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Case Study

A Siddha-Based Approach to Healing *Vaṟaṭci Karappāṉ* (Eczema): A Case Study

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ABSTRACT

Background: Eczema is a chronic inflammatory skin condition marked by itching, redness, dryness, and occasional discharge, often triggered by allergens, irritants, or genetic factors. It affects 5% to 20% of the global population. In Siddha medicine, eczema is referred to as *Karappān*. **Case Presentation:** A 48-year-old male visited the Siddha Clinical Research Unit outpatient department with persistent itching, skin discolouration, swelling with pain, peeling skin, and foul odour. Affected areas included the armpits, groin, buttocks, genitals, and between the toes. The symptoms had persisted for over a year, occasionally accompanied by fluid and blood discharge. Previous conventional treatments offered only temporary relief. **Assessment:** Based on Siddha clinical assessment and *Envagai Thervu* diagnostic method, the patient was diagnosed with *Vaṟaṭci Karappāṉ* (SN43-ICD 11). At baseline, his Eczema Area and Severity Index (EASI) score was 26, and the Patient-Oriented Eczema Measure (POEM) score was 20, indicating severe disease. **Results:** The patient received Siddha-based internal and external therapies, along with lifestyle and dietary modifications. After treatment, his EASI score decreased to 1.6 and POEM score to 2, indicating near-complete recovery. No recurrence was reported during the follow-up period. **Conclusion:** This case demonstrates the potential of Siddha medicine as an effective alternative for managing *Vaṟaṭci Karappāṉ*, particularly in chronic and recurrent cases. The holistic approach, which addresses both internal imbalances and external symptoms, contributed to sustained remission and improved quality of life.

Keywords: Eczema, *Vaṟaṭci Karappāṉ*, Siddha medicine, Chronic skin disease.

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INTRODUCTION

The ancient Indian system of Siddha medicine, practised for millennia, has recently attracted worldwide recognition. Siddha medicine is integral to the region's rich cultural heritage.[1] Eczema, also known as dermatitis, is a common inflammatory skin condition that manifests in various clinical forms and has multiple underlying causes. It frequently affects older adults and occurs in both men and women. The severity of eczema can vary widely, ranging from small, localized patches to extensive areas of skin involvement, and it may present in acute, sub-acute, or chronic stages. The condition typically begins with tiny, itchy papules on inflamed skin, which may progress into vesicles (small fluid-filled blisters). These vesicles often rupture, leading to oozing (exudation) and the formation of crusts. Over time, due to persistent scratching and irritation, the affected skin may become thickened, rough, and leathery-a process known as lichenification. In many cases, constant scratching also makes the skin more vulnerable to secondary infections, further complicating the condition. Based on its cause, eczema can be classified into different types, including nummular, contact, seborrheic, atopic, asteatotic, gravitational, frictional, and infective.[2-4]

In India, dermatitis is a major contributor to the illness burden. Skin disorders are the fourth most common cause of nonfatal medical illnesses globally, according to the Global Burden of Disease research. They were responsible for 4.02% of India's overall illness burden in 2017. The most significant of them was dermatitis, which includes atopic, seborrheic, and contact kinds. In 2017, 1.40 million persons were affected, with a 95% confidence interval of 0.82-2.21 million, and this represents a 48.9% rise since 1990.[5]

In Siddha literature, eczema is associated with *Karappāṉ* and is classified into seven types, with *Vaṟaṭci Karappāṉ* being one among them. This condition is marked by swelling with sharp pain, obesity, persistent skin itching, constant drowsiness, dehydration, excessive talking due to itching or complete silence, and a foul body odour. When compared to eczema or atopic dermatitis, these symptoms exhibit notable similarities.[6-7]

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DECLARATION OF THE PATIENT'S CONSENT

The authors certify that they have obtained all appropriate written informed consent from the patients for the publication of this case report and accompanying images.

Case study

A 48-year-old male from Tirupati, Andhra Pradesh, visited the Outpatient Department of Siddha Clinical Research Unit (SCRU), Tirupati, on 27 June 2024. He complained of severe itching, discolouration, drowsiness, swelling with sharp pain and peeling of the skin on the armpits, groins, gluteal genitals, and between the toes with foul-smelling. These symptoms persisted for two years, significantly affecting his daily life. The patient had previously been diagnosed with eczema at a private modern hospital, where he received treatment for six months. There was no family history of eczema, and the patient had no history of systemic illnesses such as Diabetes Mellitus, Hypertension, Bronchial Asthma, Sinusitis, or Dyslipidemia.

The patient was classified as having "*Vali Aiya thegi*" according to *Naadi parisothanai*. Upon physical examination, he was conscious and oriented, with a pulse rate of 76 beats per minute, blood pressure of 120/80 mmHg, respiratory rate of 22 breaths per minute, and a body temperature of 98.7°F. His urine and bowel habits and regular sleep patterns were normal. Additionally, the patient exhibited erythema, papulation, excoriation, and lichenification. Given these findings, Siddha's treatment was deemed appropriate. Diagnostic tests were performed to ascertain the degree and course of the patient's eczema before starting treatment. With an Eczema Area and Severity Index (EASI) score of 26 out of 70, the disease was found to have a significant impact. The severity of the eczema was further confirmed by the Patient-Oriented Eczema Measure (POEM) score, which was 20 out of 28. Based on the results of these assessments, a 90-day Siddha treatment regimen was initiated under the supervision of the clinical team. The treatment plan included internal and external therapeutic interventions tailored to the patient's condition. Internal medications comprised Siddha herbal formulations, including *Paraṅkippaṭṭai cūraṇam, Palakaṟai paṟpam, Irunelli kaṟpam, and Kantaka racāyaṉam* all administered orally. For external application, *Karappāṉ tailam* was applied to the affected areas. All medicines were dispensed from the SCRU Tirupati pharmacy. In addition to the prescribed medication, the patient was advised to engage in daily breathing exercises and strictly avoid certain foods, such as brinjal, dry fish, seafood, sour-tasting, corn, and ragi. The treatment plan, follow-up schedule, and prognosis are detailed in Table 1.

A follow-up evaluation on the 90th day of therapy showed that the patient's condition had significantly improved. Significant improvement and almost total symptom relief were demonstrated by the EASI score dropping from 26 to 1.6 and the POEM score dropping from 20 to 2. Due to these positive results, a similar treatment protocol was maintained during the follow-up period. Over the following month, the patient reported no recurrence of symptoms and experienced no adverse effects from either the initial treatment or the ongoing regimen. Overall, the Siddha treatment approach proved highly effective in managing the patient's eczema, as demonstrated by the substantial reduction in symptoms and the absence of recurrence during the follow-up phase.

DISCUSSION

According to the diagnostic guidelines in Siddha medicine and the International Standard Terminologies on Siddha Medicine by the WHO, eczema is referred to as *Karappān* (SN43-ICD 11).[8] The condition arises from imbalances in Vali. In Siddha, each medication is administered as part of a particular treatment plan to restore balance to the disturbed humors. Initially, a purgative is used to reduce the disturbed Vali, as it is considered the root cause of skin disorders, according to the Siddha principle "*Vathamalathu meni kedathu*"[9] (without pacifying *Vali*, the body cannot be cured). In this case, the treatment commenced with visit 0, where *Akattiyar kuḻampu* (a purgative) was administered with ginger juice early in the morning. This purgative helps to reduce the excess Vali and improve the body's ability to absorb the subsequent medications. No medicine is provided on the second day, allowing the patient to rest and recover from the effects of the laxative.

From visit 1 to visit 5, the patient received a combination of treatments: I. *Paraṅkippaṭṭai cūraṇam, Palakaṟai paṟpam, and Irunelli kaṟpam are taken twice daily with hot water as an adjuvant; II. Kantaka racāyaṉam* is administered twice daily with hot water; and III. *Karappāṉ tailam* was applied externally throughout the study to enhance the healing process (Figure 1).

Paraṅkippaṭṭai (*Smilax China*) is renowned for its antisyphilitic and depurative properties. According to *Agasthiyar Paripooranam* - 400, the powdered form, known as *Paraṅkippaṭṭai cūraṇam*, (PPC), is traditionally used to treat eczema effectively.[10] The aqueous extract of PPC demonstrated strong anti-inflammatory effects by inhibiting COX-2 activity and expression in LPS-induced mouse macrophage cells, with effectiveness comparable to 200 mg/kg of acetylsalicylic acid.[11] PPC shows strong antifungal activity against *Candida albicans*, a fungus that secretes the enzyme Aspartyl Proteinases (SAP) to support its growth. A study of twelve phyto-compounds in the formulation found that compounds such as beta-sitosterol, afzelin, and quercetin effectively bind to SAP, inhibiting its function. Vicenin exhibited the highest binding affinity, even surpassing fluconazole. These results suggest that the phytochemicals in PPC could effectively manage fungal infections by targeting the SAP enzyme, making it a promising treatment option for skin and fungal infections.[12,13] *Palakaṟai paṟpam* exhibits anti-histaminic properties, helping to reduce the recurrence of the disease. Additionally, *Palakaṟai*

Table 1: Treatment Plan.

Date	Visit	Observations and Symptoms	Treatment Administered	Prognosis
27.06.2024	Visit 0	Initial consultation. The patient reported rashes in the groin, lower abdomen, armpit, genital, and gluteal areas, along with itching, scaling, and hyper-pigmented spots. These symptoms remained for one year, greatly interfering with his day-to-day activities. An initial evaluation revealed severe eczema with an EASI score of 26 and a POEM score of 20.	*Akattiyar kuḻampu*-250 mg with ginger juice (to be taken on an empty stomach the next morning). The patient was advised to follow the purgative diet.	Treatment started-the expectation of initial purging and detoxification.
29.06.2024	Visit 1	The patient reported diarrhoea up to 9 times, which stopped after consuming curd rice.	I. *Paraṅkippaṭṭai cūraṇam* - 2gm *Palakaṟai paṟpam* - 200mg *Irunelli kaṟpam* - 100mg (BD, with hot water after food) II. *Kantaka racāyaṉam* - 2gm BD (with hot water after food) III. *Karappāṉ tailam*	Expected response to purgative diet. The patient stabilised. Medicines are adjusted for long-term management of the condition.
18.07.2024	Visit 2	The severity of the symptoms has somewhat decreased like scaling and itching.	It was continued with the same prescription. The patient was advised to avoid *Karappāṉ paṇṭam* (Cōḻam-Sorghum, *Kampu*-Pearl millet, *Vāḻaikkāy*- Raw unripe banana, *Keḻiṟṟumīṉ*- Catfish, *Varaku*- Kodo millet and *Pākaṟkāy*- Bitter guard).[7]	Gradual improvement observed. Condition responding to treatment. Continued medication is expected to provide further symptom relief.
07.08.2024	Visit 3	Erythema, papulation, excoriation, and lichenification were reduced, and itching improved. The patient had a leg injury (treated separately).	Same internal medication as the previous visit. Additional wound treatment for leg injury.	Primary symptoms were significantly reduced. The injury was treated separately, and continued improvement in skin condition was expected with the existing medication.
30.08.2024	Visit 4	Scaling was absent, hyperpigmentation reduced, and itching improved but still occasional.	The same internal and external medication continued.	Further improvement noted. Occasional itching may persist, but the prognosis is positive for complete resolution with continued treatment.
26.09.2024	Visit 5	Itching and scaling have been completely reduced. The illness was almost evident, as shown by the EASI score of 1.6 and the POEM score of 2.	The same medications continued.	With an EASI score of 1.6 and a POEM score of 2, the illness nearly disappeared. The prognosis is excellent and points to a full recovery. To avoid recurrence, the patient might need maintenance treatment.

Figure 1: Clinical Presentation of *Vaṟaṭci Karappāṉ* (Eczema) Before and After Siddha Treatment.

possesses antispasmodic and antimicrobial effects, effectively easing muscle spasms and fighting infections. Its therapeutic benefits aid digestive health by relieving cramps and maintaining a balanced microbial environment, making it a valuable remedy in traditional medicine.[14,15]

Palakaṟai paṟpam is rich in calcium and sodium, which support bone formation, regulate plasma volume and acid-base balance, and enhance nerve and muscle function. It contains 91.35% calcium from *Palakaṟai* (*Cypraea moneta* Linn.). Calcium released from dressings into the bloodstream can influence cell migration and skin wound remodelling, playing a crucial role in granulation tissue development and significantly aiding the wound healing process.[16,17] Recently, the treatment of dermatophytosis has become a challenge for dermatologists. *Kantaka racāyaṉam* has shown antifungal activity against skin-infecting dermatophytes, with in vitro studies indicating significant inhibitory effects compared to the standard antifungal drug fluconazole. Skin scrapings post-treatment was negative for dermatophytes, and there was a notable reduction in clinical signs without any adverse reactions. This highlights the efficacy of the Siddha drug *Kantaka racāyaṉam* in treating eczema.[18,19] *Irunelli kaṟpam* exhibits potent action against various skin diseases, with a particularly effective application in treating scabies.[20] *Karappāṉ tailam*, as the name suggests, is specifically formulated to reduce and alleviate symptoms of *Karappāṉ* (Eczema).[21] The pharmacological activity of *Karappāṉ tailam* (KT) is anti-inflammatory, anti-spasmodic, analgesic, rubefacient, nutrient-rich, and alternative. As a result, KT's chemicals eliminate waste materials and smooth the skin, preventing infections and encouraging cell growth.[22]

CONCLUSION

This case study demonstrates the potential efficacy of Siddha medicine in managing chronic eczema, particularly in patients for whom conventional treatments offer only temporary relief. By addressing the underlying causes of the condition through a holistic approach that combines internal and external therapies, Siddha medicine can offer sustainable, long-term relief. The integration of lifestyle and dietary modifications, along with regular follow-up care, plays a significant role in preventing the recurrence of symptoms. This case supports the need for further research into the effectiveness of traditional medicine systems like Siddha in managing chronic dermatological conditions.

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CONFLICT OF INTEREST

The authors declare that there is no conflict of interest.

AUTHORS' CONTRIBUTIONS

Tamilselvan R and Samraj K are both involved in the data collection and have prepared the report.

SUMMARY

A 48-year-old man from Tirupati, Andhra Pradesh, came to the Siddha Clinical Research Unit (SCRU) with severe eczema symptoms for two years. He had intense itching, skin discolouration, swelling, pain, peeling, and a foul smell in areas like the armpits, groin, buttocks, genitals, and between the toes. Previous treatment at a private hospital gave only short-term relief. He was diagnosed with *Vaṟaṭci Karappāṉ* (Eczema) based on Siddha principles and was classified as having the "*Vali Aiya thegi*" body type. His Eczema Area and Severity Index (EASI) score was 26, and his Patient-Oriented Eczema Measure (POEM) score was 20, showing severe disease. He started a 90-day Siddha treatment that included internal medicines (*Paraṅkippaṭṭai cūraṇam, Palakaṟai paṟpam, Irunelli kaṟpam,* and *Kantaka racāyaṉam)* and *Karappāṉ tailam* for external use. He also followed a special diet and breathing exercises. After 90 days, his condition improved greatly. His EASI score dropped to 1.6 and POEM score to 2, with no recurrence of symptoms. The same treatment was continued, and he was advised to avoid certain eczema-triggering foods. This case shows that Siddha medicine can be very effective in treating long-term eczema.

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