

**AN OBSERVATIONAL STUDY ON
STANDARDIZATION OF SIDDHA DIAGNOSTIC TOOLS OF
KUMBAVATHAM [PERIARTHRITIS] INCLUDING LINE OF
TREATMENT AND DIETARY REGIMEN**

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Submitted to

THE TAMILNADU DR. MGR MEDICAL UNIVERSITY

In partial fulfillment of the requirements

For the award of the degree of

SIDDHA MARUTHUVA PERARIGNAR

DOCTOR OF MEDICINE (SIDDHA)

BRANCH V – NOI NAADAL



**POST GRADUATE DEPARTMENT OF NOI NAADAL
THE GOVERNMENT SIDDHA MEDICAL COLLEGE**

CHENNAI – 106

OCTOBER 2017

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CHENNAI - 106**

DECLARATION BY THE CANDIDATE

I hereby declare that this dissertation entitled “**AN OBSERVATIONAL STUDY ON STANDARDIZATION OF SIDDHA DIAGNOSTIC TOOLS OF KUMBAVATHAM[PERIARTHROSITIS] INCLUDING LINE OF TREATMENT AND DIETARY REGIMEN**” by me under the guidance of **Dr.S.K.Sasi M.D(S).**, **ASSO.PROFESSOR** Post graduate department of **Noi Naadal** Govt. Siddha Medical College, Arumbakkam, Chennai-106 and the dissertation has not formed the basis for the award of any Degree, Diploma, Fellowship or other similar title.

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ACKNOWLEDGEMENT

First and foremost I would like to thank the Almighty Siddhars for his showers and grace and the strength and caliber. He gave in handling and understanding the difficulties during the tenure of this work and enabled to complete this tough task.

I wish to thank the **Additional Chief Secretary and Commissioner of Indian Medicine and Homeopathy Department**, Arumbakkam, Chennai-106, for giving consent to do the dissertation.

I would like to thank the **Vice Chancellor, The Tamilnadu Dr.MGR Medical University**, Guindy, Chennai for giving permission to carry out this dissertation work.

I express my sincere thanks to our Respected Principal **Dr. K. Kanakavalli M.D(S), Professor** Govt. Siddha Medical College, Chennai, for her permission to perform this study and support throughout the course of the study.

It is a genuine pleasure to express my deep sense of thanks and gratitude to my mentor and guide **Dr.S.K.Sasi M.D(S), Associate Professor; Head of the Dept. of PG Noi Naadal**, Govt. Siddha medical College, Chennai, her dedication and keen interest above all her overwhelming attitude to help the students had been solely and mainly responsible for completing this work. Her timely advice, meticulous scrutiny, scholarly advice and scientific approach have helped me to a very great extent to accomplish this dissertation work.

I express my sincere thanks to **Dr.R.Neelavathy M.D(s), Ph.D., Professor, Former H.O.D Dept. Of Noi Naadal**, Arumbakkam, Chennai and presently Principal of Govt. Siddha Medical College, Palayamkottai. I started the project work with her guidance in sorting the patients identifying “Kumbavatham” as my specific focus in my project was a great help.

I express my sincere thanks to **Dr.M.Manimegalai M.D (S), Reader**, Department of Udal thathuvam., for handling op patients for my special case study.

I express my grateful thanks to **Dr.S.Shankar M.D (S), Lecturer-II** Department of Gunapadam, for handling op patients for my special case study.

I express my grateful thanks to **Dr.R.Baskar M.D (S), Lecturer –II** Department of PG Noi Naadal, for handling op patients for my special case study.

I cordially register my thanks to **Dr. V. Jasmine Ranjana M.D(S), lecturer-II** Department of PG Noi Naadal for her valuable ideas to this dissertation and the encouragement provided for the completion of this dissertation.

I wish to thank **Dr.Sathya Rajeshwaran M.D(S),** Central Research Institute, Chennai for his valuable support during this work.

I wish to thank **Dr. R. Jayanthi, M.D.(S), R.M.O.** of Arignar Anna Govt. Hospital of Indian Medicine and Homeopathy, for his valuable support during this work.

I express my thanks to **Dr.Vidhya, M.B.B.S., DMRD Radiologist** Arignar Anna Govt. Hospital of Indian Medicine and Homeopathy, for her valuable support during this study.

I am also thankful to our librarian **Mr. V. Dhandayuthapani B.Com, M.Libsc** and staffs for their kind co-operation for my study.

My special thanks to my Husband **Er.R. Muruganatham B.E.,** for his support only I enabled to complete this dissertation work.

My heartfelt thanks to my **Dr. S. SaraswathyKrishnan M.D(S), B.Sc., Pschy.,** for her guidance, valuable support and encouragement.

I dedicated this work to my Father **Mr.N.V.Chinnathambi** and my mother **Mrs.P.PalaniAmmal** and my sincere thanks to my family members **Mr.M.Ramar and Mrs.R.Seetha Lakshmi, Mr. N.C.Karthick and Mrs.S.Kothaiarasi.**

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INTRODUCTION

1. INTRODUCTION

“Nehawpe;J Neha;Kj y; Nehf;fwpe;J NehAj T
j hawpe;J eff;Fk; ti fawpe;J- fhaepi y
nehej opah tz z k; kUe;J nra;t;ggghNu
j ei j nad;Dk; ewgz bj u”

- Nj i uau; ntz gh

The siddha medical science is one of the ancient Indian traditional medicines followed by Tamil speaking people in India, Malaysia, Singapore, Sri Lanka, etc.

Most of the systems in medicine focus more on prevention and cure. Wherein Siddha system provides not only prevention and cure but also emphasize in Gnana Markam, kayakalpa, a balance in body humors for healthy life, making one's body immortal.

The Siddha system of medicine, one of the foremost medical systems in the world. The uniqueness is continuous service to humanity for more than 10,000 year in maintaining its physical, mental and moral health, emphasis on inner soul in addition to that of external body and in combating disease.

Siddha system was developed by 18 Siddhars. Siddhars, spiritual scientists explored and explained the reality of nature and its relationship to man by their yogic awareness and experimental findings. From that the different practices were evolved to be known as siddha system.

mz ;l j j py; c ssnj gpz ;l k;
gpz ;l j j py; c ssnj mz ;l k;
mz ;l K k; gpz ;l K k; xdNw
mwpe;J j hd; ghuf;Fk; NghNj

- r;l ;l K dp

Sage Agasthiyar is considered the guru of all siddhars.

The human body is made up of five elements in different combination. The physiological function in the body is medicated by three substances, which are made up of five elements. They are vatham, pitham, and kabam.

Vatham	-	Agayam+Vayu
Pitham	-	thee
Kabam	-	Mann+Neer

By observing the signs and symptoms of the patient we could find out the disordered panchabootham and those elements could be diagnosed through the diagnostic method of ennvagai thervugal, specially the naadi examination.

In Siddha system diseases are diagnosed by eight tools.

1) Pulse 2) Tongue 3) Colour 4)Voice 5)Eyes 6)Touch 7)Stools 8)Urine.

- Pulse diagnosis was distinctive in siddha medicine and was later used in other medicine system.
- The system has worked details procedure of urine examination which includes study of its colour, smell, density, quantity, and oil drop spreading pattern.

Sage yugi was one among the siddhars who classified diseases based on signs and symptoms. Siddhars has classified diseases into 4448 types. The human body is composed of 96 tatuvas or basic principles. A Tamil proverb says “food as medicine and medicine as food” thus bridging essentials for life are nothing but food which support balances of humors.

Some of the supporting hymes from Thirukural which not only highlights the efficiency of the Siddha system but also the quality standards they achieved.

Thiruvalluvar said,

Neha; ehb Neha; Kj yehb mJj z pf:Fk;
thaehb thaggr; nray;
c wwhd; msTk; gpz pAsTk; fhyKk;
fwwhd; fUj pr; nray;

This Kural says that, how to diagnose the disease.

According to siddha system of medicine, diseases are caused due to malfunctioning of the three vital factors of the body Vali, Azhal and Iyam.

kṛfṛDk; Fi waṛDk; NehanraAk; EhNyhu;

t sṛKj yḥ vz z ṛa %dW.

According to St. Yugi Muni, Vatha diseases are classified into 80 types.

“Vathamadhu Enbathagum”

One of the vatha diseases is Kumbavaatham. The study of kumbavaatham will be helpful through symptomology with diagnostic parameter studied during this research work will enable the physician to choose correct treatment.

The author hope the outcome of this study will be greatly helpful to medical practitioners for better understanding of the disease ‘kumbavaatham’.

***AIMS AND
OBJECTIVES***

2. AIM AND OBJECTIVES

AIM

To evaluate Naadi, Naa, Vizhi, Moothiram- Neerkuri, Neikuri and Manikadai Nool in patients of kumbavaatham.

OBJECTIVES

PRIMARY OBJECTIVES

- To analyse the causes and clinical symptoms in kumbavaatham by keen observation.

SECONDARY OBJECTIVES

- To evaluate Manikadai Nool in patients of Kumbavaatham.
- To analyse the line of treatment for Kumbavaatham.
- To recommend the dietary regimen for kumbavaatham.

***REVIEW OF SIDDDHA
LITERATURE***

3. REVIEW OF LITERATURE - SIDDHA

3.1 Kumbavaatham

Kumbavaatham is one of the Vatha influenced disease. It is characterized by pain in shoulder and hand, burning sensation at cheeks and eyes, vertigo, Pain below naval, inflammation of tongue.

“etḥyNt Nj hskḶk; fuḥ j ḥd; kḶk;
eyḥj nkj j thḥḥNa NehTz ḥhFk;
ftḥyNt fddnkhL eade; j hDk;
fLj ḶNk tḥWtḥWgG nkupTk; fhZ k;
J tḥyNt JBgGhFQ; ḥḥR j dḥḥḥ;
RowḥḥNa ehgḥḥḥḥ; tḥḥA Kz ḥhk;
mtḥyNt mbehḥḥḥḥ; modW fhZ k;
kyWNk tUFkg thj g; j hNd”

- AḥḥḥK dḥ i tḥ j ḥḥ ḥḥḥ hkz ḥ ḥḥl y;264 pg-100

Clinical features of Kumba vaatham

- Pain in shoulder and hand
- Burning sensation at cheeks and eyes
- Vertigo
- Pain below naval
- Inflammation of lower surface of tongue.

According to T.V. Sambasiva Pillai,

Fkg thj k> xH thj Neha> , j dhy; Nj hy> i f kpf f tyj j>
fz Z k; fLj j> rpujy; Jbg; Gz j hf p thA Nfhshwi leJ ehgjad;
fb; typ fhZ k;

A kind of rheumatism attended with boring pain in the shoulders and arms,
inflammation of cheeks and eyes, slight tremors of the head, flatulent disorders
and colicky pain below the navel.

According to yugimuni vaithiya kaviyum ,

i faRthj k;

"c aaNti fi aggwv Aj wNatyj j f; nfhy;Yk;
nkaaNtj p k pUKz NI h NkdAk;thi j fhZ e;
Jaaj he; Nj hspynkj j j ; Jz bj j j ; Jbj j fhZ
I katp p khNj i faR thj nkdwak; gyhNk".

- AfipKdp i tjj pa fhtpak;

i fi aggwv c j w tynaLj j f; nfhy;Yk; Mj pf j p k pUz j hFK c l y;
thl j k; fhZ k; Nj hs; j Bj j fhz gLk;

i farj pthj k;

"i faJ f fLj j f fhl b fLtp\ qfLj j hgNghNy
taaNtgp h j ddp nyhUeukgOj j reJ
taAwraj j paqf yhFNkrhj j paqf
S aaNti farj p thj nk dWi uffyhNk."

- AfipKdp i tjj pa fhtpak;

i fahdJ tp\ qnfhl BaJ Nghy fLf;Fk;gp hpa yUeJ eukG , Oj j
Nj hs;%l L Kj y; tynaLf;Fk;

Clinical features of kumbavaatham in sikicharatna deepam

- rgj j hJ f;fi s aDrhj ;J KBt;py; Nj hspd; kU k; fuj j pd; kU k;
ghki ggNghYk; CHeJ NehAz ; hFk;
- fddk; fz ; Kj ypa , l qfs;py; vhprry;
- RµrµWBgG ehgpapd; fb; ty;Az ; hFk;
- mBehf;f;py; mowr; fhZ k;

- i t j j pa rpej hkz p rpfz ;Z rhkp g;si s

3.2 SIDDHA PHYSIOLOGY

SUGARANA NILAI (PHYSIOLOGY) IN SIDDHA MEDICINE

All the uniqueness in this world and universe are made up of five basic elements namely Man (Earth), Neer (Water), Thee (Fire), Kaal (Air) and Aagayam (Space) are called the Panja Boothams (Fundamental Elements).

These elements constituting the human body and other worldly substances are explained as Pancheekaranam (Mutual Intra Inclusion). Anyone of these elements cannot act independently by itself. They can act only in co-ordination of the other four elements. The living creatures and the non-living things are made up of these five elements.

c yfk; gQr Gj k;

“epykeh; j t'sp tRkNghi l eJ k;

fyej kaf; fK yfk; , J”

- nj hy;fhggjak;

Nj f gQr Gj k;

“j yqfhl b , ej r; rl khd l kGj k;

epyqfhl b eh;fhl b epdwpLq; j fhl b

tyqfhl b thAthy; tshenJ , Uej J

Fyqfhl b thdy; Fbaha; , Uej Nj ”

- gj rnz z ; rj j u; ehb rh] j muk;

As per the above lines the Universe and the human body are made up of five elements.

THE BASIC PRINCIPLES:

According to Siddha system of medicine, ‘Thathuvam’ is considered as a science that deals with basic functions of the human body. Siddhars described 96

principles as the basic constituents of human body that include physical, physiological, psychological and intellectual components of an individual.

THE UYIR THATHUKKAL

The physiological units of the Human body are Vali (Vatham), Azhal (Pitham) and Iyyam (Kapham). They are also formed by the combination of the five elements

Vaatham	= Vali+Vaagayam	- Creative force
Pitham	= Thee	- Force of preservation
Kabham	= Man+Neer	- Destructive force

As per the above lines the Universe and the human body are made of five elements. These three humours are in the ratio 4:2:1 in equilibrium or Normal condition, they are called as the Life Forces.

The formation of Uyir Thathukkal

“j hJ Ki wna j dp, i l thj khk;
NghJW gpd;fi y GfdwJ gij j khk;
khJ Rop; i d toq;f;Lk; l akhk;
XJ Ki w ghj; J c z hej th; rj j Nu”

- gj pz z ; rj j u; ehb rh] j mk;

“Cz hej mghdd; c Wk; mej thj j j py;
Gz hej gphz d; mej g; gij j j j py;
mi z ej rj hdd; ml q;Fk; fgj Nj hL
, i z ej pi t %d;Wf;F vLj j Fwp xdNw”

- gj pz z ; rj j u; ehb rh] j mk;

Vali = Abaanan+Idagalai

Azhal = Praanan+Pinkalai

Iyyam = Samaanan+Suzhumunai

1. Vali (Vatham)

The nature of Vali

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

The sites of Vali

“mwpej pLk; thj kl qF kyj j pdiy”

- j pU%yh;

“ehnkdw thj j J f; fpUggpNk Nfsha;

ehgpFf; fb; vdW etiy yhFk”

- Afp K dpt h;

According to Sage Thirumoolar and Yugi muni, the places of vatham are the anus and below the naval region.

The Properties of Vali

“X* qFI Nd j hNj o; %rNrhq;fp , aqf

vOr;pingw vggz pAkhww vOej ppa”

“Nt f; GydfS f;F Nktr; RWRWgG

ThfS;pf;Fk; khej hh;f;F thA”

- rj j kUj ;J thq;f RUf;Fk;

The functions of Vali

1. To stimulate the respiration
2. To activate the body, mind and the intellect.
3. To expel the fourteen different types of natural reflexes.
4. To activate seven physical constituents in functional co- ordination.
5. To strengthen the five sense organs.

In the above process vatham plays a vital role to assist the body functions.

Vayu – 10

(Vital nerve force which is responsible for all kinds of movements)

1. Uyir kaal (Piraanan)

This is responsible for the respiration of the tissues, controlling Knowledge, mind and five sense organs and digestion of the food taken in.

2. Keel nokku kaal (Abaanan)

It lies below the umbilicus. It is responsible for the downward expulsion of stools and urine, ejaculation of semen and menstruation

3. Paravu kaal (Viyaanan)

This is responsible for the motor and sensory function of the entire body and the distribution of nutrients to various tissues.

4. Mael nokku kaal (Uthaaanan)

It originates at Utharakini. It is responsible for digestion, absorption and distribution of food. It is responsible for all the upward movements.

5. Nadukkaal (Samaanan)

This is responsible for the neutralization of the other 4 Valis i.e. Piranan, Abanan, Viyanan and Uthanan. Moreover it is responsible for the nutrients and water balance of the body.

6. Naagan

It is a driving force of eye balls responsible for movements.

7. Koorman

It is responsible for the opening and closing of the eyelids and also vision. It is responsible for yawning.

8. Kirukaran

It is responsible for the salivation of the tongue and also nasal secretion. Responsible for cough and sneezing and induces hunger.

9. Devaththan

This aggravates the emotional disturbances like anger, lust, and frustration etc. As emotional disturbances influence to a great extent the physiological activities, it is responsible for the emotional upsets.

10. Dhanancheyan

Expelled three days after the death by bursting out of the cranium. It is responsible for edema, plethora and abnormal swelling in the body in the pathological state.

2. Azhal (Pitham)

The nature of Azhal

The nature of Azhal is atomic. It is sharp and hot. The ghee becomes watery, salt crystalizes and jaggery melts because of heat. The heat of Azhal is responsible for many actions and their reactions.

The sites of Azhal

According to vaithiya sathagam, the pingalai, urinary bladder, stomach, stomach and heart are the places where Azhal sustains. In addition to the above places, the umbilicus, epigastric region, stomach, sweat, saliva, blood, essence of food, eyes and skin are also the places where Azhal sustains. Yugi muni says that the Azhal sustains in urine and the places below the neck;

The properties of Azhal

Azhal is responsible for the digestion, vision, maintenance, of the body temperature, hunger, thirst, taste etc. Its other functions include thought, knowledge, strength and softness.

The functions of Azhal

1. Maintenance of body temperature.
2. Produces reddish or yellowish colour of the body.
3. Produce heat energy on digestion of food.
4. Produces sweating.
5. Induces giddiness.
6. Produces blood and the excess blood are let out.
7. Gives yellowish colouration to the skin, eyes, faeces and urine
8. Produce anger, heat, burning sensation, inaction and determination.
9. Gives bitter or sour taste.

The types of Azhal

1. Anala pitham or Pasaka pitham -The fire of digestion.

It lies between the stomach and the intestine and causes digestion and dries up the moist ingested substance.

2. Ranjaga pitham - Blood promoting fire

The fire lies in the stomach and gives red colour to the chyme and produces blood. It improves blood.

3. Saathaga pitham – The fire of energy.

It gives energy to do the work.

4. Prasaka pitham – The fire of brightness.

It gives colour, complexion and brightness to the skin.

6. Alosaga pitham – The fire of Vision.

It lies in the eyes and causes the faculty of vision. It helps to visualize things.

3. Iyyam (Kapam)

The nature of Iyyam

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

The Sites of Iyyam

Head, tongue, eyes, nose, throat, thorax, bone, bone marrow, joints, blood, fat, sperm and colon are the seats of Iyyam. It also lies in the stomach, spleen, the pancreas, chyle and lymph.

The properties of Iyyam

Stability, greasiness, formation of joints, the ability to withstand hunger, thirst, sorrow and distress are the qualities. It also helps to withstand sufferings.

The Functions of Iyyam

Greasiness, strength, roughness, knowledge, cool, growth, heaviness of bone, restriction of joint movements, pallor, indigestion, deep sleep and to have a sweet taste in tongue are the function of Iyyam. The skin, eyes, faeces and urine are white in colour due to the influence of Iyyam.

The types of Iyyam

1. Avalambagam

Heart is the seat of Avalambagam. It controls all other types of Iyyam.

2. Kilethagam:

Its location is stomach. It gives moisture & softness to the ingested food.

3. Pothagam:

Its location is tongue. It is responsible for the sense of taste.

4. Tharpagam

It gives coolness to the vision.

5. Santhigam

It gives lubrication to the bones particularly in the joints.

THE UDAL THATHUKKAL

Udal Thathukkal is the basic physical constituents of the body. They are also constituted by the Five Elements.

Seven physical constituents of the body

- 1. Saaram** This gives mental and physical perseverance.
- 2. Senneer** Imparts colour to the body and nourishes the body
- 3. Oon** It gives shape to the body according to the physical activity and covers the bones.
- 4. Kozhuppu** It lubricates the joints and other parts of the body to function smoothly.
- 5. Enbu** Supports the frame and responsible for the postures and movements of the body.
- 6. Moolai** It occupies the medulla of the bones and gives strength and softness to them.

7. Sukkilam/ Suronitham

It is responsible for reproduction.

These are the seven basic constituents that form the Physical Body. The Bones are predominantly formed by the Earth component, but other elements are also present in it. All the three humuors Vali, Azhal and Iyyam present in this 7 constituents. The intake food converted to udal thaadhu in which the intake food is converted to saaram in the first day, and then it converted to chenmeer in the second day, oon, kozhuppu, enbu, moolai and sukkilam/ Suronitham respectively in the

following days. So in the seventh day only the intake food goes to the sukkilam/Suronitham

Kosam - 5 (Five States of the Human Body or Sheath)

- ♣ Annamaya Kosam - Physical Sheath (Gastro intestinal system)
- ♣ Pranamaya Kosam - Respiratory Sheath (Respiratory system)
- ♣ Manomaya Kosam - Mental Sheath (Cardio vascular system)
- ♣ Vignanamaya Kosam - Intellectual Sheath (Nervous system)
- ♣ Ananthamaya Kosam - Blissful Sheath (Reproductive system)

Mandalam - 3 (Regions)

- ♣ Thee Mandalam (Agni Mandalam)
Fire Region, found 2 fingers width above the Moolathaaram.
- ♣ Gnayiru Mandalam (Soorya Mandalam)
Solar Region, located with 4 fingers width above the umbilicus.
- ♣ Thingal Mandalam (Chandra Mandalam)
Lunar Region, located at the center of two eye brows.

KUGARANA NILAI (PATHOLOGY) IN SIDDHA MEDICINE

According to Siddha System, human body sustains the state of healthy living via keeping the Three Humours- Vatham, Pitham and Kabam in equilibrium, influenced by dietary habits, daily activities and the environment around. The three humours represent the five basic elements or Bhuthas. In case this equilibrium is disturbed, it leads to a condition known as disease. It is basically the derangement of five elements, which in turn alters the Three Humors. There can either be a decrease or increase in the balance.

Neha;

c z thj p nray;fshy; c a h j h J c l w j h J t p y; V w g L k; k h w w j j p d;
f h u z f h h p a N k N e h a; v d g g L k;

THE CHARACTERISTICS FEATURE OF DISEASE

Diseases are of two kinds:

- i. Pertaining to the body
- ii. Pertaining to the mind according to the variation of the three humors.

1. Causes of Disease

Excepting the disease caused by our previous births, the disease is normally caused by the disparities in our food habits and actions. This has been rightly quoted in the following verses by Sage Thiruvalluvar,

“k p f p D k; F i w a p D k; N e h a n r a A k; E h N y h h;
t s p K j y h v z z p a K d W”

- j p U t s S t h;

The food and actions of a person should be in harmony with the nature of his body. Any increase or decrease in a humor viz. Vatham, Pitham, Kabam leads to the derangement of the three humors. The acceptance of food means the taste and quality of the food eaten and a person's ability to digest. 'Action' means his good words,

deeds or bad actions. According to Thiruvalluvar, the disease is caused due to the increase or decrease of three humors causing the upset of equilibrium.

So disease is a condition in which there is derangement in the five elements, which alters the three humors, reflected in turn in the seven physical constituents. The change could be an increase or decrease in the humors. This shows the following signs as per vitiation of the individual humor.

Neha; gµwF;Fk; ti f

“gµz µapDw; gj j pi ag; NgRNtd; gµz µKj y;
thj gjj ; j q;fg kdkej µµ j ej µµ
tj kh Al yuz ; nkaggu tuRrnra;
Ki wnrA khj yhd; Kj wGu nkdWl
fi wFt uhµµ uj dgµµ thukh
Neha;fz ; khki t ngUkgrµ j hFKh;
Toµi l ntapdki o kyµj z h; ei dTl d;
kej khq; fhi kha; thhj ; j ah Lj Wapµ;
tej i t tµy;Fj d; khj i ur; Rkj j Yk;
kyry gej i d tUkµj ddkµfg;
ngyKW Neha;fS k; gµwggJk; eµµrak;”

- Nj i uah; fhggµak;

As per Theraiyar, the cause of disease is vitiated Vatha, Pitha and Kaba, increased appetite, increased thirst, excessive hot, anger, constipation, dysuria polluted water.

2. QUANTITATIVE CHANGES OF UYIR THATHUKKAL

Humour	Increased	Decreased
VALI (Vatham)	Wasting, blackish discoloration, affinity to hot foods, tremors, distended abdomen, constipation, weakness, insomnia, weakness in sense organs, Giddiness and laziness.	Body pain, feeble voice, and diminished capability of the brain, decreased intellectual Quotient, syncope and increased kaba Condition.
AZHAL (Pitham)	Yellowish discoloration of conjunctiva, skin, urine and faeces, polyphagia, polydypsia, dyspepsia, burning sensation all over the body and decreased sleep.	Loss of appetite, cold, pallor and features of increased kabam.
IYYAM (Kabham)	Loss of appetite, excessive salivation, diminished activity, heaviness, pallor, cold, decreased physical constituents, dyspnoea, flatulence, cough and excessive sleep.	Giddiness, dryness of the joints and Prominence of bones. Profuse sweating in the hair follicles and palpitation.

3. UDAL THATHUKKAL

These are the changes produced when Udal thathukkal are affected.

Udal Kattukkal	Increased features	Decreased features
1.SAARAM	Loss of appetite, excessive salivation, diminished activity, heaviness, pallor, cold, decreased physical constituents, dyspnoea, flatulence, cough & excessive Sleep.	Dryness of skin, tiredness, loss of weight, lassitude and Irritability while hearing louder sounds.
2.SENNEER	Boils in different parts of the body, splenomegaly, tumours, pricking pain, loss of appetite, haematuria, hypertension, reddish eye and skin, leprosy & jaundice.	Affinity to sour and cold food, nervous, debility, dryness and Pallor.
3.OON	Tubercular adenitis, venereal diseases, extra growth around neck, cheeks, Abdomen, thigh and genitalia.	Lethargic sense organs, pain in the joints, muscle wasting in mandibular region, gluteal region, penis and thighs.

Udal Kattukkal	Increased features	Decreased features
4.KOZHUPPU	Identical feature of increased flesh, tiredness, dyspnoea on exertion, extra musculature in gluteal region, external Genitalia, chest, abdomen and thighs.	Loins pain, splenomegaly and emaciation.
5.ENBU	Excessive ossification and dentition	Joint pain, falling of teeth, falling and splitting of hairs and nails.
6.MOOLAI	Heaviness of the body and eyes, swollen Interphalangeal joints, oliguria and nonhealing ulcers.	Osteoporosis & Blurred vision.
7.SUKKILAM (OR) SURONITHAM	Increased sexual activity, urinary calculi	Dribbling of sukkilam/ suronitham or senner during coitus, pricking pain in the testis & inflamed & contused External genitalia.

4. KAALAM

Change in Elementary conditions of the external world has its corresponding change in the human organs. They are as follows:

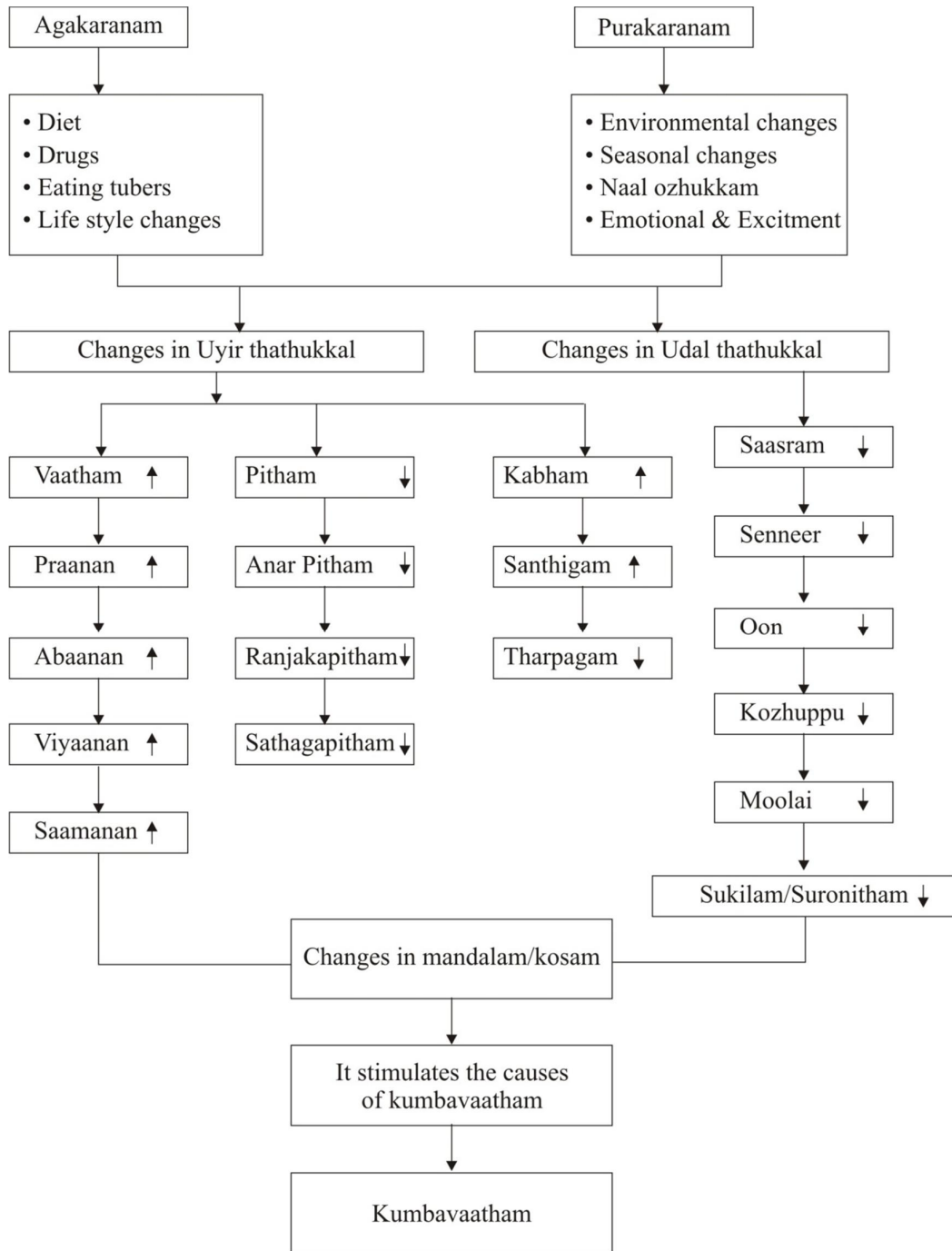
Kaalam	Kuttram	State of kuttram
1. Kaarkaalam (Rainy : Aavani – Puratasi) (Aug 16 – Oct 15)	Vatham ↑↑ Pitham ↑ Kabam (--)	Ectopic escalation Insitu escalation Restitution
2. Koothir Kaalam (Post rainy : Iypasi –Karthigai) (Oct 16 – Dec 15)	Vatham (--) Pitham ↑↑ Kabam (--)	Restitution Ectopic escalation Restitution
3. MunpaniKaalam (Winter : Markazhi – Thai) (Dec 16 – Feb 15)	Vatham (--) Pitham (--) Kabam (--)	Restitution Restitution Restitution

Kaalam	Kuttram	State of kuttram
4. Pinpani Kaalam (Post winter : Masi – Panguni) (Feb 16 –Apr 15)	Vatham (--) Pitham (--) Kabam ↑↑	Restitution Restitution Insitu escalation
5. Elavenir Kaalam (Summer : Chithirai – Vaikasi) (Apr 16 – Jun 15)	Vatham (--) Pitham (--) Kabam ↑↑	Restitution Restitution Ectopic escalation
6.Mudhuvanir Kaalam (Post summer : Aani – Aadi) (Jun 16 – Aug 15)	Vatham ↑ Kabam (--)	Insitu escalation Restitution

5. THINAI

THINAI	LAND	HUMORS
1. Kurinchi	Mountain and its surroundings - Hilly terrain	Kabam
2. Mullai	Forest and its surroundings - Forest ranges	Pitham
3. Marutham	Farm land and its surroundings - Cultivable lands	All three humors are in Equilibrium
4. Neithal	Sea shore and its adjoining areas, Coastal belt	Vatham
5. Paalai	Desert and its surroundings Arid zone	All three humors are Affected

3.3 ETIOPATHOGENESIS OF KUMBAVAATHAM

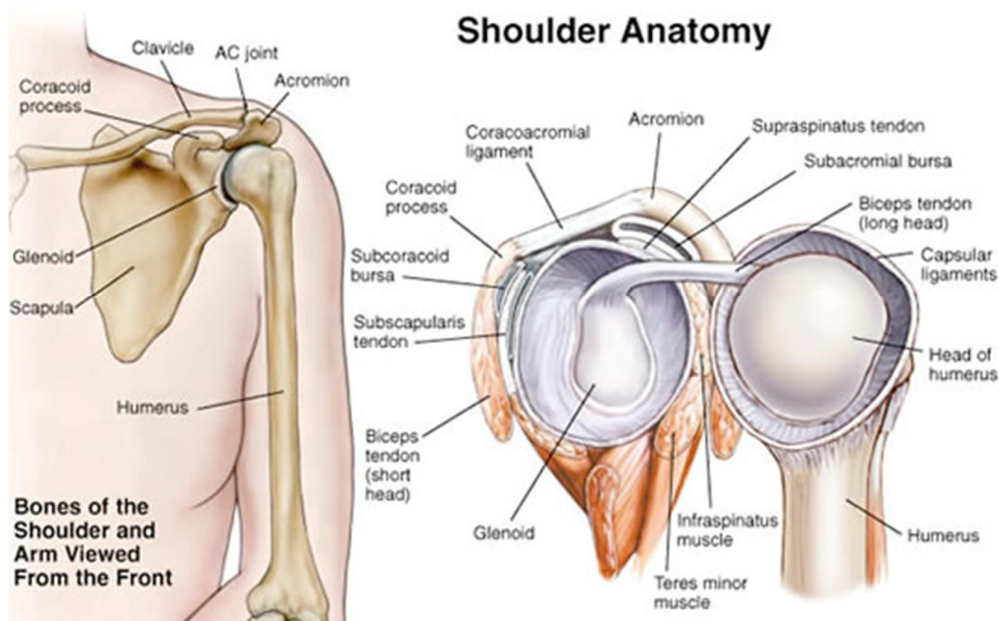


- Due to Agakaranam, purakaranam, alteration in uyir thathu and udal thathu.
- In uyir thathu, first vaatham increases followed by pitham which decreases and kabham increases.
- In vaatham, praanam (uyirkaal), Abaanam, viyaanam, samanam are affected leads to pain, constipation, stiffness and restricted movements of the joint.
- In pitham, Anarpitham, Ranjagapatham, sathagapitham are affected leads to loss of appetite, cc anaemia, in ability to abduct the hand.
- In kabham, Tharpagam, Santhigam are affected leads to burning of eye, restricted movements of joint.
- In Udal thathukal, Saram, Senneer, Oon, Kozhuppu, Enbu, Moolai, Sukilam/Suronitham are affected.
- Due to alteration of uyir thathukkal & udai thathukkal, changes in mandalam and kosam are occur.
- In mandalam, surya mandalam are affected leads to pain and restricted movements of the shoulder joint.
- In kosam, Annamaya kosam, praanamaya kosam are affected leads to loss of pain, pain and radiating pain to the hands.
- So alteration of uyir thathu, udal thathu, mandalam and kosam leads to kumbavatham.

MODERN ASPECTS

4. MODERN ASPECTS

Anatomy of shoulder



Physiology of shoulder

The shoulder is made of three bones: The clavicle (collarbone), the scapula (shoulder blade), and the humerus (upper arm bone) along with their associated muscles, tendons, and ligaments. The articulations between these bones make up the shoulder joint. Shoulder joint is used in almost everything that a person does like it is used in head movements, hand movements, lifting arms, rotating the body etc. Shoulder also supports other functions in the body and therefore is an important part of the body. This is why when there is pain in the shoulders it becomes difficult for a person to perform normal functions.

Shoulder pain

The shoulder joint is a joint in the body which can be called as the most movable joint. For this reason, pain in the shoulder joint is the commonest musculoskeletal problem. Considering the range of motion this joint permits it is the most unstable joint. This instability makes the shoulder joint more susceptible to

injury, degenerative processes, etc. Shoulder pain can be localized or it can be passed on to the surrounding areas of the shoulder. Sometimes pain due to other medical problems such as liver or heart disease, or cervical spine disease etc. can be mistaken as coming from the shoulder.

People experience difficulty in doing even simple tasks such as brushing teeth, getting dressed, cooking, etc. because of pain and discomfort in the shoulder joint. Shoulder pain can be present in one or both shoulders. The pain varies with cause. It can be sharp and stabbing. It can be dull and achy or it can be a harsh type of pain. Sometimes, the shoulder pain goes away with conservative treatments such as rest, ice/heat application, physical therapy etc.

Causes and Risk Factors of Shoulder Pain

There are many reasons for shoulder pain. Usually most of the shoulder pain felt is not a cause for worry and it can be treated with conservative measures.

Some Of The Common Causes For Shoulder Pain Are

- **Bursitis Resulting in Shoulder Pain:** Bursitis is one of the most common reasons for shoulder pain. It is an inflammation of the fluid-filled sac (bursa) that lies between a tendon and skin, or between a tendon and bone. Symptoms are pain, tenderness, stiffness, swelling, warmth or redness over the joint.
- **Shoulder Arthritis:** Arthritis can affect any joint. Symptoms are cause pain and stiffness, and may get worse over time and should be treated immediately.
- **Shoulder Pain Due To Rotator Cuff Damage:** This is the ball and socket joint of the shoulder itself. If the tendon present there is damaged or torn, it results in extreme pain in the shoulder. Symptoms are difficulty in moving the shoulder, popping or clicking noises, or difficulty in raising the arm over the head.
- **Shoulder Pain from a Sports Injury:** Injuries to the shoulder are very common, especially in people who are active in sports. Some injuries aggravate the muscles and tendons surrounding the shoulder and straining or overuse of these muscles make the shoulder sore.

- **Periarthritis shoulder:** Periarthritis shoulder is a condition characterized by pain and progressive limitation of some movements of the shoulder joint occurring in the elderly
- **Frozen Shoulder:** This is also referred to as adhesive capsulitis. It is a condition where it causes stiffness of the joint. Physical therapy and stretching the joints help in this type of shoulder pain and stiffness.
- **Calcific Tendinitis** is a result of calcium deposits within the tendon (generally rotator cuff tendons) and this can cause pain in the shoulder.
- **Shoulder Instability:** Loosening of the joint due to dislocation from trauma.
- **Shoulder Dislocation:** This condition occurs when the top of the humerus is disconnected from the scapula.
- **Biceps Tendon Rupture Resulting In Shoulder Pain:** This condition occurs when the bicep ruptures near the joint of the shoulder.

Pathophysiology of Shoulder Pain:

Shoulder pain is a condition which is quite common. It usually has an underlying pathology due to multiple factors. There can be many reasons for shoulder pain. Continuous shoulder pain can be due to bursitis, tendinitis, tear of the rotator cuff, adhesive capsulitis, avascular necrosis, impingement syndrome, glenohumeral osteoarthritis (OA), or from trauma or accident. It also be a combination of all these conditions.

Common causes of persistent shoulder pain are adhesive capsulitis, glenohumeral osteoarthritis, and/or rotator cuff disorders. These three conditions have complex etiologies; however, they can be diagnosed through medical history, focused physical examination, and x-rays.

Signs and Symptoms of Shoulder Pain

Any injury or disease to the shoulder joint can cause shoulder pain. The injury can occur in ligaments, bursa, tendons surrounding the shoulder joint, ligaments,

cartilage, menisci, and bones of the joint. This is an extremely mobile joint and is always at risk for increased injury.

Common Symptoms Accompanying Shoulder Pain Are

- Joint pain.
- Tenderness around the joint.
- Stiffness.
- Achiness upon movement of the joint.
- Swelling over the joint.

Serious Symptoms Accompanying Shoulder Pain Are

- Difficulty in carrying objects.
- Difficulty in using the arm.
- Trauma causing deformity of the joint.
- Shoulder pain at rest or at night when sleeping.
- Persistent shoulder pain.
- Inability to raise the arm.
- Swelling in or around the shoulder joint or arm.
- Bruising around the shoulder joint or arm.
- Signs of infection such as fever, redness etc.
- Weakness in the shoulder and arm.
- Other unusual symptoms.

Periarthritis shoulder

Periarthritis shoulder is a condition characterized by pain and progressive limitation of some movements of the shoulder joint occurring in the elderly.

The patient, past middle age, presents with diffuse pain in the shoulder with radiation down to the middle of the upper arm.

Its occur in two types:

Primary idiopathic: which the cause is not known.

Secondary type: In patients with diabetes, tuberculosis, cardiac ischaemia and haemeplegia.

On examination:

There will be tenderness in the subacromial region and in the anterior joint line. There is marked limitation of abduction and external rotation of the shoulder with free and full range flexion and extension movements.

When the condition involves the whole rotator cuff, it results in total restriction of all movement of the joint. The condition is then termed frozen shoulder or adhesive capsulitis. Radio graph of the shoulder is normal

***MATERIALS AND
METHODS***

5. MATERIALS AND METHODS

MATERIALS

A clinical study on Kumbavaatham was carried on out patients through post graduate department of noinnaadal at Arignar Anna Hospital, Arumbakkam, chennai.

40 case studies are included here for this clinical study from different age groups of both genders who showed clinical signs and symptoms of kumbavaatham under the guidance of faculties of post graduate department.

Selection of patients

The clinical study was done on various cases, Out of them, 40 cases were selected on the basis of clinical symptoms indicated in the siddha text.

Selection of criteria

Inclusion Criteria

1. Above the age of 30
2. All Genders were considered for this study.
3. Pain in shoulder.
4. Radiating pain
5. Stiffness and Restricted movement of shoulder joint.
6. Burning sensation of eyes and cheeks.
7. Inflammation of tongue.
8. Diabetes mellitus.
9. Pain and swelling in the cervical region.

Exclusion criteria

1. Patient below 30 yrs
2. Patient irregular to OPD
3. Deltoid fibrosis.
4. Traumatic pain.
5. Acute fracture of bone.

METHODOLOGY

STUDY DESIGN

Observational type of study

STUDY ENROLLMENT

- In the study, patients reporting at the PG Noi Naadal OPD of Aringar Anna Hospital, Arumbakkam, Chennai. With the clinical symptoms of “Kumbavaatham” will be referred to the Research group. Those patients will be screened using the screening proforma and examined clinically for enrolling in the study based on 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 be informed 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 form.
- All these patients will be given unique register card in which patients Register number of the study, Address, Phone Number and Doctors Phone Number etc., will be given so as to report to research group easily if any complication arises.

- Complete clinical history, complaints and duration, examination findings all would be recorded in the prescribed proforma in the history and clinical assessment forms and lab investigation forms.

INVESTIGATIONS DURING THE STUDY

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

Blood

- Total WBC count
- Differential count
- Erythrocyte Sedimentation Rate
- Haemoglobin estimation
- Blood Sugar[F,R,PP]
- Blood urea
- HbA1C

Urine

- Albumin
- Sugar
- Deposits

Other investigations

- X-ray for Shoulder joint
- CT-scan or MRI of Shoulder Joint

TREATMENT DURING THE STUDY

Normal treatment procedure followed in Aringar Anna Hospital, will be prescribed to the study patients and the treatment will be provided at free cost.

STUDY PERIOD

- Total Period : 24 Months
- Recruitment for the study : 18 Months
- Data entry analysis : 4 Months
- Report preparation and submission : 2 months

DATA MANAGEMENT

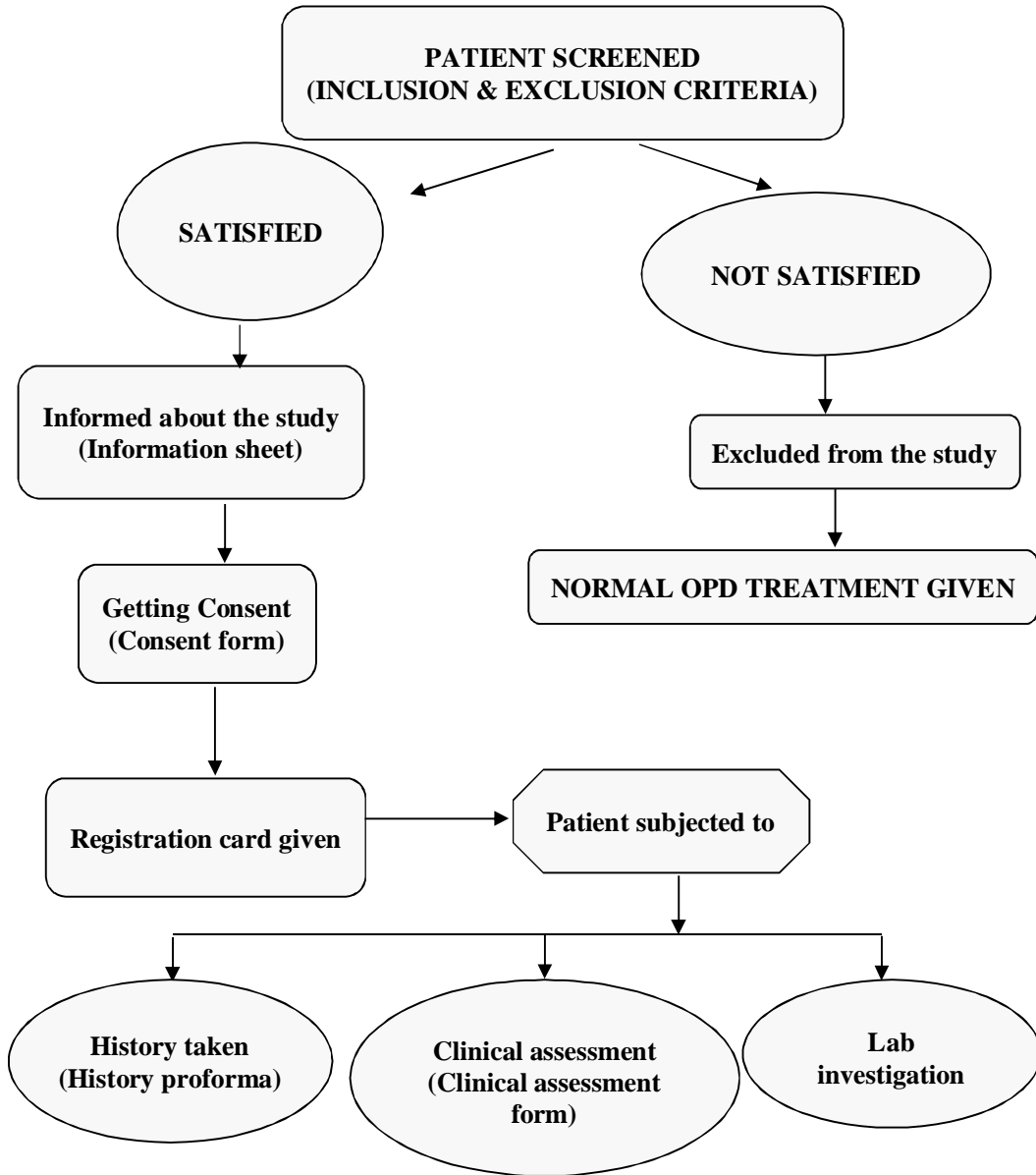
- After enrolling the patient in the study, a separate file for each patient will be opened and all forms will be filed in the file. Study No and Patient No will be entered on the top of file for easy identification and arranged in a separate rack at the concerned OPD unit. Whenever study patient visits OPD during the study period, the respective patient file will be taken and necessary recordings will be made at the assessment form or other suitable form.
- The screening forms will be filed separately
- The Data recordings will be monitored for completion and adverse event by HOD and Faculty of the department. Any missed data found in during the study, it will be collected from the patient, but the time related data will not be recorded retrospectively
- All collected data will be entered using MS access / excel software onto computer

STATISTICAL ANALYSIS

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

OUTCOME OF THE STUDY

- Cost effective diagnosis
- It helps to promotion of self diagnosis methods.
- It is very useful for remote areas.



***SIDDHA DIAGNOSTIC
METHODOLOGY***

5.1 SIDDHA DIAGNOSTIC METHODOLOGY

The Diagnostic methodology in Siddha system is unique as it is made purely on the basis of clinical acumen of the physician. The diagnosis is arrived from,

- Poriyaal arithal and Pulanaal arithal (examination of sense organs)
- Vinaathal (Interrogation)
- Envagai thervu (eight fold examination)
- Manikkadai nool (wrist circumference sign)

PORIRITHAL AND PULANARITHAL

The physician should examine the patient's porigal and pulangal

- | | | | |
|----|-------|---|-----------------------------|
| 1. | Mei | - | to know all sensation(skin) |
| 2. | Vaai | - | taste(tongue) |
| 3. | Kan | - | vision(eye) |
| 4. | Mooku | - | smell(nose) |
| 5. | Sevi | - | hearing(ear) |

VINAADHAL (INTERROGATION)

The physician should interrogate the patient's name, age, occupation, native place, socio economic status, dietary habits, history of present illness, aggravating factors, history of previous illness and family history.

ENN VAGAI THERVUGAL

“ehb ghprk; ehewk; nkhoitpp

kyk; %j j uk; kUj ;J tuhAj k;”

“nka;Fwp epwenj hdp tpoeh tpuKyk; i ff;Fwp”

- Neha; ehl y; Kj y; ghfk; -Nj i uah;

As per sage Therayar, the eight methods of diagnosis are Naadi (pulse), Naa (tongue), Niram (color), Mozhi (voice), Vizhi (eyes), Malam (faeces), Neer (urine) and Sparisam (touch and palpation).

“ghuñhehb awpē;J c z he;J gukd; nraYk; gpz pKi wAK;
eNuNahL kyryKk; epwKq; Fz K K fF;FwPAk;
rhNu apz qFq;Foy; kl th;fhyd; Nwfk; taj psi k
Nj NuawPAK fehb newpq;FwPAQ; nrwPAQ; nrhyyhNK”

- gj pñz z ; rñj j u; ehb rhj j µk;

As per Sage Agathiyar, Naadi (pulse), Malam (stools), Salam (urine), Niram (complexion), Gunam (character), MugaKuri (face findings), Thegam (constitution), Vayadhu (age), Elamai are the diagnostic tools.

1. TONGUE EXAMINATION (ehj Nj h;T)

'gykhd UrpawPAk; eht;pd; \$wi wg;
gfhf;fpdNwd; thj Nuhfp apdwd; ehT
fykhf ntbj;J fWj j pUf;F KI Nghy;
fz ;L nfhs;tha; gñj j Nuhfp;apdwd; ehT
eyKw rpte;J grnrddw;Uf;Fk; el gpyh
rñNyj;J kNuhfp apdwd; ehT
j ykj dpYwwKj p Nahh;fs; nrhd;d
j di kab j bj;J ntSj j pUf;Fk; ghNu”

- fz ;Z rhkp gukgi u i tj j µak;

- In Vali derangement, tongue will be cold, rough, furrowed and has a pungent taste.
- In Azhal, it will be red or yellow and kaippu taste will be present.
- In Iyyam, it is pale, sticky and sweet taste will be lingering.
- In conditions of Thontham, tongue will be dark, with raised papillae and dryness.

2. EXAMINATION OF COMPLEXION (C l yepwj ; Nj h;T)

“%dwhFk; thj gjj j rñNyj ;J kj j hy;
kñFej Kwj ; nj hej ð j j Nuhfñ Nj fk;
Nj hdwhj rñ a T\z q; fhy%dWe;
nj hFj Nj dahd; j ðNufj j p dpwj i j f; NfS
C upagjj j Kl y; rptgGg; gRi kfñZ k;
Nghdwhj i taTI y; ntz i k Nj hdWk;
Nghdwhj i taTI y; ntz i k Nj hdWk;
nghUe;Jenj hj j NuhFTI w; fñtwi w nahf;Fk;”
- fz Z rhkp gukgi u i tj j ðak;

In Vali, Azhal and Iyyam vitiations, the colour of the body will be dark, yellow or red and fair respectively.

3. VOICE EXAMINATION (xyj ; Nj h;T)

“ghhggj hd; thj Nuhfñ apdwd; thhj i j
gf;Ftkhar; rkrj j khapUf;Fk;
Nrhg;Jj hd; gjj j Nuhfñapdwd; thhj i j
nrggfñfhs ngyj ;JNk Awj j ðUf;Fk;
VwgJj hd; l aNuhfñ apdwd; thhj i j
nasñj hfr; rñWj j ðUf;Fkpayggj hFk;
Nfrw;fñt apk;%dWe; nj hej khfñy;
\$rhkw; gytñj kha; NgRthNu.”
- fz Z rhkp gukgi u i tj j ðak;

- In vitiation of Vali, Azhal and Iyyam the voice will be normal, high pitched and low pitched respectively.
- By the voice, the strength of the body can also be assessed.

4. THE EYE EXAMINATION (fz ; Nj h;T)

“c z i kaha; fz fs;Fwg; gi j fNfs; thj k;

c wwtppp fWj ;J nehe;J eUq; fhZ k;

j z i kapyh; gij Nuhfp apdwd; fz fs;

rhhghfg; gRi krptg; NgWq; fhZ k;

tz i kapyh i taNuhfp tppfs; j hDk;

tskhd ntz i kepw Nkj h ehj k;

j pz i kapyhj ; nj hej Nuhfp apdwd; fz fs;

j ll Ltha; gyepwnkd; wi wa yhNk”

- fz Z rhkp gukgi u i tj j pak;

- In Vali disease the tears are dark, and will be excessive tears.
- In Azhal disease they are yellow
- In Iyya disease they are whitish in colour and
- In Thontha disease the tears are multi coloured
- In Vali disease there will be excessive tears.
- In disturbance of all the three humours, eyes will be inflamed and reddish.

5. FAECES EXAMINATION (kyj ; Nj h;T)

“thj Neha; kyj i j g; ghhf;fpy;

c fej kyk; fWfNa fWj j pUfFk;

kpfFggj j Nehakyj i j AwWg; ghhf;fpy;

kpFej rptgGl d; gRi k j hDe; Nj hwWk;

kfFti s kNdNf i sa Nuhfk;

kykJjhd; ntz i kdpw khapUfFk;

gfFtkh apk%dWe; nj hej gg; ghfpy;

gfUkpd; epwqfs;ti f gupe;J fhZ k;”

- fz Z rhkp gukgi u i tj j pak;

- As per Kannusamy paramabarai Vaithiyam, in vitiated Vali, the stool is hard and black.
- In vitiated Azhal, it is hot and red.
- In vitiated Iyyam it is cool and watery.
- In provoked Vali, faeces is hard, dry and black in colour. In Azhal vitiation, it is yellow. In Iyyam, disturbance it is pale.

6.URINE EXAMINATION (ehj ; Nj hT)

“mUeJ khwuj Kk; mtϕNuhj k j ha;
m/fy; myhj y; mfhyT:dj tϕej ow;
Fwws tUej ρ c wqfϕ i t fi w
Mbfyrj ; j htϕNa fhJ nga;
epwf;Fwϕ neaf;Fwϕ epUkj j y; fi Nd”

- Nj i uau;

'Xqfϕa thj j Nj hhf;F eh;ϕOq; Fz ej h Ei uf;fϕw
Gϕnfhb fWj ; nehe;J rϕWj ; J l d; nghUkϕ tϕOk;
ghq;F l d; gϕj j j Nj hhf;Fk; grϕæh; rϕte;J fhl b
VqfNt fWf;fj hf vϕj ; J l d; fLj ; tϕOk;
tϕONk rϕNywg dj Nj hh; eh;f;Fz k; tϕskgf; Nfsha;
ehSNk ntsj ; J i we;J eykngw tϕOq; fz ; l ha;
ths;tϕpp khNdnj hej Nuhfkh dϕl hf;Fj ; j hNd
j hS eh; gyepwe;J h nddNt rhwwϕ NdhNK”

- fz ;Z rhkϕ gukgi u i tj j ϕak;

- Urine will be black and less in quantity– Vatha affected
- Urine will be red and patient will have to burning sensation - Pitham affected
- Urine will be white and foamy appearance –Iyyam affected

- Urine will be multi coloured – when all three are affected

COLOUR OF URINE

- Yellow colour – similar to straw soaked water – indigestion
- Lemon colour – good digestion
- Reddish yellow – heat in body
- Colour similar to flame of forest red or flame coloured – excessive heat
- Colour of saffron – extreme heat

As per Sikicharathna theepam,

COLOUR OF URINE

PROGNOSIS

- | | |
|---------------------------|-------------------------|
| • Ruby red or milky white | Poor |
| • Honey | Slow and take long time |
| • Golden yellow | Good |

NEIKKURI (nea;f;Fwp)

nea;f;Fwp;pd; rpwG

“I f;Fwp nfhLtl thdp ykheNj hh;
I ff;Fwp nj h; j eq;fI Ti sj ; Jj ;j Nj
nka;Fwp epwenj hz p t;pp;h , Ukyk;
i ff;Fwp KOtJhc q; fwwhh; j kkpDk;
ngha;f;Fwp nka;f;Fwp GfY nkth;f;Fk;
nea;Fwp mj i d , ee; z ;j ; Ji ugghk;”

vz nz a; tpiLg; ghhfFK; ehpd; tjj p

“epwfFwrf; Fi wjj epUkhz ehpw;

rpwf;f ntz nz aNthh; rpWJ sp eLtpLj ;

nj d\Wwj ; j pwenj hyp Vfhh i kjjj p

d\pdwj pti y Nghk; newptp\pawpTk;

nrdwJ GfYQ; nraj pi a Az Nu” ;

- Neha; ehl y; Kj y; ghfk; Nj i uau;

The spreading pattern of oil drop is the indication of Vali, Azhal and Iyyam diseases e.g.

1. Aravu (Snake Pattern of spread) indicates Vali disease.
2. Mothiram (Ring Pattern of spread) indicates Azhal disease.
3. Muthu (Pearl Pattern of spread) indicates Iyyam disease.

In Neikkuri, the rapid spread of oil drop, Pearl beaded and Sieve type of spreading pattern indicates Asathiyam (incurable) state of the disease. From this, we can assess the prognosis by the Neikkuri.

SPREADING PATTERN OF OIL INTERVENTION

- Lengthening - Vali
- Ring - Azhal
- Sieve - Iyyam
- Stands as a drop - Poor prognosis
- Slowly spreads - Good prognosis
- Drop immerses into the urine - Incurable disease

7. TOUCH (nj hL c z h;T)

“NeaKI Nd thj j j pd; Nj rej hZ k;

Nehi kahaf; FSpheJ nry tpljj pNy j hd;

khaKI DI;l z Ke; JbJbgG

kUTj yhk; gjj j j j pd; Nj fe; j hDk;

Nj haNt TI z kj h apUf;Fe; nj sptha;

Nrj ;Kj j j pd; Nj fkJ FSphej pUf;Fk;

Gha nj hej Nj fkJ gythwhFk;

gup;J nj hl ;Lj ; Nj fj i j g; ghj ;J g; NgNr”

- fz ;Z rhkp gukgi u i tj j pak;

- In Vali disease, some regions of the body are felt chill and in some areas they are hot.
- In Azhal disease, we can feel heat.
- In Iyya disease, chillness can be felt.
- In Thontham diseases, we can feel altered sensations.

8. NAADI(ehb)

The ‘Pulse Diagnosis’ is unique in Siddha Medicine, which was then introduced to other Indian Systems of Medicine later. The pulse should be examined in the Right hand for male and the left hand for female. The pulse can be recorded at the radial artery.

Naadi is nothing but, the vital energy that sustains the life with in our body. Naadi plays a most important role in Enn vagai thervu and it has been considered as foremost thing in assessing the prognosis and diagnosis of various diseases. Any variation that occurs in the three humors is reflected in the naadi. These three humors organize, regularize and integrate basic functions of the human body. So, Naadi serves as a good indicator of all ailments.

ehb ghhf;Fk; ti f

', Lnkdw ehbfsgghf;Fk; ti fi af; NfS
vddntdwhy; eLtpy; eptggpdNd
mLnkdw mLj j tpy; Nkhj µkhk; tpi y
mggNd , S j j gpdG Rz Ltµy pS j :
c Lnkdw J}z Ltµ y pS j : mgghy;
c j j nj hU mqFI l tpi ye' tpf'fuj j py;
gLnkdw rNahj p mqFyNkh j sSp
ghj l tp %dWj uk; Rukghh;Fk; ti fi a
ti f vdd thj kJ xz i z i uahk; gij j k;
tsi knahdW maaqfhy; tskhaew'fpy;
gi fa'yi y ehbfS e; nj hej k'yi y
gz ghd; RfnuhrU &gf;\$W nrhdNdd;"

- mfj j p'ah; fdfkz p 100

Naadi is felt by,

- Vali - Tip of index finger
- Azhal - Tip of middle finger
- Iyyam - Tip of ring finger

%ti fAk; khj j pi u mSTk;

'toq'fpa thj k; khj j pi u xdwh'fpy;
toq'fpa gij j k; j ddp; mi uthrp
moq'Fk; fgej hd; ml q'fpa fhNyhb; y;
gpoq'fpa r'ptw'Fg; gprnfhdW k'yi yNa"

- Neha; ehl y; K j y; ghfk

ehb

- The pulse is measured in wheat/grain expansile heights.
- The normal unit of pulse diagnosis is 1 for Vali (Vatham), ½ for Azhal (Pitham) and ¼ for Iyyam (Kapham).
- Naadi is examined in right side for men and on left side for women.

MANIKADAI NOOL (Wrist circumetric

“i f kz pfi faiy; fkyf faW #j j µk;
tþkyNd Nehf;fþNa NtI khK dp
j þkyhk; gþz þaJ Nrur; nrggþNa
mkydh Kdþf;F KddUsþr; nraj Nj ”

- gj þnz d; rþj j h; ehb Eþy;

According to the Pathinen Siddhar Naadinool, Manikadainool is also helpful in diagnosis. This manikkadai nool is a parameter to diagnose the disease by measuring the circumference of the wrist by means of a thread and then dividing the measured circumference with the patient’s finger. By this measurement the disease can be diagnosed.

When the Manikkadai nool is 11 fbs, the person will be stout and he will live a healthy life for many years. When the Manikkadai nool measures between 4 to 6, it indicates poor prognosis of disease and the severity of the illness will be high and it leads to death.

ALAVU

INFERENCE

- 10 fbs - Pricking pain in chest and limbs, gastritis and ulcer result.
- 9 ¾ fbs - Fissure, dryness and cough will be resulted.
- 9 ½ fbs - Odema, increased body heat, burning sensation of eye, fever, mega noi and anorexia.

- 9¼ fbs - Dysuria, insomnia, sinusitis and burning sensation of eye.
- 9 fbs - Impaired hearing, pain around waist, thigh pain, unable to walk.
- 8¾ fbs - Increased body heat, skin disease due to toxins, abdominal discomfort, cataract, sinusitis.
- 8½ fbs - Leucorrhoea, Venereal disorder and infertility will occur.
- 8¼ fbs - Stout and painful body, Headache, sinusitis, and toxins induced cough.
- 8 fbs - Abdominal discomfort, gastritis, anorexia and venereal diseases
- 7¾ fbs - Piles, burning sensation of limbs, headache, numbness occur. Within 2 years cervical adenitis and epistaxis results.
- 7½ fbs - Osteoporosis, abdominal discomfort, burning sensation of eyes, increased body temperature. Within 6 days all the joints of the limbs presents a swelling.
- 7¼ fbs - Lumbar pain, increased pitha in head, anemia, eyepain, odema and somnolence.
- 7 fbs - Pitham ascends to head, haemetemesis, phlegm, burning sensation of limbs and constipation.
- 6¾ fbs - Eye ache, dizziness, testis disorder. Within 3 years it causes anuria, pain and burning sensation over limbs, facial sweating results.
- 6½ fbs - Thirst, anorexia, increased body heat and vatham results.
- 6¼ fbs - Diarrhoea, belching, vommiting and mucous dysentery.

- 6 fbs - Reduced weight, phlegm in chest. It results in death within 20 days.
- 5¾ fbs - Delirium dizziness, loss of consciousness. It results in death even if the patient takes gruel diet.
- 5½ fbs - Severity of illness is increased. Toxins spread to the head. Tooth darkens. Patient will die in 10 days.
- 5¼ fbs - Patient seems to be sleepy and death results on the next day.
- 5 fbs - Pallor and dryness of the body. Kapham engorges the throat and the person will die.
- 4¾ fbs - Dryness of tongue and tremor present. Patient will die in 7 days.
- 4½ fbs - Shrunken eyes, odema will present and death result in 9 days.
- 4¼ fbs - Tremor, weakness of limbs and darkening of face occurs. Finally death results in 2 days.
- 4 fbs - Pedal odema will be present. Patient will die in 5 days.

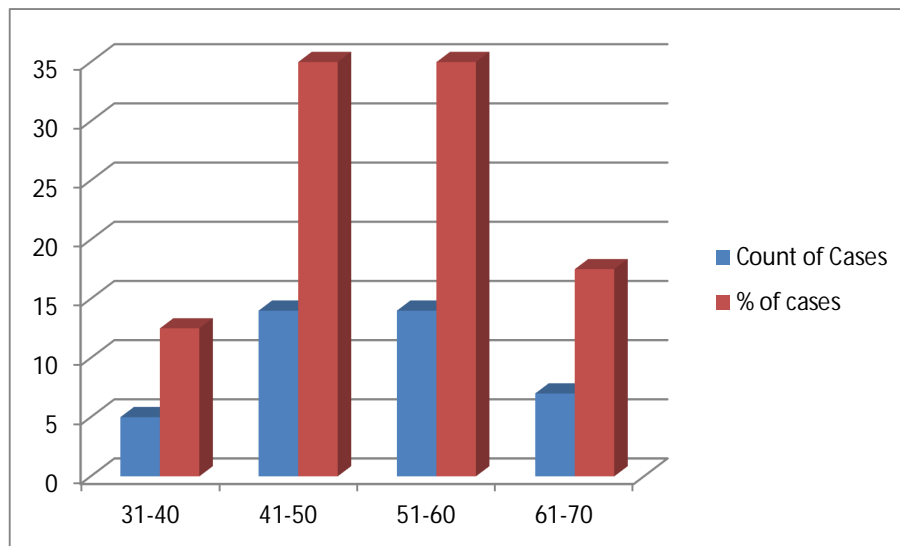
***OBSERVATION AND
RESULTS***

6. OBSERVATION AND RESULTS

6.1 AGE DISTRIBUTION

Table 1

Age group	Count of Cases	% of cases
31-40	5	12.5
41-50	14	35
51-60	14	35
61-70	7	17.5



Observation

Among the 40 cases 35% of case were between spread across 41 – 60 yrs of age, 17.5% came under 61-70 yrs of age and 12.5% were the youngest among the cases considered between 31 – 40yrs of age.

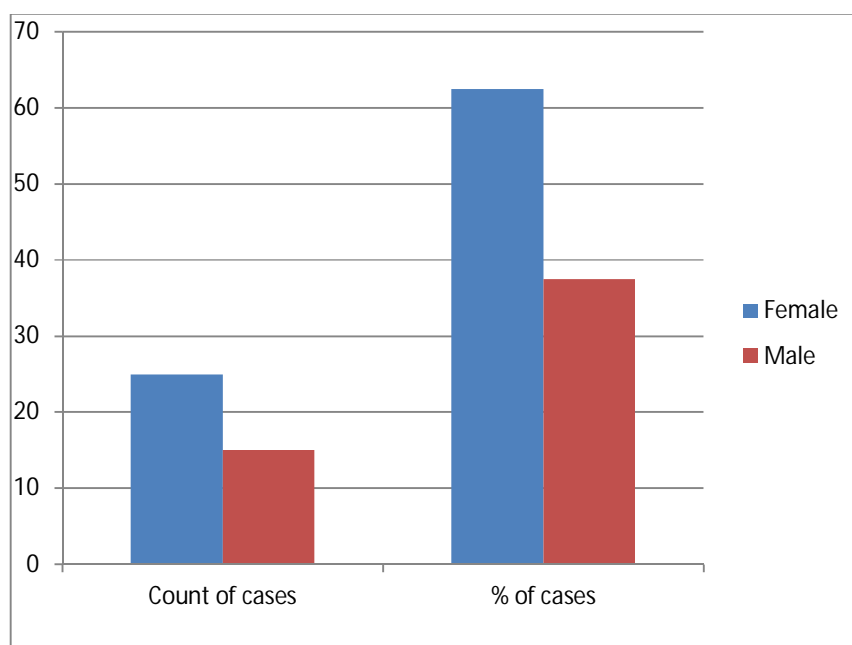
Inference

The majority of the patient comes under 41-60 yrs of age.

6.2 DISTRIBUTION OF GENDER

Table 2

Gender	Count of cases	% of cases
Female	25	62.50
Male	15	37.50



Observation

Out of 40 cases 62.50% were female and 37.50% were male.

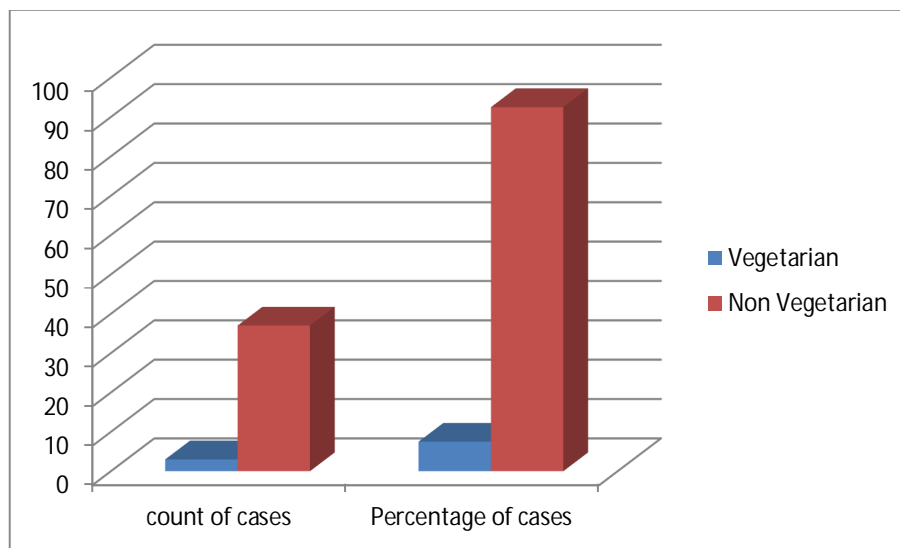
Inference

Majority of cases were females.

6.3 DIET DISTRIBUTION

Table 3

Diet	count of cases	Percentage of cases
Vegetarian	3	7.5
Non Vegetarian	37	92.5



Observation

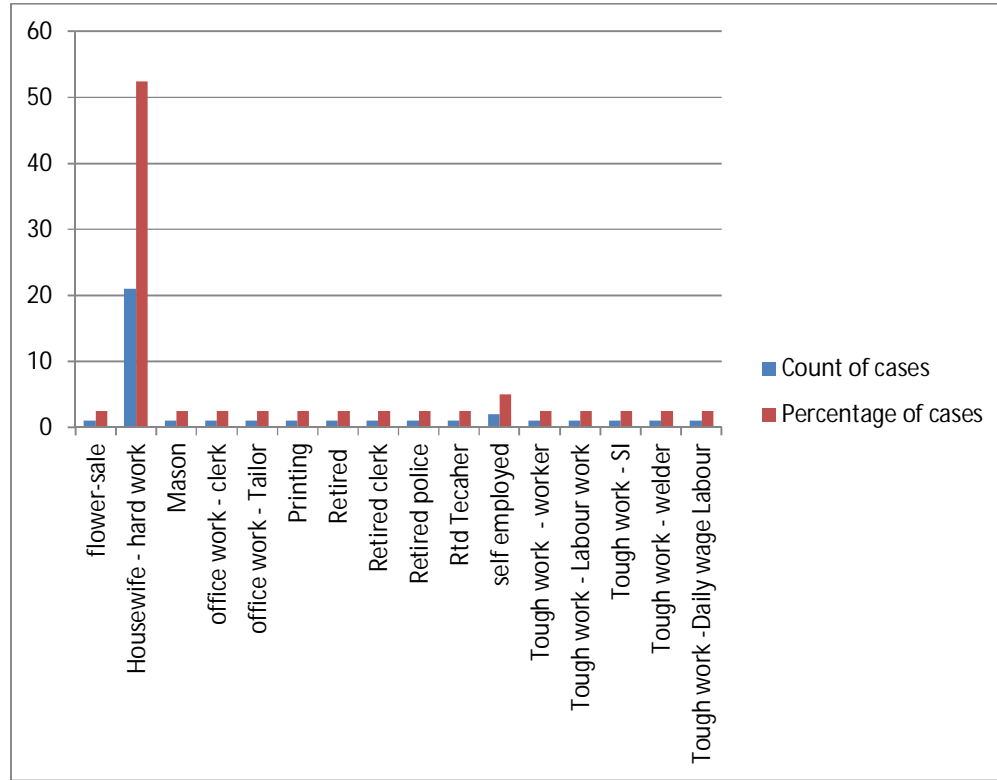
Among 40 cases, 92.5 % had non vegetarian diet practice and 7.5% had vegetarian preferences for diet habits.

Inference

Majority of them preferred Non vegetarian diet practice.

6.4 PATIENT OCCUPATION**Table 4**

Occupation	Count of cases	Percentage of cases
flower-sale	1	2.50
Housewife - hard work	21	52.50
Mason	1	2.50
office work - clerk	1	2.50
office work - Tailor	1	2.50
Printing	1	2.50
Retired	1	2.50
Retired clerk	1	2.50
Retired police	1	2.50
Rtd Tecaher	1	2.50
self employed	2	5.00
Tough work - worker	1	2.50
Tough work - Labour work	1	2.50
Tough work - SI	1	2.50
Tough work - welder	1	2.50
Tough work -Daily wage Labour	1	2.50
Tough work -Driver	3	7.50



Observation

Among 40 cases we see 52.50% of cases came under House Wife, 7.50% of cases under driver occupation and rest of them are scattered over daily wage work, labour work or retired personals with 2.5% each.

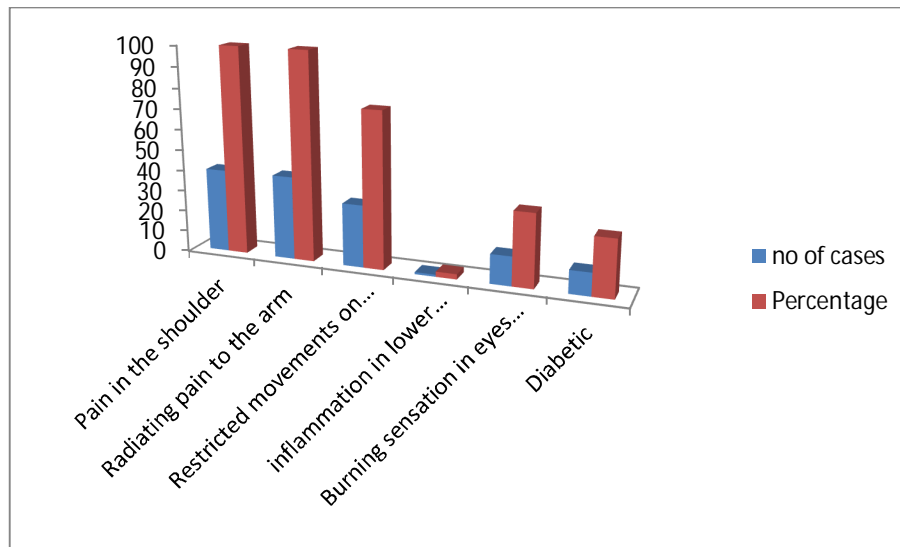
Inference

Low Income workers and House wives are more prone for Kumbavaatham due to poor lifestyle and nutrition issues.

6.5 CLINICAL FEATURES

Table 5

Symptoms	No of Cases	Percentage
Pain in the shoulder	40	100
Radiating pain to the arm	40	100
Restricted movements on shoulder joints	30	75
inflammation in lower surface tongue	1	2.5
Burning sensation in eyes and checks	14	35
Diabetic	11	27.5



Observation

Among 40 cases, all of them had pain and radiating pain in shoulder and arm, 75% of cases had restricted movements on shoulder joints, 35% of cases had burning sensation in eyes and cheeks .

6.6 DIABETES IMPACT

Table 6

	Count of cases	% of cases
Non Diabetic	29	72.50
Diabetic	11	27.50



Observation

Among 40 cases, 72.50 % of cases did not have diabetes and 27.50% of cases had diabetes.

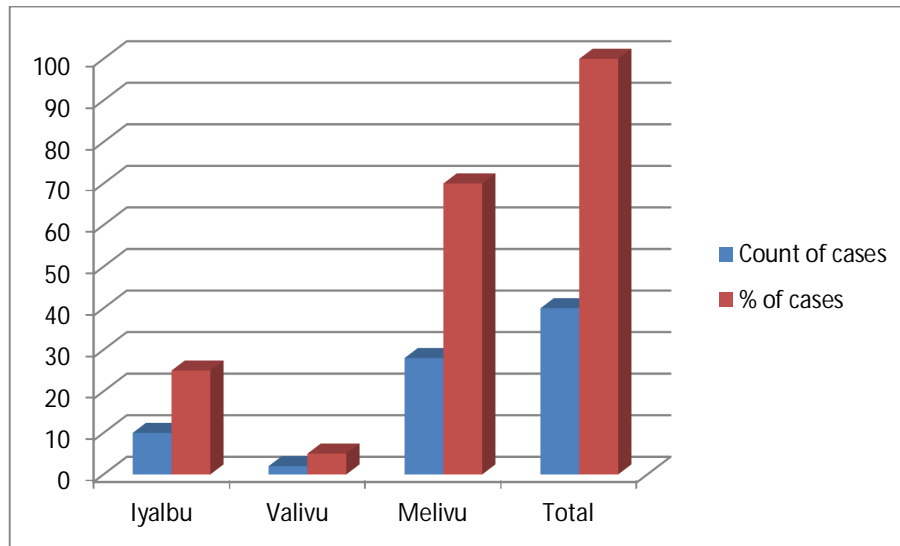
Inference

27.50% of cases affected by Kumbavaatham

6.7 UDAL VANMAI

Table 7

Udal vanmai	Count of cases	% of cases
Iyalbu	10	25
Valivu	2	5
Melivu	28	70
Total	40	100



Observation

Among 40 cases, 25% of cases had Iyalbu, 5% of cases had Valivu and 70 % of cases had Melivu.

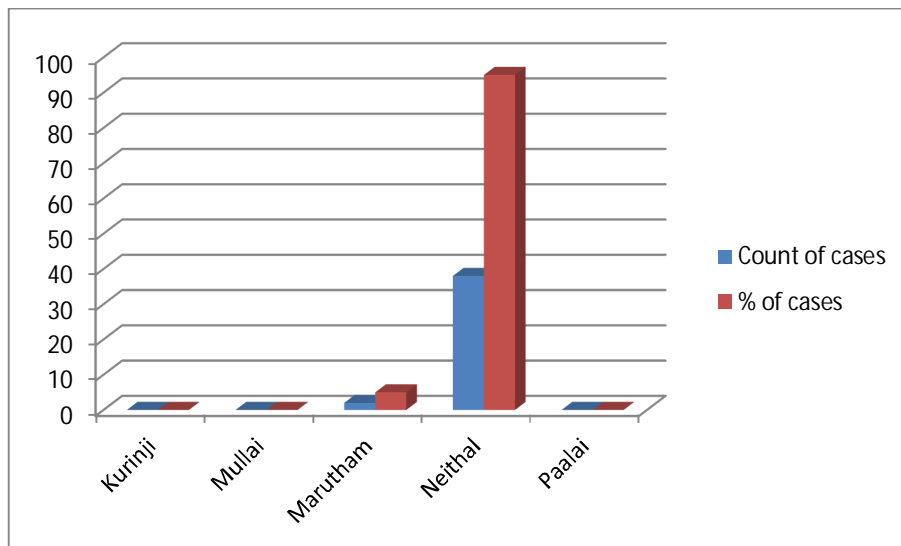
Inference

Majority of cases had Melivu.

6.8 NILAM

Table 8

Nilam	Count of cases	% of cases
Kurinji	0	0
Mullai	0	0
Marutham	2	5
Neithal	38	95
Paalai	0	0



Observation

Among 40 cases considered 95% of cases where from Neithal and 5% of cases where from marutham

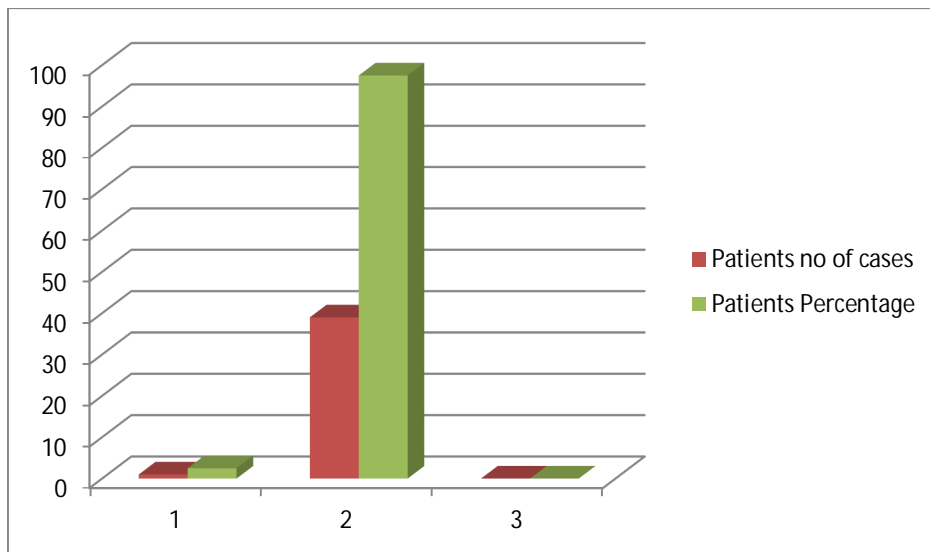
Inference

Most of the cases where from Neithal.

6.9 KAALAM DISTRIBUTION

Table 9

	Patients	
	No of cases	Percentage
Vatha Kalam (1-33 yrs)	1	2.5
Pitha Kalam (34-66yrs)	39	97.5
kaba kalam (67 -100 yrs)	0	0



Observation

Among 40 cases, 97.5 % of cases had Pitha kalam and 2.5% of cases had Vatha Kalam.

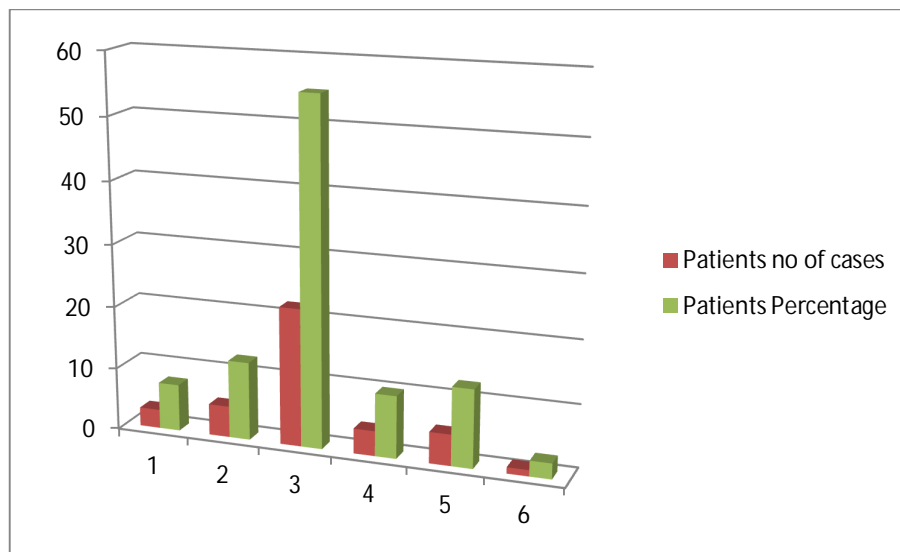
Inference

Most of cases had Pitha Kalam.

6.10 NOI UTRA KALAM

Table 10

Noi utra kalam	Patients	
	No of cases	Percentage
Kar kalam	3	7.5
Ila Venil	5	12.5
Mun Pani kalam	22	55
Koothir kalam	4	10
Pin pani kalam	5	12.5
Muthuveni kalam	1	2.5



Observation

Among 40 cases, 55% of cases had pain in Mun Pani Kalam, 12.5% of cases had pain in Pin pani kalam and Ila Venil kalam, 10% of cases of koothir kalam, 7.5% of cases had Kar Kalam and 2.5% of cases had muthuveni kalam.

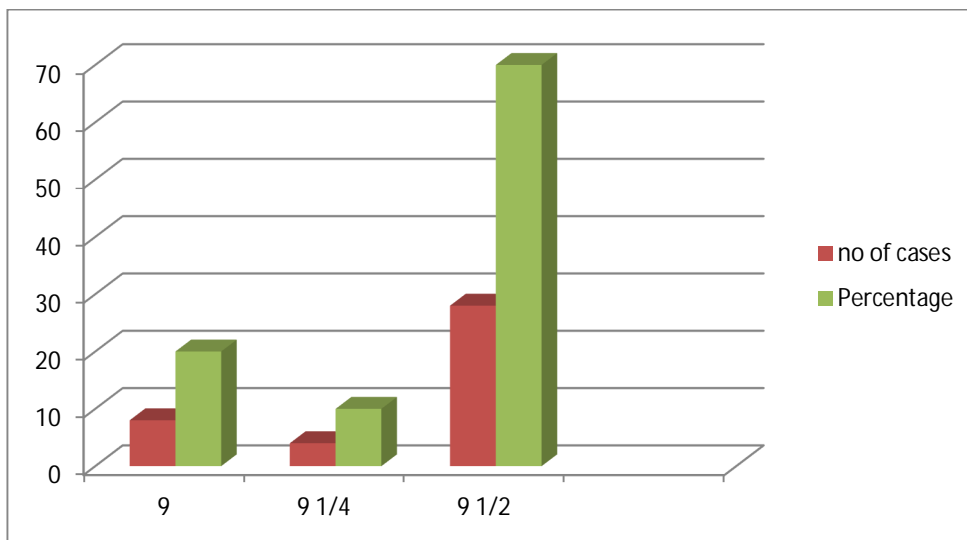
Inference

Mun Pani kalam may have had influence in patients to increase the pain.

6.11 MANIKADAI ALAVU

Table 11

Mani Kadai alavu	Count of cases	Percentage of cases
9	8	20
9 ¼	4	10
9 ½	28	70



Observation

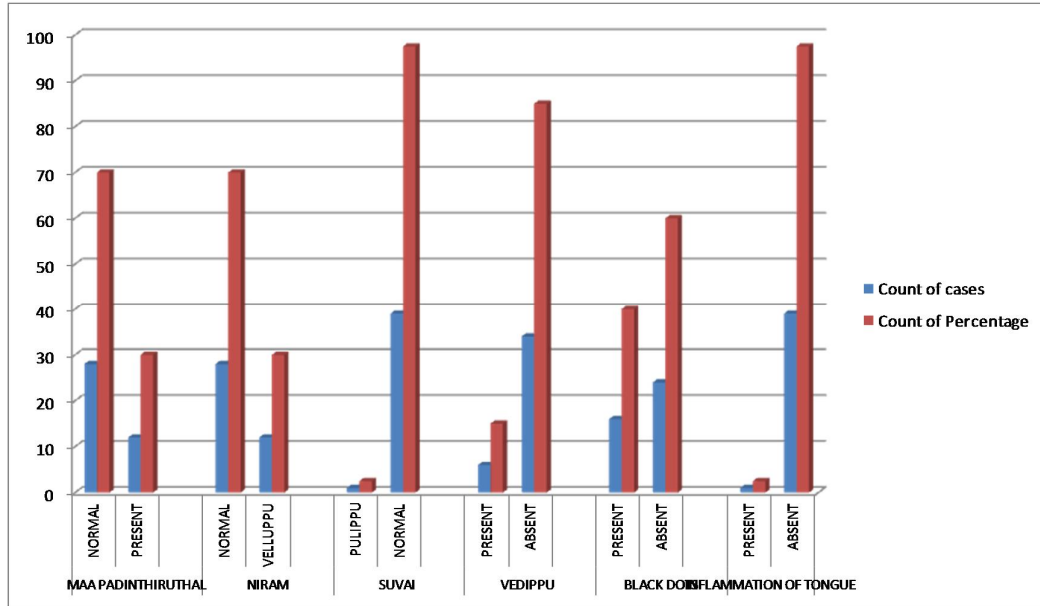
Out of the 40 cases, 30% of cases had 9 ½ viral kadai alavu, 20% of cases had 9 viralkadai alavu, 12.5% of cases had 8 ½ viral kadai alavu and 10% of cases had 9 ¼ viral kadai alavu.

Inference

In manikadai nool study, high occurrence is noticed with patients yielding to 9 ½. So Manikadai Nool very useful the diagnosis.

6.12 NAA**ENNVAGAI THERVUGAL****Table 12**

NAA	Condition	Count of cases	Count of Percentage
MAA PADINTHIRUTHAL	ABSENT	28	70
	PRESENT	12	30
NIRAM	NORMAL	28	70
	VELLUPPU	12	30
SUVAI	PULIPPU	1	2.5
	NORMAL	39	97.5
VEDIPPU	ABSENT	34	85
	PRESENT	6	15
BLACK DOTS	ABSENT	24	60
	PRESENT	16	40
INFLAMMATION OF TONGUE	PRESENT	1	2.5
	ABSENT	39	97.5



Observation

Among 40 cases, 70% of cases had normal tongue, 30% of cases had coated tongue, 70% of cases had normal (pinkish) tongue and 30% had pallor tongue, 97.5 % of cases had normal taste and 2.5% had sour taste, 85% of cases had vedipu visible on their tongue and 15% of cases had normal tongue, and 40% of cases had black dots and 60% of cases had normal tongue. Also 2.5% of cases had Inflammation of tongue.

Inference

Pulipu suvai, black dots, naa vedipu indicates derangement of Vatha humor. Some cases had coated tongue. The derange Vatha humor imbalances pitha and kapha humor and forms the base of the disease.

6.13 NIRAM

Table 13

Skin of color	Count of Cases	Percentage of cases
Black	12	30
wheatish	26	65
Fair	2	5



Observation

Among 40 cases, 65% of cases were wheatish colored, 30% of cases were Black in color and 5% of cases had fair in color

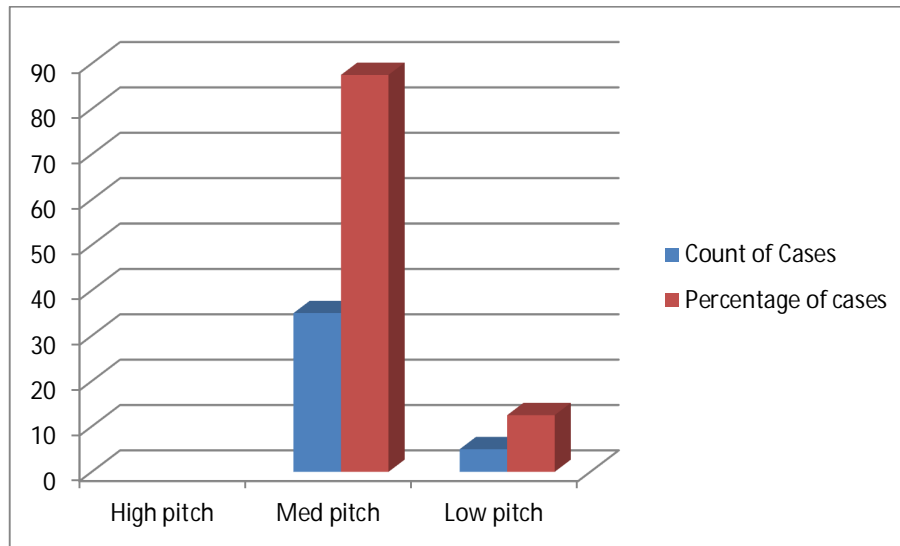
Inference

Most of the patients where wheatish in color.

6.14 MOZHI

Table 14

Pitch	Count of Cases	Percentage of cases
High pitch	0	0
Med pitch	35	87.5
Low pitch	5	12.5



Observation

Among 40 cases, 87.5 % of cases had medium pitch and 12.5% of cases had low pitch.

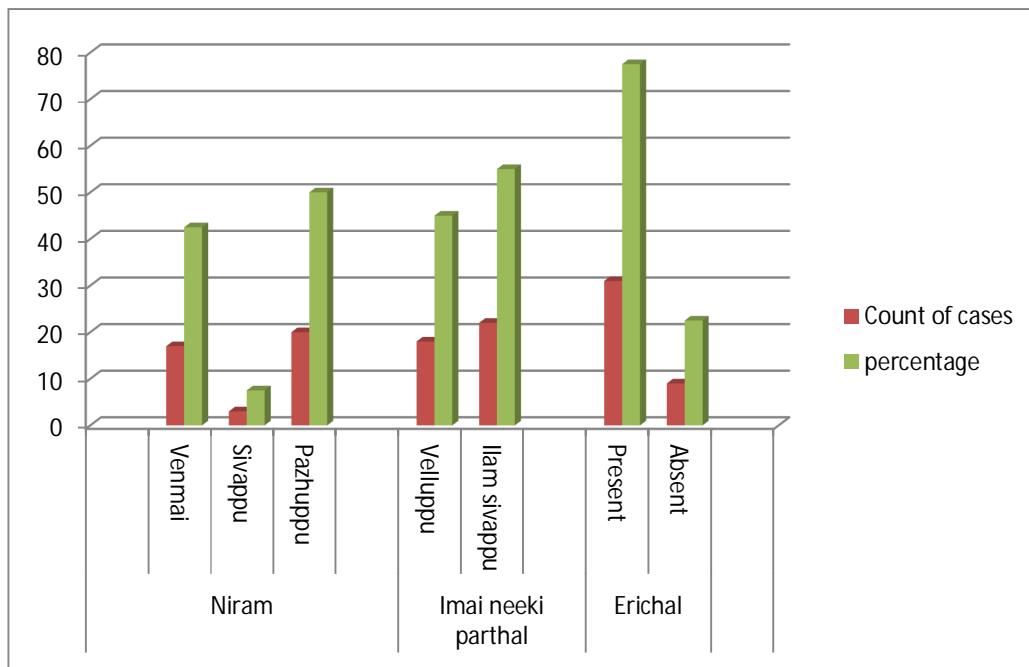
Inference

Most of the cases had medium pitch only.

6.15 VIZHI

Table 15

Vizhi	Condition	Count of cases	Percentage
Niram	Venmai	17	42.5
	Sivappu	3	7.5
	Pazhuppu	20	50
Imai neeki parthal	Velluppu	18	45
	Ilam sivappu	22	55
Erichal	Present	31	77.5
	Absent	9	22.5



Observation

Among 40 cases, 50% of cases had pazhuppu, 42.5% of cases had venmai (whitish) color, 7.5% of cases had sivappu color, 55% of cases had ilam sivappu and 45% of cases had velluppu color on the eye lids back side, 77.5% of cases had burning sensation and 22.5% of cases had no burning sensation.

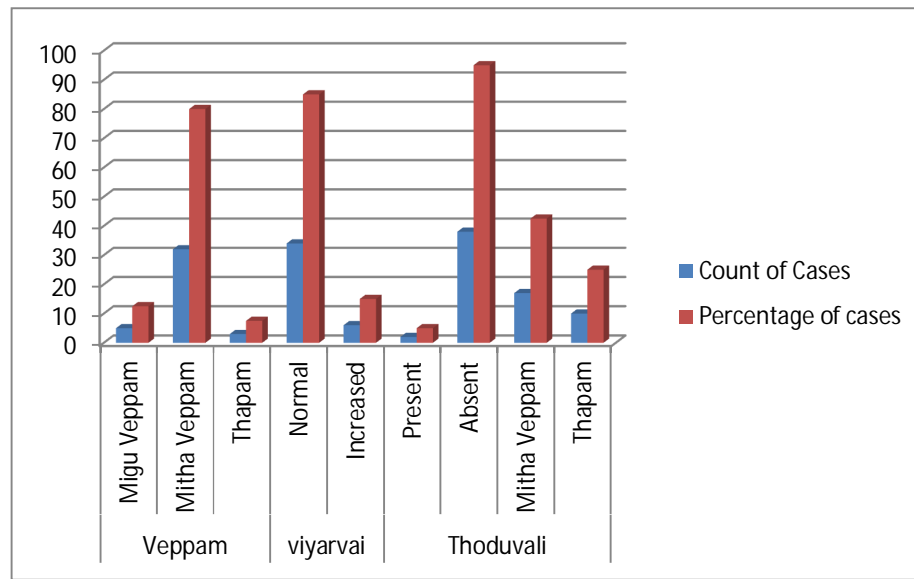
Inference

Majority of cases had pazhuppu niram and burning sensation in their eyes.

6.16 SPARISAM

Table 16

Meikuri		Count of Cases	Percentage of cases
Veppam	Migu Veppam	5	12.5
	Mitha Veppam	32	80
	Thatpam	3	7.5
Viyarvai	Normal	34	85
	Increased	6	15
Thoduvali	Present	2	5
	Absent	38	95



Observation

Among 40 cases, 80% had midha veppam, 7.5% of cases had thapam and 12.5% of cases had Migu vepam, 85% of cases had normal behavior in sweating and 15% of cases expressed they sensed increased sweating nature after Kumba vaatham, 95% of cases had no thoduvali and 5% of cases had thoduvali.

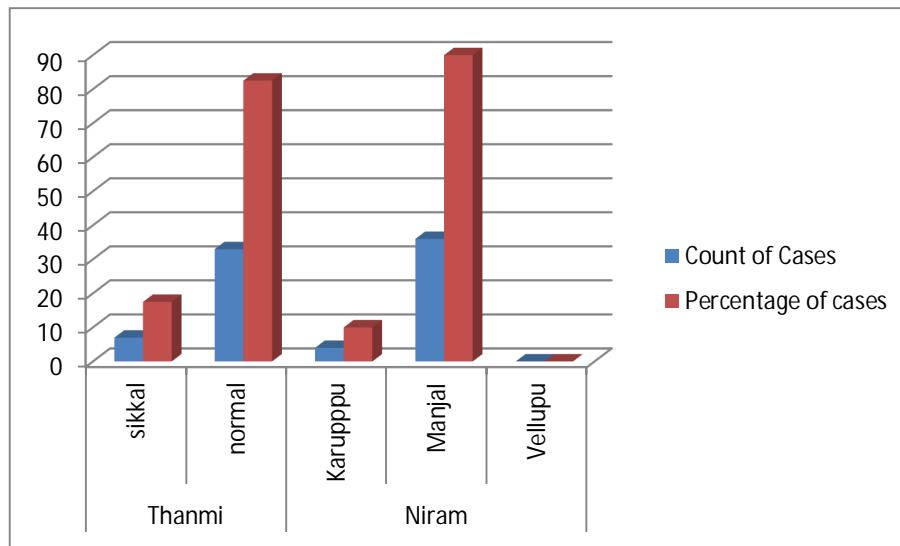
Inference

Majority of cases showed mitha vepam.

6.17 MALAM

Table 17

Malam		Count of Cases	Percentage of cases
Thanmai	Sikkal	3	12.5
	Normal	37	87.5
Niram	Karupppu	4	10
	Manjal	36	90
	Vellupu	0	0



Observation

Among 40 cases, 82.5% of cases had Manjal color stool and 17.5% of cases had Karuppu color stool, 87.5% of cases had normal excretion and 12.5% of cases had digestive trouble.

Inference

Majority of cases show that they did not have any issues with digestion because of kumbavaatham.

6.18 NEERKURI

Table 18

S. No.	OP No	Age	Sex	Color	Specific Gravity	Odour	Froth	Enjal
1	5417	40	F	Pale Yellow	1.018	Ammonical	clear	1.2 L
2	2468	50	F	Pale Yellow	1.016	Ammonical	clear	1.3 L
3	2950	43	F	Dark Yellow	1.014	Ammonical	clear	1.3 L
4	7960	52	M	Pale Yellow	1.014	Ammonical	clear	1.3 L
5	250	48	F	Pale Yellow	1.014	Ammonical	frothy	1.3 L
6	4151	60	M	Pale Yellow	1.015	Ammonical	clear	1.3 L
7	2148	55	M	Pale Yellow	1.013	Ammonical	clear	1.3 L
8	2179	42	F	Pale Yellow	1.015	Ammonical	clear	1.2 L
9	5519	60	F	Pale Yellow	1.014	Ammonical	clear	1.1L
10	4475	47	F	Pale Yellow	1.018	Ammonical	clear	1.3 L
11	4776	40	F	Pale Yellow	1.016	Ammonical	clear	1.2 L
12	5953	46	M	Pale Yellow	1.015	Ammonical	clear	1.3 L
13	5360	40	F	Pale Yellow	1.017	Ammonical	clear	1.3 L
14	5672	62	F	Pale Yellow	1.015	Ammonical	clear	1.2 L
15	7489	50	F	Pale Yellow	1.021	Ammonical	clear	1.2 L
16	6578	65	F	Dark Yellow	1.017	Ammonical	clear	1.5 L
17	7903	54	M	Dark Yellow	1.019	Ammonical	frothy	1.3 L
18	7499	59	M	Pale Yellow	1.015	Ammonical	clear	1.4 L
19	7920	48	F	Yellow	1.017	Ammonical	clear	1.2 L
20	8057	49	F	Pale Yellow	1.016	Ammonical	clear	1.2 L
21	7713	31	F	Pale Yellow	1.016	Ammonical	clear	1.2 L
22	8539	46	M	Colorless	1.019	Ammonical	clear	1.2 L
23	8537	53	F	Pale Yellow	1.016	Ammonical	clear	1.2 L
24	8610	36	F	Pale Yellow	1.018	Ammonical	clear	1.3L
25	8752	57	M	dark yellow	1.014	Ammonical	clear	1.4 L
26	8719	37	M	Pale Yellow	1.015	Ammonical	clear	1.3 L
27	8845	49	M	Pale Yellow	1.019	Ammonical	clear	1.4L
28	5706	42	F	Pale Yellow	1.016	Ammonical	clear	1.3L
29	1711	44	M	Pale Yellow	1.016	Ammonical	clear	1.3L
30	3301	53	F	Pale Yellow	1.015	Ammonical	clear	1.2L
31	533	40	M	Pale Yellow	1.017	Ammonical	clear	1.2L
32	1004	55	F	Pale Yellow	1.019	Ammonical	clear	1.2L
33	1932	50	F	Pale Yellow	1.016	Ammonical	clear	1.3 L
34	3741	65	F	Pale Yellow	1.018	Ammonical	clear	1.2L
35	3420	62	M	Yellow	1.018	Ammonical	clear	1.3 L
36	4936	63	M	Pale Yellow	1.017	Ammonical	clear	1.3 L
37	4243	51	M	Pale Yellow	1.016	Ammonical	clear	1.3 L
38	8896	52	F	dark yellow	1.015	Ammonical	clear	1.1 L
39	8716	62	F	Pale Yellow	1.017	Ammonical	Clear	1.4 L
40	8923	54	M	Pale Yellow	1.016	Ammonical	Clear	1.3L

6.19 NEIKURI

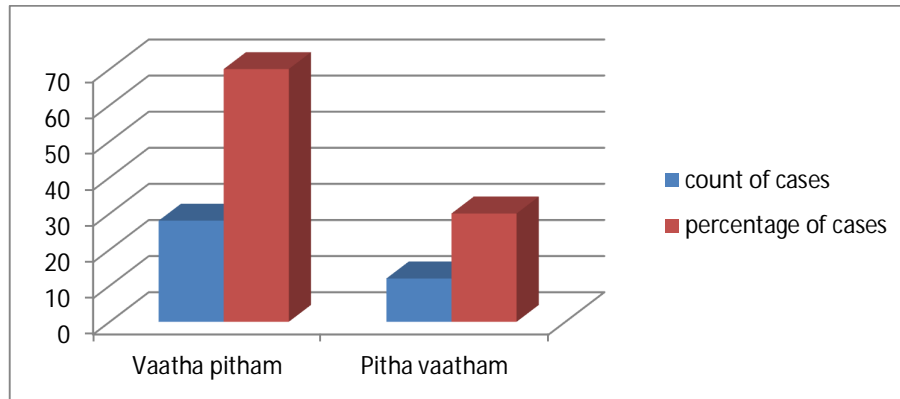
Table 19

S. No.	OP No	Age	Sex	Neikuri	Spreading
1	5417	40	F	Pithavatham	Slow
2	2468	50	F	Muthu	Slow
3	2950	43	F	Pithavatham	Slow
4	7960	52	M	Pithavatham	Slow
5	250	48	F	Pithavatham	Slow
6	4151	60	M	Pitham	Slow
7	2148	55	M	Muthu	Slow
8	2179	42	F	Pithavatham	Slow
9	5519	60	F	Pithavatham	Slow
10	4475	47	F	Pitham	Slow
11	4776	40	F	Pithavatham	Slow
12	5953	46	M	Pithavatham	Slow
13	5360	40	F	Pithavatham	Slow
14	5672	62	F	Pitham	Slow
15	7489	50	F	Pithavatham	Slow
16	6578	65	F	Pitham	Slow
17	7903	54	M	Pithavatham	Fast
18	7499	59	M	Pitham	Slow
19	7920	48	F	Pitham	Slow
20	8057	49	F	Pithavatham	Slow
21	7713	31	F	Pithavatham	Slow
22	8539	46	M	Pitham	Slow
23	8537	53	F	Pithavatham	Slow
24	8610	36	F	Pithavatham	Slow
25	8752	57	M	Pithavatham	Slow
26	8719	37	M	Pithavatham	Slow
27	8845	49	M	Pithavatham	Slow
28	5706	42	F	Pithavatham	Slow
29	1711	44	M	Pithavatham	Slow
30	3301	53	F	Pithavatham	Slow
31	533	40	M	Pithavatham	Slow
32	1004	55	F	Pithavatham	Slow
33	1932	50	F	Pithavatham	Slow
34	3741	65	F	Pithavatham	Fast
35	3420	62	M	Pithavatham	Slow
36	4936	63	M	Pithavatham	Slow
37	4243	51	M	Pitha vatham	Slow
38	8896	52	F	Pithavatham	Slow
39	8716	62	F	Pitha vatham	Slow
40	8923	54	M	Pitha vaatham	Slow

6.20 NAADI

Table 20

Naadi	Count of cases	Percentage of cases
Vaatha pitham	28	70
Pitha vaatham	12	30



Observation

Among 40 cases, 70% of cases had vaatha pitham and 30% of cases had pitha vaatham,

Inference

Majority of cases should higher Vaatha Pitham Nadi.

Op No: 4151

Age & Sex: 60/M

Sl. No. 13

Reg. No. 6

NAA – Coated and Fissured Tongue

Vizhi - Pazhuppu



Neikuri - Pitham



Op No: 7960

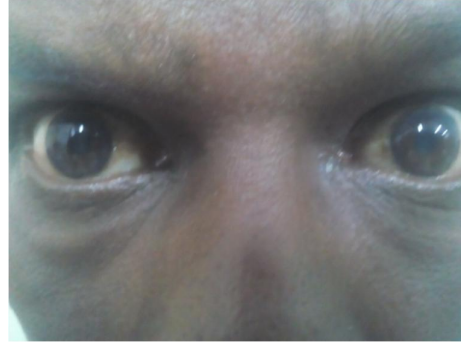
Age / Sex : 52 / M

Sl. No. 11

Reg. No. 4

NAA – Fissured Tongue

Vizhi - Yellow



Neikuri - Pithavatham



Op No: 4776

Age / Sex: 40 / F

Sl. No. 24

Reg. No.11

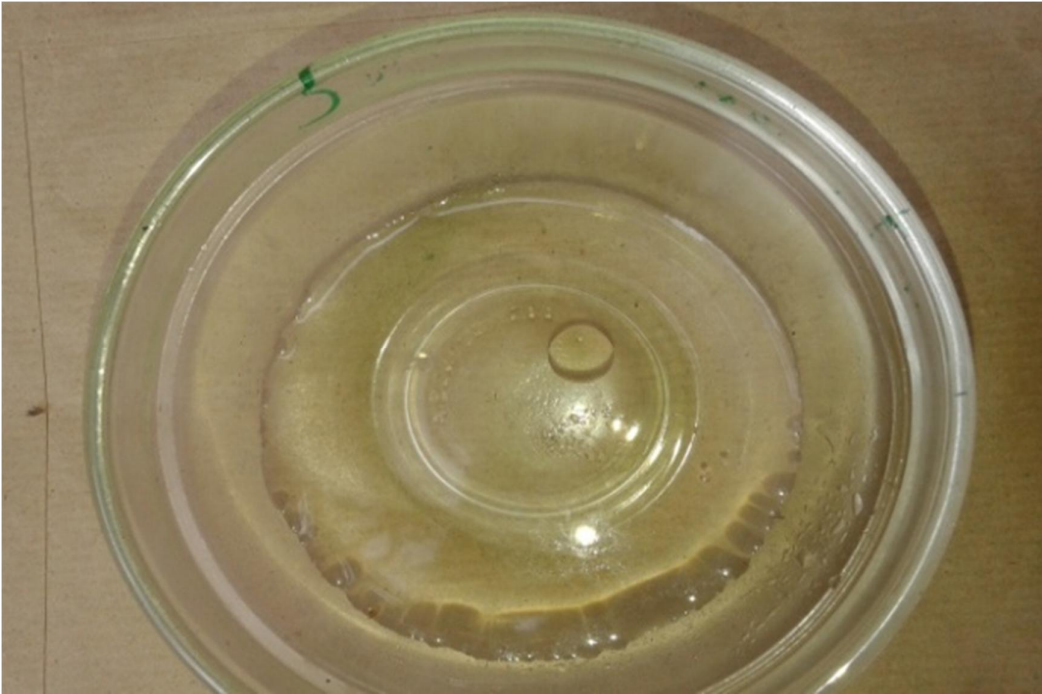
NAA – Fissured Tongue



Vizhi - Pazhuppu



Neikuri - Muthu



Op No: 5417

Age & Sex: 40/M

Sl. No. 1

Reg. No. 1

NAA – Coated and Fissured Tongue

Vizhi - Pazhuppu



Neikuri - Pithavaatham



Op No: 5417

Age & Sex: 40/M

Sl. No. 48

Reg. No. 36

NAA – Coated Tongue

Vizhi - Pazhuppu



Neikuri - Pitham

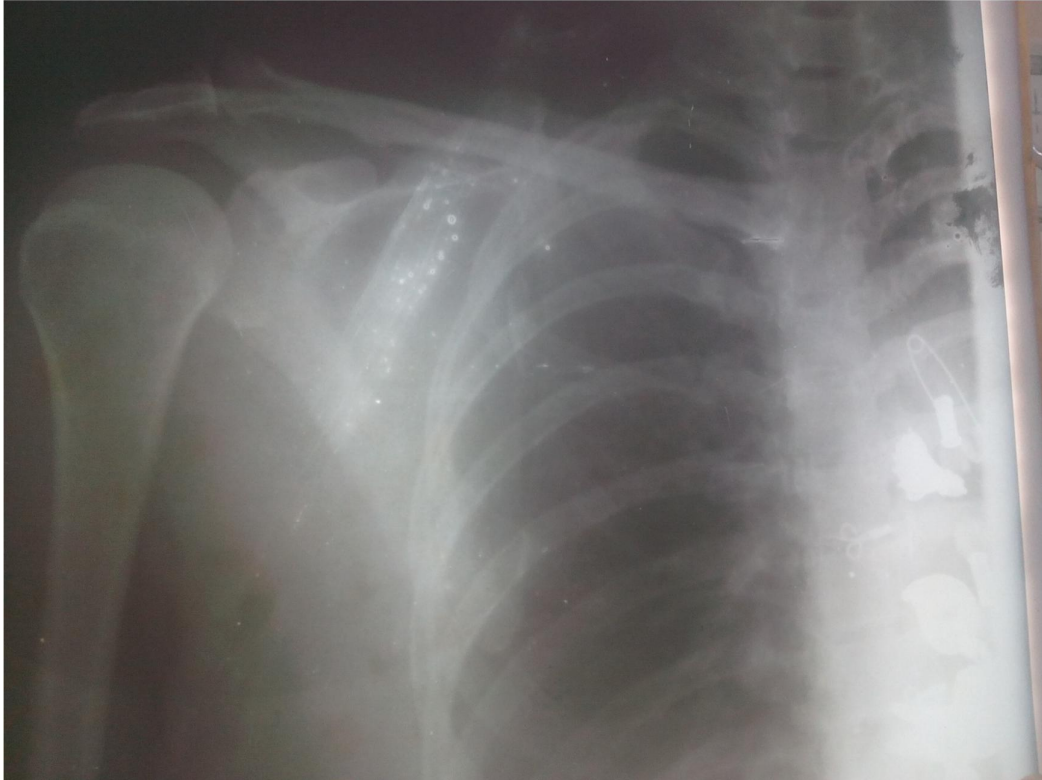


Op No: 7960

Age & Sex: 52/M

Sl. No. 11

Reg. No. 4



JAN 2017
x-ray (R) shoulder views
Reduction in joint space
- sup MREvaluation
①

Op No: 4151

Age & Sex: 60/M

Sl. No. 13

Reg. No. 6



Op No: 8923

Age & Sex: 54/M

Sl. No. 54

Reg. No. 40





ISO 9001:2008 CERTIFIED LABORATORY

Name : MRS. G.INDIRA
Age : 51 Years
Sex : Female
Ref. By : ARROW DIAGNOSTIC CENTRE (REDHILLS)

SID No. : 194841
Registered On : 29 Jan 17/14:24
Collected On : 29 Jan 17/14:24
Reported On : 29 Jan 17/03:35

Sample Collected and Sent

LABORATORY TEST REPORT

Page # : 1/1

Test Name / Method	Result	Units	Reference Value
BIOCHEMISTRY			
HbA1c[By HPLC Method]			
Glycosylated Haemoglobin(HbA1C)	13.6	%	Normal : 4.5 - 6.3 % Good Control : Up to 7 % Fair Control : 7.1 - 8 % Poor Control : 8.1 & More
Mean Blood Glucose	344	mg/dl	82 -134 mg/dl
HbA1C-IFCC	125	mmol/mol	25 - 45 mmol/mol

End of the Report

Lab Technical Supervisor

Dr. N. Jeyalakshmi Devi, M.D(path)
Pathologist

Dr.P.Jayaganesh,M.D(Path)
Pathologist

Dr. A.V.M. Balaji, M.D(Micro)
Microbiologist

Please Note :

- * Laboratory values vary with the age, gender and the time of collection of the sample. Suggested to correlate with other clinical findings.
- * The laboratory reports should be interpreted only by the Medical Personnel.



WE CARE WITH PASSION



APPOLLO DIAGNOSTIC CENTRE
(SCAN, X-RAY, ECG & LAB)
434, G.N.T. ROAD, REDHILLS, CHENNAI - 600 052,
(OPP. TO REDHILLS BUS STAND), PHONE-26320040
WEEKDAYS : 8:00 A.M TO 9:00 P.M SUNDAYS: 8.00 A.M. TO 1.00 P.M.

DATE : 29/01/2017

PAGE # 1

NAME : MRS.G.INDIRA. (51Y/F)

REF. BY : Dr.

REF. NO. : 167451

SPECIMEN : "BLOOD URINE"

BIOCHEMISTRY :-

BLOOD SUGAR

FASTING : 197.0 mg/dl

1 1/2 hr PP : 390.0 mg/dl

URINE ANALYSIS :-

SUGAR FASTING : (++)

SUGAR PP : (+++)

*** *** ***

K. Kothandaraman

Dr. K. Kothandaraman, M.Sc., Ph.D.,
Consultant Biochemist



ANNA NAGAR LIONS DIAGNOSTIC CENTRE
CLINICAL LAB | ECG | X-RAY | ULTRASOUND

Door No. 52/2, Patel Road, Perambur, Chennai - 600 011. Ph : 42614313, 42606214
 Email : aldcperambur@gmail.com
 Timings : 7 a.m. to 7 p.m. SUNDAY HOLIDAY

A Project of LIONS CLUB OF ANNA NAGAR CHARITABLE TRUST



Patient ID : P0039386



SID No. : 020502
 Name : Mr. MUTHU.M
 Ref By : SELF

Age / Sex : 54 Yrs/Male
 Registration Time: 30/12/2016 / 07:27
 Completion Time: 30/12/2016 / 13:00
 Page No : 1 / 1

Test/Method	Observed Value	Units	Reference interval
BIOCHEMISTRY			
BLOOD SUGAR(F) (GOD-POD)	: 95	mg/dl	70 - 110
BLOOD SUGAR(PP) (GOD-POD)	: 117	mg/dl	70 - 160
CLINICAL PATHOLOGY			
URINE SUGAR (F)	: NIL		
URINE SUGAR (PP)	: NIL		

Checked By *K. Mahalingam*

* Adding Health to Life *

[Signature]
 Signature of Consultant

6.21 TABLE SHOWING ENNVAGAL THERVU IN PATIENTS OF KUMBAVAATHAM

Table 21

Sl No	Op No	Age/ Sex	Naadi	Naa	Niram	Mozhi	Vizhi	Malam	Sparisam	Moothiram		Manikadi
										Neerkuri	Neikuri	
1	5417	40 /F	VP	Maa Padithal, Black Dots	Black	Sama oli	Erichal	Manjal	Mitha Veppam	Pale Yellow	Pithavatham	9 1/2
2	2469	50 /F	VP	Velluppu, Vedippu, Normal	Wheatish	Sama oli	Normal	Manjal	Migu Veppam	Pale Yellow	Muthu	9 1/2
3	2950	43 /F	PV	Black Dots	Black	Sama oli	Erichal	Manjal	Mitha Veppam	Dark Yellow	Pithavatham	9 1/2
4	7960	52 /M	VP	Maa Padithal, Velluppu, Normal	Black	Sama oli	Normal	Manjal	Migu Veppam	Pale Yellow	Pithavatham	9 1/4
5	250	48 /F	PV	Maa Padithal, Normal	Wheatish	Sama oli	Erichal	Manjal	Mitha Veppam	Pale Yellow	Pithavatham	9 1/2
6	4151	60 /M	VP	Maa Padithal, Black dots	Wheatish	Sama oli	Erichal	Manjal	Mitha Veppam	Pale Yellow	Pitham	9 1/2
7	2148	55 /M	VP	Vedippu, Normal	Wheatish	Thzhantha oli	Normal	Manjal	Mitha Veppam	Pale Yellow	Muthu	9 1/2
8	2179	42 /F	PV	Normal	Wheatish	Sama oli	Erichal	Manjal	Mitha Veppam	Pale Yellow	Pithavatham	9 1/4
9	5519	60 /F	VP	Velluppu, Normal	Black	Sama oli	Erichal	Manjal	Thappam	Pale Yellow	Pithavatham	9 1/2
10	4475	47 /F	VP	Black Dots	Wheatish	Sama oli	Erichal	Manjal	Migu Veppam	Pale Yellow	Pitham	9 1/2
11	4776	40 /F	PV	Maa Padithal, Velluppu, Normal	Black	Sama oli	Normal	Manjal	Mitha Veppam	Pale Yellow	Pithavatham	9 1/2
12	5953	46 /M	PV	Black Dots	Wheatish	Sama oli	Erichal	Manjal	Thappam	Pale Yellow	Pithavatham	9 1/4
13	5360	40 /F	VP	Maa Padithal, Velluppu, Normal	Wheatish	Sama oli	Erichal	Manjal	Mitha Veppam	Pale Yellow	Pithavatham	9 1/2

Observation and Results

Sl No	Op No	Age/ Sex	Naadi	Naa	Niram	Mozhi	Vizhi	Malam	Sparisam	Moothiram		Manikadi
										Neerkuri	Neikuri	
14	5672	62 /F	VP	Normal	Wheatish	Sama oli	Erichal	Manjal	Mitha Veppam	Pale Yellow	Pitham	9
15	7489	50 /F	VP	Velluppu, Black Dots	Wheatish	Sama oli	Erichal	Manjal	Thappam	Pale Yellow	Pithavatham	9 1/2
16	6578	65 /F	PV	Maa Padithal, Normal	Wheatish	Sama oli	Erichal	Manjal	Mitha Veppam	Dark Yellow	Pitham	9 1/4
17	7903	54 /M	PV	Normal	Wheatish	Thzhantha oli	Erichal	Manjal	Mitha Veppam	Dark Yellow	Pithavatham	9 1/2
18	7499	59 /M	VP	Velluppu, Black Dots	Fair	Sama oli	Normal	Manjal	Mitha Veppam	Pale Yellow	Pitham	9 1/2
19	7920	48 /F	PV	Maa Padithal, Velluppu, Normal	Wheatish	Sama oli	Erichal	Manjal	Mitha Veppam	Yellow	Pitham	9 1/2
20	8057	49 /F	VP	Maa Padithal, Velluppu, Normal	Wheatish	Sama oli	Erichal	Manjal	Mitha Veppam	Pale Yellow	Pithavatham	9 1/2
21	7713	31 /F	VP	Maa Padithal, Normal	Black	Thzhantha oli	Erichal	Manjal	Mitha Veppam	Pale Yellow	Pithavatham	9 1/2
22	8539	46 /M	VP	Maa Padithal, Vedippu, Black Dots	Black	Sama oli	Erichal	Manjal	Mitha Veppam	colorless	Pitham	9 1/2
23	8537	53 /F	VP	Normal	Black	Sama oli	Erichal	sikal, karupu	Mitha Veppam	Pale Yellow	Pithavatham	9 1/2
24	8610	36 /F	PV	Black Dots	Wheatish	Sama oli	Erichal	Manjal	Mitha Veppam	Pale Yellow	Pithavatham	9
25	8752	57 /M	VP	Maa Padithal, Normal	Wheatish	Sama oli	Erichal	Manjal	Mitha Veppam	dark yellow	Pithavatham	9
26	8719	37 /M	VP	Velluppu, Black Dots	Wheatish	Sama oli	Erichal	Manjal	Mitha Veppam	Pale Yellow	Pithavatham	9 1/2
27	8845	49 /M	VP	Normal	Wheatish	Sama oli	Normal	sikal, karupu	Mitha Veppam	Pale Yellow	Pithavatham	9 1/2
28	5706	42 /F	PV	Normal	Wheatish	Sama oli	Erichal	Manjal	Mitha Veppam	Pale Yellow	Pithavatham	9 1/2

Observation and Results

Sl No	Op No	Age/ Sex	Naadi	Naa	Niram	Mozhi	Vizhi	Malam	Sparisam	Moothiram		Manikadi
										Neerkuri	Neikuri	
29	1711	44 /M	PV	Black Dots	Wheatish	Thzhantha oli	Erichal	Manjal	Mitha Veppam	Pale Yellow	Pithavatham	9 1/2
30	3301	53 /F	VP	Vedippu, Normal	Wheatish	Sama oli	Erichal	sikal, karupu	Mitha Veppam	Pale Yellow	Pithavatham	9 1/2
31	533	40 /F	VP	Black Dots	Wheatish	Sama oli	Normal	Manjal	Mitha Veppam	Pale Yellow	Pithavatham	9
32	1004	55 /M	VP	Velluppu, Normal	Wheatish	Sama oli	Normal	Manjal	Migu Veppam	Pale Yellow	Pithavatham	9
33	1932	50 /M	VP	Black Dots	Wheatish	Sama oli	Erichal	karupu	Mitha Veppam	Pale Yellow	Pithavatham	9
34	3741	65 /M	VP	Vedippu, Normal	Wheatish	Sama oli	Erichal	Manjal	Mitha Veppam	Pale Yellow	Pithavatham	9 1/2
35	3420	62 /F	VP	Black Dots	Black	Sama oli	Erichal	Manjal	Mitha Veppam	Yellow	Pithavatham	9 1/2
36	4936	63 /F	PV	Normal	Black	Sama oli	Normal	Manjal	Mitha Veppam	Pale Yellow	Pithavatham	9
37	4243	51 /M	VP	Vedippu, black Dots	Black	Sama oli	Erichal	Manjal	Mitha Veppam	Pale Yellow	Pithavatham	9
38	8896	52 /F	VP	Velluppu, Normal	Fair	Sama oli	Normal	Manjal	Migu Veppam	dark yellow	Pithavatham	9 1/2
39	8716	62 /F	VP	Black Dots	Wheatish	Thzhantha oli	Erichal	Manjal	Mitha Veppam	Pale Yellow	Pithavatham	9 1/2
40	8923	54 /M	VP	Normal	Black	Sama oli	Erichal	Manjal	Mitha Veppam	Pale Yellow	Pithavatham	9 1/2

6.22 TABLE SHOWING LAB INVESTIGATION IN PATIENTS OF KUMBAVAATHAM

Table 22

Sl No:	Op No	Age	Sex	Blood investigation				ESR		Hb gms%	Sugar (r) mgms%			urea mgms%	Urine analysis			
				TC cells		DC		1/2 hr	1 hr		Random	Fasting	Post prandial		Albumin	Sugar	Deposit	
				Cu. mm	P	L	E											
1	5417	40	F	9500	55	33	3	91	3	25	14.8	133			22	NIL	NIL	1-3 epithelial cells
2	2469	50	F	6800	62	32	6	100	12	26	11.7	188			22	NIL	NIL	1-2 Pus cells
3	2950	43	F	7000	50	36	3	89	3	7	11.7	122			17	NIL	NIL	NIL
4	7960	52	M	7200	51	37	4	92	5	8	14.8	136			18	NIL	NIL	1-2 epithelial cells
5	250	48	F	6300	57	36	2	95	2	8	12.7	119			22	NIL	NIL	NIL
6	4151	60	M	6700	55	38	7	100	8	18	13.8		90	142	22	NIL	NIL	2-5epithelial cells
7	2148	55	M	6000	51	35	4	90	6	15	14.6	131			20	NIL	NIL	1-2 epithelial cells
8	2179	42	F	7500	58	37	5	100	22	40	11.1	96			21	NIL	NIL	epithelial cells
9	5519	60	F	7500	52	21	4	77	48	72	11.6	222		271	22	NIL	c++	1-4 EPITHELIAL CELLS
10	4475	47	F	8700	62	30	8	100	6	9	12.2	119				NIL	NIL	1-4 EPITHELIAL CELLS
11	4776	40	F	6300	64	32	4	100	24	39	12.5	90			28	NIL	NIL	1-3 epithelial cells
12	5953	46	M	8900	65	30	5	100	4	10	14.3	99			24	NIL	NIL	1-2 epithelial cells
13	5360	40	F	7000	64	32	4	100	8	14	11.8	127			19	NIL	NIL	1-2 Pus cells
14	5672	62	F	6700	57	31	3	91	5	8	13.5	131			21	NIL	NIL	1-3 epithelial cells
15	7489	50	F	7300	55	34	3	92	3	5	12.7	130			19	NIL	NIL	1-2 Pus cells
16	6578	65	F	7400	52	37	4	93	5	7	12	132			22	NIL	NIL	1-2 epithelial cells
17	7903	54	M	6700	57	35	4	96	12	20	13.2	126			19	NIL	NIL	1-3 epithelial cells
18	7499	59	M	7500	52	38	5	95	2	5	14.5	128			21	NIL	NIL	1-2 Pus cells
19	7920	48	F	7700	59	36	5	100	24	53	12.7	174			18	NIL	NIL	2-3 Pus cells

Observation and Results

SI No:	Op No	Age	Sex	Blood investigation				ESR			Hb gms%	Sugar (r) mgms%			urea mgms%	Urine analysis		
				TC cells		DC		1/2 hr	1 hr	Random		Fasting	Post prandial	Albumin		Sugar	Deposit	
				Cu. mm	P	L	E											
20	8057	49	F	7300	52	37	4	93	15	18	12.2		165	278	22	NIL	NIL	1-3 epithelial cells
21	7713	31	F	7800	59	36	2	97	5	8	11.8	127			30	NIL	NIL	1-2 epithelial cells
22	8539	46	M	8300	67	27	6	100	2	5	13.8	102			24	NIL	NIL	1-3 epithelial cells
23	8537	53	F	8000	66	29	5	100	30	58	10.9	102			18	NIL	NIL	1-2 epithelial cells
24	8610	36	F	9300	64	32	4	100	14	22	11.5	105			20	NIL	NIL	1-2 epithelial cells
25	8752	57	M	9400	72	22	6	100	2	6	16	95			30	NIL	NIL	1-3 epithelial cells
26	8719	37	M	8700	57	31	2	90	3	5	13.8	130			19	NIL	NIL	1-3 epithelial cells
27	8845	49	M	7400	58	31	3	92	2	5	14	135			18	NIL	NIL	1-3 epithelial cells
28	5706	42	F	9500	63	32	5	100	6	15	12.2		65	119	22	NIL	NIL	1-3 epithelial cells
29	1711	44	M	7300	66	30	4	100	3	7	13.2	132			22	NIL	NIL	1-2 epithelial cells
30	3301	53	F	8700	62	30	8	100	6	9	12.2	151			20	NIL	+	1-4 Epithelial Cells
31	533	40	F	7600	56	39	4	99	2	5	14.2	117			19	NIL	NIL	1-3 epithelial cells
32	1004	55	M	6000	61	35	4	100	3	5	12.5	127			19	NIL	NIL	1-3 epithelial cells
33	1932	50	M	6500	61	34	5	100	5	7	12	117			21	NIL	NIL	1-3 epithelial cells
34	3741	65	M	9200	59	39	2	100	4	7	10.9	101			19	NIL	NIL	1-3 epithelial cells
35	3420	62	F	8100	61	34	5	100	15	35	12.9	163			28	NIL	NIL	3-5 epithelial cells
36	4936	63	F	7000	69	24	7	100	2	5	13.4	136			22	NIL	NIL	1-3 epithelial cells
37	4243	51	M	6000	61	35	4	100	5	9	13.6	131			20	NIL	NIL	1-3 epithelial cells
38	8896	52	F	9300	59	36	5	100	15	25	11.3	138			22	NIL	NIL	2-3 epithelial cells
39	8716	62	F	8500	70	27	3	100	13	25	12.5	204			24	NIL	+	1-6 epithelial cells
40	8923	54	M	7900	60	38	2	100	4	9	14.4	102			18	NIL	NIL	1-2 epithelial cells

6.23 TABLE SHOWING LABORATORY INVESTIGATION REPORTS OF KUMBAVAATHAM

Table 23

S. No.	Op. No	Age	Sex	X-ray and MRI of shoulder
1.	5417	40	F	Periarthritis shoulder
2.	2468	50	F	Perarthiritis shoulder
3.	2950	43	F	Perarthiritis shoulder
4.	7960	52	M	Perarthiritis shoulder
5.	250	48	F	Perarthiritis shoulder
6.	4151	60	M	Perarthiritis shoulder
7.	2148	55	M	Perarthiritis shoulder
8.	2179	42	F	Perarthiritis shoulder
9.	5519	60	F	Perarthiritis shoulder
10.	4475	47	F	Perarthiritis shoulder
11.	4776	40	F	Perarthiritis shoulder
12.	5953	46	M	Perarthiritis shoulder
13.	5360	40	F	Perarthiritis shoulder
14.	5672	62	F	Perarthiritis shoulder
15.	7489	50	F	Perarthiritis shoulder
16.	6578	65	F	Perarthiritis shoulder
17.	7903	54	M	Perarthiritis shoulder
18.	7499	59	M	Perarthiritis shoulder
19.	7920	48	F	Perarthiritis shoulder
20.	8057	49	F	Perarthiritis shoulder
21.	7713	31	F	Perarthiritis shoulder
22.	8539	46	M	Perarthiritis shoulder
23.	8537	53	F	Perarthiritis shoulder
24.	8610	36	F	Perarthiritis shoulder
25.	8752	57	m	Perarthiritis shoulder
26.	8719	37	m	Perarthiritis shoulder
27.	8845	49	M	Perarthiritis shoulder
28.	5706	42	F	Perarthiritis shoulder
29.	1711	44	M	Perarthiritis shoulder
30.	3301	53	F	Perarthiritis shoulder
31.	533	40	M	Perarthiritis shoulder
32.	1004	55	F	Perarthiritis shoulder
33.	1932	50	F	Perarthiritis shoulder
34.	3741	65	F	Perarthiritis shoulder
35.	3420	62	m	Perarthiritis shoulder
36.	4936	63	M	Perarthiritis shoulder
37.	4243	51	M	Perarthiritis shoulder
38.	8896	52	F	Perarthiritis shoulder
39.	8716	62	F	Perarthiritis shoulder
40.	8923	54	M	Perarthiritis shoulder

SUMMARY

7. SUMMARY

The aim of this study is to evaluate the naadi, naa, vizhi, moothiram – Neerkuri and neikuri in patients of kumbavaatham.

Kumbavaatham comes under the yugi vaithiya chinthamani 800 which characterizes the properties and symptoms of kumbavaatham among the other diseases vaatha disease. It basically starts defining about the pain in shoulder and adds more clarity with specific symptoms like radiating pain in hand, stiffness and restricted movement of should joint, burning sensation in eyes and cheeks and inflammation of tongue.

- The author had collected review of literature of definition, etiology and classification from various text.
- For the clinical study 40 cases (OPD) were gathered for the observation per inclusion and exclusion criteria and we informed and consent were obtained from the patients.
- Case sheet Performa was maintained for 40 cases
- Laboratory investigations were carried out before the study.
- In Ennvagai Thervu (naadi, naa, vizhi, moothiram – Neerkuri and neikuri) and manikadai nool were focused in the study.
- In this study out of 40 cases following datas were observed.
- Among 40 cases, all of them had pain and radiating pain in shoulder and arm, 75% of cases had restricted movements on shoulder joints, 35% of cases had burning sensation in eyes and cheeks. 2.5% of cases had inflammation of tongue.

DISCUSSION

8. DISSCUSION

- Kumbavaatham is one of the eight types of Vatha disease described by spiritual giant yugi in one of his classics yugi vaithya cintamani 800.
- 40 cases were analysed for the study in Arignar Anna Government hospital Arumbakkam Chennai. The sample size of 40 cases for the study on the topic Kumbavaatham is approved by IEC.
- Interpretation of Age: majority of the cases were under the age group of 41 – 60 years. Majority of cases under pithakaalam .(i,e) during 34-66 years. (middle age group).
- Interpretation of Gender: In the study population, majority of the cases affected females than males. So this study indicates that kumbavaatham is predominant in Females.
- Among 40 Cases, 29 cases are non diabetic and 11 cases are diabetic
- Interpretation of Occupation: we see 52.50% of cases were Home makers and labour work like driving or shoveling activities. Due to such orientation of work, heavy movement and in the arm kumbavaatham had occurred. And also due to diabetes patients are affected by the disease of kumbavaatham.
- Interpretation of Diet: Most of the cases (92.5%) were consuming mixed diet (non vegetarian) than veg diet (7.5%). As people consuming mixed diet were more common in our nation that is reflected in the study of 40 sample size.
- Interpretation of Udal Vanmai: In the study population majority of the patients were of Iyalbu (5%) and melivu (70%) udal vanmai. Most of the cases were from neithal nilam (25%). The single centric study reveals that due to sea shore and its adjoining area vatha diseases were more common.
- Interpretation of kaalam: Majority of the cases were affected during Munpani kaalam (55%) and Pinpanikaalam (12.5%) . Usually Vatha diseases will be precipitated in months from aani to karthigai. The prevalence of disease in

muthuvenir and kaar kaalam is due to than nilai valarchi and vaetru nilai valarchi of vatham. Out of 40 sample size.

- All the cases have clinical symptoms of pain and stiffness in the hand, restricted movement of the hand, and 77.5% of cases had burning sensation of the eye. In kumbavaatham poem, yugi mentioned that vertigo, pain present in lower abdomen as one of the symptoms. Patients had such pain in the past. But during visit, patients did not suffer that pain.
- Pain is caused by the de arrangement of Vatha humor which imbalances the other humor.
- The diagnostic methodology in siddha system is unique and among them naadi plays a vital role. Out of 40 sample size, 70% of cases had Vatha pitham, 30% of the cases had pitha vaatham. This observational study reveals that most of the kumbavaatham patients showed higher vaatha pitham and pitha vaatham Naadi.
- In Naa, among 40 cases , 70% of cases had normal tongue, 30% of cases had coated tongue, 70% of cases had normal (pinkish) tongue and 30% had pallor tongue, 97.5 % of cases had normal taste and 2.5% had sour taste, 85% of cases had vedipu visible on their tongue and 15% of cases had normal tongue and I noticed 40% had black dots and 60% had normal tongue.
- IN vizhi, most of the cases had pazhuppu, 77.5% of cases had burning sensation of the eyes
- The study reveals that in niram, majority of the cases wheatish (65%), black (30%), and had Fair of skin present (2%). In mozhi, 87.5% of cases had sama oli (medium pitched voice). In vizhi, most of the cases had venmai venvizhi(42.5%) and 45% of cases had vellupu (pallor) present, 75.5% of cases had erichal in the eyes. In sparisam, majority of the cases had mitha veppam (80%) and tenderness (5%) present. 12.5% of cases had migu veppam in affected area. In malam, majority of the cases had manjal (yellow) coloured

stool (90%) and constipation (12.5%) present. Due to derangement of vatha humor constipation results.

- In Neerkuri most of the cases had pale yellow (Ila manjal), no froth, clear normal enjal and manam, one of the case had colorless urine, 2 cases had yellow and 5 cases had yellow and 5% of cases had dark yellow and 2 cases had frothy urine.
- So most of the cases had normal color, clear, normal enjal and manam, no froth. No specific association could be made out in the study of 40 sample size from the examination of neerkuri.
- In neerkuri the study of the 40 sample size reveals that 31 cases had pitha vaatham; 7 cases had pitham 2 cases had indicates kabham. Initially vaatha humor deranged and the derangement of these 3 humors results in a disease. The predominant derange humor might be reflected in the neikuri.
- The components of vaatham manually praanan is responsible to supply O₂ to all over the body, samaanam is responsible for neutralization, viyaanan is responsible for movements of all parts of the body, Abaanam is responsible for all downward movements. It is inferred from the study that praanan, samaanam, viyaanan, abaanam are affected.
- From the study it is inferred that the components of Pitham connected with digestion, activeness and haemopoietic activity were affected.
- From the study, the components of deranged kabham were tharpagam, Santhigam were affected.
- It is inferred from the study that in all cases of kumbavaatham, the udal thathukkal saram, seneer, oon, kozhuppu, enbu moolai, sukkilam/suronitham were affected and Mandalam and Kosam were affected.
- The observations study indicates that majority of the cases had the manikadai nool measurements 9 ½ finger breadth.

- The clinical features of kumbavaatham are closely related to periarthritis in the contemporary medicine. It was observed that almost all patients had pain and stiffness in the shoulder, restricted movement of the hand, radiating pain to the hand and burning sensation of the eyes.
- Modern parameter indicates the Radiological findings show narrowing of joint space. On examination, most of the cases had restricted movements of shoulder joint. Difficult to abduct the hand.

***DIFFERENTIAL
DIAGNOSIS***

9. NOI KANIPPU VIVADHAM (Differential Diagnosis)

There are certain vatha disease which resembles the clinical symptoms of Kumbavaatham. They are,

- Saganavatham
- Santhuvatham

rfdthj k;

“NfS Nk fOj j pd; fbi ufF NkYk;

nfbahd fukuz iL kpfNt neheJ

thS Nk rhlinkyyhq; fdj j pUfFk;

thyghfF kdqfz :Z kaf;fkhFk;

VS Nk, uz iL fz :Z k; vhr;Yz i hk;

Vwwkha; kyej hDk; , Wf;fhZ k;

Nj S Nk nfhl bdJ Nghw; fLFFk

nrfd thj j j pd; e; j hf;fej hNd”

A#p i t j j pa rpej hkz p gf;fk; 87

- Pain in the neck
- Radiating pain to the shoulder and upper limb
- Heaviness of the body
- Mental depression
- Burning sensation of the eye
- Urinary disturbance
- Tingling and numbness of the upper limb

Common symptoms between Kumbavaatham and Saganavatham is Pain in the shoulder and upper limb, Burning Sensation of eye. But in saganavatham, pain in neck, heaviness of body. Mental depression, urinary disturbance are there. so, it is different from Kumbavaatham.

re;J thj k;

“nraj; fj hd; re;J fS kpfj j p kthe;J
nrl nkq;F nehe;JNk kpf;t owwp
i ei faha; eS; j;JNk kaph;f; \$rrpl;L
ehz pNa KdNghy ei f nfi hJ
i ki fj hd; kaf;fnkhL thae;UWk;
tuz bLNk ehLj hd bff;f bf;F
i fi j j hd; wuz pj d;pw; whpf; nfhz hJ
rQrypf; FQre;J thk; thj q; NfNs”

Af; i tjj;pa rpe;J hkz p gffk; 106

- Pain in shoulder joint, wrist joint, elbow joint...
- Restriction movements of the hand.
- Pain in all over the joint.
- Dizziness, increased secretion of saliva
- Dryness of tongue.

Common symptoms between Kumbavaatham and Santhuvatham is Pain in the shoulder joint and Restricted movements of the hand, But in santhuvatham, pain in all over the joint, Dizziness, increased secretion of saliva, dryness of mouth are there. so, it is different from Kumbavaatham.

CONCLUSION

10. CONCLUSION

- The disease kumbavaatham was taken for author observations as study with reference in yugi vaithya chinthamani – 800. The study on kumbavaatham was carried out in this dissertation giving importance to the changes in uyir thathukkal and udal thakkual were assessed by siddha parameters such as ennvagai thervugyal, poriyaal arithal, pulanal airthal and vinaathal.
- A parallel modern diagnosis was derived through routine blood test, urine test and x-ray of shoulder. For this study 40 cases were observed clinically in the out – patient division.
- From this study, the following data's concluded as,
 - Maximum incidence of age was between 41-60 years.
 - Among 40 cases, 11 cases had diabetes they were affected by kumbavaatham. No difference was found in level of pain and disability level between peri-arthritis shoulder patients with and without diabetes.
 - In vayu, pranana, viyanana, samanama, Abanama were affected in all cases.
 - In pithama, were affected in all cases.
 - In kaphama, tharpagram, Santhigama were affected in all cases.
 - In mandalam, surya mandalam were affected.
 - In kosama, praanamaya kosama, annamaya kosama were affected.
 - The observational study reveals that in envagai thervu,
 - Naa – 2.5% of cases had inflammation of tongue
 - Vizhi – 77.5 % of cases had burning of eyes
 - Naadi – Majority of cases showed vaatha pithama and pitha vaatham naadi.

- Neer kuri – Majority of cases showed pale yellow coloured urine.
- Nei kuri – Majority of cases showed Aaravam(vaatham) in nei kuri.
- By observation of manikadainool, high occurrence is noticed with patients yielding to 9 ½ Viralkadai.
- Pathogenesis of kumbavaatham was primarily due to derangement of vali which then affected Azhal, Iyyam kutram in various degrees.
- The symptoms of kumbavaatham may be correlated with periarthritis shoulder in modern diagnosis.

***LINE OF TREATMENT AND
DIETARY REGIMENT***

11. LINE OF TREATMENT AND DIETARY REGIMEN

Line of treatment

According to Noi naadal and noi muthal naadal and procedures to identify and classify deranged kuttram and based on which patients will be treated with necessary dosage to improve altered kuttram.

To normalise tridosam

“*tNurdj j hy; thj k; j hOk*”

- Vatha diseases can be brought down by viresanam, for this laxatives and purgative are given according to allowed limits per patient and also based on the severity of the disease should be assessed.
- So laxatives is administered on the first day or before starting the specific treatment.

As vatha kuttram is predominantly affected in Kumbavaatham in early stage. Medicines of seedha veeriam can be provided to balance the vaatham. Excess of vatham affected. Therefore laxatives or mild purgatives are to be administered on the first day or in the early morning respectively according to patient's tolerance to the drug. After that, internal and external medicines are given.

Patients were advised with diet/ pathiyam and preventive measures of the disease

Addition to internal medicine, external therapy(thokkanam) and Varmam is best to the vatha disease.

Pranayamam, walking is good exercise to regulate body metabolism.

STRETCHING AND STRENGTHENING EXERCISE

- Pendulum stretch
- Towel stretch

- Finger Walk
- Cross –body reach
- Arm-pit stretch

DIETARY REGIMEN

ts̄pf̄Fwwj̄ījj̄; j̄dd̄pī yg; gLj̄j̄ f̄\$bā c̄z̄ Tfshf̄Nt̄ , Uj̄j̄y; Ntz̄ Lk; , UKī w̄ t̄bj̄j̄ NrhW> f̄j̄j̄h̄p̄ mtī u> mj̄j̄ p̄ KUqī f̄ , tw̄w̄p̄d; ḡp̄QRfs> f̄hī l> f̄Tj̄ h̄h̄p̄ nt̄ss̄hl̄L̄f̄f̄w̄p̄ c̄LkḠ kw̄Wk; f̄l̄l̄ ū tī f̄fs̄p̄y; Kl̄f̄f̄j̄j̄hd> mWf̄l̄l̄ u> J̄}̄J̄Ntī s> %f̄f̄p̄ul̄j̄ l> nghdd̄h̄q̄f̄hz̄ p̄ Ntī s̄f̄f̄l̄l̄ u> j̄µ̄ha; , twī w̄ Nrh̄f̄f̄Tk; gUgḠ tī f̄ap̄y; J̄tī ū xdNw̄ MFk;

Pathiyam

During the course of treatment according to the drug administered to the patient and nature of the disease , the patient is advised to follow certain precautions regarding diet and physical activities. This form of medical advice in Siddha system of medicine is termed as “ Pathiyam”.

Pathiyam for vatha disease as mentioned in “**Patharthaguna chinthamani**” is as follows,

“nr̄q̄f̄Ō ēl̄N̄f̄h̄l̄ l̄e; Nj̄ dk̄p̄s̄F̄ eynyz̄ nz̄ a;

j̄ q̄FngUq; f̄hae; j̄ K̄j̄ hī o – vq̄nf̄q̄Fk;

\$l̄L̄r̄p̄W̄ K̄j̄; J̄nea; N̄f̄h̄j̄ p̄y; c̄ Oēj̄ p̄ī t̄fs;

thl̄ L̄kz̄ p̄ yj̄ī j̄ k̄j̄ p̄’

- gj̄ h̄h̄j̄ j̄ Fz̄ r̄p̄ej̄ h̄kz̄ p̄

Root of water lilly, costus roots, honey collected on branches of trees, black pepper, gingelly oil, asafoetida , leaves of clerodendron phlomoides, castor oil, black gram etc cure vatha diseases.

eff Ntz bai tfs;

Ri u> Gri z > ntssh> Gli y> ghfF Kj ypa eh; \$ba fhafwp
ti ffi sAk> nkhrj r> fhukz p nfhsS> fLF> Nj qfha> fppqF ti ffs>
kej Kss gj hhj j ti ffs; Kj ypai tfi s eff Ntz Lk;

-fLF ewwpyj nj z nz a; \$og; ghz l qfs; fl i y

tLjt hfpa nj qFkh tUfi f ewfhak;

kbt pyhj ntsSssp nfhs; Gi fapi y kJngz ;

, l J ghfNyhl fj j p eff; tprrh gj j paNk.”

-rj j kUj J thqfr; RUf;fk;

ANNEXURE

12. ANNEXURE

ASSESSMENT FORMS

Form –I Screening and selection Proforma

Form –IA History Proforma on enrollment

Form II Clinical Assessment on enrollment

Form –III Laboratory investigations on enrollment, During the study

Form –IV Consent form (Vernacular and English versions)

Form -IV- A Patient Information Sheet (Vernacular and English versions)

GOVT SIDDHA MEDICAL COLLEGE, CHENNAI.

DEPARTMENT OF PG NOI NAADAL

A OBSERVATIONAL STUDY ON STANDARDIZATION OF SIDDHA
DIAGNOSTIC TOOLS OF “KUMBAVAATHAM” INCLUDING LINE OF
TREATMENT AND DIETARY REGIMEN

FORM I

SCREENING AND SELECTION PROFORMA

1. O.P.No _____ 2. I.P No _____ 3. Bed No: _____ 4. S.No: _____

5. Name: _____ 6. Age (years): _____

7. Gender: M F

8. Occupation: _____ 9. Income: _____

10. Address: _____

11. Contact Nos: _____

12. E-mail : _____

CRITERIA FOR INCLUSION

	YES	NO
1. Above the age of 30	<input type="checkbox"/>	<input type="checkbox"/>
2. Both Male & Female	<input type="checkbox"/>	<input type="checkbox"/>
3. Pain in shoulder.	<input type="checkbox"/>	<input type="checkbox"/>
4. Radiating pain	<input type="checkbox"/>	<input type="checkbox"/>

-
- | | | |
|---|--------------------------|--------------------------|
| 5. Stiffness and Restricted movement of shoulder joint. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Burning sensation of eyes and cheeks. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Inflammation of tongue. | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Diabetes mellitus. | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Pain and swelling in the cervical region. | <input type="checkbox"/> | <input type="checkbox"/> |

CRITERIA FOR EXCLUSION

- | | | |
|-----------------------------|--------------------------|--------------------------|
| 1. Patient below 30 yrs | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Patient irregular to OPD | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Deltoid fibrosis. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Traumatic pain | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Acute fracture | <input type="checkbox"/> | <input type="checkbox"/> |

Date:

Signature:

FORM I-A

HISTORY PROFORMA

1. Sl. No of the case: _____ Reg.No.

2. Name: _____ Height: _____ cms Weight: _____ Kg

3. Age (years): _____ DOB

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--	--

--	--	--	--

D D M M Y E A R

4. Educational Status:

1) Illiterate 2) Literate 3) Student 4) Graduate/ Post graduate

5. Nature of work:

- 1) Sedentary work
- 2) Field work with physical labour
- 3) Field work Executive
- 4) Painter
- 5) Rubber industry
- 6) Goldsmith
- 7) Printing industry
- 9) Mason
- 10) Watchman

6. Annual income of the Family

7. Total number of members share the income Adult Children

8. Complaints and Duration:

9. History of present illness:

10. History of Past illness:

	Yes	No
Any Infection	<input type="checkbox"/>	<input type="checkbox"/>
Systemic hypertension	<input type="checkbox"/>	<input type="checkbox"/>
Ischemic heart disease	<input type="checkbox"/>	<input type="checkbox"/>
Bronchial asthma	<input type="checkbox"/>	<input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
Any major illnesses	<input type="checkbox"/>	<input type="checkbox"/>

11. Habits:

		Yes	No
Betel nut chewer:		<input type="checkbox"/>	<input type="checkbox"/>
Tea (No. of times/day)		<input type="checkbox"/>	<input type="checkbox"/>
Coffee (No. of times/day)		<input type="checkbox"/>	<input type="checkbox"/>
Type of diet	V <input type="checkbox"/>	NV <input type="checkbox"/>	M <input type="checkbox"/>

12. Personal history:

Marital status: Married Unmarried

13. Family history:

History of similar symptoms Yes No

14. Menstrual and Obstetric history:

Age at menarche _____ years

Gravidity Parity

Duration of the menstrual cycle _____

Constancy of cycle duration 1.Regular 2.Irregular

15. General Etiology for Kumbavaatham

- | | | |
|--|--------------------------|--------------------------|
| 1. Exposure to dampness and cold | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Precipitation of the disease in the month
from aani to karthigai(from June to December) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Sleeping during day time and awakening at night | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Strain due to excessive weight lifting | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Indulging in sexual act during vitiation of vatham | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Intake of old cooked food items | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Intake of food items which are excess in bitter,
astringent and pungent taste | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Drinking rain water | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.Harmful combinations like taking excessive curd
after eating fruits,vegetables and tubers | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.Undue starving | <input type="checkbox"/> | <input type="checkbox"/> |

16 Clinical Symptoms of Kumbavaatham

	Yes	No
• Pain in shoulder joint	<input type="checkbox"/>	<input type="checkbox"/>
• Radiating pain to upper arm	<input type="checkbox"/>	<input type="checkbox"/>
• Restricted movements on shoulder joint	<input type="checkbox"/>	<input type="checkbox"/>
• Exacerbation of pain on movements	<input type="checkbox"/>	<input type="checkbox"/>
• Burning sensation in eyes and cheeks	<input type="checkbox"/>	<input type="checkbox"/>

FORM II

CLINICAL ASSESSMENT

1. Serial No: _____ Reg. No. _____

2. Date: _____

3. Name: _____

4. Date of birth:

--	--

--	--

--	--	--	--

D D M M Y E A R

5. Age: _____ years

GENERAL EXAMINATION

1. Height: _____ cms.

2. BMI _____ (Weight Kg/ Height m²)

Weight (kg):

3. Temperature (°F):

4. Pulse rate:

5. Heart rate:

6. Respiratory rate:

7. Blood pressure:

8. Pallor:

9. Jaundice:

10. Cyanosis:

11. Lymphadenopathy:

12. Pedal edema:

13. Clubbing:

14. Jugular vein pulsation:

VITAL ORGANS EXAMINATION

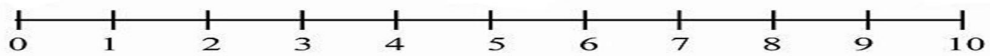
	Normal	Affected
1. Stomach	<input type="checkbox"/>	<input type="checkbox"/>
2. Liver	<input type="checkbox"/>	<input type="checkbox"/>
3. Spleen	<input type="checkbox"/>	<input type="checkbox"/>
4. Lungs	<input type="checkbox"/>	<input type="checkbox"/>
5. Heart	<input type="checkbox"/>	<input type="checkbox"/>
6. Kidney	<input type="checkbox"/>	<input type="checkbox"/>
7. Brain	<input type="checkbox"/>	<input type="checkbox"/>

SYSTEMIC EXAMINATION

- 1. Cardio Vascular System _____
- 2. Respiratory System _____
- 3. Gastrointestinal System _____
- 4. Central Nervous System _____
- 5. Uro genital System _____
- 6. Endocrine System _____
- 7. Musculo skeletal system _____

PAIN ASSESSMENT:

UNIVERSAL PAIN ASSESSMENT SCALE



A. 0 : No Pain

B. 1 -3: Mild pain

C. 4-6 : Moderate pain

D. 7-10: Severe pain

(Reference: Clinical Manual for Nursing Practice. (National Institute of Health Warren Grant Magnuson Clinical Center)

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 2. Koothirkaalam 3. Munpanikaalam

(Aavani, Purataasi) (Iypasi, Karthigai) (Margazhi, Thai)

4. Pinpanikaalam 5. Ilavenirkaalam 6. Muthuvenirkaalam

(Maasi, Panguni) (Chithirai, Vaigasi) (Aani, Aadi)

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

1. Kulir 2. Veppam

(Temperate) (Hot)

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

(Vatha kalam) (Pitha kalam) (Kaba kalam)

4. Udal Vanmai (General body condition)

1. Iyyalbu 2. Valivu 3. Melivu

(Normal built) (Robust) (Lean)

5. Naadiyin Vanmai (Expansile Nature)

1. Vanmai 2. Menmai

6. Panbu (Habit)

1. Thannadai 2. Munnokku 3. Pinnokku

(Playing in) (Advancing) (Flinching)

4. Pakkamnokku 5. Puranadai 6. Illaitthal

(Swerving) (Playing out) (Feeble)

7. Kathithal 8. Kuthithal 9. Thullal

(Swelling) (Jumping) (Frsiking)

10. Azhutthal 11. Padutthal 12. Kalatthal

(Ducking) (Lying) (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

Normal Present AbsentUniform Patches Niram _____2. Naavin Niram 1. Karuppu 2. Manjal 3. Velluppu

(Colour) (Dark) (Yellow) (Pale)

3. Suvai 1.Kaippu 2.Pulippu 3. Inippu

(Taste sensation) (Bitter) (Sour) (Sweet)

4. Vedippu 1. Present 2. Absent

(Fissure)

5. Vai neer ooral 1.Normal 2. Increased 3.Reduced

(Salivation)

Colour Colouress Milkywhite

6. Deviation Present Absent

7. Pigmentation Present Absent

Dot Whole

Area of Pigmentation

Tip Sides Root Whole

8. Inflammation :

III. NIRAM (COLOUR)

1. Iyalbana Niram 1. Karuppu 2.Manjal 3.Velluppu

(Dark) (Yellowish) (Fair)

4. Maaniram(whitish)

2. Niram maatram present absent

1. Karuppu 2.Manjal 3.Velluppu

(dark) (yellowish) (Pale)

Regular Irregular

3. Padhikkapatta Idathil tholin thanmai

1. Iyalbu 2. Minuminuppu 3.Mangal

(Normal) (Shiny) (Muddy)

IV. MOZHI (VOICE)

1. Sama oli 2. Urattha oli 3. Thazhantha oli

(Medium pitched) (High pitched) (Low pitched)

V. VIZHI (EYES)

1. Niram (Venvizhi)

(Discoloration)

1. Karuppu 2. Manjal

(Dark) (Yellow)

3. Sivappu 4. Velluppu

(Red) (White)

5. Pazhupu(muddy) 6. No Discoloration

Imai Neeki Paarthal

1. Sivapu 2. Velluppu

(Red) (Pale)

3. Ilam Sivappu 4. Manjal

(Pink) (Yellow)

2. Neerthuvam 1. Normal 2. Increased 3. Reduced

(Moisture)

3. Erichchal 1. Present 2. Absent

(Burning sensation)

4. Peelai seruthal 1. Present 2. Absent

(Mucus excrements)

5. Any other eye disease _____

VI. MEI KURI (PHYSICAL SIGNS)

1. Veppam 1. Mitham 2. Migu 3. Thatpam

2. Viyarvai 1. Increased 2. Normal 3. Reduced

(Sweat)

Colour _____

Smell Present Absent

Place _____

3. Thodu vali 1. Present 2. Absent

(Tenderness)

4. Padhikapatta Idathil 1. Erichal 2. Arippu 3. Unarchi inmai

Unarvu (Burning sensation) (Itching) (Loss of sensation)
(Sensation)

VII. MALAM (STOOLS)

1. Ennikai / Naal

2. Alavu a) Normal b) Increased c) Decreased

(Quantity)

3. Niram 1. Karuppu 2. Manjal

(Color) (Black) (Yellowish)

3. Sivappu 4. Velluppu

(Reddish) (Pale)

4. Sikkal 1. Present 2. Absent

(Constipation)

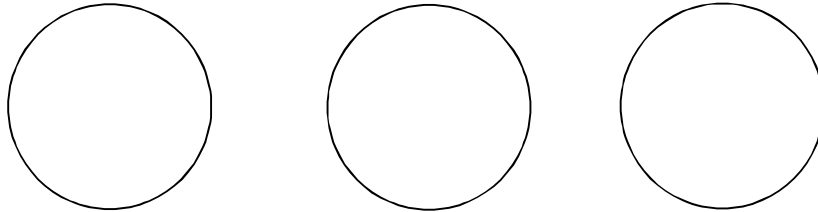
5. Sirutthal 1. Present 2. Absent

(Poorly formed stools)

Low Specific gravity (<1.010)	:	<input type="checkbox"/>	<input type="checkbox"/>
Low and fixed Specific gravity (1.010-1.012)	:	<input type="checkbox"/>	<input type="checkbox"/>
4. Alavu (volume)		Yes	No
Normal (1.2-1.5 lt/day)	:	<input type="checkbox"/>	<input type="checkbox"/>
Polyuria (>2lt/day)	:	<input type="checkbox"/>	<input type="checkbox"/>
Oliguria (<500ml/day)	:	<input type="checkbox"/>	<input type="checkbox"/>
Anuria	:	<input type="checkbox"/>	<input type="checkbox"/>
5. Nurai (froth)		Yes	No
Clear	:	<input type="checkbox"/>	<input type="checkbox"/>
Cloudy	:	<input type="checkbox"/>	<input type="checkbox"/>
If froth present, colour of the froth : _____			
6. Enjal (deposits) :		Yes	No
		<input type="checkbox"/>	<input type="checkbox"/>
b) NEI KURI (oil spreading sign)			
1. Aravam <input type="checkbox"/>	2. Mothiram <input type="checkbox"/>		
(Serpentine fashion)	(Ring)		
3. Muthu <input type="checkbox"/>	4. Aravil Mothiram <input type="checkbox"/>		
(Pearl beaded appear)	(Serpentine in ring fashion)		
5. Aravil Muthu <input type="checkbox"/>	6. Mothirathil Muthu <input type="checkbox"/>		
(Serpentine and Pearl patterns)	(Ring in pearl fashion)		
7. Mothirathil Aravam <input type="checkbox"/>	8. Muthil Aravam <input type="checkbox"/>		
(Ring in Serpentine fashion)	(Pearl in Serpentine fashion)		
9. Muthil Mothiram <input type="checkbox"/>	10. Asathiyam <input type="checkbox"/>		
(Pearl in ring fashion)	(Incurable)		

11. Mellena paraval 12.others:_____

(Slow spreading)



[2]. **MANIKKADAI NOOL** (Wrist circummetric sign) : Rt ___ fbs;Lt___fbs

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

	1. Normal	2. Affected
1. Mei (skin)	<input type="checkbox"/>	<input type="checkbox"/>
2. Vaai (Mouth/ Tongue)	<input type="checkbox"/>	<input type="checkbox"/>
3. Kan (Eyes)	<input type="checkbox"/>	<input type="checkbox"/>
4. Mookku (Nose)	<input type="checkbox"/>	<input type="checkbox"/>
5. Sevi (Ears)	<input type="checkbox"/>	<input type="checkbox"/>

[4] **KANMENTHIRIYANGAL /KANMAVIDAYANGAL**

(Motor machinery and its execution)

	1. Normal	2. Affected
1. Kai (Hands)	<input type="checkbox"/>	<input type="checkbox"/>
2. Kaal (Legs)	<input type="checkbox"/>	<input type="checkbox"/>
3. Vaai (Mouth)	<input type="checkbox"/>	<input type="checkbox"/>

4. Eruvai (Analepy)

5. Karuvaai (Birth canal)

[5]. YAKKAI (SOMATIC TYPES)

Sl.No.	Vatham	Pitham	Kabam
1.	Narrow hips and shoulder <input type="checkbox"/>	Moderate built. <input type="checkbox"/>	Broad hips and shoulder. <input type="checkbox"/>
2.	Dry, dark, rough, cold and wrinkled skin. <input type="checkbox"/>	Soft, fair, oily, delicate with pink to red moles and pigmentation skin. <input type="checkbox"/>	Oily, white, pale, moist and smooth skin. <input type="checkbox"/>
3.	Dry, dark brown to black in colour. Curly hair. <input type="checkbox"/>	Fine light brown, soft, associated with premature greying hair. <input type="checkbox"/>	Oily, thick, dense, dark straight hair.
4.	Small, black or brown eye. <input type="checkbox"/>	Grey or green eye. <input type="checkbox"/>	White, clear, moist eye. <input type="checkbox"/>
5.	High pitched and speech voice. <input type="checkbox"/>	Medium and sharp pitched voice. <input type="checkbox"/>	Low pitched and melodious. <input type="checkbox"/>
6.	Dry, hard stools, constipated, irregular and less in quantity. <input type="checkbox"/>	Soft,oily,loose stools and regular evacuation. <input type="checkbox"/>	Heavy solid stools and regular evacuation. <input type="checkbox"/>
7.	Restless get tired quickly. <input type="checkbox"/>	Agreesive, focused. <input type="checkbox"/>	Carm and steady. <input type="checkbox"/>
8.	Short, disturbed sleep lasting for 4-5 hours. <input type="checkbox"/>	Sound, medium disturbed lasting for 5-7 hours. <input type="checkbox"/>	Deep, restful prolonged, asy to fall a sleep lasting for 8 hours. <input type="checkbox"/>
9.	Short term memory. <input type="checkbox"/>	Good bt not prolonged memory. <input type="checkbox"/>	Long term memory. <input type="checkbox"/>
10.	Crackling sounds of joints on walking. <input type="checkbox"/>	Thin covering of bones and joints by soft tissues. <input type="checkbox"/>	Plumpy joints and limbs. <input type="checkbox"/>

RESULTANT SOMATIC TYPE: _____

[6] **GUNAM**

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

[7] **KOSAM**

	Normal	Affected
1. Annamaya kosam (7 udarthathukal)	<input type="checkbox"/>	<input type="checkbox"/>
2. Praanamaya kosam (Praanan+ kanmenthiriyam)	<input type="checkbox"/>	<input type="checkbox"/>
3. Manomaya kosam (Manam + gnendhiriyam)	<input type="checkbox"/>	<input type="checkbox"/>
4. Vingnanamaya kosam (Budhi+ gnendhiriyam)	<input type="checkbox"/>	<input type="checkbox"/>
5. Aanandamaya kosam (Prana vaayu + suluthi)	<input type="checkbox"/>	<input type="checkbox"/>

[8] **UYIR THATHUKKAL**

A. **VALI**

	1. Normal	2. Affected
1. Uyir kaal (Praanan)	<input type="checkbox"/>	<input type="checkbox"/>
2. Keel nokung kaal (Abaanan)	<input type="checkbox"/>	<input type="checkbox"/>
3. Nadukkaal (Samaanan)	<input type="checkbox"/>	<input type="checkbox"/>

4. Mel nokung kaal (Udhanan)	<input type="checkbox"/>	<input type="checkbox"/>
5. Paravung kaal (Viyaanan)	<input type="checkbox"/>	<input type="checkbox"/>
6. Naahan	<input type="checkbox"/>	<input type="checkbox"/>
7. Koorman	<input type="checkbox"/>	<input type="checkbox"/>
8. Kirukaran	<input type="checkbox"/>	<input type="checkbox"/>
9. Devathathan	<input type="checkbox"/>	<input type="checkbox"/>
10. Dhananjeyan	<input type="checkbox"/>	<input type="checkbox"/>

B. AZHAL

1. Normal 2. Affected

1. Anala pittham	<input type="checkbox"/>	<input type="checkbox"/>
2. Prasaka pittham	<input type="checkbox"/>	<input type="checkbox"/>
3. Ranjaka pittham	<input type="checkbox"/>	<input type="checkbox"/>
4. Aalosaka pittham	<input type="checkbox"/>	<input type="checkbox"/>
5. Saathaka pittham	<input type="checkbox"/>	<input type="checkbox"/>

C. IYYAM

1. Normal 2. Affected

1. Avalambagam	<input type="checkbox"/>	<input type="checkbox"/>
2. Kilethagam	<input type="checkbox"/>	<input type="checkbox"/>
3. Pothagam	<input type="checkbox"/>	<input type="checkbox"/>
4. Tharpagam	<input type="checkbox"/>	<input type="checkbox"/>
5. Santhigam	<input type="checkbox"/>	<input type="checkbox"/>

[9] UDAL THATHUKKAL

A. SAARAM

INCREASED SAARAM (CHYLE)	DECREASED SAARAM(CHYLE)
Loss of appetite <input type="checkbox"/>	Loss weight <input type="checkbox"/>
Excessive salivation <input type="checkbox"/>	Tiredness <input type="checkbox"/>
Loss of perseverance <input type="checkbox"/>	Dryness of the skin <input type="checkbox"/>
Excessive heaviness <input type="checkbox"/>	Diminished activity of the sense organs <input type="checkbox"/>
White musculature <input type="checkbox"/>	
Cough, dyspnea, excessive sleep <input type="checkbox"/>	
Weakness in all joints of the body <input type="checkbox"/>	

SAARAM: INCREASED DECREASED NORMAL

B. SENNEER

INCREASED CENNEER(BLOOD)	DECREASEDCENNEER(BLOOD)
Boils in different parts of the Body <input type="checkbox"/>	Anemia <input type="checkbox"/>
Anorexia <input type="checkbox"/>	Tiredness <input type="checkbox"/>
Mental disorder <input type="checkbox"/>	Neuritis <input type="checkbox"/>
Splenomegaly <input type="checkbox"/>	Lassitude <input type="checkbox"/>
Colic pain <input type="checkbox"/>	Pallor of the body <input type="checkbox"/>
Increased pressure <input type="checkbox"/>	
Reddish eye and skin <input type="checkbox"/>	
Jaundice <input type="checkbox"/>	
Haematuria <input type="checkbox"/>	

SENNEER: INCREASED DECREASED NORMAL

[C] OON

INCREASED OON (MUSLE)		DECREASED OON (MUSLE)	
Cervical lymphadenitis	<input type="checkbox"/>	Impairment of sense organs	<input type="checkbox"/>
Vernical ulcer	<input type="checkbox"/>	Joint pain	<input type="checkbox"/>
Tumour in face, abdomen, thigh, genitalia	<input type="checkbox"/>	Jaw, thigh and genitalia	<input type="checkbox"/>
Hyper muscular in the cervical region	<input type="checkbox"/>	gets shortened	<input type="checkbox"/>

OON: INCREASED DECREASED NORMAL

D. KOZHUPPU

INCREASED KOZHUPPU (ADIPOSE TISSUE)		DECREASED KOZHUPPU (ADIPOSE TISSUE)	
Cervical lymph adenitis	<input type="checkbox"/>	Pain in the hip region	<input type="checkbox"/>
Vernical ulcer	<input type="checkbox"/>	Disease of the spleen	<input type="checkbox"/>
Tumour in face, abdomen, thigh, genitalia	<input type="checkbox"/>		
Hyper muscular in the cervical region	<input type="checkbox"/>		
Dyspnoea	<input type="checkbox"/>		
Loss of activity	<input type="checkbox"/>		

KOZHUPPU: INCREASED DECREASED NORMAL

E. ENBU

INCREASED ENBU (BONE)	DECREASED ENBU (BONE)
Excess growth in bones and teeth <input type="checkbox"/>	Bones diseases <input type="checkbox"/>
	Loosening of teeth <input type="checkbox"/>
	Nails splitting <input type="checkbox"/>
	Falling of hair <input type="checkbox"/>

ENBU: INCREASED DECREASED NORMAL

F. MOOLAI

INCREASED MOOLAI (BONE MARROW)	DECREASED MOOLAI (BONE MARROW)
Heaviness of the body <input type="checkbox"/>	Osteoporosis <input type="checkbox"/>
Swollen eyes <input type="checkbox"/>	Sunken eyes <input type="checkbox"/>
Swollen phalanges chubby fingers <input type="checkbox"/>	
Oliguria <input type="checkbox"/>	
Non healing ulcer <input type="checkbox"/>	

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 <input type="checkbox"/>	Failure in reproduction <input type="checkbox"/>
Urinary calculi <input type="checkbox"/>	Pain in the genitalia <input type="checkbox"/>

SUKKILAM/SURONITHAM:

INCREASED DECREASED NORMAL

[10] MUKKUTRA MIGU GUNAM

I. Vali Migu Gunam	1. Present	2. Absent
1. Emaciation	<input type="checkbox"/>	<input type="checkbox"/>
2. Complexion – blackish	<input type="checkbox"/>	<input type="checkbox"/>
3. Desire to take hot food	<input type="checkbox"/>	<input type="checkbox"/>
4. Shivering of body	<input type="checkbox"/>	<input type="checkbox"/>
5. Abdominal distension	<input type="checkbox"/>	<input type="checkbox"/>
6. Constipation	<input type="checkbox"/>	<input type="checkbox"/>
7. Insomnia	<input type="checkbox"/>	<input type="checkbox"/>
8. Weakness	<input type="checkbox"/>	<input type="checkbox"/>
9. Defect of sense organs	<input type="checkbox"/>	<input type="checkbox"/>
10. Giddiness	<input type="checkbox"/>	<input type="checkbox"/>
11. Lack of interest	<input type="checkbox"/>	<input type="checkbox"/>

II. Pitham Migu Gunam	1. Present	2. Absent
1. Yellowish discolouration of skin	<input type="checkbox"/>	<input type="checkbox"/>
2. Yellowish discolouration of the eye	<input type="checkbox"/>	<input type="checkbox"/>
3. Yellow coloured urine	<input type="checkbox"/>	<input type="checkbox"/>
4. Yellow faeces	<input type="checkbox"/>	<input type="checkbox"/>
5. Increased appetite	<input type="checkbox"/>	<input type="checkbox"/>
6. Increased thirst	<input type="checkbox"/>	<input type="checkbox"/>
7. Burning sensation over the body	<input type="checkbox"/>	<input type="checkbox"/>
8. Sleep disturbance	<input type="checkbox"/>	<input type="checkbox"/>
III. Kapham migu gunam	1. Present	2. Absent
1. Increased salivary secretion	<input type="checkbox"/>	<input type="checkbox"/>
2. Reduced activeness	<input type="checkbox"/>	<input type="checkbox"/>
3. Heaviness of the body	<input type="checkbox"/>	<input type="checkbox"/>
6. Body colour – fair complexion	<input type="checkbox"/>	<input type="checkbox"/>
5. Chillness of the body	<input type="checkbox"/>	<input type="checkbox"/>
6. Reduced appetite	<input type="checkbox"/>	<input type="checkbox"/>
7. Eraippu	<input type="checkbox"/>	<input type="checkbox"/>
8. Increased sleep	<input type="checkbox"/>	<input type="checkbox"/>

[11] NOI UTRA KALAM

1. Kaarkaalam 2. Koothirkaalam 3. Munpanikaalam

(Aug15-Oct14) (Oct15-Dec14) (Dec15-Feb14)

4. Pinpanikaalam 5. Ilavanirkaalam 6. Muthuvenirkaalam

(Feb15-Apr14) (Apr15-June14) (June15-Aug14)

[12] NOI UTRA NILAM

1. Kurunji 2. Mullai 3. Marutham

(Hilly terrain) (Forest range) (Plains)

4. Neithal 5. Paalai

(Coastal belt) (Aried)

FORM-III

LABORATORY INVESTIGATIONS

Serial No _____ Reg. No. _____

1. O.P No: _____ Lab.No _____ Date of assessment _____

2. Name: _____

3. Age: _____ years

4. Date of birth:

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D D M M Y E A R

Urine Examination

5. Sugar _____ 6. Albumin _____ 7. Deposits _____

Blood

8. TC _____ Cells/cu mm

9. DC: P _____ % L _____ % E _____ % M _____ % B _____ %

10. Hb _____ gms%

11. ESR at 30 minutes _____ mm at 60 minutes _____ mm

12. Blood Sugar - (R) _____ mgs% (F) _____ mgs% (PP) _____ mgs%

13. Serum Cholesterol _____ mgs %

14. Blood urea _____ mgs %

SPECIAL INVESTIGATIONS

15. Xray :Shoulder joint

MRI / CT SCAN

Date:

Signature of the Doctor

GOVT SIDDHA HOSPITAL CHENNAI .

DEPARTMENT OF PG NOI NAADAL

**A CLINICAL STUDY ON SIDDHA DIAGNOSTIC TOOLS
“KUMBAVAATHAM” INCLUDING LINE OF TREATMENT AND DIETARY
REGIMEN**

FORM IV A

INFORMED WRITTEN CONSENT FORM

Iexercising my free power of choice, hereby give my consent to be included as a subject in the diagnostic trial entitled A study on “KUMBAVAATHAM’’. 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. .(ensuring the confidentiality)

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 :

Head of the Department :

Date :

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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 “KUMBAVAATHAM” 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 Envagai thervu 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 Envagai thervu

POSSIBLE RISK

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

CONFIDENTIALITY

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 at 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 be 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 be affected.

The Ethics committee cleared the study for undertaking at OPD and IPD, AAGH, CHENNAI. Should any question arise with regards to this study you contact following person.

P.G scholar : Dr.N.C.UMAMAHESWARI, I Year,

Department of PG Noi Naadal

Govt Siddha medical college,

Chennai 106.

E mail:umamaheswarinc@gmail.com

Mobile no :9715371119

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t;tp;tuq;fi s Ma;th;SH gadgLj j p;nf;h;st;hH. Nehahsp Ma;tp;di l Na
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k;pd; mOr; y; : umamaheswarinc@gmail.com

mi yNgr; vz ; 9715371119.

BIBLIOGRAPHY

13. BIBLIOGRAPHY

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7. Text book of Physiology Vol-1 Prof.A.K.Jain Fourth edition
8. Natarajan's Text book of Orthopaedics and Traumatology

GOVERNMENT SIDDHA MEDICAL COLLEGE
Arumbakkam, Chennai-106

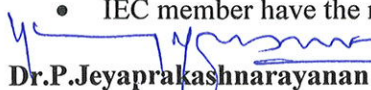
Communication Of The Decision Of Institutional Ethics Committee (IEC)


IEC No: GSMC-CH-ME-4/2015/025

Protocol title: A CLINICAL STUDY ON STANDARDIZATION OF SIDDHA DIAGNOSTIC TOOLS OF KUMBAVATHAM [PERIARTHRITIS] INCLUDING LINE OF TREATMENT AND DIETARY REGIMEN. Principal Investigator: Dr.N.C.UMAMAHESWARI		
Name & Address of Institution: Government Siddha Medical College, Arumbakkam, Chennai-106		
<input type="checkbox"/> New Review	<input checked="" type="checkbox"/> Revised Review	<input type="checkbox"/> Expedited Review
Date of review (DD/MM/YY): Date of Previous Review, If Revised Application:		
Decision of the IEC <input type="checkbox"/> Recommended <input checked="" type="checkbox"/> Recommended with suggestions <input type="checkbox"/> Revision <input type="checkbox"/> Rejected		
Suggestions / Reasons / Remarks: 1.To change the title as observational study instead of clinical study. 2.To remove Colle's fracture from inclusion criteria. 3.To include: Cervical disc prolapse, Cervical disc herniation, Diabetes mellitus. 4.To add MRI on investigation. <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">Recommended for a period of 2 years</div>		

Please Note:

- Inform IEC immediately in case of any adverse events/serious drug reaction.
- Seek IEC approval in case of any change in the study procedure, site and investigator
- This approval is valid only for period mentioned above
- IEC member have the right to review the trial with prior intimation.


Dr.P.Jeyaprakashnarayanan
Chairman


Dr.V.Banumathi
Member Secretary


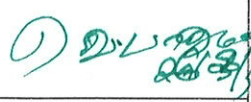
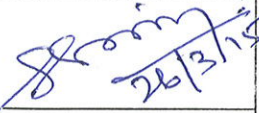


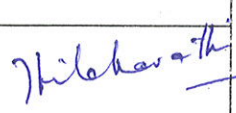
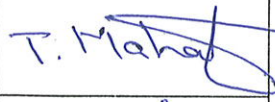
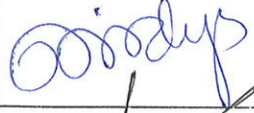

INSTITUTIONAL ETHICS COMMITTEE


Date: 26-3-2015

Sub: IEC review of research

proposals.

Ref: Your letter dated

MEMBERS	PARTICIPATION	SIGNATURE
DR.P.JEYAPRAKASH NARAYANAN M.D(S), Chairman	<input checked="" type="checkbox"/>	
DR.V.BANUMATHI M.D(S), Member Secretary	<input checked="" type="checkbox"/>	
DR.N.KABILAN M.D(S), Clinician- Siddha	<input checked="" type="checkbox"/>	
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DR.P.VIDYA M.B.B.S., DMRD., Modern Medicine Expert	<input checked="" type="checkbox"/>	
MR.P.SARAVANAN., Puplic Person	<input checked="" type="checkbox"/>	


Dr.P.Jeyaprakashnarayanan
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Member Secretary



Sri Jayendra Saraswathi Ayurveda College and Hospital

(Dept. of Ayurveda of Sri Chandrasekharendra Saraswathi Viswa Mahavidyalaya)

(Deemed to be University under Sec 3 of the UGC Act 1956)

Nazarathpet, Chennai 600123. Thiruvallur District, Tamil Nadu

NATIONAL WORKSHOP ON NADI PARIKSHA (PULSE DIAGNOSIS)

This is to certify that

Dr. N.C. UMA MAHESWARI.

*has participated as a resource person in the two day workshop on Nadi Pariksha
(Pulse Diagnosis) conducted at Sri Jayendra Saraswathi Ayurveda College and Hospital
on 28th & 29th April 2017*

Dr. Ramadas Maganti
Convenor & Principal



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

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

This certificate is awarded to

Dr./Mr./Ms.**N.C. UMAMAHESWARI**.....

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

"Pre-clinical Studies in Research"

for Faculties & PG students of ASU Systems

Organised by the Department of Siddha,

The Tamil Nadu Dr. M.G.R. Medical University on 16.12.2014


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



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

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

This Certificate is awarded to Dr/Mr/Mrs.....N.:C:..Uma.maheswari.....

for participating as Resource Person / Delegate in the Nineteenth Workshop on

“ RESEARCH METHODOLOGY & BIostatISTICS ”

For AYUSH Post Graduates & Researchers

Organized by the Department of Siddha

The Tamil Nadu Dr. M.G.R. Medical University from 07th to 11th September 2015.


Dr. N. KABILAN, M.D.(Siddha)
READER, DEPT. OF SIDDHA


Prof. **Dr. P. ARUMUGAM**, M.D.,
REGISTRAR I/C


Prof. **Dr. D. SHANTHARAM**, M.D., D.Diab.,
VICE CHANCELLOR



Varmaniam Foundation

(Reg. No.: 202/2008)

Navabavyan Building, Kombavilai, Kanyakumari Dist. - 629 701

National Workshop on

“Varmam Treatment for Nervous Diseases Affecting Panchenthriyangal”

Certificate

This is to certify that Dr. **N.C. UMAMAHESWARI**..... Bearing
Reg. No. **3926** Registered with **TAMILNAADU SIDAHA**..... Medical
Council has participated in the National Workshop on **“Varmam Treatment for
Nervous Diseases Affecting Panchenthriyangal”** organised by the
Varmaniam Foundation on 27th & 28th August 2016 at Arumbakkam, Chennai.

Date : 28th August 2016



Director

S. Arjunan
(Dr. S. Arjunan)