



Research Article

YUGI'S CONCEPT OF GUNMAM PATIENTS REPORTING AT AYOTHIDOSS PANDITHAR HOSPITAL, NATIONAL INSTITUTE OF SIDDHA (NIS) - A CROSS SECTIONAL STUDY

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ABSTRACT

According to Siddha system of medicine disease are numbered as 4448. One among them is *Gunmam*. Severe pain in the abdomen occurs as one of the symptoms and this makes the patient to bend forward in order to get relief from pain and hence the name is mentioned as *Gunmam*. As per sage Yugi, *Gunmam* is further classified into 8 types. The human body runs on the basis of *Vatham*, *Pitham*, *Kabam* and due to changes in the equilibrium of *tri-dosha* mankind acquires disease. As per *Theraiyar* *Gunmam* occurs due to vitiation of *Vali thathu*. Common symptoms of *Gunmam* are indigestion, vomiting, abdominal pain, abdominal distension, decrease body weight, loss of confidence. The signs and symptoms of *Gunmam* can be correlated to Acid Peptic Disease (APD). This study was undertaken to assess the incidence of different types of *Gunmam* patients reporting at OPD of Ayothidoss Pandithar Hospital. This is hospital based cross sectional study conducted in Ayothidoss Pandithar Hospital between months of May 2019 and July 2019. The study was given ethical approval by institutional Ethics Committee. The study included the completion of questionnaire which focuses on symptoms of eight types of *Gunmam*, *thega ilakkanam*, behavioural risk factors for *Gunmam* and physical measurements from randomly selected patients reporting to the OPD. Using Systematic random sampling method, 250 patients were selected from the OPD of Ayothidoss Pandithar Hospital. Statistical analysis was done using SPSS software. Among 250 *Gunmam* patients, 33.2% of subjects are *Pitha thegi*, 32.8% of subjects are *Eri gunmam*.

KEYWORDS: *Gunmam*, *Theraiyar*, *Eri Gunmam*, *Thegi*, *Vali Thathu*.

INTRODUCTION

According to Siddha system of medicine the diseases are numbered as 4448. For all these diseases they have given clearly the etiology, symptom, pathology, diagnosis, treatment and diet restriction, which show the knowledge about disease and treatment. Out of these 4448 disease one among them is *Gunmam*.

The evidence of the disease *Gunmam* is derived from "*Yugi vaidhya chinthamani-800*"

As per sage Yugi, *Gunmam* is further classified into eight types:

1. *Vatha Gunmam*
2. *Pitha Gunmam*
3. *Iya Gunmam*
4. *Mukutra (sanni) Gunmam*
5. *Vaayu Gunmam*
6. *Vali Gunmam*
7. *Sathi (vaanthi) Gunmam*
8. *Eri Gunmam*

Severe pain in the abdomen occurs as one of the symptoms and this makes the patient to bend forward in order to get relief from pain hence the name is mentioned as *Gunmam*.

Gunmam is the generic name for Acid Peptic Disease, pertaining to stomach, characterized by indigestion, epigastric pain, gastric eructation, nausea and vomiting, etc.,

The disease not only affects the physical health of a person but also affects the mental health. The characteristic excruciating pain in the abdomen drives one to the extent of committing suicide. In short *Gunmam* means reduced state of metabolic and mental activities.

As per *Theraiyar*,

"*தொடர் வாத பந்தமலாது குன்மம் வராது*"

Gunmam occurs due to the vitiation of *Vali thathu*.

When the *Vayu* permanently accumulates in the intestine it impairs the *Pitha* and *Kaba Kutram* leading to *Gunmam*.

Yugi describes two main causes for the onset of *Gunmam*

1. *Seiyalmaarupadugal* (personal habits)
2. *Manamaarupadugal* (mental status)

Seiyalmaarupadugal (personal habits) refers to excessive intake of astringent foods, tubers, spicy foods, tolerance of hunger, excessive anger.

Manamaarupadugal (mental status) refers to increased anger, disobedience of teacher, mental depression.

Other causes for the onset of *gunmam* are:

1. Consumption of very hot food stuffs.
2. Gastritis inducing food stuffs.
3. Water mixed with lime stone.
4. high consumption of coconut milk
5. Stress
6. Starvation
7. Insomnia

The aim of the study is to evaluate the different types of *Gunmam* as per Yugi's concept.

MATERIALS AND METHODS

Table 1: Distribution of sample subjects reporting at OPD of Ayothidoss pandithar hospital, National Institute of Siddha according to gender

Gender	Number of Patients	Percentage
Male	147	58.8%
Female	103	41.2%

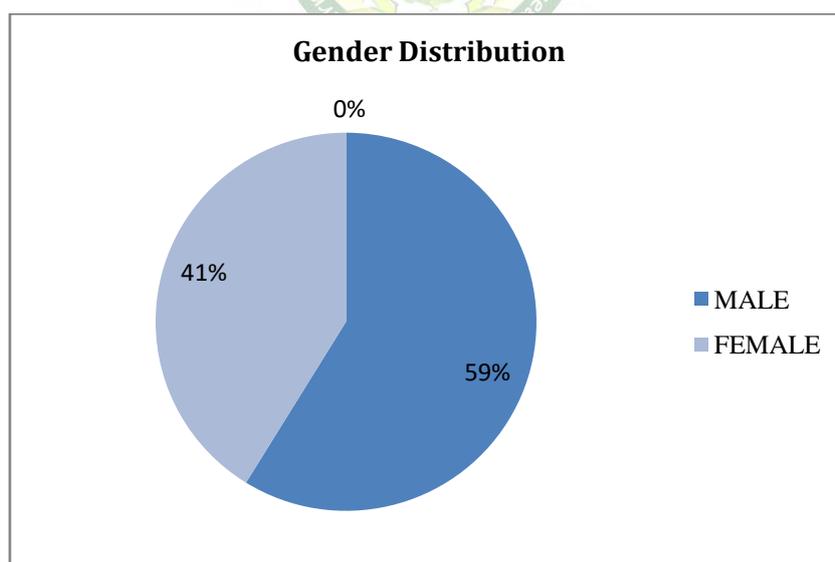


Fig 1: The study population comprises 147 (58.8%) Male and 103 (41.2%) Female

Table 2: Distribution of sample subjects reporting at OPD of Ayothidoss pandithar hospital, National Institute of Siddha according to marital status

Marital status	Total number of patients	Percentage
Married	217	86.8%
Unmarried	33	13.2%

Sampling

A hospital based cross sectional study was conducted between May 2019 and July 2019. Two hundred and fifty (250) participants had symptoms of *Gunmam* between age groups 16 to 60 years were selected from OPD of Ayothidoss Pandithar Hospital, National Institute of Siddha. The study was approved by Institutional Ethical Committee, National Institute of Siddha. (IEC No.NIS/IEC/2019/M-5)

Socio Demographic Data

Information on demographic and clinical characteristics such as age, gender, occupation, food habit, smoking and alcohol consumption, type of water intake, BMI, *Naadi*, sleep pattern, *Thega Ilakkanam* and clinical symptoms for 8 types of *Gunmam* were collected by using a questionnaire.

Statistical Analysis

The statistical software statistical product and service solutions (SPSS) used for the analysis of the data and Microsoft Word and Excel will be used to generate graphs and tables.

RESULTS

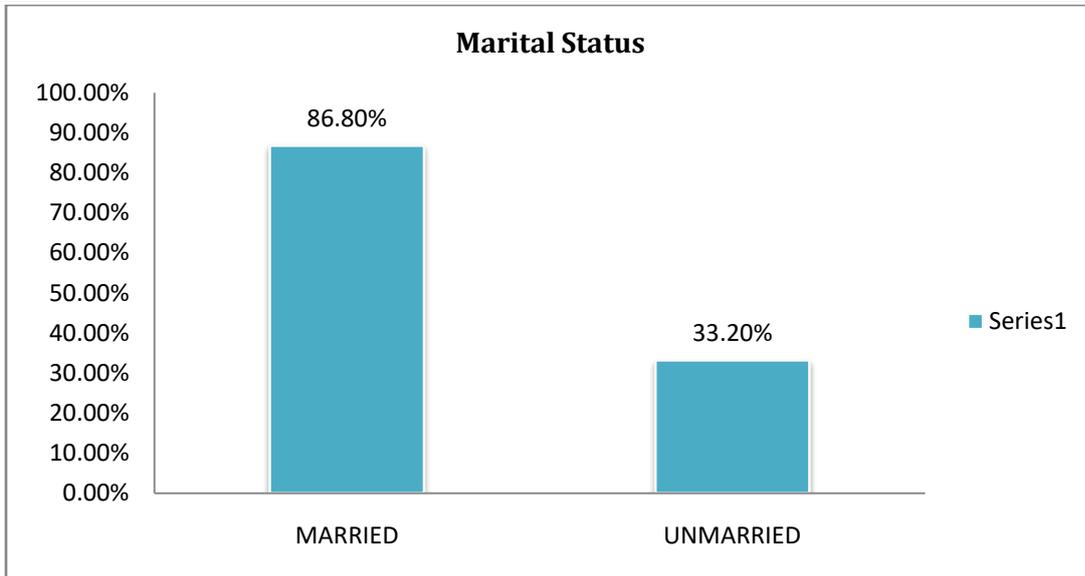


Fig 2: 86.8% of individuals are married, 33.2% of individuals are unmarried

Table 3: Distribution of sample subjects reporting at OPD of Ayothidoss pandithar hospital, National Institute of Siddha according to occupation

Occupation	Number of Patients	Percentage
Home maker	83	33.2%
Teacher	13	5.2%
Sweeper	0	0%
Mason	1	0.4%
Skilled worker	46	18.4%
Driver	15	6.0%
Farmer	13	5.2%
Wage labour	50	20.0%
Student	14	5.6%
Others	15	6.0%

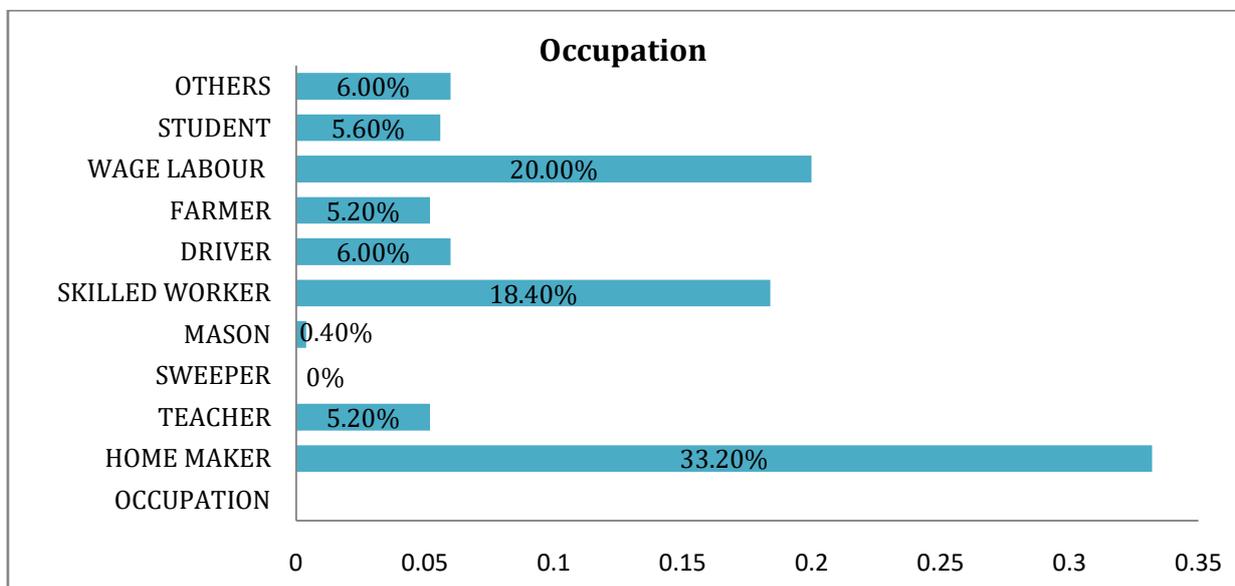


Fig 3: Among female most of them were home maker (33.20%), among male wage labour (20.0%) and skilled workers (18.40%) are more prone to Gunmam

Table 4: Distribution of sample subjects reporting at OPD of Ayothidoss pandithar hospital, National Institute of Siddha according to food habit

Food habit	Total Number of Patients	Percentage
Vegetarian	26	10.4
Non vegetarian	224	89.6

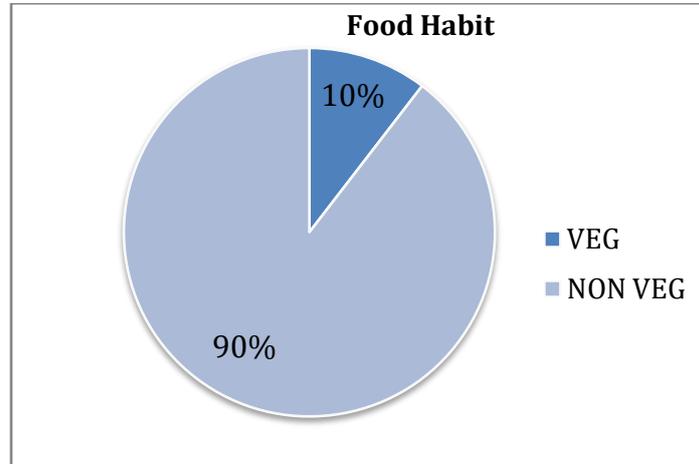


Fig 4: 89.6% of individuals were consuming non vegetarian diet and 10.4% of individuals were consuming vegetarian diet

Table 5: Distribution of sample subjects reporting at OPD of Ayothidoss pandithar hospital, National Institute of Siddha according to untimely eating habit

Untimely Eating Habit	Total Number of Patients	Percentage
Yes	168	67.2%
No	82	32.8%

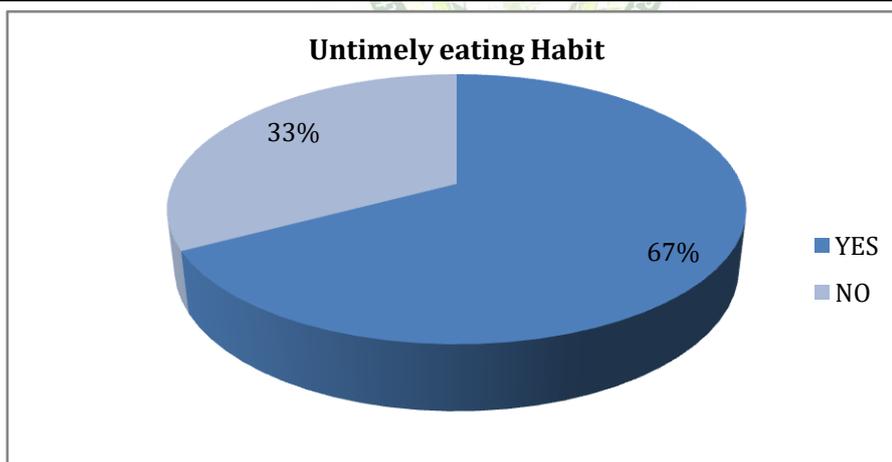


Fig 5: 67.2% of individuals had untimely eating habit only 32.8% of individuals had timely eating habit

Table 6: Distribution of sample subjects reporting at OPD of Ayothidoss pandithar hospital, National Institute of Siddha according to smoking habit

Smoking habit	Total number of patients	Percentage
Yes	16	6.4
No	23	93.6

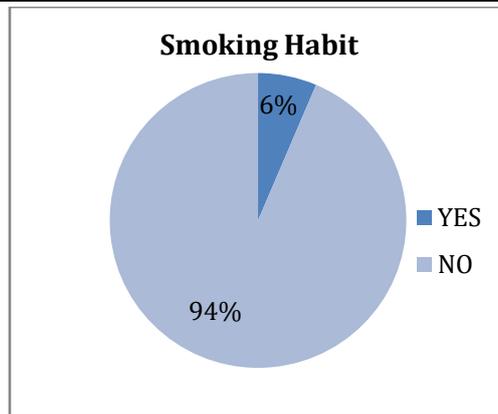


Fig 6: 6.4% of individuals had a habit of smoking

Table 7: Distribution of sample subjects reporting at OPD of Ayothidoss pandithar hospital, National Institute of Siddha according to alcohol intake

Alcohol intake	Total number of patients	Percentage
Yes	40	16%
No	210	84%

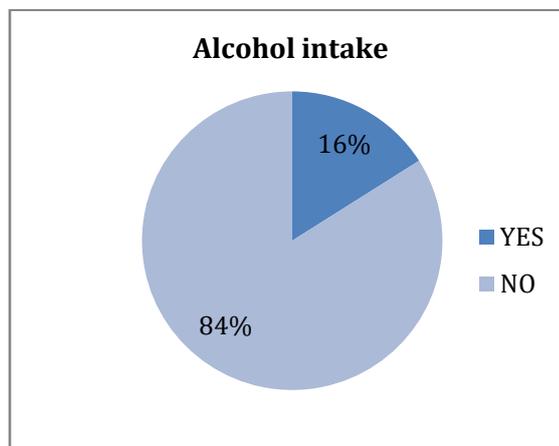


Fig 7: 16.4 % of individuals had a habit of alcohol intake

Table 8: Distribution of sample subjects reporting at OPD of Ayothidoss pandithar hospital, National Institute of Siddha according to intake of junk foods

Intake of Junk Foods	Total Number of Patients	Percentage
Regular	71	28.4%
Occasional	179	71.6%

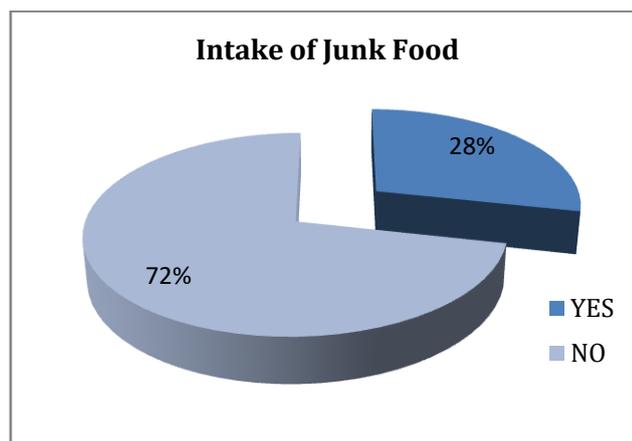


Fig 8: Only 28.4% of individuals had taken junk foods regularly, 71.6% of individuals had taken junk foods occasionally.

Table 9: Distribution of sample subjects reporting at OPD of Ayothidoss pandithar hospital, National Institute of Siddha according to type of water

Type of Water	Total Number of Patients	Percentage
River	0	0%
Mineral	169	67.6%
Well	33	13.2%
Boiled water	3	1.2%
Ro water	45	18.0

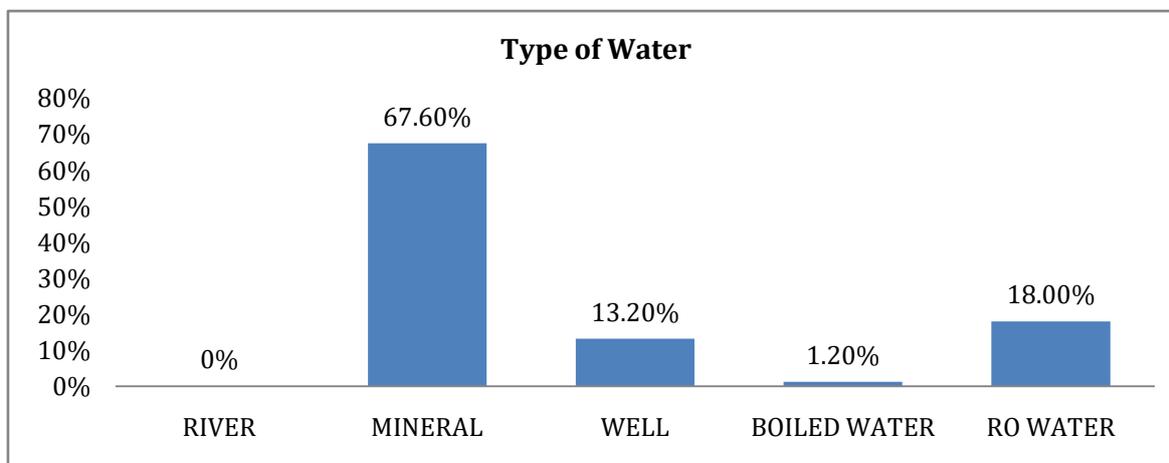


Fig 9: 67.6% of individuals had taken mineral water

Table 10: Distribution of sample subjects reporting at OPD of Ayothidoss pandithar hospital, National Institute of Siddha according to Naadi

Naadi	Total Number of Patients	Percentage
Vatham	50	20.0%
Pitham	53	21.2%
Kabam	3	1.2%
Vatha Pitham	34	13.6%
Vatha Kabam	31	12.4%
Pithavatham	51	20.4%
Pitha Kabam	24	9.6%
Kaba Vatham	3	1.2%
Kaba Pitham	1	0.4%

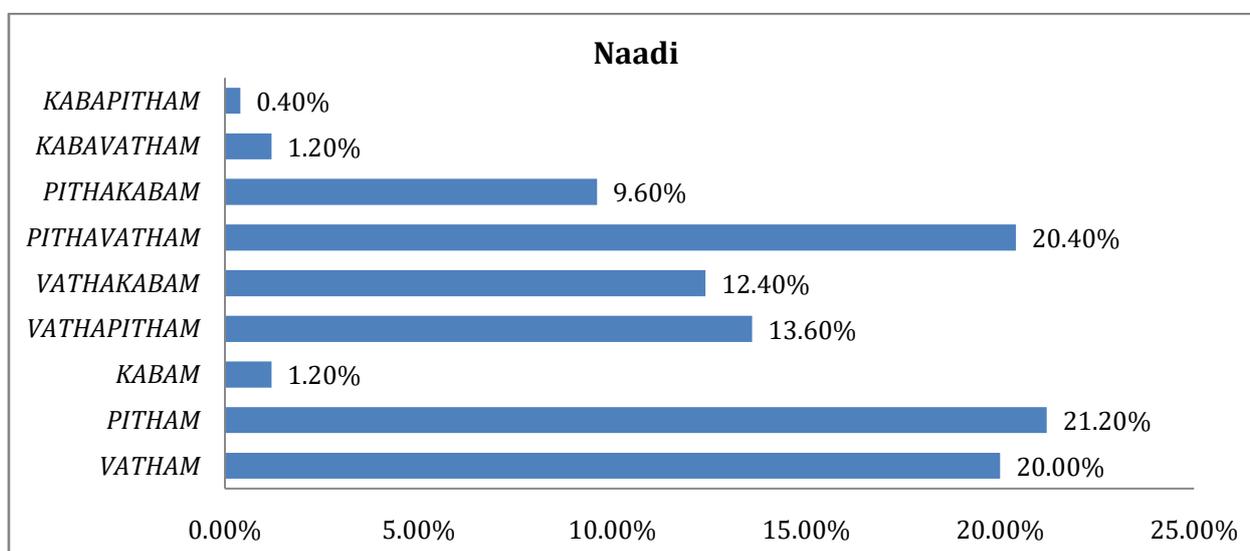


Fig 10: Pitha naadi (21.2%) had high risk of having Gunmam, while Kabapitha naadi (0.4%) had low risk of having Gunmam

Table 11: Distribution of sample subjects reporting at OPD of Ayothidoss pandithar hospital, National Institute of Siddha according to BMI

BMI	Total Number of Subjects	Percentage
Very Severely Under Weight	1	0.4%
Severely Under Weight	2	1.2%
Under Weight	7	4.0%
Normal	160	64%
Over weight	75	30%
Obese Class I	2	0.8%
Obese Class II	3	1.2%
Obese Class III	0	0%

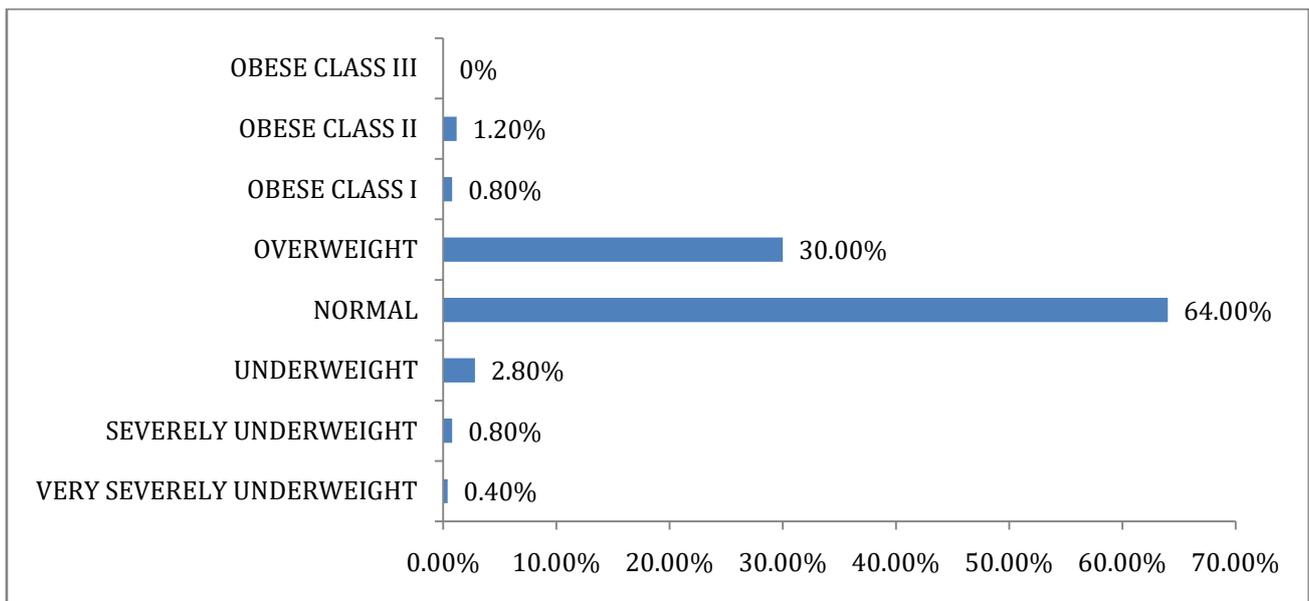


Fig.11: 64% of individuals had normal BMI

Table 12: Distribution of sample subjects reporting at OPD of Ayothidoss Pandithar Hospital, National Institute of Siddha according to sleep Pattern

Sleep Pattern	Total Number of Subjects	Percentage
Regular	93	37.2%
Irregular	157	62.8%

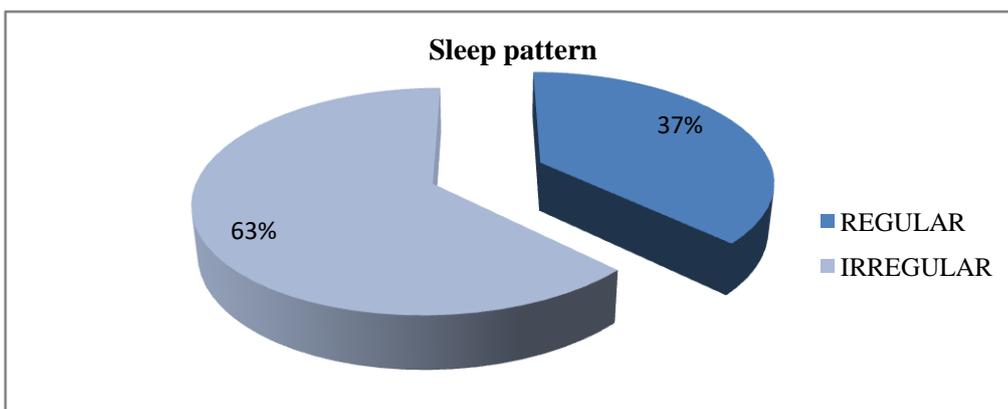


Fig 12: Another significant factor for Gunmam are sleep pattern, only 37.2% of individuals had regular sleep pattern and 62.8% of individuals had irregular sleep pattern

Table 13: Distribution of sample subjects reporting at OPD of Ayothidoss pandithar hospital, National Institute of Siddha according to *Thega ilakkanam*

<i>Naadi</i>	Total number of Patients	Percentage
<i>Vatha Thegi</i>	39	15.6%
<i>Pitha Thegi</i>	83	33.2%
<i>Kaba Thegi</i>	11	4.4%
<i>Vatha Pitha Thegi</i>	33	13.2%
<i>Vatha Kaba Thegi</i>	3	1.2%
<i>Pithavatha Thegi</i>	22	8.8%
<i>Pitha Kaba Thegi</i>	45	18.0%
<i>Kaba Vatha Thegi</i>	1	0.4%
<i>Kaba Pitha Thegi</i>	13	5.2%

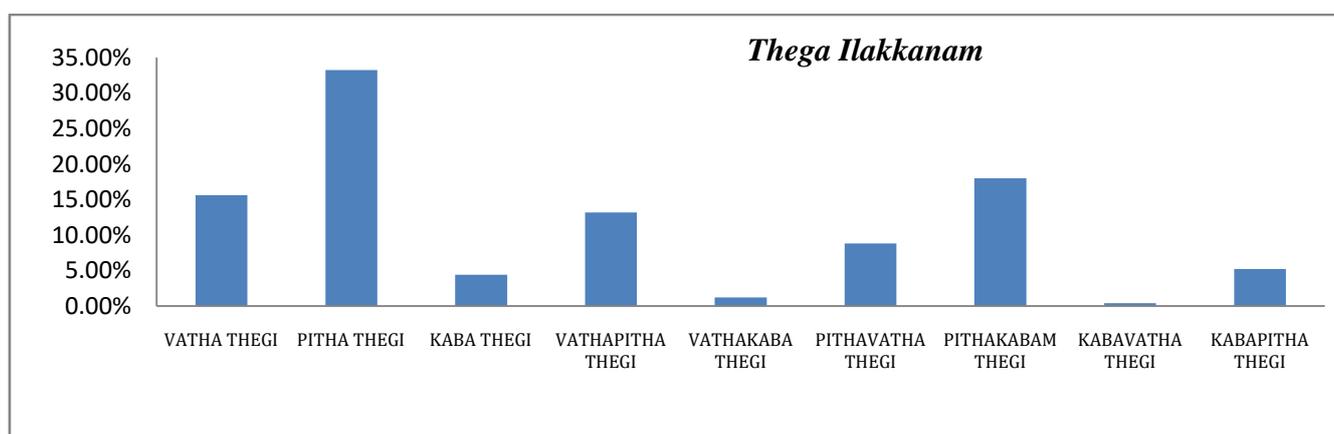


Fig 13: *Pitha thegi* (33.2) has high risk of having *Gunmam*, while *Kabavatha Thegi* (0.4%) has low risk of having *Gunmam*.

Table 14: Distribution of sample subjects reporting at OPD of Ayothidoss pandithar hospital, National Institute of Siddha according to type of *Gunmam*

Type of <i>Gunmam</i>	Total Number of Subjects	Percentage
<i>Vatha Gunmam</i>	48	19.2%
<i>Pitha Gunmam</i>	37	14.8%
<i>Iya Gunmam</i>	0	0%
<i>Mukutra Sanni Gunmam</i>	0	0%
<i>Kaal(Vaayu Gunmam)</i>	70	28.0%
<i>Eri Gunmam</i>	82	32.8%
<i>Vaanthi Gunmam</i>	0	0%
<i>Vali Gunmam</i>	13	5.2%

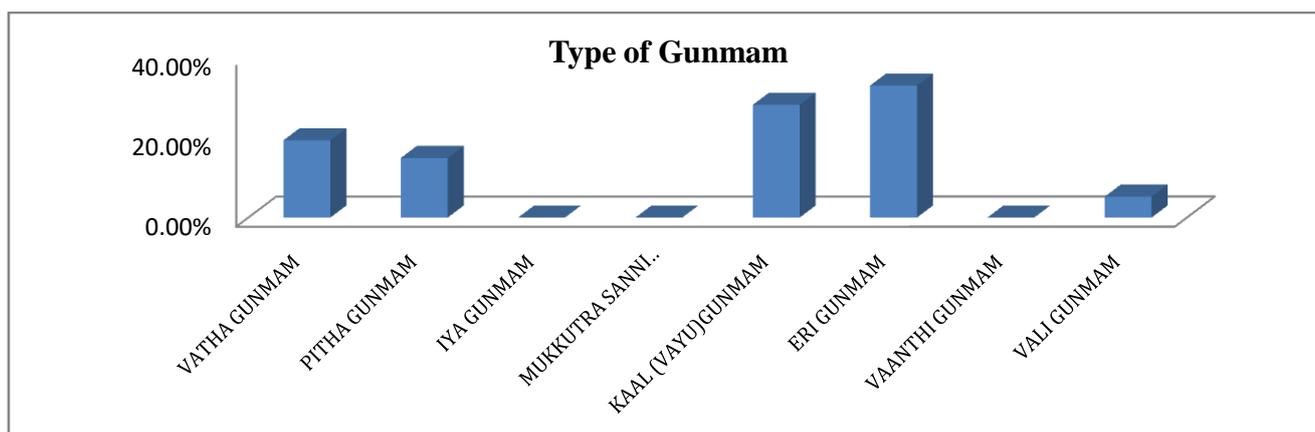


Fig 14: In the study *Eri Gunmam* is the more prevalence 82(32.8%), *Kaal (vayu) gunmam* is 70 (28.0%), *Vatha gunmam* is 48 (19.2%), *pitha gunmam* is 37 (14.8%), and the least prevalence is *Vali gunmam* 13 (5.2%)

In the study Statistical significance was observed in Food habit (<0.039), untimely eating habit (<0.011), *Thegi* (<0.003). Hence the prevalence of *Gunmam* was significantly associated with food habit, untimely eating habit, and *Thega ilakkanam*.

DISCUSSION

Male (55.1%) had high prevalence of Acid Peptic Disease compared to females (44.9%)^[3], other factors commonly found responsible for Acid Peptic Disease are habitual factors in day to day life. These can be habit of consumption of tea, alcohol, coffee, unjustified use and habit of taking pain killers like NSAIDS. All these risk factors are thought to be associated with increased incidence of Acid Peptic Disease.

Alcoholics were significantly associated with Acid Peptic Disease, coffee intake was not associated with APD, but tea intake is significantly associated with APD^[3] but in this study author did not find a strong association between smoking and APD.

Over weight and obesity was not found to be associated with APD.^[3]

Prevalence of Acid Peptic Disease was high in those having habit of smoking, habit of alcohol intake, habit of skipping the breakfast they found that the risk of APD.^[5]

In the study found that smokers were 3.8 times more at risk of developing APD than non smokers.^[6]

In the study heavy drinking was the most powerful risk factor for the presence of symptoms in patients with APD.^[4]

CONCLUSION

Statistical significance was observed in Food habit (<0.039), untimely eating habit (<0.011), *Thega ilakkanam* (<0.003) *Pitha thegi* are more prone to *Gunmam*. Hence the prevalence of *Gunmam* was significantly associated with food habit, untimely eating habit, and *Thega ilakkanam*.

Intake of alcohol, habit of smoking, irregular sleep pattern are also strongest risk factors for *Gunmam*. Hence the symptoms of *Gunmam* can be managed by changing their life style habits.

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