



Original Research Article

Volume 15 Issue 05

May 2026

A HOSPITAL-BASED RETROSPECTIVE OBSERVATIONAL STUDY ON AWARENESS OF SIDDHA TREATMENT IN THE MANAGEMENT OF ANORECTAL DISEASES

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ABSTRACT

Introduction: The Siddha system of medicine, one of India's traditional systems of medicine, adopts a holistic approach through internal and external medicines, surgical, and para-surgical procedures. Despite the availability of Siddha therapies, awareness about Siddha treatment among patients varies.

Methods: This hospital-based retrospective observational study was conducted at the National Institute of Siddha (NIS) after the approval of the Institutional Ethical Committee. Medical records of the patients diagnosed with anorectal diseases during the study period were reviewed retrospectively. Awareness and health-seeking behaviour were obtained through an interview using a structured questionnaire. A total of 170 patients aged 20–60 years were included in this study.

Results: Among the 170 patients, 73% were male, and 27% were female. Haemorrhoids (47%) were the most common anorectal condition, followed by Fistula (32%) and fissure (11%). The majority of patients reported that they were aware of Siddha treatment through previously treated patients. Most of them expressed their satisfaction and willingness to recommend Siddha treatment.

Conclusion: This study demonstrates that a good level of awareness and positive opinion of Siddha treatment among patients with anorectal diseases. Further studies are required to evaluate treatment outcomes and long-term benefits.

Keywords: Siddha medicine, anorectal diseases, awareness, retrospective observational study, health-seeking behaviour.

INTRODUCTION:

The Siddha system of medicine, an ancient and holistic science rooted in Tamil culture, offers natural, non-invasive, and effective solutions for various diseases. In the Siddha system of medicine, the diseases were treated with internal, external medicine, and para-surgical procedures. Siddha literature classifies diseases into 4448, and among them, anorectal diseases were mentioned under the topic *Moolam*. Sage *Yugi Muni*, in the classical text *Yugi Vaidhya Chinthamani*, classified *Moolam* into 21 distinct types.[1] Anorectal conditions such as hemorrhoids, fissure-in-ano, and fistula-in-ano were among the most common yet often underreported disorders affecting individuals across all age groups[3]. Globally, approximately 5% of the population is affected by these conditions. Despite their prevalence, social stigma and lack of awareness often led to delayed diagnosis and inappropriate treatment choices. While modern surgical interventions were widely adopted, they were frequently associated with recurrence, post-operative discomfort, and higher treatment costs.[4] Although Siddha medicine offered effective, affordable, and culturally acceptable treatment alternatives for anorectal diseases, awareness among the general public remains limited- especially at the primary care level. Many individuals either delayed treatment or opted for surgery without knowledge of available Siddha therapies. The lack of public education and insufficient promotion of Siddha as a viable treatment option further contributed to this gap. This study was therefore conducted to assess the awareness, attitude, and utilization of Siddha medicine among patients with anorectal diseases attending outpatient departments. Enhancing awareness about Siddha interventions could help in early diagnosis, reduce complications, and encourage the use of safe, effective, and culturally rooted treatment methods.

MATERIALS AND METHODS

STUDY DESIGN

This hospital-based retrospective observational study was conducted at the National Institute of Siddha (NIS), Chennai, over a period of three months from June to August 2024.

ETHICAL CONSIDERATIONS

Before initiation, the study protocol was approved by the Institutional Ethical Committee of NIS, Chennai (IEC No: NIS/26/IEC/2024/M.P/27). The trial was registered with the Clinical Trials Registry of India, Registration No.: CTRI/2024/06/069565 . All participants were clearly informed about the study objectives and procedures. Written informed consent was obtained from all the participants before the interview.

STUDY PARTICIPANTS

Patients aged 20-60 years diagnosed with anorectal diseases such as haemorrhoids, fissure-in-ano, and fistula-in-ano registered in the outpatient department records of NIS during the study period were included.

Exclusion criteria:

Patients who were unwilling to participate, unable to respond to the questionnaire, or had incomplete questionnaire responses were excluded from the study.

DATA COLLECTION

Data were collected retrospectively from outpatient department records. Information on awareness of Siddha treatment, earlier health-seeking behavior, treatment patterns, and patient reported satisfaction was collected through direct patient interviews with a pre-tested questionnaire

STATISTICAL ANALYSIS

Data were entered into MS Access and analysed using STATA software. Descriptive statistics such as frequencies and percentages were used to summarize the data. Results were presented in tables.

RESULTS**Table 1: Socio-demographic profile & health-seeking behaviour:**

| VARIABLE | CATEGORY | FREQUENCY(PERCENTAGE) |
|---|-------------------------------------|------------------------------|
| Age group(years) | 21-30 | 25(15%) |
| | 31-40 | 45(27%) |
| | 41-50 | 50(29%) |
| | 51-60 | 50(29%) |
| Sex | Male | 124 (73%) |
| | Female | 46 (27%) |
| Source of information about siddha/NIS | Self | 19(11%) |
| | Referred by Doctors | 8(5%) |
| | Referred by patients treated in NIS | 126(74%) |
| | Media | 17(10%) |

Table 1 shows the socio-demographic profile and source of information of the study participants. The majority of the participants belonged to the 31–40 years age group (45%), and most were males (73%). Regarding the source of information about Siddha NIS, most participants reported learning about Siddha treatment from previously treated patients at NIS (74%), followed by self-awareness (11%), media (10%), and referral by doctors (5%).

Table 2: Clinical profile of anorectal diseases:

| DIAGNOSIS | FREQUENCY | PERCENTAGE |
|---------------------|------------------|-------------------|
| Haemorrhoids | 79 | 47% |
| Fissure | 19 | 11% |
| Fistula | 54 | 32% |
| Others | 18 | 11% |

Table 2 shows the clinical profile of anorectal diseases among the study participants. Haemorrhoids were the most commonly observed condition (47%), followed by fistula (32%) and fissure (11%). Other anorectal conditions constituted 11% of the cases.

Table 3: Treatment pattern and health seeking behavior of participants:

| VARIABLE | CATEGORY | FREQUENCY(PERCENTAGE) |
|--|----------------------------|-----------------------|
| Mode of Siddha treatment at NIS | Internal medicine only | 10% |
| | External medicine only | 1% |
| | Both internal and external | 65% |
| | Para-surgical procedures | 24% |
| History of surgery for anorectal diseases | Yes | 20 (19%) |
| | No | 150 (81%) |

Table 3 shows the treatment pattern and health-seeking behavior of the study participants at NIS. The majority of the participants received both internal and external Siddha treatment (65%). Internal medicine alone was administered to 10% of the participants, while external medicine alone was used in 1% of the cases.

Table 4: Patient -reported outcomes and satisfaction following Siddha treatment:

| OUTCOME PARAMETER | CATEGORY | FREQUENCY(PERCENTAGE) |
|--|---------------------|-----------------------|
| Symptom response | Satisfied | 72% |
| | Improved | 24% |
| | No improvement | 3% |
| | Irregular follow-up | 1% |
| Willingness to recommend Siddha treatment | Yes | 162 (95%) |
| | No | 8 (5%) |

Table 4 shows the patient-reported outcomes and satisfaction following Siddha treatment. Most of the participants reported being satisfied with the treatment (72%), and symptom improvement was observed in 24% of the cases. No improvement was reported by 3% of the participants, while 1% had irregular follow-up. A majority of the participants expressed willingness to recommend Siddha treatment (95%), whereas 5% were not willing.

DISCUSSION

The present study highlights the utilization of Siddha medicine in the management of anorectal diseases at the National Institute of Siddha. A considerable proportion of participants reported that gaining awareness about Siddha treatment through previously treated individuals, indicating sustained acceptance of Siddha medicine within the community.

The predominance of male participants and the higher occurrence of anorectal disorders among middle-aged individuals observed in this study are comparable with findings reported in earlier epidemiological studies. These patterns have been associated with occupational strain, dietary habits, and lifestyle-related factors.

Haemorrhoids were the most commonly reported anorectal condition, followed by fistula and fissure. Many participants had initially sought treatment from other medical systems before opting for Siddha care, suggesting that Siddha medicine is often approached as an alternative or complementary treatment option when satisfactory relief is not achieved elsewhere.

The combined use of internal and external Siddha therapies was commonly practiced, reflecting the integrative treatment approach followed in Siddha medicine. Patient-reported satisfaction and willingness to recommend Siddha treatment indicate a favourable perception and acceptability of Siddha interventions among individuals with anorectal disorders.

LIMITATIONS

The study was limited by its retrospective design, single-centre setting, and dependence on patient-reported responses, which may introduce recall bias.

CONCLUSION

The present study shows a good level of awareness and a positive perception of Siddha treatment among patients with anorectal diseases attending NIS. The preference for Siddha care and reported satisfaction indicate acceptance of Siddha medicine as an alternative treatment approach. Further multicenteric studies with larger sample sizes are recommended to evaluate treatment outcomes and long-term effectiveness.

ACKNOWLEDGEMENT

The authors sincerely acknowledge the support provided by National Institute of Siddha for conducting this study. And we also thank all the participants involved in the study.

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Disclosures and Ethics

Ethical Approval

This observational study was approved by the Institutional Ethics Committee, National Institute of Siddha (IEC No: NIS/IEC/2024/M/27) and registered with CTRI (CTRI/2024/06/069565).

Informed Consent

Written informed consent was obtained from all participants prior to data collection.

Conflict of Interest

The authors declare no conflict of interest.

Funding

This research received no external funding.