



Case Study

www.ijrap.net

(ISSN Online:2229-3566, ISSN Print:2277-4343)



THERAPEUTIC EFFECT OF SIDDHA MEDICINES IN DYSFUNCTIONAL UTERINE BLEEDING (DUB) PATIENT: A CASE STUDY

Gomathi Ramasamy¹, Mamallan Arumugam^{2*}, Preetheekha Elangovan³, Tamilarasan Govindasamy⁴

¹ Medical Officer, National Institute of Siddha, Chennai, Tamil Nadu, India

² Medical officer, Government Hospital, Kariapatti, Virudhunagar dt., Tamil Nadu, India

³ Medical Officer, Jains Hospital, Chennai, Tamil Nadu, India

⁴ PG Scholar, Department of Gunapadam, Government Siddha Medical College, Arumbakkam, Chennai, Tamil Nadu, India

Received on: 18/6/24 Accepted on: 14/8/24

*Corresponding author

E-mail: drmamallan78@gmail.com

DOI: 10.7897/2277-4343.155153

ABSTRACT

Dysfunctional uterine bleeding (DUB) is a prevalent cause of life-threatening anaemia in women. Siddha medicine, a traditional system of medicine, offers various formulations for managing anaemia. This single-case study evaluates the therapeutic effect of Siddha medicines in treating life-threatening anaemia in a patient with DUB. A 35-year-old female with severe iron deficiency anaemia (haemoglobin 4.3 gm/dl) and DUB was treated with a combination of Siddha medicines, including Maruthampattai choornam, Annabethi chenduram, Sangu parpam, and Mathulai syrup for three months. Hematological parameters were monitored at baseline, 2 months, and 3.5 months. Significant improvement was observed in haematological parameters. Haemoglobin levels increased from 4.3 gm/dl to 11.3 gm/dl, RBC count from 3.09 million/cumm to 5.15 million/cumm, MCV from 57.9 fl to 72.2 fl, MCH from 13.9 pg to 21.9 pg, MCHC from 24.0 gm/dl to 30.4 gm/dl, and HCT from 17.9% to 37.2%. The Siddha medicinal regimen was effective in significantly improving the haematological profile of the patient, highlighting its potential in managing severe anaemia due to DUB. This study highlights the potential of Siddha medicine in managing severe anaemia due to DUB, emphasizing the role of traditional medicine in complementing conventional treatments.

Keywords: Traditional Medicine, Iron Deficiency Anaemia, Vellupu Noi, Abnormal Uterine Bleeding

INTRODUCTION

Dysfunctional uterine bleeding (DUB) is a common gynaecological condition that can lead to severe anaemia, posing significant health risks to women.¹ Anemia resulting from DUB often requires prompt and effective treatment to prevent life-threatening complications.² Siddha Medicine, an ancient traditional system of medicine practised predominantly in South India, offers a range of formulations to address various health conditions, including anaemia.³ This single-case study explores the therapeutic potential of Siddha medicines in treating severe iron deficiency anaemia associated with DUB, providing insights into its efficacy and role in complementing conventional medical approaches.

Patient Information

A 35-year-old female presented to Siddha outpatient department, Kariapatti Government Hospital, Virudhunagar District, Tamil Nadu, India, with a history of irregular and heavy menstrual bleeding for the past 12 months. The patient reported fatigue, weakness, and shortness of breath, heavy menstrual bleeding lasting more than 7 days. Laboratory tests revealed a haemoglobin level of 4.3 gm/dl, confirming the presence of iron deficiency anaemia. During the general appearance assessment, the patient displayed evident pallor and distress. Vital signs were measured, including blood pressure 120/80 mmHg, heart rate 90 bpm, pulse rate 90 bpm (tachycardia), respiratory rate 24 cycles/min, and temperature 98.4. Examination of the skin and mucous membranes unveiled a noticeable paleness, particularly

in the conjunctiva, nail beds, and palmar creases.

Further inspection during the head and neck examination confirmed pallor of the lips and oral mucosa, although no signs of jaundice or lymphadenopathy were evident. Cardiovascular assessment revealed a regular rhythm without murmurs, and there were no indicators of heart failure. The pelvic examination, encompassing a speculum examination, disclosed heavy menstrual bleeding, yet no structural abnormalities or palpable masses were detected, contributing to a comprehensive understanding of the patient's presentation.

Clinical Findings

During the initial visit on 08/1/2022, a comprehensive set of investigations revealed critical haematological parameters. The patient exhibited severe anaemia as indicated by a significantly reduced haemoglobin level of 4.3 gm%, a diminished RBC count of 3.09 million/cumm and a decreased hematocrit (HCT) of 17.9%. The mean corpuscular volume (MCV) was notably low at 57.9 fl, along with reduced mean corpuscular haemoglobin (MCH) at 13.9 pg and mean corpuscular haemoglobin concentration (MCHC) at 24.0 gm/dl. These findings collectively reflected the severity of the anaemic condition, while the white blood cell (WBC) count was within the normal range at 9.9 thousand/cumm. Platelet count, however, was observed to be within the normal range at 319 thousand/cumm. The detailed haematological profile provided a comprehensive insight into the extent of the anaemia, guiding subsequent diagnostic and therapeutic interventions.

Diagnostic Assessment and Therapeutic Intervention

After completion of physical and systemic examination with lab investigations, the treatment was planned to correct the DUB and haemoglobin levels. The details of all the prescribed medicines are mentioned in Table 1. Therapeutics uses of medicines as per Siddha literature are given in Table 3.

Follow-up and Outcome

The patient's progress was monitored over three visits, with haematological parameters showing significant improvement. By the second visit on 07/3/2022, haemoglobin levels had increased to 10.0 gm/dl, and by the third visit on 25/4/2022, further progress was noted, with haemoglobin reaching 11.3 gm/dl. The RBC count, MCV, MCH, MCHC, and HCT values also showed marked enhancement, indicating a transition from severe anaemia to haematological normalization and recovery, as in Table 3.

Table 1: Siddha treatment given to the patient

Name of the Formulation	Dose with adjuvant, frequency	Duration
Maruthampattai choornam ⁴	3 gm two times a day with honey after food.	3 Months
Annabethi chenduram ⁵	200 mg two times a day with honey after food.	3 Months
Sangu parpam ⁵	200 mg two times a day with honey after food.	3 Months
Mathulai syrup	5 ml three times a day	3 Months

Table 2: Therapeutic uses of prescribed medicines and possible effects

Medicine name	Indications	Possible effects
Marutham Pattai Chooranam ⁶	Iruthaya noigal (Heart diseases), Valikutram (Vatha dosham), Patha vedippu (Cracks in foot), Veluppu noi (Anaemia), kamalai (Jaundice), Sobai (Dropsy), Suram (Fever).	Astringent in nature and pacifies Pittha thodam, pacifies Pittha thodam and astringent effect.
Sangu Parpam ⁷	Kunmam (Gastric ulcer), Soolai (Pain), Thol noigal (Skin diseases), Kan pugaicchal (Blurring of vision)	Pacifies Pittha and Kabha thodam.
Mathulai Syrup	Karuppai noigal	It regulates menstrual bleeding and regulates the deranged thodam.

Table 3: Patient's Observation and Results for the Treatment Period

Objective parameters	First visit 08.1.2022	Second visit 07.3.2022	Third visit 25.4.2022
Haemoglobin	4.3 gm/dl	10.0 gm/dl	11.3 gm/dl
RBC	3.09 million/Cumm	4.77 million/cumm	5.15 million/cumm
MCV	57.9 fl	71.9 fl	72.2 fl
MCH	13.9 pg	21.0 pg	21.9 pg
MCHC	24.0 gm/dl	29.2 gm/dl	30.4 gm/dl
HCT	17.9%	34.3%	37.2%

DISCUSSION

Dysfunctional uterine bleeding (DUB) represents a prevalent issue, prompting women to seek medical assistance concerning menstrual irregularities. The aetiology of abnormal uterine bleeding varies based on the patient's age. A specific cause for the DUB in this case was not identified despite thorough examination. ⁸

In the esteemed classical Siddha manuscript, Veluppu noi (anaemia) is delineated into six intricate subcategories predicated upon the manifestations of clinical indications and symptoms. These delineations encompass Vali veluppu noi (Iron deficiency anaemia), Azhal veluppu noi (haemolytic anaemia), Iyyam veluppu noi (vitamin B₁₂ deficiency anaemia), Mukkutram veluppu noi (anaemia of chronic disease), Nanju veluppu noi (lead poisoning, heavy metals) and Mannunveluppu noi (vitamin deficiency anaemia). ⁹

Within the corpus of Siddha literature, it is explicated that the aetiology of anaemia primarily emanates from a confluence of factors such as the heightened consumption of saline, acidic victuals, deleterious comestibles, and pathological states inclusive of hepatic disorders, hemorrhagic piles, hematemesis, anomalous uterine discharges, and dysentery. ¹⁰

The concoction of Maruthampattai choornam encapsulates the essence of Marutham pattai, derived from the botanical marvel *Terminalia arjuna* (Roxb.), renowned for its inherent astringent properties. Likewise, Sangu Parpam, a venerable Siddha

formulation, boasts its genesis from the marine realm, mainly hailing from the Oothu sangu or Conch shell. Characterized by its robust astringency, Sangu parpam has enjoyed historical acclaim in addressing hemorrhagic disorders.

Annabethi chendooram and Mathulai syrup emerge as a formidable contender in haemoglobin augmentation. Annabethi, also known as green vitriol, assumes a pivotal role in combating Veluppu noi and its various subtypes, orchestrating an augmentation in iron absorption. In this empirical exposition, Maruthampattai choornam, Annabethi chenduram, Sangu parpam, and Mathulai syrup emerge as the quintessential pharmacological arsenal, meticulously curated to ameliorate the scourge of anaemia stemming from augmented blood loss while meticulously safeguarding the sanctity of physiological homeostasis.

During the initial visit on January 8, 2022 (Table 3), the patient presented with severe anaemia, reflected in a haemoglobin level of 4.3 gm/dl and a low RBC count of 3.09 million/cumm, along with microcytic hypochromic indices. Upon the second visit on March 7, 2022, significant improvement was observed, with haemoglobin rising to 10.0 gm/dl, RBC counts to 4.77 million/cumm, and noticeable enhancement in MCV, MCH, and MCHC values, indicating transitioning to normocytic normochromic erythrocytes, further validated by the HCT value of 34.3%. By the third visit on April 25, 2022, substantial enhancement was evident, with haemoglobin levels reaching 11.3 gm/dl, RBC count escalating to 5.15 million/cumm, and continued improvement in MCV, MCH, and MCHC values, accompanied

by an HCT value of 37.2%, reflecting the resolution of anaemia and restoration of haematological homeostasis.

Anaemia's primary symptom is fatigue. Pandu (veluppu noi) means pallor or whiteness. In the Siddha aspect, Veluppu Noi symptoms are correlated with anaemia in modern medicine. Siddha's classical text Veluppu noi was classified into six subtypes based on clinical signs and symptoms. They are Vali veluppu noi, Azhal veluppu noi, Iyyam veluppu noi, Mukkutram veluppu noi, Nanju veluppu noi, and Mannunveluppu noi. Siddha's literature denotes that the cause of anaemia is the increased intake of salty, sour foods, toxic foods and diseased conditions such as liver diseases, bleeding haemorrhoids, hematemesis, abnormal uterine bleeding and dysentery.

The sequential analysis of objective parameters across the three visits delineates a remarkable progression from severe anaemia towards haematological recovery, underscored by the gradual normalization of key haematological indices.

CONCLUSION

In conclusion, the sequential analysis of haematological parameters across three visits demonstrates a remarkable journey from severe anaemia to significant haematological recovery. This progression highlights the effectiveness of intervention strategies in restoring haemoglobin levels and promoting erythropoiesis. Normalizing key indices, such as RBC count and MCV, indicates a transition towards haematological homeostasis. These findings underscore the importance of vigilant monitoring and timely intervention in managing anaemia effectively. Ultimately, this case is a testament to the potential for comprehensive care to facilitate substantial improvement in haematological health.

Patient Perspective: After struggling with weakness, difficulty breathing while walking, and heavy menstrual bleeding, I sought Siddha treatment. Over three months of using Siddha medicine, my haemoglobin improved from 4.3 gm/dl to 11.3 gm/dl, significantly enhancing my energy and quality of life. The experience highlighted the effectiveness of traditional Siddha medicine in managing my condition.

Informed Consent: Informed consent was obtained from the patient before the onset of treatment and for publishing the details obtained from him.

ACKNOWLEDGEMENT

The author wishes to acknowledge sincere thanks to the medical officer at Kariapatti Government Hospital, Virudhunagar Dt., Tamil Nadu, India.

REFERENCES

1. Achanna KS, Nanda J. Evaluation and management of abnormal uterine bleeding, *Med J Malaysia* 2022; 77(3):374-83.
2. Chatterjee T, Das A. Clinical Emergencies Presented by Anemia, *Emerg Med (Los Angel)* 2016; 6(327):2.
3. Karunamoorthi K, Jegajeevanram K, Xavier J, Vijayalakshmi J, Melita L. Tamil traditional medicinal system - Siddha: An Indigenous health practice in the International perspectives *Cellmed*, 2012; 2(2):12.
4. KS Murugesu Mudaliar. Gunapadam Part 1 Mooligai Vaguppu. 1st ed. Chennai 106: Directorate of Indian Medicine and Homeopathy; 1936, p 526.
5. KN Kuppasamy Mudhaliar, CS Uthamarayan. Siddha Vaithya Thirattu 1st ed. Chennai 106: Directorate of Indian Medicine and Homeopathy; 1933, p 148, 167.
6. Dwivedi S, Chopra D. Revisiting Terminalia arjuna - An Ancient Cardiovascular Drug. *J Traditional Complement Med* 2014; 4(4):224-231.
7. Madhavan R, Murugesan R, Govindarajan Sumathy SA. Evaluation of Antiulcer Activity of Sangu Parpam - An Experimental Study, *Natural Volatiles and Essential Oils Journal* 2021; 7:49-60.
8. Field CS. Dysfunctional uterine bleeding. *Primary Care. Clinics in Office Practice* 1988; 15(3): 561-74.
9. KN Kuppasaamy Mudhaliyar. Pothu Mauthavam. 2nd ed. Chennai 106: Directorate of Indian Medicine and Homeopathy; 2012, p 345-348.
10. Shreya Joshi, Abhishek Bhushan Sharma. Ayurveda in Management of Iron Deficiency Anemia: A Case Report, *Ayushdhara* 2022; 9(1):46-50.

Cite this article as:

Gomathi Ramasamy, Mamallan Arumugam, Preetheekha Elangovan and Tamilarasan Govindasamy. Therapeutic effect of Siddha Medicines in Dysfunctional Uterine Bleeding (DUB) patient: A Case Study. *Int. J. Res. Ayurveda Pharm.* 2024;15(5):47-49

DOI: <http://dx.doi.org/10.7897/2277-4343.155153>

Source of support: Nil, Conflict of interest: None Declared

Disclaimer: IJRAP is solely owned by Moksha Publishing House - A non-profit publishing house, dedicated to publishing quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. IJRAP cannot accept any responsibility or liability for the site content and articles published. The views expressed in articles by our contributing authors are not necessarily those of the IJRAP editor or editorial board members.