



Research Article

DOCUMENTATION OF CLINICAL EXPERIENCES OF SIDDHA THERAPEUTIC PROCEDURE
PEECHU (DOUCHE APPLICATION) AMONG SIDDHA PRACTITIONERS IN SOUTHERN
DISTRICTS OF TAMIL NADU: A DESCRIPTIVE QUALITATIVE STUDY

Thuraiprasath G^{1*}, Ganesan G², Sujatha S³

¹PG Scholar, ²Lecturer, ³Professor, Head of the Department, Department of Pura Maruthuvam, Government Siddha Medical College Palayamkottai, Tirunelveli affiliated to The Tamil Nadu Dr. MGR. Medical University, Chennai, Tamil Nadu, India.

Article info

Article History:

Received: 24-04-2026

Accepted: 28-05-2026

Published: 07-06-2026

KEYWORDS:

Peechu, Douche application, Siddha medicine, Qualitative study, Pura Maruthuvam, Rectal drug delivery.

ABSTRACT

Peechu (Douche application) is one of the 32 classical external therapeutic procedures in Siddha medicine, involving administration of medicated liquids- including *Kashayam* (decoctions), *Thailam* (medicated oils), milk, and mineral solutions- through the anal, vaginal, or urethral route via a *Peechu karuvi* (enema syringe or enema can). Despite its documented role in managing *Vaatha*-predominant disorders, no comprehensive multi-practitioner documentation of its clinical practice exists. **Objective:** To document the clinical experiences, methodologies, drug preferences, prognostic indicators, mechanisms of action, and barriers in clinical practice of *Peechu* among registered Siddha practitioners in the southern districts of Tamil Nadu. **Methods:** A descriptive qualitative study was conducted from May to September 2024. Six registered Siddha practitioners with more than five years of clinical experience in *Peechu* were selected using purposive sampling. Semi-structured questionnaire-based interviews were conducted after obtaining informed consent and Institutional Ethics Committee (IEC) approval. Data were categorized and analysed thematically. **Results:** All six practitioners reported positive clinical outcomes primarily for *Vaatha*-related musculoskeletal, ano-rectal, and chronic skin diseases. The therapy was administered predominantly via the anal route in the left-lateral or standing posture using glycerin syringes or enema cans. Three schools of mechanistic thought emerged: (1) enhanced bioavailability and gut symbiosis; (2) modulation of colonic microflora and endogenous Vitamin B12 synthesis; and (3) local cleansing action in Ano-rectal diseases. A Standard Operating Procedure (SOP) was developed from consolidated practitioner experiences. Treatment costs ranged from Rs. 300 to Rs. 1000 per session. **Conclusion:** *Peechu* is a cost-effective, efficacious therapeutic procedure within Siddha medicine with multi-dimensional benefits. This study provides the first multi-practitioner documentation of its clinical application, laying the foundation for standardized protocols and future evidence-based validation.

INTRODUCTION

Siddha medicine, one of the traditional systems of medicine practiced predominantly in Tamil Nadu, includes 32 external therapeutic procedures collectively known as *Pura Maruthuvam*.

Among these, *Peechu* (medicated douche/enema therapy) is an important therapeutic procedure traditionally indicated for *Vaatha*-predominant disorders affecting the musculoskeletal, neurological, ano-rectal, and reproductive systems.^[1] The procedure involves administration of medicated liquids such as *Kashayam* (decoctions), *Thailam* (medicated oils), milk, and mineral preparations into the large intestine, and less commonly through vaginal or urethral routes, using a *Peechu karuvi* (enema syringe or enema can).^[1-3]

Access this article online

Quick Response Code



<https://doi.org/10.47070/ijapr.v14i6.4193>

Published by Mahadev Publications (Regd.)
publication licensed under a Creative Commons
Attribution-NonCommercial-ShareAlike 4.0
International (CC BY-NC-SA 4.0)

Classical Siddha texts including *Therayar Vagadam* and *Siddha Maruthuvanga Surukam* describe the therapeutic importance of *Peechu* in conditions associated with deranged *Vaatham*.^[2,3,19] A comparable procedure exists in Ayurveda as *Basti Karma*, one of the major *Panchakarma* therapies widely employed for *Vata*-related disorders.^[4,7] Both systems share the principle that rectal administration may facilitate local as well as systemic therapeutic effects through absorption across the rectal and colonic mucosa.^[4,5]

Modern pharmacological research supports the therapeutic relevance of rectal drug delivery due to partial avoidance of hepatic first-pass metabolism, prolonged colonic residence time, and favourable absorption characteristics of the lower gastrointestinal tract.^[16,17,25] Recent advances in gut microbiome research have additionally highlighted the role of intestinal microbial ecology in drug metabolism, immune regulation, and synthesis of essential micronutrients including Vitamin B12, which is associated with neurological function and nerve regeneration.^[10–12,13–15] These findings provide plausible scientific perspectives for understanding the observed clinical applications of *Peechu* in *Vaatha*-associated disorders.

Despite its continued clinical use among Siddha practitioners, published scientific literature on *Peechu* remains limited mainly to classical references and isolated case reports.^[20,21] Systematic multi-practitioner documentation regarding clinical methodology, drug selection, indications, practitioner perspectives, and perceived mechanisms of action is currently lacking. In contrast, comparatively extensive literature is available for Ayurvedic *Basti Karma*.^[4,7,22]

Therefore, the present qualitative study was undertaken to document the contemporary clinical practices and experiences of registered Siddha practitioners using *Peechu* therapy in southern Tamil Nadu, and to develop a preliminary framework for its clinical standardization and future evidence-based research.

OBJECTIVES

Primary Objective

To document the clinical practices and experiences of Siddha practitioners using *Peechu* therapy in southern Tamil Nadu.

Secondary Objectives

1. To document the therapeutic methodologies and techniques employed in *Peechu* practice.
2. To identify commonly used medicinal formulations, dosage patterns, and clinical indications.
3. To document practitioner perspectives regarding prognosis, patient response, and perceived mechanisms of action.

4. To identify challenges associated with the clinical implementation of *Peechu* therapy.
5. To develop a preliminary Standard Operating Procedure (SOP) based on consolidated practitioner experiences.

MATERIALS AND METHODS

Study Design

A descriptive qualitative study was conducted using semi-structured interviews with registered Siddha practitioners experienced in *Peechu* therapy.

Study Setting and Duration

The study was carried out in the southern districts of Tamil Nadu, India, between May and September 2024 through direct field visits to practitioners' clinics.

Study Participants and Sampling

Registered Siddha Medical Practitioners (RSMs) with clinical experience in administering *Peechu* therapy were selected using purposive sampling.

Inclusion Criteria

- Registered Siddha practitioners with more than five years of experience in *Peechu* practice.
- Practitioners who had administered *Peechu* therapy to at least ten patients.

Exclusion Criteria

- Practitioners unwilling to participate.
- Unregistered traditional practitioners.

Sample Size

Six practitioners with clinical experience ranging from 5 to 48 years participated in the study. The sample size was considered adequate to achieve thematic saturation for this exploratory qualitative research.

Data Collection

Semi-structured face-to-face interviews were conducted after obtaining informed consent and Institutional Ethics Committee approval. Interviews were conducted in Tamil or English based on participant preference and focused on patient selection, therapeutic methodology, medicinal formulations, dosage patterns, prognostic indicators, perceived mechanisms of action, patient response, challenges in practice, and cost-effectiveness.

Data Analysis

Interview responses were transcribed, manually coded, and organized into thematic categories. Thematic analysis was performed using Microsoft Excel to identify recurrent clinical patterns and practitioner perspectives.

Ethical Considerations

The study was conducted after approval from the Institutional Ethics Committee (IEC No: GSMC-XIII

IEC-BrVII/48/24.05.2024). Written informed consent was obtained from all participants prior to data collection. Participant confidentiality and anonymity were maintained throughout the study.

Qualitative Rigor

To improve credibility and consistency, recurring themes were reviewed repeatedly during analysis. Thematic saturation was considered during participant recruitment, and cross-verification of interview responses was performed during

transcription and coding to minimize interpretative bias.

RESULTS

Six registered Siddha practitioners with clinical experience ranging from 5 to 48 years participated in the study. Collectively, the practitioners had administered *Peechu* therapy to more than 490 patients for various *Vaatha*-predominant disorders. The findings were organized into nine major themes.

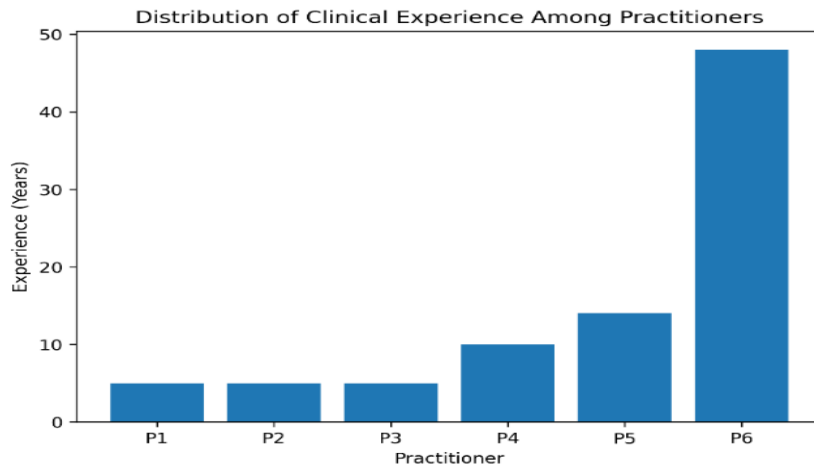


Chart 1: Distribution of Clinical Experience among Participants

Theme 1: Participant Profile

Table 1: Participant profile summary (P = Practitioner)

Practitioner	Experience (years)	Patients treated	Primary conditions treated
P1	5	>100	Rheumatoid arthritis, ankylosing spondylitis, sciatica
P2	5	Not specified	Lumbar & cervical spondylosis, haemorrhoids
P3	5	>80	Anal fissures, <i>Vaatha</i> diseases
P4	10	>200	RA, LBP, ulcerative colitis, IBS, PVD
P5	14	Not specified	Fistula, fissure, abscess, psoriasis
P6	48	Not specified	Fissures, fistulas, psoriasis, constipation

Theme 2: Patient Selection and Clinical Indications

Most practitioners considered patients between 10 and 60 years suitable for *Peechu* therapy, with dose modifications for elderly individuals. Common indications included musculoskeletal disorders, ano-rectal diseases, chronic skin diseases, constipation, and selected gynecological conditions. Common contraindications reported were rectal prolapse, malignancy, severe anal spasm, tight anal sphincter, and patient unwillingness.

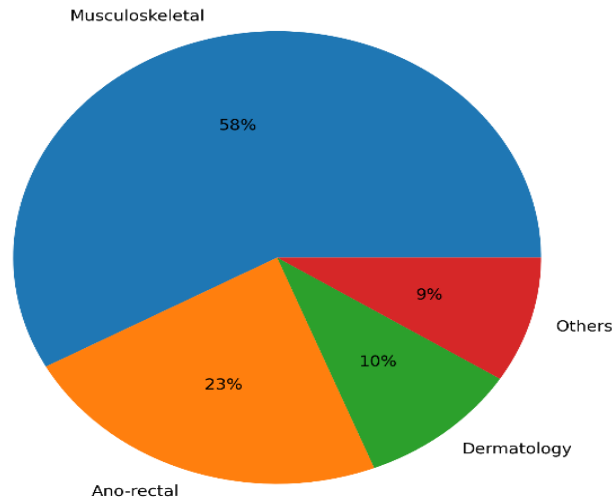


Figure 2. Distribution of Clinical Indications for Peechu Therapy

Theme 3: Therapeutic Methodology

The anal route was the primary route of administration used by all practitioners. Glycerin syringes and enema cans were the commonly employed instruments. The left lateral position was preferred by most practitioners, while standing or forward-bending posture was used mainly for self-administration.

Two major forms of therapy were identified:

- *Thaila Peechu* (oil-based)
- *Kashaya Peechu* (decoction-based)

Table 2: Comparative methodology of Peechu administration across practitioners

Parameter	P1	P2	P3	P4	P5	P6
Tool	Glycerin syringe	Glycerin syringe	5-10ml syringe / Enema can	Glycerin syringe	Enema can	Enema can
Position	Left lateral	Left lateral	Left lateral / Lithotomy	Left lateral	Standing / Forward bending	Standing / Forward bending
Form preferred	<i>Thaila + Kashaya</i>	<i>Thaila</i> only	<i>Kashaya + Thaila</i>	<i>Thaila</i> (mainly)	<i>Kashaya</i> (mainly)	<i>Kashaya</i> (mainly)
Route	Anal (mainly), Vaginal (rarely)	Anal	Anal	Anal, Vaginal (rarely)	Anal	Anal

Theme 4: Pre- and Post-Therapeutic Protocols

- Practitioner-specific pre- and post-therapeutic protocols were documented.
- Common pre-therapeutic instructions included: light diet or fasting (especially for *Kashaya Peechu*), bowel and bladder clearance, oil application with hot water bath (Practitioner 4),
- Ano-rectal examination to exclude contraindications, and patient counselling. Practitioner 4 provided the most comprehensive pre-therapeutic protocol, including whole-body steaming, oil application to the lumbar and pelvic region, local steaming, and a short walk before the procedure.
- Post-therapeutic instructions universally included dietary restrictions (avoiding bowel-irritating foods), adequate water intake to prevent dehydration, and rest.
- Practitioner 4 additionally performed patting of the buttocks, raising of heels and legs, stroking of heels and calves, elevation of legs for 5-10 minutes, and oil massage of the abdomen in a counterclockwise direction for pain management.

Theme 5: Drug Selection, Dosage, and Duration

Drug selection was individualized based on disease condition, *Thegi* (body constitution), and *dosha* predominance. The commonly reported dosage range for *Thaila Peechu* was 50–120 ml, whereas *Kashaya Peechu* ranged from 350–1500 ml depending on the indication. Duration of therapy varied from 5–9 days for musculoskeletal disorders to longer treatment durations for chronic ano-rectal and skin diseases.

Drug Selection and its indications by practitioners**Table 3: Complete list of medicinal formulations used by practitioners across disease conditions**

S.No	Medicine Name	Disease Condition	Practitioner(s)
1	<i>Chitramutti Madakku Thailam</i>	Rheumatoid arthritis, ankylosing spondylitis, severe <i>Vatham</i> conditions	P1, P4
2	<i>Sahacharadi Thailam</i>	Cervical & lumbar disc bulge with radiculopathy	P1, P2, P4
3	<i>Dhanvantara Thailam</i>	Lumbar spondylosis, cervical disc bulge	P2, P4
4	<i>Ksheerabala Thailam</i>	Lumbar spondylosis, <i>Pitha</i> -induced fissure	P2, P3
5	<i>Chitramutti Girutham</i>	Osteoarthritis, ligament injury, disc prolapse, sciatica	P4
6	<i>Mahanarayana Thailam</i>	<i>Vaatha</i> -induced fissure	P3
7	<i>Adhimaduram Serintha Thailam</i>	<i>Pitha</i> -induced fissure	P3
8	<i>Mathan Thailam</i>	<i>Kabha</i> -induced fissure	P3
9	<i>Vengara Peechu / Padikara Peechu</i>	Haemorrhoids, fissure, rectal abscess	P5, P6
10	<i>Sanga Dhravagam</i> (diluted)	Fistula	P5, P6
11	<i>Chitramoola Nei</i>	Haemorrhoids	P4
12	<i>Tiripala Peechu</i>	Psoriasis, <i>Kabha</i> -related skin disease	P5, P6
13	<i>Kungilam Parpam Peechu</i>	<i>Vaatha</i> & <i>Pitha</i> related skin disease	P5
14	<i>Moolakudori Thailam / Kadukai</i> with Gingelly Oil	Constipation	P1
15	<i>Athipaatai, Navalpattai, Thiripala Kashayam</i>	Uterine fibroid, leucorrhoea	P1
16	Warm water / Water + <i>Sangu Parpam</i>	Constipation with headache	P5, P6
17	<i>Megasanjeevi Thailam</i>	Malignancy (palliative)	P6

Dosage Regimens Varied by Type of Peechu and Disease Severity

Thaila Peechu: Common dose 50ml to 120ml (Practitioners 1-4); absorption dose as low as 3-5ml (Practitioner 3).

Kashaya Peechu: 350ml to 1500ml depending on the condition and practitioner.

Duration for Different Diseases

- For musculoskeletal disorders: 5, 7, or 9 days (standard courses); up to 21 days in select cases.

- Ano-rectal diseases: Up to 2 months for complex conditions (fistula, haemorrhoids).
- Psoriasis: 40 to 60 days.
- Monthly maintenance therapy was recommended for chronic conditions such as rheumatoid arthritis (Practitioner 1).

Theme 6: Prognostic Outcomes and Patient Response

- All practitioners reported favourable clinical outcomes, particularly in musculoskeletal and ano-rectal disorders.

- Improvement in pain, bowel movement, mobility, and wound healing were commonly observed. Some practitioners assessed prognosis through reduction in *Vaatha naadi* intensity, while others relied on symptomatic improvement and patient feedback.
- One practitioner reported that patients advised surgical management for anal fissure experienced symptomatic relief within one week of *Peechu* therapy.
- Initial patient apprehension regarding the rectal procedure was commonly noted; however, acceptance improved following symptomatic relief and practitioner counseling.

Theme 7: Mechanisms of Action- Three Schools of Thought

Analysis of practitioner narratives yielded three distinct and complementary mechanistic explanations for *Peechu*'s therapeutic action, categorized here as three schools of thought:

Thought 1: Enhanced Bioavailability and Gut Symbiosis

Practitioners 1 and 4 proposed that the direct delivery of medicaments into the large intestine may enhance bioavailability through rectal absorption and partial avoidance of first-pass metabolism. This bypasses hepatic first-pass metabolism, allowing direct absorption through the colonic mucosa. This is followed by enhancement of symbiosis (beneficial

microbial balance) and reduction of dysbiosis, resulting in immune benefits to the host mediated by the gut microbiota.

Thought 2: Modulation of Colonic Microflora and Vitamin B12 Synthesis

Practitioners 2 and 6 proposed that *Peechu*, when administered with appropriate medicaments, modulates the normal bacterial flora of the colon. This modulation may influence the rate of endogenous synthesis of Vitamin B12 by colonic bacteria. Since Vitamin B12 has a well-established role in nerve regeneration and myelin sheath maintenance, this provides a mechanistic explanation for *Peechu*'s efficacy in *Vaatha* (neurological and musculoskeletal) disorders.

Thought 3: Localized Cleansing and Healing Action in Ano-rectal Diseases

Practitioners 3, 5, and 6 proposed that in ano-rectal diseases, *Peechu* exerts its primary action locally. Bowel obstruction and increased *Vaatha* leads to water reabsorption, dry feces, and frictional injury to the anal canal, contributing to fissures, haemorrhoids, and impaired mucosal healing. *Peechu* provides a soothing, lubricating, and cleansing effect on the ano-rectal mucosa, promotes mucous secretion, facilitates easy defecation, and mechanically removes fecal matter adherent to wounds or fistulous tracts, thereby accelerating the healing process.

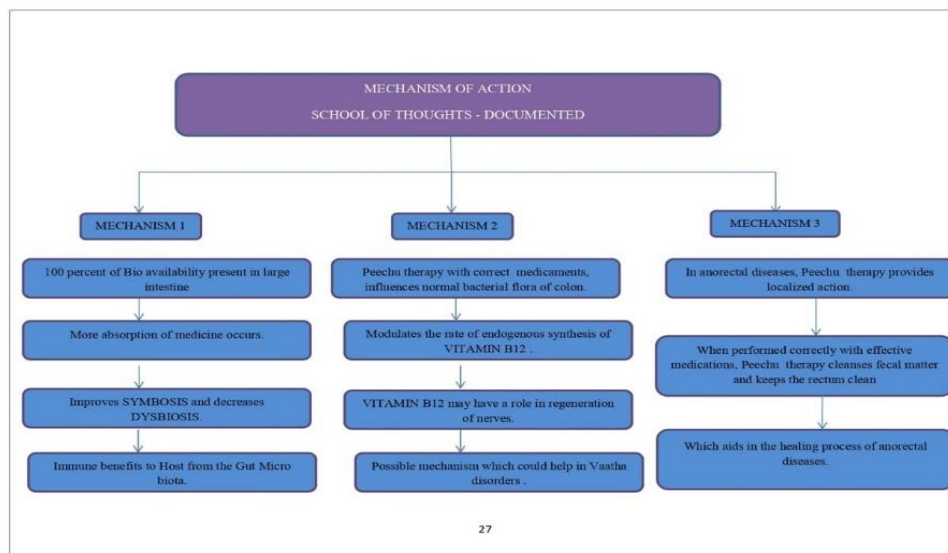


Figure 1: Mechanisms of Action - Three Schools of Thought

Theme 8: Challenges and Cost-Effectiveness

- The major challenges identified were the need for dedicated treatment space, restroom facilities, trained personnel, and patient counselling. Some practitioners also reported social stigma and procedural apprehension among patients.
- All practitioners positioned *Peechu* as a cost-effective alternative to conventional treatments. Charges ranged from Rs. 300 per session (Practitioner 3, daily rate) to Rs. 1000 per session (Practitioner 2). Practitioner 3 specifically noted that conventional surgical management of anal fissures costs approximately Rs. 30,000, while a ten-day *Peechu* course costs approximately Rs. 3,000- a ten-fold difference in expense with comparable or superior outcomes for early to moderate-stage conditions.

Theme 9: Standard Operating Procedure (SOP) for Peechu Therapy

Based on the consolidated clinical experiences of all six practitioners, the following SOP was developed and is organized according to the 5W1H (Who, Where, What, When, How) framework:

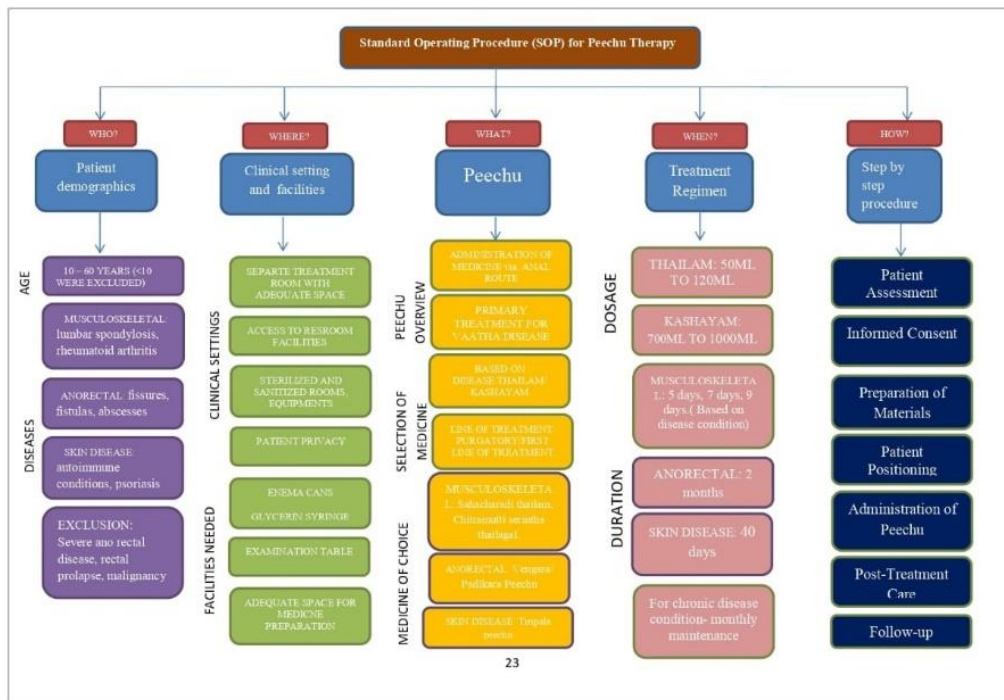


Figure 2: Standard Operating Procedure (SOP) for Peechu Therapy

SOP Domain	Key Parameters
Who (Patient)	Age 10-60 years; musculoskeletal, ano-rectal, skin diseases; exclusion: <10 years, rectal prolapse, malignancy, tight sphincter.
Where (Setting)	Designated treatment room; restroom access; sterilized equipment; examination table; glycerin syringes, enema cans.
What (Therapy)	Medicinal administration via anal route; primary treatment for <i>Vaatha</i> disease; <i>Thailam/Kashayam</i> selection based on disease.
When (Regimen)	Musculoskeletal: 5/7/9 days; ano-rectal: up to 2 months; skin diseases: 40 days; chronic: monthly maintenance
How (Procedure)	Patient assessment → informed consent → material preparation → patient positioning → administration → post-care → follow-up.

Table 4: Summary of Standard Operating Procedure (SOP) for Peechu Therapy

DISCUSSION

The present study provides preliminary qualitative documentation of the contemporary clinical practice of *Peechu* therapy among Siddha practitioners in southern Tamil Nadu. The findings indicate that *Peechu* continues to be widely employed for *Vaatha*-predominant musculoskeletal, ano-rectal, and chronic skin disorders using individualized therapeutic approaches based on Siddha principles.

A notable observation in this study was the similarity between Siddha *Peechu* and Ayurvedic *Basti Karma*, both of which utilize rectal administration for local and systemic therapeutic effects in *Vata/Vaatha*

disorders.^[4,7] Practitioners reported the use of both oil-based (*Thaila Peechu*) and decoction-based (*Kashaya Peechu*) preparations, corresponding conceptually to *Anuvasana* and *Niruha Basti* described in Ayurveda literature.^[4,5]

The practitioner perception that rectal administration may enhance therapeutic action has plausible pharmacological relevance. Contemporary studies on rectal drug delivery suggest that absorption through the rectal and colonic mucosa may partially bypass hepatic first-pass metabolism and provide prolonged contact time for drug absorption.^[16,17,25] The

preference for medicated oils in neurological and musculoskeletal disorders observed in the present study may therefore have a rational therapeutic basis requiring further pharmacokinetic evaluation.

An important finding of this study was the practitioner-derived hypothesis relating *Peechu* therapy to modulation of the gut microbial environment and Vitamin B12-associated neurological support. Current microbiome research has established that intestinal microbiota play important roles in drug metabolism, immune regulation, and vitamin synthesis.^[10-12] Vitamin B12 is particularly relevant in neurological function and peripheral nerve health.^[13-15] Although the present study does not experimentally validate these mechanisms, the practitioner perspectives documented here provide a potential direction for future pharmaco-microbiomic and clinical research.

The local cleansing and lubricating effects described by practitioners in ano-rectal disorders are also clinically relevant. Practitioners reported improvement in fissure, haemorrhoids, constipation, and fistula through reduction of dryness, facilitation of bowel movement, and local mucosal soothing. Similar therapeutic principles are recognized in modern rectal therapies used for inflammatory and ano-rectal conditions.^[16,17]

Another important aspect identified in this study was the individualized selection of medicinal formulations according to *Thegi*, *Dosha* predominance, and disease presentation. This reflects the personalized therapeutic approach inherent to Siddha medicine and highlights the diversity of clinical decision-making among practitioners.

The study additionally documented practical challenges associated with *Peechu* administration, including the requirement for dedicated treatment facilities, trained personnel, patient counselling, and management of social apprehension related to rectal procedures. Despite these limitations, practitioners consistently considered *Peechu* to be a comparatively affordable therapeutic option, especially for chronic ano-rectal disorders.

The preliminary Standard Operating Procedure (SOP) developed from consolidated practitioner experiences represents an important contribution toward the clinical standardization of *Peechu* therapy. Standardization may support future observational studies, controlled clinical trials, and integrative research initiatives within Siddha medicine.

The findings of this study may contribute toward preservation and scientific documentation of traditional Siddha procedural knowledge while facilitating future integrative and evidence-based research approaches.

Limitations and Future Directions

This study has several limitations inherent to its qualitative, purposive-sampling design, the findings are based on practitioner-reported experiences from a limited sample confined to southern Tamil Nadu and may not represent all regional practices. Patient-level clinical outcomes, microbiological analysis, and pharmacological validation were beyond the scope of this qualitative study. Further multicentric clinical studies and experimental research are required to scientifically evaluate the safety, efficacy, and mechanistic basis of *Peechu* therapy.

CONCLUSION

The present study provides preliminary qualitative documentation of the contemporary clinical practice of *Peechu* therapy among Siddha practitioners in southern Tamil Nadu. The findings indicate that *Peechu* is commonly employed in the management of *Vaatha*-predominant musculoskeletal, ano-rectal, and chronic skin disorders using individualized therapeutic approaches based on Siddha principles.

Practitioners reported potential therapeutic benefits associated with rectal administration, local cleansing action, and possible modulation of the gut microbial environment. The study also documents commonly used formulations, dosage patterns, practitioner perspectives, and practical challenges associated with clinical implementation.

The preliminary Standard Operating Procedure (SOP) developed from consolidated practitioner experiences may contribute toward future clinical standardization of *Peechu* therapy.

Although the findings are based on practitioner experiences and require further scientific validation, this study highlights the need for additional pharmacological, microbiome-based, and clinical research to better understand the therapeutic role of *Peechu* within Siddha medicine.

Acknowledgements

The authors sincerely thank the six registered Siddha practitioners who participated in this study for their generous sharing of clinical knowledge and experience. We acknowledge the Institutional Ethics Committee for their timely review and approval. We thank the HOD and faculty of department of Puramaruthuvam for their guidance and oversight throughout this study.

REFERENCES

1. Jeyavenkatesh, Senthilvel G. A Complete Manual of Siddha External Therapy. Chennai: Department of Indian Medicine and Homeopathy; 2017. p. 295-310.
2. Uthamarayan KS. Siddha Maruthuvanga Surukam. 3rd ed. Chennai: Department of Indian Medicine and Homeopathy; 2003. p. 777-780.

3. Thirunarayanan, Sudha R. External Therapies of Siddha Medicine. 1st ed. Chennai; 2010. p. 225-235.
4. Pal RK, Urmaliya N, Hardeniya P. Concept of Basti: an Ayurvedic and modern perspective. Int J Contemp Res Multidiscip. 2025; 4(5): 121-122.
5. Subina S. Understanding the mode of action of Bastikarma (medicated enema). Ayurveda Medical Journal. 2015.
6. Nithya C, Shyam Raj S, Anbarasan B, Vedha Merlin Kumari H, et al. Peechu and Patti Kattal for the management of Uthiravatha Suronitham (Rheumatoid Arthritis) in Siddha system. Obstet Gynecol Forum. 2024; 34(2 Suppl): 785-788.
7. Sahu S, Behera S. Scientific validation of Vasti Karma with its mechanism of action. World J Pharm Life Sci. 2022; 8(8): 89-90.
8. Thakar AB, Anekar J, Rajagopala S, Ravishankar B. Immunological and metabolic responses to a therapeutic course of Basti in obesity. Ayu. 2014; 35(1): 18-25.
9. Sharma H. An in-depth review of Ayurvedic Basti Karma (medicated enema). J Ayurveda Integr Med. 2020.
10. Rizvi A, Bhatt M, Ali MK. Drugs and gut microbiome interactions- an emerging field of tailored medicine. BMC Pharmacol Toxicol. 2023; 24(1): 43.
11. Guo Y, Crnkovic CM, Won KJ, et al. The influence of the gut microbiota on the bioavailability of oral drugs. Acta Pharm Sin B. 2021; 11(7): 1789-1812.
12. Hu Y, Chen Z, Xu C, et al. Mechanisms and clinical implications of human gut microbiota-drug interactions in the precision medicine era. Biomedicines. 2024; 12(1): 194.
13. Degnan PH, Taga ME, Goodman AL. Vitamin B12 as a modulator of gut microbial ecology. Cell Metab. 2014; 20(5): 769-778.
14. Cao Y, Liu H, Qin N, et al. Intermediate role of gut microbiota in vitamin B nutrition and its influences on human health. Front Nutr. 2022; 9: 1031502.
15. Li R, Li L, Hong P, et al. Cobalamin (Vitamin B12) induced a shift in microbial composition and metabolic activity in an in vitro colon simulation. Front Microbiol. 2018; 9: 2780.
16. Vass P, Pantea I, Dejeu VL, et al. Exploiting the metabolism of the gut microbiome as a vehicle for targeted drug delivery to the colon. Pharmaceutics. 2021; 13(12): 2100.
17. Koziolok M, Grimm M, Becker D, et al. Drug disposition in the lower gastrointestinal tract: targeting and monitoring. Pharmaceutics. 2021; 13(2): 161.
18. Thiyagarajan LIM. Gunapadam Thathu-Seeva Vaguppu. 9th ed. Chennai: Department of Indian Medicine and Homeopathy; 2016. p. 86.
19. Thiyagarajan LIM. Theraiyar Vagadam. Chennai: Department of Indian Medicine and Homeopathy; 2014.
20. Gowsalya K, Kavitha M. Management of bilateral knee osteoarthritis through Siddha medicine and Peechu Maruthuvam (therapeutic enema): a case study. 2024.
21. Suguna M, Arthi G, Mohanaprabha G, et al. An open-label non-randomized clinical trial on Siddha purgation therapy (Bhedhi) for pacifying Vatha disease using diagnostic tool Neikuri. Int J Ayur Pharm Res. 2022; 10(11): 95-101.
22. Patil S, Jadhav S, Bhatt M. Effect of Rajayapana Basti in patients with rheumatoid arthritis: a clinical study. J Ayurveda Integr Med. 2015; 6(2): 123-129.
23. Mishra RK, Ojha A. Gut microbiome modulation through enema-based therapies in Ayurveda: a review. Ayu. 2019; 40(3): 155-161.
24. Mayer EA, Tillisch K, Gupta A. Gut/brain axis and the microbiota. J Clin Invest. 2015; 125(3): 926-938.
25. Kaur N, Singh DP, Bhatt D. Rectal drug delivery: a comprehensive overview. Asian J Pharm Sci. 2020; 15(6): 700-711.

Cite this article as:

Thuraiprasath G, Ganesan G, Sujatha S. Documentation of Clinical Experiences of Siddha Therapeutic Procedure Peechu (Douche Application) Among Siddha Practitioners in Southern Districts of Tamil Nadu: A Descriptive Qualitative Study. International Journal of Ayurveda and Pharma Research. 2026;14(6):167-175.

<https://doi.org/10.47070/ijapr.v14i6.4193>

Source of support: Nil, Conflict of interest: None Declared

***Address for correspondence**

Dr. Thuraiprasath. G

PG Scholar,

Department of Pura Maruthuvam,
Government Siddha Medical College,
Chennai, Tamil Nadu, India.

Email: duraiprasath.g@gmail.com

Disclaimer: IJAPR is solely owned by Mahadev Publications - dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. IJAPR cannot accept any responsibility or liability for the articles content which are published. The views expressed in articles by our contributing authors are not necessarily those of IJAPR editor or editorial board members.