

A STUDY ON
“MANDAI KARAPPAN”

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INTRODUCTION

“Siddha medicine is the oldest and the foremost of all other medical systems of the world”

The Siddha System of medicine is the oldest in the world. There are two ancient system of medicine in India. The Siddha which flourished in South India especially in Tamil Nadu and Ayurvedha prevalent in North India.

The word Siddha comes from the word Siddhi which means an object to attain perfection or heavenly bliss. Siddha system of medicine is based on Saiva Siddhantha. Siddha is a Tamil word that is derived from its root 'chit' which means perfection in life or "heavenly bliss"

The fundamental subjects of Siddha methodology are

1. VADHAM (ALCHEMY)

2. VAITHIYAM (MEDICINE)

3. YOGAM (YOGA)

4. GNANAM or THATHUVAM (PHILOSOPHY)

Siddha generally refers to Athma Siddha that is the 8 supernatural power. Those who attained or achieved the above said powers are known as Siddhars.

These siddhars also called as Tamil Siddhas are a religious order of mystics found in the southern part of India whose origins can be traced back to the eighth century. They form a distinctive part of a larger movement which spread throughout South Asia, from Sri Lanka in the South to Tibet in the north, between the seventh and eleventh centuries. Siddhas everywhere share common practices, cosmology, and symbols derived from Tantrism whether the practitioner is Hindu, Buddhist, or Jain. All are part of a "pan-Indian tantric yoga movement" which Eliade described as formulating over a five hundred year period, between the 7th and the 11th centuries, but fully flowering only after the 12th century. Excluding perhaps

the Buddhist Siddhas, all such groups are considered radical, if not dangerous, by the orthodoxy.

There were 18 important siddhars in olden days and they developed this system of medicine. Hence, it is called Siddha Medicine.

The eight mighty SIDDHIC PROCESS or OCTOMIRACLE ("ATTAMA-SIDDHI") which could keep the body strong and perfect for EXTERNAL LIFE, where THERE IS NO DEATH OR REBIRTH.

ATTAMA-SIDDHI

ANIMA

The faculty of reducing gross body to the size of an atom and to enable him to fly in space.

MAHIMA

Power of expanding oneself without limit.

KARIMA

The power of reducing the primordial elements within himself to a point desired.

LAHIMA

The power of becoming as light as feather.

PRAPTHI

Faculty of knowing everything; Past, Present and Future and to secure everything as desired.

PRAHAMIYAM

The power of penetration like rays by which one can attain immortality.

ESATHWAM

Supreme power over animates and inanimate in the universe.

VASITHAM

The power of securing any object.

Siddha science considers nature and man as essentially one. Nature is man and man is nature. Man is said to be the microcosm and Universe is the macrocosm because what exists in the world exists in man. Man is nothing but a miniature world containing the five elements of the various principles which constitute the minerals, vegetables and the animal kingdom. According to Siddha medical science, the Universe originally consisted of atoms which contributed to the five basic elements, viz., earth, water, fire, air and sky which correspond to the five senses of the human body and they were the fundamentals of all the corporeal things in the world.

A close relationship is found to exist between the external world and the internal system of man. Siddhars (practitioners of Siddha) maintain that the structure of the human body is a miniature world in itself. Man consumes water and food, breathes the air and thus maintains the heat in the body. He is alive on account of the life force given by ether. The earth is the first element which gives fine shape to the body including bones, tissues, muscles, skin, hair etc. Water is the second element representing blood, secretions of the glands, vital fluid etc. Fire is the third element that gives motion, vigor and vitality to the body. It also helps digestion, circulation and simulation besides respiration and the nervous system. Above all, ether is the characteristic of man's mental and spiritual faculties.

Siddhars, spiritual scientists of Tamil Nadu explored and explained the reality of Nature and its relationship to man by their yogic awareness and experimental findings. They postulated the concept of spiritualism for self improvement and the practices propounded by them came to be known as the "SIDDHA SYSTEM".

From above all it gives a clear picture that any type of diseases can be cured using Siddha medicine. Even there is a medicine for AIDS that had been discovered earlier. One type of disease "Mandai karappan", a skin disease is cured or controlled by using siddha medicine. A detailed study of this disease is discussed in remaining part of my project.

AIM AND OBJECTIVES

“Mandai Karappan” is a skin problem among children. It affects children in their active period of life and cause severe embarrassment both physically and mentally.

India is a tropical country, having larger population in the world, where people of different socio-economic status are found. The downtrodden poor children who live in densely populated areas with poor sanitary facilities, lack of personal and environmental hygiene are tend to aggravate the dermatological problems in children. Special attention in controlling and preventing the dermatological problem is necessary.

This study was carried out with an intention to bring out an apt treatment for “Mandai Karappan” from the theories of siddha system of medicine.

Objectives:

1. To bring out an apt treatment for “Mandai Karappan”.
2. To collect authentic measures and review the ideas mentioned in ancient siddha literatures about this disease and also know the trial drugs.
3. To expose the siddha principles in diagnosis of the disease.
4. To have an idea about the Prevalence of “Mandai Karappan” with reference to age, sex, occupation, socio-economic status, family history and paruva kalam etc.
5. To know the disease alters the normal conditions under the topics Mukkuttram, Poripulangal, Udal Kattugal, Envagai Thervugal, Neerkuri and Neikuri.
6. To make a detailed clinical study of the disease by careful examination on etiology, Clinical features, diagnosis, prognosis and complications based on both siddha and modern aspects.

7. To have a clinical trial on patients with the selected drugs, in the treatment of the disease “Mandai Karappan”
8. To evaluate the Bio-Chemical analysis, pharmacological studies of the trial drugs.
9. To use modern diagnostic parameters in studying the progress of the patients.

SIDDHA ASPECT

மண்டைக் கரப்பான்

கரப்பான்

கரப்பான் என்றால் மறைந்து, பின்னர் வெளிப்படுதல் என்று பொருளாகும்.

இயல்:

உடலில் திமிர், தினவு, சொரி, புண், தடிப்பு, வெடிப்பு, நீர்க்கசிதல் ஆகிய குறிகுணங்களை உண்டாக்கி உடம்பின் இயற்கை நிறத்தை வேறுபடுத்தும் நோயாகும்.

வயது:

தாலப்பருவம் முதல் வருகைப்பருவம் வரையுள்ள நான்கு பருவங்களிலும் கரப்பான் நோய் குழந்தைகளுக்கு உண்டாகக்கூடும்.

இது 1-3 வயது வரையுள்ள காலம் (பாலவாகடம் - பக்கம் 45)

“தயங்கு கணந் தோன்றுந் தான்கரப்பான் - நயம்படவே

வந்தூறும் அக்கணத்தில் வாதக்கரப்பான்”

இதன்படி 3-7 வயது வரையுள்ள காலமாகும். எனினும் 1 - 12வயது வரை கரப்பான் நோய் வருகின்றது.

நோய்வரும் வழி :

“பொருகுஞ் சோள மிறுங்கும் பெருங்கம்பு

வரகு காருடன் வாழையின் காயொடு

உரைகொள் பாகற் கெளிற்று மீன் உண்டிடில்

விரிவ தாய்க் கரப்பானு மிகுந்ததே”

- பாலவாகடம் - பக்கம் 247

கடினப்பொருள்களான சோளம், கம்பு, வரகு, வாழைக்காய், பாகற்காய், கெளிற்றுமீன் போன்றவைகளை உண்பதால் கரப்பான் ஏற்படுகிறது.

“பிறந்தநாள் பிள்ளைக்குத் தானே நன்றாய்

பிதாவாலே பிணியுடலின் மேலே தோன்றும்

சிறந்த பிணி கணமாந்தம் கரப்பான் தோடம்

தீதாகுமக் கரங்கள் கிரந்தி முன்னாம்

அறந்தழைக்கு மருந்தறிஞை யானாற் றீறும்

அதுவன்றி மருந்தறிஞை னானாற் றீரும்

திறந்தெரிந்து பார்த்துவிடு சிறுபிள்ளைக்குச்

சீராக வருநோய்கள் செப்பக் கேளே”.

“சொல்லுகின்ற குழவிக்குக் கரப்பானேது

தோடமென்ற வினையேது மாந்தமேது

கொல்லுகின்ற கணமேதக் கரங்களேது

கூறும்வை சூரியென்ற குழற லேது

புல்லுகின்ற தாயாலே தந்தையாலே

புனைந்து கொடி படர்ந்ததுபோல் படர்ந்த திப்பால்

கொல்லுகின்ற கரப்பானும் கர்ப்பமேகம்

கோதுற்ற தோடமெல்லா முலைப்பாற் சூடே”

- பாலவாகடம் (பக்கம் 5)

குழந்தைகளுக்கு கரப்பான்நோய் கருவிலேயே தாய், தந்தையரிடமிருந்தும், கர்ப்பமேகத்தாலும், தாய்ப்பாலுண்பதாலும் ஏற்படுகிறது.

கரப்பான் அகக்காரண நோயாகக் கூறப்பட்டாலும், சோளம், கம்பு, கெளிற்றுமீன், பாகற்காய் போன்றவைகளை உண்பதாலும் ஏற்படுவதாகக் கூறப்பட்டுள்ளதால், இது புறக்காரணத்தாலும் உண்டாகும் நோயாகும்.

நோய் எண்

“முத்தோட மரியூது சூலை முன்னுவெடி மண்டைபொரி சட்டை

சற்றோடு கருமையொடு செம்மை தனிக்கொள்ளி தோடமொடு வாலை

முற்றோல் வரட்சியொடு வீங்கல் மூரிவரும் பதினெட்டு வகையாம்

கொத்தான கரப்பான்க ளென்று கூறினார் பண்டையோ ராமால்”

- பாலவாகடம் - பக்கம் 247

- 1) வளி
- 2) அழல்
- 3) ஐயம்
- 4) அரி
- 5) ஊது
- 6) சூலை
- 7) வெடி
- 8) மண்டை
- 9) பொரி
- 10) சட்டை
- 11) ஓடு
- 12) கருமை
- 13) செங்கரப்பான்
- 14) கொள்ளி
- 15) தோடம்

- 16) வாலை
- 17) வரட்சி
- 18) வீங்கு கரப்பான்

என 18 வகையாகும்.

- குருநாடி சாஸ்திரம் 235-ல் கரப்பான் தொகை 85 எனவும்,
- அகஸ்தியர் 2000 - எனும் நூலில் 66 வகையாகவும்,
- அகஸ்தியர் ரண நூலில் 80 கரப்பான் எனவும்,
- யூகி வைத்திய சிந்தாமணியில் 7 வகை கரப்பான் எனவும் கூறப்பட்டுள்ளது.
- குரு நாடி சாஸ்திரம் 235 - ல் கரப்பான்தொகை 85 என்றும், பாலவாகடத்தில் கூறப்பட்டுள்ளதே குழந்தைகளுக்கு உண்டாகும்

கரப்பானின் 18 வகைகளாகும்.

மண்டை கரப்பான்குறிகுணங்கள்:-

“ஓடி மண்டை தனிலேபுண் ணாகியுயர் காதிற் சீவழிந்தாறியே
நாடி யேதலைவ லித்து மூக்கினில் நயந்து நீரது பரிந்திடும்
வாடிமெய்யதும் வெப்ப மோடுகுரல் வளையினி னறிவு மாகவே
கூடில் மண்டைக் கரப்பானெ னப்பரி கார மேலினிக் கூறுவாம்”

- மண்டையில பரபரவென்று ஓடி நமைச்சலுண்டாகும்.
- அதைச்செறிந்தால் புண்ணாகும்.
- அடிக்கடி காதிலிந்து சீழ்வடிந்து ஆறும்
- தலைவலிக்கும், மூக்கிலிருந்து நீர்வடியும், உடல் இளைக்கும்,
- உடல் சுரமடிப்பது போல்காணப்படும், குரல் வளையில் தினவெடுக்கும்.

பாராச சேகரம் சிரசுரோக நிதானம் என்ற நூலில் உச்சியிற்றோன்றும் நோய்கள் 46 என்று வகைப்படுத்தியுள்ளனர். இந்த 46 உச்சி நோய்களின் கீழ் மண்டைக் கரப்பான் 6 என வகைப்பாடு செய்துள்ளனர்.

மண்டைக் கரப்பானின் வகை 6 . அவை

1. வளிக் கரப்பான்
2. அழற் கரப்பான்
3. ஐயக்கரப்பான்
4. செங்கரப்பான்
5. வெண்கரப்பான்
6. கருங்கரப்பான்

தீரும், தீராதவை: (Prognosis)

செங்கரப்பான், கொள்ளிகரப்பான் - தீராது எனக் கூறப்பட்டுள்ளதால், மண்டை கரப்பான் மருத்துவத்தால் எளிதில் தீர்க்கடியதேயாகும்.

THRIDHOSHA THEORY

In Siddha System, the manifestations of all diseases are the result of derangement of three dhoshas i.e. VAATHA, PITHTHA AND KABHA.

According to Noi Nadal and Noi Muthal Nadal Thirattu and Siddha Maruthuvam texts, the prime factor, which involves in skin diseases is vaatham.

“வாதமலாது மேனி கெடாது”

- தேரையர்.

Vitiation of Vatha due to food and activities etc., leads to vitiation of saaram, and seneer of udal kattugal. This initially affects the colour of the skin.

In due course in addition to vaatha, derangement of Piththa and Kabha also occurs and the disease progresses. Finally the kabha predominantly increased.

According to the theory of siddhars, the human body is composed of 96 THATHUS including Panchapoothams and Thridhosha. The siddha system of medicine is based on the Thridhosha theory. This includes the three humors; they are Vaatha, Piththa and Kabha. These three humors are primarily and essential constitutional factors of the human body. These factors exist in 1: ½: ¼ ratios respectively in the normal body. This normal existence is responsible for the proper functioning of the body. Any alteration in the above ratio can cause disease in the body like Vaatha disease, Piththa disease and Kabha Disease.

VAATHA :-(VAYU)

Vayu is classified into ten types according to its origin and function.

1. PRAANAN

This is located in heart and lungs to nose.

Its functions are controls mind and five objects of sense, useful for breathing, expectoration, coughing and sneezing.

2. ABAANAN:

It is located in lower abdomen and extremities.

Its functions are responsible for passing Urine, stools, sperm, menstrual flow and fetus. It is also responsible for the proper mobilization of digestive extracts.

3. SAMAANAN:

It is located in the stomach.

It is responsible for proper digestion, and distributes the digestive extract to all parts of the body.

4. VIYAANAN:

It is located mainly in the heart.

Its functions are responsible for movements of all parts of the body.

5. UTHAANAN:

It is located in the chest.

Its functions are responsible for speech and also for complexion, mental strength and hard work.

6. NAAGAN:

It is located in the eyes. It is responsible for opening and closing the eyes.

7. KOORMAN:

It is located in heart and eyes.

It is responsible for vision and yawning and also for lacrimation.

8. KIRUKARAN:

It is located in the tongue.

It is responsible for salivation, nasal secretion, appetite and also for sneezing and coughing.

9. THEVATHATHAN:

It is located in rectum and genitalia.

It is responsible for Laziness, Sleeping and Anger.

10. THANANJEYAN:

It is located in nose.

It is responsible for makes swelling of the body, makes noise in the ear, separate the suture of the skull after death.

PITHTHA:

Piththa represents “Theyu”. It is classified into 5 types.

1. ANALAM:

This gives appetite and responsible for the change of liquid state into solid state of food substances and for Proper digestion.

2. RANJAGAM:

Converts the food extracts into blood and gives red colour to blood. It is also stimulates the synthesis of blood.

3. SAATHAGAM:

It is situated in the heart and determines its work according to mind, knowledge and devotion.

4. AALOSAGAM:

This is responsible for vision and brightens the eyes.

5. PIRASAGAM:

Gives complexion and brightness to the skin.

KABHA:

Kabha is divided into 5 types.

1. AVALAMBAGAM:

It is located in the lungs. It is named “Avalambagam”, because it is being the co – ordination of other four types of kabha.

2. KILETHAM:

It is located in the stomach and makes the food moist and soft.

3. POTHAGAM:

It is located in the tongue and responsible for the sensation of taste.

4. THARPAGAM:

Situated in the head and responsible for the coolness of eyes.

5. SANTHIGAM:

Situated in the joints and responsible for the lubrication and free movements of the joints.

Combination of five elements in Thridhosha:

Vaatha	-	Vali	+	Vinn
Piththa	-	Thee	+	Thee
Kabha	-	Mann	+	Neer

TASTE

Taste involved in the development of disease, and also in treatment.

The five elemental combinations of tastes:

Sweet	-	Mann	+	Neer
Sour	-	Mann	+	Thee
Salt	-	Neer	+	Thee
Bitter	-	Vali	+	Veli
Pungent	-	Vali	+	Thee
Astringent	-	Mann	+	Vali

UDAL KATTUGAL:

Our body consists of seven Udal Kattugal. They are,

1. SAARAM:

It is the final product of the digestive process, which strengthens the body and mind and nourishes the blood.

2. SENNEER:

The saaram after absorption is converted into senneer. It is responsible for knowledge, strength, boldness and healthy complexion. Imparts colour to body and nourishes the muscles.

3. OON:

The musculature will give structure and shape of the body. The well built or thin built is due to the muscle formation

4. KOZHUPPU:

Lubricates the organs and thus facilitates their functions and maintains oily matter of the body.

5. ENBU:

Forms the basic skeletal structure of the body. Responsible for locomotion and protection of vital organs.

6. MOOLAI:

Present inside the bone which strengthens and maintain the normal conditions of the bone.

7. SUCKILLAM OR SURONITHAM:

Responsible for the propagation of species.

PARUVAKAALAM (Season)

The whole year is constructed by 6 seasons as perumpozhuthu. They are known as.

- | | | |
|---------------------|-------------------------|-------------------------|
| 1. Karkaalam | - Auvani and Purattasi | -August and September. |
| 2. Koothirkaalam | -lyppasi and Karthigai | - October and November. |
| 3. Munpanikaalam | - Markazhi and Thai | - December and January. |
| 4. Pinpanikaalam | - Masi and Panguni | - February and March. |
| 5. Elavenilkaalam | - Chithirai and Vaigasi | - April and May. |
| 6. Mudhuvnil Kaalam | - Aani and Aadi | - June and July. |

The sirupozhuthu, the minor classifications of time of a day has been divided into Vaikarai, Kalai, Munpagal, Maalai, Iravu and Yaamam.

The diseases were triggered in a specific time period of a season and of a day. The siddhars have been anticipated the seasonal changes and advised certain measures in the name of “Kaala Ozhukam” to avoid the onset of such ailments.

PINIYARI MURAIMAI or ENVAGAI THERVUGAL (Diagnosis)

Piniyari muraimai is the method of diagnosing the disease. It is based upon the following principles. They are,

1. Poriyalarithal.
2. Pulanalarithal.
3. Vinadhal.

1. Poriyaalarithal:

Physician's Pori and Pulan are used as the tools for examining the Pori, Pulan of the patient. Pori is the five organs of Perception. They are nose, tongue, eyes, ears and skin. Poriyalarihal is examining the Pori of the Patient by the Physician.

They are

1. Nose.
2. Tongue.
3. Eye.
4. Skin.
5. Ear.

2. Pulanaalarithal:

Pulan is the five object of sense namely smell, taste, sight, sensation and sound. Pulanarithal is the examination of the pulan of the patient by the physician.

1. Smell.
2. Taste.
3. Vision.
4. Sensation.
5. Sound.

3. Vinaadhal:

By Interrogation the physician knows about the patients name, age occupation, native place, socio-economic status, family history, diet habits, prone for any allergens, period of illness, history of previous episode,

frequency of attacks by change of season, relevant history of treatment and habits etc.

Envagai Thervugal or Piniyari Muraimai.

Envagai Thervugal is the siddhars diagnostic methods. This is described as,

“நாடிப்பரிசம் நாநிறம் மொழிவிழி

மலம் மூத்திரமிவை மருத்துவராயுதம்”

- நோய்நாடல் நோய்முதனாடல் திரட்டு - பாகம் I

“தரணியுள்ள வியாதி தன்னை யட்டாங்கத்தால்

தானறிய வேண்டுவது யேதோ வென்னில்

திரணியதோர் நாடி கண்கள் சத்தத்தோடு

தேகத்தினது பரிசம் வருணம் நாக்கு

யிரணமல மூத்திரமா மிவைக ளெட்டும்

யுதம்படவே தான் பார்த்துக் குறிப்புங்கண்டு

புரணருளால் பெரியோர்கள் பாதம் போற்றிப்

பண்பு தவறாமல் பண்டிதஞ் செய்வீரே”

- குணவாகட நாடி

In Agasthiyar vaidhya Vallathi-600, Envagai Thervugal has been mentioned as “Attavitha Paritchai”,

தொகுக்கலுற்ற அட்டவிதப் பரிச்சை தன்னை

துலக்கமுறும் பண்டிதரே தெளிவதாகப்

பகுக்கரிய நாடியை நீ பிடித்துப்பாரு

பகர்கின்ற வார்த்தையைப்பார் நாவைப்பாரு

வருக்கரிய தேகமெனக் தொட்டுப்பாரு,

வளமான சரீரத்தின் நிறத்தைப் பாரு

சகிக்கரிய மலத்தைப்பாரு சலத்தைப் பாரு

Envagai thervugal are

1. Naa
2. Niram
3. Mozhi
4. Vizhi
5. Sparisam
6. Malam
7. Moothiram
8. Naadi

1. Naa (tongue)

The tongue is the organ of taste and speech. We perceive taste, through the tongue when it is wet. Dry tongue cannot perceive taste. The tongue is also the vital organ of speech, used to convey in words, the thoughts, concepts, ideas and feelings. Examination of this important organ reveals the totality of what is happening in the body. Look the patients tongue; observe the size, shape, surface, margins and colour.

2. Niram (colour of the skin)

Colour indicating vaatha, piththa, kabha and tridoshas, yellow or pallor or black of redness of the skin, any bluish discolouration of the face, conjunctivae and Nail beds.

In Karappan blackish discolouration present in the affected area.

3. Mozhi (voice)

Clarity of speech, (or) any disturbances, loud voice, slurring, crying, talk induced by hallucination, undue argument, breathlessness, can be made out. Different respiratory sound and abnormal sounds are also observed.

4. Vizhi (eye)

Eyes that are small and blink frequently show a predominance of vaatha in the body. Excessive blink shows deep-seated nervousness and anxiety or fear. A drooping upper eyelid indicates a deranged vaatha.

Any abnormal change of colour, shape of eye, size of the pupil, lacrimation, bleeding, eyelashes and eyebrows must be noted.

5. Sparisam (Palpation)

Dryness of the body, temperature state of the body, sweating, oozing, enlargement of viscera, malnutrition, any palpable mass, tenderness, touch sensation, fissured skin, thickening of hair, loss of hair, chillness of palm, sole, nose, ear, abdomen, roughness of the skin, thickening, patches, pigmentation, itch, vesicles, ulcer, emaciation and oedema are noted.

In Mandai karppan the skin is rough, oozing, tenderness, thickening are found.

6. Malam (fecas)

Quantity, colour, odour, froth, consistency including indigestion, blood stained, mucus content, frequency, constipation etc.

7. Moothiram

Quantity, colour, froth, frequency, retention, deposit, heaviness, presence of abnormal constituents like albumin, sugar and deposits etc.

8. Naadi

The examination of Naadi is used in diagnosis and prognosis of the disease.

Any how in general, the changes in thridhosha are best diagnosed by feeling the Naadi. The power of Naadi manifests in the body as three vital forces namely Vaatha, Piththa and Kabha, these three Uyirhathukkal which organise, regularise, and integrate the life activities in each and every live being.

Kabha Naadi generally affected in skin diseases, including Mandai Karappan.

This is quoted as follows,

“தானமுள்ள சேத்துமந்தானிளகில் வெப்பு
சயமீளை இருமல் மந்தார காசம்
ஈனமுறுஞ் சன்னி விடதோடம் விக்கல்
யிருத் ரோகம் கரப்பான் விரணதோடம்
மானனையீர் சூலை திரள் வியாதி வீக்கம்
வருஞ் சத்தி சுவாசம் நெஞ்சடைப்பு தூக்கம்
ஏனமுறுங் காமாலை பாண்டு சோபை
ஏழுசுரங்கள் பல துக்கும் விடமுண்டாமே”

-சதக நாடி

It is also stated that if vitiated vaatha is mixed with raised ushnam, it indicates the skin disease, mandai Karappan. This is known as,

“சிறப்பான வாதத்தி லுட்டிணக் கால்தானே
சேர்ந்திடு கிலதீசார முளைச்சல்
உரைப்பான பொருமலோடு அக்கினி மந்தம்
உண்டாகும் நீர்ச் சிவப்பு பிரமேகங்கள்
பிறப்போடு மதகரி நீர் கரப்பான் ரத்தம்
பிரமேகம் பெரும்பாடு புறநீர்க் கோர்வை
அறப்பான வாயு சூலை சேத்தும ரோகம்
ஆனபல பிணிகளுமே வந்தடங்குந்தானே”

-சதகநாடி

NEERKURI AND NEIKURI

Based upon the clinical features of a disease and Naadi, the diagnosis is further confirmed by the support of Neerkuri and Neikuri.

Collection of urine for the determination of Neerkuri and Neikuri.

“அருந்துமா றிரதமும் அவிரோதமாய்
அகல் அலர்தல் அகாலவூண் தவிர்ந்தழற்
குற்றளவருந்தி உறங்கி வைகறை
ஆடிக்கலசத் தாவியே காது பெய்
தொரு முகூர்த்தக் கலைக்குட்படு நீரின்
நிறக்குறி நெய்க்குறி நிருமித்தல் கடனே”
-சித்த மருத்துவாங்கச் சுருக்கம்

The patient must take well-cooked food in the previous day. The intake must be proportionate to the degree of his appetite. Food intake should be taken, at appropriate time. He must have sound sleep on the previous night. The urine is collected on the dawn of the next day in a glass container and closed immediately to prevent from the contact of external atmosphere. This specimen must be examined within 1 ½ hours. This procedure should be followed strictly in order to get accurate reading of Neerkuri and Neikuri.

NEERKURI:

Urine has the following features

1. Niram
2. Edai
3. Manam
4. Nurai
5. Enjal

“வந்த நீர்க்கரி எடை மணம் நுரை எஞ்சலென

அறைந்திய லுளவை யறைகுது முறையே”

- நோய்நாடல் நோய் முதல் நாடல்

பாகம் 1

NEIKURI:

The diagnosis and prognosis of Dhosha derangement of the diseases are studied on the basis of the behaviour by drop of gingily oil on the surface of the urine kept in a wide vessel in the sunlight.

Methods for the determination of three dhosha's derangement by adding a drop of in the urine as follows.

“நிறக் குறிக் குரைத்த நிருமாண நீரிற்
சிறக்க வெண்ணெ யோர் சிறுதுளி நடுவிடுத்
தென்றுறத் திறந்தொலி யேகா தமைத்ததி
னின்ற திவலைபோம் நெறிவிழியறிவும்
சென்றது புகலுஞ் செய்தியை யுணரே”

- நோய்நாடல் நோய்முதல்நாடல் - பாகம் 1

The process of oil indication:

The urine specimen is collected and analysed as follows.

The specimen is kept in a glass dish, well exposed to sunlight. It should not be disturbed by the wind. Then add one drop of gingily oil by a glass rod. Observe keenly about the position and spreading of the oil drop.

“அரவெண நீண்டிடின அஃதே வாதம்”

“ஆழிபோற் பரவின் அஃதே பித்தம்”

“முத்தொத்து நிற்கின் மொழிவதென் கபமே”

If a drop of oil spreads like a snake it indicates the vaatha disease, it spreads like a ring it indicates piththa disease, and it spreads like a pearl it indicates kabha disease.

In Mandai Karappan, the oil spreads like a pearl.

நாடி - கணிப்பில் சேத்துமநாடி காணப்படவேண்டும். குழந்தைகளில் நாடிநடை சரியாகக் கணிக்க முடியாது எனக் கூறப்பட்டுள்ளதால், தொந்த நாடியாக வாத கபம் காணப்படுகிறது.

சேத்துமநாடிக்கான காரணம் ஐயம் வாழுமிடங்களாகக் கூறப்பட்டுள்ள, குருதி, கொழுப்பு, சமனவாயு போன்றவை பாதிக்கப்பட்டுள்ளதேயாகும்.

ஐயம் வாழுமிடங்கள் பாதிக்கப்பட்டு, அதன் தொழில் மாறுபடுவதால், நெய்க்குறியும் முத்தொத்து நின்று, கபநீராகக் காணப்பட்டது.

NOI KANIPPU VIVATHAM (Dfferential Diagnosis)

Mandai Karappan is differentiated from other Seventeen types of Karappan in Balavagadam by its clinical features

The differentiating features are,

1. Pain in the neck.
2. Skin folds of the neck and joints become fissured and ulcerated.
3. Erythematous papules associated with excoriation and serous exudates occur on the legs, arms, skin folded areas and sometimes all over the body.
4. Pruritus.
5. Formation of erythema on the affected area, due to itching.
6. Vesicles, then crusting.
7. Foul smelling discharge in the ulcers.
8. Emaciation.
9. The skin becomes dry and scaling.
10. Sometimes the oozing contain blood.(Serous exudate)
11. General debility including tremor.
12. Mandai Karappan is differentiated from sirangu (scabies).
Scabies is caused by the mite, "Sarcoptes scabiei".
13. Mandai Karappan is differentiated from Padarthamarai (Ring worm infestation).

Padarthamarai is a fungal infection and it is caused by "Tinea". The lesions consist of circular or irregular patches with very well defined margins, which were studded with small papulo-vesicular lesions.

1. Mandai Karappan is differentiated from Kalanchagapadai (Psoriasis). In psoriasis there is a prominent silvery scaling and pinpoint bleeding, scalp also involved.
2. Mandai Karappan is differentiated from kuttam (Leprosy) In Leprosy, the causative organism is "Mycobaterium leprae", it is a granulomatous inflammatory disease, affecting skin and nerves

MARUTHUVAM: (Treatment)

The siddha way of treatment is comprised of the five principles. Defaecation, fasting, perspiration therapy, emetics, and oilisation therapy.

The line of treatment consists of,

1. Regulation of affected kutram.
2. Drug for the disease.
3. Pathiyam.

Prior to the main treatment, the above principles will be followed to regulate the affected kutram. In Mandai Karappan Vatha affected mainly then Piththa and Kabha.

“வாதமலாது மேனி கெடாது” - தேரர்

“விரேசனத்தால் வாதம் தீரும்”

“குட்டமது விட கரப்பான் விடநீர்ச் சூலை

தட்டறவே கிருமியுட நீரால் வந்த

சகலகுட்டம் விடகரப்பான் சாற்றவாமே”

-நோய்நாடல் நோய் முதல் நாடல் - பாகம் 1

In this case, the siddha text has specified an anthelmintic along with laxative to be given before the starting of the main drug.

The trial drug Mandai karappan Thylum has the anthelmintic property, so laxative to be given before the starting of the treatment.

PATHIYAM (Diet)

Pathiyam forms an important part of treatment. Certain dietary and other restrictions are imposed in relation to the disease or the drug.

Various siddha classical books say the importance of Pathiyam.

In kadum Pathiyam (strict diet) a small quantity of fried salt is added to cooked rice which is eaten after adding hot water. This has to be followed during the entire period of taking medicine and then re-dieting is prescribed in which burnt tamarind, unripe brinjal and drumstick are also added.

கருமையென்றிடு பத்தியமுவர் வறுத்துண்டல்

அடைவிலாமறு பத்தியத்தவர் வறுத்தருந்தல்

கொடுமைசெய் புளிதனைச் சுட்டுக் கூட்டிலன்றிப்

படியில் கத்தரி சிக்கிருப் பிஞ்சினைப் பருகல்”

- சுத்தரானந்தர் ஆயுள்வேதப் பொது லவிணம்

“உணவே மருந்து மருந்தே உணவு”

“மாறுபாடில்லாத உண்டி மறுத் துண்ணின்

ஊறு பாடில்லை யுயிர்க்கு”

-திருக்குறள்

KAPPU (Prevention):

In Mandai karappan, intake of cholam, kambu, varagu, sundaikkai, mutton, pakar must be avoided.

When the baby is breast feeding, mother must avoid the above.

Daily diet must contain uncooked vegetables and cooked green gram or bengalgram at least once a day.

In bathing, Kasthuri manchal along with green gram powder must be used.

Detergents, shampoo must be avoided.

MODERN ASPECTS

Embryology

Origin of the skin

The whole of the skin, epidermis and dermis are unified integrated organ system, it develops from two different primitive embryonic layers-epidermis from the ectoderm and dermis from the mesoderm. The most superficial layer of flattened cells is called periderm. During the third month of foetal life, three layers of cells are recognizable, the periderm, the intermediate and the basal layer which is close to derma. The basal cells multiply rapidly and keep pushing the older cells towards the periderm and thus by the fifth month a stratum of these cells (prickle cells) superficial to basal cells forms a definite stratum Malpighii. End of second month of intra-uterine life, the derma consists of closely –packed, spindle-shaped mesenchymal cells and by the third month of intra-uterine life, fine reticulum fibres are demonstrable, which later increase in number and thickness and form the collagenous fibers. The elastic fibres appear during the sixth month the foetal life.

The subcutaneous fat is apparent by the end of third month of intra-uterine life, but becomes abundant only during the later months of foetal life. The nail starts as an epidermal specialization on the dorsum of the tips of the digits by the third month of foetal life. Most of the sebaceous glands in the body develop in connection with hair follicles during the fifth month of foetal life.

The skin is composed of a superficial epithelial layer – the Epidermis and underlying connective tissue layer, the Dermis (or) Corium. Beneath the Corium is another connective tissue layer, rather loose in texture- the ‘Hypodermis’ (or) subcutaneous layer.

Epidermis

The epidermis is formed of non-vascular stratified epithelium. Its usual thickness is between 0.07 mm and 0.12 mm. The epidermis is mainly two divisible they are keratinising (or) Malpighian system (Keratinocytes) which forms the bulk and the pigmentary system (Melanocytes) which produces the pigment.

There are seven layers in the epidermis.

1. Stratum Germinatum or Stratum Basale

This is the deepest portion of the epidermis and is composed of columnar cells placed perpendicular to the skin surface. The whole of the epidemis germinates from this stratum, hence the name strutum Germinatum.

2. Stratm Malpighii (on) the prickle cell layer

It is superficial to the basel cell layer and is composed of several layers of polyhedral cells connected to each other by intercellular brides.

3. Stratum Granulosum

It is composed of flat, fusiform cells which are one to three layers thick. It is superficial to the Stratum Malpighii. These cells contain irregular granules of Keratohyalin.

4. Stratum Lucidum

It is pale and wavy looking layer, present superficial to the stratum granulosum. This layer contains refractile droplets of eleidin.

5. Stratum Corneum

This is the most superficial layer, the outer surface that is exposed to the atmosphere. It consists of many layers of non-nucleated, flattened, cornfield cells.

6. Dentritic cells of Epidermis

These are melanocytes, Langerhan's cells and indeterminate cells. The cells of langerhan's are found in the middle of epidermis

7. Basal lamina (Basement Membrane)

Dermal side of the basal lamina contains of few scattered collagen fibres.

Dermis

The dermis is bounded distally by its junction with the epidermis and proximally by the subcutaneous fat. The base of the dermis is a supporting matrix (or) ground substance in which polysaccharides. The matrix contains two kinds of proteins. They are

Collagen - When has great tensile strength

Elastin - Which has considerable elasticity

Hair follicles, various types of sebaceous and sweat glands, plain muscle fibres, and sensory end organs like pacinian and adipose tissue are seen in the microscope section of the dermis.

The dermis contains few cells, which are fibroblast mast cells, histocytes (or) macrophages, lymphocytes (or) other leucocytes and melanocytes. In the deeper layer of dermis then in arterio venous anastomosis surrounded by sphincter group of smooth muscles under autonomic control.

Sebaceous glands

They are situated in the upper half of the Corium. The Sebaceous glands are derived from the epithelial cells of the hair follicle and present everywhere in the skin except on the palms and soles.

They are multi lobulated and covered by a connective tissue capsule within which is a layer of small epithelial cells. As these cells mature towards the center of the lobules and they enlarge, their cytoplasm becoming arranged in a delicate network surrounding globular of fat (Sebum)

Sweat glands

These are found in all areas of the skin. The sweat glands originate as down growths from the epidermis. They consist of a single unbranched tube which terminates in the form of a coil in the mid-corium.

The coil is the secretory segment and is lined by a single layer of epithelial cells. The duct runs straight upwards from it to the epidermis, which it transverses in a corkscrew meshwork of horn cells.

Apocrine glands

They occur in the axillae, areola and nipples of breasts, umbilicus, around the anus and the genitalia. The myo-epithelial cells are highly developed and more abundant in these glands. They are specified sweat glands and their secretion is odoriferous with a secondary sexual significance.

Hair

Hair is found on almost every part of the body surface except on the palms and the soles, the dorsal surface of the terminal phalanges, the inner surface of the labia, the inner surface of the prepuce and glans penis. Hair growth development is under endocrine control.

Hair is made of hard keratin and is analogous to nail. It is formed by the hair matrix, a layer of specified epidermal cells. Capping the papilla, the two structures making up the hair bulb. Melanocytes are present in the matrix and form the pigment of hair. The portion of a hair below the surface of the scalp is known as the hair root. Above the surface of the scalp the hair is composed of the medulla, cortex and cuticle.

The medulla consists of seven rows of soft keratin, but is discontinuous (or) even absent in most human hairs. The cortex is the main structural component and is made up of tightly packed fusiform keratinised cells.

Nails

These are semitransparent plates like structures, covering the dorsal surfaces of the distal phalanges of the fingers and toes. The nails are composed of many layers of flattened keratinised cells fused into a homogenous mass. They arise from epidermis lining and invaginating of skin at the base of the nail, this specialized epidermis known as the nail matrix. The invagination of skin at the base of the nail is called the nail fold. The anterior border encouches upon the nail plate as a flattened keratinous rim, the cuticle and forms a protective barrier against irritants and infections.

Blood Vessles

The blood supply of the skin originates from the large number of arteries forming anastomosis in the deepest part of cortex. From here single vessels run upwards and form a second network in the upper cortex finally terminate; arterioles ascend into the papillae ending in capillary loops, which drain into connecting venules. The blood is returned to the large veins in the subcutaneous tissues.

Lymphatics

The skin contains a rich network of lymphatics which drain into a few larger vessels in the hypodermis.

Nerve supply

The nerve supply of the skin consists of a motor sympathetic portion derived from the sympathetic ganglia. The sympathetic fibers innervate the blood vessel, erector pilorum muscles and apocrine duct, where the fibers are adrenergic and cause contraction.

Physiology

Protective function

The epidermis and subcutaneous fat play roles in the protective functions the mechanical properties of the skin depends mainly on the dermis. It protects the penetration of harmful substances and bacterial

invasions. Another is to protect against sunlight by synthesis and bacterial invasions. Another is to protect against by synthesis of Melanin pigment.

2. Immunological function

The skin is in the front line of the defence of the body. In essence the defences involve the production of antibody- complex, multi hair proteins, which bind with the offensive antigens. Langerhans cells probably play a crucial role in connect sensitisation, immuno surveillance against viral infections and neoplasms.

3. Sensory functions

The skin is richly supplied with nerves and various types of specialized sensory end – organs which provide information regarding environment changes, so that body can then adjust its activities accordingly. In some animals the hair at certain situations have specialized sensory receptors located at the bases of the hair follicles which serve to enhance sensory appreciation.

4. Secretion and Excretion

The skin possesses various types of glands, which pour secretions on the surface. The more important glands are the sweat and the sebaceous glands. The endocrine glands which are scattered all over the body surface secrete a thin transparent watery fluid known as true sweat, which the apocrine glands secrete a thicker rather milky and odoriferous solution. Sweat in its composition consists of 1.2% solids and 98.8% water. The substances excreted in it are Sodium chloride, Sodium phosphate, Sodium bicarbonate, Keratin and small amount of urea. The skin can also excrete drugs administered to the individual for example mercury, arsenic, iodine etc.

The sebaceous glands of the skin secretes sebum, which is composed of fatty acids, cholesterol, alcohol, etc. Fatty acids have a mild fungistatic activity. The sebum acts as a lubricant for the drying effects of the atmosphere.

5. Synthesis of vitamin 'D'

Vitamin 'D' is synthesized in the skin as a result of exposure to ultra violet 'B' (UVB) radiation and since it is carried in the blood attached to a binding protein to exercise a specific effect at a different site. Vitamin D5 is essential for skeletal development and it contains antirachitic properties. Vitamin D3 is formed principally in the stratum spinosum and the stratum barale, from the precursor 7 dehydro cholesterol by way of a provitamin D3 (2,5).

6. Body Heat regulation

The skin plays the most important role in the regulation of heat loss. It loses heat to the external environment in three ways by conduction, by radiation and by evaporation, Heat loss by the first two mechanisms takes place when the environmental temperature is lower than that of the skin. Heat loss by evaporation mainly means the amount of heat spent by the body to evaporate the sweat from the surface of the skin. About 90% of the total loss of the body is regulated by the skin. The heat loss through the skin is regulated by various physiological mechanisms, which include,

- The reaction of the cutaneous vessels
- The reaction of the smooth muscle fibres of the skin and
- Perspiration

7. Endocrine functions

Hair follicles and sebaceous glands are target for the organic steroids secreted by the gonads the adrenal cortex and melanocytes are directly are directly influenced by polypeptide hormones of the pituitary.

8. Storage function of skin

Blood is stored in the rich sub papillary plexuses of the dermis, about one litre. The skin is also a good storehouse of ergosterol which is irradiated by the ultra violet light of the sun and converted into vit 'D'

The junction between dermis and hypodermis has a considerable capacity for storing fat and permanent store of subcutaneous adipose

tissue. Certain substances like glucose and chloride may also be stored in the skin temporarily. Cornified layer also acts as a reservoir for topically applied corticosteroids (or) other hormones, which are absorbed slowly for many days from the surface.

9. Absorption

The skin can absorb substances dissolved in fatty solvents like vitamins and hormones. Information greatly increases the skin permeability. Substances that are completely insoluble in water and lipids do not penetrate.

10. Gaseous Exchange through skin

A small amount of gaseous exchange occurs through the skin. In man the amount of O_2 exchange through the skin is negligible compared to the amount exhaled from the lungs.

ECZEMA

Synonym: Dermatitis

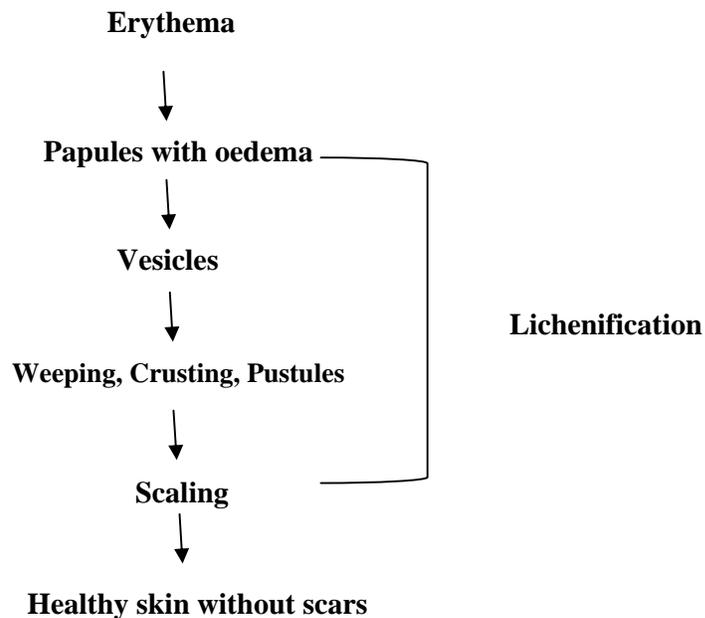
It is a common problem all over the world. Eczema is a Greek word. The word implies 'boil out'

Definition:

Eczema is a non-contagious inflammation of the skin characterized by erythema, scaling, oedema, vesiculation and oozing.

Eczema is a specific type of allergic cutaneous manifestation of antigen antibody reaction. It is characterized by superficial inflammatory odema of the epidermis associated with vesicle formation. Itching varies from mild to severe paroxysms which may even interfere with work and sleep.

The natural history of Eczema is diagrammatically represented as follows.



Age of onset:

Infancy, at puberty and at time of menopause.

Etiology:

Basically two factors causes eczema.

- Allergic or a sensitive skin.
- Exposure to an irritant.

General predisposing causes are

- Age
- Familial predisposition
- Allergy
- Debility
- Climate
- Psychological factors.

Local factors

- Xeroderma or ichthyosis
- A greasy skin.
- hyperhidrosis
- Varicose veins.

Exciting and aggravating factors

Irritants – Physical, Chemical or electrical

Sensitizers – Plants, cosmetics, clothing, medicaments and occupational hazards

External infections – streptococci, staphylococci, fungus etc.

Mental and emotional conflicts, strains and stresses. Internal septic focus-shedding toxins or causing bacteraemia.

Diet and state of digestion

Diathesis – Allergic, Xerodermic, hyperhidrotic or seborrheic

Drugs – Given for the disease or otherwise state of local or general nutrition

Climate – Temperature and humidity.

Morpho-Clinical Classification

It is acute, sub – acute and chronic stages.

The acute stage is characterized by itchy erythema followed by oedema, papules, vesicles, Oozing and crusting. This stage does not last long. In about a couple of weeks the lesions start to heal.

If the cause persists and the eczema last over months or years, it becomes chronic. In such cases, the integument appears thickened and pigmented with prominent criss – cross markings (lichenification). This is the end result of all types of long – standing eczemas.

In between the acute and chronic stages is the sub-acute stage, characterized by papules and scaling with moderate oedema and erythema.

Classification

- Photo dermatitis
- Contact dermatitis or chemical eczema
- Infective eczema
 - Post traumatic infective Eczema
 - Follicular Infective Eczema
 - Flexural Infective Eczema
- Endogenous Eczema
 - Infantile Eczema
 - Atopic Eczema
 - Nummular Eczema (Discoid Eczema)
 - Disseminated Eczema (Eczematides)
 - Cheiropompholyx (Dyshidrosis)
- Varicose dermatitis or Eczema.
- Neurodermatitis and etc.

ATOPIC ECZEMA

Synonym:

Besnier's prurigo. It is also called Asthma-Eczema syndrome.

Many types of Eczema occur in children, the most common is atopic dermatitis. Atopic Dermatitis (AD) is a highly pruritic skin disease that affects more than 10% of children.

Atopic dermatitis is a chronic relapsing dermatitis characterized by pruritis occurring in early childhood. Disease is rarely present at birth but may start the age of 3 months. The onset may be delayed in some cases. The classical features are erythema, exudation, lichenification and intense itching.

There is a strong familial predisposition to allergic diseases like asthma, present. The eczema is characterized by a selective flexural distribution, extreme chronicity with acute exacerbations from time to time a familiar and personal allergic predisposition and a very sensitive emotional nature.

The eczematous process is usually the result of endogenous sensitization but exogenous allergies may also play a part. The exogenous allergies can be proved by patch tests a endogenous sensitization can be proved by scratch tests, which show allergy to multiple agents. There is more than normal susceptibility to develop passive transfer antibodies in the blood serum (prausnitz kustner reaction). Besides allergens, emotional stresses and parental attitudes can also cause this condition. The atopic patient is also very sensitive to physical stresses like heat, cold and humidity and also infection. There is also vasomotor sensitivity.

Etiology

- *Emotional* – by psychiatric evaluation of the patient's home, parents occupation and other environments.
- *Allergie* – by a search into his diet external contacts and inhalants if any.

Age

Early childhood (O.P.Ghai – page 634)

The earliest presentation before the age of 3 months may be like that of seborrheic dermatitis.

Some patients go on to full-fledged infantile eczema by the age of 3-4 months. As the age of child advances, Flexural eczema develops.

Pathogenesis:

Complex interactions between genetic, environmental, and immunologic factors contribute to the pathogenesis of AD.

There is strong epidemiological association between atopic dermatitis, allergic rhinitis, asthma and immune deficiency disorders such as Wiskott Aldrich syndrome. It is now widely believed to be a late phase IgE mediated reaction due to a constitutional anomaly in the immune system. The disorder may be triggered by an extrinsic allergen. Scratching of skin to relieve itching encourages entry of potential allergens such as resident flora of the skin viz., staphylococci and even pneumococci. These further exacerbate the inflammation of the skin setting up a vicious cycle. Factors released from inflamed skin perpetuate further changes in the dermal and circulating immune competent cells and set up a second vicious cycle.

Systemic immune response

Most patients with AD have peripheral blood eosinophilia and increased serum IgE levels. Peripheral blood T cells from AD patients produce decreased amounts of Interferon-gamma (IFN- γ), an inhibitor of T helper type 2 (Th2) cell function. IFN- γ generation ex vivo is inversely correlated with serum IgE concentrations in AD. An increased frequency of allergen-specific T cells producing increased interleukin IL-4, IL-5, and IL-13 in the peripheral blood of patients with AD contributes to the eosinophilia and increased IgE levels in AD.

Immunology

Sensitization develops when a different clone of T-lymphocytes is activated. The sensitized T-lymphocytes yield two sub-populations of lymphocytes, viz., memory cells that are responsible for the persistence of contact allergy and the effector cells that the allergic response when appropriately challenged.

Histopathology

Characteristic features are intercellular oedema and vesicle formation. There may be mild to moderate dermal reaction.

In chronic cases hyperkeratosis, acanthosis and infiltration of upper dermis with lymphocytes are seen.

Clinical features

The earliest presentation before the age of 3 months may be like that of seborrheic dermatitis. Erythematous squamous lesions first appear on the scalp behind the ears around the nose, buttock or genital region. Itching may not be as pronounced most cases resolve in 4-6 weeks without leaving any residual sequel, but some patients go on to full-fledged infantile eczema by the age of 3-4 months.

Clinically, there are 3 stages of atopic eczema

- Infantile stage
- Childhood type
- Adult type.

1. Infantile eczema

This occurs in children between the ages of 3 months and 2 years. It manifests as rosy erythema over the cheeks. There is brownish desquamation, small papule formation and some crusting. The skin folds behind the ear become fissured and neck creases appear sudden. These may be secondarily infected with candida. Extensor surfaces of arms, legs and wrist may show dryness and scaling. Generally perioral, Periorbital and nasal regions are spared. Itching is marked. The typical lesions are

characterized by erythema, vesicles, exudation and crusting. Buttocks generally escape because of protective clothing. But in some cases, on the buttocks and in the groins, napkin rash like dermatitis may develop. Most children show a resolution by the age of one or 2 years, but the illness may continue with remissions and exacerbations in few cases.

The typical lesions are characterized by erythema, vesicles, exudation and crusting. Pruritis is a prominent symptom it comes in spasms. The progress is marked by spontaneous remissions and exacerbations. Teething digestive upsets change of season, dietetic indiscretions and tantrums affect the condition adversely and may even cause flare-ups. To start with, the infants are usually plump. They soon go off food, have restless days and nights resulting in debility, misery and fretfulness. The general belief is that there are 2 types of infantile eczemas.

Types of Infantile Eczema

a. The atopic variety

With high familial predisposition to allergic disease – These are rather resistant to treatment. The infant becomes restless and fatigued very irritable and pruritic. The condition develops later into typical atopic dermatitis.

b. The simple variety

Without familial predisposition –The infants are plump and good natured. Itching is moderate. These do well with treatment and the child recover completely by the age of two.

Infantile eczema is not infectious. Contact eczemas are rare in infancy for two reasons. Firstly, sensitivity is extremely uncommon before puberty and secondly chemical contacts are few.

2. Childhood Atopic Eczema

This type in which the main lesions are lichenoid and succulent, polyhedral papules. The eczema may become generalised on the face, trunk, flexural folds of the extremities. It starts at about the age of five,

either as such or as continuation of infantile eczema: this goes on till the age of about twelve.

Flexural eczema

As the age of the child advances the lesions become more pronounced over the flexures of the elbows, knees, neck and front of ankle. There is redness, scaling and lichenification.

Diagnostic criteria

Hanifin and Rajka defined major and minor criteria for diagnostic accuracy of atopic dermatitis. Three major and three minor criteria should be present.

Major criteria

- Pruritus.
- Facial and extensor eczema in infants and children.
- Tendency to chronicity.
- Personal or family history of atopy such as asthma, allergic rhinitis or atopic dermatitis.

Minor criteria:

- Pityriasis alba
- delayed blanching to cholinergics
- Anterior subcapsular cataract
- Xerosis
- Ichthyosis vulgaris with accentuation over palmar creases.
- Facial pallor
- Suborbital shadowing
- Infraorbital folds
- Keratoconus
- Recurrent skin infections.
- Tendency to non-specific dermatosis of hands
- Raised serum total IgE.

Diagnosis

The diagnosis is made mostly on clinical grounds and personal (or) family history of atopy.

Differential Diagnosis

A number of inflammatory skin diseases, immunodeficiencies, skin malignancies, genetic disorders, infectious disease and infestations share symptoms and signs with AD and should be considered and excluded before a diagnosis of AD is established.

Wiskott-Aldrich syndrome is an X-linked recessive disorder, associated with thrombocytopenia, immune defects, and recurrent severe bacterial infections, characterized by a rash almost indistinguishable from AD.

The hyper IgE syndrome is characterized by markedly elevated serum IgE levels, recurrent deep-seated bacterial infections chronic dermatitis and recalcitrant dermatophytosis.

Treatment

Most Patients can be made to recover if exposures to the causative agents are prevented.

The child should be bathed once or twice in a day using very small quantity of soap or non-soap cleanser in bath water. This is done to prevent drying of epidermis. After bath, he should be patted dry with towel and emollients and topical medication should be applied on the still wet skin.

Systemic antibiotics should be given for 7-10 days to treat secondary bacterial infection. A low concentration corticosteroid cream can be applied to relieve inflammation. Prophylactic treatment of staphylococcal carrier sites (nose, axillae and perineum) with topical antibiotics such as mupirocin ointment may be appropriate in-patients with recurrent infected eczema.

Antihistamins relieve itching and also help in relieving the inflammation. Systemic steroid therapy is not advisable.

Allergen exacerbating the lesion should be avoided. Supplementation of diet with large amounts of fish oil containing omega-3 fatty acids show favorable results.

Complications

AD is associated with recurrent viral skin infections. The most serious viral infection is “Kaposi Varicelli form eruption or eczema herpeticum”, which is caused by HSV and affects patients of all ages. After an incubation period of 5-12 days, multiple, itchy, vesiculopustular lesions erupt in a disseminated pattern, the vesicular lesions are umbilicated, tend to crop, and often become haemorrhagic and crusted.

Persons with Ad are susceptible to “eczema vaccinatum” caused by variola virus (small pox), which is similar in appearance to eczema herpeticum and historically follows smallpox vaccination or exposure to individuals vaccinated with smallpox.

Stahylococcus aureus is found on over 90% of AD skin lesions. Honey coloured crusting, folliculits, impetigo and pyoderma are indicators of s.aureus.

Patients with extensive skin involvement may develop exfoliative dermatitis.

Eyelid dermatitis and chronic blepharitis may result in visual impairment from corneal scaring.

Atopic keratoconjunctivitis is usually bilateral and can have disabling symptoms that include itching, burning, tearing, and copious mucoid discharge.

Keratoconus is conical deformity of the cornea believed to result from chronic rubbing of the eyes in-patients with AD.

Prognosis

AD generally tends to be more severe and persistent in young children. Periods of remission appear more frequently as the patient grows older. Spontaneous resolution of AD has been reported to occur after age 5yr in 40-60% of patients affected during infancy, particularly if their

disease is mild. Although earlier studies suggested that approximately 84% of children outgrow their AD by adolescence.

The following predictive factors correlate with a poor prognosis for AD: widespread Ad in childhood, concomitant allergic rhinitis and asthma, family history of AD in parents or siblings, early age at onset of AD, being an only child and very high serum IgE levels.

Prevention

Exposure to the causative agents must be avoided. The child should bathe once or twice in a day using non-soap cleanser in bath water.

Avoid detergents and shampoo.

MATERIALS AND METHODS

MATERIALS

The study on clinical evaluation of the disease Mandai Karappan was carried out in the Post Graduate Kuzhanthai Maruthuvamm Department at Government Siddha Medical College, Palayamkottai.

Twenty cases with clinical signs and symptoms of Mandai Karappan of both sexes below the age group of 1 to 12 were selected and studied under the guidance of the Professor and lecturer of Post Graduate department.

SELECTION OF PATIENTS

Cases were selected from out patients and the parameters for the case selection were acute and chronic onset of itching, erythema, papules, vesicles, oozing, pustules, lichenification, discolouration and pain in the neck. All the cases were carefully examined before admission for correct diagnosis and rule out any other coexisting illness.

The patients were advised to withdraw all other forms of medicine to follow regular diet schedule

METHODS

Patients were subjected to physical examination on siddha methodology "PINIYARI MURAIMAI". It has 3 main principles which are **poriyalarithal**, **pulanalarithal**, **vinathal** and effected through **Envagai thervugal**.

The history of dietetic habits, allergic history, familial predisposition and the nilam from which they come were also noted. The patients were examined for udal vanmai and mukkuutra nilai.

The above details were studied for arriving at a correct diagnosis.

INVESTIGATIONS

Clinical investigation of siddha and modern medicine were adopted for diagnosing the disease Mandai karappan.

Siddha diagnostic tests are especially Neerkuri and Neikuri.

Modern diagnostic test such as

- Blood test for TC, DC, ESR and Hb.
- Urine analysis for sugar and albumin,
- Fecal for ova and cyst.

METHOD OF TREATMENT

Siddha system of medicine is based on mukkutra theory and hence the treatment is mainly aimed to bring down the thridhosha to its normal state and thereby, restoring the physiological condition of the three thathu's.

In all the twenty cases internal medicine “Karappan Thylum” (கரப்பான் தைலம்) and external medicine “Karappan Mel Poochu Thylum” were given and clinical evaluation carried out in the In-Patient ward of post Graduate Department of Kuzhanthai Maruthuvam, Government Siddha Medical College Palayamkottai.

Bio-chemical analysis and pharmacological evaluation of the drugs were conducted in the Biochemistry and pharmacology department of Government Siddha Medical College, Palayamkottai respectively.

The internal medicine, Mandai Karappan Thylum was given for internal medicine. The dose is adjusted according to the age of the patient.

The external medicine, Karappan Mel Poochu Thylum was given for external medicine especially in dry conditions.

Clinical improvements in these in-patients were noted with the available laboratory tests.

RESULTS AND OBSERVATIONS

Results were observed with respect to the following criteria.

1. Age Reference
2. Sex Reference
3. Religion Reference
4. Economic status of the patient Reference
5. Diet Reference
6. Family history Reference
7. Paruva Kaalam
8. Mode of onset Refernece
9. Clinical features of Mandai karappan during admission Reference
10. Thridhoshha Theory
11. Ezhu udarkattugal Reference
12. Envagai Thervugal Reference
13. Neikuri Reference
14. Etiology Reference
15. Results after treatment Reference

The observations recorded with the above said criteria were given in the tabular column form.

Table1: Sex Reference

SI.No	Sex	No.of cases	Percentage
1	Male children	16	80%
2	Female children	4	20%

Out of the 20 patients, 16 were male children and 4 were female children.

Table 2: Age Reference

SI.No	Age	No.of cases	Percentage
1	0-1 year	1	5%
2	1-3 years	-	-
3	3-6 years	-	-
4	6-12 years	19	95%

Out of 20 patients 5% were 0 to 1 year and 95% were 6 to 12year

Table 3: Religion Reference

SI.No	Religion	No.of cases	Percentage
1	Hindu	14	70%
2	Christian	5	25%
3.	Muslim	1	5%

Out of 20 patients 75% were Hindus, 25% were Christian and 5 % were Muslim.

Table 4: Socio-Economic status of the patient

SI.No	Socio-Economic Status	No.of cases	Percentage
1	Poor	14	70%
2	Middle	6	30%
3	Rich	-	-

Out of the 20 patients, 14 were in poor and 6 were in middle socio-economic status.

Table 5: Diet Reference

SI.No	Diet Habit	No. of cases	Percentage
1	Vegetarian	-	-
2	Mixed diet	20	100%

Out of the 20 patients, all twenty were mixed diet intakers.

Table 6: Family history Reference

Sl.No	Family History	No. of cases	Percentage
1	Positive	2	10%
2	Negative	18	90%

Out of the 20 patients, 10% had the positive family history.

Table 7: Etiology

Sl.No	Etiology	No.of cases	Percentage
1	Contact Allergy	3	15 %
2	Positive family history	2	10 %
3	Food Allergy	10	50 %

Regarding etiology, 2 patients had the positive family history, 3 had contact allergy and 10 had food allergy.

Table 8: Paruva Kaalam

S.No.	Paruva Kaalam	No.of cases	Percentage
1	Kaar kaalam (Auvani& Puratasi)	1	5%
2	Koothir kaalam (Iyypasi & Karthigai)	5	25%
3	Munpani kaalam (Markazhi& Thai)	7	35%
4	Pinpani kaalam (Maasi & Panguni)	1	5%
5	Elaveni kaalam (Chithirai & Vaikasi0	6	30%
6	Muthuvenil kaalam (Aani & Aadi)	--	--

Out of the 20patients, 7 were admitted in munpani kalam.

Table 9: Mode of onset

Sl.No	Mode of onset	No.of cases	Percentage
1	Acute	5	25%
2	Chronic	15	75%

Among the 20 patients, 5 had acute onset and 15 had chronic onset.

Table 10: clinical features of Mandai karappan during admission

Sl.No	Clinical features	No.of cases	Percentage
1	Itching	20	100%
2	Erythema	15	75%
3	Papules	10	50%
4	Vesicles	16	80%
5	Oozing	4	20%
6	Pustules	2	10%
7	Ulcers	12	60%
8	Edema	11	55%
9	Scaling	2	10%
10	Lichenification	8	40%
11	Discolouration	15	75%
12	Emaciation	2	10%

Table 11: Tridosha**Table showing the derangement of vaatha**

SI.No	Classification of vaatha	No.of cases	Percentage
1	Pranan	2	10%
2	Abaanan	6	30%
3	Viyaanan	16	80%
4	Uthaanan	--	--
5	Samaanan	4	20%
6	Naagan	--	--
7	Koorman	--	--
8	Kirukaran	2	10 %
9	Devathathan	16	80%
10	Thananjeyan	--	--

Table showing the derangement of piththa

SI.No	Classification of piththa	No.of cases	Percentage
1	Anilam	4	25%
2	Ranjagam	18	90%
3	Sathagam	-	-
4	Prasagam	18	90%
5	Alosagam	-	-

Table showing the derangement of kabha

SI.No	Classification of kabha	No. of cases	Percentage
1	Avalambagam	2	10%
2	Kilethagam	16	80%
3	Pothagam	-	-
4	Tharpagam	-	-
5	Santhigam	-	-

Table 12: Ezhu udarkattugal Reference

SI.No	Udarkattugal	No.of cases	Percentage
1	Saaram	15	75%
2	Senneer	20	100%
3	Oon	9	45%
4	Kozhuppu	6	30%
5	Enbu	--	--
6	Moolai	--	--
7	Sukkilam/suronitham	--	--

Saram and senneer were affected in 20 patients, due to the derangement of vaathaand piththa.

Table 13: Envagai Thervugal Reference

SI. No.	Envagai Thervugal	No.of cases	Percentage
1	Naa	6	30%
2	Niram	16	80%
3	Mozhi	2	10%
4	Vizhi	2	10%
5	Malam	6	30%
6	Moothiram	--	--
7	Naadi	20	100%
8	Sparisam	20	100%

Naa, Niram, Vizhi were affected due to the deficiency of senneer and maalam, naadi and moothiram were affected due to the derangement of vaatha. Sparisam affected due to the presence of itch, lichenification, fissures, ulcers and scaling.

Table14: Neikuri Reference

Sl.No.	Type of urine test	No.of cases	Percentage
1	Neerkuri “Vaikkol Niram”	20	100%
2	Neikuri “Muththothu Nitral”	20	100%

Urine samples of all the 20 patients were showing vaikol niram (straw which was soaked in rain water colour) in neerkuri and muthothu nitral (like a pearl) in neikuri.

Table15: Results after treatment Reference

Sl.No.	Results	No.of cases	Percentage
1	Good relief	3	15%
2	Moderate relief	12	60%
3	Mild relief	5	25%

Out of the 20 patients, 3 had good relief, 12 had moderate relief and 5 had mild relief.

DISCUSSION

Mandai karappan, a clinical entity which is described by siddhars, taken for clinical studies with reference to its etiology, clinical features, prognosis and its response for selective two traditional proprietary siddha drugs viz., Mandai Karappan Thylum internal and Karappan Mel Poochu Thylum for external medicine.

In its clinical feature, primary lesions like itch, rashes, macule, erythema, papules and vesicles. The secondary changes are crusting, ulcers, oozing, edema, pain and lichenification of the skin. In chronic cases, emaciation and fatigue may develop. This study comprises primarily a survey of literature both siddha and modern literature.

According to siddha science, the causative factors are certain foods like maize, ragi and certain types of fish, unripe banana, familial inheritance and syphilis. In modern science, the causative factors are allergic or a sensitive skin and exposure to an irritant.

The disease occurs all over the world irrespective of sex and race. Twenty patients were selected and admitted in the inpatient wards of the kuzhanthai maruthuvam. Post Graduate department of siddha medical college hospital. Patients were questioned of their food habits, familial predisposition and personal allergic history 10% of patients had history of familial predisposition. Literary review shows patients who sufferend from Mandaikarappan ranged between the age group of 3months to 12 years.

The research study shows that the patients between the ages of 1-12 years were more affected by Mandaikarappan.

Among the 20 patients most of the patients came with itching, vesicles, oozing, discolouration and lichenification. During admission 100% of patients had itching, 20% of patients had oozing, 75% of patients had erythema, 80%of patients had vesicles and 40% of patients had lichenification and 75% had discolouration.

In paruvakaalam, 35% of patients were affected in Margali and Thai (Munpani Kaalam). Vaatha is aggravated of its original state itself during

the months between Aadi to Iyppasi. The aggravation of Vatha during this month aggravates karappan.

In VAATHA, due to its derangement, its types of Pranan, Abaanan, Viyaanan, Samaanan, Kirukaran and Devathathan are affected in all 100% of patients. It leads to anorexia, indigestion, derangement of saaram and constipation.

In PITHTHA due to its derangement, its types of Analapitham, Ranjagam and Prasagam are affected in all 100% of patients. It leads to indigestion, anaemia and discolouration of the skin.

The KABAM due to its derangement, its types of Avalambagam, and kilethagam are affected. It leads to indigestion and pain on neck.

According to UDARKATTGAL Reference, Saaram affected 75% and Senneer were affected in all 100% of the patients, leads to saaram and senneer deficiency. In chronic cases 45% oon and 30% kozhuppu also affected. The research study shows, 9 patients were affected by deficiency of oon and 6 patients were affected by kozhuppu.

The diagnosis was made on the basis of Envagai Thervugal, history, macroscopic findings of the skin, and also with available modern investigation methods. Routine examination of blood and urine were done. These investigations were used to rule out any other co-existing illness.

On examination of ENVEGAI THERVUGAL Sparism affected in 100% of the patients, Naa were affected 30% and Vizhi were affected in 10% of the patients, and malam was affected in 30% of the patients. Naa, Niram, Vizhi were affected due to the deficiency of senneer and malam were affected due to the derangement of vaatha.

Urine samples of all the 20 patients were showing Vaikol Niram in Neerkuri and Muthothu Nitral in Neikuri. Vaikol Niram according to Seerana Abakkuva Neer Niram due to indigestion. Muthothu Nitral according to Kabha Neer due to the derangement of kabha.

The pharmacological study shows that the trial drug, Mandai Karappan Thylum has moderate anti-histamine, and anti-inflammatory

action. The external medicine, Karappan Mel Poochu Thylam has moderate anti-inflammatory action.

According to TREATMENT, primarily a laxative was given to correct the derangement of vaatha. Then the trial drugs were given to cure the disease, Mandai karappan.

According to the evidence of siddha literature, MANDAI KARAPPAN THYLUM possesses Alternative, tonic, Anthelmintic, parasiticidal, Antiseptic, Astringent, Diuretic action.

In KARAPPAN THYLAM, its bark contains Astringent action and its leaves contain Antiseptic action and healing property. GINGELLY OIL contains Emollient action and its preservative property, preserve this preparation for long time.

KARAPPAN MEL POOCHU THYLUM contains Astringent, Aromatic and Antiseptic action. Due to its aromatic action it relieves the offensive odour in Mandaikarappan. Its astringent action controls oozing and its antiseptic action prevent secondary infection.

All the patients were well responding to the internal as well as external application from the date of admission. The number of days taken for complete disappearance of the symptoms varied from case to case.

Out of 20 patients, 15% of patients had good relief, 60% of patients had moderate relief and 25% of patients had mild relief.

The analysis ensures the efficacies of the trial drugs which were proved clinically and pharmacologically.

The trial drugs used for Mandai karppan remedy are easily available and economic. The drugs are effective in Mandai karappan treatment.

SUMMARY

Mandai karappan, a well known disease with considerable involvement of the skin and wide constitutional features was taken for the present study.

At first step, various medical literatures dealing the disease karappan were collected. The disease Mandai karappan is more or less correlated with “Atopic Eczema”- Infantile and childhood type.

Twenty cases were selected and careful detailed history was elicited and diagnosis was made on both siddha and modern methodology. Among the 20 cases, 16 were male and 4 were female.

Regarding the treatment, all the cases were treated with “Mandai Karappan Thylum” internally and “karappan mel poochu thylum” externally. The duration of treatment ranged from 5 to 7 days depending upon the severity of the illness with further follow up for any recurrence. Most of the patients were responding well from the beginning with remarkable signs and improvement.

The clinical diagnosis was done upon the basis of signs and symptoms explained in siddha pediatric text “Balavagadam”.

The efficacies of the drugs were studied and observed during the study.

The clinical trial was conducted with 20 patients. Among these, 3 patients had good relief, 12 had moderate and 5 had mild relief.

During and after the course of treatment relapsing effects were reported and controlled by trail Medicine.

The potency of the drugs was studied by bio-chemical analysis and pharmacological analysis in Govt. Siddha Medical College, Palayamkottai.

The bio-chemical analysis reveals the presence of Calcium, Sulphate,

Ferrous, Tannic acid, Unstaturated compounds and amino acids.

The pharmacological analysis of the drug Mandai Karappan Thylum reveals the presence of anti-histamine, and anti inflammatory action. The drug Karappan Thylum possesses anti-inflammatory action.

These analyses ensure the efficacies of the trial drugs which were proved clinically.

CONCLUSION

- ❖ The literature has been collected from “Athma rachamirta vaithiya sarasangiragam” .
- ❖ Clinical trial was conducted with 20 cases from both sexes from different age groups, ranging between 1 year to 12 years
- ❖ Before starting the treatment careful detailed of the history of the patient was carried out and recorded.
- ❖ They were treated with ‘Mandai karappan Thylum’ internally and ‘Karappan mel poochu thylum’ externally.
- ❖ History, clinical findings, laboratory results, Envagai thervugal and uyir thathukkal were used for the diagnostic purpose for Mandai krappan disease.
- ❖ The general improvements of the patients were observed, few of the patients showed good relief generally, some of them showed moderate and most of them mild relief.
- ❖ From the clinical study shows that the internal drug is clinically moderately effective for controlling the disease.
- ❖ The action of external applications is also moderate action to contolled the disease.
- ❖ The drugs were found to be free from adverse effects from the beginning and the entire course of treatment.
- ❖ The raw drugs are available in all the months of the year.
- ❖ The preparation of medicine is very simple.

So they are beneficial for long term purpose for the disease “Mandai karappan”.

METHOD OF PREPARATION & PROPERTIES OF THE TRIAL DRUGS

Preparation and Properties of the trial drigs

1. கபால கரப்பானுக்குத் தைலம் :- உள்மருந்து
2. கரப்பானுக்கு மேற் பூச்சுத் தைலம் :- வெளிமருந்து

ஆதாரம்:- “ஆத்ம ரட்சாமிர்த வயித்திய சாரசங்கரகம்”

1. கபாலகரப்பானுக்குத் தைலம்:-

தண்ணீர் விட்டான் கிழங்குச்சாறு	-- 4படி
குமரிச்சாறு	-- 1படி
தூதுவேளைவேர்	-- 4பலம்
நல்லெண்ணெய்	-- 1படி
கொடிவேலி வேர்ப் பட்டை	-- 1 கழஞ்சு
கருஞ்சீரகம்	-- 1 கழஞ்சு
வேம்பாடம் பட்டை	-- 1 கழஞ்சு

செய்முறை:

தண்ணீர்விட்டான் கிழங்குச்சாறு, குமரிச்சாறு. தூதுவேளை வேரை இடித்துத்தண்ணீரில் போட்டு காய்ச்சி வடித்த கிழாயம், நல்லெண்ணெய் இவைகளைக் கலந்துஅதில் கொடிவேலிவேர்ப்பட்டை கருஞ்சீரகம், வேம்பாடம்பட்டை போன்றவற்றை அரைத்துப்போட்டுப் பதமாய்க்காய்ச்சி வடித்து எடுத்துக் கொண்டேன்.

அளவு:-

வயது நோயின் தன்மைக் கேற்ப வழங்கவும்.

தீரும் நோய்:-

கபாலக் கரப்பான்

ஆயுட் காலம்:-

1 ஆண்டு

1. தண்ணீர்விட்டான் கிழங்கு :-

Botanical Name :- Asparagus racemosus

Sanskrit Name :- Shatavari

Hindi :- Satavare

சுவை: இனிப்பு தன்மை: தட்பம் பிரிவு: இனிப்பு

செய்கை:

உடலுரமாக்கி - Nutritive

உள்ளழலாற்றி - Demulcent

இசிவகற்றி - Antispasmodic

Asparagus racemosus இதில்

Saccharine

Mucilage போன்ற Chemical compounds உள்ளன.

2. குமரி:

Botanical Name : Aloe vera

பயன் படும் உறுப்பு : பால், சாறு, வேர்.

சுவை : சிறுகைப்பு தன்மை : தட்பம் பிரிவு : இனிப்பு

செய்கை :

➤ உரமாக்கி

➤ உடற்தேற்றி

இதில்

- Aloin
- Barbaloin
- Emodin
- Socaloin
- Capalion முதலிய கிளைகோசைடுகள் உள்ளன.

3. தூதுவேளை:

Botanical Name : Solanum trilobatum

பயன்படும் உறுப்பு : இலை, பூ, காய்

சுவை: சிறுகைப்பு கார்ப்பு, தன்மை: வெப்பம் பிரிவு: கார்ப்பு

செய்கை:

வெப்பமுண்டாக்கி - Stimulant

கோழையகற்றி - Expectorant

உரமாக்கி - Tonic

Chemical compounds

Solanine-என்ற ஆல்கலாய்டு உள்ளது.

4. நல்லெண்ணெய்.

Botanical Name : Sesamum indicum

English :- Gingely Oil

Sanskrit :- Tilam

Malayalam :- Karuella

பயன்படும் உறுப்பு:- இலை, பூ, காய், விதை.

சுவை:-இனிப்பு தன்மை:-வெப்பம் பிரிவு:-இனிப்பு

நல்லெண்ணெய்யில் விட்டமின் 'இ' அதிகம் உள்ளது. இதில் Sesamin,

Sesamolin, Phytosterol ஆகிய வேதிப்பொருட்கள் உள்ளன.

5. கருஞ்சீரகம்:-

BOTANICAL NAME: NIGELLA SATIVA

வேறு பெயர் :- அரணம், உபகுஞ்சிகை

English :- Blackcumin

Small Fennel

Malayalam :- Karinchrakam

Sanskrit :- Krishnajiraka

Hindi :- Kala Zira

பயன்படும் உறுப்பு :- விதை

சுவை :- கைப்பு

தன்மை :- வெப்பம்

பிரிவு :- கார்ப்பு

செய்கை:-

புழுக்கொல்லி - Anthelmintic

தூக்குணிப்புழுக்கொல்லி - Parasiticide

வறட்சியகற்றி - Emolient

சிறுநீர்பெருக்கி - Diuretic

குணம்:-

“கருஞ்சீ ரகத்தான் கரப்பானொடு புண்ணும்

பீநசமு மாற்றும்- அருந்தினால்

காய்ச்சல் தலைவலியுங் கண்வலியும் போமுலகில்

வாய்ச்ச மருந்தெனவே வை”

Chemical compounds:-

Melanthin

Metarhin

ஆகிய குளுக்கோசைடுகள் மற்றும் சாப்போனின்கள் உள்ளன.

6. கொடிவேலி:-

Plumbago zeylanica.

English : Rose coloured lead - Wort

Sanskrit : Rakta-shikha

Hindi : Lal-Chita

வேறுபெயர்:-

சித்திரமூலம் , வன்னி , அக்னி

பயன் படும் உறுப்பு:- வேர்

சுவை: கார்ப்பு தன்மை: வெப்பம் பிரிவு: கார்ப்பு

செய்கை:-

உரமாக்கி -Tonic

பசித்தீதூண்டி -Stomachic

புறச்செய்கை:-

புண்ணாக்கி -Caustic

கொப்புளமெழுப்பி -Vesicant

குணம்:-

“சூலையும் வாய்வுஞ் சுகசன்னி மாந்தசுரஞ்

சீலசிர நோய்வாதந் தீருங்காண் - கோலமயிற்

மேடனைய மாதே பிறங்குசெஞ்சித் ரம்மூலம்

சேடு செம்பைத் துய்யபற்பஞ் செய்”

Chemical compounds:-

- Plumbagin
- Sistosterol போன்ற glycoside கள் உள்ளன.

2. கரப்பானுக்கு மேற்பூச்சுத்தலைம்

சேரும் சரக்குகள்:-

வெற்றிலைச் சாறு	-- 1 படி
மிளகுத்தக்காளிச்சாறு	-- 1 படி
எருக்கிலை பழுப்புச்சாறு	-- 1 2 படி
வேளைச்சாறு	-- 1 2 படி
நல்லெண்ணெய்	-- 1 2 படி
சுக்கு	-- 1பலம்
மிளகு	-- 1பலம்
திப்பிலி	-- 1பலம்
வசம்பு	-- 1பலம்

செய்முறை:-

வெற்றிலை, மிளகுத்தக்காளி, எருக்கிலைப் பழுப்பு, வேளை இவைகளின் சாற்றை நல்லெண்ணெய்யில் கலந்து அதில் சுக்கு, மிளகு, திப்பிலி ,வசம்பு ஆகியவற்றை அரைத்துப் போட்டு காய்ச்சி எடுத்துக்கொண்டேன்.

அளவு:-

வயது, நோயின் தன்மைக் கேற்ப வழங்கவும்

தீரும் நோய்:-

கபால கரப்பான்

ஆயுட்காலம்:-

1 ஆண்டு

கபாலக் கரப்பானுக்கு மேற் பூச்சுத் தைலம்:-

1. வெற்றிலை : BOTANICAL NAME: PIPER BETAL

English : Betal leaf

Family : Piperaceae

பயன்படும் உறுப்பு: இலை

சுவை : விறுவிறுப்பு, கார்ப்பு தன்மை:- வெப்பம் பிரிவு:- கார்ப்பு

செய்கை: வெப்பமுண்டாக்கி - Stimulant

அழுகலகற்றி - Antiseptic

துவர்ப்பி - Astringent

குணம்:-

“ஐயம் அறுங் காண் அதன் சாரங் கொண்டக்காற்

பையச் சயித்தியம்போம் பைந்தொடியே மெய்யின்

கடியின்குணம் போசுங் காரவெற்றி லைக்குப்

படியுமுத் தோடமிதைப் பார்”.

இதனால் ஐயம், சயித்தியம், காணக்கடி, முப்பிணி நீங்கும்

Chemical compounds

Arakene என்ற ஆல்கலாய்டு

Sesquiterpene என்ற டெர்பினாய்டுகள்

Chavicol எனும் பீனால் உள்ளது.

2. மிளகுத் தக்காளி:-

Botanical Name : Solanum nigrum

பயன் படும் உறுப்பு :- இலை, காய்

சுவை:- இனிப்பு தன்மை:-வெப்பம் பிரிவு:-இனிப்பு

செய்கை

உடற்தேற்றி - Alternative

வியர்வைப்பெருக்கி - Diaphortic

சிறுநீர்பெருக்கி - Diuretic

Chemical compounds:

Solanine, Saponine ஆகிய ஆல்கலாய்டுகள் உள்ளன.

தண்டின் நுனிக் குருத்து தோல்நோய்க்கும், காளாஞ்சகப்படைக்கும்
மருந்தாகிறது.

3.எருக்கிலைப் பழுப்பு

Botanical Name : Calotropis gigantea.

English : Mudar

Sanskrit : Arka.

Hindi : Akan

Malayalam :Erukku.

பயன் படும் உறுப்பு : இலை, பூ, பால்

செய்கை:-

புழுக்கொல்லி - Anthelmentic

உடற்தேற்றி - Alternative

மலமிளக்கி - Laxative

வெப்பமுண்டாக்கி - Stimulant

Chemical Compounds:-

➤ calotoin

➤ calactin

➤ uscharin ஆகிய வேதிப்பொருள்கள் உள்ளது.

4. நல்லெண்ணெய்:-

Botanical Name :- Sesamum indicum

English :- Gingely Oil

Sajskrit :- Tilam

Malayalam :- Karuella

பயன்படும் உறுப்பு :- இலை, பூ, காய், விதை.

சுவை:-இனிப்பு தன்மை:-வெப்பம் பிரிவு:-இனிப்பு

5. சுக்கு:

Botanical name : Zingiber officinals

English name : Dried Ginger

Hindi : Sonth

பயன்படும் உறுப்பு: கிழங்கு

சுவை: கார்ப்பு தன்மை: வெப்பம் பிரிவு: கார்ப்பு

செய்கை:

வெப்பமுண்டாக்கி - Stimulant

பசித்தீத்தூண்டி - Stomachic

அகட்டுவாய்அகற்றி - Carminative

Chemical compounds:

Phellandrene

Gingerol - முதலிய டெர்பீன்கள் உள்ளது.

Gingerin - என்னும் ஒலியோ ரெசின் உள்ளன.

6. மிளகு:-

Botanical Name :- Piper nigrum

Malayalam :- Kurumulaku

Hindi :- Kali-Mirch

பயன்படும் உறுப்பு:- விதை, கொடி.

சுவை:-கைப்பு, தன்மை:-வெப்பம், பிரிவு:-கார்ப்பு

செய்கை:-

காறலுண்டாக்கி - Acrid

தடிப்புண்டாக்கி - Rubefacient

வீக்கங்கரைச்சி - Resolvant

நச்சரி - Antidote

குணம்:-

தீயாகி யெங்கும் திரியுமதை யாவத்து

மேயாயம லெப்படியு முண்டாக்காற் - பாயாது

போந்திமிர்வா தங்கிரந்தி புண்ணீரும் மண்ணவர்க்கும்

காந்திமெய்வா தச்சலுப்பைக் காய்.

7. திப்பிலி:-

Botanical Name :- Piper longum

English :- Long Pepper

Sanskrit :- Pippali

பயன்படும் உறுப்பு: - காய், அரிசி,

சுவை:-இனிப்பு தன்மை :-தட்பம் பிரிவு:-இனிப்பு

செய்கை:-

வெப்பமுண்டாக்கி - Stimulant

அகட்டுவாயுவகற்றி - Carminative

Chemical compounds

Piperine என்ற ஆல்கலாய்டு உள்ளது.

8.வசம்பு:-

Botanical Name :- Acorus calamus

English :- Sweet-flag

Malayalam :- Vajambu

பயன் படும் உறுப்பு:- வேர்

சுவை:-கார்ப்பு தன்மை:-வெப்பம் பிரிவு:-கார்ப்பு

செய்கை:-

நுட்புழுக்கொல்லி - Germicide

தொற்றுபுழுவகற்றி - Disinfectant

வெப்பமுண்டாக்கி - Stimulant

9. வேளை :-

Botanical name :- ClemoneViscova

Malayalam :- Karvela

Sanskrit :- Ajaganda

Hindi :- Hurhur

பயன்படும் உறுப்பு :- இலை., பூ, விதை, வேர்

சுவை: கார்ப்பு தன்மை:- வெப்பம் பிரிவு:- கார்ப்பு

செய்கை:-

புழுக்கொல்லி - Anthelmentic

தடிப்புண்டாக்கி - Rebefacient

இசிவகற்றி - Antispasmatic

அகட்டுவாய் அகற்றி - Carminative

வியர்வைப் பெருக்கி - Diaphoretic

BIO – CHEMICAL ANALYSIS

GOVT.SIDDHA MEDICAL COLLEGE, PALAYAMKOTTAI

BIO-CHEMICAL ANALYSIS OF MANDAI KARAPPAN THYLUM (INTERNAL)

Preparation of the extract:

5 gram of chooranam was weighed accurately and placed in a 250 ml clean beaker. Then 50 ml distilled water was added and dissolved well. Then it is boiled well for about 10 minutes. It was cooled and filtered in a 100 ml volumetric flask and then it was made up to 100ml with distilled water. This fluid was taken for analysis.

Qualitative Analysis

S.NO	EXPERIMENT	OBSERVATION	INFERENCE
1	<u>TEST FOR CALCIUM</u> 2ml of the above prepared extract is taken in a clean test tube. 2 ml of 4% Ammonium oxalate solution is added to it.	A white precipitate is formed	Indicates the presence of calcium
2	<u>TEST FOR SULPHATE:</u> 2ml of the extract is added to 5% barium chloride solution.	A white precipitate is formed	Indicates presence of Sulphate
3	<u>TEST FOR CHLORIDE</u> The extract is treated with silver nitrate solution.	No white precipitate is formed	Absence of Chloride
4	<u>TEST FOR CARBONATE</u> The substance is treated with concentrated Hydrochloric Acid.	No brisk effervescence is formed	Absence of carbonate
5	<u>TEST FOR CARBONATE</u> The extract is added with	No White precipitate is	Absence of Zinc

	PittasssiumFerroCyande Solution	formed	
6	<u>TEST FOR IORN</u> The extract is trated with concentrated Glacial acetic acid and potassium ferro cyanide	No Blue colour is formed	Absence of ferrric iron
7	<u>TEST OF FERROUS IRON</u> The extract is treated with concentrated Nitric acid and ammonium thio cyanate	Blood red colour is formed	Indicates the presence ferrous iron
8	<u>TEST FOR PHOSPHATE</u> The extract is treated with ammonium Molybdate and concentrated nitric acid.	Yellow precipitate is formed	Indicates presence of Phosphate
9	<u>TEST FOR ALBUMIN</u> The extract is treated with ferric chloride	No Yellow precipitate is formed	Absence of Albumin
10	<u>TEST FOR TANNIC ACID</u> The extract is treated with. Esbatch's reagent	Blue black precipiate is formed	Indicates presence of Tannic acid
11	<u>TEST FOR UNSATURATION</u> Potassium permanganate solution is added to the extract.	It gets decolourised	Indicates the presence of unsaturated compound
12	<u>TEST FOR THE REDUCING SUGER</u> 5ml of Benedict'squalitativesolution is taken in a test tube and allowed to boil for 2 mts and added 8-10	No colour change occurs	Absence of Reducing suger

	drops of the extract and again boil it for 2 mts.		
13	<u>TEST FOR AMINO ACID</u> Once or two drops of the extract is placed on a filter paper and dried it well. After drying, 1% Ninhydrin is sprayed over the same and dried it well.	Violet colour is formed	Indicates the presence of Amino acid

PHARMACOLOGICAL ANALYSIS

ANTI-HISTAMINIC EFFECT OF MANDAI KARAPAN THYLUM

Aim

To study the anti-histaminic affect of “Mandai KarappanThylum”

Preparation of drug

1gm of Mandai Karappan Thylum was added with 5ml of water. This was used for the studies.

Solution required

Histamine (1 in 1, 00,000 strength)

Method

A Guinea pig weighing about 450gms was starved for 48 hours and only water was allowed. It was killed by stunning with a sharp blow on the head and cutting its throat to bleed it to death. The abdomen was quickly opened and the viscera inspected and loops of intestine identified using the patch as a land mark. Then the ileum was removed and placed in a shallow-dish containing warm “Tyrode solution” mixed with atropins. With the help of 25ml pipette, the lumen of the ileum was gently rinsed out with saline. It was cut into segments of required length, generally 4 cm, in a fully relaxed state and the sutures were made with needle and tied at either ends. The segment was suspended in an isolated organ bath. It was aerated by an organ tube and immersed in Tyrode solution at 37° C. Drugs were given to study the inhibitory effect of histamine induced contractions.

Inference

The drug has moderate anti-histamine action.

**Acute Anti-Inflammatory Study on
MANDAI KARAPPAN THYLUM
by
Hind-Paw Method in Albino Rats**

Aim

To study the acute Anti inflammatory effect of “Mandai Karappan Thylum”.

Preparation of the test drug

1 gm of “Mandai Karappan Thylum” was dissolved in 10 ml of water. A dose of 2 ml was give into each rat. This 1 ml contains 100 mg of the test drug.

Procedure

Six healthy albino rats weighing 100 – 150 gm were taken and divided into three groups, each consisting of 2 rats.

First group was kept as control by giving distilled water of 1 ml/100 gm of body weight. The third group received the test drug “Mandai Karappan Thylum” of 200mg/100gm of body weight.

Before administration of test drug, the hind – paw volume of all rats was measured. This was done by dipping the hind – paw (up to tibio – tarsal junction) in to a mercury plethysmo graph. While dipping the hind – paw by pull in the syringe piston, the level of mercury in the center small tube was made to coincide with red marking and reading was noted from the plethysmo graph.

Soon after the measurement the drugs were administered orally. One hour later a sub–cutaneous injection of 0.1 ml of 1% (W/V) Carrageenin in water was made into plantar surface of both hind – paw of each rat. Three hours after carrageenin injection, the hind – paw volume was measured once again. The difference between the initial and final volume was calculated and compared.

The method is more suitable for studying the anti – inflammatory activity in acute inflammation. The values are given in the table.

Effect of KARAPPAN THYLUM

Groups	Drug	Dose/ 100gm body	Initial Reading average	Final Reading average	Mean difference	Inflammation %	inhibi- tion %	Remarks
Control	Water	1 ml	0.65	1.5	0.85	100.0	Nil	-
Standard	Ibuprofen	20 mg / ml	0.80	0.85	0.05	6.25	93.75	-
Test drug	karappan Thylum	100 mg / 1 ml	0.80	1.4	0.6	66.6	34.4	Moderate

Inference : The test drug has Moderate Anti – Inflammatory action.

**CHRONIC ANTI-INFLAMMATORY STUDY ON
MANDAI KARAPPAN THYLUM
BY
COTTON PELLETS GRANULOMA METHOD IN ALBINO RATS**

Aim

To study the chronic anti-inflammatory activity of the drug. "Mandai Karappan Thylum" in the rats by cotton pellets implantation (granuloma) methods.

Preparation of the test drug

1 gm of "Mandai Karappan Thylum" was mixed with dissolved in 10 ml of distilled water. A dose 1 ml was given to each rat. This 1 ml contains 100 mg of test drug.

Procedure

Cotton pellets each weighing 10 mg prepared and sterilized in the autoclave for about one hour under 15 Hg atmospheric pressure. 6 rats weighing between 100 – 200 Gms were selected and divided into 3 groups each containing 2 rats. Each rat was anaesthetized with ether and cotton pellets were implanted subcutaneously in the groin of two on each side.

From the day of implantation a group of animals received "Mandai Karappan Thylum" in a dose of 100mg/100gm of body weight. The control group of animals received distilled water 1 ml /100gm of body weight. The standard group of animals received distilled water 1 ml/100gm of body weight. The standard group of animals received Ibuprofen in a dose of 20mg/100gm of body weight.

On the eighth day the rats were sacrificed and the pellets were removed and weighed. They were put in an incubator at 60° – 80°C and then they were weighed.

The weight of the granulation tissue formed is the difference between the weight and dry weight. The results of the control standards and test group were compared and the results were calculated.

Effect of Mandai KarappanThylum

Groups	Drug	Dose/ 100gm body	Pellet Weight	Pellet weight of the Granuloma of the drugs	Mean Difference	Inflammation	inhibition %	Remarks
Control	Water	1 ml	10 mg	250mg	-	100	-	-
Standard	Ibuprofen	20 mg / 1 ml	10 mg	56mg	-	22.4	77.6	-
Test drug	Karappan Thylum	100 mg / 1 ml	10 mg	147mg	-	59	41	Moderate Action

Inference : The test drug has Moderate Anti – Inflammatory action in chronic condition.

**ACUTE ANTI – INFLAMMATORY STUDY ON
MANDAI KARAPPAN THYLUM AND KARAPPAN MEL POOCHU
THYLUM (EXTERNAL USE)
BY HIND – PAW METHOD IN ALBINO RATS**

Aim

To study the acute Anti inflammatory activity of the test drug “Mandai Karappan Thylum and Karappan mal poochu Thylum”.

Preparation of the test drug

The “Mandai Karappan Thylum and Karapan mel poochuThylum”is prepared as per the Gunapadam moologai – vaguppu and described later.

Procedure

Six healthy albino rats weighing 100 – 150 gm were taken and divided into three groups, each consisting of 2 rats.

First group was kept as control by giving distilled water of 1 ml\100gm of body weight. The second group was given Ibuprofen at does of 20mg\100gm of body weight. The third group was kept as test group.

Before administration of test drug, the hind-paw volumes of all rates were measured. This was done by dipping the hind-paw (up to tibio-tarsal junction) into a mercury Plethysmograph. While dipping the hind-paw, by pulling the syringe piston, the level of mercury in the centre small tube was made to coincide with red marking and reading was noted from the Plethysmograph.

Soon after the measurement, the drugs were administered to the first and second orally. One hour later, a sub-cutaneous injection of 0.1ml of 1% (WV) carrageenin in water was made into planter surface of both hind-paw of each rat. To the third (test group) “Karappan Thylum and Karappan mel pocchu Thylum” was topically applied for three times over

the inflamed surface in a thin layer within half an hour gap. To the other groups no drug was applied over inflamed surface.

One and half-hour after injection the hind-paw volume was measured once again. The difference between the initial and final volume would show the amount of inflammation. Taking the volume in the control group as 100% of inflammation, anti-inflammation, anti-inflammatory effect of the test group is calculated.

Effect of Mandai Karappan Thylum and Karappan mel poochu Thylum

Groups	Drug	Dose\ 100gm body	Initial Reading average	Final Reading average	Mean difference	Inflam mation %	inhibition %	Remarks
Control	Water	1ml	0.65	1.50	0.85	100.0	-	-
Standaerd	Lbuprofen	20mg\1ml	0.80	0.85	0.05	6.25	93.75	-
Test drug	Karappan Thylum and Karappan mel poochu thylum	Ext.	0.8	1.5	0.7	77.7	22.3	Moderate

Inference: The test drugs has Moderate acute Anti-inflammatory action.

PROFORMA

CASE SHEET PROFORMA – Karappan

GOVERNMENT SIDDHA MEDICAL COLLEGE AND HOSPITAL

Post Graduate Research Centre

Branch IV – Kuzhandai Maruthiyam

Palayamkottai – 627 002.

Name of the Medical unit:	:	Nationality	:
I.P.No.	:	Religion	:
Bed No.	:	Date of Admission	:
Name	:	Date of Discharge	:
Age/Sex	:	Duration of treatment:	:
Occupation (Parents)	:	Diagnosis	:
Income (Parents)	:	M.O.	:
Informant	:		
Address: Temporary	:		

Permanent :
Complaints and duration :
History of present illness :
History of past illness :
Antenatal History :
Birth and Neonatal :
Dietetic and Nutritional History :
Developmental History :
Family History :
Social History :
Immunization History :
Contact History :

General Examination

1. Co- operative :
2. Consciousness :
3. Decubitus :
4. Anaemia :
5. Jaundice :
6. Cyanosis :
7. Clubbing :
8. Pedal oedema :
9. Lymph adenopathy :
10. Nourishment :
11. Skin changes :

Vital sings

1. Pulse
 - Rate :
 - Rhythm :
 - Volume :
 - Character :
2. B.P. :
3. R.R. :
4. Temp :

Anthropometry

1. Wt – Weightage :
2. Ht – Heightage :
3. Mid arm circumference :
4. Head circumference :
5. Chest :
6. Skin fold thickness :

Clinical Examination: Siddha Syatem

Poripulangal

Mei :
Vai :
Khan :
Mookku :
Sevi :

Kanmendriyam – Kanmaidayam

Kai :
Kall :
Vaai :
Eruvaai :
Karuvaai :

Gunam

Sathuvam :
Rajo :
Thamo :

Nilam

Kurinchi :
Mullai :
Marutham :
Neithal :
Palai :

Paruva kaalam

Kar :
Koothir :
Munpani :
Elavenil :
Muthuvenil :

Utkayam – Athakayam

Puyam :
Chayam :
Kaal :
Paatham :

Pira uruppugalin nilai

Moolai :
Iruthayam :
Puppusam :
Kalleral :
Manneeral :
Kudal :
Siruneeragam :
Kuri :

Mummalam

Viyarvai :
Malam :
Moothiram :

Mukutra udal

Vaatha thegi :
Piththa thegi :
Kabha thegi :
Kalappu thegi :

Udal kattugal

Saaram :
Senneer :
Oon :
Kozhuppu :
Enbu :
Moolai :
Sukkilam/Suronitham :

Envagai Thervugal

Naadi	:
Sparisam	:
Naa	:
Niram	:
Mozhi	:
Vizhi	:
Malam	:
Moothiram	:

Vaatham

Piranan	:
Abaanan	:
Uthaanan	:
Viyaanan	:
Samaanan	:
Naagan	:
Koorman	:
Kirugaran	:
Devathathan	:
Dhananjeyan	:

Pitham

Anilam	:
Ranjakam	:
Sathagam	:
Alosakam	:
Pirasakam	:

Kabam

Avalambagam	:
Kiletham	:
Pothagam	:
Tharpakam	:

Santhigam	:
<u>Neerkuri</u>	
Niram	:
Manam	:
Nurai	:
Edai	:
Enjel	:
<u>Neikuri</u>	
<u>Malakuri</u>	
Niram	:
Nurai	:
Elagal	:
Erugal	:
<u>Clinical Examination of Skin</u>	
Site of the lesion	:
Size	:
Shape	:
General colour of the skin	:
Colour of lesion	:
Pruritus	:
Erythema	:
Scaling	:
Oozing	:
Crusting	:
Lichenified	:
Hair follicular involvement	:
Exudation	:
Excoriation	:
Ulceration	:
Bleeding	:
Macule	:

Papule :
Pustule :
Nodule :
a. Wheal :
b. Scar :

Blister

Vesicle :
Bullae :
Scald like :
Haemorrhage :

Examination of other systems

CNS :
CVS :
RS :
Abdomen :

Lab Investagation

1. Blood :
TC :
DC :
Hb :
ESR :
VDRL :
Sugar :
Urea :
Cholesterol :
IgE :

2.Urine

Albumin :
Sugar :
Deposits :

3.Motion

Ova :

Cyst :

RBC :

Pus Cells :

4. Skin scrapping for fungus :

5. Skin clipping :

6. Skin biopsy :

7. Culture and sensitivity :

DIFFERENTIAL DIAGNOSIS :

PROGNOSIS :

MARUTHUVAMURAI :

DAILY PROGRESS :

ADVICE :

11	Discolouration		
12	Emaciation		
13	Fatigue		

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INPATIENTS REPORT

S NO	I.P.NO	Name	Age/Sex	Clinical Features	Duration of Illness	DOA	DOD	Duration of Treatment in I.P.&O.P	Motion	
									OVA	Cyst
1	1005	Kalpana devi	8/f	Itching, Erythema, Papules, vesiculation, Profuse exudates	2 months	2/5/06	8/5/06	3 months	Nil	Nil
2	1992	Naveen Rajan	1/m	Itching, Scaling, small pustules, ulceration, Scratch mark	1 month	29/8/06	4/9/06	4 months	Nil	Nil
3	2609	Manuvel	8/m	Scaling, Ulceration, small pustules, Pigmentation changes	4 months	20/11/06	24/11/06	2 months	Nil	Nil
4	2610	Prakesh	11/f	Itching, Scaling, Pigmentation changes	3 months	20/11/06	24/11/06	1 month	Nil	Nil
5	2611	Kandhan	12/m	Itching, Erythema, ulceration, Scaling Dry skin	2 months	20/11/06	24/11/06	4 months	Nil	Nil
6	2630	Vidhya	9/f	Ulceration, small pustules, Pigmentation changes.	5 months	20/11/06	24/11/06	3 months	Nil	Nil
7	2696	Ameerkhan	10/m	Small pustules, Ulceration, Erythema	4 months	28/11/06	4/11/06	2 months	Nil	Nil
8	210	Arumugam	9/m	Itching, Erythema, Scaling, Ulceration	4 months	25/1/07	29/1/07	6 months	Nil	Nil
9	202	Prakesh	6/m	Erythema, Scaling, Small pustules, Dry skin	3 months	25/1/07	29/1/07	3 months	Nil	Nil
10	209	Kavirayan	8/m	Itching, dry skin, cracking Scaling, Ulceration, scratch Marks	3 months	25/1/07	29/1/07	3 months	Nil	Nil
11	280	Vijaya prabhagan	8/m	Dry skin, cracking, scratch Marks, Ulceration	1 month	30/1/07	3/2/07	4 months	Nil	Nil

S NO	I.P.NO	Name	Age/Sex	Clinical Features	Duration of Illness	DOA	DOD	Duration of Treatment in I.P.&O.P	Motion	
									OVA	Cyst
12	261	Chindiya	m/f	Papules, Vesiculation, Profuse exduates fissure scaling	2 months	30/1/07	3/2/07	2 months	Nil	Nil
13	262	Maruthy	7/m	Itching ,Dry skin, cracking, fissure scaling	4 months	3/1/07	3/2/07	1 month	Nil	Nil
14	268	Nandini	11/f	Itching, Erythema, Scaling,Fissure&scretch	2 months	30/1/07	3/2/07	3 months	Nil	Nil
15	350	Ananth	12/m	Erythema, Scaling, Fissire&scretch dry skin,cracking	6 months	6/2/07	13/2/07	2 months	Nil	Nil
16	1045	Antoney Michalraj	9/m	Itching ,Scaling, Erythema,dry skin, cracking	2 months	19/4/07	24/4/07	1 month	Nil	Nil
17	1042	Manikandan	9/m	Erythema,Itching,dry skin, cracking fissure&scretch	6 months	19/4/07	24/4/07	4 months	Nil	Nil
18	1047	Anandaraj	8/m	Papules, Vesiculation,Smallpustules. Ulceration,dry skin	1 month	19/4/07	24/4/07	3 months	Nil	Nil
19	1101	Masana muthu	8/m	Itching, Erythema,dryskin,cracking,Uleration	4 months	25/4/07	30/4/07	2 months	Nil	Nil
20	1252	Antony	7/m	Itching, Erythema,Scaling,cracking,dry skin,small pustules, ulceration	3 months	11/5/07	16/5/07	2 months	Nil	Nil

INVESTIGATION CHART

S.NO	I.P.NO.	Before Treatment							After Treatment							Urine	
		Tc Cells/Cumm	DC%			Hb %	ESR mm/hr		Tc Cells/Cumm	DC %			Hb %	ESR mm/hr		Alb	Sug
			P	L	E		½ hr	1 hr		P	L	E		½ hr	1 hr		
1	1005	8700	58	36	6	54	12	24	9200	61	35	4	78	6	12	Nil	Nil
2	1992	10200	60	30	10	51	12	23	10400	60	34	6	70	9	11	Nil	Nil
3	2609	9600	60	36	4	54	12	24	9600	61	35	4	78	6	12	Nil	Nil
4	2610	10100	60	28	12	62	10	21	10200	58	34	8	72	6	13	Nil	Nil
5	2611	9200	59	33	8	71	7	15	9400	62	33	5	84	6	10	Nil	Nil
6	2630	9400	64	28	8	72	8	13	9810	64	31	5	88	7	12	Nil	Nil
7	2696	9600	56	34	10	54	12	24	9420	61	35	4	78	6	12	Nil	Nil
8	210	9800	62	32	6	70	8	17	9990	63	32	5	70	5	10	Nil	Nil
9	202	9750	56	34	8	72	7	13	10120	61	34	3	33	5	12	Nil	Nil
10	209	10200	58	37	5	70	8	16	10300	62	33	5	84	6	10	Nil	Nil
11	280	9800	62	28	10	74	7	15	9820	63	31	6	82	6	10	Nil	Nil
12	261	11120	60	36	4	68	8	15	11200	60	36	4	75	7	12	Nil	Nil
13	262	9250	58	36	6	54	12	24	9300	61	35	4	78	6	12	Nil	Nil
14	260	8750	60	28	12	62	10	21	9200	58	34	8	72	6	13	Nil	Nil
15	350	8800	56	34	8	72	7	13	9350	61	34	3	83	5	10	Nil	Nil
16	1045	8600	60	30	10	51	12	23	9200	60	34	6	70	9	13	Nil	Nil
17	1042	7200	58	37	5	70	8	16	8200	59	35	6	81	7	11	Nil	Nil
18	1047	7300	62	28	10	74	7	15	7500	63	31	6	82	6	10	Nil	Nil
19	1101	9600	60	30	10	84	9	16	9700	67	26	7	87	7	12	Nil	Nil
20	1252	9120	62	33	5	74	8	17	10400	60	35	5	83	5	10	Nil	Nil

வெற்றிலை



மிளகுத் தக்காளி



எருக்கிலை பழுப்பு



வேளை



சுக்கு



மிளகு



திப்பிலி



வசம்பு



தண்ணீர்விட்டான் கிழங்கு



குமரி



தூதுவேளை



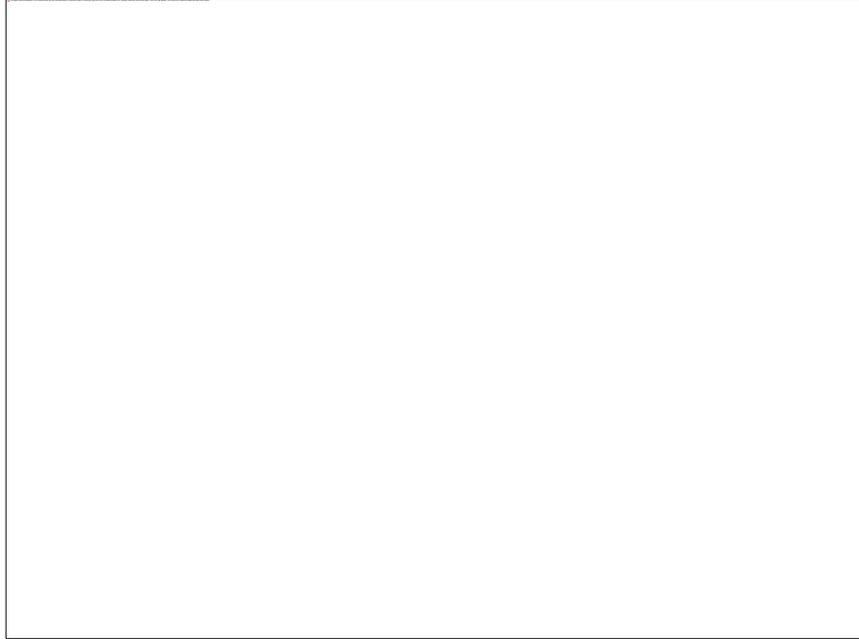
கொடிவேலி வேர்



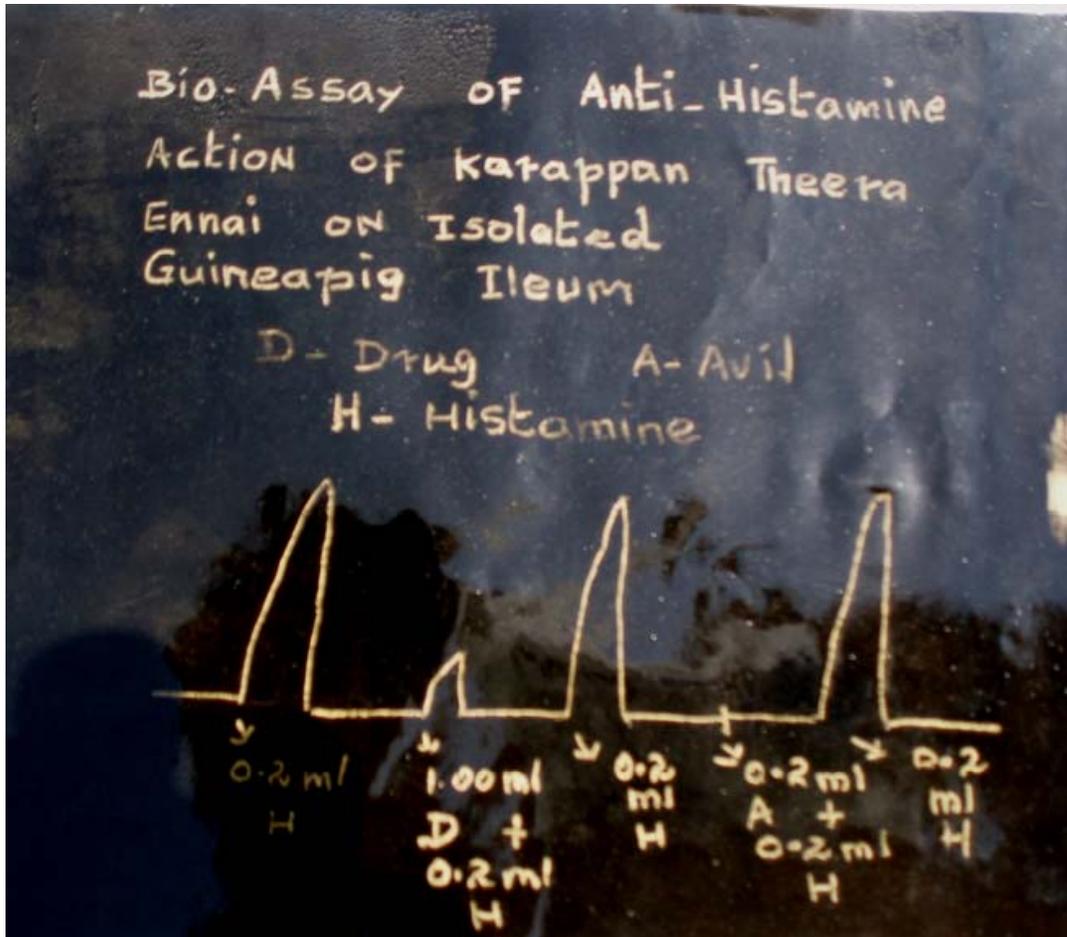
கருஞ்சீரகம்



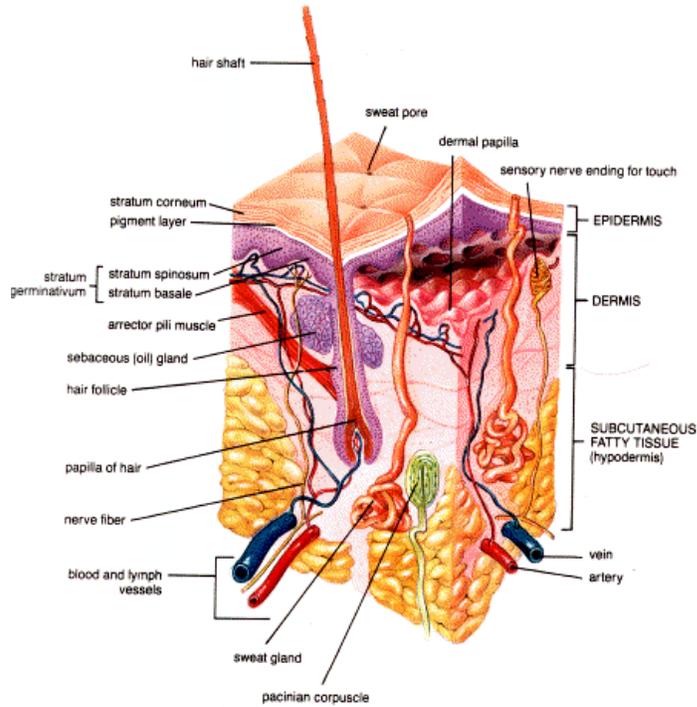
வேம்பாடம் பட்டை



Bio- Assay of Anti- Histamine Action of Karappan Thylum



NORMAL SKIN



SKIN IN ECZEMA

