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A Cross-sectional Study on Siddha Diagnostic Tool *Manikkadai Nool,* among *Venpulli* (Vitiligo) Patients

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Abstract

Introduction

Vitiligo is a skin disorder characterized by the loss of melanocytes, the cells responsible for pigment production, leading to irregular white patches on the skin. The exact cause remains unclear, though autoimmune, genetic, and environmental factors may play a role. In Siddha system of medicine, accurate diagnosis is regarded as a cornerstone of effective healthcare—often taking precedence over both treatment and prevention. Among the various diagnostic methodologies in Siddha practice, *Manikkadai Nool* stands out as a distinctive, non-invasive anthropometric tool. *Manikkadai Nool* involves the measurement of the wrist circumference in relation to the breadth of the fingers, yielding 26 possible diagnostic values, typically ranging from 4 to 11 finger breadths (fbs). Each measurement corresponds to specific physiological or pathological conditions, offering insights into the individual's health status. As per Siddha literature the *Manikkadai nool* value for *Venpulli* (Vitiligo) is mentioned as 8 ½ fbs.

Objective

To calibrate the value of *Manikkadai nool* among patients having *Venpulli* (Vitiligo) noi.

Methodology

This was a cross-sectional study carried out among clinically diagnosed *Venpulli* (Vitiligo) patients attended OPD at AAGHIM, Chennai. The sample size was 100 and the sampling selection administered was purposive sampling.

Result

This study concludes that most of the *Venpulli* (Vitiligo) cases have the same *Manikkadai nool* value (8 1/2) as mentioned in the Siddha literature *(Agathiyarsoodamanikayarusoothiram)*

Conclusion

The present study standardize the *Manikkadai Nool* measurements specific to patients with *Venpulli* (Vitiligo) facilitating earlier and more accurate diagnosis. This approach may serve as a valuable diagnostic reference in future Siddha clinical practice.

Keywords: Vitiligo, Siddha, *Manikkadai nool, Venpulli*.

1. Introduction

The Siddha system of medicine is one of the oldest and most profound traditional medical sciences, with its origins deeply embedded in the ancient Tamil culture. As per classical Siddha texts, diseases affecting humanity are classified into 4,448 types, each with its own causative factors, clinical features, and treatment protocols. The foundation of effective treatment in Siddha lies in accurate diagnosis, which is considered more critical than the treatment itself. This principle is strongly upheld by the eminent Siddha sage *Therayar*, who asserted that without proper identification of the root cause of an illness, even the most sophisticated therapeutic approaches may not yield successful outcomes. Hence, diagnosis is viewed not just as a preliminary step but as the cornerstone of Siddha medical practice. Among the various diagnostic tools in Siddha medicine, *Manikkadai Nool* is a unique, non-invasive anthropometric method that involves measuring the wrist circumference using finger breadths to assess the physiological and pathological state of the body. It serves as a valuable technique for early detection of disease imbalances before the manifestation of severe symptoms. In this context, the current study aims to standardize the *Manikkadai Nool* values in patients affected by *Venpulli* (Vitiligo) a common skin condition, to enhance early diagnosis and promote timely intervention. Vitiligo is a skin disorder characterized by the loss of melanocytes, the cells responsible for pigment production, leading to irregular white patches on the skin. The exact cause remains unclear, though autoimmune, genetic, and environmental factors may play a role.[1] It can affect individuals of any age or ethnicity and is often associated with psychological and social challenges due to its visible nature. The condition may progress unpredictably, with some patients experiencing spontaneous repigmentation.vitiligo poses not only cosmetic concerns but also significant psychological stress especially in children and individuals with darker skin tones. Research continues into the disease's mechanisms and treatment advancements. Early detection and intervention are essential to manage the condition effectively. [2] A little more than 1% to 2% of people worldwide suffer from this condition.[3] Indians from the Indian subcontinent had the greatest incidence ever noted[4]. In Siddha literature, Siddhar *Yugimuni* mentioned skin diseases as *Kuttam* and classified it into 18 types. *Venkuttam* or Swetha *kuttam* is one among them[5]. In the Siddha system of medicine, diagnosis is considered more crucial than treatment itself, as proper identification of the disease is fundamental for effective management. *Manikkadai Nool* is a distinctive, non-invasive diagnostic tool in Siddha practice that provides 26 different readings, typically ranging from 4 to 11 finger breadths (fbs). This technique is grounded in anthropometry, the scientific study of human body measurements and proportions, which reflects the overall physiological condition of an individual. Anthropometric values are influenced by multiple factors including nutritional status, psychological wellbeing, environmental and seasonal variations, as well as the presence of infections. In recent times, a notable rise in cases of *Venpulli* (Vitiligo) has been observed, particularly linked to stress-related conditions. Many such cases have been reported in the Outpatient Department (OPD) of *Arignar Anna* Hospital of Indian Medicine, *Arumbakkam.* To facilitate early diagnosis of this condition, the present study utilizes the *Manikkadai Nool* method, aiming to establish specific diagnostic markers for *Venpulli* (Vitiligo) within the framework of *Siddha* medicine. This could support timely intervention and better clinical outcomes for affected individuals. In the study various wrist circumference would be recorded for *Venpulli* (Vitiligo) and hence to standardize the same will be helpful for easy diagnosis in future. The aim of the study is to elucidate and calibrate the significance of *Manikkadai nool* among *Venpulli* (Vitiligo) patients.

2. Materials and Methods

This was a cross-sectional study conducted at outpatient department of Arignar Anna government hospital of Indian medicine. The study was approved by IEC [Institutional Ethics Committee]–GSMC-Chennai. IEC No- GSMC-CH-1243/ME-II/018/2023. The study was also registered in CTRI [Clinical Trial Registry India]

CTRI No/2024/06/069351. In this study, 100 patients of age group between 12-65 years were enrolled. The enrolled patients were informed about the study in English and local language Tamil whichever necessary. Informed consent in written was obtained from them. The inclusion criteria were age group between 12-65 years, Depigmented patches or macules present in any part of the entire body and the exclusion criteria were patients having HIV/AIDS and Burns. The *Manikkadai Nool* diagnostic method was systematically applied to each patient, and the measurements obtained were documented and analyzed. According to the standard operating procedure for this technique, the circumference of the wrist was measured in finger breadth units on both the right and left hands to determine the diagnostic value.

Figure 1

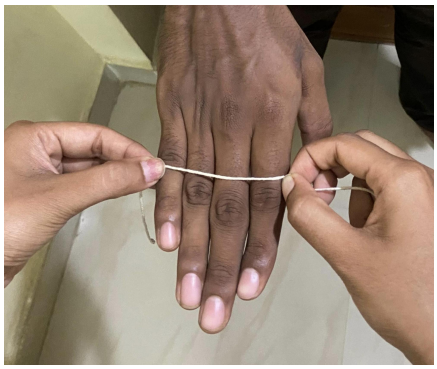

Figure 2

Figure 3

Figure 4

A cotton thread was used to perform the measurements as per the *Manikkadai Nool* procedure. Initially, the thread was placed across the dorsal surface of four fingers, as illustrated in Figure 1. Following this, the wrist circumference was measured just below the level of these four fingers on the respective hand, as shown in Figure 2. Subsequently, the antebrachial (forearm) circumference near the wrist joint was also measured, which is depicted in Figure 3. After measuring the wrist circumference, the thread was carefully removed and aligned along the dorsal aspect of the patient's four fingers, as illustrated in Figure 4. The thread was placed centrally across the fingers to determine the total length in finger units. Each finger breadth was subdivided into four segments: ¼, ½, ¾, and 1 unit. The total measurement was then calculated based on these fractional finger units, which served as the final *Manikkadai Nool* value for diagnostic interpretation.

3. Results

The recorded measurements are evaluated for diagnostic purposes, as presented in Tables 1 and 2. The thread utilized should be composed of cotton, possess non-elastic properties (retaining its dimensions under all conditions), exhibit moderate thickness, and be sufficiently manageable for ease of handling.

Table 1: Distribution of *Manikkadai nool* value in Right hand for *Venpulli* (vitiligo)

S.No	*Manikkadai nool* value for Right hand	No.of.cases (100)
1.	8 fbs	9
2.	8 ¼ fbs	15
3.	**8 ½ fbs**	**60**
4.	8 ¾ fbs	10
5.	9 fbs	6

fbs- finger breadth size

Table 2: Distribution of *Manikkadai nool* value in Left hand for *Venpulli* (vitiligo)

S.No	*Manikkadai nool* value for Left hand	No.of.cases (100)
1.	8 fbs	7
2.	8 ¼ fbs	13
3.	**8 ½ fbs**	63
4.	8 ¾ fbs	12
5.	9 fbs	5

fbs- finger breadth size

4. Discussion

In Siddha diagnostics, *Manikkadai Nool* measurement serves as a traditional anthropometric tool to assess physiological deviations associated with specific disease states. In the present study, the distribution of *Manikkadai Nool* values in both the right and left hands was evaluated among patients diagnosed with *Venpulli* (vitiligo). Analysis of the recorded data (Tables 1 and 2) demonstrates that the most prevalent *Manikkadai Nool* value among the studied population was 8½ fbs, observed in 60% of right-hand measurements and 63% of left-hand measurements. This suggests a strong association between this specific measurement range and *Venpulli* in the examined cohort. Intermediate values, such as 8¼ fbs and 8¾ fbs, occurred less frequently (15% and 10% for the right hand, 13% and 12% for the left hand, respectively), while extreme values such as 8 fbs and 9 fbs were rare. From the Siddha viewpoint, these findings indicate a possible constitutional pattern, where the predominance of 8½ fbs could represent an anthropometric signature for *Venpulli*. But standardization of *Manikkadai nool* in correlation with disease has not reported yet. Hence, this study was done as an intiative for early diagnosis of *Venpulli* (vitiligo) disease using the *Manikkadai nool* tool. As per Siddha text, 8 ½ fbs may have the conditions such as Scabies, Appendicitis, Vitiligo and Malaise within one year period. Most of the *Venpulli* patients had 8 ½ fbs which is correlated with the values as per Siddha literature.[6]

5. Conclusion

The present study reaffirms the diagnostic relevance of the Siddha tool *Manikkadai Nool* in identifying *Venpulli* (vitiligo) as described in classical literature. Its application as a simple, non-invasive, and cost-effective supportive measure enables early detection of the condition, thereby facilitating timely therapeutic intervention. Incorporating this traditional anthropometric assessment into routine clinical practice can enhance diagnostic efficiency and reduce reliance on more complex and expensive investigations in the preliminary stages.

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