

A Siddha Case Study on Diabetes mellitus, Hyper-tension, and Chronic kidney disease

Research Article

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Abstract

Hypertension and chronic kidney disease (CKD) are closely interlinked pathophysiologic states, such that sustained hypertension can lead to worsening kidney function and progressive decline in kidney function can conversely lead to worsening blood pressure (BP) control. The pathophysiology of hypertension in CKD is complex and is a sequela of multiple factors, including reduced nephron mass, increased sodium retention and extracellular volume expansion, sympathetic nervous system overactivity, activation of hormones including the renin-angiotensin-aldosterone system, and endothelial dysfunction.

India has one of the largest numbers of people with HTN and T2D in the world. Therefore, the numeric burden of IKF in India is also likely to be high. A comprehensive review and meta-analysis of South Asian population-level studies on Chronic kidney disease CKD prevalence, reported the prevalence of CKD in general population of India to be 16 per cent which varied from 6 per cent to 32 percent (1)

The main approaches to the management of hypertension in CKD include dietary salt restriction, initiation of treatment with angiotensin-converting enzyme inhibitors or angiotensin receptor blockers, and diuretic therapy.

This case study presents a Siddha-based clinical evaluation and management of a patient suffering from these conditions. The study highlights Siddha diagnostic methods, internal medicines, external therapies, and outcomes, emphasizing holistic management and humoral balance.

Keywords: Diabetes, Chronic kidney disease, siruneerasirukozhai, siddha herbal juice

Introduction: -

According to estimates, 77 million Indians over the age of 18 have type 2 diabetes, and almost 25 million are prediabetics (with an increased risk of developing the disease shortly) which is expected to rise to over 134 million by 2045(1). Excessive intake of food rich in carbohydrates, fat and non-vegetarian food, excessive indulgence in intercourse, worry, tension, laziness and sedentary work were the causative factors in developing *madhumegam* according to the Siddha system of medicine. Siddha *Yugimuni* has classified *madhumegam* into 20 types based on colour, consistency and the smell of urine and other associated bodily symptoms and their complications (2). Siddha treatment focuses on detoxification, humoral correction, rejuvenation, and lifestyle regulation. The following case series presentation shows the efficacy of Siddha medicine in the management of *madhumegam* and its complications.

Case presentation

The patient at the age 64 male (Mr.Kannan) with the diagnosis of Chronic kidney diseases, diabetes and hypertension came to Rathna Siddha Hospital and Herbal Research Centre. He was with complaints of increased frequency of micturition, bilateral pedal edema, and facial puffiness persisting for the past six months. The patient also reported anorexia (loss of appetite), generalized weakness, and muscle cramps localized to the lumbosacral region.

The patient has a known history of Type 2 Diabetes Mellitus for the past 10 years and systemic hypertension for the past 2 years, for which he has been on regular allopathic medication. Despite ongoing treatment, his symptoms progressively worsened, leading to functional limitation and reduced mobility.

At the time of presentation, the patient's general condition was poor, and he required wheelchair assistance, indicating significant physical debility. The constellation of symptoms suggested chronic systemic involvement, warranting detailed evaluation and integrative therapeutic management.

Intervention of Siddha and its Observation

On clinical examination as per Siddha diagnostic principles the patient exhibited features suggestive of Neerizhivu with associated Neeradaippu and Udal Veekkam indicating chronic derangement of Kapha (Iyyam) and Vatha (Vatham) humors.

The presence of frequent urination, generalized edema involving the lower limbs and face, and loss of appetite reflected impaired Neer Neermai (fluid metabolism) and Saaram–Neer Thathu dysfunction. Persistent generalized weakness and muscle cramps in the lumbosacral region indicated Vatha aggravation, particularly Abanan and Viyanan Vayu imbalance.

Overall, the clinical features were assessed as a CKD, DM and HTN and prescribed the herbal juice at Siddha therapeutic intervention. In siddha and Ayurveda these diagnosis are named as Diabetes mellitus (Madhumegam) Hypertension (Iraippu Noi), Chronic Kidney Disease (Siruneeraga Sirukozhai)

Internal Medicines (Siddha Therapeutic Intervention)

The patient was administered internal Siddha medicines, primarily based on herbal juice therapy, supported by selected classical formulations. In order to preserve the proprietary nature of traditional formulations, the exact composition of certain medicines has been intentionally withheld, while dosage form, frequency, and therapeutic rationale are clearly documented.

1. Herbal Juice Therapy

A herbal juice formulation was administered orally at a dose of 200 mL, four times daily. This therapy was intended to support detoxification, fluid balance regulation, and metabolic correction, particularly targeting Neerizhivu (Diabetes-related pathology) and Neeradaippu (fluid retention).

2. Classical Siddha Tablet Formulations

- Tablet A (coded as Tub Neeri): Administered 2 tablets, three times daily (2-2-2)
- Tablet B (coded as Tub Neena): Administered 2 tablets, three times daily (2-2-2)

These formulations were selected based on their traditional indication for Kapha–Vatha imbalance, urinary system support, and metabolic regulation.

3. Herbal Liquid Preparation

A herbal liquid formulation consisting of traditionally indicated herbs (coded for confidentiality) was administered at a dose of 60 mL per day, divided into suitable intervals. This preparation was aimed at improving digestive fire (Agni), reducing edema, and enhancing tissue nourishment.

4. Herbal Powder Formulation

A herbal powder preparation was prescribed at a total dose of 100 g, administered in divided doses as per Siddha therapeutic protocol. This formulation supported Vatha pacification, musculoskeletal strength, and general vitality.

5. Classical Combination Therapy

A combination of two traditional Siddha formulations (coded as Purana and Reena) was administered at a total daily dose of 180 mg, given as 2 units thrice daily (2-2-2). This combination was utilized for its role in chronic disease modulation, organ function support, and systemic rejuvenation.

Scientific Note on Confidentiality

The detailed composition of certain internal medicines has been withheld to protect traditional intellectual knowledge, while maintaining transparency in dosage, duration, and therapeutic outcomes, in accordance with ethical guidelines for traditional medicine research.

External Therapies (Siddha External Interventions)

In addition to internal medicines, the patient was administered selected Siddha external therapies, aimed at restoring humoral balance, improving circulation, and facilitating systemic detoxification.

1. Banana Leaf Bath (Vaazhai Ilai Snaanai)

The patient underwent a banana leaf bath, wherein the body was completely covered with fresh banana leaves, followed by controlled exposure to early morning sunlight for 30 minutes daily.

This therapy is traditionally indicated for Vatha–Kapha disorders and is believed to promote cutaneous elimination of toxins, enhance peripheral circulation, and support fluid balance regulation. The mild solar exposure further aids in thermoregulation and metabolic activation, contributing to reduction of edema and stiffness.

2. Meethi Sigichai (Herbal Leaf Poultice Therapy)

Meethi Sigichai was administered using freshly prepared neem (*Vembu – Azadirachta indica*) leaves and bitter melon (*Paagharkkai – Momordica charantia*) leaves.

This external application was selected for its traditional role in reducing inflammatory swelling, pacifying aggravated Kapha, and supporting glycemic and skin-related manifestations. The therapy also aids in clearing obstructed channels (*Srotas*) and improving local tissue metabolism.

3. Mud Bath Therapy (Mann Snaanai)

A mud bath was administered on alternate days, applying medicated natural mud over the body under controlled conditions.

Mud therapy is traditionally employed for its cooling, absorbent, and anti-inflammatory properties, helping to reduce body heat (*Pitham*), edema, and musculoskeletal discomfort. It also contributes to relaxation of neuromuscular tissues and enhances overall vitality in chronic systemic conditions.

Day	Morning (7:45–8:15 AM)	Mid-Morning (11:00 AM)	Afternoon (12:15– 12:45 PM)	Evening (4:00 PM)	Night (7:00–7:45 PM)
Monday	Semiya with coconut chutney	Sprouted horse gram (Kollu) with banana stem soup	Barnyard millet rice, sambar with broad beans, <i>Alternanthera</i>	Banana stem soup	Idli with sambar and onion chutney

Day	Morning (7:45–8:15 AM)	Mid-Morning (11:00 AM)	Afternoon (12:15– 12:45 PM)	Evening (4:00 PM)	Night (7:00–7:45 PM)
			<i>sessilis</i> (Ponnanganni) greens, bottle gourd curry		
Tuesday	Pongal with sambar	Sprouted black gram (Ulunthu) with mushroom soup	Black rice, field bean curry, amaranthus greens, ridge gourd curry	Mushroom soup	Sprouted dosa with coconut chutney
Wednesday	Steamed puttu with banana	Sprouted cowpea (Karamani) with spinach soup	Red rice, soy milk, spinach greens, ridge gourd curry	Spinach soup	Multigrain upma with coconut chutney
Thursday	Kozhukattai and sundal	Sprouted chickpea (Kondai kadalai) with ash gourd/pumpkin soup	Red rice, drumstick sambar, red amaranth greens	Ash gourd/pumpkin soup	Red rice idiyappam with vegetable kuruma
Friday	Idli with sambar	Sprouted fenugreek seeds (Vendhayam) with drumstick leaf soup	Black rice, buttermilk curry, okra, nightshade greens, banana stem poriyal	Drumstick leaf soup	Vallarai leaf dosa with coriander chutney
Saturday	Aval upma	Sprouted pearl millet (Kambu) with mixed vegetable soup	Foxtail millet rice, cowpea curry, spinach greens, pumpkin curry	Mixed vegetable soup	Chapati with vegetable kuruma

Day	Morning (7:45–8:15 AM)	Mid-Morning (11:00 AM)	Afternoon (12:15– 12:45 PM)	Evening (4:00 PM)	Night (7:00–7:45 PM)
Sunday	Black gram porridge	Sprouted green gram (Pachai payaru) with tender coconut-based light soup	Black rice, spinach greens, banana flower curry	Tender coconut-based light soup	Adai dosa with coconut chutney and fruit juice

A structured sprouted-legume and herbal soup-based diet was advised, emphasizing easily digestible proteins, Kapha-reducing foods, and nephro-supportive vegetables, in alignment with Siddha dietary principles for chronic metabolic disorders.

Observation and Outcome

After 1 week of Siddha treatment:

- Reduction in thirst and frequent urination
- Better sleep quality
- Stabilization of urine output
- Overall improvement in quality of life

Discussion

According to Siddha principles, prolonged aggravation dries up body tissues, while Herbal juice balances circulation and excretion. In this patient, untreated, DM and HTN has caused chronic kidney disease. Siddha medicines corrected humoral imbalance, improved neeraga seyal (renal function), and slowed disease progression. External therapies of Mithi sigichai with vembu and bhagarkai helped to pacify the swelling in the leg.

Conclusion

This Siddha case study demonstrates that early humoral correction, disciplined internal and external treatment like Herbal juice and individualized Siddha medicines can effectively manage chronic kidney disease. Siddha system offers a holistic, non-invasive approach to improve patient well-being and delay disease complications.

Reference: -

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