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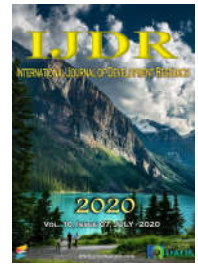
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REVIEW ARTICLE

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PĪṆICANOIKAL IN SIDDHA CLASSICS: A REVIEW

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ABSTRACT

Pīṇicamis one of the diseases of head and neck mentioned in Siddha literature. Different authors classify them into different types of different numbers based on three humors, major symptoms and affected parts. In this review, different types of *pīṇicam* disorders were compiled and presented here. Difference and similarities between the different types was also discussed in the later part.

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INTRODUCTION

Medical practice in India is a highly complex system composed of six recognized medical systems of varying origin and vintage. However, biomedicine, that entered from Europe before 200 years is followed as the main stream medical system along with Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy (grouped under AYUSH) as alternate medical systems in India. Among this, Ayurveda and Siddha were indigenous Indian medical tradition followed in southern and northern part of India respectively and Yoga was part of both the traditions. Though Unani came from West-Asia about 800 years ago and Homeopathy was introduced before 200 years, both the systems got acculturated into Indian culture and contributed significantly to the Indian health care. Siddha medicine is prevalent mostly in Tamil Nadu and Tamil-speaking people outside this region [1]. Like most of the traditional medical systems, Siddha is a holistic system comprising of different sciences such as alchemy, philosophy, yoga, black magic, *tāntirīkam*, astrology etc., However, it cannot be compared with any other system of medicine including Ayurveda. Though conceptual framework of Siddha and Ayurveda are similar, they are not identical.

The theory of *pañcapūtam* and three humors (*mukkuṟam: vaḷi, aḷal* and *aiyam*, in Siddha and *tiritōsās: vāta, pitta, kapa* in Ayurveda) form the basic edifice of Siddha and Ayurveda with minor differences. The difference between Ayurveda and Siddha may be discerned in terms of philosophical orientation, history, spatial spread and language of expression. A brief enquiry into the founding principles of siddha will help appreciate how this is articulated in three levels: siddha philosophy, theory of the body and nature, and in the understanding of disease causation [2]. In the siddha view, the body is more than an organ system and disease cannot be accounted for the organs alone. Different substratum of the body is constituted on the basis of substances that nourish them, whether it is gross substances like food and water or, subtle substances like prana, thoughts/memories and intellect. The organ system, namely, of the seven dhatus nourished by food and water make the gross body or *stūla uṭal*, only one among other substratum/sheaths, whereas subtle substances such as prana, memory, intellect make up the *cūkkuma uṭal*. Both this *stūla uṭal* and *cūkkuma uṭal* are regulated by three humors functioning within them. So, Siddha system believes that only our body's response (either *stūla uṭal* or *cūkkuma uṭal*) to the cause (not the cause alone) will contribute to the manifestation of the disease. It also emphasizes that either

cause may alter the three humors or body's response to the cause may result in humoral disparity leading to disease manifestation [2]. Here, the point is a person experience the disease only if there is an imbalance in his humors, irrespective of the cause. So, diseases are classified based on the humors and most of the classification and subclassification are prefixed with single representation or combination of any of the humors. As this concept of body is entirely different from western biomedicine, it is very difficult to describe a disease using siddha terms in this biomedicine centralised world. Hence, in this work, attempt is made to understand the disease “*pīṇīcam*” described in Siddha texts without losing its essence through modern parameters.

MATERIALS AND METHODS

A search was performed using keywords “*pīṇīcam*” in different classical siddha textbooks in central library, Govt. siddha medical college & hospital, Palayamkottai and the differences/similarities in various school of classification of *pīṇīcam* was compiled and presented here.

RESULTS AND DISCUSSION

***Pīṇīcam* – classification:** *Pīṇīcam* is a disease characterized by nasal block with nasal discharge, frequent sneezing, heaviness of head, malaise with absence of smell and taste. Fluid from head drains into chest resulting in accumulation of *aiyam* in chest. Aggravated *aḷal* promotes the aggravation of *vaḷi* all over the body resulting in accumulation of more *vaḷi* in head. This causes disparity in functions of fluids and blood in the body leading to pain in ear and nose and reddishness of the internal lining of nostril. [3] Few terms such as *mūkkāṭaiṇṇu*, *nīrkōvai*, *mūkkū nīrppāyccal* [4], *nīrēṇṇam*, *nīrkōṇṇu* [5] were also used to represent *pīṇīcam* in some texts.

nōymutanāṭal tirāṭṭu (CMNNTT), *Pittam*, *pīṇīcam* & *curanōyt tokuti* (PPCT), *Nākamūni talainōy maruttuvam* (NTM) and *Matalai nōytkuti-III* (MNT-III), *Taṇvantiri vaiṭṭiyam pākam-I* (TVP-I). Apart from these 11 texts, *TV Sampacivam pillai Dictionary* (TVSD), a Siddha medical dictionary, is also included in this work. The classification of *pīṇīcam* described in various siddha texts are listed in Table 1. In addition to this, a book named *4448 nōykaḷ viḷakkam*, which is a compilation states that *akattiyar kurunāṭi* 235, *pōkar vaiṭṭiyam* 700, TVSD, AVTR and NTM have 4, 7, 76, 86 and 18 types of *pīṇīcam* respectively[15]. However, the edition of TVSD, AVTR and NTM that was referred during this work did not have any classification as described by *4448 nōykaḷ viḷakkam* [5, 6, 12] and authenticity of *akattiyar kurunāṭi* 235 and *pōkar vaiṭṭiyam* 700 could not be verified. Hence that book is not considered in this review. Altogether, there are 7 different types of classification of *pīṇīcam* disease found in siddha literature.

Among this, classification by TVP-1 is the classification with highest number, i.e., 10. This includes, *vaḷi pīṇīcam*, *aḷal pīṇīcam*, *aiya pīṇīcam*, *nīr pīṇīcam*, *irattapīṇīcam*, *vaḷiyaḷal pīṇīcam*, *aḷalaiya pīṇīcam*, *vaḷiaiya pīṇīcam*, *varaṭci pīṇīcam* and *mukkuṇṇa pīṇīcam* [13]. CVPN, UKCM, AVPR, CMP, CMNNT & PPCT did not include the last five types in the above-mentioned classification. Instead, it has added *mūla pīṇīcam*, *kaṇṭa pīṇīcam*, *cīḷ pīṇīcam* and *cirāy pīṇīcam* to it, making it into 9 types [3, 4, 8-10, 16]. Though AVTR did not include *nīr pīṇīcam*, *mūla pīṇīcam*, *kaṇṭa pīṇīcam*, *cīḷ pīṇīcam* and *cirāy pīṇīcam* among the 9 types mentioned above, it added *atitummal pīṇīcam*, *tuṣṭa pīṇīcam* and *mukkuṇṇa pīṇīcam* to it resulting in 7 types[5]. Interestingly, TVSD & ARVC did not include *mūla pīṇīcam* and *kaṇṭa pīṇīcam* mentioned in the 9 types reducing to 7 types in their classification [10, 16].

Table 1. Classification of *Pīṇīcam* disease mentioned in various siddha literatures

TVSD & ARVC[6]		CAM[7]		AVTR[5]	
<ul style="list-style-type: none"> • <i>Vaḷi pīṇīcam</i> • <i>Aḷal pīṇīcam</i> • <i>Aiyapīṇīcam</i> • <i>Nīr pīṇīcam</i> 		<ul style="list-style-type: none"> • <i>Cīḷ pīṇīcam</i> • <i>Cirāy pīṇīcam</i> • <i>Iratta pīṇīcam</i> 		<ul style="list-style-type: none"> • <i>Vali pīṇīcam</i> • <i>Aḷal pīṇīcam</i> • <i>Aiyapīṇīcam</i> • <i>Mukkuṇṇa pīṇīcam</i> • <i>Iratta pīṇīcam</i> • <i>Atitummal pīṇīcam</i> • <i>Tuṣṭa pīṇīcam</i> 	
CVPN, UKCM, AVPR, CMP, CMNNT & PPCT[3, 4, 8-11]		NTM[12]	TVP-I[13]		MNT-III[14]
<ul style="list-style-type: none"> • <i>Vali pīṇīcam</i> • <i>Aḷal pīṇīcam</i> • <i>Aiyapīṇīcam</i> • <i>Nīr pīṇīcam</i> • <i>Cīḷ pīṇīcam</i> 		<ul style="list-style-type: none"> • <i>Nīr pīṇīcam</i> • <i>Cīḷ pīṇīcam</i> • <i>Cirāy pīṇīcam</i> • <i>Iratta pīṇīcam</i> • <i>Kapāla pīṇīcam</i> • <i>Kāla pīṇīcam</i> 	<ul style="list-style-type: none"> • <i>Vali pīṇīcam</i> • <i>Aḷal pīṇīcam</i> • <i>Aiya pīṇīcam</i> • <i>Valiyaḷal pīṇīcam</i> • <i>aḷalaiya pīṇīcam</i> • <i>vaḷiaiya pīṇīcam</i> • <i>varaṭci pīṇīcam</i> • <i>mukkuṇṇa pīṇīcam</i> • <i>Nīr pīṇīcam</i> • <i>Irattapīṇīcam</i> 		<ul style="list-style-type: none"> • <i>Vali pīṇīcam</i> • <i>Aḷal pīṇīcam</i> • <i>Tonta cilēttuma pīṇīcam</i>

Different siddha texts, mostly by different authors at different timelines describe about this disease. In this work, we have included the descriptions in *Ātma raṭcāmirtam eṇṇum vaiṭṭiya cāracāṅkirakam* (ARVC), *Cittar aruvai maruttuvam* (CAM), *Aṇupava vaiṭṭiya tēva rakaciyam* (AVTR) *citta vaiṭṭiya pāṭa nūl* (CVPN), *Uyir kākkum citta maruttuvam* (UKCM), *Aṇupava vaiṭṭiya pīramma rakaciyam* (AVPR), *Citta maruttuvam potu* (CMP), *Citta maruttuvam nōynāṭal*

CAM excluded the *vaḷi pīṇīcam*, *aḷal pīṇīcam*, *aiya pīṇīcam* from TVSD and ARVC classification and describe them into 4 types[7]. NTM describe *pīṇīcam* types by adding *kapāla pīṇīcam* and *kāla pīṇīcam* to TVSD classification. The classification with lowest numbers (three) is described in MNT-III with *vaḷi pīṇīcam*, *aḷal pīṇīcam* and *tonta cilēttuma pīṇīcam* [14]. Altogether, 18 different types of *pīṇīcam* has been described in literature and detail descriptions of them are as follows.

Vali pīṇicam: Dryness of nose, running nose, sneezing [3, 6, 16] are the common symptoms of *vali pīṇicam*. In addition to that, tooth ache, ear ache, blackish, cold nasal discharge without any odour [5], headache, pain in eyebrows [14] feel of swinging of insects [5]/worms [4, 8, 9] in eyebrows/ forehead in initial stages and thick nasal discharge with bad odour [3] may be present at later stages.

Aḷal pīṇicam: Quite contrary to this, yellowish [3, 4, 6, 8-10, 16]/copper [5] coloured mucus discharge with fever [4, 5, 8, 9] is the common symptom in *aḷal pīṇicam*. In addition to that giddiness, heat around the summit [4, 8, 9], blisters in the nose [4, 5, 8, 9], mazel [5], neuralgic pain [14] and mood swings [4, 8, 9] were also commonly reported.

Aiya pīṇicam: Pearl like whitish watery discharge from nose [4-6, 8-10, 16], pricking pain in nose [6, 10, 16] and bad odour [4, 6, 8-10, 16] are common symptoms of *aiya pīṇicam*. However, nasal itching [4, 5, 8, 9], discharge with corpse smell [3], alternative nasal block [6, 10, 16], tastelessness [4, 5, 8, 9] or sensation of sweet taste [5], discharge from eyes [3, 4, 8-10, 16], ear blockage with hearing loss [4, 8, 9], dyspnoea [5], vomiting [5], heaviness of head [5] is also reported to be associated symptoms of *aiya pīṇicam*.

Nīr pīṇicam: As fluid from head could not be drained out, it drains in to chest resulting in fever and cough [13]. This is followed by clear watery discharge from nose [4, 6, 8-10, 16], frequent sneezing [6, 10, 16], itching in nuchal and face [6, 10, 16], heaviness of head [3, 6, 10, 16] and eye ache [6, 10, 16]. Low-grade fever [4, 8, 9], nasal block [3, 4, 8, 9], and salty taste (possibly due to post-nasal drip from sinus) [3] were also common symptoms of *nīr pīṇicam*.

Iratta pīṇicam: Due to increase in body heat, head and blood experience intense heat leading to redness of internal layer of nose, lips and tongue resembling an ulcer [4, 8, 9] or circle shaped ulcers [6, 10, 16] may appear in head. From these ulcers, heat aggravated blood oozes out via nostrils. Sometimes, mucus discharge [4, 8, 9] is also seen. Moreover, heaviness in head [3], burning sensation [4, 8, 9]/ Itching and pain [4, 5, 8, 9] in nostrils, burning sensation [4, 8, 9]/ Itching in eyes [5], abnormal feeling/ Itching in ears, pain in head, neck and jaw, loss of taste [4, 8, 9], aversion towards food [3] are also common. Due to nasal block, patient speak in a tone with characteristic “*kiṇu*” “*kiṇu*” sound [13].

Cīl pīṇicam: As the name suggest, *cīl pīṇicam* in characterised by ulceration and purulent discharge [6, 10, 16] of unbearable smell [4, 8, 9] from nose. In addition to that difficulty in breathing, breathing via mouth due to complete nasal block, redness and swelling of one side of ala with dryness of the other side [4, 8, 9], sweating like snowfall, sneezing, pain in summit [3] may also present in some cases.

Cirāy pīṇicam: This is commonly reported as a disease occurring as a secondary to some metabolic disorders. Purulent nasal discharge similar to onion peel like structure is the signature symptom [6, 10, 16] of *cirāy pīṇicam*. Recurrent headache, mucus discharge with corpse smell [10, 16]. Nasal cartilage will disintegrate and will be discharged out as small pieces along with mucus with unbearable smell. Later, the nasal septum may decay resulting in perforation of the septum. Patient experiences hypo nasal speech, headache which is severe as though the head is about to fall, sore throat, loss of

appetite [4, 8, 9] is also present along with other symptoms of *pīṇicam*.

Mūla pīṇicam: A characteristic growth pattern resembling the development of a chicken comb [3, 10, 16] or an extra mucous growth resembling the shape of *yāṇaitippili* (long Indian pepper) and as fleshy as *kampalippūccu paḷam* (rambutan) in nostrils is the signature symptom of *mūla pīṇicam* [4, 8, 9]. General symptoms of *pīṇicam* such as nasal block, difficulty in breathing, blood with mucus discharge from nose [4, 8, 9], intermittent headache and cough with expectoration [3] will also be experienced by the patient along with this.

Kaṇṭa pīṇicam: Turkey berry like characteristic growth in nostrils [3, 10, 16] is the major symptom of *kaṇṭa pīṇicam* along with other symptoms such as cough with expectoration [3], difficult in swallowing, throat irritation, sputum will sticky in the throat, expulsion of mucus from nose, throat and sneezing [4, 8, 9]. In some cases, fluid from head drains in to chest causing accumulation of *aiyam* [10, 16]. Untreated *kurarkammal* or *tonṭaikkaṭṭu* may also lead to *kaṇṭa pīṇicam* [4, 8, 9].

Mukkuraṇṭapīṇicam: Combined disparity of *vali*, *aḷal* and *aiyam* in any type of *pīṇicam* will result in *mukkuraṇṭapīṇicam* [5]. Nasal block, unexpected cough along with dryness and weakness of body is commonly noted. Though patient feels comfortable when exposed to cold, he will experience headache after the exposure [13].

Kāla pīṇicam: Patient suffers more at night due to sneezing than daytime. Excessive fluid secretions from nose, and mouth with itching and sticky sensation in eyes, teeth and gums. This may progress to dryness of nostrils leading to cough and dyspnoea at chronic stages [12].

Kapāla pīṇicam: Pain with stabbing sensation in head, fluid discharge from eyes similar to that of sea waves, burning sensation in stomach similar to a feel in furnace is the major symptom of *kapāla pīṇicam*. Body becomes weak and head and brain becomes dry. Loss of taste sensation is also common due to psycho-somatic reasons [12].

Tuṣṭa pīṇicam: Untreated *vali*, *aḷal*, *aiya*, *mukkura*, *iratta pīṇicam* will result in *tuṣṭa pīṇicam*. The symptoms of *tuṣṭa pīṇicam* includes loss of appetite (*akṇi mantam*), fever, cough, dyspnoea, discomfort in chest and ribs region, dryness of mouth, foul smell and dryness in nostrils, sweating in nostrils with swelling, a mucus discharge as white as pus or reddish in colour is seen. Shiny white lengthy organisms originate at that site [5].

Atitummal pīṇicam: *Atitummal pīṇicam* is caused due to block in small channels in ear, tongue, nose, eye by aggravated *vali* due to trauma, insufflation of any narcotics, improper breathing practice and continuously looking at sun [5].

Valīyaḷal pīṇicam {, 1987 #6}: Hyperpigmentation in face leading to blackish skin, tooth sensitivity, redness of conjunctiva, heaviness of head, purulent discharge from nose are the major symptoms of *valīyaḷal pīṇicam* [13].

Aḷalaiya pīṇicam: Purulent discharge from nose, feel of bitterness followed by sweet taste in tongue, when tapped on

head, resonance of earthen pan is felt. Giddiness followed by headache is also common [13].

Valīaiya pīṅicam: Premature greying of hair, defective vision, muscular cramps, misalignment of tooth and running nose are the characteristic symptoms of *Valīaiya pīṅicam* [13].

Varaṭci pīṅicam: Dryness of nose, throat irritation, heaviness of head, loss of smell, flaking of scalp while scraping were common symptoms of *Varaṭci pīṅicam*[13]. Among this sub-classification, *vaḷi pīṅicam*, *aḷal pīṅicam*, *aiya pīṅicam*, *nīr pīṅicam*, *cīḷ pīṅicam* and *iratta pīṅicam* are commonly seen among different classification where as *kapāla pīṅicam*, *kāla pīṅicam*, *atitummal pīṅicam* and *tuṣṭa pīṅicam* are described only in specific texts. *Valī pīṅicam*, *aḷal pīṅicam* and *aiya pīṅicam* are classified based on the affected humor and *tuṣṭa pīṅicam* is the chronic/severe form of untreated *vaḷi pīṅicam*, *aḷal pīṅicam*, *aiya pīṅicam*, *mukkurra pīṅicam* or *iratta pīṅicam*. *Kapāla pīṅicam* is also described like a severe form of any other type of *pīṅicam*. *Nīr pīṅicam*, *cīḷ pīṅicam* and *iratta pīṅicam* are based on the considerable symptoms the patient experience. *Atitummal pīṅicam* is caused due to block in small channels in ear, tongue, nose, eye by aggravated *vaḷi* due to trauma, insufflation of any narcotics, improper breathing practice and continuously looking at sun. *Kāla pīṅicam* is classified based on the difference in disease aggravations during day and night.

Conclusion

Pīṅicam is one of the most important disorders of the head and neck origin mentioned in Siddha texts. Significant variation among these classifications could be plausibly due to difference in geographical location, time period and experience of the author. Totally 18 different types of *pīṅicam* described by different authors is reviewed in this work. We have not tried to compare them with modern disease terms, as one to one comparison of Siddha with Western-biomedicine is not possible due to epistemological and pedagogical difference between them. This may provide us a better lead for the management of various disorders of head and neck.

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