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मणिककड़ई नूल (कलाई परिधि चिन्ह)  
विश्लेषण — रीति संहिता

**Maṇikkaṭai nūl (Wrist Circummetric  
Sign) Analysis — Code of Practice**

ICS 11.120.10

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## FOREWORD

This Indian Standard was adopted by Bureau of Indian Standards, after the draft finalized by Siddha Sectional Committee had been approved by the Ayush Division Council.

There is a worldwide resurgence of interest in holistic systems of health care, particularly with respect to the prevention and management of lifestyle-related disorders, and chronic, non-communicable, and systemic diseases. It is increasingly understood that no single healthcare system can provide satisfactory answers to all the health needs of modern society. Evidently, there is a need for a new inclusive and integrated healthcare regime that should guide health policies and programs in the future.

Siddha medicine is an ancient medical system in India and involves a system of regional therapy with geographical significance for the convenience of treatment and comfort of patients. The Siddha system involves the use of herbs, minerals, metals, and any organic material available, and emphasizes patients' physiology, environment, age, gender, race, habits, psychology, habitat, diet, appetite, physical condition, and disease.

In Siddha Medicine, *Akattiyar cūṭāmaṇi kayaru cūttiram* provides diagnostic and prognostic predictions correlating with anthropometric values of wrist circumference measured by one's own finger breadths. This gives 96 descriptions under 26 finger breadth measurements and subdivisions. The *Maṇikkaṭai nūl* (Wrist Circummetric Sign) provides insight into Siddha Anthropometry giving analogues predicting one's current health status and prognosis as well. Standardization of this ancient techniques helps for wider use of this technique will influence ascertaining clinical outcome and physician decision.

This standard will provide the requirements for the techniques and the practice guidelines. It will help in providing guidance to Siddha Physicians, Researchers, Academicians, etc, to analyze *Maṇikkaṭai nūl* appropriately and help establish it as a traditional diagnostic tool for Preventive, Personalized and Prophylactic treatment through Siddha Medicine.

The composition of the Committee responsible for the formulation of this standard is given in [Annex C](#).

For the purpose of deciding whether a particular requirement of this standard is complied with, the final value, observed or calculated, expressing the result of a test or analysis, shall be rounded off in accordance with IS 2 : 2022 'Rules for rounding off numerical values (*second revision*). The number of significant places retained in the rounded off value should be the same as that of the specified value in this standard.

*Indian Standard*

***Maṇikkaṭai nūl* (WRIST CIRCUMMETRIC SIGN)  
ANALYSIS — CODE OF PRACTICE**

## 1 SCOPE

This standard specifies general requirements and code of practice details for *Maṇikkaṭai nūl* (Wrist Circummetric Sign) Analysis.

## 2 REFERENCES

The standards given below contain provisions which, through reference in this text, constitute provision of this standard. At the time of publication, the editions indicated were valid. All standards are subject to revision, and parties to agreements based on this standard are encouraged to investigate the possibility of applying the most recent edition of these standards:

<i>IS No.</i>	<i>Title</i>
IS 2819 : 2024	Textiles — Braided cotton cord — Specification ( <i>third revision</i> )
IS 4513 :1968	Specification for scissors, surgical dressing and stitch
IS 1481 : 2024	Metric steel scales for engineers — Specification ( <i>second revision</i> )

## 3 TERMINOLOGY

For the Purpose of this standard, the following terms and definitions shall apply.

**3.1 *Maṇikkaṭai nūl*** — A unique diagnostic strategy/tool used in Siddha System of Medicine to predict certain clinical features occurring in an individual based on wrist circumference measured using an inelastic thread.

**3.2 *Maṇikkaṭai*** — The term “*Maṇi*” denotes wrist and “*kaṭai*” means end measures. The measure of the wrist (circumference) obtained at the antebrachial point by using a *nūl*.

**3.3 *Nūl*** — Suitable non elastic thread/rope with specifications as mentioned in [4.1](#).

**3.4 *Viṛal kaṭai*** — The term “*Viṛal*” denotes finger and “*kaṭai*” means end measures. The measure of the mediolateral breadth/width of individual finger unit using a *nūl*.

**3.5 Finger Breadth (FB)** — One full breadth of the finger is taken into consideration for FB and the readings of each FB (unit) are divided into 4 units, quarter measurement ( $\frac{1}{4}$ ), half ( $\frac{1}{2}$ ), three quarters ( $\frac{3}{4}$ ), and full breadth.

**3.6 Calculation of Finger Breadth (FB)** — Unit of measure calculating the mediolateral width of one extended finger (palm-side).

**3.7 *Nāṅku viṛal kaṭai* (4 Finger Breadth)** — The mediolateral width of the 4-extended fingers (palm-side) of the patient.

**3.8 Ideal point of *Nāṅku viṛal kaṭai* (4 Finger Breadth) measurement** — The middle location of the four fingers where the *nūl* (thread) is placed to measure the *Nāṅku viṛal kaṭai*.

**3.9 Antebrachial point (ABP)** — The point at the forearm/antebrachium where the circumference is measured using the *nūl* (thread). It is an important point in the forearm (Antebrachial region) which is used to measure the Antebrachial circumference. The length of the four finger breadths is measured back from the wrist line to reach this focus.

**3.10 Antebrachial Circumference (ABC)** — The circumference of ABP as measured using the *nūl*. Further, the length obtained in the *nūl* is converted into number of Finger Breadth Unit (FBU) to assess readings.

**3.11 Anatomical Point for *Nāṅku viṛal kaṭai* (4 Finger Breadth) Measurement** — *Nāṅku viṛal kaṭai* (4 finger breadth) as referred to in [3.8](#).

**3.12 Anatomical Point for *Maṇikkaṭai* (Wrist Circummetric) Measurement** — Antebrachial point as referred to in [3.9](#).

## 4 REQUIREMENTS

### 4.1 Cotton Yarn (Thread) Cord

The *nūl* (thread) used for measurement shall be made of cotton yarn uniformly braided with 3 strands. The ideal range of length of the cord shall be ranging from 150 mm to 200 mm, and width of nominal diameter around 3 mm. The *nūl* shall be free from knots, kinks, broken or loose ends projecting from the cord.

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**5 METHODS FOR MAṆIKKAṬAINŪL (WRIST CIRCUMMETRIC SIGN)**

**5.1 Method 1**

- a. The patient is asked to sit comfortably in the chair provided, by keeping the hand fingers intact and straight. (See Fig. 1);
- b) The patient is asked to hold the wrist anterior surface up and place it on the examination table for easy measuring by the investigators. (See Fig. 2);
- c) The specified *nūl* (thread) is used to take the measurement. (See Fig.3);
- d) The total mediolateral width of 4 fingers is measured from the Ideal point of *Nanku*

*Nāṅku vīral kaṭai* measurement by using the *nūl* (See Fig. 4 and Fig. 5);

- e) The length obtained, that is, ABC is used to ascertain the anti-brachial circumference spot (See Fig. 6, and Fig. 7), then converted into total number of FBU and recorded. (See Fig. 8);
- f) Repeat the process twice again for maximum accuracy of the reading. (See Fig. 9); and
- g) The reading obtained in number of FBU is interpreted with clinical description from the script (see Annex A).



FIG. 1 FINGERS BROUGHT TOGETHER AND PLACED STRAIGHT



FIG. 2 PALM PLACED FACING UPWARDS



FIG. 3 *Nūl* (THREAD) FOR MEASUREMENT

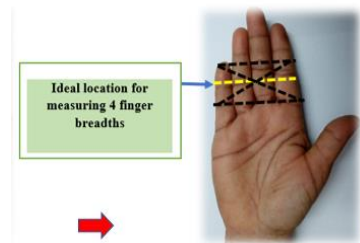


FIG. 4 MEASURING TOTAL MEDIOLATERAL WIDTH OF 4 FINGERS



FIG. 5 IDEAL POINT OF *Nāṅku vīral kaṭai*



FIG 6 IDENTIFY THE ANTEBRACHIAL CIRCUMFERENCE SPOT



FIG. 7 MEASURING ANTEBRACHIAL CIRCUMFERENCE



FIG. 8 4 FINGER BREADTH UNITS RECORDED



FIG. 9 4 FINGER BREADTH UNITS CHECKED WITH ONE FINGER BREADTH FOR ACCURACY

## 5.2 Method 2

- a) The patient is asked to sit comfortably in the chair provided, by keeping the hand fingers intact and straight. (See [Fig. 1A](#));
- b) The patient is asked to hold the wrist anterior surface up and place it on the examination table for easy measuring by the investigators. Ask the patient to keep their fingers together (Adduction of fingers). (See [Fig. 2A](#));
- c) The patient is asked to place left or right hand over the anterior wrist region so that the little finger is placed in the same plane of wrist line (See [Fig. 3A](#));
- d) A point is marked on forearm where the outer border of index finger lies and that is the antebrachial circumference point. (See [Fig. 4A](#));
- e) The antebrachial circumference is measured (ABC) by using the same *nūl*. (See [Fig. 5A](#));
- f) The length obtained, that is, ABC is

converted into the total number of FBU and recorded. (See [Fig. 6A](#));

- g) The process is repeated twice again for maximum accuracy of the reading; and
- h) The reading obtained in the number of FBU is interpreted with clinical description from the script. (See [Annex A](#)).

## 5.3 Calculation of *Maṇikkāṭai nūl* Value:

- a) The nearest measure of FBU (full breadth, three quarters, half and one-fourth) is confirmed based on the consequent reading;
- b) The findings are expressed as FBU is calculated using the formula (width of the 4 extended fingers (Palmar) of the Patient/4); and
- c) The FBU values provided in [Annex A](#) is based on the Classical textual references and are given solely for Physician's interpretation.

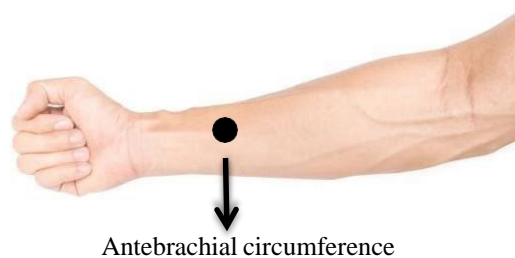


FIG. 10 ANATOMICAL POINT FOR *MAṆIKKĀṬAI* MEASUREMENT

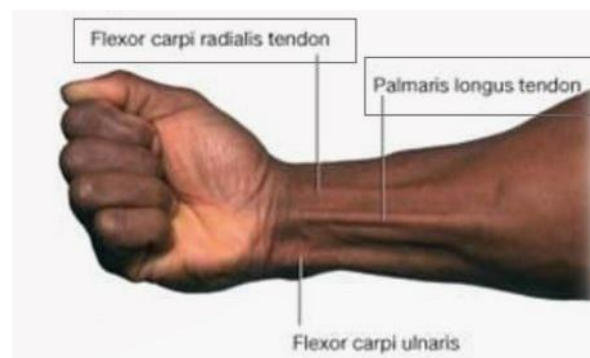


FIG. 11 ANATOMICAL PLANES OF THE FOREARM

**5.4 Conditions for Measurement:**

- a) While the measurement can be made on either left or right sides of the forearm, the report shall clearly indicate on which side the measurement has been taken. It is to be considered, while in *Nāṭi paricōṭaṇai* (Pulse examination), generally right side is used for men and left side is used for women;
- b) Presence of any anatomical deformities, previous fractures of the arm is to be examined and noted as it may affect the accuracy of readings. If observed reading is to be taken in the opposite arm; ; and
- c) History of foreign bodies (metal rods, plates etc.) in-situ, arteriovenous (AV) fistula is to be considered.



FIG. 1 (A) FINGERS BROUGHT TOGETHER AND PLACED STRAIGHT



FIG. 2 (A) PALM PLACED FACING UPWARDS



FIG. 3 (A) PLACING RIGHT-HAND 4 FINGERS OVER THE LEFT-HAND ANTERIOR WRIST



FIG. 4 (A) IDEAL ANTEBRACHIAL CIRCUMFERENCE POINT



FIG. 5 (A) MEASURING ANTEBRACHIAL CIRCUMFERENCE



FIG. 6 (A) CONVERTING THE ANTEBRACHIAL CIRCUMFERENCE INTO TOTAL NUMBER OF FINGER BREADTH UNITS



## 6 SPECIAL CONSIDERATION

Conditions such as Congenital abnormality of the wrist, any abnormal swelling, injury or fracture of the wrist, dropsy, malnutrition, foreign bodies in-situ are to be taken into consideration before establishing *Maṇikkaṭai* values.

## 7 EXPRESSIONS OF RESULT

- a) The findings are to be correlated with the presenting complaints and note of patients;
- b) Leading questions are to be asked and logical derivations used to interpret the diagnosis; and
- c) The results are analyzed based on the affected *Mukkuṛram* and the impacted *capta tātu*, expressed as the subjective signs, and findings as per suitable format ([Annex B](#)).

## 8 REPEATABILITY

The accuracy of the repeatability is obtained by at least three consecutive readings.

## 9 DATA COLLECTION PROFORMA REQUIREMENTS

### 9.1 Basic Demographic Description of Subjects

Fresh data of the patient should be collected through either case record forms (CRF) or questionnaire/case reports. CRF could be generated according to the expected specific outcome of the studies or in general. Information such as demographic details, clinical history relatable to *Maṇikkaṭai nūl* measurements and vital data on current clinical status are to be presented in the data collection proforma. A model CRF for Diagnostic cum validation studies of *Maṇikkaṭai nūl* is given in [Annex B](#) for reference.

## 10 OTHER CONSIDERATIONS

The *Maṇikkaṭai nūl* analysis can be used to analyze the state of the *Mukkuṛram* and *capta tātu*. The analysis can be more productive when the body constitution (*Uṭal tātu/ Yākkai ilakkaṇam*) is also taken into consideration along with other details. This analysis can be used as an effective diagnostic tool to improve the accuracy of the disease prediction.

## ANNEX A

(Clauses 5.1, 5.2 and 5.3)

**MAṆIKKAṬAI NŪL (WRIST CIRCUMMETRIC SIGN — INFERENCE)**

<i>SI No.</i>	<i>Maṇikkaṭai nūl Measurements (in FB<sup>*</sup>)</i>	<i>Inferences given in the Siddha Classical Books</i>
(1)	(2)	(3)
i)	11 FB	Considered a healthy sign; as otherwise, the patient may be obese;
ii)	10 FB	Diseases that are causing pallor (Anaemia); Body and extremities appear shrunken; Cluster of gastrointestinal diseases attended with pain and painful gastrointestinal disorders accompanied by indigestion.
iii)	9 <sup>3/4</sup> FB	Sinus ulcer; Inguinal lymphadenopathy; Cough; Dryness; Diseases of the spleen may occur within a year
iv)	9 <sup>1/2</sup> FB	Heat affecting the bones with the occurrence of pallor of the body; Dryness of eyes; Fever; Dryness of the body
v)	9 <sup>1/4</sup> FB	Oliguria or reduced urinary output; Insomnia due to intense sensation of heat; Sinusitis and its associated symptoms
vi)	9 FB	Pricking pain inside the ear with ear blockage or dullness; Pain in the hip region and thigh;
vii)	8 <sup>3/4</sup> FB	Dryness of the body; Skin diseases resembling urticaria; Pricking pain in the abdomen; <i>Pitta</i> diseases, - causing pallor of conjunctiva, oral cavity, and Upper extremity.
viii)	8 <sup>1/2</sup> FB	Cough; Sensation of heat in the body; Formation of ulcer; Glandular swelling
ix)	8 <sup>1/4</sup> FB	Febrile illness of <i>Pitta vāyu</i> nature characterized by yellowish discoloration of body, vomiting of indigested matter with colicky pain of the abdomen, and dropsy.; Venereal disease (Sexual transmitted disease); Diseases of the head may occur within one year
x)	8 FB	Flatulence causing stomach growling; Swelling in the body; Chronic Sinusitis; Throat pain
xi)	7 <sup>3/4</sup> FB	Ano-rectal diseases (haemorrhoids); Weakening of both lower extremities; Tremor of the head; Enlarged lymph nodes in the cervical region (Cervical lymphadenopathy) may occur within one year, along with bleeding per nose; Over a period of time there will be discharge of blood from the nose
xii)	7 <sup>1/2</sup> FB	Group of diseases in which there is dryness, softening, soft necrosis, caries, tuberculosis, decay or destructive changes in bones, cartilages or other bony tissues accompanied by general emaciation, muscular dystrophy and fatigue.; Flatulence and abdominal distension; Burning sensation of face; Burning sensation of eyes; Febrile illness; Pain in the legs; Occurrence of Pyemic abscess or Carbuncle or Carcinoma in the thigh region
xiii)	7 <sup>1/4</sup> FB	Low back ache; Bilious aggression in the head region and its associated symptoms; Diseases that are causing pallor (Anaemia); Heaviness of both extremities; Insomnia
xiv)	7 FB	Bilious aggression in the head region which may present the features of per oral bleeding, Pulmonary tuberculosis and dryness of the stool associated with increased body heat



<i>SI No.</i>	<i>Maṅikkāṭai nūl Measurements (in FB*)</i>	<i>Inferences given in the Siddha Classical Books</i>
(1)	(2)	(3)
xv)	6 <sup>3/4</sup> FB	Swelling or inflammation of the scrotum due to the vitiation of <i>Vātam</i> ; Reddish discoloration of eyes; State of stupor or giddiness; Urinary obstruction may occur within a period of 3 years; Pain in both upper and lower extremities
xvi)	6 <sup>1/2</sup> FB	Febrile conditions or increased body heat; Pricking pain in the body; It may be a death sign
xvii)	6 <sup>1/4</sup> FB	Anorectal diseases like haemorrhoids; Bloody dysentery; Severe diarrhoea associated with sleeplessness; Change in the skin colour or its darkening
xviii)	6 FB	Severe phlegmatic congestion in the chest; Stupor or giddiness; It may be a fatal sign
xix)	5 <sup>3/4</sup> FB	Delirium and its associated features; Giddiness; Fatigue; It may be a fatal sign
xx)	5 <sup>1/2</sup> FB	Toxin affecting head; Pallor of the nose; Tooth becomes blackish in nature; It may be a fatal sign (Death may be predicted within 10 days)
xxi)	5 <sup>1/4</sup> FB	Severe emaciation (cachexia) of the body; Increased sleepiness; It may be a fatal sign (Death may be predicted within 6 days)
xxii)	5 FB	Pallor of the body and chillness; Signs of phlegm congestion resembles that of toxicity; It may be a fatal sign.
xxiii)	4 <sup>3/4</sup> FB	A state of unconsciousness; Tongue dryness; Chorea. It may be a fatal sign (Death predicted within 7 days)
xxiv)	4 <sup>1/2</sup> FB	Anasarca or general body swelling; Severe Sunken eyes; It may be a fatal sign (Death is predicted within 9 days)
xxv)	4 <sup>1/4</sup> FB	Body tremors; Weakness of both hands and legs; Face becomes blackish in nature; Extreme difficulty in breathing; It may be a fatal sign (Death may be predicted within 2 days)
xxvi)	4 FB	Emaciation of face with diminished eye function; Swelling of both extremities; It may be a fatal sign (Death may be predicted within 5 days)

\*FB — Finger-breadth

ANNEX B

(Clauses 7 and 9.1)

MODEL CASE SHEET PROFORMA — CASE REPORTS AND DIAGNOSTIC ACCURACY STUDIES

UHID	Name of the patient						Occupation	Age	Sex	Diet			Nilam (Tick Appropriately)															
										Veg	NV	Kuṛiñci	Mullai	Marutam	Neytal	Pālai												
Date	Nāṭi kālam			Nāṭi naṭai (Pulse Reading) Please Tick										Yākkai ilakkaṇam (Body Constitution) Please Tick														
	V	P	K	V	P	K	VP	VK	PV	PK	KV	KP	MK	V	P	K	VP	VK	PV	PK	KV	KP	MK					
WC in FB	Result in Finger Breadth (4-11) WC/1 FB						Nīrkuṛi						Neykkuṛi															
4 FB																												
1 FB							_____ FB						Kārkālam	Kūṭirkālam			Muṇpaṇikkālam			Piṇpaṇikkālam			Iḷavēṇirkālam			Mutuvēṇirkālam		
													Poḷutu (Tick Appropriately)															
Clinical Findings and Presenting complaints							Observations from Maṇikkaṭai Reading by Finger Breadth (FBU)																					
1							1																					
2							2																					
3							3																					
4							4																					
5							5																					
Comorbidities: DM/HTN/CKD/Thyroid/Heart disease/Others (Specify):																												
Examination of Capta tātukkaḷ (7 primary constituents)		Cāram			Cennīr			Ūṇ			Koḷuppu			Eṇpu			Mūlai			Cukkīlam/ Cur`ōṇitam								
		S	I	D	S	I	D	S	I	D	S	I	D	S	I	D	S	I	D	S	I	D						
Subject		Description																			Tick							
Category of Reading		a) True Positive symptoms (TP) – Clinical presentations coinciding with Maṇikkaṭai Reading																										
		b) Sequence of True Positive symptoms (SqTP) – Clinical presentations coinciding with multiple Finger breadth readings showing a sequence of origin and progress																										

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	c) False-positive symptoms (FP) – Subjects not presenting, expressing, or having the symptoms even though the features are shown in the particular reading	
	d) False-negative symptoms (FN) – Subject is presenting the symptom or disease that has no description in the obtained reading	
<b>Attachments (If available)</b>	e) Investigations: Serological/others (Specify)	
	f) Imaging: X-ray/Scan/others (Specify)	
	g) Previous case/Medical record (Copy)	
	h) Photographs/Images of <i>Nīr/Neikuri</i> pattern and its reports	

UHID: Unique Health Identification Number, V: *Vātam*, P: *Pittam*, K: *Kapam*, VP: *Vātapittam*, VK: *Vātakapam*, PV: *Pittavātam*, PK: *Pittakapam*, KV: *Kapavātam*, KP: *Kapapittam*, MK: *Mukkurrām*, WC: Wrist Circumference, FB: Finger Breadth, S: Sufficient, I: Increased, D: Decreased.

NOTES

1 *Maṇikkāṭai nūl* test results should not be interpreted alone; it must be correlated with clinical information and be interpreted by Registered Siddha Medical Practitioners only to determine final diagnosis.

2 *Maṇikkāṭai nūl* test results may vary based on time of testing, season, physiological condition of the patient, current medication, or nutritional and dietary changes. Please consult your Siddha doctor for any clarification.

3 *Maṇikkāṭai nūl* test results cannot be used for Medico-legal purposes.

## ANNEX C

*(Foreword)*

## COMMITTEE COMPOSITION

Siddha Sectional Committee, AYD 05

<i>Organization</i>	<i>Representative(s)</i>
National Institute of Siddha, Chennai	PROF DR R. MEENAKUMARI ( <b><i>Chairperson</i></b> )
Central Council for Research in Siddha, Chennai	DR SHYAMALA RAJKUMAR DR K SAMRAJ ( <i>Alternate I</i> ) DR V. AARTHI ( <i>Alternate II</i> )
Central Drugs Standard Control Organisation, New Delhi	SHRI SUSHANT SHARMA DR RACHNA PALIWAL ( <i>Alternate</i> )
CSIR-Central Institute of Medicinal and Aromatic Plants (CSIR-CIMAP), Lucknow	DR KARUNA SHANKER DR DEBABRATA CHANDA ( <i>Alternate I</i> ) DR KAPIL DEV ( <i>Alternate II</i> )
CSIR-Traditional Knowledge Digital Library Unit (CSIR-TKDL), New Delhi	DR VIJAYALAKSHMI ASTHANA
Department of Pharmacy, Siddha Central Research Institute (CCRS-SCRI), Chennai	DR MS SHREE DEVI DR S. VINAYAK ( <i>Alternate</i> )
Drug Testing Laboratory for Testing of A & S, (CCRAS – CSMCARI), Chennai	DR R. ILAVARASAN DR S. CHITRA ( <i>Alternate I</i> ) MS MONIKA. N ( <i>Alternate II</i> )
Government Siddha Medical College, Chennai	DR D. SASIKUMAR DR K. NALINA SARASWATHI ( <i>Alternate</i> )
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National Institute of Siddha, Chennai	DR S.SUDHA REVATHY DR V. SUBA ( <i>Alternate I</i> ) DR B. ANBARASAN ( <i>Alternate II</i> )
National Medicinal Plants Board, New Delhi	DR R. MURUGESWARAN
Pharmacopoeia Commission for Indian Medicine & Homoeopathy, (PCIM&H), Ghaziabad	DR V. VIJAYAKUMAR DR NIKHIL M. JIRANKALGIKAR ( <i>Alternate</i> )
State Drug Licensing Authority (Indian Medicine), Chennai	DR Y.R. MANEKSHAH DR G. SUBASH CHANDRAN ( <i>Alternate</i> )
Tamil Nadu Ayurveda, Siddha Unani Manufacturers Association (TASUDMA), Chennai	DR L. SIVAKUMAR DR S. ILANGO ( <i>Alternate I</i> ) DR J. DINESH KUMAR ( <i>Alternate II</i> )

<i>Organization</i>	<i>Representative(s)</i>
Tamil Nadu Medicinal Plant Farms and Herbal Medicine Corporation Limited (TAMPCOL), Chennai	DR A. JAHEER HUSSAIN
The Indian Medical Practitioners' Co-operative Pharmacy & Stores (IMPCOPS), Chennai	DR R. KANNAN DR K. KADER MOHIDEEN ( <i>Alternate I</i> ) DR S. SUDARSHAN ( <i>Alternate II</i> )
The Tamil Nadu Dr MGR Medical University, Chennai	DR N. KABILAN DR E. M. MANIKGANTAN ( <i>Alternate</i> )
BIS Directorate General	SHRIMATI RACHNA SEHGAL, SCIENTIST 'G' AND HEAD (AYUSH) [REPRESENTING DIRECTOR GENERAL ( <i>Ex-officio</i> )]

*Member Secretary*  
DR KIRUTHIGA G.  
SCIENTIST 'B'/ASSISTANT DIRECTOR  
(AYUSH), BIS

Panel for *Maṅikkāṭai nūl* (Wrist Circummetric Sign) Analysis — Code of Practice AYD 05/Panel 02

<i>Organization</i>	<i>Representative(s)</i>
Kokila Siddha Hospital and Research Centre, Madurai	DR J. JEYAVENKATESH ( <b><i>Convener</i></b> )
Excel Siddha Medical College, Namakkal	DR P. SARAVANA PANDIAN
Kokila Siddha Hospital and Research Centre, Madurai	DR P. PAVITHRA
Kokila Siddha Hospital and Research Centre, Madurai	DR S. K. SUBHALAKSHMI







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