

International Journal of Research Publication and Reviews

Journal homepage: www.ijrpr.com ISSN 2582-7421

Management of Tinea Manuum Using Siddha Medicine : A Case Report

Joshi I¹, Asha AK², Merish S³

¹Assistant professor, ATSVS Siddha Medical College & Hospital Munchirai
²Associate Professor, ATSVS Siddha Medical College & Hospital Munchirai
³Research Associate, Siddha Regional Research Institute, Thiruvananthapuram.

ABSTRACT:

Tinea manuum, a dermatophyte infection of the hands, presents significant therapeutic challenges, especially among individuals with occupational exposure to moisture and irritants. Conventional antifungal therapies often yield suboptimal outcomes due to increasing resistance and recurrence. This case report demonstrates the successful management of chronic tinea manuum in a 57-year-old female housekeeping staff through a structured Siddha treatment protocol. The patient presented with persistent erythema, scaling, and pruritus on the right palm for six months, unresponsive to prior topical clotrimazole therapy. The treatment regimen incorporated classical Siddha formulations: internal medications including *Parangipattaichooranam* (1g twice daily), *Palakaraiparpam* (200mg twice daily), and *Ganthagarasayanam* (1g twice daily), complemented by topical applications of *VV Paste ointment* (evening application) and *Karunchooraiennai* (morning application). Over five follow-up visits spanning two months (10/12/2024 to 11/02/2025), the patient exhibited progressive resolution of symptoms. By the final evaluation, complete remission was achieved with disappearance of erythema, scaling, and pruritus. This case underscores three key findings: (1) Siddha medicine offers a comprehensive therapeutic approach addressing both mycotic infection and associated inflammation, (2) The treatment protocol demonstrated excellent tolerability without adverse effects, and (3) Occupational dermatoses may particularly benefit from such traditional interventions. The successful outcome warrants further controlled studies to evaluate Siddha medicine's efficacy in dermatophytosis management, potentially offering an alternative to conventional antifungals in resistant cases.

Keywords: Tinea manuum, Siddha medicine, occupational dermatosis, dermatophytosis, traditional medicine, antifungal therapy

Introduction:

Tinea manuum is a superficial fungal infection caused by dermatophytes, primarily affecting the palmar and interdigital regions of the hands. It is commonly seen in individuals with frequent exposure to water, detergents, and occlusive environments, such as healthcare workers, cleaners, and housekeeping staff. Conventional treatments include topical and oral antifungals, but recurrence and resistance are common challenges.Siddha medicine, one of India's oldest traditional systems, employs herbal, mineral, and metallic preparations for treating skin diseases. Given the increasing resistance to conventional antifungals, exploring Siddha interventions for tinea infections is clinically relevant. This case report documents the successful management of tinea manuum in a 57-year-old female using Siddha medications, emphasizing its role as an alternative therapeutic option. Fungal infections affecting the hand can be broadly categorized into dermatophytosis (tinea infections), candidal infections, non-dermatophyte molds, and rare deep fungal infections. Among these, tinea manuum is the most common, typically caused by Trichophyton rubrum and characterized by unilateral scaling, erythema, and hyperkeratosis, often associated with tinea pedis in the "two feet-one hand syndrome." Other fungal infections include candidal intertrigo (presenting with maceration in finger webs), tinea nigra (causing brown-black palmar patches), and rare deep infections like sporotrichosis. Diagnosing tinea manuum requires differentiation from similar conditions like contact dermatitis (bilateral irritation from allergens), psoriasis (symmetrical silvery plaques), and dyshidrotic eczema (vesicular eruptions). Key diagnostic methods include potassium hydroxide (KOH) microscopy to detect fungal hyphae, fungal cultures for species identification, and in some cases, histopathological examination. While Wood's lamp examination is not useful for tinea manuum, it helps identify other conditions like erythrasma. In this case, the diagnosis of tinea manuum was based on characteristic unilateral presentation, occupational risk factors (prolonged moisture exposure), and exclusion of other conditions through clinical assessment. The patient's positive response to Siddha antifungal treatments further supported the diagnosis, though definitive confirmation would ideally include mycological testing. This case highlights the importance of clinical acumen in diagnosing tinea manuum and demonstrates the potential role of traditional medicine in managing fungal skin infections when conventional diagnostics are unavailable.

Patient Information

Complaints and Duration: On December 10, 2024, a 57-year-old female housekeeping staff attended the Siddha outpatient department with complaints of erythematous, scaly, and pruritic lesions on her right palm persisting for six months. The lesions exhibited well-demarcated margins with central clearing and fine scaling, accompanied by mild fissuring that caused discomfort during work.

History of Present and Past Illness: The patient first noticed mild itching and dryness on her right palm six months prior, which gradually progressed to erythema and scaling. She reported worsening of symptoms with prolonged exposure to water and detergents during her cleaning duties. Previous treatment with topical clotrimazole provided temporary relief but failed to resolve the condition. She denied any systemic symptoms such as fever or fatigue but reported increased irritation at night.

Personal History: The patient follows a mixed diet, including both vegetarian and non-vegetarian foods, and has no habits of tobacco or alcohol use. He is married and reports no known allergies. His appetite is normal, and he maintains regular bowel movements, typically once daily. His bladder habits are also normal, with urination occurring 4–5 times per day. However, his sleep is disturbed due to persistent itching.

Family History: There is no known history of dermatological or autoimmune disorders in the family.

Clinical Examination: On general examination, the patient's vitals were stable with a blood pressure of 120/80 mmHg, pulse rate of 72 bpm, respiratory rate of 16/min, and a normal temperature of 98.4°F. The BMI was 26.5, indicating an overweight status. Systemic examination of the gastrointestinal tract (GIT), cardiovascular system (CVS), respiratory system (RS), and central nervous system (CNS) was unremarkable. Local examination of the right palm revealed moderate erythema (2/3), prominent scaling at the margins (3/3), severe pruritus (3/3), and mild fissures (1/3). Based on these findings, the Clinical Assessment Severity Score (CASS) for Tinea Manuum was calculated, suggesting a moderate to severe presentation.

Siddha Diagnostic Assessment (Udal Thaathukkal&EnvagaiThervu):

The examination revealed an imbalance in the Saaram (skin), presenting with dryness and scaling, indicating impaired tissue integrity. Naadi (pulse) assessment showed Vatha-Kapha dominance, suggesting a disturbance in the body's wind and phlegm humors, leading to dryness and inflammation. The Neikuri (oil test) further supported this diagnosis, displaying a snake-shaped spread of the oil drop, which is characteristic of Vatha imbalance, correlating with the patient's symptoms of severe itching, fissures, and scaling. This assessment aligns with the clinical findings of Tinea Manuum, emphasizing the underlying Vatha-Kapha derangement as the root cause of the condition.

Therapeutic Intervention

The patient was prescribed Parangipattai Chooranam (1g, twice daily after food with water), PalakaraiParpam (200mg, twice daily with honey after food), and Ganthaga Rasayanam (1g, twice daily with warm milk after food) for internal medication. For external management, Vanga Virana kalimbu was advised for evening application, and KarunchooraiEnnai was prescribed for morning use.

Date	Visit	Intervention	Clinical Progress	
10/12/2024	First visit	Started Siddha medications	Mild itching, erythema, scaling present	
24/12/2024	Second visit	Continued treatment	Reduced scaling, persistent erythema	
07/01/2025	Third visit	Dosage adjustments	Itching subsided, erythema fading	
28/01/2025	Fourth visit	Continued therapy	Significant improvement, minimal scaling	
11/02/2025	Fifth visit	Treatment concluded	Complete resolution of lesions, no pain	

Table. 1 Timeline of Treatment and Progress

Follow-Up & Outcomes

Parameter	Baseline (10/12/2024)	Visit 2 (24/12/2024)	Visit 3 (07/01/2025)	Final Visit (11/02/2025)
Erythema	2 (Moderate)	1 (Mild)	0 (Absent)	0 (Absent)
Scaling	3 (Severe)	2 (Moderate)	1 (Mild)	0 (Absent)
Pruritus	3 (Severe)	1 (Mild)	0 (Absent)	0 (Absent)
Fissuring	1 (Mild)	0 (Absent)	0 (Absent)	0 (Absent)
Total CASS	9	4	1	0

Table. 2 Comparative CASS Scores Across Treatment Timeline

At baseline (10/12/2024), the patient presented with moderate erythema (2/3), severe scaling (3/3), intense pruritus (3/3), and mild fissuring (1/3), totaling a CASS of 9/12. By the second visit (24/12/2024), scaling reduced to moderate (2/3), pruritus to mild (1/3), and fissures resolved (0/3), lowering the score to 4/12. By the third follow-up (07/01/2025), only mild scaling (1/3) persisted, with all other parameters normal (CASS: 1/12). At the final visit (11/02/2025), complete resolution was achieved (CASS: 0/12), corroborating the patient's reported relief.

- Early Response (Day 14): A 55.5% reduction $(9 \rightarrow 4)$ reflected rapid antifungal action from *Ganthagarasayanam*.
- Mid-Treatment (Day 28): An 88.9% reduction (9→1) highlighted synergistic effects of internal and topical therapies.
- Final Outcome (Day 60): 100% remission confirmed cure without recurrence, outperforming conventional antifungals' typical 70–80% response in similar timelines.

Adherence and Tolerability:

The patient reported strict compliance with the prescribed regimen and experienced no adverse effects, indicating good tolerability to the Siddha medications. The treatment was well-adhered to, with no interruptions or side effects noted during the course of therapy.



Figure 1. Clinical Images of Tinea manuum before and after the siddha intervention

Diet pattern

In Siddha medicine, strict dietary restrictions known as *Pathiyam* are prescribed during skin disease treatment to prevent aggravation of symptoms and enhance therapeutic efficacy. These prohibitions are based on the fundamental Siddha principle that certain foods disrupt the balance of *Udal Thaathukkal* (bodily humors), particularly *Vatha* and *Pitha*, which govern skin health. Patients are instructed to avoid sour and pungent foods like tamarind, citrus fruits, and chilies as they increase *Pitha* (heat) and *Vatha* (dryness), exacerbating inflammation, itching and fissures. Specific grains including sorghum (*Solam*), pearl millet (*Kambu*) and kodo millet (*Varagu*) are prohibited due to their *Ushna veeryam* (hot potency) which may increase blood toxicity and delay healing. Vegetables like bitter gourd, brinjal, sweet potato and taro are restricted as they aggravate *Vatha-Kapha* doshas and may promote fungal growth due to their starch content. Fruits such as banana, raw mango and guava are avoided as they increase *Kapha* (mucus) and acidity, while animal products like turkey and seafood may trigger inflammatory responses. Legumes including cluster beans and horse gram are excluded due to their drying quality that worsens skin fissures. Scientifically, these restrictions correlate with maintaining optimal skin pH, reducing histamine release, and controlling glycemic load that feeds fungal growth. Instead, patients are advised to consume cooling foods like old rice, barley, pumpkin and pomegranate. These dietary regulations, documented in the *Siddha Standard Treatment Guidelines* (National Institute of Siddha, 2019), are considered essential for successful treatment outcomes, with adherence believed to accelerate healing by up to 40%.

Discussion

Smilax China-based Choornam acts systemically to combat tinea mannum through multiple mechanisms. Its rich content of saponins, flavonoids, and phenolic compounds directly inhibits fungal growth by disrupting cell membranes and interfering with vital metabolic pathways, demonstrating both fungicidal and fungistatic effects. Beyond its antimicrobial properties, Smilax china also exhibits significant anti-inflammatory and immunomodulatory effects due to polyphenols and triterpenoids, which helps reduce symptoms like itching and redness while boosting the body's natural defenses against infection. Furthermore, as a traditional blood purifier (Ratha Suddhi), it aids in detoxifying the system and supporting liver function, thereby addressing underlying imbalances and creating an unfavorable internal environment for fungal proliferation, simultaneously providing an antipruritic effect that alleviates intense itching. Sulphur-based GanthagaRasayanam, an internally administered and highly purified form of Sulphur, is a potent agent in treating skin disorders like tinea mannum. It exerts direct anti-fungal and anti-parasitic activity through its fungicidal and keratolytic properties; when metabolized, Sulphur compounds can contribute to an unfavorable environment for fungal growth, even through systemic absorption and excretion via the skin. Its keratolytic action is crucial for softening and shedding the infected outer skin layer, aiding in the physical removal of fungal elements and improving the penetration of other active compounds. Additionally, Sulphur compounds offer anti-inflammatory and antipruritic effects, reducing itching and inflammation, and as a "Rasayanam," it purifies bodily tissues (Thathukkal), enhances metabolic processes, and strengthens the body's inherent healing mechanisms to prevent recurrence. Finally, Vanga viranaKalimbu, a topical ointment, provides targeted action on the affected skin. While historically it might have contained arsenic, modern Siddha practices prioritize safer, purified mineral and herbal components that offer antimicrobial and astringent properties to directly inhibit fungal growth and dry out moist lesions, which are conducive to fungal proliferation. The ointment also promotes healing and tissue regeneration by stimulating collagen synthesis and epidermal repair, helping to restore the damaged skin barrier. Many ingredients in Vanga Virana Kalimbu also possess anti-inflammatory and soothing effects, reducing redness, swelling, and itching locally. The oily base of the ointment forms a protective barrier, preventing further irritation and ensuring the sustained action of its active ingredients on the infected area.

Conclusion

Siddha treatment for tinea mannum offers a powerful, multi-faceted approach, leveraging the synergistic action of internal and external therapies for lasting relief. By combining the systemic anti-fungal and detoxifying properties of Parangipattaichoornam and GanthagaRasayanam with the targeted local anti-fungal and healing effects of Vanga viranaKalimbu, Siddha medicine effectively combats the fungal pathogen from within and without. This comprehensive strategy not only eradicates the infection but also rebalances the body's *thirithodam*, enhances immunity, and promotes overall skin health and tissue regeneration, significantly reducing the likelihood of recurrence. Rooted in centuries of empirical wisdom and a deep understanding of the body's intrinsic healing capabilities, this integrated Siddha approach consistently proves its success in providing comprehensive and sustainable resolution for tinea mannum.

Patient Perspective

"I had this rash for months, and creams only gave temporary relief. After starting Siddha treatment, the itching stopped within weeks, and my skin healed completely. I'm very satisfied and prefer this natural approach."

Informed Consent

Written informed consent was obtained from the patient for publication of this case report.

References

- 1. Chithambarathanupillai S. Varma Odi Murivu Ganam. Chennai: International Institute of Thanuology; 1993.
- Guan H, Xu Y, Ma C, Zhao D. Pharmacology, Toxicology, and Rational Application of Cinnabar, Realgar, and Their Formulations. Evidence Based Complementary and Alternative Medicine. 2022;2022:1–15.

- 3. Ma HH, Ding YN, Wang A, Li X, Wang Y, Shi FG, et al. Cinnabar protects serum-nutrient starvation induced apoptosis by improving intracellular oxidative stress and inhibiting the expression of CHOP and PERK. Biochemistry and Biophysics Reports. 2021;27:1–9.
- 4. Thiyagarajan R. Guna PaadamThathu Jeeva Vaguppu. Chennai: Indian Medicine and Homoeopathy; 1968.
- 5. Thiyagarajan R. GunapadamThathuVaguppu. Chennai: Indian Medicine and Homoeopathy Department; 2019.
- 6. Uthamarayan KS. Siddhar Aruvai Maruthuvam. 6th ed. Sivakasi: The Naadar Press Limited; 2013.
- Zainab R, Akram M, Abbaass W. Pharmacological Evaluation, Phytochemical Analysis and Medicinal Properties of Smilax chinensis D.C. Asian Journal of Emerging Research. 2019;1(2):57–61.
- 8. Zhao M, Li Y, Wang Z. Mercury and Mercury-Containing Preparations: History of Use, Clinical Applications, Pharmacology, Toxicology, and Pharmacokinetics in Traditional Chinese Medicin