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AYURVEDIC MANAGEMENT OF VIPADIKA (CHRONIC FISSURED HEELS): A CASE REPORT

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ABSTRACT

Introduction: *Vipadika* is a *Kshudra Kushtha* described in *Ayurveda*, characterized by painful fissures (*Pani-Pada Sphutana*), pain, and dryness involving the palms and soles. It can be correlated clinically with palmoplantar psoriasis and chronic fissured plantar dermatosis. These conditons are often recurrent and difficult to manage with conventional therapy, significantly affecting the patient's quality of life. **Main Clinical Finding:** This case report describes a 35-year-old female, homemaker, who presented with painful cracks over both heels and feet for the past 2 years. She had no history of hypertension or diabetes mellitus. Her appetite, sleep, bowel, and bladder habits were normal. Menstrual history was regular (30-day cycle with 5-day duration), and she had one full-term female child. General and systemic examinations were within normal limits, and there was no significant family history. **Diagnosis:** Based on the clinical presentation, the condition was diagnosed as *Vipadika* (*Ayurvedic* diagnosis – *Vata-Kapha* dominant *Tridoshaja Vipadika*). **Interventions:** The patient was treated with Cap. *Amruttulya Activa,* Tab. *Kushthajeet,* a combination of *Manjishtha Churna, Guduchi Churna, Kalmegha Churna,* and *Shuddha Gandhaka,* along with *Navakarshik Kwath* and ***Guduchyadi Kwath*** and ***Balasudha* with Veseline for local application** for 15 days. The treatment was continued with regular follow-up visits. **Outcome:** Marked improvement in pain and fissuring was observed during follow-up. After the fourth follow-up (2 months of treatment), complete healing of the cracks was achieved, with complete relief from symptoms and no

recurrence during the treatment period.

KEYWORDS: *Vipadika, Ayurveda,* Palmoplantar Dermatosis, Chronic Fissured Heels, *Kushtha, Guduchi, Gandhaka*.

INTRODUCTION

Psoriasis is an autoimmune condition causing persistent skin inflammation that impacts about 2%–4% of people worldwide. A specific subset, palmoplantar psoriasis (PPP), affects approximately 5% of patients.[1] While standard psoriasis is diagnosed by scaly patches that flake when scratched, PPP is notably resistant to treatment.[2] The dense skin layer on the palms and soles impairs the absorption of standard topical medications, often yielding unsatisfactory results despite prolonged use. From an *Ayurvedic* perspective, this condition aligns with *Vipadika*, classified under Kshudra Kushtha by ancient scholars like *Charaka* and *Vagbhata*.[4] Driven by a *Vata-Kapha dosha* imbalance, *Vipadika* primarily manifests as intense pain and painful cracking across the palms and soles.[5]

CASE REPORT

A 35-year-old female patient visited the Outpatient Department (OPD) with complaints of recurrent painful cracks over both heels and feet for the past 2 years. The fissures were associated with pain during walking and standing, causing difficulty in performing routine household activities. She was treated with allopathic medicines such as corticosteroids but did not get complete relief. Hence, for better and further management through Ayurveda, she visited OPD of Govt. *Ayurved* Hospital Moti chohatta, Udaipur. Her overall health was excellent, and at the time of consultation, she was not taking any medications.

There was no history of hypertension, diabetes mellitus, or any other systemic illness. The patient had not achieved satisfactory relief with previous treatments and therefore sought *Ayurvedic* management.

Personal History

The patient was a homemaker and followed a vegetarian diet. She had no history of addiction. Her appetite, sleep, bowel, and bladder habits were normal. There was no history of trauma, surgery, or any major illness. Menstrual history revealed a regular menstrual cycle occurring every 30 days with duration of 5 days. Obstetric history showed one full-term female child.

Clinical Findings

General Examination

The patient's general condition was good. She was conscious, cooperative, and well-oriented. Vital parameters were within normal limits.

Physical Examination

Blood pressure - 120/82 mm of Hg.

Pulse rate – 74 beats/min.

Respiratory rate - 16/min.

Temperature - 98.60 F

Bowel – normal, clear

Appetite - normal

Micturition – 4-5 times/ day

Sleep – Normal

Family History

There was no significant family history of any chronic or hereditary disease.

Clinical Examination

The patient was assessed according to ***Dashavidha Atura Pariksha***. The clinical presentation suggested ***Vata-Kapha*** **predominant** ***Tridoshaja*** **Vipadika**. The lesions were confined to both heels and plantar aspects of the feet. Multiple deep fissures with marked dryness and roughness of the skin were observed. Pain was present, especially during walking and weight-bearing activities. There was slight bleeding, discharge, or evidence of secondary infection at the time of examination.

Ashtavidha Pariksha

Nadi (Pulse) – *Vata kapha pradhana Tridoshaja*

Mutra (Urine) – *Samayak*

Mala (Stool) – *Samyak*

Jivha (Tongue) – *Nirama*, uncoated

Shabda (Speech) – *Prakrita*

Sparsha (Tactilatilation)- *Ushna*

Druka (Eyes) - *Prakruta*

Akriti (Anthropometry)- *Madhyama*

Systemic Examination

Respiratory system - on auscultation, normal sounds heard and no abnormality detected

Cardiovascular system - S1 S2 heard and no abnormality detected

Gastrointestinal system - Soft, non-tender, no organomegaly detected

Skin Examination

Examination of Skin Inspection

Size & shape - multiple linear fissures over both heels.

Nature of skin - diffuse dryness and rough skin.

Color - skin appeared brownish with normal local temperature

Thickness - 1 mm to 1.4 mm thick

Nature of Lesion - Hyperkeratosis was present around the fissured areas.

Discharge – bleeding through deep fissure

Diagnosis

Based on the clinical features, including ***Pada Sphutana*** **(fissures over the feet),** ***Kharasparsha*** **(roughness),** ***Rukshata*** **(dryness),** ***Shyava Varna*** **(brownish discoloration), and** ***Vedana*** **(pain)**, the condition was diagnosed as ***Vipadika***, with ***Vata-Kapha*** **predominant** ***Tridoshaja*** **involvement**. Clinically, the condition was correlated with **chronic fissured heels (plantar fissuring)**.

Treatment

The patient was prescribed the following *Ayurvedic* medicines:

1. **Cap.** ***Amruttulya Activa*** – 1 capsule three times daily.
2. **Tab.** ***Kushthajeet*** – 2 tablets three times daily.
3. Powder formulation containing:
   - *Manjishtha Churna* – 2 g
   - *Guduchi Churna* – 2 g
   - *Kalmegha Churna* – 1 g
   - *ShuddhaGandhaka*-200mg

   Mixed and administered twice daily.
4. ***Navakarshik Kwath*** **(5 g)** and ***Guduchyadi Kwath*** **(5 g)**, twice daily.
5. ***Balasudha*** **+Veseline - for local application**

Medicines were initially prescribed for **15 days**, and the patient was reviewed regularly on every 15th day for two months.

Pathya Ahara

The patient was advised to take healthy food and avoid heavy, spicy , fermented food, stale food, junk food, bakery products fruits with food and milk. She was also advised to avoid day sleeping and not use soap, detergent and other cosmetics. She advised to maintain personal hygiene.

Outcome and Follow-up

Case Report Tables

Table 1: Criteria for Gradation of Symptoms.

Symptom	Grade	Criteria
Pain	0	Absent
	1	Mild
	2	Moderate
	3	Severe
Burning sensation	0	Absent
	1	Mild
	2	Moderate
	3	Severe
Itching	0	Absent
	1	Mild
	2	Moderate
	3	Severe
Dryness	0	Absent
	1	Mild
	2	Moderate
	3	Severe
Cracks/Fissures	0	Absent
	1	Mild
	2	Moderate
	3	Severe
Bleeding	0	Absent
	1	Mild
	2	Moderate
	3	Severe

Table 2: Therapeutic Interventions.

Medicine	Dose	Anupana	Route	Duration
Cap. *Amruttulya Activa*	1 cap TID	Water	Oral	60 days
Tab. *Kushthajeet*	2 tabs BID	Water	Oral	60 days
Manjishtha 2gm + *Guduchi* 2gm + *Kalmegha* 1gm + *Shuddha Gandhaka* 200 mg	1 tbsp BID	Water	Oral	60 days

Navakarshik Kwath 5gm + *Guduchyadi Kwath* 5gm	BID	Water	Oral	60 days
Balsudha	2gm	Veseline	Local Apply	60 days



Figure 1: Image taken at first OPD visit.



Figure 2: Image taken at fourth follow-up (2 months) showing complete healing.

Table 3: Follow-up.

Symptoms	Day 1	Day 15	Day 30	Day 45	Day 60
Pain	2	1	1	0	0
Burning sensation	0	0	0	0	0
Itching	1	1	0	0	0
Dryness	3	2	1	1	0
Cracks/Fissures	3	2	1	1	0
Bleeding	3	2	1	0	0

Table 4: Timeline of Treatment and Clinical Outcomes.

Timeline	Clinical outcomes
Onset of treatment	Ayurvedic treatment started.
1st follow-up (15 days)	Improvement in pain, dryness and fissures observed.
2nd follow-up (30 days)	Further reduction in symptoms with progressive healing of cracks.
3rd follow-up (45 days)	Marked improvement with near-complete healing.
4th follow-up (60 days)	Complete healing of fissures with complete relief from symptoms.

Outcome

The patient showed progressive clinical improvement during each follow-up visit. After 15 days of treatment, pain and dryness were reduced, and the fissures started healing. Further improvement was observed during the second and third follow-up visits, with marked reduction in the depth of fissures and discomfort during walking. At the fourth follow-up (after 2 months), complete healing of the fissures was observed with restoration of normal skin texture and complete relief from pain. No recurrence or adverse drug reactions were reported during the treatment period. Clinical photographs taken before treatment and after completion of therapy demonstrated remarkable improvement (Figures 1 and 2). This case suggests that ***Vipadika*** **(chronic fissured heels)** can be effectively managed with appropriate Ayurvedic treatment.

DISCUSSION

Vipadika is one of the ***Kshudra Kushtha*** described in *Ayurvedic* classics and is characterized by ***Pada Sphutana*** **(fissures over the feet),** ***Rukshata*** **(dryness),** ***Kharasparsha*** **(roughness), and** ***Vedana*** **(pain)**. The disease is predominantly caused by the vitiation of **Vata and Kapha Dosha**, with involvement of ***Twak, Rakta, Mamsa*****, and** ***Lasika Dhatu***. Owing to chronic dryness and tissue depletion, painful fissures develop, causing difficulty in walking and daily activities.

The present case was managed with a combination of Ayurvedic formulations having ***Kushthaghna, Raktashodhaka, Deepana, Pachana, Amapachana*****, and** ***Rasayana*** properties.[9]

Cap. ***Amruttulya Activa*** **which has pure neem oil** was prescribed for its immunomodulatory, antioxidant, and rejuvenative properties, helping to improve tissue healing and overall immunity.[10]

Tab. *Kushthajeet* marketed contain ingredients like *Trikatu* (Black Pepper, Long Pepper, Ginger), *Triphala* (*Haritaki, Bibhitaki, Amla), Neem* (Azadirachta indica), *Nirgundi* (Vitex negundo), *Chitrak* (Plumbago zeylanica), *Vacha* (Acorus calamus), *Shuddha Guggulu, Shuddha Tankan, Shuddha Kajjali, Shuddha Hartal Bhasma*, Loha Bhasma, Abhrak Bhasma possesses ***Kushthaghna, Kandughna,*** **and** ***Raktaprasadana*** properties, acts as *Ama pachana,* Antiinflammatory, Antimicrobial, Antioxidant and tissue healing and improves microcirculation making it beneficial in chronic skin disorders. It helps pacify vitiated *Doshas* and promotes healthy skin.[11,12,13,14]

The combination of ***Manjishtha Churna, Guduchi Churna, Kalmegha Churna,*** **and** ***Shuddha Gandhaka*** acts as a ***Raktashodhaka, Amapachaka,*** **anti-inflammatory, and** ***Kushtaghna*** formulation.[15,16] *Manjishtha* purifies blood and improves microcirculation, *Guduchi* acts as an immunomodulator and Rasayana, *Kalmegha* reduces inflammation and supports metabolism, while *Shuddha Gandhaka* promotes wound healing, alleviates dryness, and improves skin health.[17,18,19,20]

Navakarshik Kwath contains *Haritaki, Bibhitaki, Amalaki, Nimba, Manjistha, Vacha Kutki, Guduchi, Daruharidra* and ***Guduchyadi Kwath*** *Guduchi, Neem, Patola, Vasa, Katuki* possess ***Deepana, Pachana, Kledahara, Raktashodhaka,*** **and** ***Tridoshahara*** actions. These formulations help eliminate metaboic toxins (Ama), purify the blood, reduce inflammation, and facilitate healing of chronic skin lesions.[21,22] Locally application of ***B****alsudha* and Vaselline anti-inflammatory, antimicrobial, reduces hyperkeratosis and increases re-epithelialization of fissured heel.[23]

The combined action of these medicines corrected the vitiated ***Vata-Kapha Dosha***, improved tissue nourishment, and promoted healing of fissures. The gradual reduction in pain, dryness, and cracks with complete recovery after two months supports the effectiveness of *Ayurvedic* management in ***Vipadika***.

CONCLUSION

The present case demonstrates that Ayurvedic management can effectively treat ***Vipadika*** **(chronic fissured heels)**. The combination of **Cap. *Amruttulya Activa*, Tab. *Kushthajeet, Manjishtha Churna, Guduchi Churna, Kalmegha Churna, Shuddha Gandhaka, Navakarshik Kwath, Guduchyadi Kwath***, *Balsudha* and Vaseline resulted in complete healing of fissures and significant improvement in pain and dryness without any adverse

effects. Although this is a single case report, the encouraging clinical outcome suggests that *Ayurveda* may provide a safe and effective therapeutic option for the management of Vipadika. Further clinical studies with larger sample sizes are recommended to establish its efficacy.

Informed Consent

Written informed consent was obtained from the patient for publication of this case report and accompanying clinical photographs.

Declaration of Patient Consent

The authors certify that they obtained all appropriate patient consent forms. The patient consented to the publication of clinical information and photographs. Every effort has been made to conceal the patient's identity, although complete anonymity cannot be guaranteed.

Conflicts of Interest

The authors declare that there are no conflicts of interest.

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