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AN AYURVEDIC APPROACH IN THE MANAGEMENT OF VIPADIKA (PALMOPLANTAR PSORIASIS) - A CASE REPORT

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ABSTRACT

Palmo-plantar psoriasis is a non-infectious chronic inflammatory dermatological condition that predominantly affects the palms and soles and is capable of producing significant functional disability. It is characterized by erythema, scaling, itching, fissuring, pustule formation, pain, and occasional oozing, thereby impairing daily activities. Contemporary medicine offers symptomatic management, but no definitive curative treatment. In Ayurveda, all skin diseases are described under the broad entity of *Kuṣhṭa*. Based on clinical presentation and symptomatology, palmo-plantar psoriasis can be correlated with *Vipadika*, a type of *Kṣudra Kuṣhta*[1], which is predominantly caused by vitiation of *Vata* and *Kapha Doṣha*. Classical Ayurvedic texts advocate *Shodhana* therapy, especially *Virechana Karma*, as an effective line of management for *Kuṣhta*. This article presents a case report of a 21-year-old female patient suffering from chronic fissuring of the heels for one year, associated with severe pain, bleeding, and purulent discharge. The condition caused considerable discomfort and difficulty in walking. The patient was managed with classical *Ayurvedic* treatment comprising *Shodhana Karma*[2] in the form of *Virechana*, followed by *Shamana Chikitsa*, along with appropriate dietary regulations (*Pathya–Apathya*) and lifestyle modifications. Assessment of the clinical parameters before and after treatment revealed significant improvement. Following *Virechana* therapy, the patient experienced marked reduction in pain, fissuring, discharge,

and scaling. This case highlights the efficacy of *Ayurvedic* management, particularly *Virechana Karma*, in the successful management of palmo-plantar psoriasis and supports its role as a safe and effective therapeutic modality.

KEYWORDS: *Vipadika, Vata kapha,* palmo plantar psoriasis, *Shodhana karma*.

INTRODUCTION

Healthy skin is a true reflection of overall well-being. As the largest organ of the human body, it holds both physiological significance and aesthetic value in society. Diseases of the skin extend beyond physical affliction, often exerting a profound psychological and social impact on the individual. Visible alterations in appearance may undermine confidence and emotional balance, thereby affecting both personal dignity and collective harmony.

Palmo-plantar psoriasis is a common chronic immune mediated inflammatory, proliferative, non communicable skin disorder, typically characterized by erythematous plaques with thick silvery scales localized on the soles and palms often painful fissures-known in *Ayurveda* as *Vipadika* under *Kushtha*. Conventional treatment focuses on symptom relief, but its chronic nature often leads to recurrences. *Ayurveda* offers a holistic treatment paradigm addressing imbalances in the *Vata, Kapha, and Pitta doshas*, focusing on toxin removal, dosha pacification, immune modulation, and skin rejuvenation.

This condition can significantly impair patients quality of life, particularly through pain and mobility challenges.

Psoriasis is an immune-mediated condition marked by chronic inflammation of the skin, affecting approximately 2% to 4% of the global population. Among these cases, around 5% involve palmoplantar psoriasis.[3] This form of psoriasis tends to have a more profound impact on a patient's personal and social life compared to plaque psoriasis alone. It often leads to significant difficulties in daily functioning, challenges in self-care, limited mobility, and dependency on topical medications all of which contribute to a reduced quality of life.

Palmoplantar psoriasis is a particularly difficult variant to manage and is associated with unclear epidemiology. It may occur independently or alongside plaque psoriasis. The complex, multifactorial nature of psoriasis pathogenesis complicates treatment and often results in recurrence.

In *Ayurveda, Vipadika* is corelated to palmoplantar psoriasis which is *Vata- kapha dosha* predominant.

This case report highlights the successful application of a *Ayurvedic* treatment approach, leading to complete resolution of signs and symptoms of *Vipadika,* on the soles.

CASE REPORT

A 21 year old female patient visited *Swasthavritta* OPD of SRI SRI COLLEGE OF AYURVEDIC SCIENCE AND RESEARCH, BANGLORE with the complaints of crack in the heel since 1 year associated with oozing of blood with pus.

The patient additionally complained of constipation, mental stress, and significant pain during ambulation attributable to fissuring of both soles. The lesions over the plantar surfaces were insidious in onset and gradually progressive in course. She had earlier sought treatment at an allopathic hospital, and diagnosed as palmoplantar psoriasis. Although treatment afforded transient relief, the symptoms subsequently recurred, prompting her to seek further evaluation and management at our hospital.

SKIN EXAMINATION

•Size Shape - Scaling in both palms and soles
• Color - White Silvery scales
• Uniformity - Generalized plaques with cracks
• Thickness - More than 0.5 cm in diameter
• Lesions - Plaques
• Moisture - Dryness,
• Temperature - Warmth of the skin
• Texture - Roughness

GENERAL EXAMINATION

Ashta sthana pariksha

Nadi -76bpm
Mala - *Prakruta*
Mutra - *Prakruta*
Jihva - *Lipta*
Shabdha - *Snigdha*

Sparsha - *Anushna*

Drik - *Prakruta*

Akriti - *Sukshma*

Dasha vidha pareeksha

Prakruti - *Kapha pitta*

Vikruti - *Vata kapha*

Sara - *Madhyama*

Samhanana - *Madhyama*

Pramana -*Madhyama*

Satva - *Madhyama*

Satmya -*Madhyama*

Ahara shakti - *Madhyama*

Vyayama shakti -*Avara*

Vaya -*Madhyama*

Nidana panchaka[4]

Nidana : *Matsya sevana, Ajeerna samashnat*

Purva rupa : *Kandu, paridaha, Vaivarnya, vedana*

Rupa : *Pani pada sphutana, Teevra vedana*

Upashaya : *Lepa*

Anupashaya : *Nidra nasha*, on exposure to cold climate, intake of non veg

Samprapti ghataka[5]

Dosha : *Vata-kapha*

Dushya : *Tvak, Rakta, Mamsa, Rasavaha*

Srotas : *Raktavaha, Mamsavaha, Rasavaha*

Srotodushti : *Sanga, Vimargagamana*

Udbhava sthana : *Amashaya*

Vyakta sthana : *Hasta-pada*

Sadyaasadhyata : *Kashta sadya*

Personal History

Bowel - once in a day

Appetite - reduced appetite

Bladder - 5-6 times in a day

Sleep - disturbed

Diet - mixed, more of sea foods

Addiction - -

Occupation -student

Past illness - none

FAMILY HISTORY - nothing significant

SURGICAL HISTORY - nothing significant

MEDICAL HISTORY - nothing significant

TREATMENT PLAN DURING HOSPITALISATION

SHODHANA KARMA

According to *Koshta* of the patient i.e. *Krura Koshta*, predominant *Dosha*, and the condition of the disease *Virechana karma* was planned. The patient was instructed about the *Snehapana*, *Swedana*, dietary regimen, & procedure of *Shodhana.*

S NO	Treatment Given	DAYS
1.	*DEEPANA PACHANA*	3 days with *Panchakola phanta* – 100ml 3 times before food on 03/01/2026 to 05/06/2024
2.	*SNEHAPANA*	With *Varunadi ghruta* from 06/06/2024 to 08/06/2024 1st day – 30ml 2nd day – 60ml 3rd day – 90ml
3	*SARVANGA ABHYANGA BASHPA SWEDA*	With *Pinda taila* from 09/06/2024 – 11/06/2024
4	*CLASSICAL VIRECHANA*	On 12/06/2024 *Sarvanga Abhyanga* with *Pinda taila* followed by *bashpa sweda* *Virechana* with *Gandharva hastadi taila* – 50ml Total no of vegas – 6
5	*STHANIKA LEPA*	From 13/06/2024 to 17/06/2024 *Nirgundi kalka lepa*
6	*AVAGAHA SWEDA*	From 13/06/2024 to 17/06/2024 *Aragwadha patra Avagaha sweda*

ASSESSMENT[6]

S no	Clinical features	BT	AT	FU
A	*Rookshata*	4	2	0
1	Insignificant dryness at the foot/palms -0			✓
2	Roughness is present when touching-1			
3	Excessive roughness presents and leads to itching-2		✓	

4	Excessive roughness presents and leads to slight cracks-3	✓		
5	Roughness leads to cracks and fissures-4			

S no	Clinical features	BT	AT	FU
B	*Pani pada sphutana*	3	1	0
1	No cracks -0			✓
2	Cracks on the palm or sole only-1		✓	
3	Cracks on palm and soles-2			
4	Cracks on complete foot or complete hand-3	✓		

S no	Clinical features	BT	AT	FU
C	*Kandu*	3	1	0
1	No itching-0			✓
2	1-2 times a day-1		✓	
3	Frequent itching-2			
4	Itching disturbs the sleep-3	✓		

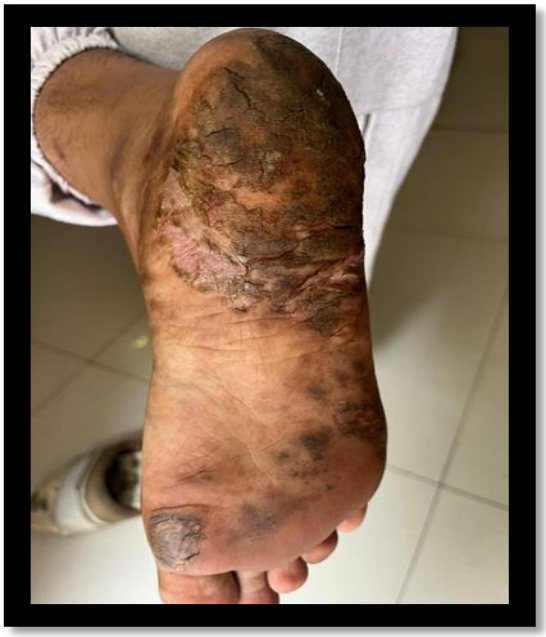
S no	Clinical features	BT	AT	FU
D	*Vedana*	3	0	0
1	No pain-0		✓	✓
2	Mild pain of easily bearable nature; comes occasionally-1			
3	Moderate pain, but no difficulty-2	✓		
4	Appears frequently and requires some measures for relief-3			
5	Pain requires medication and may remain throughout the day-4			

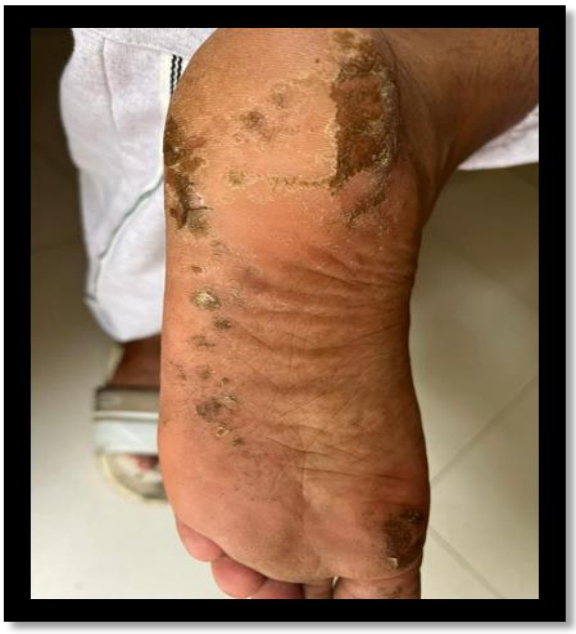
BT- Before treatment

AT- After treatment

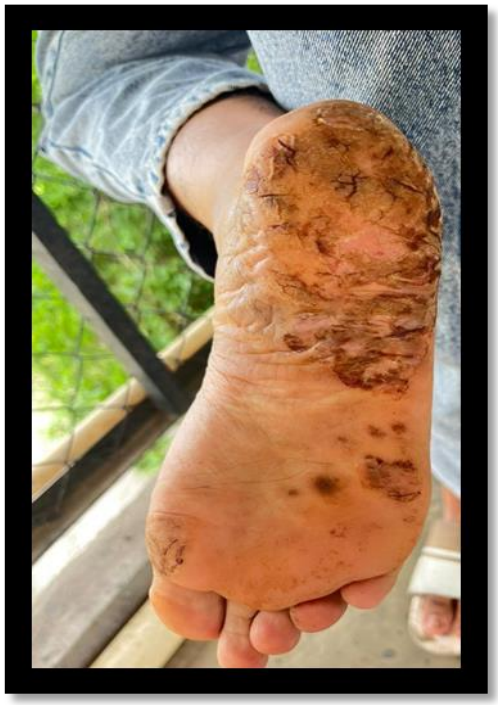
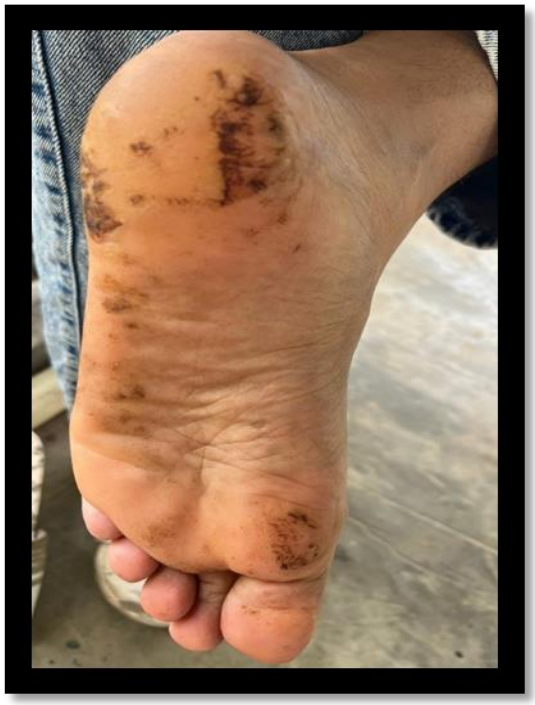
FU- Follow up

BEFORE TREATMENT

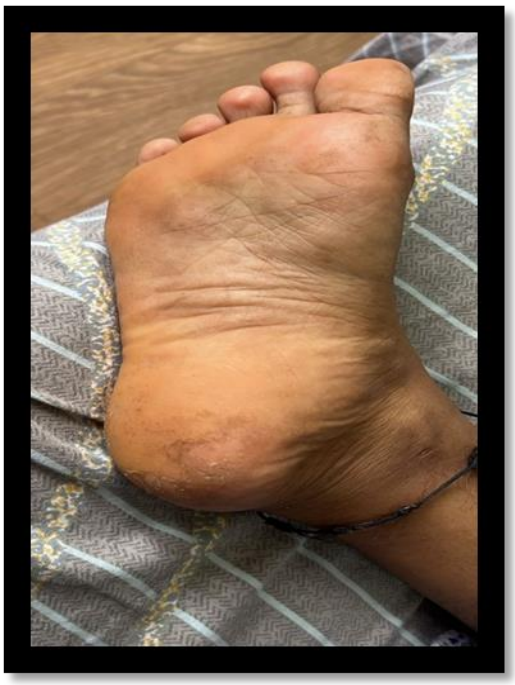
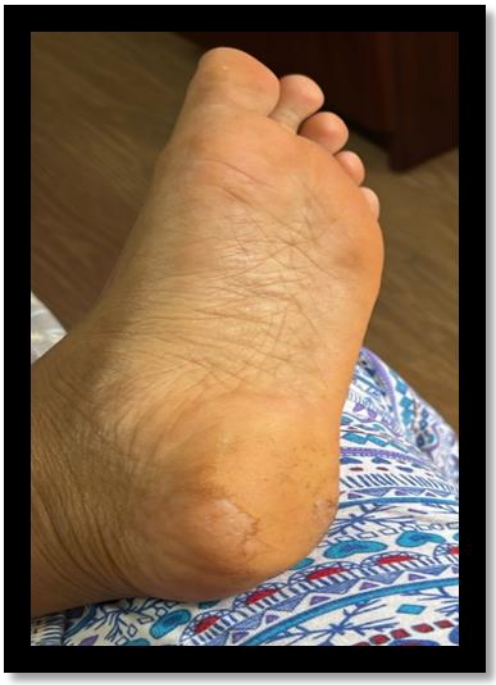




AFTER TREATMENT

FOLLOW UP

Discharge medications for 1 month

1. *Amrutadi vati* -1-0-1 After food
2. Grab cap – 1-0-1 after food
3. *Indukantha ghruta*- 1tsp morning empty stomach

4.777 oil - external application before 45 minutes to bath

Condition of patient during discharge

At the time of discharge, the patient showed marked clinical improvement. The fissures over both soles had significantly healed, with a notable reduction in pain during walking. Scaling, dryness, and erythema were considerably reduced. The patient reported relief from associated symptoms such as constipation and mental stress. Overall, functional mobility improved, and the patient was comfortable in performing daily activities. The general condition of the patient was stable and satisfactory, and she was advised to continue the prescribed medications and *Pathya–Apathya* measures on an outpatient basis.

DISCUSSION

Vipadika is described in *Ayurvedic* classics as a *Kṣudra Kuṣṭha* predominantly caused by vitiation of *Vata and Kapha doṣhas*, characterized by *Pani–pada sphuṭana, Tivra vedana, Rukṣata and Kharata.* Clinically, these features closely correlate with palmoplantar psoriasis, The present case highlights the effectiveness of a classical, *Doṣha*-oriented *Ayurvedic* management protocol in the successful management of *Vipadika.*

According to the *chikitsa sutra of Kuṣhta, Virechana* is specifically advocated as a principal *Shodhana karma* for the elimination of morbid *Doṣhas* involved in skin disorders. In *Vipadika*, which is classified under *Kṣudra Kuṣhta*, *Virechana* helps in breaking the *Samprapti*, purifying the *Srotasas,* correcting *Agni,* and preventing further migration of *Doshas* to the skin. Hence, in accordance with the classical *Chikitsa Sutra* of *Kuṣhta,* the use of *Virechana* is rational to achieve effective *Doṣha Nirharaṇa*, reduce chronicity, and ensure sustained therapeutic benefit.

Rationale behind the *Varunadi Ghruta*[7]

Varuṇadi Ghṛuta was selected as *Vipadika* is associated with the aggravation of *Kapha Doṣha* along with the involvement of *Meda Dhatu* in the present case. The formulation is effective in correcting *Agni* and eliminating *Ama*, thereby addressing the underlying metabolic disturbance. Owing to its *Kledahara* property, *Varuṇadi Ghṛuta* helps in reducing excessive *Kapha*-induced moisture and restoring physiological balance**.**

Rationale behind the *Pinda taila* for *Abhyanga*[8]

In this case as there is severe dryness and fissuring resulted from aggravated *Vata*. *Madhu*

Chishta, by imparting *Snigdha*, *Picchila*, and *Sthira* qualities to the oil, forms a protective occlusive layer over the skin that minimizes transepidermal moisture loss, thereby softening the affected area and facilitating healing of cracks. Traditionally recognized for its *Sandhana* and *Ropana* properties, *Madhu Chishta* aids in the approximation of fissured margins, accelerates repair of the stratum corneum, and helps restore the structural integrity and resilience of the skin in *Vipadika.*

Rationale behind the *Gandharva hastadi taila* for *Virechana*[9]

The use of *Gandharva Hastadi Taila* for *Virechana* in this case is rational due to its *Snigdha* and *Uṣhṇa* properties, which are especially beneficial in *Vipadika*. *Vipadika* is marked by pronounced *Rukṣhata* and fissuring as a result of aggravated *Vata*. The *Snigdha Guṇa* of *Gandharva Hastadi Taila* counteracts dryness, softens the tissues,

Rationale behind the *Aragwadha Patra Avagaha Sweda*[10]

In the *Ayurvedic* classics, wherever the management of *Kuṣhta* is described, *Lepa Kalpana* is invariably advocated as an essential component of therapy. *Acharya Chakrapaṇi* has emphasized *Aragwadha* as the *Pradhanatama dravya* in *Bahirparimarjana Chikitsa* for *Kuṣhta*, encompassing modalities such as *Abhyaṅga, Lepa*, and *Swedana*. *Aragwadha* leaves are also known to possess significant wound-healing properties along with notable antimicrobial activity, further supporting their therapeutic utility.

Rationale behind the *Lepa* with *Nirgundi patra*[11]

Nirgundi Patra Lepa was employed in this case owing to its potent *Vata–Kapha hara*, *Shulahara*, and *Vraṇa hara* properties. *Vipadika* is predominantly characterized by vitiation of *Vata* and *Kapha doṣhas*, leading to pain, fissuring, and impaired wound healing. The topical application of *Nirgundi Patra Lepa* helps in alleviating pain, reducing inflammation, and promoting the healing of cracks and fissures over the soles. Its local action soothes the affected area, enhances tissue repair, and contributes significantly to symptomatic relief and restoration of skin integrity.

CONCLUSION

Vipadika, though classified as a *Kṣudra Kuṣhta* in *Ayurveda*, poses significant therapeutic challenges due to its chronic, painful and recurrent nature, especially when it manifests as palmoplantar involvement. The present case demonstrates that a systematic *Ayurvedic* treatment approach, based on *Doṣha-duṣhya* assessment, can effectively manage the

condition. The integration of *Shodhana* therapy, particularly *Virechana*, with appropriate *Snehana, Svedana, Shamana Aushadhis* and *Bahya chikitsa* resulted in marked improvement in fissuring, pain, dryness and hyperkeratosis, thereby enhancing functional ability and quality of life. Addressing the underlying *Vata–Kapha* predominance with *Pitta anubandha*, rather than providing only symptomatic relief, appears to be crucial in achieving sustained outcomes. The absence of adverse effects and the clinical improvement observed in this case support the relevance and safety of classical *Ayurvedic* principles in managing chronic palmoplantar dermatoses. However, larger, well-designed clinical studies are required to substantiate these findings and establish evidence-based treatment protocols.

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