# Morbidity Profile of Patients Attended Siddha Cancer Special OPD of Arignar Anna Government Hospital of Indian Medicine, Chennai: A Cross-Sectional Study

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#### ABSTRACT

Background: As recommended by World Health Organization, Traditional and Complementary Medicines should be mainstreamed to manage and prevent chronic diseases, one such deadly chronic disease is Cancer. Hence, this study was done with the objective to showcase the vital role of Siddha medicine in oncology by reporting the morbidity profile of patients attended Siddha Cancer Special OPD (SCS-OPD) of Arignar Anna Government Hospital of Indian Medicine, Chennai, Tamil Nadu, India. Materials and Methods: This study is a retrospective cross-sectional study conducted among the cases who attended SCS-OPD from January to April of 2024. Data on socio-demographic details like age, gender, education, occupation and clinical profile were collected from the medical records already maintained in SCS-OPD. Collected data were summarized and presented as frequencies and proportions. Results: Of 504 cases who attended the SCS-OPD during the study period, 105 cases were newly reported and the remaining were revisited cases. Among them, a greater number of cases were above 50 years of age with female preponderance. Breast cancer accounting for 21.9% of all cases, followed by mouth (9.52%), lung (9.52%) and other unspecified category (9.52%). 18.09% of patients had metastasis during their first visit. In terms of past treatment, 43.81% of patients didn't underwent any therapies before attending SCS-OPD. 24.7% patients were seeking Palliative care. **Conclusion:** This study provides valuable insights into the cancer patient population at SCS-OPD, emphasizing demographic patterns, educational and occupational backgrounds, geographic distribution, dietary habits, personal behavior, and co-morbidities. These findings suggest the need for targeted interventions, improved early detection, expanded geographic outreach, and continued exploration of Siddha treatments in comprehensive cancer care strategies.

Keywords: Cancer statistics, Palliative care, Puttru noikal, Siddha medicine, Vippuruthi.

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# **INTRODUCTION**

India is witnessing a rapidly increasing burden of Non-Communicable Diseases (NCDs) such as diabetes, cardiovascular diseases, and cancer, which account for approximately 60% of all deaths (Nethan *et al.*, 2017). Among these, cancer ranks as one of the most feared illnesses, second only to cardiovascular diseases. Between 2012 and 2017, there was a noticeable upward trend in cancer incidence (World



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Health Organization, 2023). According to data from the Global Cancer Observatory, in 2022, ten types of cancer accounted for approximately two-thirds of all new cases and deaths worldwide. Lung cancer is the most frequent cancer globally, accounting for 2.5 million new cases (12.4% of all new cases) and it is also the primary cause of cancer-related deaths (World Health Organization, 2024). After lung cancer, female breast cancer (2.3 million cases, 11.6%) was noted to have a higher incidence. Out of 185 nations, 157 had breast cancer as the most frequent cancer among women in 2022, and worldwide 670,000 lives were lost due to this (World Health Organization, 2023a). Colon cancer is the second largest cause of cancer-related deaths globally and the third most prevalent malignancy overall, making up around 10% of all cancer cases. A sedentary lifestyle, obesity, smoking,

excessive alcohol use, a high intake of processed meats and a poor intake of fruits and vegetables are some of the lifestyle factors that contribute to the development of colorectal cancer (Sathishkumar *et al.*, 2022).

Due to lifestyle changes, there is an increased incidence of chronic deadly diseases. As the greater number of patients with these chronic diseases are approaching culturally acceptable, locally available, and affordable traditional and complementary medicine (T&CM) as it offers simpler remedies when compared with conventional systems, T&CM should be mainstreamed to manage and prevent the chronic lifestyle diseases as recommended by the WHO (Duraisamy *et al.*, 2018). Systems like AYUSH, which encompasses Ayurveda, Unani, Siddha, Sowa-Rigpa, and Homeopathy, represent such traditional practices. Among them, the Siddha system of medicine holds a unique position as the native medical system of Tamil Nadu, India.

The Siddha system includes 4,448 distinct ailments. In this classification, terms such as Katti, Kiranti, Purru, Vippuruti, and Tunmārkkisam are used to describe various types of growths. 'P' is the code in the National Siddha Morbidity Code (NSMC) for Purru Novkal, which is a Tamil term meaning "termite mound" (Vikaspedia Domains, 2017). This metaphorically represents the invasive spread of diseases like cancer, with metastatic growth likened to the way a termite mound expands through underground tunnels. This analogy illustrates the abnormal, uncontrolled, and indestructible nature of cancer, which derives its name from the Greek word "karkinos" meaning crab. The Siddha medical literature such as Agathiyar Vallathi 600, Agathiyar Vaidhya Kaaviyam 1500, Agathiyar Vaithiya Rathina Surukkam 360, Agathiyar Pallu 200, Agathiyar Paripooranam 400, Theraiyar Vaithiyam 1001, Theraiyar Vaithiya Kaaviyam 1500, Pulipaani 500, and Boghar Saptha Kaandam 7000, provide detailed references to medicines indicated for various types of Purru Noykal (cancer-related diseases). Based on these ancient texts, medicines are prepared and used to manage cancer symptoms at the Arignar Anna Government Hospital of Indian Medicine and Homoeopathy (AAGHIM), Chennai, which operates under the Department of Indian Medicine and Homoeopathy. Such medicines were Rasa Gandhi Mezhugu, Nandhi Mezhugu, Anna Pavala Chenthooram, Rasa Chenthooram, Paadigalinga Chenthooram, Serankottai Nei, Vippuruthi Ennai, Chithra Moola Kuligai, Linga Chenthooram, Karuppu Vishnu Chakkara Mathirai, Gowri Chinthamaani, Kowsigar Kuzhambu, Maha Vallathy Legiyum, etc., In response to the rising incidence of cancer, the demand for Siddha treatment has also increased. To meet this growing need, a dedicated Siddha Cancer Special Outpatient Department (SCS-OPD) was established in April 2023 and operates every Wednesday.

Among sick persons, 15% are seeking remedies from traditional medical systems (Yadav *et al.*, 2007). The patients who seek care from Siddha system should be identified and properly documented for developing Standard Protocols. Very few

literatures on morbidity profiles is available and that too from research institutes that report the general morbidity profile. This is the first study to report the morbidity profile of Cancer patients approaching Siddha OPD. This study was planned to evaluate and report the morbidity profile of patients who attended the SCS-OPD at AAGHIM, Chennai, from January to April 2024. It operates under the hypothesis that Siddha services should be improved to meet the public needs in managing Cancer and providing palliative care in a traditional medical setting by formulating standard treatment protocols.

# **MATERIALS AND METHODS**

#### Study design

This retrospective, descriptive cross-sectional study examined the records of patients from the Siddha Cancer Special Outpatient Department (SCS-OPD) at the Arignar Anna Government Hospital of Indian Medicine and Homoeopathy (AAGHIM), Chennai, from January to April 2024. The study population consisted of patients who sought consultation as new registration at the SCS-OPD during this period. This study type provided a "snapshot" of the morbidity patterns within the cancer patient population.

# **Study site**

The SCS-OPD at AAGHIM operates every Wednesday from 7:30 a.m. to 12:00 p.m.

#### **Study population**

On average, 30 to 45 patients visit the SCS-OPD each day for consultation regarding cancer management, palliative care, and transient care. Only new cases from January to April 2024 were included in the study, with detailed analysis focused on new cases, presented in terms of frequencies and proportions.

#### Ethical clearance

Ethical approval for the study was obtained from the Institutional Ethics Committee of Government Siddha Medical College, Chennai (Approval No. GSMC-CH-1243/ME-II/097/2024, Date: 26/04/2024).

#### Study variables and tools

The study collected socio-demographic details such as age, gender, educational qualification, occupation, and BMI. Information on personal habits, including diet, smoking, alcohol intake, and tobacco use, was also gathered, alongside data on co-morbidities, family history of cancer, existing morbidities (categorized based on known diagnoses), history of present illness, past treatments, and the expectations of cancer patients from the Siddha system. All data were sourced from patient case records or registers.

#### Data entry and analysis

Data were entered into both a physical register and a spreadsheet. Frequencies and proportions were used to summarize the morbidity profile of the patient population.

#### RESULTS

The total number of cases of the year, 2023 was 910. From January to April 2024, the total number of cases attended SCS-OPD was 504 which comprises 105 new cases and 399 re-visiting cases. The data of newly registered cases during the study period i.e., 105 cases were collected from medical registers and case sheets, analyzed, and presented in terms of frequencies and proportions.

The mean age of male and female patients was 62.24 and 55.17 years respectively. Patient population is primarily composed of individuals aged 50 to 69, making up more than half of the cases. Specifically, 28.57% are aged 60-69, while 27.61% fall in the 50-59 age groups. Younger individuals aged 10 to 29 represent a very small portion, with only 1.09% in the 10-19 age group and less than 1% in the 20-29 age range. Male patients dominate slightly in the 60-69 age groups, accounting for 12.3% of cases compared to 16.19% of females (Table 1). A significant majority of patients, 58.09%, have not completed high school (Table 1). The occupational data show that 40.9% of the female patients are housewives. Among males, the majority are salaried employees (20%), followed by self-employed individuals (8.57%) and those engaged in business (6.67%) (Table 1). 93.3%, report following a mixed diet, which includes both vegetarian and non-vegetarian foods. Only 6.67% of the patients are vegetarian, and most of these are female (5.71%) (Table 1). 11.42% of the male patients engage in both smoking and alcohol consumption, additionally, 5.71% of the total population uses only tobacco, with a higher representation among women in this category. Smoking alone is reported in 4.76% of cases, predominantly by males (Table 1). Co-morbidities are common among this patient population,

with 29.52% suffering from diabetes mellitus, and 19.04% having systemic hypertension. Thyroid dysfunction is predominantly seen in female patients, making up 8.57% of the total population (Table 1).

#### **Cancer site distribution and gender disparities**

The distribution of cancer cases among patients reveals a wide array of cancer types, with significant gender disparities observed in certain categories. Among the female patients, there were higher number of breast cancer patients followed by tongue, mouth, lung, ovary, cervix, uterus, leukaemia, stomach and other type of cancers were reported in lower number. Whereas in male patients, there were higher number of lung and mouth cancers followed by tongue, rectum, lip, colon, bladder, lymphoma, brain and CNS carcinoma and other types of cancer were reported lower in number. Notably, breast cancer emerges as the most prevalent form, accounting for 21.9% of all cases. This condition is exclusively reported among female patients, underscoring its impact on women's health in the studied population. Similarly, cervical cancer, comprising 5.71% of cases, is another significant concern for female patients, highlighting the gender-specific burden of these cancers. In contrast, cancers affecting sites like the lip, tongue, mouth, and lungs are more evenly distributed across genders, though there is a slight male predominance. For instance, lung cancer represents 9.52% of the total cases, with 5.71% of those affected being male and 3.80% female. Cancers of the mouth and tongue, accounting for 9.52% and 8.57% respectively, also show a similar pattern, further emphasizing the role of behavioural risk factors in these cancers. Lastly, a small proportion of cases (9.52%) are classified under "Others, unspecified," more common in females, comprising 5.71% of the total cases, compared to 3.8% in males (Table 2).



Figure 1: Past treatment for Cancer before attending SCS-OPD.

NSMC	TAMIL TERM	ICD -10	Cancer site	No. Of cases	%	Male	%	Female	%
Р	Pu <u>rr</u> u Nōykaḷ	C00	Lip	2	1.9	2	1.9	0	0
Р	Pu <u>rr</u> u Nōykal	C01-C02	Tongue	9	8.57	5	4.76	4	3.80
Р	Pu <u>rr</u> u Nōykal	C03-C06	Mouth	10	9.52	6	5.71	4	3.80
р	Pu <u>rr</u> u Nōykal	C07-C08	Salivary gland	1	0.95	0	0	1	0.95
Р	Pu <u>rr</u> u Nōykal	C09-C10	Oropharynx	1	0.95	1	0.95	0	0
р	Pu <u>rr</u> u Nōykal	C12-C13	Hypopharynx	1	0.95	1	0.95	0	0
Р	Pu <u>rr</u> u Nōykal	C15	Esophagus	1	0.95	1	0.95	0	0
Z39	Utara Vātam	C16	Stomach	2	1.9	0	0	2	1.90
р	Pu <u>rr</u> u Nōykal	C18	Colon	2	1.9	2	1.9	0	0
Р	Pu <u>rr</u> u Nōykal	C19-C20	Rectum	2	1.9	3	2.85	0	0
Р	Pu <u>rr</u> u Nōykal	C23-C24	Gall bladder	2	1.9	1	0.95	0	0
Р	Pu <u>rr</u> u Nōykal	C25	Pancreas	1	0.95	1	0.95	0	0
Р	Pu <u>rr</u> u Nōykal	C30-C31	Nasal cavity	1	0.95	1	0.95	0	0
Z44	Aññāṇattampam	C32	Larynx	1	0.95	1	0.95	0	0
Р	Pu <u>rr</u> u Nōykal	C33-C34	Lung	10	9.52	6	5.71	4	3.80
Р	Pu <u>rr</u> u Nōykal	C48	Retroperitoneal sarcoma	3	2.85	0	0	3	2.85
Р	Pu <u>rr</u> u Nōykal	C49	Synovial sarcoma	1	0.95	0	0	1	0.95
PA	Nakivial s	C50	Breast	23	21.9	0	0	23	21.90
GDC1.2	Karuppai Kāmpu Kaapu K	C53	Cervix	6	5.71	0	0	6	5.71
GDC1.1	Karuppai Kāmpu Ka <b>z</b> alai	C54	Endometrium	1	0.95	0	0	1	0.95
Р	Pu <u>rr</u> u Nōykal	C56	Ovary	4	3.8	0	0	4	3.80
Z41	Cukkila Vātam	C61	Prostate	1	0.95	1	0.95	0	0
Р	Pu <u>rr</u> u Nōykal	C64	Kidney	1	0.95	1	0.95	0	0
Z40	Mūttira Utira Vātam	C67	Bladder	2	1.9	2	1.9	0	0
Р	Pu <u>rr</u> u Nōykal	C70- C72	Brain and CNS	1	0.95	1	0.95	0	0
Р	Pu <u>rr</u> u Nōykal	C73	Thyroid	1	0.95	0	0	1	0.95
Р	Pu <u>rr</u> u Nōykal	C82-86,89	Non Hodgkins lymphoma	2	1.9	1	0.95	1	0.95
Р	Pu <u>rr</u> u Nōykal	C90	Multiple myeloma	1	0.95	0	0	1	0.95
Р	Pu <u>rr</u> u Nōykal	C91	Lymphoid leukaemia	2	1.9	0	0	2	1.90
Р	Pu <u>rr</u> u Nōykal		Others, unspecified	10	9.52	4	3.8	6	5.71

Table 1: Socio-demographic details, diet, personal habits, BMI and co-morbidities of patients attended SCS-OPD during the study period.

#### Past treatment for cancer before attending SCS-OPD

The treatment history of cancer patients shows a wide range of therapeutic approaches, with a significant 43.81% of patients having no prior treatment history. Surgery alone was the most common treatment among those receiving therapy, accounting for 10.47% of cases, indicating its effectiveness for early-stage cancers. Many patients required multimodal treatments, such as surgery combined with chemotherapy and/or radiotherapy, which was seen in 9.52% of cases, reflecting the need for

aggressive treatment in advanced cancers. Chemotherapy alone was used in 9.52% of patients, while radiotherapy alone was less common (0.95%). Hormonal therapy (5.71%) and targeted therapy (2.85%) were employed in specific cases, particularly for cancers responsive to these methods (Figure 1).

# Purpose of cancer patients attending SCS-OPD

The analysis of cancer patients attending the Siddha Cancer Special Outpatient Department (SCS-OPD) shows varied purposes for seeking treatment. Nearly half (49.52%) sought Siddha medicine for cancer management, either as a standalone treatment or following conventional therapies, including 18.09% after metastasis. Integrative care, combining Siddha with conventional treatments like chemotherapy and radiotherapy, was pursued by 12.3% of patients, reflecting the growing trend of complementary approaches. Palliative care, sought by 24.7% of patients, highlights Siddha's role in improving quality of life post-surgery or conventional treatments. Preventive care was also significant, with 9.52% of patients using Siddha to prevent recurrence or manage benign conditions. Additionally, 3.8% opted for transient care, using Siddha between conventional therapies. Overall, the data illustrates Siddha's versatile role in cancer care, from management and integration to palliative and preventive treatment (Table 3).

# DISCUSSION

The analysis of cancer patients attending the Siddha Cancer Special Outpatient Department (SCS-OPD) from January to April 2024 provides several key insights into the demographics, treatment history, and purposes for seeking Siddha care. 105 new cases were analyzed, revealing that the patient population is predominantly older, with over 77% of cases occurring in individuals aged 50 years and above. Specifically, the largest proportion of patients falls within the 60-69 age group, highlighting a higher prevalence of cancer among older adults. This aligns with existing research indicating that cancer incidence increases with age, while younger individuals, particularly those aged 10-29, represent a minimal portion of the patient population. However, a study by Selvaraj K et al reported that 28% of all outpatients were elderly people whereas only 10-15% of elderly people attended allopathy OPDs, this may be due to the preference of elderly people towards Traditional medicines for chronic ailments (Chinnakali et al., 2016).

Most patients (58.09%) have not completed high school, with females overrepresented in the lower educational categories, reflecting gender-based disparities. The underrepresentation of patients with higher educational qualifications may reflect socio-economic barriers that affect knowledge about early cancer symptoms and access to preventive care. In terms of occupation, 40.9% of female patients are housewives, while most males are salaried employees, highlighting socio-economic and gender differences. Geographically, 80.95% of patients reside in Chennai, indicating an urban focus in Siddha-based cancer care. Generally, cancer incidence is higher in urban than rural areas in Tamil Nadu (Mathur et al., 2020, Swaminathan et al., 2009b). The report of Tamil Nadu Cancer Registry Project 2012-2016 also says that a greater number of new cases were recorded from Chennai city followed by Kanchipuram and Thiruvallur (Sathishkumar et al., 2022). This geographic concentration highlights the need for broader regional outreach to ensure that patients from less

accessible areas can also benefit from Siddha-based cancer treatments. A majority (93.3%) follow a mixed diet, with only 6.67% being vegetarian, mostly women. Regarding personal habits, 11.42% of males engage in both smoking and alcohol consumption, while tobacco use is more common among women. Co-morbidities are prevalent, with 29.52% having diabetes, 19.04% having hypertension, and 33.33% reporting no co-morbidities. Thyroid dysfunction is common among women, while cardiovascular issues are more frequent in men. Diabetes mellitus and systemic hypertension are the most common conditions reported. Interestingly, a significant proportion of

# Table 2: ICD classification and cancer site of patients who attended SCS-OPD during the study period.

Care provided by SCS-OPD	No. of cases	Percentage
Management (only by Siddha medicines with or without the past history of conventional therapies)	52	49.52
Management by Siddha Medicines	23	21.89
Management after metastasis	19	18.09
Management of recurrent cancer after surgery	3	2.85
Management of recurrent cancer after surgery and chemotherapy	1	0.95
Management of recurrent cancer after surgery, chemo and radiotherapy	4	3.8
Management of recurrent cancer after surgery and radiotherapy	2	1.9
Integrative care (conventional therapies along with Siddha medicines)	13	12.3
Integrative care-with chemotherapy	7	6.66
Integrative care-with radiotherapy	1	0.95
Integrative care-with hormonal therapy	5	4.76
Palliative care (only Siddha medicines after conventional therapies)	26	24.7
Palliative care after surgery	12	11.42
Palliative care after surgery and chemotherapy	8	7.61
Palliative care after surgery, chemo and radiotherapy	6	5.71
Transient care (only Siddha medicines in between conventional therapies)	4	3.8
Transient care	4	3.8
Preventive care (only Siddha medicines)	10	9.52
Preventive care (prevention from recurrence)	4	3.8
Preventive care (prevention in benign stage)	6	5.71

Table 3: Classing	ation of Cancer path	ents according	to the care provide	a from SCS-OP	D.				
Distribution	Total ( <i>n</i> =105)	Total (n=105)		Male ( <i>n</i> =41)		Female ( <i>n</i> =64)			
Socio Demographic Details									
Age (In Years)	Number of Cases	%	Number of Cases	%	Number of Cases	%			
10-19	2	1.09	0	0	2	1.09			
20-29	1	0.95	0	0	1	0.95			
30-39	4	3.8	0	0	4	3.8			
40-49	17	16.19	6	5.71	11	10.47			
50-59	29	27.61	10	9.52	19	18.09			
60-69	30	28.57	13	12.3	17	16.19			
70-79	18	17.14	9	8.57	9	8.57			
80-89	4	3.8	3	2.85	1	0.95			
Educational Qualification									
Educational Qualification	Number of Cases	%	Number of Cases	%	Number of Cases	%			
Below Secondary School Leaving Certificate (SSLC)	61	58.09	19	18.09	42	40			
SSLC	16	15.23	7	6.67	9	8.57			
Higher Secondary School Cortificate	0	0 57	F	176	4	2.0			

Table 3: Classification of Cancer patients according to the care provided from SCS-OPD.

70-79	18	17.14	9	8.57	9	8.57			
80-89	4	3.8	3	2.85	1	0.95			
Educational Qualification									
Educational Qualification	Number of Cases	%	Number of Cases	%	Number of Cases	%			
Below Secondary School Leaving Certificate (SSLC)	61	58.09	19	18.09	42	40			
SSLC	16	15.23	7	6.67	9	8.57			
Higher Secondary School Certificate (HSC)	9	8.57	5	4.76	4	3.8			
Diploma	3	2.85	2	1.9	1	0.95			
Bachelor' Degree	13	12.38	7	6.67	6	5.7			
Master's Degree	2	1.9	0	0	2	1.9			
Doctorate	1	0.95	1	0.95	0	0			
Occupation									
Student	2	1.9	0	0	2	1.9			
House Wife	43	40.9	0	0	43	40.9			
Self-Employed	13	12.38	9	8.57	4	3.8			
Business	11	10.47	7	6.67	4	3.8			
Salaried	28	26.67	21	20	7	6.67			
Retired	8	7.61	6	5.71	2	1.9			
	Geogr	aphical Loc	ation						
Chennai	85	80.95	37	35.24	48	45.71			
Chengalpattu	1	0.95	0	0	1	0.95			
Chidambaram	2	1.9	2	1.9	0	0			
Kanchipuram	4	3.8	0	0	4	3.8			
Kumbakonam	1	0.95	0	0	1	0.95			
Madurai	1	0.95	1	0.95	0	0			
Mayiladuthurai	1	0.95	0	0	1	0.95			
Perambur	1	0.95	0	0	1	0.95			
Thiruvallur	3	2.85	0	0	3	2.85			
Thiruvannamalai	3	2.85	1	0.95	2	1.9			
Villupuram	2	1.9	0	0	2	1.9			
Guntur-Andhra Pradesh	1	0.95	0	0	1	0.95			

Distribution	Total (n=105)		Male(n=41)		Female (n=64)				
Socio Demographic Details									
Age (In Years)	Number of Cases	%	Number of Cases	%	Number of Cases	%			
Diet									
Mixed Diet	98	93.3	40	38.09	58	55.23			
Vegetarian	7	6.67	1	0.95	6	5.71			
Personal Habits									
Only Smoking	6	5.71	5	4.76	1	0.95			
Only Alcohol	1	0.95	1	0.95	0	0			
Only Tobacco	7	6.67	1	0.95	6	5.71			
Smoking and Alcohol	12	11.42	12	11.42	0	0			
Alcohol and Tobacco	6	5.71	5	4.76	1	0.95			
Smoking and Tobacco	0	0	0	0	0	0			
Smoking, Alcohol and Tobacco	4	3.8	4	3.5	0	0			
Co-Morbidities									
Diabetes mellitus	31	29.52	14	13.3	16	15.23			
Systemic hypertension	20	19.04	9	8.57	11	10.47			
Thyroid Dysfunction	10	9.52	1	0.95	9	8.57			
Bronchial Asthma	4	3.8	2	1.9	2	1.9			
Chronic Kidney Disease	1	0.95	1	0.95	0	0			
Cardiovascular Disease	4	3.8	3	2.85	1	0.95			
No Co-Morbidities	35	33.33	11	10.47	25	23.81			

patients reported no co-morbidities, suggesting that for some, cancer is an isolated issue, while others face multiple health challenges. This variability highlights the importance of integrated care approaches that address both cancer and co-existing health conditions.

The distribution of cancer sites shows that breast cancer is the most common among female patients, while oral cavity cancers are the most prevalent among males. This pattern aligns with other cancer registries and emphasizes the need for targeted preventive strategies and treatments based on cancer type and gender. The high incidence of breast cancer among women and oral cavity cancers among men underscores the importance of gender-specific interventions. Regarding past treatment history, 56.19% of patients had previously undergone conventional therapies before seeking Siddha care, indicating a reliance on standard treatments and highlighting the role of Siddha medicine as either complementary or alternative care. The high percentage of patients with no prior treatment suggests potential gaps in early detection or access to conventional therapies. Patients who are in need of palliative care may get benefited from Siddha medicine. More studies have to be carried out to confirm the effectiveness of Siddha formulations which are indicated for Cancer in literatures. The clinical experience in the field of palliative care Siddha interventions has shown substantial improvements in

the quality of life. In a few numbers of cases, PET scan results show a decrease in size of the metabolically active lesions and also increases the survival rates of patients after recurrence and metastasis.

The strength of this study are as follows; this is the first study to report the morbidity profile of Cancer patients attending Siddha OPD. The standard disease classification by using ICD-10 codes and National Siddha morbidity codes together. This article also explains the expectations of cancer patients from Siddha medicine like whether they need treatment, or support to withstand conventional therapies or pain management or palliative care. This study was conducted only in Arignar Anna Government Hospital of Indian Medicine and Homoeopathy, Chennai and so it lacks external validity.

The scope of this study is as follows: Since more cancer patients are seeking Siddha physicians, cancer management and palliative care should be emphasized in the curriculum. Separate Siddha cancer palliative care clinics can be initiated. This morbidity profile will help to format the standard protocol for site-specific treatments, stage-specific management and symptomatic palliative care or therapies. And also, for planning manpower recruitment, training the professionals, curating medications, and drug procurement. Moreover, this study indicates that there is a huge expectation from the public to get the desirable treatment options for Cancer from Traditional Siddha Medicine.

# CONCLUSION

Overall, the study provides valuable insights into the cancer patient population at SCS-OPD, emphasizing demographic patterns, educational and occupational backgrounds, geographic distribution, dietary habits, personal behaviours, and co-morbidities. These findings suggest the need for targeted interventions, improved early detection, expanded geographic outreach, and continued exploration of Siddha treatments in comprehensive cancer care strategies.

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# **CONFLICT OF INTEREST**

The authors declare no Conflict of interest.

#### ABBREVIATIONS

WHO: World Health Organisation; OPD: Out Patient Department; SCS-OPD: Siddha Cancer Special Out Patient Department; T&CM: Traditional and Complementary Medicine; AYUSH: Ayurveda, Unani, Siddha, Sowa-Rigpa, and Homeopathy; NSMC: National Siddha Morbidity Codes; AAGHIM: Arignar Anna Government Hospital of Indian Medicine; SSLC: Secondary School Leaving Certificate; HSC: Higher secondary School Certificate; ICD: International Classification of Disease; CNS: Central Nervous System; PET: Positron Emission Tomography.

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