



(RESEARCH ARTICLE)



A study on the prescription practice among registered siddha physician in treating Pouthiram (Fistula-In-Ano) in Tamil Nadu: A cross sectional survey

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Abstract

Background: Siddha system of medicine is primarily practiced in parts of southern India, the origin of this system tracked back to ancient Tamil civilization. It provides scientific and holistic approach in curative and rejuvenating health care. It comprises mainly 32 internal and 32 external medication forms among them chooranam an internal medicine is one of the effective medications prescribed along with medicated oil, ghee or honey to enhance its effectiveness. Fistula-in-ano is a condition with more prevalence and high recurrence rate, The Prescription of 50 registered Siddha physicians which are prognostic in their practice are obtained and analysed statistically.

Objective: To assess the drug of choice and line of treatment for treating POUTHIRAM(FISTULA-IN-ANO) among Siddha physicians.

Sampling technique: Convenient sampling.

Methodology: Questionnaire based study Open ended questions.

Method: Face to face interview, Google form.

Results and observations: The prescription practice study was carried out in 50 physicians (Registered private practitioners/ Faculties / physicians from government siddha institutions Assistant Medical officer/Research officer) in Tamilnadu. The observations were made and tabulated.

Keywords: Prescription; Pouthiram (Fistula-in-ano); Siddha medicine; High Recurrence; Surgical Procedure

1. Introduction

According to *Siddha* System the human body is the replica of the Universe, so is the food and drugs irrespective of their origin. Siddha System believes that all the objects in the Universe including human body are composed of five basic primordial elements, viz., earth, water, fire, air, and space. The human body is conglomeration of three humours and seven physical components.

The equilibrium of humours, body tissues and waste products are considered as health and its disturbances or imbalance leads to disease or pathologic state. The system also deals with the concept of immortality and salvation in this life.

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The diagnostic methodology in Siddha treatment is unique as it is made purely on the basis of the „clinical acumen“ of the Physician.

The following line of treatment have been in practice by Siddha Physicians. They are using medicines like chooranam, Kudineer, Vadagam, etc., made out of herbs, Surgical methods like incision, excision, Karanool, heat application (*Suttigai*), bloodletting and leech application, Physiotherapy- Thokkanam and varmam, the Siddha way of touch therapy, Medicated oil application, fomentation, herbal steam bath, etc. are the external therapies followed by the *Siddha* physicians. They are also using the medicines like *Parpam*, *Chenduram*, *Chunnam*, etc., made of minerals especially of metals.

In NOI NAADAL NOI MUDHAL NAADAL PART 1 literature (Guru Nadinool poem) POUTHIRAM is caused by the germ-SIRUNATHAN, It is said by the principle of increased heat(pitham) in the body that led to the restraining and suppressing the excrement, the germ (sirunathan) grows and bites into the root and corrodes the muscles and blood vessels. In SIDDHAR ARUVAI MARUTHUVAM literature, the disease POUTHIRAM is also called as PAGANTHIRAM and AASANAROODI, and it is classified into 8 types. Pavuthiram correlates with FISTULA-IN-ANO disease.

1.1. FISTULA-IN-ANO

A Fistula is an abnormal communication between two epithelial surfaces. It is lined by granulation tissues and colonized by bacteria. Most perennial abscess originate in one of the anal gland, obstruction of these glands causes bacterial overgrowth and eventually, abscess that settle in the space between the sphincters.. About 50% of these abscess may develop into fistula.

1.2. Complications

Fistula-in -ano can lead to many complications and are responsible for hospitalizations, recurrent perianal abscesses and a complex fistula network may develop, Risk of developing CA in the fistula tract, Significant risk of reoccurrence after surgery

1.3. Prevalence

The prevalence of fistula-in-ano is 8.6 cases/1,00,000.Men.-12.3/100000,Women-5.6/100000,More common in men than in women, men, women ratio-1.8:1,Average age -38years.

The incidence of fistula-in-ano developing from an anal abscess range from 26% to 38%.

1.4. Clinical management

Primary care providers are likely to identify fistula-in-ano in patients under their care, and can manage these patients with appropriate interdisciplinary support such as specialists. Based on the patient's history, physical examination, and diagnosis, determine the patient's risk category and initiate an appropriate treatment plan. Refer high-risk patients with multiple openings for appropriate surgical management.

1.5. Prescription

A prescription (Rx) is defined as a health care program implemented by a physician in the form of instruction that govern the plan care for an individual patient. The prescription symbol (Rx) currently in use is an ancient symbol which was established centuries ago.

2. Materials and methods

2.1. Aim and objective

2.1.1. Aim

To assess the prescription pattern among Siddha physicians for treatment of POUTHIRAM (Fistula-in-ano) in Tamilnadu.

2.1.2. Background and justification

Most fistula-in-ano cases undergo surgical procedure despite recurrence, Siddha medicines and procedures which are prognostic nature in prescriptions that are prescribed by registered siddha physicians are assessed and documented, that is most helpful in treating patients.

2.1.3. Objective

To assess the drug of choice and line of treatment for treating POUTHIRAM(FISTULA-IN-ANO) among Siddha physicians.

2.2. Sampling technique

Convenient sampling

2.3. Methodology

Questionnaire based study - Open ended questions.

To get the appointment from the siddha physicians in tamilnadu. At the time of appointment explain about the study and get informed consent, request the physician to answer the questionnaires and the collected data will be kept confidential.

2.4. Data collection and analysis

2.4.1. Method

Face to face interview

Google form

2.5. Data analysis:

All collected datas are analysed statistically with the help of senior research officers.

3. Results and observations

The prescription practice study was carried out in 50 physicians (Registered private practitioners/Faculties/physicians from government siddha institutions Assistant Medical officer/Research officer) in Tamilnadu.

The observations were made and tabulated

3.1. Pre treatment procedure

Purgation

3.2. Choice of treatment

- Internal Only
- External Only
- Internal And External

3.3. Drug of choice

- Chooranam
- Ilagam
- Ennai
- Mezhugu
- Chendooram
- Parpam

3.4. External therapy

- kalimbu

- ennai
- Oil bath
- Pugai
- Karam
- Karanool

3.5. Diagnostic tools

Siddha –naadi, neerkuri, neikuri, envagaithervu

Modern-MRI Fistulogram, CBC, Xray, HbsAg, VDRL, AFB,HIV 1 &2,Urine routine

Table 1 Choice of treatment

Choice of treatment	No. Of physicians	Percentage(%)
Internal only	-	-
External only	1	2%
Internal &e xternal	49	98%

Table 2 Pre treatment procedure

Purgation	No. Of physicians	Percentage(%)
Agasthiyarkuzhambu	2	4%
Meganatha Kuligai	4	8%
Siddhathi Ennai	15	30%
Not given	29	58%

Table 3 Drug of choice –chooranam

Chooranam	No. of physicians	Percentage(%)
Nilavagai chooranam	8	16%
Eladhic hooranam	2	4%
Kuppaimeni chooranam +seenthil chooranam	24	48%
Nayuruvi chooranam	4	8%
Megasanthi chooranam&Keezhanelli Chooranam	3	6%
Amman pacharisi chooranam	3	6%
Vallarai chooranam	2	4%
Sagalanoi chooranam	1	2%
Parangipattai chooranam	2	4%
Not given	1	2%

Table 4 Choice of Drug-Legiyam

Legium	No. of Physicians	Percentage(%)
Thetran Legiyam	22	44%
Karunai Legiyam	16	32%
Mahavallathy Legiyam	3	6%
Venpoosani Legiyam	2	4%
Not given	7	14%

Table 5 Choice of Drug-ENNAI

Ennai	No. Of physicians	Percentage(%)
Megasanjeevi Ennai	4	8%
Menithylum	36	72%
Sivanarvembukulithylum	3	6%
Notgiven	7	14%

Table 6 Choice of Drug-MEZHUGU

Mezhugu	No. of physicians	Percentage(%)
Nandhi Mezhugu	2	4%
Rasagandhi Mezhugu	26	52%
Idivallathy Mezhugu	3	6%
Sanmuga Mezhugu	2	4%
Gandharasayanam	9	18%
Parangirasayanam	4	8%
Notgiven	4	8%

Table 7 Drug of choice -CHENDOORAM

Chendooram	No. of physicians	Percentage(%)
Lingachendooram	12	24%
Rasachendooram	9	18%
Muthuchendooram	13	26%
Arumugachendooram	8	16%
KalamegaNarayanaChendooram	3	6%
Panchapasachendooram	3	6%
Notgiven	2	4%

Table 8 Drug of choice –PARPAM

Parpam	No. of physicians	Percentage(%)
Palagaraiparpam	6	12%
Pavalamparpam	4	8%
Naga parpam	19	38%
Muthuparpam	7	14%
Rasaparpam	1	2%
Nathaiparpam	7	14
Kukkilparpam	2	4
Amaioduparpam	2	4
Gandhagaparpam	1	2%
Not given	1	2%

Table 9 Drug of choice–PATHANGAM

Pathangam	No. of physicians	Percentage(%)
Veerarasapathangam	22	44%
Navagrahavellai	13	26%
Neelagandavaalaipathangam	1	2%
Notgiven	14	28%

Table 10 Drug of choice–MATHIRAI

Mathirai	No. of physicians	Percentage(%)
Ponnararai Tab	11	22%
Karuppu Vishnu chakkram	8	16%
BramanandhaBairavam	3	6%
Notgiven	28	56%

Table 11 Drug of choice–NEI

NEI	No. of physicians	Percentage (%)
Brahminei	9	18%
Thannervittannei	5	10%
Panjathikthagritham	3	6%
Notgiven	33	66%

Table 12 External therapy

External therapy	No. of physicians	Percentage(%)
Oil bath	45	90%
Kaaranool	10	20%
Ennai	50	100%
Kalimbu	46	92%
Pugai	16	32%

Table 13 External therapy-oil bath

Oil	No. of physicians	Percentage(%)
Asaithylam	11	22%
brahmithylam	4	8%
Arakkuthylam	5	10%
Aswagandhathithylam	3	6%
kumarithylam	4	8%
Kulirthamaraithylum	15	46%
Keezhanelithylum	1	2%
Sandhanadithylum	2	4%
Notgiven	5	10%

Table 14 External Therapy-Kalimbu

Kalimbu	No. of physicians	Percentage(%)
KadikaraKalimbu	4	8%
VangaVennai	11	22%
Amirthavennai	18	36%
Vellaimezhugu	5	10%
Kungliyavennai	8	16%
Notgiven	4	8%

Table 15 External therapy -oil application

ENNAI	No. of physicians	Percentage(%)
Mathanthylam	26	52%
Puraiennai	6	12%
Punganthylam	12	24%
Megasanjeevithylam	6	12%

Table 16 External therapy–PUGAI

PUGAI	No.of physicians	Percentage(%)
Agasthiyarkuzhambu	7	14%
Kuppaimenithiri	9	18%
Not given	34	68%

3.6. Externaltherapy–karanool

It isa treatment of tying around a medicated thread in the fistulous track there by burning it out forever. this treatment has high success rate low recurrence and practically nil complications.10 physicians practicing karanoosikichai out of 50 physicians.

3.7. External therapy-sitz bath

Triphala +luke warm water

Triphal +kukkil+Luke warm water

Salt+luke warm water

3.8. Duration of the treatment

50 days -2 centimeter

Average-1 1/2 months-6 months

3.8.1. Inclusioncriteria

Upto grade 3 fistula(st.James University Hospital MRI Classification of Perianal Fistula),Fistula in anterior region has more fast recovery compared to posterior (horse shoe shaped fistula) which takes more time to heal.

3.8.2. Exclusion Criteria

Multiple tract openings, uncontrolled co morbid conditions, cancer patients, TB patients.

3.8.3. Dietary recommendation by the doctor

KARPAM-Post treatment –preventive medicine- kuppaimeniver+thippili

Soft diet, greens, fruits, vegetable, fibre rich food, neeragaram,nathai kari, aloevera+ butter milk

3.8.4. Dietary restriction, by the doctors

Avoid spicy, sour,junkfood,peaut,egg,agathikeerai,pulichakeerai,coffee,constipation inducing diet,tobacco,chicken

3.9. Physical exercise

30 minutes walking,pranayamam,kegelsexercise,vajrasana,pavanamukthasana,malasana

3.10. Adverse reaction observed

According to the study, no adverse reaction was observed by siddha physicians.

4. Discussion

Fistula-in-anois called as *pouthiram* were treated according to everyone complaints and condition. The prescription practice study was carried out among 50 physicians (Private/Government *Siddha* physician / Registered traditional *Siddha* practitioners)in Tamilnadu. The data from the physicians were collected through using questionnaire(open ended questions).*Siddha* system of medicines offer tremendous relied in managing Fistula-in-ano. From the data's

obtained from the present investigation it was advocated that *Siddha* physicians utilised versatile formulations which includes chooranam, nei, thylam, legiyam, mathirai, chendooram and parpam for managing symptoms associated with fistula-in-ano. Despite oral medication *Siddha* Pioneers use the technique of external therapy that contribute significant clinical recovery in Fistula-in-ano patients. Outcome of present investigation further signifies that *Siddha* physicians are confident in handling external techniques such as oil bath, karanoor therapy and other add on therapy. Recurrence of fistula & expenditure of the surgical procedure is the highest concern for patients from lower economic zone, traditional therapy found to be cost effective with high clinical relevance in treating fistula-in-ano.

5. Conclusion

This study gives an exploratory view on the treatment of fistula -in-ano by the siddha physician. They treat pouthiram not only with medicines but also recommending optimal diet, aasanams,. Thus they can give fast progress in the treatment and prevent the recurrence of the disease.

Though treating a fistula is a very big challenge in current scenario, an integrative approach will give a successful management of fistula-in-ano, This study paves a way for upcoming siddha physicians for management of Pouthiram(Fistula-in-ano). Further Randomised control trial in big sample size is needed to proven this study.

Compliance with ethical standard

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Disclosure of Conflict of Interest

No conflict of interest.

Statement of informed consent

Informed consent was obtained from all the registered siddha physicians participated in the study. The personel details of the doctors will be kept confidential.

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