

Yugi's Suryavartham and Frontoethmoidal sinusitis- A Comparative Review

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ABSTRACT

The Siddha system stands on its own basic pillars and concepts. One of them is Dasha. These doshas are responsible for physiological events in the body manifested as health and pathologically manifested as disease. Siddha pathology explains the changes in the body constitution (Udal iyal) influenced by the three vital forces called vatha, pitha, and kapha. Surya vartham is one of the vatha diseases. YUGI VAITHIYA CHINTHAMANI described the clinical manifestations of Surya Vartham in the literature. This article is an attempt to describe the correlation between the clinical symptoms of Suryavartham, which were given in the above text, and the symptoms of Frontoethmoidal sinusitis. These were done based on the functions of individual vatha subdivisions. Based on siddha pathology, it was noted that pranayana, vyana, koormana, naga, and devathathana were said to be disrupted in Surya Vartham patients. A well-founded knowledge of interpreting diseases with the help of Siddha pathology would take our system to a more advanced level. This work is an attempt to document the pathology of Surya Vartham that might add an extra feather to the Siddha system's crown, which has an unbowed pathology.

INTRODUCTION

Each and every system of medicine has its own incompatible specialties. Not only in India but also in the entire world, our ancient systems of medicine play a vital part in serving human kind. For centuries, the SIDDHA SYSTEM, which is one of the most pre-historic systems of medicine, has been not only practiced but also accepted thoroughly in South India. Its main notion is to proliferate a healthy soul in a healthy body (14). It helps in prevention and health promotion besides curing the diseases. According to the fundamental concepts of the Siddha system of medicine, everything in the universe is totally made up of five vital elements, which are soil, water, air, fire, and space. So altogether, 4448 diseases were classified by Siddhar's, out of which 86 diseases were of nasal origin (16) (17).

In the frontal bone, there are two large frontal sinuses that mainly form the lower part of the forehead. They reach over the eyebrows and eye sockets. In the upper part of the nose and between the eyes is the spongy ethmoid bone where the ethmoid sinuses are located. Those sinuses that are lined with cells that make mucus keep the nose from drying out.

Comprehensive study of the disease suryavartham through the symptomatology indicated in the Siddha literature will enable physicians to choose pertinent treatment from the diverse range of medicines found dispersed in the literature with indications of frontoethmoidal sinusitis with specific symptomatology groups. Medicines indicated for one group of symptomatology of the same disease may not be suitable to be a foundation of therapy for another. Hence, accentuation on the study of symptomatology is very vital for the institution of a genuine kind of treatment (11).

METHODOLOGY

The literature quoted here was principally extracted from the Yuga Vaithiya Chinthamani. For the understanding and authentication of the collected information, apparent journals and databases were referred to. After the methodological collection of the above information, it was compared with

the current scenario and parallels were drawn leading to a specific conclusion. Then an incisive, but comprehensive review was made.

Observations based on YUGI VAITHIYA CHINTHAMANI (15)

	POETRY LINES FROM THE TEXT	EXPLANATION
LINE:1	“Kandhamaam valappakkam idappakkam aadhal kannadiyum mookkadiyum puruvam patri”	Pain occurs either in the right or left side of the medial part of the eye,the nasal septum and the frontal region.
LINE:2	“pundhamaam puruvathil oosi kutral pol valikkum kanthaanum surungikkaanum”	Piercing pain in the frontal region and shrunken eyes.
LINE:3	“bandhamaam udambengum baaramaagum pagarpodhu thaazhndhavudan novumattaam”	Body turns hefty and pain eases up later in that day.
LINE:4	“thundhamaam thundhumi pol valiyundaagum suriyavartham thannin suroobamaame”	The pain is dreadful in nature.The symptoms has circardian relation with that of the sunrise.The disease progresses with dawn and eases up as the day passes.

ANALOGY BETWEEN SURYAVARTHAM AND THE SYMPTOMS OF FRONTO ETHMOIDAL SINUSITIS:

In the first line yugi explains the common symptoms seen in suryavartham .

“Kandhamaam valappakkam idappakkamadhal kannadiyum mookkadiyum puruvampatri” (15)

Headache is a customary, accompanying, non-specific symptom associated with the infection of the paranasal sinuses (2). Infection causes pressure and pain in the sinuses involved. In frontoethmoidal sinusitis, pain is present in the forehead and over the bridge of the nose, and feelings of pressure behind the eyes are commonly seen. Along with the infection inside the sinuses, the ducts draining into the meatuses get blocked. So, it may arise that pain can be felt over the lateral wall of the nose. Acute sinusitis is caused by local or systemic factors that cause sinus ostial obstruction or narrowing. This may also include disturbances in mucociliary transport and immune deficiency (3). A headache is reported by 52 percent of people with sinusitis (4). "Rhinosinusitis usually presents with facial tenderness & pain, (5)". A painful face suggests sinusitis... "(6)"... Any infection of the mucous membrane of the sinuses passes through all the stages of inflammation. At first, there is increased ciliary activity, but later on, ciliary actions become ineffective. Therefore, any disturbance of ciliary flow may lead to upper respiratory tract infection. Thus, either the right or left ethmoid sinus infection can easily lead to orbit through the thin orbital lamina of the ethmoid. As the sinus ostia become blocked, the sinuses cannot drain adequately. Finally, the inflammation occurs in the medial part of the eye and the nasal septum of the forehead. Patients with chronic rhinosinusitis (CRS) have been found to have impaired mucociliary clearance. (8) Many biochemical, environmental, and mechanical stimuli have been shown to influence ciliary beat frequency. (9)

In the second line yugi explains the nature of pain in eyes and eyebrows.

**“Punthamaam puruvathil oosikutral polvalikkum
Kanthaanum surungikkaanum” (15)**

With acute sinusitis, it might be difficult to breathe through your nose. The area around your eyes and face might feel swollen and you might have throbbing facial pain or a headache. Sinus infections cause swelling of the sinus cavities in the bones around the nasal passages and the eyes. As a result of the nasooocular reflex, allergen deposits on the nasal mucosa can trigger afferent reflexes that then propagate centrally. The efferent limbs of these reflexes could then be propagated not only to the contralateral nasal cavity but also to both conjunctivae. Allergens may also pass directly through the nasolacrimal duct. (7) Patients suffering from chronic sinusitis have a greater burden of facial pain. Due to the inflammation of the sinuses, the exudate is first serous but rapidly becomes purulent. The ostium becomes blocked due to mucosal oedema and the secretions become pent up in the sinus, producing acute empyema of the sinus, resulting in "pricking pain" in the forehead region. This is due to the anatomical position of the frontal sinus, which stagnates the exudation. As the orbit and its content form the inferior wall of the frontal sinus, its inflammation and the infection from the ethmoid sinus through thin paper like lamina papyraria lead to the inflammation of the eye. Due to the inflammation, the eyes look shrunken.

In the third line yugi explains about the subsiding nature of pain.

**“Bandhamaam udambengum baramaagum
pagarpodhu thazhndhavudan novu mattaam” (15)**

Acute sinus infection caused by systemic effects of inflammatory mediators, which cause pain throughout the body. This is because of the inflammatory mediators like Bradykinin. As there is no adequate drainage in the sinuses, pain occurs. This is also due to the blockage of the frontonasal septum and absorption of air. When the frontal nasal duct turns to its vertical position, because of gravity, the infected secretion drains gradually during the course of the day. Thus, the pain gradually subsides as the day passes. The headache starts in the morning and worsens by mid-day, and subsides by evening (10).

In the last line yugi explains how grievous the pain is.

**“Thundhamaam Thundhumi Pol Valiyundaagum
Suryavartham Thannin Suroobamaame”(15)**

The main character of this is causing severe pain. The severity of the disease is due to the smaller size of the draining ostium through which the stagnated purulent secretions cannot drain easily. The severe pain is also caused by the virulence of the organism, which leads to the secretions becoming purulent. Therefore, on analysing the whole poem of Suryavartham, it is evident that Yugi has clearly defined symptoms of both catarrhal inflammation of the nasal mucosa and frontonasal sinuses. "In chronic bacterial sinusitis, patients experience constant nasal congestion.

DISCUSSION

The study of Suryavartham will be helpful in systematising the diagnosis of Suryavartham through Sage Yugi's method of description of symptoms, which will help clinicians follow a typical line of treatment and adopt proper preventive measures. This suryavartham was classified by Yugi as a symptom rather than a disease (15). He named it based on the ascent of the symptoms. He also

emphasised that many changes were seen in the normal presentation of dasavayu as the symptom prognoses. These above-mentioned symptoms could well be compared with those presenting symptoms of frontoethmoidal sinusitis. Actually, sinusitis is directly compared to symptoms of peenism or mookadaipu in many Siddha Research articles (17). Yugi classified this peenism further into 9 subtypes. (17th)Detailed study of the disease suryavartham through the symptomatology mentioned in the Siddha literature will enable physicians to choose pertinent treatment from the wide range of medicines found scattered in the literature with indications of frontoethmoidal sinusitis with specific symptomatology groups. This could help physicians realise the immensity of the system.

CONCLUSION

The manifestations and signs disclosed in the Sage Yugi vaithiya Chinthamani literature are in close conformity with those of the frontoethmoidal sinusitis mentioned in the present contemporary system. Hence, similar correlations between various other Siddha disease terminologies and the ICD nomenclature may be required in the future in order to internationalize the traditional Siddha system of medicine.

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