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# REVIEW ON SAGE YUGI'S SYMPTOMATOLOGY ABOUT ARPUTHAVATHAN WITH MODERN SYMPTOMATOLOGY

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#### **ABSTRACT**

Siddha system of Medicine is a complete Holistic traditional medicine practiced all over Tamil Nadu since ancient days. Ancient Siddha Literatures mentioned the diseases as 4448. Sage Yugi has described 80 types of vatha diseases, Arputhavatham is one among the 80 types of vatha diseases mentioned by Sage Yugi in his text Yugi vaithya chindhamani. This vatha disease can be correlated with Facial tics in modern disease of classification. A facial tic is a repeated spasm, often involving the eyes and muscles of the face. The disorder occurs worldwide and affects about 0.1% to 1.0% of individuals in the general population. TICS occur more frequently in males than in females: a ratio of about 2 or 4 to 1. According to Brunn (1988) the onset is with facial tics in 66%, and with phonatory tic in 13% of cases. Tics rarely begin before the age of three years, usually manifesting between 5 to 15 years of age. By relating Ancient Siddha literatures with today there will be augmentation of knowledge of diagnosis and its treatment. This is an attempt to unravell the mystery that lies in the condition "Arputha vatham" one of the 85 types of Vaatha diseases which was propounded by Sage Yugi. This paper also parallely analyses the clinical correlation between Arputha vatham and Facial tics.

#### **KEYWORDS**

Siddha, Vatha diseases, Arputhavatham and Facial tics.

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#### INTRODUCTION

Tics is define as an Involuntary, compulsive, rapid, repetitive stereotyped movement or vocalization, experienced as irreresistible although it can be exacerbated by stress and diminished during sleep. A facial tic is a repeated spasm, often involving the eyes and muscles of the face. Facial tic is a psychogenic, it is the habit of shutting the eyelids, or blinking, distorting the mouth. The most frequently encountered facial tics are blinking,

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unilateral elevation of the corner of mouth and nasolabial fold. The common facial tic includes the condition hemifacial spasm, condition characterised by very rapid, abnormal contractions of one side of the face. Often the movements are provoked by eating, talking or whistling. Simple facial tics have a higher frequency. Tics involves abnormal habitual spasms may more selectively involve the facial musculature. Tics particularly affect the upper part of the body, especially the face, neck and shoulders. According to Brunn (1988) the onset is with facial tics in 66%, and with phonatory tic in 13% of cases. Tics are classified as motor vs. phonic and simple vs. complex. Motor tics are movement-based tics affecting discrete muscle groups. Phonic tics are involuntary sounds produced by moving air through the nose, mouth, or throat. Tics may be simple (using a single muscle group or meaningless sound) or complex (using many muscle groups or full words and sentences). Simple motor tics are repetitive streotyped movement involving isolated muscles of upper part of the body particularly the face and neck producing movements such as eye blinking, facial grimacing, shoulder shrugs. Sometimes a person will have one kind of tic like a facial grimacing. Complex motor tics involve slower, longer, and more purposeful movements like sustained looks, facial gestures etc.., Simple phonic tics are meaningless sounds or noises like throat clearing, coughing, sniffing, barking. Complex phonic tics may fall into various series (categories), including echolalia (repeating words just spoken by someone else), palilalia (repeating one's own previously spoken words), lexilalia (repeating words after reading them), and coprolalia (the spontaneous utterance of socially objectionable words or phrases). Tics may increase as a result of stress, fatigue, boredom, or highenergy emotions, which can include negative emotions, such as anxiety, but positive emotions as well, such as excitement or anticipation. Blocking tics are caused by either prolonged tonic or dystonic tic that interrupt ongoing motor activity such as speech<sup>1</sup>.

The signs and Symptoms of Arputhavatham mentioned in Sage Yugi's text may be correlated with Facial tics mentioned in modern disesease of classification. Detailed study of the Symptomatology of Arputhavatham on comparison with modern symptomatology will enable the physician to structure diagnostic pattern and to choose appropriate medicine for the treatment of Arputhavatham and there will be augmentation of knowledge of diagnosis and treatment.

### MATERIAL AND METHODS

The song of Arputhavatham mentioned in Yugi vaithya chindhamani text is as follows

"Theerkamaai sthrisangam pannum pothum Thitukkenave vaarthai kobitha pothum Ookama urathuthan padum pothum Unnumaval kachaaya paakku thaanum Aarkamaai thattiye kaditha pothum Azhagana muganthanil vaayu kobithu Thaarkamaai migasithari vaayum konum Saangamai arputha vatham thaname'' 12

The literature cited here was principally extracted from the Yugivaithya chinthamani. For the understanding and validation of the collected information, reputed journals and databases were referred. 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 a concise, but comprehensive review was made.

# PATHOLOGY OF ARPUTHAVATHAM - SIDDHA VIEW

#### **Bootham - 5 (Elements)**

1. Vaayu - Affected (increased vatha humour leads to distortion of mouth)

# **Kanmenthiriyam - 5 (Motor organs)**

1. Vaai (Mouth) - Affected (Distortion of mouth present while talking, chewing)

# Kosam - 5 (Five status of the human body or sheath)

1. Manomaya Kosam - Affected(anger, rebuke results in distortion of mouth)

2. Aananthamaya Kosam -Affected(Sexual intercourse for a longer time leading to distortion of mouth)

# Vaayu - 10 (Vital nerve force which is responsible for all kinds of movements)

- 1. Viyaanan (Paravu kaal) Affected (distortion of mouth present)
- 2. Samaanan (Nadu kaal) Affected ( Viyanan affected)
- 3. Devathathan Affected (anger present)

### **Thodam- 3 (Three Humours)**

Vali (Vatham) - Affected (increased vatha humour leading to distortion of mouth)

# **Gunam - 3 (Three Cosmic qualities)**

1. Thamogunam (Immoral Characters) - Immorality, lust, anger killing laziness, violation of justice, gluttony, false hood, forgetfulness, fraudulence

# Seven physical constituents of the body

1. Oon - Affected

#### Kaalam

Karkaalam, (Rainy season), (Aavani – Puratasi), (Aug 16 – Oct 15) - Vatham ↑↑, Pitham ↑, Kabam (--)
MudhuvenirKaalam, (Post summer), (Aani – Aadi),

(Jun 16 – Aug 15) - Vatham ↑, Kabam (--)

### Thinai

Neithal - Vatham

# DISCUSSION

The symptoms and signs mentioned in Sage Yugimuni literature about Arputhavatham are in close conformity with that of Facial tics mentioned in modern medical literature. On Understanding the above mentioned specific Siddha pathophysiology, a physician can diagnose with confidence and clarity, 'Facial tics' a neurological condition interpreted and elucidated from a type of vatha disorder called Arputhavatham. Detailed study of Symptomatology of Arputhavatham on comparison with modern symptomatology will enable the physician to structure diagnostic pattern and to choose appropriate medicine for the treatment of Arputhavatham and there will be augmentation of knowledge of diagnosis and treatment.

**Light from Lexicons** 

Light Holli Lexicons				
S.No	Symptomatology of Arputhavatham	Meanings From T.V.Sambasivam pillai dictionary		
1	Sthrisangam	Sexual intercourse (page no-1770, vol -3, TVS dictionary)		
2	Thittukenave	Shocked (page no – 414, pals dictionary)		
3	Kobithal	Anger. (Page no - 1728,vol- 2, TVS dictionary)		
4	Urathuthan	Striking (page no – 791, vol IV,part 1, TVS dictionay)		
5	Kaditha pothum	Biting (page no 64, vol 2, TVS dictionary)		
6	Vaayum konum	Distorted mouth (page no - 1287, vol-2, TVS dictionary)		

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# PARALLEL ANALYSIS OF ARPUTHAVATHAM AND FACIAL TICS

S.No	Arputhavatham	Facial tics
1	"Theerkamaai sthrisangam pannum pothum''	"Tics may increase as a result of stress, fatigue, boredom or high energy emotions — negative emotions such as anxiety, but positive emotions as well as excitement or anticipation" 2 "The greater frequency of tics in male suggests a possible role of testosterone or other sex hormones in development of tics" (Hyde and Weinberger, 1995)" 4 "Administration of androgen to adults has been reported to worsen tics (Leckman and Scahill) whereas blockade of androgen receptors has been shown to attenuate them" 5

S.No	Arputhavatham	Facial tics
1	"Thitukkenave vaarthai kobitha pothum"	"Tics may be triggered by a variety of emotional and physical stimuli (anxiety, anger, fatigue)" <sup>6</sup> "Tics may increase as a result of stress, fatigue, boredom, or highenergy emotions, which can include negative emotions." <sup>2</sup>
2	"Ookama urathuthan padum pothum"	"Low risk situations for tic onset are singing, speaking with friends, occupied, reading, typing etc,"
3	"Unnumaval kachaaya paakku thaanum"	"Most of the movement disorders occur spontaneously but others such as tics are triggered by specific events such as eating"  "The Common Facial tic includes the condition hemifacial spasm, a condition characterised by very rapid, abnormal contractions of one side of the face, Often the movements are provoked by eating, talking or Whistling"  "The main active component of Areca nut, the alkaloid arecoline, has potent cholinergic activity"  "A number of researchers propose that cholinergic agents may increase dopaminergic hyperactivity"  "Because of its CNS stimulating effects, betel nut is used in a manner similar to the western use of tobacco or caffeine."  "Caffeine may trigger an exacerbation of tics in some children, so they are advised to limit its consumption" 11

#### **CONCLUSION**

The condition 'Arputha vatham' described in Yugi's text can be clinically correlated with 'Facial tics' than any other disease in the modern disease of classification. This implicates the significance of Noi Naadal- way of approaching a disease and successfully treating it in Siddha way.

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#### CONFLICT OF INTEREST

We declare that we have no conflict of interest.

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