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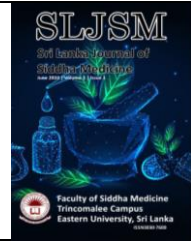
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## CONTENTS

<b>A review of wound healing potential of <i>soodan</i> (camphor) and its integration in Siddha Medicine</b> Vijayarajah Thanushiyan	01 - 17
<b>Review of selected Siddha herbal and herbo-mineral formulations in treating eye diseases</b> Pavithira Panneer, Poovarasi Saravanan, Thomas M. Walter	18 - 42
<b>Chemical profiling of <i>kalingathi kadugu</i>, a herbomineral Siddha formulation through gas chromatography-mass spectrometry (gc-ms) analysis</b> Thrisha Muthusamy, Roobhini Saravanan, Thomas M. Walter	43 - 60
<b>The Siddha moongazing techniques in ophthalmic care - A literature review</b> Prashanthini Vithurshan	62 - 70
<i>Author Guidelines of SLJSM</i>	71 - 74
<i>Publication ethics of SLJSM</i>	75 - 78



## A Review of Wound Healing Potential of *Soodan* (Camphor) and Its Integration in Siddha Medicine

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## ABSTRACT

*Soodan* (Camphor), derived from *Cinnamomum camphora*, exhibits significant potential as a wound healing agent due to its diverse pharmacological actions, including antibacterial, antifungal, analgesic, anti-inflammatory, antioxidative, antipruritic, and counterirritant effects. These therapeutic properties are attributed to its rich phytochemical composition, particularly monoterpenes, sesquiterpenes, and borneol. Siddha philosophy emphasizes its role in balancing tridoshas (vatham, pitham and kapham), a key factor in promoting healing.

Animal studies highlight *Soodan's* efficacy in accelerating wound closure. In a Wistar rat model, 10% *Soodan* ointment significantly reduced wound size compared to controls, with highly significant outcomes by Day 14 ( $p < 0.000$ ). Camphor's antibacterial properties were demonstrated by its inhibitory effects on pathogens such as *Staphylococcus aureus* and *Escherichia coli*. Its anti-inflammatory effects include reducing cytokine levels like IL-1 $\beta$  and TNF- $\alpha$ . Additionally, its antioxidative action is supported by flavonoid-rich extracts that effectively neutralize free radicals.

*Soodan's* pharmacokinetics reveal rapid absorption and hepatic metabolism, though its ability to cross the placenta necessitates caution during pregnancy and lactation. While traditional Siddha texts align with modern evidence, further research is needed to explore its full therapeutic potential and optimize safe, effective clinical applications. *Soodan* integrates

Siddha principles with modern pharmacology, demonstrating remarkable promise as a wound-healing agent due to its multi-faceted therapeutic properties and clinical efficacy in accelerating healing.

**Keywords:** Anti-bacterial, Anti-inflammatory, chemical components of Camphor, Wound healing

## INTRODUCTION

Wounds are a major global health concern, particularly in developing nations, where they contribute significantly to morbidity and permanent impairment. The growing challenges of drug resistance, allergies to synthetic pharmaceuticals, and limited access to affordable medications highlight the urgent need for alternative treatments. In Sri Lanka, the economic crisis has further restricted the availability of cost-effective wound care solutions (World Health Organization, 2008; Amini, et al., 2015).

*Soodan* (Camphor), derived from *Cinnamomum camphora*, is widely known in Sri Lanka for its use in traditional medicines and religious practices. Siddha Tamil literature emphasizes the therapeutic value of *Soodan*, particularly in wound healing, as noted in the following stanza:

“*Kirumisala thodang kilaivalippu sanni  
porumu mantham angipatta **punnodu** eru surangal  
vanthi pitham seethamuru vatham sevi muga noi  
kanthi karupporamendrat saatru*” (Thiyagarajan, 2009).

According to Siddha philosophy, diseases arise from imbalances in tridoshas (vatham, pitham, and kapham). *Soodan* is believed to balance these doshas, promoting healing by addressing the root cause. While traditional texts detail its use for wound care, scientific validation of these claims is necessary to ensure safety and efficacy (Vajiravelu, et al., 2019).

Despite its accessibility and potential therapeutic benefits, gaps in the literature exist regarding *Soodan*'s pharmacological mechanisms, clinical efficacy, and safety. This review aims to address these gaps by systematically analyzing *Soodan*'s wound-healing properties, integrating Siddha philosophy with contemporary scientific evidence to explore its potential as a viable alternative in wound care (Chambliss, 2010).

The hypothesis under review is whether *Soodan* (Camphor) effectively promotes healing of wounds. The overarching objective of this review is to assess the wound healing capabilities of *Soodan* (Camphor) by systematically evaluating existing literature and experimental data.

Specifically, the aims of this review are to identify and explore the chemical components of *Soodan*, focusing on their specific roles in promoting wound healing. This involves analyzing the known phytochemical profile of camphor, particularly compounds like camphor, borneol, and monoterpenes, which are implicated in its therapeutic effects. Additionally, the review will examine the pharmacological actions of these chemical components in the context of wound healing, such as their antimicrobial, anti-inflammatory, and antioxidative properties, and their mechanisms in promoting tissue repair and reducing infection. Finally, the review will evaluate the wound healing potential of *Soodan* by analyzing evidence from previous research, including in vitro, in vivo, and clinical studies. This will include assessing data on the efficacy of *Soodan* in accelerating wound closure, its impact on wound size reduction, and its safety profile. Through this comprehensive approach, the review will provide a well-rounded understanding of *Soodan*'s therapeutic benefits and limitations, contributing valuable insights into its clinical potential as a therapeutic agent for wound healing, grounded in both traditional Siddha knowledge and modern scientific evidence.

## **MATERIALS AND METHODS**

This systematic review, guided by PRISMA guidelines, explores the wound healing properties of camphor through a rigorous and structured methodology. A comprehensive search strategy was employed using databases like PubMed, Scopus, and Web of Science, with keywords such as camphor, *Soodan*, wound healing, antimicrobial, and anti-inflammatory. Boolean operators refined the search results to ensure relevance. The review included studies published in English peer-reviewed journals that provided original data on camphor's wound healing potential, excluding those with insufficient methodological details, non-English publications, and reviews without original research. Data on study type, sample size, intervention, outcomes, and key findings were systematically extracted. To ensure quality, the Cochrane Risk of Bias tool was used to assess the methodological rigor of the included studies. Complementing this modern research, the review also incorporated insights from Siddha texts such as *Gunapadam Thathujeeva Vakuppu*, *Siddha Mooligai Thiravukol*, and *Siddha Maruthuvam Sirappu*. Information from indexed journals, microbiology references, dissertations, and online resources enriched the analysis, providing a holistic perspective that bridges traditional knowledge and contemporary scientific evidence.

## **RESULTS AND DISCUSSION**

### ***Gunapadam* Aspect of *Soodan* (Camphor)**

**Botanical Name:** *Cinnamomum camphora*

**Family Name:** *Lauraceae*

#### **Vernacular name**

Tamil name – *Soodan*

English name- Camphor

Sinhala name- *kapuru*

Other names – *karupooram*, *sudarkodiyon*, *pooram*, *theepam* (Nadkarni, 2010).

#### **Organoleptic character**

*Suwai* – Bitter and Pungent

*Veeriyam* - Hot

*Vibakam* – Pungent (Thiyagarajan, 2009).

#### **General character of *Soodan***

*“kirumisala thodang kilaivalippu sanni  
porumu mantham **angi patta punno**-derisurangal  
vanthipitham seethamuru vathanch sevimuga noi  
kanthikarup pooramendrat sattru”*

(Thiyagarajan, 2009).

According to above stanza *Soodan* is beneficial in wound healing. Wound is referred as *angi patta punn* in above stanza. *Soodan* mixed with *pattai sarayam* (alcohol) and brandy, which is used for *padukkai viranam* (bed sores) (Thiyagarajan, 2009).

*“Podiththan kadhiron thirai nettrip  
pugal mup pala neerp palingalai ingu  
kaddipoo maalai yavaranthagi  
kamal thamaraiththan kazh iyanan”*

(Chinthamani – 2356)

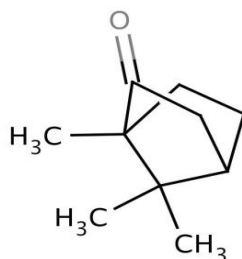
Above stanza explained that soaked water of *kadukai*, *Thandrikkai* and *nellikai*; which mixed with *soodan* powder use to wash wounds externally (Thiyagarajan, 2009). According to siddha *sirappu maruthuvam*; *katpoora thailum* (Camphor oil) can be used for *koppulam* (blister) externally (Thiyagarajan, 1995).



### Phytochemical Aspect

*Soodan* (Camphor) is derived from *Cinnamomum camphora* trees through distillation process. sometime which can be produce artificially from vicryl chloride and cyclopentadines (Guo, et al., 2016).

### Chemical Composition



**Figure 01- Structural formula of Camphor, a bicyclic monoterpene ketone**

Pragadheesh et al. reported that extracts from *Cinnamomum camphora* leaves are rich in various compounds including camphor and monoterpenes, known for their antibacterial and antifungal properties. Additionally, they contain sesquiterpenes with antimicrobial and antioxidant effects, oxyterpenes with antioxidant properties, borneol with anti-inflammatory effects, 1,8-cineole also known for its anti-inflammatory properties, and  $\alpha$ -terpineol acting as a counter irritant (Pragadheesh, et al., 2017).

The essential oil extracted from the bark comprises D-camphor, 3-methyl-2-butenic acid (a fatty acid), and oct-3-en-2-yl ester, which exhibits antimicrobial properties. Furthermore, it contains  $\gamma$ -terpinene and isoterpinolene, known for their anti-inflammatory and antioxidant effects. Additionally, it includes 1,3,8-p-menthatriene, terpinen-4-ol,  $\alpha$ -terpineol, eugenol,  $\beta$ -cadinene, and  $\alpha$ -cubebene, all possessing anti-cancer properties (Tuntarawongsa & Phaechamud, 2012).

### Pharmacological Actions

Text book of Gunapadam (*Dhathu Jeeva Vaguppu*) mentioned that *soodan* has stimulant, carminative, sedative, anodyne, antispasmodic, antiseptic, hypnotic, expectorant and aphrodisiac actions (Thiyagarajan, 2009). *Soodan* (Camphor) has pharmacological action of antimicrobial, counterirritant, anodyne, antipruritic, local anesthetic and rubefacient (Hercogov, 2005). For the wound healing; antibacterial, anti-inflammatory, antifungal, analgesic, antioxidative, antipruritic and counterirritant activities are very important (Salman, et al., 2012).



The previous animal study evaluating the wound healing efficacy of *Soodan* (Camphor) involved six groups of Wistar albino rats, each comprising six animals. Groups included untreated control, emulsifying ointment base, Neosporin powder, 10% Neosporin ointment, purified *Soodan* powder, and 10% purified *Soodan* ointment. Wound circumference measurements started with uniform sizes of approximately 120 mm<sup>2</sup> on Day 0. By Day 14, the 10% purified *Soodan* ointment group demonstrated the most significant reduction in wound size, with mean circumferences of 1–3 mm<sup>2</sup>. Statistical analysis using ANOVA indicated significant differences in wound healing by Day 10 ( $p=0.042$ ), with highly significant outcomes by Day 14 ( $p=0.000$ ). Post Hoc Tukey tests confirmed that 10% *Soodan* ointment showed superior efficacy compared to untreated groups ( $p=0.003$ ) and was statistically better than 5% *Soodan* ointment ( $p=0.049$ ). The unit healing time was 0.0749 days/cm<sup>2</sup> for 10% *Soodan* ointment, significantly outperforming purified *Soodan* powder at 0.1176 days/cm<sup>2</sup> ( $p=0.001$ ). Overall, the study highlighted the superior wound healing properties of 10% purified *Soodan* ointment, attributed to its enhanced penetration and retention due to the ointment base. The findings emphasize the potential for *Soodan* formulations in wound care, with concentrations below 11% deemed safe and effective (Thanushiyan, et al., 2024).

### **Antibacterial Activities**

Chen et al.'s study investigates the antimicrobial potential of essential oils extracted from *Cinnamomum camphora* leaves and wood. The leaf oil demonstrated significant activity against various bacteria, including *Staphylococcus aureus*, *Enterococcus faecalis*, *Bacillus subtilis*, *Salmonella enterica gallinarum*, and *Escherichia coli*, with minimum inhibitory concentrations (MICs) ranging from 0.8 to 8.0 µg/mL (Moglad, et al., 2020). Notably, the wood oil exhibited notable antibacterial efficacy against *Serratia marcescens*. The study highlights the role of major components such as camphor, 1,8-cineole,  $\alpha$ -terpineol, and safrole in contributing to the antimicrobial activity of the oils. Additionally, synergistic interactions between 1,8-cineole and camphor were suggested to enhance their antibacterial effects (Liu, et al., 2002). The research methodology involved antibacterial screening using tryptic soy agar medium and dilutions of essential oils in CAMHB, with microorganisms sourced from the American Type Culture Collection (ATCC) (Singh & Jawaid, 2012).

**Table 01: Zone of inhibition using Standard Cultures**

S. No.	Name of Organism	Camphor
1	<i>Escherichia coli</i> (ATCC 25922)	6 mm
2	<i>Escherichia coli</i> (ATCC 35218)	-ve
3	<i>Staphylococcus aureus</i> (ATCC 13565)	15 mm
4	<i>Staphylococcus aureus</i> (ATCC 25923)	-ve
5	<i>Pseudomonas aeruginosa</i> (ATCC 10145)	5 mm
6	<i>Pseudomonas aeruginosa</i> (ATCC 27853)	-ve
7	<i>Pseudomonas aeruginosa</i> (ATCC 15442)	-ve
8	<i>Salmonella typhi</i> (ATCC 19430)	-ve
9	<i>Bacillus subtilis</i> (ATCC 19659)	10 mm
10	<i>Bacillus subtilis</i> (ATCC 6033)	9 mm

Camphor showed antimicrobial activity against *Staphylococcus aureus* (15 mm), *Escherichia coli* (6 mm), *Pseudomonas aeruginosa* (5 mm), and *Bacillus subtilis* (9-10 mm). No activity was observed against other tested strains (Chen, et al., 2020).

Furthermore, the study elucidates the inhibitory effects of cinnamomin on solid melanoma growth in mice and the mechanism of action of D-camphor in hindering oxidative metabolism in *E. coli*. The findings suggest potential applications of ribosome-inactivating proteins (RIPs) in drug development and crop plant technology (Wang, et al., 2020).

Overall, the research underscores the diverse antimicrobial activities of *C. camphora* essential oils against a range of pathogens, both Gram-positive and Gram-negative (Viljoen, et al., 2003). It provides valuable insights into the bioactive components responsible for these effects and highlights potential synergistic interactions among them. The study's experimental design and methodology contribute to the understanding of the antimicrobial properties of *C. camphora* essential oils and their potential therapeutic applications (DeCarlo, et al., 2020).

### **Anti-inflammatory Activity**

*Cinnamomum camphora*, when topically applied with 5% croton oil, shows dose-dependent effects on mouse ear edema: 110 to 220 mg/kg doses reduce edema, but 400 mg/kg increases it, an oily blend with *C. camphora*, Menthol, and Thymol exhibits potent anti-inflammatory effects in rats. Traditional use of camphor (*Soodan*) for inflammatory conditions is supported by its recognized anti-inflammatory and antioxidative properties, validated by in vitro studies on *C. camphora* leaf extract (Ghori, et al., 2016).

The study found that Borneol Essential Oil (BEO) exhibited strong human erythrocyte membrane stabilization, inhibiting both heat-induced and hypotonic solution-induced hemolysis with IC<sub>50</sub> values of 5.29 mg/mL and 0.26 mg/mL, respectively. Topical application to mice auricles significantly reduced xylene-induced auricle swelling ( $p < 0.0001$ ) and downregulated inflammatory mediators like IL-1 $\beta$ , IL-6, and TNF- $\alpha$  in both serum and tissue ( $p < 0.05$  to  $p < 0.001$ ). GC-MS analysis identified 43 components, with borneol being the most abundant (20.9%), followed by  $\beta$ -caryophyllene, camphor, and limonene. The skin permeability of BEO was evaluated, with BEO and its nano-emulsion showing steady-state transdermal diffusion rates of 6.7 mg/cm<sup>2</sup>·h and 8.9 mg/cm<sup>2</sup>·h, respectively (Lee, et al., 2016).

### Antifungal Activity

A concentration of 5000 ppm of *Cinnamomum camphora* oil inhibited *Aspergillus flavus* growth, with complete inhibition at 4000 ppm, demonstrating fungistatic properties. Ho Chen-Lung et al. found antifungal activity in essential oils from *C. camphora* leaves, flowers, and twigs, with the leaf oil showing the highest potency (Mishra, et al., 2018). Antifungal screening involved culturing fungi on yeast-nitrogen base medium, with essential oil dilutions prepared in DMSO. Fresh fungi were added to microdilution plates and incubated, with DMSO and amphotericin B as negative and positive controls, respectively (Elfadil, et al., 2015).

**Table 2: The inhibition of camphor in vivo against different species of *Fusarium*.**

Camphor Contents (mg/mL)	<i>F. oxysporum</i> G5 (%)	<i>F. solani</i> G9 (%)	<i>F. verticillioide</i> (%)	<i>F. graminearum</i> (%)
0.125	3.80 $\pm$ 1.43 a	14.55 $\pm$ 4.70 a	9.36 $\pm$ 1.34 a	7.37 $\pm$ 4.78 a
0.25	11.18 $\pm$ 1.22 ab	13.60 $\pm$ 2.53 a	15.88 $\pm$ 2.29 b	33.46 $\pm$ 7.80 b
0.50	23.61 $\pm$ 4.72 b	15.64 $\pm$ 0.52 a	23.99 $\pm$ 1.78 c	45.79 $\pm$ 3.95 b
1.00	54.63 $\pm$ 9.76 c	34.59 $\pm$ 4.98 b	54.36 $\pm$ 1.34 d	89.41 $\pm$ 5.17 c
2.00	83.65 $\pm$ 2.37 d	91.98 $\pm$ 3.51 c	82.61 $\pm$ 3.29 e	95.84 $\pm$ 0.13 c
4.00	100.00 e	100.00 c	94.60 $\pm$ 0.11 f	100.00 c

Camphor demonstrated a dose-dependent inhibitory effect against various *Fusarium* species. At the lowest concentration (0.125 mg/mL), inhibition rates were minimal, ranging from 3.80% to 14.55%. As the concentration increased to 0.25 mg/mL, there was a noticeable increase in inhibition, especially for *F. graminearum*, which reached 33.46%. At 0.50 mg/mL, inhibition further increased, with *F. oxysporum* and *F. verticillioide* showing significant inhibition (23.61% and 23.99%, respectively). At 1.00 mg/mL, inhibition rates rose substantially for all species, with *F. graminearum* exhibiting the highest inhibition (89.41%). At 2.00 mg/mL,

camphor achieved near-complete inhibition of *F. oxysporum* (83.65%) and *F. graminearum* (95.84%), while *F. solani* (91.98%) and *F. verticillioide* (82.61%) also showed high inhibition. By the highest concentration tested (4.00 mg/mL), camphor completely inhibited *F. oxysporum*, *F. solani*, and *F. graminearum*, and nearly completely inhibited *F. verticillioide* (94.60%). These results indicate that camphor exhibits strong antifungal activity, especially against *F. oxysporum* and *F. graminearum*, with its effectiveness increasing as the concentration is raised (Hammer, et al., 2013).

### **Analgesic Activity**

Swiss albino mice, common subjects in biomedical research due to their genetic homogeneity, were administered an oil preparation containing *Cinnamomum camphora*, Menthol, and Thymol. This formulation, selected for its potential therapeutic effects, was tested at doses of 110 mg/kg and also 250 mg/kg (Ghori, et al., 2016)].

**Table 3: Analgesic Activity in Mice Using Hot Plate Method at Different Intervals of Time**

Treatment Group	Dose (mg/kg)	Reaction Time in Initial Minutes (mean $\pm$ SEM) 30	Sig
Control	10 ml/kg	1.46 $\pm$ 0.11	1.000
Diclofenac Sodium	50 mg/kg	1.81 $\pm$ 0.20	0.0005
Test-1	100 mg/kg	1.61 $\pm$ 0.41	0.0083
Test-2	200 mg/kg	1.83 $\pm$ 0.23	0.0067

**Note:** **P<0.01** considered significant, **P<0.001** extremely significant.

**Table 4: Paw Volumes of Rats in Different Experimental Groups**

Treatment Group	Dose (mg/kg)	Paw Volume (mean $\pm$ SEM) at Different Hours 1h	Sig
Control	5 ml/kg	0.50 $\pm$ 0.01	1.000
Indomethacin	10 mg/kg	0.76 $\pm$ 0.02	0.0005
Test-1	250 mg/kg	0.55 $\pm$ 0.02	0.0081

Test-2	500 mg/kg	0.51 ± 0.01	0.0078
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**Note:** P<0.01 significant.

The results from Table 3 (Analgesic Activity in Mice Using Hot Plate Method) indicate that Diclofenac Sodium exhibited a significant increase in reaction time, with the most pronounced effect (P<0.001). Both Test-1 (100 mg/kg) and Test-2 (200 mg/kg) demonstrated a gradual Significant effect. With Test-1 showing a stronger analgesic effect, (P<0.01). The Control group showed minimal response, highlighting the effectiveness of the test substances at higher doses (Xu, et al., 2015).

In Table 4 (Paw Volumes of Rats in Different Experimental Groups), both Test-1 (250 mg/kg) and Test-2 (500 mg/kg) showed a significant reduction in paw volume compared to the Control, With Test-2 yielding a more pronounced decrease at all time points. The effects were similar to the standard Indomethacin group. These findings suggest that the treatments, particularly at the higher dose of 500 mg/kg, possess notable anti-inflammatory properties (Xu, et al., 2015). The composition of camphor oil typically includes 21% of camphor dissolved in an oil base. This formulation finds common use in home remedies for common colds and sinusitis condition due to its purported decongestant properties. Furthermore, camphor used in balms and ointments as analgesics for reduce pain and discomfort (Zhu, et al., 2020).

### **Antioxidative Activities**

Liu et al. and Lee et al. found that the extraction of *Cinnamomum camphora* leaves, rich in flavonoids, demonstrated stronger antioxidant effects compared to other commercially available antioxidant medications. This was evidenced through a free radical scavenging assay using DPPH. Additionally, extracts of butanol and ethanol from *C. camphora* exhibited high efficacy in neutralizing free radicals, indicating significant antioxidant activity (Cardullo & Gilroy, 1975).

**Table 5: Effect of Camphor on Rat Thymocyte Cytotoxicity**

Concentration (µg/mL)	Cytotoxicity (CCK-8 Assay) (Absorbance Ratio ± SD)	Significance (vs. Control)
0.5	0.927 ± 0.132	-
5	1.024 ± 0.083	-
50	1.111 ± 0.033	*

Control	0.999 ± 0.005	-
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**Table 6: Effect of Camphor on Intracellular ROS Production**

Concentration (µg/mL)	Intracellular ROS Production (Ratio ± SD)	Significance (vs. Control)
0.5	1.413 ± 0.068	***
5	1.399 ± 0.093	**
50	1.251 ± 0.049	*
Control	1.000 ± 0.042	-

The analysis of camphor's effects on rat thymocytes reveals significant findings regarding cytotoxicity and oxidative stress. In terms of cytotoxicity, camphor demonstrated a concentration-dependent increase in toxicity, as measured by the CCK-8 assay. At a concentration of 50 µg/mL, a statistically significant increase in cytotoxicity (\*p < 0.05) was observed compared to control cells, while lower concentrations (0.5 and 5 µg/mL) did not show significant changes (Farasati Far, et al., 2023).

Regarding intracellular reactive oxygen species (ROS) production, camphor induced a notable rise in ROS levels across all tested concentrations. The most pronounced increase was at 0.5 µg/mL, with a highly significant change (\*\*p < 0.001) compared to controls. At 5 µg/mL, the increase was also significant (\*\*p < 0.01), and at 50 µg/mL, a moderate but still significant rise was observed (\*p < 0.05). These results indicate that camphor's cytotoxicity may be partially mediated by oxidative stress (Valdez, et al., 2019).

Overall, camphor's impact on rat thymocytes highlights its potential to induce cytotoxic effects and elevate oxidative stress at higher concentrations. Further studies exploring mitochondrial membrane potential and other markers of cellular health could provide deeper insights into the mechanisms underlying these effects (Sweetman, 2018).

### **Antipruritic and counterirritant**

Camphor demonstrates the capacity to activate TRP and TRPV1 channels at the level of the dorsal root ganglion, while also inhibiting TRPA1 channels. Consequently, it functions as a TRPV1 agonist. This activity contributes to the antipruritic and counterirritant effects observed in camphor (*Soodan*) (Xu, et al., 2015).

### **Pharmacokinetics**

Camphor exhibits good absorption across various routes of administration, including intranasal, intraoral, and topical application. Orally, it enters the bloodstream independently within three hours, but when combined with solvents like Tween 80, it reaches plasma levels within one hour. Dermal application results in relatively slower absorption compared to other routes. However, caution is advised during pregnancy and lactation, as camphor can cross the placenta and distribute throughout the body. It has a plasma protein binding capacity of 61%. Following absorption, camphor is metabolized in the liver, and its metabolites are conjugated with glucuronic acid and excreted via urine. The half-life of camphor significantly decreases when combined with solvents like Tween 80 (Masuram, et al., 2014).

In topical application, the rate of absorption is higher than the volume of absorption. A study demonstrated that after applying camphor topically, small patches were formed on the skin, facilitating absorption (Masuram, et al., 2014).

### **Relationship based on the Siddha aspect**

According to siddha philosophy, wounds develop as a result of *vatha dosha* imbalance. It will have an impact on the *charam* and *cenneer*. It will then have an impact on other *thathukal* and cause a wound. Initially the *vatha dosha* influences, then the *pitha dosha* then the *kapha dosha*. The disease becomes more severe as a result. Thus, the medication used to treat wounds should balance the three *doshas* of *vata*, *pitta*, and *kapha* (Thanushiyan, et al., 2024). *Soodan* has a powerful ability to aggravates *pitham*, while it lowers down *Vatham* and *Kabham*. It tastes bitter and pungent. In contrast to aggravating *pitham* and *vatham*, it reduces *kapham* (Thanushiyan, et al., 2024). To heal a wound, a medicine should balance the *tridoshas*, according to Siddha philosophy. This medication has a hot potency and a pungent, bitter taste. Combinations can maintain the equilibrium of the *tridosha* and balance the *vatha*, *pitha*, and *kabha doshas*. Therefore, it is obvious that the *Soodan* is helpful at promoting wound healing.

### **CONCLUSION**

In conclusion, *Soodan* (Camphor), derived from *Cinnamomum camphora*, demonstrates a range of pharmacological actions, including antibacterial, antifungal, analgesic, anti-inflammatory, antioxidative, and counterirritant effects, all of which contribute to its wound healing potential. The rich phytochemical composition of camphor underpins these therapeutic properties, with key compounds such as camphor, borneol, and monoterpenes playing vital roles in tissue repair and infection control. Studies have shown that *Soodan*, particularly in



topical formulations like ointments, can effectively promote wound healing, potentially offering an alternative to synthetic drugs. However, pharmacokinetic studies highlight the rapid absorption of *Soodan* and its hepatic metabolism, with caution advised during pregnancy and lactation due to its ability to cross the placenta. While *Soodan* exhibits promising potential, further research is needed to optimize its use in modern medical settings, including precise dosage and formulation guidelines. Future studies should focus on in depth clinical trials, exploring the efficacy of different *Soodan* concentrations and its safety profile across diverse patient populations. Additionally, further research should address the long-term effects and any potential interactions with other medications.

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### **LIST OF ABBREVIATIONS**

1. NADH - Nicotinamide adenine dinucleotide
2. DCPIP - Dichlorophenolindophenol
3. MIC - Minimum inhibitory concentrations
4. TRPV1 - Transient receptor potential V
5. TRP - Transient receptor potential

### **LEGEND**

1. Figure 01 - Structural formula of Camphor, a bicyclic monoterpene ketone
2. Table 01 - Zone of inhibition using Standard Cultures
3. Table 02 - The inhibition of camphor in vivo against different species of *Fusarium*
4. Table 03 - Analgesic Activity in Mice Using Hot Plate Method at Different Intervals of Time
5. Table 04 - Paw Volumes of Rats in Different Experimental Groups

6. Table 05 - Effect of Camphor on Rat Thymocyte Cytotoxicity
7. Table 06 - Effect of Camphor on Intracellular ROS Production

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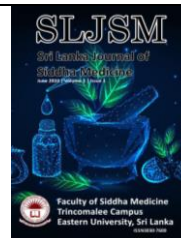
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## Review of Selected Siddha Herbal and Herbo-Mineral Formulations in Treating Eye Diseases

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## ABSTRACT

Vision is the predominant of our senses which plays an indispensable role in each and every sphere of our lives. Ophthalmology has been practiced by part of Tamil civilization since ages. The Classical Siddha text *Agasthiyar Nayana Vidhi* describes 96 types of Eye diseases. Most common Eye diseases affecting worldwide are *Kann kasam* (Cataract), *Padalam* (Keratitis), *Pillam* (Trachoma). Cataract results from opacification of lens fibers. Trachoma is the leading infectious cause of blindness, caused by *Chlamydia trachomatis*. Keratitis is the inflammation of the cornea, it may be infectious or non-infectious origin. Though surgery and antibiotics are treatment strategies in modern medicine, there are numerous highly effective Siddha formulations for treating these eye diseases. The objective is about reviewing 5 external Siddha formulations - *Chandra Prakasam*, *Suriyagandhi Kayiru*, *Neelakanda Mathirai*, *Anjanaathi Mathirai* and *Thambirathi Mathirai* obtained from *Agasthiyar Nayana Vidhi* 500, for their effectiveness in treating *Kann Kaasam*, *Padalam*, *Pillam* and comparing them with Cataract, Keratitis and Trachoma respectively.

The phytochemicals present in the raw drugs of the 2 selected Siddha formulations, *Chandra Prakasam* (herbal) and *Suriyagandhi Kayiru* (herbo-mineral), are reviewed elaborately for their action against *Kann Kasam*, *Padalam*, and *Pillam*, and their signs and symptoms are compared with those of Cataract, Keratitis, and Trachoma, respectively. *Chandra Prakasam* and *Suriyagandhi kayiru* synergistically act as antioxidants, anti-cataract, anti-inflammatory, anti-microbial, anti-fungal, and radioprotective. Important phytochemicals found in selected formulations are alkaloids, polyphenols, tannins, lanosterol, carotenoids, flavonoids, and antioxidant enzymes, which are integral in the management of eye diseases.

**Keywords:** Antioxidant, *Chandra Prakasam*, *Kann Kasam*, *Padalam*, *Suriyagandhi kayiru*.

## INTRODUCTION

Siddha is one of the traditional systems of medicine practiced in South India and Sri Lanka. The Siddha system of medicine is as old as mankind. This system is not only a treatment approach but also encompasses mental, physical, emotional and social well-being of an individual by adopting proper lifestyle practices, dietary abstinence, potent medicinal drugs and various therapies specific to this system.

Ophthalmology (*Kann noi iyal*) is a clinical and surgical specialty with medicine that deals with the diagnosis and treatment of eye disorders. Ophthalmology has been practiced and a part of ancient Tamil civilization since ages. Siddhars, especially *Agathiyar* and *Nagamuni* explained a wide variety of eye diseases, treatment, prevention and its surgical methods. A few Tamil palm-leaf manuscripts belonging to the 4<sup>th</sup>, 7<sup>th</sup>, and 12<sup>th</sup> centuries have also been found. However, well-compiled literature evidence of eye diseases from Siddha palm-leaf manuscripts have been found since the 17<sup>th</sup> century. The evolution of modern ophthalmology started only after 1851 with the invention of the ophthalmoscope by Helmholtz (Jeyavenkatesh, 2022).

Numerous formulations were mentioned in the Classical Siddha Texts, *Agathiyar Nayana Vidhi* 500, *Nagamuni Nayana Vidhi* 200. This review focuses on comparative study of eye diseases in modern and siddha system of medicine. This documentation discusses Siddha Herbal and a Herbo-mineral formulation for their effectiveness in treating eye diseases like *Kann Kasam* (Cataract), *Padalam* (Keratitis) and *Pillam* (Trachoma) (Jeyavenkatesh, 2022).



## MATERIALS AND METHODS

Extensive literary searches were made regarding many eye diseases. Among the various Siddha literatures, *Agathiyar Nayana Vidhi 500* and *Nagamuni Nayana Vidhi 200* were selected. Regarding the eye diseases, *Kann Kasam* (Cataract), *Padalam* (Keratitis), and *Pillam* (Trachoma) are highlighted in this work, which are also mentioned in figure 1.

### Common Etiology of Eye disorders according to Siddha:

Changes in five fundamental elements of life - Earth, Water, Fire, Air and Space.

Changes in *Thirithoda* - *Vatha*, *Pitha*, *kabam*.

Improper diet.

Consumption of excessive toddy and alcohol.

Exposure of eyes to irritating stimuli like dust, smoke and so on.

Exposure to excessive heat and cold weather.

Sleeplessness

Classification of 96 eye disease mentioned in *Agathiyar Nayana Vidhi 500*

Based on affected part of eye:

1. *Paavai* (Diseases of lens and pupil) - 27
2. *Karu vizhi* (Diseases of black of the eye) - 10
3. *Vellai vizhi* (Diseases of white of the eye) - 13
4. *Karuppu vizhikum Vellai vizhikum idaiyil* (Diseases of binding unions) - 9
5. *Kuvalai* (Diseases of upper and lower eyelids) - 24
6. *Kann muzhuvathum* (Diseases of the eyeball) - 13

Based on *Thirithoda* (3 humours):

1. Impaired *vatham* - 45
2. Impaired *pitham* - 31
3. Impaired *kabham* - 20

Of the above diseases, *Kann Kasam*, *Padalam*, *Pillam*, *Timiram*, *Poo*, *Vizhi ganam Kann pugaichal* are considered to be the most occurring eye diseases. According to *Agathiyar Nayana Vidhi 500*, *Kasam*, *Padalam*, *Pillam* are sub classified as follows:

### ***Kann Kaasam- 17 (Cataract)***

*Neelakasam*, *Pitthakasam*, *Vathakasam*, *Valakasam*, *Mantharakasam*, *Silettumakasam*, *Valiyunkasam*, *Udaithezhukasam*, *Maalaikasam*, *Uurukasam*, *Manineelakasam*, *Neerezhukaasam*, *Thunnukasam*, *Thutthidukasam*, *Vaarezhukasam*, *Kuvalai kasam* and *Anthirakasam*.

The symptoms of *Kann kasam* and Cataract are mentioned in the table 1.

***Padalam – 5 (Keratitis)***

*Nagapadalam, Vellaipadalam, Panchuneerpadalam, Ratthapadalam and Neerpadalam*

The symptoms of *Padalam* and Keratitis are mentioned in the table 2.

***Pillam - 3 (Trachoma)***

*Pillam, Soozhnthidum pillam and Neer pillam.*

The symptoms of *Pillam* and Trachoma are mentioned in the table 3.

Siddha formulations from *Agathiyar Nayana Vidhi 500* like *CHANDRA PRAKASAM, SURIYAGANDHI KAYIRU, NEELAKANDA MATHIRAI, ANJANAATHI MATHIRAI, THAMBIRATHI MATHIRAI* are used for the treatment of *Kann Kasam* (Cataract), *Pillam* (Trachoma), *Padalam* (Keratitis), *Thimiram*, *Kann pugaichal*, *Aani poo*, *Kuntham*, *Amaram*, *Oon valarchi*, *Vizhi ganam*, *Kann neer vadithal*. Ingredients and uses of the selected medicines are mentioned in the table 4 and figure 2.

The important phytochemicals, chemicals, pharmacological actions, and uses in Siddha of all the ingredients of *Chandra Prakasam* and *Suriyagandhi Kayiru* are detailed below and also mentioned in the table 5 and 6.

**DISCUSSION**

**Chandraprakasam**

**1) *Piper nigrum***

Piperine- Antioxidant property (Monika Chamoli, 2021).

Due to flavonoids and phenol content (Satyanshu Kumar, 2021).

IC<sub>50</sub> value – (85.35 ± 3.45)

Ant inflammatory activity

Xenobiotic agent which can inhibit IL6, IL 1B, Ig E and Histamine

**2) *Coscinium fenestratum***

Phenols (benzaldehyde) - Quenching of oxygen free radicals

Tannins - antioxidant (Krishnamoorthy Karthika, 2018). and anti-inflammatory activity causes protein precipitation

Flavonoids (coumarin, pyranthrene) show potent antioxidant properties

(Krishnamoorthy Karthika, 2018).

Good antioxidant activity (53.3–73.1%) against the linoleic acid emulsion. The IC<sub>50</sub> value of MeOHCF was 182.48 µg/ml

3) *Cyperus rotundus*

Bio active phenols, quercetin and chlorogenic acid- Antioxidant property

Cyperone anti-inflammatory Inhibit lipopolysaccharide (LPS-) stimulated inflammatory response in a murine BV-2 microglia cell line, Antibacterial activity (Arunagiri Kamala, 2018).

4) *Azadirachta indica*

Azadirachtin-tetra, triterpenoid compound, Anti trypanosomal activity (block the development of *T. cruzi* and induce a permanent resistance)

Pyrenated flavones isolated from flowers- Antimutagenic property

Gallic acid, epicatechin and catechin - Anti-inflammatory and immunomodulatory

Nimbidin, Nimbin - Antifungal, anti-microbial (Mohammed A. Alzohairy, 2016).

Anti-oxidant, Anti-inflammatory (Subendu Sarkar, 2021).

Flower possesses highest free radical scavenging activity

AR Inhibition - control the diabetes induced cataract (Sunday E Atawodi, 2009).

IC<sub>50</sub> value -57

Polyol accumulation -25.04%

5) *Terminalia chebula*

Chebolic acid, Neo Chebolic acid, gallic acid, ellagic acid -Anti-oxidant, free radical scavenging activity, cytoprotective, Anti cataract (Suresh Kumar Gupta, 2010).

Hydroxybenzoic acid - anti-oxidant (Anwesa Bag, 2013).

6) *Embelia ribes*

Embellin- Antihyperlipidemic, anti-inflammatory, anti-oxidant, radioprotective, antimitotic (Pratik R Wankhade, 2021).

Anti-oxidant properties

Phenol derivatives 3-benzenediol, 5-(8-pentadecenyl)-1, 5-(8, 11-heptadecadienyl)-1, 3-benzenediol, 3-methoxy-5-pentane-1-phenol, 5-pentadecyl-1, 5-(8-heptadecenyl)-1, 3-benzenediol, 3, 5-dimethoxy-4-hydroxyphenyl-1-O-β-D-glucopyranoside.

Ethanol extract 5.8 mg/g (Gallic Acid Equivalent is 5-25 mg/g)

Vilangin (volatile oil and embelin) 72.35 mg Radical scavenging property

Anti-aging, Anti-cancerous and Anti-helminthic.

**Suriyagandhi Kayiru**

1) *Alternanthera sessilis*

Extract –Antioxidant (Due to high total phenolic content) (Thomas M. Walter, 2014).

ethyl acetate extract (67.75 µg GAE/mg) followed by

methanolic (44 µg GAE/mg),

High percentage of DPPH radical scavenging activity

acetone (57.6%) and

ethyl acetate (64.73%) extracts

Anti -cataract (Sobha kota,2017) and Antimicrobial (Sivakumar, 2018).

2) *Macrotyloma uniflorum*

Antioxidant property (Manisha Gautam, 2020).

Polyphenols -vanillic acid, caffeic acid (Shuchita Sah, 2023). and tannins

Flavonoids kaempferol, quercetin and myricetin, Isoflavones daidzein and genistein

3) *Tamarindus indica*

Tartaric acid

Leaves 2 triterpenes, lupanone, lupeol

High Antioxidant property (64.5-71.7%) which is higher than the Butylated hydroxyanisole and ascorbic acid.

Wound healing activity

L-(-)-Di-n-butyl maleate -Cytotoxic activity

Sterols and triterpenes -Analgesic, anti-inflammatory activity and treatment of eye inflammation (Richard Komakech, 2019).

Methanol and acetone - Anti-microbial

4) *Azima tetraacantha*

Alkaloids, Tannins, Phenols-Antioxidant property (Thendral Hepsibha, 2010).

Ascorbic acid potent reducing agent and free radical scavenger.

5) *Muthu* (Pearl)

(86% CaCO<sub>3</sub>, 2-4% water, 10% conchiolin which is an organic binding agent)

Bicarbonate ion and prostaglandins - Cytoprotective effects

Antioxidative- metal chelating, O<sub>2</sub> scavenging

Oxidative index-Total Anti oxidative capacity TBARS, Total thiols, GSH, Ascorbic acid

Anti-oxidative enzymes -SOD, GPx, GR

Anti-aging - prolongs *C. elegans* life span

6) *Pavalam* (Coral)

Terpenoids, Steroid, N<sub>2</sub> containing compounds sesquiterpenes, diterpenes (tetradecane ring) Analgesic, anti-inflammatory, antioxidant, anti-bacterial, Neurological activity (Mengtian Han, 2023).

Antioxidant IC<sub>50</sub> value of 27.28 µM

Sterols anti-inflammatory activity

Ceramides, alkaloids (deoxythymidine, thymine, methyluracil and urea) antifungal, antibacterial and cytotoxic activities. It can also inhibit acetylcholestan-converting protease (Mengtian Han, 2023).

7) *Thurusu* (Copper sulfate)

Copper potent biocidal properties and is used to eliminate bacteria, viruses and parasites (Sonitha, 2022).

Wound healing and Antifungal (Ethel Shiny, 2023). activity promotes angiogenesis and skin extracellular matrix formation.

Two formulations—Herbal (*Chandra Prakasam*) and Herbal mineral (*Suriya gandhi kayiru*)—were selected from the Classical Siddha literature to document their clinical efficacy in the management of Eye diseases.

*Kann kasam* (Cataract) is the primary cause of blindness. Cataract is mainly developed due to oxidative stress (Devesh Tewari, 2019). For the homeostasis of the antioxidant system and ROS, enzymes like catalase, SOD, and GPX are pivotal. Ellagic Acid present in *Terminalia chebula* which is a polyphenol compound, possesses antioxidant properties that can scavenge both oxygen and hydroxyl radicals and inhibit lipid peroxidation. Oxidative stress has been implicated in cataractogenesis, thus Ellagic acid exhibits anti-cataractogenic potential.

Lutein and zeaxanthin can filter high-energy photons of blue light to prevent the formation of reactive oxygen species. *Piper nigrum* increases transport rates of the xanthophylls, lutein, zeaxanthin, and isoflavones. Leaves of *Tamarindus indica*, *Alternanthera sessilis*, and *Azima tetracantha* possess lutein, zeaxanthin, and carotenoid compounds.

Diabetes is one of the major risk factors for Cataractogenesis and Aldose Reductase (AR) enzymes play an important role in sugar-induced cataracts. Lens AR inhibitors are isoflavones, quercetin, quercetin 2 acetate, Genistein. These are present in the extracts of *Azadirachta indica* and *Macrotyloma uniflorum* (Manisha Gautam, 2020). Genistein increases connexin (Cx) 43 expression.

Flavonoids like Chrysin, apigenin, and baicalin are the bioactive compounds inhibiting glycation, glycation-induced lens opacity, AGEs, AR, and lens protein aggregation. Flavonoids are present in almost all the ingredients of the selected Siddha herbal and herbal mineral formulations, such as Chandra *Prakasam* and *Suryagandhi Kayiru*.

Oxysterols improve or reverse the lens opacity in cataractogenesis—Lanosterol, N-acetylcarnitine, and 5-cholesterin-3 b,25-diol combat the aggregation of crystallines. Crystallins, the major structural lens proteins have an imperative role in lens transparency and acquire post-translational alterations during cataract formation, which lead to protein insolubility, aggregation, and loss of lens transparency (Bryanna J Lee, 2023). Alpha spinasterol, stigmasterol, and Campesterol in *Alternanthera sessilis* and *Macrotyloma uniflorum*, beta-sitosterol in *Azadirachta indica*, sterols in *Terminalia chebula* and also in Calcium carbonate of coral are the compounds which prevent crystalline formation.

Antioxidant properties of polyphenolic compounds (Mario C Foti, 2007; Rong Tsao, 2010). can be significantly credited to three mechanistic pathways, including ROS scavenging by hydrogen atom transfer (HAT), single electron transfer (SET), and metal chelating mechanisms. Polyphenols are present in *Tamarindus indica*, *Alternanthera sessilis*, *Azima tetracantha*, *Embelia ribes*, *Cyperus rotandus* and *Coscinium fenestratum*.

*Pillam* (Trachoma) is a disease complex composed of two linked chronic processes: a recurrent, subclinical infectious–inflammatory disease and a non-communicable, cicatricial owing to trichiasis, for the Global Eradication of Trachoma, WHO launched the 'SAFE' strategy (surgery, antibiotics, facial cleanliness, and environmental improvement). Antibiotics directly inhibit bacterial *DNA synthesis* and replication (Anti-microbial, Anti-bacterial). Hydrolyzable tannins (gallic acid, chebulic acid, ellagic acid, chebulogic acid, chebultanin) present in *Terminalia chebula* and *Azadirachta indica* have antiviral, anti-fungal, and anti-microbial action; Xenobiotic agent in *Piper nigrum* has anti-inflammatory action which works efficiently in treating Trachoma. Cyperone in *Cyperus rotundas* has anti-inflammatory action by inhibiting lipopolysaccharide-stimulated inflammatory response in the microglial cell line.

*Padalam* (Keratitis) may or may not be associated with infection. Nimbin present in *Azadirachta indica* has anti-fungal and anti-microbial properties. Ceramides, and alkaloids (deoxythymidine, thymine, methyluracil, and urea) present in *Pavalam* possess antifungal, antibacterial, and cytotoxic activities. These phytochemicals help in the treatment of Keratitis (Anwer S El –Brady, 2015).

This study shows that most of the components of the selected Siddha herbal and herbal mineral formulation possess antioxidant, Anti-inflammatory, anti-microbial, anti-fungal, and Anti-aging properties which are needed to cure diseases like *Kann Kasam* (Cataract), *Padalam* (Keratitis) and *Pillam* (Trachoma) (Michael Rhone, 2008). The Pharmacological actions and Main Mechanism for the Treatment of Eye Diseases are explained in figure 4 and Figure 6 respectively. The Phytochemicals possessing Antioxidant properties are mentioned in the figure 4.

## **CONCLUSION**

In this study, we conclude that aging (free radicals' formation) and infections are the main factors which lead to the most common eye diseases like *Kann kasam* (Cataract), *Padalam* (Keratitis) and *Pillam* (Trachoma). Thus, the selected Siddha formulations possess the anti-oxidant, anti-inflammatory, antimicrobial, radio protective antifungal, antimitotic properties which can combat and resist the eye infections. Alkaloids, flavonoids, tannins, terpenes, anti-oxidative enzymes, lanosterol, carotenoids and polyphenols are the important phytochemicals present in the Siddha herbal – *Chandra prakasam* and herbo mineral formulation - *Suriyagandhi kayiru* which are essential for the required pharmacological actions in treating eye diseases. By studying the Therapeutic properties and Pharmacological actions of all the ingredients of *Chandra Prakasam* and *Suriyagandhi kayiru*, we conclude that it has a tremendous power to cure the eye diseases like *Kann kasam* (Cataract), *Pillam* (Trachoma) and *Padalam* (Keratitis). Further clinical and preclinical studies are needed to study the efficacy of *Chandra prakasam* and *Suriyagandhi kayiru*.

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## **CONFLICT OF INTEREST**

The authors reported that there were no competing interests.



## ABBREVIATIONS

Abbreviations	Definitions
IC50	Half-maximal inhibitory concentration
IL	Interleukin
Ig	Immunoglobulin
DPPH	2,2-Diphenyl-1-picrylhydrazyl
LPS	Lipopolysaccharide
LPO	Lipid peroxidation
T.cruzi	Trypanosoma cruzi
GSH	Glutathione
SOD	Superoxide dismutase
GPx	Glutathione peroxidase
GR	Glutathione reductase
C.elegans	Caenorhabditis elegans
WHO	World Health Organisation
AR	Aldose Reductase
HAT	Hydrogen atom transfer
DNA	DeoxyRibonucleic Acid
SET	Single electron transfer
GAC	Gallic Acid Equivalent

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## TABLE

**Table 1: Comparing the Symptoms of *Kann Kasam* And Cataract**

KANN KASAM	CATARACT
<i>Kann peelai, Kann sivapu, Neer vadithal</i>	Ocular defect, Redness, Lacrimation
<i>Kann yerichal</i>	Eye irritation
<i>Karu vizhi kalangal</i>	Corneal irritation
<i>Maalai neerathil kann pugaichal</i>	Night Blindness
<i>Imai ganam</i>	Heaviness of eyelid
<i>Kann iruttal</i>	Darkness of vision
<i>Kann koosal</i>	Glare [intolerance of bright light]
<i>Vizhi kuthal</i>	Pricking pain of eyes
<i>Paarvai pugaichal</i>	White central opacity -impair vision

**Table 2: Comparing the symptoms of *Padalam* and Keratitis**

PADALAM	KERATITIS
<i>Kann sivathal</i>	Redness of eyes
<i>Sathai valarchi</i>	Ptergium
<i>Paarvai maraivu</i>	Blurred vision due to corneal haze
<i>Neer vadiyum, peelai kattum</i>	Purulent corneal ulcer
<i>Paaravi pugaichal</i>	Impaired vision
<i>Vellai padarnthu vali undagum</i>	White opacity
<i>Kann ganathal</i>	Stromaloedema
<i>Kezhimai thadithal</i>	Swelling of lower eyelids

**Table 3: Comparing the symptoms of *Pillam* and Trachoma**

<i>PILLAM</i>	TRACHOMA
<i>Imai thadippu</i>	Eyelid swelling
<i>Thurmaamisa valarchi</i>	Hyperplasia
<i>Vizhi uruthal</i>	Foreign body sensation in eyes
<i>Kann neer vadithal</i>	Lacrimation
<i>Imai sathai valarchi</i>	Pannus
<i>Imai kaduppu</i>	Irritation
<i>Mel imaikul sathai valarnthu uruthal</i>	Ocular discomfort

**Table 4: Selected five siddha herbal and herbo – mineral formulation for the treatment of eye diseases**

S. No	Name of the formulation	Main ingredients	Adjuvant	Uses in Siddha
1	CHANDRAPRAKASAM	<i>Piper nigrum</i> <i>Coscinium fenestratum</i> <i>Terminalia chebula</i> <i>Embelia ribes</i>	Water Honey Mother's milk	<i>Thimiram</i> <i>Padalam</i> <i>Sukkiran</i>
2	SURIYAGANDHI KAYIRU	<i>Alternanthera sessilis</i> <i>Macrotyloma uniflorum</i> <i>Tamarindus indica</i> Pearl	Lemon juice	<i>Pillam</i> <i>Padalam</i> <i>Kan kasam</i> <i>Kan pugaichal</i> <i>Kan neerpaichal</i>
3	NEELAKANDAMATHIRAI	<i>Cupric sulfate</i> <i>Phyllanthus niruri</i> <i>Amaranthus campestris</i> <i>Aloe arborescens</i>	Lemon juice	<i>Anippoo</i> <i>Kundham</i> <i>Padalam</i> <i>Pillam</i>

4	ANJANAATHI MATHIRAI	Lead Sulphide	Mother's milk	Pitha kasam
		Terminalia chebula		Kann pugaichal
		Terminalia bellirica		Vizhi ganam
		Pongamia pinnata		Pellai kattuthal
5	THAMBIRATHI MATHIRAI	Copper	Water	Kan neer vadithal
		Glycyrrhiza glabra		Pterygium
		Costus speciosus		Kan Mulaigal
		Piper longum		Naatpatta poo
				Imai noigal

**Table 5: Therapeutic properties of Chandra Prakasam**

S. No	Tamil Name/ Botanical Name/ Family	Parts Used	Phyto Chemicals / Chemicals	Actions	Uses In	Siddha	Reference
1	Milagu <i>Piper longum</i> Piperaceae	Seed	Piperine	Analgesic	Hysteria		[25]
			Carotenoids	Antiperiodic	Gonorrhea		
			Alkaloids	Antivatha	Cholera		[21]
			Terpenes	Antiapoptotic	Paralysis		
			Capsaicinoids	Antibacterial	Headache		
			Phenols	Resolvant	Bacterial infection		
				Antioxidant	Sinus		
					Anemia		



2	<i>Maramanjai</i>	Bark	Berberine	Ophthalmic	Tastelessness	[19]
	<i>Coscinium fenestratum</i>		Saponin	Antiseptic	Eye disorders	
	<i>Menispermaceae</i>		Sitosterols	Antitumor	Piles	
			Alkaloids	Antihelminthic	Fever	
			Phenols	Febrifuge	Antidote for snake poison	
			Flavonoids	Antioxidant	Wound dressing	
			Sesquiterpenes	Antihepatotoxic		
			Coumarin	Anticancer	Ulcers	
3.	<i>Korai kilangu</i>	Rhizome	Essential oils	Anti proliferative	Pyresis	[18]
	<i>Cyperus rotandus</i>		Terpenoids	Anti lipidemic	Inflammation	
	<i>Cyperaceae</i>		Flavonoids	Anti-convulsant	Bowel disorders	
			Sesquiterpenes	Astringent	Diarrhea	
			Ascorbic acid	Demulcent	Stomach disorders	
			Valencene	Vermifuge		
			Polyphenols	Diuretic Diaphoretic		

4.	<i>Kadukkai Thol</i>	Fruit	Chebolic acid	Immuno modulatory	Eye diseases- ophthalmia	[4]
	<i>Terminalia chebula</i>		Gallic acid	Radioprotective	Constipation	[13]
	Combretaceae		1,6 di –o- galloyl	Antiaging	Jaundice	
			D- glucose	Antimicrobial	Appetite	
			Flavonoids	Retinoprotective	Haemorrhoids	
			Sterols	Cytoprotective		
			Tannin	Liver stimulant		
			Triterpenoids	Cardioprotective		
5	<i>Vepammottu</i>	Bud	Azadirachtin	Antioxidant	Arthritis	[1]
	<i>Azadirachta indica</i>		Nimbolide	Antitumor	Exfoliant	
	Meliaceae		Nimbin	Antimicrobial	Fungal infection	[30]
			Carotene	Immunomodulant	Detoxification	[3]
			Quercetin	Antipyretic	Increase immunity	
			Polyphenols	Antifungal		
			Vitamin C	Antiapoptotic		

6	<i>Vaaividangam</i> <i>Embelia ribes</i> Myrsinaceae	Seed	Embelin, Embellinol Embelliol Phenolic acids Quinones Essential oils(vilangin) Alkaloids (christembine) Tannin	Antihelmentic Antitumor Wound healing Antihyperglycemic Radioprotective Antimitotic Antifungal Stimulant Carminative Stomachic	Epilepsy Insomnia Rhinitis CVS Disorders Cough Diarrhea Metabolic disorders	[27]
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**Table 6: Therapeutic properties of *Suriyagandhi Kayiru***

S. No	Tamil Name/Botanical Name/Chemical Name/ Family	Parts Used	Phytochemical/ Chemicals	Actions	Uses in Siddha	Reference
1	<i>Ponangaani</i> <i>Alternathea sessilis</i> Amaranthaceae	Leaf	Beta carotene Alpha-spinasterol Stigmasterol Campesterol	Antioxidant Wound healing Antiulcer Antifungal Alterative Refrigerant Febrifuge Cholagogue Hypoglycemic	<i>Kann kaasam</i> <i>Kann pugaichal</i> <i>Karuvizhi noi</i> Eye coolant	[31] [32] [38]

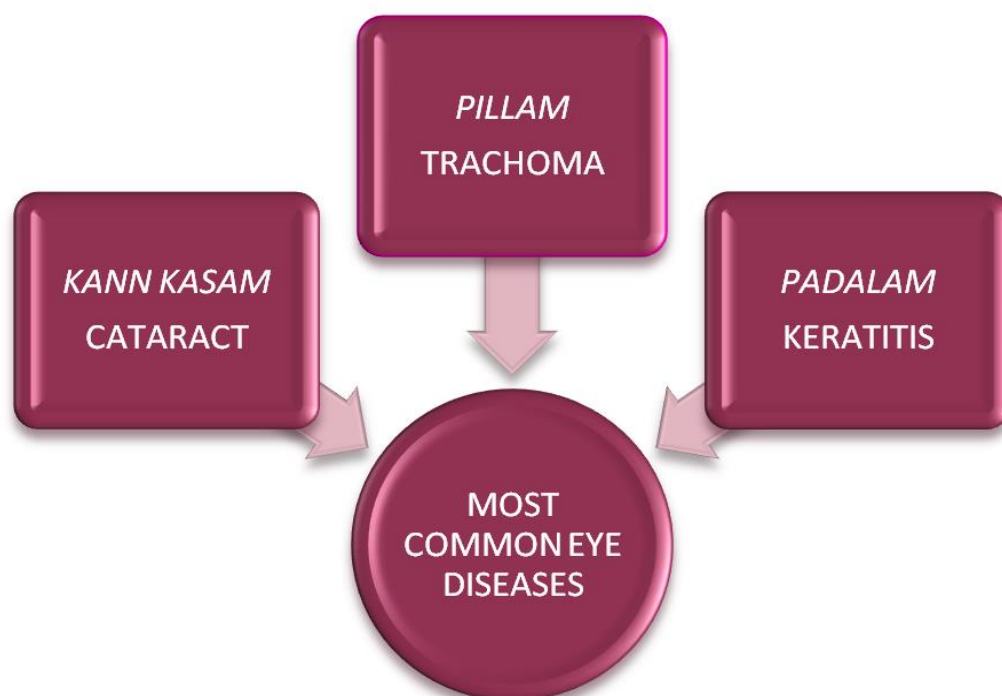
2	<i>Karungollu</i> <i>Macrotyloma uniflorum</i> Fabaceae	Seed	Inositol N-hexa decanoic acid Ethyl alpha- d - glucopyranoside Linoleic acid Vitamin C Stigmasterol	Astringent Antiinflammatory Analgesic Antioxidant Wound healing Antioxidant antilithiatic Antihelmenthic	Eye Disorders <i>Nalir suram</i> Kidney stones Bronchitis Leucoderma Piles Heart disease	[23] [29]
3	<i>Puli ilai</i> Leaf of <i>Tamarindus indica</i> Caesalpiniaaceae	Leaf	Limonene Benzyl benzoate Tartaric acid Cardiac glycosides Vitamin C,B3 Vintexin Peroxidase Lupeol Flavonoids	Antiinflammatory Antioxidant Antibacterial Antifungal stimulant	Redness of eyes Eye disease Anemia Gangrene Wound healing Parasite infections Cell cytotoxicity	[20]

4	<i>Sangilai</i>  Leaf of <i>Azima</i> <i>tetracantha</i>  Salvadorace ae	Leaf	methanol  P- coumaric acid  Ferulic acid  Flavonoids  Phenols  Carotenoids	Antioxidant  Astringent  Anti-inflammatory  Antivenom  Antiproliferative  Stimulant  Antiperiodic  Expectorant	Rheumatism  Dropsy  Dyspepsia  Smallpox  Asthma  Anemia	[15]
5	<i>Muthu</i>  Pearl	Min eral	Calcium carbonate (conchiolin)	Antioxidant  Anti haemolysis  Antiepileptic  Promoting bone growth and generation  Proliferation of endothelial cells  Anti haemolysis	Nebula disorder  Redness of eyes  Skin pigmentation  CNS Disorders  Sores	[26]
6	<i>Pavazham</i>  Coral	Min eral	Calcium carbonate  (Aragonite, Calcite)  Terpenoids  Steroids  N <sub>2</sub> containing compounds	Neuroprotective  Anticancer  AntiInflammatory  Antioxidant  analgesic	Eye opacity  Dizziness  Dryness of mouth  Migraine  Convulsions  Kapha diseases  Lifestyle disorders	[24]

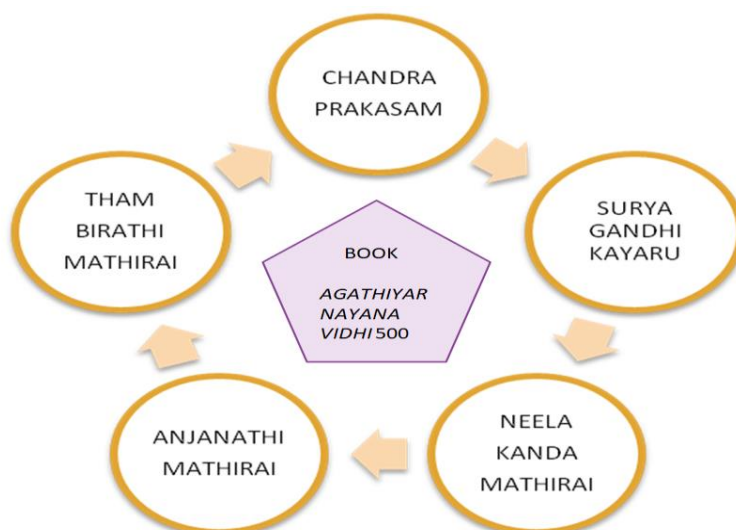
7	<i>Thurusu</i> Copper sulfate	Mineral	Cupric sulfate	Antiseptic Astringent Nutritive Emetic Fungicide Ascorbic acid metabolism	Eyes disease Trachoma Athlete foot Fungal infection in between the toes Cellular immune defense Redness of eyes	[11]
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## FIGURES

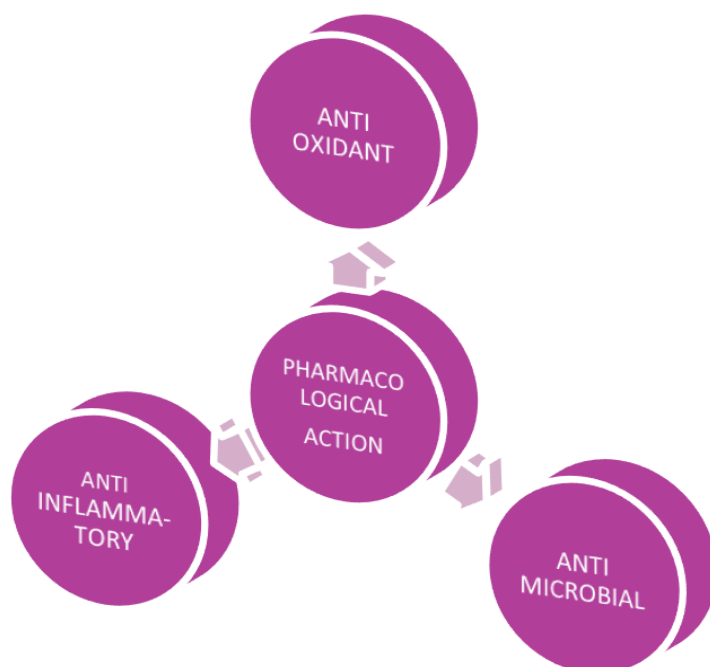
Figure 1: Figure representing the Most Common Eye Diseases



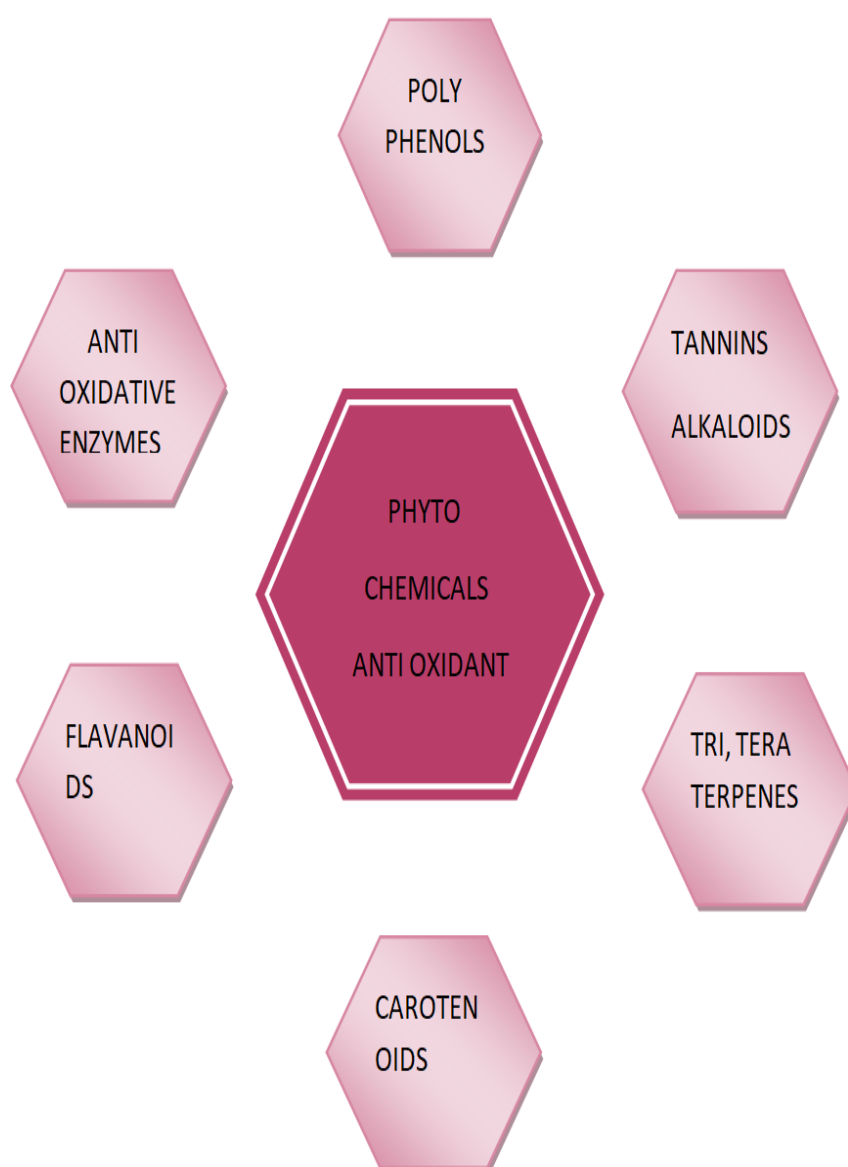
**Figure 2:** Figure representing the Siddha Herbal and Herbo- Mineral Formulation for Eye Diseases



**Figure 3:** Important Pharmacological Actions for the treatment of Eye Diseases

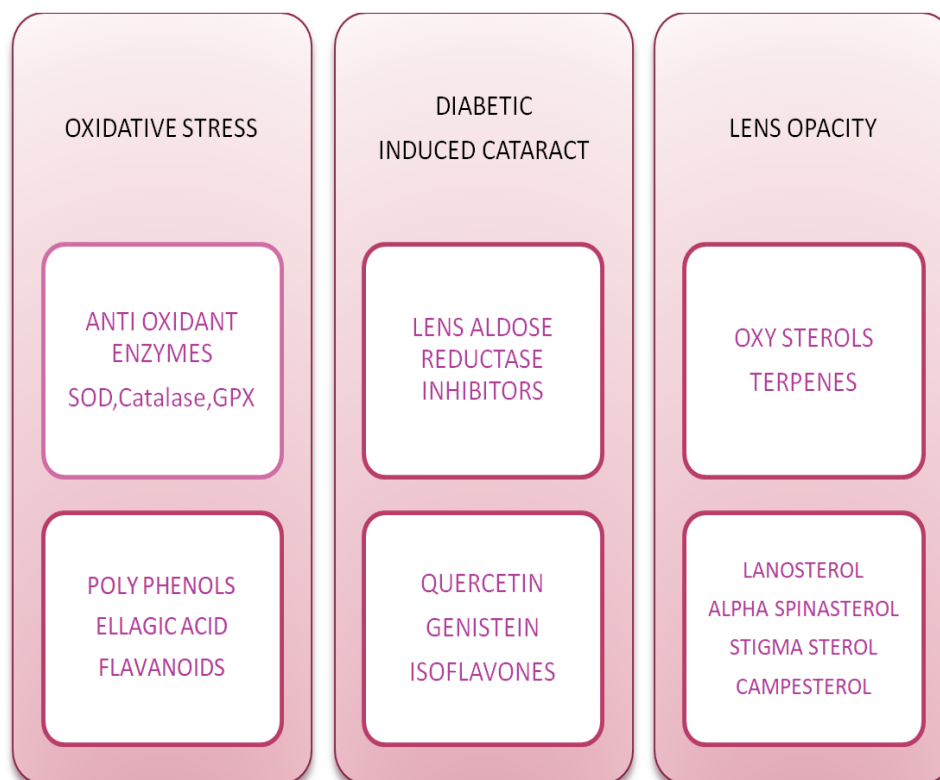


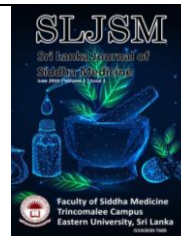
**Figure 4: Figure representing the Phytochemicals having Antioxidant Action**





**Figure 5: Figure representing the Mechanism of eye diseases and its required Phytochemicals**





## Chemical Profiling of *Kalingathi Kadugu*, A Herbomineral Siddha Formulation Through Gas Chromatography-Mass Spectrometry (GC-MS) Analysis

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## ABSTRACT

***Kalingathi Kadugu (KK)*** is a herbomineral Siddha formulation with its reference from the classical Siddha text “***Agathiyar vallathi 600***”. Among the nine indications, ***Karupai Kaluthuputru (Cervical cancer)*** has been specially mentioned in the text. Cervical Carcinoma, the fourth most common cancerous disease diagnosed in women worldwide, is caused by several factors such as human papillomavirus (HPV) etc. Compared to other treatment methods, chemotherapy is the principal and most feasible method. The higher dosage accompanies many post-treatment clinical consequences along with side effects. Nowadays discovering molecules from classical traditional systems of medicine such as Siddha become imperative as the system has many promising formulations like *kalingathi kadugu* for cancer therapy.

The study intends to analyze the presence of the active compounds within the formulation ***KK*** obtained from the classical Siddha literature “***Agathiyar vallathi 600***”.

KK was prepared from the Classical Siddha literature "*Agathiyar vallathi 600*" as per SOP. The raw drugs were authenticated by the Chief consultant of Walter Siddha Research Centre, Tirunelveli and GC-MS analysis was performed in SAIF- IIT Madras as per standard guidelines. GC-MS analysis was performed for KK. GC-MS screening of the drug KK unveiled the presence of multiple compounds such as Lanosterol, 9,19-cyclolanostan-3-ol, 24-methylene-(3 $\beta$ ), Tetradecane etc., exhibiting diverse reported biological activities including potentially beneficial anti-tumor activity against tested carcinoma cells, therefore it deserves furthermore clinical research in the prospective.

**Keywords:** *Agathiyar vallathi 600*, Anti-angiogenesis, Cervical cancer, *Kalingathi kadugu*.

## INTRODUCTION

In the current scenario, lifestyle changes may lead to the development of carcinoma in the cervix. Despite many technological developments, Cancer has emerged as a prevalent and significant health concern, leading to substantial human suffering and mortality. According to WHO, Cervical carcinoma stands as the sixth most frequently diagnosed cancer in women and 99% of cervical cancer is due to human papillomavirus (HPV) which is easily spread through skin-to-skin contact (WHO, 2024). In 2020, globally 604000 new cases of cervical cancer were diagnosed, among these 342000 deaths occurred. The curable rate is high if cervical cancer is diagnosed early.

While chemotherapy remains the primary and viable treatment approach for cancer compared to other therapeutic modalities the higher dose of this chemotherapy treatment accompanies many post-treatment clinical consequences along with side effects. While numerous drugs have been identified as cancer chemotherapeutic agents, no single compound has been reported to have null toxicity. Cisplatin, the standard treatment for cervical cancer, is associated with post-treatment toxicity. Nowadays discovering molecules from classical traditional systems of medicine such as Siddha, Ayurveda, etc., has emerged in cancer drug discovery research. Natural compounds serve as an invaluable resource for the development of potent therapeutics. In the current scenario, the leading structure for new drug discoveries is from the natural resources that have Biologically derived substances with high structural diversity. The natural components in the drugs show high effectiveness by focusing on targeting structures of utmost importance. (Faruck, 2016).

Numerous formulations were present in the Siddha system of medicine for cancer treatment. Our group primarily focuses on discovering natural product-derived medications for the treatment of cancer from the Siddha system of medicine. In this study, we explored the anticancer activity of KK formulation from the classical “*Agathiyar vallathi 600*” literature. In this formulation, the major ingredient is *Citrullus colocynthis* (*kalingathi*). *Citrullus colocynthis* seems a potential anticancer herbal medicine via various efficient compounds and is reported to trigger apoptosis in colorectal cancer cells also. (Abdulridha et al., 2020; Mohammed Al-Zharani et al., 2022). Therefore to find out the compounds responsible for anticancer properties and active principles we have performed GC-MS analysis in the formulation KK.

## **MATERIALS AND METHODS**

### **(a)Preparation:**

KK has been prepared as per the Siddha text “*Agathiyar Vallathi 600*” (Uthamarayan et al., 1980). after following proper purification methods for its ingredients as per the Siddha textbook “*Saraku Suthi Seimuraikal*” (Anaivaari Ananthan, 2008). as shown in figure 1. The raw drugs were authenticated by the Chief consultant of Walter Siddha Research Centre, Tirunelveli.

### **(b) Gas chromatography- Mass spectrometry (GC-MS) Standard operating procedures:**

Gas chromatography-mass spectrometry (GC-MS) is a diagnostic tool utilized for detecting the presence of active compounds in the formulations. **The acquisition method** of GC- MS of scan type is followed and the methods are mentioned in figure 2.

## **RESULT**

### **GC–MS profile of the KK extract:**

The formulation KK showed greater efficacy in cytotoxic activity against cervical cancer cell lines with all the advantages of micro-particle size. Consequently, the extracted portion underwent methylation to enhance volatility, and both fractions were subsequently analyzed using GC/MS.

The compounds recognized in the KK extract are presented in Table 1. The compounds identified as hits within the herbal formula are Lanosterol (63.24%), 9,19-cyclolanostan-3-ol,24

methylene  $-(3\beta)$  (60.97%), 3,3-Diethoxy-1-propanol, propyl ether (50.26%), Dodecane (28.49%), Tetradecane (27.72%), W-18(20.61%), methyl-3,3-dimethyl cyclopropane-1, trans-2-dicarboxylate (19.66%), 2-propanol,1 (1-methylethoxy) (12.24%) and Butanoic acid,2-ethyl-3 hydroxy-ethyl esteror 3-BH (6.75%) as shown in figure 3.

## DISCUSSION

Secondary metabolites derived from plants often play a crucial role in treating a spectrum of conditions (Eng Soon Teoh, 2015). Gas chromatography-mass spectrometry (GC-MS) is an analytical method that integrates gas chromatography with mass spectrometry for the identification and quantification of organic substances in classical drug formulations. GC-MS analysis of KK unveiled the existence of multiple bioactive compounds, including Lanosterol(63.24%), 9,19-cyclolanostan-3-ol,24 methylene  $-(3\beta)$ (60.97%), 3,3-Diethoxy-1-propanol, propyl ether (50.26%), Dodecane(28.49%), Tetradecane(27.72%), W-18(20.61%),methyl-3,3-dimethyl cyclopropane-1,trans-2-dicarboxylate (19.66%), 2-propanol,1 (1-methylethoxy) (12.24%) and Butanoic acid,2-ethyl-3 hydroxy-ethyl ester(6.75%) with several known biological activities as shown in figure 5,6,7.

The GC-MS analysis of herbomineral formulation KK has three major hits namely Lanosterol (63.24%), 9,19-cyclolanostan-3-ol,24 methylene  $-(3\beta)$  (60.97%) and 3,3-Diethoxy-1-propanol, propyl ether (50.26%) as shown in figure 4.

### (a) Lanosterol:

Lanosterol has a score of 743 in KK and has Anti-angiogenesis, Antitumor and Antiviral activities (Nourhan Hisham Shady et al., 2021). as shown in figure 6.

Claudia Stäubert Et al Found the potential of lanosterol in controlling function in maintaining cholesterol homeostasis which may be critical for **drug-resistant leukaemia cancer cells** and observed cancer drug resistance. Further, they revealed the novel connection between drug resistance and increased flux of lanosterol ( Claudia Stäubert et al., 2016).

Lanosterol synthase (LSS), a crucial rate-limiting enzyme in cholesterol biosynthesis, may have a notable impact on oxidative stress. Antioxidants play a vital role in mitigating the toxic effects of free radicals in various diseases, including cancer. (Hui Hua et al. 2019).

Pengjuan Ma found that LSS protection plays an antifibrotic role in maintaining lens transparency. They also suggested that regulating lanosterol and sterol biosynthesis could be promising plans for averting and treating fibrotic cataracts (Pengjuan Ma et al., 2023).

Further, it was found that 3 $\beta$ -Hydroxylanosta-8,24-dien-21-al which is a lanosterol-type triterpene can inhibit tumour promotion and reduce the percentage of mice bearing papillomas (medchemexpress).

**(b) 9, 19-cyclolanostan-3-ol, 24 methylene -(3 $\beta$ ):**

9,19-cyclolanostan-3-ol, 24 methylene -(3 $\beta$ ) or 24-methylene cycloartenol (24-MCA) is derived mainly from Euphorbia species that have Anti-tumor and Anti-inflammatory activities (24-methylene cycloartenol, PUBCHEM). In our analysis, this compound is present in 60.97%

The two phytosterols 24-methylene cycloartenol (24-MCA) and cycloartenol (CA), found in *Ficus krishnae* exert antidiabetic activity by promoting an increase in the population of beta cells and restoring pancreatic beta cells to their natural insulin secretion function. (Ajikumaran Nair Sadasivan Nair et al., 2020; medchemexpress)

The use of 24-methylene-9,19-cyclolanostan -3-ol in drugs, food or drink improves pancreatic functions (Tanaka Miyuki, 2006).

**(c) 3,3-Diethoxy-1-propanol, propyl ether:**

3,3-Diethoxy-1-propanol, propyl ether present in 50.26% has anti-tumour, antimicrobial, excellent humectant, low toxicity, antioxidant, anti-inflammatory and anti-ulcer properties (Lan-Xiang Liu et al., 2015; Nastaran Hashemzadeh et al., 2022; Dinesh Shantilal Patel et al., 2017).

Further, the compound Butanoic acid, 2-ethyl-3 hydroxy-ethyl ester shows anti-tumour activity through various mechanisms viz., promotion of TCA cycle, promotion of protein synthesis, reduction in inflammation & enhancement of antioxidant capacity, improvement of metabolic homeostasis and attenuation of proteolysis as shown in figure 10. Other compounds present in the formulation KK such as Butanoic acid, 2-ethyl-3 hydroxy-ethyl ester (Ethyl-3 hydroxybutyrate), 2-propanol, and 1(1-methyl ethoxy) show antitumor activity and apoptosis action (Kurita-Ochiai et al., 2008; Siqi Feng et al., 2019). The secondary metabolites namely Tetradecane present in the formulation show antimicrobial activity (Zeinab Nasr, 2022). whereas Butanoic acid, 2-ethyl-3 hydroxy-ethyl ester shows anti-cachexia activity (Zhou Y et al., 2023). Studies documented that these compounds induce programmed cell death in various cancer cells, indicating their potential as anticancer agents as shown in Figure 9. Many chemotherapeutic drugs including cisplatin, doxorubicin, fluorouracil, and vincristine exert their anticancer effects by inducing apoptosis in tumor cells, making them valuable for

oncology therapy (Gavamukulya et al., 2014; Milner et al., 2002). Further characterization and assessment are needed for the tentatively identified compounds to elucidate the structures present in formulation KK.

Similarly, the presence of a secondary metabolite, Dodecane, in the fungal extract, at a concentration of 28.49%, exhibited significant anti-tumor activity, particularly against HPV18+ human cervical cancer HeLa cells. This activity was confirmed through GC-MS analysis, highlighting its promising potential in cancer treatment. (Kumari et al., 2018; Serban Moldoveanu, 2019).

This assay shows that KK formulation is a source of anti-tumor and antioxidants that might impede the advancement of various conditions induced by free radicals, and proliferation such as cancers. However, the constituents that are accountable for the antioxidative capacity are also present in the formulation KK. The correlation between the chemical structures of the identified compounds and their known pharmacological activities indicates a prevalence of anti-inflammatory, antioxidant, and anticancer properties among the compounds.

Non-polar compounds such as Lanosterol, 9,19-cyclolanostan-3-ol, 24 methylene -(3 $\beta$ ), etc. have a cytotoxic effect that is soluble in the lipid bilayer, so they can easily cross the cell membrane (Nicole Peiris, chem. libretexts). There may be certain restrictions within this study. First, no investigation was carried out for incursion, displacement and colonization of the cells when treated with KK formulation. It's crucial because the majority of cancer-related fatalities are ascribed to metastasis. The second restriction is the scarcity of toxicological investigation of KK formulation using in vivo animal studies.

The result of GC-MS verified the existence of selective compounds that were noted to stimulate programmed cell death. Therefore, it can be deduced that the anticancer potential, especially for cervical cancer, observed in the KK could be credited to the existence of these compounds.

## **CONCLUSION**

To conclude, the data unveiled that KK formulation has secondary metabolites namely Lanosterol(63.24%), 9,19-cyclolanostan-3-ol, 24 methylene -(3 $\beta$ )(60.97%), 3,3-Diethoxy-1-propanol, propyl ether (50.26%), Dodecane(28.49%), Tetradecane(27.72%), W-18(20.61%), methyl-3,3-dimethyl cyclopropane-1,trans-2-dicarboxylate (19.66%), 2-propanol, 1 (1-methylethoxy) (12.24%) and Butanoic acid, 2-ethyl-3 hydroxy-ethyl ester(6.75%). Further the top three hits namely Lanosterol, 9,19-cyclolanostan-3-ol, 24

methylene  $-(3\beta)$  and 3,3-Diethoxy-1-propanol, propyl ether were derived from GC-MS analysis showed Antitumor activity especially cervical cancer via apoptosis and anti-angiogenesis as shown in table 2 and figure 8,9. This may be a promising formulation since the KK formulation contains natural Compounds effective even in apoptosis-resistant cells.

#### **ACKNOWLEDGEMENT**

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#### **CONFLICT OF INTEREST**

The authors have declared that no competing interests exist.

#### **DECLARATION OF COMPETING INTERESTS**

The authors affirm that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

#### **ABBREVIATIONS**

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1.	<b>HPV</b>	Human papilloma virus
2.	<b>KK</b>	<i>Kalingathi kadugu</i>
3.	<b>GC-MS</b>	Gas chromatography-mass spectrometry
4.	<b>WHO</b>	World Health Organization
5.	<b>IC50</b>	Half-maximal inhibitory concentration
6.	<b>CAS</b>	Chemical Abstracts Service
7.	<b>LSS</b>	Lanosterol Synthase
8.	<b>TCA</b>	Tricarboxylic Acid Cycle
9.	<b>3HB</b>	Ethyl-3 hydroxybutyrate

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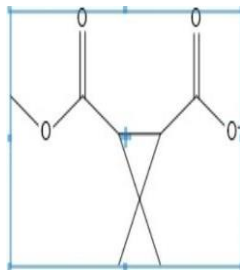
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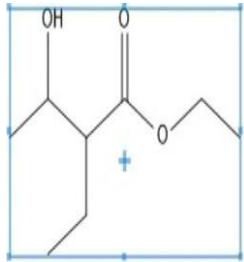
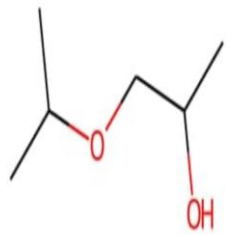
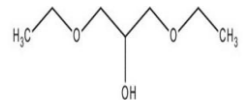


## TABLES

**Table 1: Phytoconstituents identified in the *Kalingathi Kadugu* extract via gas chromatography-mass spectrometry.**

S. NO.	Retention time	Compound name	Molecular formula & molecular weight	Chemical structure	Score	Probability (%)	CAS#
1	3.999	(-)-methyl-3,3-dimethylcyclopropane-1,trans-2-dicarboxylate	C <sub>8</sub> H <sub>11</sub> O <sub>4</sub> Molecular weight: 171.17g/mol (chemdraw)		672	19.66	98628

# Chemical Profiling of *Kalingathi Kadugu*, A Herbomineral Siddha Formulation Through Gas Chromatography-Mass Spectrometry (GC-MS) Analysis

SLJSM (2025) 1(1): 43-61

2	4.216	Butanoic acid, 2-ethyl-3-hydroxy-ethyl ester	C <sub>8</sub> H <sub>16</sub> O <sub>3</sub> Molecular weight: 160.21g/mol (chemdraw)		625	6.75	45719
3	4.842	2-propanol, 1-(1-methylethoxy)	C <sub>6</sub> H <sub>14</sub> O <sub>2</sub> Molecular weight: 118.17g/mol	 (chemeo - high quality chemical properties)	648	12.24	18333
4	5.810	3,3-Diethoxy-1-propanol, propyl ether	C <sub>10</sub> H <sub>22</sub> O <sub>3</sub> (pubchem) Molecular weight: 190.28g/mol	 (Atman Chemicals)	746	50.26	83574
5	7.898	Dodecane	C <sub>12</sub> H <sub>26</sub> Molecular weight: 170.34g/mol (Dodecane, 2021)		883	28.49	26119
6	12.709	Tetradecane	C <sub>14</sub> H <sub>30</sub> Molecular weight: 198.39g/mol (Tetradecane, 2021)		857	27.72	26185

# Chemical Profiling of *Kalingathi Kadugu*, A Herbomineral Siddha Formulation Through Gas Chromatography-Mass Spectrometry (GC-MS) Analysis

SLJSM (2025) 1(1): 43-61

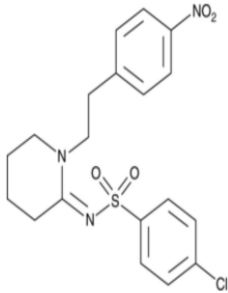
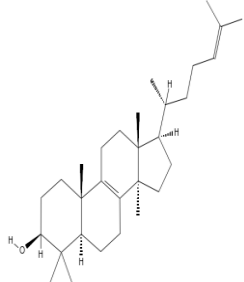
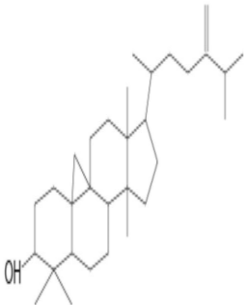
7	43.287	W-18	C <sub>19</sub> H <sub>20</sub> ClN <sub>3</sub> O <sub>4</sub> S Molecular weight: 421.90g/mol. (cayman chemical)		552	20.61	207754
8	47.533	Lanosterol	C <sub>30</sub> H <sub>50</sub> O (NIST chemistry webbook) Molecular weight: 426.71g/mol (lanosterol,2021)		743	63.24	262184
9	49.806	9,19-Cyclolanostan-3-ol, 24-methylene-3β	C <sub>31</sub> H <sub>52</sub> O (spectrabase) Molecular weight: 440.74g/mol		711	60.97	22724



Table 2: Significance of compounds present in Kalingathi kadugu

S.NO.	Compound name	Significance
1	Lanosterol	Anti-angiogenesis, Anti-tumor and Antiviral activity
2	9,19-cyclolanostan-3-ol,24 methylene -(3 $\beta$ )	Anti-tumor and Anti-inflammatory activity
3	3,3-Diethoxy-1-propanol, propyl ether	Anti-tumor activity

## FIGURES



Figure.1: Ingredients of *Kalingathi kadugu* namely *Piper longum*, Sodium chloridum impura, magnetite, *Croton tiglium*, cinnabar (mercuric sulphide), *Euphorbia nivulia*, asafoetida, *Citrullus colocynthis* and dry ginger (*Zingiber officinale*)

Tune File:	atune	Ion Source:	EI	Source Temperature:	230 °C
Quad Temperature:	150 °C	Fixed Electron Energy:	70 eV	Acquisition Type:	Scan
Stop Time:	53.5 min	Solvent Delay:	3 min	Trace Ion Detection:	Off
Gain Factor:	1	EM Saver:	Off	EM Saver Limit:	N/A

Figure 2: Acquisition method of GC-MS analysis

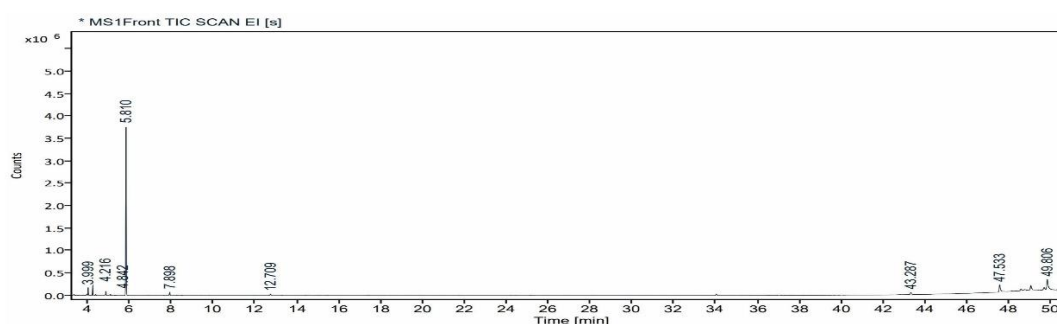


Figure 3: Chromatogram of KK extract using Gas Chromatography-Mass Spectrometry

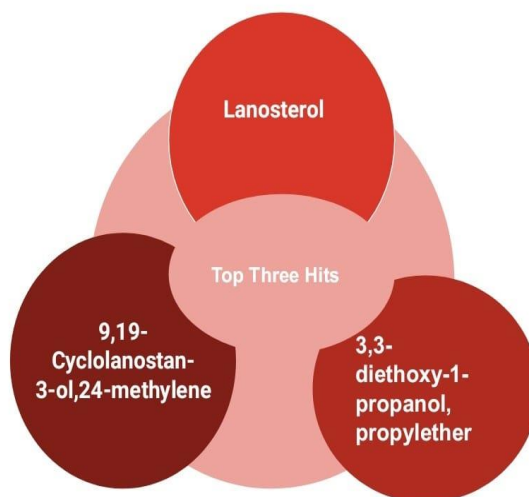


Figure 4: Represents the top three compounds with Antitumor activity

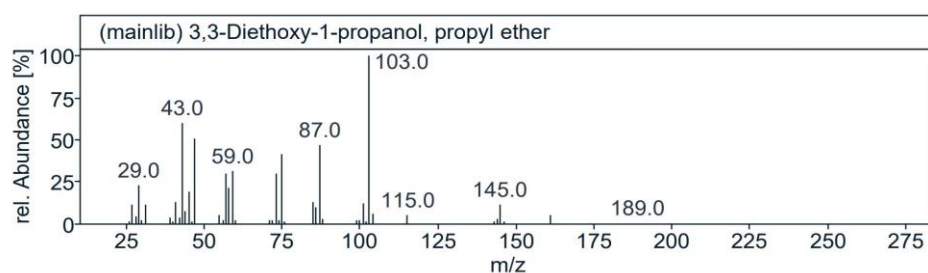


Figure 5: Graph representing retention time of 3,3-Diethoxy-1-propanol, propyl ether

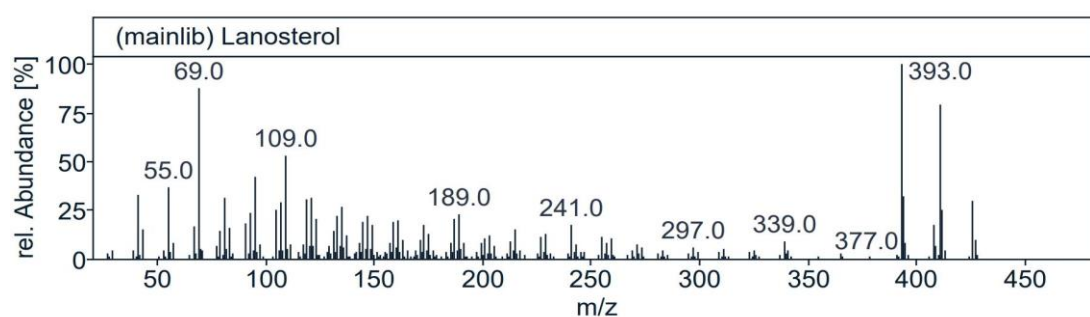


Figure 6: Graph representing retention time of Lanosterol

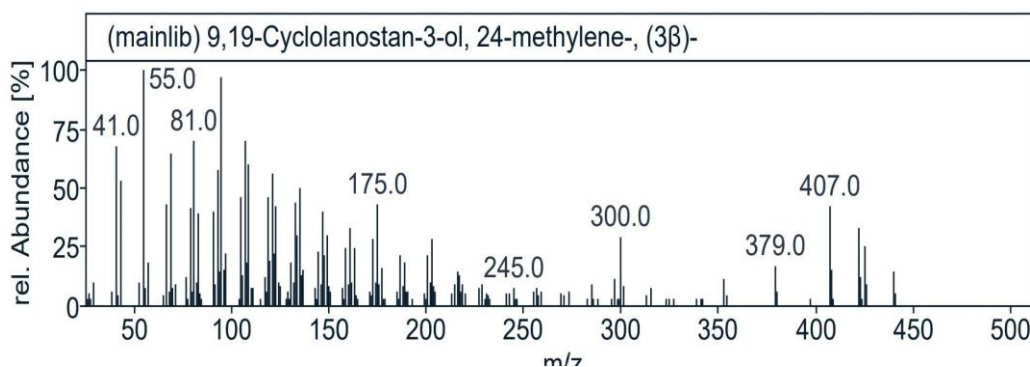


Figure 7: Graph representing retention time of 9,19-Cyclolanostan-3-ol,24-methylene-(3β

3,3-diethoxy-1-propanol,propyl ether	9,9-Cyclolanostan-3-ol,24-methylene	Lanosterol
Retention time: 5.810	Retention time:49.806	Retention time:47.533
Area:69.55	Area:10.87	Area:7.49
Score:672	Score:711	Score:743

Figure 8: Top three Hits obtained from GCMS analysis

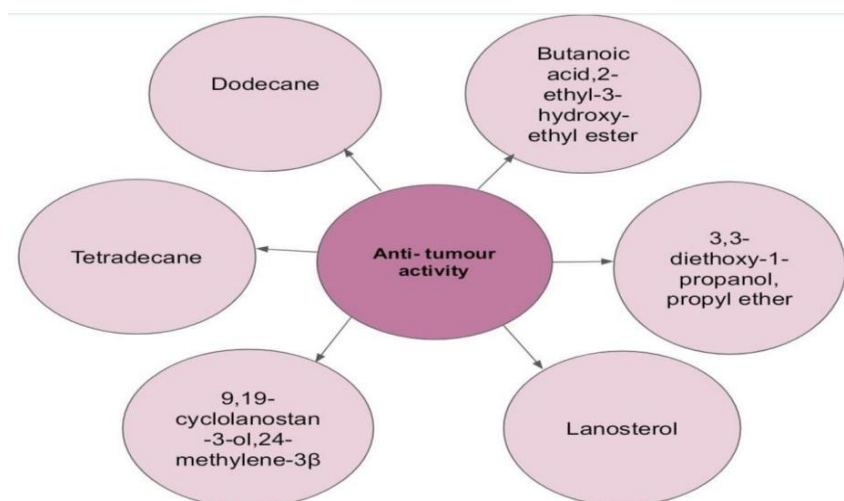


Figure 9: Compounds having anti-tumour activity obtained from GC-MS analysis

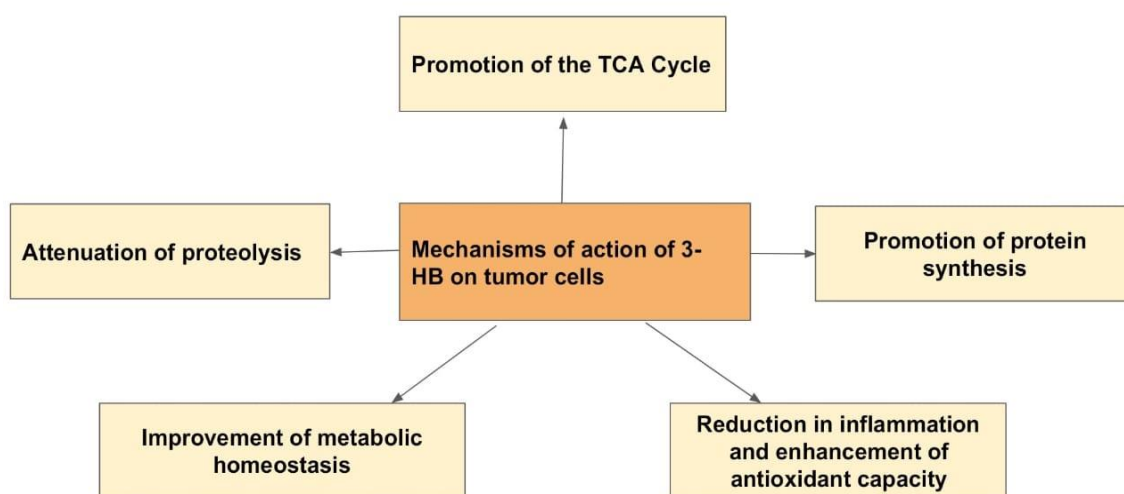
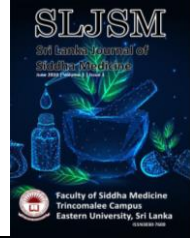


Figure 10: The mechanism of action of 3-HB (Butanoic acid,2-ethyl-3 hydroxy-ethyl ester) on tumour cells.



## The Siddha Moongazing Techniques in Ophthalmic Care - A Literature Review

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## ABSTRACT

The visual impairment and eye diseases pose significant public health challenges worldwide, affecting approximately 2.2 billion people over the age of 50. In Sri Lanka, the prevalence of blindness and visual impairment is estimated to be around 1.9% and 8.8%, respectively. The Siddha system of medicine offers various preventive measures for eye health, including moon gazing therapy, which is mentioned in classical Siddha texts. However, scientific validation of its efficacy remains limited. This study aims to explore the effectiveness of different moon gazing techniques for ophthalmic care. Siddha literature was collected from classical texts such as Agathiyar Nayana Vidhi 500 and Pararasasekara Nayana Rogam, while relevant research articles were sourced from reputable databases, including Scopus, Medline, PubMed, and Medlar. The findings reveal that moon gazing techniques in Siddha medicine include direct observation of the moon (with or without Palagani), water application to the eyes, and eye massage. These techniques, as described in relevant Siddha texts, may have the potential to mitigate the onset of eye diseases. Scientifically validating these traditional practices could establish them as cost-effective and sustainable therapeutic options for ophthalmic care in the future.

**Keywords:** Nayana Rogam, Ophthalmic, Palagani, Moon gazing, Visual impairment

## INTRODUCTION

The human eye is a complex organ with intricate structures, including the cornea, iris, lens, and retina. Its primary function is to perceive light and transmit visual information to the brain, a process that is crucial for daily functioning and overall quality of life (Selvam et al., 2017). In Siddha medicine, the eyes are regarded as vital for maintaining overall well-being, as they are believed to be the "windows to the soul" and play a significant role in sensory perception. The Siddha tradition emphasizes the importance of balancing the five elements within the body to achieve optimal health, with the eyes closely linked to these elements (Thulasidasan, 2015). The core principle of Siddha medicine is based on *Tridosha*, and when it comes to eye health, the Fire element (*Teyu*) plays a crucial role, with vision being maintained by the *Alochaka Pitham* (Shanmugavelu, 2003).

On a global scale, visual impairment and eye diseases present significant public health challenges. According to the World Health Organization (WHO), an estimated 2.2 billion people aged 50 and older worldwide are affected by vision impairment or blindness, with uncorrected refractive errors being the most common cause. Age-related eye diseases such as macular degeneration and diabetic retinopathy are also on the rise, primarily due to aging populations and lifestyle factors. Among individuals with distant vision impairment, 36% suffer from refractive errors, while 17% experience vision impairment due to cataracts (WHO, World Report on Vision, 2023). In Sri Lanka, as in many other countries, visual impairment is a pressing concern. A study by the Sri Lanka College of Ophthalmologists indicates that the prevalence of blindness and visual impairment in Sri Lanka is approximately 1.9% and 8.8%, respectively. Cataracts are the leading cause of blindness in the country, followed by refractive errors and glaucoma (Herath, 2022).

According to *Agatthiar Nayana Vidhi 500*, the sclera refers to the white part of the eye, while the iris and pupil form the black part. A healthy eye should possess a pure, crystal-like sclera devoid of any reddish tint, and a dark black pupil within the black part. It is also believed that the eye reflects the face of a person standing before it. The dimensions of the eye are typically two inches in length, half an inch in breadth, and one inch in depth, with the black part occupying one-third of the eye and the pupil covering one-seventh of the black part. Various diseases afflict the eye, with classifications including diseases of the lens and pupil 27, diseases of the black part of the eye 10, diseases of the white part of the eye 13, diseases of binding unions 9, diseases of the upper and lower eyelids 24, and diseases of the eyeball 13. Abnormalities in the three humours *Vatham*, *Pitham*, and *Kapam* can affect the eyes and lead to eye diseases. The *Agatthiar Nayana Vidhi 500* also categorizes 96 eye diseases according to the vitiated humours: vitiated *Vatham* 45, vitiated *Pitham* 31, and vitiated *Kapam* 20 (Thandayuthapani, 1976).

Siddha medicine identifies various factors contributing to eye diseases, with common causes including carrying heavy weights on the head, prolonged exposure to sunlight, neglecting precautions after oil or head baths, using unclean water for bath, excessive consumption of narcotics, frequent sexual activity, external injuries, and allowing flies to enter the ears. Additionally, specific causes include leaving oil residue in the hair after bathing, walking barefoot on hot surfaces, prolonged focus on objects, excessive anger, and infections during pregnancy (Uthamarayan, 1967).

The Siddha Text books of *Agathiar Nayana Vidhi* 500 and *Pararasasekara Nayana Vithi* mention preventive care measures for eye diseases in their stanzas, including the practice of *Anjanam* once every three days, brushing teeth with medical plants sticks of *Aal* (*Ficus benghalensis*), *Erukku* (*Calotropis gigantea*), *Vel* (*Acacia leucophloea*), *Maruthu* (*Terminalia arjuna*) and *Poola* (*Phyllanthus reticulatus*). Additionally, applying cow's ghee to the sole of feet before bedtime and covering them with *Thavidu* (Rice husk) is recommended for alleviating eye pain and burning sensations. After waking up, one should wash the feet, dry them, and apply *Santhanam* (Sandal paste) to the sole of feet. The practice of moon gazing is also mentioned as a beneficial therapy for eye health (Sivashamugaraja, 2018; Thandayuthapani, 1976).

While traditional practices like moon gazing therapy have been passed down through generations in Siddha medicine, there is limited scientific research specifically validating its efficacy for ophthalmic health. However, some studies have explored the potential benefits of light therapy, including exposure to natural light sources like the moon, for various health conditions. While more research is needed to directly assess the effects of moon gazing therapy on eye diseases, preliminary evidence suggests that light therapy may have therapeutic potential for certain conditions (Levi, et al., 1997).

### **Objectives:**

#### **General Objective:**

This study aims to explore the effectiveness of moon gazing therapy in Siddha for Ophthalmic Care.

#### **Specific Objectives:**

- To identify the various moon gazing techniques described in classical Siddha texts.
- To analyze the therapeutic benefits of adjunctive practices such as *Palagani*, water application and eye massage in the context of eye care.
- To provide a scientific rationale for integrating traditional practices into modern ophthalmic care framework

## MATERIALS AND METHODS

The siddha literary elements were collected from classical siddha texts, such as *Agasthiar Nayana Vidhi 500* and *Pararasasekara Nayana Rogam*. Research papers were referenced from reputable platforms including Scopus, Medline, Pubmed, Medlar and others.

## RESULTS AND DISCUSSION

### Moon Gazing Techniques in Siddha Texts

Various Siddha schools of thought discuss eye diseases, but only limited evidence highlights the significance of moon gazing therapy for ophthalmic health. Among them, the texts *Pararasasekaram Nayana Rogam* and *Agasthi Nayana Vithi 500* play a crucial role. However, there is a lack of scientific evidence to validate their effectiveness in preventing eye diseases. Siddha texts describe various techniques for moon gazing. Table 1 provides a summary of the moon gazing techniques mentioned in the relevant Siddha texts.

### Stanzas Based on *Pararasasekaram Nayana Rogam*

- 1 “ கைவிரல் தன்னை கோர்த்துக் கவிந்து பல்கணிபோல் விட்டுத்  
திவ்விய மதியந் தன்னைத் திகழவே நோக்க மற்றும்  
வெய்யென வுண்டு நீயம் விரவிய கையி னீரைத்  
துய்யுமா கண்ணி விட்டுத் துவக்கரப் பிசைந்திடாயே ”
- 2 “ உண்டுகைத் துளிபிழி முகத்து நீரெறி  
கண்டிடு மதியமுங் கருது மஞ்சனம்  
விண்டிட விரவிய தந்த சுத்திசெய்  
அண்டுறு கண்ணினுக் கமுத யோகமே ”

### Stanzas in *Agasthi Nayana Vithi 500*

- 3 “ கைவிரல் தன்னைக் கொண்டு கலந்து பலகணி போல் விட்டு  
துய்யச் சந்திரனை மெள்ள தெளியவே நோக்கிப் பாடும்  
வெய்யொளி உண்டு நீயும் விரவிய கண்ணில் நீரை  
துய்யமாய் விட்டலம்பித் துவளாகப் பிசைந்திடாயே ”
- 4 “ உண்டுகை கழுவிப்பின்னே உறுமைய மூன்று துள்ளி  
வண்டணி குழலால் வார்த்து வளமிகும் இமையை தேய்த்து  
கொண்டொரு கடிகை நேரம் குணமிகுங் கதிரைப் பார்த்து  
பண்டு போலிருக்கும் போது பரிவுகண் அமிர்தயோகம்



**Table 1: Summary of Moon Gazing Techniques in Stanzas**

Siddha Text	Moon Gazing Techniques in Stanza
<b>1. <i>Pararasasekaram Nayana Rogam</i></b>	<p><b>Stanza 1:</b> Form a <i>Palagani</i> by shaping fingers into a window-like frame and gaze at the moon through it. Afterward, wash the eyes with water and gently massage them.</p> <p><b>Stanza 2:</b> After dinner, Wash hands and face thoroughly, then gaze at the moon. This practice is considered as one of the “<i>Amirtha Yogam</i>” techniques in Siddha medicine and is believed to help prevent eye diseases.</p>
<b>2. <i>Agasthiyar Nayana Vithi 500</i></b>	<p><b>Stanza 3:</b> Use a <i>Palagani</i> by shaping fingers into a window-like frame to focus on the moon in the clear sky. After observing, wash eyes with clean water and gently massage them to improve vision.</p> <p><b>Stanza 4:</b> After dinner, wash the hands thoroughly and place three drops of water into each eye using a <i>Kuzhal</i> (a small tube). Follow this with an eyebrow massage and gaze at the moon for one <i>Kadikai</i> (24 minutes). The practice is known as “<i>Amirtha Yogam</i>” and is believed to help prevent eye diseases.</p>

**Role of Palagani in Ophthalmic Care**

*Palagani* is a technique that involves creating a window-like frame with the hands to view the moon. Research findings suggest that using this hand position can help focus attention on a specific object or scene, enhancing concentration and reducing distractions (Posner, 2007). Thus, it aids in maintaining focus on the moon without external interruptions. Furthermore, engaging in mindfulness practices such as using the window hand position, has been linked to reductions in stress and anxiety. By directing attention to the present moment and observing without judgment, individuals may experience increased relaxation and improved emotional

regulation (Hofmann, 2010). This technique encourages mindfulness by providing a tangible focal point for awareness. Mindfulness practices have been associated with several psychological benefits, including enhanced self-awareness, acceptance, and resilience. The physical act of forming the hand position can serve as a grounding technique, helping individuals reconnect with their bodies and the present moment. Grounding techniques are commonly used in trauma-informed therapies to promote a sense of safety and stability (Kabat-Zinn, 1982).

### **Impact of Water Application in Eye Wellness**

Applying water to the eyes helps maintain hydration and lubrication of the ocular surface, which is essential for overall eye health and comfort (Lemp, 2007). Water drops are commonly used to alleviate symptoms of dry eye syndrome by restoring moisture, reducing irritation, and relieving discomfort. Regular application of water drops has been shown to improve tear film stability, enhancing eye protection and reducing the risk of corneal damage. Additionally, water drops containing anti-inflammatory agents can help manage inflammation associated with conditions such as conjunctivitis and blepharitis (Baudouin, 2001; Goto, 2002).

### **Therapeutic Significance of Eye massage for Ophthalmic Health**

Traditional eye massage with water has been practiced for centuries in various cultures and is believed to offer multiple benefits for eye health and the prevention of eye diseases. Eye massage techniques, such as gentle circular motions around the eyes, can improve blood circulation, which may help reduce eye strain and fatigue. Enhanced circulation also aids in delivering essential nutrients to the eyes. Prolonged screen time and excessive use of digital devices often lead to eye strain and discomfort. Traditional eye massage techniques, such as palming (covering closed eyes with warm hands), can provide relief by relaxing the eye muscles and reducing tension (Lee, 2016).

*Siddha Varma Maruthuvam* describes several *varma* points around the eye region, including *Puruva Varmam*, *Nachathirak Kaalam*, *Kaampothari Kaalam*, and *Manthira Kaalam*. Applying gentle pressure to these points is believed to stimulate vision, regulate ophthalmic nerve function, and treat eye diseases by reducing excess heat and strengthening eye muscles (Shunmugom, 2016). Traditional eye massage techniques can also complement conventional treatments for conditions such as myopia, hyperopia, and astigmatism. Integrating these

methods into a holistic eye care regimen may provide additional benefits and support overall eye health (Saxena, 2015).

## Scientific Basis for Moon Gazing

A review study discussed the effects of light exposure in regulating circadian rhythms and melatonin secretion, both of which play a crucial role in eye health and sleep-wake cycles (Levi, et al., 1997). While scientific evidence on the therapeutic benefits of moonlight and moon gazing is limited, some studies suggest potential advantages. Moonlight, particularly during full moon phases, creates a serene atmosphere that promotes relaxation and reduces stress. Gazing at the moon may help relax the eyes and alleviate eye strain caused by prolonged screen time or excessive focus on nearby objects. Exposure to natural light, including moonlight, has been associated with mood enhancement and may help alleviate symptoms of depression or anxiety in some individuals. Moon watching can also contribute to a sense of well-being and emotional balance. Additionally, it serves as a form of mindfulness practice, encouraging individuals to be present in the moment and cultivate awareness of their surroundings (Gidlow, 2016; Song, 2016).

## CONCLUSION

The conclusion drawn is that moon gazing techniques in Siddha, comprising observation of the moon with or without *Palagani*, watering into eyes and eye massaging possess scientifically verifiable properties that can mitigate the onset of eye diseases. While deeply rooted in Siddha tradition, its principles find resonance with modern therapeutic practices. This traditional practice, may be both non-costly and sustainable, emerges as a viable therapeutic option for ophthalmic care for future practices. However, further studies are needed to elucidate the mechanisms and efficacy of moon gazing therapy for various eye diseases and conditions.

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## **AUTHORS GUIDELINES**

### **Aims and scope**

Sri Lanka Journal of Siddha Medicine (SLJSM) is published by the Faculty of Siddha Medicine, Trincomalee Campus, Eastern University, Sri Lanka. It is a refereed journal that publishes original articles, reviews, and case study relating to Siddha system of medicine.

### **General**

Submission of a manuscript to the Editor involves the assurance that it is original and that no similar paper, other than an abstract or an oral or poster presentation, has been or will be submitted for publication elsewhere without the consent of the Editorial Board. The language of publication is English. Papers are edited to increase clarity and ease of communication.

### **Manuscript preparation**

- The maximum length of contribution is 5000 words, including figures, tables and references. The papers should be written clearly and concisely.
- Manuscripts should be typed in double line spacing in Times New Roman 12-point size on A4 page with 2.5 cm margin.
- Although a rigid format is not insisted upon, it is usually convenient to divide the papers into sections such as Title, Abstract, Keywords, Introduction, Materials and Methods, Results and Discussion, Conclusions, Acknowledgements, References, Tables and Figures.

### **Title page**

- Title informative and not more than 30 words
- Authors listed
- Addresses at which the work was carried out after all the names
- The present addresses of the authors, if different from the above, should appear in a footnote
- Corresponding author's name and email address
- Running title not exceeding 45 characters

### **Abstract**

- Indicate why and how the work was done, the results and conclusions
- 250 words or less

## **Keywords**

- Maximum five words
- Avoid choosing keywords from the Title
- They should be in alphabetical order and separated by commas

## **Introduction**

- Describe clearly the current state of work in the relevant field
- Describe the reasons for carrying out the experiments
- Give a clear statement of the objectives and hypotheses being tested

## **Materials and Methods**

- Sufficient information must be given in this section to allow the reader to understand the experimental design and statistical analysis.

## **Results and Discussion**

- It should be combined to avoid repetition
- Make use of tables and figures where necessary and without duplication
- Focus on the work presented and its relationship with other relevant published work

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- State the most important outcome of your work
- Do not simply summarize the points already made in the body, instead, interpret your findings at a higher level of abstraction

## **Acknowledgements**

- Sources of funding should be listed
- All contributors who do not meet the criteria for authorship should be listed (e.g., technical help, data analysis, writing assistance or general support)

## **Headings**

- Heading of major sections should be centered and in bold
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- Please use no more than three levels of displayed headings

## **Page and Line numbers**

- Each page of the manuscript should be numbered at the bottom center of the page
- Continuous line numbers must be used throughout

## Abbreviations

- Abbreviations should be defined at first mention and used consistently thereafter

## Scientific style

- Système International (SI) units are preferred
- Genus and species names should be in italics

## References

In the text, cite by author and date; place multiple citations in author alphabetical order; if >1 citation for an author, then place these citations in chronological order (e.g., Hanson & Hill, 2012, 2014; Ruppel, 1991; Windels et al., 2004) In the References section, place in author alphabetical order Please use the examples below for style ('Harvard style') Journal article: Christian, G. J., Meenakumari, R., Shanthimalar, R., Sankar, G., Ravichandran, V. M.(2023). Safety and efficacy of Siddha management as adjuvant care for COVID-19 patients admitted in a tertiary care hospital – An open-label, proof-of-concept Randomized Controlled Trial. *Journal of Ayurveda and Integrative Medicine*, 14(2).

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<https://doi.org/10.1016/j.jaim.2023.100706>

Book:

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Book Chapter:

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