A CLINICAL STUDY ON STANDARDIZATION OF SIDDHA DIAGNOSTIC METHODOLOGY, LINE OF TREATMENT AND DIETARY REGIMEN FOR "KUDIVERY NOI" (ALCOHOL DEPENDENCE)

Dissertation submitted to

THE TAMILNADU DR. MGR MEDICAL UNIVERSITY

CHENNAI-600032

for the partial fulfilment of the requirements to the degree of

DOCTOR OF MEDICINE (SIDDHA)

BRANCH-V-NOI NAADAL

DEPARTMENT OF NOI NAADAL

GOVERNMENT SIDDHA MEDICAL COLLEGE

PALAYAMKOTTAI – 627 002

OCTOBER 2016

GOVT. SIDDHA MEDICAL COLLEGE & HOSIPTAL, PALAYAMKOTTAI

DECLARATION BY THE CANDIDATE

I hereby declare that this dissertation entitled "**A Clinical Study on Standardization of Siddha diagnostic methodology, line of treatment and dietary regimen for Kudivery Noi through Siddha parameters"** is a bonafide and genuine research work carried out by me under the guidance of **Dr.Sundararajan, MD(s)., Lecturer, Post Graduate Department of Noi Nadal, Govt. Siddha Medical College & Hosiptal, Palayamkottai** and the dissertation has not formed the basis for the award of any Degree (other than MD Siddha), Diploma, Fellowship or other similar title.

Date : **Signature of Candidate**

Place : **Dr.R.Sukanya**

CERTIFICATE

Certified that I have gone through the dissertation submitted by **Dr.R.Sukanya (Reg No: 321315009**) a student of final **MD(s) Branch V Noi Naadal** of this College and the dissertation work has been carried out by the individual only. This dissertation does not represent or reproduce the dissertation submitted and approved earlier.

Place : **Head of the Department**

Date :

GOVERNMENT SIDDHA MEDICAL COLLEGE & HOSIPTAL

PALAYAMKOTTAI, TIRUNELVELI-627002

TAMIL NADU, INDIA

PH: 0462-2672736 / 2572737 /FAX: 0462-2582010

BONAFIDE CERTIFICATE

This is to certify that the dissertation entitled "**A Clinical Study on Standardization of Sidhha diagnostic methodology**, **line of treatment and dietary regimen for Kudivery Noi through Siddha parameters**" is a bonafide work done by **Dr.R.Sukanya (Reg No: 321315009), Govt. Siddha Medical College & Hosiptal Palayamkottai** in a partial fulfillment of the University rules and regulations for award of **MD(Siddha), Branch V Noi Nadal** under my guidance and supervision during the year **October 2013-2016**.

Name & Signature of the guide

Name & Signature of the Head of the Department

Name & Signature of the Principal

GOVT. SIDDHA MEDICAL COLLEGE

PALAYAMKOTTAI

SCREENING COMMITTEE

Candidate's Reg. No. : 321315009

Department : **PG - Noi Naadal**

This is to certify that the dissertation topic **'A Study on Diagnostic Methodology of "KUDIVERI NOI" through Siddha Parameters'** has been approved by the Screening committee.

Branch	Department	Name	Signature
I	Pothu Maruthuvam	Dr. S. Aathi Narayanan M.D(s).,	
II	Gunapadam	Dr. M. Ravichandran M.D(s).	
III	Sirappu Maruthuvam	Dr. S. Kaniraja M.D(s).,	
IV	Kuzhandhai Maruthuvam	Dr. D. K. Soundararajan M.D(s).,	
V	Noi Naadal	Dr. S. K. Sasi M.D(s).,	
VI	Nanju Noolum Maruthuva Neethi Noolum	Dr. M. Thiruthani M.D(s).,	

Remarks:

INSTITUTIONAL ETHICAL COMMITTEE,

GOVERNMENT SIDDHA MEDICAL COLLEGE, PALAYAMKOTTAI,

TIRUNELVELI - 627002,

TAMIL NADU, INDIA.

Ph: 0462-2572736/2572737/2582010 Fax: 0462-2582010

F.No.GSMC/5676/P&D/Res/IEC/2014 Date: 16.07.2015

CERTIFICATE OF APPROVAL

Address of Ethical Committee	Government Siddha Medical College, Palayamkottai, Tirunelveli, Tamil Nadu, India. Pincode: 627002.
Principal Investigator	Dr. R. Sukanya, MD(s) - II Year, Department of PG Noi Naadal, Reg. No.: 321315009.
Guide	Dr. S. K. Sasi, MD(s), H.O.D., Department of Noi Naadal, Govt. Siddha Medical College and Hospital, Palayamkottai, Tirunelveli District.
Dissertation Topic	A Clinical Study on Standardization of Siddha Diagnostic Methodology, Line of Treatment and Dietary Regimen for **"Kudiveri Noi"(Alcohol Dependence)**
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 Documents	Case Sheet, Investigation Documents
Date of IEC Approval & its Number	GSMC-II-IEC/2015-Br.-V/09/16.07.2015

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 atleast annually of the study, any changes in the protocol and submission of final report.

16/7/2015

Chairman
(Prof. Dr. M. Logamanian)

Member Secretary
(Prof. Dr. S. Soundararajan)

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

#69, Anna salai, Guindy, Chennai-600 032.

This certificate is awarded to

Dr./~~Mr.~~/~~Ms.~~ SUKANYA . R

for participating as ~~Resource~~ ~~Person~~ / Delegate in the Fourteenth Workshop on

"Research Methodology & Biostatistics"

for AYUSH Post Graduates & Researchers

Organised by the Department of Siddha

The Tamil Nadu Dr. M.G.R. Medical University from 5th to 9th May 2014.

Dr. N. KABILAN M.D. (Siddha)
Reader, Dept. of Siddha

Dr. JHANSI CHARLES, M.D.
Registrar

Prof. Dr. D. SHANTHARAM, M.D., D.Diab.,
Vice-Chancellor

KIMS Cancer Center

Anamukham, Anayara P.O, Trivandrum - 695 029

Gynaecologic Oncology Update '16

Certificate

This is to certify that Dr. R. SUKANYA has attended as Faculty/Delegate in **Gynaecologic Oncology Update '16** organised by **KIMS Cancer Center, Trivandrum** on **April 10, 2016 at Trivandrum.**

Awarded 2 CME credit hours by the Travancore-Cochin Medical Council

TCMC CME Accreditation Order No: A3-4110/16/MC/CME dated March 16, 2016

Dr. Boben Thomas
Organising Secretary

Dr. Syamala Devi P K
Organising Chairperson

Dr. Dhanya Dinesh
Organising Secretary

CONTINUING MEDICAL EDUCATION PROGRAMME

CONDUCTED BY

POST GRADUATE - DEPARTMENT OF NOI NADAL

GOVT. SIDDHA MEDICAL COLLEGE & HOSPITAL

PALAYAMKOTTAI

CERTIFICATE

This is to certify that Dr. .....R. SUKANYA.....

has participated in the CME Programme on Clinical & Scientific Exploration of Naadigal - 2016 held at Government Siddha Medical College & Hospital, Palayamkottai on 13.06.2016.

M. Krishnaveni 13/6/16

Co-ordinator

Prof. Dr. M. Krishnaveni M.D.(S), Ph.D.,

Head of the Dept.

Prof. Dr. S. Victoria M.D.(S),

Principal

Prof. Dr. S. Victoria M.D.(S),

ACKNOWLEDGEMENT

First and Fore most, The Author very much grateful to **The Lord Almighty** who gave her the will power to complete her dissertation work.

The Author bestow the blessings from the **Siddhars,** the fore finders of **Siddha medicine**.

The Author express her gratitude and acknowledgement to the **Vice-Chancellor**, The Tamil Nadu Dr.MGR Medical University and **Special Commissioner**, and **Joint Director,** Directorate of Indian Medicine and Homeopathy, Chennai, who arrow her dissertation with gay.

The Author sincerely thank to **Dr.S.Victoria MD(s),** Principal, and Head of the Department of Noi Naadal, Govt.Siddha Medical College & Hospital Palayamkottai, for granting permission and providing the necessary infrastructure for this work.

The Author sincerely thank to **Dr.M.Thiruthani, MD(s),** Vice Principal, for permitting her to avail the facilities in this institution to bring out this dissertation work.

Words seem to be inadequate to express her gratitude to **Dr.S.K.Sasi MD(s),** former Head of the Department of Noi Naadal, Govt.Siddha Medical College and Hospital, Palayamkottai, for her valuable suggestions and necessary advice at every step of the author's dissertation work. She has provided very good guidance during this study, for which the author deeply thank her.

The Author grateful thanks to **Dr.A.Vasuki Devi, MD(s),** former Head of the Department of Noi Naadal, for her excellent guidance and encouragement, right from the time of choosing this topic for the study.

The Author heartful thanks to **Dr.M.Krishnaveni MD(s), Ph.D,** Professor, **Dr.S.Sundararajan MD(s),** Assistant Lecturer, **Dr.M.Sankara Rama Subramanian MD(s),** Assistant Lecturer, **Dr.B.Senthil Selvi MD(s),** Clinical Registrar, Department of Noi Naadal, for their guidance in bringing out the dissertation well.

It is the author's duty to place a record of her profound sense of gratitude to **Dr.K.Swaminathan MD,** Professor, Department of Pathology, Tirunelveli Medical College and Hospital, for his valuable suggestions in modern aspect.

My sincere thanks to Govt.Thoothukudi medical college, Dean Dr.Shantah Kumar for grand permission to allow in the psytchiatry department for my dissertation

research study. Very Sincere thanks to the Head of the psychiatry department **Dr.Gantha Gameshwaran, MD.,(psychiatry)** and my special thanks to my Guide **Dr.B.Bhuvaneshwaran, MD.,(Psychiatry)** and other senior doctors **Dr.Srinivasan, MD.,(Psychiatry), Dr.Sriram, MD.,(Psychiatry).**

My very thanks to senior staff nurses and MNA's and other workers..

The Author express her thanks to the College Librarian **Mrs.T.Poongodi M.Sc.,** (Lib Sciecne), for permitting her to utilize the college library effectively, for the dissertation work.

The Author sincerely thank her **colleagues** and **other staff members** who helped her during this whole study period.

My son and Family members are my inspirational strength. Cordial thanks to the **ENERGETIC FRIENDS.** The Author wish to thank them for their sincere and kind co-operation to complete this work successfully.

INTRODUCTION

"HEALTH IS WEALTH"

If wealth is lost something is lost

If health is lost everything is lost

The wholeness of the creation of the universe is complete with the creation of mankind. Every born individual is blessed with the gift of good health. Man when he deviates track of his customised lifestyle pattern, acquires ill health. Then later regrets his ignorance and searches the means for his deliverance. Siddha system of medicine rooted with the holistic knowledge of the Indian sages (siddhars) is one of best system of medicine among the various medicinal system.

The author would like to quote the words of Thirumoolar Who emphasied the importance of good healthy life as

"உடம்பார் அழியில் உயிரார் அழிவர்
திடம்பட மெஞ்ஞானம் சேரவும் மாட்டார்
உடம்பை வளர்க்கும் உபாயம் அறிந்தே
உடம்பை வளர்த்தேன் உயிர்வளர்த் தேனே".

\- திருமூலர் திருமந்திரம்[1]

The quote of Ottakuthar says as

"நந்தவனத்தில் ஓர் ஆண்டி
நாலாறு மாதமாய்க் குயவனை வேண்டி
கொண்டு வந்தான் ஒரு தோண்டி – அதைக்
கூத்தாடிக் கூத்தாடிப் போட்டுடைத்தாண்டி"[2].

In this poem he emphaised that man is the sole responsible for his good health and deteriotion of health by immoral behaviours.

In accordance to the above quotation alcoholism is the major problem where man is solely responsible for decline of his good health. The author's dissertation work on alcoholism which still theratens the society as a night mare.

It is the responsibility of every individual to curb the threat of alcoholism to the society. All alcohol beverages of modern and ancient times ranging from rum, beer, arracks, aristas, toddy, somabannam and surabanam have their own impact on the mind, liver and other organs like a deadly weapon which kills many human lives.

The wide prevalance of alcohol consumption has been recorded through out the various civilization periods like Ethikasa kaalam, sanga kaalam, Neethi Ilakiyam, kaapiya kaalam to today's kali kaalam. The ill effects of alcohol and the need to curb its spread among the society is continuously emphasised.

Alcoholism is one of the major threatening problem in the society like caste, race religious and social discremination. The human being who consumes little quantity of alcohol as social drinkers in the beginning and turns into alcohol dependence in the latter stage. Hence it is inferred that, one should abstrain from the habit of alcohol at any time.

Man should realise that the alcohol damages the body and the soul. Alcohol grasps everything including his health, wealth, fame and all.

"படித்ததனால் உயர்ந்தவர்கள் பலபேருண்டு - பாரில்
குடித்ததனால் உயர்ந்தவர்கள் யாருமுண்டா?

To help mankind disentangle himself from the euphoria of alcohol addiction and to return to normally, the author has implemented the diagnostic methods of the siddhars for early diagnosis and intervention of the state and has elaborated the methods in the following study.

குடி கெடுக்கும் பாழ்குடி ஒழிப்போம்!
வாழும் தலைமுறை காப்போம்!

AIM AND OBJECTIVES

In kudiveri Noi, the drug (Alcohol) is substance, other than food, Which when consumed produces changes in the physical or mental functioning of the individual. This state occurs when a drug (Alochol) is so central to person's thought, emotions and activities, that is extremely difficult to stop or even stop thinking, psychological dependence is marked by an intense craving for the drug.

AIM :

The aim of the study is to standardize the siddha Diagnositc Methodology, Line of Treatment and Dietary Regimen of "Kudiveri Noi"

OBJECTIVES:

Primary:-

To study the clinical course of the disease "Kudiveri Nir" with keep observation on the Aetilogy pathology, Diagnosis, Prognosis, Complications and the Treatment by making use of siddha concept.

To establish the unique diagnostic methods mentioned by siddhars to know how the disease "Kudiveri Noi" alters the normal conditions in Ennvagai thenvugal.

To have an idea about incidence of the disease with Age, Sex, Socioeconomic status, Habit, Family history and life events.

Secondary:

- ✓ To observe the clinical presentation of this disease.
- ✓ To document the Naadi Balachandra adangal, Thegyin Ilakkamam in "Kudiveri Noi".
- ✓ To document the shape of the Nekuri in "Kudiveri Noi"
- ✓ To establish the dietary regimen for this disease
- ✓ To follow the line of treatment of this disease.

ELUCIDATION ABOUT KUDIVERY NOI

“சாரா யத்தைத் தானருந்தித் தலைமேல் விசமே யேறிடுகில்
சீரார் நடையும் கால்பின்னி சிறந்த முகமும் சீறியவர்
பாரார் கண்ணும் விழிமசகி பார்வை சிவந்து வாய்புலம்பி
ஆரா ரென்ன சொன்னாலும் அறிவு பிசகி யலறிடுமே”

- நந்தீசர் அகால மரண நூல்.

அதிக அளவு சாராயத்தை குடித்து அதன் வேக மிகுதியால் தலைச்சுற்றலுடன், போதையேறியதால் நடை தடுமாறி முகம் சிவந்து பார்க்காதவாறு விழிமசகிடும் மேலும் நிதானம் இன்றி வாயில் வந்தவாறு பிதற்றி யார் என்ன சொன்னாலும் சிந்தைக்கு எட்டாமல் பிதற்றி, புத்தி தடுமாறி சத்தமிடுவார்கள்[3].

REVIEW OF LITERATURE

SIDDHA ASPECTS OF KUDIVERI NOI

குடிவெறி நோய்

இயல்பு:

கள்,சாராயம்,புளிப்பேறிய பழச்சாறுகள் போன்றவற்றை அளவிற்கு அதிகமாக பருகலின் பயனாக அறிவு குன்றி, கன்டவாறு பேசல் விந்து நாதம், காமநீர், கொழுப்பு ஆகிய உடல் தாதுக்களை கெடுத்து அழிக்கும் நோயாகும்.

வேறு பெயர்: மத அழிவு, மதாத்தியம், மதக்கேடு.

நோய் காரணம்:

கள்,சாராயம்,புளிப்பேறிய பழச்சாறுகள் போன்றவற்றை அளவிற்கு அதிகமாக நீண்ட காலமாக பருகலின் பயனாக ஏற்படும் நோய் நிலை.

குடி பழக்கத்தின் நிலைகள்[4]

குடிபோதையில் உள்ளவரின் நான்கு நிலைகள்:

- **முதல்நிலை:**

குடிவகையில் ஏதேனும் ஒன்றை பருகின் மனதிற்குகொருவித கிளர்ச்சி,ஊக்கம், களிப்பு இவற்றை தந்து, புத்தி கூர்மையும் அளித்து முன்பு மறந்துபோனவற்றை ஞாபகமூட்டி, உடலுக்கு ஒருவித வெப்பத்தையும் உடல் வன்மை பெற்றது போன்ற உணர்சியையும் உண்டாக்கி ஆண்மை உடையனென சிற்றின்பத்திலீடுபட நினைக்க செய்யும். அன்றியும் உண்ட உணவை எளிதில் செரிப்பிக்கும், உணவை பெரிதும் விரும்ப செய்யும். மனக்கிளர்சியாலும், உடல் வன்மையாலும் மகிழ்சியை பிறக்கசெய்து இனிமையா பாடல் ஆடல்களில் தலைபடும்.

- **இரண்டாம் நிலை:**

குடியினால் வன்மை குறைய, குறைய முன்பு கூறிய மனக்கிளர்ச்சி, உடல் வன்மையாகவும் படிபடியே தாழ்ந்து அறிவு குன்றி இயற்கையான நடத்தை நீங்கி அதற்கு மாறாக வெறிபிடித்தவன் போல பிறரை அடித்தல்,உதைத்தல், திட்டல் என்னும் தீச்செயல்கள் உண்டாக்கும். பின்பு தன்னை அறியாமல் தூங்க செய்யும்.

- **மூன்றாம் நிலை:**

குடியின் அளவுக்கு தக்கவாறு முற்கூறிய இரண்டு நிலைகளில் காணும் குறிகுணங்களுள் தூக்கம் தவிர மற்ற குறிகுணங்கள் யாவும் பதிந்து, அடங்கா வெறி பிடித்தவன் போல திரிவதன்றி அடாத செய்ய துணிவதோடு எவரையும் மதிக்கமாட்டான். அறிவிழந்து தான் செய்வதும் அறியமாட்டான். மனதில் உள்ளவற்றை ஒளிக்காமல் வெளியிடுவான்.

❖ **நான்காம் நிலை:**

மனநிலை அழிவதோடு உடல் நிலையும் அழிந்து, கைகால் தளர்ந்து நடைதட்டு தடுமாறி மரம்போல் கீழ் விழுவான்.நாடி தளரும். உடல் வியர்த்து கைகால் சில்லிடும். சிலவேளை உயிரையும் மாய்க்கும்.

குறிகுணங்கள்

- நாவறட்சி
- உணவில் வெறுப்பு
- மார்பு, உச்சி,தோல்,விலா,இனஉறுப்பு ஆகிய இடங்களில் அதிக நோவு
- நடுக்கல்
- மார்படைப்பு
- கண்ணில் இருட்கம்மல்
- இருமல்,இரைப்பு
- தூக்க கேடு
- வியர்வை
- சித்தபிரமை
- வாந்தி
- மயக்கம்
- கெட்டகனவு

சாராயம் அளவில் அதிகம் குடித்தால் ஏற்படும் குறிகுணங்களை நந்தீசர் அகால மரண நூல் பின்வறுமாறு கூறுகிறது :

"சாரா யம்குடித் ததிகரித்தால் சர்த்தல் பேதி யிவைகண்டு
பூரா யமாயே வியர்த்தெழும்பி போதம் குலைந்து கிடந்துருளும்
வுரா யிதனைத் தீர்ப்பதற்கு வருமுள் ளங்கிச்சாற் தானதியே
ஆராய்ந் தெடுத்துப் படிகாரம் அதன்மே லிட்டுக் கொடுபோமே."

சாராயத்தை அதிகமாக குடித்துவிட்டால், வாந்தியும் வயிற்றுபோக்கும் மிகுந்து, உடம்பு முழுவதும் வியர்த்து சுயநிலை கெட்டு புத்தி தடுமாறி புரளவிடும்.

"அலறி விழுந்து மேல்மூச்சாய் அமறும்சுவாச மடங்கிவிடும்
சுவறிக் கபமும கோழையுறும் சுற்றும் நுரைபதை தான்தள்ளும்
விளறி முகமே பஞ்சிட்டு விழிமே லிட்டு விண்பார்க்கும்
முளறிச் சரக்கின் வாடையுறும் மூக்கில் வாயில் தோன்றிடுமே"[3]

அலறல் சப்தமுடன் விழுந்திடுவர் மூச்சை விட்டு அசதியால் மூச்சடங்கிவிடும். உறிஞ்சலுடன் இருமலும், கோழையும் உண்டாகும். துலைச்சுற்றலுடன் நுரைபதை வாய் வழியும், முகம் விளறி பஞ்சிட்டு விழியை மேலோக்கி சொருகும். குப்பென்று சாராய நாற்றம் வாயிலும்,மூக்கிலும் வெளிகாட்டும்.

"தோன்றும் சரக்கு நெஞ்சின்மேல் துலங்கி நின்று வாடையுறும்
தோன்றும் கண்ணில் ரெத்தநிறம் தலையுங் குழையும் வாயுறூதும்
தோன்றும் நாவும் பலகறுத்து துரப்பா யிரைப்பை வீர்த்துநிற்கும்
தோன்றும் மிக்குறி கண்டறிவீர் துடர்ந்த வாற்றின் குறியென்றே."[3]

உட்கொண்ட சரக்கு நெஞ்சில் தேங்கி வெளியில் நாற்றமடிக்கும். கண் சிவந்திருக்கும். தலை குழையும், வயிறு உப்பி விடும். நாக்கும், பற்களும் கறுத்திடும். இரைப்பை பெருத்து கலங்கி நிற்கும்.

குடிவெறி நோயைத் தொடர்ந்து வரும் மற்ற நோய்கள்

மதாத்தியம்[5]

மதஅழிவு என அழைக்கும் மதாத்தியம் வாத, பித்த, கப, முக்குற்ற மதஅழிவு என முக்குற்ற அளவாக நான்கு வகையுடன் உடற்கேடு (தும்மிசம்), வன்மைகேடு (விச்சயம்) இரண்டும் சேர்த்து ஆறு வகைபடும்.

வளி மத அழிவு:

தூக்கக்கெடுதி, இரைப்பு,நடுக்கல், தலைநோவு, கெட்டகனவு கண்டு பிரமித்தல், திடிரென்று உடல் குலுங்குதல், பேய்களோடும் இறந்தவர்களோடும் தான் பேசுவது போல பேசல் ஆகிய குறிகுணங்கள் காணப்படும்.

அழல் மத அழிவு:

உடல் பச்சிலைகளின் சாற்றின் வண்ணமாகவும், மஞ்சளாகவும் தோன்றுல், கன்னனும் கண்ணும் சிவப்பாக இருத்தல், கண்எரிவு, சுரம், வியர்வை, சோர்வு, பேதி, தாகம், பிரமை எனும் குறிகுணங்கள் உண்டாக்கும்.

ஐய மதஅழிவு:

வாந்தி, மார்பு அதிரல், அதிக உறக்கம், உடல் தடிப்புகளுடன் வீங்கல் முதலிய குணங்கள் காட்டும்.

முக்குற்ற மத அழிவு:

இதில் வாத முதலான மூன்று மத அழிவுகளின் குறிகள் பல கலந்து காணும்.

உடற்கேடு மற்றும் வன்மைகேடு:

வழக்கமாக உண்ணும் உணவுகளை விட்டு சாராயம் போன்ற போன்ற போதைப் பொருட்களையும், இறைச்சிகளையும் அதிகம் உண்ணுகிறவர்களுக்கும் உண்டாகிறது.

உடற்கேடு:

வாயில் கோழைகக்கல், நெஞ்சு உலர்தல், அதிக தூக்கம், சோம்பல் முதலிய குறிகுணங்களையுடைது இந்நோய் உடலை விரைவில் அழிய செய்வதால் உடற்கேடு என பெயர்ப்பெற்றது.

வன்மைகேடு:

உடல், உச்சி, மார்பு ஆகிய இடங்களில் அதிக நோவு, கண்டத்தை இறுக்கி பிடித்தது போலிருத்தல்,
சோர்வு, இருமல், தாகம், வாந்தி, சுரம் முதலிய குறிகுணங்களை உடையது. இந்நோய் பலத்தையும் உடலையும் ஒடுக்கி குறைப்பதால் இப்பெயர் பெற்றது.

மது இருமல் (கள் இருமல்):[4]

"மயங்கியே உடம்பெங்குந் தினவு மாகும்
மார்பொடு நெஞ்சுலர்ந்து கண்டம் வற்றும்
அடங்கியே அடிக்கடிக்கு இருமலாகும்
அடிமூலம் நாபிமட்டும் வேக்கா டுண்டாம்
வியங்கியே ஈரால்லாம் வெதும்ப லாகும்
விரணமுண்டாய்ச் சிரசோடு மிரட்சி யாகும்
சயங்கியே சாராயங் கள்ளு தன்னால்
தாக்குமே மதுவென்ற விருமற் றானே"

கள், சாராயம் என்னும் இவற்றை அளவு கடந்து அருந்தலால் உடல் முழுவதும் தினவு உண்டாகும், உடல் வன்மை குறைந்து தொண்டை, அகடு, ஈரல்கள் யாவும் வெதும்பி அடிக்கடி இருமலை உண்டாகும். ஈரல் வெதும்பல் உண்டாகும் விரணமுண்டாகும் சிரசோடு மீட்சியாகும்[4] .

மாந்த கட்டி:

மாந்த கட்டி (அ) யக்குதம் என அழைக்கபடும் நோயில் கள்,சாராயம் முதலிய மயக்கம் தரும் பொருள் அதிகம் உண்பதால் ஏற்படும்.

உன்மாதம்:

கள், சாராயம் மிகுதியாக கொள்வதால் இந்நோய் ஏற்படும் என யூகி வைத்திய சிந்தாமணி கூறுகிறது. [5]

செருக்கு நோய்:

வேளையும், நேரமுமின்றி கண்டபோதெல்லாம் குடியிலேயே மூழ்கிருத்தல், அளவு கடந்து குடித்தல், உணவு உண்பதற்கு முன்பும், பின்பும் குடித்தல், வேரை செய்து முடித்தவுடன் குடித்தல், படுக்கைக்கு போகுமுன் குடித்தல் ஆகயவற்றால் செருக்கு நோய் பிறக்கும்.

பக்கவாதம்:

கள் முதலிய குடிவகைகளால் பக்கவாதம் ஏற்படும்.

குடியினால் நாடி நடையில் மாற்றம்:

"குறையாக ஸ்திரிபோகர் நெடுநோ யாளர்
குதிரைமத கரியேறி நடந்தோர் எய்த்தோர்
நிறைவாகஉண்டெழுந்தோர் லாகிரி கொண்டோர்
நீர்ப்பாடு நீரிழிவு குறைநோ யுற்றோர்
முறையாக வீக்கமுள்ளொர் அத்திக் காய்வால்
முசித்திளைத்தோர் பயமுற்றோர் விடம ணைந்தோர்
அறையாம லோட்டமுற்றோர் கிலேசங் கொண்டோர்
அறப்புசித்தோர் தாதுவகுப் புறமாட் டாதே." [6]

சாராயம் குடித்து இறந்த பிணத்தை கண்டறியக் குறிகள்:

"கண்ணுஞ் சிவந்து முகஞ்சீறி காணுஞ் கபமும் கோழையதாய்
விண்னே பார்த்து விழிநிற்கும் வேகம் மிகுந்து கரும்பித்தம்
தன்னே வடியும் வாயில் நின்று தருமே வாடை புலால்போலாம்
பின்னே குறியுஞ் சுருங்கிவிடும் பேசும் குடியால் மரித்ததென்னை"

- நந்தீசர் அகால மரணநூல்

கண்கள் சிவந்து, முகம் சீறி, கபம் கோழை நீராய் வெளியாகும். விழிகள் மேல் நோக்கியிருக்கும். கரும் பித்தம் வாய்வழியாக கசிந்து கொண்டே மாமிச நாற்றம் வீசம். மேலும் குறியை சிறிதாக்கும் எனவே இது மதுவினாலர் மரித்த தென்று உணரலாம். [3]

வரலாற்றில் மது பயன்படுத்திய விதம்:

பழந்தமிழ் மக்களிடையே மது,கள் அருந்தும் பழக்கம் இருந்ததாக பல இலக்கிய நூல்கள் கூறுகின்றது.

இதிகாச புராணங்களான இராமாயணம், மகாபாரத கதைகளில் கள் உண்டதனால் ஏற்பட்ட தீய விளைவுகள் பற்றி கூறப்பட்டுள்ளது.

சங்க இலக்கியங்களில் போர்க்காயங்கள் மறைக்க மன்னனும், போர்வீரர்களும் கள் உண்டனர் என்பதனை **ஔவை** கூறிய **"சிறிகட் பெறின் எமக்ஈயும் மன்னே"** [7] என மேற்கோள் மூலம் அறியலாம்.

"இருமணப் பெண்டீரும் கள்ளும் கவரும்
திருநீக்கப் பட்டார் தொடர்பு". [8]

- திருக்குறள் 920

எனும் குறள் மூலம் அக்காலத்திலேயே ஆண், பெண் இருபாலரும் கள் உண்டனர் என்பதனை அறியமுடிகிறது.

அரசன் முதல் புலவர்கள், சான்றோர்கள் குடிமக்கள் வரை ஆண், பெண் அனைவரும் களிப்புடன் கள்ளைப் பருகி மகிழ்த செய்திகளை **பத்துபாட்டு, எட்டுதொகை** நூல்களில் காணலாம்.

நீதி இலக்கியங்களில் **பஞ்சமா பாதகங்களுள்** (கொடை, களவு, சூது, கள், காமம்) ஒன்றாக கள் குறிப்பிடப்பட்டுள்ளது. [9]

கள் உண்பதனால் ஏற்படும் தீய விளைவுகள் பற்றி திருவள்ளுவர், திருமூலர் ஆகியோர் தனது நூல்களில் கள் உண்ணாமை என்னும் தலைப்பில் விளக்கியுள்ளனர்.

கள் உண்ணாமை[8] **– திருக்குறள் (921-930)**

❖ **உட்கப் படாஅர் ஒளியிழப்பர் எஞ்ஞான்றும்**
கட்காதல் கொண்டொழுகு வார்.

போதை பொருள் மீது எப்போதும் விருப்பம் கொண்டு இருப்பவரைக் கண்டு எவரும் பயப்படமாட்டார். வாழும் காலத்து மரியாதையும் இழந்து போவார்கள்.

❖ **உண்ணற்க கள்ளை உணில்உண்க சான்றோரான்**
எண்ணப் படவேண்டா தார்.

மது அருந்தக் கூடாது. சான்றோர்களின் நன்மதிப்பை பெற விரும்பாதவர் வேண்டுமானால் அருந்தலாம்.

❖ **ஈன்றாள் முகத்தேயும் இன்னாதால் என்மற்றுச்**
சான்றோர் முகத்துக் களி.

கள் அருந்தி மயங்கிவிடும் தன்மகனை அவன் குற்றங்களை மன்னிக்கக்கூடிய தாயே காணச் சகிக்க மாட்டாள் என்கிற போது ஏனைய சான்றோர்கள் அவனை எப்படி சகித்துக்கொள்வார்கள்.

❖ **நாண்என்னும் நல்லாள் புறங்கொடுக்கும் கள்ளென்னும்**
பேணாப் பெருங்குற்றத் தார்க்கு.

மதுமயக்கம் எனும் வெறுக்கத்தக்க பெருங்குற்றத்திற்கு ஆளாகி இருப்போரின் முன்னால் நாணம் என்று சொல்லப்படும் நற்பண்பு நிற்காமல் ஓடிவிடும்.

❖ **கையறி யாமை உடைத்தே பொருள்கொடுத்து**
மெய்யறி யாமை கொளல்.

ஒருவன் தன்னிலை மறந்து மயங்கி இருப்பதற்காக போதை பொருளை விலை கொடுத்து வாங்குதல் விவரிக்கவே முடியாத மூடத்தனமாகும்.

❖ **துஞ்சினார் செத்தாரின் வேறல்லர் எஞ்ஞான்றும்**
நஞ்சுண்பார் கள்ளுண் பவர்

மது அருந்துவோருக்கும் நஞ்சு அருந்துவோருக்கும் வேறுபாடு கிடையாது என்பதால் அவர்கள் தூங்குவதற்கும், இறந்து கிடப்பதற்கும் கூட வேறுபாடு கிடையாது என்று கூறலாம்.

❖ **உள்ளொற்றி உள்ளூர் நகப்படுவர் எஞ்ஞான்றும்**
கள்ளொன்றிக் கண்சாய் பவர்

மறைந்திருந்து மது அருந்தினாலும் மறைக்கமுடியாமல் அவர்களின் கண்கள் சுழன்று மயங்குவதைக் கண்டு ஊரார் எள்ளி நகையாடத்தான் செய்வார்கள்.

❖ **களித்தறியென் என்பது கைவிடுக நெஞ்சத்து**
ஒளித்ததூஉம் ஆங்கே மிகும்.

மது அருந்துவதே இல்லை என்று ஒருவன் பொய் சொல்ல முடியாது. காரணம் அவன் மது மயக்கத்தில் இருக்கும் போது அந்த உண்மையை சொல்லிவிடுவான்.

❖ **களித்தானைக் காரணம் காட்டுதல் கீழ்நீர்க்**
குளித்தானைத் தீத்துரீஇ அற்று.

குடிபோதைக்கு அடிமையாகி விட்டவனை திருத்த அறிவுரை கூறுவதும், தண்ணிருக்குள் மூழ்கிவிட்டவனை தேடி கண்டுபிடிக்க தீப்பந்தம் கொளுத்திக் கொண்டு செல்வதும் ஒன்றுதான்.

❖ **கள்ளுண்ணாப் போழ்திற களித்தானைக் காணுங்கால்**
உள்ளான்கொல் உண்டதன் சோர்வு

ஒரு குடிகாரன், தான் குடிக்காமல் இருக்கும்போது மற்றொரு குடிகாரன் மது மயக்கத்தில் தள்ளாடுவதைப் பார்த்த பிறகாவது அதன் கேட்டினை எண்ணிப் பார்க்கமாட்டானா?

கள்ளுண்ணாமை[1] **– திருமூலர் திருமந்திரம்**

"காமமும் கள்ளும் கலதிகட்கே ஆகும்.
மாமல மும்சம யத்துள் மயலுறும்
போமதி ஆகும் புனிதன் இணையடி
ஓமய ஆனந்தத் தேறல் உணர்வுண்டே"

- திருமந்திரம் 326

காமமும் கள்ளும் ஒழுக்கமற்றவர்க்கே உண்டு. சிற்றின்ப ஆசைகளும் கள்ளுண்ணலும் ஆகிய கீழ்ச் செயல்கள் ஒழுக்கமற்றவரிடமே உண்டு. உயிரின் ஆணவ மலமும் நல்லவற்றை உணரவிடாமல் அறிவு மயக்கத்தையே உண்டாக்கும். தீய பழக்கத்தால், இருக்கிற அறிவும் கெட்டுப் போகும். ஆதலால், கேடுதரும்

கள்ளை உண்ணாமல் தூயவனான இறைவனின் திருவடியொளியை உணர்ந்து ஓங்காரவொளிதரும் சிவ இன்பத்தேனை உண்டு வாழ வேண்டும்.

மயங்கும் தியங்கும் கள்வாய்மை அழிக்கும்
இயங்கும் மடவார்தம் இன்பமே எய்தி
முயங்கும் நயங்கொண்ட ஞானத்து முந்தார்
இயங்கும் இடையறா ஆனந்தம் எய்துமே?

– திருமந்திரம் 330

கள்ளானது உண்டவரை மயங்கவைக்கும், அதனால் மாண்டவரை நினைத்து கலங்க வைக்கும். மேலும் வாழ்வின் வேரான வாய்மையென்னும் சத்தியத்தையே கொல்லும். கள்ளுண்ட மயக்கத்தால் நடமாடுகின்ற பெண்களிடம் தகாதவாறு நடந்து முயங்கி இன்பம் அடையும். இத்தகைய சிறிய சிந்தையுடையவர் நலம் தருகின்ற மெய்யறிவைப் பெற விரும்பி முன்றேமாட்டார்கள். இவர்கள் என்றென்றும் எப்பொழுதும் ஊற்றெடுக்கின்ற சிவத்தேனை உண்டுகளிக்க இயலாது.

மட்டு,மது,நறவு, தேறல்,கள் எனப் பல்வகை பெயர்பெற்று விளங்கும் குடிவகைகள், தேன்,நெல்லரிசி, பழங்கள், பூவகைகள்,தென்னை,பனை போன்ற மரங்களிலிருந்து இயற்கையான முறைகளில் தயாரிக்கப்பட்டன.

தோப்பிகள்:

வீடுகளில் தயாரிக்கபட்ட கள்ளிற்குத் "தோப்பிகள்" என்று பெயர்.

"இல்லடு கள்ளின் தோப்பி பருகி...

"தோப்பிக் கள்ளோடு துருஉப்பலி கொடுக்கும் .

இது 'தோப்பி' என்ற அரிசிவகை கொண்டு வீடுகளில் தயாரிக்கபட்டது.

நறும்பிழி:

தொண்டை நாட்டில் வாழ்ந்த **"வலையர்"** என்பர் தயாரிக்கும் கள் " இது கொழியில் அரிசியை களி போல் துழாவி பதப்படுத்தி பயன்படுத்திய செய்தி **பெரும்பாணற்றுபடையில்** காணாலாம். [10]

பூக்கமழ் தேறல்:

பொற்கலசங்களில், தேக்கள் தேறல் போன்றவற்றில் இஞ்சி, குங்குமபூ போன்ற மணங்கமழும் பூக்களை இட்டு தயாரிக்கபடுவதே **'பூக்கமழ் தேறல்'**

செல்வந்தர்கள், அரசர்கள் அரண்மனையிலும் அத்தகு தேறலை உண்டு வாழ்ந்த வரலாற்றை மாங்குடி மருதனார் **மதுரை காஞ்சில்** குறிப்பிடுகிறார். [11]

மேலும் குளிரிலிருந்து உடலை பாதுகாக்க நாரால் வடிக்கபட்ட 'நறவு' என்னும் கள்ளை பருகிச் செல்லும் **புறநானுற்று** பாடல் கூறுகிறது. [12]

களிப்பூட்டும் மது:

அத்திப்பூவையும், கருப்புக் கட்டியையும் வேறு பொருட்களையும் கலந்து தயாரிக்கபட்ட மதுவை பருகி களிப்படைந்த செய்தி

"தாதகிப் பூவுங் கட்டியு மிட்டு
மாற்றுங் கூட்ட மதுக்களி பிறந்தாங்கு" [13]

என **மணிமேகலை** பாடல் கூறுகிறது.

மருத்துவ நூல்களில் கள் பயன்பட்ட விதம்:

மூலிகைகளில் இருந்து பெரும் கள்ளானது உடல் வன்மைபடுத்தவும், நோய்நீக்கவும், குளிரிலிருந்து தற்காத்து கொள்ளவும் பயன்பட்டது.

அத்திகள்:

"அத்திமே கஞ்சூ டதிமயக்கஞ் தாகமும் போம்
அத்திமே வேரிலுண் டாமதுவில்-நித்தியமுஞ்
சீனியேனும் பேயன் செங்கனியே னுங்கலந்தே
பானுவுத யங்குடித்துப் பார்"

- அகத்தியர் குணவாகடம் [14]

அத்திமரவேரிலிருந்து இறங்கும் கள்ளில், சீனியேனும், பேயன் வாழைகனியேனுங் கூட்டி நாடோறும் விடியற்காலையில் உட்கொள்ள எலும்பை பற்றிய மேகம், உட்சூடு, பித்தமயக்கம், நீர்வேட்கை முதலியவை தணியும். உடல் தேற்றியாகவும் பயன்படுத்தப்பட்டது.

அனுபானம்:

எ.ஃகு பற்பம், அயகாந்த செந்தூரம், அயபற்பம், வெள்ளி செந்தூரம், கந்தகபற்பம் போன்ற மருந்துகளுக்கு கள் அனுபானமாக பயன்படுகிறது. [15]

நஞ்சு முறிவில் கள்:

வீரம் போன்ற பொருட்களின் நஞ்சு முறிய தென்னங்கள் பயன்படுகிறது.

பற்ப சோதனை:

தேரன் முறைபடி செய்த எ.ஃ.கு பற்பத்தை முடிவுபெற்ற தன்மை அறிய தென்னங்கள்,பனங்கள், ஈச்சங்கள் இவைகளுள் ஏதாவது ஒன்றில் எள்ளளவு பற்பத்தை போட்டால் உடனே கள் சாறாய் மாறிவிடும்.

பத்திய பொருள்:

சர்வ விடதோடாரி, அயம், இரசம் போன்ற பெருமருந்துகள் வழங்கும் போது பனங்கள், தென்னங்கள், ஈச்சங்கள், சாராயம் போன்றவை பத்திய பொருளாக நீக்கி வைக்கபட்டது.

மருத்துவ குணமுடையதும், அனுபானமாகவும் பயன்பட்ட மதுவானது முறை தவறியும், அளவுக்கு அதிகமாகவும் பயன்படுத்துவதால் **குடிவெறிநோய்** ஏற்படுகிறது.

SIDDHA PHYSIOLOGY

MUKKUTTRA VERUPADUGAL:

Human body is maintained by three Thathus such as Vaatham, Pitham and Kabam. They are responsible for normal physiological conditions of the body.

Places where the mukkutram changes

Vatham	Abanan, Malam, Kamakodi, Unthiyin Kizhmoolam, Hipbone, Joints, Nerve Plexus, Idakalai, Skin etc.
Pitham	Pingalai, Praanan, Urinary Bladder, Heart, Moolakkini, Head, Abdomen, Sweat, Blood, Saliva, Digested Material, Eyes etc
Kapham	Samaanan, Suzhumunai, Spearm, Head, Fat, Marrow, Blood, Nose, Colon, Joints etc.

Functions of Mukkutram:-

Vatham	Pain in the body, twitching piercing pain, inflammation, reddish complexion, roughness of skin, hardness of limbs, astringent sense of taste in the mouth, taste not palatable, sweating during sleep, traumatic pain, constipation, oliguria, blackish discolouration of skin, stool, urine and muddy conjunctiva
Pitham	Acidity, burning sensation in the throat, stomach, yellowish discolouration of skin, eye, urine, sense of defecation profuse sweating, dizziness etc
Kapham	Fair complexion, itching, dullness, cold, heaviness, loss of sensation, sweetness in mouth, indigestion etc

Role of Mukkutram and causation of disease

	Vatham	**Pitham**	**Kabam**
Increase	Tremors, distended abdomen, constipation, weakness, insomnia, breathlessness	Yellowish discolouration of eyes, skin, urine, motion, polyphagia, polydypsia, burning sensation all over the body, sleeplessness	Loss of appetite excessive salivation, heaviness, excessive musculature, dyspnoea, excessive sleepiness.
Decrease	Body pain, feeble voice, dimished competence of intellectual functions, syncope etc.	Decreased appetite, cold, pallor, symptoms associated with defective growth of kapham.	Prominence of bony edges, Dry cough, lightness, profuse sweating, palpitation

These humors are subdivided, further and it indicates, specific functions.

I. VATHAM

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

1. Pranan (Uyirkaal)

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

2. Abanan (Keezh nokkunkaal)

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

3. Viyanan (Paravukaal)

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

4. Uthanan (Melnokkukaal)

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

5. Samanan (Nadukkaal)

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

6. Nagan

Helps in opening and closing of the eyes

7. Koorman

Responsible for yawning, vision and lacrimation.

8. Kirugaran

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

9. Thevathathan

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

10.Dhananjeyan

Resides in the cranial cavity and produces bloating of the body after death

This leaves from the body after 3 days forming a way through the skull bone.

II. PITHAM

It is the thermal life force of the body. It is subdivided into five types. They are,

1	**Anarpitham**	It peps up the appetite and aids in digestion.
2	**Ranjaga Pitham**	It is responsible for the colour and contents of the blood.
3	**Sathaga Pitham**	It controls the whole body and is held responsible for fulfilling a purpose.
4	**Prasaga Pitham**	It dwells in the skin and is concerned with the shine, glow, texture and its complexion
5	**Alosaga Pitham**	It is responsible for the stream lined functions of the body and body's defence meachanism to be intact. It is again classified into 5 types

III. KABAM

It is responsible for the stream lined functions of the body and body's defence meachanism to be intact. It is again classified into 5 types.

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

UDAL KATTUGAL

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

1. Saaram (Digestive essence)

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

2. Senneer (Blood)

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

3. Oon (Muscle)

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

4. Kozhuppu (Fat)

It smoothes the organs to facilitate frictionless function.

5.Enbu (Bones)

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

6. Moolai (Bone marrow. Brain)

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

7. Sukkilam or Suronithan

Responsible for reproduction.

Role of Udal Kattugal and causation of disease

S.N	Udal Kattugal	Increased features	Decreased features
1	Saaram	Leads to a disease identical to theincrease in kabam like loss of appetite profuse salivation depression etc.,	Loss of weight, lassitude, dryness of the skin and diminished activity of sense organs
2	Senneer	Colic pain, increased blood pressure, red dim eye and skin, jaundice, haematuria	Tiredness lassitude anaemia
3	Oon	Extra growth around the neck face, abdomen, thigh, genitalia etc.,	Muscle wasting
4	Kozhuppu	Identical feature of increased oon associated with dyspnoea on exertion	Loin pain, emaciation
5	Enbu	Excessive ossification and dentition	Weak bone and nails
6	Moolai	Weariness of the body and eye, swollen interphalangeal joints, oliguria and healing ulcer	Osteoporosis and sunken eyes
7	Sukkilam (or) Suronitham	Increases sexual activity, urinary calculi etc.,	Pain in the genitalia failure to reproduce

UDAL VANMAI (Three types of immunity)

According to Siddha System of Medicine, the changes in 7 udal thathukal leads to the changes in the udal vanmai.

S.No	Vanmai	Normal
1	Iyarkai va	Natural immunity of the body by birth (genetic)
2	Seyarkai Vanmai	improving the help by intake of nutritious food and medicines.
3	Kaala Vanmai	When the Udal vanmai and Seyarkai vamai is affected there may be possibilities of occurrence in diseases

Imporigal

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

Kanmenthriyam:

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

Kosangal

Kosam	Normal Function
Anna maya kosam	The Physical body made up ofseven thathus
Prannmaya kosam	The conjuction of Pranan and the kanmundriyas
Manomaya kosam	The conjuction of mind and the five Gnanendriyas
Vignana maya kosam	The conjuction of the puththi (intellect) and the Gnanendriyers
Ananthamaya kosam	The conjuction of Arana vayu and suzhuthi (entire sensibility)

Thinai (Land or Place)

Because of the prevalence of endemic diseases in certain areas, the study of patients dwelling places is essential.

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

KurinjiNilam	Mountain and its surroundings
Mullai Nilam	Forest and its surroundings
Marutha Nilam	Fertile plains and their surrounding
Neithal Nilam	Seashore and their surroundings
Paalai Nilam	Deserts and their surroundings

Paruvakalam (Season)

In Siddha system of medicine, Siddhars have classified a year into 6 seasons each having two months.

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

The ennvagai thervugal are

நாடி ஸ்பரிசம் நாநிறம் மொழிவிழி
மலம் மூத்திரமிவை மருத்துவராயுதம்

-தேரையர்

1. Nadi (Pulse)
2. Sparisam (Palpation)
3. Naa (Tongue examination)
4. Niram (colour of the body)
5. Mozhi (Speech)
6. Vizhi (Eye examination)
7. Malam(Motion examination)
8. Moothiram(Urine examination)

1. Naadi (Pulse)

Naadi is considered to be the prime gadget of all of Envagai thervugal. It has been considered to be the most important for assessing the prognosis and diagnosis of the disease since ages past.

Site to feel Naadi

“கரிமுகனடியை வாழ்த்திக் கைதனில் நாடிபார்க்கில்
பெருவிரலங்குலத்தில் பிடித்தடி நடுவே தொட்டால்
ஒரு விரலோடில் வரதமுயர் நடு விரலிற் பித்தம்
திருவிரல் மூன்றிலோடில் சேத்தும நாடி தானே”

Naadi should be felt for along the radial bone with tips of index, middle and ring fingers over the lower end of the bone but one inch above.

2. Sparisam (Palpation)

By sparisam, the temperature of skin, warmth or cold, smoothness, dryness, patches (macules or papules) abnormal growth, tenderness, ulcer types can be found out.

3. Naa [Tongue)

In the examination of tongue its colour, coating, dryness, deviation, movement, variation in taste and the conditions of teeth and gums are also to be noted. Careful examination should be done to exclude malignant growth, inflammation or any ulceration if present.

4. Niram (Colour)

The colour of the skin, nails, hair, conjunctiva, teeth, mucous membrane etc are to be noted.

5. Mozhi (Speech)

Here the quality of the voice is assessed whether of nasal character, shrill or bass, hoarse, slurred, inarticulated or confabulation. Types of aphasia whether expressive or comprehensive, dysphonia be recorded.

6. Vizhi (Eye)

In the examination of vizhi the change of colour of the eye such as yellowish, pallor, dryness, opacity like cataract etc., And then dryness like xeropthalmic conditions, Bitots spots, Increased lacrimation, acuity of vision, pupillary response, condition of eyelashes (ectropion or intropion) inflammation or uncertain of any type are to be noted.

7. Malam (Stools)

In the examination of malam its nature whether it is solid, semisolid or liquid its colour, increased or decreased quantities are to be noted. Other findings such as diarrhoea, presence of blood (occult blood), and mucous membrane, undigested matter in the stools and odour all are to be noted.

8. Moothiram (Urine)

In our system the examinations of urine are

- The colour
- Odour
- Quantity
- The presence of deposits
- Froth
- RBC
- Pus
- Small stones

And the frequency of urination can be noted. The diagnosis is usually arrived at by methods of urine examinations called

1. Neerkuri

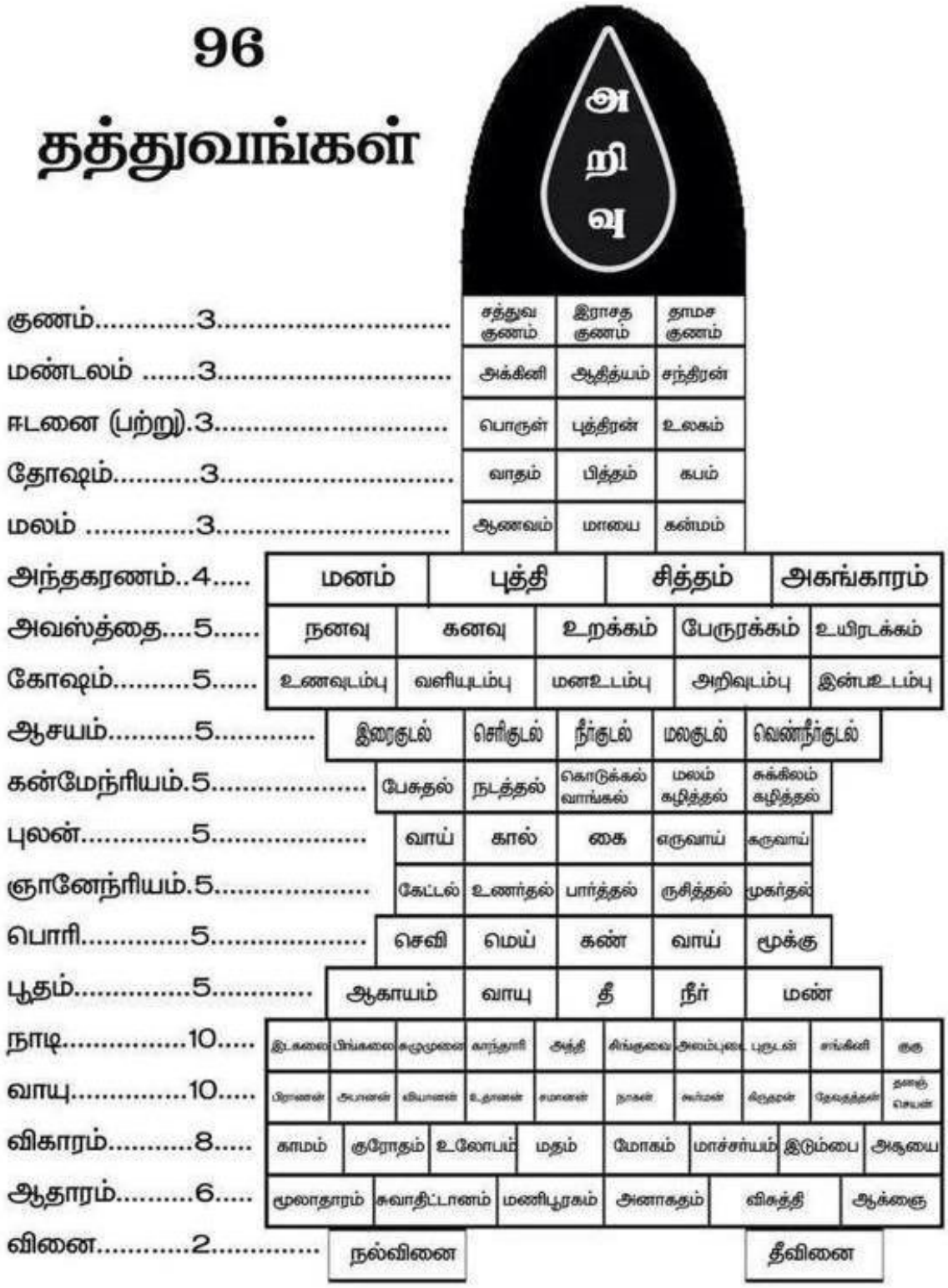
2. Neikuri

ஆடிக் கலசத் தாவியே காதுபெய்
தொரு மூகூர்த்தக் கலைக்குட்படு நீரின்
நிறக்குறி நெய்க்குறி நிரூபித்தல் கடனே

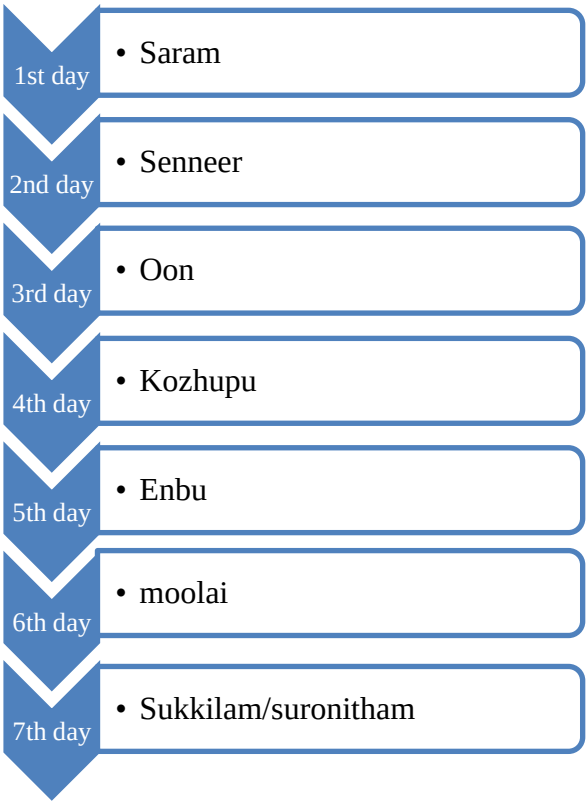
- தேரையர்

A drop of gingelly oil was taken by tip of arugam pull and it was placed slowly on the urine specimen and the neikuri changes were observed.

UDAL THATHUVANGAL



Udal thathukkal



The drug Alcohol is an substance like food, when Alcohol is consumed, it produces change in the udal kattuga of the individual one by one.

பால சந்திர அடங்கல்:[16]

இடம் :

இவ்வர்மம் திலர்த வர்மத்திலிருந்து 2 விரலளவுக்கு மேலே நெற்றியின் நடுவில் உள்ளது. இது நெற்றி வர்மம் (Fore head varma point) என்றும், பால சந்திர அடங்கல் (Young brain Adankal varma point) எனவும் அழைக்கப்படுகிறது.

தூண்டும் முறைகள்:

- நடுவிரலால் வர்ம தலத்தில் 1-3 நிமிடங்கள். நிலைந்த அழுத்தம் அல்லது விட்டு விட்டு அழுத்தம் கொடுக்க வேண்டும்.
- வர்ம தலத்தில் பெரு விரலால் கடிகார சுழல் திசையில் கழித்து 30 நொடிகள் அழுத்திய பின்பு 1-3 நிமிடங்கள் நிலைத்த அழுத்தம் அல்லது விட்டு விட்டு அழுத்தம் கொடுக்க வேண்டும்.
- தூண்டு விரல் அல்லது நடு விரல் மூலம் 30-60 நொடிகள் மென் தொடுதல் செய்வதன் மூலம் வர்மத்தைத் தூண்ட வேண்டும்.
- துடவல் முறைகளின் போது வர்மத் தலத்தைத் தூண்ட வேண்டும்.

மருத்துவக் குறிப்புகள்

- மனம் மகிழும்
- புத்தி தெளியும்
- அலங்காரம் பெருகும்
- சித்தம் கொள்ளும்
- அறிவு உண்டாகும்
- ஆக்கினை ஆதாரத்தை திறக்க உதவும்

குணம் (Character)

மருத்துவத்தால் தீரும் நோய்கள் (Therapeutic Indications)		**காயத்தால் வரும் நோய்கள் (Traumatic Contra indications)**	
கால் மாத்திரை	**அரை மாத்திரை**	**முக்கால் மாத்திரை**	**முழு மாத்திரை**
தலைவலி சென்னி வலி பீனிசம் /மூக்கடைப்பு நினைவுத்திறன் குறைதல் மூளை பலக்குறைவு மன அமைதியின்மை மன அழுத்தம்	தூக்கமின்மை மனநோய்கள் நாளமில்லா சுரப்பி நோய்கள் மயக்கம்	தலைவலி கண் சிவத்தல் கண்ணீர் பாய்தல் தளர்ச்சி	நீரடைப்பு நாக்கு துடிக்கும் சன்னி மயக்கம்

குறிப்பு:- இயல்பான ஒருவருக்கு பாலசந்திர அடங்களின் நாடி துடிப்பு தெரியாது ஆனால் மனம் சம்மந்தப்பட்ட பிரச்சனை பால சந்திர அடங்கலில் பிடித்து பார்க்க நாடி துடிப்பு நன்றாக தெரியும்.

PANCHA – PAKSHI

Pacha – Pakshi Shastra is based on ancient literature in Tamil Language. Pancha Means – five, Pakshi means Bird. It is believed that the five elements represented by five birds, influence and control the actions of human beings. These five birds take turns in a special sequence and radiate their powers during day and night.

One of the five birds is assigned to every human being as the controlling power based on the Birth star of the person and the Paksha of the moon at the time of birth.

The activity of this main birds at a given point of time and the activity of the Sub-Bird at that time and the relationship between them indicates whether the time will be beneficial and lucky for the person or not Pancha-Pakshi shastra is very popular in south India especially Tamil Nadu. It helps selection of auspicious time and also for answering queries

"ஆதியென்ற பஞ்சபட்சி அறிந்தோனையா
ஆவன் சித்தன் அவன் யோகி
சோதியென்று மனோன் மணிக்குச் சிவனார் சொன்னார்"[17]

" Who knows this Panja Pakshi sastra he is a yogi" Said by lord shiva

The five birds in Pancha – Pakshi Shastra are

- ✓ Vulture
- ✓ Owl
- ✓ Crow
- ✓ Cock
- ✓ Peacock

These birds engage in any one of the following five activities at any given time.

- ✓ Rule
- ✓ Eat
- ✓ Walk

- ✓ Sleep
- ✓ Die

The birds are considered most powerful when they rule and least powerful when they die

To find out your Birth pakshi you have to know your birth star according to vedic Astrology and the Pakshi of the moon at the time of your birth.

Panja pakshi sastram is majority deals with five Panja boothas appu, thaya, Vaaya, agayam, neer the calculation of this changing of five elements is the major secrete in this sastra and how it influences the person to person on every day, howr, minute, second some says the 5 birds took like Tamil words like

அ இ உ எ ஒ

அ	-	Vulture
இ	-	OWL
உ	-	Crow
எ	-	Cock
ஒ	-	Peacock

“**அ**கரமே வல்லுறு ஆந்தை **இ**கரமதாம்
உகரங் கருங்காக முன்னிப்பகரில்
எகரமது கோழி யெஞ்ஞான்று மஞ்ஞை
ஒகரமுயிர் மெய்யாந்துரை”

- அகஸ்தியர்

Naskshathira Pakshi

The Panja Pakshi system, divides all rashi/star/naksathira into five elements, characteristically them with a fire birds. The below stars are quoted for waning moon days in Tamil and English.

“ சீருடைய அசுபதி நேர்னுந்தும் வல்லுறு
சிறப்பான ஆதிரை நேர் ஆறும் ஆந்தை
பேருடைய உத்திர நேர் ஐந்தும் காகம்
பேலமான அநுடம் நேர் ஆறும் கோழி
நேருடைய அவிட்டம் நேர் ஐந்தும் கொண்ட
நிதிமயிலேயுலகிடை யாங் ஜெனித்த யாவும்
பேருடைவில் வகையே பட்சிருபம் பேசிடுவாய்
முறைவிதித்த பெலமிதே”

– காக புசண்டர்

Bird	**Nakshathira**
Vulture	Aswini, Barani, Karthika, Rogini, Miruga Seeridam
Owl	Thiruvathirai, PunarPoosam, Poosam, Ayilyam Magam Pooram.
Crow	Uthiram, Astham, Chitirai, Jothi, Visagam
Cock	Anusham, Kettai, Moolam Pooradam, Uthiradam Thiruvonvam
Peacock	Avittam, Sathayam, Pooratathi, Uthiralathi, Revathi

As same as above, the star are fixed to waning moon days.

“ பாரபா அமரத்தின் பதிவைக்கேளு – பண்பான
அசுவிணி நேர் ஐந்தும் தோகையப்பா
சேரடா அதிரைநேர் ஆறும் கோழியாம்
துரிமான உத்திரம் நேர் ஆறும் காகம் பாரு
என்ன சொல்வேன் அனுஷம் நேர்
ஓணம் நேர் ஆறும் வல்லுறு இதமாக
மானிடர்க்கு சொன்னவகை இதுதான்பாரே”

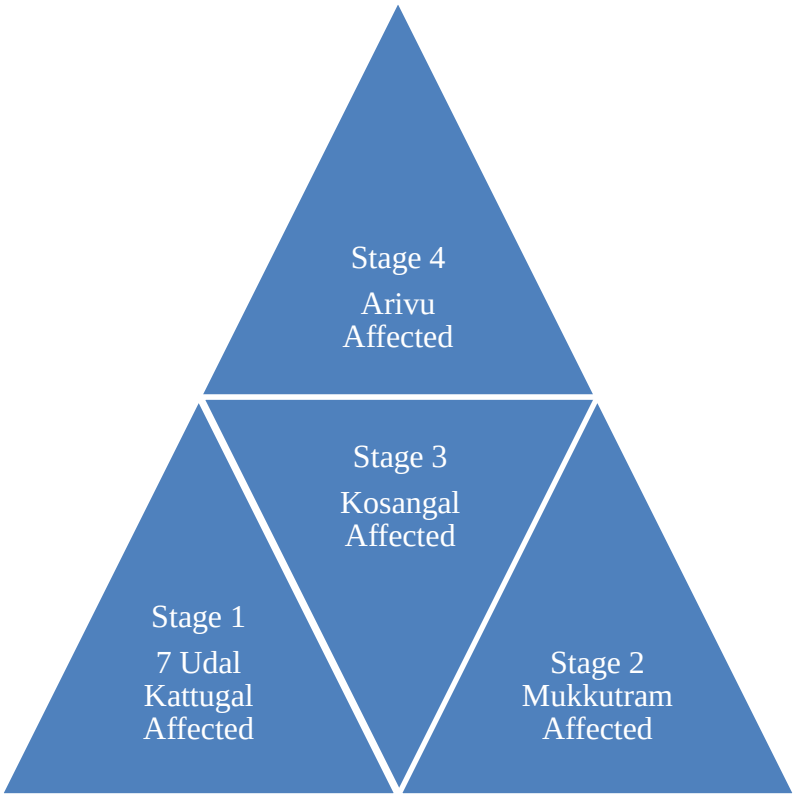
Bird	Nakshathira
Peacock	Aswini, Barani, Karthika, Rogini, Miruga Seeridam
Cock	Thiruvathirai, PunarPoosam, Poosam, Ayilyam Magam Pooram.
Crow	Uthiram, Astham, Chitirai, Jothi, Visagam
Owl	Anusham, Kettai, Moolam Pooradam, Uthiradam Thiruvonvam
Vulture	Avittam, Sathayam, Pooratathi, Uthiralathi, Revathi

Panchapatchi Sastram is a ancient diagnostic tool. It was even stated by **lord shiva**, that who knows the panchapatchi sastram is a yogi.

So exact medicine can be given to a particular disease by diagnosing it, by means of panchapatchi sastram.

ETIOPATHOGENESIS OF “KUDIVERI NOI”

Alcohol alters our body’s normal functioning mechanism. It affects 7 Ual Kattugal, Mukkutram, Kosangal and then finally it affects the Arivu Nilai.



SIDDHA PATHOLOGY

Siddha Pathology deals with the aetiology, pathogenesis and the clinical features of diseases. Siddha medicine accepts to trihumoural pathology and diseases conditions are attributed to imbalance in normal physiological status of humours.

"மிகினும் குறையினும் நோய் செய்யும் நூலோர்
வளி முதலா யெண்ணிய மூன்று"[8]

திருக்குறள்

When the 1: ½ : ¼ normal proportion of the uyir thathus are disturbed, it leads to mukkutram (Diseased Condition). Much importance is laid on humoural composition of the body and their normal functioning is influenced by a member of exogenous and endogenous factors. The most important factors among them are as follows.

Causes For Disease:

Occurrence of disease in the body is due to

1. Alterations in Udal thathukkal
2. Seasonal variations.
3. Changes in food habits
4. Constraint of 14 Natural urges.

In Kudiveri noi, the following Mukkutram are commonly affected,

Vaatham

1.	Abanan	- Habitual Constipation/ diarrhoea
2.	Uthanan	- Nausea, vomiting
3.	Viyanan	- Weakness, tremor.
4.	Samanan	- Due to other vayus, it is affected
5.	Kirukaran	- Loss of appetite,.
6.	Devathathan	- Insomnia, Irritability, Agitation

Pitham

1. Anar pitham	-	Indigestion of food
2. Ranjaga pitham	-	Paleness/ jaundice of the conjunctiva and tongue
3. Aalosaga pitham	-	Depression, Confusion, Fear, loss of employment, Isolation from family
4. Prasaga pitham	-	Dryness and roughness of skin

Kabam

1. Avalambagam- Loss of appetite
2. Tharpagam - Burning sensation of eyes may be present
3. Santhigam - Joint pain present in very few cases

Udalthathukkal

Our body consists of seven Udal thathukkal. It gives strength and structure to our body. In Kudiveri noi patients, Saaram, Senneer, Kozhuppu and Enbu are commonly affected.

Saaram	: Dryness, roughness, tiredness
Senneer	: Erythematous patches present
Moolai	: Swollen interphalangeal joints
Enbu	: Joint pain present in few cases

Udalvanmai

It is classified into 3 types, they are,

- **Iyarkai Vanmai**

  Natural immunity is affected genetically.

- **Seyarkai Vanmai**

  The habit of alcohol consumption affects general body health.

- **Kaala Vanmai**

  Development of immunity according to age and the environment. When the Udal vanmai and seyarkai vanmai is affected there may be possibilities of occurrence of Kudiveri noi.

Imporigal

In Kudiveri noi, Mei, is affected-Roughness of the skin,

Kanmenthriyam

In Kudiveri noi, Vaai, Eruvaai, Karuvai affected Slurred speech, Impotency, diarrhoea also seen.

Piniyariyum Muraimai (Diagnostic Methods):

Piniyariyum muraimai is the method of diagnosing disease. It is based on the following principles:

- Poriyal aridhal
- Pulanal aridhal
- Vinaathal

Poriyal aridhal and Pulanal aridhal means examining the patient's **'**Pori' and 'Pulan' with by using the physician's 'Pori' and 'Pulan'. 'Vinaathal' is a method of enquiring about the details of the patient's problem by his own words or attenders who are taking care of the patient, when the patient is not able to speak.

ENVAGAI THERVUGAL (Eight tools of examination) are:

The following tests were noted in kudiveri noi subject.

Naadi (Pulse): In Kudiveri noi, **pithavatham** naadi could be felt mostly.

"சிறப்பான பித்தத்தில் வாத நாடி
சேரிலுறு தாதுநட்ட முதர பீடை,
உறைப்பாகச் செரியாமைக் குன்மஞ் சூலை
உற்றசுரங் கிராணிவயிற் றிரைச்சல் மந்தம்
அறைப்பான ஓங்கார புறநீர்க் கோர்வை,
ஆயாச மிரக்கமொடு மயக்க மூர்ச்சை
முறைக்காய்வு விஷவீக்கம் மூல வாய்வு
முரடான நோய்பலவு முடுகும் பண்பே".

- சதக நாடி

It is understood from the above Tamil stanzas that during the coupling of Pitham and vatham the following symptoms will be seen.

1. Azoospermia
2. Indigestion
3. Peptic ulcer (Gunmam)
4. Pricking pain
5. Fever
6. Chronic diarrhoea
7. Continued rumbling noise in stomach
8. Dullness
9. Dropsy in the peripheral
10. Tiresomeness
11. Giddiness
12. Swooning
13. Intermittent fever
14. Swelling due to toxicity
15. Ano-rectal disease
16. Delirium
17. Mental disorder
18. Loss of memory
19. Pricking pain on the back of neck and extremties
20. Shivering of the body
21. Leaning of the body
22. Lack of endurance
23. Quick temper.

The pitha naadi will be double of its normal state and Ayyam will be above its normally, but within its doubles.

Sparism **:** Dryness of the skin may present.

Naa **:** Abnormality of tongue like paleness / yellowish discolouration of tongue noted.

Niram **:** Discolouration present in teeth.

Mozhi **:** In chronic cases slurred speech noted.

Vizhi **:** Red / yellowish brown eyes may noted.

Malam : Diarrhoea / malena was reported in some cases.

Moothiram **:**Collection of urine sampls were tested for the determination of Neerkkuri and Neikkuri and following changes were noted for diagnostic purpose.

- **Neerkkuri**

Prior to the day of urine examination the patient is instructed to take a balanced diet. The patient should have good sleep. After waking up in the morning, the first urine voided is collected in a clear wide mouthed glass container and is subjected to analysis for "Neerkkuri" within one and a half an hour. **straw coloured urine** was noticed in many patients.

- **Neikkuri**

The collected specimen (Urine) is kept open in a glass dish or china clay container. It was examined under direct sunlight, without shaking the vessel.

Then one drop of gingelly oil was taken by tip of arugampul and it was placed slowly on the urine specimen and the neikkuri changes were observed and noted.

Character of Vathaneer

"அரவென நீண்டின.்தே வாதம்"

When the oil drop lengthens like a snake, it is called "VaathaNeer"

Character of Pithaneer

“ஆழி போற்பரவின் அ.ஃதே பித்தம்”

When the oil drop spreads like a ring, it is called “Pitha neer

Character of Kabaneer

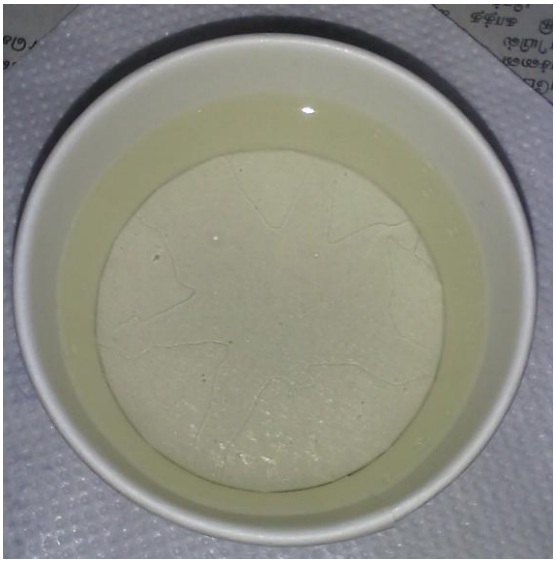
“முத்தொத்து நிற்கின் மொழிவதென் கபமெ”

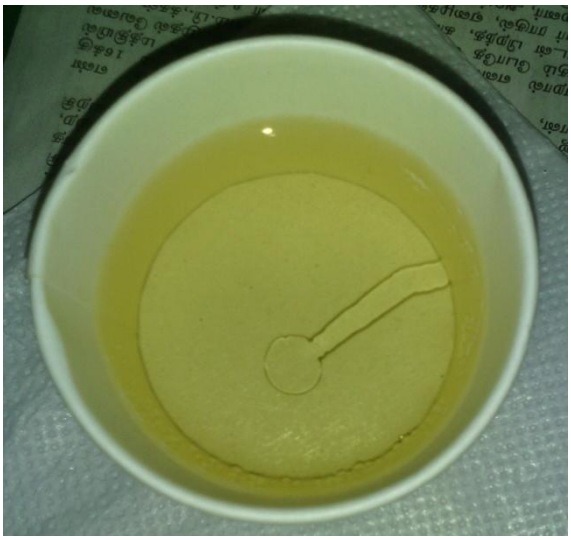
When the oil drop appears like a pearl, it is called “Kaba neer”

Character of Thonthaneer

Snake in the ring, ring in the snake, snake in the pearl and ring in the pearl are the characters of Thontha neer.

.





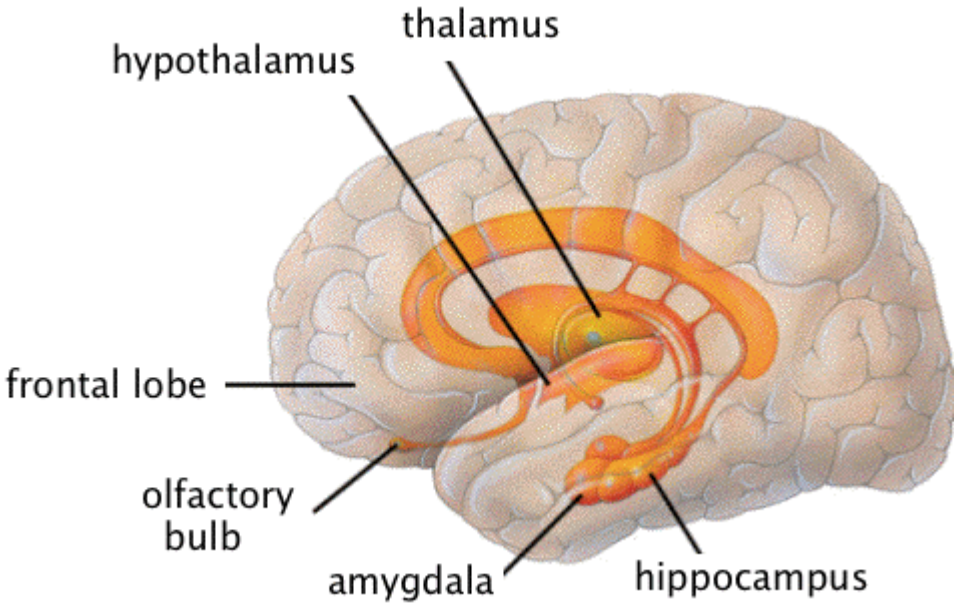
MODERN ASPECT

NEURO ANATOMY

Neuro circuits involved in alchol dependence and addicts are limbic system and other structures connected to it.

The Limbic System

The limbic system is a complex of structures that lies in both side of the thalamus, just below the cerebrum. It includes the hypothalamus, the hippocampus, the amygdala, and several other nearby areas. Primarily it is responsible for our emotional life, and has a lot to do with the formation of memories.



- The hypothalamus is a small part of teh brain located just below the thalamus on both sides of the third ventricle.

The hypothalamus is one of the busiest parts of the brain, and is mainly concerned with homeostasis.

The hypothalamus is responsible for regulation our hunger, thirst, response to pain, levels of pleasure, sexual satisfaction, anger and aggressive behavior and more.

- The hippocampus consists of two 'horns' that curve back fromt he amygdala. It appears to be very important in converting things that are "in your mind" at the moment (in short-term memory) into things that your will remember for the long run (long-term memory).

- The amygdalas are two almond-shaped masses of neurons in either side of the thalamus at the lower end of the hippocampus. When it is stimulated electrically, animals respond with aggression. If the amygdala is removed, animals get very tame and no longer respond to things that would have caused rage before. But there is more to it than just anger. When removed, animals also become indifferent to stimuli that would have otherwise have caused fear and even sexual responses.

The following structures are intimately connected to the limbic system.

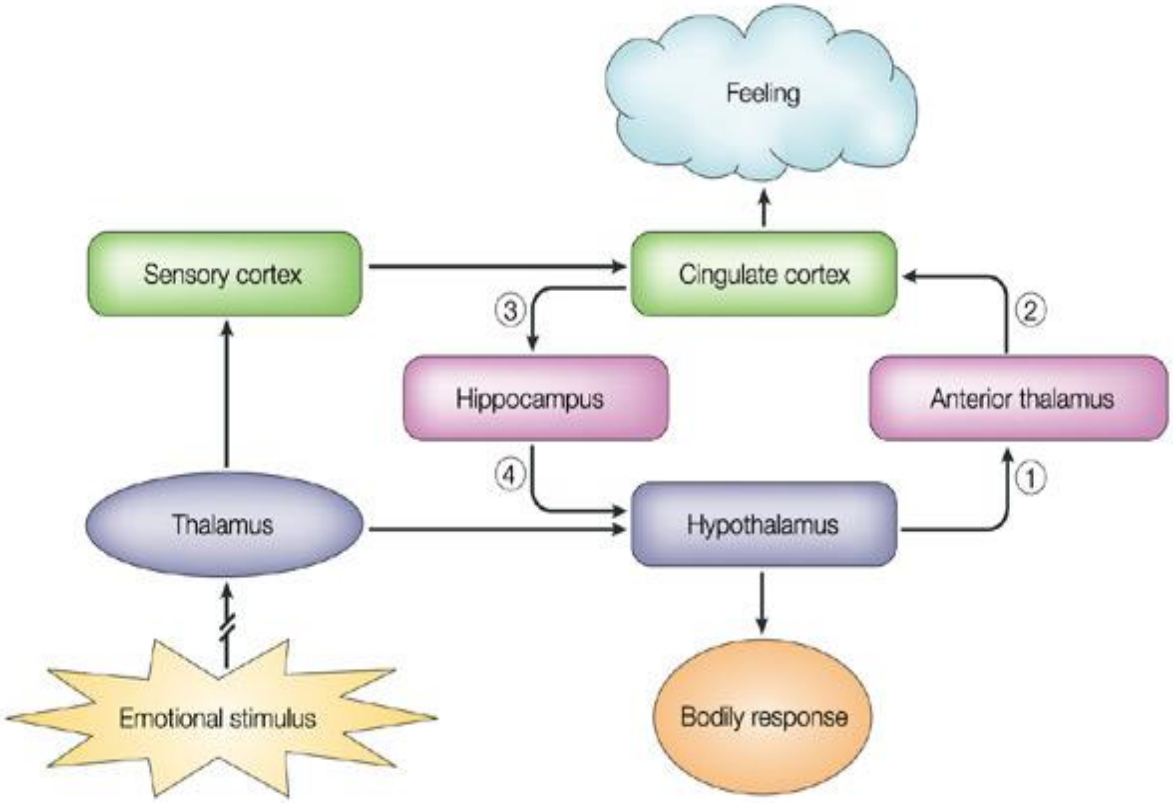
- The cingulate gyrus is the part of the cerebrum that lies closest to the limbic system, just above the corpus collosum. It provides a pathway from the thalamus to the hippocampus, seems to be responsible for focusing attention on emotionally significant events, and for associating memories to smells and to pain.
- The ventral tegmental area of the brain stem (just below the thalamus) consists of dopamine pathways that seem to be responsible for plesure. People with damage here tend to have difficulty getting pleasure in life and often turn to alcohol, drugs, sweets and gambling.
- The basal ganglia (including the caudate nucleus, the putamen, the globus pallidus, and the substantia nigra) lie over and to the sides of the limbic system and are tightly connected with the cortex above them. They are responsible for repetitive behaviors, reward experiences and focusing attention.

- The prefrontal cortex, which is the part of the frontal lobe which lies in front of the motor area, is also closely linked to the limbic system. Besides apparently being involved in thinking about the future, making plans, and taking action, it also appears to be involved in the same dopamine pathways as the ventral tegmental area, and plays a part in pleasure and addiction.

The limbic system in Health and Disease

1. The limbic system is important in the mediation of affective behavior in health and disease.
2. The limbic cortex has been implicated in autism.
3. Certain forms of epilepsy are associated with the limbic system
4. Schizophrenia is characterized by severe behavioral abnormalities and is often associated with abnormal CA hippocampal neurons in patients.
5. Emotional disturbances of behavior generally appear to be due to dysfunction of anterior limbic structures.
6. Memory has been classified as declarative. i.e. memory of facts that cann be recalled into conscious awareness, and procedural memory, which is memory of learned motor skills. It is likely that the limbic system is important in the conversion of declarative memory from short-term to long-term.
7. The diencephalon is important acquisition and retention of declarative memory. Patients with the Korsakoff syndrome demonstrate this. These patients are chronic alcoholics whose thiamine deficiency leads to anterograde amnesia. In these patients, there is damage to the mamillary bodies, frontal cerebral cortex and medial dorsal nucleus of the thalamus.[26]

Papez Circuit



Functions of Limbic System[19]

Olfaction

The pyriform cortex and amygdaloid mucleus form the olfactory centers. In lower animals the amygdaloid nucleus is concerned primarly with olfaction

Regulation of Endocrine glands

Hypothalamus plays an important role in regulation of endocrine secretion

Role in motivation

Reward and punishment centers present in hypothalamus and other structures of limbic system are responsible for motivation and the behavior pattern of human being.

Regulation of Antonomic function

Hypothalamus plays an important role in regulating the automic function. Such as

- ❖ Heart rate
- ❖ Blood pressure
- ❖ Water Balance
- ❖ Body Temperature

Regulation of food intake

Along with amygdaloid complex, the feeding center and safety center present in hypothalamus regulate food intake

Control of circadiam Rhythm.

Hypothalamus is taking major role is the circadian fluctuations of various physiological activities

Regulation of Secular function

Hypothalamus is responsible for maintaining secular functions in both man and animals

Role in Emotion state

The emotional state of human being is maintained by hippocampus along with hypothalamus

Role in Memory

Hippocampus and paper circuit play an important role in memory

Lesion of Neuronal Bodies of Limbic System:

- Bilateral oblation of hippocampus leads to long term memory loss.
- In rabies the lesion is found in the neurons of the hippocampus in the form of Negri bodies.
- Bilateral ablation of amygdale and hippocampus results in kurver-Bucy syndrome (hyperphagia, docility and hyperseruality)
- Lesion in mamillary bodies results in kersokoff's syndrome in which there is severe impairment of memory.[21]

PATHOLOGY

ALCOHOLISM

Alcohol consumption occurs along a continuum, with considerable variablility in drinking patterns among, individuals, There is no sharp demarcation between "social or" moderate that as average alcohol consumption and frequency of intorication increase, so does the incidence of medical and phychosocial problem.

The most visible group of people affected by alcohol problems are those who have developed a syndrome of alcohol dependence and they are commonly reffered to as alcoholics.[22]

Dinking alcohol plays on important social role in many cultures so most countries have laws regulating their production, sale and consumption.

Etiology

- ✓ Age
- ✓ Sex
- ✓ Race & ethnicity
- ✓ Socio economic factors
- ✓ Religion
- ✓ Family History
- ✓ Life Events

Physiological Theories:

- ❖ To reduce tension
- ❖ Increase feelings of power
- ❖ Decrease the effects of psychological pain
- ❖ Decrease the feelings of nervousness
- ❖ Cope with the day-to-day stresses of life.

Behavioral theories

- ❖ Expectations about the rewarding effect of drinking.
- ❖ Cognitive attitude towards responsibility for one's behaviour.
- ❖ Subsequent reinforcement after alcohol intake.

Sociocultural theories

- ❖ Extrapolation from social groups.
- ❖ Ethnic groups.

Childhood history

- ❖ If one or both of their parents are affected with alcohol related disorder their children are at high risk for having an alcohol – related disorder.

Genetic theories

4 lines of evidence support that alcoholism is genetically influenced.

(i) General Study

Alcohol problems are seen in close relatives of alcoholic people.

(ii) Twin Studies

It is signifieantly higher in identical twins of alcoholic individuals than in fraternal twins.

(iii) Adoption types studies

Even when the children had been separated from their biological parents close to birth and raised without any knowledge of the problems within biological family. The risk for severe alcohol related difficulties hot further enhanced by being raised by an alcoholic adaptive family.

(iv) Studies in animals

Studies in animals support the importance of a variety of yet – to be identified genes in the free – choice use of alcohol, subsequent levels of intoxication, and some consequences[23].

Alcoholism stages

- ***Pre-alcoholic phase***, which includes social drinking when drinkers often start to develop a tolerance for alcohol and drink to relieve stress or feel better
- ***Prodromal phase***, also considered the early-alcoholic stage where blackouts begin to occur, the drinker begins to drink alone and in secret, and thinks about alcohol frequently while their alcohol tolerance continues to grow
- ***Crucial phase*** characterized by a spiral of out-of-control drinking at inappropriate times and problems with daily life and relationships as well as physical changes to the brain and body
- ***Chronic phase*** which includes daily drinking, drinking as the main focus of life, health problems cropping up, cravings and withdrawal symptoms, and physical and mental long-term alcohol abuse issues.[20]

Routes of Alcohol ingestion

The only normal route of ingesting alcohol is drinking it—but is not the only route possible. Other more exotic routes are used on occasion. Alcohol can be inhaled, absorbed through the skin, injected, or given as an enema.

- **Inhalation:**

AWOL (Alcohol with out Liquid) is an alcohol inhalation device that has been released in the US and UK. When alcohol is vaporized and inhaled it can lead to intoxication as much as 10 times as quickly as drinking and allows one to sober up with no hangover in an equally rapid time frame.

- **Injection:**

Some scientific researchers give alcohol injections to research subjects when they wish to bypass the stomach. It was the comparison of the effects of injected alcohol with orally ingested alcohol which led scientists to conclude that women have less alcohol dehydrogenase in their stomaches than men do. Self – administration of alcohol by injection is extremely dangerous and should never be attempted. The risk of death by alcohol poisoning is extremely high.

- **Alcohol enema**

This is another rather dangerous and sometimes deadly form of alcohol administration. A beer enema might be safe enough. Alcohol is absorbed very rapidly through the large intestine and the rectum and there are no enzymes here to break it down. Thus the same dose of alcohol given by enema will produce a much higher BAC(Blood Alcohol Concentration) than if one drinks it. Vodka enema is silent but deadly for sure.

- **Transdermal**

Alcohol can also be absorbed through the skin although this is quite a slow and impractical method of ingesting it.

Effects of Alcohol

The term alcohol is a large group of organic molecules that have a hydroxyl group (-OH) attached to a saturated carbon atom. Ethyl alcohol, also called ethanol, is the common form of alcohol; sometimes referred to as beverage alcohol, ethyl alcohol is used for drinking. The chemical formula for ethanol is CH_3-CH_2-OH.[20]

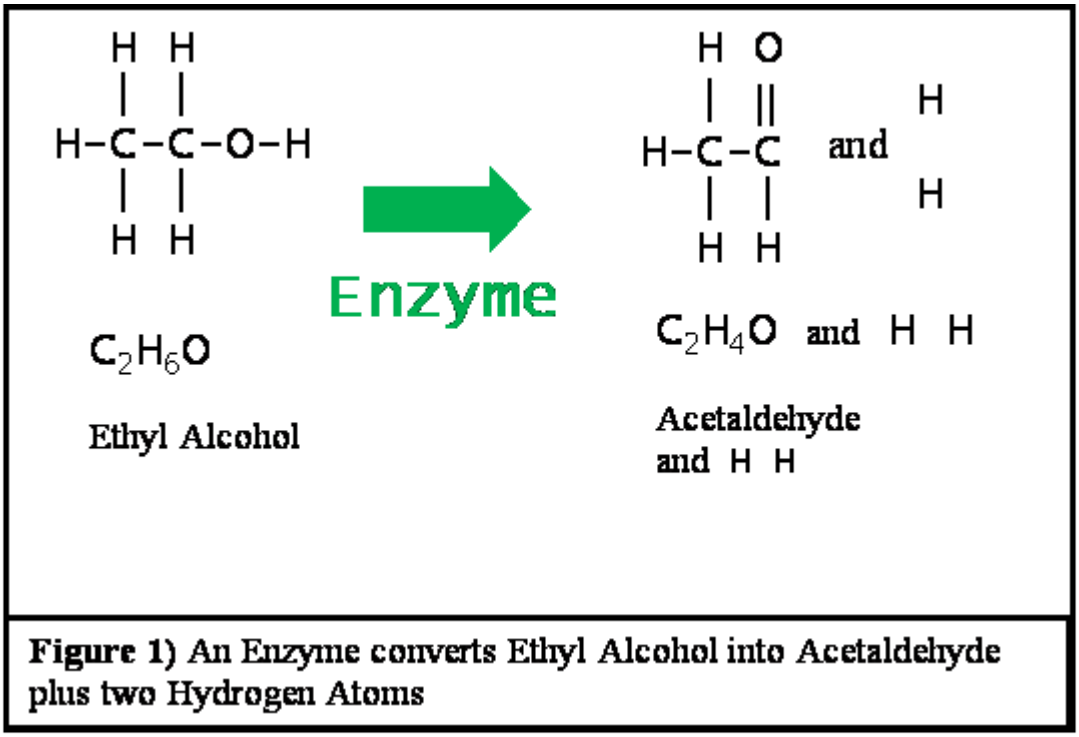


Figure 1) An Enzyme converts Ethyl Alcohol into Acetaldehyde plus two Hydrogen Atoms

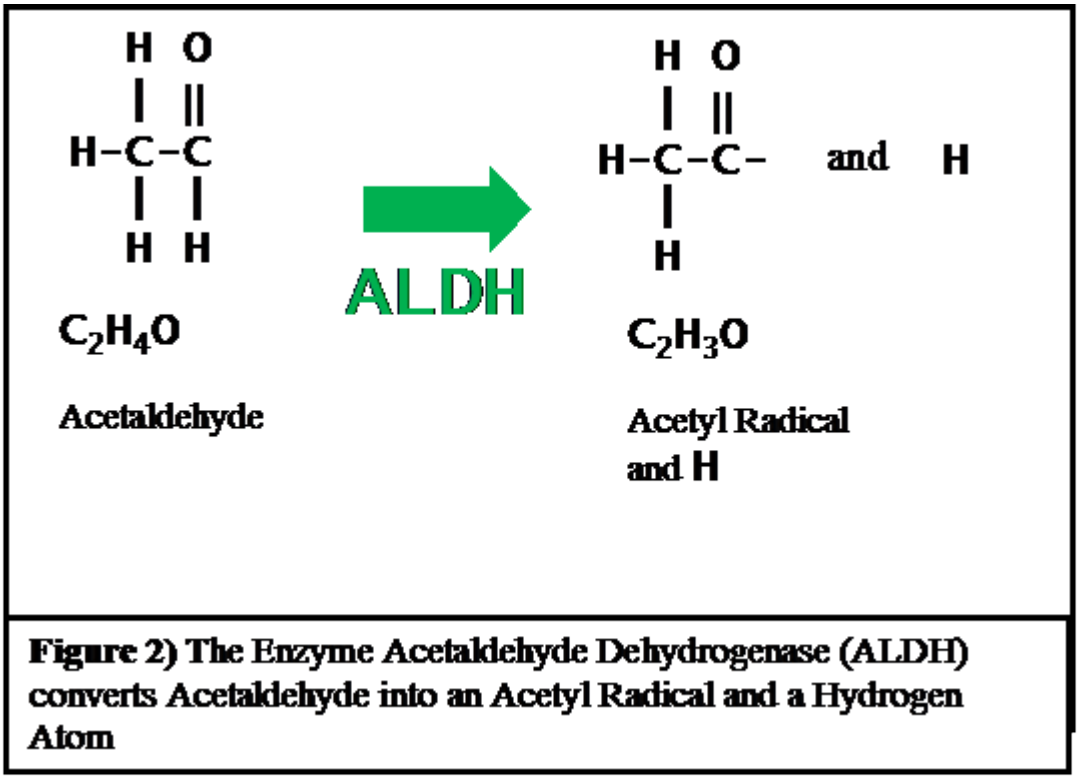


Figure 2) The Enzyme Acetaldehyde Dehydrogenase (ALDH) converts Acetaldehyde into an Acetyl Radical and a Hydrogen Atom

Short-term effects

Alcohol consumption has short-term psychological and physiological effects on the user. Different concentrations of alcohol in the human body have different effects on a person.

Stages of alcohol intoxication[24]

BAC (g/100 ml of blood of g/210 l of breath)	**Stage**	**Clinical symptoms**
0.01-0.05	Subclinical	Behavior nearly normal by ordinary observation
0.03-0.02	Euphoria	Mild euphoria, sociability, talkativeness increased self – confidence, decreased inhibitions Dinimution of attention, judgment and control beginning of sensory- mortor impairment loss of efficiency in finer performance tests

0.09-0.25	Excitement	Emotional instability: loss of critical judgment impairment of perception, memory and comprehension Decreased sensatory response increased reaction time Reduced visual acuity peripheral vision and glare recovery Sensory – motor incoordination, impaired balance Drowsliness
0.18-0.30	Confusion	Disorientation, mental confusion, dizziness, Exaggerated emotional states, Disturbances of vision and of perception of color, from motion and dimensions Increase pain threshold Increase muscular incoordination slaggering gait slurred speech Apathy, lethargy
0.25-0.40	Stupor	General inertia approaching loss of motor functions Markedly decreased response to stimuli Marked muscular incoordination, inability to stand or walk vomiting, incontinence impaired consciousness sleep or stupor
0.35-0.50	Coma	Complete unconsciousness Depressed or abolished reflexes Subnormal body temperature Incontinence Impairment of circulation and respiration Possible death
0.45	Death	Death from respiratory arrest

Long-term effects

Drinking small quantities of alcohol (less than one drink in women and two in men) is associated with a decreased risk of heart disease, stroke, diabetes mellitus, and early death. Drinking more than this amount, however, increases the risk of heart disease, high blood pressure, atrial fibrillation, and stroke. The risk is greater in younger people due to binge drinking which may result in violence or

accidents. About 3.3 million deaths (5.9% of all deaths) are believed to be due to alcohol each year.[f] Alcoholism reduces a person's life expectancy by around ten years and alcohol use is the third leading cause of early death. No professional medical association recommends that people who are nondrinkers should start drinking wine. Another long-term effect of alcohol usage, when alcohol is used with tobacco products, is alcohol acting as a solvent, which allows harmful chemicals in tobacco to get inside the cells that line the digestive tract. Alcohol slows these cells' healing ability to repair the damage to their DNA caused by the harmful chemicals in tobacco. Alcohol contributes to cancer through this process.

While lower quality evidence suggest a cardioprotective effect, no controlled studies have been completed on the effect of alcohol on the risk of developing heart disease or stroke. Excessive consumption of alcohol can cause liver cirrhosis and alcoholism

Alcohol content (in Percent) of Selected Beverages[24]

Beverage	Alcohol Content (%)
Beers (larger)	3.2-4.0
Ales	4.5
Porter	6.0
Slout	6.0-8.0
Melt Liquor	3.2-7.0
Sake	14.0-16.0
Table wines	7.1-14.0
Sparkling wines	8.0-14.0
Fortified wines	14.0-24.0
Aromatized wines	15.5-20.0
Brandies	40.0-43.0

Standard drinks

A standard drink is a notional drink that contains a specified amount of pure alcohol. The standard drink is used in many countries to quantify alcohol intake. It is usually expressed as a measure of beer, wine, or spirits. One standard drink always contains the same amount of alcohol regardless of serving size or the type of alcoholic beverage. The standard drink varies significantly from country to country.

Absorption

About 10 percent of consumed alcohol is absorbed from the stomach, the remainder from the small intestine. Peak blood concentration of alcohol is reached in 30 to 90 minutes and usually in 45 to 60 minutes, depending on whether the alcohol was taken on an empty stomach (which enhances absorption) or with food (which delays absorption). The time to peak blood concentration also depends on the time during which the alcohol was consumed; rapid drinking reduces the time to peak concentration, slower drinking increases it. Absorption is most rapid with beverages containing 15 to 30 percent alcohol (30 to 60 proof). There is some dispute about whether carbonation (e.g., in champagne and in drinks mixed with seltzer) enhances the absorption of alcohol.

The body has protective devices against inundation by alcohol. If the concentration of alcohol in the stomach becomes too high, mucus is secreted, and the pyloric valve closes. These actions slow the absorption and keep the alcohol from passing into the small intestine, where there are no significant restraints to absorption. Thus, a large amount of alcohol can remain unabsorbed in the stomach for hours. Furthermore, pylorospasm often results in nausea and vomiting.

Once alcohol is absorbed into the bloodstream, it is distributed to all body tissues. Because alcohol is uniformly dissolved in the body's water, tissues containing a high proportion of water receive a high concentration of alcohol. The intoxicating effects are greater when the blood alcohol concentration is rising than when it is falling (the Mellanby effects). For this reason, the rate of absorption bears directly on the intoxication response.

Metabolism

About 90 percent of absorbed alcohol is metabolized through oxidation in the liver; the remaining 10 percent is excreted unchanged by the kidneys and lungs. The rate of oxidation by the liver is constant and independent of the body's energy requirements. The body can metabolize about 15 mg/dL per hour, with a range of 10 to 34 mg/dL per hour. That is, the average person oxidizes three fourths of an ounce of 40 percent (80 proof) alcohol in an hour. In persons with a history of excessive alcohol consumption, upregulation of the necessary enzymes results in rapid alcohol metabolism.

Alcohol is metabolized by two enzymes: alcohol dehydrogenase (ADH) and aldehyde dehydrogenase. ADH catalyzes the conversion of alcohol into acetaldehyde, which is a toxic compound; aldehyde dehydrogenase catalyzes the conversion of acetaldehyde into acetic acid. Aldehyde dehydrogenase is inhibited by disulfiram (Antabuse), often used in the treatment of alcohol-related disorders. Womens have a lower ADH blood content than men; this fact may account for woman's tendency to become more intoxicated than men after drinking the same amount of alcohol.

Impacts of a substance use disorder(Alcohol):

3 Alcohol enzymes

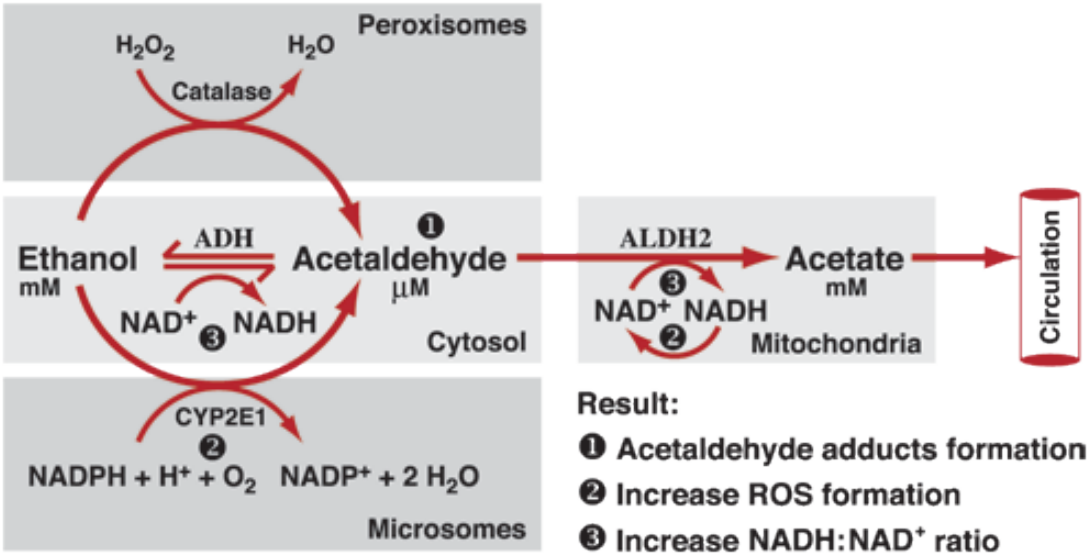
The Three Alcohol Enzymes

The three enzymes which can convert alcohol to acetaldehyde are:

- alcohol dehydrogenase (ADH)
- cytochrome P450 (CYP2E1)
- catalase

These three enzymes are each found in different parts of the body and each of them handles the hydrogen atoms which are stripped off from the alcohol molecule in a different way.

The three enzyms interact with alcohol to produce acetaldehyde.



Biochemistry

In contrast to most other substances of abuse with identified receptor targets such as the N-methyl-d-aspartate (NMDA) receptor of phencyclidine (PCP) no single molecular target has been identified as the mediator for the effects of alcohol. The biochemical effects of alcohol concerns its effects on the membranes of neurons. Alcohol produces its effects by intercalating itself into membranes and, thus, increasing fluidity of the membranes with short-term use. With long-term use, however, the theory hypothesizes that the membranes become rigid or stiff. The fluidity of the membranes is critical to normal functioning of receptors, ion channels, and other membrane-bound functional proteins. Alcohol ion channel activities associated with the nicotinic acetylcholine, serotonin 5-hydroxytryptamine3 (5-HT_3,) and GABA type A ($GABA_A$) receptors are enhanced by alcohol, whereas ion channel activities associated with glutamate receptors and voltage-gated calcium channels are inhibited.

EFFECTS ON THE BRAIN[20]

Alcohol and the developing Brain

Fetal alcohol syndrome[27]

1. Skin folds at the corner of the eye
2. Low nasal bridge
3. Short nose

4. Indistinct philtrum (groove between nose and upper lip)
5. Small head circumference
6. Small eye opening
7. Small midface
8. Thin upper lip

Children with fetal alcohol syndrome (FAS) may have this distinct facial features.

Behavioral Effects

Alcohol functions as a depressant much as do the barbiturates and the benzodiazepines, with which alcohol has some cross-tolerance and cross-dependence.

Persons with long-term histories of alcohol abuse, however, can tolerate much higher concentrations of alcohol than can alcohol-negative persons; their alcohol tolerance may cause them to falsely appear less intoxicated than they really are.

Sleep Effects

Alcohol consumed in the evening usually increases the ease of falling asleep (decreased sleep latency), alcohol also has adverse effects on sleep architecture. Specifically, alcohol use is associated with a decrease in rapid eye movement sleep (REM or dream sleep) and deep sleep (stage 4) and more sleep fragmentation, with more and longer episodes of awakening. Therefore, the idea that drinking alcohol helps persons fall asleep is a myth.

Other Physiological Effects

Liver

The major adverse effects of alcohol use are related to liver damage. Alcohol use, even as short as week-long episodes of increased drinking, can result in an accumulation of fats and proteins, which produce a fatty liver, sometimes found on physical examination as an enlarged liver. Alcohol use, is associated with the development of alcoholic hepatitis and hepatic cirrhosis.

Gastrointestinal System

Long-term heavy drinking is associated with developing esophagitis, gastritis, achlorhydria, and gastric ulcers. The development of esophageal varices can accompany particularly heavy alcohol abuse; the rupture of the varices is a medical emergency often resulting in death by exsanguination. Disorders of the small intestine occasionally occur, and pancreatitis, pancreatic insufficiency, and pancreatic cancer are also associated with heavy alcohol use. Heavy alcohol intake can interfere with the normal processes of food digestion and absorption; as a result, consumed food is inadequately digested. Alcohol abuse also appears to inhibit the intestine's capacity to absorb various nutrients, such as vitamins and amino acids. This effect, coupled with the often poor dietary habits of those with alcohol-related disorders, can cause serious vitamin deficiencies, particularly of the B vitamins.

Other Bodily Systems

Significant intake of alcohol has been associated with increased blood pressure, dysregulation of lipoprotein and triglyceride metabolism, and increased risk for myocardial infarctions and cerebrovascular diseases. Alcohol intake can adversely affect the hematopoietic system and can increase the incidence of cancer, particularly head, neck, esophageal, stomach, hepatic, colonic, and lung cancer. Acute intoxication may also be associated with hypoglycemia,it may be responsible for some of the sudden deaths of persons who are intoxicated. Muscle weakness is another side effect of alcoholism. Alcohol intake raises the blood concentration of estradiol in women. The increase in estradiol correlates with the blood alcohol level.

Laboratory Tests

The adverse effects of alcohol appear in common laboratory tests, which can be useful diagnostic aids in identifying persons with alcohol-related disorders. The Î³-glutamyl transpeptidase levels are high in about 80 percent of those with alcohol-related disorders, and the mean corpuscular volume (MCV) is high in about 60 percent, more so in women than in men. Other laboratory test values association with alcohol abuse are of **uric acid, triglycerides, aspartate aminotransferase (AST),** and **alanine aminotransferase (ALT).**

Drug Interactions

The interaction between alcohol and other substances can be dangerous, even fatal. Certain substances, such as alcohol and phenobarbital (Luminal), are metabolized by the liver, and their prolonged use can lead to acceleration of their metabolism. When persons with alcohol-related disorders are sober, this accelerated metabolism makes them unusually tolerant to many drugs such as sedatives and hypnotics; when they are intoxicated, however, these drugs compete with the alcohol for the same detoxification mechanisms, and potentially toxic concentrations of all involved substances can accumulate in the blood.

The effects of alcohol and other central nervous system (CNS) depressants are usually synergistic. Sedatives, hypnotics, and drugs that relieve pain, motion sickness, head colds, and allergy symptoms must be used with caution by persons with alcohol-related disorders. Increasing the dosages of sedative-hypnotic drugs, such as chloral hydrate (Noctec) and benzodiazepines, especially when they are combined with alcohol, produces a range of effects from sedation to motor and intellectual impairment to stupor, coma, and death. Sedatives and other psychotropic drugs can potentiate the effects of alcohol, patients should be instructed about the dangers of combining CNS depressants and alcohol, particularly when they are driving or operating machinery.

DSM-IV-TR Diagnostic Criteria for Alcohol Intoxication

A. Recent ingestion of alcohol.

B. Clinically significant maladaptive behavioral or psychological changes (e.g., inappropriate sexual or aggressive behavior, mood lability, impaired judgment, impaired social or occupational functioning) that developed during, or shortly after, alcohol ingestion.

C. One (or more) of the following signs, developing during, or shortly after, alcohol use:
    1. slurred speech
    2. incoordination
    3. unsteady gait
    4. nystagmus
    5. impairment in attention or memory
    6. stupor or coma

D. The symptoms are not due to a general medical condition and are not better accounted for by another mental disorder.

Alcohol dependence DSM IV criteria

Dependence syndrome

A. Three or more of the following manifestations should have occurred together for at least 1 month or, if persisting for periods of less than 1 month, should have occurred together repeatedly within a 12-month period:
    1. a strong desire or sense of compulsion to take alcohol.
    2. impaired capacity to control substance taking behavior in terms of its onset, termination, or levels of use, as evidenced by: The substance being often taken in larger amounts or over a longer period than intended; or by a persistent desire or unsuccessful efforts to reduce or control substance use
    3. a physiological withdrawal state when substance use is reduced or ceased, as evidenced by the characteristic withdrawal syndrome for the substance, or by use of the same (or closely related) substance with the intention of relieving or avoiding withdrawal symptoms
    4. evidence of tolerance to the effects of the substance, such that there is a need for significantly increased amounts of the substance to achieve intoxication or the desired effect, or a marked diminished effect with continued use of the same amount of the substance
    5. preoccupation with substance use, as manifested by important alternative pleasures or interests being given up or reduced because of substance use; or a great deal of time being spent in activities necessary to obtain, take, or recover from the effects of the substance
    6. persistent substance use despite clear evidence of harmful consequences, as evidenced by continued use when the individual is actually aware, or may be expected to be aware, of the nature and extent of harm

Diagnosis of the dependence syndrome may be further specified by the following:

Currently abstinent

Early remission

Partial remission

Full remission

Currently abstinent but in a protected environment (e.g., in a hospital, in a therapeutic community, in prison, etc.)

Currently on a clinically supervised maintenance or replacement regime (controlled dependence) (e.g., with methadone; nicotine gum or nicotine patch)

Currently abstinent, but receiving treatment with aversive or blocking drugs (e.g., naltrexone or disulfiram)

Currently using the substance (active dependence)

Without physical features

With physical features

The course of the dependence may be further specified, if desired, as follows:

Continuous use

Episodic use (dipsomania)

DSM-IV-TR Diagnostic criteria for Alcohol withdrawl

A. Cessation of (or reduction in) alcohol use that has been heavy and prolonged.
B. Two (or more) of the following, developing within several hours to a few days after Criterion A:
    1. autonomic hyperactivity (e.g., sweating or pulse rate greater than 100)
    2. increased hand tremor
    3. insomnia
    4. nausea or vomiting
    5. transient visual, tactile, or auditory hallucinations or illusions
    6. psychomotor agitation
    7. anxiety
    8. grand mal seizures
C. The symptoms in Criterion B cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
D. The symptoms are not due to a general medical condition and are not better accounted for by another mental disorder.

Alcohol-Induced Disorders:

Alcohol-Induced Persisting Dementia

The legitimacy of the concept of alcohol-induced persisting dementia remains controversial; some clinicians and researchers believe that it is difficult to separate the toxic effects of alcohol abuse from the CNS damage done by poor nutrition and multiple trauma and that following the malfunctioning of other bodily organs such as the liver, the pancreas, and the kidneys. Although several studies have found enlarged ventricles and cortical atrophy in persons with dementia and a history of alcohol dependence.

Alcohol-Induced Persisting Amnestic Disorder

The essential feature of alcohol-induced persisting amnestic disorder is a disturbance in short-term memory caused by prolonged heavy use of alcohol. Because the disorder usually occurs in persons who have been drinking heavily for many years, the disorder is rare in persons younger than age 35.

Wernicke-Korsakoff Syndrome

Alcohol-induced persisting amnestic disorder are Wernicke's encephalopathy (a set of acute symptoms) and Korsakoff's syndrome (a chronic condition). Whereas Wernicke's encephalopathy is completely reversible with treatment, only about 20 percent of patients with Korsakoff's syndrome recover. The pathophysiological connection between the two syndromes is thiamine deficiency, caused either by poor nutritional habits or by malabsorption problems. Thiamine is a cofactor for several important enzymes and may also be involved in conduction of the axon potential along the axon and in synaptic transmission. The neuropathological lesions are symmetrical and paraventricular, involving the mammillary bodies, the thalamus, the hypothalamus, the midbrain, the pons, the medulla, the fornix, and the cerebellum.
Wernicke's encephalopathy, also called alcoholic encephalopathy, is an acute neurological disorder characterized by ataxia (affecting primarily the gait), vestibular dysfunction, confusion, and a variety of ocular motility abnormalities, including horizontal nystagmus, lateral orbital palsy, and gaze palsy. These eye signs are usually bilateral but not necessarily symmetrical. Other eye signs may include a sluggish reaction to light and anisocoria. Wernicke's encephalopathy may clear spontaneously in a few days or weeks or may progress into Korsakoff's syndrome.

Blackouts

Blackouts are similar to episodes of transient global amnesia in that they are discrete episodes of anterograde amnesia that occur in association with alcohol intoxication. The periods of amnesia can be particularly distressing when persons fear that they have unknowingly harmed someone or behaved imprudently while intoxicated. During a blackout, persons have relatively intact remote memory but experience a specific short-term memory deficit in which they are unable to recall events that happened in the previous 5 or 10 minutes. Because their other intellectual faculties are well preserved, they can perform complicated tasks and appear normal to

casual observers. The neurobiological mechanisms for alcoholic blackouts are now known at the molecular level; alcohol blocks the consolidation of new memories into old memories, a process that is thought to involve the hippocampus and related temporal lobe structures.[25]

Alcohol-Induced Psychotic Disorder

Alcohol-induced psychotic disorders, such as delusions and hallucinations, are found in substance-induced psychotic disorder. The most common hallucinations are auditory, usually voices, but they are often unstructured. The voices are characteristically maligning, reproachful, or threatening, although some patients report that the voices are pleasant and nondisruptive. The hallucinations usually last less than a week, but during that week impaired reality testing is common. After the episode, most patients realize the hallucinatory nature of the symptoms.

Hallucinations after alcohol withdrawal are considered rare, and the syndrome is distinct from alcohol withdrawal delirium. The hallucinations can occur at any age, but usually appear in persons abusing alcohol for a long time.

Suicide

Most estimates of the prevalence of suicide among persons with alcohol-related disorders range from 10 to 15 percent, although alcohol use itself may be involved in a much higher percentage of suicides. Suicide among persons with alcohol-related disorders include the presence of a major depressive episode, weak psychosocial support systems, a serious coexisting medical condition, unemployment, and living alone.

Neurological and Medical Complications of Alcohol Use
➢ Alcohol intoxication Acute intoxication Pathological intoxication(atypical, complicated, unusual) Blackouts ➢ Alcohol withdrawal syndromes Tremulousness (the shakes or the jitters) Alcoholic hallucinosis (horrors) Withdrawal seizures (rum fits)

Delirium tremens (shakes)

- Nutritional diseases of the nervous system secondary to alcohol abuse
  - Wernicke-Korsakoff syndrome
  - Cerebellar degeneration
  - Peripheral neuropathy
  - Optic neuropathy (tobacco-alcohol amblyopia)
  - Pellagra
- Alcoholic diseases of uncertain pathogenesis
  - Central pontine myelinolysis
  - Marchiafava-Bignami disease
  - Fetal alcohol syndrome
  - Myopathy
  - Alcoholic dementia
  - Alcoholic cerebral atrophy
- Systemic diseases due to alcohol with secondary neurological complications

Liver disease

Hepatic encephalopathy

Acquired (non-Wilsonian) chronic hepatocerebral degeneration

Gastrointestinal diseases

Malabsorption syndromes

Postgastrectomy syndromes

Possible pancreatic encephalopathy

Cardiovascular diseases

Cardiomyopathy with potential cardiogenic emboli and cerebrovascular disease

Arrhythmias and abnormal blood pressure leading to cerebrovascular disease

Hematological disorders

Anemia, leukopenia, thrombocytopenia (could possibly lead to hemorrhagic cerebrovascular disease)

Infectious disease, especially meningitis (especially pneumococcal and meningococcal)

Hypothermia and hyperthermia

Hypotension and hypertension

Respiratory depression and associated hypoxia

Toxic encephalopathies, including alcohol and other substances

Electrolyte imbalances leading to acute confusional states and, rarely, local neurological signs and symptoms

Hypoglycemia

Hyperglycemia

Hyponatremia

Hypercalcemia

Hypomagnesemia

Hypophosphatemia

- Increased incidence of trauma

Epidural, subdural, and intracerebral hematoma

Spinal cord injury

Posttraumatic seizure disorders

Compressive neuropathies and brachial plexus injuries (Saturday night palsies)

Posttraumatic symptomatic hydrocephalus (normal pressure hydrocephalus)

Muscle crush injuries and compartmental syndromes

Treatment and Rehabilitation

Three general steps are involved in treating the alcoholic person after the disorder has been diagnosed:

1.Intervention

2.Detoxification

3.Rehabilitation

These approaches assume that all possible efforts have been made to optimize medical functioning and to address psychiatric emergencies. Similarly, a person presenting with cardiomyopathy, liver difficulties, or gastrointestinal bleeding first needs adequate treatment of the medical emergency.

Intervention

The goal in the intervention step, which has also been called confrontation, is to break through feelings of denial and help the patient recognize the adverse

consequences likely to occur if the disorder is not treated. Intervention is a process aimed at maximizing the motivation for treatment and continued abstinence.

This step often involves convincing patients that they are responsible for their own actions while reminding them of how alcohol has created significant life impairments. The psychiatrist often finds it useful to take advantage of the person's chief presenting complaint, whether it is insomnia, difficulties with sexual performance, an inability to cope with life stresses, depression, anxiety, or psychotic symptoms. The psychiatrist can then explain how alcohol has either created or contributed to these problems and can reassure the patient that abstinence can be achieved with a minimum of discomfort.

Family

The family can be of great help in the intervention. Family members must learn not to protect the patient from the problems caused by alcohol; otherwise, the patient may not be able to gather the energy and the motivation necessary to stop drinking. During the intervention stage, the family can also suggest that the patient meet with persons who are recovering from alcoholism, perhaps through AA, and they can meet with groups, such as Al-Anon, that reach out to family members. Those support groups for families meet many times a week and help family members and friends see that they are not alone in their fears, worry, and feelings of guilt. Members share coping strategies and help each other find community resources. The groups can be most useful in helping family members rebuild their lives, even if the alcoholic person refuses to seek help.

Detoxification

Most persons with alcohol dependence have relatively mild symptoms when they stop drinking. If the patient is in relatively good health, is adequately nourished, and has a good social support system, the depressant withdrawal syndrome usually resembles a mild case of the flu.

Step-1

A thorough physical examination.

Step-2

To offer rest, adequate nutrition, and multiple vitamins, especially those containing thiamine.

Rehabilitation

Rehabilitation includes three major components:

(1) continued efforts to increase and maintain high levels of motivation for abstinence,

(2) work to help the patient readjust to a lifestyle free of alcohol,

(3) relapse prevention.

Because these steps are carried out in the context of acute and protracted withdrawal syndromes and life crises, treatment requires repeated presentations of similar materials that remind the patient how important abstinence is and that help the patient develop new day-to-day support systems and coping styles.

No single major life event, traumatic life period, or identifiable psychiatric disorder is known to be a unique cause of alcoholism. In addition, the effects of any causes of alcoholism are likely to have been diluted by the effects of alcohol on the brain and the years of an altered lifestyle, so that the alcoholism has developed a life of its own. This is true even though many alcoholic persons believe that the cause was depression, anxiety, life stress, or pain syndromes. Alcohol contributed to the mood disorder, accident, or life stress, not vice versa.

The treatment process in out patient & in patient setting involves intervention, optimizing physical and psychological functioning, enhancing motivation, reaching out to family, and using the first 2 to 4 weeks of care as an intensive period of help. Those efforts must be followed by at least 3 to 6 months of less frequent outpatient care. Outpatient care uses a combination of individual and group counseling, judicious avoidance of psychotropic medications unless needed for independent disorders, and involvement in such self-help groups as AA.

Counseling

Counseling efforts in the first several months should focus on day-to-day life issues to help patients maintain a high level of motivation for abstinence and to enhance their functioning. Psychotherapy techniques that provoke anxiety or that require deep insights have not been shown to be of benefit during the early months of recovery.

Counseling or therapy can be carried out in an individual or group setting. The technique used is not likely to matter greatly and usually boils down to simple day-to-day counseling or almost any behavioral or psychotherapeutic approach focusing on the here and now. To optimize motivation, treatment sessions should explore the consequences of drinking, the likely future course of alcohol-related life problems, and the marked improvement that can be expected with abstinence. Whether in an inpatient or an outpatient setting, individual or group counseling is usually offered a minimum of three times a week for the first 2 to 4 weeks, followed by less intense efforts, perhaps once a week, for the subsequent 3 to 6 months.

Much time in counseling deals with how to build a lifestyle free of alcohol. Discussions cover the need for a sober peer group, a plan for social and recreational events without drinking, and approaches for reestablishing communication with family members and friends.

The third major component, relapse prevention, first identifies situations in which the risk for relapse is high. The counselor must help the patient develop modes of coping to be used when the craving for alcohol increases or when any event or emotional state makes a return to drinking likely. An important part of relapse prevention is reminding the patient about the appropriate attitude toward slips. Short-term experiences with alcohol can never be used as an excuse for returning to regular drinking. The efforts to achieve and maintain a sober lifestyle are not a game in which all benefits are lost with that first sip. Rather, recovery is a process of trial and error; patients use slips that occur to identify high-risk situations and to develop more appropriate coping techniques.

Most treatment efforts recognize the effects that alcoholism has on the significant persons in the patient's life, and an important aspect of recovery involves

helping family members and close friends understand alcoholism and realize that rehabilitation is an ongoing process that lasts for 6 to 12 or more months. Couples and family counseling and support groups for relatives and friends help the persons involved to rebuild relationships, to learn how to avoid protecting the patient from the consequences of any drinking in the future, and to be as supportive as possible of the alcoholic patient's recovery program.[28]

MATERIALS & METHODS

MATERIALS:

The clinical study on KUDIVERY NOI was carried out at the Post Graduate Noi Naadal Department of Government Siddha Medical College and Hospital Palayamkottai & Govt.Thoothukudi Medical College and Hospital.

CASE SELECTION AND SUPERVISION :

Author has selected cases of Similar Symptoms of KUDIVERY NOI from the post Graduate outpatient department of Government Siddha Medical college and hospital Palayamkottai & Govt.Thoothukudi Medical College and Hospital. From which 120 typical cases of KUDIVERY NOI were selected and studied under the close supervision of the professor and lecturers of the Post Graduate Noi Naadal Department & Govt.Thoothukudi Medical College and Hospital.

Evaluation of clinical parameters:

Inclusion criteria:

- Age 18 to 60 years
- Increased frequency of alcohol consumption in the proceding years
- Binge drinking
- Daily drunken
- Tolerance
- Withdrawl
- Facing social and occupational problems
- Accept to give samples for the investigation when ever necessary.

Exclusion criteria:

- Other major psychiatric disorders like
  - Schizophrenia
  - Bipolar disorder
  - Severe depression
  - OCD
- Any associated major medical problems like
  - diabetes mellitus

renal failure

heart diseases

Cancer

AIDS

Instruments used

In Siddha

- Envagai Thervugal
- Dhagiyin ilakanam
- Balachandra Adagal
- Panchapatchi

In Modern

- Short alcohol dependent data questionare
- Semi Structured proforma for collecting illness details
- AUDIT Scale
- Sleep scale
- Behaviour scale

TESTS AND ASSESMENTS:

1. Clinical assessment

2..Siddha system assessment

3. Routine investigations

1.CLINICAL ASSESMENT:

- Acute intoxication,
- Harmful use
- Craving of alcohol
- Tolerance level
- Withdrawal symptoms
- Neglect of Activities
- Time spent in Alcohol-Related Activity
- Inability to Fulfill Roles

2.INVESTIGATIONS BASED ON SIDDHA SYSTEM:

Envagai Thervugal

1. Naadi
2. Sparisam
3. Naa
4. Niram
5. Mozhi
6. Vizhi
7. Malam
8. Moothiram
    - Neerkkuri :
    - Neikkuri :

Thegiyin Illakkanam

Pancha patchi

Balachandra adangal

3.INVESTIGATION:

BLOOD

- Hb
- Total WBC Count
- Polymorphs
    - Lymphocytes
    - Eosinophils
    - Monocytes
    - Basophils
- Total RBC count
- ESR ½ Hr: 1 Hr:
- Blood sugar : Fasting: PP:
- Serum cholesterol

URINE

- Albumin
- Sugar(F) (PP)
- Deposits

RENAL FUNCTION TESTS

Blood Urea

Serum Creatinine

Uric acid

LIVER FUNCTION TESTS

Serum total bilirubin

Direct bilirubin

Indirect bilirubin

Serum Alkaline phosphatases

SGOT

SGPT

LIPID PROFILE:

HDL:

LDL:

VLDL:

Total Cholesterol

TGL:

OTHERS

VDRL.

HbsAg.

DIAGNOSTIC METHODOLOGY

STUDY DESIGN:

Observational Type of Study.

STUDY ENROLLMENT :

- In the study patients reporting at the OPD & IPD of Govt. Siddha Medical College Hospital with the clinical symptoms of "KUDIVERI NOI" will be referred to the Research group. Those patients will be screened using the screening proforma (Form -I) and examined clinically for enrolling in the study based on the inclusion and exclusion criteria. Based on the inclusion criteria the patients will be included first and excluded from the study on the same day if they hit the exclusion criteria.
- The patients who are to be enrolled would informed (Form IV-A) about the study, and the objectives of the study in the language and terms understandable for them.
- After ascertaining the patients willingness, a written informed consent would be obtained from them in the consent from (Form - IV)
- All these patients will be given unique registration card in which patients Registration number of the study, Address, Phone Number and Doctors phone number etc. will be given, so as to research group easily, if any complication arises.
- Complete clinical history, complaints and duration, examination findings all would be recorded in the prescribed proforma in the history and clinical assessment forms separately. Screening Form -I will be filled up; Form I-A, Form II and Form -III will be used for recording the patient's history, clinical examinations of symptoms and signs and lab investigations respectively.

INVESTIGATIONS DURING THE STUDY

The patients will be subjected to basic laboratory parameters during the study.

TREATMENT DURING THE STUDY:

Normal treatment procedure followed in GSMCH prescribed to the study patients and provided at free of cost.

STUDY PERIOD :

- Total period - 24 months
- Recruitment for the study - Upto18 months
- Data entry analysis - 4 months
- Report preparation and submission - 2months

DATA MANAGMENT

- After enrolling the patient in the study, a separate file for each patient was opened and all forms were filed. Study No. and Patient No. were entered on the top of 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.
- All collected datas were entered using MS access/excel software onto computer.

Statistical analysis:-

The study subjects were described according to their demographic characteristics and clinical characteristics in terms of percentage. The demographic profiles of the study subjects were associated with duration of kudiveri noi for significance. The screening and confirmation tests were studied and compared to find out diagnostic capacity and compared them to find the significance. The statistical procedures were performed with help of the statistical package namely IBM SPSS statistics-20. The P- values less than or equal to 0.05 ($P \leq 0.05$) were considered as statistically significant.

Outcome of study:-

- This study not only based on the individuals. It also helps to built a healthy society.
- Early diagnosis will help to avoid the complication
- Cost effective diagnosis
- It is very useful for remote areas were the laboratory is not available.

OBSERVATION AND RESULTS

Results were observed with respect of the following aspect

- Age Distribution
- Sex
- Occupation status
- Socio Economic status
- Diet Habit
- Personal Habit
- Duration of illness
- Clinical Features of disease
- Harm to self (or) other
- Asayam
- Kosangal
- Mukkutam
- Udal thathukkal
- Envagai thervugal
- Thegi
- Pancha Patchi
- Bala Chandra adangal
- Laboratory findings.

Results & Observations :-

Description of study subjects:

The study subjects' namely kudiveri noi had been described according to their demographic profiles and clinical findings with duration of kudiveri noi. In this study all the subjects were male.

Table-1: Description of study subjects and association with kudiveri noi in respect of their age:

Age group (Years)	Duration of Kudiveri noi				Total		Results
	<10 years		10 + years				
	Fre*	%	Fre*	%	Fre*	%	
20-29	20	16.7	7	5.8	27	22.5	
30-39	16	13.3	30	25.0	46	38.3	χ^2 =27.011
40-49	3	2.5	27	22.5	30	25.0	df=3
50-59	4	3.3	13	10.8	17	14.2	Sig=P<0.001
Total	43	35.8	77	64.2	120	100.0	

*Frequency

The age and kudiveri noi duration was associated in the above table-1. The age group 30-39 years was strongly associated with 12 and above years. The maximum (38.3%) of kudiveri noi addicts were in the age group of 30-39 years.

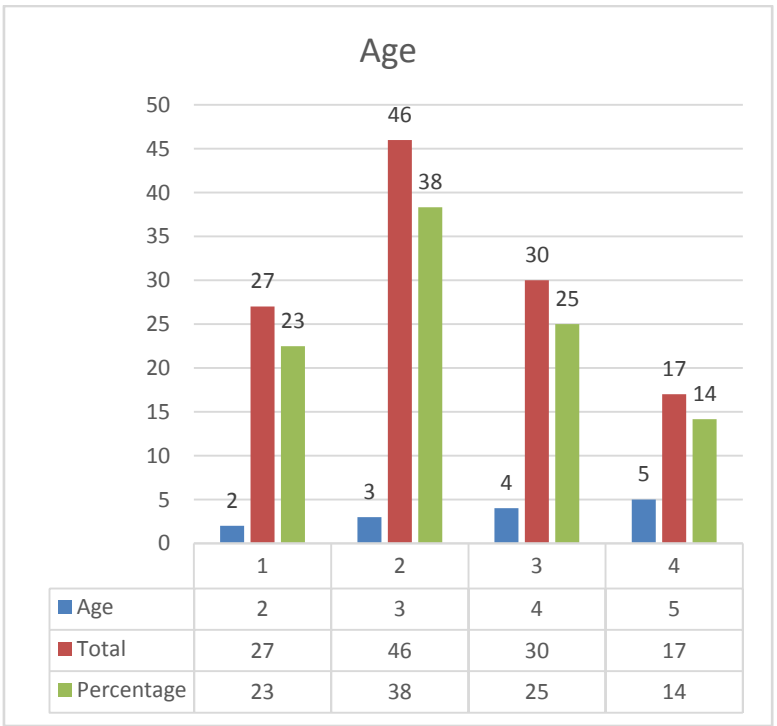


Table-2: Description of study subjects and association with duration of Kudiveri noi in respect of their educational level:

Education level	Duration of Kudiveri noi				Total		Results
	<10 years		10 + years				
	Fre*	%	Fre*	%	Fre*	%	
Illiterate	11	9.2	19	49	30	25.0	χ^2 =1.530 df=2 Sig=P>0.05
Literate	23	19.2	48	40.0	70	58.3	
Graduates	9	7.5	10	8.3	19	15.8	
Total	43	35.8	77	64.2	120	100.0	

*Frequency

The association between the educational status and kudiveri noi duration was studied and stated in the above table-2. The results revealed that there was no significant association between the educational status and kudiveri noi duration (P>0.05)

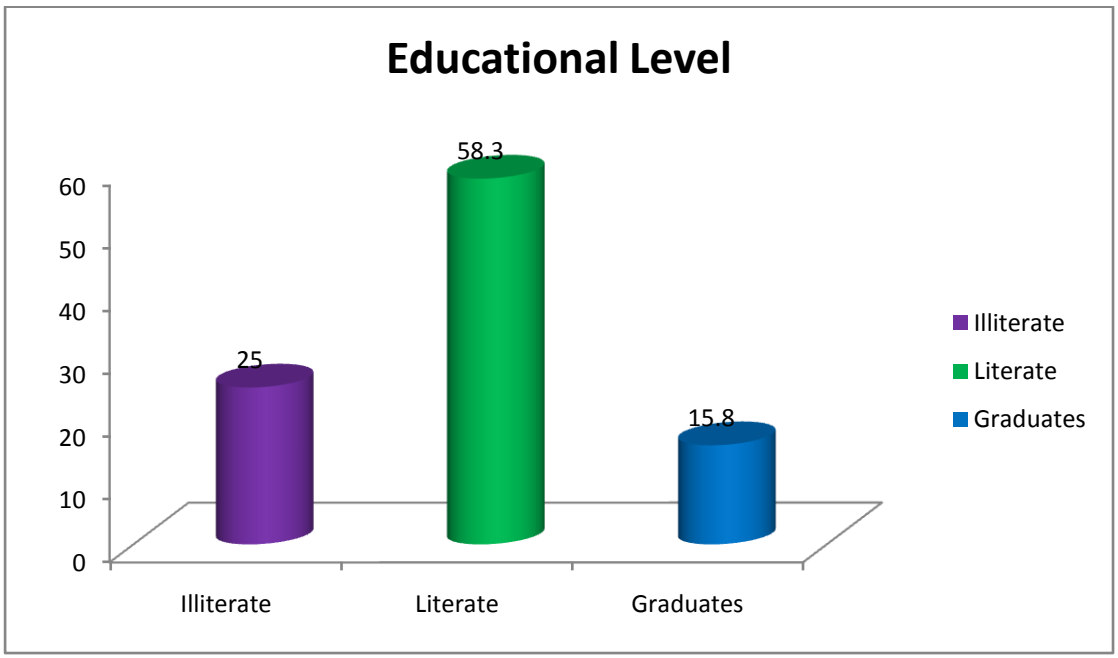


Table-3: Description of study subjects and association with duration of Kudiveri noi in respect of their occupation:

Occupational status	Duration of kudiveri noi				Total		Results
	<10 years		10 + years				
	Fre*	%	Fre*	%	Fre*	%	
Sedentary	1	0.8	1	0.8	2	1.7	χ^2 =3.490 df=3 Sig=P>0.05
Labourers	39	32.5	74	61.7	113	94.2	
Field work and Excutives	3	2.5	2	1.7	5	4.2	
Total	43	35.8	77	64.2	120	100.0	

*Frequency

The association between the educational status and kudiveri noi duration was studied and stated in the above table-3. The results revealed that there was no significant association between the educational status and kudiveri noi duration (P>0.05). The maximum (94.2%) addicts were labourers.

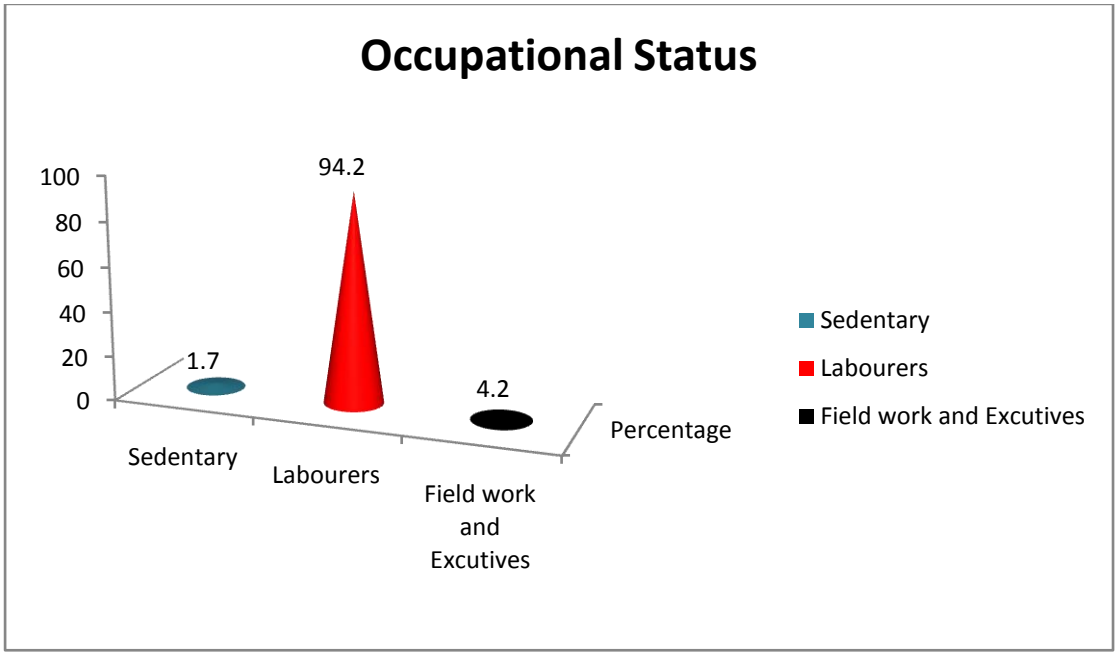


Table-4: Description of study subjects and association with duration of kudiveri noi in respect of their marital status:

Marital status	Duration of Kudiveri noi				Total		Results
	<10 years		10 + years				
	Fre*	%	Fre*	%	Fre*	%	
Un Married	20	16.7	10	8.3	30	25.0	χ^2 =16.539
Married	23	19.2	67	55.8	90	75.0	df=1
Total	43	35.8	77	64.2	120	100.0	Sig=P<0.001

*Frequency

The association between the marital status and kudiveri noi duration was studied and stated in the above table-4. The results revealed that there was a significant association between the marital status and kudiveri noi duration (P<0.001). The maximum (75%) of addicts were married subjects.

Habits of the alcoholism addicts:

The habits of alcoholic addicts were associated with duration of kudiveri noi.

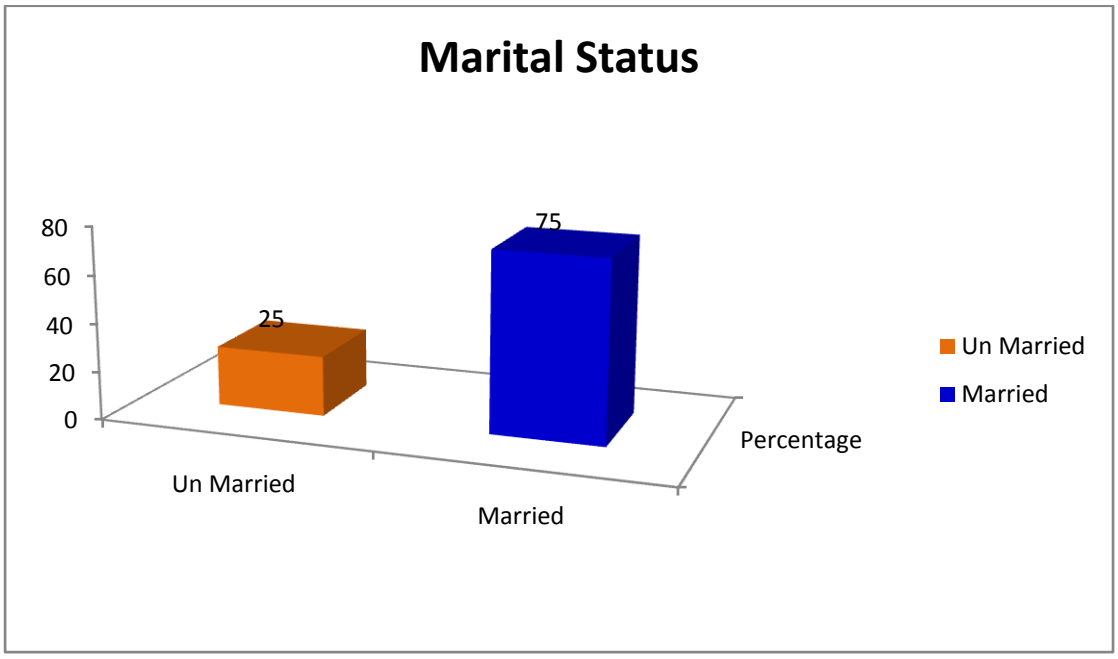


Table-5: Description of study subjects and association with duration of Kudiveri noi in respect of their Smoking habits:

Smoking habits	Duration of Kudiveri noi				Total		Results
	<10 years		10 + years				
	Fre*	%	Fre*	%	Fre*	%	
Non smokers(0)	12	10.0	17	14.2	29	24.2	χ^2 =0.512
Smokers(1)	31	25.8	60	50.0	91	75.8	df=1
Total	43	35.8	77	64.2	120	100.0	Sig=P>0.05

*Frequency

The association between the smoking habits and kudiveri noi duration was studied and stated in the above table-5. The results revealed that there was no significant association between the smoking habits and kudiveri noi duration (P>0.05). The maximum (75.8%) of addicts were smokers.

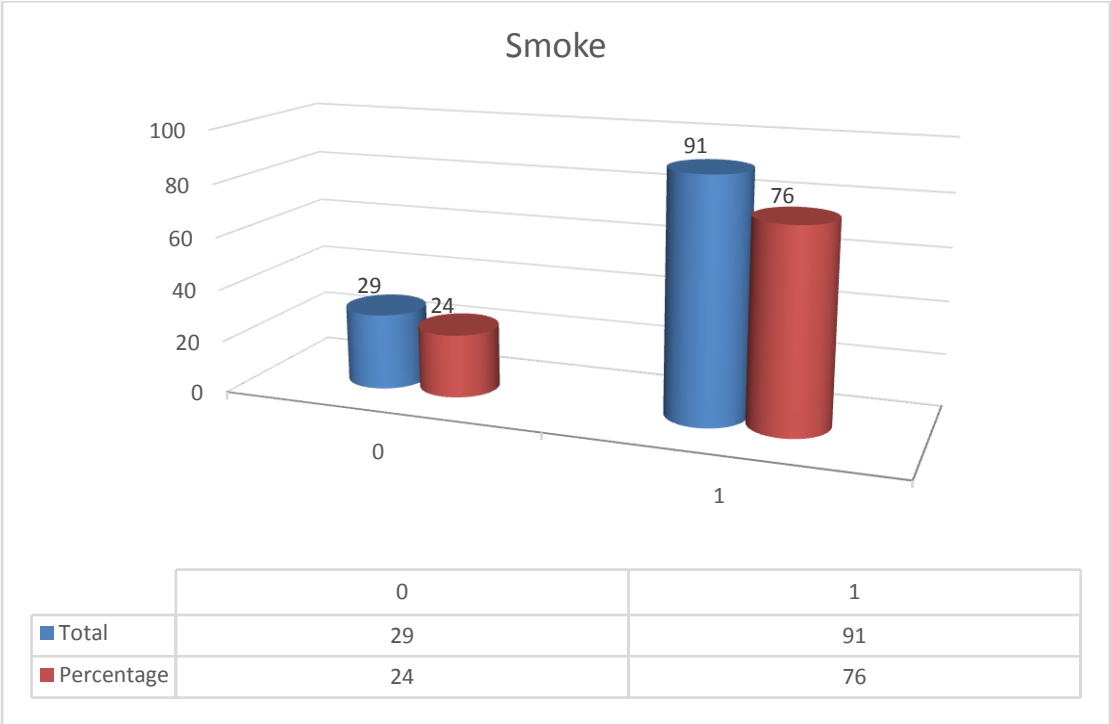
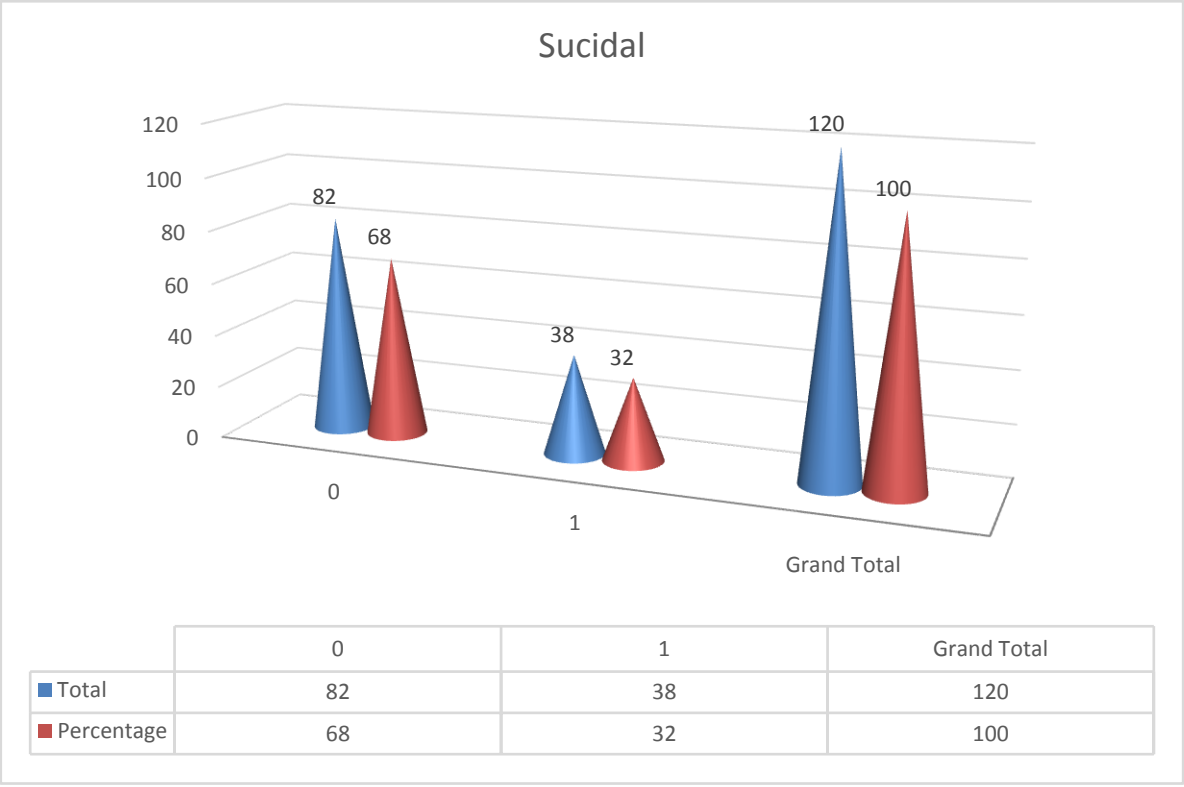


Table-6: Description of study subjects and association with duration of Kudiveri noi in respect of their suicidal thoughts:

Suicidal thoughts	Duration of Kudiveri noi				Total		Results
	<10 years		10 + years				
	Fre*	%	Fre*	%	Fre*	%	
No (0)	24	20.0	58	48.3	82	68.3	χ^2 =0.189
Yes (1)	19	15.8	19	15.9	19	31.7	df=1
Total	43	35.8	77	64.2	120	100.0	Sig=P>0.05

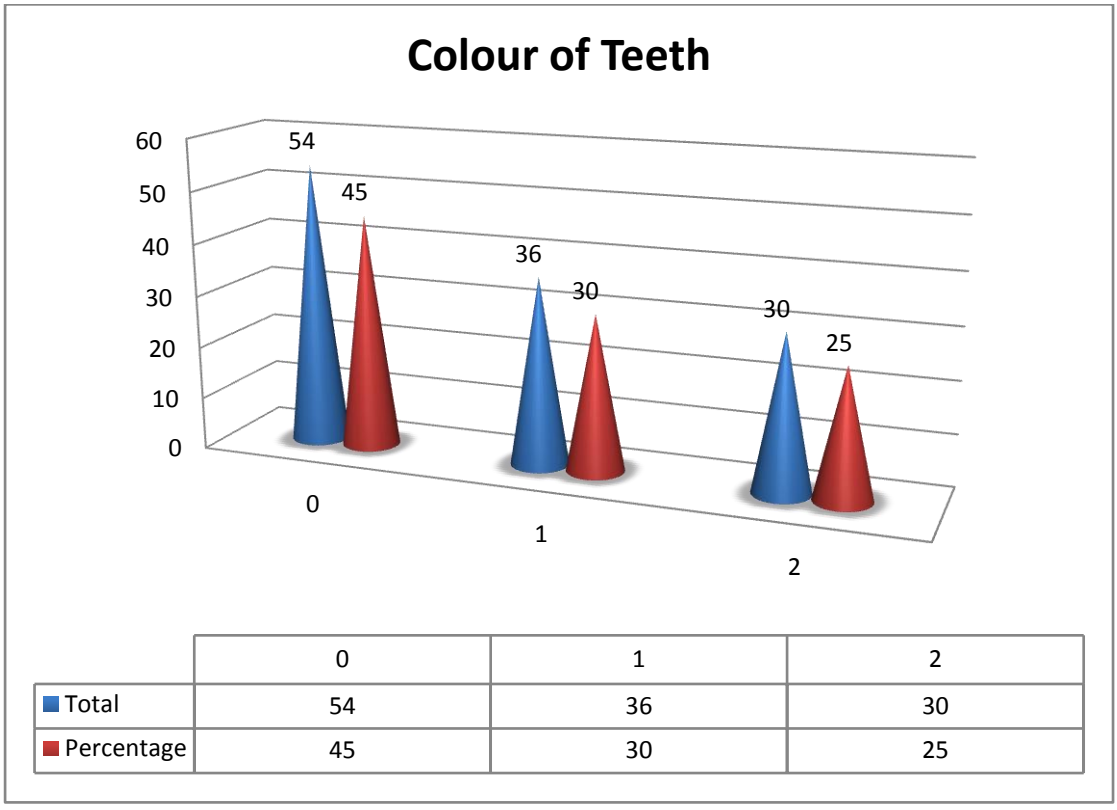
The association between the suicide thoughts and kudiveri noi duration was studied and stated in the above table-6. The suicidal thoughts were significantly associated with duration of kudiveri noi (P<0.05). The maximum (68.3%) of addicts did not have suicidal thoughts.



	0	1	Grand Total
Total	82	38	120
Percentage	68	32	100

Table-7: Specific feature in Kudivery Noi

Sl. No	Type of the body	Category	Frequency	%
1	Colour of teeth	White (0)	54	45.0
		Brown (1)	36	30.0
		Blackish (2)	30	25.0



Envagai thervugal diagnosis of Kudiveri noi:

The kudiveri noi sujects were diagnosed by Envagai thervugal

Table-8: Kudiveri noi subjects were diagnosed by Envagai thervugal:

Sl. No	Part of the body	Category	Frequency	%
1	Naa Maa	Absent	56	46.7
		Present	64	53.3
	Niram	Pale	94	78.3
		Yellow	26	21.7
	Fissure	Absent	90	75.0
		Present	30	25.0
2	Sparism	Normal	107	89.2
		Increase	9	7.5
		Decrease	4	3.3
3	Niram	Vatham	97	80.8
		Pitham	12	10.0
		Kapam	11	9.2
4	Mozhi	Moderate	81	67.5
		High	14	11.7
		Low	25	20.8
5	Vizhi Colour	Normal	38	31.7
		Yellow	12	10.0
		Red	14	11.7
		Brown	56	46.7
	Vizhi dryness	Normal	58	48.3
		Present	62	51.7
6	Naadi type	Vatha pitham	8	6.7
		Vatha Kabam	33	27.5
		Pitha vatham	77	64.2
		Pitha kabam	2	1.7
	Guru Naadi	Absent	54	45.0
		Present	66	55.0

	Bala Chandra Adangal	Absent	58	48.3
		Present	62	51.7
7	Malam Colour	Yellow	64	53.3
		Red	1	0.8
		Black	55	45.8
8	Neer Colour	Straw	85	70.8
		Yellow	28	23.3
		Red	5	4.2
		Colourless	2	1.7
	Neikury (shape)	+	55	45.8
		Star	35	29.2
		Snake	10	8.3
		Round	9	7.5
		Un known shape	11	9.2
	Neikury Spread	Normal	48	40.0
		Fast	41	34.2
		Slow	31	25.8

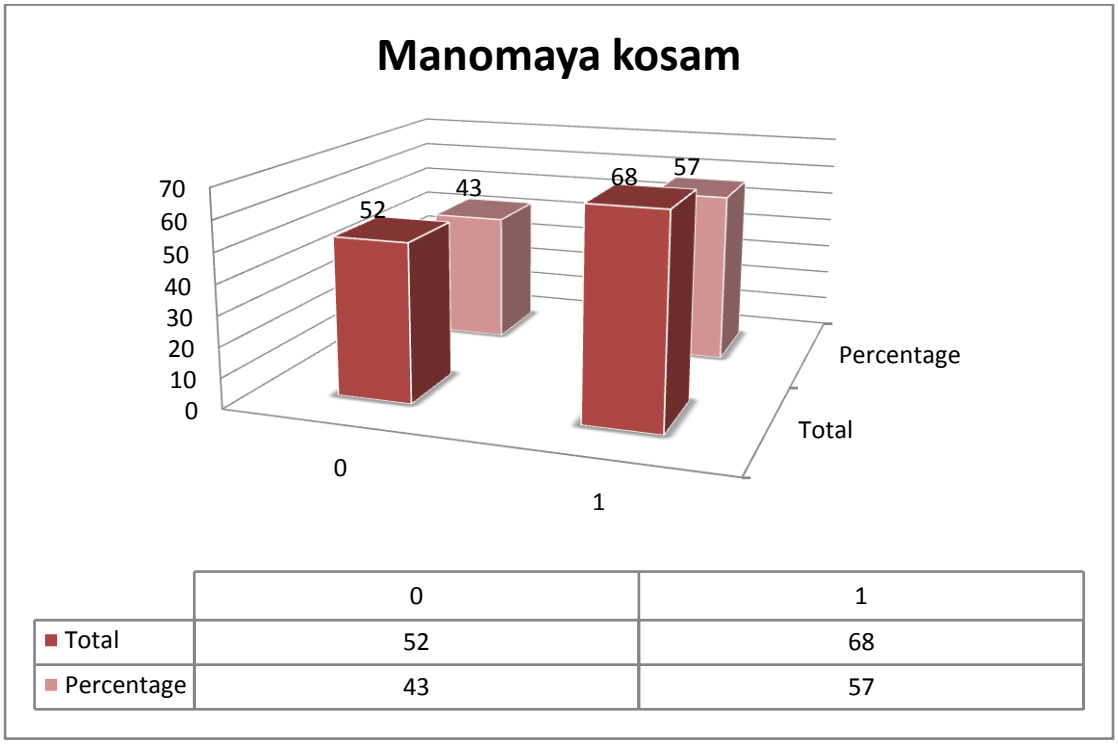
Table- 9:Significance of Alcoholism in Envagai Thervugal:

Sl No	Parts of the Thervu	Category	No	%	Results	Description of the significance
1	Naa-Niram	Pale	94	78.3	χ^2=38.533 df= 1 P<0.001	The Naa niram (78.3%) pale is significantly differed
		Yellow	26	21.7		
2	Sparism	Normal	107	89.2	χ^2=168.650 df=2 P<0.001	The normal sparism (89.2%) is differed significantly
		Incraes	9	7.5		
		Decrease	4	3.3		
3	Niram	Vatham	97	80.8	χ^2=121.850 df=2 P<0.001	The vatham (80.8%) is significantly differed with other
		Pitham	12	10.0		
		Kabam	11	9.2		
4	Mozhi	Moderate	81	67.5	χ^2=64.550 df= 2 P<0.001	The moderate (67.5%) is significantly differed with others
		High	14	11.7		
		Low	25	20.8		
5	Vzhi Colour	Normal	38	31.7	χ^2=44.000 df= 3 P<0.001	The brown (46.7%) is significantly differed with the others.
		Yellow	12	10.0		
		Red	14	11.7		
		Brown	56	46.7		
6	Naadi - type	Vatha Pitham	8	6.7	χ^2=116.200 df= 3 P<0.001	The pitha vatham (64.2%) is significantly differed with the other Types.
		Vatha Kabam	33	27.5		
		Pitha Vatham	77	64.2		
		Pitha Kabam	2	1.7		
7	Malam	Yellow	64	53.3	χ^2=58.050 df= 2 P<0.001	The yellow (53.3%) is significantly differed with the others
		Red	1	0.8		
		Pale	0	0.0		
		Black	55	45.8		

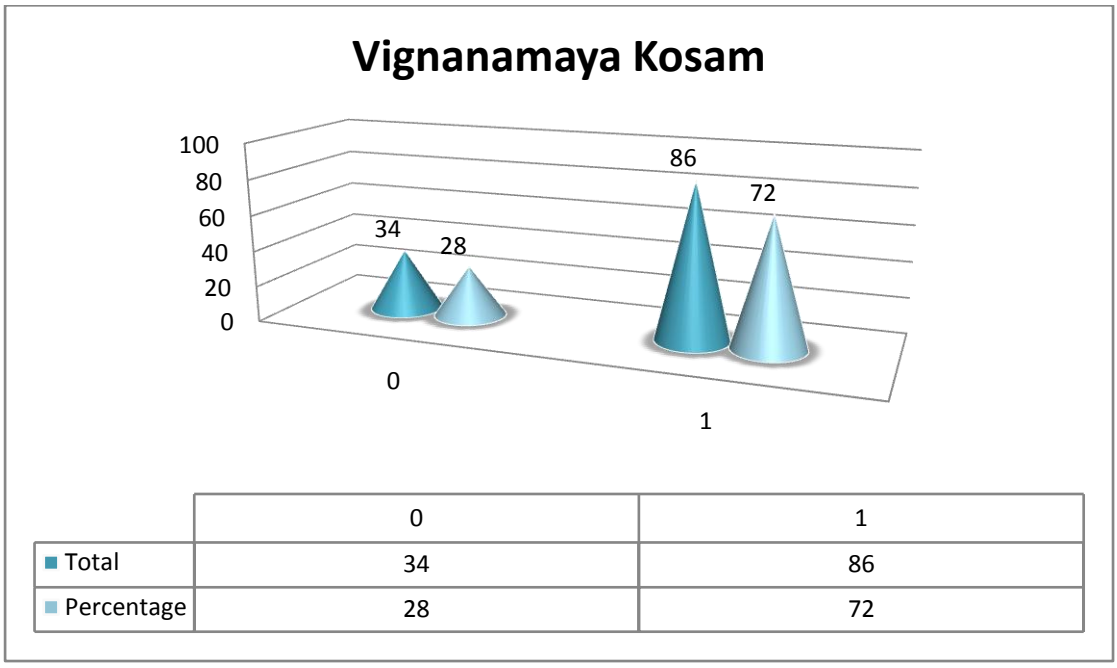
8	Neikury	Plus	55	45.8	χ^2=69.667 df= 4 P<0.001	The plus shape (45.8%) is significantly differed with the others
		Star	35	29.2		
		Snake	10	8.3		
		Round	9	7.5		
		Unknown	11	9.2		

Table-10: Kosangal:

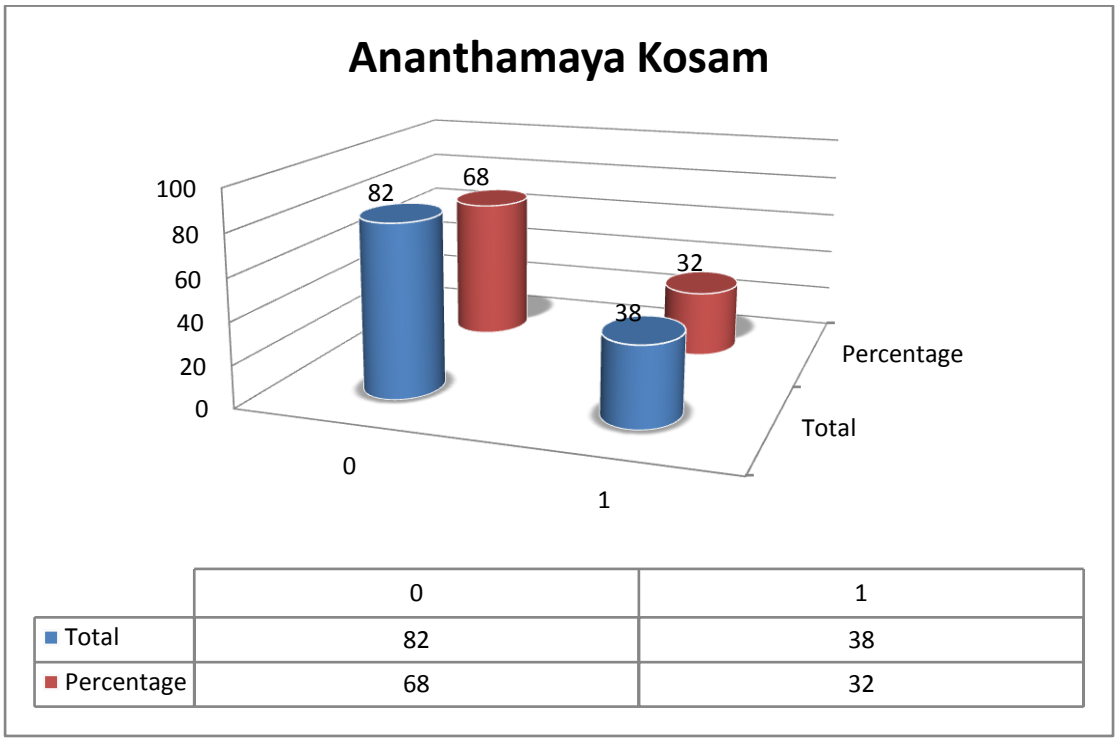
Sl. No	Part of the body	Category	Frequency	%
1	Manoma Kosam	Normal (0)	52	43.3
		Affected (1)	68	56.7
2	Vignanamaya Kosam	Normal (0)	34	28.3
		Affected (1)	86	71.7
3	Ananthamaya Kosam	Normal (0)	82	68.3
		Affected (1)	38	31.7



	0	1
Total	52	68
Percentage	43	57



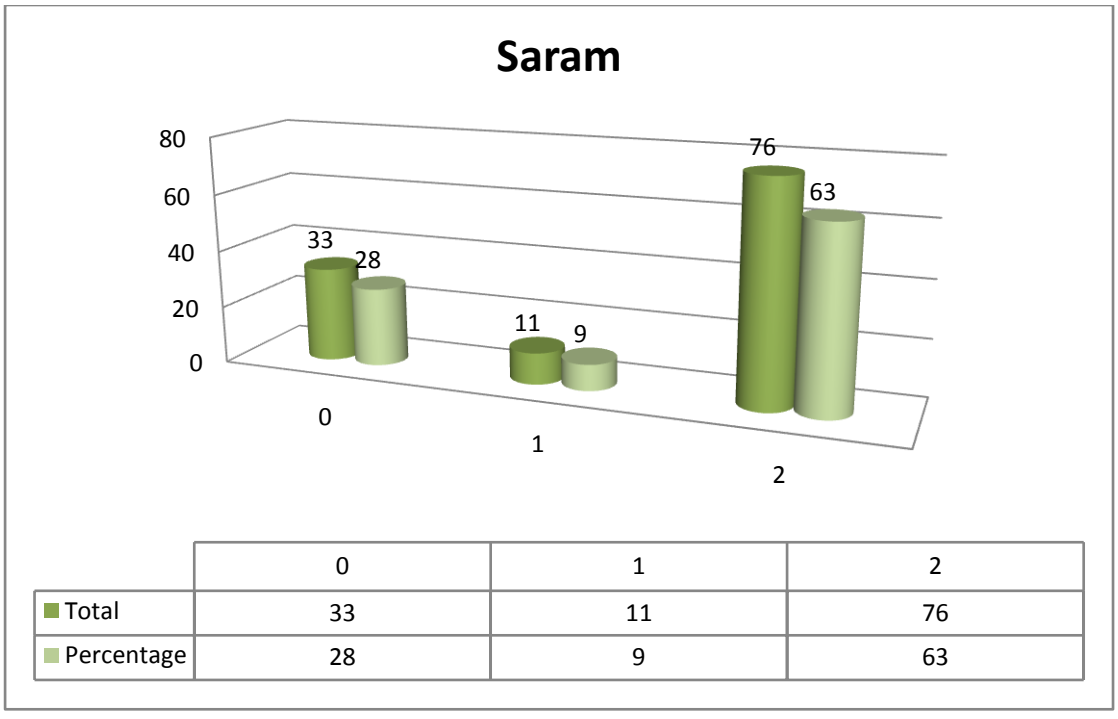
	0	1
Total	34	86
Percentage	28	72



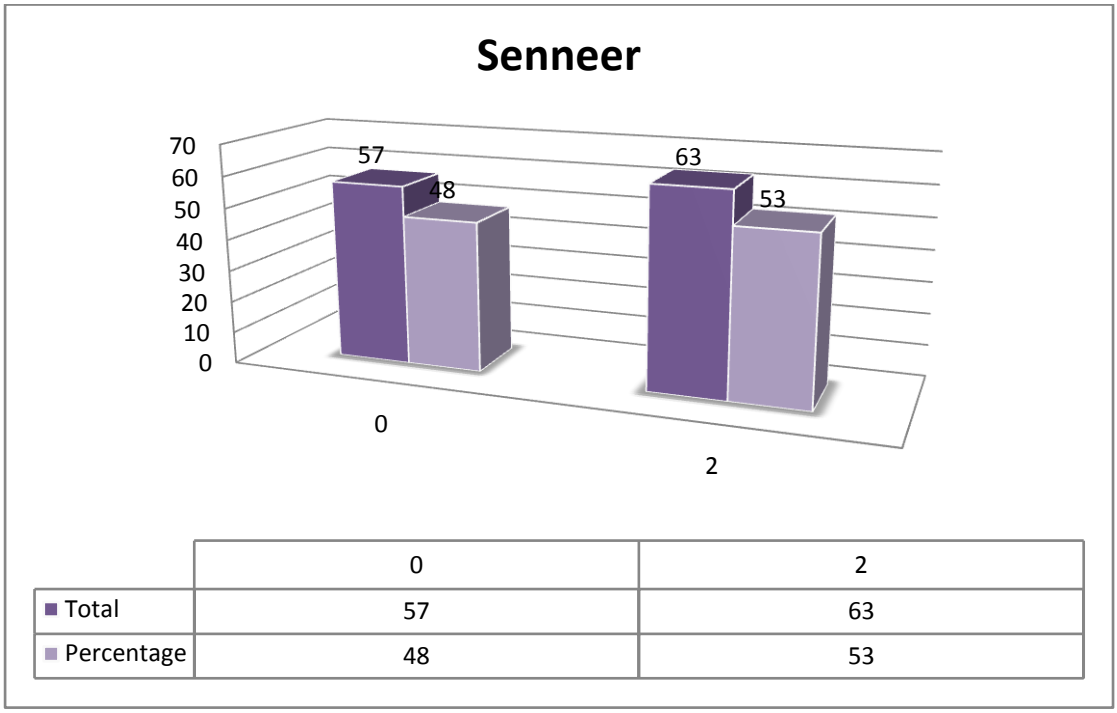
	0	1
Total	82	38
Percentage	68	32

Table-11: Diagnosis of Ezhu vagai Udal Kattu:

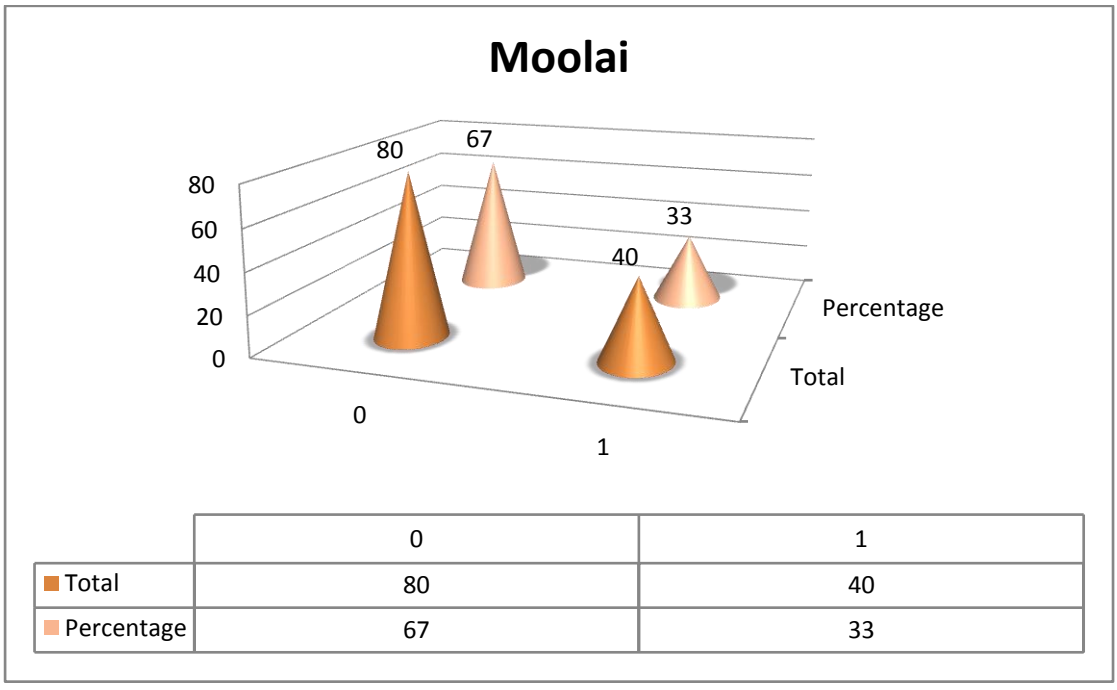
Sl. No	Types of affected Udal Kattugal	Category	Frequency	%
1	Saram	Normal (0)	33	27.5
		Increased (1)	11	9.2
		Decreased (2)	76	63.3
2	Senneer	Normal (0)	57	47.5
		Decreased (2)	63	52.5
3	Moolai	Normal (0)	80	66.7
		Increased (1)	40	33.3
4	Sukilam	Normal (0)	64	53.3
		Increased (1)	31	25.8
		Decreased (2)	25	20.8



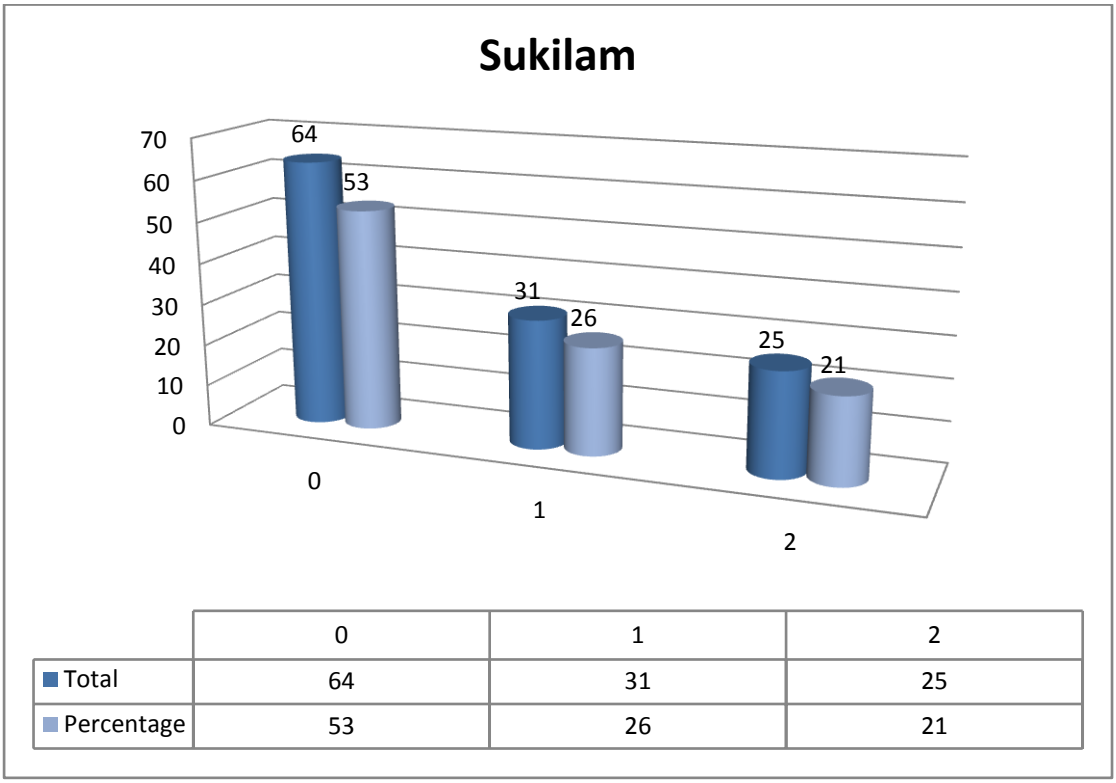
	0	1	2
Total	33	11	76
Percentage	28	9	63



	0	2
Total	57	63
Percentage	48	53



	0	1
Total	80	40
Percentage	67	33



	0	1	2
Total	64	31	25
Percentage	53	26	21

Diagnosis of kudiveri noi:

The Kudiveri noi was diagnosed by different methods to predict the sensitivity and specificity. The udal kattu was taken as screening test and the sensitivity and specificity was confirmed by the Envagai thervugal.

Table-12: Comparison of prediction by Envagai thervu and Seven Udal Kattu.

Seven Udal Kattu	Envagai Thervugal			Results
	Positive	Negative	Total	
Positive	41	23	64	χ^2_{paired} =4.129 **df=1** **Sig = P<0.05**
Negative	39	17	56	
Total	80	40	120	

The above table -12 reveals the following diagnosis.

1. Sensitivity = 51.2%
2. Specificity = 42.5%
3. Positive predictive value = 64.1.2%
4. Negative predictive value = 30.4%

The above analysis reveals that both diagnoses were predicting positive and negative of kudiveri noi as 51.2% and 42.5% respectively. The positive predictive value of 64.1% was significantly more than negative predictive value 30.4%. Any diagnosis, which is predicting positive and negative more or less equal in the condition of gold standard. In this analysis gold standard is Envagai Thervugal. There was a possibility of false positive prediction by Seven Udal Kattu.

Table-13: Comparison of prediction by Envagai thervu and Panchapatchi.

Panchapatchi	Envagai Thervugal			Results
	Positive	Negative	Total	
Positive	28	13	41	χ^2_{paired} =23.4
Negative	52	27	79	**df=1**
Total	80	40	120	**Sig = P<0.001**

The above table -13 reveals the following diagnosis.

1. Sensitivity = 35.0%
2. Specificity = 67.5%
3. Positive predictive value = 68.3%
4. Negative predictive value = 34.2%

The above analysis reveals that both diagnoses were predicting positive and negative of kudiveri noi as 35.0% and 67.5% respectively. The positive predictive value of 68.3.3% was significantly more than negative predictive value 34.2%. Any diagnosis, which is predicting positive and negative, must be more or less equal in the condition of gold standard comparison. In this analysis gold standard is Envagai Thervugal. There was a possibility of false positive prediction by Panchapatchi.

Table-14: Comparison of prediction by Ezhu vagai udal Kattu and Panchapatchi.

Panchapatchi	Ezhu vagai udal Kattu			Results
	Positive	Negative	Total	
Positive	26	15	41	$\chi 2_{paired}$ =9.981
Negative	38	41	79	df=1
Total	64	56	120	Sig = P<0.001

The above table -14 reveals the following diagnosis.

1. Sensitivity = 40.6%
2. Specificity = 73.2%
3. Positive predictive value = 63.4%
4. Negative predictive value = 51.9%

The above analysis reveals that both diagnoses were predicting positive and negative of kudiveri noi as 29.1% and 56.4% respectively. The positive predictive value of 33.3% was significantly less than negative predictive value 56.4%. Any diagnosis, which is predicting positive and negative, must be more or less equal in the condition of gold standard comparison. In this analysis gold standard is Ezhu vagai udal Kattu.. The two tests predictions of negatives were statistically significant (P<0.0015).

Table-15: Association between Audit and Appetite symptoms:

Appetite	AUDIT Score								Results
	Monthly		Weekly		Daily		Total		
	Fre*	%	Fre*	%	Fre*	%	Fre*	%	
Normal (0)	4	3.3	6	5.0	17	14.2	27	22.5	χ^2 =6.779 df=4 Sig=P>0.05
Low (1)	9	7.5	9	7.5	73	60.8	91	75.8	
High (2)	1	0.8	0	0.0	1	0.8	2	1.7	
Total	14	11.7	15	12.5	91	75.8	100	100.0	

The AUDIT scores and Appetite were associated in the above table-15. There was no significant association between AUDIT scores and Appetite(P>0.05). The maximum (75.8%) of subjects had low appetite.

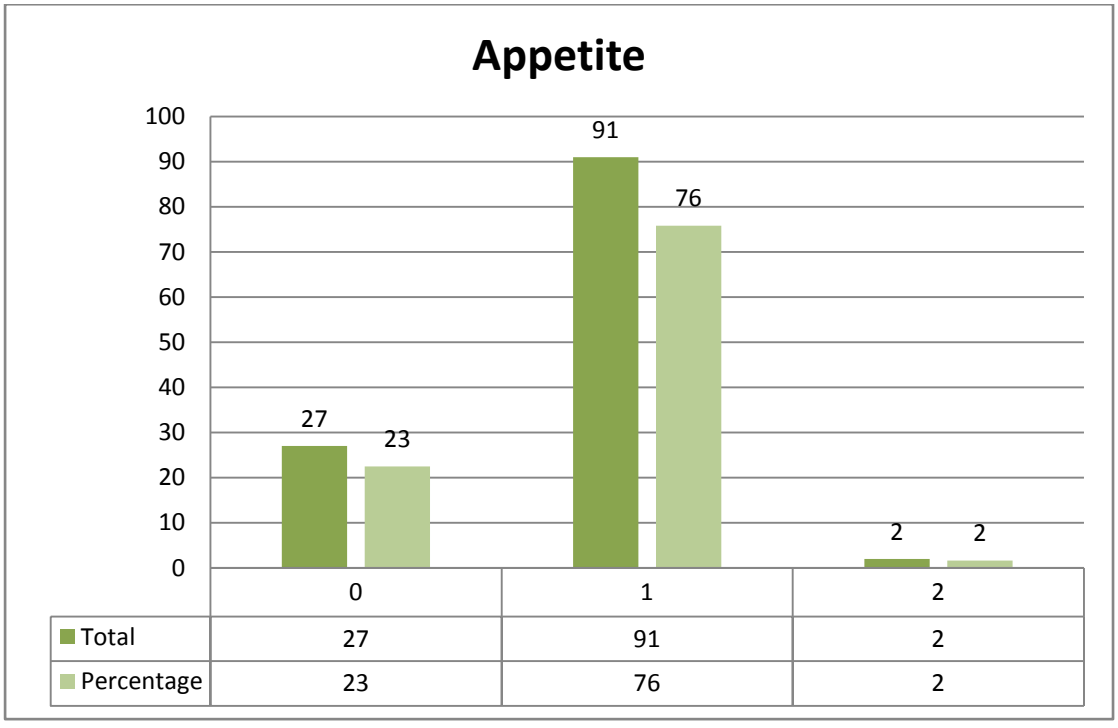


Table-16: Association between Audit and Anxiety symptoms:

Anxiety	AUDIT Score								Results
	Monthly		Weekly		Daily		Total		
	Fre*	%	Fre*	%	Fre*	%	Fre*	%	
No (0)	10	8.4	7	5.8	49	40.8	66	55.0	χ^2 =1.997
Yes (1)	4	3.3	8	6.7	42	35.0	54	45.0	df=2
Total	14	11.7	15	12.5	91	75.8	100	100.0	Sig=P>0.05

The AUDIT scores and Anxiety were associated in the above table-16. There was no significant association between AUDIT scores and Anxiety. The maximum (75.8%) of subjects had no Anxiety.

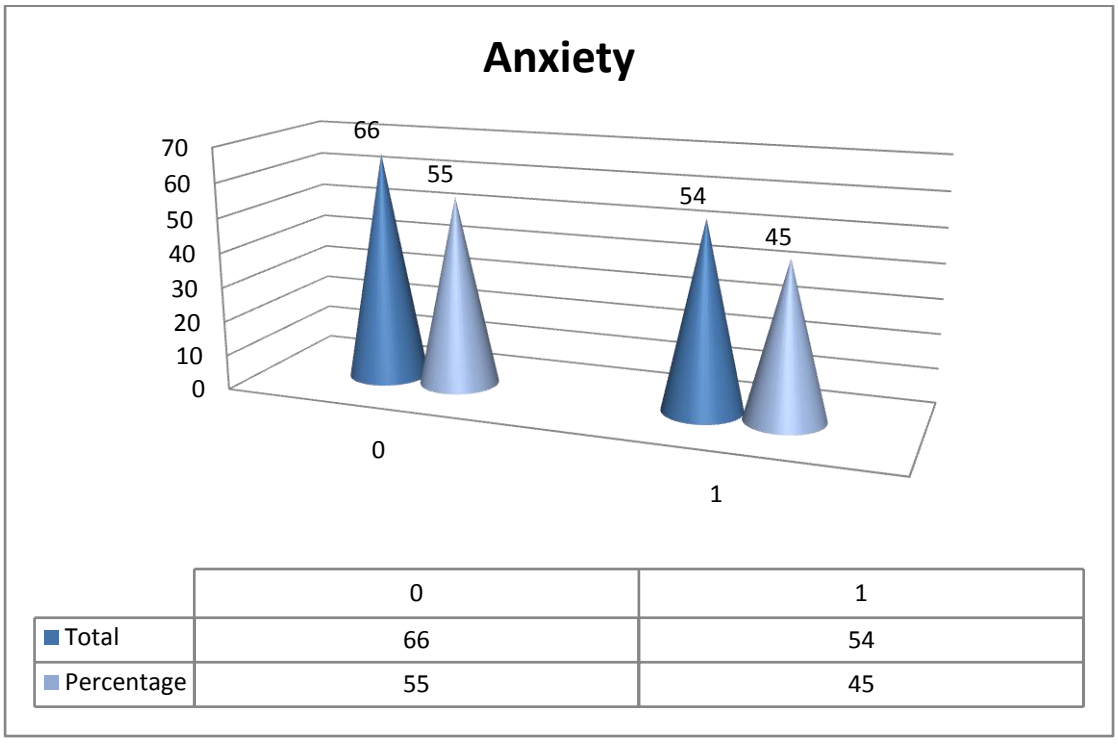
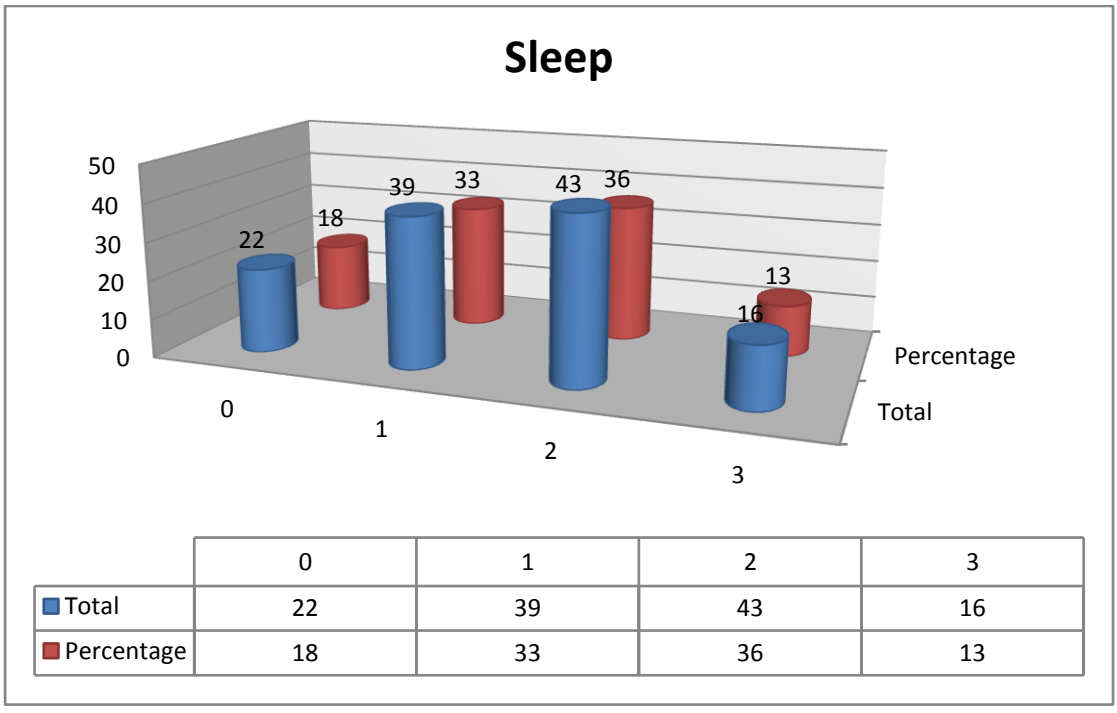


Table-17: Association between Audit and Sleep symptoms:

Sleep	AUDIT Score								Results
	Monthly		Weekly		Daily		Total		
	Fre*	%	Fre*	%	Fre*	%	Fre*	%	
No chance (0)	4	3.3	4	3.3	14	11.7	22	18.3	χ^2 =3.379
Slight (1)	3	2.5	4	3.3	32	26.7	39	32.5	df=6
Moderate (2)	6	5.0	5	4.2	32	26.7	43	35.8	Sig=P>0.05
Normal (3)	1	0.8	2	1.7	13	10.7	16	13.3	
Total	14	11.7	15	12.5	91	75.8	100	100.0	

The AUDIT scores and Sleep were associated in the above table-17. There was no significant association between AUDIT scores and Anxiety (P>0.05).. The maximum (35.8%) of subjects had moderate chance of sleep.

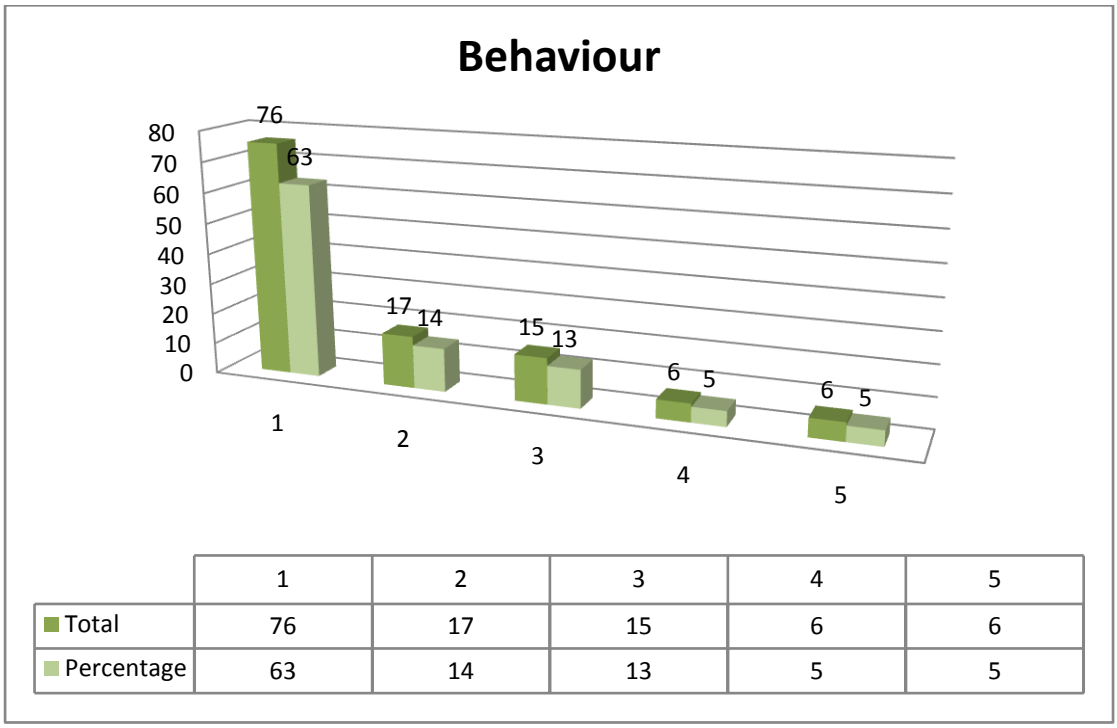


	0	1	2	3
Total	22	39	43	16
Percentage	18	33	36	13

Table-18: Association between Audit scores and behaviuor symptoms:

Behaviour	AUDIT Score								Results
	Monthly		Weekly		Daily		Total		
	Fre*	%	Fre*	%	Fre*	%	Fre*	%	
No fight (1)	9	7.6	9	7.5	58	48.3	76	63.3	χ^2 =4.289
Slight (2)	1	0.8	2	1.7	14	11.7	17	14.2	df=8
Few punch (3)	1	0.8	2	1.7	12	10.0	15	12.5	Sig=P>0.05
Multiple (4)	2	1.7	1	0.8	3	2.5	6	5.0	
Out Floor (5)	1	0.8	1	0.8	4	3.3	6	5.0	
Total	14	11.7	15	12.5	91	75.8	100	100.0	

The AUDIT scores and behaviour were associated in the above table-18. There was no significant association between AUDIT scores and Behaviour (P>0.05). The maximum (63.3%) of subjects had no fight.

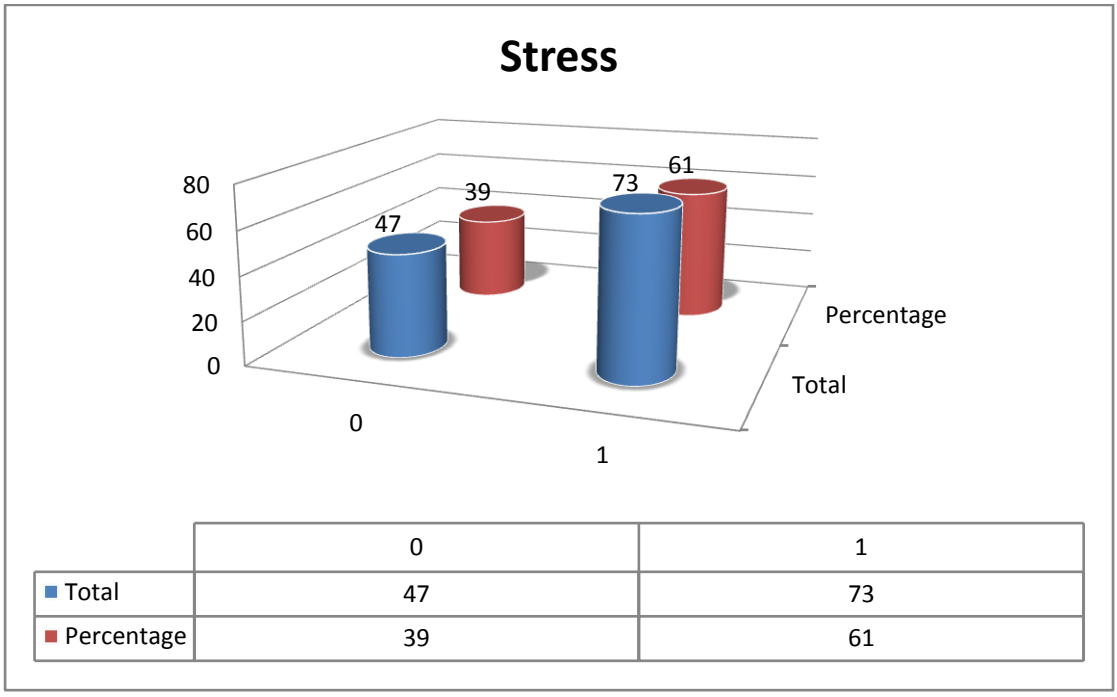


	1	2	3	4	5
Total	76	17	15	6	6
Percentage	63	14	13	5	5

Table-19: Association between Audit and Mood stress symptoms:

Mood Stress	AUDIT Score								Results
	Monthly		Weekly		Daily		Total		
	Fre*	%	Fre*	%	Fre*	%	Fre*	%	
No (0)	7	5.8	6	5.0	34	28.3	47	39.2	χ^2 =0.819
Yes (1)	7	5.8	9	7.5	57	47.5	73	60.8	df=2
Total	14	11.6	15	12.5	91	75.8	100	100.0	Sig=P>0.05

The AUDIT scores and mood stress were associated in the above table-19. There was no significant association between AUDIT scores and mood stress (P>0.05). The maximum (60.8%) of subjects had no mood stress.



	0	1
Total	47	73
Percentage	39	61

Table-20: Association between Audit and Harm to self:

Mood Harm to self	AUDIT Score								Results
	Monthly		Weekly		Daily		Total		
	Fre*	%	Fre*	%	Fre*	%	Fre*	%	
No (0)	7	5.8	10	8.3	41	34.2	58	48.3	χ^2 =2.426
Yes (1)	7	5.8	5	4.2	50	41.7	62	51.7	df=2
Total	14	11.6	15	12.5	91	75.8	100	100.0	Sig=P>0.05

The AUDIT scores and harm to self were associated in the above table-20. There was no significant association between AUDIT scores and harm to self(P>0.05). The maximum (51.7%) of subjects had harm to others.

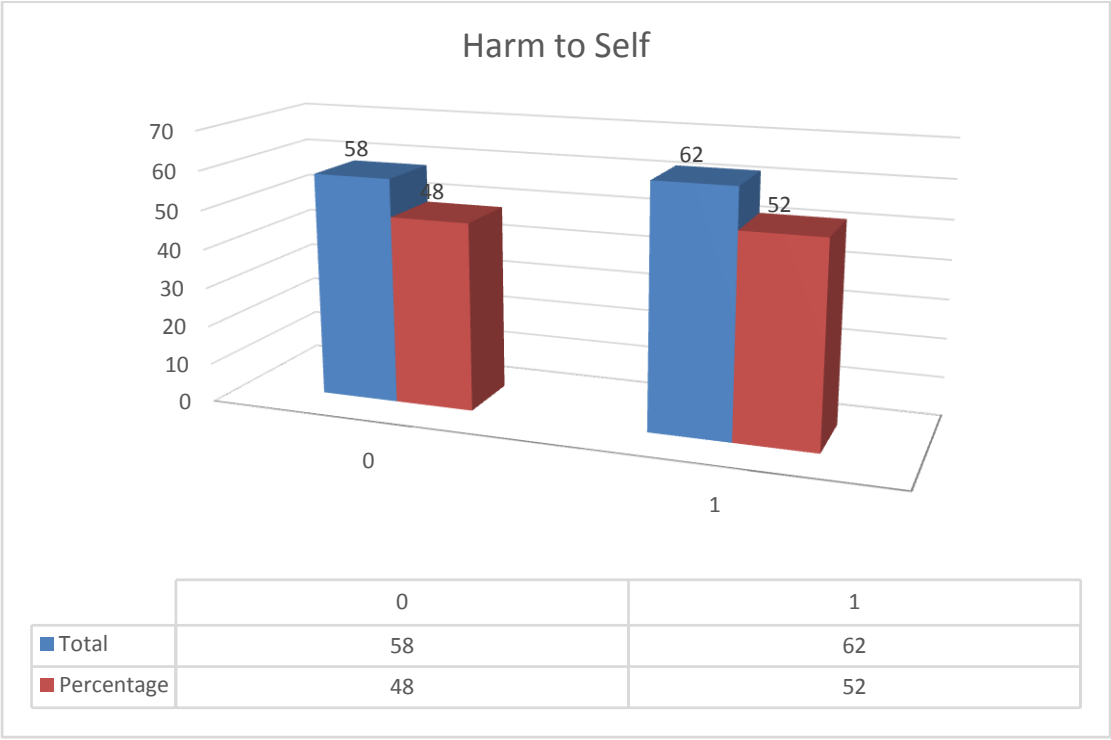


Table-21: Association between Audit and Harm to others:

Mood Harm to others	AUDIT Score								Results
	Monthly		Weekly		Daily		Total		
	Fre*	%	Fre*	%	Fre*	%	Fre*	%	
No (0)	7	5.8	9	7.5	35	29.2	51	42.5	χ^2 =2.809
Yes (1)	7	5.8	6	5.0	56	46.7	69	57.5	df=2
Total	14	11.6	15	12.5	91	75.8	100	100.0	Sig=P>0.05

The AUDIT scores and harm were associated in the above table-21. There was no significant association between AUDIT scores and harm (P>0.05). The maximum (57.5%) of subjects had harm to others.

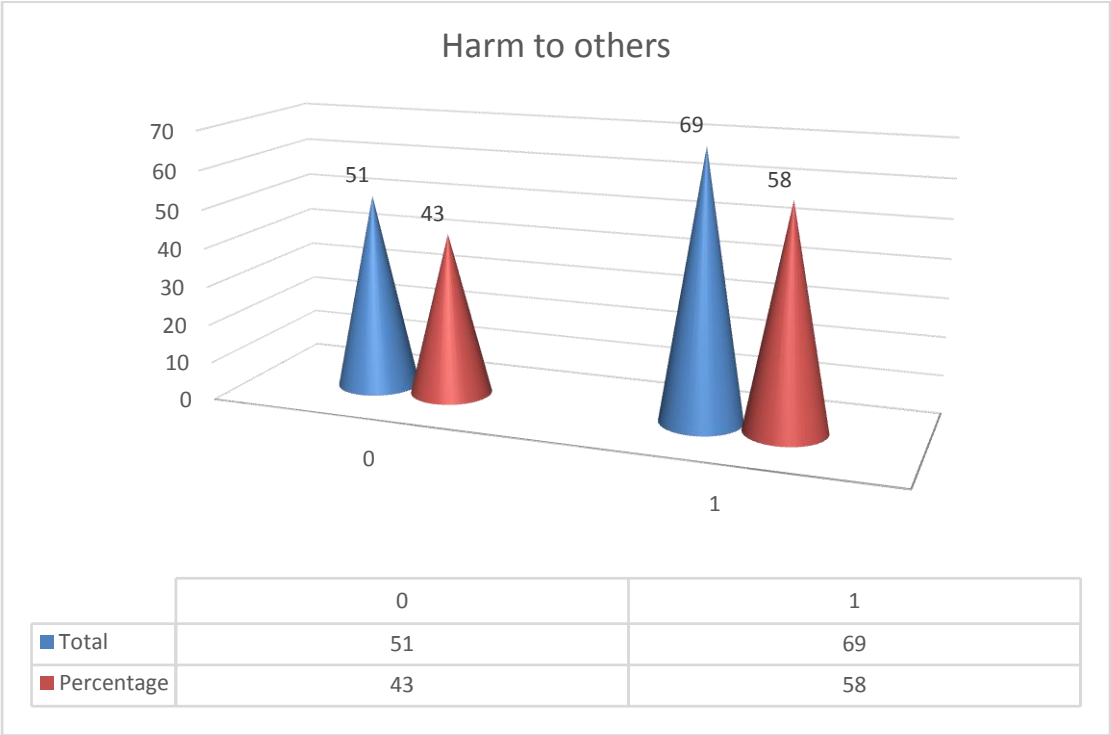
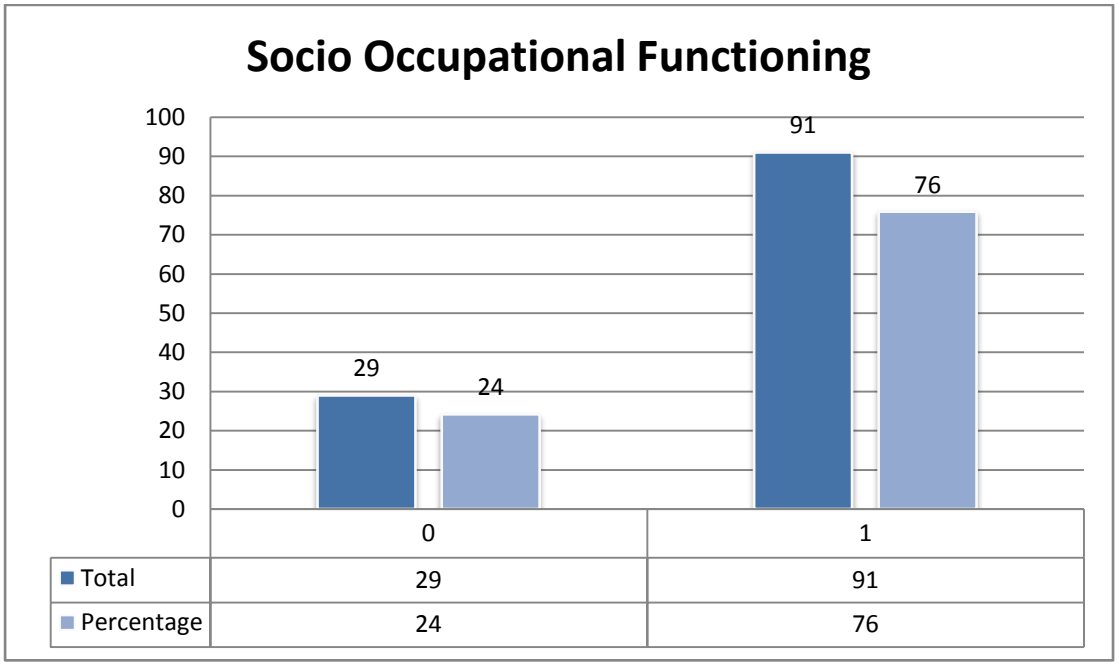


Table-22: Association between Audit and Social occupation function:

Social occupation function	AUDIT Score								Results
	Monthly		Weekly		Daily		Total		
	Fre*	%	Fre*	%	Fre*	%	Fre*	%	
No (0)	4	3.3	2	1.7	23	19.2	29	24.2	χ^2 =1.170
Yes (1)	10	8.3	13	10.8	68	56.7	91	75.8	df=2
Total	14	11.6	15	12.5	91	75.8	100	100.0	Sig=P>0.05

The AUDIT scores and Impaired Social occupation function were associated in the above table-22. There was no significant association between AUDIT scores and Impaired Social occupation function (P>0.05). The maximum (75.8%) of subjects had Impaired Social occupation function.



DISCUSSION

In this study the author studied Kudivery Noi to analyse the demographic and clinical profile of patient in relation to Kudivery Noi and performed Envagai Thervugal, Yakiyin Illakkanam and Panchapatchi in Kudivery Noi for the diagnosis.

The author had used Chi-square Test to compare the variables.

In table-1 the author compared the age group as well as duration of Kudiveri Noi and found that middle age (30 – 39) group has the higher incidence.

In table-2, 3, 4 and 5 educational status, occupation, marital status and smoking habits does not have any impacts on Kudivery Noi.

In table-6 suicidal thoughts does not shown any impacts on Kudivery Noi.

Interpreatiation of siddha Parameters

Uyir Thathukkal

A) Vatham

Praanan, Abanana, Viyaanan, Samaanan,Udhanan, Kirukaranan and Devathathan was affected in almost all the cases.

(B) Pitham :

Anarpitham was affected in 75.8% of cases

Ranjagapitham was affected in 78.3% of cases

Prasagapitham was affected in 80.8% of cases

Saathagapitham was affected in 63.3% of cases

Alosagapitham was affected in 51.7% of cases

C) Kabham

Avalambagam, Tharpagam, Santhigam was affected in almost all the cases.

In the text book “sidddha maruthuvam” (Pothu) it is stated as the pitham is the foremost and premier casues of the disease in Kudiveri noi.

“நோய்க்கு முதலாய் நின்றது அழலே”

In this study also it was found that in majority of cases all pitham were affected.

INTERPRETATION OF ENVAGAI THERVUGAL

Naa	-	Maa	-	53.3%
Niram	-	Black	-	80.8%
Mozhi	-	Moderate	-	67.5%
Vizhi	-	Redness and dryness	-	51.7%
Sparisam	-	Increased body temperature	-	3.3%
Naadi	-	Pitha vatham	-	64.2%
Malam	-	Diarrhoea/Malena	-	45.8%
Neikuri	-	Pitha vatham (+ and star shape)	-	75%

Signs and symptoms which was narrated in the standared "Sathaga Naadi Nool" poems – (Pitha Vatham)**"சிறப்பான பித்தத்தில் வாத நாடி"** is more less same as the signs and symptoms of the study subject. And the **"Pitha vatham"** Naadi also found in most the study subjects.

So it is near clear that the book saying and the study result are mearly related and encouraging.

By using modern investigating techniques laboratrically all the availale blood samples were analysed for the functions of the liver. IT was noted that most of the study subjects showed altered level of liver functions, including elevated liver enzymes levels.

The similar investigation results of the modern techniques & siddha diagnostic techniques are more or less equal in percentage. Hence siddha diagnostic techniques alone can be used to diagnose the Kudivery Noi.

In modern medicine for determining BAC the Urine samples and breath analyser is used to analyse technicaly.

After studying the siddha diagnostic parameters (Neikuri) the "+" and "star" shapes (spreading nature of oil) were found in (75%) of study subjects. So it is useful easy to diagnose the Kudiveri noi by these diagnostic methods with higher predictive values.

SUMMARY

By using siddha diagnostic parameters and tools the kudiveri noi study subjects were studied in detail.

In this study Literary sayings and the study findings comes closer in all aspects.

The study results and the literature quoets were interpreted theoretically, scientifically and logically.

By this study the author has documented the siddha diagnostic technique and its values and interpreted with the Ancient texts.

CONCLUSION

In kudiveri noi study subjects **“Pitha vatham”** Naadi was noted predominently.

In neikurin test “+” and “star” shapes (Spreading nature of oil) were noted in (75%) of cases.

The study proved that the siddha diagnostic techniques are less time taking, cost effective, easy to perform and non invasive.

In varma point of view Balachandra adangal pulse was felt in most of the cases.

It was noted that middle age group (30-39) were affected by kudiveri noi. And their mental and physical health were affected, directly results in socio-ocupational functions.

In future studies tha author is determined to study and doucument the results elaborately and extensively about kudiveri noi.

LINE OF TREATMENT

- Early Intervention and diagnosis of kudiveri noi disease at earlier stages is extremely important.
- In kudiveri noi pitha kutram is predominantly affected, and the vatham next.
- so in order to normalize the kutram

  "வமனத்தால் பித்தம் தாழும்"

  vomiting may be induced, to reduce the pitham and vatha kutram.
- Various organs may be affected in kudiver noi. According to the organs affected the proper medicines may be given, to normalize the organ and to improve the proper functioning of it.
- Patient and family members and his belongings are adviced to take care of the patient.
- For this regular counselling programs, physician visit prevention of complications, social acceptence, re assurance and support in all aspects should be given to him to over come the Kudiveri Noi.
- **"KUDIVERI NOI"** patients should always be abstrained from alcohol at any time at any cost.

DIETARY REGIMEN

The diet should neutralize the Pitha Kutram. So have to given kaippu suvai and thuvarpu.

For liver problems advice to take Karisalai, Keelanelli, Nelli.

For GIT problems advice to take Manathakali Keerai, Kothamalli kudineer, seeraga kudineer.

For anemia advice to take Karisalai, Keelanelli, Amla, Ponnamkanni, Perichampalam.

For nervous problems advice to take Vallarai, Serukeerai.

To be avoid

- Aviod oily and heavy foods.
- Hot spicy foods.

REFERENCE

1. புலவர் அடியன் மணிவாசகன், க.மு., கல்.இ., திருமூலர் - திருமந்திரம், சாரதா பதிப்பகம்.
2. ஒட்டக்கூத்தர் - பாடல்கள்.
3. ஆர்.சி.மோகன் - நந்தீசர் அகால மரண நூல் - தாமரை நூலகம்.
4. க.நா.குப்புசாமி முதலியார், எச்.பி.ஐ.எம்., சித்த மருத்துவம் (பொது) - இந்திய மருத்துவம், ஓமியோபதித்துறை.
5. டாக்டர்.இரா.தியாகராஜன், எல்.ஐ.எம்., சிறப்பு மருத்துவம் - இந்திய மருத்துவம், ஓமியோபதித்துறை.
6. டாக்டர்.இரா.தியாகராஜன், எல்.ஐ.எம்., நோய் நாடல் திரட்டு பாகம் - 1 - இந்திய மருத்துவம், ஓமியோபதித்துறை.
7. ப.வடிவேலு செட்டியார் எழுதிய ஞானதீபார்த்த உரை, ஔவைக்குறள், - திருமகள் விலாச அச்சு நிலையம்.
8. பதிப்பாசிரியர் வை.கோவிந்தன் சக்தி காரியாலயம், திருக்குறள் - சுதேசமித்திரன் அச்சகம் 1957.
9. கவிஞர் பத்மதேவன் - நீதி இலக்கியங்கள் - கற்பகம் புத்தகாலயம்.
10. அருளம்பலம்,சு. பெரும்பானாற்றுப்படை – பழந்தமிழ் இலக்கியம், சிறி சண்முகநாத அச்சகம் 1937.
11. கதிர்முருகு – மதுரை காஞ்சி – சீதை பதிப்பகம்.
12. புலியூர்க்கேசிகன்,A. புறநானூறு பாடல் - ஸ்ரீ செண்பகா பதிப்பகம்.
13. சீத்தலை சாத்தனார், மணிமேகலை பாடல் - கிழக்கு பதிப்பகம்.
14. வைத்திய ரத்தினா C.S.முருகேச முதலியார், குணபாடம் - மூலிகை வகுப்பு தமிழ்நாடு அரசு 1969.
15. டாக்டர்.ஆர்.தியாகராஜன் LIM, குணபாடம் - தாது ஜீவம், தமிழ்நாடு அரசு 1968.
16. கண்ணன் ராஜாராம்,T. M.R.பெலிசிற்றால் இராஜாராம் – வர்ம மருத்துவம்.

17. பிரகஸ்பதி,A. பஞ்சபட்சி சாஸ்திரம் - நர்மதா பதிப்பகம்.

18. Disance E.Haines – Neuro anatomy – 6th edition.

19. K.Sembulingam, Prema Sembulingam – Essentials of medical physiology, 11th edition.

20. Kaplan & Sadock's synopsis of psychiatry, Behavioral Sciences/Clinical psychiatry/10th edition. Sadock, Benjamin James, Sadock, Virginia Alcott.

21. Neeta Kulkarni – Clinical Anatomy – 2nd Edition.

22. Essentials of psychiatry. Jerald kny and Allan Tasman © 2006 John wiley & Sons Ltd. ISBN: 0-470-01854-2.

23. Johnston LD.O' Malley P.M.Backman JG. Monitoring the Future National Survey Results on Drug use, 1975 to 2002. Vols I and II Washington. DC: National Institute on Drug Abuse (NIH Publication # 03-5375): 2003.

24. Dawson DA, Grant BF, Stinson FS, Chou PS; Maturing out of alcohol dependence; The impact of transitional life events. J stud Alcohol. 2006; 67:195.

25. Nelson EC.Health AC, Bucholz KK, Madden PAF, Whitfield JB: Genetic epidemiology of alcohol-induced blackouts. Arch Gen Psychiatry, 2004;61:257.

26. Notte J. The Human Brain: An Introdcution to its Functional Anatomy, 5th ed: Louis: CV Mosby, 2002.

27. "Alcohol Alert", National Institute on Alcohol and Alcoholism No. PH 329, January 1993. Internet: http://www.aiaaa.nih.gov.

28. Haller C, Thai D, Mahktelow TC, Wesnes K, Benowitz N. cognitive and mood effects of GHB and ethanol in humans. J Toxicol Clin Toxied, 2004: 42(5):762.

29. A study of Bipolar Disorder with comorbid Alcohol Dependence - Dr.B.Bhuvaneshwaran, MD., (Psychiatry) 2012, Tamilnadu Dr.MGR University.

GOVT. SIDDHA MEDICAL COLLEGE AND HOSPITAL,
PALAYAMKOTTAI.
DEPARTMENT OF PG NOI NAADAL

A CLINICAL STUDY ON STANDARDIZATION OF SIDDHA DIAGNOSTIC METHODOLOGY, LINE OF TREATMENT AND DIETARY REGIMEN
FOR
"KUDIVERY NOI" (ALCOHOL DEPENDENCE)

FORM I

SCREENING AND SELECTION PROFORMA

1. O.P/I.P.No _____ 2. Date : _____

3. Bed No: _____ 4. S.No: _____

5. Name: _____

6. Age (years): ☐ 7. Gender: F ☐

8. Occupation: _____

9. Income : _____

10. Address: ----------

---

11. Contact No: ----------

12. E-mail : ----------

CRITERIA FOR INCLUSION:

	YES	NO
• Age between 18 to 60 years	☐	☐
• Increased frequency of alcohol conception in the preceding years	☐	☐
• Binge drinking	☐	☐
• Daily drunkers	☐	☐
• Tolerance	☐	☐
• Withdrawl	☐	☐
• Facing social and occupational problems	☐	☐

CRITERIA FOR EXCLUSION:	YES	NO
• Other major psychiatric disorders		
❖ Schizophrenia	☐	☐
❖ Bipola disorder	☐	☐
❖ Severe depression	☐	☐
❖ OCD	☐	☐
• Any associated major medical illness like		
❖ Diabetes mellitus	☐	☐
❖ Renal failure	☐	☐
❖ Heart diseases	☐	☐
❖ Cancer	☐	☐
❖ AIDS	☐	☐

Date: Signature:

GOVT. SIDDHA MEDICAL COLLEGE AND HOSPITAL, PALAYAMKOTTAI
DEPARTMENT OF PG NOI NAADAL

A CLINICAL STUDY ON STANDARDIZATION OF SIDDHA DIAGNOSTIC METHODOLOGY, LINE OF TREATMENT AND DIETARY REGIMEN FOR *"KUDIVERY NOI" (ALCOHOL DEPENDENCE)*

FORM I-A
HISTORY PROFORMA

1. SI.No of the case: _____ Register No: _____

2. Name: _____

3. Height: _____ cms Weight: _____ Kg

4. Age (years): _____ DOB ☐☐ ☐☐ ☐☐☐☐

D D M M Y E A R

5. Moon:

a) Crescent Moon ☐ b) Waning Moon ☐ c) Full Moon ☐ d) New Moon ☐

6. Individual Patchi:

7. First Visit of a Patient:

a) Time:_____ b) Date: _____ c) Day: _____

8. Educational Status:

1) Illiterate ☐ 2) Literate ☐ 3) Student ☐ 4) Graduate ☐

9. Nature of work:

1) Sedentary work ☐

2) Field work with physical labour ☐

3) Field work Executive ☐

10. Complaints and Duration:

_____

_____

_____

11.Marital Status: Married ☐ Unmarried ☐

12.Addiction:	Yes	No
Smoke	☐	☐
Tobacco	☐	☐
Cannabis	☐	☐
Alcohol		
Age at onset	☐	
Duration	☐	
Episodic	☐	
Occasional	☐	
Fluctuate	☐	
AUDIT		
Never	☐	
Less than monthly	☐	
Monthly	☐	
Weekly	☐	
Daily or almost daily	☐	

13.Diet

Vegetarian ☐

Non Vegetarian ☐

14.Appetite:

- Normal ☐
- Low ☐
- High ☐

15.Anxiety: ☐ Yes ☐ No

16.Sleep:

- Would never dose ☐
- Slight chance of dozing ☐
- Moderate chance of dozing ☐
- High chance of dozing ☐

17.Behaviour:

- No fighting ☐
- Slight slap towards or an attempful hit ☐
- A few punches or kicks to peer ☐
- Multiple punches / hits & kicks to peer ☐
- All out brawl on the floor with several peers ☐

18.Mood:

- Stress ☐
- Action ☐
- Tired ☐
- Calm ☐

	Yes	No
19.Harm to self:	☐	☐
20.Harm to others:	☐	☐
21.Sucidal thought:	☐	☐

22.Family history: ☐ Yes ☐ No

23.Socio occupational functioning: ☐ Normal ☐ Impared

24. CLINICAL SYMPTOMS OF '**KUDIVERY NOI'**

	YES	NO
a) Giddiness	☐	☐
b) Redness of face and conjunctiva	☐	☐
c) Blabbering without conscious	☐	☐
d) Con't accept other's words	☐	☐
e) Suddenly aggressive	☐	☐

GOVT. SIDDHA MEDICAL COLLEGE AND HOSPITAL,

PALAYAMKOTTAI.

DEPARATMENT OF PG NOI NAADAL

A CLINICAL STUDY ON STANDARDIZATION OF SIDDHA DIAGNOSTIC METHODOLOGY, LINE OF TREATMENT AND DIETARY REGIMEN
FOR
"KUDIVERY NOI" (ALCOHOL DEPENDENCE)

FORM II
CLINICAL ASSESSMENT

1. Serial No: _____ Register No: _____

2. Name: _____

3. Date of birth: | | | | | | | | |
D D M M Y E A R

4. Age: _____ years

5. Date: _____

GENERAL EXAMINATION:

1. Height: _____ cms.

2. Weight : _____Kg.

3. BMI : _____ (Weight Kg/ Height m2)

3. Temperature: (°F)

4. Pulse rate : /min.

5. Respiratory rate: /min.

6. Blood pressure: /mmHg

7. Heart rate: /min.

	Present	Absent	
8. Pallor:	☐	☐	_____
9. Jaundice:	☐	☐	_____
10. Cyanosis:	☐	☐	_____
11. Clubbing:	☐	☐	_____
12. Jugular vein pulsation:	☐	☐	_____
13. Pedal edema:	☐	☐	_____
14. Lymphadenopathy:	☐	☐	_____

VITAL ORGANS EXAMINATION

	Palpable	Not-Palpable
1. Liver	☐	☐
2. Spleen	☐	☐
3. Kidney	☐	☐
	Normal	**Affected**
4. Lungs	☐	☐
5. Heart	☐	☐
6. Stomach	☐	☐
7. Brain	☐	☐

SYSTEMIC EXAMINATION:

1. Gastrointestinal System _____
2. Respiratory System _____
3. Cardiovascular System _____
4. Central Nervous System _____
5. Uro genital System _____
6. Endocrine System _____

SIDDHA SYSTEM OF EXAMINATION

[1] ENNVAGAI THERVU [EIGHT-FOLD EXAMINATION]

I. NAADI (KAI KURI) (RADIAL PULSE READING)

(a) **Naadi Nithanam (Pulse Appraisal)**

1. Kaalam (Pulse reading season)

1. Kaarkaalam (Rainy season)	☐	2.Koothirkaalam (Autumn)	☐
3. Munpanikaalam (Early winter)	☐	4.Pinpanikaalam (Late winter)	☐
5. Ilavenirkaalam (Early summer)	☐	6.Muthuvenirkaalam (Late summer)	☐

2. Desam (Climate of the patient's habitat)

1. Kulir (Temperate) ☐ 2. Veppam (Hot) ☐ 3.Mithaveppam (Moderate) ☐

3. Vayathu (Age) 1. 1-33yrs ☐ 2. 34-66yrs ☐ 3. 67-100 ☐

4. Udal Vanmai (General body condition by appearance)

1. Iyyalbu ☐ 2. Valivu ☐ 3.Melivu ☐

5. Naadiyin Vanmai (Expansile Nature)

1. Vanmai ☐ 2. Menmai ☐

6. Panbu (Habit)

1. Thannadai (Playing in) ☐ 2. Munnokku (Advancing) ☐ 3.Pinnokku (Flinching) ☐

4. Pakkamnokku (Swerving) ☐ 5.Puranadai (Playing out) ☐ 6.Illaitthal (Feeble) ☐

7. Kathithal (Swelling) ☐ 8.Kuthithal (Jumping) ☐ 9. Thullal (Frisking) ☐

10. Azhutthal (Ducking) ☐ 11. Padutthal (Lying) ☐ 12. Kalatthal (Blending) ☐

13. Suzhalal (Revolving) ☐

(b) Naadi nadai (Pulse Play)

1. Vali ☐ 2 . Vali Azhal ☐ 3. Vali Iyyam ☐

4. Azhal ☐ 5. Azhal Vali ☐ 6. Azhal Iyyam ☐

7. Iyyam ☐ 8. Iyya vali ☐ 9. Iyya Azhal ☐

10.Mukkutram ☐

II.NAA (TONGUE)

1. Maa Padithal

Present ☐ Absent ☐

A) Pattern of Maa Padithal Uniform ☐ Patchy ☐

B) Colour of Maa Padithal _____

2. Naavin Niram (Colour) 1. Karuppu (Dark) ☐ 2. Manjal (Yellow) ☐ 3.Velluppu (Pale) ☐

4. any other _____

3. Suvai (Taste sensation)

Thani suvai 1.Kaippu (Bitter) ☐ 2.Pulippu (Sour) ☐ 3. Inippu (Sweet) ☐

Thontha suvai 4. Uppu (Salt) ☐ 5. Kaarppu (Tingent) ☐ 6.Thuvarppu (Astringent) ☐

4. Vedippu (Fissure) 1. Present ☐ 2. Absent ☐

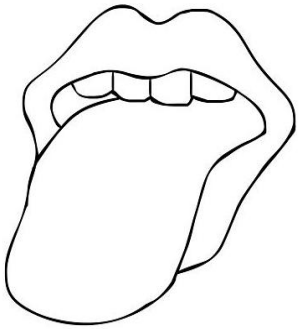
5. Vai neer ooral (Salivation) 1.Normal ☐ 2. Increased ☐ 3.Reduced ☐

Colour : 1. Normal (colourless) ☐ 2.Abnormal ☐

6. Deviation 1.Present ☐ 2. Absent ☐

7. Pigmentation 1.Present ☐ 2. Absent ☐

Area of Pigmentation :



Tip ☐ Sides ☐ Root ☐ Whole ☐

III.NIRAM (COLOUR &COMPLEXION OF SKIN)

1. Iyalbana Niram (physiological)

1. Karuppu (Dark) ☐ 2.Manjal (yellowish) ☐ 3.Velluppu (fair) ☐

2. Asadharana Niram maatram (Pathological) 1. Present ☐ 2. Absent ☐

Localised ☐ Generalised ☐

IV. MOZHI (VOICE)

1. Sama oli (Medium pitched) ☐ 2. Urattha oli (High pitched) ☐ 3. Thazhantha oli (Low pitched) ☐

4. sound from lungs (wheezing) ☐
(Sound is produced by the lungs when the patient is silent)

5. Nasal speech ☐

V. VIZHI (EYES)

1. Niram (Venvizhi):

	Rt		Lt	
	Normal ☐	Abnormal ☐	Normal ☐	Abnormal ☐
		1. Manjal ☐		1. Manjal ☐
		2.Sivappu ☐		2.Sivappu ☐
		3.Velluppu ☐		3.Velluppu ☐
		4.Pazhuppu ☐		4.Pazhuppu ☐
		5. Karuppu ☐		5. Karuppu ☐

Red Lines Present ☐ Absent ☐

Keel Imai Neeki Paarthal :

1. Sivapu (Red) ☐ 2. Velluppu (Pale) ☐

3. Ilam Sivappu (Pink) ☐ 4.Manjal (Yellow) ☐

2. Neerthuvam : (Moisture) 1.Normal ☐ 2. Increased ☐ 3.Reduced ☐

3. Erichchal (Burning sensation) 1.Present ☐ 2. Absent ☐

4. Peelai seruthal (Mucus excrements) 1.Present ☐ 2. Absent ☐

5. Change in vision: 1.Present ☐ 2. Absent ☐ _____

6. Protrusion of eye ball 1.Presen ☐ 2. Absent ☐ _____

7. Any other eye disease: _____

VI. MEI KURI (PHYSICAL SIGNS):

INSPECTION:

1. Swelling 1.Present ☐ 2. Absent ☐
2. Any Colour Change 1.Present ☐ 2. Absent ☐
3. Viyarvai (Sweat) 1.Normal ☐ 2. Increased ☐ 3. Reduced ☐

Place _____

PALPATION:

1.Thanmai 1.Veppam ☐ 2.Mitha Veppam ☐ 3.Thatpam ☐
(Warmth) (Mild) (Cold)

2. Thodu vali 1.Present ☐ 2. Absent ☐
(Tenderness)

3. Padhikapatta Idathil :
1. Erichal ☐ 2.vazhi ☐ 3. Unarchi inmai ☐
(Burning sensation) (pain) (Loss of sensation)

4. Athiga unarchi ☐
(Hypersensation)

VII. MALAM (STOOLS)

1. Ennikai (No of times passed) : ☐ /day.

2. Alavu: a) Normal ☐ b) Increased ☐ c) Decreased ☐
(Quantity**)**

3. Niram: 1. Karuppu ☐ 2.Ila Manjal ☐ 3.Manjal ☐
(Color) (Black) (Yellowish) (Brownish yellow)

4. Sivappu ☐ 5. Velluppu ☐
(Reddish) (Pale)

4.Nature of stools: Bulky ☐ Leaned ☐ watery ☐

5. Sikkal / Solid : 1. Present ☐ 2. Absent ☐
(Constipation)

6. Sirutthal : 1. Present ☐ 2. Absent ☐
(Poorly formed stools)

7. Kalichchal

1. Loose watery stools 1. Present ☐ 2. Absent ☐

2. Contents of stool

a. Digested food 1. Present ☐ 2. Absent ☐

b. Seetham 1. Present ☐ 2. Absent ☐
(Watery and mucoid excrements)

c. Colour of Seetham 1.Venmai ☐ 2.Manjal ☐

8. Thanmai : 1.Normal (Mitham) ☐ 2. Vemmai ☐ 3.Seetham ☐

9. Stool passing with a) Mucous 1. Present ☐ 2. Absent ☐

b) Blood 1. Present ☐ 2. Absent ☐

10. History of habitual Constipation 1. Present ☐ 2. Absent ☐

VIII. MOOTHIRAM (URINE)

(a) NEER KURI (PHYSICAL CHARACTERISTICS)

1. Niram (colour) Normal ☐ Abnormal ☐

Milky purulent ☐ Orange ☐

Bright red ☐ Red ☐ Brown red or yellow ☐

2. Manam (odour)		Yes	No
Blood odour	:	☐	☐
Ammonical	:	☐	☐
Fruity	:	☐	☐
Others	: _____		

3. Edai (weight) **:** 100ml _____gm

4. Specific gravity:	**N**	**HIGH**	**LOW**
Normal (1.010-1.025)	☐	☐	☐

5. pH: acidic ☐ basic ☐

6. Alavu (volume)		Yes	No
Normal (1.2-1.5 lt/day)	:	☐	☐
Polyuria (>2lt/day)	:	☐	☐
Oliguria (<500ml/day)	:	☐	☐
Anuria	:	☐	☐

7. Nurai (froth) : Present ☐ Absent ☐

If froth present, colour of the froth : _____

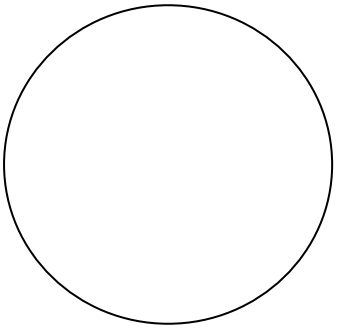
8. **Enjal (deposits)** **:** Present ☐ Absent ☐

Clear : ☐ ☐

Cloudy : ☐ ☐

b) NEI KURI (oil spreading sign)

Diagram



1. Aravam (Serpentine fashion) ☐
2. Mothiram (Ring) ☐
3. Muthu (Pearl) ☐
4. Aravil Mothiram (ring In Serpentine) ☐
5. Aravil Muthu (Pearl in serpentine) ☐
6. Mothirathil Muthu (pearl in Ring fashion) ☐
7. Mothirathil Aravam (Serpentine in ring fashion) ☐
8. Muthil Aravam (Serpentine in pearl fashion) ☐
9. Muthil Mothiram (ring in pearl fashion) ☐
10. Asathiyam (Incurable) ☐
11. Mellena paraval (Slow spreading) ☐

12. Others:_____

[2]. **IYMPORIGAL /IYMPULANGAL (Penta sensors and its modalities)**

	1. Normal	**2. Affected**	
1. Mei (skin)	☐	☐	_____
2. Vaai (tongue)	☐	☐	_____
3. Kann(eyes)	☐	☐	_____
4. Mookku(nose)	☐	☐	_____
5. Sevi (ears)	☐	☐	_____

[3]. KANMENTHIRIYANGAL /KANMAVIDAYANGAL

	1. Normal	**2. Affected**
1. Kai (hands)	☐	☐ _____
2. Kaal(legs)	☐	☐ _____
3. Vaai(mouth)	☐	☐ _____
4. Eruvai (anal canal)	☐	☐ _____
5. Karuvaai(birth canal)	☐	☐ _____

[4]. YAKKAI (SOMATIC TYPES)

Characters	Vatha Constitution		Pitha Constitution		Kaba Constitution	
Built and appearance	Lean and lanky, lengthy built		Moderate built		Short, uniform thickness, broad built.	
Skin - colour & Complexion	Dark and light admixed complexion. Dry skin		Red and Yellow. Wrinckles and shiny		Yellowish White. Fleshy, flappy and shiny	
Bones and Joints	Cracking sound of joints on walking with prominent joints		Thin covering of bones and joints by soft tissue		Plumpy joints and limbs	
Hair and Eyelashes	Split hair and dark eyelashes		Sparse hair with graying		Dark and Dense hair	
Appearance of Eyes	Lengthy Eyes		Easily suffusing eyes due to heat and alcohol		Sparkling eyes	
Vision	Long sight		Short sight		Clear sight	
Voice	Clear and high pitched voice		Clear and medium pitched Voice		Husky and unclear. Low pitched voice	
Tongue	Lengthy, sharp ended tongue with black patches		Medium and yellow or red coloured		Blunt, thick tongue with white coated	
Appetite	Scant appetite for cold food items		Increased appetite and intolerance to hunger, thirst , heat		Less appetite and tolerant to hunger, thirst, heat	
Taste	Desire for pungent, salt, sweet, heat		Desire for bitter, sweet, astringent		Desire for sour, bitter, astringent	
Sleep	Sleeping with half closed eyes		Medium sleep		Deep sleep	
Dreams	Flying dreams around the hills, sky. Walking around the dense forest.		Seeing like yellow colour flowers, fire, sun, thunder etc.		Seeing the cooling places like lotus in the pond,.	
Strength	Poor strength		Medium strength		Immense strength	
Character	Unstable mind, change of mood according to situation		Medium. Discipline, Good habits, Eagerness		Stable mind. Discipline and increased knowledge	
Knowledge	Oscillation mind		Brilliance		Genius	
Sexual activity	Loss of libido		Desire in sexual activity		Loss of libido	

RESULTANT SOMATIC TYPE: _____

[5] GUNAM

1. Sathuva Gunam ☐ 2. Rajo Gunam ☐ 3. Thamo Gunam ☐

[6] KOSAM :

	Normal	Affected	
1. Annamaya kosam	☐	☐	_____
2. Praanamya kosam	☐	☐	_____
3. Manomaya kosam	☐	☐	_____
4. Vingnanamaya kosam	☐	☐	_____
5. Aanandamaya kosam	☐	☐	_____

[7] UYIR THATHUKKAL

A. VALI

	Normal	Affected	
1. Uyir kaal (Praanan)	☐	☐	_____
2. Keel nokung kaal (Abaanan)	☐	☐	_____
3. Nadukkaal (Samaanan)	☐	☐	_____
4. Mel nokung kaal (Udhanan)	☐	☐	_____
5. Paravung kaal (Viyaanan)	☐	☐	_____
6. Naahan (Higher intellectual function)	☐	☐	_____
7. Koorman (airway of yawning)	☐	☐	_____
8. Kirukaran (Air of salivation/nasal secrection)	☐	☐	_____
9. Devathathan (Air of laziness)	☐	☐	_____
10. Dhananjeyan (Absence of praanan this air that Acts on death)	☐	☐	_____

B. AZHAL

	Normal	Affected	
1. Anala pittham (Gastric juice)	☐	☐	_____
2. Praasaka pittham (Bile)	☐	☐	_____
3. Ranjaka pittham (Haemoglobin)	☐	☐	_____
4. Aalosaka pittham (Aqueous Humour)	☐	☐	_____
5. Saathaka pittham (Life energy)	☐	☐	_____

C. IYYAM

	1. Normal	2. Affected	
1. Avalambagam (Serum)	☐	☐	_____
2. Kilethagam (saliva)	☐	☐	_____
3. Pothagam (lymph)	☐	☐	_____
4. Tharpagam (cerebrospinal fluid)	☐	☐	_____
5. Santhigam (synovial fluid)	☐	☐	_____

[8] UDAL THATHUKKAL:

SAARAM

INCREASED SAARAM (CHYLE)		DECREASED SAARAM(CHYLE)	
Loss of appetite	☐	Loss weight	☐
Excessive salivation	☐	Tiredness	☐
Loss of perseverance	☐	Dryness of the skin	☐
Excessive heaviness White musculature Cough, dysponea, excessive sleep	☐	Diminished activity of the sense organs	☐
Weakness in all joints of the body	☐		

SAARAM: INCREASED ☐ DECREASED ☐ NORMAL ☐

B. CENNEER:

INCREASED CENNEER(BLOOD)		DECREASED CENNEER(BLOOD)	
Boils in different parts of the body	☐	Anemia	☐
Anorexia	☐	Tiredness	☐
Mental disorder	☐	Neuritis	☐
Spleenomegaly	☐	Lassitude	☐
Colic pain	☐	Pallor of the body	☐
Increased pressure	☐		
Reddish eye and skin	☐		
Jaundice	☐		
Haematuria	☐		

CENNEER: INCREASED ☐ DECREASED ☐ NORMAL ☐

C]. OON

INCREASED OON (MUSLE)		DECREASED OON (MUSLE)	
Cervical lymphadenitis	☐	Impairment of sense organs	☐
Vernical ulcer	☐	Joint pain	☐
Tumour in face ,abdomen, thigh, genitalia	☐	Muscles of jaw, gluteus gets wrinckled	☐
Hyper muscular in the cervical region	☐	Shortening of male genitalia	☐

OON: INCREASED ☐ DECREASED ☐ NORMAL ☐

D. KOZHUPPU

INCREASED KOZHUPPU (ADIPOSE TISSUE)		DECREASED KOZHUPPU (ADIPOSE TISSUE)	
Cervical lymph adenitis	☐	Pain and weakness in the hip region	☐
Venereal ulcer	☐	Disease of the spleen	☐
Swelling in face, abdomen, thigh, genitalia	☐	Emastication	☐
Hyper muscular in the cervical region	☐		
Dyspnoea on mild exhaustion	☐		
Tiredness sagging muscles in the gluteus, abdomen, thigh and breast	☐		

KOZHUPPU: INCREASED ☐ DECREASED ☐ NORMAL ☐

E. ENBU

INCREASED ENBU (BONE)		DECREASED ENBU (BONE)	
Excess growth in bones and teeth	☐	Joint pain	☐
		Loosening of teeth	☐
		Splitting of nails and hair	☐
		Falling of hair	☐

ENBU: INCREASED ☐ DECREASED ☐ NORMAL ☐

F. MOOLAI

INCREASED MOOLAI (BONE MARROW)		DECREASED MOOLAI (BONE MARROW)	
Heaviness of the body	☐	Osteoporosis	☐
Swollen eyes	☐	Blackout of eyes	☐
Swollen phalanges chubby fingers	☐		
Oliguria	☐		
Non healing ulcer	☐		

MOOLAI: INCREASED ☐ DECREASED ☐ NORMAL ☐

G. SUKKILAM / SURONITHAM

INCREASED SUKKILAM/SURONITHAM (SPERM OR OVUM)		DECREASED SUKKILAM/SURONITHAM (SPERM OR OVUM)	
Infatuation and lust towards women / men	☐	Failure in reproduction	☐
Urinary calculi	☐	Pain in the genitalia	☐

SUKKILAM/SURONITHAM:
INCREASED ☐ DECREASED ☐ NORMAL ☐

[9] MUKKUTRA MIGU GUNAM

I. Vali Migu Gunam	**Present**	**Absent**	
1. Emaciation	☐	☐	_____
2. Complexion – blackish	☐	☐	_____
3. Desire to take hot food	☐	☐	_____
4. Shivering of body	☐	☐	_____
5. Abdominal distension	☐	☐	_____
6. Constipation	☐	☐	_____
7. Insomnia	☐	☐	_____
8. Weakness	☐	☐	_____
9. Defect of sense organs	☐	☐	_____

10. Giddiness ☐ ☐ _____

11. Lake of interest ☐ ☐ _____

II.Pitham Migu Gunam **1. Present** **2. Absent**

1. Yellowish discolouration Of skin ☐ ☐ _____
2. Yellowish discolouration Of the eye ☐ ☐ _____
3. Yellow coloured urine ☐ ☐ _____
4. Yellowishness of faeces ☐ ☐ _____
5. Increased appetite ☐ ☐ _____
6. Increased thirst ☐ ☐ _____
7. Burning sensation over the body ☐ ☐ _____
8. Sleep disturbance ☐ ☐ _____

III. Kapham migu gunam **1. Present** **2. Absent**

1. Increased salivary secretion ☐ ☐ _____
2. Reduced activeness ☐ ☐ _____
3. Heaviness of the body ☐ ☐ _____
4. Body colour – fair complexion ☐ ☐ _____
5. Chillness of the body ☐ ☐ _____
6. Reduced appetitie . ☐ ☐ _____
7. Eraippu ☐ ☐ _____
8. Increased sleep ☐ ☐ _____

[10]. NOIUTRA KALAM

1. Kaarkaalam (Aug17-Oct16)	☐	2.Koothirkaalam (Oct17-Dec15)	☐
3. Munpanikaalam (Dec16-Feb12)	☐	4.Pinpanikaalam (Feb13-Apr13)	☐
5. Ilavanirkaalam (Apr14-June14)	☐	6.Muthuvenirkaalam (June15-Aug16)	☐

[11]. NOI UTRA NILAM

1. Kurunji (Hilly terrain)	☐	2. Mullai (Forest range)	☐	3.Marutham (Plains)	☐
4. Neithal (Coastal belt)	☐	5. Paalai (Desert)	☐		

[12]. ஐம்புள் நூல்வழி நோய்க்கணிப்பு படிவம்

பயனாளியின் பெயர் :

பயனாளி வந்த கிழமை :

பயனாளி வந்த நேரம் : பகல்/இரவு

வந்த நேரத்தில் பிறை சுற்று : வளர்பிறை/தேய்பிறை

நோய்க் கணிப்பு

1. பயனாளி வந்த நேரத்ததை வைத்து பஞ்சபூத தொழில் திறனை கணித்தல் வளர்/தேய்/பகல்/இரவு சூத்திர எண்:

1. ஆ. வளர்/தேய்/பகல்/இரவு பறவை வரிசை சூத்திர எண்:

1. இ. தொழில்திறன் வகைப்பாடு:

பறவை	1ம் பொழுது	2ம் பொழுது	3ம் பொழுது	4ம் பொழுது	5ம் பொழுது

1. ஈ. பறவைகளின் பூதயியல்பு:

வளர்/தேய்பிறை

வல்லூறு	ஆந்தை	காகம்	கோழி	மயில்

1. ஊ. திறன் குறைந்த பறவை:

சாவு	துயில்

2. அ. பாதிக்கப்பட்ட பூதங்களின் ஆளுமை மண்டலம்

தொழில்	பூதம்	மண்டலம்	மண்டலங்களின் ஆளுமை செயல்
சாவு			
துயில்			

2. ஆ. பாதிக்கப்பட்ட மண்டங்களில் பூத இயல்பு குறைவதால் வரும் நோய்

மண்டலம்	நோய்

2. அ. பூதங்களின் இணைப்பு விதி (பஞ்சீகரணம்)

+	=	+	=

திறன் குறைந்த பூத இயல்பு :

திறன் பூதத்தால் பாதிக்கப்பட்ட மண்டலம் :

நோய்க்கணிப்பில் இறுதி நிலை

திறன் பாதிக்கப்பட்ட மண்டலத்தில் வரும் நோய்கள்

.....

GOVT. SIDDHA MEDICAL COLLEGE AND HOSPITAL, PALAYAMKOTTAI
DEPARTMENT OF NOI NAADAL

A CLINICAL STUDY ON STANDARDIZATION OF SIDDHA DIAGNOSTIC METHODOLOGY, LINE OF TREATMENT AND DIETARY REGIMEN
FOR
"KUDIVERY NOI"
(ALCOHOL DEPENDENCE)

FORM-III

LABORATORY INVESTIGATIONS

1. O.P No: _____ Lab. No_____ Serial No_____

Register No: _____

2. Name: _____

3. Date of birth: | | | | | | | | | | |
D D M M Y E A R

4. Age: _____ years

5. Date of assesssment: _____

Blood

6. TC : _____ Cells/cu mm

7. DC :
P_____% L _____% E _____% M _____% B_____%

8.Hb: ____ _____ gms%

9. ESR : at 30 minutes _____ mm at 60 minutes _____mm

10. Blood Sugar: (F) _____mgs%

(PP) _____mgs%

(R)_____mgs%

11. Serum Cholesterol : _____mgs %

Urine Examination

12. Sugar : _____

13. Albumin : _____

14. Deposits : _____

15. USG SCAN: _____

16. LFT : _____

Date: Signature of the Doctor:

GOVT. SIDDHA MEDICAL COLLEGE AND HOSPITAL, PALAYAMKOTTAI
DEPARTMENT OF PG NOI NAADAL
A CLINICAL STUDY ON STANDARDIZATION OF SIDDHA DIAGNOSTIC METHODOLOGY, LINE OF TREATMENT AND DIETARY REGIMEN
FOR
"KUDIVERY NOI"
(ALCOHOL DEPDENDENCE)
Register No: 321315009 (2013-2016),
FORM IV A

INFORMED WRITTEN CONSENT FORM

I ……..exercising my free power of choice, hereby give my consent to be included as a subject in the diagnostic trial entitled A study on **"KUDIVERY NOI".** I will be required to undergo all routine examinations. I may be asked to give urine and blood samples during the study.

I have been informed about the study to my satisfaction by the attending investigator and the purpose of this trial and the nature of study and the laboratory investigations. I also give my consent to publish my urine sample photographs in scientific conferences and reputed scientific journals for the betterment of clinical research.

I am also aware of my right to opt out of the trial at any time during the course of the trial without having to give the reasons for doing so.

Signature /thumb impression of the patient :

Date :

Name of the patient :

Signature of the investigator :
Date :
Head of the Department :
Date :

அரசு சித்த மருத்துவ கல்லூரி பாளையங்கோட்டை
பட்ட மேற்படிப்பு நோய்நாடல் துறை
"குடிவெறி நோய்" - நோய் கணிப்பு முறை மற்றும்
குறிகுணங்களை பற்றிய ஓர் ஆய்வு
பதிவு எண்: 321315009 (2013 – 2016)

ஒப்புதல் படிவம்

ஆய்வாளரால் சான்றளிக்கப்பட்டது

நான் இந்த ஆய்வை குறித்த அனைத்து விபரங்களையும் நோயாளிக்கு புரியும் வகையில் எடுத்துரைத்தேன் என உறுதியளிக்கிறேன்.

தேதி: **கையொப்பம்:**

இடம்: **பெயர்:**

நோயாளியின் ஒப்புதல்

நான் ---------- என்னுடைய சுதந்திரமாக தேர்வு செய்யும் உரிமையைக் கொண்டு இங்கு தலைப்பிடப்பட்ட **"குடிவெறி நோய்"** நோயை கணிப்பதற்கான மருத்துவ ஆய்விற்கு என்னை உட்படுத்த ஒப்புதல் அளிக்கிறேன்.

என்னிடம் இந்த மருத்துவ ஆய்வின் காரணத்தையும், மருத்துவ ஆய்வுக்கூட பரிசோதனைகள் பற்றி திருப்தி அளிக்கும் வகையில் ஆய்வு மருத்துவரால் விளக்கிக் கூறப்பட்டது.

நான் இந்த மருத்துவ ஆய்வின் போது காரணம் எதுவும் கூறாமல், எப்பொழுது வேண்டுமானாலும் இந்த ஆய்விலிருந்து என்னை விடுவித்து கொள்ளும் உரிமையை தெரிந்திருக்கின்றேன்

தேதி:
இடம்: **கையொப்பம்:**
பெயர்:

GOVT. SIDDHA MEDICAL COLLEGE AND HOSPITAL, PALAYAMKOTTAI
DEPARTMENT OF NOI NAADAL
A CLINICAL STUDY ON STANDARDIZATION OF SIDDHA DIAGNOSTIC METHODOLOGY, LINE OF TREATMENT AND DIETARY REGIMEN
FOR
"KUDIVERY NOI"
(ALCOHOL DEPENDENCE)
FORM - IV-E
PATIENT INFORMATION SHEET

PURPOSE OF RESEARCH AND BENEFITS:

The diagnostic research study in which your participation is proposed to assess the diagnostic methods in Siddha methodology in **"KUDIVERY NOI**" patients. It is expected that you would benefit from this study. Knowledge gained from this study would be of benefit to patients suffering from such conditions for the diagnosis and prognosis.

STUDY PROCEDURE:

You will be interviewed and examined as OP and IP patients at the study centre. At the first visit the physician will conduct a brief physical examination and assess the condition followed by Ennvagaithervu and routine blood and urine analysis. After matching the inclusion criteria you will be included in this study and you will be examined on the basis of Ennvagaithervu and Thega Ilakkanam.

POSSIBLE RISK:

During this study there may be a minimum pain to you while drawing blood sample.

CONFIDENTIALLITY:

Your medical records will be treated with confidentiality and will be revealed only to other doctors / scientists. The results of this study may be published in a scientific journal, but you will not be identified by your name.

YOUR PARTICIPATION AND YOUR RIGHTS:

Your participation in this study is voluntary and you may be withdrawn from This study anytime without having to give reasons for the same. You will be informed about the findings that occur during the study. If you do agree to take part in this study, your health record will need to made available to the investigators. If you don't wish to participate at any stage, the level of care you receive will in no way to be affected.

The Ethics committee cleared the study for undertaking at OPD and IPD, GOVERNMENT SIDDHA MEDICAL COLLEGE, PALAYAMKOTTAI AND GOVERNMENT THOOTHUKUDI MEDICAL COLLEGE AND HOSPITAL. Should any question arise with regards to this study you contact following person.

Investigator : **Dr. R. SUKANYA,**
Department of PG Noi Naadal,
Govt. Siddha Medical College and Hospital,
Palayamkottai - 627002.
Email:sukanyaarivoli1@gmail.com
Mobile no :9965088565.

அரசு சித்த மருத்துவ கல்லூரி பாளையங்கோட்டை
பட்டமேற்படிப்பு நோய்நாடல் துறை
நோயாளியின் தகவல் படிவம்

ஆய்வின் நோக்கமும் பயனும்:

தாங்கள் பங்கெடுத்துக் கொள்ளும் இவ்வாய்வு சித்த மருத்துவ முறையில் நோயை கணிப்பதற்கான ஓர் ஆய்வுமுறை. இவ்வாய்வு தங்களின் நோய்கணிப்பை பற்றியும் நாளுக்கு நாள் இருக்கும் நோயின் தன்மைபற்றியும் அறியஉதவும்.

ஆய்வுமுறை:

தாங்கள் நேர்காணல் மற்றும் பரிசோதனைகளின் மூலம் உள்நோயாளி, வெளிநோயாளி பிரிவில் ஆய்வு செய்யப்படுவீர்கள். முதல் நேர்காணலின்போது ஆய்வாளரால் உடல் பரிசோதனை, நாடி, நீர், மலம், மற்றும் இரத்த பரிசோதனை செய்து குறிப்பிட்ட குறிகுணங்கள் இருப்பின் இவ்வாய்விற்காக எடுத்துக் கொள்ளப்படுவீர்கள்.

நேரும் உபாதைகள்:

இவ்வாயவில் இரத்த பரிசோதனைக்காக இரத்தம் எடுக்கும் போது சிறிது வலி ஏற்படலாம்.

நம்பகத்தன்மை:

தங்களின் மருத்துவ ஆவணங்கள் அனைத்தும் மருத்துவர் ஆய்வாளர் அல்லாத பிறரிடம் தெரிவிக்கப்பட மாட்டாது.

நோயாளியின் பங்களிப்பும் உரிமைகளும்:

இவ்வாய்வில் தங்களின் பங்களிப்பு தன்னிச்சையானது. இவ்வாய்வில் தாங்கள் ஒத்துழைக்க இயலவில்லையெனில் எப்பொழுது வேண்டுமானாலும் காரணம் எதுவும் கூறாமல் விலகிக் கொள்ளலாம். இவ்வாய்வின்போது அறியப்படும் தகவல்கள் தங்களுக்கு தெரிவிக்கப்படும். நோயாளியின் ஒப்பதலுக்கிணங்க நோய்கணிப்பு விவரங்களை ஆய்வாளர் பயன்படுத்திக் கொள்வார். நோயாளிஆய்வினிடையே ஒத்துழைக்க மறுத்தாலும், எந்தநிலையிலும் நோயாளியை கவனிக்கும் விதம் பாதிக்கப்படமாட்டது. நிறுவன நெறிமுறை குழுமம் மேற்கண்ட ஆய்வினை மேற்கொள்ள ஒப்புதல் அளித்துள்ளது. ஆய்வுகுறித்த சந்தேகங்கள் இருப்பின் கீழ்கண்டநபரை தொடர்பு கொள்ளவும்.

பட்டமேற்படிப்பாளர்:

kkkkdfjgghfhjhj
மரு.ர. சுகன்யா,
அரசு சித்தமருத்துவக் கல்லூரி,
பாளையங்கோட்டை.
மின் அஞ்சல்: sukanyaarivoli1@gmail.com
அலைபேசிஎண்: 9965088565.