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"Kalanjagapadai (Psoriasis) in Siddha Medicine: Classical Concepts, Clinical Evidence, and Future Research Directions"- A literature review

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Abstract

Introduction

Psoriasis is a chronic immune-mediated inflammatory skin disorder characterized by erythematous plaques covered with silvery scales, significantly affecting the quality of life of affected individuals. In Siddha literature, psoriasis is commonly correlated with *Kalanjagapadai,* a type of *Kuttam* resulting from the derangement of *Mukkutram (Vali, Azhal, and Iyyam).* Siddha medicine offers a holistic therapeutic approach through internal medicines, external therapies, dietary regulations, and lifestyle modifications.

Objectives

The present review aims to critically evaluate the available literature on the Siddha management of psoriasis *(Kalanjagapadai)*, focusing on classical Siddha concepts, therapeutic approaches, published clinical evidence, and future research directions.

Methods

A comprehensive literature search was conducted using Siddha classical texts, indexed journals, PubMed, Google Scholar, Scopus, and institutional repositories. Relevant articles including review articles, clinical studies, case reports, and research publications related to psoriasis and Siddha medicine were identified, screened, and analyzed. Data regarding Siddha diagnostic approaches, therapeutic interventions, and clinical outcomes were extracted and synthesized.

Results

The reviewed literature indicates that Siddha interventions may provide beneficial outcomes in the management of psoriasis. Various formulations such as *Rasagandhi Mezhugu, Parangippattai Chooranam, Sangu Parpam, Kilinjal Mezhugu*, and medicated oils have demonstrated improvements in symptoms including scaling, erythema, itching, and plaque thickness. Recent studies have also employed modern assessment tools such as the *Psoriasis Area and Severity Index (PASI),* quality-of-life measures, and biochemical markers to evaluate treatment efficacy. However, the majority of available evidence is derived from case reports and small-scale studies.

Conclusion

Available evidence suggests that Siddha medicine has promising potential in the management of psoriasis through its holistic and individualized treatment approach. Nevertheless, limitations such as small sample sizes, inadequate standardization, and a lack of multicentric randomized controlled trials restrict the strength of current evidence. Further well-designed clinical studies integrating Siddha diagnostic principles with modern outcome measures are necessary to establish the efficacy and safety of Siddha interventions in psoriasis management.

Keywords: *Kalanjagapadai,* Psoriasis, Siddha Medicine, *Kuttam*, PASI Score, Literature Review.

1. Introduction

Siddha medicine, one of the oldest traditional systems of healthcare practiced in South India, is founded on a comprehensive understanding of human physiology and disease. According to Siddha philosophy, the human body is governed by ninety-six fundamental principles (*Tatvas)* and functions through the harmonious interaction of various anatomical and physiological components. The body is believed to consist of an intricate network of blood vessels, nerves, vital airs, and other structural elements. Maintenance of health depends on the equilibrium of the three vital humours, namely *Vali (Vatham), Azhal (Pitham), and Iyyam (Kabam)*.[1] Disturbance in the balance of these humours is considered the primary cause of disease manifestation.

The Siddha system describes a vast spectrum of diseases, traditionally enumerated as 4,448 disorders. However, their classification and nomenclature vary among different Siddha sages and classical texts. Among the various organ systems, the skin occupies a significant position as it serves both protective and sensory functions. Skin disorders are collectively categorized under the term *"Kuttam"* in Siddha literature. Classical texts authored by eminent *Siddhars* such as *Agathiyar, Yugi Munivar*, and *Dhanvanthri* describe eighteen distinct varieties of *Kuttam* based on their clinical presentation and humoural involvement.

Psoriasis is a chronic inflammatory dermatological disorder characterized by well-defined erythematous plaques covered with silvery-white scales.[3] It is currently recognized as an immune-mediated systemic disease that may involve not only the skin but also the nails, joints, and other organ systems[4]. Psoriasis affects individuals of all age groups and ethnic backgrounds worldwide. Epidemiological studies indicate that the global prevalence of psoriasis ranges from approximately 2% to 4%, while reports from India suggest a prevalence ranging between 0.44% and 2.8% among adults.[2] Variations in prevalence may be influenced by genetic susceptibility, environmental factors, geographic location, and lifestyle practices.

Based on similarities in clinical manifestations and disease progression, psoriasis is commonly correlated with *Kalanjagapadai,* one of the *Kuttam* disorders described in Siddha medicine.[5] Features such as scaling, discoloration, itching, dryness, and recurrent skin lesions show considerable resemblance between the two conditions.[15] The Siddha perspective attributes the development of *Kalanjagapadai* to derangement of the three humours, particularly *Vali and Azhal,* resulting in pathological changes in the skin and associated tissues.

The Siddha system adopts a holistic therapeutic approach emphasizing the restoration of humoral balance through internal medicines, external therapies, dietary regulations *(Pathiyam)*, and lifestyle modifications. Several Siddha formulations, including *Rasagandhi Mezhugu, Parangipattai Chooranam, Sangu Parpam*, and medicated oils, have been reported in clinical practice for the management of psoriasis. Recent studies have attempted to evaluate these interventions using modern assessment tools such as the Psoriasis Area and Severity Index (PASI), Dermatology Life Quality Index (DLQI), and inflammatory biomarkers.[13]

Although various reviews and case reports have documented the role of Siddha medicine in psoriasis management, a comprehensive synthesis focusing on classical concepts, available clinical evidence, and future research priorities remains necessary[14]. Therefore, the present review aims to critically examine Siddha perspectives on *Kalanjagapadai,* summarize existing clinical evidence, identify research gaps, and highlight future directions for evidence-based integration of Siddha medicine in psoriasis care.

2. Materials and Methods

Study Design

The present study was conducted as a narrative literature review to explore the Siddha perspective of *Kalanjagapadai* (Psoriasis), its classical descriptions, therapeutic approaches, and available clinical evidence. Relevant literature from both traditional Siddha sources and contemporary scientific publications was systematically reviewed and analyzed.

Data Sources

A comprehensive literature search was performed using electronic databases including PubMed, Scopus, Google Scholar, ScienceDirect, CrossRef, and institutional repositories. Classical Siddha texts such as *Yugi Vaithiya Chinthamani, Agathiyar Vaithiya Kaaviyam*[6], *Theraiyar Yemaga Venba,*[7] *and Siddha Maruthuva Noi Naadal Noi Mudhal Naadal Thirattu*[8]were also consulted to obtain information regarding *Kuttam and Kalanjagapadai.*

Search Strategy

The literature search was conducted for articles published up to June 2026 using combinations of the following keywords: “Psoriasis”, *“Kalanjagapadai”, “Kuttam”,* “Siddha Medicine”, “Traditional Medicine”, “Siddha Management of Psoriasis”, “Psoriasis Area Severity Index (PASI)”, and “Clinical Studies in Siddha”. Boolean operators such as AND and OR were used to refine the search.[9]

Eligibility Criteria

Inclusion criteria included:

- Original research articles
- Clinical trials
- Observational studies
- Case reports and case series
- Review articles related to psoriasis and Siddha medicine
- Siddha classical literature describing *Kalanjagapadai and Kuttam*
- Articles published in English

Exclusion criteria included:

- Duplicate publications
- Editorials, letters, and conference abstracts without full text
- Studies unrelated to Siddha management of psoriasis
- Articles lacking sufficient methodological details

Study Selection and Data Extraction

Titles and abstracts of the identified records were screened for relevance. Full-text articles meeting the inclusion criteria were retrieved and reviewed. Information regarding study design, sample size, Siddha interventions, treatment duration, outcome measures, and key findings was extracted and organized systematically. Classical descriptions of *Kalanjagapadai* from Siddha literature were compared with modern clinical features of psoriasis to establish correlations.

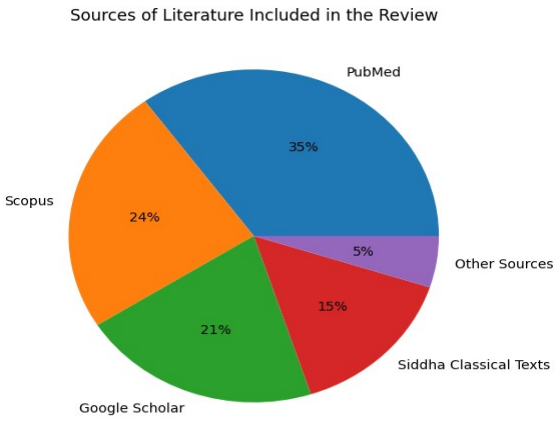
Data Synthesis

The collected data were narratively synthesized and categorized under the following themes: Siddha concepts of *Kalanjagapadai*, etiopathogenesis, clinical manifestations, diagnostic approaches, therapeutic interventions, and clinical evidence. The findings were critically analyzed to identify current evidence, research gaps, and future directions for Siddha-based psoriasis research.

Table :1 Distribution of study types[10]

Study type	Number	Percentage %
Case reports	20	59
Review articles	6	18
Observational studies	4	12
Clinical trials	2	6
Study protocols	2	6
Total	34	100

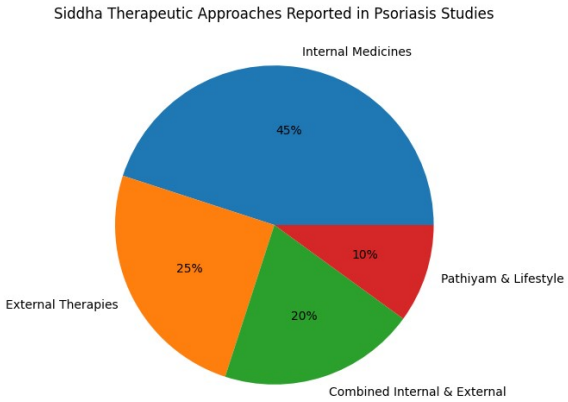
Figure: 1 Sources of literature



- PubMed – 35%
- Scopus – 24%
- Google Scholar – 21%
- Siddha Classical Texts – 15%
- Other Sources – 5%

The majority of the literature included in the review was retrieved from PubMed (35%), followed by Scopus (24%), Google Scholar (21%), Siddha classical texts (15%), and other relevant sources (5%). This distribution demonstrates the integration of both contemporary scientific evidence and traditional Siddha literature in the review process.

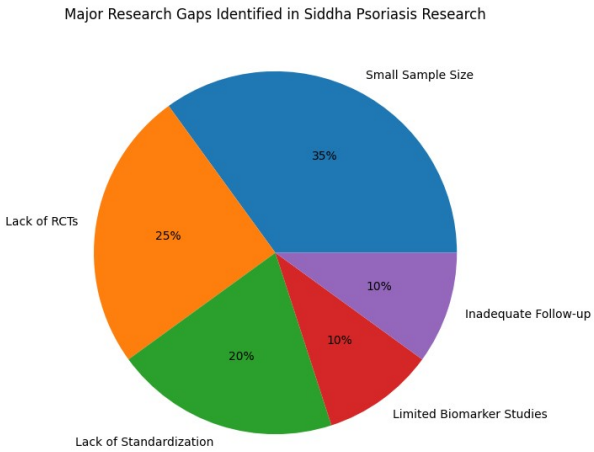
Figure 2. Siddha therapeutic approaches reported in psoriasis studies[11]



- Internal Medicines – 45%
- External Therapies – 25%
- Combined Internal & External Therapies – 20%
- *Pathiyam*& Lifestyle Modifications – 10%

Among the Siddha therapeutic approaches reported in the reviewed studies, internal medicines constituted the largest proportion (45%), followed by external therapies (25%). Combined internal and external treatment approaches accounted for 20%, while dietary regulation *(Pathiyam)* and lifestyle modifications represented 10% of the reported interventions. This distribution highlights the predominance of pharmacological interventions in Siddha management of *Kalanjagapadai* (Psoriasis).

Figure 3. Major research gaps identified in siddha psoriasis research[12]



- Small Sample Size – 35%
- Lack of Randomized Controlled Trials (RCTs) – 25%
- Lack of Standardization – 20%
- Limited Biomarker Studies – 10%
- Inadequate Follow-up – 10%

The most frequently identified limitation in Siddha psoriasis research was small sample size (35%), followed by the lack of randomized controlled trials (25%) and inadequate standardization of formulations and treatment protocols (20%). Limited biomarker-based investigations and insufficient long-term follow-up each accounted for 10% of the identified research gaps. This highlights the need for rigorous clinical research to strengthen the evidence base for Siddha management of *Kalanjagapadai* (Psoriasis).

3. Results

A total of 277 records were identified through database searching and manual screening of Siddha classical literature. After removing duplicates and applying eligibility criteria, 34 studies were included in the final review. The included literature comprised case reports, review articles, observational studies, clinical trials, and study protocols related to the Siddha management of psoriasis (*Kalanjagapadai)*.

The reviewed studies demonstrated that Siddha interventions may contribute to the improvement of psoriasis symptoms, including erythema, scaling, itching, plaque thickness, and disease recurrence. Various internal medicines such as *Rasagandhi Mezhugu, Parangipattai Chooranam, Sangu Parpam, Seendhil Chooranam, and Kilinjal Mezhugu* were frequently reported. External therapies including medicated oils, *Kuzhithailam* preparations, and topical applications were also utilized either alone or in combination with internal medications.

Several studies reported clinical improvement using validated outcome measures such as the Psoriasis Area and Severity Index (PASI) and Dermatology Life Quality Index (DLQI). Recent investigations have additionally explored biochemical and inflammatory markers to assess treatment response.[17] However, most available studies were limited by small sample sizes and predominantly consisted of case reports or observational studies.

The findings indicate that Siddha medicine adopts a holistic treatment strategy that combines pharmacological interventions with dietary regulation *(Pathiyam)* and lifestyle modifications, aiming to restore the balance of *Mukkutram* and improve overall patient well-being.

4. Discussion

Psoriasis is a chronic immune-mediated inflammatory disease with significant physical, psychological, and social consequences. In Siddha medicine, the condition is commonly correlated with *Kalanjagapadai*, a subtype of *Kuttam* resulting from the derangement of *Vali, Azhal, and Iyyam*. The classical descriptions of *Kalanjagapadai* closely resemble the clinical manifestations of psoriasis, including scaling, dryness, itching, discoloration, and recurrent lesions.

The studies reviewed suggest that Siddha medicine may offer a promising complementary approach to psoriasis management. The therapeutic principles of Siddha emphasize correction of humoral imbalance, detoxification, enhancement of tissue health, and prevention of disease recurrence.[23] Internal medicines and external therapies are often prescribed together with dietary restrictions and lifestyle modifications, reflecting the holistic nature of the Siddha system.[24]

Several Siddha formulations have demonstrated potential therapeutic benefits in published reports. Improvements in PASI scores, symptom severity, and quality-of-life measures have been documented in multiple case studies.[19] The anti-inflammatory, immunomodulatory, and antioxidant properties reported for certain Siddha formulations may contribute to these beneficial outcomes. Nevertheless, the majority of available evidence is derived from individual case reports and small-scale studies, limiting the generalizability of the findings.

A major challenge in Siddha psoriasis research is the lack of high-quality randomized controlled trials and multicentric studies. Standardization of formulations, dosage regimens, and outcome assessment methods remains inadequate. Furthermore, limited biomarker-based investigations and insufficient long-term follow-up restrict the ability to establish definitive conclusions regarding efficacy, safety, and disease remission.[20]

Despite these limitations, the growing body of literature highlights the potential role of Siddha medicine in psoriasis care. Future research should focus on rigorous clinical trial designs, validation of Siddha diagnostic methods, pharmacological investigations, and integration of traditional concepts with modern scientific methodologies to strengthen the evidence base.

5. Conclusion

Psoriasis, correlated with *Kalanjagapadai* in Siddha medicine, is a chronic inflammatory skin disorder that significantly affects patients' quality of life. Classical Siddha literature provides detailed descriptions of the disease and emphasizes the importance of restoring humoral balance through individualized treatment approaches. The available literature suggests that Siddha interventions, including internal medicines, external therapies, dietary regulation, and lifestyle modifications, may provide beneficial outcomes in the management of psoriasis.

Although existing evidence demonstrates promising clinical improvements, the current research landscape is dominated by case reports and small-scale studies. The lack of standardized treatment protocols, multicentric randomized controlled trials, and long-term safety evaluations limits the strength of available evidence[21]. Therefore, further well-designed clinical studies integrating Siddha diagnostic principles with modern assessment tools such as PASI, DLQI, and biomarker analysis are essential.[22]

Strengthening scientific evidence through collaborative and multidisciplinary research may facilitate the evidence-based integration of Siddha medicine into contemporary psoriasis management, thereby improving patient care and expanding therapeutic options for this chronic disease.

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