



**“A PROSPECTIVE CASE SERIES OF KAAKAKADI (PAPULAR URTICARIA)
TREATING WITH CHIRU-KURINJAN (GYMNEMA SYLVESTRE) CHOORANAM”**

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Article Received on 19/05/2025

Article Revised on 09/06/2025

Article Accepted on 28/06/2025

ABSTRACT

The aim of the study to evaluate effectiveness of Siddha medicine Chirukurinjan (*Gymnema sylvestre*) choornam in the treatment of Kaanakadi (Papular urticaria) among patients attending outpatient department of Government Siddha medical college and hospital, Palayamkottai. This study was conducted on 10 patients of papular urticaria for the period of 30 days. Urticaria activity score and eosinophil count were documented before and after treatment. The present study shows that the trial drug Chirukurinjan choornam is effective to considerably decrease the eosinophil count and urticaria activity score in 4 weeks. No adverse effect of the trial drug was observed during the study. The result suggests that Chiru-kurinjan choornam is significantly effective in management of Papular urticaria.

KEYWORDS: Siddha medicine, Papular Urticaria, kaanakadi, *Gymnema sylvestre*, Chirukurinjan choornam.

INTRODUCTION

Kaanakadi is defined as unknown bite in which person will be unaware of insect bite. Lightening like lesions will be present in the body. A dark flares will be present. Body will resemble as wood bark. Reddish papular lesion present along with itching. In Siddha text, the symptoms of Kanakadi are itching, wheal formation, erythematous localized swelling of the skin which is correlated in modern medicine as Urticaria. Papular urticaria is a chronic inflammatory disease caused mainly by exposure to the bite of arthropods. Fleas and mosquito are the insects most commonly associated with this disease, but other insects also could cause the same skin reaction.^[4] The sensitization response to mosquito or flea bites in animals can be divided into 5 stages. The bite does not generate a reaction during the induction period (5–7 days, stage I). After a few weeks of being exposed to the bites, a delayed cutaneous response develops, with the formation of pruritic papules or vesicles (stage II) appearing 18 to 24 hours after the bite and persisting for 10 to 14 days. If continuous exposure persists, immediate lesions begin to appear as wheals 15 to 30 minutes after the bite; these tend to disappear after 4 to 5 hours, followed by the appearance of a papule at the site of the bite (stage III). The delayed response diminishes with

ongoing exposure to the ectoparasite, leaving only the immediate response (stage IV). This reaction eventually fades, until no response is generated by the bites after approximately 180 days of continuous exposure (stage V).^[5] Papular urticaria usually appears as itchy, red bumps or blisters on top of the skin. Some blisters can appear in clusters on the body. The bumps are usually symmetrically distributed, and each bump is usually between 0.2 and 2 centimeters in size. Papular urticaria can appear on any part of the body. The bumps and blisters can disappear and reappear on the skin. After a blister disappears, it sometimes leaves behind a dark mark on the skin.

AIM

To evaluate the effectiveness of chiru-kurinjan (*Gymnema sylvestre*) chooranam in treating kaanakadi (Papular urticaria)

OBJECTIVES

To determine the effectiveness of siddha medicine chirukurinjan (*Gymnema sylvestre*) chooranam in treating kaanakadi among patients attending OPD of Nanju Maruthuvam, Government Siddha Medical College & Hospital, Palayamkottai.

MATERIALS AND METHODS

Study type : Descriptive study
Study design : Case series
Study place : Outpatient Department,
 Department of Nanju Maruthuvam,
 Govt.siddha medical college & hospital
 Palayamkottai-627002.
Study period : Four Months.
Sample size : Ten participants.
Sampling procedure : Non-Random sampling
 (Convenience).

MATERIALS USED**Chiru-kurinjan chooranam:**

Chiru-Kurinjan (*Gymnema sylvestre*)
 Dosage: 1 gm. BD (Morning and night) After food
 Days: 30 days
 Anupanam: Honey

Chiru-Kurinjan (சிறுகுறிஞ்சான்):

Botanical Name: *Gymnema sylvestre*

Family: Asclepiadaceae

Taste: Bitter

Thanmai (தன்மை): Veppam (வெப்பம்)

Pirivu (பிரிவு): Kaarppu (கார்ப்பு)

Pothugunam (பொதுகுணம்): Kaanakkadi
 (காணாக்கடி நீக்கும்)

- Patient wishing and allowing treatment to be carried out, written consent must be attended.
- Willing to attend OPD for 30 days
- Willing to give blood sample for laboratory investigation

Criteria for exclusion

- Narcotic addicts
- Pregnancy and Lactation
- Diabetic mellitus
- Hypertension
- Evidence of any skin condition other than urticaria

Method of approach

- Symptomatic
- Eosinophil count
- Urticaria activity score

The UAS is a simple scoring system for you to evaluate your urticaria signs and symptoms. It is based on scoring the wheals and itch separately on a scale of 0 to 3.

**Criteria for inclusion**

- Age: 15 –50 years
- Sex: Both male and female
- Presenting with Itching, wheal formation, swelling.

Table-1: Urticaria Activity score scale (UAS Scale).

Score	Wheals	Pruritus
0	None	None
1	Mild(less than 20 wheals/24hrs)	Mild(present but not annoying or troublesome)
2	Moderate(20-50wheals/24hrs)	Moderate(troublesome but doesnot interfere with daily activity or sleep)
3	Intense(more than 50 wheals/24hrs or large confluent area of wheals)	Intense(severe pruritus, which is sufficiently troublesome to interfere with normal daily activity or sleep)

METHODOLOGY

This study was carried out in campus of Government siddha medical College and Hospital, Palayamkottai after attaining permission from IEC.

The patients who are enrolled were informed about the terms and objectives of the study in regional languages and informed consent was obtained from them in consent form.

The case series was designed to study the clinical efficacy of Chiru-kurinjan chooranam for the treatment of kaanakadi (Papular urticaria).

Clinical symptoms were analyzed by comparing the two point of data (before and after treatment) and assessed by using laboratory investigation.

Data collection

Information collected

Information such as patient's personal details, medical histories, symptoms, duration of illness were collected.

Data analysis

Data analysis was carried out through MS-EXCEL and SPSS 21.

Quality assurance

Protocol is reviewed by review board and expert's opinion is taken. The whole procedure of the research was supervised by guide and faculties of Nanju Maruthuvam department.

Vulnerable populations

No vulnerable population were included in the study.

Confidentiality

The personal information of the participants were kept in confidential.

Informed consent

The participants were informed about the study in their own language

The study was conducted only after their consent.

Ethical issues

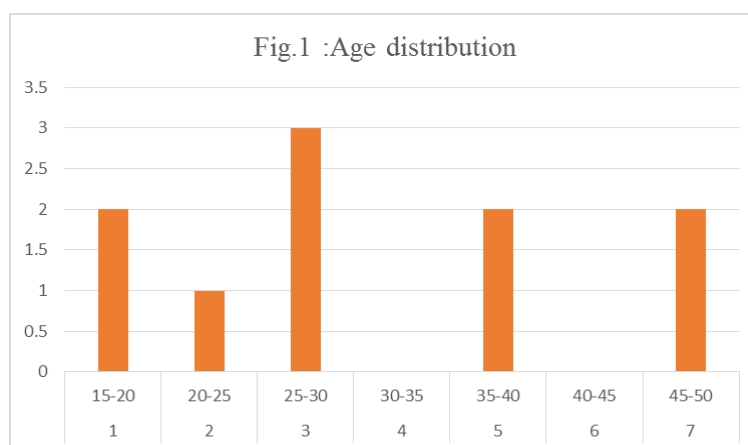
The data collected from the patient were kept strictly confidential. The Patient were informed about the diagnosis, treatment and follow up. After getting the consent of the Patient (through consent form) they were enrolled in the study. Informed consent was obtained from the patient explaining her in language understandable to the patient. Treatment would be provided free of cost. No External medicines were used.

RESULTS AND OBSERVATIONS

Age Distribution

Table-2: Age Distribution Table.

S. NO	AGE DISTRIBUTION	NO.OF. PATIENTS
1	15-20	2
2	20-25	1
3	25-30	3
4	30-35	0
5	35-40	2
6	40-45	0
7	45-50	2



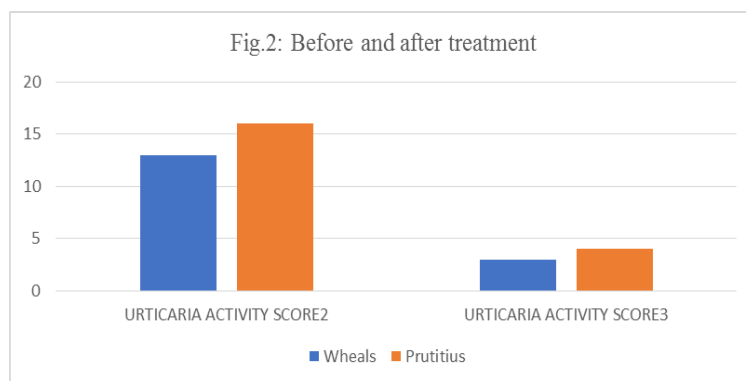
Out of 10 patients (Fig.1), 02 patients comes under the age group of 15-20yrs, 01 patient comes under the age group of 20-25 yrs, 03 patients comes under the age

group of 25-30yrs, 02 patients comes under the age group of 35-40 yrs, 02 patients comes under the age group of 45-50 yrs.

CLINICAL SYMPTOM – BEFORE AND AFTER TREATMENT

Table 3: Comparison of UAS Scoring Before And After Treatment.

Urticaria activity score	Before treatment	After treatment
Wheals	13	3
Pruritus	16	4



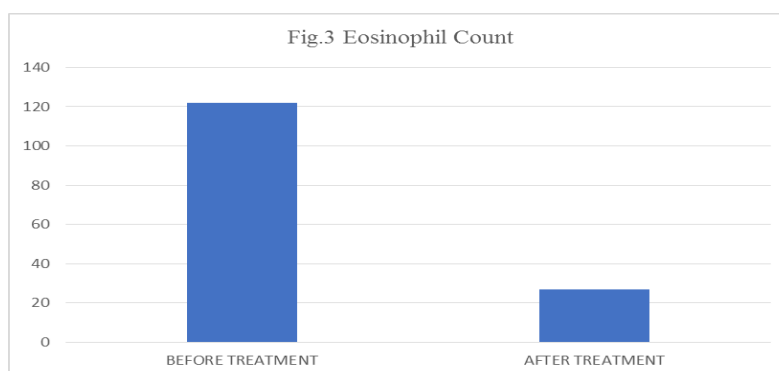
Out of 10 patients (Fig .2) urticaria activity scale - wheals reduced in 10 patients from (13-3), urticaria

activity scale - Pruritus reduced in 10 patients from (16-4).

EOSINOPHIL COUNT – BEFORE AND AFTER TREATMENT

Table 4: Comparison of eosinophil count before and after treatment.

	Before treatment	After treatment
Eosinophil Count	122	27

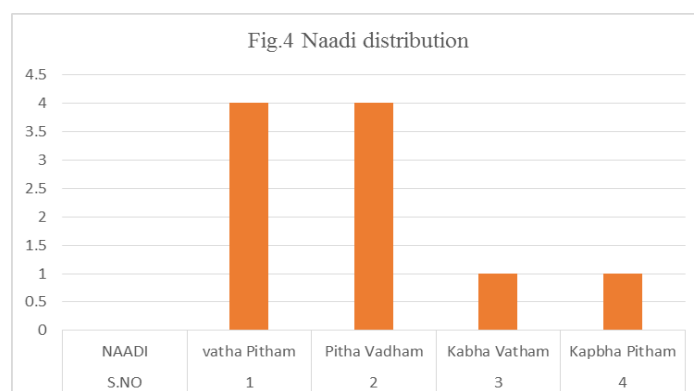


Our of 10 patients (Fig. 3) Eosinophil count reduced in 10 patients from (128-27)

NAADI DISTRIBUTION

Table-5: Distribution of Naadi Among The Patients.

S. No	Naadi	No. Of. Patients
1	vatha Pitham	4
2	Pitha Vadham	4
3	Kabha Vatham	1
4	Kapbha Pitham	1



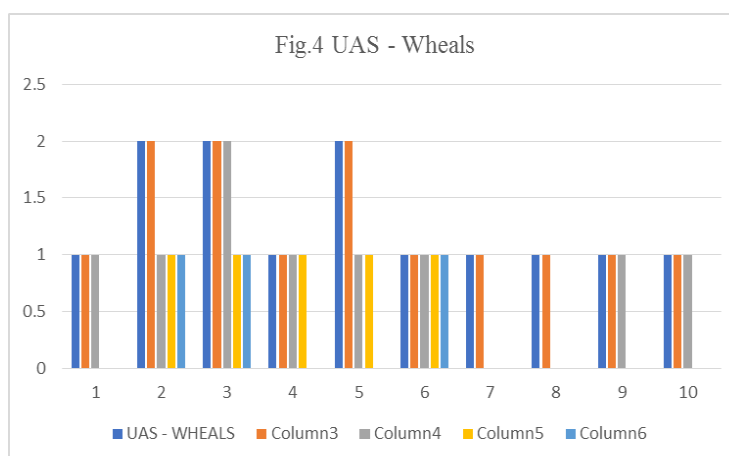
Out of 10 patients (1.4) Naadi vatha pitham was observed in 04 patients, pitha vatham was observed in 04

patients, kabha vatham was observed in 01 patient, kabha pitham was observed in 01 patient.

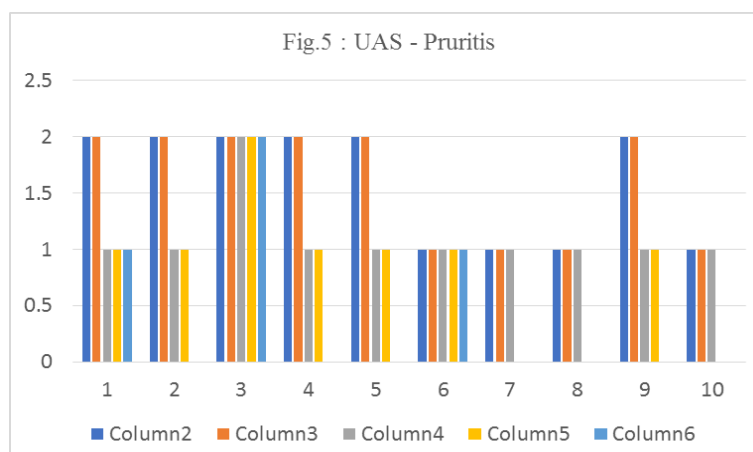
UAS – WHEELS**Table-6: Changes In Wheals Before And After Treatment.**

S. NO	OP NO	BT	7th day	15th day	21st day	30th day
1	53625	1	1	1	0	0
2	52849	2	2	1	1	1
3	52625	2	2	2	1	1
4	68698	1	1	1	1	0
5	67745	2	2	1	1	0
6	66856	1	1	1	1	1
7	66598	1	1	0	0	0
8	67746	1	1	0	0	0
9	65578	1	1	1	0	0
10	68391	1	1	1	0	0

(BT – Before treatment, OP.NO – Outpatient number)

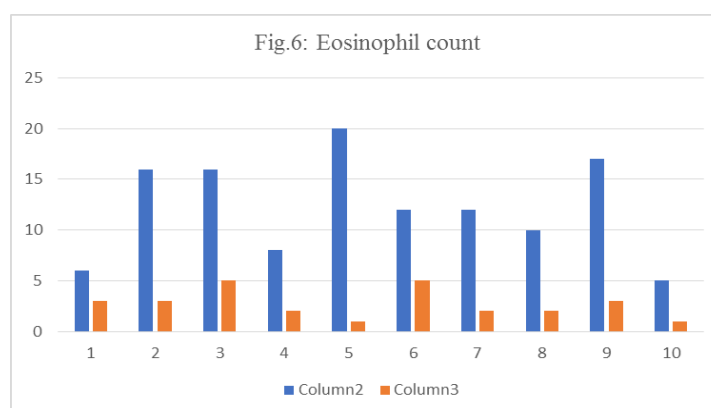
**UAS – PRURITUS****Table-7: Changes in Pruritus before and after treatment.**

S. NO	OP NO	BEFORE TREATMENT	7th day	15th day	21st day	30th day
1	53625	2	2	1	1	1
2	52849	2	2	1	1	0
3	52625	2	2	2	2	2
4	68698	2	2	1	1	0
5	67745	2	2	1	1	0
6	66856	1	1	1	1	1
7	66598	1	1	1	0	0
8	67746	1	1	1	0	0
9	65578	2	2	1	1	0
10	68391	1	1	1	0	0



EOSINOPHIL COUNT**Table 8: Comparison of Eosinophil Count Before And After Treatment.**

S. No	OP NO	BEFORE TREATMENT	AFTER TREATMENT
1	53625	6	3
2	52849	16	3
3	52625	16	5
4	68698	8	2
5	67745	20	1
6	66856	12	5
7	66598	12	2
8	67746	10	2
9	65578	17	3
10	68391	5	1

**RESULTS AND DISCUSSION**

The prevalence of Papular urticaria caused by unknown insect bite in India is 18.2-22.5%. Papular urticaria characterized by very itchy red papules. This condition is usually triggered by allergic reaction to insect bites. The naadi of kaanakadi patients reported to be vatha pitham, pitha vatham, kabha pitham and kabha vatham. The clinical efficacy of Chiru-kurinjan chooranam for kaanakadi has been reported. Lab evaluation of kaanakadi patients was reported before and after 30 days of treatment with Chiru-kurinjan chooranam. Significantly decreased in Eosinophil count and Urticaria activity scale was observed with p value <0.05. This present case series shows that the Chiru-kurinjan chooranam can be used as antiallergic. Eosinophil count was decreased with mean 9.5 in 4 weeks (12.2 to 2.7), UAS- wheals was decreased with mean 1 in 4 weeks (1.3 to 0.3), UAS- Pruritus was decreased with mean 1.2 in 4 weeks (1.6 to 0.4) of intervention.

CONCLUSION

In this case series of 10 case were selected from minimum age of 15 years and maximum age of 50 years with 9 males and 1 female. 30 days clinical intervention of trial drug Chiru-kurinjan chooranam showed marked changes in blood Eosinophil count was significantly decreased with mean 9.5 (12.2 to 2.7), UAS- wheals has significantly decreased with mean 1 (1.3 to 0.3), UAS - Pruritus has significantly decreased with mean 1.2 (1.6 to 0.4). The present case series clearly indicates that the Siddha drug Chiru-kurinjan chooranam is an effective

and clinically safe for the management of kaanakadi (Papular urticaria).

BOOK REFERENCES

1. K.S. Murugesu muthaliyar. Siddha materia medica (Medicinal plants division) Gunapadam – first part (Mooligai); Commissionerate of Indian medicine and Homoeopathy, 2017.10th edition. (Page No: 533).
2. K.S. Murugesu muthaliyar, Dr.P. Kurusironmani. Nanju Murivu Nool, 4th edition, Commissionerate of Indian medicine and Homoeopathy, 2006, (Page No: 126).
3. Dr.R. Thiyagarajan. Siddha Maruthuvam – Sirappu, 4th edition Commissionerate of Indian medicine and Homoeopathy, 2013; 285.
4. Christopher J Steen, Paul A Carbonaro, Robert A Schwartz, Arthropods in dermatology, Journal of the American Academy of Dermatology, 2004; 50(6): 819-842l. ISSN 0190-9622, <https://doi.org/10.1016/j.jaad.2003.12.019>.
5. Elizabeth García, Evelyne Halpert, Adriana Rodríguez, Rafael Andrade, Susana Fiorentino, Carlos García, Immune and histopathologic examination of flea bite—induced papular urticaria, Annals of Allergy, Asthma & Immunology, 2004; 92(4): 446-452. ISSN 1081-1206, [https://doi.org/10.1016/S1081-1206\(10\)61781-4](https://doi.org/10.1016/S1081-1206(10)61781-4).
6. T.V. Sambasivam pillai. Tamil-English cyclopaedic dictionary, Volume II, 1st edition, The research institute of siddhar's science, 1931; 1342.