

GLOBAL ACADEMIC RESEARCH INSTITUTE

COLOMBO, SRI LANKA



GARI International Journal of Multidisciplinary Research

ISSN 2659-2193

Volume: 07 | Issue: 01

On 30th May 2021

<http://www.research.lk>

Author: P S.N. Noofa, R. Sahana, Thilageshwary Kumutharanjan

Unit of Siddha Medicine, University of Jaffna, Sri Lanka

GARI Publisher | Siddha Medicine | Volume: 07 | Issue: 01

Article ID: IN/GARI/ICATMMP/2020/103A | Pages: 235-242 (08)

ISSN 2659-2193 | Edit: GARI Editorial Team

Received: 20.01.2021 | Publish: 30.05.2021

EFFICACY OF SIVATHAI CHOORNAM AND SIRUNKU THAILAM ON PATIENT WITH SIRUNKU NOI (SCABIES)

S.N. Noofa, R. Sahana, Thilageshwary Kumutharanjan

Unit of siddha medicine, University of Jaffna, Sri Lanka

ABSTRACT

The objective of study was to determine the efficacy of “Sivathai Choornam” and “Sirunku thailam” on patients with Sirunku Noi (scabies). It is a common parasitic skin infection caused by *Sarcoptes scabiei*. Affected areas are finger webs and also seen on the trunk, arms and legs and palms of hands and soles of feet. Scabies is intensely itchy, especially at night which is most severe in children and elderly. Rashes are with small pimples or red bumps, scaly or crusty skin. It is mentioned that sivathai choornam can be used to cure sirunku noi in siddha vaithya thirratu and sirunku thailam in palm olla can be used as external application. Ninety patients who had these symptoms of sirunku noi attended private siddha medical clinics conducted in vadamaradchy south west piradeshsha sabbha were selected for study. The data were statistically recorded and analysed. According to analysis, signs and symptoms in 60% of those used only Sivathai choornam started to disappear gradually. Signs and symptoms were reduced in 70% of those used only this sirunku thailam for external use. The signs and symptoms significantly decreased in 90% of those who took sivathai choornam and sirunku thailam. All three groups observed diet restriction. But 5% of group 2 and 3 patients could not continue with treatment because of allergic reaction due to sirunku thailam. Results suggest that, sivathai choornam and sirunku thailam are effective and harmless polyherbal preparations with potential benefits in treating sirunku noi.

Keywords: Sirunku noi, Sirunku thailam, Sivathai choornam, Scabies, Siddha Medicine

INTRODUCTION

The disease Sirunku Noi is called by different names Sori, Pun. The siddha system of medicines is very effective in chronic diseases and particularly more effective in skin diseases. However Chandler & Fuller (2019) says, in western medicine diagnosing scabies is difficult and sometimes delayed, management of outbreaks are also said to be costly. The disease Sirungu Noi is compared to scabies in western medicine. It is a parasitic contagious skin infestation caused by *Sarcoptes scabiei*, mite. The organism contaminated not only through touching or maintaining a closed relationship between the infected persons but also through the clothing and bedding, however those indirect transmissions are shown to be insignificant (Mellanby, 1944). These outbreaks are more observed in residential and nursing homes in developing countries like Sri Lanka (Chandler & Fuller, 2019). The etiology of Sirunku Noi are said to be Intrinsic factor and extrinsic factor in “Noi illa neri” Intrinsic factors are kodo millet, corn and cultivating area of that can cause Sirunku Noi. Extrinsic factors of Sirunku Noi, spreads through the non-purified water and lily pond’s water. According to “Siddha maruthuwam sirappu” Sirunku Noi is caused by organisms.

The main symptoms of the Sirunku Noi are rashes, intermittent severe itching and that gets worse at night times. If it persists chronically irregularly marginated bluish grey discoloration 0.5-1cm lengthy area will appear on the affected side, rashes are with small pimples or red bumps, scaly or crusty skin. In immunocompromised individuals, scabies risk is higher and most commonly observed form is crusted scabies (Chandler & Fuller, 2019). Hyperkeratotic dermatosis with deep skin fissures, peripheral eosinophilia, generalised lymphadenopathy and increased serum Ig E levels are the common manifestations of crusted scabies (Chandler & Fuller, 2019). These reactions are mainly because of host hypersensitivity reaction and minimally by mite invasion.

Common sites for Sirunku Noi in older children and adults include finger webs, wrist, elbow, armpit, nipple, penis, waist, groins, buttocks region, genitals and the breast in women. In younger children and infants, sites are the palms, soles, face, neck and scalp. It is mentioned that sivathai chooranam can be used to cure the sirunku noi in “sidha vaithya thirattu” and sirunku thailam can be used as external application to cure the sirunku Noi in “palm olla”. 90 patients who had these symptoms of sirunku noi attended private siddha medical clinics conducted in vadamaratchy south west pradesh sabbha were selected for study. the data were statistically recorded and analysed.

Aim of the Study

Prevalence of Scabies is more in developing countries because of overcrowding, poor socioeconomic status, illiteracy, poor personal hygiene in the rural population leads to its higher incidence. The main aim of this study is to improve the sufferings to sirungu noi patients by administering sivathai chooranam with honey and Sirunku

thailam said in “sidha vaidhiya thirattu” and “Palm olla”.

The study would involve trial and observation of the action of sivathai chooranam (Internal Medicine) and Sirunku thailam (External Medicine) for this disease.

Further the researcher has undertaken this research as no One has done this research up to now.

Uses of the Research

- Efficacy of Sivathai chooranam and Sirunku thailam to Sirunku Noi has been established
- Sirunku patients can use these medicines at a cheap rate
- The demand for the drug will naturally increase and the need for the herbal species will also increase and the cultivation will be benefited financially
- The establishments manufacturing this drug will increase their production and thercoy distribute to other medical clinics also

Main Objective

To assess the effectiveness of both sivathai choornam and sirunku thailam for Sirunku Noi.

Specific Objectives

1. To observe the changes in symptoms of Sirunku Noi by the use of Sivathai choornam
2. To know the duration, need for cure of this disease
3. To observe any adverse effect

REVIEW OF LITERATURE

Significant world health burden is caused by scabies, a neglected disease of tropical regions in developed and developing countries (Chandler & Fuller, 2019). It is found that scabies can affect all the people in different economic class, however, higher risk is observed in poor or

in overcrowded conditions and its found that the burden of scabies can be reduced by developing living conditions (Anna Banerji and Canadian paediatric Society, First Nations, Inuit and Metis Health Committee, 2015). Scabies mite starts its life cycle from a pregnant mite burrowing into epidermis of human to lay two to three of their eggs. New burrows will be formed by larvae emerging after 48 – 72 hours. Finally the cycle is repeated when the adults mate. Though their life cycle mainly depends on epidermis of humans, they are able to stay in environment outside human skin for 24 to 36 hours and even capable of infestation (Arlian, et al., 1984 Aug). There are some major sequelae of scabies, such as impetigo, secondary bacterial infection and acute streptococcal glomerulonephritis. Secondary skin infection and other complications may be resulted from deprivation of clean drinking water.

Scabies is included to the list of neglected tropical diseases (NTDs) by World Health Organisation recently. Its control measures include, treating all symptomatic and asymptomatic close contacts, preventing reinfection, laundering bed linens and clothing using hot cycle wash and dry wash and enhancing living economic status. Asymptomatic individuals have to be treated same as symptomatic because, there may be delay between infestation and formation of symptoms by three weeks.

Siddha aspects

சிரங்கு - இயல் (Definition)

முதலில் தோலில் அரிப்புண்டாகி வேர்க்குரு போன்ற ஒன்று அல்லது பல குருக்கள் தோன்றி, அவை சிறிய நீர் கொப்புளங்களாக மாறி சில வேளை சீழ் கொப்புளங்களாக மாறும் இயல்புடைய நோயாம்.

நோய் வரும் வழி (Aetiology)
சிரங்கானது அகக்காரணம்,

புறக்காரணம் காரணங்களால் வருகிறது

“கம்பு குளிர்ச்சியென காசினியிற் பம்பு சொறி சிரங்கை பாலிக்கும்”

வரகு, சோளம் இந்நோய் வரக் காரணமாக இருக்கிறது. மேலும் இப்பயிர்கள் வளருமிடங்களிலும் இந்நோய் வரும் (Intrinsic factor).

“எரி கபத்தோட பலநோயெய்தும் வறட்சி

சொறி சிரங்கு பிததந் தொடரும் - நிறைவில்

சரகமென பூரித்த - கச்சு முலை மாதே வரகரிசிச் சோற்றால் வழுத்து”

- நோயில்லா நெறி

சிரங்கானது தனக்கு ஒவ்வாத சோளம் போன்ற உணவுப் பொருள்களால் தோன்றுகிறது என்று சித்த மருத்துவம் கூறுகிறது.

“சோளமென போர்படைத்த சோறுகளினுடலில்

மீளச் சொறி சிரங்கு வாந்தியதாம் - நாளும்

கரப்பானு முண்டாகும் கனமருந்து பாழாம்

பரப்பனைய கண்மாதே பார்”

- நோயில்லா நெறி

நோயில்லா நெறி நூலானது இந்நோய் தாய்மையில்லாத நீரினால் பரவுகிறது என கூறுகிறது.

“கோதாவரி பென்னும் கோதினதி நீரதனால்

வாதாதி முத்தோஷம் வன்சினமும் - போதவே

தச்சொறி முட்சிரங்கும் தாவும் குளிர் சுரமும்

இச்சகம் வழ்டேரு மிசை”

- நோயில்லா நெறி

நோயில்லா நெறி நூலானது அல்லிக்குளத்து நீரினாலும் சிரங்கு வரும் என கூறப்படுகிறது.

“அல்லி குளத்தினர்க்கு கினிமந்தபேதி

மெல்ல சொறிசிரங்கு வெப்புடனே - தொல்லுலகிற்

தாலுதனி லச்சுரமும் தாது நட்டமும் கொடுக்கும்

கோல மலர்ந்திருவே கூறு”

- நோயில்லா நெறி

சித்த மருத்துவ சிறப்பு நூலானது சிரங்கு, கிருமியினால் வருகிறது என கூறுகிறது.

“கிருமியாலே வந்த தோடம் பெருகவுண்டு

கேட்கிலதன் பிரிவுதனைக் கிரமமாகப்

பொருமிவரும் வாயு வெல்லா கிருமியாலே

புழுக்கடிப் போல் காணாமது கிருமியாலே

செருமிவரும் பவுத்திரங்கள் கிருமியாலே

தேகமதில் சொறிக்குட்டம் கிருமியாலே

துருமிவருஞ் சுரோணிதங் கிருமியாலே

குட்சமுடன் கிரிசைப்பால் தொழில்செய் விரே”

- குருநாடி

குறிகுணங்கள்- பராச சேகரம் (பாலரோக நிதானம்) நூலானது சிரங்கு நோயில் கீழ்க்கண்ட குறிகுணங்கள் இருப்பதாகக் கூறுகிறது.

புண்களானது விரல் இடுக்குகளிலும், மணிக்கட்டிலும், அறையிலும் பிட்டத்திலும் காணப்படும். அரிப்பு காணப்படுதல், புண்ணானது நீர்கோர்த்து சிறுசிறு கொப்புளங்களாக காணப்படும். மேலும் புண்ணானது மார்பகம் மற்றும் கண்கள் அருகிலும் காணப்படும். இதனையே இப்பாடல் கூறுகிறது

“சிறுவனுறுங் கைத்தலத்திற் புறங்கை தன்னிற்

சேருமரை முதலான மறுதானத்தில் விறுவிறெனச் சொறிந்து தண்ணீர் கட்டிப்பின்பு

மிகுந்ததின வுண்டாக்கும் விளிம்பு கிற்றால்

இறுகுமிடை சிறுகுதுறல் வரை நேர் கொங்கை

யிரு விழியும் சேருஞ் சிரங்கின் குணமி தென்று

கட்டுரைப்பார் மறையுணர்ந்த சாட்சியோரே”

- பரராச சேகரம்

சித்த மருத்துவ சிறப்பு கீழ்க்கண்ட குறிகுணங்களை கூறுகிறது

அரிப்பு, கொப்புளம் போன்ற புண், புண்ணிலிருந்து நீர் கசிவு

சிழ்காணப்படுதல், பொதுவாக மணிக்கட்டு, விரல் இடுக்கு, அக்குள் மடிப்பு ஆண்குறி, பிட்டம் ஆகிய பகுதிகளில் காணப்படுகிறது.

பின்விளைவுகள்- பராச சேகர நூலானது சொரிந்த இடத்தில் புண், உடல் முழுவதும் நீர்க்கோர்த்தல், வயிறு விங்கல், மூச்சு திணறல், பசியின்மை, அதி தாகம் வருமென்று கூறுகிறது. மேற்கண்ட அனைத்து குறிகுணங்களும் இரவு நேரங்களில் மிகுதியாக காணப்படும்.

இதனையே

“சிரங்கின் மகோதரக்கரப்பான் செயங் குணந்தான்

றிவைடங்கி விங்கி மல சலமும் வற்றி உரம்பயிலு முதர முறவுற் முட்டாகி யுவாதி மிகுந்தனி - குரலாய் மிடலும் விக்கி

வரம்பயிறு மூச்சு மிகு சுவாச முண்டாய்

வாயுமிகுந் துண் மற்றது தாத மிஞ்சி இரங்குறவே களை சோக மிகுதியுண்டா

யிராக் காலத் ததிகரிக்கு மியம் புங் காலே”

- பராச சேகரம்

METHODOLOGY

Type of research

This is a quasi- experimental study.

The place of research

The private siddha medical clinics conducted in vadamaradchy south west piradesha sabha is chosen as the place of research. The permission for the research has been sought from the chief medical officers of said clinic.

Research population

90 patients both males and females between the age of 10 – 70 are selected for research.

Inclusion Criteria

1. Affected areas are finger webs and also seen on the trunk, arms and legs and palms of hands and soles of feet.

2. Intensely itchy, especially at night

3. Rashes are with small pimples or red bumps and pustules
4. Scaly or crusty skin were selected

Exclusion Criteria

1. Fever with the above disease
2. Enlarged lymph nodes by affected areas
3. Mathumega patients (Diabetes mellitus) were not selected

Drugs for research

Sivathai choornam and Siranku thailam were given 49 days in twice a day (internal application)

Ingredients

Sivathai choornam (Internal application)

| Tamil name | Botanical name | English name |
|-----------------|------------------------------|--------------------|
| சிவதை | <i>Operculina turpethum</i> | Indian Jalap |
| இலவங்கம் | <i>Cinnamomum zeylanicum</i> | Cinnamon |
| கடுக்காய் | <i>Terminalia chebula</i> | Chebolic myrobalan |
| நெல்லிக்காய் | <i>Phyllanthus emblica</i> | Emblic myrobalan |
| தான்றிக்காய் | <i>Terminalia bellirica</i> | Belleric myrobalan |
| சுக்கு | <i>Zingiber officinale</i> | Ginger |
| மிளகு | <i>Piper nigrum</i> | Black pepper |
| திப்பிலி | <i>Piper longum</i> | Long peper |
| ஏலம் | <i>Elettaria repens</i> | Malabar cardamom |
| சிறுநாகம்பூ | <i>Mesua ferrea</i> | Ceylon wood |
| கோரை கிழங்கு | <i>Cyperus rotundas</i> | Nut grass |

Method of preparation

All the herbs were washed in water and dried in shade. Sivathai root was purified by boiling with cow's milk. After that all herbs were separately powdered and sieved and mixed together. The ratio between sivathai and rest of other herbs should be 4:1.

Siranku thailam (External application)

| Tamil name | Botanical name | English name |
|------------------|--------------------------------|--------------|
| துத்தம் | <i>Zinc carbonate</i> | |
| துருசு | <i>Copper sulphate</i> | Blue vitrol |
| கந்தகம் | <i>Sulphur</i> | sulphur |
| கிருமிசத்துரு | | |
| கார்போகரிசி | <i>Psoralia corylifolia</i> | Babchi seeds |
| வேம்பாடல் | <i>Ventilago maderaspatana</i> | Red creeper |
| தேசிப்பழச்சாறு | <i>Citrus aurantifolia</i> | Acid lime |
| தேங்காய் எண்ணெய் | <i>Cocus nucifera</i> | Coconut tree |

Method of preparation

Thutham, Thurisu, Kanthagam were purified in a way that mentioned in (Gunapadam-2) book then powdered (each of them 5g). Kirumisathuru, Karbogarisi, Vembadal were cleaned and powdered separately (each of them 5g). sieved them and mixed it well.

After that, put the lime juice (1 lime), 750 ml of coconut oil and above mention's powders into the vessels and mixed it well. The vessels should be kept in low flame until the correct formed oil prepared (bring to boil twice). After distilled the oil into bottle.

Study procedure

90 patients who came for treatment with signs and symptoms of Sirunku Noi were selected and briefed about this research and their written consent was also got. First their detail medical and inspection of the affected part was recorded in the case record specially prepared for the purpose of these 90 patients.

The above 90 patients were divided into three groups and treated in the following manner

Group 1: Sivathai choornam 2g were given both morning and night for 7 weeks (Internal application)

Group 2: Siranku thailam were given both morning and night for 7 weeks

(External application after washing and cleaning the affected part)

Group 3: Sivathai choornam (Internal application) and Siranku thailam (External application) were given both morning and night for 7 weeks. All three groups were advised to not to take an allergic food item.

They were also asked not to use other drugs. As a pilot study before undertaking the main research 5 patients with Sirunku Noi were taken for study. These five patients were not included for the main study.

Continuous Observation

The patient was asked to report once in every 7 days and progress of signs and symptoms recorded. The researcher observes the patient and assesses the progress. At the same time the complaints will also be entertained. The patient remarks if satisfaction.

Will be taken into account. This observation and assessment will be continued at the end of next 7 days too. The patient remarks about nature of the symptoms will be recorded through score scaled. The continuous observation of patients at the end of each 7th, 14th, 21th, 28th, 35th, 42th, 49th days were done for 49 days. The progress of signs and symptoms of each patient obtained and recorded as below.

| Signs and Symptoms | 7 th day | 14 th day | 21 st day | 28 th day | 35 th day | 42 nd day | 49 th day |
|-----------------------------------------|---------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Itching | +++ | ++ | ++ | + | + | - | - |
| Small pimples or red bumps and pustules | ++++ | +++ | ++ | ++ | + | - | - |
| Scaly or crusty skin | +++ | ++ | ++ | ++ | ++ | + | - |

Study period

2019 October – 2020 July

DATA ANALYSIS

CONCLUSION AND DISCUSSION

The data were statistically recorded and analysed. According to analysis, signs and symptoms in 60% of those used only Sivathai choornam started to disappear gradually. Signs and symptoms were reduced in 70% of those used only this sirunku thailam for external use. The signs and symptoms significantly decreased in 90% of those who took sivathai choornam and siranku thailam. However in another study done by found that using Parangipattai choornam 2g bd adjuvant milk internally and karbogipasai mix with lime juice externally has given satisfactory results within the week. (Navinkumar, et al., 2019) All three groups observed diet restriction. same as another study of research (IJAR,2018) concluded that external use of Panchvalkala Kwath and Local Application of Gandhaka Malhar along with internal use of Polyherbal formulation and proper hygiene maintenance are highly effective in the management of Scabies (PamaKushtha). plant-based agents have been used in indigenous medicine for several years (Tea tree oil (*Melaleuca alternifolia*) Clove oil (*Syzygium aromaticum*) Palmarosa (*Cymbopogon martini*) Lippia oil (*Lippia multiflora*) Camphor oil (*Eucalyptus globulus*) Neem oil and extracts (*Azadirachta indica*) Eucalyptus oil (*Eucalyptus radiata*) Nutmeg oil (*Myristica fragrans*) Ylangylang oil (*Cananga odorata*) Lavender oil (*Lavandula angustifolia*) Bitter orange oil (*Citrus aurantium amara*) Geranium oil (*Pelargonium asperum*) Manuka oil (*Leptospermum scoparium*) Japanese cedar oil (*Cryptomeria japonica*) Turmeric paste (*Curcuma longa*) and are now entering clinical trials. The solution to the management challenges in scabies may lie in the host response, the flora of our habitat, or a better understanding of the

mite. More research on mite biology and pathogenesis and rigorous trials on the safety and efficacy of emerging novel agents are the need of the hour (Hima Gopinath, MD , 2011). Another research regarding the Scabies may have ended in pruritis, if it not treated properly. The Siddha medicine parangipattai choornam internal and karbogipasai externally given in this case. Which gives the satisfactory results within the week. This disease is strongly associated with poverty and congested people, and the associated disgrace can ostracise affected individuals. Treatment of scabies in poor countries needs to integrate drug treatment programmes with efforts to improve the socioeconomic conditions and [8] education programmes to reduce disgrace. The Siddha medicine helps in treating the complaints of scabies effectively (Dr. M. Navinkumar,etc 2019).

But 5% of group 2 and 3 patients could not continue with treatment because of allergic reaction due to siranku thailam. Results suggest that, sivathai choornam and siranku thailam are effective and harmless polyherbal preparations with potential benefits in treating siranku noi.

REFERENCE

- Anna Banerji and Canadian paediatric Society, *First Nations, Inuit and Metis Health Committee, 2015. Scabies. Paediatrics Child Health, 20(7), pp. 395 - 398.*
- Arlian, L., Runyan , R., Achar, S. & Estes, S., 1984 Aug. *Survival and infectivity of Sarcoptes scabiei var. canis and var. hominis. J Am Acad Dermatol., pp. 11 (2 Pt 1) : 210 - 5.*
- Arunachalam,S. (2004).*Treatise on Ayurvedha, VijithaYapy Publications, SriLanka; 1:01-300.*
- Chandler, D. J., & Fuller, L. C. (2019). *A Review of Scabies: An Infestation More than Skin Deep. Dermatology, 235(2), 79–80. https://doi.org/10.1159/000495290*

- Dr.(Mrs) Viviyam Sathiyaseelan
BSMS(SL),MD(S)(India). *Materia
medica part- 2*, 2008,page no 86-87
- Dr.(Mrs) Thilageswary Kumutharanjan BSMS
(SL). *Noihatku Siddha
pariharam*,2017,page no 115- 119.
- Dr .R. Thiyagaraja. *Gunapadam thathijeeva
wahuppu 2nd and 3rd part*
,1952,page no 282-302.
- Dr .R. Thiyagaraja. *Siddha maruthuvam
sirappu*,1967,page no 274-278.
- Mellanby, K., 1944. *The development of
symptoms, parasitic infection and
immunity in human scabies.*
Parasitology, 35(04), pp. 197 - 206.
- Rathiga,G., Govind raj,N., Malai chamy,T.,
Lakshmi
kantham,K.,Manikkavasagam &
Banumathi,B.” *A Pilot study of
Neikuri pattern in Carcinoma
patients” World journal of
pharmaceutical research*, 2018;
12(7): 871-873.