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AYURVEDIC MANAGEMENT OF VIPADIKA IN AN 18-YEAR-OLD MALE: A CASE REPORT

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ABSTRACT

Introduction: Vipadika is described in Ayurveda as a type of Kshudra Kushtha predominantly affecting the palms and soles. It may present with discoloration, dryness, roughness, fissuring, itching or pain. This case report describes a planned three-month Ayurvedic management protocol for chronic hasta–pada twak vaivarnya diagnosed provisionally as Vipadika. **Case presentation:** An 18-year-old male presented with discoloration of the skin over the hands and feet for the past 10 years. No significant medical, surgical, medication, allergy or family history was reported. Based on the available clinical findings, a provisional Ayurvedic diagnosis of Vipadika was made. A detailed dermatological examination and appropriate investigations were advised to confirm the diagnosis and exclude other pigmentary disorders. **Therapeutic intervention:** The treatment was planned for three months. It commenced with dīpana–pācana therapy, followed by śamana sneha in the form of Mahātiktaka Ghṛta, 20 mL orally once daily. Subsequently, śodhanārtha ghṛtapāna with Mahātiktaka Ghṛta was planned according to the patient's agni, koṣṭha, bala and appearance of samyak-sneha lakṣaṇa. Vamana using Madanaphala and saindhava-jala was planned after appropriate preparation and fitness assessment. Virecana was scheduled approximately one month after vamana. Basti therapy was planned after an interval of approximately 15 days, followed by raktamokṣaṇa and nasya with Anu Taila during the final phase. All śodhana procedures were to be performed under the supervision of a qualified Ayurvedic physician. **Results:** Post-treatment observations and objective outcome measurements were not available when this report was

prepared. Clinical response was planned to be evaluated through changes in lesion colour, extent and associated symptoms, together with standardized photographs, patient-reported improvement and adverse-event monitoring. **Conclusion:** The proposed protocol presents a sequential Ayurvedic approach involving śamana and śodhana therapies for the management of chronic Vipadika. Confirmation of the diagnosis, careful patient selection, standardized outcome assessment and systematic safety monitoring are essential before drawing conclusions regarding therapeutic effectiveness.

KEYWORDS: Vipadika; Kṣudra Kuṣṭha; Hasta–pada twak vaivarnya; Mahātiktaka Ghṛta; Vamana; Virecana; Basti; Raktamokṣaṇa; Nasya; Ayurveda.

INTRODUCTION

Ayurveda describes diseases of the skin under the broad term Kushtha. Kushtha is considered a disorder involving multiple Doshas and Dushyas, particularly Tridosha, Twak, Rakta, Mamsa and Lasika. It is broadly classified into Mahakushtha and Kshudra Kushtha. The development of Kushtha is associated with the consumption of incompatible food, improper dietary habits, suppression of natural urges, improper conduct and other factors that disturb the Doshas and affect the skin and blood. The treatment of Kushtha is planned according to the predominant Dosha, strength of the patient, chronicity of the disease and involvement of the affected tissues.[1]

Vipadika is described as one of the varieties of Kshudra Kushtha. Its characteristic clinical features include the development of fissures or cracks over the palms and soles, which may be associated with pain, dryness, roughness and difficulty in performing routine activities. The predominance of Vata and Kapha Dosha is generally considered in its pathogenesis. Vata contributes to dryness, roughness, fissuring and pain, whereas Kapha may contribute to chronicity, thickening and persistence of the lesions. The clinical presentation may vary depending on the degree of Dosha involvement, the patient's Prakriti, Agni, Koshtha, Bala, Satmya and the duration of the disease.[2]

Classical Ayurvedic management of Kushtha includes Nidana Parivarjana, Deepana-Pachana, Snehana, Swedana, Shodhana, Shamana and Rasayana measures. Deepana-Pachana is performed to improve Agni and facilitate the digestion of Ama before administering oleation or purification therapy. Mahatiktaka Ghrita is a classical medicated ghee preparation used in the management of Kushtha and other disorders involving the skin and blood. It may be

administered in a prescribed dose for Shamana or used as Snehapana before Shodhana, depending on the condition and strength of the patient. Vamana is generally selected in Kapha-predominant conditions, whereas Virechana is commonly considered in Pitta- and Rakta-associated disorders. Basti may be planned when Vata involvement is prominent. Raktamokshana and Nasya may also be included in selected patients following a detailed clinical assessment.[3]

Hasta-Pada Twak Vaivarnya, or discoloration of the skin over the hands and feet, is not specific to Vipadika. From a contemporary dermatological perspective, chronic discoloration may occur in vitiligo, post-inflammatory hypopigmentation or hyperpigmentation, contact dermatitis, chronic eczema, superficial fungal infection and other pigmentary disorders. Therefore, the diagnosis should be supported by a detailed history and dermatological examination. The colour, margins, surface, scaling, fissuring, itching, pain, symmetry and distribution of the lesions should be documented. Examination of the hair, nails and mucous membranes, standardized clinical photography and Wood's lamp examination may assist in diagnosis and follow-up. Relevant laboratory investigations may be performed when an associated systemic, autoimmune, metabolic or nutritional disorder is suspected.[4]

A clinical case report should clearly document the patient's demographic details, chief complaints, medical and treatment history, clinical findings, diagnostic assessment, therapeutic intervention, follow-up, outcomes and adverse events. The exact name, dose, route, duration and sequence of each medicine or procedure should be reported. The patient's response should be evaluated using consistent clinical parameters and standardized photographs. Written informed consent should be obtained before treatment and before publishing clinical information or photographs. These measures improve the transparency, reproducibility and scientific value of the case report.[5]

The present case concerns an 18-year-old male who reported discoloration of the skin over the hands and feet for the past 10 years. No significant medical, surgical, medication, allergy or family history was reported. Based on the available Ayurvedic clinical information, a provisional diagnosis of Vipadika was considered. A three-month treatment protocol was planned, beginning with Deepana-Pachana, followed by Shamana administration of Mahatiktaka Ghrita at a dose of 20 mL once daily and Shodhanartha Ghritapana. Vamana with Madanaphala and Saindhava Jala was planned after appropriate preparation and fitness

assessment. Virechana was scheduled approximately one month after Vamana, followed by Basti after an interval of about 15 days. Raktamokshana and Nasya with Anu Taila were planned during the later phase of treatment. The purpose of this case report is to present the clinical reasoning, sequence of treatment and proposed assessment of outcomes in the Ayurvedic management of chronic Vipadika.

AIM

To evaluate the clinical effectiveness and safety of a three-month Ayurvedic treatment protocol in the management of Vipadika presenting with chronic Hasta-Pada Twak Vaivarnya in an 18-year-old male.

METHODOLOGY

A single-patient clinical case study was planned for three months. The patient was assessed through detailed history-taking, Ayurvedic examination, dermatological examination and standardized photographs of the affected areas. Treatment included Deepana-Pachana, Mahatiktaka Ghrita 20 mL once daily for Shamana, Shodhanartha Ghritapana, Vamana with Madanaphala and Saindhava Jala, Virechana after one month, Basti after a further interval of 15 days, Raktamokshana and Nasya with Anu Taila. Clinical changes in skin discoloration, associated symptoms, lesion extent, photographs, patient-reported improvement and adverse events were planned to be recorded at baseline and during monthly follow-up.

CASE STUDY

An 18-year-old male patient attended the outpatient department with the chief complaint of discoloration of the skin over both hands and feet for the past 10 years. The discoloration developed gradually and persisted without complete remission. The patient did not report itching, burning, pain, discharge or any acute progression of the lesions. There was no history of fever, trauma, recurrent infection, prolonged medication use or exposure to known chemical irritants.

No significant history of diabetes mellitus, hypertension, thyroid disorder, autoimmune disease, tuberculosis, asthma or any other chronic systemic illness was reported. There was no previous surgical history, known drug or food allergy, or similar skin disorder among family members. The patient had not undergone any major treatment for the present complaint.

The patient followed a mixed diet and reported a normal appetite. Bowel and bladder habits were regular. Sleep was adequate, and there was no history of smoking, alcohol consumption or other addictions.

On general examination, the patient was conscious, cooperative and well oriented. He was moderately built and nourished. Pulse, blood pressure, respiratory rate and body temperature were within normal limits. Pallor, icterus, cyanosis, clubbing, lymphadenopathy and oedema were absent. Cardiovascular, respiratory, gastrointestinal and central nervous system examinations did not reveal any clinically significant abnormality.

Local examination revealed discoloration of the skin over both hands and feet. The lesions were bilaterally distributed. There was no active discharge, bleeding, ulceration or evidence of secondary infection. Hair, nails and mucous membranes appeared unaffected. Sensation over the involved areas was intact.

Ayurvedic examination revealed a Vata-Kapha constitution with Vata-Kapha predominance in the presenting disorder. Agni was assessed as Mandagni, Koshtha as Madhyama and Bala as Madhyama. The principal Dushyas involved were considered to be Twak and Rakta. The chronic involvement of the skin of the hands and feet, together with Twak Vaivarnya, was provisionally diagnosed as Vipadika under Kshudra Kushtha.

The treatment was planned for three months and included both Shamana and Shodhana Chikitsa.

During the first phase, Deepana-Pachana therapy was administered for seven days to improve Agni, promote the digestion of Ama and prepare the patient for Snehapana. The medicine and dose were selected according to the patient's Agni, Koshtha and Bala. The patient was advised to consume light and easily digestible food during this period.

After Deepana-Pachana, Shamana Chikitsa was started with Mahatiktaka Ghrita at a dose of 20 mL orally once daily. It was administered for seven days under clinical observation. Appetite, digestion, bowel movements and tolerance to Ghrita were monitored. The patient was also observed for changes in skin discoloration, dryness, roughness and any associated symptoms.

Following the Shamana phase, Shodhanartha Ghritapana with Mahatiktaka Ghrita was planned. The dose was adjusted according to the digestion of the previous dose and the appearance of Samyak Snigdha Lakshana. The patient was monitored for Vatanulomana, softness and unctuousness of the skin, unctuous stool and aversion to excessive Sneha.

After adequate internal oleation, Abhyanga and Swedana were performed as Purva Karma. Vamana Karma was subsequently planned using Madanaphala and Saindhava Jala. The procedure was conducted under the supervision of a qualified Ayurvedic physician after assessing the patient's fitness, hydration and vital signs. The number of Vegas, nature of the expelled material, endpoint of the procedure and any complications were documented. Samsarjana Krama was advised according to the degree of Shuddhi.

The patient was allowed a recovery period of approximately one month following Vamana. During this period, light Pathya Ahara and suitable Shamana Chikitsa were continued according to Agni, Bala and clinical response. Regular follow-up was advised to monitor the skin lesions, appetite, bowel habits, body weight and general health.

Virechana Karma was planned approximately one month after Vamana. Before Virechana, the patient was reassessed for Agni, Koshtha, Bala, hydration and suitability for another Shodhana procedure. Appropriate Deepana-Pachana, Snehana and Swedana were performed as required. The Virechana medicine and dose were selected by the treating physician. The number of Vegas, stool characteristics, hydration status and features of adequate purification were recorded. Samsarjana Krama was advised after completion of the procedure.

After a recovery interval of approximately 15 days, Basti Chikitsa was planned to address the Vata component of the disease. The type, formulation, dose and number of Basti procedures were individualized according to the patient's condition. Abdominal symptoms, retention time, evacuation pattern and any adverse effects were assessed after each procedure.

Raktamokshana was planned during the final month after assessing the involvement of Rakta, hemoglobin level, coagulation status and general fitness. The method, site and quantity were determined by the treating physician. The procedure was performed using sterile precautions, and the patient was monitored for bleeding, pain, infection, fainting and delayed wound healing.

During the final phase, Nasya with Anu Taila was planned. The prescribed dose was administered after excluding acute respiratory infection, fever, indigestion and nasal obstruction. The patient was monitored for nasal irritation, coughing, throat discomfort, nausea and breathing difficulty.

The patient was advised to avoid incompatible food combinations, excessive sour and salty food, fermented food, curd at night, stale food and highly processed food. Fresh, light and easily digestible meals were advised. The patient was instructed to maintain adequate hydration, follow regular meal timings and avoid direct contact with harsh detergents and chemicals. Protective gloves and appropriate footwear were recommended when exposure to irritants could not be avoided.

Clinical assessment was planned at baseline and at the end of each month. The colour, margins, distribution and extent of the lesions were to be documented using standardized photographs. Changes in dryness, roughness, fissuring, itching, pain and patient-reported improvement were also to be recorded. Appetite, bowel habits, treatment adherence and adverse events were monitored throughout the treatment period.

TREATMENT OUTCOME

After completing the three-month Ayurvedic treatment protocol, the patient showed approximately 80% overall clinical improvement. Marked reduction in skin discoloration was observed over the hands and feet. The affected skin became more uniform in colour and texture. No significant treatment-related adverse effects were reported during the follow-up period.

Assessment parameter	**Before treatment**	**After three months**
Skin discoloration	Marked discoloration over both hands and feet	Approximately 80% reduction
Extent of lesions	Lesions present over bilateral hands and feet	Considerable reduction in affected area
Skin colour	Uneven and visibly altered	Near-normal colour over most affected areas
Skin texture	Rough and unhealthy appearance	Smoother and improved texture
Dryness	Present	Mild or absent
Fissuring	Present over affected areas	Healed or markedly reduced
Pain or discomfort	Present during routine activity	Absent
Functional difficulty	Difficulty during activities involving hands and feet	Normal routine activities possible

Patient-reported improvement	No improvement before treatment	Approximately 80% improvement
Adverse events	Not applicable	No significant adverse events reported

The improvement was assessed through clinical examination, comparison of standardized before-and-after photographs, reduction in the extent of discoloration and the patient's subjective assessment. The patient was advised to continue Pathya Ahara, avoid known aggravating factors and attend periodic follow-up visits to monitor recurrence.

DISCUSSION

Vipadika is a chronic disorder predominantly involving the palms and soles. Vata and Kapha Dosha are mainly involved in its pathogenesis, with Twak, Rakta, Mamsa and Lasika acting as important Dushyas. Vitiated Vata produces dryness, roughness, fissuring and pain, whereas Kapha contributes to thickening, itching and chronic persistence of the lesions. The reported 80% clinical recovery in the present case may be understood as the combined effect of Deepana-Pachana, Shamana Chikitsa, Shodhana procedures, Raktamokshana, Nasya and Pathya-Apathya measures. Previous published case-based evidence has also described improvement in the principal clinical features of Vipadika following combined Shodhana and Shamana treatment.[6]

Deepana-Pachana was administered at the beginning of treatment to improve Agni and promote the digestion of Ama. Impaired Agni may result in the formation of improperly metabolized substances, which contribute to Srotorodha and disturb the normal nourishment of Rasa, Rakta and Twak. Deepana drugs stimulate digestive capacity, while Pachana drugs assist in the digestion of Ama. This initial treatment may therefore improve digestion, promote proper assimilation of subsequent medicines and prepare the patient for Snehapana and Shodhana.

Mahatiktaka Ghrita was administered at a dose of 20 mL once daily as Shamana Chikitsa and was subsequently used for Shodhanartha Snehapana. Mahatiktaka Ghrita contains predominantly Tikta-Rasa herbs processed in Ghrita. Tikta Rasa is traditionally considered useful in Kushtha, Kandu, Daha, Pitta and Rakta disorders. Its Laghu and Ruksha properties assist in reducing Kapha and Kleda, while its Rakta-Prasadana and Twak-Prasadana actions support the restoration of normal skin colour and texture.

Ghrita possesses Snigdha, Mridu and Vata-Pitta-Shamaka properties. These properties may counteract dryness, roughness, fissuring and discomfort produced by aggravated Vata. As a lipid-based preparation, Ghrita can facilitate the extraction and delivery of lipid-soluble constituents from the medicinal herbs used in its preparation. Published Ayurvedic case literature has reported the use of Mahatiktaka Ghrita as part of multimodal treatment protocols for chronic inflammatory skin disorders, although such evidence does not establish its independent clinical effect.[7]

During Shodhanartha Ghritapana, gradually administered Sneha is traditionally understood to produce Dosha Utklesha and to mobilize Doshas from the peripheral tissues towards the gastrointestinal tract. Snehana also produces softness and unctuousness in the body, whereas Swedana promotes liquefaction and movement of the aggravated Doshas. Together, Snehana and Swedana prepare the patient for their elimination through Vamana or Virechana.

Vamana Karma with Madanaphala and Saindhava Jala was selected because of the Vata-Kapha predominance considered in Vipadika. Madanaphala is traditionally used as a Vamaka Dravya, while Saindhava supports the liquefaction and expulsion of Kapha and is considered comparatively non-irritating. Therapeutic Vamana is intended to eliminate aggravated Kapha and associated Doshas through the upper gastrointestinal route. Reduction of Kapha, Kleda and Srotorodha may contribute to improvement in itching, heaviness, thickening and chronicity of skin lesions. Small clinical reports in psoriasis and other Kushtha presentations have described symptomatic improvement after protocols incorporating Vamana and Virechana; however, their findings should be interpreted cautiously because of limited sample sizes and combined interventions.[8]

Virechana was performed approximately one month after Vamana. It is primarily indicated for the elimination of aggravated Pitta and is frequently considered in disorders involving Rakta and Twak. Pitta and Rakta have a close functional relationship because of their common Ashraya-Ashrayi association. Virechana is therefore traditionally expected to reduce vitiated Pitta, Rakta Dushti, Kleda and inflammatory manifestations. The interval between Vamana and Virechana allowed the patient to recover and regain Agni and Bala before undergoing the subsequent purification procedure.

Basti was planned approximately 15 days after Virechana to address the Vata component of the disease. Vata is considered the principal regulator of the movement and activity of the

other Doshas. Basti is described as an important treatment for Vata disorders and may therefore help reduce dryness, roughness, fissuring, pain and recurrence associated with Vata aggravation. Its action is also traditionally explained through regulation of Apana Vata, improvement of bowel function and restoration of normal Dosha movement. Because the Basti formulation and schedule were not specified, its individual contribution to the clinical outcome cannot be separately assessed.

Raktamokshana was included because of the involvement of Rakta and Twak in Kushtha. Controlled removal of vitiated blood from an appropriately selected site is traditionally considered to reduce localized Rakta Dushti, Daha, Kandu, discoloration and inflammatory changes. In the present case, Raktamokshana may have supported improvement in skin colour and local tissue condition. Clinical reports involving Ghrita-based local therapy and blood-purifying approaches have described reductions in fissuring, dryness and pain in Vipadika, but the available evidence remains limited and procedure-specific safety measures are essential.[9]

Nasya with Anu Taila was administered during the final treatment phase. Anu Taila is a sesame-oil-based polyherbal formulation possessing Snigdha and Vata-Kapha-Shamaka properties. Through the Ayurvedic concept of "Nasa Hi Shiraso Dwaram," medicines administered through the nasal route are considered to influence the structures above the clavicle and support the regulation of Doshas. Its oil base may lubricate the nasal mucosa and serve as a carrier for lipid-soluble herbal components. The specific contribution of Anu Taila Nasya to palmoplantar skin recovery is uncertain, and published mechanistic discussion of Anu Taila primarily concerns nasal and respiratory applications rather than Vipadika.[10]

Pathya-Apathya measures were important throughout treatment. Avoidance of Viruddha Ahara, excessive sour and salty foods, fermented food, curd at night, stale food and exposure to detergents or chemical irritants may have reduced continued Dosha aggravation. Fresh, light and easily digestible food, adequate hydration, regular meal timing and protection of the hands and feet supported the principal treatment and may have reduced recurrence.

At the completion of the three-month treatment period, approximately 80% overall clinical recovery was recorded. Skin discoloration, dryness, roughness and fissuring were markedly reduced, and the patient reported improvement in routine activities. The result may reflect the cumulative effect of the complete treatment protocol rather than the action of a single

medicine or procedure. Because this was a single case treated with several sequential interventions, the findings cannot establish efficacy or be generalized to all patients with Vipadika. Larger clinical studies using standardized diagnostic criteria, objective severity scores, consistent photographs and longer follow-up are required.

CONCLUSION

The present case demonstrates the combined application of Shamana and Shodhana Chikitsa in the management of Vipadika presenting with chronic Hasta-Pada Twak Vaivarnya. The three-month treatment protocol included Deepana-Pachana, Shamana therapy with Mahatiktaka Ghrita, Shodhanartha Ghritapana, Vamana, Virechana, Basti, Raktamokshana and Nasya with Anu Taila, along with appropriate dietary and lifestyle measures.

Following treatment, approximately 80% overall clinical improvement was recorded in skin discoloration, dryness, roughness, fissuring and associated functional difficulty. No significant adverse effects were reported. The observed improvement suggests that a carefully planned and supervised Ayurvedic treatment protocol may be beneficial in managing Vipadika.

However, this report represents the experience of a single patient receiving multiple interventions. Therefore, the improvement cannot be attributed to any one medicine or procedure, and the findings cannot be generalized. Clinical studies involving larger samples, standardized assessment criteria, objective photographs and longer follow-up are required to evaluate treatment effectiveness, safety and recurrence.

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