



HAIR DYE INDUCED CHRONIC ECZEMA (KARAPPAN) MANAGED WITH SIDDHA TREATMENT - A CASE STUDY

M. K. Sangeetha^{1*}, K. Rajakumar², M. R. Srinivasan³, M. Chithra², I. Nithyamala⁴ and S. Dinesh⁴

^{1*}Siddha Physician, Dr. Rajkumar's Siddha Clinic, Chrompet, Chennai – 45.

²Resident Medical Officer, National Institute of Siddha, Chennai – 47.

³Emergency Medical Officer, National Institute of Siddha, Chennai – 47.

⁴Siddha Consultant, Dr. Rajkumar's Siddha Clinic, Chrompet, Chennai – 45.

*Corresponding Author: M. K. Sangeetha

Siddha Physician, Dr. Rajkumar's Siddha Clinic, Chrompet, Chennai – 45.

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ABSTRACT

Background: Atopic dermatitis, also known as atopic eczema, is a chronic inflammatory skin condition characterized by pruritic, erythematous, and scaly skin lesions often localized to the flexural surfaces of the body. A genetic defect in the filaggrin protein is thought to cause atopic dermatitis by disrupting the epidermis. This disruption, in turn, results in contact between immune cells in the dermis and antigens from the external environment leading to intense itching, scratching, and inflammation. Scratching can then lead to further disruption and inflammation of the epidermal skin barrier; this has been described as the itch scratch cycle. According to the Siddha system of medicine, it is *Karappan*, in which *Mukkutram* are involved, with dominance of *Kapham*. The management available in current mainstream medicine is unsatisfactory; Various Siddha treatments have been in use for these manifestations. **Case Presentation:** A 63 years old male patient presented with complaints of itching in the scalp, both Cheeks, both ear lobe and lateral aspect of the neck, sometimes in the forehead since 6 months. **Management & Outcome:** Patient was visited Dr. Rajkumar's Siddha clinic, chromepet, chennai, and put on Siddha treatment for 48 days. This case highlights the importance of Siddha treatment in providing fast improvement in skin disease. What benefits the patient could not get in the last six months have been achieved by him in just 48 days.

KEYWORDS: Atopic dermatitis, chronic eczema, Karappan, Karappan pandam, Siddha treatment.

INTRODUCTION

Siddha, a traditional healing science of India is an age-old holistic medicine which emphasizes the maintenance of relaxed mind and body harmony and insists on keeping pace with the laws of nature. In the Siddha system besides herbs, metals and mineral drugs are used as medicines. All the medicines have their own way of preparation and are prescribed with specific dosage and with specific *anupaanams* and *thunai marunthu* in this system. Dermatitis and Eczema are a common problem all over the world. Their incidence is 2 – 3 % of medical problems seen in practice. In the practice of dermatology, the first step is to establish the clinical diagnosis of dermatitis and eczema. Then decide the clinic morphological pattern, viz. Contact, Atopic, Neurodermatitis, Gravitational, Endogenous or Seborrheic. The final and most important step to make an etiological diagnosis is to establish the role of the different causes or causes responsible for the dermatitis. Eczema is a non – contagious inflammation of the skin characterized by erythema, scaling, edema, vesiculation and oozing. The term Eczema is a Greek word. The whole word implies “Boil out”. It is characterized by

superficial inflammatory edema of the epidermis associated with vesicle formation. Itching varies from mild to severe paroxysm which may even interfere with work and sleep.^[1]

In people with Eczema, the inflammatory response to irritating substances overacts, causing itching and scratching. Eczema is non – contagious and like many diseases, currently cannot be cured. However, for most patients the condition may be managed well with treatment and avoidance of triggers.

Although Eczema may look different from person to person, it is most often characterized by dry, red, extremely itchy patches on the skin. Eczema is sometimes referred to as “the itch that rashes” since the itch, when scratched, results in the appearance of the rash.^[2] Eczema can occur on just about any part of the body; however, in infants, eczema typically occurs on the forehead, cheeks, legs, forearms, scalp and neck. In children and adults Eczema typically occurs on the face, neck and the insides of the elbows, knees and ankles. In some people, Eczema may “bubble up” and ooze. In

others, the condition may appear scaly, dry and red. Chronic scratching causes the skin to take on a leathery texture because the skin thickens (lichenification). Topical corticosteroids are the most widely prescribed medication for dermatological diseases including eczema as they are so efficient in treating inflammatory and epidermal proliferative diseases. Occasionally, it will be necessary for patients with extensive disease to be treated with large quantities of the more potent preparations for a short time. However, with large quantities of these potent preparations transient adrenal suppression is likely to occur, especially early in the treatment. Also, evidence of mild suppression of the HPA axis – hypothalamic pituitary adrenal axis³ is reported in adults when the more potent topical steroids were used, with rapid recovery of the function when intensive treatment ceased. Untreated or partially treated eczema becomes more chronic requiring treatment for a longer period. There is a possibility of increase in the cutaneous flora of micro-organisms and dermatophytes, during the treatment with a steroid preparation. The cost becomes prohibitive and quantity inadequate as corticosteroid preparations is not economical particular for poor patients of eczema where it is more common.^[3]

Siddha Concept

In the Siddha system of medicine Eczema is typically known as *Karappan*. In the book which was written by Sage *Yugi muni*, there was a detailed explanation of *karappan* and also he described that it is a unique skin disorder and it is different from leprosy. The symptoms of Eczema mentioned by the *Siddhars* were *kuru*, *thimir*, *punn*, *thadippu* and also there may be scaly patches along with changes in the body's natural skin color.^[4]

Clinical Examination

Table 1: Gradation of symptoms / subjective parameters of eczema.

Symptoms	Gradation	Score
Itching	No Itching	0
	Itching present rarely	1
	Itching disturbing patients attention	2
	Severe itching and disturbing patients sleep	3
Discoloration (Hyperpigmentation)	Normal skin color	0
	Brownish red discoloration	1
	Blackish red discoloration	2
	Blackish discoloration	3
Burning Sensation	Absence of burning sensation in affected part	0
	Rarely burning sensation in affected part	1
	Continues burning sensation in affected part	2
	Disturbing patient's sleep	3

CAUSE

Sage *Yugi muni* wrote in his book that it is non – contagious and it is related to poison ivy and Psychosomatic. This disease can be initiated and aggravated by certain food items that is known as *karappan pandangal*. They are *Solam*, *Kambu*, *Varagu*, *Vaalai kaai*, *Paagal*, *Kelittri meen*.^[4]

Case Presentation

A 63 years old male visited at Dr. Rajkumar's Siddha Clinic, Chromepet, Chennai – 45 with the following chief complaints seeking Siddha treatment.

1. Hyper-pigmented itchy patches over the face especially on both cheeks, which extended to the lower aspect of both ears and up to the lateral aspect of both neck regions for 6 months.
2. Intense itching over the affected region,
3. Mild scaling along with mild watery discharge,
4. Mild dryness,
5. Burning sensation (on and off)

Patient was apparently normal before 6 months, he was using hair coloring powder (Hair dye) for the past 2 years. 6 months back suddenly he developed mild itching along with very mild scaling over the scalp and it got worsened day by day which lead to the itching over the face especially over the both cheek, lower aspect of the both ear and lateral aspect of both neck. he took treatment for 2 months from allopathic system and he found no notable changes in his conditions. and he had no history of drug allergy, no history of diabetes mellitus, systemic hypertension, dyslipidemia, and thyroid dysfunction, renal diseases.

Table 2: Line of treatment.

Day	Treatment
1	Purgation – <i>Agasthiyar Kuzhambu</i> – 200 mg with ginger juice
2	Rest
3	Internal Medicines <i>Rakthasudhi Maathirai</i> – 2 BD, with lukewarm water <i>Gandhaga Rasayanam</i> – 5 g BD, with lukewarm milk <i>Karisalai Karpam Maathirai</i> - 2 BD, with lukewarm water <i>Seenthil Chooranam</i> – 2 g BD, with lukewarm water External Medicines ES Moist oil – Q.S at bed time D - Max soap - for external wash and bathing All the above mentioned medicines were issued for 48 days and procured from SKM Siddha and Ayurveda Company (India) Pvt. Ltd. and Akash Pharmaceuticals, Madurai.

Table 3: Showing changes in symptoms before and after treatment.

Symptoms	Grade before treatment	Grade after treatment
Itching	3	0
Discoloration (Hyperpigmentation)	3	1
Burning sensation	1	0

RESULTS

The patient had started improving during treatment and at the end of the 48th day there was overall recovery (Figure 1, 2), with Siddha treatment he had relief in all the Subjective and Objective parameters.



Figure 1: Before treatment.



Figure 2: After 48 days' treatment.

DISCUSSION

Causative factors of Eczema or *Karappan* are due to

altered food habits and altered lifestyle, which leads to impairment of digestion and aggravation of *Kapham thathu*.^[4] *Kapham* manifests in the skin and causes accumulation of toxins. The vitiated three *Thathus Vatham, Pitham, Kapham* along with impaired *Saaram, Senneer, Oon* and *Kozhuppu* together constitute seven essential entities which play role in pathogenesis of this skin disorder and *Kapham* is the predominant *Thathu* involved in *Karappan*.^[5,6] Recurrent hyperpigmented itchy patches along with mild oozing and fissuring were the symptoms of the patient. *Kapham Thathu* is responsible for symptoms like pruritus, non-progressive / slow progression of it. Before treatment the patient had hyperpigmented itchy patches along with mild oozing, fissuring and burning sensation over the sole (Figure 1). After a course of 48 days' administration of both internal and external Siddha medication, the patient was completely relieved from itching, burning sensation, fissuring and oozing. Notable changes had occurred over the hyper pigmented patches over the sole (Figure 2). Along with internal medication and external medication pathyam and apathyam (diet protocol suitable to the patient and disease) are also very important in the management of disease, according to Siddha system of medicine. hence the patient was advised to avoid bitter gourd, brinjal, tamarind, chicken, egg, sea foods, fast food and bakery items, food made up of maida and also she was instructed not to expose chemicals such as floor cleaning liquid, and bleaching powder, which was the primary factor for her condition.

CONCLUSION

In Siddha literature which was written by *Sage Yugi muni*, there was a detailed explanation of *karappan* and also he described that it is a unique skin disorder and it is different from leprosy. It has *Kapham* dominance and also *Mukkutram* involvement can be evident from sign

and symptoms. Following strict dietary protocol along with both internal and external medicines followed by proper lifestyle changes are essential to prevent the recurrences and also to get the sustained relief after treatment. Present study finding can't be generalized, further long term follow-up studies on large samples are required to substantiate the above claims.

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