

# A case study on siddha treatment of a dermatological case of Padarthamarai

Navin kumar.M<sup>1</sup>, Deepika.C<sup>1</sup>, Poongodi kanthimathi.A.S<sup>2</sup>, Arunachalam.K<sup>3</sup>,

1. PG scholar Sirappu maruthuvam Govt. Siddha Medical College, Palayamkottai, Tamilnadu, India

2. Head of the Department, Govt. Siddha Medical College, Palayamkottai, Tamilnadu, India

3. Research Associate(Siddha) Siddha Clinical Research Unit Tirupati.(CCRS Ministry of Ayush) Andhra Pradesh, India

## Abstract

Tinea cruris is a common disease of the groins and is usually caused by trichophyton rubrum, it is generally rare in women, but occurs more frequently in hot climates. Spread occurs onto the thighs, buttocks and pubis. A 48 years old female was brought in severe condition with the complaints of rashes with itchy, eruption on posterior of the thigh, gluteal region and genitalia, the hyper pigmentation, itching, dryness. History revealed that he was suffering from February 2019. She was successfully treated with internal and external siddha medicine.

## Keywords

**Tinea cruris, padarthamarai, parangipattai chooranam, palagarai parpam, arugan thylam, siddha medicine.**

## Introduction

Tinea cruris is a common disease of the groins and is usually caused by trichophyton rubrum, it is generally rare in women, but occurs more frequently in hot climates. Spread occurs onto the thighs, buttocks and pubis. Many patients have been previously misdiagnosed or partially treated with corticosteroids or topical antifungal agents. (7) Dermatophyte infection of the anogenital skin usually requires oral treatment with griseofulvin, terbinafine or itraconazole. Topical treatments often fail because the anatomical complexity of the area makes topical treatment difficult and there may be reinfection from concomitant involvement of feet or hands, toe or finger nails. Tinea cruris also named as ringworm of the groin, dhobie itch, eczema marginatum. The casual species are those implicated in foot ringworm but in different proportions. T. rubrum is the main cause<sup>(1)</sup>. T. mantagrophytes var. Interdigitale and E. Floccosum also account for some cases. Ringworm of the groins in a common condition throughout the world, and is probably more prevalent in tropical zones and particularly among migrants from temperate countries<sup>(2)</sup>. This condition is more common in men than in women<sup>(3)</sup>. Apart from the numerous cases of autoinfection from the foot to the groin<sup>(4)</sup> Itching is a predominant feature. The lesions in the early stages are erythematous plaques, curved with sharp margins extending from the groin down the thighs. Scaling is variable and occasionally may mask inflammatory changes. Vesiculation is rare, but dermal nodules forming beading along the edge are commonly found in older lesions.

## Case report

48 years old female patient visited Outpatient department of Sirappu Maruthuvam, Govt Siddha Medical College, Palayamkottai with the complaints of rashes with itchy, eruption on posterior of the thigh, gluteal region and genitalia, the hyper pigmentation, itching, dryness was noted Since 4 months. The past history of patient was unknown to diabetes, bronchial asthma and immune deficiency disorders. Finally diagnosed as Padarthamarai in Siddha concept. The history taken from the General examination and systemic examination of the Patient, the assessment of the skin lesions was done on first visit. The patient follows up was done weekly once. Patient advised to change the lifestyle and dietary intake. The general examination shows no abnormality changes. In Vatham, viyanan and abanan is affected, in pitham ranjagapitham is affected. In udal thathukal saaram, chenner is affected.

### Assessment of lesion

The Assessment parameters with their grading are

- Erythema: 0 - Absent; 1 - Mild; 2 - Moderate and 3 - Deep brown
- Itching: 0 - Absent; 1 - Mild; 2 - Moderate and 3 - Severe
- Dryness: 0 - Absent; 1 - Mild; 2 - Moderate and 3 - Severe
- Eruption: 0 - Absent; 1 - 1 to 3 eruption; 2 - 4 to 7 eruption; 3 - above 7 eruption
- Indurations: 0 - Absent; 1 - Mild; 2 - Moderate; 3 - Severe

**Line of treatment**

S.no		Medicine	Adjuvant
1.	Purgative	Murukkan vithai pills 1	Hot water
2.	Oil bath	Thriphala thylam	--
3.	Internal medicine	Parangipattai chooranam 2gm Palagarai parpam 200mg	Milk
4.	Arugan thylam	Topical application	--

**Dietary and lifestyle modifications**

The Subject is advised to avoid incompatible food items. The dietary restrictions like avoiding of Mango, Brinjal, Tomato, Non-Vegetarian foods, Jackfruit, Pineapple, fast-food, sour food items, etc are being advised and followed by the subject. The Subject is suggested to maintain personal hygiene. Hence the subject is advised to keep the affected area clean and dry; do not share towels, Soap, etc; Wash towels, sheets and clothes frequently. Advices to do not scratch the rash, as this may spread the fungus to other areas of body are made. Moreover, in order to avoid trapping moisture close to the skin, the subject was advised to wear loose-fitting clothes. <sup>(12)</sup>

**Results**

Parameter	First week	Second week	Third week
<b>Erythema</b>	Moderate	Moderate	Absent
<b>Itching</b>	Severe	Mild	Absent
<b>Dryness</b>	Severe	Moderate	Mild
<b>Eruption</b>	Moderate	Moderate	Absent
<b>Induration</b>	Mild	Mild	Mild
<b>Score</b>	11	8	2

Table: 1

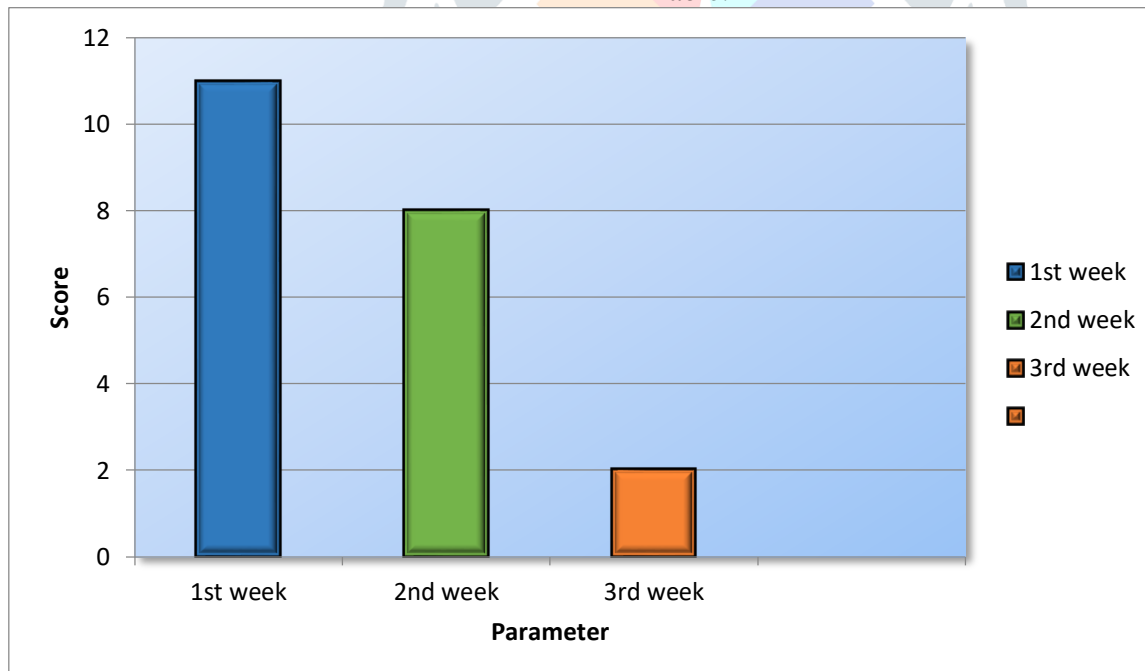


Figure: 1



Figure: 2



### Discussion

This disease may compare to padarthamarai in siddha text. As per siddha literature yugimuni 800, it is commonly spread by close contact to infected person and sexual intercourse, increased intake of rotten fish, snail, crab in diet, yoga practising after the food intake, over heat, over cold, allergens, vomit, depression, increased sleep are the causes of skin disease<sup>(9)</sup> As per siddha literature purgative is prescribed initially for the treatment. 1<sup>st</sup> day purgative, Murukkan vithai tablet 1 od at early morning adjuvant hot water. 2<sup>nd</sup> day oilbath Triphala thylam. It is prescribed for balancing the thridoshas. 3<sup>rd</sup> day Internal: Parangipattai choornam and palagarai parpam 2gm bd adjuvant milk and externally Arugan thylam. In this intervention parangipattai choornam is prescribed due to anti-inflammatory activity.<sup>(10)</sup> palagarai parpam is widely used for skin disease in siddha system, due to antihistaminic activity<sup>(11)</sup> and external medicine arugan thylam is used for dryness and itchy conditions.

### Conclusion

This case study shows that Tinea cruris can be successfully managed with Siddha medicine. It is supportive for further research in Tinea cruris and other dermatological disorders.

**Reference**

1. Neves H. Mycological study of 519 cases of ringworm infection in Portugal. *Mycopathologia* 1960;13: 121-2
2. Amer M, Taha M, Tossan Z et al. The frequency of causative dermatophytes in Egypt. *Int J Dermatol* 1981;20: 431-4
3. Blank F, Mann SJ, Peak PA. Distribution of dermatophytes according to age, ethnic group and sex. *Sabouraudia* 1974; 12: 352-61
4. Rosman N. Infection with *Trichophyton rubrum*. *Br J Dermatol* 1966; 78: 208-12
5. Blank F, Mann SJ. *Trichophyton rubrum* infection according to age, anatomical distribution and sex. *Br J Dermatol* 1975;92: 171-4.
6. La Touche CJ. Scrotal dermatophytosis. *Br J Dermatol* 1967; 79: 339-44
7. Parry EL, Foshee WS, Hall W Et al. Diaper dermatophytosis. *Am J Dis Child* 1982; 136:273-4
8. Tony burns, Stephan breathnach, Neil cox, Christopher Griffiths Rook's Textbook of dermatology volume four seventh edition 2004 blackwell publishing asia
9. Thiagarajan, Siddha Maruthuvam Sirappu, Indian medicine and Homeopathy, Chennai 2013, pgno: 197,198
10. Xiao-ShunShu, Zhong-HongGao, Xiang-LiangYang, Anti-inflammatory and anti-nociceptive activities of *Smilax china* L. aqueous extract, *journal of ethnopharmacology*, Volume 103, Issue 3, 20 February 2006, Pages 327-332
11. Mubarak H. G. Masilamani, Siddha marine drug Palagarai (*Cypraea moneta* Linn.) - A review. *Indian Journal of Geo-Marine Sciences*, 2012; 41(2): 121-23.
12. Lekha and A. Kanagarajan, Management of dermatophytosis or padarthamarai in siddha system - a case study, *World Journal of Pharmaceutical Research*, 2018, Volume 7, Issue 19, 1264-1271,

