COMPARATIVE ANALYSIS OF AYURVEDIC AND SIDDHA SYSTEM OF INDIAN MEDICINE

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ABSTRACT

Ayurveda and Siddha systems of medicine have taken their origin from the vedic and post-vedic medical wisdom. Initially both were united and gradually they inculcated slight different angle of approach in treatment and is being practiced separately for the last 1500 years. Siddha has been mainly popular in Tamil Nadu and Kerala in comparison to nationwide popularity of Ayurveda. Though from various aspects both seem to be different systems but owing to their same origin they have ample number of similarities. Scientific and rational analysis of similarities and dissimilarities between the two systems is the main focus of this review.

KEY WORDS: Ayurveda, Siddha,
INTRODUCTION:

Linguistically Ayurveda is not only Sanskrit based, but also extends in various Indian languages like Tamil, Malayalam, Telugu, Bengali, Marathi (including works up to later 18th century) whereas Siddha reference is found mostly in Tamil.1

Geographically Siddha is being practiced in Tamil speaking regions and Ayurveda being practiced in almost all of the Indian states including Tamil Nadu and in major parts of Sri Lanka and Nepal2.

History:

References of Ayurveda and like concepts are also found in early Tamil literature. In Silappatikaram, a mid-fifth century C.E. text, description of Ayurveda (Tamil: āyulvetar) is available. The three humours (Tamil: tiritocam, Sanskrit. tridosha) are also documented in the Tirukural, a collection of poems that dates from around 450–550 C.E.

The first Tamil Siddha text is the Tirumandiram written by Tirumular probably around the 6th or 7th century C.E. Alchemy used to transform iron into gold is mentioned in the said text; the major sources of Siddha medicine belong to a religious group who call themselves KayaSiddhas. They emphasize the “perfection of the body” by means of yoga, alchemy, medicine and certain types of Tantric rituals. Their works date from about 13th to 14th century C.E., and are attributed to numerous authors including Akattiyar (Sanskrit: Agastya), the traditional founder of Siddha medicine and Teraiyar (late 17th century), who is said to have written twelve works on medicine, and whose famous disciple Iramatevar travelled to Mecca in the late 17th or early 18th century where he studied, converted to Islam, and took on the name Yakkopu (i.e., Jacob). Most critical scholars of Siddha agree that on the basis of their language, the numerous texts on Siddha medicine, which present it as a system of healing, cannot be older than the 16th century. We must, therefore, acknowledge that Tamil Siddha medicine, as it is now exists in both academic and practical field began in Tamil Nadu around 16th century, but elements of healing practices which became part of Siddha medicine, including those held in common with Ayurveda, came from an earlier period.

Origin:

Like all systems of Hindu knowledge, Siddha medicine attributes its origin to a divine source; hence its knowledge is sacred and eternal, passed down to humans for the benefit of all humanity.

Lineage:

AYURVEDA:

According to Charak samhita

BRAMHA → Daksa → Ashwinikumaras → Indra

Bharadvaja → Punarvasu atreya, Agnivesha Etc.

According to Sushruta samhita

BRAMHA → Daksa → Ashwinikumaras → Indra →

Bharadvaja → Dhanwantari → Sushruta Etc.

SIDDHA:

Shiva → Parvati → Nandi → 18 Siddhars.
Tradition lists a total number of eighteen Siddhars, beginning with Nandi and the semi-legendary Agattiyar through to the final Siddhar, Kudhambai. They are the acknowledged transmitters of medical doctrines and practices. According to one tradition, the Siddhars are Nandi, Agasthiyar, Tirumular, Punnakkeesar, Pulasthiyar, Poonaikkaran, Idaikkadar, Bogar, Pulikaisar, Karuvurar, Konkanavar, Kalingi, Sattainathar, Azhuganni, Agappai, Pumbati, Theraiyar and Kudhambai.

Basic principles:

Like Ayurveda, Siddha medicine mentions that the three humours predominate in humans in accordance with the nature and stage of life and that they vary with the seasons. But the assortment of the humours according to stages of life and seasons in Siddha differs from that of Ayurveda. In the case of the seasons, the variation is attributed simply to the different climatic conditions that occur in the different periods of the year in the northern inland areas and the southern, Tamil coastal and inland environments. According to Siddha, VATA predominates in the first third of life, PITTA in the second third, and KAPHA in the last third of life; while in Ayurveda, kapha dominates the first third and vata in the last third of life.

In terms of climate, the north is colder in the winter (Dec.-Jan.) than is the south and the west coast has rain in June and July, when the east coast is extremely hot. A dry, cold climate is rare in the south but it is precisely that climate which increases VATA. Pitta and kapha, on the other hand, are increased when it is hot and wet.

Pancha vata & dasha vata:

In Siddha system there are five secondary VATAs apart from the major and those mentioned in Ayurveda. These are: 1) Pranan 2) Apan 3) vyana 4) samana 5) uthanan 6) nagam, the air for higher intellectual functions; 7) krumam, the air of yawning; 8) kirukaram, the air of salivation; 9) devadhattham, the air of laziness; and 10) dhananjayam, the air that acts on death.

Diagnostic tools:

The diagnosis of disease in Siddha medicine relies on the examination of eight anatomical features (envagai thaervu), which are evaluated in terms of the three humors. They are; 1) Tongue, 2) complexion, 3) voice, 4) eyes, 5) touch, 6) stool, 7) pulse and 8) urine. Most modern Siddha doctors pay the greatest emphasis on the examination of the pulse and believe to obtain both diagnosis and prognosis through one process. This method of diagnosis also is available in Ayurveda in later works mainly after the 14th century. Prior to that the Ayurvedic diagnosis of a disease was purely based on examination of vitiation of one or more humours, dasavidha pariksa and precisely on observation, touch and interrogation.

Branches:

Siddha has developed expertise in five particular branches of medicine: 1) General medicine, 2) Paediatrics, 3) Toxicology, 4) Ophthalmology, and 5) Rejuvenation, while traditional Ayurveda has 8 branches - 1) Kayachikitsa - general medicine 2) Bala - pediatrics 3) Graham - exogenous demonology 4) Urddhanga - diseases above clavicle 5) Shalya – the surgery, 6) Damstra - the toxicology, 7) Jara - rejuvenation and 8) Vrsa - aphrodisiac therapy.

Shodana karma:

Ayurveda prescribes a therapeutic regimen consisting of the “five purifying actions” emetics, purgatives, enemas, bloodletting and errhines, on the contrary, Siddha employs only purgation.

Surgery:

Unlike Ayurveda, in which it forms a separate school of medicine, surgery per se is not a significant part of Siddha medicine. Medicated oils and pastes are applied to treat wounds and ulcers, but the use of a knife (reference of surgical instruments) is hardly found in Siddha medicine.
**Varmam-the martial art:**

Closely connected with the tradition of the martial arts in South India, there developed a type of acupressure treatment based on the vital points in the human body, known as *varam* (Sanskrit: marma). There are 108 vital points in the body as mentioned in the *Ayurveda* classics, which identify them and explain. In Siddha medicine the number of important *varam* points is also 108 (some say 107) out of a total of 400. Siddha doctors developed techniques of applying pressure to special points, called *Varmakkalai*, to remove certain ailments and of massaging the points to cure diseases. They are also specialized in bone-setting and they often practiced an Indian form of the martial arts, called *cilampam* or *silambattam*, which involved a kind of dueling with staffs. *Varmam* is particularly wide spread among the hereditary Siddha practitioners belonging to the Nadar caste in the district of Kanyakumari in Tamil Nadu.

**Rejuvenation therapy:**

Closely connected with Siddha yoga, the Siddha system of rejuvenation-therapy, known as *Kayakalpa* (from Sanskrit, meaning “making the body competent for long life”), marks the most distinctive feature of Siddha medicine. It involves a five step process for rejuvenating the body and prolonging life.

1. Preservation of vital energy via breath-control (Tamil: *vasiyogam* or Sanskrit. *pranayama*) and Yoga.
2. Conservation of “*muppu*” (A Union of Three Salts)
3. Use of calcinated powders (Tamil: *chunnam*, Sanskrit: *bhasma*) prepared from metals and minerals, and
4. Use of drugs prepared from plants special to each Siddha doctor.

The esoteric substance called “*muppu*” is particular to Siddha medicine and may be considered as Siddha’s equivalent of the “philosopher’s stone.” It is generally thought to consist of three salts (*moo-uppu*) called *puniru*, *kallupu*, and *vediyuppu*, which correspond respectively to the sun, moon, and fire.

**The alchemy:**

Although mercury plays a key role in both *Ayurveda* and Siddha forms of medical alchemy, mercury in its pure form is not found in India and, therefore, must be imported, often from Italy. The core of Siddha medicine is its alchemy, whose fundamental principles conform to the alchemical traditions of ancient Greece and China, and of Arabic alchemy. It would, therefore, seem possible that both Siddha and Ayurveda alchemy might well have derived from one or a combination of these older traditions. Further investigation into each system in relationship to Indian alchemy could reveal important connections between Indian and other systems of alchemy and medicine. The alchemical part of Siddha is present from at least the time of Tirumular’s *Tirumandiram* (6th or 7th cent. C.E.) in which various alchemical preparations are mentioned.

Alchemy is also found in Sanskrit texts from North India, but only from about 6th–7th Century C.E., and later became integral part of Ayurvedic medicine called *Rasashastra* (knowledge about mercury and allied matter) In the classical treatises of *Ayurveda*, however, mention of alchemy is desiring and only certain metals and minerals are mentioned in late classical texts of 7th century C.E. by the author Vagbhata. Since alchemy had reached a far greater level of development in Siddha medicine than in Ayurveda, it is believed that medical alchemy may well have begun in South India among the Siddha yogis and ascetics and was later assimilated into Ayurveda.

The facts like installing *Rasalinga*, name of Nandideva in Rasa Siddhas in *Rasaratnasamucchaya* supports this view.

**Bhasma-chunnam:**

Both Ayurveda’s Rasashastra and Siddha’s alchemy have devised slightly different methods for purifying or detoxifying metals and minerals, called *suddhi murai* in Tamil and...
shodhana in Sanskrit, before they are reduced to ash (Tamil: chunnam, Sanskrit: bhasma).

There are nine principles that must be followed in the calcination of metals and minerals:

1. There is no alchemical process without mercury.
2. There is no fixation without alkali.
3. There is no colouring without sulphur.
4. There is no quintessence without copper sulphate.
5. There is no animation without conflagration.
6. There is no calcination without corrosive lime.
7. There is no compound without correct blowing.
8. There is no fusion without suitable flux.
9. There is no strong fluid without salammoniac.

In the calcination process explained in traditional Ayurveda, the duration and intensity of the heat is regulated by the size of the pile of dung cakes called puta in Sanskrit. Siddha medicine has devised a method with a special substance made of inorganic salts, in Tamil called jayani, which reduces the number of burnings to only three or four. In order to increase the potency of the ash (chunnam), Siddha practitioners add the esoteric substance mappu, which seems to vary in composition from one Siddha doctor to the other. Other ingredients added to increase a chunnam’s potency are healthy human urine (amuri) or urine salts (amuriuppu) obtained from the evaporation of large quantities of urine. Neither of these additives are found in Ayurveda’s Rasashastra.

Research at present:

Research in the field of Siddha medicine in Tamil Nadu has revealed certain difficulties which must be overcome in order to understand properly this medical system and its history. The central problem lies with the reliability of the secondary sources, which are written primarily by Tamil Siddha doctors.

CONCLUSION:

Unlike Ayurveda, which has a long and detailed textual tradition in Sanskrit from around the beginning of the Common Era, Most of the knowledge about Siddha medicine comes from modern-day practitioners, who often maintain a historically unverified development of their own tradition and who because of the upsurge of Tamil pride tend to make fantastic claims about the age and importance of Siddha medicine vis-à-vis its closest counterpart in India, Ayurveda.

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