

Diacare Capsule, Sanjeevi Diabetic Health Drink, S.S.K. Plus Churna (Powder) -Promise, Proof and Future – A Quasi-Market Analysis

Srividya Raghothamaa, M.B.A.*, Dr. K. Jega Mohan B.S.M.S**.,
Dr.Fusiudeen Ahamed A.M***

*Associate Founder & Finance Consultant, AYUSH Products Marketing Consultant Service, Flat No.1, 'B' Block, # 3, Somasundarm Street, Muthuvel Nagar, East Tambarm, Chennai-600 059

**Reg No. 1314, Asst. Medical Officer (Rtd.) Govt. Siddha Dispensary, Secretariat, Chennai-600 009

***Subject Expert – Siddha, #18,7th Cross, Shenoy Nagar, Chennai - 600030

Submitted: 08-09-2023

Accepted: 18-09-2023

ABSTRACT

The present article is related to a quasi-market analysis on how the practicing Siddha vaidyas view, relate and relay on the triplet drugs of Sanjeevi Pharma. We have adopted direct interaction (in person and digital mode) and the findings of the study show that Sanjeevi Pharma's Siddha drugs are seen and recognized by all Siddha vaidyas in the study as formulations well rooted in Siddha system of medicine, are effective, unique and does not have competition with reference to formulation uniqueness. Most of the diabetic patients seek treatment for diabetes associated complications than for blood glucose control and the vaidyas in general wants more scientific research support for the siddha drugs so that along with legacy and tradition, science also can be used to offer delight to the patients.

Key words – Sanjeevi Pharma, Diacare capsule, Sanjeevi Diabetic Health Drink, S.S.K. Plus churna (Powder)

I. INTRODUCTION

Diabetes mellitus has turned into a killer medical problem of human health, wealth and quality of life by acting as gateway for many diseases (1). Diabetes mellitus also directly and indirectly invite and welcome many other diseases which are collectively called as diabetes associated medical conditions (2). Siddha system of medicine is not just time tested, is indeed, the great gift of God to mankind, very sacred, proven and established (3).

The interesting feature of Siddha and Ayurveda healing medical system is that God himself and divine Siddhars with divine wisdom did all the research activities on various drugs of the system and that is how the drugs of the system

came into existence. The possibility of 'King Midas Touch' where Siddhars with divine awakening having touched several plants and thereby made all such herbs as wonderful drugs, we cannot rule out.

Siddha system is the pride our nation, the crowning glory of Tamil culture, wisdom and civilization and also ways and means for health, longevity, eternity and ultimate salvation. Unfortunately, many institutionally qualified Siddha graduates have forgotten the roots of Siddha system and have rampantly engaged in cross pathy and further justifying the same nefarious act as survival necessity are silently and progressively eroding and destroying the credibility of the system. Ministry of AYUSH and the Health Ministry of State of Tamil Nadu must swiftly intervene to stop cross pathy by those black-sheep institutionally qualified Siddha practitioners in private practice otherwise the sacred science and medical wonderments of Siddha system will disappear from the present world.

Diabetes mellitus is well described in Siddha system of medicine and the basic principle of Siddha system itself is 'treat food as medicine' meaning, everyone has to treat the food that we eat daily more as medicine and if we follow such principle, diseases can be kept away forever (4, 5).

Diabetes is obviously due to the inability of our body to utilize the sugar that we provide to our system. It means, our system rejects the sugar and if we do not recognize the early message of our body, we may develop much severe complications by way of making our body get angry and send more serious threats and warnings in the form of various medical complications. Such rejection and inability of our body to process sugar would make our system weak, tired and lower the immunity

which in turn would make us highly susceptible for various infectious diseases besides systemic, incurable disorders and organ related complications.

Many AYUSH manufacturing companies are marketing many products from both Siddha system as well as from Ayurveda system for the treatment of diabetes mellitus. Many of the companies are largely depending on traditional wisdom and have not done much contemporary research to further validate and communicate effectively to the modern world.

We learned that Sanjeevi Pharma has incurred considerable proportion of its revenue in conducting intense, elaborate research on the products of the company for diabetes mellitus and many other disease conditions where both lab research and clinical trial are ongoing. In the meanwhile, the company wants to understand the clinical experience of Siddha clinicians who are prescribing Sajeevi's products for the management

of diabetes mellitus (the triplets) to understand how the company can strategize the future of diabetes mellitus management through its products with all the scientific findings that are going to be available soon.

In the present study, organization of the first author has reached out to as many as one hundred and twenty-three Siddha vaidyas (both traditional and institutionally qualified) and documented their clinical experience through an unstructured, customized discussion about the products of Sajeevi's for diabetes treatment. Details of the findings is presented in the article.

II. MATERIALS AND METHODS

Three Siddha drugs of the company having great presence in Tamil Nadu for more than 18 years were chosen for the study. Details of the drugs studied are given below

DIACARE - 500 mg Capsule contains

S.No.	Tamil Name	Botanical Name	Part Used	Quantity Used
1	Poonakunguliyam	Hoptagemastaki (Pistacialentiscus)	Resin	80 Mg
2	Naaval	Eugenia Jambolona	Seeds	100 Mg
3	Vendhayam	TrigonellaFoenumGracium	Seeds	80 Mg
4	Chukku	ZingiberOfficinalis	Rhizome	100 Mg
5	AbrakaBarpam	Calyx Of Mica	Sid. Sh. Med.	40 Mg
6	AyakanthaChenduram	Oxide Of FersoFerroxide	Sid. Sh. Med.	10 Mg
7	Karisalai	Eclipta Alba	Leaves	30 Mg
8	Keezhanelli	PhyllanthusAmarus	Wh. Plant	60 Mg

SANJEEVI DIABETIC HEALTH DRINK - Each 100 gm contains

S.No.	Tamil Name	Botanical Name	Part Used	Quantity Used
1	Sirukurinjan	GymnemaSylvestris	Leaves	20 G
2	Aavaarai	Cassia Auriculata	Flowers	10 G
3	Nilavembu	AndrographisPaniculata	Leaves	10 G
4	Kollu	DolichosBiflorus	Seeds	20 G
5	Marutham	Terminalia Arjuna	St. Bark	10 G
6	Nannari	HemidesmusIndicus	Roots	10 G
7	Karisalai	EcliptaProstrata	Leaves	10 G
8	Keezhanelli	PhyllanthusAmarus	Wh. Plant	10 G

S.S.K. PLUS churna(Powder) - Each 100 gm contains:

S.No.	Tamil Name	Composition	Part Used	Quantity Used
1	Manjal	Curcuma Longa	Rhizome	1 Gm
2	Naaval	SyziumCumini	Seeds	4 Gm
3	Venthayam	TrigonellaFoenumGraceum	Seeds	2 Gm
4	Vempu	AzadirachtaIndica	Leaves	1 Gm
5	Marutham	Terminalia Arjuna	St. Bark	2 Gm
6	Seenthil	TinosporaCordifolia	Stem	4 Gm
7	Aswagandha	WitaniaSomnifera	Roots	6 Gm
8	Keezhanelli	PhyllanthusAmarus	Wh. Plant	3 Gm
9	Ponnankannai	AlternantheraSessilis	Leaves	4 Gm
10	Nilavembu	AndrographisPaniculata	Leaves	4 Gm
11	Aavarai	Cassia Auriculata	Flowers	4 Gm
12	Kondrai	CaesalpiniaCoraira	Flowers	4 Gm
13	ThriphalaiChuranam	Three Pungents	Sid. Sh. Med.	6 Gm
14	Kadalanjil	Salacia Reticulate	Roots	2 Gm
15	ThetranKottai	StrychnosPotatorum	Seeds	4 Gm
16	Milagu	Piper Nigrum	Fruits	4 Gm
17	Maramanjil	BerberisAristata	Stem	4 Gm
18	Vishnugiranthi	EvolvulusAlsinoides	Wh. Plant	4 Gm
19	Chukku	ZingiberOfficinale	Rhizome	4 Gm
20	Thulasi	Ocimum Sanctum	Leaves	4 Gm
21	Vellarugu	EncicostemmaAxillare	Leaves	4 Gm
22	KovaiIlai	CocciniaIndica	Leaves	4 Gm
23	Poduthalai	Phyla Nodiflora	Wh. Plant	4 Gm
24	Kariveppilai	MurrayaKoenigii	Leaves	4 Gm
25	Thennampoo	Cocos Nucifera	Flowers	4 Gm
26	Vilvam	Aegle Marmelos	Leaves	4 Gm
27	Sirukurinjan	GymnemaSylvestre	Leaves	5 Gm

Details of the unstructured, informal discussion for data collection

We reached out to 123 Siddha vaidyas (51 traditional vaidyas and 72 institutionally qualified) for the present study. We adopted discussion, interaction and casual conversation methods for the present study (6). Our approach was twofold where we met both those prescribe these drugs and those not prescribing but are willing to share view on the drug based for diabetes mellitus.

The discussion points included about the duration of practice, patient turnover per day for the given medical condition, medical condition of the patient and the list of other drugs used, about Sanjeevi pharma, the formulation robustness based on ingredient selection, newness and uniqueness, reason for the inclusion of the drug (s) into the practice, clinical response based on individual drug/the triplet, reason for the use of triplets, overall feel, health and quality of live improvement of the patient and way forward for the drugs in the management of diabetes mellitus etc., were

collected and collated. Finally, we also shared the list of research activities of the company on the products, tentative cost of the studies, expected primary and secondary outcomes and how providing such data would help the vaidyas to extend their wholehearted support for the product and willing to act as messiah in disseminating the scientific Siddha drugs of the company for the better health and improved quality of life of millions.

III. RESULTS

A total of 123 Siddha vaidyas were reached out for the present study. Out of which, 51 were traditional practitioners, while the rest of 72 have formal institutional degree in Siddha system of medicine.

Out of the 51 traditional viadyas, 30 vaidyas are prescribing the drugs of Sanjeevi for diabetes while 21 are not prescribing the drugs nor have prescribed in the past.

Out of the 72 institutionally qualified Siddha Vaidya, 40 are prescribing the drugs of Sanjeevi

while 32 are not prescribing the drugs of Sanjeevi for the management of diabetes mellitus, Table 1.

Table 1 Details of the Siddha vaidyas participated

Description	Traditional vaidyas (n = 51)	Institutionally qualified vaidyas (n = 72)
Prescribers	30	40
Non-prescribers	21	32

Traditional vaidyas reported that they consult large number of patients with diabetes mellitus and those suffer from other medical conditions and the data points suggest that those

who consult traditional vaidyas are much higher than those practicing with due qualification obtained from an institution, Table 2

Table 2 Patient turnover vis-à-vis Vaidya description

Details of Vaidyas	Patients turnover per day versus disease condition (number)	
	Diabetes mellitus	Other medical condition
Traditional vaidyas (prescribers)	≈ 29	≈ 39
Traditional vaidyas (non-prescribers)	≈ 35	≈ 40
Duly qualified vaidyas (prescribers)	≈ 11	≈ 26
Duly qualified vaidyas (non-prescribers)	≈ 12	≈ 23

All the group of vaidyas clearly stated that dominant proportion of diabetes mellitus patients who consult them are more for managing various

diabetes associated medical conditions and during consultation also seek and use possible remedies for blood glucose control, Table 3

Table 3 Medical details of patients at the beginning of consultation

Details of Vaidyas	Medical condition of patient during beginning of consultation (% per month)	
	High, stable blood glucose and Hb1Ac	Associated medical condition
Traditional vaidyas (prescribers)	10	90
Traditional vaidyas (non-prescribers)	20	80
Duly qualified vaidyas (prescribers)	5	95
Duly qualified vaidyas (non-prescribers)	10	90

The overall rating on the triplet drugs of Sanjeevi for diabetes mellitus scored high among all the group of vaidyas, however the duly qualified vaidyas rated very high with reference to the triplet drugs of Sanjeevi having strong Siddha basis, ingredient robustness, formulation being unique,

effective for most of the medical conditions associated with diabetes mellitus and finally having high faith in the formulation based on other several attributes, Table 4

Table 4 Rating of Sanjeevi’s triplet drugs based of various aspects

Details of Vaidyas	Rating on Sajeevi’s triplet drugs under the score of 0-5 (5 is best, 0 is worst)				
	Strong Siddha basis	Credible ingredients	Unique formulation	Effective for most associated conditions	Own faith and conviction
Traditional vaidyas (prescribers)	5	5	5	4	5
Traditional vaidyas (non-prescribers)	5	5	4	4	4
Duly qualified vaidyas (prescribers)	5	5	5	5	5
Duly qualified vaidyas (non-prescribers)	5	5	5	5	5

Reason for not prescribing the triplet drugs was also analyzed in detail and found that both traditional vaidya and duly qualified vaidyas wants research publications and such supports in order to convince and enthuse the patients and the same cannot be achieved with own personal faith or belief of the vaidya. Traditional vaidya did not find compliance issue with the presentation of the

drug whereas some compliance issue by the patient was reported by the duly qualified viadyas. All the qualified vaidyas reported that they do not either prepare or dispense own drugs to the patient whereas traditional vaidyas reported that they have own drug formulation and hence they do not prescribe the drugs of the company as one of the reasons, Table 5

Table 5 Reason for not prescribing the Sanjeevis triplet drugs

Vaidya details	Reason for not prescribing triplet drugs of Sanjeevi under the scale (0-5), 5 being high and 0 being low				
	Have own drug formulation	Not available	No scientific proof/ research publication	Cost of treatment	Cumbersome presentation
Traditional vaidyas (non-prescribers)	5	3	5	4	2
Duly qualified vaidyas (non-prescribers)	0	2	5	3	3

With reference to the question of efficacy and repeat purchase intent of triplet drugs of Sanjeevi’s, both traditional vaidyas and duly qualified vaidyas stated that the products are effective and so the response of patients fully

agreed with the conviction of the respective vaidya group. However, both the group of vaidyas stated that patients require more scientific dataas they compare modern scientific studies/research supports over the prescribed siddha drugs, Table 6

Table 6 efficacy versus repeat purchase intent

Vaidya details	Efficacy versus repeat purchase (% response)				
	Effective by Vaidya	Effective by patient	Repeat purchase infrequent	Repeat purchase regular	Patients need modern science
Traditional	80	70	60	40	60

vaidyas					
Duly qualified vaidyas	100	90	10	90	100

IV. DISCUSSION

Understanding of any product in the market with reference to how it is received, viewed and what modification is required are essential and only then a brand can be built that would last long and also the same would offer continuous rejoice to the end user (7). Sanjeevi pharma, Chennai, has brought out three separate group of drugs for the treatment of diabetes mellitus, one in the form of capsule, the second one in the form of health tonic and third one in the form of churna. The formulation of all the three drugs have been made by the company with extensive understanding of the Siddha system of medicine, the approach of the system in treating diabetes mellitus, the herbs used, how the formulation should modify the Tridosha (8) in order to bring sustained treatment response etc., that makes Sanjeevi’s drugs unique, unparalleled with no competition.

Recently, the company has invested several lakhs on research activities on most of its drugs because the present generation require additional scientific proof besides the legacy and saga of the Siddha system and if such support is given, siddha system can easily outrun allopathic system of medicine. Besides developing such research support, the company has also decided to understand how the products of the company for the management of diabetes mellitus is understood, trusted and how the same set of drugs can be re-introduced into the market with more robust science as credible promise to growing diabetic patients.

One hundred and twenty-three vaidyas were contacted for the above understanding by selecting the location where the drugs of Sanjeevi Pharma is quite popular, introduced well and so is the drugs made available for purchase. Traditional vaidyas and duly qualified vaidyas who are prescribing and those who are not prescribing, both the groups were approached to understand several finer aspects of the drugs. With reference to patient turnover is concerned, it was observed that the traditional vaidyas seems to consult more number of patients (diabetic and other disease conditions) than institutionally qualified vaidyas and one possible explanation could be the traditional vaidyas have been practicing for quite longer period of time besides their consultation fee being affordable (9).

The interesting aspect of our understanding was that the patients who consult both set of vaidyas (traditional and duly qualified) are dominantly seeking treatment for managing various diabetes linked or associated complications such as cardiac problem, neurological problems, gastro-enteric problems, fatty liver problem etc., and not for blood glucose reduction. The primary requirement and expectation is management of diabetes associated problems and also the possibility of blood glucose reduction is being explored. The above revelation has clearly shown that most of the patients understand well the problem of diabetes mellitus clearly from various other medical conditions that the primary disease-diabetes can facilitate / elicit in due course of time. Patients seems to integrate the treatment approaches of both streams such as Ayush and allopathy after knowing fully well that diabetes associated complications can be managed well with Siddha drugs (10).

Our further understanding was that all the vaidyas those who prescribe and not the drugs of Sanjeevi Pharma’s, all of them clearly recognized the triplet drugs of Sanjeevi’s is rooted deeply in siddha system, formulation is quite unique, all most all essential herbs have been very rationally used in the formulation and therefore none of the Vaidya participated in the discussion has any doubt on the efficacy of the triplet drugs of the company.

Further probing of Vaidya for why some do not prescribe in spite having high faith and conviction in the triplet drugs of Sanjeevi, we found that some of the traditional vaidyas rely on own formulations while some expressed the presentation of the drugs do cause compliance issue as churna and health tonic are not so palatable to take. Further, both group of vaidyas wanted more scientific studies and research proof so that they can easily convince the patients and also the trust on Siddha system can be stabilized. Presenting the legacy and sage has its effect but contemporary science is also need to convince the changing world (11). Further both the group of vaidyas stated that they have compete conviction in the triplet drugs of Sanjeevi in treating the medical problem, which is clearly reflected from the data of repeat purchase of the drugs by the same set of patients. Finally, the repeat purchase intent of patients consulting the duly qualified vaidy was quite high suggesting the

high credibility associated with duly qualified siddha vaidya when they practice and prescribe siddha drugs instead of allopathic drugs (cross pathy).

18 Siddha qualified doctors approached for the above purpose but none of them provided any details nor participated in this study.

Outcome of the present exercise has clearly shown that Sanjeevi Pharma's triplet drugs for diabetes mellitus has tremendous scope, credibility and responsibility to offer best health care for diabetes patients and with the re-introduction of the drugs with credible science may bring more trust and confidence among prescribing vaidya and patients and would help the patients to manage the problem and attain better quality of life.

Acknowledgment

The authors acknowledge Sanjeevi Pharma for entrusting the project and providing the necessary financial support. The authors also recognize Sanjeevi's Pharma's neutrality in allowing the authors to publish the data the way it was obtained.

REFERENCES

- [1]. Tripathy JP. Burden and risk factors of diabetes and hyperglycemia in India: findings from the Global Burden of Disease Study 2016. *Diabetes MetabSyndrObes.* 2018 Jul 31;11:381-387. doi: 10.2147/DMSO.S157376. PMID: 30104893; PMCID: PMC6074770.
- [2]. Huang J-X, Liao Y-F, Li Y-M. Clinical features and microvascular complications risk factors of early-onset type 2 DIABETES MELLITUS. *Curr Med Sci.* 2019;39(5):754-758. doi:10.1007/s11596-019-2102-7
- [3]. Kannan M, Sathiyarajeswaran P, Sasikumar D, Geetha A, Mohanapriya M, Vinod NP, Manickam P, Kanakavalli K, Parthibhan P, Pitchiah Kumar M, Kannan R, Sivaraman G. Safety and efficacy of a Siddha Medicine fixed regimen for the treatment of asymptomatic and mild COVID-19 patients. *J Ayurveda Integr Med.* 2022 Jul-Sep;13(3):100589. doi: 10.1016/j.jaim.2022.100589. Epub 2022 May 23. PMID: 35634543; PMCID: PMC9125139.
- [4]. SendhilkumarMuthappan, Muralidass SD, Eswaran Chinraji, &MantelaDurairajan. (2020). Concept and description of Madhumeagam (Diabetes mellitus) in Siddha System of Medicine. *International Journal of Research in Pharmaceutical Sciences*, 11(2), 1302-1304. Retrieved from <https://ijrps.com/home/article/view/798>
- [5]. Esakkimuthu S, Sylvester Darvin S, Mutheeswaran S, Gabriel Paulraj M, Pandikumar P, Ignacimuthu S, Al-Dhabi NA. A study on food-medicine continuum among the non-institutionally trained siddha practitioners of Tiruvallur district, Tamil Nadu, India. *J EthnobiolEthnomed.* 2018 Jun 28;14(1):45. doi: 10.1186/s13002-018-0240-9. PMID: 29954417; PMCID: PMC6025710.
- [6]. Cluley, R., Green, W., & Owen, R. (2019). The changing [4]role of the marketing researcher in the age of digital technology: Practitioner perspectives on the digitization of marketing research. *International Journal of Market Research*, 62(1), 1-16. <https://doi.org/10.1177/1470785319865129>
- [7]. Keller, K. L., & Lehmann, D. R. (2006). Brands and Branding: Research Findings and Future Priorities. *Marketing Science*, 25(6), 740-759. <http://www.jstor.org/stable/40057218>
- [8]. Gordon A, Buch Z, Baute V, Coeytaux R. Use of Ayurveda in the Treatment of Type 2 Diabetes Mellitus. *Glob Adv Health Med.* 2019 Aug 7;8:2164956119861094. doi: 10.1177/2164956119861094. PMID: 31431828; PMCID: PMC6686320.
- [9]. Matsuoka S. The changing role of a Vaidya (non-codified traditional doctor) in the community health of Kerala, Southern India: comparison of treatment-seeking behaviours between the Vaidya's patients and community members. *J EthnobiolEthnomed.* 2015 Jul 10;11:57. doi: 10.1186/s13002-015-0042-2. PMID: 26159616; PMCID: PMC4702384.
- [10]. Galib R, Dang P, Kumar V, Rana R, Yadav P, Prajapati PK. Patterns of concomitant use of Ayurveda and conventional anti-diabetic formulations - Experiences at a tertiary care Ayurveda hospital, India. *Ayu.* 2020 Apr-Jun;41(2):72-78. doi: 10.4103/ayu.AYU_81_20. Epub 2021 Oct



23. PMID: 34908791; PMCID: PMC8614209.
- [11]. Prakash P, Meena R, Stanley Abraham L, Sunkar S, Govindaraju K, Pully D, Samrot AV. Evidence-based traditional Siddha formulations for prophylaxis and management of respiratory symptoms in COVID-19 pandemic-a review. *BiocatalAgricBiotechnol.* 2021 Aug;35:102056. doi: 10.1016/j.bcab.2021.102056. Epub 2021 Jun 7. PMID: 34122672; PMCID: PMC8180453.