



International Journal of Current Research in Medical Sciences

ISSN: 2454-5716

(A Peer Reviewed, Indexed and Open Access Journal)

www.ijcrims.com



Review Article

Volume 7, Issue 1 -2021

DOI: <http://dx.doi.org/10.22192/ijcrms.2021.07.01.002>

COVID 19 Siddha Perspectives and Medicine

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Abstract

The pandemic disease COVID-19 caused by SARS-COV2 a prospective lethal disease of the public health in an intercontinental treat. This eruption of COVID-19 set foot in a wild stage. This condition spreads rapidly which makes a decrease demand in the healthy individuals counts less from the public to develop a high risk by COVID-19 and needs a hospital care. So, the pinnacle to breakout this situation an emergency wish to target SARS-COV2 a restoration is required. The comparison of modern perspective and siddha perspective of COVID-19 have been discussed to target SARS-COV2. This review article deals with sideline perspective of COVID-19.

Keywords: COVID-19, SARS-COV2, siddha perspective.

Introduction

Modern perspective of Covid-19.

In December 2019, a cluster of Pneumonia cases, caused by a newly identified -coronavirus, occurred in Wuhan, China. This Corona virus was initially named as the 2019-novel Corona virus (2019-nCoV) on 12 January 2020 by World Health Organization (WHO). WHO officially named the disease as Corona virus disease 2019 (Covid19) and Corona virus Study Group (CSG) of the International Committee proposed to name the new Coronavirus SARS-CoV-2 both issued on 11 February 2020.

The Chinese scientists rapidly isolated a SARS-CoV-2 from a patient within a short time on 7 January 2020 and came out to genome sequencing of the SARS-CoV-2. As of 1 March

2020, a total of 79,968 cases of Covid-19 have been confirmed in mainland China including 2873 deaths. Studies estimated the basic reproduction number (R0) of SARS-CoV-2 to be around 2.2 or even more (range from 1.4 to 6.5) and familial clusters of Pneumonia outbreaks add to evidence of the epidemic.

Covid-19 steadily growing by human-to-human transmission(1).

Although Covid-19 most commonly presents with respiratory symptoms such as cough and shortness of breath, there is evidence that the illness can also present with non-respiratory symptoms most notably digestive symptoms such as diarrhea, diminished appetite and nausea.

The digestive symptoms of Covid-19 likely occur because the virus enters target cells through angiotensin converting enzyme 2 (ACE2) A receptor found in both the upper and lower gastrointestinal tract where it is expressed at nearly 100-fold higher levels than in respiratory organs.

In addition, viral nucleic acid is detected in feces in over half of patients infected with Covid-19 and in nearly one-quarter of cases stool samples test positive when respiratory samples are negative.

Up to now, most of the emerging Covid-19 literature has focused on severe or critically-ill patients, yet over 80% of patients have mild disease.

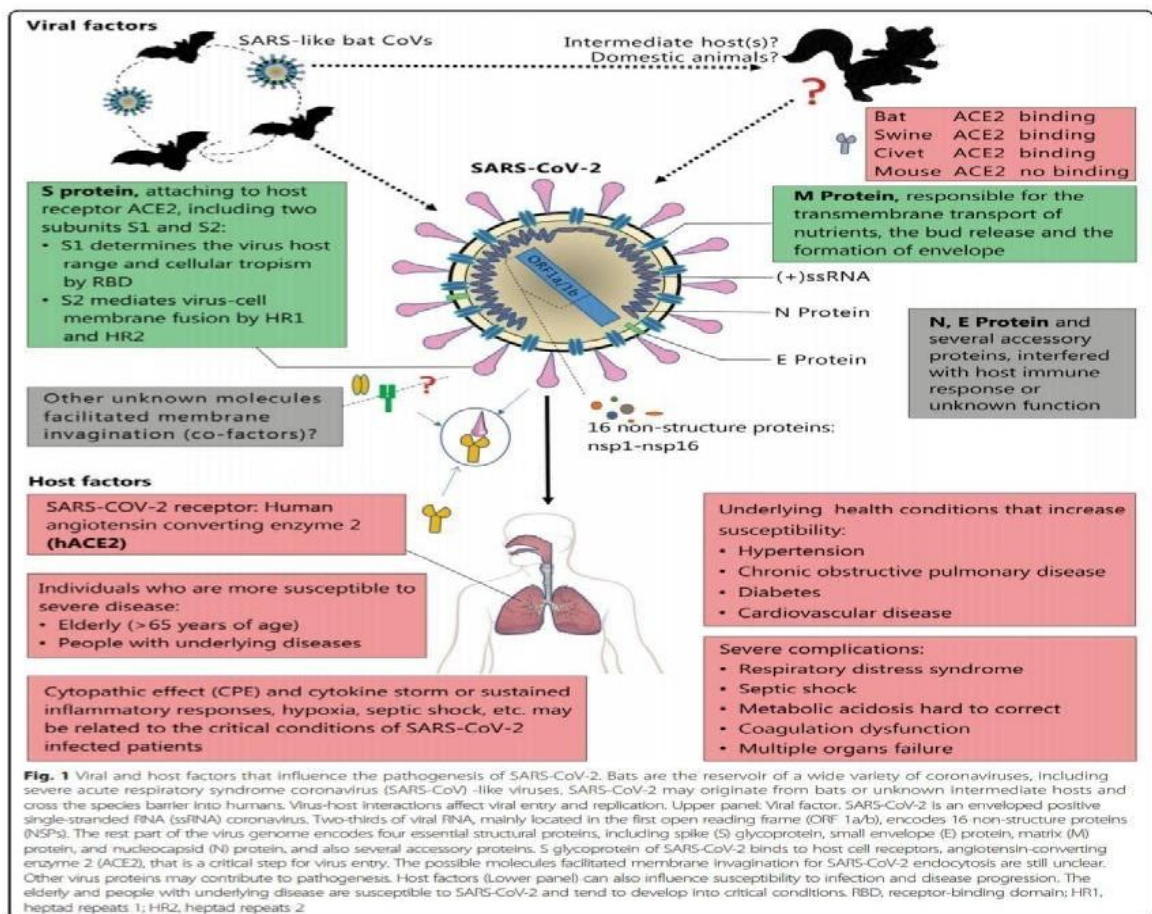
It is important to describe the clinical characteristics of low severity patients to provide information for early clinical recognition of Covid-19 and to prompt rapid self quarantine for people with presumed symptoms who are not sick enough to warrant hospitalization.

Moreover, mild patients can facilitate rapid dissemination of Covid-19 by unwittingly spreading the virus in the outpatient setting; this group appears to be a major driver of the pandemic.

Because Covid-

19 testing has largely focused on patients with respiratory symptoms—not digestive symptoms—it is possible there is a large cohort of undiagnosed patients with low severity illness but with digestive symptoms, such as diarrhea, who unknowingly spread the virus (2).

Genetic sequencing of the virus suggests that it is a beta Coronavirus closely linked to the SARS virus. While most people with Covid-19 develop only mild or uncomplicated illness, approximately 14% develop severe disease that requires hospitalization and oxygen support, and 5% requires admission to an intensive care unit.



In severe cases, Covid-19 can be complicated by the Acute Respiratory Distress Syndrome (ARDS), sepsis, septic shock and multi-organ failure including acute kidney injury and cardiac injury. Older age and co-morbid disease have been reported as risk factors for death and recent multivariable analysis confirmed older age, higher Sequential Organ Failure Assessment (SOFA) score and d-dimer >1 µg/L on admission were associated with higher mortality.

This study also observed a median duration of viral RNA detection of 20.0 days (IQR 17.0–24.0) in survivors but Covid-19 virus was detectable until death in non-survivors. The longest observed duration of viral shedding in survivors was 37 days (3). Clinical manifestations and staging of Covid-19 (3,4). Chinese CDC report divided the clinical manifestations of the disease based on their severity:

Mild disease:

Non-pneumonia and mild pneumonia. (this occurred in 81% of cases)

Severe disease:

Dyspnea, respiratory frequency > 30/min, blood oxygen saturation (SpO₂) < 93%, and or lung infiltrates > 50% within 24 to 48 hours this occurred in 14% of cases)

Critical disease:

Respiratory failure, septic shock, and or multiple organ dysfunction (MOD) or failure (MOF).(this occurred in 5% of cases)

Mild illness	Patients uncomplicated upper respiratory tract viral infection may have non specific symptoms such as fever fatigue, cough (with or without sputum production anorexia, malaise, muscle pain, sore throat, dyspnea, nasal congestion, or headache. Rarely, patients may also present with diarrhea nausea and vomiting The elderly and immune suppressed may present with atypical symptoms Symptoms due to physiological adaptations of pregnancy or adverse pregnancy events, such as dyspnea, fever, GI-symptoms or fame may overlap with Covid 19 symptoms
Pneumonia	Adult with pneumonia but no signs of severe pneumonia and no need for supplemental oxygen Child with non-severe pneumonia who has cough or difficulty breathing and fast breathing. Fast breathing (in breathing/min)
Severe pneumonia	Adolescent adult fever or suspected respiratory infection plus one of the following respiratory rate > 30 breaths/min severe respiratory distress Child with cough or difficulty in breathing, plus at least one of the following central cyanosis or severe respiratory distress (e.g. grunting very severe chest in drawing), signs of pneumonia with a general dangers on Inability to breast feed or drink, lethargy or unconsciousness, or convulsions
Acute Respiratory Distress Syndrome (ARDS)	Onset: Within week of a known clinical insult or new or worsening respiratory symptoms.

Sepsis	Adults Life-threatening organ dysfunction caused by a dysregulated host response to suspected or proven infection Signs of organ dysfunction include: Altered mental status, difficult or fast breathing low oxygen saturation, reduced urine output, fast heart rate, weak pulse, cold extremities or low blood pressure, skin mottling, or laboratory evidence of coagulopathy, thrombocytopenia acidosis, high lactate, or hyperbilirubinemia
Septic shock	Adults: Persisting hypotension despite volume resuscitation requiring vasopressors to maintain MAP Children any hypotension or two or three of the following altered mental state; tachycardia or bradycardia; prolonged capillary refill or feeble pulse; tachypnoea; mottled or cool skin or petechial or purpuric rash, increased lactate oliguria; hyperthermia or hypothermia

A Siddha Perspective of Covid-19 (5,6)

The Siddha system of medicine is mainly practised in southern part of India. It is one of the earliest traditional system in the world which treats not only the body but also mind and the soul. The word Siddha has its origin in the tamil word Siddhu which means "perfection" or "heavenly bliss".

Siddha encloses a unique technique by elaborating the disease by Envagaiheruvu (Diagnostic technique), Noivarumvazhi (Etiological factors), Mukkuttraverupaadu (Deranged humors), Mukkurigunangal (Pathological symptoms).

COVID-19	Sanipathasuram (Abiniyasasanni)
1.Mild illness	
Fever	✓
Fatigue	✓
Cough	✓
Anorexia	
Malaise	✓
Muscle pain	✓
Sore throat	✓
Dyspnoea	✓
Nasal congestion or Headache	✓
Diarrhoea	✓
Nausea	
Vomiting	✓
2.Severe	
Severe Pneumonia	✓
3.Critical stage	
Acute Respiratory Distress Syndrome	✓
Organ Dysfunction	✓

Stage wise Treatment Guidelines

Stage –No Symptoms or Mild Symptoms.

Hand wash-Water is mixed with Neem and Turmeric (7,8)

Drinking water-made up of Seeragam (*Cuminum cyminum*) (9) one teaspoon boiled in one liter of water can be used as drinking water.

Gargling with Turmeric / Thiripala /Alum / *Glycyrrhiza glabra*/Salt

Steambath+Vamanam+Fumigation. (10)

Steam bath is taken by applying Arakkuthailam in upper part of the body and then(Vasambu)AcorusCalamus(5gm) + (Thippili) *Piper longum* (5gm) + (Indhuppu) Rock Salt

(5gm) + (Marukkarai) *Catunaregam spinosa* (12gm) + Honey (15ml)is Mixed with 60 ml of *Glycyrrhiza glabra* decoction and given orally for Vamanam therapy after that Turmeric fumes are inhaled through the nostrils.

Nasiyam (Nasal drops) (11)

2 drops of Leaf juice of Vembu (*Azadirachta indica*) is instilled into nostrils

2 drops of Leaf juice of Thumbai (*Leucas aspera*) is instilled into nostrils

Thalam - The Arathai (*Alpinia officinarum*) is finely powdered and applied head after oil bath(11)

Stage1– MildIllness.

	Medicine	Adjuvant / Dosage.
1.Kudineer chooranam	Nilavembu kudineer chooranam(12) Kabasura kudineer chooranam(13,28) Sarvasurakudineer(14) Adathodai kudineer chooranam(15)	Decoctionof15-30mlfor adults twice a day
2.Chooranam	Seenthil chooranam(16) Thalisadhi chooranam(17)	2–5gwithhotwaterorhoney, twice a day.
3.Manapaagu	oAdathodai manapaagu(15)	5 ml, Bd with hot water
4.Rasayanam	oThippilirasayanam(18)	5 g, Bd , chewable.
5.Legium	oNellikai legium(19)	5g, Bd with milk.
6.Maathirai	Vasanthakusuma karamaathirai(15,25) Tirikadugu maathirai(15) Adhimadhura maathirai(19)	2 tablets, Bd with Honey
7.Nasiyam	The powder of three pungents <i>Zingiber officinale</i> (Chukku), <i>Piper nigrum</i> (Milagu), <i>Piper longum</i> (Thippili) is added to the leaf juice of <i>Leucas aspera</i> (Thumbai) and the resultant liquid is used as nasal drops(1	As external therapy with 2 to 3 drops into the nostrils.

8.Pugai	Equal quantity of Kukkil (<i>Balsamoden dronmukul</i>), Kadugu (<i>Brassica juncea</i>), Thippili (<i>Piper longum</i>), Karunjeeragam (<i>Nigella sativa</i>), leaves of the Kazharchi (<i>Caesalpinia bonduc</i>), Erukku (<i>Calotropis gigantea</i>), Tharuppai (<i>Desmostachyabi pinnata</i>), Perungayam (<i>Ferulaasa foetida</i>) and Kadukkai (<i>Terminalia chebula</i>) are soaked in Castor oil (<i>Ricinus communis</i>) is ignited to generate fumes and inhaled through nostrils.(11)	As external therapy for 10to 15 mins, inhale via nose and mouth.
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Stage 2– Severe Illness (Severe Pneumonia)

	Medicines	Adjuvants / Dosage
1.Kudineerchooranam	Dasamoolakudineer chooranam(16)	Decoctionof15-30mlforadults twice a day
2.Mathirai	Karuppuvishnu chakkaram (20) Brammanathabairava mathirai (15) Thridhosa mathirai (15) Korosanai mathirai (15) Kasthuri mathirai (15) Swasakudori mathirai (15) Mahasutharsana tablet (19)	2tablets, Bd with Honey or Hot water.
3.Parpam	Nagaparpam (21,26) Muthuchippiparpam (15) Pavalaparpam (21,25)	200mg,BdwithHoneyormilk
4.Chendhooram	Gowrichinathamani chendhooram(15,25) Linga chendhooram (15) Thalaga chendhooram (22) Swasakudori chendhooram (22) Poorna chandrodhayam (15) Kshayakulandhaga chendhooram (15)	200 mg, Bd with Honey.
5.Legium	Thoodhuvalai legium(23)	5g, Bd with milk.
6.Karuppu	Sivanaramirtham(15,25)	200 mg, Bd with Honey.
7.Nasiyam	Chukku (<i>Zingiber officinale</i>), Milagu (<i>Piper nigrum</i>) and Thippili (<i>Piper longum</i>) are powdered and mixed with the leaf juice of Thumbai (<i>Leucas aspera</i>) and filtered. It is instilled into nostrils. Old oil cake of <i>Madhuca longifolia</i> (Illupai) is made into a fine powder kept in cloth bundle. This cloth bundle is soaked in juice of banana stem and fluid so obtained after dissolution of the <i>Madhuca longifolia</i> (Illupai) is instilled into the nostrils(11)	Asexternaltherapywith2to3 drops into the nostrils.

8.Pugai	Equal quantity of the latex of Erukku (<i>Calotropis gigantea</i>), Perungayam (<i>Ferula asafoetida</i>), Omamto (<i>Trachyspermum ammi</i>), Chukku (<i>Zingiber officinale</i>), Sambrani (<i>Styrax benzoin</i>), Milagu (<i>Piper nigrum</i>), Navacharam (Salammoniac), Chitharathai (<i>Alpinia officinarum</i>), Kalarchikai (<i>Caesalpinia crista</i>), Seeragam (<i>Cuminum cyminum</i>) and Lingam (Cinnabar) are grinded, smeared on a cloth and made into a wick. It is burnt and inhaled(11)	As external therapy for 10 to 15 mins, inhale via nose and mouth.
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Stage 3 –Critical stage (Organ dysfunction and ARDS)

***Acute Respiratory Distress Syndrome.**

Vanmezhugu (15)

Recommended Herbs

Rasa chendhooram (24)

Emathanda kuligai (15)

Kalameganarayana chendhooram - 1 part
Sathilingakattuchendhooram -1 part

Kasthuri chendhooram – 1 part
Thalagakaruppu -1 part

P. S. S.M parpam – 4 part

(Pavazha parpam, Silasathu parpam, Sirungi parpam, Muthu parpam)

Mix all the five Medicine in above mentioned ratios. 1 to 2 pinch is taken along with equal ratio of thalisadhi chooranam or Amukkara chooranam

Adjuvant: Bd with honey

Later Ginger juice with honey or Adathodai kudineer or Sarvasura kudineer is taken.(14)

Diet

According to Siddha text the above mentioned symptoms are initiated due to the reduction of Pitham which related to digestion. So the patients are advised to take easily digestible & healthy

food. Especially liquid based food until the symptoms gets reduce completely.(5)

The Diet for the patients are given below(5,27)

Early Morning:

!) Herbal Tea

Decoction of fresh herbals

Recommended Herbs

Coriander
Dry Ginger
Mint with lemon

!!)Ginger + Lemon Juice + Honey With Hot Water

Breakfast:

Fruits

Recommended fruits:

Apple
Pomegranates
Grapes
Limes
Dry fig
Berries

Avoid:

Bananas
Coconut
Dates
Orange
Papaya
Pineapples

Fresh fig

11 o'clock:

Vegetables soup

Recommended Vegetables:

Cabbage

Carrot

Cauliflower

Beans

Green leaf

Peas

Spinach

With Pepper, Ginger & Garlic Avoid:

Sweet & Juicy vegetables

Cucumber

Potato

Pumpkin

Lunch:

Porridge with grains. Recommended Porridge:

!) Barley rice Porridge

!!) Finger millet Porridge (Raagi)

!!!) Foxtail millet (Thinai) porridge

!v) Kodo millet (Varagu) porridge.

Baryard millet (Kutharaivali) porridge

Preparation:

Dry roast and powder the millet and add adequate water, cumin seeds powder, salt and boil

Evening Snacks:

Any one of the following sprouted cereals should give

Ground Nut

Green Gram

Bengal Gram

Dinner:

Idly

Milk Should be given according to the requirement of the patient If required low fat milk with turmeric powder should provide.

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How to cite this article:

M. Revathi. (2021). COVID 19 Siddha Perspectives and Medicine. Int. J. Curr. Res. Med. Sci. 7(1): 6-14.
DOI: <http://dx.doi.org/10.22192/ijcrms.2021.07.01.002>