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Afr. J. Biomed. Res. Vol. 28(2s) (February 2025); 523-531

Research Article

A Siddha Management of *Padarthaamarai* (*Tinea corporis*) with internal and external medicines: A Case Report

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Abstract

Introduction: *Padarthaamarai*, also referred to as *Pundareega Kuttam* in Siddha medicine, is traditionally associated with fungal infections, particularly *Tinea corporis* in modern dermatology.

Patient Information: A 42-year-old male patient, presented with hyperpigmented, itchy, scaly lesions with elevated margins in the retrosternal chest region, persisting for four months. Based on the clinical symptoms he was diagnosed with *Tinea Corporis*.

Intervention: Treatment involved internal medicines *Gandhaga Mezhugu* (medicated wax), and external therapies including *Pattru* (poultice) using *Neerkovai Mathirai* and *Vanga Virana Kalimbu* (ointment application).

Outcomes: Itching, scaling, and hyperpigmentation improved significantly, with complete resolution in 32 days. The Clinical Assessment Severity Score (CASS) for *tinea corporis* reduced from 14 to 0, showing full recovery from erythema, itching, dryness, and eruptions. Follow-up over four months revealed no recurrence of infection or adverse effects.

Conclusion: This report highlights the effectiveness of Siddha medicine as a holistic, time-efficient, and affordable approach to managing chronic fungal skin infections, warranting further studies on its efficacy.

Keywords: *Padarthaamarai*, *Tinea corporis*, Siddha medicine, *Gandhaga Mezhugu*, *Neerkovai Mathirai*, *Vanga Virana Kalimbu*.

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Received - 23/01/2025

Acceptance - 28/01/2025

DOI: <https://doi.org/10.53555/AJBR.v28i2S.6497>

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Introduction

Padarthaamarai, or *Pundareega Kuttam* (K.N.Kuppusamy Mudaliar, 2007) symptoms mentioned in Siddha text, is commonly correlated with *Tinea* infection of modern dermatology and it is a fungal infection that affects the skin, typically characterized by its everted, circular, or irregular margins, with inflamed vesicles or scales spreading

across specific areas of the body (Chanyachailert P, Leeyaphan C, Bunyaratavej S, 2023). It most commonly affects regions such as the groin, waist, axilla, and gluteal region, but it can also manifest over the entire body. The infection typically heals at the center while expanding at the periphery (Leung AK et al. 2020)

Tinea corporis is a widespread condition with a global prevalence, and it is particularly common in tropical climates where heat and humidity are conducive to fungal growth (Keshwania P et al. 2023). India, with its tropical and humid environment, experiences a significant burden of fungal infections like Tinea corporis (Ray A, et al. 2022). The disease is caused by a group of parasitic fungi known as dermatophytes, with *Trichophyton rubrum* being the most commonly implicated species. Other factors contributing to the spread of the infection include poor hygiene, weakened immune systems, and close contact with infected individuals or contaminated items such as towels, bedding, or clothing (Jartarkar et al 2021). Additionally, the infection can be transmitted through direct skin-to-skin contact, from grooming animals, or from prolonged exposure to infected soil (Moskaluk AE & Vande Woude S 2022).

The onset of *Padarthaamarai* is typically marked by itching, followed by the appearance of erythematous macules or papules that expand outward. As the infection progresses, lesions form into ring-like structures with advancing scaling or papulovesicular margins and healing centers. While Tinea corporis presents as annular lesions, other forms of tinea, such as Tinea imbricate, Tinea capitis, Tinea pedis, Tinea cruris, and Tinea unguium, can also occur with varying symptoms, including hair loss, nail infections, and fungal involvement of the feet and groin (Jartarkar et al 2021 & Moskaluk AE & Vande Woude S 2022).

The treatment of Tinea corporis is multifaceted, requiring both topical and systemic antifungal interventions, and Siddha medicine offers a unique holistic approach. From a Siddha perspective, the pathogenesis of *Padarthaamarai* is understood through the derangement of humours, specifically the *Vatham* (primary humour) and *Pitham* (secondary humour). This imbalance disrupts the body's internal harmony, affecting the *Udal Thaathukkal*, such as *Saaram* (plasma), *Senneer* (blood), *Oon* (muscle), and *Kozhuppu* (fat tissue), leading to the manifestation of skin lesions. In Siddha medicine, the treatment of *Padarthaamarai* involves addressing these imbalances through internal and external remedies, ensuring the proper restoration of humoral equilibrium (Siddha Standard Treatment Guidelines. National Institute of Siddha, 2019).

By focusing on the restoration of the body's humoral balance, alongside the use of medicinal herbs and dietary adjustments, Siddha remedies can play a crucial role in managing fungal infections and ensuring the effective healing of affected areas.

Nowadays, people with tinea infections approach alternative medicines to get a cure of the chronicity and avoid the recurrence of infection. Both internal and external medicines were prescribed in the treatment of the *Padarthaamarai* (Tinea corporis). Herein the details of the *Padarthaamarai* (Tinea corporis) case study have been presented, which is successively treated with Siddha classical preparation: *mezhu* (medicinal wax), and external therapy: *patru* (poultice) and *kalimbu* (ointment application) (Siddha Standard

Treatment Guidelines. National Institute of Siddha, 2019).

Case report

Patient information

Complaints and duration

On August 1, 2024, a 42-year-old male patient attended the OPD of Siddha Clinical Research Unit, Goa, with complaints of hyperpigmented, itchy, patchy lesions with elevated margins in the retrosternal area of the chest, just below the neck, persisting for four months. The lesion was red and inflamed, with the outer edges more inflamed and scaly than the paler center.

History of the present and past illness of the patient

The patient recalled that the initial episode of itching and eruption began approximately six months ago on his left forearm, manifesting as small, itchy, reddish patches. These patches gradually increased in size and intensity, eventually resolving with residual pigmentation. However, two months later, similar lesions reappeared in the retrosternal area of the chest. He experienced itching that worsens at night and with excessive sweating. The patient observed that the lesions become more pronounced after exposure to heat or tight clothing around the affected area. Over-the-counter creams provided temporary relief but failed to address the underlying issue, and the condition continued to worsen over time. The patient denies any systemic symptoms such as fever, fatigue, or weight loss. He also denies a history of trauma or injury to the affected areas. However, he has a history of recurrent skin infections in his childhood and episodes of eczema during adolescence. There is no known history of allergies to food, medications, or environmental triggers. The patient has no history of diabetes, hypertension, or other chronic illnesses. He has not been on any long-term medications and denies a history of tobacco or alcohol use. Family history is non-contributory, with no known cases of dermatological or autoimmune conditions. However, the patient lives in a humid environment, and his daily activities involve significant exposure to heat and sweat, which may aggravate his condition. The patient has not undergone any specific investigations or treatment for his current condition prior to visiting the Siddha Clinical Research Unit. His primary concern is the persistent itching and discoloration of the skin, which has become a social stigma.

Primary complaints

Hyperpigmented, itchy, patchy lesions with elevated margins in the retrosternal area of the chest, just below the neck, persisting for four months.

Assessment of Personal History

Diet: nonvegetarian, Habit: no abusive habits, Marital status: married, Allergic History: nil, Appetite: normal, Bowel: normal (1-2 times per day), Bladder: normal (5-6 times per day), Sleep: disturbed.

Assessment of General Examination

All the personal history and general examination of the patient were observed and noted. Temperature: 98.90°F, Blood Pressure: 125/70 mm Hg, Pulse Rate: 74 beats/minute, Heart Rate: 74 beats/minute, Respiratory Rate: 16 breaths/minute, Height: 165 cm,

Weight: 74 kg, Body Mass Index: 27.18 kg/m² (overweight).

Assessment of Systemic Examination

GIT: P/A, soft, non-tender, no organomegaly; RS: normal vesicular breath sounds heard, no added sounds; CVS: S₁, S₂ heard, no murmur; CNS: intact, conscious, oriented to time, place, and person.

Assessment of Local Examination Skin Lesion:

Clinical Assessment Severity Score (CASS) for tinea corporis were done and tabulated in **Table 1**.

Table 1: Clinical Assessment Severity Score (CASS) of Tinea Corporis – Before treatment

Parameter	Score Description	Score
Erythema	0 - Absent; 1 - Mild; 2 - Moderate; 3 - Deep brown	3
Itching	0 - Absent; 1 - Mild; 2 - Moderate; 3 - Severe	3
Dryness	0 - Absent; 1 - Mild; 2 - Moderate; 3 - Severe	3
Eruption	0 - Absent; 1 - 1 to 3 eruptions; 2 - 4 to 7 eruptions; 3 - Above 7 eruptions	3
Indurations	0 - Absent; 1 - Mild; 2 - Moderate; 3 - Severe	2
Clinical Assessment Severity Score (CASS) - before treatment		14

Assessment of Siddha aspect of Examination

Udal thathukkall (Seven physical constituents) and *Envagai thervu* (Eightfold of parameters in Siddha) were evaluated and tabulated in **Table 2**.

Table 2: Assessment of Siddha aspect of Examination

Sl.No	Siddha evaluatory parameters	Findings
A	<i>Udal Thathukkall</i> (Seven Physical Constituents)	
i.	<i>Saaram</i> (nourishing juice)	Affected
ii.	<i>Senneer</i> (blood)	(roughness, scaling and papules present of the skin over the chest)
iii.	<i>Oon</i> (muscle)	
iv.	<i>Kozhupu</i> (fat)	
v.	<i>Enbu</i> (bone)	Not affected
vi.	<i>Moolai</i> (bone marrow)	Not affected
vii.	<i>Sukkilam</i> (Semen)	Not affected
B	<i>Envagai thervu</i> (Eightfold parameters in Siddha)	
1.	<i>Naa thervu</i> - Examination of tongue	
i.	<i>Niram</i> (Colour)	Pinkish in colour
ii.	<i>Thanmai</i> (Character)	Coated tongue, denuded
iii.	<i>Pulan</i> (Sense)	Saliva tends to taste sour
2.	<i>Niram thervu</i> - Examination of colour	Wheatish
3.	<i>Mozhi thervu</i> - Examination of speech	Hoarseness of voice
4.	<i>Vizhi thervu</i> - Examination of eye	
i.	<i>Niram</i> (Colour)	Normal
ii.	<i>Thanmai</i> (Character)	Normal
iii.	<i>Pulan</i> (Sense)	Normal - No visual disturbances
5.	<i>Malam thervu</i> - Examination of stool	
i.	<i>Niram</i> (Colour)	Yellowish in colour
ii.	<i>Nurai</i> (Froth)	Not present
iii.	<i>Elagal/Erugal</i> (Consistency)	<i>Elagal</i> (semisolid)
6.	<i>Moothiram thervu</i> - Examination of urine	
i.	<i>Neerkuri</i> - Examination of character of urine	
a.	<i>Niram</i> (Colour)	Mild yellowish in colour
b.	<i>Nurai</i> (Froth)	Not present
c.	<i>Adarathi</i> (Specific gravity)	Normal
d.	<i>Manam</i> (Odour)	Normal- No specific odour
e.	<i>Enial</i> (Deposits)	Not present
ii.	<i>Neikuri</i> - Examination of Urine by oil dropping	<i>Vatha neer</i> (Instilled oil drop spread like the shape of)
7.	<i>Snarisam thervu</i> - Examination by touch	Not applicable
8.	<i>Naadi thervu</i> - Examination of pulse	
i.	<i>Naadi</i>	<i>Vatha kabha naadi</i>
ii.	<i>Thanmai</i> (Character)	Rapid and thin
iii.	<i>Nadai</i> (Pattern)	Normal

Subjective parameters:

- Blackish discoloration with elevated margins in front of the chest, just below the neck
- Itching present in the skin lesion.

Objective parameters:

- Hyperpigmented, scaly, patchy lesions with elevated margins in the retrosternal area of the chest, just below the neck.
- Clinical Severity assessment score for tinea corporis(Yadav S et al 2024) .

Line of treatment with its benefits in this case of Padarthaamarai (Tinea corporis) [7]

Internal medicines were given for fungal skin infections by stopping the spread of the skin lesions, avoiding the reinfections, and normalizing the deranged seven physical constituents (nourishing juice, blood,

and internal medicines was noted in the reference articles from standard journal publications and Siddha classical literature.

and muscle). According to this, Gandhagam based medicines had to be chosen.

External medicines were given for the symptomatic relief of scaling and itching. External therapies, like Poochu (anointing) and Kalimbu (ointment application) were given to the patient, which helps markedly in the prevention of fungal infections to attain the normal colour of the skin.

The treatment given to the patient over 32 days at the OPD of the Siddha Clinical Research Unit, Goa, was documented and tabulated in Table 3. The table reveals the time, duration of the treatment, internal treatment with its adjuvant, and dosage. The medicines were selected based on the three humoral variations to normalize the deranged as per Siddha’s classical literature references. Some of the internal medicines and external medicines were advised to follow particular periods as per the Siddha texts. The pharmacological action of the given external

Table 3: Treatments given from August 1, 2024 to September 1, 2024 (32 days)

Day	Type	Name of the medicines	Quantity/ Dosage	Date (From – to) and Timing	Target / Mode of action
1-32	Internal Medicine	Gandhaga Mezhu (Medicinal wax)	100 mg with milk (twice a day) After food	Aug 1 (night) – Sep 1, 2024 8.00 am; 8.30 pm.	anti-fungal, anti-bacterial, wound-healing [8,9]
1-32	External Medicine	Neer kovai mathirai poochu (anointing)	2 tablets with hot water (twice a day)	Aug 1 (night) – Sep 1, 2024 (7 am & 8.00 pm – before bath)	anti-fungal, anti-bacterial [11-21]
	External Medicine	Vanga Virana Kalimbu (Ointment)	2g apply over the lesion (twice a day)	Aug 1 (night) – Sep 1, 2024 (After bath - SOS)	anti-fungal, anti-bacterial, wound-healing [22-27]

Pathiyam (Instructions and advice on dietary habits do’s and don’ts during the treatment period)

The patient was advised to avoid consuming incompatible food items. Specific dietary restrictions included avoiding mango, brinjal, tomato, non-vegetarian foods, jackfruit, pineapple, fast food, and sour foods. These recommendations were provided and adhered to by the subject. Additionally, maintaining personal hygiene was emphasized as a key preventive measure. The infection, known to spread through direct contact with infected individuals, animals (such as dogs, cats, guinea pigs, and cattle), or contaminated soil, necessitated proper cleaning and prevention practices. The subject was instructed to keep the affected area clean and dry, refrain from sharing towels, soaps, or other personal items, and frequently wash towels, bed linens, and clothing. The shower or bath area was to be thoroughly cleaned after use. The use of soaps for bathing was limited, and gram powder was recommended as an alternative. Scratching the rash was strictly discouraged to prevent the spread of the fungus to other body areas. To reduce moisture retention on the skin, the subject was advised to wear loose-fitting clothing made from natural fibers.

In the management of Tinea corporis (ringworm) according to Siddha practices, dietary modifications are crucial for balancing the body's humours and promoting skin health. The patient was recommended to include tender vegetables such as Avarai (Lalab purpureus), Aththi (Ficus racemosa), Murungai (Moringa oleifera), Vaazhaipinju (Musa paradisiaca), and Mullangi (Raphanus sativus); greens like Pannai keerai (Celosia argentea), Parattai keerai (Ipomoea reniformis), Mullangi keerai (Raphanus sativus), and Mudakathan keerai (Cardiospermum halicacabum); and dairy products, particularly cow’s buttermilk, are recommended for their cooling and soothing properties. Non-vegetarian options such as Karunkozhi (black hen) and Ayiraimen (Cobitis taenia) were also advised for inclusion in the diet(Siddha Standard Treatment Guidelines. National Institute of Siddha,2019).

On the other hand, the patient was advised to avoid certain foods containing sour and pungent flavours, as well as grains like Solam (Sorghum vulgare), Kambu (Pennisetum typhoides), and Varagu (Paspalum scrobiculatum); other foods like Vazhaikai (Musa paradisiaca), Pagarkaai (Momordica charantia), Maangaai (Mangifera indica), Sarkaraivalli kizhangu

(*Ipomoea batatas*), *Seppan kizhangu* (*Colocasia esculenta*), and *Vellari* (*Cucumis sativus*), *Kothavarai* (*Cyamopsis tetragonoloba*), *Kollu* (*Macrotyloma uniflorum*), *Kooya* (*Psidium guajava*), *Kathiri* (*Solanum melongena*), and *Vaankozhi kari* (*Meleagris gallopavo*) to prevent aggravation of the condition(Siddha Standard Treatment Guidelines. National Institute of Siddha,2019).

Outcome and follow-up of both internal and external medicines

During the treatment, the patient did not experience any complications, and no Adverse Drug Reaction (ADR) was reported. In every visit of the patient to the OPD, all the vital signs and symptoms of *Padarthaamarai* (*Tinea corporis*) were noted and documented. The

scaling, itching, and hyperpigmentation were reduced moderately during the treatment. After 32 days, the hyperpigmented skin lesions were completely changed by the normal coloration of the skin. The Clinical Assessment Severity Score (CASS) for *Tinea corporis* was reduced to 0 on end of the treatment. In the next 4 months of follow-up, the patient had no recurrence of *Padarthaamarai* (*Tinea corporis*).

Clinical Assessment Severity Score (CASS) for Tinea corporis after treatment

On September 1, 2024, after 32 days of internal and external medication, the evaluation of skin lesions by Clinical Assessment Severity Score (CASS) of *tinea corporis* (*Padarthaamarai*) was assessed again; it was noted in Table 4 and found as 0.

Table 4. Clinical Assessment Severity Score (CASS) for Tinea corporis after Treatment

Parameters	Score Description	Score
Erythema	0 - Absent; 1 - Mild; 2 - Moderate; 3 - Deep brown	0
Itching	0 - Absent; 1 - Mild; 2 - Moderate; 3 - Severe	0
Dryness	0 - Absent; 1 - Mild; 2 - Moderate; 3 - Severe	0
Eruption	0 - Absent; 1 - 1 to 3 eruptions; 2 - 4 to 7 eruptions; 3 - Above 7 eruptions	0
Indurations	0 - Absent; 1 - Mild; 2 - Moderate; 3 - Severe	0
Clinical Assessment Severity Score (CASS) - after treatment		0

Figure 1: State of Padarthaamarai (Tinea corporis) – Before and after treatment



Discussion

According to *Yugi Vaithiya Chinthamani – 800, kuttam* (skin diseases) has been classified into 18 distinct types, each with its unique characteristics and manifestations. *Padarthaamarai*, or *Pundareeka Kuttam*, is one among the 18 *Kuttam*(Maarkkalina Naayanar,1918). In the context of Siddha medicine, *Tinea corporis* (commonly known as ringworm), a fungal infection of the skin, does not have a direct classification under the WHO's International Standard Terminologies for Siddha Medicine. The WHO

terminology for *Tinea corporis* is listed under the International Classification of Diseases (ICD), where it is assigned the code B35.0. However, Siddha medicine tends to use its own system of classification, focusing on humoral imbalances and other indigenous terms. In Siddha medicine, *Pundareeka Kuttam*, or *Padarthaamarai*, is primarily caused by the derangement of the *vatha* humour, which leads to imbalances in the *Azhal* humour. This pathological process gradually affects the *Udal Thaathukkal*—specifically *Saaram* (plasma), *Chenneer* (blood), *Oon*

(muscle), and *Kozhuppu* (fat tissues)—resulting in eruptive lesions on the skin. The condition is further associated with disturbances in the *Apanan* and *Viyanan*, *Uyir Thaathukkal*, which govern bodily eliminations and the distribution of energy, respectively. These impairments contribute to the progression of the disease by disrupting the body's internal harmony (Siddha Standard Treatment Guidelines.: National Institute of Siddha, 2019).

Siddha treatment emphasizes restoring balance to the vitiated humours to address the root cause. The therapeutic approach involves strengthening the *Udal Thadhukkal* to promote tissue health while ensuring proper regulation of the *Uyir Thadhukkal*. This holistic method aims to alleviate symptoms and prevent recurrence by re-establishing the body's equilibrium (Manickavaasagam K, 2011).

The mode of action and selection of every Siddha drug is based on correcting or normalizing the deranged *uyir thathu* (*vatham*, *azhal*, and *iyam*) of that particular ailment. *Vatham* is the primary *thathu* that has been affected in *Padarthaamarai*; the aggravated *vatham* was brought back to normal by correcting the *saaram* and *senneer* using *Gandhaga mezhugu*.

The Siddha classical formulation *Gandhaga Mezhugu*, is traditionally employed since ages in the treatment of chronic skin conditions. Siddha texts highlight *Gandhaga Mezhugu* effectiveness in managing *Thol Noikal* (skin diseases) and its broader application compared to *Gandhagam* (sulfur) alone. In alignment with Siddha therapeutic principles, GM must be administered for a minimum duration of 48 days (one *mandalam*) to achieve optimal results. But based on the severity of the symptoms, it was administered for 32 days only (K.N.Kuppusamy Muthaliyar & , Uthamarayan CS, 1998).

The internal medication *Gandhaga mezhugu* mentioned in the *Gunapaadam-Thaathu Vaguppu* is used in the treatment of variety of diseases, including *vegumoothiram* (polyuria), *sori sirangu* (scabies), *kuttam* (18 varieties of skin diseases, including leprosy as per *Yugi Vaithiya Chinthamani*), and *moolam* (hemorrhoids) (Thiyagarajan R, 1981). In addition scientific studies have demonstrated that *Gandhaga mezhugu* has potent antimicrobial activity (P. Shanmugapriya et al 2013) which justifies the selection of drug and the immunomodulatory activity (Kuttan G. 2000) supports nonrecurrence.

According to the findings of a 28-day repeated oral toxicity study, *Gandhaga Mezhugu* (GM) was found to be non-toxic at doses up to 400 mg/kg body weight, indicating its safety for human use (Christian, G. J et al 2023).

The external medication *Neerkovai Mathirai*, is made into pill by grinding the follow ingredients such as *Kappu Manjal* (*Curcuma aromatica*), *Kasturi Manjal* (*Curcuma longa*), *Vengaram* (*Sodium borate*), *Sambrani* (*Styrax benzoin*), *Milagu* (*Piper nigrum*), *Chukku* (*Zingiber officinale*), *Jathikkai* (*Myristica fragrans*), *Omam* (*Trachyspermum ammi*), *Lavangam* (*Syzygium aromaticum*), and *Karpooram* (*Cinnamomum camphora*) which ground with Lemon

juice (*Citrus limon*) (Annie Jasmine Swapna & Selvarajan.S 2019).

The ingredients of *Neerkovai Mathirai* are traditionally known for their potent antifungal and anti-tinea properties, making them highly effective in treating skin lesions. *Kappu Manjal* (*Curcuma aromatica*) and *Kasturi Manjal* (*Curcuma longa*) are renowned for their antimicrobial and wound-healing abilities (Akbik D et al 2014), while *Milagu* (*Piper nigrum*) and *Chukku* (*Zingiber officinale*) possess strong antifungal and anti-inflammatory properties (Kumar S et al ,2015 & Ayustaningwarno F et al 2024). *Jathikkai* (*Myristica fragrans*) and *Lavangam* (*Syzygium aromaticum*) are known for their antiseptic and antifungal effects, helping to prevent the spread of fungal infections (Ashokkumar K et al 2022 & Rana IS, Rana AS, Rajak RC, 2011). *Vengaram* (*Sodium borate*) and *Sambrani* (*Styrax benzoin*) act as natural disinfectants, promoting healing (Coskun HS et al 2024 & He Q et al 1976). Additionally, *Omam* (*Trachyspermum ammi*) and *Karpooram* (*Cinnamomum camphora*) provide antimicrobial and soothing effects (Bairwa R et al 2012 & Lee SH 2022), while the acidic nature of lemon juice (*Citrus limon*) enhances the formulation's ability to combat fungal growth and maintain skin health (Viuda-Martos, M et al 2008) Together, these ingredients create a powerful remedy for fungal skin conditions and lesions.

Vanga Virana Kalimbu is prepared using ingredients such as *Miruthar Singi* (Lead sulphide), *Rasa Chendhooram* (Mercuric sulphide), *Rasakkarpooram* (Mercurous cholride) and *Vanga Chendhooram* (Red sulphide of lead). These are finely ground and mixed with *Thean Mezhugu* (bee wax) and *Thengaiennai* (coconut oil) to form an ointment. In Siddha literature this external medicine *Vanga virana kalimbu* is indicated for treating ulcers, tinea infections, and other fungal infections (Thiyagarajan R, 1981).

Vanga Virana Kalimbu demonstrates significant antifungal activity due to its mineral-based ingredients that possess strong antimicrobial properties. The sulfur and biomodified lead compounds present in this formulation are particularly effective in disrupting fungal cell walls, inhibiting their growth and proliferation. Additionally, the use of coconut oil enhances its antifungal effect by creating a protective barrier and hydrating the skin, while bee wax aids in sustained topical application. This ointment is specifically beneficial in managing fungal skin conditions, such as tinea and other mycotic infections, by alleviating itching, reducing inflammation, and promoting skin recovery (Arunachalam J 2015, Suganya, M et al. 2018, Varma SR et al. 2018, Rawat P, Agarwal S, Tripathi S 2017 & Cornara L et al 2017).

The patient, in this case report, complained of hyperpigmented, patchy lesions with elevated margins in the retrosternal area of the chest, just below the neck, in the past four months. Itching with scaling was present in those skin lesions. The skin lesion and symptoms in this case study was assessed using Clinical Assessment Severity Score (CASS) scaling, pustulation, and the advancing border. Each symptom

is scored on a scale from 1 to 3, with a maximum total score of 15. On assessment, the severity assessment score for Tinea corporis was found to be 14, which was severe).

After treatment, the severity assessment score for tinea corporis was reduced to 0, and the other symptoms, like the hyperpigmented patchy lesion with itching and scaling, have reduced significantly. The patient was under follow-up for the next 4 months, and he was advised to take *Gandhaga Mezhugu* if any of the skin lesions appeared newly. After 4 months of follow-up, the patient insisted on consulting a dermatologist nearby; the consultation revealed that there was no evidence of Tinea corporis infection, and no abnormal skin lesions were found. Overall, the subject showed a significant improvement in subjective and objective parameters. During this case study, no adverse effect was noted.

The internal medicine, such as *Gandhaga Mezhugu* and the external medication, *Neerkovai Mathirai* application and *Vanga virana kalimbu* topical application, showed a significant improvement in all the associated symptoms in the treatment of *Padarthaamarai*. The state of the ulcer in the patient and its improvement were noted and documented in Figure 1.

Conclusion

Based on the clinical findings, it can be concluded that Siddha internal and external treatments offer a promising approach to managing *Padarthaamarai* (Tinea corporis). No complications, including recurrent fungal infections, were observed during the treatment or the four-month follow-up period. This demonstrates that Siddha therapy is effective, efficient, cost-effective, and well-tolerated. However, further studies with larger sample sizes are recommended to validate the efficacy of Siddha medicine in treating *Padarthaamarai* (Tinea corporis).

Perspective from the Patient

The patient: I had itchy, patchy skin lesions on my chest, just below the neck, for the last four months. The itching worsened at night, and over-the-counter creams only gave temporary relief. I visited the OPD of the Siddha Clinical Research Unit, Goa, where the doctor prescribed internal medicines like *Gandhaga Mezhugu* and external therapies, including *Neerkovai Mathirai* and *Vanga virana kalimbu*. Within two weeks, the itching and scaling reduced significantly, and after one month, the lesions completely healed. I followed the doctor's dietary advice and continued the medicines as instructed. I feel much better now, and there has been no recurrence of the problem.

Declaration of Patient's Informed Consent

The patient gave written consent for this study to be published. He has agreed on the form in which his pictures and other clinical data may be published. He was aware that, while every attempt would be made to keep his identity hidden and his name and initials would not be disclosed, anonymity could not be ensured.

Acknowledgments

We express our sincere thanks to Prof. Dr.N.J.Muthukumar, Director General,CCRS,Chennai for his support in writing this paper

Sponsorship and Financial Support

Central Council for Research in Siddha, Ministry of Ayush, Govt. Of India

Conflicts of interest

None

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