

ORIGINAL RESEARCH ARTICLE

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## DESCRIPTIVE STUDY ON TREATMENT OF MANJALKAMALAINOI (JAUNDICE) BY TRADITIONAL MEDICAL PRACTITIONERS IN PAPANASAM, TIRUNELVELI DISTRICT

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### ABSTRACT

There was effective poly herbal treatment for manjalkamalainoi which practiced by one generation Christian traditional medical practitioners in Papanasam in 4th generation level. They were learnt knowledge from their grandmother and followed as same way without any changing treatment package. Treatment had been given to all patients in all age groups and average 50 patients a day. In descriptive study as snap shot of the view study concluded as; only one prepared poly herbal fresh poultice in oral administration with large diet restrictions for 03 months. Dose of the fresh herbal poultice was changed by age of the patients and severity of disease condition. Fresh herbs collected from Karayar area and Papanasam and don't use any dry particles for treatment. Treatment package planned to 03 days, 05 days, 21 days and 90 days for all patients with their blood report. Treatment centre provided curd rice and banana to eat each visits of patients. Practitioners used poly herbal treatment, diet regiment and spiritual prayer with holy Rosary for each every patient in minimal charge for treatment cost. Patients were obtained treatment from various part of Tamil Nadu by equally distributed in monthly.

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### INTRODUCTION

The principles of siddha system it is a holistic approach. This system is treated should be oriented not merely to disease but should also take into account the patients; his Environment, sex, age, Habits, mental frame habit, diet and physical condition. Medicine has drawn richly from traditional cultures. The traditional Tamil system evolved with the development of mankind that is truly Indian in origin and the development is Siddha and Ayurvedha. Siddha system is practiced in the Tamil speaking areas of south India. Siddha systems approaches and analyses the ailments on the basis of the "Tiridhosa theory of disease" The dhasos or humours and vatham, pitham, kabam. The three humours are derived from "panchabootha" by the combination of five bhoothas. They are the fundamental principles of creation preservation and destructive in the universe.

The creative force in the physical body is known as vatham, the protective force is pitham and the destructive one is kabam. The tridosha theory is important point to be considered in health and disease. This tridhosa is causation of signs and symptoms is a great boom for Indian physicians for diagnosis and prognosis of disease. Siddha's narrated in detail the classification Etiology, Pathology, Pathogenesis, complications treatment and diet to be followed. Their aim is to have disease free physical and psychological make up to prevent illness and to bestow Immortality.

This illustrated in the verse.

One that cures physical ailment is medicine  
One that cures psychological ailment is medicine  
One that prevents ailment is medicine  
One that bestow immortality is medicine  
-Thirumantiram

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The disease MANJAL KAMALAI it is compared with modern medicine and its prognosis with our traditional medicine. The medicine is easily prepared from our homes. This is cheap and best and also safe. In Traditional Medical Practitioners trivial took part of health status of the country therefore they have their individual specialty of Traditional knowledge of medicines. In this aspect, *manjalkamalainoi* cured by specific traditional generation in Papanasam, Tirunelveli so many years. So many peoples around the world they consulted here and doing treatment for *manjalkamalainoi* now therefore I like to do the cross sectional descriptive snap shot research in there for my minor project and ill upgrade as major project in future. This is good to the society and particular TMP if there is qualitatively doing treatment for *manjalkamalainoi*.

## Objectives

### Primary

To study the epidemiology treatment of *manjalkamalainoi* in traditional medical practitioners in Papanasam, Tirunelveli.

### Secondary

- To find-out the traditional diagnostic method and treatment methods of *manjalkamalainoi*.
- To compare the rationale treatments of *manjalkamalainoi* according to Siddha texts.

## Literature Review

### Siddha aspect

#### Classifications

According to Yugivaidhachinthamani

- Vathakamalai
- Pithakamalai
- Kaphakamalai
- Vathakaphakamalai
- Pithakaphakamalai
- Mukkuttrakamalai
- Manjalkamalai
- AzhaguKamalai
- Sengamalakamalai
- 10.Kumbakamalai
- 11.Gunmakamalai
- 12.Oothukamalai
- 13.Varalkamalai.

According to Agasthiyar 2000

ManjalNoi is classified into 8 kinds they are,

- VathaKamalai
- PithaKamalai
- Silathumakamalai
- Pithasilathmakamalai
- VathasilathmaKamalai
- Sannibathakamalai
- Pithavathakamalai
- Sobaikamalai

The symptoms of each type, which are similar to the symptoms that are explained by Yugivaidhyachinthamani.

## According to vaidhyasarasangiragam

### Kamalai is classified into 5 types

- Varalkamalai
- Vathakamalai
- Pithakamalai
- Aiyyakamalai
- Manjalkamalai

According to Dhanvanthrivaidhyam – by Dr. S. Venkatarajan. Kamalai classified into 5 types they are,

- Vathakamalai.
- Pithakamalai
- Silathmakamalai
- Mukkuttrukamalai
- Kumbakamalai

Manjalkamalai is not described in Dhanvanthri

According to Roganirnayasaram (Roganithanam) by Dr. Mahadevapandithar. Kamalai classified into 13 types, as described in YugiVaidhyaChinthamani.

## Signs and symptoms of Manjalkamalai

According to Balavagadam

- Yellowish discolouration of the sclera, conjunctiva, tongue and urine.
- Pyrexia
- Vomiting
- Lethargy
- Anasarca
- Rhinorrhoea
- Abdominal pain
- Dropsy
- Anaemia
- Constipation

### Varal Kamalai

- Dark yellow coloration of the eye
- Lassitude
- Excessive thirst
- Dryness of the body.

According to Yogi vaidhyachinthamani

Prodromal signs and symptoms

- Pallor of the palm, sole, face and body
- Lassitude
- Shivering
- Dyspnoea
- Constipation
- Yellow coloration of the face
- Oedema
- Fatiguability

- Generalised tiredness
- Heaviness of the head.

### Signs and symptoms

- Yellow discoloration of urine
- Oedema
- Emaciation
- Yellowish discoloration of conjunctiva, mucosa under the tongue and face
- Glistening of face
- Anorexia
- Acute mental depression.
- Dyspnoea
- Loss of libido
- Constipation

### According to Agasthiyar – 2000

- Yellowcoloured urine
- Oedema of face and lower extremities
- Yellowishdiscolouration of the conjunctiva
- Loss of appetite
- Sweating over the face
- Pallor of the eyes
- Dyspnoea on exertion
- Dryness of the tongue and body
- Pallor of the body.

In Anubavavaidhya deva ragasiyam part IV – by Seetha ram prasath

He described Kamalai as in Jeeva Rakshamirtham

- Yellowishdiscolouration of the face, tongue and extremities
- Shining of the face
- Oedema.
- Aversion to food
- Lethargy,
- Loss of libido,
- Constipation

### Mukutttraverubadugal

Taking of Pithaporulgal in excessively which are having the taste of sour, salt and pungent, occupation wandering in the hot sun, sleeplessness during night etc. these activities vitiating the Pitham, then kabam is also deranged then these two thatus affects viyanan. It also affects blood. Liver, bile and produce jaundice.

### Diagnosis

Piniyarimuraimai means method to find out the disease this is based upon three main principles and Envagaithervugal

### The three main principle are

- Poriyalarithal
- Pulanalarithal
- Vinathal.

- Pori-five organs of perception. They are skin, tongue, eyes, nose and ears Pulan – functions of five senses, they are touch, taste, sight, smell, and sound.
- Examination of the pori and pulan of the patient by pori and pulan of the physician.
- Vinathal – asking question concerned with the disease to the patient or asking to his parents or relatives.

### In modern aspect;

### Viral Hepatitis -Hepatitis A (Infective Hepatitis)

Viral hepatitis A (HAV) accounts for about 150,000 of the 500,000-600,000 newcases of viral hepatitis that occur each year in the United States. The hepatitiscaused by HAV is an acute illness (acute viral hepatitis) that never becomeschronic. At one time, hepatitis A was referred to as "infectious hepatitis" because itcould be spread from person to person like other viral infections. Infection withhepatitis A virus can be spread through the ingestion of food or water, especiallywhere unsanitary conditions allow water or food to become contaminated by humanwaste containing hepatitis A (the fecal-oral mode of transmission). Hepatitis A typically is spread among household members and close contacts through thepassage of oral secretions (intimate kissing) or stool (poor hand washing). It also iscommon to have infection spread to customers in restaurants and among childrenand workers in day care centers if hand washing and sanitary precautions are notobserved.

**Hepatitis A:** Caused by the hepatitis A virus, Hepatitis A is often spreads becauseof poor personal hygiene habits, such as not washing hands after a bowelmovement. You can also get hepatitis A by eating foods or drinking beveragescontaminated with the virus. Hepatitis A is a common form of viral hepatitis in theUnited States This disease is responsible for serious health problems.

### Signs and Symptoms

- Loss of appetite
- Nausea
- Vomiting
- Fever
- Weakness
- Tiredness
- Aching in the abdomen

### Less common symptoms include

- Dark urine
- Light-colored stools
- Fever

**Jaundice** (a yellow appearance to the skin and white portion of the eyes)

Diagnosis of viral hepatitis is based on symptoms, physical findings as well asblood tests for liver enzymes, viral antibodies, and viral genetic materials.

### Clinical Features

- Jaundice by a fewdays to 2wks
- Chills, headache, malaise

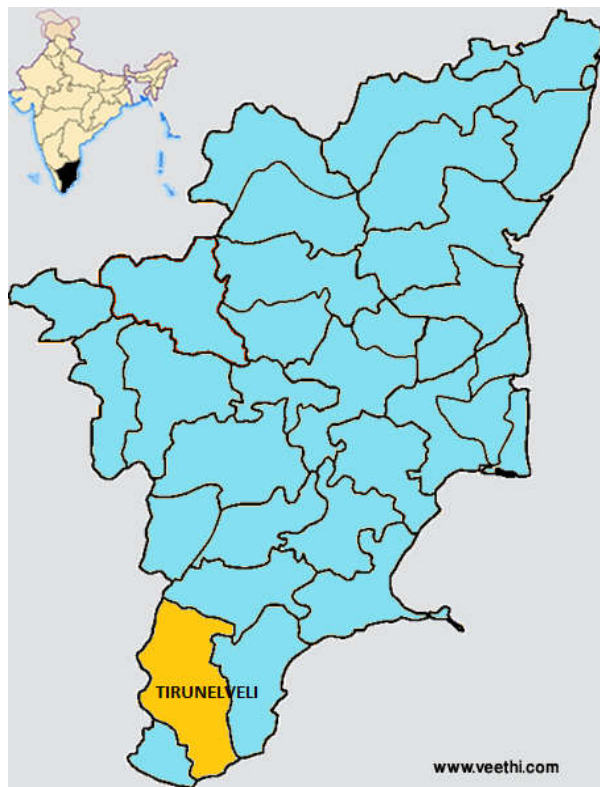


Figure 1. Tamilnadu map, India



Figure 2. Tamilnadu Talukas

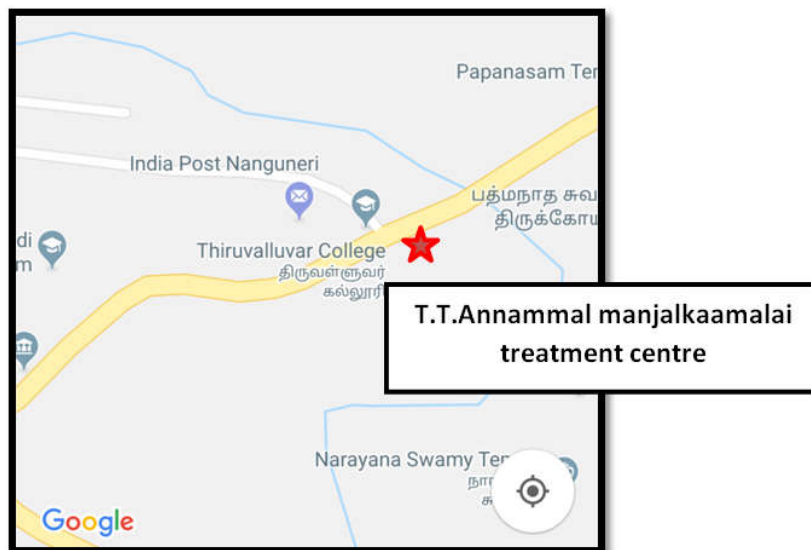


Figure 3. T. T. Annamaal Manjalkaamalai Treatment Centre Map

- Anorexia
- nausea
- vomiting
- Diarrhoea
- Abdominal pain
- Enlarged liver
- Enlarged cervical lymph nodes
- Splenomegaly in children
- Arthralgia
- Serum Sickness syndrome}
- Urticaria } -- in Hepatitis B infection
- Poly arthritis }
- Dark yellow urine
- Yellow tint to the sclera

**Investigations**

- Plasma Aminotransferase 400 U / L
- Plasma bilirubin
- Alkaline phosphatase 250 U / L
- Prothrombin time for liver damage

**Serological tests**

It can Identity Hepatitis Antigens.

**Complications**

- Fulminant hepatic failure
- Cholestatic hepatitis
- Hyper bilirubinemia (Gilbert's Syndrome)

- A plastic anaemia
- Connective tissue disease.
- Renal failure
- Chronic hepatitis
- Cirrhosis (Hepatitis B,C and D viruses)
- Hepato cellular carcinoma.

**MANAGEMENT:BED REST:** Should be continued until symptoms and signs have disappeared.

**DIET:** Glucose, Fruit drinks, Light diet, Good protein intake, Sugar cane Juice.

## MATERIALS AND METHODS

**Research Method:** Descriptive epidemiological study

**Study Period:** 04½ Months (May,2018 to Mid of September, 2018)

**Study Population:** This research work conducted in Observational Descriptive Study in Traditional Medical Practitioner's (TMP) Centre in Papanasam, Tirunelveli.

**Study Design:** Cross Sectional Descriptive Study by Collect the Primary data in TMP's Centre.

### Study Area

T.T.A. Annammaal – X- Josephine  
X. Antony Laser (Stephen)

Manjalkaamalaiparamparaivaidyasaalai, in front of the Thiruvalluvar College, Pothikaiyadi, Papanasam. Near byPapanasam government bus depot.

### Data collection

**Information collected:** The information will be collected from TMP's Centre.

**Data collection procedure:** Main investigator collect all data from traditional medical practitioner, TMP's Centre, Papanasam, Tirunelveli.

**Data analysis:** In research data analysis; including recoding of key exposure / outcome variables, indicators to be calculated for the descriptive analysis [e.g., measures of treatment plan of manjalkamalainoi frequency (prevalence, incidence), measures of central tendency (mean, median)].

**Quality assurance:** Following procedures are conducted in-time with good planning by chief investigator whole research work himself with time frame schedule.

- Protocol development
- Field procedures
- Data collection
- Data analysis

Practical considerations

### Logistics for data collection

Chief investigator arrangement for the data collection time schedule with TMP's Centre.

### Ethical issues

The study is to be carried out in primary data of traditional medical practitioners by direct interview, therefore don't need to IEC approval.

## RESULTS

In this research study got following results were;

- Treatment plan
- Diet restrictions
- Habitual restrictions
- Spiritual believes

**Table 1. Advises and diet regimen for all patients**

No.	Activities	Category
1.	Just after eating of drug should wash hand, legs and face and eat country banana with water or milk.	Habitual restrictions
2.	Should avoid bathing in First day of taking drug only that day. Following day bath with coconut oil application on head.	Habitual restrictions
3.	First three days; should eat cool not hot, salt free diet. Such as- salt free rice, string hoppers, milk, curd, butter milk and sugar for required amount. Eat country banana, red small onion.	Diet restriction
4.	In forth day; eat rice with small dhal (siruparuppu), tomato, ballari (small onion) mixed with small amount of salt. Don't roasted and if frying anything with coconut oil.	Diet restriction
5.	In before eating collect very small amount of all kind of curries mixed with rice keep in eating plate and end of eating throw out away from you.	Spiritual believes
6.	In fifth day; add salt, spices and sour. Fry use to coconut oil only.	Diet restriction
7.	Only vegetarian diet not non-vegetarian.	Diet restriction
8.	Add all kind of vegetables, fruits, coffee and tea from fifth day onwards.	Diet restriction
9.	Should take more small onion, country banana and cumin water.	Diet restriction
10.	Should avoid <i>Sesbaniagrandidiflora (agathi)</i> , bitter gourd ( <i>paagal</i> ).	Diet restriction
11.	Avoid any injection in first ten days.	Habitual restrictions
12.	Medicine intake for fever, headache & vomiting and especially NCD (Diabetes, BP and nervous disorders, etc.) medicine don't stop while treatment.	Habitual restrictions
13.	Believe to cure disease, If hungry is too much however revisit by 21 <sup>st</sup> day with test reports of urine & blood.	Diet restriction
14.	Salt free diet for first three days	Diet restriction
15.	Should be avoid alcohol for 90 days	Habitual restrictions
16.	Should be avoid Following; egg, fish, meats, oil sweets, sugar cane juices, coconut water, <i>Phyllanthusniruri</i> .	Diet restriction
17.	Should be avoid Following ; alcoholic beverages, smoking, sexual intercourse	Habitual restrictions
18.	Treated children's lactating mothers should keep all above diet restrictions.	Habitual restrictions
19.	Avoid to go to funeral houses for 04 days	Spiritual believes
20.	Take biscuits, Horlicks after 20 days	Diet restriction

Table 2. Summaries all Advises and diet regimen of practices.

Practices	No. of advises
Habitual restrictions	8
Spiritual believes	2
Diet restriction	11

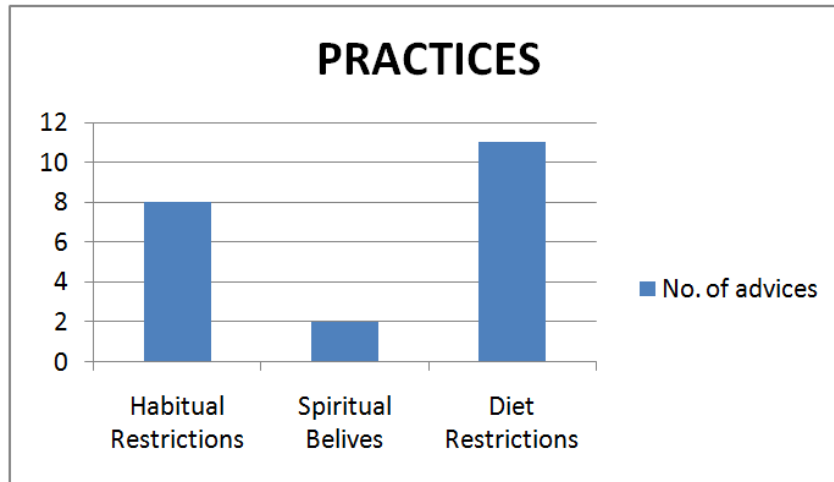


Chart 1. Advises and diet regimen of practices

Table 3. Patients who are living area distances from Treatment Centre

No.	Area	Distance from treatment centre
1	Senkottai	41km
2	Tenkasi	34km
3	Sivagiri	83km
4	Sankarankovil	69km
5	Virudhunagar	164km
6	Veerakeralamputhur	33km
7	Alankulam	30km
8	Thoothukudi	103km
9	Tirunelveli	44km
10	Palayamkottai	49km
11	Nagarcoil	105km
12	Kanniyakumari	108km

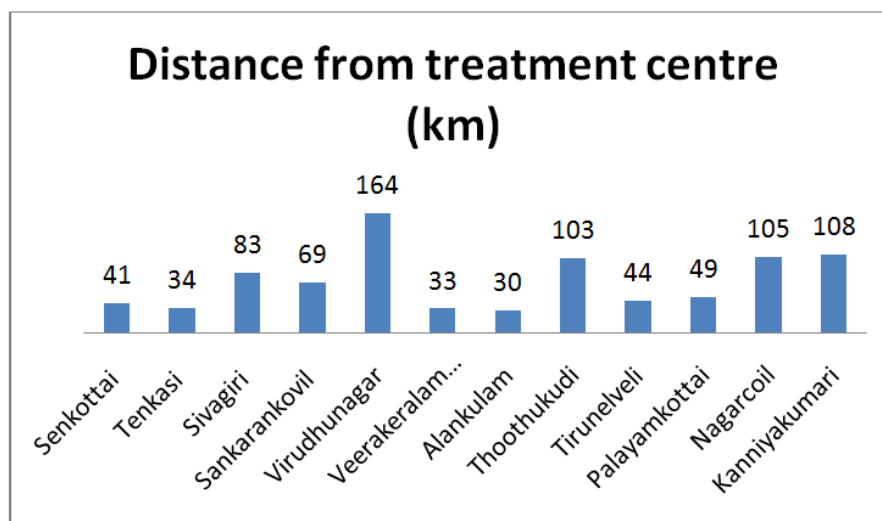


Chart 2. Patients who obtained from treatment for manjal kaamalainoi from various distance to treatment Centre

### Drug Administration

- First day second dose of drug in night time after 02 hours of dinner with milk or country banana.
- Following day morning dose should take after bathing before meals with milk.

Patients get from various distances (around Tirunelveli district) for treatment to Traditional Treatment Centre, Papanasam. Such as; Vikramasingepuram, Ambai, Kadayam, Kallidaikuruchi, Serai, Melapalayam, Sri Vaikundam,



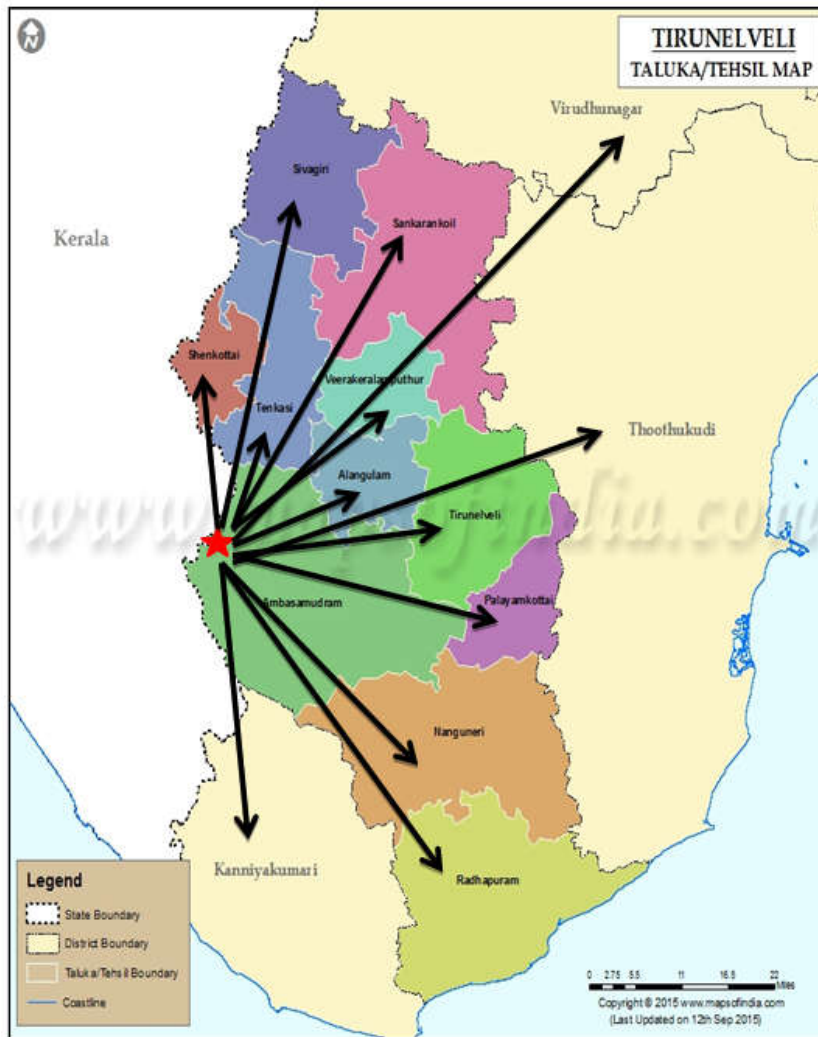


Figure 4. Distance of Patient to get treatment for *manjalkaamalanooi*.



Figure 5. "T. T. Annammal *manjalkaamalai* Treatment Centre", Papanasam, Tirunelveli Dt.

Sivakalai, Thiruchendur, Thenkasi, Senkottai, Kadayannallur, Puliyankudi, Rajapalayam, Sriviliputhur, Palayamkottai, Nanguneri, Valliyur, Nagarcoil, etc.

## DISCUSSION AND CONCLUSION

Expected benefits were this study the epidemiology, manifestations and treatment of *manjalkamalainoi* in traditional medical practitioners in Papanasam, Tirunelveli and find-out the traditional diagnostic method and treatment methods of *manjalkamalainoi*. Outcome of this research work is comparing the rationale treatments of *manjalkamalainoi* according to Siddha texts and Documentation and explore the traditional treatment schedule for *manjalkamalainoi* to the public. According to the result; Poly herbal formula only practices for treating *manjalkamalainoi* in Tirunelveli district by 4<sup>th</sup> generation traditional medical practitioners. In findings; don't using of minerals & metals and dry herbs for treatment package. Only fresh herbal parts were used for medicines. Each patient was strictly advised to keep diet regimes and habitual restrictions and spiritual believes for whole 90 days in full treatment package.

**Practices as;** Habitual restrictions- 8, Spiritual believes – 2, Diet restriction - 11 advices were listed in this research.

According to patient residence's distance from treatment centre was showed as viruthunagar is too far and most of the people get treatment from Senkottai, Tenkasi, Ambasamuthram, Alankulam, Veerakeralamputhur and Tirunelveli. In this descriptive study as snap shot of the view study concluded as; only one prepared poly herbal fresh poultice in oral administration with large diet restrictions for 03 months. Dose of the fresh herbal poultice was changed by age of the patients and severity of disease condition. Fresh herbs collected from *Karayar* area and Papanasam and don't use any dry particles for treatment. Treatment package planned to 03 days, 05 days, 21 days and 90 days for all patients with their blood report. Treatment centre provided curd rice and banana to eat each visits of patients. Practitioners used poly herbal treatment, diet regiment and spiritual prayer with holy Rosary for each every patient in minimal charge for treatment cost. Patients were obtained treatment from various part of Tamil Nadu by equally distributed in monthly. This treatment is in evidence basis practices but not in scientific evidences.

Therefore this treatment package in under go with modern scientific clinical trial and form as standard treatment protocol for *manjalkamalainoi* and exposure toward to practice to GCP and globalization in future expectation.

## REFERENCES

- Ambika Shanmugam, Fundamentals of Biochemistry for medical students, 2010
- Davidson's, Medicine- Principles and practice of medicine, published 2012.
- Durairajan, C, Noi Ella Neri, Thamarai Noolagam, 2007. Jeevarakshamirtham – Subramaniapandithar, thaamarainoolagam, 2000.
- Kuppusamy. KN, Siddha Maruthuvam (Pothu), Indian Medicine & Homoeopathy Department, Chennai – 600 106, reprint of first edition – 2012, pages- 362-379.
- Kuppuswamy mudaliyar, Siddha Maruthuvam, Ratnayakar & Sons, 2009.
- Murugesu Mudaliyar, Gunapadam Mooligai Vaguppu, Indian Medicine & Homoeopathy Department, Chennai – 600 106, reprint of first edition – 2012.
- Prema, Agathiyar vaidyachindamanivenba, Saraswathimahal, thanjavur, 2009.
- Sambasivampillai TV – Tamil –English Dictionary, Indian Medicine & Homoeopathy Department, Chennai – 600 106, reprint of first edition – 2012
- Saratha Subhramaniam, Text book of human physiology.
- Shanmugavelu, M., NoiNadal, NoimudalNadal part I & II, Indian Medicine & Homoeopathy Department, Chennai – 600 106, reprint of first edition – 2012
- Singaravelumudaliyar, Abithanasinthamani.
- Swamy, S. P, Agathiyar Gunavagadam, Thaamarai Noolagam, 2006
- Thiyagarajan, Yugivaidhya Chinthamani, Thamarainoolagam, 2010
- Uthamarayan KS, Siddha Maruthuvangachurukkam, Indian Medicine & Homoeopathy Department, Chennai – 600 106, reprint of second edition – 2010
- Venkatarajan, S, Agathiyar 2000, Saraswathi Mahal Tanjavore.
- Venkatarajan, S, Dhanvandharivaidyam, Thaamarai Noolagam, 2005

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