An Open Clinical Trial of Poly Herbal Siddha Drugs "Venpoosani Legiyam" (Internal Medicine) and "Ulunthu Thylam" (External Medicine) in the Treatment of Ven Neer Noi (Dhat Syndrome) with and Without Psycho-Education Therapy

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KEYWORDS
Venneer Noi, Dhat Syndrome, *Venpoosani Legiyam*, *Ulunthu Thylam*, Psychoeducation, polyherbal

ABSTRACT

Background: Current research suggests that the Venneer Noi may be related to Dhat Syndrome. The present study was conducted to evaluate the Efficacy of Poly Herbal Siddha Drugs "Venpoosani Legiyam" (Internal Medicine) And "Ulunthu Thylam" (External Medicine) In the Treatment of Venneer Noi (Dhat Syndrome) With and Without Psycho-Education Therapy.

Methodology: Among the 40 patients, 20 patients received trial medicines only and the remaining (randomised) 20 patients received the prescribed Psychoeducation / Counselling therapy along with trial medicines. Each randomly selected 20 patients received the Psychoeducation / Counselling session six times per week from the 2nd visit for the trial medicine to 7th visit. Laboratory investigations were done before and after the trial.

Results: The mean± standard deviation of DSSC score at before and after treatment were 80.20±15.7 and 33.40±11.30 respectively which is statistically extremely significant (t=19.71, p=0.0001). The mean± standard deviation of VCSS score at before and after treatment were 33.75±5.0 and 12.15±4.36 respectively which is statistically extremely significant (t=13.48, p=0.0001).

Discussion: The outcome of this study was clinically observed by DSSC Score, which showed encouraging results of good improvement in 28 patients (70%), moderate improvement in 12 patients (30%). This Psycho-education / Counseling results shown 80 % (16 patients) is good improvement.

Conclusion: The present clinical study supports the efficacy of the trial drugs, *Venpoosani Legiyam* (internal medicine) and *Ulunthu Thylam* (external medicine), both of which are Siddha polyherbal formulations.

1. Introduction

The Siddha System of Medicine, a traditional medical system with roots in Dravidian culture, is regarded as one of the oldest medical systems in the known universe. In the Indian subcontinent, especially in the southern part, it is a significant traditional medicinal science.[1] This science not only deals with medication and treatment but also covers all the aspects of social wellbeing and concrete in the fundamental basics of Nature and Spirituality. The word *Siddha* comes from the word *Siddhi* which means an object to attain heavenly bliss. The system has flourished well in India for many centuries. Although this system has declined in later years, in the wake of changing mode of life and Modern Medicine, it continues to sustain its influence on the masses because of its incomparable intrinsic merits.[2,3] *Siddha* medicine can combat all types of diseases, especially the chronic diseases, which baffle and elude even the modern sophisticated medicine. There were 18 important *Siddhars* in the olden days and they developed this system of medicine to attain the holistic health of people. Hence, it is called *Siddha* system of Medicine.[4] *Siddhars* were of the concept that a healthy soul can only be

developed through a healthy body. So, they developed methods and medication that are believed to strengthen their physical body and thereby their souls.[5] Venneer Noi is a condition that debilitates disorder of *Sukkila Thadhu* (seventh physical constituent), within the seven *Udal Thadhus* (Physical Constitutes) of the human body. Deteriorating of the *Sukkila Thadhu* will lead to losses its natural luminous, colour, weight & heaviness; finally, it is passed either with urine or before and after micturition. It may cause by having sexual contacts from very young age, excess lust on money and sex, anxiety and by hereditary.[6,7]

Current research suggests that the Venneer Noi may be related to Dhat Syndrome. Dhat syndrome is a disorder characterized by powerful subcultural beliefs linked to semen loss in Eastern cultures, and the behavioral signs that follow have given it its name. [8,9] *Dhat* syndrome where *Dhat* is the Sanskrit word from *Dhātu dosha* that means essence of semen[10]. *Dhātu* is a meaning of 'metal', and also 'elixir' or 'constituent part of the body'. *Dhat* is thought to be a culture-bound syndrome similar to *jiryan* (South-East Asia), *prameha* (Sri Lanka), and *shen-k'uei* (China)[11]. Semen loss and consequent anxiety (interchangeable terms used for Dhat Syndrome) are not confined only to India some studies have been reported from Sri Lanka, Pakistan and other parts of Sub-continent as well.[12,13] For this study, the poly herbal formulation of "*Venpoosani Legiyam*" as internal drug (*Siddha Vaidhiya Thirattu*) and "*Ulunthu Thylam*" (The Siddha Formulary of India – Part –I) for external application (massage the penis and scalp) to evaluate their efficacy in treating "*Venneer Noi*" (Dhat Syndrome). In recent research, it has been found that, *Venpoosani Legiyam* improves overall health. As it is tonic and gives strength to everybody's organ. It increases libido and gives relief in variety of disorders. It is digestive, carminative, restorative, expectorant, and sedative. It is commonly used for general health tonic, weakness, spermatorrhoea and body heat condition.

2. Internal Medicine

Venpoosani Legiyam

S.NO.	INGREDIENTS	QUANTITY
1.	VenpoosanikaaiChaaru – (Benincasa hispida)	5200 ml
2.	ThaalaivizhuthuChaaru – (Pandanus odoratissimus)	1300 ml
3.	Thennam poo Chaaru – (Cocos nucifera)	1300 ml
4.	PazhaChaaru – (Citrus limon)	1300 ml
5.	PasuPaal (Milk)	2600 ml
6.	Sarkarai (Sugar) - (Saccharum officinarum)	2600 ml
7.	Seerakam - (Cumiuscyminum)	350 g
8.	Koththumalli - (Coriandrumsativum)	35 g
9.	Kostam - (Costus speciosus)	35 g
10.	Milaku - (Piper nigram)	35 g
11.	Maasikkaai - (Quercus infectoriaolivier)	35 g
12.	Elam - (Elettaria cardamomum)	35 g
13.	Saathikkai	35 g
14.	Saathipathiri	35 g
15.	Athimathuram	35 g
16.	Thaalisam	35 g
17.	Nei	650 ml
18.	Thenn	325 ml

UlunthuThylam (External Medicine)

Ingredients	Quantity
1. Ulunthu (*Vigna munga*)	- 1.400 lit
2. Thanneer - (water)	- 5.600 lit
3. Vellattuppaal - (goat milk)	- 1.4 lit
4. Nalennai (*Sesamum indicum*) Seasamum	- 1.4 lit
5. Punnaikkaaivitaiparuppu (*Calophyllum inophyllum*)	- 4 g
6. Sathakuppai*(Anethum graveolens*)	- 4 g
7. Perarathai (*Alpinia galangal*)	- 4 g
8. Chukku (dried *Gingeber officinale*)	- 4 g
9. Milaku (*Piper nigram*)	- 4 g
10. Thippili (*Piper longum*)	- 4 g
11. Vetpalaipattai (*Writhtia tincoria*)	- 4 g
12. Athimathuram (*Glycerrhiza glabra*)	- 4 g
13. Inthuppu (sodium chloride impure)	- 4 g
14. Vasampu – (*Acorus calamus)*	- 4 g

3. Methodology

Aim and Objectives: To Evaluate the Efficacy of Poly Herbal Siddha Drugs "Venpoosani Legiyam" (Internal Medicine) And "Ulunthu Thylam" (External Medicine) In the Treatment of Venneer Noi (Dhat Syndrome) With and Without Psycho-Education Therapy.

Preparation of Trial Medicine

- **Venpoosani Legiyam:** Dissolve the jaggery in the milk and mix the juices of 1 to 4 items then filter it and boil this mixture up to threadlike stage (*patham*) after that slowly add the powders of the balance items 7 to 16 and mix up well, later add the ghee and honey and blend it well. Then store it in a clean container. 5g two times a day for 48 days.
- **Ulunthu Thylam:** Preparation of decoction by *Ulunthu* and Water well boiled till reduced in to 1.400 liters and filter it. Finely powdered items of 5 to 14 and grind it to a paste with some quantity of *VelaattuPaal*. Mix this with the *VelaattuPaal* and make as decoction. Boil this to make as a *Thylam*and filter, then keep in clean container. Apply externally and massage for 48 days.

Subject Selection Criteria: Inclusion criteria- Male aged of 18-45 years. Weakness, anxiety, sleeplessness, mild depression and guilt which is attributed to semen loss. Loss of semen through nocturnal emissions and masturbation frightens the individual as he believes it to be harmful to the body. Report a white discharge in their urine which they feel is semen. Mention that passing semen during defecation. Sexual dysfunction may or may not be present. Patients who are Willing to participate in trial and signing consent by fulfilling the condition of Proforma. Exclusion criteria: Patients with chyluria, Diabetes mellitus, chronic cardiovascular, respiratory diseases, acute and chronic renal diseases, alcohol and substance abuse, psychiatric illness, severe malignancy diseases.

Withdrawal Criteria: Intolerance to the drug and development of any serious adverse effect during drug trial. Poor patient compliance & defaulters. Patients unwilling to continue the course of clinical study. Patient reluctant to continue the Psycho-education sessions. Any drastic changes occurring in hematological finding during treatment period. Increase in severity of symptoms. Occurrence of any

other systemic illness.

Tests and Assessments:

- Clinical assessment: Dhat Syndrome Symptoms Checklist (DSSC), Psycho – Educations Screening and Assessment Questionnaire
- Siddha system assessment: Naadi, Sparisam, Naa, Niram, Mozhi, Vizhi, Malam, Moothiram-Neerkkuri, Neikkuri.
- Laboratory investigations: Complete blood count, Erythrocyte sedimentation rate, Fasting blood sugar, Post prandial blood sugar, Renal function tests, Liver function tests, Lipid profile, Urine analysis, Semen analysis.

Study Design: An open clinical trial was conducted at OPD of Ayothidoss Pandithar Hospital, National Institute of Siddha, Tambaram Sanatorium, Chennai – 600047 for a period of 3 years (2014-2017) with the sample size of 40 patients.

Conduct of the Study:

Three days before the treatment, purgation therapy had been given with *Meganatha Kulikai*- 2 in the early morning with *Inji chaaru* (ginger juice) for normalizing the vital humors. Then the trial Medicines "*Venpoosani Legiyam*" (internal) and "*Ulunthuth Thylam*" (external) was given for 48 days. Among the 40 patients, 20 patients received trial medicines only and the remaining (randomised) 20 patients received the prescribed Psychoeducation / Counselling therapy along with trial medicines. The patients are requested to visit the hospital OPD once in 7 days for 48 days. Each randomly selected 20 patients received the Psychoeducation / Counselling session six times per week from the 2nd visit for the trial medicine to 7th visit. Laboratory investigations were done before and after the trial. At the end of the trial, the patients were advised to visit the OPD for a further 2 months for follow-up for any recurrence. Defaulters were not allowed to continue and withdrawn from the study with fresh case had been inducted.

Outcome:

- Comparison before and after intervention with DSSC
- Categorization by the DSSC scoring

DSSC scoring	≤ 40	Good
DSSC scoring	41 to 80	Moderate
DSSC scoring	81 to 120	Mild
DSSC scoring	≥ 121	Nil

- The effectiveness of Psychoeducation by comparing before and after treatment.

4. Results of Clinical Study

- **Demographic Details:**

The age group of 25-31 years has the highest proportion at 30%, closely followed by the 39-45 years group, also at 30%. The age groups 32-38 and 18-24 account for 27.5% and 12.5% of the cases, respectively, indicating a relatively balanced distribution among the older age brackets. The majority of patients in this study were in the group of Farmers and manual labour workers in 15 cases (37.5%). All the patients have no relevant family history in this regard of Ven Neer Noi (Dhat Syndrome). 32 (80 %) of the patients were having habits of non-vegetarians. 92.5 % of the patients were from

Marutham Nilam (Fertile land) and the remaining (2.5%) from *Kurinchi Nilam* (Hill Area), 2.5 % from *Mullai Nilam* (Forest Area) and 2.5 from *Neithal Nilam* (Coastal Area). No one of the patients was from *Paalai Nilam* (Desert Land). 38 (95 %) patients received the treatment from the period of *Pinpani kaalam*, 02 (5%) received the treatment from *Munpani kaalam.* 40 (100 %) of the patients where constituents of the body are *Thontha Udal. All the patients 40 (100 %) had "Rajo Gunam".* Patients were having Sathuva Gunam and Thamo Gunam not appeared. 50 % (20) of the patients suffered with illness between above 01 year to 02 years, 25% (10) were in the division of above 02 years to 03 years and 12.5 % (05) were below 01 year and above 3 years. Among 40 patients, *Saaram* and *Sukkilam* were affected in all the cases. In *Envagai thervugal*, the *Naadinadai* seen in *Venneer Noi* patients were *Pithavaatham* was affected in 28 (70 %), *Vaathapitham* was affected in 08 (20 %), *Kabhavaatham* and *Kabhapiththam* were affected in same number as 02 (05 %). The rest of the other elements of *Envagai thervukal* were not affected. Among the 40 patients, *Kabha neer* was found for 37 (92 %) cases, Vatha neer was found in 02 (05%) and Piththa neer was found in 01 (03%) of the patients.

- **Laboratory Assessment**

HEMATOLOGY			
PARAMETERS	**PRE-TREATMENT**	**POST-TREATMENT**	**P VALUE**
Hemoglobin	15.22 ± 0.76	15.57 ± 0.75	0.138185605
WBC	7362.5 ± 1829.63	7255.0 ± 1456.37	0.27902943
Platelet	60.10 ± 6.66	60.65 ± 4.74	0.268127103
Lymphocyte	33.85 ± 6.19	33.57 ± 4.05	0.369274976
Mix	6.02 ± 1.83	5.77 ± 1.64	0.226375395
ESR ½ Hr	5.70 ± 4.01	6.15 ± 3.00	0.244243035
ESR 1 Hr	10.10 ± 6.09	11.02 ± 4.64	0.188453263
T.RBC	5.26 ± 0.42	5.31 ± 0.25	0.193961436
BIOCHEMISTRY			
PARAMETERS	**PRE-TREATMENT**	**POST-TREATMENT**	**P VALUE**
Total Cholesterol	178.45 ± 27.44	179.55 ± 29.13	0.378570845
Triglycerides	149.32 ± 43.36	144.42 ± 30.65	0.253974319
High density lipoprotein	44.80 ± 8.82	45.37 ± 11.47	0.323640392
Low density Lipoprotein	108.07 ± 16.02	101.1 ± 20.08	0.012200134
Very Low-density lipoprotein	30.72 ± 9.85	33.97 ± 10.90	0.043381687
Total.Bilirubin	0.89 ± 0.39	0.82 ± 0.3	0.175020297
D.Bilirubin	0.37 ± 0.19	0.38 ± 0.17	0.387155983
Ind.Bilirubin	0.52 ± 0.22	0.44 ± 0.16	0.016593579
SGOT	17.82 ± 6.80	18.62 ± 5.86	0.31348362
SGPT	23.77 ± 11.93	21.87 ± 9.41	0.249862232
ALK	66.27 ± 17.55	66.70 ± 18.50	0.353970485
T. Protein	7.06 ± 0.53	7.10 ± 0.64	0.363727182

Albumin	4.22 ± 0.51	4.19 ± 0.39	0.352981978
Globulin	2.89 ± 0.36	2.94 ± 0.41	0.240838811
Calcium	9.19 ± 0.89	8.92 ± 0.65	0.041108157
Phosphorous	4.12 ± 0.57	3.68 ± 0.65	4.54129E-05
Uric Acid	4.56 ± 1.11	4.46 ± 1.10	0.314422813
Urea	20.45 ± 6.68	20.92 ± 5.79	0.264928386
Creatinine	1.04 ± 0.11	1.05 ± 0.09	0.277594923
SPERM CELL CHARACTERISTICS			
PARAMETERS	**PRE-TREATMENT**	**POST-TREATMENT**	**P VALUE**
Sperm Count	38.48 ± 26.99	38.68 ± 24.97	0.437218399
Motility %	65.27 ± 11.33	70.00 ± 11.32	2.04596E-05
Morphology	48.14 ± 14.42	49.25 ± 11.18	0.000143095
Volume	1.57 ± 0.72	1.98 ± 0. 41	5.75257E-05
Liquefaction Time	25.75 ± 8.28	25.25 ± 8.08	0.249827091

5. Siddha System Assessment

Distribution of Mukkutram

Vaatham: Samanan and Viyaanan were affected in 40 (100 %) cases and Abanan were affected in 05 (12.5 %) cases

Sl. No	Classification of *Vaatham*	No of Cases	Percentage
1	*Praanan*	00	00 %
2	*Abaanan*	05	12.5 %
3	*Udhaanan*	00	00%
4	*Samaanan*	40	100 %
5	*Viyaanan*	40	100 %
6	*Naagan*	00	00 %
7	*Koorman*	00	00 %
8	*Kirukaran*	00	00 %
9	*Devathaththan*	00	00 %
10	*Dananjayan*	00	00 %

Piththam: *Analakam* - 34 (85 %) and *Alosakam* - 03 (07.5 %) were affected.

Sl. No	Classification of *Piththam*	No. of Cases	Percentage
1	*Analakam*	34	85.0 %
2	*Ranjakam*	00	00.0 %
3	*Saathakam*	00	00.0 %
4	*Prasakam*	00	00.0 %
5	*Alosakam*	03	07.5 %

Udal Kattukkal: Among 40 patients, Saaram and Sukkilam were affected in all the cases.

Sl. No	*UdarKattukkl*	No of Cases	Percentage
1	*Saaram*	40	100.0 %
2	*Senneer*	00	100.0 %
3	*Oon*	00	00.0 %
4	*Kozhuppu*	00	00.0 %
5	*Enbu*	00	00.0 %
6	*Moolai*	00	00.0 %
7	*Sukkilam*	40	100.0 %

Envagai Thervugal: In *Envagai thervugal*, the *Naadinadai* seen in *Venneer Noi* patients were *Pithavaatham* was affected in 28 (70 %), *Vaathapitham* was affected in 08 (20 %), *Kabhavaatham* and *Kabhapiththam* were affected in same number as 02 (05 %). The rest of the other elements of *Envagai thervukal* were not affected.

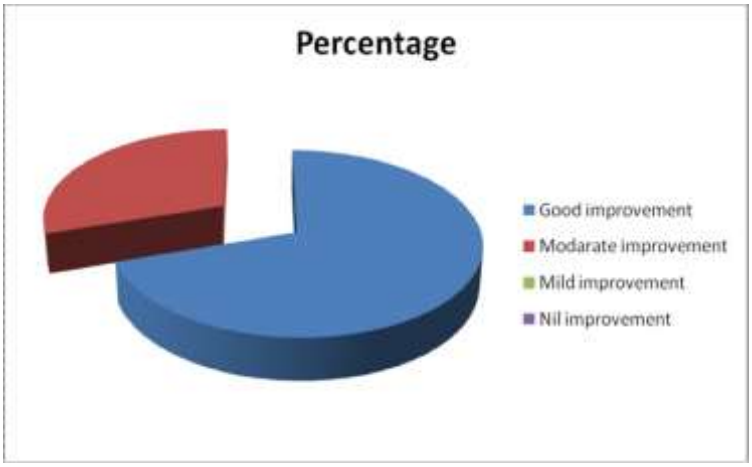
Sl. No	*Envagai Thervugal*	No. of Cases	Percentage
1	*Naadi*		
	a. Vaatha piththam	08	20 %
	b. Piththa vaatham	28	70 %
	c. Kabha vaatham	02	05 %
	d. Kaba piththam	02	05 %
2	*Sparisam*	00	00.0 %
3	*Naa*	00	00.0 %
4	*Niram*	00	00.0 %
5	*Mozhi*	00	00.0 %
6	*Vizhi*	00	00.0 %
7	*Malam*	00	00.0 %

- **Clinical assessment**

DSSC Score

S. No	Result	No. of Patients	Percentage
01	Good improvement	28	70 %
02	Moderate improvement	12	30 %
03	Mild improvement	00	00 %
04	Nil improvement	00	00 %

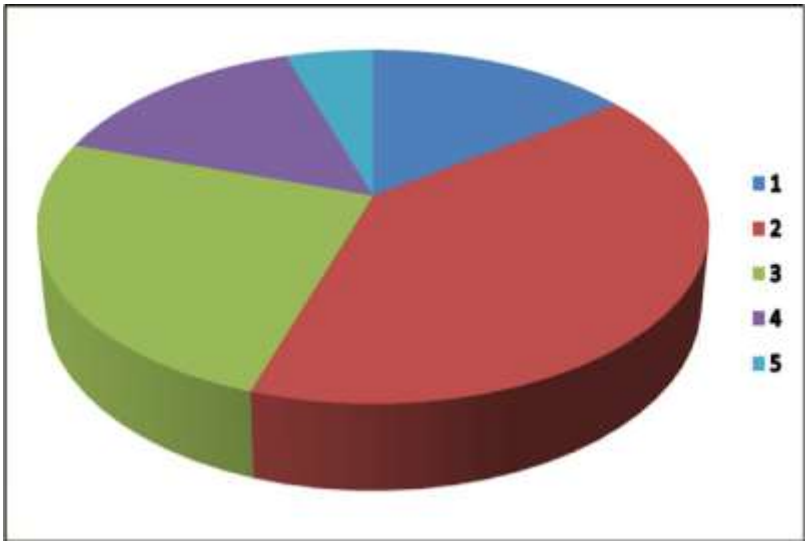
The Clinical improvements (DSSC Score) after the Clinical trial was observed of good improvement was in 28 (70 %) of the patients and moderate improvements were observed in 12 (30 %) of the patients.



Psychoeducation / Counselling Improvements

The improvements after the 6 sessions of Psychoeducation / Counselling were more than or equal of 75 % is observed in 03 (15 %) of the patients and between 74 – 60 % improvements were observed in 08 (40 %) of the patients and 59 – 50 was 05 (25 %), 49 – 40 was 03 (15 %) and below or equal of 39 of score was noted in 01 (05 %) patient.

S. No	Result	No. of Cases	Percentage
01	≥ 75	03	15 %
02	60 - 74	08	40 %
03	50 - 59	05	25 %
04	40 - 49	03	15 %
05	≤ 39	01	05 %



6. Statistical Analysis

All collected data were entered into MS Excel software using different columns as variables and rows as patients. SPSS software was used to perform statistical analysis. Basic descriptive statistics included frequency distributions and cross-tabulations were performed. The quantity variables were expressed as Mean ± Standard Deviation and qualitative data as percentage. A probability value of <0.05 was considered to indicate as statistical significance. Paired 't' test was performed to determine the significance between before and after treatment.

- **DSSC Score**

The mean± standard deviation of DSSC score at before and after treatment were 80.20±15.7 and 33.40±11.30 respectively which is statistically extremely significant (t=19.71, p=0.0001). There is a highly significant difference between before and after treatment on DSSC Score ie. 58 % reduction in DSSC Score after the trial.

	Mean ± Std	t Value	p value
Before Treatment (40)	80.2 ± 15.7	19.71	< 0.0001
After Treatment (40)	33.4 ± 11.3		

- **Psychoeducation / Counselling**

The mean± standard deviation of VCSS score at before and after treatment were 33.75±5.0 and 12.15±4.36 respectively which is statistically extremely significant (t=13.48, p=0.0001). There is a highly significant difference between before and after the Psycho- education / Counselling therapy for Randomised selected 20 patients among the total 40 patients on sessions improvement chart ie. 64 % reduction in counselling session Chart score after the trial.

	Mean ± Std	t Value	p value
Before Counselling (20)	33.75 ± 5.0	13.48	< 0.0001
After Counselling (20)	12.15 ± 4.36		

7. Discussion

The Dhat Syndrome is one of the most affected psychological related problems in the male from the teenagers to middle aged group especially in Indian subcontinent. Majority of them are not seeking the help of proper health care providers. They have the social stigma in related to this sexual neurotic condition. Large numbers of patients perceive even the natural physiological function as abnormal. The masturbation which is practiced world over by majority of males and significant number of females is perceived as unnatural and abnormal practice. Masturbation is perceived as detrimental to mental and physical health. The Dhat syndrome is rampant among the Indian population and leads to large number of physical and psychological symptoms.[14,15] The majority of these people go to conventional religious healers and self-described sex specialists. Contact with these healthcare professionals not only reinforces their misconceptions and false views, but also forces patients to pay exorbitant fees for dangerous and ineffective medications and tests.[16] This may lead to them as a patient physically and mentally. In many Hospitals of Modern and Siddha OPD medical practitioners daily seeing some of male patients try to speak some private matters related to their sexual linked physical and psychological problems. Many times, it was missed by the doctors due to their heavy workload and I think it was not a serious issue. Hence these kinds of patients get more worsen their problems and become mentally affected patients.

- 40 male patients were enrolled for this study, among 40 patients, age group 25 to 31 years and 12 (30%) patients between 39 to 45 were equally in 12 in number (30 %), patients between 32 to 38 years, 11 (27.5 %) patients between 18 to 24 years, 05 (12.5%). Venneer Noi commonly appears at young and middle age. In this present study, considerable numbers of patients were reported (24 patients) between the age of 25-31 and 39 - 45 among study samples.
- Most patients in this study were Farmer / Labor workers 15 (37.5%), Electrical / Technical workers 11 (27.5%). It is reflected from other studies done in dhat Syndrome in other countries. The bulk of patients in this study were non-vegetarian, 32 (80%) remaining 8 (20%) patients were vegetarian.

- In this present study shows, considerable numbers of patients were reported from Marutham (37 patients), Neithal, Kurinji, Mullai thinai were each 1 patient. Highest number of patients 38 (95%) were admitted during *Pinpani Kaalam* (*Maasi* & *Panguni*) and 02 patients (05%) were admitted during *Munpani Kaalam* (*Markazhi & Thai*).
- Most patients 20 (50%) were affected in duration of above 1 to 2 years, 15 (25%) patients were affected by the illness from 2 to 3 years, below 1 year and above 3 years duration were in same number 5 (12.5%)

Laboratory investigations were done for all the cases before and after treatment. There were no variations in hepatic, renal and other parameters. The outcome of this study was clinically observed by DSSC Score, which showed encouraging results of good improvement in 28 patients (70%), moderate improvement in 12 patients (30%). Among the 40 patients randomized selected 20 patients received further Psychoeducation / Counseling, apart from the trail medicine. This Psycho- education / Counseling results shown 80 % (16 patients) is good improvement. Patients who have having the night duty work, exposed to very poor result and respond, may be this is the effect of thookkaminai (not enough sleep) and more stressful lifestyle. Based on Siddha Literature, those who do not keep the Thinasariyai (Daily regimen) haven't maintain their good health, this may reflect these patients. Patients who received both treatments revealed very good results and quicker revilement than the only trial medicine taken group. Based on this it is shown Medicine combined with Psychoeducation / counseling therapy is more effective and appropriate to treat the Venneer Noi (Dhat Syndrome). In this study, no adverse events were observed during the treatment. At the time of discharge, all the patients were advised to attend Outpatient Department of Sirappu Maruthuvam of NIS for further follow-up 3 months.

8. Conclusion

The present clinical study supports the efficacy of the trial drugs, *Venpoosani Legiyam* (internal medicine) and *Ulunthu Thylam* (external medicine), both of which are Siddha polyherbal formulations. These treatments demonstrated significant improvement in reducing clinical symptoms associated with *Venneer Noi* (Dhat Syndrome), including fatigue, weakness, anxiety, loss of appetite, guilt, sadness, and sexual dysfunction. This study also highlights the role of psychoeducation and counseling as complementary therapies to further enhance patient outcomes. Additionally, these findings align with the modern medical perspective of anxiety-related somatic complaints and culture-bound syndromes, though further investigation is required to establish these links conclusively. While this study provides encouraging results, larger-scale clinical trials are necessary to refine dosing and validate these preliminary findings in a broader patient population.

Reference:

[1] Anonymous (1999), The Ayurvedic Pharmacopeia of India, part - I. Government of India, Department of Indian System of Medicine and Homeopathy 1st edition, page 183 to 191.

[2] Mr.K.S.Murugese muthaliyar's Gunapaadam- mooligai vaguppu (1st part), 2nd edition (2008), Published by Indian medicine and homeopathy department.

[3] Dr.R.Thiyagaran's Gunapadam- thaathu seeva vaguppu (2nd and 3rd part), 2nd edition (2009), Published by Indian medicine and Homeopathy department, Chennai.

[4] Siddha medicine: an overview. Subbarayappa, BV, The Lancet, Volume 350, Issue 9094, 1841 – 1844.

[5] Patil, S. B., Patil, M. S., Chittam, K. P., & Wagh, R. D. (2014). A REVIEW ON AYURVEDA AND SIDDHA: INDIAN SYSTEMS OF MEDICINE. Pharma Science Monitor, 5(2).

[6] Dr. K.N. Kuppusamy muthaliyar, Siddha Maruthuvam – pothu, 6th edition 2004

[7] Dr. M. Sanmugavelu, Noi Naadal Noi Muthal Naadal thiraddu – 2nd edition 2010

[8] W.H.O. Geneva, The ICD 10, Classification of Mental and Behavioral Disorders - 2010

[9] American Psychiatric Association, DSM-IV-TR Diagnostic and statistical Manual of Mental Disorders – 5th, edition 2015.

[10] Shakya DR. Dhat Syndrome: Study of Clinical Presentations in a Teaching Institute of Eastern Nepal. Journal of Psychosexual Health. 2019;1(2):143-148.

[11] Vandana Mehta, Abhishek De, C. Balachandran, Dhat syndrome; A Reappraisal – Indian J Dermatol 2009, 54(1): 89-90, DOI 10.4103/0019-5154, 49002.

[12] A. Sumathipala, S. H. Siribaddana and D. Bhugra, Culture-bound syndromes: the story of Dhat syndrome British Journal of Psychiatry (2004), 184, 200-209.

[13] Prof. D.J. Somasundaram at el, Mental Health in the Tamil Community – 2nd edition 2005.

[14] Hock, E. M. (1966). A pattern of neurosis in India.Am. J. Psychoanal. 20: 1.

[15] Joshi, S. K. (1965). Syndrome of Dhat in the male.Maharashtra Med. J. 12: 9.

[16] Krishna Rao, B. (1955). Some aspects of impotence in the male.Antiseptic, Vol. 52, No. 5 (May).