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Efficacy of *Siddharthak Snana* along with *Shamana* Therapy in the Management of Psoriasis: A Case Study

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ABSTRACT

Psoriasis is a chronic, immune-mediated inflammatory skin disease having a significant negative health impact. It may influence a patient's financial condition and also impacts the work ability and lifestyle. Patients can experience self-stigmatisation, avoid others, limit their social relations, back down their work and take away themselves from the society. This case study is to evaluate the efficacy of Siddharthak snana in the management of psoriasis. A 59 yrs old male patient was diagnosed with psoriasis which is considered as Ek kushtha in Ayurveda. Siddharthak snana was advised along with shamana therapy for 1 month. Follow up was done after 3 months. PASI score was taken to assess the symptoms before and after the treatment. Significant improvements were observed after 1 month of treatment which were assessed with PASI score (reduced from 12.5 – 2.1). There were no recurrences after follow up period.

Key Words *Ek Kushtha, Psoriasis, Takra Dhara, PASI score*

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INTRODUCTION

Psoriasis is a chronic papulosquamous disorder of unknown etiology characterized by well-defined erythematous papular and plaque lesions with silvery white micaceous scales. It predominantly affects the extensor aspects of extremities and the lumbosacral area of the trunk¹. Psoriasis may be precipitated by trauma, infection, endocrine factors, climate and emotional stress. It may appear at the site of local injury (Koebner's phenomenon). Drugs like chloroquine, lithium carbonate, salicylates, steroids, iodides, nystatin, progesterone and beta-

blockers also precipitate Psoriasis. Although no region is exempt from involvement, the sites of predilection are the elbows, knees, scalp and lumbosacral area. The localization of the lesions over the extensor surface has been attributed to Koebner's phenomenon, the tendency to reproduce the lesions over the site of trauma². In Ayurveda, skin diseases are considered under a common term of Kushtha. Ek kushtha is a type of Kshudra kushtha occurring mainly due to the predominance of Vata and Kapha Dosha³. Acharya Charak has mentioned Ek kushtha is characterized by Aswedanam (absence of

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sweating), Mahavastu (spread over the whole body), Matsyashakalopam (scales like fish)⁴. Acharya Sushruta has described the symptoms as Krishna aruna varnata⁵.

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A 59 yrs old male patient complained erythematous lesions over the scalp, beard, behind the ears, underarms, trunk, back, legs with itching and scaling since 10 yrs. He consulted to the Dermatologist and diagnosed with Psoriasis. He was undergoing treatment for the last 10 years.

After using medication, erythematous lesions, scaling and itching are reduced. The symptoms started appearing again after stopping treatment. He changed treatment several times but didn't get any improvement. He visited to our hospital for better management. He was advised Panchakarma procedure along with medications for 1 months.

CRITERIA FOR ASSESSMENT: Patient was assessed with Psoriasis area and severity index (PASI) score for the presenting symptoms. PASI score calculation & gradings are as shown in table 1.

Table 1 The PASI score calculation & gradings

Plaque characteristics	Lesion score Lesion score sum (A)	Percentage area affected	Area score
Erythema	0 – None	Area score (B)	0 – 0%
Induration/Thickness	1 – Mild	Degree of	1 – 1% - 9 %
Scaling	2 – Moderate	involvement as a	2 – 10% - 29%
	3 – Severe	percentage for each	3 – 30% - 49%
	4 – Very severe	body region affected	4 – 50% - 69%
		(score each region in	5 – 70% - 89%
		between 0 - 6)	6 – 90% -100%
Multiply lesion score sum (A) by Area score (B) for each body region to give individual subtotals (C)			
Subtotals (C)			
Multiply each of the subtotals (C) by amount of body surface area represented by that region i.e. × 0.1 for head, × 0.2 for upper limbs, × 0.3 for trunk, × 0.4 for lower limbs			
Body surface area	× 0.1	× 0.2	× 0.3
Totals (D)			
Add together each of the scores for each body region to give the final PASI score			

INTERVENTION: Siddharthak snana⁶ was advised for 30 days along with Shamana therapy.

Panchakarma procedure and shamana therapy are as shown in table 2 & 3.

Table 2 The Panchakarma procedure

Panchakarma procedure	Aushadh dravya	Duration	Follow up
Siddharthak snana	1.Musta 2.Madanphala 3.Triphala 4.Karanj 5.Aragwadha patra 6.Indrajau 7.Daruharidra 8.Saptaparna	30 days	3 months

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Table The Shamana therapy

S. No.	Shamana therapy	Vehicle	Duration	Follow up
1.	Talkeshwar ras-250 mg	Honey	30 days	3 months
2.	Tab. Impusora 2 BD	Lukewarm water	30 days	3 months
3.	Haridra khanda	Milk	30 days	3 months

FOLLOW UP & OUTCOMES: Before & after treatment, grading of symptoms are shown in table no. 4. After 30 days completion of Siddharthak snana along with Shamana

Aushadha. Follow up was done for 3 months. Changes in PASI score before and after the treatment are as shown in figure no. 1.

Table 4 The grading of symptoms before & after the treatment

Scores	Plaque characteristics	Head		Upper limb		Trunk		Lower limb	
		BT	AT	BT	AT	BT	AT	BT	AT
	Erythema	03	00	03	01	03	00	03	00
	Induration/thickness	03	00	01	01	03	01	02	01
	Scaling	03	00	01	00	03	00	01	00
	Area score	09	00	05	02	09	01	06	01
	PASI score	2.7	03	02	0.8	5.4	0.6	2.4	0.4
	Before treatment, PASI score	12.5							
	After treatment, PASI score	2.1							

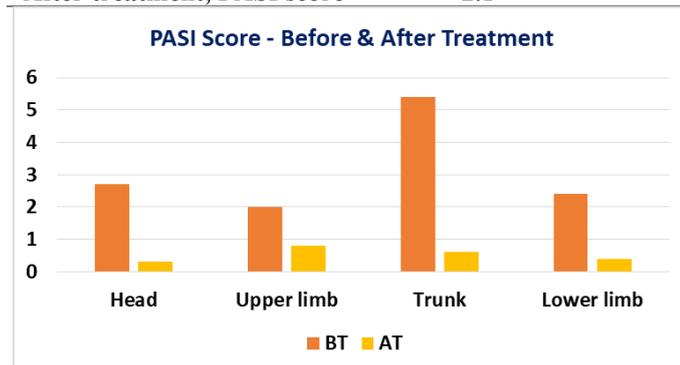


Figure 1 Changes in PASI score before and after treatment

of the score was reduced from 09 to 00 (Head), 05 to 02 (UL) , 09 to 01 (Trunk) , 06 to 01 (LL). After treatment, PASI score was significantly reduced from 12.5 to 2.1. After 3 months of follow up, there were no symptoms appeared on the patient's body. This case study intended to check the efficacy of Siddharthak snana in the management of psoriasis.

RESULTS

Patient was assessed with Psoriasis area severity index (PASI) score. After one month of treatment, area distribution wise grading of Erythema was reduced from 03 to 00 (Head) , 03 to 01 (UL), 03 to 00 (Trunk), 03 to 00 (LL) , grading of induration / thickness was reduced from 03 to 00 (Head), 01 to 01 (UL) , 03 to 01 (Trunk) , 02 to 01 (LL) , grading of scaling was reduced from 03 to 00 (Head), 01 to 00 (UL) , 03 to 00 (Trunk), 01 to 00 (LL). Therefore, the sum

DISCUSSION

This case study has been analysed with logical description and to evaluate the efficacy of the drug in the management of psoriasis. Psoriasis can be correlated with Ek kushtha having Vata-kapha dominant with the vitiation of Rasa, Rakta, Lasika and Mamsa. It is characterized by Aswedanam, Mahavastu, Matsyashakalopamam, Krishna-aruna varnata. In this study, Siddharthak snana is used as a topical application which contain Musta, Madanphala, Triphala, Karanj, September 10th 2025 Volume 23, Issue 2 Page 168

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Aragwadha patra, Indrajau, Daruharidra, Saptaparna. Musta is having the properties of laghu, ruksha, katu, tikta, kashaya rasa. It is Kapha-pitta shamaka, Kanduhara, Deepana, Pachana. It is categorized as lekhaneeya, kandughna. It has kushthagha property. It has tranquilizing, anti-histaminic, anti-inflammatory and anti-oxidant activity which has shown significant results in psoriasis⁷. Karanj beeja is having the properties of katu, tikta rasa, laghu, ruksha guna, katu vipaka, ushna veerya, vata-kapha shamaka and kushthagha. Acharak Charak has described katu rasa is “Manganvivrunoti” which means it dilates the srotas and thus acts on cellular level and stops the uncontrolled production of cells which causes hyperkeratinisation. Other properties of Katu rasa are Vishaghna, Kandughna and Vranaprasadana. Tikta rasa has the properties of raktaprasadana, kushthagha, kandughna, Vishaghna. It also has Kaphaghna. Laghu guna has Kapha shamaka. Acharya Sushruta has mentioned lekhan and ropana properties of laghu guna. Lekhana property might help in the management of hyperkeratinisation which leads to scaling⁸. Aragwadha patra has kushthagha, kandughna, kriminashaka and rakta shodhaka properties. It possess madhura rasa, guru, mridu, snigdha guna, sheeta veerya, madhura vipaka and rochana karma. It possess anti-bacterial, anti-fungal, anti-itching, anti-inflammatory and wound healing activities. Aragwadha patra mainly contain tannin, oxalic acid, oxy-anthraquinones, anthraquinones derivatives. Anti-inflammatory,

anti-bacterial and anti-fungal activities help to reduce symptoms and pathogenesis⁹. Daruharidra possess tikta, kashaya rasa, laghu-rukhsa guna, ushna veerya and katu vipaka. It balances Kapha Dosha due to its properties. The transferosomes of herbal extract of Daruharidra (*Berberis aristata*) for treating inflammation and psoriasis. The remarkable enhancement in the in-vitro release efficiency of *B. aristata* extract loaded transferosomal gel resulted in improved anti-inflammatory activity. The prepared novel formulation of *B. aristata* has also shown its efficacy against IMQ – induced psoriasis^x. Indrajau (*Wrightia tinctoria*) is used to treat psoriasis that was clinically proved. Hydroalcoholic extract of *W. tinctoria* was found to have anti-psoriatic activity^{11,12}. The extract shows prominent anti-oxidant activity in all the assays and the selected plant has anti-psoriatic activity and can be used for psoriasis treatment¹³. Saptaparna is also known as *Alstonia scholaris*. It has tikta, kashaya ras, laghu, snigdha guna, katu vipaka and ushna veerya. It acts as Kapha-pitta shamak. Alkaloids are rich in Saptaparna such as picrinine, strictamine, nareline etc. Picrinine and strictamine are the chemical constituents of the Saptaparna that may help to treat psoriasis. TNF - α , interleukin – 17 (IL-17) or interleukin – 33 (IL-33) are the pro-inflammatory cytokines which is inhibited by alkaloids and may reduce inflammation and oxidative stress. Keratinocytes are the predominant cells involved in psoriatic plaque formation. Proliferation of keratinocytes are obstructed by these alkaloid¹⁴. The patient

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was assessed by PASI score before and after the treatment. Highly significant result was found after the treatment. It is evident that Siddhartak snana is effective in psoriasis. Changes in lesions before and after the treatment are as shown in figure no.2.

CONCLUSION

In this case study, patient got significant relief. It can be concluded that the Siddhartak snana using drugs proved to be effective in the management of psoriasis. Randomised clinical trial needs to be conducted to validate result in larger sample which will create documentation.



Figure 2 Lesions before and after treatment

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