoms like, multi joints pain other than knee joint, other systemic disease like, hypertension, respiratory diseases and cardiac diseases were carefully excluded from the study.

EVALUATION OF CLINICAL PARAMETERS

➢ Detailed history of present and past illness
➢ Family history
➢ Personal history
➢ Occupational history
➢ Socio – economic status

➢ Dietary habits

➢ Seasonal variations

SYMPTOMS AND SIGNS OF “KUMBA VAATHAM”

➢ Pain in the shoulder joint and upper arm.

➢ Decrease the tonicity of muscles in the shoulder joint and upper arm.

➢ Boring pain and twitching in the cheek and peri orbital area.

➢ Giddiness

➢ Pain below the pelvis

➢ Pain in the tongue

SIDDHA CLINICAL DIAGNOSIS

Envagai therugal (8 tools of diagnosis)

1. Examination of Naadi

2. Examination of touch

3. Examination of the Tongue

4. Examination of colour

5. Examination of voice

6. Examination of the eyes

7. Examination of the stools

8. Examination of the urine (Neer kuri and Nei kuri)
MODERN INVESTIGATIONS

The following haematological Parameters are done.

**Blood**

- TC
- DC
- ESR
- Hb
- Sugar

**Routine Urine Analysis**

- Albumin
- Sugar
- Deposit

**X-Ray Report**

Shoulder joint – AP view & lateral view

**CASE PROFORMA**

A clinical signs and symptoms of KUMBA VAATHAM, History of present illness, personal history and family history derangement of mukkutram and Udal thathukkal, laboratory investigations and X-Rays were systematically recorded in the proforma
OBSERVATION AND RESULTS

1. Age

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Age</th>
<th>No.of Cases</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>40 – 50</td>
<td>2</td>
<td>10%</td>
</tr>
<tr>
<td>2.</td>
<td>51 – 60</td>
<td>6</td>
<td>30%</td>
</tr>
<tr>
<td>3.</td>
<td>61 – 70</td>
<td>9</td>
<td>45%</td>
</tr>
<tr>
<td>4.</td>
<td>71 – 80</td>
<td>3</td>
<td>14%</td>
</tr>
</tbody>
</table>

Among the selected 20 cases, the incidence of disease was found to be higher in the age groups between 61-70. (45%).

2. Sex

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Sex</th>
<th>No. of Cases</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Male</td>
<td>7</td>
<td>35%</td>
</tr>
<tr>
<td>2.</td>
<td>Female</td>
<td>13</td>
<td>65%</td>
</tr>
</tbody>
</table>

This incidence of diseases was bound to be higher in females. (65%)

3. Family History

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Family History</th>
<th>No.of Cases</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Positive</td>
<td>11</td>
<td>55%</td>
</tr>
<tr>
<td>2.</td>
<td>Negative</td>
<td>9</td>
<td>45%</td>
</tr>
</tbody>
</table>

There is a family history for this disease (55%)

4. Diet

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Diet</th>
<th>No.of Cases</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Vegetarians</td>
<td>2</td>
<td>10%</td>
</tr>
<tr>
<td>2.</td>
<td>Mixed</td>
<td>18</td>
<td>90%</td>
</tr>
</tbody>
</table>

90% of patients had mixed diet habit
5. Socio Economic Status

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Socio economic status</th>
<th>No.of Cases</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>High Status</td>
<td>6</td>
<td>30</td>
</tr>
<tr>
<td>2.</td>
<td>Middle Class</td>
<td>10</td>
<td>50</td>
</tr>
<tr>
<td>3.</td>
<td>Low Status</td>
<td>4</td>
<td>20</td>
</tr>
</tbody>
</table>

Among the twenty cases, 50% of cases belongs to middle class.

6. Kaalam (life span)

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Kaalam</th>
<th>No.of Cases</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Pitha kaalam (33-66 years)</td>
<td>15</td>
<td>75</td>
</tr>
<tr>
<td>2.</td>
<td>Vatha Kalam (above 66 years)</td>
<td>5</td>
<td>25</td>
</tr>
</tbody>
</table>

Out of 20 cases 75% of cases were found to be in pitha kaalam ie age between 33-66.

7. Seasonal Variations (Paruva Kaalam)

<table>
<thead>
<tr>
<th>Sl.No.</th>
<th>Paruvakaalam</th>
<th>No.of Cases</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Kaarkaalam</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>2.</td>
<td>Koothirkaalam</td>
<td>9</td>
<td>45</td>
</tr>
<tr>
<td>3.</td>
<td>Muthuvenir Kaalam</td>
<td>9</td>
<td>45</td>
</tr>
</tbody>
</table>

Most of the cases were coming during Koothirkaalam (45%) and Muthuvenir Kaalam. (45%)
8. Thinai (geological distribution)

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Thinai</th>
<th>No.of Cases</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Kurinchi</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>2</td>
<td>Marutham</td>
<td>18</td>
<td>90</td>
</tr>
<tr>
<td>3</td>
<td>Neithal</td>
<td>1</td>
<td>5</td>
</tr>
</tbody>
</table>

90% of the cases were reported from Maruthanilam.

9. Disturbances of vali (vaatham) - increased

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Vali</th>
<th>No.of Cases</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Praanan</td>
<td>20</td>
<td>100</td>
</tr>
<tr>
<td>2</td>
<td>Abaanan</td>
<td>20</td>
<td>100</td>
</tr>
<tr>
<td>3</td>
<td>Viyanan</td>
<td>20</td>
<td>100</td>
</tr>
<tr>
<td>4</td>
<td>Uthaanan</td>
<td>20</td>
<td>100</td>
</tr>
<tr>
<td>5</td>
<td>Samaanan</td>
<td>20</td>
<td>100</td>
</tr>
<tr>
<td>6</td>
<td>Naagan</td>
<td>20</td>
<td>100</td>
</tr>
<tr>
<td>7</td>
<td>Koorman</td>
<td>20</td>
<td>100</td>
</tr>
<tr>
<td>8</td>
<td>Kirukaran</td>
<td>20</td>
<td>100</td>
</tr>
<tr>
<td>9</td>
<td>Devathathan</td>
<td>20</td>
<td>100</td>
</tr>
<tr>
<td>10</td>
<td>Thananjeyan</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

Among the ten types of vali except Thananjeyan all were affected in 100% of cases.

10. Disturbances of azhal (pitham) - increased

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Azhal</th>
<th>No.of Cases</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Anarpitham</td>
<td>20</td>
<td>100</td>
</tr>
<tr>
<td>2</td>
<td>Ranjagam</td>
<td>20</td>
<td>100</td>
</tr>
<tr>
<td>3</td>
<td>Praasagam</td>
<td>20</td>
<td>100</td>
</tr>
<tr>
<td>4</td>
<td>Aalosagam</td>
<td>20</td>
<td>100</td>
</tr>
<tr>
<td>5</td>
<td>Saathagam</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

Anarpitham, Ranjagam Praasagam Aalosagam were affected in 100% of cases.
11. Disturbances of iyyam (kabam) - decreased

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Iyyam</th>
<th>No.of Cases</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Avalambagam</td>
<td>4</td>
<td>20</td>
</tr>
<tr>
<td>2.</td>
<td>Kilethagam</td>
<td>14</td>
<td>70</td>
</tr>
<tr>
<td>3.</td>
<td>Pothagam</td>
<td>16</td>
<td>80</td>
</tr>
<tr>
<td>4.</td>
<td>Tharpagam</td>
<td>16</td>
<td>80</td>
</tr>
<tr>
<td>5.</td>
<td>Santhigam</td>
<td>20</td>
<td>100</td>
</tr>
</tbody>
</table>

Santhigam was found to be affected in all most all the cases.

12. Udal Kattugal

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Kaalam</th>
<th>No.of Cases</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Saaram</td>
<td>20</td>
<td>100</td>
</tr>
<tr>
<td>2.</td>
<td>Senneer</td>
<td>20</td>
<td>100</td>
</tr>
<tr>
<td>3.</td>
<td>Oon</td>
<td>20</td>
<td>100</td>
</tr>
<tr>
<td>4.</td>
<td>Kozhuppu</td>
<td>20</td>
<td>100</td>
</tr>
<tr>
<td>5.</td>
<td>Enbu</td>
<td>20</td>
<td>100</td>
</tr>
<tr>
<td>6.</td>
<td>Moolai</td>
<td>20</td>
<td>100</td>
</tr>
<tr>
<td>7.</td>
<td>Sukkilam (or) Suronitham</td>
<td>10</td>
<td>50</td>
</tr>
</tbody>
</table>

Saranam, Senneer, Oon, Kozhuppu, Enbu, Moolai, were affected in 100% of cases. Sukkilam (or) Suronitham was affected in 50% of cases.

13. Envagai tervugal

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Envagai Thevugal</th>
<th>No.of Cases</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Naa</td>
<td>20</td>
<td>100</td>
</tr>
<tr>
<td>2.</td>
<td>Niram</td>
<td>5</td>
<td>25</td>
</tr>
<tr>
<td>3.</td>
<td>Mozhi</td>
<td>15</td>
<td>75</td>
</tr>
<tr>
<td>4.</td>
<td>Vizhi</td>
<td>18</td>
<td>90</td>
</tr>
</tbody>
</table>
5. Malam 18 90
6. Moothiram 20 100
7. Naadi 20 100
8. Sparisam 20 100

Naddi was affected in 100% of cases.

14. Nei kuri (Urine – Oil Diagnosis)

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Shape of Oil</th>
<th>No.of Cases</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Aravil Mothiram</td>
<td>18</td>
<td>90</td>
</tr>
<tr>
<td>2.</td>
<td>Mothirathil Aravam</td>
<td>2</td>
<td>10</td>
</tr>
</tbody>
</table>

Aravil Mothiram appearance was appeared in 90% of cases.

15. Laboratory investigations

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>O.P. No.</th>
<th>BLOOD INVESTIGATION</th>
<th>URINE ANALYSIS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>TC Cells/Cumn</td>
<td>DC%</td>
<td>ESR Mm/Hrs</td>
</tr>
<tr>
<td></td>
<td>P</td>
<td>E</td>
<td>B</td>
</tr>
<tr>
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<td>9000</td>
<td>51</td>
</tr>
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<td>2.</td>
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<td>68374</td>
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<td>17.</td>
<td>68840</td>
<td>9000</td>
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<td>68838</td>
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<td>68841</td>
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</tr>
<tr>
<td>20.</td>
<td>70323</td>
<td>7800</td>
<td>49</td>
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</table>
Neerkuri
OP. No. 48428

Neikuri
O.P.No. 54514
Discussion
DISCUSSION

Yugi Munivar has classified the vaatha diseases into 80 types and Kumba vaatham comes under eleventh type.

The pain in the shoulder joint patients are coming more to our O.P. Among those patients more patients have history of madhumegam, few have the history of pakkavaddham and few have the history of shayam and very few have no history (due to senile changes).

During her literary collection the author find a clue of “Athi thagam” in kumba vaatham. As there is more volume of patients are coming to our Madhumegam special O.P. the author have taken Kumba vaatham.

Among the three humors, vaatham is the initiator of all activities of the body. In Kumba vaatham patients the shoulder joints are affected and the patients have restricted movements of shoulder joint.

Even though Inippuneer is a kaba disease this Kumba vaatham (associated with madhumegam) shows only vaatha pitha thontha kurikunangal. Because in Kumba vaatham the derangement of kabam affects the joints (The living place of Vatham) and causes pain in the shoulder joints. So predominantly vatham increased and increased vaatham stimulates the pitham and pitham gets increased. So vaatha pitha thontha kurikunangal occur in kumba vaatham and vaatha pitha naadi is felt in kumba vaatham.
The clinical study on selected patients was done. Investigations were done by both siddha and modern parameters. The discussion is based on the result observed on various headings.

**INTERPRETATION OF OBSERVED CLINICAL PARAMETERS**

1. **Age**
   Out of 20 cases, 45% of cases were in the age group 61-70.

2. **Sex:**
   Out of 20 cases, 65% of cases were females.

3. **Socio – economic status**
   Out of 20 cases 50% of cases were found to be middle class.

4. **Diet Habits**
   On observation, 90% of cases had mixed diet habits.

5. **Family History**
   On observation, 55% of cases have family history.

6. **Seasonal changes**
   45% of patients were reported during koothir kaalam and 45% of patients were reported during Muthuvenirkaalam.

7. **Thinai**
   90% of cases were reported from Marutha nilam.

8. **Kaalam (life span)**
   Out of 20 cases, 75% of cases were found to be within pithakaalam. That is between 33-66 years of age groups. In most of cases, the onset of the disease was during pithakaalam.
INTERPRETATION OF SIDDHA PARAMETERS

1. **NAADI**
   
   In the Naadi examination 90% of cases had Vaatha pitham.

2. **Sparism (by palpation)**
   
   By palpating the skin, warmth was observed in the affected joint.

3. **Naa**
   
   On examination, Naa was affected in 100% of cases.

4. **Niram (Skin Colour)**
   
   25% of cases were having Karuppu Niram 75% of cases were having individuals own colour.

5. **Moothiram**
   
   (a) Manam (odour) – Inippu Manam
   
   (b) Nurai – Deceased
   
   (c) Niram – (colour) Dark yellow colour of urine was found in all patients
   
   (d) Edai – Increased
   
   (e) Engel – Few pus cells were seen

6. **Nei kuri (Urine oil diagnosis)**
   
   A drop of gingelly oil was dropped over the urine contained bowl. Soon after there was a gradual spreading of drop like snake with ring.

7. **Mukkutra Nilaigal**
   
   a) Among the 10 types of vali except Thananjeyan all were affected in 100% of cases.
   
   b) Azhal – Anarpitham, Ranjagam, Praasagam, Aalosagam, were affected in 100% of 20 cases
   
   c) Iyyam – Among the 20 cases Santhigam was affected in 100% of cases. Pothagam and Tharpagam were affected in 80% of cases. Kilethagam was affected in 70% of cases.
8. **Udal thathukkal**

Saaram, Senneer, Oon, Kozhuppu, Enbu and Moolai were affected in 100% of cases.

Sukkilam (or) Suronitham was affected in 50% of cases.
INTERPRETATION OF ALLIED PARAMETERS

Blood

Blood sugar was increased in 100% of cases.
Hb was decreased in 100% of cases.
Blood total count, Differential count and ESR were normal in all cases.

Urine

Sugar was present in 100% of cases.
Few pus cells were seen in 90% of cases.

In X-Ray Study

Decreased bone density in the humerus.
NOI KANIPPU VIVATHAM

1. Vali Keel Vagu:

“நன்னைக்குறி விளச்சி காதம்
வப்பு விதரிகள் ஐதாக்கி காப்பதறி
தலைவைல் பராமரிப்பு
தமிழில் வையி விளச்சிகள்
மிதவைகள் கட்டுவும் போல
முறியால் பார்க்கும் காதம்
பரமையப்படி வெள்ளை 
வாழ்கம் அவன்றின் காதம்”

In vali keel vayu even though pain in the shoulder associated with swelling, dryness of mouth and throat, fever, Head ache, palpitation, pain and swelling in the ankle, elbow, wrist and knee joints, shifting nature of pain occur. The special symptoms of kumba vaatham such as Boring pain and twitching in the cheek and peri orbital area, giddniss,pain below the pelvis and pain in the tongue.

2. Segana Vaatham:

“சென்னெ கவளிகள் குளறை வைத்த
சமயமான கருவின் மீதிய தலை
சமையல் பரராமை காதம்
சமையல் பராமரிப்பு போல போல
தமிழில் பார்க்கும் காதம்
சமையல் பரராமை காதம்
சமையற்ற வெள்ளைப் பக்து
சமையல் குளறை காதம்
சமையல் குளறை காதம்”

In seganavatham even though pain in the shoulder, giddiness and associated with pain occurs from the neck to Hip region, Increased body
weight, burning sensation in the eye, pain all over the body are present. The special symptoms of **kumba vaatham** such as boring and twitching in the cheek and periorbital area, pain below the pelvis and pain the tongue.

**NOI KANIPPU VIVATHAM**

<table>
<thead>
<tr>
<th></th>
<th>Present Symptoms</th>
<th>Absent Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>183.Segana Vatham</td>
<td>Pain in the shoulder, Giddiness</td>
<td>Pain in the neck radiating to the hand</td>
</tr>
<tr>
<td>184.Vali keelvayu</td>
<td>Pain in the shoulder</td>
<td>Fever, Shifting nature of pain</td>
</tr>
</tbody>
</table>
Conclusion
CONCLUSION

The clinical study of **KUMBA VAATHAM** is mainly based on siddha diagnostic methods. At the same time, the author also has conducted modern investigations relevent to **KUMBA VAATHAM**. It reveals that, all the **KUMBA VAATHAM** patients have findings of peri arthritis of shoulder joint.

**KUMBA VAATHAM** is a disease commonly occurs in pitha and vaatha kaalam of one’s life cycle. This is also stressed in Modern science. The incidence of disease was found to be higher in females. Having mixed diet patients are affected mostly. There is 50% of family history is found to this disease. People who are living Maruthanilam are affected mostly. Middle class people are affected mostly.

**KUMBA VAATHAM**

Pain in the shoulder joint and upper arm, Decrease the tonicity of the muscles of the shoulder joint, Giddiness are the clinical diagnosis. Envagai Thervugal are playing a great role in the diagnostic purpose of **KUMBA VAATHAM**. X-ray Findings are supported for diagnosis of Kumba Vaatham.
Annexure
P.G.NOI NAADAL DEPARTMENT
GOVT SIDDHA MEDICAL COLLEGE, PALAYAMKOTTAI.
A study to Diagnose “Kumba vaatham” through Siddha Diagnostic Methodology
PROFORMA

Investigator Name :
5. Date_______ 6. Name __________________ 7. Age(years):_________
11. Address
 ___________________________________ Signature of the
 ___________________________________ Department Faculty
 ___________________________________

12. Complaints and duration :

........................................................................................................
........................................................................................................
........................................................................................................

13. History of present illness :
........................................................................................................
........................................................................................................
........................................................................................................

14. Past History :
........................................................................................................
........................................................................................................
........................................................................................................

15. Family History :
........................................................................................................
........................................................................................................
........................................................................................................

16. Personal History
........................................................................................................
........................................................................................................
........................................................................................................
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<thead>
<tr>
<th>Habits</th>
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<th>2.No</th>
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<tr>
<td>17. Betelnut chewer</td>
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<td></td>
</tr>
<tr>
<td>18. Tea</td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Coffee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. Smoking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. Alcohol/Drug</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22. High Fatty diet</td>
<td></td>
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</tr>
<tr>
<td>23. Food Habits</td>
<td>V</td>
<td>NV</td>
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**GENERAL ETIOLOGY FOR KUMBA VAATHAM**

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<tr>
<th>Etiology</th>
<th>1.Yes</th>
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<tr>
<td>24. Excessive intake of bitter and salt food</td>
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<td></td>
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<tr>
<td>25. Sleeping in day time</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26. Sleep disturbances in night time</td>
<td></td>
<td></td>
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<tr>
<td>27. Repeated Starvation</td>
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<td></td>
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<tr>
<td>28. Increased weight</td>
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<td></td>
</tr>
<tr>
<td>29. Diabetus Melitus</td>
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<td></td>
</tr>
<tr>
<td>30. Idiopathic</td>
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</table>

**GENERAL EXAMINATION**

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<tr>
<td>31. Weight</td>
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<td>(Kg)</td>
</tr>
<tr>
<td>32. Temperature</td>
<td></td>
<td>(°F)</td>
</tr>
<tr>
<td>33. Pulse rate</td>
<td></td>
<td>/ minute</td>
</tr>
<tr>
<td>34. Heart rate</td>
<td></td>
<td>/ minute</td>
</tr>
<tr>
<td>35. Respiratory rate</td>
<td></td>
<td>/ minute</td>
</tr>
<tr>
<td>36. Blood pressure</td>
<td></td>
<td>/ (mmHg)</td>
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### Present Absent

<p>| | | | |</p>
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<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>37. Pallor</td>
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<tr>
<td>38. Jaundice</td>
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</tr>
<tr>
<td>39. Cyanosis</td>
<td></td>
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<tr>
<td>40. Lymphadenopathy</td>
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</tr>
<tr>
<td>41. Pedal edema</td>
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</tr>
<tr>
<td>42. Clubbing</td>
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<tr>
<td>43. Jugular venous pulsation</td>
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### VITAL ORGANS EXAMINATION

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<tbody>
<tr>
<td>44. Stomach</td>
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</tr>
<tr>
<td>45. Liver</td>
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</tr>
<tr>
<td>46. Spleen</td>
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<td></td>
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<tr>
<td>47. Lungs</td>
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<td>48. Heart</td>
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<tr>
<td>49. Kidney</td>
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<tr>
<td>50. Brain</td>
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### SIDDHA SYSTEM OF EXAMINATION

**ENNVAGAI THERVUKAL**

**NAA**

51. Maa Padinthiruthal

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<tbody>
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52. Niram

<table>
<thead>
<tr>
<th></th>
<th>Karuppu</th>
<th>Manjal</th>
<th>Velluppu</th>
<th>Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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53. Suva

<table>
<thead>
<tr>
<th></th>
<th>Pulippu</th>
<th>Kaippu</th>
<th>Inippu</th>
<th>Thuvarppu</th>
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<tbody>
<tr>
<td>1.</td>
<td></td>
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</tr>
</tbody>
</table>
54. **Vedippu**
   1. Present □  2. Absent □

55. **Vai neer ooral**

56. **NIRAM**

57. **MOZHI**
   1. Sama oli □  2. Urattha oli □  3. Thaazhntha oli □

**VIZHI**

58. **Niram**
   1. Karuppu □  2. Manjal □
   3. Sivappu □  4. Velluppu □

59. **Kanneer**
   1. Normal □  2. Abnormal □

60. **Erichchal**
   1. Present □  2. Absent □

61. **Peelai Seruthal**
   1. Present □  2. Absent □

**MEI KURI**

62. **Veppam**

63. **Viyarvai**
   1. Normal □  2. Increased □  3. Reduced □

64. **Thodu vali**
   1. Present □  2. Absent □
### MALAM

65. Niram  
1. Karuppu [ ] 2. Manjal [ ]  
3. Sivappu [ ] 4. Velluppu [ ]

66. Thanmai  
1. Ilagal [ ] 2. Irugal [ ] 3. Thin [ ] 4. Bulky [ ]

67. Alavu  
1. Normal [ ] 2. Decreased [ ] 3. Increased [ ]

68. Kalichchal  
1. Present [ ] 2. Absent [ ]

69. Seetham  
1. Present [ ] 2. Absent [ ]

70. Vemmai  
1. Present [ ] 2. Absent [ ]

### MOOTHIRAM - Siruneer

#### NEER KURI

71. Niram  

72. Manam  
1. Present [ ] 2. Absent [ ]

73. Nurai  
1. Normal [ ] 2. Increased [ ] 3. Reduced [ ]

74. Edai (Ganam)  
1. Normal [ ] 2. Increased [ ] 3. Reduced [ ]

75. Enjal (Alavu)  
1. Normal [ ] 2. Increased [ ] 3. Reduced [ ]
4. Thadavai  
   a. Day [ ] b. Night [ ]
76. NEI KURI
1. Aravam  2. Mothiram  
3. Muthu  4. Aravil Mothiram  
5. Aravil Muthu  6. Mothirathil Aravam  
7. Mothirathil Muthu  8. Muthil Aravam  
9. Muthil Mothiram  10. Asathiyam  
11. Mellenap paraval

Diagram

NAADI (KAI KURI)
1. Naadi Nithanam

77. Kaalam
1. Kaarkalam  2. Koothikaalam  
3. Munpanikaalam  4. Pinpanikaalam  
5. Ilavenirkaalam  6. Muthuvernirkaalam

78. Desam
1. Kulir  2. Veppam

79. Vayathu
1. 1-33 Yrs  2. 34 – 66 Yrs  3. 67-100 Yrs

80. Udal Vanmai
1. Iyalbu  2. Valivu  3. Melivu

81. Nadiyin Vanmai
1. Vanmai  2. Menmai

82. Nadiyin Panbu
1. Thannadai  2. Puranadai  3. Illaitthal  
13. Pakkamnokku
83. Naadi nadai

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>4.</td>
<td>Vali Azhal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Azhal Iyam</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td>Sanni</td>
<td></td>
<td></td>
</tr>
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</table>

84. Manikkadai Nool (Viral Kadai Alavu)

Iymporigal / Iympulangal

<table>
<thead>
<tr>
<th>No.</th>
<th>Normal</th>
<th>Affected</th>
</tr>
</thead>
<tbody>
<tr>
<td>85.</td>
<td>Mei/Ooru</td>
<td></td>
</tr>
<tr>
<td>86.</td>
<td>Vaai/Suvai</td>
<td></td>
</tr>
<tr>
<td>87.</td>
<td>Kan/Parvai</td>
<td></td>
</tr>
<tr>
<td>88.</td>
<td>Mookku/Naatram</td>
<td></td>
</tr>
<tr>
<td>89.</td>
<td>Sevi/Osai</td>
<td></td>
</tr>
</tbody>
</table>

KANMENTHIRIYANGAL / KANMAVIDAYANGAL

<table>
<thead>
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<th>Normal</th>
<th>Affected</th>
</tr>
</thead>
<tbody>
<tr>
<td>90.</td>
<td>Kai/Dhaanam</td>
<td></td>
</tr>
<tr>
<td>91.</td>
<td>Kaal/Gamanam</td>
<td></td>
</tr>
<tr>
<td>92.</td>
<td>Vaai/Vasanam</td>
<td></td>
</tr>
<tr>
<td>93.</td>
<td>Eruvaai/Visarkkam</td>
<td></td>
</tr>
<tr>
<td>94.</td>
<td>Karuvaai/Aanandham</td>
<td></td>
</tr>
</tbody>
</table>

95. YAAKAI

<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>4.</td>
<td>Vali Azhal</td>
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<td></td>
</tr>
<tr>
<td>7.</td>
<td>AzhalIyam</td>
<td></td>
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</tbody>
</table>

96. GUNAM

<table>
<thead>
<tr>
<th>No.</th>
<th>Sathuva Gunam</th>
<th>Rasatha Gunam</th>
<th>Thamas Gunam</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
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</tbody>
</table>
### UYIR THATHUKKAL

#### I. Vali

<table>
<thead>
<tr>
<th></th>
<th>Normal</th>
<th>Affected</th>
</tr>
</thead>
<tbody>
<tr>
<td>97. Uyirkkaal (Praanan)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>98. Keelnokkukkaal (Abaanan)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>99. Paravukaal (Viyaanan)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>100. Melnokkukkaal (Udhaanan)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>101. Nadukkaal (Samamum)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>102. Vaanthikkaal (Naahan)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>103. Vizhikkaal (Koorman)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>104. Thummikkaal (Kirukaran)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>105. Kottavikaal (Devathathan)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>106. Veengukkaal (Dhananjeyan)</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

#### II. Azhal

<table>
<thead>
<tr>
<th></th>
<th>Normal</th>
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</tr>
</thead>
<tbody>
<tr>
<td>107. Aakkanal (Anala pitham)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>108. Ollolithee (Prasaka pitham)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>109. Vannaeri (Ranjaka pitham)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>110. Nokkazhal(Aalosaka pitham)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>111. Aatralangi (Saathaka pitham)</td>
<td>☐</td>
<td>☐</td>
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</table>

#### III. Iyam

<table>
<thead>
<tr>
<th></th>
<th>Normal</th>
<th>Affected</th>
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<tbody>
<tr>
<td>112. Aliiyam (Avalambagam)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>113. Neerpiiyam (Kilethagam)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>114. Suvaikaaniyam (Pothagam)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>115. Niraivuiyam (Tharpagam)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>116. Oadriiyam (Santhigam)</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Udal thathukkal</td>
<td>1.Normal</td>
<td>2.Affected</td>
</tr>
<tr>
<td>----------------</td>
<td>-----------</td>
<td>-----------</td>
</tr>
<tr>
<td>117. Saaram</td>
<td></td>
<td></td>
</tr>
<tr>
<td>118. Senneer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>119. Oon</td>
<td></td>
<td></td>
</tr>
<tr>
<td>120. Kozhuppu</td>
<td></td>
<td></td>
</tr>
<tr>
<td>121. Enbu</td>
<td></td>
<td></td>
</tr>
<tr>
<td>122. Moolai</td>
<td></td>
<td></td>
</tr>
<tr>
<td>123. Suronitham / Sukkilam</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**MUKKUTRA MIGU GUNAM**

**I. Vali Migu Gunam**

<table>
<thead>
<tr>
<th>1. Present</th>
<th>2. Absent</th>
</tr>
</thead>
<tbody>
<tr>
<td>124. Emaciation</td>
<td></td>
</tr>
<tr>
<td>125. Blackish colouration of the body</td>
<td></td>
</tr>
<tr>
<td>126. Desire to take hot food</td>
<td></td>
</tr>
<tr>
<td>127. Tremors</td>
<td></td>
</tr>
<tr>
<td>128. Abdominal distension</td>
<td></td>
</tr>
<tr>
<td>129. Insomnia</td>
<td></td>
</tr>
<tr>
<td>130. Weakness</td>
<td></td>
</tr>
<tr>
<td>131. Weakness of sense organs</td>
<td></td>
</tr>
<tr>
<td>132. Giddiness</td>
<td></td>
</tr>
<tr>
<td>133. Sluggishness</td>
<td></td>
</tr>
<tr>
<td>134. Constipation</td>
<td></td>
</tr>
</tbody>
</table>

**II. Azhal Migu Gunam**

<table>
<thead>
<tr>
<th>1. Present</th>
<th>2. Absent</th>
</tr>
</thead>
<tbody>
<tr>
<td>135. Yellowish discolouration of the skin</td>
<td></td>
</tr>
<tr>
<td>136. Yellowish discolouration of the eye</td>
<td></td>
</tr>
<tr>
<td>137. Yellowish discolouration of urine</td>
<td></td>
</tr>
<tr>
<td>138. Yellowish discolouration of skin</td>
<td></td>
</tr>
<tr>
<td>139. Increased appetite</td>
<td></td>
</tr>
</tbody>
</table>
140.Burning sensation in the body
141.Insomnia

III. Iyam Migu Gunam
1. Present 2. Absent

142.Excessive salivation
143.Eraippu (dyspnoea)
144.Heaviness of the body
145.Whiteness of the body
146.Chriilness of the body
147.Reduced appetite
148.Cough
149.Increased sleep
150.Sluggishness

151. State of Mukkutram Vali □ Azhal □ Iyam □

152. NOI UTRA KAALAM
1. Kaarkaalam 2. Koothirkaalam
3. Munpanikaalam 4. Pinpanikaalam
5. Ilavenirkaalam 6. Muthuvenirkaalam

153. Noi utra nilam
4. Neithal 5. Paalai

154. Date of Birth
155. Time of Birth a.m/p.m
156. Place of Birth
157. Piranthla Thinai
158. Natchathiram
|   | Punarpoosam | Poosam | Aayilam | Makam | Pooram | Utthiram | Astham | Chithirai | Swathi | Visakam | Anusam | Kettai | Moolam | Pooradam | Uthiradam | Thirvonam | Avittam | Sadayam | Poorattathi | Utthirattathi | Revathi | Not known |
|---|-------------|--------|---------|-------|--------|----------|--------|----------|--------|---------|--------|--------|--------|----------|-----------|-----------|----------|--------|--------|-----------|-------------|--------|-----------|
|   | ☐           | ☐      | ☐       | ☐     | ☐      | ☐        | ☐      | ☐        | ☐      | ☐       | ☐      | ☐      | ☐      | ☐        | ☐         | ☐        | ☐        | ☐      | ☐       | ☐         | ☐           | ☐      | ☐         |
| 7 |             | 8      | 9       | 10    | 11     | 12       | 13     | 14       | 15     | 16      | 17     | 18     | 19     | 20       | 21        | 22       | 23       | 24     | 25     | 26        | 27          | 28      |           |
| 159 | Paatham    | 1      | 2       | 3     | 4      |           |         |           |        |         |        |         |        |           |           |           |         |        |         |           |           |         |            |
| 160 | Raasi      | ☐      | ☐       | ☐     | ☐      | ☐        | ☐      | ☐        | ☐      | ☐       | ☐      | ☐      | ☐      | ☐        | ☐         | ☐        | ☐        | ☐      | ☐      | ☐         | ☐           | ☐      | ☐          |
| 1  | Mesam      | ☐      | ☐       | ☐     | ☐      | ☐        | ☐      | ☐        | ☐      | ☐       | ☐      | ☐      | ☐      | ☐        | ☐         | ☐        | ☐        | ☐      | ☐      | ☐         | ☐           | ☐      | ☐          |
| 2  | Rishabam   | ☐      | ☐       | ☐     | ☐      | ☐        | ☐      | ☐        | ☐      | ☐       | ☐      | ☐      | ☐      | ☐        | ☐         | ☐        | ☐        | ☐      | ☐      | ☐         | ☐           | ☐      | ☐          |
| 3  | Midhunam   | ☐      | ☐       | ☐     | ☐      | ☐        | ☐      | ☐        | ☐      | ☐       | ☐      | ☐      | ☐      | ☐        | ☐         | ☐        | ☐        | ☐      | ☐      | ☐         | ☐           | ☐      | ☐          |
| 4  | Kadakam    | ☐      | ☐       | ☐     | ☐      | ☐        | ☐      | ☐        | ☐      | ☐       | ☐      | ☐      | ☐      | ☐        | ☐         | ☐        | ☐        | ☐      | ☐      | ☐         | ☐           | ☐      | ☐          |
| 5  | Simmam     | ☐      | ☐       | ☐     | ☐      | ☐        | ☐      | ☐        | ☐      | ☐       | ☐      | ☐      | ☐      | ☐        | ☐         | ☐        | ☐        | ☐      | ☐      | ☐         | ☐           | ☐      | ☐          |
| 6  | Kanni      | ☐      | ☐       | ☐     | ☐      | ☐        | ☐      | ☐        | ☐      | ☐       | ☐      | ☐      | ☐      | ☐        | ☐         | ☐        | ☐        | ☐      | ☐      | ☐         | ☐           | ☐      | ☐          |
| 7  | Thulam     | ☐      | ☐       | ☐     | ☐      | ☐        | ☐      | ☐        | ☐      | ☐       | ☐      | ☐      | ☐      | ☐        | ☐         | ☐        | ☐        | ☐      | ☐      | ☐         | ☐           | ☐      | ☐          |
| 8  | Viruchiham | ☐      | ☐       | ☐     | ☐      | ☐        | ☐      | ☐        | ☐      | ☐       | ☐      | ☐      | ☐      | ☐        | ☐         | ☐        | ☐        | ☐      | ☐      | ☐         | ☐           | ☐      | ☐          |
| 9  | Dhanusu    | ☐      | ☐       | ☐     | ☐      | ☐        | ☐      | ☐        | ☐      | ☐       | ☐      | ☐      | ☐      | ☐        | ☐         | ☐        | ☐        | ☐      | ☐      | ☐         | ☐           | ☐      | ☐          |
| 10 | Maharam    | ☐      | ☐       | ☐     | ☐      | ☐        | ☐      | ☐        | ☐      | ☐       | ☐      | ☐      | ☐      | ☐        | ☐         | ☐        | ☐        | ☐      | ☐      | ☐         | ☐           | ☐      | ☐          |
| 11 | Kumbam     | ☐      | ☐       | ☐     | ☐      | ☐        | ☐      | ☐        | ☐      | ☐       | ☐      | ☐      | ☐      | ☐        | ☐         | ☐        | ☐        | ☐      | ☐      | ☐         | ☐           | ☐      | ☐          |
| 12 | Meenam     | ☐      | ☐       | ☐     | ☐      | ☐        | ☐      | ☐        | ☐      | ☐       | ☐      | ☐      | ☐      | ☐        | ☐         | ☐        | ☐        | ☐      | ☐      | ☐         | ☐           | ☐      | ☐          |
| 13 | Not known  | ☐      | ☐       | ☐     | ☐      | ☐        | ☐      | ☐        | ☐      | ☐       | ☐      | ☐      | ☐      | ☐        | ☐         | ☐        | ☐        | ☐      | ☐      | ☐         | ☐           | ☐      | ☐          |

161. Shoulder joint examination

<table>
<thead>
<tr>
<th></th>
<th>Present</th>
<th>Absent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flexion</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Extension</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Abduction</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Adduction</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Medial rotation</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Lateral rotation</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Circumduction</td>
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### INVESTIGATION

<table>
<thead>
<tr>
<th>Test</th>
<th>Values</th>
</tr>
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<tbody>
<tr>
<td>TC (cells / cumm)</td>
<td></td>
</tr>
<tr>
<td>DC (%)</td>
<td>1.P</td>
</tr>
<tr>
<td>E</td>
<td></td>
</tr>
<tr>
<td>2.L</td>
<td></td>
</tr>
<tr>
<td>3.E</td>
<td></td>
</tr>
<tr>
<td>4.B</td>
<td></td>
</tr>
<tr>
<td>5.M</td>
<td></td>
</tr>
<tr>
<td>Hb (gms%)</td>
<td></td>
</tr>
<tr>
<td>E.S.R. (mm/hr)</td>
<td>1.1/2hr</td>
</tr>
<tr>
<td>2.1hr</td>
<td></td>
</tr>
<tr>
<td>Blood Sugar (R) (mgs%)</td>
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### URINE

<table>
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<tr>
<th>Test</th>
<th>Values</th>
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<tbody>
<tr>
<td>Albumin</td>
<td>0.Nil</td>
</tr>
<tr>
<td>1.Trace</td>
<td>2.+</td>
</tr>
<tr>
<td>3.+</td>
<td>4.+++</td>
</tr>
<tr>
<td>Sugar</td>
<td>0.Nil</td>
</tr>
<tr>
<td>1.Trace</td>
<td>2.+</td>
</tr>
<tr>
<td>3.+</td>
<td>4.+++</td>
</tr>
<tr>
<td>5.++++</td>
<td></td>
</tr>
<tr>
<td>Pus cells</td>
<td></td>
</tr>
<tr>
<td>Epithelial cells</td>
<td></td>
</tr>
<tr>
<td>RBCs</td>
<td></td>
</tr>
<tr>
<td>Crystals</td>
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</table>

### MOTION TEST

<table>
<thead>
<tr>
<th>Test</th>
<th>Values</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ova</td>
<td></td>
</tr>
<tr>
<td>Cyst</td>
<td></td>
</tr>
<tr>
<td>Occult blood</td>
<td></td>
</tr>
<tr>
<td>X-Ray, Shoulder joint</td>
<td></td>
</tr>
<tr>
<td>CLINICAL SYMPTOMS OF KUMBA VATHAM</td>
<td>Present</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>---------</td>
</tr>
<tr>
<td>177. Pain in the shoulder</td>
<td>□</td>
</tr>
<tr>
<td>178. Decrease the tonicity of muscles</td>
<td>□</td>
</tr>
<tr>
<td>in the shoulder joint and upper arm</td>
<td>□</td>
</tr>
<tr>
<td>179. Boring pain and twitching in the</td>
<td>□</td>
</tr>
<tr>
<td>cheek and peri orbital area</td>
<td>□</td>
</tr>
<tr>
<td>180. Giddiness</td>
<td>□</td>
</tr>
<tr>
<td>181. Pain below the pelvis</td>
<td>□</td>
</tr>
<tr>
<td>182. Pain in the tongue</td>
<td>□</td>
</tr>
</tbody>
</table>
1. Siddha maruthuvanga surukkam – Dr. C.S. Uthamaraayan
2. Noi-naadal and Noi Mudhal naadal. Part I and Part II – Dr.M.Shanmugavelu H.P.I.M.
3. Udal thathuvam – Dr. Venu gobal H.P.I.M.
4. Siddha maruthuvam – Dr. K.N. Kuppusamy Mudaliar, H.P.I.M.
5. Theraiyar Neerkuri Neikkuri vilakkam
6. Pathinen Siddharkal Naadi Saasthiram
7. Noi-illa Neri – Dr.G.Durai rasan H.P.I.M.
8. Yugimuni Vaithiya Sinthamani – 800
9. Dhanvanthiri Vaithiyam
10. Yugimuni Vathiya Kaviyam
11. Theraiyar Vagadam
12. Agathiyar Ayulvetham – 1200
13. Agathiyar Mani 4000
14. Sarabenthirar Vaidhya Muraigal, Vaatha Roga Chi hitchai
15. Chihi tcha rathna Deepam.
16. 4448 Viyathigal - Oru vilakkam
17. Vaatha Noi Thokuthi (Dr.T.Mohan Raj)
18. Jeevarakshamirtham
19. Anubhava vaithiya devaragasium
20. Pararasa Sekaram, Vaatha Roga Nithana chikitchai.
21. T.V.Sambasivam Pillai, Tamil – English Dictionary
22. Kambar Tamil agaraathi
23. Madurai Tamil Peragaraathi
24. Tamil lexicon
27. Text book of pathology – Anderson
29. Hutchinson’s clinical methods.
31. Mercer’s Orthopaedic surgery.
32. Apley’s system of Orthopaedics and fractures.