

## Siddha-Based Therapeutic Management of Bullous Tinea: A Clinical Case Report

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### ABSTRACT:

Siddha Medicine, an ancient system of Indian Medicine, which has Herbo-mineral formulations like *Parpam*, *Pathangam*, *Karpam* used for various skin diseases, which arise due to imbalance in three humors (*Mukkutram*) as per siddha literature. Tinea Bullosa is a rare, atypical presentation of dermatophytosis characterized by the presence of blisters (vesicles or bullae) like Ring shape, along with the typical scaly, red, and itchy rash of tinea. A 43-year-old male a Security by occupation non hypertensive, non-diabetic came to National Institute of Siddha (NIS) OPD who presented with Tinea corporis-like lesions with surrounding blisters and centralized ulceration involving both upper and lower extremities and chest, accompanied by Itching, pain and burning sensation in the past 2 months. After one month of treatment by three Combination of Siddha medicines with external application, patient showed complete resolution of lesions and symptoms. This case highlights the potential efficacy of traditional Siddha medicine in managing Tinea Bullosa caused by atypical dermatophyte infection and emphasizes the dermatological care through siddha system of medicines to overcome anti-microbial resistance.

**KEYWORDS:** Dermatophytosis, Siddha medicines, Tinea Bullosa.

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## INTRODUCTION:

Tinea Bullosa is a rare, atypical presentation of dermatophytosis which has prevalence rate of 6.09% to 27.6 has been reported in south India, while high prevalence of 61.5% has been reported in north India. It is characterized by the presence of blisters (vesicles or bullae) like Ring shape, along with the typical scaly, red, and itchy rash of tinea. Bullous tinea is a less common type of fungal skin infection caused by chronic dermatophytosis reporting 6.09% to 27.6% from south India in last year. [1] Indian Association of Dermatologists, Venereologist and Leprologist (IADVL) and National Centre for Biotechnology Information (NCBI) have issued Guidelines on management of recalcitrant dermatophytosis [2,3]. The Anti-Fungal resistance increased the risk of recurrent dermatophytosis infection, there is growing need for approaching alternative medicine like Siddha for prevention and management of recalcitrant tinea.

Siddha, the traditional system of medicine originating from India which has rich repository of Herbo-mineral formulation has potential anti-fungal, anti-microbial and wound healing activity. Tinea bullosa, in siddha term called as *Pundareegam kuttam* and challenge to overcome of recurrent dermatophytosis [6,7]. In Siddha, *Pundareegam* indicated *kuttam* (Tinea bullosa) treated by Classical Siddha text medicine preparation like *Nagam Parpam mathirai* is indicated for *Powthiram* (Sinus wound) [4][5], *Irunelli Karpam* indicated for contagious skin infections (*Sori*, *Sirangu*,

*Padarthamarai*) and *Parangi Pattai Pathgangam* for wound and skin diseases (*Viranam*, *Kuttam*, *Thool noigal*) [4,14] with *Mathan thailam*, which is used as external application [10,13]. Following evaluations and prognosis of lesions were documented.

## CASE HISTORY:

### Patient information:

A 43-year-old male, a security by occupation, non-hypertensive and non-diabetes patient presented with complaints of itching, burning sensation and occasionally pain, spreading over both upper, lower extremities and chest region. Skin lesions are round, well defined marginated, erythematous, surrounding fluid filled lesion present (Figure- 4). He had increasing spreading nature for past 15 days. He had a history of Road Traffic Accident and minimal elbow arthroplasty done. He had history of smoking for past 7 years. Covaxin 2 doses vaccinate in 2020. There is no history of allergic to food and substances, no family history of tinea or skin infection. He had no history of alcohol consumption, blood transfusion, infidelity, coronary artery disease, chronic kidney disease, epilepsy, COPD.

### Clinical examinations:

Patient was Conscious, Oriented, Afebrile. Pallor, Icterus, Cyanosis, Clubbing, Lymph node enlargement, Oedema, Varicose vein were absent. Nutrition and vitals are found normal. Lesions are less than 1.5 cm round shaped red and hyperpigmented, surrounding blisters occasionally centralized ulceration, well defined

borders, oozing and crusting present, no bleeding, swelling and he had tinea corporis lesion spreading over axilla, forearm and both thighs. Patient's prognosis is given in table 1.

**Diagnostic assessments:**

On the basis of clinical examinations, patient history and naked eye examinations, the case was diagnosed primarily as tinea with bullosa (Figure-4). Blood investigations include Complete Blood Count (CBC), Erythrocyte Sedimentation Rate (ESR), Hemoglobin (HB), Absolute Eosinophil Count (AEC), Liver Function Test (LFT), Renal Function Test (RFT), C-Reactive Protein (CRP), Random Blood Sugar (RBS), Human Immunodeficiency Virus (HIV), Hepatitis B Virus Antigen (HBsAg) were negative.

**THERAPEUTIC INTERVENTION:**

The patient was primarily checked with *Nadi* (Pulse) in siddha diagnostic perspective, indicates increased *Pitham Nadi* which is one of the three humors [3]. The treatment was given based on patient's *Nadi nadai* (Pulse or *Dhosa*).

After 1 week follow-up, burning and itching reduced on the lesion (Figure-2) and 3 weeks treatment lesion was reduced completely and scar minimally presented (Figure-3). the treatment advised given in table 2.

**OUTCOME AND FOLLOW-UP:**

The infected area was evaluated and managed by using clinical examinations, Naked eye examination and Medications given through National Institute of Siddha Out Patient Department for least 1 week the patient was minimal pruritus, wound, oozing, spreading nature reduced in first week of medication taken (Figure-3) and patient was further followed up to one month with same medications, after one month follow up no evidence of increased lesion, spreading nature and symptoms (Figure- 4). Given pictures show lesions before treatment (Figure-2) after one-week lesions (Figure-3), one-month lesions after treatment (Figure-4). No Adverse Drug Reaction (ADR) during treatment period was noted.

**Table 1: Line of treatment and prognosis:**

Date	Observation	Intervention
08.02.2025	Tinea corporis with surrounded blisters, itching, burning sensation and ulceration on both upper limbs and thighs.	Advised to take oil bath weekly twice and siddha medicine was started for 1week with diet restriction.
16.02.2025	Blisters ruptured minimal pruritus, minimal wound healing, reduced burning sensation, scratching mark present in inner thighs noticed.	Same siddha medicine was given for 1week with diet restriction.

07.03.2025	No pruritus Burning sensation on lesion and ulcers were healed.	Siddha medicine continues for 7 days with advised oil bath.
15.03.2025	No itching, Oozing, burning sensation, complete wound healing, no new lesions.	Same medications are continuing for one week.
21.03.2025	No itching, Oozing, burning sensation, complete wound healing, no new lesions.	Same medications continue for one week.

**Table 2: Advised treatment therapy**

Drug name	Dose	Adjuvant	Root
<i>Nagam Parpam Mathirai</i>	2tablet two times in a day	Ghee	Per oral
<i>Irunelli Karpam</i>	200mg two times in a day	Ghee	Per oral
<i>Parangi Pattai Pathangam</i>	200mg two times in a day	Honey	Per oral
<i>Mathan Thailam</i>	10 ml one time in a day	Nil	External apply
<i>Seeragam Thailam</i>	70 ml two times in a week	Nil	Oil bath



**Figure- 2: Lesions Before Treatment**



**Figure- 3: One Week of Treatment**



**Figure- 4: After One Month of Treatment**

#### **DISCUSSION:**

Bullous tinea symptoms are co-related with *Pundareegam Kuttam* in siddha literature [6,7]. the lesion was identified primarily as tinea corporis and secondarily blisters, oozing, ulceration and increased spreading nature (Figure-1). In differential diagnosis of Modern medicine, co-relate with Tinea Incognito (TI), a type of ring worm triggered by immune suppressive drugs or corticosteroids, secondarily Pemphigus Vulgaris (PV) is rare, chronic, potential life-threatening autoimmune skin disorder of unknown cause, which cause blisters, sores and cresting lesions. Finally, the lesion was diagnosed as tinea bullosa (*Pundareegam Kuttam*) by Naked eye examinations (Figure-1). which cause significant challenge to healthcare workers and clinical outcomes. Despite strict anti-fungal and anti-microbial protocol, the endogenous skin flora primarily trichophyton rubrum and trichophyton tonsurans may still colonize in affected area and triggered by sweating which are able to grow fungal infections and it can spread in body through blood streams who has weakened immune system and cause blisters in skin.

As per siddha literature Skin diseases are triggered by *Vadha dhosam*

*“Vaadhamallathu menikedathu”* by author *Theraiyer* [8]. So prescribing medicines should be anti-vadha and coolant, *Nagam Parpam Mathirai, Irunelli Karpam, Parangi Pattai Pathangam* these formulations are reducing the *Vadha dhosa* by using adjuvant ghee and honey. Secondarily both formulations are indications for skin infections, ulceration, blood purifier and immunomodulator [4][9]. Additionally, *Mathan thailam* used as external application, which are anti-microbial and wound healing properties. [10] The effectiveness of prescribed oral anti-fungal and anti-microbial medication would be noted. there are no complications present. Herewith I attached prognosis of before treatment (Fig.2), one week of treatment no blisters only scar was present (Fig.3), after fourth week complete healing with minimal scar presentation (Fig.4). This report might influence clinical management and evaluation of Tinea Bullosa and give inspire for further research.

**CONCLUSION:**

The effectiveness of Combination of Three drug formulations with external application plays an important role in combating infection tinea bullosa caused by Chronic dermatophytosis showing complete cure with no recurrences in follow-up for 3 months after treatment. This combination of medicine potentially explored their anti-fungal action and overcomes the antimicrobial resistance (AMR). This provides society to cost effective, short duration therapy to overcome from relapse dermatophytosis.

**Declaration of patient consent:**

The patient in this manuscript has given written informed consent for the use of their case details (including photographs) for publication.

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