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INTRODUCTION

Siddha system propounded by siddhars is a vast and unique system. The system not only deals with medicine but with spirituality, righteous way of living, rejuvenation and its main aim “Attainment of perfection”.

It defines health as a “perfect state of Physical, Psychological, Social and Spiritual well being of an individual”

According to siddha, there are basic constituent complexes in the physiological system called “DHATHU” (HUMOUR). They are Vadha, Pitha, Kapha. These three humours form the connecting link between microcosm or man and macrocosm or world.

The other system of medicine deals only prevention and treatment of disease. But our siddha system of medicine not only deals with prevention but also strives to prolong the longevity of human life and also quality of life.

Thirumoolar Thirumanthiram 8000 quoted the above as follows:
In Siddha system, the theory of panchabhusahas plays a major role in all aspects.

Skin is one of the components of Prithvi (earth) this is mentioned as:

"விளைவான சமாதானம் வெளிப்படையில் குறு
நேர்ப்பிட்டு உடல் வெளிக்கான் துறும் குப்பித்தான்"

The author has chosen **Vadha Karappan** one of the skin disease as the topic for this dissertation.

The trial drug selected for this dissertation are

1. **Karunjchiraga chooranam** (Internal)
2. **Kanjankorai thylam** (External)
3. **Seemaigathi podi** (External)

The disease was studied in the in-patients and out-patients in the post graduate department of Kuzhanthai Maruthuvam at Government
Siddha Medical College, Palayamkottai. All the patients were treated with trial drug and the result were dealt with.

AIM AND OBJECTIVES

AIM:

About 20 to 30 percent problems in infants and children pertain to dermatology, lot of interest has been developed in the field of pediatric dermatology. Hence this study was carried out with an intention to formulate an apt treatment for Vadha Karappan.

The author of this work has selected for dissertation, the disease karappan, one of the most common skin diseases. As we move on to the modern world with our changing life styles, and food habits, we are prone to many skin diseases due to
highly polluted, contaminated environment, allergic & sensitive individuals who suffer from diet and cosmetics.

At the pediatric stage of life, the integument differs from that of adults in important essentials, hence the proneness and development of diseases varies in several respects because infections are common, immunological development is incomplete and psychosomatic system is immature and unstable.

Uncontrolled skin eruptions in children may further involve the other systems making them vegetative individuals in the society. Hence a special attention in controlling and preventing the dermatological problem is necessary.

**OBJECTIVES:**

* To collect various trust worthy ideas about Vadha karappan with deep observation of the etiology, clinical features, diagnosis, prognosis, complications based on both siddha and modern aspects.
* To have an idea about the prevalence of Vadha karappan with reference to age, sex, socio-economic status, family history etc.

* To expose the siddha diagnostic principle in diagnosing the disease.

* To evaluate the pharmacological study and bio-chemical analysis of the trial medicines.

* To have a clinical trial on the patients with the selected drugs along with proper diet supporting the treatment.

* To use modern diagnostic parameters in studying the progress of the patients.

* To advice the parents about the prevention of disease by improving personal hygiene.
VADHA KARAPPAN is one of the eighteen types of Karappan which affects the children. This skin disease was described by various siddhars in detail about the general aetiology, signs and symptoms and prognosis. Also classified on the basis of the Threedosha, Envagai thervugal, Neerkuri and Neikuri.

**Definition**

- Sídhá நாதிக்கு பாடு, மலஸ்தாவு, முடிச்சு, வீரகம், வைத்திரு, முன்மிளை, முத்து, வடம், குறிப்பு.
- Sídhá கொண்டாட்டம் குழிக்குரிய பார்வை, வைத்திரு குழிக்குரிய பார்வை.
- Sídhá கொண்டாட்டம் முடிச்சு முடிச்சு, வைத்திரு முடிச்சு, வைத்திரு முடிச்சு.
- Sídhá முன்மிளை முன்மிளை, வைத்திரு முன்மிளை.
- Sídhá முன்மிளை, வைத்திரு முன்மிளை.

"நூற்றுக்கு மிகுதிக் கொஞ்சு கொஞ்சிக் கொஞ்சிக் கொஞ்சிக் கொஞ்சிக் கொஞ்சிக் கொஞ்சிக் கொஞ்சிக் கொஞ்சிக் கொஞ்சிக் கொஞ்சிக் கொஞ்சிக் கொஞ்சிக் கொஞ்சிக் கொஞ்சிக் கொஞ்சிக் கொஞ்சிக் கொஞ்சிக் கொஞ்சிக் கொஞ்சிக் கொஞ்சிக் கொஞ்சிக் கொஞ்சிக் கொஞ்சிக் கொஞ்சிக் கொஞ்சிக் கொஞ்சிக் கொஞ்சிக் கொஞ்சிக் கொஞ்சிக் கொஞ்சிக் கொஞ்சிக் கொஞ்சிக் கொஞ்சிக் கொஞ்சிக் கொஞ்சிக் கொஞ்சிக் கொஞ்சிக் கொஞ்சிக் கொஞ்சிக் கொஞ்சிக் கொஞ்சிக் கொஞ்சிக் கொஞ்சிக் கொஞ்சிக் கொஞ்சிக் கொஞ்சிக் கொஞ்சிக் கொஞ்சிக் கொஞ்சிக் கொஞ்சிக் கொஞ்சிக் கொஞ்சிக் கொஞ்சிக் கொஞ்சிக் கொஞ்சிக் கொஞ்சிக் கொஞ்சிக் கொஞ்சிக் கொஞ்சிக் கொஞ்சிக் கொஞ்சிக் கொஞ்சிக் கொஞ்சிக் கொஞ்சிக் கொஞ்சிக் கொஞ்சிக் கொஞ்சிக் கொஞ்சிக் கொஞ்சிக் கொஞ்சிக் கொஞ்சிக் கொஞ்சிக் கொஞ்சிக் கொஞ்சிக் கொஞ்சிக் கொஞ்சிக் கொஞ்சிக் கொஞ்சிக் கொஞ்சிக் கொஞ்சிக் கொஞ்சிக் கொஞ்சிக் கொஞ்சிக் கொஞ்சிக் கொஞ்சிக் கொஞ்சிக் கொஞ்சிக் கொஞ்சிக் கொஞ்சிக்

- பார்வைகள்.

**Notes:**
In Balavagadam,

In-take of cholam, Kambu, Varagu, vazhaikkai, Pagakkai, Fish, Mutton,

This means a child's health is affected even at the time of conception. They have also told that the physical and mental condition and diet taken by the mother during pregnancy and lactation directly affects the child and thus it may be a factor for the disease or weakness of the child. They have also mentioned the external factors of disease.

It has been mentioned that the conditions of the father also affects the child.
Development of immunity of a child starts in the intra-uterine life itself. Therefore the drugs taken by the pregnant woman every month have to be dealt with.

The predominance of elements gunas and doshas at the time of fertilization decides the constitution (or) bio-typology of the individual one throughout the life time.

The physical constitution of an individual depends upon the following,

- Condition of sperm and ovum at the time of conception.
- Nature and condition inside the uterus.
- Food and other regimens adapted by mother during pregnancy.
- Nature of the elements comprising the foetus.

In take of fish, mutton, rhizomes, tubers of some plants taken by the mother produces Karappan in the child due to breast feeding.

In Yugi Vaidhya chinthamani:

“நமது கூம்பாழியின் அம்மவுக்கு செல்லும்
நோய்களில் வகைகளைத் துறைக்கும்போது

8
In Pararasa Sekaram:

In Pararasa Sekaram:

Airborn infection.

- Excessive intake of jaggery, Fish, mangoes.
- Poisonous bites may cause the disease.

In Balavagadam – Karappan is classified into eighteen types:
1. Vatha karappan  
2. Pitha karappan  
3. Sethuma karappan  
4. Ari Karappan  
5. Oothu Karappan  
6. Soolai karappan  
7. Vedi karappan  
8. Mandai Karappan  
9. Pori karappan  
10. Sattai karappan
11. Odu Karappan ( mũi ,آدى;ý)
12. Karung karappan ( ،ةى ,آدى;ý)
13. Senkkarappan ( |ًى ,آدى;ý)
14. Kolli karappan ( | ،ىىىىط ,آدى;ý)
15. Thoda karappan (§٢٨ ,آدى;ý)
16. Valai karappan (Ä"أ ,آدى;ý)
17. Varal karappan (ÅÄ ,آدى;ý)
18. Veengu karappan (Å£ي ,آدى;ý)

**In Gurunaadi Sasthiram**

Karappan is classified into eighty five as follows,

"பிள்ளை பூவார் சித்ரநன்தி பொழுது தாண்டை நீங்கான புதுமையில் தாம்பரம் புனிதமானது சாதாரின் பின் சுரை மித்தாம் மித்தாம் மையான் கொண்டு காலம் புரியாத குடும்பங்கள் மெற்றுக்கொள்ளும்"

- சுருக்க சாரணியில் -235

**In Agasthiyar 2000**

It was mentioned that karappan are sixty six in numbers

"விளையாட்டு வாழ்வாய் சேவை வருமாறு உண்மைக் காலந்தம் சாதி பூபக்கல்கள் அந்தையின் கால்கள் பூபக்கல் தாம்பரங்கள் மெற்றுக்கொள்ளும்"
In Agasthiyar Rana Nool

There are eighty varieties of karappan

“In Agasthiyar Rana Nool

There are eighty varieties of karappan

“கற்பான் கற்பான் கற்பான் பிரபலிப்பை உணர்த்தி
கற்பான் கற்பான் கற்பான் கற்பான் கற்பான்
கற்பான் கற்பான் கற்பான் கற்பான் கற்பான்
கற்பான் கற்பான் கற்பான் கற்பான்
கற்பான் கற்பான் கற்பான் கற்பான்
கற்பான் கற்பான் கற்பான் கற்பான்

- அக்கிரம் தூய தெரு

In Yugi vaidhya chintamani

karappan is classified into seven types,

“In Yugi vaidhya chintamani

karappan is classified into seven types,

“கற்பான் கற்பான் கற்பான் கற்பான்
கற்பான் கற்பான் கற்பான்
கற்பான் கற்பான் கற்பான்
கற்பான் கற்பான் கற்பான்
கற்பான் கற்பான் கற்பான்
கற்பான் கற்பான் கற்பான்

- புத்த கார்சிரம் விளக்கம்

1. Vadha karappan (Â¹¾ ,Ñô¾ì·)
2. Pitha karappan (Â‡ô¾ ,Ñô¾ì·)
3. Kaba karappan ( ,Ñô¾ì·)
In Agasthiar 2000 part III

Karappan has been classified into six varieties.

They are,

1. Vatha karappan ( أنحاء , அதாரிய)
2. Sori karappan ( சாய்ய , அதாரிய)
3. Varal karappan ( வாழு , அதாரிய)
4. Silethuma karappan ( சிலேதுமா , அதாரிய)
5. Mandai karappan ( மண்டையு , அதாரிய)
6. Varatchi karappan ( வரட்சி ய , அதாரிய)

Details about the other types of karappan.

முருக்கும்பனான்.

“என்று சொல்லிய பொழுதை என்று கொண்டு பயணம் - பிறந்த
செய்தல் மீது கூல் தவம் குறுக்கு
முருக்கு முருக்கும்பனான் காட்டு.”

* Itching, Oozing, papules in the body.

* Insomnia.

* Bullae present in the whole body.
Vomiting, headache, fever.

Itching, oliguria.

Constipation.

Ulcers in the mouth.

Chest pain.

Ulcers in the trunk.
* Ulcers in the genital organs.
* Itching and oozing in the inner aspect of the thigh.
* Emaciation.

**Notes:**

- Ulcers in the genital organs.
- Itching and oozing in the inner aspect of the thigh.
- Emaciation.

**Medical Symptoms:**

- Fever with rigor.
- Tumours in the body.
- Itching and ulcers in the nose.
- Generalised oedema.

**Tamil Language Notes:**

"மணப்பு துளை கன்னியா மணப்பு குழுத்துகளைக்
சுற்று துளைமண் மணையும் புடை - துளை கன்னியா
புடை மணை மின்னின்றியும் புடையாரை சுற்றித்து
நாம் பொருள்நாள் பொறியும் பாடல்‘.

- Ulcers and pain in the body.
- Difficulty in moving both knee and elbow joints.
- General debility.
 Tamil:  

“அதில் மூலம் தோற்றம் மிக்கமல்லே குழுவில் மிகுந்தது தண்டுலாம் வில்கிய விகிதம் செய்வது முதலில் எதையுமுட்டியலாம் முதலே முறையில் செய்யும் காரணத்தாக இருக்கும் முட்டியலாம் விளக்கம் தோற்றம் மூலம் வேறு போன்றிச் செய்யப்பட்டது.”

* Swelling in the body.
* pain and swelling all over the joints.
* Itching, headache.
* Fever.

English:  

“Swelling in the body.

pain and swelling all over the joints.

Itching, headache.

Fever.

**Itching in the scalp.**

**Ear discharge.**

**Headache, fever.**

**Loss of weight.**

**Pain in the throat.**
Papules in the body.

Dryness of mouth.

Altered sensorium.

Pain in all the joints.

Yellow colouration of the skin.

Itching and oozing in the lesion.

Constipation, headache.

Fever.

Pain and swelling in all the joints.
* Constipation.

* Itching, swelling in the body.

कठनाकुपाल्यांत:

“अयुते डाकात कठनाकुपाल्यां अपवाद तुम्ही रंगानेराबोध आणि अवतानेरेच व्यवस्थापन प्राप्तीतील एप्लराव्याने कडकणे दाऊनलिंगभूत किंवा वेळी बांधण्यास कठिन आणि परंपरा

गुणांची मिळतीं आतीं आणि गतिंच बदलता आहे”.

* Discolouration of the skin.

* Crying, fever.

* Oedema in the face and lower limbs.

चालककुपाल्यांत:

“कावेरी रोजची कठी वाचली पुढील काळी नावदाने पुढील वेळी नावदाने अवतारास तुम्ही बांधण्यास किंवा वेळी बांधण्यास किंवा वेळी बांधण्यास किंवा वेळी बांधण्यास किंवा वेळी बांधण्यास किंवा वेळी बांधण्यास किंवा वेळी बांधण्यास किंवा वेळी बांधण्यास किंवा वेळी बांधण्यास किंवा वेळी बांधण्यास किंवा वेळी बांधण्यास किंवा वेळी बांधण्यास किंवा वेळी बांधण्यास किंवा वेळी बांधण्यास किंवा वेळी बांधण्यास किंवा वेळी बांधण्यास किंवा वेळी बांधण्यास किंवा वेळी बांधण्यास किंवा वेळी बांधण्यास किंवा वेळी बांधण्यास किंवा वेळी

* Itching in the body.

* Macules and papules are present.

* Blackish discolouration in the face.

विशेषतेन्ती किपाळंत:
“Abdominal swelling.

Dyspnoea, constipation.

Hiccough.

Fever with rigor.

Papules and nodules in the body.

Generalised oedema.

"Njhlf; fug;ghd;: cs;S NkYesph; fha;r;ryhfpAlk; ngq;Fk; Gz;nzd tod;Wtha; fs;SehwpAly; jd;dpNy foiy fz;L G+jnk d tPq;fpNa vs;spd; khkyiu nahf;F %f;fpdp yhpj;J epd;wOJ Nkq;fpdhy; js;S khd;fdpd; rhayha; nfhba Njhl khdfug; ghdpNj.

"Fever with rigor.

Papules and nodules in the body.

Generalised oedema.

"Njhlf; fug;ghd;: cs;S NkYesph; fha;r;ryhfpAlk; ngq;Fk; Gz;nzd tod;Wtha; fs;SehwpAly; jd;dpNy foiy fz;L G+jnk d tPq;fpNa vs;spd; khkyiu nahf;F %f;fpdp yhpj;J epd;wOJ Nkq;fpdhy; js;S khd;fdpd; rhayha; nfhba Njhl khdfug; ghdpNj."

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Papules and nodules in the body.

Generalised oedema.

"Njhlf; fug;ghd;: cs;S NkYesph; fha;r;ryhfpAlk; ngq;Fk; Gz;nzd tod;Wtha; fs;SehwpAly; jd;dpNy foiy fz;L G+jnk d tPq;fpNa vs;spd; khkyiu nahf;F %f;fpdp yhpj;J epd;wOJ Nkq;fpdhy; js;S khd;fdpd; rhayha; nfhba Njhl khdfug; ghdpNj."

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"Fever with rigor.

Papules and nodules in the body.

Generalised oedema.
- Swelling in various parts of the body.
- Burning sensation in the site of the lesion.
- Itching and oozing.

Prognosis of Karappan (சார்கிப்பான் - அசார்கிப்பான்)

கரப்பன் சமூகம் - அசார்கிப்பான்
சார்கிப்பான் - மல்லிக 17 மாதங்கள்

Pathogenesis

திண்டு பல்கருமானை சுருக்குலக்காரின் அறிமுகப்படி தோற்றக்கான
 முதலாம் முறையில் முற்பட்டு.

Classification
வாதம் : (Vatham)

1. வாதமாலைமுறை

வாதம் (அதுத்துக்குத்தும்)
மக்கைமுறை (குரு விளக்கம்)
துரைமுறை (துரைத்துரை)
சோழமுறை (சோழமை)

துரைமுறை, சோழமுறை ஆகிய துரைத்துரைகளையும் வாதம் வாசகத்தின் நோக்கங்களை ஆய்வுணர்த்தும்.

2. வாதமறிவியல் (Location of vatham in the body)

ஆமாள், மக்களின் முகமானது, தூயமானது சுமார் சுமார், கால்கஞ்சி சதுரம், சிற்றுப்புறம், குப்புருத்துச்செய்யம், துரைத்துரை, மதிக்கைநகரம், ஆக்கம் ஆகிய விளக்கங்கள் வடிவநூற்றும்.
<table>
<thead>
<tr>
<th>No.</th>
<th>Name (Tamil)</th>
<th>Details</th>
</tr>
</thead>
</table>
| 1.  | பிரானன் (Pranan) (Pranan) | • பூர்வ காரணம், சித்திக்கு நிலைப்படுத்து.  
• புதிய அலகுகள் பைரைகக் பலகைப்படுத்து. |
| 2.  | அபானன் (Abanan) (Abanan) | • மண்டலப்பை நடத்து.  
• அறிகுறிப்பிட்டு கையெழுத்து.  
• அளவுறுத்தக்கொரு திண்மம் குறிப்பிட்டு நடப்பட்டு.  
• பான் குப்பாயின் திகழ்வு பருத்தியும். |
| 3.  | வியானன் (Viyanan) (Viyanan) | • முக்கோணம் விளை மக்கள் நீட்டு, பற்றிகளும்.  
• மாதிரிப் மதிகள் தருக்கல் குறிப்பிட்டு நடத்துக்கும்.  
• பான் குப்பாயின் திகழ்வு பருத்தியும். |
| 4.  | உதானன் (Uthanan) (Uthanan) | • மாதிரி தருக்க அற்றிகள் நீட்டு.  
• முதிர்ப்பினுள் பூச்சு, கலந்திய நீக்கு நீட்டு. |
| 5.  | சமானன் (Samanan) (Samanan) | • முதுகூட்டம் பிள்ளையரைப்படுத்து மக்கள் குறிப்பிட்டு நீட்டு.  
• நெடுங்கள், தாவரம் ஆகையும் எடுப்புக்கு முதுகூட்ட நீட்டு. |
| 6.  | நான் (Nagan) | • குறிப்பிட்டு நீட்டு.  
• நூலே பிள்ளையரைப்படுத்து.  
• முதுகூட்டம் பிள்ளையரை நீட்டு. முற்பட்ட சிறக்கின் பலகையும். |
|    | கொன்றன் (Koorman) | பிள்ளையாளர் அவரது நிலையில்.  
|    |               | இரண்டாம் வகுப்புக்கு உள்ளவர்.  
|    |               | வல்லு இரண்டாம் வகுப்புக்கு.  
|    |               | கண்டெடுக்கத் தின்பகுதி, சுற்று பரிவல.  
|    |               | இரண்டாம் வகுப்புக்கு பாடத்தினமாகும் காலத்தில் கருத்திருக்கும்.  
|    |               | கலாச்சாரத்தில் இருந்து விளக்கப்பட்டது.  |
| 8. | கிருகரன் (Kirukaran) | பிள்ளையாளர், செம்பிள் கரிசையானது இரண்டாம் வகுப்புக்கு.  
|    |               | பொறியம் இரண்டாம் வகுப்புக்கு.  
|    |               | முஸ்லிம் பத்திரகைத் தொடர் காலத்தில்.  
|    |               | முஸ்லிம் பத்திரகைத் தொடர் காலத்தில்.  
|    |               | புதுசெயலாக்கம், புதுசெயலாக்கம் இரண்டாம் வகுப்புக்கு.  |
| 9. | தேவதாதன் (Thevathathan) | கலாச்சாரத்தில்  
|    |               | பரமமைப்பு, பெரும் விளக்கம்.  
|    |               | புது கரிசையான இலக்கியம் புதுசெயலாக்காக்கும்.  |
| 10. | இந்தியாவன் (Dhananjeyan) | பாதுகாப்பானது குறுகு இணைந்து புதுசெயலாக்கம் தொடர்வும்.  
|    |               | கைறு பல விளக்கத்தில்.  
|    |               | கைறுசெயலாக்கம் பெருமைப்பு புது காலத்தில் குறுகு புதுசெயலாக்கத்திலும் பிள்ளை காலத்திலும்.  |

**பிள்ளை (PITHAM):**

�ிள்ளைகள் அயர்மை குண்டம்:
### Location of pitham in the body

<table>
<thead>
<tr>
<th>Types</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Anal Pitham</td>
<td>• Pitham is located in the stomach.</td>
</tr>
<tr>
<td>2. Ranjagam</td>
<td>• Pitham is located in the abdomen.</td>
</tr>
<tr>
<td></td>
<td>• Pitham is located in the abdomen.</td>
</tr>
<tr>
<td></td>
<td>• Pitham is located in the abdomen.</td>
</tr>
<tr>
<td>3. Sathaga Pitham</td>
<td>• Pitham is located in the abdomen.</td>
</tr>
<tr>
<td></td>
<td>• Pitham is located in the abdomen.</td>
</tr>
<tr>
<td>4. Alosaga Pitham</td>
<td>• Pitham is located in the abdomen.</td>
</tr>
<tr>
<td>5. Pirasaga Pitham</td>
<td>• Pitham is located in the abdomen.</td>
</tr>
</tbody>
</table>

### KABAM:

**KABAM:**

**Description:**
(Location of kabam in the body):

- விலங்கு - தய்ப்புணர் - தைக்கை (கிறிஸ்) தலை - பயணக - கல்லனாகை - சிறை பாறை - வேறு போன்றால் - மாலை - பல்கைவலம் - கேள் - குடை

<table>
<thead>
<tr>
<th>வகைகள் (Types)</th>
<th>வகைகள்</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. அவலம்பகம் (Avalambagam)</td>
<td>• துக்க குமார வுது புற்று இறக்கமிட்டது.</td>
</tr>
<tr>
<td>2. கிளேதம் (Kiletham)</td>
<td>• மனிதன் பாண்டி, நீதிகள் பயன்படுத்தும் முக்கிய விளக்கம் அகலித்து பின்னு.</td>
</tr>
<tr>
<td>3. போதாகம் (Pothagam)</td>
<td>• தவரிக்கும் தலைகையில் கல்லனாகை அறிக்கை விளக்கம் பின்னு.</td>
</tr>
<tr>
<td>4. தர்பாகம் (Tharpagam)</td>
<td>• தோட்டப்பிடித்து கைக்கைக்கு கைக்குகிளம் கைக்கை.</td>
</tr>
<tr>
<td>5. சாம்பகம் (Santhigam)</td>
<td>• புலிகளின் முழு தொடரகாயப்படு கொன்று தவரிகள் விளக்கமிட்டு ஏனைய போன்ற இடங்களிலும் கொன்று செய்யப்பட்டது.</td>
</tr>
<tr>
<td>தலைப்புத்தலை</td>
<td>பரிபாடு விளக்கம்</td>
</tr>
<tr>
<td>----------------</td>
<td>------------------</td>
</tr>
<tr>
<td>1. ஸரம் (Saram)</td>
<td>• சுருக்கம், பருகுப்பு அக்கியக் குப்பாசு.</td>
</tr>
<tr>
<td>2. செனேர் (Senneer))</td>
<td>• அதுவும் எந்தவும் உள்ளது, அதுவும் ஆண்டுகள் பிள்ளைகள் வெளியாகும்.</td>
</tr>
<tr>
<td>3. ஓன் (Oon)</td>
<td>• தனித்து செய்யக்கூட அதன் நிறுவனம் கூற்றுகள் அக்கியக் குப்பாசு, கனவு அன்று நடந்துவரும்.</td>
</tr>
<tr>
<td>4.கோழுப்பு (Kozhuppu)</td>
<td>• நூற்றாண்டு கெட்பு கத்து நூற்றாண்டு போன்ற கால்களின் தினம் ஆண்டுக்கு சுருக்கம் பற்றை அலாவு தொடர்ந்து வெளிப்படுத்தப்படும்.</td>
</tr>
<tr>
<td>5. வேப்பு (Enbu)</td>
<td>• சுருக்க வேப்பு பல திகைகள் வரும்.</td>
</tr>
<tr>
<td></td>
<td>• வெளியானவர் வேப்பு பற்றை குறித்து வந்து வரும்.</td>
</tr>
</tbody>
</table>
### Eight Parameters:

Diseases are diagnosed mainly with the help of signs and symptoms. In addition there are eight important factors which help in finding out the disease and the imbalanced life factors.

<table>
<thead>
<tr>
<th>No.</th>
<th>Tamil</th>
<th>english</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.</td>
<td>மூலை (Moolai)</td>
<td>• புறக்கார்கள் மீது அதிகமாக விளையாட்டும் விதமாக கொண்டாகவும் தொடங்கும்.</td>
</tr>
<tr>
<td>7.</td>
<td>ஹெிணெர் (Venneer)</td>
<td>• சுகாதாரச்சூழ்ச் வடிவாக முக்கியமான விலையைச் செய்வதற்கு தொடங்கும் குற்றம் விளையாடும்.</td>
</tr>
</tbody>
</table>

水肿المدعه (Eight Parameters):

Diseases are diagnosed mainly with the help of signs and symptoms. In addition there are eight important factors which help in finding out the disease and the imbalanced life factors.

"தங்கு வல்லலை கூறும் பொழுது தெரியும்现象 நேரானது காற்றிடையேச் சுருக்கியானது"

- பிளெய்ப்பால் பிளெய்ப் பத்தால் (1ம் பக்கம்)

"தீவன விலையிலகத்து கூறு பாறாகிறிழுமையாகவும் அவச்சிப் விளையாடும் மருந்து பிளேய்ப் பத்தாலிடையேச் சுருக்கியானது நேரானது தொடங்கியது நேரானது"

- அங்கைனம்

1) டெரோ - Tongue
2) கால்போர் - Colour
Eight Parameters | Features to be Observed | Features Found in Vadha Karappan
--- | --- | ---
| **1. ் (Tongue)** | Colour, character, condition | - |

| **2. ் (Colour)** | Signs of Threedoshas, colour, cyanosis, pallor, yellowish-discolouration | Colour Change in Lesions of the skin |

| **3. ் (Speech)** | Coherence, tone | - |

| **4. ் (Eyes)** | Motor and sensory functions | - |

| **5. ் (Faeces)** | Signs of Threedoshas, colour and consistency | Constipation |

| **6. ் (Urine)** | Colour, odour, deposit, frequency, specific gravity | - |
7. **Pulse**

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<thead>
<tr>
<th>Threedosha Signs</th>
<th>&quot;A³Å¾ ³AÉ¢&quot;</th>
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8. **Heat (or) Cold**

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<th>Heat to touch</th>
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### Seasons:

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

<table>
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<tr>
<th>Season 1</th>
<th>Season 2</th>
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In every season changes will occur in the land, water, plants, animals and human beings, which will modify the physiology and make them susceptible to certain specific diseases which are common in that season.

### Diagnosis:

The various methods involved in the diagnosis are,

1. பல்லவப் போருறுமை
2. புற்றுட்கணப் போருறுமை
3.  விளக்கம்

நார்பி  -  These are the five sense organs.

பருள்விதம்  -  These are the functions of the sense organs.

சிதைக்கல்  -  Method of interrogation.

முறை (Treatment):

Apart from treating the disease with medicines, Siddhars have emphasized the two main parts of a diseaseless life – prevention and improving the body condition. This is stated as follows.

•  இங்கு  -  (Prevention)

•  ஐங்கு  -  (Treatment)

•  ஐங்கு  -  (Restoration)

The aim of Pinineekam is based on,

•  To bring the three doshas in equilibrium- Nilavagai choornam ½-2 gm with hot water according to age and physical state.

•  Treatment of the disease and its symptoms by internal medicines, external applications of medicated oil and powder.
Diet and Prevention of disease

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Since siddha system of medicine is based on the Mukkutra theory, the treatment is mainly aimed to bring down the three doshas to its equilibrium state and there by restoring the physiological condition by three thathoos.

A large number of medicines for Vadha Karappan are stated in different literatures. Among them, an economically inexpensive medicine “Karunjchiraga Chooranam” (internally) and “Seemaigathi podi”, “Kanjankorai Thylam” (externally) are given for the treatment.

“Karunjchiraga Chooranam” is mixed with honey and is given for thrice a day, “Kanjankorai Thylam” is applied externally in dry condition and Seemaigathi podi is applied in wet condition and external wash both dry and wet conditions.

The dose of the medicine varies with age of the patient
Anupanam in siddha system

"அனுபானம் சரிய மருத்துவ விகிதம்
சிறிதை சுருக்க கணவில்லை - பின்வரும்
சமயத்தில் சுருக்கல்படுவதை சுருக்கப்பட்டு அமைந்து கொள்ள அவ்வென'

- சென்றுபோக்கும் என்னாம்

Anupanam which is also known as thunai marunthu can be translated as vehicle, adjuvant, supporting (or) concurrent drug therapy.

Diet:

During the course of treatment according to the drug administered to the patient and nature of the disease, the patients were advised to follow certain precautions regarding diet and physical activities. This type of medical advice in siddha system of medicine is termed as ‘pathiyam’. This diet control was applied whenever necessary.

Siddhar’s advice regarding the diet regimen for karappan patients is explained below.

The items to be avoided are கைத்திககுரு, பூச்சு அவகாசம், அக்கர் குன்று, பிறகு, மாத்தேசால்.
The food items that can be taken are பசைப்பணி, வேறு வேறு பல வகை வப்பிட்டு.

Preventive methods:

* Avoid allergic and dust atmosphere.

* To find out which agent makes allergy and avoid them.
Skin anatomy

The whole of the skin, epidermis and dermis are unified integrated organ system, but 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 the derma. The basal cells multiple 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 fibres. The elastic fibres appear during the sixth month of the foetal life.

The subcutaneous fat is apparent by the end of the 3rd month of intra-uterine life, but it 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 0.12mm. 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. **Basal cell layer: [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 epidermis germinates from this stratum, hence the name stratum germinatum.
2. Prickle cell layer [Stratum Malpighii, stratum spinosum]:

This layer is composed of several layers of polygonal prickle cells (or) squamous cells. The layers become flat as they near the surface so that their long axis appears parallel to the skin surface. These cells possess intercellular bridges or tonofilaments. These intercellular cytoplasmic tonofilaments contain PAS – Positive material that is precursor of keratin.

3. Granular cell layer (stratum granulosum):

This layer consists of 1 to 3 layers of flat cells containing kerato hyaline basophilic granules which are PAS – negative. Granular cell layer is much thicker in palms and soles.

4. Stratum lucidum:

This layer is present exclusively in palms and soles as a thin homogenous, eosinophilic, non – nucleate zone.

5. Horny layer (Stratum corneum):

The stratum corneum is also normally devoid of nuclei and consists of eosinophilic layers of keratin.
6. **Dentritic cells of epidermis:**

These are melanocytes, langerhan’s cells and indeterminate cells. The melanocytes are the pigment producing 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 consists of 2 parts, the superficial pars papillaris (or) papillary dermis, and the deeper pars reticularis or reticular dermis. The dermis is composed of fibro collagenic tissue containing blood vessels, lymphatics and nerves. In the skin
of fingers, arteriovenous shunts (or) glomera are normally present. The specialised nerve endings present at some sites perform specific functions. These are as under,

- Pacinian corpuscles – concerned with pressure are present in the deep layer of skin.

- Meissner corpuscles are touch receptors, located in the papillae of skin of palms, soles, tips of fingers and toes.

- Ruffini corpuscles are cold receptors found in the external genitalia.

- End bulbs of krause are cold receptors found in the external genitalia.

1. SWEAT GLANDS

These are of 2 types – eccrine and apocrine.

a. Eccrine glands

They are present all over the skin but are most numerous on the palms soles and axillae. They are coiled tubular glands lying deep in the dermis.
Their ducts pass through the epidermis on the surface of the skin as pores via which they empty their secretion (ie) sweat.

b. Apocrine glands:

Apocrine glands are also tubular glands but have larger lumina. Apocrine glands have a single layer of secretory cells which contains acidophil, PAS –positive, Prominent granular cytoplasm. PAS-Positive material is a precursor of keratin.

2. SEBACEOUS (HOLOCRINE) GLANDS

Sebaceous glands are found everywhere on the skin except on the palms and soles. Sebaceous glands are composed of lobules of sebaceous cells containing small round nuclei and abundant fatty, network like cytoplasm.

3. HAIR

The hair grows from the bottom of the follicle. It has, therefore, an intracutaneous portion present in the hair follicle and the shaft. The hair follicle consists of epithelial and connective tissue components. The hair shaft is made up of an outer sheath and pigmented cortex and inner medulla.
4. ARRECTORES PILORUM

These are small bundles of smooth muscle attached to each hair follicle. When the muscle contracts, the hair becomes more erect, the follicle is dragged upwards so as to become prominent on the surface of the skin producing what is known as 'goose skin'.

5. NAILS

The nails are thickening of the deeper part of the stratum corneum that develops as specially modified portion of the skin called nail bed. The nails is composed of clear horny cells, resembling stratum lucidum but are much more keratinised.

BLOOD VESSELS

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 terminal 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 and sensory spinal portion arising from the dorsal root ganglia. The sympathetic fibres innervate the blood vessel, erector pilorum muscles and apocrine duct, where the fibres are adrenergic and cause contraction.

PHYSIOLOGY

1. 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 of Melanin pigment.
2. IMMUNOLOGICAL FUNCTION

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

3. SENSORY FUNCTION

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. The more important glands are the sweat and the sebaceous glands. The eccrine 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 substance excreted in it is 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 secrete 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’ (UV-B) 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 stratum basale, 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, radiation and
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 heat loss of the body is regulated by the skin. The heat loss through the skin is regulated by various physiological mechanisms, which include,

1. The reaction of the cutaneous vessels.
2. The reaction of the smooth muscle fibres of the skin.
3. Perspiration.

7. ENDOCRINE FUNCTIONS

Hair follicles and sebaceous glands are target for the organic steroids secreted by the gonads and the adrenal cortex and melanocytes 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 store house of ergosterol which is irradiated by the ultra violet light of the sun and converted into vit 'D'.

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The function between dermis and hypodermis has a considerable capacity of storing fat and permanent store of subcutaneous adipose tissue, certain substance like glucose and chloride may also be stored in the skin temporarily. Cornified layer also acts as a reservoir for topically applied cortico – steroids (or) other hormones, which are absorbed slowly for many days from the skin surface.

9. ABSORPTION

The skin can absorb substances dissolved in fatty solvents like vitamins and hormones. Inflammation 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 CO exchange through the skin is negligible compared to the amount exhaled from the lungs.
ECZEMA

The signs and symptoms of Vadha karappan are closely similar to signs and symptoms of Eczema. Hence the author has correlated the Vatha karappan with eczema occurring in children.

DEFINITION

Eczema is a non-contagious inflammation of the skin, characterised by itching, erythema, scaling, oedema, vesiculation and oozing. It is a specific type of allergic cutaneous manifestation of antigen-antibody reaction, characterised by superficial inflammatory oedema of the epidermis associated with vesicle formation.

The term ‘Eczema’ is a greek word.

‘Ec’ means out

‘Zeo’ means boil

The whole word implies ‘Boil out’

ETIOLOGY:

The two main factors causing eczema are,

1. All allergic or sensitive skin.
2. Exposure to an irritant.

The general predisposing factors are,

1. Age.
2. Familial predisposition.
3. Allergy.
4. Debility.
5. Climate.
6. Psychological factors.
7. Xerodema or Ichthyosis.
8. A greasy skin.
10. Varicose vein causing congestion and focus of lowered resistance.
11. Hypostasis.

AGGRAVATING FACTORS:

1. Irritants - Physical, Chemical (or) electrical.
2. Sensitizers - Medicaments, occupational hazards
Plants, Cosmetics and Clothing.


4. Mental and emotional conflicts, strains and stresses.

5. Internal septic focus shedding toxins or causing bacteraemia.

6. Diet and stage of digestion.

7. Diathesis – Allergic, Xerodermic, hyperhydrotic (or) seborrhoeic.

8. Drugs given for the disease (or) therewise.

9. State of local (or) general nutrition.

10. Climate - temperate and humidity.

11. Children who are exposed to cats soon after birth may have an increased risk of developing eczema.

COMMON TYPES OF ECZEMA

- EXOGENOUS
- ENDOGENOUS
- OTHER TYPES
EXOGENOUS ECZEMATOID DERMATITIS

CONTACT DERMATITIS

PRIMARY IRRITANT CONTACT DERMATITIS

ALLERGIC CONTACT DERMATITIS

ATOPICT DERMATITIS

NUMMULAR DERMATITIS

POMPHOLYX DERMATITIS

SEBORRHOEIC DERMATITIS

PITYRIASIS ROSEA

INFANTILE DERMATITIS

lichen simplex

VARICOSE ECZEMA

Morpho – clinical classification of eczema:

1. Acute Stage.

2. Sub – acute stage.
3. Chronic stage.

1. **Acute Stage:**

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

2. **Sub – acute Stage:**

   It is in between the acute and chronic stages characterized by papules and scaling with moderate oedema and erythema. Acute eczema may pass through this stage before it heals completely or becomes chronic.

3. **Chronic stage:**

   It happens when the cause persists and the eczema lasts over months (or) years. Here the integument appears thickened and pigmented with prominent criss – cross markings (lichenification).
THE ECZEMATOUS REACTIONS:

Acute:

- Redness and swelling, usually with ill-defined margins.
- Papules, vesicles and more rarely large blisters.
- Exudation and cracking.
- Scaling.

Chronic:

May show all of the above features, though it is usually less vesicular and exudatives.

- Lichenification, a dry leathery thickening with increased skin.
- Markings are secondary to rubbing and scratching.
- Fissures and scratch marks.
- Pigmentation changes, (hypo and hyper).
- Infections - streptococci, staphylococci, Fungus.
- Mind - Strain, stresses, emotional status.
- Sensitizers – plants, cosmetics, clothing, medicaments.
• State of local (or) general nutrition.

• Focal sepsis.

• Trauma.

• Diet.

Climate – temperature and humidity

TYPES OF ECZEMA:

- Endogenous eczema (Atopic eczema)
- Exogenous

ENDOGENOUS:

Synonym : Asthma – eczema syndrome, Benjerls, Prurigo

Definition:
This is a very common extremely itchy disorder of unknown cause that characteristically but not invariably affects the face and flexures of infants, children, adolescents and young adults.

**Etiology:**

Allergic - Diet, External contactants, inhalants

Emotional status.

**Clinical Features:**

Clinical picture of atopic eczema varies with the age of the patient and occurs in three stages, namely

- Infantile type (Infantile eczema)
- Childhood type (Flexural eczema)
- Adult type (Besniers prurigo)

**Infantile eczema:**
Age group:

This occurs in children between the ages of three months to twelve years.

Causes:

Digestive upsets changes of season, dietetic indiscretions

Clinical features:

It usually starts on the cheeks, spreading slowly to the forehead, chin, scalp, arms, trunk and legs. On the buttocks and in the groins, napkin rash like dermatitis may develop.

The typical lesions are characterized by erythema, vesicles, exudation and crusting pruritis is a prominent symptom.

Types:

There are two types of infantile eczema,

1) With high familial predisposition to an allergic disease the atopic variety.
a) These are rather resistant to treatment.

b) The infant becomes restless and fatigued, very irritable and pruritic.

c) The condition develops later, into typical atopic dermatitis.

2) Without familial predisposition – the simple variety,

a) The infants are plump and good natured.

b) Itching is moderate.

c) These do well with treatment and the child recovers completely by the age of two.

**Infective (or) Seborrhoeic eczema in infancy:**

This type of eczema starts as scruft (or) cradle cap on the scalp which develops into slight exudation and thick crusting. Eczema spreads from the scalp to the auricular region, the periphery of the face and neck sparing the centre of the face in comparison with true constitutional infantile eczema.

**Etiology:**

1) Dietetic allergies

2) Overfed and are too rapidly introduced to adult food
EXOGENOUS ECZEMA:

**Allergic Contact dermatitis**

**Definition:**

Allergic contact dermatitis is an eczematous rash that develops after contact with an agent to which delayed (cellular) hypersensitivity has developed.

**Etiology:**
They are classified into two groups,

i. Non–proteins:-

    dyes, oils, resins, rubber, cosmetics, chemicals.

ii. Proteins :- Bacterial products, fungi and parasites are included in this group in the skin.

Pathophysiology:

Allergic contact dermatitis results from a specific acquired hypersensitivity of the delayed type also known as cell – mediated hypersensitivity (or) immunity. Occasionally dermatitis may be induced upon a sensitized area of skin when the allergen is taken internally, this occurs with substances such as antihistamines [or] sulphonamides.

Persons may be exposed to allergens for years before finally developing hypersensitivity, the sensitized area although usually generalized may be strictly localized.

Clinical Features:
Rash develops at the sites of skin contact. The vigour and speed of the reaction vary and depending on the particular individual.

Effects do not localize but disseminate symptoms present even after the removal of allergen.

**Diagnosis:**

Accurate history taking is important to learn of possible contactants. Diagnosis can confirm by patch test, which can be detected hypersensitivity to a given substance, which is in contact with the skin.

**Patch test:**

The application of suspected substance in skin for 48 hours is known as patch test. It is only used in the diagnosis of allergic contact dermatitis. Since primary irritant substance which normally produces inflammation when left in contact with the skin.

Patch test cover is used which is polyethylene – coated aluminium to which a paper disc is welded instead of ghoul. Test substance on the test strips are applied usually to the patients back, although a dozen (or) so may be applied to the hairless
inner part of the upper arm. Each patch should be numbered to assure accuracy for reading.

The patches remain in place for 48 hours or less if itching (or) burning occurs at the sites. The patches are removed and observed 20 minutes later, as positive reactions may not show immediately.

A positive test is revealed by the development of an eczematous patch with erythema. Swelling and vesicles at the site of application patch test reaction is graded in the following degrees.

1\(^+\) - Erythema.
2\(^+\) - Erythema and papules.
3\(^+\) - Erythema, papules and vesicles.
4\(^+\) - Marked oedema and vesicles.

**Immunology of eczema:**
Atopic type of Eczema is entirely immune mediated reaction. Sensitization develop when a different clone of T-lymphocytes are activated. The sensitized T-lymphocytes yield two sub-populations of lymphocytes, they are,

1. **Memory cells:**
   
   This is responsible for the persistence of contact allergy.

2. **Effect cells:**
   
   These cells initiate the allergic response when appropriately challenged.

**Reaction time:**

It is the time taken by a sensitized individual to manifest a clinical reaction following contact with known sensitizers. It is usually 12-24 hours but may vary from one hour to 120 hours. The reaction time is inversely proportional to the severity of the allergy.

**Dissemination reaction:**

It is a fleeting, erythematous, macular reaction involving the face and flexures, seen in some cases of contact dermatitis. There is some evidence that
dissemination reaction is caused by the escape of lymphokines in the circulation resulting in vasodilatation at a distant site.

**Flare reaction:**

In contact dermatitis, reactivation of a previous healed site a contact dermatitis reaction (or) a positive patch test reaction followed renewed challenge (or) exposure to the same allergen at another site. This is because of persistence of sensitized lymphocytes at the site of earlier reaction, which react to minute amounts of antigen that sometimes escape into the circulation from the new site and find its ways to the old site. Langherhan cells are responsible for antigen processive in contact allergy.

**HISTOPATHOLOGY OF ECZEMA:**

The histopathological features of eczema reflect dynamic sequence of changes resulting inflammation of the epidermis and the underlying dermal structures. These vary with the intensity and stage of the eczematous process and are frequently modified by secondary events such as trauma and infection.

Spongiosis is an intercellular epidermal oedema that leads to stretching and eventual rupture of the intercellular attachments with the formation of vesicles.
Increased epidermal mitotic activity leads to acanthosis, but if spongiosis is intense, disintegration of the supra papillary epidermis may cause clefts to form, exposing the underlying dermis.

In the subacute stage, spongiosis diminishes and increasing acanthosis is associated with formation of a parakeratotic horny layer. This often contains layers of dried-up serum and pyknotic nuclei of inflammatory cells. Later the rate ridges become elongated and broadened and hyperkeratosis replaces (arakeratosis). The changes are then those of lichenification.

In the chronic stage there is less oedema and vesiculation but more thickening of the epidermis (acanthosis); this is accompanied by a variable degree of vasodilatation and T-helper lymphocyte infiltration in the upper dermis.

The infiltrate is predominantly lymphocyte, though polymorphs and eosinophils are particularly common in eczematous drug eruption. In the presence of infection polymorphs may invade the epidermis.

**Differential Diagnosis**

**Scabies:**
Caused by Sarcoptes Scabei.

**Clinical Features:**

1. Edema, redness and vesicle formation, papules on palms and finger webs of hands, wrists, elbows and axillae. These may also appear on the lower part of the body in the groins, periumbilical area, and male genitalia between the buttocks. Scattered lesions may be seen on the legs, ankles and feet.

2. Reddish nodules may be seen on the upper part of the trunk and groin.

3. Linear or serpiginous tracks of burrows formed by the female mite are most frequent on the distal arm and wrist or about the axillae. The lesions may be secondarily infected with streptococci or eczematized cutaneous inflammation is not unusual on the face, neck and scalp in children.

**Psoriasis:**

The typical lesion is destructive. It has a very well demarcated margin and is raised above the skin surface. The affected skin is a variable shade of red and the surface is often thrown up in to large silvery scales. Plaques are very enormous in
size and shape. They often start out discoid but end up polycyclic as several lesions coalesce.

Psoriasis affects the extensor aspects of the trunk and limbs preferentially. The knees, elbows and scalp are especially frequently affected.

**General instructions for eczema patients:**

1. The patient should have a warm starch bath in winter and a cold candy’s bath in summer. After the bath, he should blot himself with a smooth towel and avoid rubbing. Olive oil (or) lanoline cream may be applied on the dry, thickened skin after bath.

2. The patients should avoid extremes of climate. If it is not possible to change the place of residence, then air conditioning is the answer.

3. The patient should not scratch and keep his nails short.

4. The diet should be light. The exact composition of the diet depends upon the history of the patients, the diet diary and the results of the allergy tests. Allergic stuffs should be avoided.

5. Healthy hobbies and playing should be encouraged. They help to divert attention and speed up recover.

6. Any side effect while taking medicine should be reported to the physician. Local medicaments should be properly employed.
Medical Advice:

All the patients were advised strictly to avoid the following diet.

1. Egg, Mutton, Chicken, Fish
2. Brinjal, tomato, gingelly oil
3. Contact with synthetic cloth materials
4. Contact with leather, plastic, rubber products.

Both internal and external drugs are described in *sarabenthirar karbini balaroga sigichai* and *mooligai gunapadam* in anti-vadha karappan remedy, the both drugs are easily available and inexpensive. In this study the siddha treatment for vadha karappan with the combined medicines have been proved to give satisfactory prognosis.

INVESTIGATIONS:

Absolute eosinophil count.

Patch test.

Intradermal or scratch test.

RAST blood allergy test.
COMPLICATIONS

Molluscum contagiosum

Herpes simplex

Secondary infections
# PREPARATION AND PROPERTIES OF TRIAL MEDICINE

## கருத்துற்று குருவி (சரிபருத்திய காப்புதல், பார்வைக்கு விளிம்பு)

"நான் கருவிகளுடன் தொடர் கூறு
திருத்த வேலை விளை விளக்கம்
புகழ்பெறும் வரும் பகுதி வரும்
என்ன பாட்டுக் கருப்பு பின்னு
பிரிவிற்கு முன் தோன்றும்
பார்வையிற்கு பார்வைக் கோள்
என்ன பாங்கு காண்டு விளக்கம்.


<table>
<thead>
<tr>
<th>உறுப்பு விளக்கம்</th>
<th>அளவு (தைஜி)</th>
</tr>
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<tbody>
<tr>
<td>கருத்துற்று குருவி</td>
<td>- 50 டீகுரம்</td>
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<td>புகழ்பெறும் வரும்</td>
<td>- 50 டீகுரம்</td>
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<tr>
<td>என்ன பாட்டுக் கரு</td>
<td>- 50 டீகுரம்</td>
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<td>புகழ்பெறும் பகுதி</td>
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<td>என்ன பாட்டுக் கரு</td>
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<tr>
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<td>- 50 டீகுரம்</td>
</tr>
<tr>
<td>ஆப்பார் குருவி</td>
<td>- 50 டீகுரம்</td>
</tr>
</tbody>
</table>

## நேர்ப் புதுறை

* கருத்துற்று குருவியின் விளக்கத்தை பார்வைக் கோள் விளக்கப்படுத்துவது.
* மைத்திருந்து விளக்கம் வளர்ந்து பாட்டுக் கருவியின் விளக்கம் விளக்கப்படுத்துவது.
* மைத்திருந்து விளக்கம் வளர்ந்து பாட்டுக் கருவியின் விளக்கம் விளக்கப்படுத்துவது.
* பாட்டுக் கருவியின் விளக்கத்தை பார்வைக் கோள் விளக்கப்படுத்துவது.
* பாட்டுக்குருவியின் விளக்கத்தை விளக்கப்படுத்துவது.
* நூற்றாண்டில் அசிரியர் தொகுதிகள் தொடர்ந்து திருவரை. பின்னர் நூற்றாண்டில் தொகுதிகள் தொடர்ந்து பிள்ளை தொடர்வியல் வேலையாக விளைந்து தொடர்ந்து திருவரை.

அளவு : 250 மீ.மி. - 1 கிலோமீ.
அடையாளம் : தொடக்க
சமவெளி நேரபக்கம் : முதல் அம்பாரர்
அணுக்கலம் : 3 மாதங்கள்

1. கல்வியை இயற்றுக் காட்டு.

- குறிப்பிட்டது குறிப்பிட்டது, மாணிக்க தொகுதிகள்

“திண்டு கல்வியை இயற்றுக் காட்டு.
்குறிப்பிட்டது புனிதமாக மாண்
தொகுதிகள் பின்னர் இயற்றுக் காட்டு
காட்டுத்தொகுதி தக்கால காட்டு... தொகுதிகள் மதுமையை இயற்றுக் காட்டு
இயற்றுக் காட்டு மதுமையை இயற்றுக் காட்டு
மதுமையை புனிதமாக மாண்
காட்டுத்தொகுதிகளும் புனிதமாக மாண்
மதுமையை புனிதமாக மாண்
காட்டுத்தொகுதிகளும் புனிதமாக மாண்”

சூட்டு தக்கத் தொகுதி:
துருவானமிகு
கல்லூரிகள்
பும்புமில்லை
காட்டுத்தொகுதி
கொண்டங்கள்

வழங்கல்:
* கல்விகளை அசிரியர் தொகுதிகள் திருவரை 8 வருடங்கள்
நூற்றாண்டில் 4-ஆம் 1 மாதம் முதல் தொன்குத் தொடருகிறது.
PROPERTIES OF TRIAL MEDICINE

1. **Botanical name**
   - Nigella sativa

2. **Family**
   - Ranunculaceae

3. **General Name**
   - Nigella sativa

4. **Usage**
   - Internal and external use

5. **Parts Used**
   - Whole plant

6. **Preparation**
   - Powder

7. **Duration**
   - 3 months

**Note:**

"Nigella sativa is a popular medicinal herb in traditional medicine. It is used to treat various health issues."

Translation:

"Nigella sativa is a popular medicinal herb in traditional medicine. It is used to treat various health issues."
Action: Carminative, Diuretic, Emmenagogue, galactogogue, anthelmintic, stomachic.

Chemical Constituents: Fatty oil, Volatile oil, Melanthin, Metarbin, glucosides.

2. கொன்றகம்:

Botanical name: Eleteria cardamomum.

Family: Zingiberaceae

 createAction: Stimulant, Carminative, Stomachic.

Chemical Constituents: Terpinyl acetate, Cineole.
3. கீரர்பர்:

**Botanical name**: Syzygium Aromaticum

**Family**: Myrtaceae

**Parts Used**: ஆடிகள், மீதிழ்ச்சி, மாதரம், கிளை

**Growth** : கான்பாம்

**Habit** : தூள்ளம்

**Pith** : கான்பாம்

**Uses**:

“என்றும் பொங்குவது கொண்டுண்டு வாதுகாலதா நீதிக்கிறார் தேட்டேசி மை விட்டுங்கை தாங்கை செய்யுள்ளது கான்பாம் தூள்ளாருளிகள் என்று”

**Action**: Anti spasmodic, Carminative, Stomachic.

**Chemical Constituents**: Tannin, Starch.

4. புகீரைப்பை பலி:

**Botanical name**: Sterculia foetida.

**Family**: Sterculiaceae

**Parts Used**: கொலோன்று பகை, பென்புழி, பெட்டியடம்

**Parts Used**: பா்தை
Action : Diaphoretic, Diuretic

Chemical Constituents: Oleic acid, Lauric acid, Crystaline solid fats.

5. வகைப்படுத்தல்:

Botanical name : Acorus calamus

Family : Araceae

வகைப்படுத்தல்: ஏசர், தொய்ப்பள்ளியில், கைப்படுத்தலில் பின்னர் முள்ளான வகைப்படுத்தல்.

பார்வையாளர் வகை : மாலை சின்னங்களின்

கலம் : காந்தூப

துண்டை : தொம்பூம்

பிணி : காந்தூப

சார்பானது:
Action : Disinfectant, Germicide, Emetic.

Chemical Constituents: Acorine, Acoretin, Calamine, Starch, Tannin.

6. குருப்பிக்குறி:

Botanical name : Myristica fragrans

Family : Myristicaceae

ஜூலூறும் : முரினி, சாளாள்
மாட்டையார் என்பு : முரினி களிப்பின் வேதியான வே.
காட்டாம் : காட்டாம்
துணைக் கைமை : காட்டாம்
பிக்ளை : காட்டாம்

சொற்றொக்காம்:

"சாளாள் முரினிக்குறி கனவு புள்ளிக்குன்று
தந்தையார் பிள்ளை புள்ளியான் - தந்தையார்
புள்ளியான் குசுக்கிட்டு ஒருகால் குசுக்கிட்டு
புள்ளியான் குசுக்கிட்டு பக்தா"
7. காண்நுற்று:

காண்நுற்றுக் குருவிகள் குருவிகள் மற்றும் குருவிகள் சுருக்கம் தேற்றி தேற்றி தேற்றி நேர்கிவேற்று நேர்கிவேற்று நேர்கிவேற்று நேர்கிவேற்று நேர்கிவேற்று நேர்கிவேற்று நேர்கிவேற்று நேர்கிவேற்று நேர்கிவேற்று நேர்கிவேற்று நேர்கிவேற்று நேர்கிவேற்று நேர்கிவேற்று நேர்கிவேற்று நேர்கிவேற்று நேர்கிவேற்று நேர்கிவேற்று நேர்கிவேற்று நேர்கிவேற்று நேர்கிவேற்று நேர்கிவேற்று நேர்கிவேற்று நேர்கிவேற்று நேர்கிவேற்று நேர்கிவேற்று நேர்கிவேற்று நேர்கிவேற்று நேர்கிவேற்று நேர்கிவேற்று நேர்கிவேற்று நேர்கிவேற்று நேர்கிவேற்று நேர்கிவேற்று நேர்கிவேற்று நேர்கிவேற்று நேர்கிவேற்று நேர்கிவேற்று நேர்கிவேற்று நேர்கிவேற்று நேர்கிவேற்று நேர்கிவேற்று நேர்கிவேற்று

Botanical name : Curcuma Angustifolia

Family : Zingiberaceae

8. அம்மக்காக குறிப்பிட்டு:
Botanical name: Withania somnifera.

Family: Solanaceae

Action: Sedative, Diuretic, Tonic, Aphrodisiac.

Chemical Constituents: Somniferine, Withanine.

9. வேத்துரையைக்காடை :

Botanical name: Ocimum americanum

Family: Lamiaceae

Action: Sedative, Diuretic, Tonic, Aphrodisiac.

Chemical Constituents: Somniferine, Withanine.
Action: Diaphoretic, Stimulant.

Chemical Constitutions: essential oil, caryophyllene monoxide, eugenol.

10. தேக்ககொண்டு:

Botanical name: Spermacoce hispida

Family: Rubiaceae

Chemical Constitutions: essential oil, caryophyllene monoxide, eugenol.

Action: Demulsent, Alterative
11. மொல்லுகோ லோடோய்டேஸ்:

Botanical name: Mollugo lotoides

Family : Molluginaceae

Action: Stimulant

Chemical Constituents: Molluginol, D-Sitosterol

12. பொங்கமியா பின்னா:

Botanical name : Pongamia pinnata

Family : Fabaceae
Action : Astringent, Parasiticide, Antiseptic.

Chemical Constituents : Glabrachromene II, β-Sitosterol, Karanjin, Pongamol.

13. மூல்கால்: (Oil obtained from sesamum seeds)

Botanical name : Sesamum indicum

Family : Pedaliaceae

13. enname:

“புட்டுர்காயத்தின் மூல்கால் புட்டாய் மூல்கால் கால்விளக்குகள் - மருந்துறுத்துக்கள்
வல்லனின் மூல்கால் புட்டாய் மூல்கால் தேவுவதின் மூல்கால்
புட்டாய் மூல்கால் புட்டாய் மூல்கால் தேவுவதின் மூல்கால்.”
Action: Demulcent, Emollient.

Chemical Constituents: Vitamin E, Sesamin, Sesamolin, Phytosterol

14. மூன்றாண்டுதை:

Botanical name: Cassia alata

Family: Caesalpinaceae

Action: Parasiticide, Purgative

Chemical Constituents: Colocynth
MATERIALS AND METHODS

The study on clinical evaluation of the disease Vadha Karappan was carried out in the post-graduate Kuzhanthai- Maruthuvam department at Government Siddha Medical college, Palayamkottai. Twenty patients were selected for the study and admitted in the post-graduate Kuzhanthai Maruthuvam ward. After discharge of these in-patients, all of them were followed as out-patients in the outpatient department.
Selection of Patients:

The patient study covers both male and female patients from 1 to 12 Years. All the cases were carefully examined before admission for correct diagnosis and rule out any other co-existing illness.

Study of Siddha clinical diagnosis:

The author prepared a case sheet on the basis of siddha methodology (ie) envagai thervugal and modern methodology to diagnose the disease. The individual case sheet was maintained for each and every patient.

- The history of dietetic habits, allergic details, family history is noted. The patients are examined for the udal vanmai and Mukkutra nilai.

- Paruva kalam at which the disease occurred is also noted.

- In vatha kutram the types of Abanan, Pranan, Samanan, Udanan, Vianan, Nagan, Koorman, Kirugaran, Thevathathan and Thananjeyan are noted.

- In Pitha kutram the states of Analagam, Ranjagam, Sathagam, Alosagam and Pirasagam are noted.
In Kabha kutram, Avalambagam, Kilethagam, Pothagam, Tharpagam and Santhigam are noted.

The above details were studied for arriving at a diagnosis.

Investigations:

The modern diagnostic tests such as blood tests for TC, DC, ESR, Hb. Urine analysis for Sugar, albumin, deposits and motion analysis for ova and cyst to rule out any co-existing illness in bio-chemical laboratory in Government Siddha Medical College, Palayamkottai.

Pharmacological evaluation of the trial medicines were conducted by the pharmacology department of Government Siddha Medical College, Palayamkottai.

Management:

In all the twenty cases, internal Medicine “karunjchiraga chooranam” and external medicines are “kanjankorai Thylam” and Seemaiagathi podi” are given for study and are carried out in the in-patient ward of post-graduate department of kuzhanthai Maruthuvam, Government Siddha Medical College, Palayamkottai.
The trial medicine is “karunjchiraga chooranam” a compound drug of plants. The dose is adjusted according to age of the patient. The anupanam employed is honey. External medicine “kanjankorai Thylam” and “Seemaiagathi podi” is given for study. The oil is given for the dry conditions and the “Seemaiagathi podi” is given for the wet conditions. The skin infections are controlled by the given medicines. Clinical improvements in these in-patients are noted with the available laboratory tests.

Diet control strictly followed for all as mentioned above.
RESULTS & OBSERVATIONS

Results were observed with respect to the following criteria

1. Age reference
2. Sex reference
3. Religion reference
4. Economic status of the reference
5. Etiology reference
6. Family history reference
7. Paruva kaalam
8. Diet reference
9. Mode of Onset reference
10. Clinical features of Vadha Karappan during admission reference
11. Three dosha theory
12. Ezhu Udar Kattugal reference
13. Ennvagai Thervugal reference
14. Neerkuri, Neikuri reference
15. Results after treatment reference

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

1. Age Reference

<table>
<thead>
<tr>
<th>S.No</th>
<th>Age (In years)</th>
<th>No. of Cases</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>0-1 Year</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>
2. Sex Reference

<table>
<thead>
<tr>
<th>S.No</th>
<th>Sex</th>
<th>No.of Cases</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Male Children</td>
<td>12</td>
<td>60</td>
</tr>
<tr>
<td>2.</td>
<td>Female Children</td>
<td>8</td>
<td>40</td>
</tr>
</tbody>
</table>

Out of the twenty patients, twelve - male children (60%) and eight – Female children (40%) were affected.
3. Religion Reference:

<table>
<thead>
<tr>
<th>S.No</th>
<th>Religion</th>
<th>No. of Cases</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Hindu</td>
<td>15</td>
<td>75</td>
</tr>
<tr>
<td>2.</td>
<td>Christian</td>
<td>4</td>
<td>20</td>
</tr>
<tr>
<td>3.</td>
<td>Muslim</td>
<td>1</td>
<td>5</td>
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4. Socio – Economic Status

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<td>3.</td>
<td>Rich</td>
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5. Etiology Reference

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<td>2.</td>
<td>Positive family History</td>
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<td>3.</td>
<td>Others (Diet, debility, climate) and Unknown</td>
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6. Family History Reference:

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7. Paruva kaalam

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<tr>
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<td>(Avani – puratasi)</td>
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<td>2.</td>
<td>Koothirkaalam</td>
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<td></td>
<td>(Iyppasi – karthikai)</td>
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<td>3.</td>
<td>Munpani</td>
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<td>30</td>
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<td>(Markazhi – Thai)</td>
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<td>4.</td>
<td>Pin pani</td>
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<tr>
<td></td>
<td>(Masi – Panguni)</td>
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<td>5.</td>
<td>Elavenil</td>
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<td>15</td>
</tr>
<tr>
<td></td>
<td>(Chitirai, Vaigasi)</td>
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<tr>
<td>6.</td>
<td>Mudhuvenil</td>
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<tr>
<td></td>
<td>(Aani, Aadi)</td>
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8. Diet Reference

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9. Mode of Onset
### 10. Clinical Features during Admission

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<td>Oozing</td>
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<td>3</td>
<td>Erythema</td>
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<td>4</td>
<td>Oedema</td>
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<td>50</td>
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<td>5</td>
<td>Scaling</td>
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<td>10</td>
</tr>
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<td>6</td>
<td>Vesicles</td>
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<td>90</td>
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<td>7</td>
<td>Pustules</td>
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<td>25</td>
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<td>8</td>
<td>Constipation</td>
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<td>9</td>
<td>Ulcers</td>
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### 11. Three dosha Reference

A Derangement in the types of vatham

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<tr>
<th>S.No</th>
<th>Classification of vatham</th>
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<th>Percentage</th>
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<tr>
<td>1</td>
<td>Piranan</td>
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<td>2</td>
<td>Abanan</td>
<td>8</td>
<td>40</td>
</tr>
<tr>
<td>3</td>
<td>Viyanan</td>
<td>15</td>
<td>75</td>
</tr>
<tr>
<td>4</td>
<td>Uthanan</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>5</td>
<td>Samanan</td>
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### B. Derangement in types of pitham

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<th>Types of pitham</th>
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<td>1.</td>
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<td>2.</td>
<td>Ranjagam</td>
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<tr>
<td>3.</td>
<td>Saathagam</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>4.</td>
<td>Prasagam</td>
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<tr>
<td>5.</td>
<td>Alosagam</td>
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### C. Derangement in types of Kabam

<table>
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<th>S.No</th>
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<td>1.</td>
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<td>2.</td>
<td>Kilethagam</td>
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<td>-</td>
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<tr>
<td>3.</td>
<td>Pothagam</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>4.</td>
<td>Tharpagam</td>
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<td>5.</td>
<td>Santhigam</td>
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12. *Ezhu Udal kattugal Reference*
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<tbody>
<tr>
<td>1.</td>
<td>Saaram</td>
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<td>Senneer</td>
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<td>100</td>
</tr>
<tr>
<td>3.</td>
<td>Oon</td>
<td>16</td>
<td>80</td>
</tr>
<tr>
<td>4.</td>
<td>Kozhuppu</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>5.</td>
<td>Enbu</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>6.</td>
<td>Moolai</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>7.</td>
<td>Sukkilam / Suronitham</td>
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### 13. Envagai Thervugal Reference

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<tr>
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<tr>
<td>1</td>
<td>Naa</td>
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<td>2</td>
<td>Niram (Skin discoloration)</td>
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<tr>
<td>3</td>
<td>Mozhi</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>4</td>
<td>Vizhi</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>5</td>
<td>Sparisam (Heat or Cold)</td>
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<td>100</td>
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<td>6</td>
<td>Malam (Constipation)</td>
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<tr>
<td>7</td>
<td>Moothiram</td>
<td>-</td>
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</tr>
<tr>
<td>8</td>
<td>Naadi</td>
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### 14. Neerkuri, Neikuri Reference:

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<td>Neerkuri vaikkol Niram</td>
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<td>2.</td>
<td>Neikuri Aravena Neendal</td>
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### 15. Results Reference

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<td>Fair</td>
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<td>Poor</td>
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<td>10</td>
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<tr>
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<td>O.P.No</td>
<td>Name of the Patient</td>
<td>Age</td>
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<td>-----</td>
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<td>4521</td>
<td>Manohar</td>
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<td>75641</td>
<td>Esaki Pandian</td>
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<td>73713</td>
<td>Shewan</td>
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Now - a - days allergic diseases are widely prevalent in people from all the walks of life. This is because of the changing life style of the population, their dietetic patterns, the polluted atmosphere, culminated with seasonal changes are determining the immuno response of the individual to fight against the disease.
The main characteristic features of “Vadha Karappan” are itching, oozing, erythema, oedema, vesicles and papules. This disease can be more (or) less correlated with “Eczema” in modern medicine.

Causative Factors:

According to the siddhar’s view, it was stated that excessive intake of fish, mutton, low grade food materials like meat, varagu, thinai, rhizomes and root of some plants are the main causes for this disease.

Also all the anti-social activities result in psychic disturbances leading to this disease.

Regarding the aetiology of “Eczema” in modern medicine, hypersensitivity to variety of contact allergens (plants, cosmetics, clothing and medicaments), irritants (Physical and Chemical) history of allergies, emotional factors and familial predisposition are the causes.

According to the signs and symptoms mentioned in the siddha texts, more than 100 cases were treated. Among them 70 cases were selected for the study.
Patients were treated at both OPD and IPD. Out of 70 cases, 20 cases were admitted in the IPD of the Post Graduate Kuzhanthai Maruthuvam department.

With reference to Causative Factors, 10% of the patients were affected by contact allergen, 20% of the patients were affected by familial predisposition (Positive Family History) and 70% were affected by others (Debility, Climate) and unknown.

With reference to Onset, 25% of cases had acute, and 75% had chronic.

With Reference to Socio-economic status, 85% of patients belong to poor status, 15% patients belong to middle class.

With Reference to paruva kalam, most of the cases were affected in koothir, munpani and pinpan kalam.

With reference to three dosha, Abanan (40%) (Constipation) Viyanan (75%) (Pain, itching) and Devathathan (70%) (Insomnia) are affected. 100% of cases were affected in Ranjagam (Raised ESR, Raised esinophil, Redused Hb) and Prasagam (Colour change in skin).
Each and every patient was insisted to undergo lab investigation before and after treatment. In 16 patients (80%) eosinophil count was raised. After the treatment, eosinophil count was reported normal or slightly reduced. 9 patients (45%) had a rise in ESR. After the treatment the reports were normal. 10 patients (50%) had reduced Hb, after treatment, the report show increase in Hb. The details about the investigations are enclosed.

The trial medicine for the treatment of Vadha Karappan were “Karunjchiraga Chooranam” administered orally with honey and “Kanjankorai Thylam”, “Seemaiagathi Podi” applied externally.

The dosage of internal medicine depends upon the age and physical status,

0 – 1 year - 100 mg
1 – 5 years - 250 mg
6 – 12 years - 500 mg to 1 gm

The internal medicine was given for 5 to 15 days depending upon the severity of the disease and the condition of the patients. Within these days, most of the symptoms were relieved and all the patients were advised to free from causative factors and to follow proper diet.
60% of cases had good result, 30% of cases fair and 10% of cases showed poor result.

The patients were advised to come as out patient for further follow up. They were followed up for a period of 1-2 months. None of the patients complained of recurrence of the symptoms. During and after the course of treatment, no unwanted effects were reported.

The trial drug was also evaluated pharmacologically and biochemically.

The pharmacological studies were carried out in the department of Pharmacology, Govt, Siddha Medical college, Palayamkottai. The internal medicine “Karunjchiraga chooranam” had significant anti-histamine action, significant acute anti-inflammatory action and moderate chronic anti-inflammatory action.

The Biochemical analysis was carried out in the Department of Bio-chemistry, Govt, Siddha Medical college, Palayamkottai. the internal medicine Karunjchiraga chooranam had unsaturated compounds, amino acid and ferrous iron.
SUMMARY

Vadha Karappan, a well known disease with considerable involvement of the skin and wide constitutional features was taken for the present study.
Various medical literatures having relevant reference to the disease Vadha Karappan were collected from both siddha system as well as from modern system of medicine.

Twenty patients from both sexes of different age groups (1-12yrs) were selected and a careful detailed history was elicited and diagnosis was made on both the siddha and modern methodology.

The patients were treated with “Karunjchiraga Chooranam” internally and “Kanjankorai thylam” and “Seemaiaigathi podi” externally in the in-patients ward of post graduate Kuzhanthai Maruthuvam department.

They were treated for 5 to 15 days depending upon the severity of the illness with further follow up for any recurrence. Available investigations in modern medicine were also considered for diagnosis and the progress of the patient was followed and the proforma was prepared accordingly.

The clinical diagnosis of all the cases of Vadha karappan were done on the basis of signs and symptoms explained in siddha texts of Balavagadam.
The efficacies of the drugs “Karunjchiraga Chooranam” and “Seemaiagathi podi” and “Kanjankorai thylam” were studied and observed during the study.

The clinical trial was conducted with 20 patients. Among the 12 patients had good relief, 6 had moderate relief and 2 had poor relief.

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

The bio-chemical analysis reveals the presence of unsaturated compound, ferrous iron and amino acids in the drug “Karunjchiraga Chooranam”.

The pharmacological analysis of the drug “Karunjchiraga Chooranam” posseses significant anti-histamine and anti-inflammatory action. The drugs “Kanjankorai thylam” and “Seemaiagathi podi” possess significant anti-inflammatory action when applied externally.

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

* Internal and external medicines, Karunchiraga chooranam, Kanjankorai thylam and Seemaiagathi podi tried in the study exerted better result.

* The trial drugs were very effective to the patients and there were no adverse effects.

* The drugs of the trial medicines are easily available.

* Cost of the drug is very low.

* Significant anti-histamine and anti inflammatory action of the trial drug makes the medicine more effective.
GOVT. SIDDHA MEDICAL COLLEGE, PALAYAMKOTTAI
BIO-CHEMICAL ANALYSIS OF KARUNJCHIRAGA
CHOORANAM

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 was 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

<table>
<thead>
<tr>
<th>S NO</th>
<th>EXPERIMENT</th>
<th>OBSERVATION</th>
<th>INFERENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td><strong>TEST FOR CALCIUM</strong></td>
<td>No white precipitate is formed</td>
<td>Absence of calcium</td>
</tr>
<tr>
<td></td>
<td>2ml of the above prepared extract is taken in a clean test tube. 2 ml of 4% Ammonium oxalate solution is added to it.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td><strong>TEST FOR SULPHATE:</strong></td>
<td>No white precipitate is formed</td>
<td>Absence of Sulphate</td>
</tr>
<tr>
<td></td>
<td>2ml of the extract is added to 5% barium chloride solution.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td><strong>TEST FOR CHLORIDE</strong></td>
<td>No white precipitate is formed</td>
<td>Absence of Chloride</td>
</tr>
<tr>
<td></td>
<td>The extract is treated with silver nitrate solution.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No.</td>
<td>TEST FOR CARBONATE</td>
<td>The substance is treated with concentrated Hydro Chloric Acid.</td>
<td>No brisk effervescence is formed</td>
</tr>
<tr>
<td>-----</td>
<td>--------------------</td>
<td>---------------------------------------------------------------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td>5.</td>
<td>TEST FOR STARCH</td>
<td>The extract is added with weak iodine solution.</td>
<td>No Blue colour is formed</td>
</tr>
<tr>
<td>6.</td>
<td>TEST FOR IRON (FERRIC)</td>
<td>The extract is treated with concentrated Glacial acetic acid and potassium ferro cyanide.</td>
<td>No Blue colour is formed</td>
</tr>
<tr>
<td>7.</td>
<td>TEST OF IRON (FERROUS):</td>
<td>The extract is treated with concentrated Nitric acid and ammonium thio cyanate.</td>
<td>Blood red colour is formed</td>
</tr>
<tr>
<td>8.</td>
<td>TEST FOR PHOSPHATE</td>
<td>The extract is treated with ammonium Molybdate and concentrated nitric acid.</td>
<td>Yellow precipitate is formed</td>
</tr>
<tr>
<td>9.</td>
<td>TEST FOR ALBUMIN</td>
<td>The extract is treated with Esbach’s reagent.</td>
<td>No Yellow precipitate is formed</td>
</tr>
<tr>
<td>10.</td>
<td>TEST FOR TANNIC ACID</td>
<td>The extract is treated with ferric chloride.</td>
<td>No blue black precipitate is formed</td>
</tr>
<tr>
<td>11.</td>
<td>TEST FOR UNSATURATION</td>
<td>Potassium permanganate solution is added to the extract.</td>
<td>It gets decolourised</td>
</tr>
<tr>
<td>12.</td>
<td>TEST FOR THE REDUCING SUGAR</td>
<td>5ml of Benedict’s qualitative solution is taken in a test tube and allowed to boil for 2 mts and added 8-10 drops of the extract and again boil it for 2 mts.</td>
<td>No colour change occurs</td>
</tr>
</tbody>
</table>
| 13. | **TEST FOR AMINO ACID:**  
One 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 “KARUNJCHIRAGA CHOORANAM”

Aim

To study the anti-histaminic effect of "Karunjchiraga Chooranam"

Preparation of drug

1gm of Karunjchiraga Chooranam 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 450 gms 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 oxygen 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 significant anti-histamine action.
ACUTE ANTI-INFLAMMATORY STUDY ON
KARUNJCHIRAGA CHOORANAM

by

Hind - Paw Method in Albino Rats

Aim

To study the acute Anti inflammatory effect of "Karunjchiraga Chooranam".

Preparation of the test drug

1 gm of "Karunjchiraga Chooranam" was dissolved in 10 ml of water. A dose of 2 ml was given to 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/100gm of body weight. The second group was given Ibuprofen at dose of 20mg/100gm of body weight. The third group received the test drug "Karunjchiraga Chooranam" 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 pulling 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 plethysmograph.
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 KarunjchiragaChooranam**

<table>
<thead>
<tr>
<th>Groups</th>
<th>Drug</th>
<th>Dose/100gm body weight</th>
<th>Initial Reading average</th>
<th>Final Reading average</th>
<th>Mean difference</th>
<th>Inflammation %</th>
<th>Inhibition %</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control</td>
<td>Water</td>
<td>2ml</td>
<td>0.55</td>
<td>1.4</td>
<td>0.85</td>
<td>100</td>
<td>Nil</td>
<td>-</td>
</tr>
<tr>
<td>Standard</td>
<td>Ibuprofen</td>
<td>20 mg / ml</td>
<td>0.55</td>
<td>0.85</td>
<td>0.3</td>
<td>35.2</td>
<td>64.8</td>
<td>-</td>
</tr>
<tr>
<td>Test drug</td>
<td>Karunjchiraga</td>
<td>200mg</td>
<td>0.71</td>
<td>1.1</td>
<td>0.39</td>
<td>45.88</td>
<td>54.2</td>
<td>Significant</td>
</tr>
</tbody>
</table>

**Inference:** The test drug has **Significant** anti-inflammatory action in acute condition.
CHRONIC ANTI-INFLAMMATORY STUDY ON KARUNJCHIRAGA CHOORANAM BY Cotton Pellets Granuloma Method in Albino rats

Aim

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

Preparation of the Test Drug

1 gm of "Karunjchiraga Chooranam" 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 “Karunjchiraga Chooranam“ in a dose of 100mg/100gm of body weight. The control group of animals received distilled water 1ml /100gm of body weight. The standard group of animals received distilled water 1ml/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 Karunjchiraga Chooranam**

<table>
<thead>
<tr>
<th>Groups</th>
<th>Drug</th>
<th>Dose/100gm body weight</th>
<th>Pellet Weight</th>
<th>Pellet weight of the Granuloma of the drugs</th>
<th>Mean Difference</th>
<th>Inflammation %</th>
<th>Inhibition %</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control</td>
<td>Water</td>
<td>1ml</td>
<td>10mg</td>
<td>250mg</td>
<td>-</td>
<td>100</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Standard</td>
<td>Ibuprofen</td>
<td>20 mg / 1ml</td>
<td>10mg</td>
<td>55mg</td>
<td>-</td>
<td>22</td>
<td>78</td>
<td>-</td>
</tr>
<tr>
<td>Test drug</td>
<td>Karunjchiraga Chooranam</td>
<td>100 mg / 1ml</td>
<td>10mg</td>
<td>135mg</td>
<td>-</td>
<td>54</td>
<td>46</td>
<td>Moderate Action</td>
</tr>
</tbody>
</table>

**Inference:**

The test drug has **Moderate** Anti - Inflammatory action in chronic condition.
ACUTE ANTI - INFLAMMATORY STUDY ON
KANJANKORAI THYLAM AND SEEMAIAAGATHI PODI
(EXTERNAL USE)
By Hind - paw method in Albino rats

Aim
To study the acute Anti inflammatory activity of the test drug "Kanjankorai Thylam” and “Seemaiaagathi podi".

Preparation of the test drug
The "Kanjankorai Thylam” and “Seemaiaagathi podi” is prepared as per the Gunapadam mooligai - 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 (upto 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 0.1 ml of 1 % (W/V) carrageenin in water was made into plantar surface of both hind-paw of each rat. To the third (test group) "Kanjankorai Thylam and Seemaiagathi podi" was topically applied for three times over the inflammed surface in a thin layer within half an hour gap. To the other groups no drug was applied over inflamed surface.

One and half-hours 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, antiinflammation, anti-inflammatory effect of the test group is calculated.

### Effect of Kanjankorai Thylam and Seemaiagathi podi

<table>
<thead>
<tr>
<th>Groups</th>
<th>Drug</th>
<th>Dose/ 100gm body weight</th>
<th>Initial Reading average</th>
<th>Final Reading average</th>
<th>Mean difference</th>
<th>Inflammation %</th>
<th>Inhibition %</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control</td>
<td>Water</td>
<td>2 ml</td>
<td>0.55</td>
<td>1.4</td>
<td>0.85</td>
<td>100.0</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Standard</td>
<td>Ibuprofen</td>
<td>20mg</td>
<td>0.55</td>
<td>0.85</td>
<td>0.3</td>
<td>35.2</td>
<td>64.8</td>
<td>-</td>
</tr>
<tr>
<td>Test drug</td>
<td>Kanjankorai Thylam and Seemaiagathi podi</td>
<td>Ext.</td>
<td>0.57</td>
<td>1.0</td>
<td>0.42</td>
<td>49.4</td>
<td>50.6</td>
<td>Significant</td>
</tr>
</tbody>
</table>

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**Inference**: The test drug has **Significant** acute Anti-inflammatory action.
Case Sheet Proforma for VADHA KARAPPAN

<table>
<thead>
<tr>
<th>Name of the Medical Unit</th>
<th>Nationality</th>
</tr>
</thead>
<tbody>
<tr>
<td>IP. No.</td>
<td>Religion</td>
</tr>
<tr>
<td>Bed No.</td>
<td>Date of admission</td>
</tr>
<tr>
<td>Name</td>
<td>Date of discharge</td>
</tr>
<tr>
<td>Age</td>
<td>No. of days treated</td>
</tr>
<tr>
<td>Sex</td>
<td>Diagnosis</td>
</tr>
<tr>
<td>Occupation (Parents)</td>
<td>Result</td>
</tr>
<tr>
<td>Income (Parents)</td>
<td>Medical Officer</td>
</tr>
<tr>
<td>Address</td>
<td>Informer</td>
</tr>
<tr>
<td>Complaints and duration</td>
<td></td>
</tr>
<tr>
<td>History of Present illness</td>
<td></td>
</tr>
<tr>
<td>History of Previous illness</td>
<td></td>
</tr>
<tr>
<td>Antenatal history</td>
<td></td>
</tr>
<tr>
<td>Natal history (Birth history)</td>
<td></td>
</tr>
<tr>
<td>Neonatal history</td>
<td></td>
</tr>
<tr>
<td>Development history</td>
<td></td>
</tr>
<tr>
<td>Dietetic history</td>
<td></td>
</tr>
<tr>
<td>Feeding history</td>
<td></td>
</tr>
<tr>
<td>Family history</td>
<td></td>
</tr>
<tr>
<td>Socio-economic history</td>
<td></td>
</tr>
<tr>
<td>Immunization history</td>
<td></td>
</tr>
</tbody>
</table>

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CLINICAL EXAMINATION

General Examination:

1. Consciousness:
2. Decubitus:
3. Stature:
   a) Height:
   b) Weight:
   c) Head circumference:
4. Nourishment:
5. Skin changes:
6. Facies:
7. Pallor:
8. Jaundice:
9. Cyanosis:
10. Clubbing:
11. Koilonychia:
12. Jugular vein pulsation:
13. Lymphadenopathy:
14. Engorged veins:
15. Abdominal distension:
16. Pedal Oedema:
17. Temperature:
18. Pulse:
   Rate / Minute:
   Rhythm:
   Volume:
   Special character:
   Tension:
19. Respiration:
   Rate/minute:
Type :  
Character :  

20. Heart rate :  
21. Blood pressure :  
22. Congenital abnormalities :  
23. Miscellaneous :

**CLINICAL EXAMINATION – SKIN:**

**INSPECTION:**

- Site (area) :
- Size :
- Shape :
- General colour of the skin :
- Colour of the lesion :
- Scaling :
- Oedema :
- Vesicles :
- Thickened (or) Lichenified :
- Papules :
- Exudation :
- Macules :
- Erythema :
- Inflammatory / Non-inflammatory :

**SIDDHA ASPECTS**

1. **NILAM**

   - Kurinchi :
   - Mullai :
   - Marutham :
Neithal : 
Palai : 

2. UDAL NILAI
Vatham : 
Pitham : 
Kabam : 
Kalappu : 

3. PARUVA KAALAM
Kaar kaalam : 
Koothirkaalam : 
Munpani kaalam : 
Pinpani kaalam : 
Elavenil kaalam : 
Mudhu venil kaalam : 

4. GUNAM
Sathuvam : 
Rasatham : 
Thaamasam : 

5. MUMMALAM
Malam : 
Moothiram : 
Viyarvai : 

6. PORIPULANGAL
Mei (sensation) :
7. KANMENTHIRIYAM
Kai (Dhaanam) : 
Kaal (Kamanam) : 
Vaai (Vasanam) : 
Eruvaai (Visarkam) : 
Karuvaai (Anantham) :

8. PIRA URUPPUKALIN NILAI
Irudhayam : 
Puppusam : 
Eraippai : 
Kalleeral : 
Kudal : 
Siruneeragam : 
Siruneerpai : 
Moolai :

9. ENVAGAI THERVUGAL
Naa : 
Niram : 
Mozhi : 
Vizhi : 
Sparisam : 

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10. UYIR THATHUKKAL

A. VATHAM

Pirananan :  
Abanan :  
Viyanan :  
Udhanan :  
Samaanan :  
Nagan :  
Koorman :  
Kirukaran :  
Devathathan :  
Thananjeyan : Not applicable

B. PITHAM

Analam : 
Ranjagam : 
Saathagam : 
Alosagam : 
Pirasagam :

C. KABAM

Avalambagam : 
Kilethagam : 
Pothagam :
Tharppagam : 
Santhigam :

UDALTHATHUKKAL
Saaram : 
Senneer : 
Oon : 
Kozhuppu : 
Enbu : 
Moolai : 
Sukkilam / Suronitham - Not applicable

MOOTHIRAM
a) Neerkuri
Niram : 
Manam : 
Edai : 
Nurai : 
Enjal :

(b) Neikuri

MODERN ASPECTS
EXAMINATION OF OTHER SYSTEM :

1. Respiratory System :
2. Cardiovascular System :
3. Gastro intestinal System :
4. Central Nervous System :
5. Excretory System :
LABORATORY INVESTIGATIONS

1. BLOOD
   TC : Cells / mm³
   DC : P: %  L: %  E: %
   ESR
   ½ hour | Mm
   1 hour | Mm
   Hb% :
   Blood sugar :
   Serum cholesterol :
   VDRL :
   Blood urea :

2. URINE
   Albumin :
   Sugar :
   Deposits :

3. MOTION
   Ova :
   Cyst :
   RBC :
   Pus Cells :

4. SKIN CLIPPING TEST
5. SKIN BIOPSY
6. CULTURE AND SENSITIVITY
7. OTHERS

VERUPADUTHI KANITHAL
(DIFFERENTIAL DIAGNOSIS)
THEERUM THEERA NILAI (PROGNOSIS)
MARUTHUVA MURAI
(DAILY PROGRESS)
GOVERNMENT SIDDHA MEDICAL COLLEGE, PALAYAMKOTTAI
POST GRADUATE RESEARCH CENTRE
BRANCH - IV KUZHANTHAI MARUTHUVAM
PROFORMA VADHA KARAPPAN
ADMISSION : DISCHARGE SHEET

<table>
<thead>
<tr>
<th>S.No.</th>
<th>Clinical Features</th>
<th>Duration Admission</th>
<th>During Discharge</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Itching</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Oozing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Erythema</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Oedema (local)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Scaling</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>Vesicles</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Pustules</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Constipation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Ulcers</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SIDDHA TEXTS

1. BHAGAVATA.
2. CHETHRINATHAN CHETRAM SUDAKARAN SASTRAN.
3. ANANDAM - BHAGAVANA MANJUMATH KALPADAM.
4. VAAJASHEESVARA VAJASHEESVARAJI.
5. CHETRAM CHETRAM - CHETRAM.
6. CHETRAM CHETRAMCHETRAM CHETRAM - CHETRAMCHETRAM.
7. BHAGAVATAM VAJASHEESVARAJI - 100.
8. BHAGAVATAM VAJASHEESVARAJI - 100.
9. CHETRAM CHETRAMCHETRAM CHETRAM - CHETRAMCHETRAM.
10. VRISHACHANAM KASAN KASAN.
11. VRISHACHANAM KASAN KASAN - 1500.
12. BHAGAVATAMVAJASHEESVARAJI.
13. SADASUNDARI SUNDARAKI.
14. BHAGAVATAM SUDAKARAN SASTRAN.
15. VRISHACHANAM KASAN KASAN.
16. VRISHACHANAM KASAN KASAN - 600.
17. BHAGAVATAM VRISHACHAN.
18. VRISHACHANAM VISHAL VISHAL.
MODERN TEXTS

1. The Wealth of India.
2. Indian Medicinal plants, Kritigar and Basu.
3. Indian Materia Medica, Dr. K.N. Nadkarni.
5. Roxburgh's Common Skin decease.
7. Human Physiology Vol - 1 Dr. C. Chatterjee.
9. Practice of dermatology by Dr. P.N. Behl.
10. Lever's Histopathology of Skin.
<table>
<thead>
<tr>
<th>S.No</th>
<th>IP.No</th>
<th>Name of the Patient</th>
<th>Age / Sex</th>
<th>Date of Admission</th>
<th>Signs and Symptoms</th>
<th>Date of Discharge</th>
<th>Duration of the Disease</th>
<th>Total no of days treated IP &amp; OP</th>
<th>Result</th>
</tr>
</thead>
<tbody>
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<td>1</td>
<td>2630</td>
<td>Jeyapaul</td>
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<td>26.10.07</td>
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<td>2</td>
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</tr>
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<td>3</td>
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<td>15.1107</td>
<td>4 months</td>
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</tr>
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<td>4</td>
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<td>5</td>
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<td>3.1.08</td>
<td>2 months</td>
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</tr>
<tr>
<td>6</td>
<td>37</td>
<td>Prasathkumar</td>
<td>10/ Mc</td>
<td>7.1.08</td>
<td>Itching, Erythema, Papules</td>
<td>11.1.08</td>
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<td>7</td>
<td>41</td>
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<td>8</td>
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<td>Tamilselvi</td>
<td>8 / Fc</td>
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<td>9.2.08</td>
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<td>9</td>
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<td>11</td>
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<td>Lavanya</td>
<td>3 / Fc</td>
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<td>13</td>
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<td>Sathyra</td>
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<td>14</td>
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<td>2 weeks</td>
<td>2½ Months</td>
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<td>4 months</td>
<td>1½ Month</td>
<td>Fair</td>
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