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## PARALLELL ANALYSIS OF ASEERANA PITHAM IN SIDDHA LITERATURE WITH GASTRITIS - A REVIEW

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### ABSTRACT

Siddha medicine is one of the most ancient medical systems belonging to ancient Tamils/Draavidians of South India. This system of medicine was developed by the 18 Sages called “Siddhars” who have attained perfection through yogic practices with a life goal to attain immortality. These Siddhars have inscribed innumerable manuscripts in palm leaves for the propagation of knowledge and spirituality. They included materiamedica of raw materials (Gunapaadam Mooligai, Thaathu, Seevavaguppu), Medicinal formulations (Maruthuvam), pathologic basis of disease (NoiNadal Noimudhal Nadal) and its various preventive and therapeutic measures (Noiilla Neri). The basis of Siddha pathology rely on the Trihumoural theory of Vatham (Air component), Pitham (Fire component) and Kabam (Water component). It is the present need of the hour to scientifically validate the Siddha pathology in terms of conventional present day medical terms for the global recognition of this traditional system. Hence this review showcases the analogy between Aseeranapitham is presented by Sage Yugiand gastritis as the signs and symptoms of both parallel with each other. Many such Patients visit National Institute of Siddha with the symptoms of Aseeranapitham as mentioned in the literature. The study was aimed at evolving a set of exclusive Siddha diagnostic methods for Aseeranapitham and to correlate the symptoms of Aseeranapitham with that of closely resembling condition of Gastritis in modern medical literature.

**Keywords:** Aseerana Pitham, Gastritis, Siddha, Burning sensation, Pitha disease

## INTRODUCTION

Among them *Aseeranapitham* is one among the 4448 diseases as numbered by the Siddha Literature on disease pathology. According to Sage Yugi, diseases that are caused due to altered *Pitham* (alteration in fire component) are 40 types among which *Aseeranapitham* presents more of a gastrointestinal disorder and has been chosen for this study. The signs and symptoms of the disease *Aseeranapitham* mentioned in Siddha literature more or less draw parallel with that of symptoms of Gastritis in Modern classification of diseases.

In modern system of medicine Gastritis (*Asseanapitham*) is defined as inflammation of the gastric mucosal lining caused by an infection (*Helicobacter pylori*), autoimmune conditions (atrophic gastritis), stress, alcohol and nonsteroidal anti-inflammatory drugs. Gastritis affects a large proportion of population, accounting for millions of visits to primary care physicians each year. More than 120 million Indians suffer from at least one episode of acute gastritis every year. The prevalence of chronic gastritis and *H. pylori* induced gastritis is very common in developing countries with *H. pylori* being 69% in Africa, 51% in Asia and 78% in South America. Autoimmune gastritis occurs approximately 2% to 5%.

The current classification of gastritis centers on time course (acute versus chronic), histological features, anatomic distribution, and underlying pathological mechanisms. Acute gastritis will evolve to chronic, if not treated [1]

Acute gastritis may be caused by excessive intake of alcohol, ingestion of irritating drugs,

food poisoning, and infectious diseases. The chief symptoms are severe upper-abdominal pain, nausea, vomiting, loss of appetite, thirst, and diarrhoea. The illness develops suddenly and subsides rapidly. The only treatment necessary is temporary avoidance of food, followed by a nonirritating diet, sedatives, and antispasmodics; rarely, fluids by intravenous injection may be required. The ingestion of corrosives (acids, alkalies) causes a severe chemical gastritis, necessitating immediate emptying and thorough washing of the stomach. The symptoms of Chronic gastritis The symptoms are indefinite and often resemble those of functional digestive disorders. The symptoms may include discomfort, fullness or pain in the upper abdomen, and poor appetite. The treatment for chronic gastritis depends on its cause; antacids will usually eliminate symptoms and promote healing. The determination of the acute or chronic state of the disease occurs from the evaluation of the type of inflammatory infiltrate, the acute state is related to the presence of neutrophils in the mucosa in the other hand the chronic state is related to a predominance of macrophages, lymphocytes and plasma cells. The diagnosis can be made based on the clinical evaluation of the patient, serological tests, endoscopic examination and the histopathological evaluation of the gastric tissue, which represents a great relevance in the differentiation of the atrophic and non-atrophic forms of the disease[2]. In modern medicine, antibiotics, Proton pump inhibitors like omeprazole, Histamine blockers (H-2) like

ranitidine and cimetidine are used to treat chronic gastritis caused by *H. pylori* infection. Chronic gastritis caused by pernicious anaemia is treated with vitamin B12. Irritating drugs that cause the disease are discontinued [3][4].

#### **.Siddha literature review on Pitham (Azhal/Thee)**

The natural shape of *pitham* is atomic. It is sharp and hot. The ghee becomes watery, salt crystalizes and jaggery melt because of heat. The heat of *Pitham* is responsible for many actions and their reaction. According to T.V Sambasivampillai, the *Pitham*, It extends from navel to neck to produce the body. It is green or yellow as the case may be with bitter pungent taste and sometimes sour. It converts chyle into blood and rendering it watery and fit to enter the minute blood vessels. It lends sight to the eyes and knowledge of the brain. The functions of *Pitham* consists in metamorphosing the chyle to a protoplasmic substance like sperm in men and the ovum in women. It corresponds to metabolism. It generally means both bile and metabolism of tissues as well as the bodily heat which is the product of the latter. It is also viewed by some that *pitham* is the heat incarcerated in the bile and the principle agent in performing digestion. Its source is liver, It is a keen sharp, warm liquid of a blue colour in its normal state and yellowish in its deranged condition. It is transformed into an acid when vitiated or deranged. It is called the internal fire as it forms the heat making factor in the human body. It is secreted into the alimentary canal, and turns all fatty matter into fatty acids. It cures catarrhs, rheumatism, dropsy and urinary diseases. According to function it is of five

kinds. It is responsible for maintenance of body temperature, digestion of food, induces sweating, production of blood and bile, responsible for emotions like anger, inaction and determination, gives yellow colouration to skin, faeces and urine [5].

#### **Action of Pitham (Azhal/Thee) based on its primary location**

**Aakkanal** (*Analapitham* or *Pasakapitham*) -

The fire of digestion-It lies between the stomach and the intestine and causes digestion and dries up the moist ingested substance.

**Vannaeri** (*Ranjagapitham*) - The fire lies in the stomach and gives red colour to the chyme and produces blood. It improves blood.

**Aatralanki** (*Saathagapitham*) – The fire of energy provides energy

**NokkuAzhal** (*Alosagapitham*)– The fire of Vision It lies in the eyes and causes the faculty of vision. It helps to visualize things.

**Ololithee** (*Prasakapitham*) – The fire of brightness. It give colour, complexion and brightness to the skin [5].

#### **Functional types of Pitham (Azhal/Thee) based on its role in Food digestion**

There are four kinds of body fire based on its ability to digest, assimilate and metabolize the food particles. They are as follows.

##### **1. Samaakkini (Balanced digestive fire)**

The digestive fire is called as *Samaakkini*. This is constituted by *SamanaVayu*, *AnalaPitham* and *kilethaga Kapham*. If they are in normal proportion then it is called as *Samakkini*. It is responsible for the normal digestion of the food.

##### **2. Vishamaakkini (Toxic digestion)**

Due to deranged and displaced *Samana Vayu*, it takes a longer time for digestion of normal food. It is responsible for the indigestion due to slow digestion.

### 3. *Deekshaakkini* (Accentuated digestion)

The *samanavayu* rounds up the *Azhal*, which leads to increased *Anala Pitham*, so food is digested faster.

The methodology of diagnosing the disease in our system is based on 'En vagaitervu' *Asper Theraiyar*, the eight methods of diagnosis are *naadi* (pulse), *parism*(touch), *naa* (tongue), *niram* (complexion), *mozhi* (voice), *vizhi* (eyes), *malam* (stools) and *neer*(urine). The author aimed at delving in depth in to the clinical features mentioned under highly prevalent disease '*Aseeranapitham*' by sage

Yugi and to structure the Siddha diagnosis and prognostic patterns of *Aseeranapitham* [5].

### Reading between the lines of *Aseerana Pitham* from Yugi's phrases from literature

#### *Acīraṇapittam*

*Kaṇṭiṭṭamantamāyppaciyoḷillai*

*Kaṭuttumēnaḷirākimalamirukkum*

*Vēṇṭiṭṭavilikalārirtunīrtānpāyūm*

*Mikkatalaivalikkumvayiriraiccalākum*

*Aṇṭiṭṭavayiruaḷuttamākum*

*Acaṇamikacellātukaikālōyūm*

*Paṇṭiṭṭapilittēkkāyvnīrūrum*

*Paṇpāṇavacīraṇapittampayinriṭṭāyē*

*-Yūkivaittiyacintāmaṇi*

### BREAKUP SYMPTOMATOLOGY AND ITS ANALOGY

Lines of poem	Breakup symptomatology
<i>Kaṇṭiṭṭamantamāyppaciyoḷillai</i>	Indigestion, loss of appetite
<i>kaṭuttumēnaḷirākimalamirukkum</i>	Abdominal pain and constipation
<i>mikkatalaivalikkumvayiriraiccalākum</i>	Dyspepsial headache and gurgling sound in abdomen
<i>aṇṭiṭṭavayiruaḷuttamākum</i>	Abdominal distention
<i>acaṇamikacellātukaikālōyūm</i>	Anorexia
<i>paṇṭiṭṭapilittēkkāyvnīrūrum</i>	Toddy belching

#### *Kaṇṭiṭṭamantamāyppaciyoḷillai* /

#### Indigestion, loss of appetite:

The acute and chronic symptoms of gastritis such as pain, discomfort, nausea, vomiting and indigestion occur when the lining of stomach is irritated, inflamed or eroded [6]. The breakdown of nutritional products into absorbable amino acids, carbohydrates and fats is aided by the Gastric acid production when gastric pH stimulates the release of gastrointestinal using the release and activation of various digestive enzymes.

Dietary habits and lifestyle such as physiologic stress can alter gastric pH and disrupt homeostatic digestion. In the stressed state, elevate levels of ACH Neurotransmitter acetylcholine and histamine result in increased acid production, thus inducing gastritis [7].

#### *kaṭuttumēnaḷirākimalamirukkum/*

#### Abdominal pain and constipation:

Abdominal pain affects nearly every person once in their lifetime independent from age, gender and social background and is supposed to be a common complaint and

reason for consultation in primary care accounting for 8 million (7%) visits in 2006 [8][9][10]. Multiple mechanism have been evolved to protect the gastric mucosa, like mucin secreting mucus which promotes formation of an unstrapped layer of fluid over the epithelium that protects the mucosa. The gastric lumen is strongly acidic with a pH close to one more than a million times more acidic than the blood. If the lining of the stomach or bowel no longer provide enough protection, their walls may become inflamed or damaged. This harsh environment contributes to digestion, but also has the potential to damage the mucosa. As a result, an ulcer may develop in the stomach or duodenum, if the lining of the stomach or bowel no longer provide enough protection, their walls may become inflamed or damaged and may be considered as the predominant cause of Abdominal pain [11]. These symptoms may include a burning and heavy feeling in the pit of the stomach, mild nausea, vomiting, loss of appetite and weakness. Acute gastritis is a transient mucosal inflammatory process that may be asymptomatic or cause variable degrees of epigastric pain nausea vomiting. In more severe cases, there may be erosion, ulceration, hemorrhage, haemetemesis, melena or rarely massive blood loss [12]. Constipation is a polysymptomatic disorder associated with significantly impaired

quality of life and psychological distress [13] [14] of a uniform diagnostic criteria and the number of patients who seek medical care. Although there is no direct link between increased gastric acid secretion and constipation, GI symptoms have been reported to be common in cirrhotics [15] Overall, up to 80% of patients with cirrhosis have been reported to have one or more relevant GI symptoms [16]. The most common GI symptoms reported include abdominal bloating in 49.5% of patients, abdominal pain in 24%, belching in 18.7%, diarrhoea in 13.3%, and constipation in 8% [16].

The pathophysiology of GI symptoms, however, appears to be complex, and to also involve abnormalities in gut motility *mikkatalaivalikkumvayiriraiccalākum/*

#### **Dyspepsial headache and gurgling sound in abdomen**

The term *vayiriraiccalākum* (Gurgling sound in the abdomen) has been said after *mikkatalaivalikkum* (Headache) indicates the link between gaseous distension of abdomen and headache. Recently, there are studies reporting primary headaches to be associated with gastrointestinal disorders, and some report resolution of headache following the treatment of the associated gastrointestinal disorder [17]. The term “Gastric Headache” has been described by Ancient Persian physicians who believed in a type of headache arising from disorders

of the stomach as participatory headache of gastric origin [18]. The pathophysiology of headache disorders especially migraine and various GI abnormalities are widely studied individually. Few hypotheses exist aiming to explain the association of headache and GI disorders. In Dyspeptic migraineurs, abnormal processing of gastric stimuli at the level of the CNS in turn activates the common pain network for both somatic and visceral pain, causing headache due to postprandial hypersensitivity to gastric distension [19]. Vasoactive agents are released in H. Pylori infection, as the immune system interacts with the bacterium. This phenomenon along with the production of oxidants and nitric oxide results in regional cerebral blood flow changes; hence inducing migraine headaches [17].

***aṇṭiṭṭavayiruaḷuttamākum/ Abdominal distention***

***paṇṭiṭṭapilittēkkāyāyṅrūrurum/ Toddy belching***

Bloating is usually described as the most severe symptom in patients with functional gastrointestinal disorders reported by patients with functional gut disorders and by the general population. More than 50% of persons with bloating and distension report a significant impact on quality of life [20]. Bloating is a pervasive symptom that frequently responds poorly to therapeutic interventions. For instance, it was shown

that delayed gastric emptying is associated with nausea, vomiting, and fullness that impair accommodation to a meal is associated with early satiety and weight loss [21].

***acaṇamikaccellātukaikālōyum/ Anorexia***

In gastritis patients who experience stress, the sympathetic nerve stimulation (Vagus Nerve) will increase the production of hydrochloric acid (HCl) in the stomach which is responsible for nausea, vomiting and anorexia. The columnar epithelial cells, which function to produce mucus to protect the gastric mucosa, reduce their production. The gastric mucosal response because of the decreased mucus secretion varies, including the vasodilation of gastric mucosal cells. The gastric mucosal layer contains enzymes that produce hydrochloric acid or HCl, especially the fundus area. Gastric mucosal vasodilation will cause HCl production to increase causing anorexia. Anorexia can also cause pain, this pain is caused by contact with the gastric mucosa [22].

## CONCLUSION

As Traditional medicine is recently gaining worldwide recognition, the accessibility of this system globally is limited due to the fact that most of its Literature are in local language and lacks scientific validation. This literature review therefore sheds light on the scientific analysis of Siddha Tamil Text on *Aseerana Pitham* and drawing

parallel lines of its subtle symptoms with present day modern medical terminology Gastritis thereby evidencing the science behind the Siddha texts and the necessity to explore its literature. Moreover, the medicinal formulations that have been indicated for Aseerana Pitham can also be clinically tested for the symptoms of gastritis and can be beneficial.

## REFERENCES

- [1] Azer SA, Akhondi H. Gastritis. [Updated 2021 Jul 6]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2021. URL: <https://www.ncbi.nlm.nih.gov/books/NBK544250/>
- [2] Moita LA, Costa DS, Souza BS, Oliveira JS, Vasconcelos DFP. Histopathological Aspects of Gastritis Patients on Gastric Mucosa: Mini-Review of Literature. *Journal of Gastroenterology and Hepatology Research* 2019; 8(1): 2785-2788. <http://www.ghrnet.org/index.php/joghr/article/view/2476>.
- [3] Britannica. The Editors of Encyclopaedia. "Gastritis". *Encyclopedia Britannica*; 2019. <https://www.britannica.com/science/gastritis>. Accessed 26 July 2021.
- [4] Mohamed M, Elseweidy. Brief Review on the Causes, Diagnosis and Therapeutic Treatment of Gastritis Disease. Faculty of Pharmacy. Zagazig University. Zagazig. Egypt.
- [5] Shanmugavelu. *Noi Nadal Noi Mudhal Nadal Thirattu (Part-II)*. Dept of Indian Medicine and Homeopathy. Chennai: Govt of Tamilnadu 2006; 252-267.
- [6] D. Adhar, Syafrizal, E. Panggabean, L. Sipahutar, M. R. Fahlevi. "Expert System to Diagnose Gastritis Disease Using the Certainty Factor Method". 7th International Conference on Cyber and IT Service Management (CITSM) 2019; 1-5. doi: 10.1109/CITSM47753.2019.8965363.
- [7] Megha R, Farooq U, Lopez PP. Stress-Induced Gastritis. [Updated 2021 Apr 19]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2021. URL: <https://www.ncbi.nlm.nih.gov/books/NBK499926/>
- [8] Kühlein T. *Kontinuierliche Morbiditätsregistrierung in der Hausarztpraxis: Vom Beratungsanlass zum Beratungsergebnis*. München: Urban & Vogel; 2008.
- [9] Pitts SR, Niska RW, Xu J, et al. National hospital ambulatory medical care survey: 2006 emergency department summary. *National health statistics report*; no 7. Hyattsville, MD: National Center for Health Statistics; 2008.
- [10] Kay L. Abdominal symptoms, visits to the doctor, and medicine consumption among the elderly. A population based study. *Dan Med Bull* 1994; 41: 466-9.
- [11] InformedHealth.org [Internet]. Cologne, Germany: Institute for Quality and Efficiency in Health Care (IQWiG); 2006. Gastritis: Overview; 2015 Jun 30 [Updated 2018 Jun 28].

- [12] Reference Robbins basic pathology 9th edition page number above Aster Sundar route of Elsevier published by an arrangement with Elsevier reprinted published by OLX India private Limited formerly or DD Elsevier India Private Limited, 2013-2016, 564,566.
- [13] Rao S. Constipation: Evaluation and treatment of colonic and anorectal motility disorders. *Gastroenterol Clin N Am* 2007; 36: 687-711.
- [14] Chang L, Tonner B, Fukoda S, et al. Gender, age, society, culture and the patient's perspectives in the functional gastro intestinal disorders. *Gastroenterol* 2006;130:1435-46. as well as increased health care costs and impaired work productivity
- [15] Kalaitzakis E, Simrén M, Olsson R, Henfridsson P, Hugosson I, Bengtsson M, Björnsson E. Gastrointestinal symptoms in patients with liver cirrhosis: associations with nutritional status and health-related quality of life. *Scand J Gastroenterol*. 2006; 41: 1464–1472.
- [16] Fritz E, Hammer J. Gastrointestinal symptoms in patients with liver cirrhosis are linked to impaired quality of life and psychological distress. *Eur J GastroenterolHepatol*. 2009;21:460–465.
- [17] T Noghani M, Rezaeizadeh H, Fazljoo SM, Keshavarz M. Gastrointestinal Headache; a Narrative Review. *Emerg (Tehran)* 2016;4(4):171-183.
- [18] Fazljou SMB, Togha M, Ghabili K, Alizadeh M, Keshavarz M. In commemorating one thousandth anniversary of the Avicenna's Canon of Medicine: gastric headache, a forgotten clinical entity from the medieval Persia. *Acta Med Iran* 2013;51(5):279–83.
- [19] Pucci E, Di Stefano M, Miceli E, Corazza GR, Sandrini G, Nappi G. Patients with headache and functional dyspepsia present meal-induced hypersensitivity of the stomach. *J Headache Pain*. 2005;6(4):223–6.
- [20] Foley A, Burgell R, Barrett JS, Gibson PR. Management Strategies for Abdominal Bloating and Distension. *Gastroenterol Hepatol (N Y)*. 2014;10(9):561-571.
- [21] Karamanolis G, Caenepeel P, Arts J, Tack J. Association of the predominant symptom with clinical characteristics and pathophysiological mechanisms in functional dyspepsia. *Gastro-enterology*. 2006; 130(2): 296-303. doi: 10.1053/j.gastro.2005.10.019. PMID: 16472585.
- [22] Price S. A. & Wilson L. M. Pathophysiology of Clinical Concepts of Disease Processes Vol 1. 6<sup>th</sup> ed. Jakarta: ECG; 2012.