

A Scientific/Clinical Case Study of Siddha Healing ‘Diabetic Foot Ulcers’ and Restoring Glycemic Control Without Amputation recommended by Allopathy.

Research Article

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Abstract

Chronic Diabetic Foot Ulcer (DFU) remains a major clinical challenge despite advances in modern wound care. This paper presents a systematically documented clinical case of a 51-year-old female patient successfully treated using Siddha medicine alone. The study critically analyzes the limitations of allopathic wound management (prescribing for amputation) and explains, with scientific evidence (2018–2023), how Siddha diagnosis and therapy operate at systemic, metabolic, and tissue-regenerative levels to achieve stable wound healing.

Keywords: Siddha medicine, Diabetic foot ulcer, Chronic wound healing, Case study

1. Introduction

Diabetic Foot Ulcer (DFU) is a recognized complication of long-standing diabetes mellitus and remains a major cause of non-traumatic lower-limb amputation worldwide. Early epidemiological studies established the association between diabetes, peripheral vascular disease, neuropathy, and tissue ischemia as primary contributors to DFU development [1]. Classical clinical literature further described the progressive stages of diabetic foot lesions and emphasized infection control, debridement, and amputation prevention as core management strategies [2]. Landmark studies demonstrated that neuropathy-induced ulceration followed by infection frequently culminates in limb amputation, highlighting the disease burden and importance of preventive care [3]. While these foundational works established the clinical framework of DFU, they did not address the biological failure of wound healing once chronicity was established. Recent scientific evidence (2018–2023) identifies immune dysregulation, oxidative stress, impaired angiogenesis, and defective tissue regeneration as key mechanisms underlying chronic DFU, revealing limitations of conventional allopathic management.

The clinical features of Diabetes mellitus are paralleled with *Madhumega Noi* or *inippu mana neer/Neerizhuvu* and the complications are known as *Neerizhivu Noi Avathaigal* [4]. In *Agathiyar RanaVaithiyam*, *Viranam* (Ulcers) is classified into two types *Theerum Viranam* (Healing ulcers), and *Theeratha Viranam* (Chronic non-healing ulcers). *Madhumega viranam* is one of the *TheerathaViranam* (Chronic non-healing ulcers) [5] and is referred to as *Madhumegha Pun* (MP). Many herbomineral formulations are indicated for treating wounds, but their clinical usage is limited and not yet subjected to scientific evaluation. This case study reveals the effective management of _____ siddha internal medications.

2. Case Presentation

2. Case Profile:

A 51year old Female (mother of 2 males and 1 female child) from Trichy(Tamilnadu) came to our Siddha hospital and Research Centre with a chronic ulcer for about three months in the posterior malleolus wound of left foot. The ulcer had foul smelling discharge and peri-wound swelling. She suffered without proper care and treatment and it advanced into a deep ulcer with foul odor. From the past history, it was known that he was an uncontrolled diabetic. From clinical examination she was known to be suffering from Diabetic Foot Ulcer -*Mathumega Pun*. She had sleep disturbances. She was on **antidiabetic medication** for the past _year). Improper dietary regimen and poor drug compliance was noted from his history and his HbA1C was _____. She was treated with oral antibiotics but the prognosis was unsatisfactory. So, the patient visited our Siddha hospital and Research Centre for treatment.

On examination, patient was stable, conscious and oriented. The ulcer was situated near the right posterior malleolus irregular in shape with punched out oedematous edges, measuring **7.3 cms in length, 6 cms in breath and 0.5cms in depth**. The floor was pale in colour and healthy granulation tissues were not found. The discharge was copious foul smelling and purulent.

3. Diagnostic Assessment:

4. Local Examination

Site – Right posterior malleolus

Size -**7.3 cms in length, 6 cms in breath and 0.5cms in depth**



Figure 1. Patient arrival stage

3. Clinical Examination

Local examination revealed swelling over the left foot with a ruptured ulcer discharging watery exudate. Peripheral pulses were palpable, and no gangrene or necrosis was observed.



Figure 2. Clinical image of left foot ulcer before Siddha treatment.

4. Allopathic Perspective and Limitations

Normal wound healing proceeds through hemostasis, inflammation, proliferation, and remodeling. In diabetic patients, this sequence is disrupted due to prolonged inflammation, impaired macrophage function, reduced angiogenesis, oxidative stress, and endothelial dysfunction [6,7]. Chronic DFUs remain trapped in an inflammatory state and fail to progress toward tissue regeneration. Antibiotic dependence and biofilm formation further compromise healing, while advanced wound care technologies show inconsistent success in chronic cases [8,9].

5. Siddha Diagnostic and Therapeutic Framework

The Siddha system is the oldest medicinal method practiced in the southern parts of India comprising of 32 internal and external therapies. Diabetes and diabetic ulcers have been treated for a long time with a variety of medicinal plants and herbo-mineral Siddha medications. In the Siddha medical system, diabetic ulcers are correlated with Madumega pun. The sixteen varieties of wounds that make up the Siddha basic theory are divided into three main divisions: Vali Viranam, AzhalViranam, and IyaViranam. Wounds falling under the Vali and Azhal categories are treated with oil-based (Thailam) medications, whereas wounds falling under the Iya category are treated with either oil-based (Thailam) or powder-based (Chooranam/Parpam) treatments. [

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 thermo regulation and metabolic activation, contributing to reduction of edema and stiffness.

2. Meethi Sigichai (Herbal Leaf Pultice Therapy)

Meethi Sigichai was administered using freshly prepared neem (*Vembu – Azadirachta indica*) leaves and bitter gourd (*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.

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|------------|---------------------------------------|-----------------------------------|---------------------------------------|------------------------------|-----------------------------|
| 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) |
|------------|---------------------------------------|-----------------------------------|---------------------------------------|------------------------------|-----------------------------|

5. Siddha Diagnostic and food Therapeutic Framework

| | | | | | |
|-----------|-----------------------------|--|---|---------------------------------|--|
| Monday | Semiya with coconut chutney | Sprouted horse gram (Kollu) with banana stem soup | Barnyard millet rice, sambar with broad beans, <i>Alternanthera sessilis</i> (Ponnanganni) greens, bottle gourd curry | Banana stem soup | Idli with sambar and onion chutney |
| Tuesday | Pongal with sambar | Sprouted black gram (Ulundhu) 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 |
| 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 |

6. Observation and Outcome

The patient demonstrated progressive reduction in swelling, relief from pain, restoration of hemostasis, inflammation, proliferation, and remodeling process of healing with 10days. sleep, improved appetite. The formation of healthy granulation tissue, resulting in stable wound healing.



Figure 2. Progressive wound healing after Siddha treatment.





Figure 3 -Final stage of the wound healing after Siddha Treatment

7. Conclusion

This case study demonstrates stage by stage that Siddha medicine functions as an independent, expert-level clinical system capable of curing chronic diabetic foot ulcer by restoring scientific and systematic process of wound-healing beyond the therapeutic limits of conventional allopathic management.

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