



Case Report

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Efficacy of Classical Siddha Formulations in the treatment of *Peru Manjal Noi* w.s.r to Jaundice

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ABSTRACT

Background: Jaundice (Icterus) is a condition in which there is retention of bile pigments in the tissues as a result of liver disease, biliary obstruction, haemolysis or combination of all. In *Yugi Vaithiya Chinthamani* Jaundice can be correlated with *Peru Manjal Noi* with yellowish discolouration of urine, eyes, tongue, and body. Classical Siddha formulations were used in this study to reduce the biliary load, progression of disease as well as to provide symptomatic relief. **Case presentation:** A 52 years old male patient visited Outpatient department of Siddha Clinical Research Unit, Palayamkottai with the following complaints of Generalized weakness, Loss of appetite, Nausea on and off, Abdominal pain on and off, Yellowish discolouration of skin and eyes, Yellowish discolouration of urine since 15 days. **Conclusion:** Symptomatic relief was observed within 7 days of treatment and biochemical changes were observed within 16 days of treatment. A further randomized controlled clinical study has to be carried out to validate this study.

Keywords: Siddha, Manjal Noi, Jaundice, AYUSH, Keezhanelli Mathirai.

INTRODUCTION

Jaundice is due to excessive amount of bile pigments in the plasma and clinically noticeable in the sclera, skin and palatal mucosa. Clinical features include loss of appetite, nausea, vomiting, yellowish urination, abdominal discomfort and tenderness in hepatic area. Bile pigments are produced as a result of breakdown of hemoglobin due to degeneration red blood cells. This bile pigments are transported to liver cells and conjugation occurs resulting in bilirubin diglucuronide. Excretion of this bilirubin diglucuronide in urine causes yellowish discolouration of urine. Bilirubin diglucuronide breaks down in large gut as stercobilinogen and stercobilin by the action of gut bacteria resulting in brownish discolouration of faeces [1]. The retention of bile pigments in the tissues as a result of liver disease, biliary obstruction, haemolysis or combination of these factors leads to Jaundice. Jaundice may be either due to pathology in the blood or Pre hepatic (Haemolytic) or Post hepatic (obstructive) or due to liver cell disease (hepatic) [2].

Humoral pathology of *Peru Manjal Noi* is aggravation of *Pitha* humour due to eating excess of food that has a sour, salt and pungent tastes, occupation involving wandering in the hot sun, sleeplessness during night etc. that disturbs *Iyyam* humour also. This disturbs the function of *Paravu Kaal Viyanan* (one among the 10 Vayus) and resulting in spread of biliousness in blood and yellowish discoloration of the body. This condition affects the regions like liver, gall bladder, gastrointestinal tract and biliary tree [3]. Modern medicine uses iron supplements, antiviral or steroid medications & surgery for management of jaundice. This paper aims to reveal the efficacy of Siddha formulations in the treatment of jaundice.

CASE REPORT

A 52 years old male patient visited Siddha Clinical Research Unit, OPD, Palayamkottai on 31.07.2021 with the complaints Generalized weakness, Loss of appetite, Nausea on and off, abdominal pain on and off, Yellowish discolouration of skin and eyes, Yellowish discolouration of urine since 15 days.

H/O Past Illness

No History of Diabetes mellitus, Hypertension, Blood transfusion, intake of hepatotoxic drugs and no surgical history. No family history of Diabetes mellitus, Hypertension, Chronic kidney disease, cerebrovascular accidents.

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H/O Present Illness

The patient presented with complaint of loss of appetite and generalized weakness for 10 days, nausea and abdominal pain for 7 days. Yellowish discoloration of urine, skin for 2 days

Treatment History

Has not taken any medicine for the above complaints till 31.07.2021.

Personal History

Marital status-Married

Food Habit-Non vegetarian

Difficulty in defecation

Passing yellow coloured urine

Loss of appetite

Insomnia

Medium built

No habit of smoking alcohol drugs tobacco

Occupational history

Patient is a farmer and part time mason.

Clinical findings on examination

Temperature- Afebrile

Blood pressure-110/80 mm/hg

Pulse rate- 60/minute

SpO2- 99/minute

Pallor- Nil

Respiratory rate- 18/minute

Icteric- +++

Clubbing- Nil

Lymphadenopathy – Nil

Pedal edema – Nil

Systemic Examination

CardioVascular Ssystem : S1 S2(+)

Respiratory System: NVBS(+)

Central Nervous System : NFND

GCS: 15/15

Digestive System: Loss of appetite and constipation

Uro-genital System: Yellowish discoloration of urine

Therapeutic regimen

Details of Classical Siddha formulations viz. drug, dosage, duration and adjuvant used in the treatment are mentioned in the Table 1.

Timeline

Details of Patients Visit are mentioned in Table 2.

Diagnostic Criteria

Assessment criteria was based on the assessment of biochemical parameters (Table 3), & Siddha Parameters (Table 4) before and after treatment.

Table 1: Details of therapeutic regimen

Medicine	Dosage	Adjuvant	Duration
<i>Santha chandrodhaya mathirai</i>	2 tablets twice a day	Hot water	15 days
<i>Keezhanelli Mathirai</i>	2 tablets twice a day	Hot water / Butter milk	15 days
<i>Mathulai manapagu</i>	5 ml twice a day	5 ml lukewarm water	15 days
<i>Karisalai thylam</i>	100 ml	For Oil bath	Twice a week

Table 2: Timeline details of the Patient

D/M/Y	Clinical events
15.07.2021	Development of Clinical signs and symptoms
31.07.2021	First Visit to SCRUPD
05.08.2021	Nausea and Abdominal Pain subsided
11.08.2021	Appetite improved Yellowish Discoloration of the eyes and Urine slightly reduced
16.08.2021	Patient symptomatically relieved Biochemical parameters returns to normal level

Table 3: Change in Biochemical Parameters and Urine examination before & after treatment

Lab Investigations	Before Treatment (31/07/2021)	After Treatment (16/08/2021)
Serum		
Total Bilirubin	14.7 mg/dl	2.9 mg/dl
Direct Bilirubin	11.9 mg/dl	2.3 mg /dl
Indirect Bilirubin	2.8 mg/dl	0.6 mg/dl
Urine		
Colour	Yellowish orange	Normal
Albumin	Normal	Normal
Deposits	Nil	Nil

Table 4: Siddha Parameters before and after treatment

SIDDHA DIAGNOSTIC TOOLS	Before Treatment	After Treatment
1. TONGUE (<i>Naa</i>)		
• Colour	Mild Yellowish	Normal
• Character	Normal	Normal
• Sense	Bitter Sour taste	Normal
2.SKIN COLOUR (<i>Niram</i>)	<i>Pitha kapha thegi</i>	<i>Pitha kapha thegi</i>
3.SPEECH (<i>Mozhi</i>)	Vocal Fatigue(+)	Normal
4.EYES (<i>Vizhi</i>)		
• Colour	Yellowish	Normal
• Character	Dryness	Normal
• Sense	Normal	Normal
5. STOOLS(<i>Malam</i>)		
• Colour	Yellow	Normal
• Froth	Absent	Absent
• Consistency	Hard (Constipation)	Normal
6. URINE(<i>Moothiram</i>)		
• Colour	Yellow	Normal
• Specific gravity	Increase	Normal
• Odour	Absent	Absent
• Froth	Absent	Absent
• Deposits	Nil	Nil
• Neikuri	<i>Azhai neer</i>	<i>Kapha neer</i>
7. TOUCH(<i>Sparisam</i>)		
	Dryness, Warmth	Normal(Cool)
8.PULSE(<i>Naadi</i>)		
Character	Feeble	Normal
Pattern	<i>Pitha naadi</i>	<i>Kabha pitha naadi</i>

Dietary advices for the patient

- Rice or kanji-rice with butter milk
- Tender coconut
- Sugarcane juices
- Tender vegetables like drumstick, brinjal lady's finger, Broad beans, Greens

- Fruits - Orange, Watermelon, Apple, Jambu, grapes
- Advised Strictly to avoid oil foods, pickles, excess salt and sour tastes

Lifestyle Modifications

- Advised oil bath with *karisalai thylam* twice a week
- Advised pranayama and asanas like savasana, padmasana etc.

Case Prognosis

Patient was symptomatically relieved on 07/08/2021 Nausea and abdominal pain subsided on 5/08/2021 His appetite improved and yellowish colouration of eyes and urine slightly changed on 11/08/2021.

DISCUSSION

Due to globalization and urbanization, lifestyle and eating habits of every individual has changed completely. Excess intake of Spicy foods, oil foods, Junk foods has alarmingly increased leading to imbalance of *Pitha* humor thereby resulting in *Peru Manjal noi*. According to *Siddha* system this aggravated *Pitha* humor causes yellowish discoloration of Skin, Urine, Nausea. Such condition in *Siddha* is called as *Peru manjal noi*. For treatment of *Peru manjal noi*, *Keezhanelli* tablet and *Santha Chandrodhayam mathirai* was prescribed for strengthening and rejuvenating the liver. *Santha Chandrodhayam (SCM) mathirai* is a classical *siddha* formulation used in clinical practice since centuries in the treatment of *Peru manjal noi*. Ingredients of SCM are *Vengaram* (Sodium tetra borate dehydrate), purified pooram, *kappu manjal* processed in *Eluminchan Saaru*(Lemon juice)Sodium tetraborate has minimal antibacterial and antifungal activity. Curcumin in *Curcuma longa* not only has antifungal, antibacterial compound but also has an antiviral compound inhibiting replication in a wide range of viruses [4]. *Santha santhirothayam* lowers the bio chemical Parameters of jaundice were observed in CCl₄ induced damaged liver in rat [5]. *Keezhanelli* contains Phyllanthin and hypophyllanthin, which have antiviral property and anti hepato-toxicity activity. DNA polymerase, the enzyme needed for the reproduction of hepatitis B virus is blocked by *Phyllanthus amarus* [6]. Extracts of *Punica granatum* lowers the oxidative stresses reducing anti oxidant enzymes. In case of N-Nitrosodiethylamine induced liver fibrosis, extracts of *Punica granatum* antagonizes elevations of Lipid peroxidation levels and liver function indices. There is regression of liver fibrosis by *Punica granatum* extract which is revealed through histopathological studies [7]. *Siddha* Classical formulations used in the treatment of jaundice have supportive scientific evidences. Further randomized controlled trial has to be carried out to validate these formulations.

CONCLUSION

Traditional system of medicine plays important role in the treatment of Jaundice since ages. *Siddha* Classical formulations treats jaundice effectively without altering the normal metabolism of the body.

Conflict of Interest

None declared.

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