



A Cross-sectional Study on Siddha Diagnostic tool *Manikkadai Nool*, among *Silvidam* (Urticaria) Patients

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Abstract

Introduction: Siddha medicine utilizes a variety of traditional diagnostic methods to assess the health status of individuals. *Manikkadai Nool* is a unique Siddha diagnostic tool that measures wrist circumference in finger-breadth units and is believed to reflect physiological and pathological changes in the body. Despite its widespread use in Siddha practice, scientific evidence regarding its application in patients with *Silvidam* (Urticaria) remains limited.

Objective: To evaluate the *Manikkadai Nool* values among patients diagnosed with *Silvidam* (Urticaria) and to document its diagnostic significance in Siddha clinical practice.

Methods: A cross-sectional study was conducted among 40 clinically diagnosed *Silvidam* (Urticaria) patients attending the Outpatient Department (OPD) of the Government Siddha Medical College (GSMC), Chennai. Participants were selected using a purposive sampling technique. Demographic and clinical data were collected using a structured proforma. *Manikkadai Nool* measurements were obtained following the standard Siddha procedure by measuring the wrist circumference with a thread and expressing the value in finger-breadth units. The collected data were analyzed using descriptive statistical methods.

Results: The study revealed that the predominant *Manikkadai Nool* value among *Silvidam* (Urticaria) patients was $8\frac{3}{4}$ finger breadths ($8\frac{3}{4}$ viral alavu). This measurement was observed in the majority of participants irrespective of age and gender. According to Siddha diagnostic principles, the observed $8\frac{3}{4}$ -finger-breadth value may indicate characteristic alterations in the body's humoral equilibrium associated with *Silvidam*. The findings suggest a possible relationship between the *Manikkadai Nool* value of $8\frac{3}{4}$ and the clinical presentation of *Silvidam* (Urticaria), highlighting the relevance of this traditional diagnostic parameter in Siddha clinical assessment.

Conclusion: *Manikkadai Nool* is a simple, non-invasive, economical, and clinically useful diagnostic tool in Siddha medicine. The predominance of an $8\frac{3}{4}$ -finger-breadth measurement among patients with *Silvidam (Urticaria)* for more than 2 years provides preliminary evidence of its potential diagnostic significance. Further multicentric studies with larger sample sizes are wanted to establish diagnostic correlations and validate the role of *Manikkadai Nool* in the assessment and management of *Silvidam (Urticaria)*.

Keywords: Siddha Medicine, *Manikkadai Nool*, *Silvidam*, Urticaria, Traditional Diagnostics, Cross-sectional Study.

1. Introduction

Urticaria is a common dermatological disorder characterized by the sudden appearance of transient, erythematous, pruritic wheals resulting from localized dermal edema. The condition may present as acute or chronic depending on its duration and significantly affects patients' quality of life due to persistent itching, discomfort, sleep disturbance, and psychological stress. Although the pathogenesis of urticaria involves mast cell degranulation and the release of inflammatory mediators such as histamine, the exact etiology remains multifactorial, including allergic, autoimmune, infectious, and idiopathic causes.⁽¹⁾

In Siddha medicine, *Silvidam* is described as a skin disorder manifested by elevated, itchy swellings that appear suddenly and disappear within a short duration, closely resembling the clinical features of urticaria.⁽²⁾ Siddha literature attributes the disease to the derangement of the three humours (*Vali, Azhal, and Iyam*), particularly the vitiation of *Azhal and Iyam*, influenced by improper dietary habits (*Pathiyam* violations), environmental factors, seasonal changes, and altered lifestyle practices.⁽³⁾ The Siddha system emphasizes individualized diagnosis based on the assessment of humoral imbalance using traditional diagnostic methods before initiating treatment.⁽⁴⁾

Among the *Envagai Thervugal* (Eight-fold Diagnostic Methods) described in Siddha medicine, *Manikkadai Nool* is a distinctive anthropometric diagnostic tool used to assess the constitutional status and disease condition of an individual. It involves measuring the circumference of the wrist using a thread and expressing the value in finger-breadth (viral) units. Classical Siddha texts describe that

variations in *Manikkadai Nool* measurements may reflect changes in the body's physiological and pathological states and assist physicians in understanding disease severity and prognosis. Owing to its simplicity, non-invasive nature, reproducibility, and cost-effectiveness, *Manikkadai Nool* continues to be practiced by Siddha physicians as an adjunctive diagnostic method.⁽⁵⁾

Despite its traditional importance, scientific evidence validating the clinical application of *Manikkadai Nool* in dermatological disorders remains limited. Most published studies have focused on other disease conditions, with only a few reports evaluating *Manikkadai Nool* in clinical practice.⁽⁶⁾ Similarly, Siddha literature on the management of *Silvidam* is available, but studies investigating the diagnostic significance of *Manikkadai Nool* in patients with *Silvidam (Urticaria)* are scarce.⁽⁷⁾ Therefore, there is a need to generate evidence regarding the usefulness of this traditional diagnostic tool in dermatological practice.

The World Health Organization has emphasized the importance of strengthening the evidence base for traditional medicine through scientific research and validation to facilitate its integration into healthcare systems. In this context, evaluating traditional Siddha diagnostic tools using systematic clinical methods is essential to enhance their scientific credibility and promote evidence-based Siddha practice.

Therefore, the present cross-sectional study was undertaken to evaluate the *Manikkadai Nool* values among patients diagnosed with *Silvidam (Urticaria)* attending the Outpatient Department of the Government Siddha Medical College, Chennai, and to assess its diagnostic significance in Siddha clinical practice.

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/037/2023. The study takes place for 3 months after the registration of CTIRI. In this study, 40 patients of age group between 18-65 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 18-65 years. The study included patients aged between 18-65 years of either gender, who were clinically and/or diagnostically confirmed to have *Silvidam*

(Urticaria). Only those patients who were willing to participate in the study and provided written informed consent were enrolled. Patients diagnosed with benign tumors were excluded from the study. In addition, patients who were not willing to provide written informed consent were also excluded from participation. The *Manikkadai Nool* diagnostic assessment was performed systematically for all participants, and the recorded measurements were documented for subsequent analysis. Following the standardized protocol of the procedure, wrist circumference was measured bilaterally and expressed in finger-breadth units. The obtained values from both the right and left wrists were used to determine the corresponding diagnostic interpretation.



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: $\frac{1}{4}$, $\frac{1}{2}$, $\frac{3}{4}$, 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 *Manikkadai Nool* measurements obtained from the study participants were analyzed and

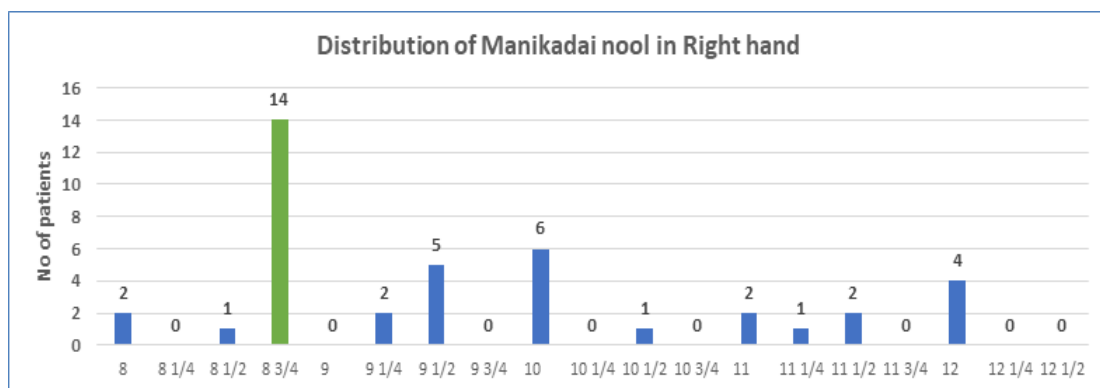
interpreted for their diagnostic significance. The findings are presented in **Tables 1 and 2**. For obtaining accurate and reproducible measurements, a non-elastic cotton thread of moderate thickness was used, as recommended in Siddha practice. The thread was selected to ensure dimensional stability and ease of handling during wrist circumference measurement.

Table: 1 Distribution of Manikadai nool value in right hand:

8	8 1/4	8 1/2	8 3/4	9	9 1/4	9 1/2	9 3/4	10	10 1/4
2	0	1	14	0	2	5	0	6	0

10 1/2	10 3/4	11	11 1/4	11 1/2	11 3/4	12	12 1/4	12 1/2	12 3/4
1	0	2	1	2	0	4	0	0	0

Figure: 1 Distrubution of Manikadai nool in right hand:



Inference:

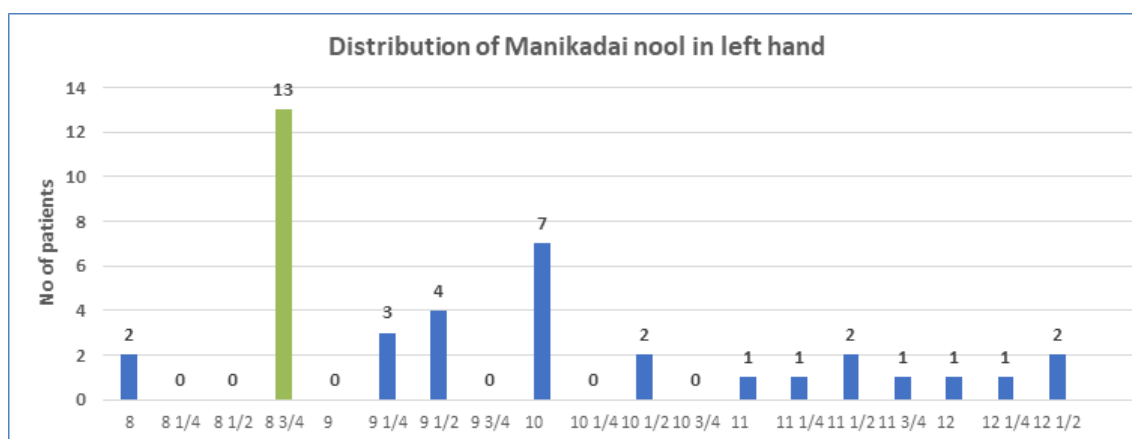
Among 40 cases, manikadai nool in right hand value ranges from 8 to 12 fbs for urticaria patients

In this 40 cases, the prevalence of 8 $\frac{3}{4}$ fbs occurs in 14 patients, which is 35% of total percentage.

Table :2 Distribution of Manikadai nool in left hand:

8	8 1/4	8 1/2	8 3/4	9	9 1/4	9 1/2	9 3/4	10	10 1/4
2	0	0	13	1	3	4	0	7	0

10 1/2	10 3/4	11	11 1/4	11 1/2	11 3/4	12	12 1/4	12 1/2	12 3/4
2	0	1	1	2	1	1	1	2	0

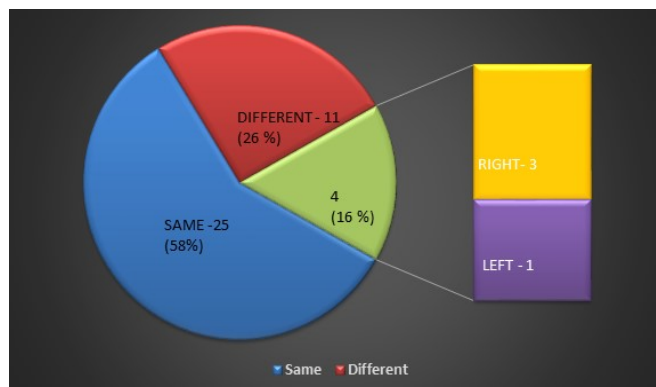
Figure: 2 Distribution of Manikadai nool in left hand:**Inference:**

Among 40 cases, manikadai nool value in left hand ranges between 8 to 12 1/2 fbs for urticaria patients.

In this 40 cases, prevalence of 8 3/4 in left hand occurs in 13 patients which 32.5% of total percentage.

4. Discussion

Manikadai nool value of 40 patients were measured, in which prevalence of 8 3/4 fbs occurs in 14 patients (35%) in their right hand and 13 patients (32.5%) in their left hand. But there was significant difference in *manikadai* value of the same patient between their left and right hand.

Figure:3 Difference in Manikadai nool value between left and right hand:

Participants with a *Manikkadai Nool* measurement of $8\frac{3}{4}$ finger breadths were further analyzed to determine its association with the duration of *Silvidam (Urticaria)*. Initially, the disease duration was categorized into acute urticaria (≤ 6 weeks) and chronic urticaria (>6 weeks). To facilitate a more detailed assessment,

the chronic cases were subsequently stratified according to the number of years since disease onset. This subgroup analysis revealed a notable correlation between the $8\frac{3}{4}$ -finger-breadth *Manikkadai Nool* measurement and the duration of the disease.

Table: 3 Correlation between Manikadai nool of $8\frac{3}{4}$ and disease period:

Disease period		Less than 6 weeks	6 weeks to 2 years	2- 10 years	More than 10 years
No of patients		3	6	20	11
Patients with mn of $8\frac{3}{4}$	Both hands	0	0	1	10
	Single hand	0	0	4	0

Inference:

- 3 Patients with disease period of less than 6 weeks (Acute) had no correlation to *manikadai nool*.
- 6 Patients with disease period of 6 weeks to 2 years had no correlation to *manikadai nool*.
- Out of 20 Patients with disease period of 2-10 years 5 patients had *manikadai nool* value of $8\frac{3}{4}$.
- In this 5 patients only 1 patient has *manikadai* value of $8\frac{3}{4}$ in both hands
- In other 4 patients *manikadai nool* value of $8\frac{3}{4}$ occurs in either left or right hand.
- Out of 11 patients with disease period of more than 10 years 10 patients had *manikadai* value of $8\frac{3}{4}$ in both hands.

5. Conclusion

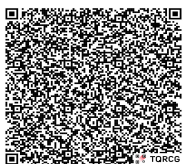
The present cross-sectional study demonstrated that *Manikkadai Nool* is a simple, non-invasive, economical, and clinically applicable Siddha diagnostic tool for assessing patients with *Silvidam (Urticaria)*. The study found that a *Manikkadai Nool* measurement of $8\frac{3}{4}$ finger

breadths was the predominant value among the study participants, suggesting a possible association with the clinical presentation of *Silvidam*. Furthermore, the observed correlation between the **$8\frac{3}{4}$ -finger-breadth** measurement and disease duration indicates that *Manikkadai Nool* may have potential value in evaluating the progression and chronicity of the disease.

Although the findings provide preliminary evidence supporting the diagnostic relevance of *Manikkadai Nool* in *Silvidam*, they should be interpreted with caution due to the cross-sectional design and the absence of a healthy control group. Further multicentre studies involving larger sample sizes and comparative analyses with healthy individuals and other dermatological disorders are warranted to validate these observations and establish the diagnostic accuracy of *Manikkadai Nool*. Strengthening the scientific evidence for this traditional Siddha diagnostic method may facilitate its integration into evidence-based Siddha clinical practice and contribute to the standardization of traditional diagnostic approaches.

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