

AN EVIDENCE-BASED AYURVEDIC MANAGEMENT OF PALMOPLANTAR PSORIASIS (VIPADIKA): A CASE REPORT

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ABSTRACT

Introduction: Palmoplantar psoriasis is a chronic, non-infectious inflammatory skin disorder characterized by well-defined erythematous plaques, scaling, fissuring, and pruritus over the palms and soles, which significantly affect the patient's quality of life. In Ayurveda, based on the similarity of clinical manifestations, it can be correlated with *Vipadika* (palmoplantar psoriasis), a type of *Kshudra Kushta* described under *Kushta Roga*. This case report aims to evaluate the effect of *Jalaukavacharana* (Leech therapy) along with Ayurvedic internal and external therapies in the management of palmoplantar psoriasis. **Case Presentation and Intervention:** A 55-year-old male patient presented with a 6-month history of itching, erythematous scaly lesions, and fissuring over right palm and was diagnosed with palmoplantar psoriasis (*Vipadika*). The patient was managed with Ayurvedic internal medications, external application of *Gandhak malahar* and

three sittings of *Jalaukavacharana* (leech therapy). **Results:** Marked improvement was observed in symptoms such as itching, erythema, scaling, and fissuring of the palms within Four weeks of treatment. The intervention was well tolerated, and no adverse effects were observed during the treatment period **Conclusion:** The present case suggests that *Jalaukavacharana* as a form of *Raktamokshana*, along with appropriate internal and external

Ayurvedic therapies, may be beneficial in the symptomatic management of palmoplantar psoriasis (*Vipadika*). Further clinical studies with larger sample sizes are required to establish its efficacy.

KEYWORDS: Palmoplantar psoriasis, *Vipadika*, *Kshudra Kushta*, *Jalaukavacharana*, *Raktamokshana*, Ayurveda.

INTRODUCTION

Palmoplantar psoriasis is a chronic inflammatory skin disorder that primarily affects the palms and soles.^[1] It is characterized by thickened, scaly, erythematous lesions that often develop painful fissures. Although the affected area is relatively limited, the condition can significantly interfere with daily activities and reduce the patient's quality of life due to persistent pain, discomfort, and difficulty in performing routine tasks.^[2] The exact cause of palmoplantar psoriasis is not fully understood; however, it is believed to arise from a combination of genetic predisposition and environmental triggers. Factors such as smoking, repeated trauma, exposure to irritants, and occupational stress involving the hands and feet may contribute to the onset or exacerbation of the disease.^[3] Clinically, patients commonly present with scaling, dryness, itching, burning sensation, and painful cracks over the affected areas. In severe cases, deep fissures may bleed and cause considerable difficulty in manual work, walking, and other day-to-day activities.

According to Ayurvedic perspective, the clinical presentation of palmoplantar psoriasis shows close resemblance to *Vipadika*, a subtype of *Kshudra Kushta* described under *Kushta Roga*. It is characterized by *Pani-Pada Sphutana* (fissuring of palms and soles) associated with *Teevra Vedana* (severe pain). The pathogenesis of *Kushta* involves the vitiation of all three *Doshas*, with predominant involvement of *Vata* and *Kapha Dosha*, along with the vitiation of *Twak*, *Rakta*, *Mamsa*, and *Lasika*. Incompatible dietary habits (*Mithya Ahara*) and improper lifestyle practices (*Mithya Vihara*) contribute to pathological changes in *Twak* and *Rakta Dhatu*. Therefore, management of such conditions in Ayurveda focuses on *Nidana Parivarjana*, *Dosha Shamana*, and *Shodhana Chikitsa* such as *Raktamokshana*, which helps in eliminating vitiated *Rakta* and alleviating the disease process.^[4]

The present case concerns a 55-year-old male patient with complaints of blackish, thickened skin lesions associated with fissuring, scaling, itching, and pain affecting right hand for three months. clinical evaluation with Ayurvedic principles, the condition was diagnosed as

palmoplantar psoriasis corresponding to *Vipadika Kushta*. Ayurvedic treatment aimed at correcting the underlying *Dosha* imbalance and improving skin health was instituted. Following one month of therapy, marked improvement was observed in fissuring, scaling, itching, and pain, resulting in better functional ability and overall patient comfort.

DIAGNOSTIC ASSESSMENT

The diagnosis of palmoplantar psoriasis was made based on the patient's clinical history and characteristic dermatological findings, including hyperkeratotic plaques, scaling, painful fissures, itching, dryness, and discoloration over the palm. The chronic course of the disease and the presence of well-defined lesions supported the diagnosis of palmoplantar psoriasis. From an Ayurvedic perspective, the condition was correlated with *Vipadika*, a type of *Kshudra Kushta*, due to the presence of classical features such as *Pani Sphutana* (fissuring of the palm), *Teevra Vedana* (pain), *Kandu* (itching), *Rukshata* (dryness), and *Vaivarnya* (discoloration). Based on the clinical presentation and involvement of predominantly *Vata* and *Kapha Dosha*, the final diagnosis was established as palmoplantar psoriasis (*Vipadika Kushta*).

CASE REPORT

Patient Information

A 55-year-old male presented with hyperkeratotic and blackish plaques over the palm associated with scaling, painful fissures, itching, erythema, and dryness. The chronic nature of the lesions, along with characteristic thickening and fissuring of the skin. The patient had no history of hypertension, diabetes mellitus, tuberculosis, asthma, autoimmune disorders, or allergic illness. There was no significant family or medical history. The patient followed a vegetarian diet and had no history of addictions.

Clinical assessment was carried out, and the findings of *Ashtavidha Pariksha* are presented in (Table 1). The patient's pulse rate was 80 per minute, showing features of *Vata-Kapha* predominance. The frequency of urination was normal. The patient complained of constipation. The tongue was coated, suggesting the presence of *Ama*. Speech was clear and normal. On palpation, the skin was neither excessively hot nor cold. Vision was normal, and the body build was of moderate type. The clinical examination is shown in (Table 2).

Clinical Examination

General Examination

The patient was conscious, oriented, and cooperative. Vital parameters were within normal limits.

Local Examination of Palm

- Site: Right palm
- Number of lesions: Single plaque
- Shape: Irregular, well-defined
- Size: Large hyperkeratotic plaque involving the central palm
- colour: Blackish-brown with mild erythema
- Surface: Dry, rough, and hyperkeratotic with adherent scales
- Margins: Well-defined
- Fissures: Multiple deep and painful fissures present
- Scaling: Present
- Itching: Present
- Tenderness: Present over fissured areas
- Discharge/Bleeding: Absent
- Local temperature: Normal
- Nail involvement: Absent
- Joint involvement: Absent.

Table 1: Acavid Pariksha.

S. No.	Examination	Observation
1	<i>Nadi</i> (Pulse rate)	80/min, <i>Vata-Kaphaj</i>
2	<i>Mutra</i> (Frequency of micturition)	<i>Prakrut</i>
3	<i>Mala</i> (Bowel)	Constipated
4	<i>Jivha</i> (Tongue)	<i>Saam</i>
5	<i>Shabda</i> (Sound)	<i>Spashta</i>
6	<i>Sparsha</i> (Touch)	<i>Anushnasheeta</i>
7	<i>Drik</i> (Vision)	<i>Samyak</i>
8	<i>Akriti</i> (Body Built)	<i>Madhyam</i>

Therapeutic Intervention

1. *Shamana Chikitsa* (Internal Medicines)
2. *Jalaukavacharana* (Leech Therapy)
3. *Pathya–Apathya* Advice

1. Shaman Chikitsa (Internal Medicine)

Table 2.

Sr. No	Medicine	Dose	Duration	Outcomes
1.	Panchatikta ghrita guggul 250 mg	2 tablets twice a day after food	30 Days	Marked reduction in itching (<i>Kandu</i>), scaling, dryness, and pain associated with fissures was observed. The hyperkeratotic lesions became softer with a noticeable decrease in skin thickening and erythema. Progressive healing of fissures and improvement in the overall texture and appearance of the affected palm were noted, resulting in better functional ability and patient comfort.
2.	Gandhak Rasayan 150 mg	2 tablets twice a day after food	30 Days	Due to its <i>Kushtaghna</i> , <i>Kandughna</i> , <i>Krimighna</i> , <i>Raktaprasadana</i> , and <i>Rasayana</i> properties, it reduced itching, scaling, erythema, and dryness, promoted healing of fissures, improved skin texture, and supported healthy skin regeneration.
3.	Khadiraarishta	10 ml with same amount of water after food	30 Days	It supported purification of vitiated <i>Rakta</i> and promoted healthy skin metabolism, resulting in improvement of skin discoloration, dryness, and overall appearance of the palmar lesions.
4.	Trivruta Aavleha	10ml at bedtime	30 Days	The elimination of vitiated <i>Doshas</i> , particularly <i>Pitta</i> and <i>Kapha</i> . By promoting proper bowel cleansing and improving <i>Agni</i> (digestive function), it supported the purification of the internal channels and contributed to the reduction of skin symptoms such as itching, scaling, and inflammation. I
5.	Gandhak Malahar	For local application	30 Days	Regular application resulted in a reduction in scaling, dryness, hyperkeratosis, and itching. The lesion became softer with gradual healing of fissures and decreased discomfort during hand movements. Improvement in skin texture and reduction in roughness

2. Jalaukavacharana (Leech Therapy)

Application of Leech therapy: Primarily a Leech was placed on the affected site of the palm observed for two minutes (to allow the leech to suck the blood from the site), a wet cotton Gauze was placed over the body of the leech to provide moisture to the leech.

After 15 minutes, the leech detached from the site after sucking the blood. A piece of cotton gauze was placed over the site of the bite to avoid further bleeding of the affected part. This procedure was performed for three sittings without any complications.

3. Pathya–Apathya Advised During Treatment

Table 3: Dietary and Lifestyle Regimen Advised in Palmoplantar Psoriasis (Vipadika).

Pathya (Wholesome practices)	Apathya (Unwholesome practices)
Consumption of light and easily digestible food (<i>Laghu Ahara</i>)	Intake of incompatible foods (<i>Viruddha Ahara</i>)
Use of old cereals (<i>Purana Shali, Yava, Mudga</i>), and bitter vegetables	Excessive intake of sour, salty, spicy, oily, and heavy food
Adequate intake of warm water and maintenance of proper digestion (<i>Agni</i>)	Consumption of curd (<i>Dadhi</i>), black gram (<i>Masha</i>), excessive sweets, and fried foods
Regular physical activity and proper sleep	Day sleep (<i>Diwaswapna</i>), night awakening (<i>Ratri Jagarana</i>), and sedentary habits
Stress management and maintenance of a healthy daily routine	Psychological stress, irregular lifestyle, and suppression of natural urges (<i>Vegadharana</i>)

“The patient was advised to follow the above-mentioned Pathya–Apathya regimen throughout the treatment period to prevent further Dosha aggravation and to support the therapeutic effect of Ayurvedic interventions.”

Table 4: Assessment criteria for clinical features and observations.^[5]

Sr. No	Clinical features	Scores	Before Treatment	After Treatment
1.	Sphutan(Scalingofskin)		4	2
	In significant dryness at the foot/palm	0		
	Roughness is present when touch in	1		
	Excessive roughness presents and leads to itching	2		
	Excessive roughness presents and leads to slight cracks	3		
	Roughness leads to cracks and fissure	4		
2	Kandu (Itching)		3	1
	No itching	0		
	1-2 times a day	1		
	Frequent itching	2		
	Itching disturbs the sleep	3		
3	Pani-pada sphutana (Fissures/cracks)			
	No cracks	0	1	0
	Cracks on the palm or sole only	1		
	Cracks on palm and soles	2		

	Cracks on complete foot and complete hand	3		
4.	Vedana (Pain)		3	1
	No pain	0		
	Mild pain of easily bearable nature comes occasionally	1		
	Moderate pain, but no difficulty	2		
	Appears frequently and requires some measures for relief	3		
	Pain requires medication and may remain throughout the day	4		



DISCUSSION

Palmoplantar psoriasis is a chronic inflammatory disorder of the skin that commonly presents with thickening of the skin, scaling, painful fissures, itching, and discoloration of the palms and soles. Even though the affected area is relatively small, these lesions can significantly interfere with daily activities, especially those requiring manual work. In modern medicine, the disease is associated with immune imbalance, abnormal keratinocyte proliferation, and persistent inflammatory changes in the skin.

According to Ayurveda, the clinical features observed in the present case show close similarity with Vipadika, a type of Kshudra Kushta. Classical signs of Vipadika such as *Pani Sphutana* (cracking of the palms), *Vedana* (pain), *Kandu* (itching), *Rukshata* (dryness), and *Vaivarnya* (discoloration) were evident in the patient. The disease condition involving Vata and Kapha Dosha along with the involvement of *Twak* and *Rakta Dhatu*. Therefore, the

treatment approach was aimed at pacifying the vitiated Doshas, purifying the affected tissues, relieving symptoms, and promoting healing of the damaged skin.

Panchatikta Ghrita Guggulu was selected because of its classical indication in *Kushta*. The formulation possesses *Tikta Rasa*, *Kushtaghna*, *Shothahara*, and *Rasayana* properties. In the present case, it may have contributed to reduction of scaling, itching, and hyperkeratosis while supporting tissue repair and restoration of skin integrity.^[6]

Gandhak Rasayana is widely used in Ayurvedic dermatological practice owing to its *Kandughna*, *Kushtaghna*, and *Raktaprasadana* properties. Improvement in itching, scaling, and skin texture observed in this patient may be attributed to its action on vitiated *Rakta* and skin tissues.^[7]

Khadirarishta is traditionally indicated in *Kushta* and conditions associated with *Rakta Dushti*. The formulation contains bioactive phytoconstituents possessing antioxidant and anti-inflammatory properties. These actions may have supported reduction in erythema, scaling, and discoloration observed during treatment.^[8]

Trivruta Avaleha was prescribed to facilitate *Koshtha Shuddhi* and maintain regular bowel evacuation. In Ayurveda, *Virechana* is considered one of the principal therapeutic modalities in the management of *Kushta*, as it helps eliminate vitiated *Pitta* and associated *Doshas* from the body. Trivrit (*Operculina turpethum*), owing to its *Virechana* and *Anulomana* properties, may have aided in the expulsion of accumulated *Pitta* and *Kapha Doshas*, improved *Agni*, and reduced the disease burden. The regular bowel cleansing achieved through Trivruta Avaleha may have contributed to the reduction in itching, scaling, and inflammation observed in the present case.^[9]

Local application of Gandhak Malahara provided symptomatic relief from scaling, dryness, and itching. Its keratolytic and anti-inflammatory properties may have facilitated healing of fissures and improvement in skin texture.^[13]

Jalaukavacharana was employed as a form of *Raktamokshana* considering the involvement of *Rakta Dushti* in *Vipadika*. The anti-inflammatory, analgesic, and microcirculatory effects of leech saliva may have contributed to reduction in erythema, itching, pain, and fissuring. The procedure was well tolerated and no adverse events were observed.^[10,11]

Pathya–Apathya is considered an important component of Kushta management as improper dietary habits such as intake of *Viruddha Ahara*, excessive *Guru–Snigdha Ahara*, and inappropriate lifestyle practices contribute to *Dosha Prakopa* and disease progression. Hence, patients of palmoplantar psoriasis (*Vipadika*) are advised to follow *Laghu*, *Tikta* dominant diet, old cereals, *Mudga*, and *Jangala Mamsa*, while avoiding *Dadhi*, *Masha*, *Tila*, *Anupa Mamsa*, excessive sour and salty foods, along with avoidance of *Diwaswapna* and irregular lifestyle practices.^[12]

After completion of one month of therapy, the patient showed noticeable improvement in all major symptoms. The severity of scaling reduced from 4 to 2, itching from 3 to 1, fissuring from 1 to 0, and pain from 3 to 1. The crack length reduced from 4 mm before treatment to 1 mm after treatment, indicating considerable healing of the affected skin. Improvement in the texture and flexibility of the palm also enhanced the patient's comfort during routine activities.

The favourable outcome observed in this case may be due to the combined action of internal medication, local application, and Jalaukavacharana. The selected treatment modalities acted through *Kushtaghna*, *Kandughna*, *Shothahara*, *Raktaprasadana*, and *Rasayana* effects, leading to symptomatic relief and better skin health.

Although the results obtained in this case are encouraging, it represents the observation of a single patient with a short duration of follow-up. Therefore, further clinical studies involving a larger sample size and longer observation period are required to validate the effectiveness of this treatment protocol in the management of palmoplantar psoriasis.

CONCLUSION

The present case demonstrates that a multimodal Ayurvedic treatment approach comprising Shamana Chikitsa, Jalaukavacharana, and local application of Gandhak Malahara was associated with marked improvement in itching, scaling, fissuring, and pain in palmoplantar psoriasis (*Vipadika*). Further clinical studies are required to validate these observations.

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