

**AN AYURVEDIC APPROACH TO THE MANAGEMENT OF
VIPADIKA: A CASE REPORT****Dr. Swathi Krishna Kallepelli***

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ABSTRACT

All skin diseases in Ayurved have been considered under the headings of kushta. Vipadika is one of the types of the Kshudrakushta which involves Vata-Kapha dosha predominantly as stated by Acharya Charaka. It is characterized by dryness, sphutanam (fissures), and cracking either in palms or soles or in both with thivra vedana. Looking from modern point of view it can be correlated with Plamopplantar psoriasis. It is predominantly caused by the vitiation of vata and kapha doshas involving the Rasa, Rakta, Mamsa and Twak dhatus. The present case study describes the Ayurvedic management of a 44-year old female who presented with itching, dryness of the skin, discoloration, fissuring and pain predominantly over both

soles and the right hand since 1year, along with unsatisfactory bowel evacuation. Clinical examination suggested Vata predominance with Pitta association and features of Mandagni. Management was planned on the basis of Dosha, Dushya and Srotas involvement and included Abhyantara Snehapana, followed by Virechana karma with and subsequent Samsarjana Krama, local application, internal medicines. The case was managed through a Shodhana- and Shamana-oriented Ayurvedic approach. After treatment, 80-85% relief was noted- fissures healed, itching and burning subside, discoloration lightened and skin texture became soft and near normal without any adverse effects.

KEYWORDS: Vipadika, Kshudra kushta, Ayurveda, Virechan, Shamana chikista.

INTRODUCTION

Vipadika is one of the clinical conditions described under Kushtha in Ayurvedic literature. It is characterized mainly by fissuring of the palms and soles accompanied by pain. The

classical description of Vipadika includes Pani-Pada Sphutana and Tivra Vedana, indicating cracking/fissuring of the hands and feet with severe pain.

From an Ayurvedic perspective, the pathology of Vipadika may be understood predominantly through Vata Dosha aggravation, particularly because of the prominent features of Rukshata, Sphutana and Vedana. Kapha involvement may contribute to Kleda, obstruction and thickening, while disturbance of Twak, Rakta and Mamsa may contribute to the manifestation of the disease.

The case presented here had several dietary and environmental factors capable of aggravating the doshas. These included excessive consumption of dry food, fermented food, meat, fish and sour substances, excessive exposure to cold environments, contact with cold water and detergents, and psychological stress. Such factors may contribute to impaired skin integrity and aggravation of the doshic pathology.

The management was planned according to Ayurvedic principles using both Shodhana and Shamana approaches. Local Snehana with Jeevantyadi Yamaka Sneha was used to counteract dryness and fissuring, while internal Snehapana, Swedana and Virechana Karma were employed to address the systemic doshic pathology. The treatment protocol also included oral medicines directed towards Tridosha balance, Rakta Prasadana, Kleda Shoshana, inflammation reduction and tissue nourishment.

Case Report

A 44-year-old patient presented to the outpatient department with complaints of Kandu (itching), Twak Rukshata (skin dryness) involving both soles and the right hand, Twak Vaivarnya (skin discoloration), Sphutana (fissuring) and Ruk (pain) over both soles since 1 year. Malavibandha (constipation) was also reported.

There was no reported history of hypertension, diabetes mellitus or thyroid disease. Past surgical history revealed tubectomy approximately 10 years previously.

General Examination

Nadi - 78/min

Druka - Prakrut

Prakriti- Vata-pradhana, Pitta-anubandhi

Nidra - Khandita

Mala - Unsatisfactory

Kshudha - Madhyama

Mutra - Satisfactory

Akriti - Madhyama

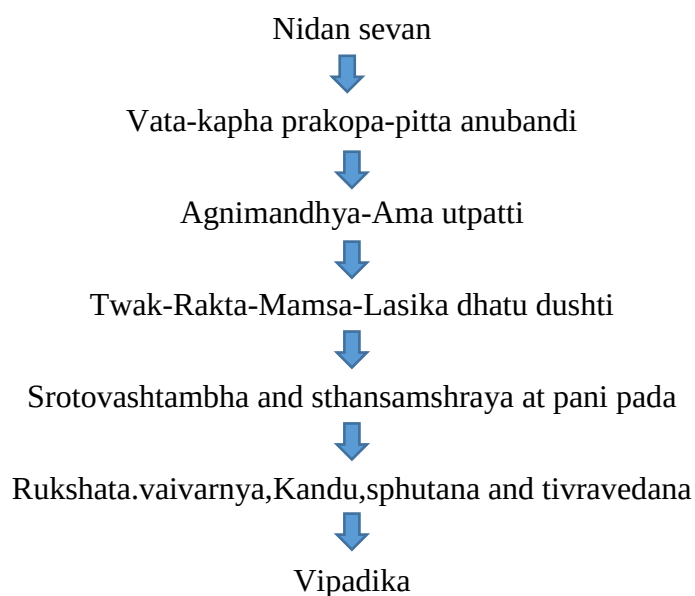
Shabda - Spashta

- Vata-Kapha Shamana measures
- Shodhana therapy

Anupashaya

- Ruksha substances
- Sheeta exposure
- Excessive walking
- Detergent exposure

5. Samprapti



Samprapti Ghatak

- Dosha - Vata and Kapha
- Dushya - Twak,Rakta,Mamsa
- Srotas - Raktavaha,Mamsavaha
- Agni - Mandagni
- Udbhava Sthana - Pakvashya
- Adhishthana - Twak
- Vyakta Sthana - Hasta-Pada tala
- Rogamarga - Bahya rogamarga

Differential Diagnosis

The following conditions were considered during differential diagnosis:

- Pada Dari

- Charmadala
- Vicharchika
- Kitibha Kushtha
- Vipadika

Final Diagnosis: Vipadika

Treatment Protocol

The treatment was initiated with shodhana followed by shamana therapies.

Sr. No.	Purvakarma	Pradhan Karma	Pariksha	Paschat karma	Changes after Virechan
Virechan	Snehanpan with mahatikta ghrita for 5 days in increasing dose starting from 30ml to 150ml Vishram kaal for 2 days with sarvang snehan swedan with nimba and psory oil	Virechan yoga-manibhadra leha (50gm) and abhyadi modak (1)	Vegiki-28 vega Laingiki-Indriyaprasadan, sharir laghavta Antiki-Kaphant virechan	Vishram, pariharya vishaya palan and sansarjan karma for 5 days	Cracks, discoloration, itching and fissure reduced

Shamana Chikista

Sr. No.	Drug Name	Dose	Frequency	Time	Duration
1.	Arogyavardhini	250mg	2-0-2	After food	15days
2.	Kaishor Guggul	250mg	2-0-2	After food	15days
3.	Ta.Chariskin	250mg	2-0-2	After food	15days
4.	Jeevantiyadi Yamak sneha	-	1-0-1	-	15days

DISCUSSION

Acharya Charaka has advised Shodhana, either Vamana or Virechana, based on dosha predominance, as the line of treatment for Bahu dosha lakshanas (when vitiated doshas are excessively aggravated). Authors also opine that Shodhana, in the form of Vamana and Virechana, should be the first-line treatment. Because it is an undeniable fact that Shodhana eliminates doshas at the root, the chances of disease recurrence are rare.

Vipadika involves Vata-kapha predominance with pitta-rakta dushti. Virechana karma is especially useful for eliminating pitta and purifying rakta. Manibhadra avaleha and abhaydi modak were used as virechan yoga.

Mahatikta Ghrita was selected snehapana in dose of 30ml to 150ml for 5 days as per koshta and agni bala. Mahatikta Ghrita contains Tikta Pradhan Kushthagna dravya like Nimba,

Patola, Katuka, Haridra processed in Ghrita. It has Tikta Rasa, Shita virya and Snigdha guna which act as Vata-Kapha Shamaka, Pitta-Rakta prasada and Kapha-kleda hara. In Vipadika which is Vata pradhana with rukshata and sphutana, Ghrita provides Snigdha and Mardava while Tikta dravyas purify Rakta and reduces vaivarnya and kandu. It also prepares the body for Samyak Virechana by Dosha utkleshana and Sroto Mardava, preventing Vata aggravation during Shodhana.

Manibhadra leha contains Trivrit (*Operculina turpethum*), Danti (*Baliospermum montanum*), Vidanga (*Embelia ribes*), Abhaya (*Terminalia chebula*), and Guda (Jaggery).

- **Bhedana & Sramsana (Strong Purgation):** Trivrit and Danti possess Tikshna, Ushna, Sukshma, and Vyavayi properties. They break down (Bhedana) deep-seated, bound toxins (Ama and stagnant Doshas) in the cellular micro-channels and direct them toward the Koshta (GI tract) for expulsion through the lower route.
- **Krimighna & Kandughna (Anti-pruritic):** Vidanga acts as a potent Krimighna (anti-microbial/anti-parasitic agent) and relieves local itching (Kandu) and infection secondary to cracked lesions.
- **Raktashodhaka (Blood Purifier):** By expelling excess Pitta and Kapha from the Rakta Dhatu, it clears systemic inflammation and reduces hyperkeratotic build-up on the palms and soles.
- **Rasayana & Anulomana:** The combination of Haritaki and Guda (jaggery) provides gentle downward movement (Vata Anulomana) while counteracting the extreme dryness or weakness often caused by purgatives.

By cleansing the Rakta and Tvaka (skin) levels, Manibhadra Leha reduces the localized inflammation, scaling, and dryness in Vipadika. It eliminates the systemic burden of Ama, allowing fresh, nutrient-rich blood to reach the peripheral capillaries of the hands and feet to promote tissue healing.

Abhayadi Modak consists of Haritaki/Abhaya (*Terminalia chebula*), Trivrit, Danti, Pippali, Maricha, Shunti, Amalaki, Bibhitaki, and Guda.

- **Anulomana & Rechana (Regulated Purgation):** Haritaki acts as the chief agent (Pradhana Dravya), driving Vata Anulomana (restoring normal downward motion of Vata).

Combined with Trivrit and Danti, it exhibits a regulated Rechana action—liquefying and expelling morbid toxins.

- **Deepana & Pachana (Metabolic Fire Correction):** The presence of Trikatu (Pippali, Maricha, Shunti) kindles Jatharagni (digestive fire) and Dhatvagni (tissue fire). This prevents further formation of Ama (undigested toxic metabolites) which often lodges in the skin layers.
- **Vata-Kapha Hara:** Vipadika presents with pain (a Vata symptom) and thickening/cracking of skin (a Vata-Kapha symptom). Abhayadi Modak specifically pacifies aggravated Vata and Kapha.

Since Vipadika involves severe Vata aggravation leading to skin fissure formation, Abhayadi Modak balances the harshness of purgation by pacifying Vata via Haritaki and Trikatu while simultaneously clearing Kapha-Pitta blockages from the skin capillaries.

Changes After Snehapana and Virechan.

Parameter	Changes after Snehapana	Changes after Virechan	Probable mode of action
Dryness	Reduction in excessive dryness; skin becomes softer and more supple	Further reduction in dryness and restoration of skin moisture	Snehapana provides internal oleation and counteracts Ruksha Guna; Virechana helps eliminate aggravated Pitta and Mala
Cracking/Fissures	Cracks become less prominent and painful; improved flexibility of skin	Gradual healing and reduction in depth/number of fissures	Snehana reduces dryness and promotes Snigdhatā; Virechana supports removal of Dosha responsible for recurrent skin pathology
Pain	Decrease in pain associated with fissures	Further reduction in pain after Dosha elimination	Snigdha Guna alleviates Vata; Virechana helps reduce Pitta-associated inflammation
Burning Sensation	decrease due to improved lubrication and reduction of	More marked reduction due to Pitta elimination	Virechana is particularly useful for Pitta–Rakta

	irritation		Dushti
Itching	Mild reduction may be observed	Noticeable reduction in itching	Reduction of Kapha/Pitta involvement and purification of channels
Discoloration	Mild reduction in dullness and uneven discoloration; skin appears comparatively softer and healthier	Gradual reduction in intensity of discoloration may be observed	Snehapana alleviates Ruksha and Khara Guna of Vata and improves Snigdhatā of the skin. Snehapana alleviates Ruksha and Khara Guna of Vata and improves Snigdhatā of the skin
Scaling	Reduction in excessive scaling	Further reduction with improved skin integrity	Correction of Dosha–Dushya imbalance and improved skin nourishment

Shamana Chikista

Shamana chikista was selected for 15days after virechan karma because virechan primarily performs doshanirharana, whereas shaman chikista helps pacify the residual dosha imbalance, promote healing of the skin lesions, prevent recurrence.

1. Arogyavardhini Vati: Deepana-Pachana, Anulomana, Pitta-Kapha shamana; traditionally used in Kushtha. It Helps in correct Agni and metabolic disturbance and supports management of chronic skin pathology.
2. Kaishore guggul: Tridosha-shamana, especially Pitta–Vata; Rakta-prasadana; Shothahara. Helps in reducing inflammation, pain, skin pathology and associated Rakta/Pitta involvement.
3. Tab. Chariskin: Due to its tikta-kashaya ras, kandughna and raktaprasadan property, it helps in reducing kandu, vaivarnya and rukshata. Its varnya and ropana effect supported healing of fissures and restoration of normal skin texture.
4. Jeevantiyadi yamak sneha: Local Snehana, Vata-shamana, Twak-prasadana, Vrana-ropana support. Particularly important for Rukshata, fissuring, dryness, pain and restoration of skin softness.

RESULT

The present case was managed using an integrated Ayurvedic protocol comprising Virechana karma with subsequent samsarjan kram followed by local application and shaman chiksta. The presentation documents clinical photographs at three stages—before treatment, following Snehapana, and following Virechana with Sansarjana Krama—allowing visual assessment of the clinical course.

Before treatment



After snehapan



After virechan karma and sansarjan kram



CONCLUSION

Vipadika is not merely a localized skin disease; it is the manifestation of deep-seated toxins (Ama) lodged in the Rasa, Rakta, and Mamsa Dhatus. Oral therapies (Kaishore Guggulu, Arogyavardhini Vati) are essential to restore Dhatvagni (tissue metabolic fire) and clear systemic micro-channel blockages (Srotorodha). Formulations like Manibhadra Lehya and Abhayadi Modak eliminate morbid Pitta and Kapha through the gastrointestinal tract, preventing recurrent skin inflammation, hyperkeratosis, and scaling.

Essentiality of external oleation (Yamaka Sneha): Because Vata causes extreme dryness, loss of elasticity, and deep fissure formation, topical application of lipid-dense formulations like Jeevantyadi Yamakam is crucial to seal moisture, soften the stratum corneum, relieve excruciating pain, and accelerate epidermal barrier repair.

Prognosis & Long-Term Management: While acute flares respond well to Shodhana (purification) and Shamana (palliative) protocols, long-term remission relies heavily on avoiding triggering factors (Nidana Parivarjana), such as harsh detergents, excessive exposure to cold or water, and maintaining daily skin hydration (Twak Snehana).

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