

## MANAGEMENT OF VIPADIKA WITH NIMBAHARIDRADI LEPA- A CASE REPORT

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### ABSTRACT

*Kushta* is a general term mentioned in *Ayurvedic classics* that encompasses all skin diseases. *Vipadika* is one among the *Kshudra Kushta*. It is characterised by *Pani-pada Sphutanam* (Fissures in palms and soles) and *Teevra vedana* (severe pain). The signs and symptoms resemble Palmo-plantar psoriasis. It is a chronic, recurring condition that affects the palms of hands and soles of feet. This condition not only affects the individual physically but also impacts their mental and social well-being. Ayurvedic treatment principles can offer better results with a lower chance of relapse compared to conventional medicine. This article presents a case of a six-year-old boy complaining of peeling skin over the palmar and plantar aspect persisting for two years, associated with itching and burning sensation which worsens at night. The child was successfully treated using *Shamana Oushadas*, special *Lepa*, and following appropriate *Pathya Ahara* (dietary guidelines) and *Vihara* (lifestyle recommendations).

This case report demonstrates how Ayurvedic interventions relieved the symptoms of *Vipadika* and prevented future exacerbations of the disease.

**KEYWORDS:** *Vipadika*, *Shamana Oushada*, *Lepa*, *Pathya*, *Apathya*.

### INTRODUCTION

The skin is one of the largest organs in the human body. It serves several essential functions: it acts as a barrier against infection, regulates heat and fluid loss, and serves as a sensory

interface with the external environment. Skin diseases not only affect a person physically but also affect the mental and social health of the patient.<sup>[1]</sup>

Ayurveda includes all skin disorders under the broad classification of *Kushta*. There are 18 types of *Kushta* described in *Ayurveda Samhitas*. Among these, 11 are classified as *Kshudra Kushta*, with *Vipadika* being one among them. Different *Acharyas* have given varying presentations of signs and symptoms of *Vipadika*. According to *Acharya Charaka*, it is characterized by *sphutana* (cracks) either in *pani* (palms) or *pada* (soles) or in both, accompanied by *teevra vedana* (severe pain).<sup>[2]</sup> *Acharya Vagbhata* in *Ashtanga Hridaya* expanded on these features by adding *manda kandu* (mild itching), and *sa-raga pidika* (red-coloured macules).<sup>[3]</sup> *Acharya Sushruta* limited the site of manifestation of *Vipadika* to the soles (*pada*) and included features like *kandu* (itching), *daha* (burning sensation), and *ruja* (pain).<sup>[4]</sup> *Acharya Kashyapa* described it as non-suppurating painful cracks with discharge affecting various areas including palms, soles, thumbs (*angusta*), lips (*oshta*), thighs (*jangha*), and scrotum (*anda*).<sup>[5]</sup> Based on clinical features, *Vipadika* shows similarities to palmoplantar psoriasis, a chronic autoimmune skin disorder with an unknown etiology.<sup>[6]</sup> It presents with hyperkeratotic, pustular, or mixed morphologies, significantly impacting daily activities and quality of life. The chronic relapsing nature of the condition presents treatment challenges in the conventional system, further affecting the well-being of the patient.<sup>[6]</sup> This case report highlights the importance of Ayurvedic management which can yield better results in such conditions with a reduced chance of relapse compared to conventional medicine.

## MATERIALS AND METHODS

### CASE REPORT

A 6- year male patient, accompanied by his parents, visited the *Shalyatantra* Outpatient Department (OPD) at Alva's Ayurveda Medical College, Vidyagiri, Karnataka on 12/03/2024 for complaints of cracking of both palms and soles associated with a burning sensation and pain for the last 2 years. The cracks initially developed from the plantar aspect of the right big toe and then extended to both soles of the feet and the palms, accompanied by mild rashes all over the body. He had no significant family history or any past medical or psychological issues. He previously received treatment from both allopathy and homeopathy, which provided temporary relief only. However, due to the recurrence of the symptoms, he approached here for management. On examination, multiple deep fissures and local tenderness were found on both palms and soles. Based on clinical features, the patient was diagnosed with *Vipadika*,

with features indicating a predominance of *Vata* and *Kapha* dosha along with *Pitta*.

## CLINICAL FINDINGS

### PHYSICAL EXAMINATION

Bowel: Regular; one time/day

Appetite: Moderate

Micturition: 4-5 times/day

Sleep: Disturbed due to pain and itching over palms and soles

Diet: Mixed diet with a preference for consuming fish, particularly prawns.

### VITAL EXAMINATION

Pulse: 102 bpm

BP: 90/70 mmHg

Respiratory rate: 16/min

Temperature: 98.6 F

Weight: 18.94 Kg

### GENERAL EXAMINATION

- Appearance: Normal
- Built: Moderate
- Nourishment: Moderate
- Pallor: Absent
- Icterus: Absent
- Oedema: Absent
- Cyanosis: Absent

### INTEGUMENTARY SYSTEM EXAMINATION

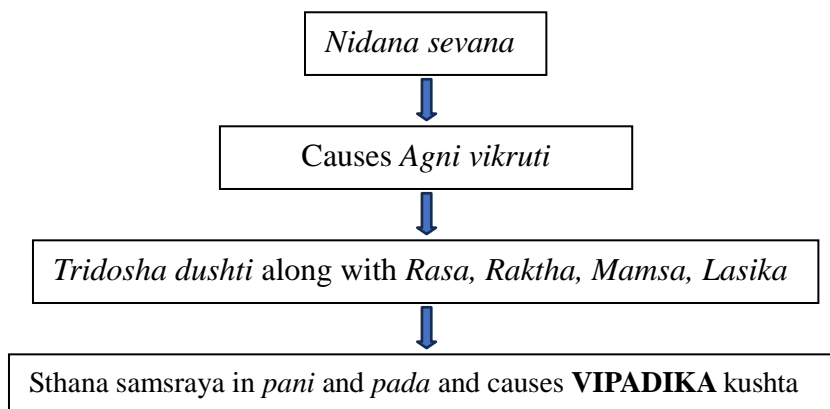
- Site: Dorsum of both feet (soles) and on both palms
- Distribution: Symmetrical (Both soles & palms)
- Surface: Rough and dry
- Margin: Irregular

### NIDANA PANCHAKA

*Nidana: Katu, Snigdha, Guru, Abhishyandhi Ahara, Vataja Ahara*

*Poorva Rupa: Kandu*

*Samprapti:*



*Rupa: Vedana, Kandu, Daha*

*Upashaya:* Application of moisturising gel.



**Fig. 1: Day of Admission.**

## TREATMENT PROTOCOL

The treatment protocol was designed for both internally and externally.

## INTERNAL MEDICINE

**Table 1: List of Internal medicine.**

MEDICINES	DOSE
<i>Panchatiktha Kashaya</i>	5 ml kashaya with 15 ml lukewarm water, twice daily, half an hour before food.
<i>Sarivadyasava</i>	5ml, twice daily after food
<i>Kamadugdha with Moukthika</i>	1/2 - 0- 1/2
<i>L.S Vati</i>	1/2 - 0 -1/2

**EXTERNAL MEDICINE****NIMBAHARIDRADI LEPA****Table 2: Ingredients and proportions of *Nimbaharidradi lepa*.**

Sl. No	Ingredients	Proportion
1	<i>Nimba patra kalka</i>	4 Parts
2	<i>Haridra churna</i>	2 Parts
3	<i>Sariva churna</i>	1 Parts
4	<i>Triphala churna</i>	1 Parts

*Nimbaharidradi lepa* contains *Nimba patra kalka*, *Haridra churna*, *Sariva churna*, and *Triphala churna*, all taken according to the proportions specified in Table No: 2. the mixture was turned into a paste using adequate amount of water and then applied to the affected area.

**DIET REGIMEN**

- *Laghu anna* (Light and wholesome food), *thikta saaka* (vegetables having a bitter taste).
- Avoid *Guru anna*, *amla rasa* (heavy and sour food), *dugdha* (milk), *dadhi* (curd), *matsya*, *guda* (jaggery), *tila* (sesame), meat of animals on marshy land.

**Fig. 2: AFTER 7 DAYS.****Fig. 3: AFTER 14 DAYS.**



**Fig. 4: FIRST FOLLOW UP.**

## ASSESSMENT CRITERIA

### SUBJECTIVE CRITERIA.

**Table 3: Assessment criteria of symptoms.**

Symptoms	Grade 0	Grade 1	Grade 2	Grade 3
<i>Vedana</i>	Absent	Mild	Moderate	Severe
<i>Kandu</i>	Absent	Mild	Moderate	Severe
<i>Pani- pada Sphutanam</i>	Absent	Mild	Moderate	Severe

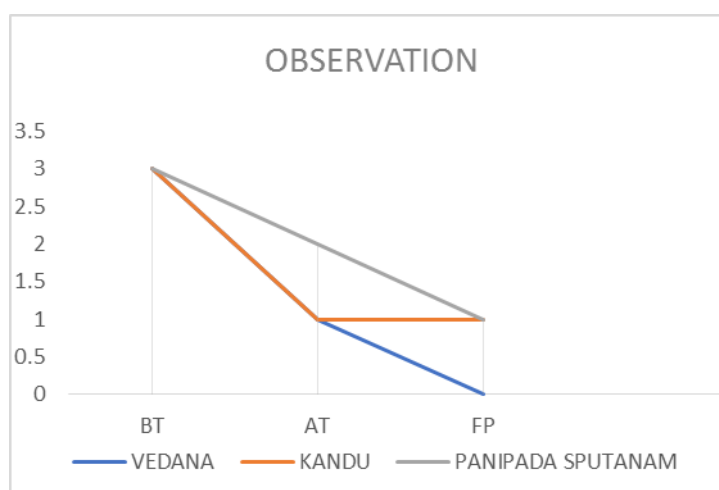
**Table 4: Observation.**

<i>Vedana</i>			<i>Kandu</i>			<i>Pani pada sphutanam</i>		
BT	AT	FP	BT	AT	FP	BT	AT	FP
03	01	0	03	01	01	03	02	01

BT- Before treatment

AT- After treatment (at the time of discharge)

FP-Follow Up (after 1 month of discharge)





## DISCUSSION

*Vipadika* classified under *Kshudra kushta* is characterised by features such as *Panipada sphutana*, and *Teevravedana*. It involves the vitiation of *Twak* (skin), *Raktha* (blood), *Mamsa* (muscle) and *Lasika* (lymph). Additionally, there will be *Tridosha Prakopa* (aggravation of all three bodily humours). Clinical features suggest a correlation with Palmoplantar psoriasis, a chronic inflammatory skin disorder affecting the palms of the hands and soles of the feet. It is a systemic autoimmune disease involving the excessive production of skin cells and inflammation. *Lepa* (external applications) and *Shamana Oushadha* (internal medications) are beneficial in the initial stage of Kushta.

## MODE OF ACTION OF NIMBAHARIDRADI LEPA

*Nimbaharidradi lepa* consists of *Nimba patra kalka*, *Haridra churna*, *Sariva churna*, and *Triphala churna*, with proportions specified in Table no: 2. In this case study, it was found that this *lepa* effectively reduces the symptoms of *Vipadika*.

*Nimba* possessing *thikta rasa* and *kapha-rakta-pitta samana* properties can be utilized in *kushta*. According to *Dhanvantari Nighantu*, *Nimba lepa* exhibits properties of *kushta*, *kandu* and *visha samana* while also aiding in the *pachana* of *apakwa sophra* and *samana* of *pakwa sophra*.<sup>[7]</sup> Additionally, it possesses antibacterial, anti-inflammatory, antiviral, antifungal, hepatoprotective, wound healing and immunomodulatory activities.<sup>[8]</sup> *Nimba* leaves have historically been employed in treating skin diseases.

*Sariva* (*Hemidesmus indicus*) possesses *madhura rasa* (sweet taste), *sheetha virya* (cooling potency) and *kandu-kushta-jwara samana* properties as well as balances *kapha-vata* and *rakta doshas*.<sup>[9]</sup> Pharmacological studies indicate that *sariva* exhibits antioxidant, hepatoprotective, anti-ulcer, antimicrobial, anticancer, hypoglycemic, antithrombotic, antihyperlipidemic, analgesic, anti-inflammatory and immunomodulatory properties. It is beneficial in treating skin diseases, erysipelas, psoriasis, and urticaria, reduces itching and stops suppuration.<sup>[10]</sup>

*Haridra* (*Curcuma longa*) is characterized by its *kadu-thikta rasa* (pungent-bitter taste), *ushna virya* (hot potency), *ruksha guna* and properties that balance *kapha-pitta doshas*. It is *varnya* (enhances complexion) and pacifies *twak dosha*, *prameha*, *sopha*, *pandu* and *vrana*.<sup>[11]</sup> Studies demonstrate the effectiveness of curcumin in treating inflammatory, neoplastic, and infectious skin diseases as well as its ability to combat multi-drug resistant

pathogens. Additionally, its anti-melanogenic, anti-oxidative, and free radical scavenging properties make it a valuable ingredient in cosmetic formulations. *Haridra* is also used for managing diabetes, allergies, and hepatic conditions.<sup>[12]</sup>

*Triphala* is comprised of the fruits of three myrobalans: *Amalaki* (*Emblica officinalis*), *Vibhitaka* (*Terminalia bellerica*) and *Haritaki* (*Terminalia chebula*). It is considered a *rasayana*, possessing *kapha-pitta samana* properties and *deepana* action. *Triphala* pacifies *twak dosha*, *kleda*, and *prameha*. Studies suggest it has antioxidant, anti-inflammatory, immunomodulating, antibacterial, antimutagenic, adaptogenic, hypoglycaemic, antineoplastic, chemoprotective, and radioprotective effects.<sup>[13]</sup> *Triphala* has demonstrated efficacy in healing open dermal wound induced-infection in male Wister albino rat.<sup>[14]</sup>

### MODE OF ACTION OF INTERNAL MEDICATIONS

*Panchatiktha kashaya* consists of *Nimba* (*Azadirachta indica*), *Kantakari* (*Solanum xanthocarpum*), *Guduchi* (*Tinospora cordifolia*), *Patola* (*Trichosanthes dioica*) and *Vasa* (*Adhatoda vasica*).<sup>[15]</sup> These ingredients are *thikta rasa pradhana* (primarily bitter) *dravyas* in nature. This formulation is advised for various conditions such as *kusta* (skin diseases), *krimi* (worm infestations) *arsas* (piles), and *vrana* (ulcer). It is especially effective for balancing *Pitta* and *Kapha dosas*, *Ama pachana*, *Rasa-rakta prasadana*.

According to *Bhaishajya Ratnavali* *Sarivadyasava* can be utilised in the treatment of *Vatarakta* (Gout), *Prameha* (Diabetes) and *Twakrogas* (Skin diseases). The formulation has demonstrated effectiveness in the treatment of Eczema.<sup>[16]</sup>

*Kamaduga Rasa* mentioned in the *Amlapitta adhikara* in *Rasayanasangraha* is a *Mukta yukta* preparation. It is a herbomineral preparation consisting of *Mukta Bhasma*, *Prawala Bhasma*, *Muktashukti Bhasma*, *Kapardika Bhasma*, *Shankha Bhasma*, *Suvarna Gairika*, and *Guduchi Satwa* in equal proportions. *Kamadudha rasa* exhibits immunomodulatory, and antioxidant activities. It is an excellent medication for pacifying *Pitta dosa*.<sup>[17]</sup>

*Laghu Sutashekhara Vati* (L.S Vati) contains *Shuddha Gairika* ( $\text{Fe}_2\text{O}_3$ ) and *Shunthi churna* (*Zingiber officinale* Roxb.) with the *bhavana dravya* (trituration medium) of *Nagavalli Swarasa* (fresh juice of *Piper betel* Linn.) as per the reference of *Rasatarangini Parishistha Adhyaya*.<sup>[18]</sup> It is a key formulation known for its corrective effects on the *Pitta dosha*.



## CONCLUSION

In this case study, the patient achieved satisfactory results in relieving the symptoms of *Vipadika* through a combination of internal medication and *lepa* application. Following proper *pathya apathya* (dietary and lifestyle regulations) further contributed to decreasing the symptoms. The recurrence of symptoms was minimal, emphasizing the effectiveness of Ayurvedic management in treating skin diseases and preventing their recurrence. However, additional research with more patients is necessary to validate these results conclusively.

## REFERENCES

1. P. Ronan O'Connell, Andrew W. McCaskie, Robert D. Sayers. Bailey and Love's Short Practice of Surgery. In: 28th ed. Abingdon, Oxon, New York: CRC Press, 2023.
2. Agnivesha, Charak, Dridhabala, Charaka Samhita, Chikitsa Sthana, Kustha Chikitsa Adhyaya, 7/22, edited by Tripathi B, Reprinted ed. Chaukhambha Orientalia, Varanasi, 2006; 325. In.
3. Vagbhata, Arundata, Astanga Hridaya, Nidana Sthana Adhyaya Kusthashivtrakrimindana, 14/8, translated by Prof K R Srikantha Murthy, Reprinted ed. Chowkhamba Krishnadas Academy, 2000; 139. In.
4. Acharya Susruta, Susruta Samhita, Nidana Sthana; Kushta Nidana Adhyaya, 5/13, edited by Dr Laxmidhar Dwivedi. In: 3rd ed. Varanasi: Chaukambha Orientalia, 2007; p. 44.
5. Vriddha Jivaka – Kashyapa Samhita / Vriddha Jivakiya Tantra, with English translation and Commentary, edited by Prof P V Tewari, Chikitsa Stana, 9/2. In Varanasi: Chaukhamba Visvabharati publications, 2018; p. 198.
6. Kumar Bhatted S, Arun Shende H, Kumar Singh H, Kumar A. "Ayurveda management of Palmoplantar Psoriasis (Vipadika) -a case report." Journal of Ayurveda and Integrative Medicine, 2023 Mar; 14(2): 100704.
7. Prof. Priyavrat Sharma, Dhanvantari Nighantu, Guduchyadi Prathama Varga, sloka- 28. In: 3rd ed. Varanasi: Chaukambha Orientalia, 2002; p. 21.
8. Alzohairy MA. Therapeutics Role of *Azadirachta indica* (Neem) and Their Active Constituents in Diseases Prevention and Treatment. Evidence-Based Complementary and Alternative Medicine, 2016; 2016: 1–11.
9. Prof Priyavat Sharma and Guruprasad Sharma, Dhanvantari Nighantu (Hindi translation). In: 2nd ed. Varanasi: Chaukambha Orientalia, 1998; p. 45–6.

10. Pansare T.A, Khandekar S.B, Satpudke S.S. Ayurvedic And Modern Aspects of Sariva (Hemidesmus Indicus R. Br): An Overview. International Journal of Ayurvedic & Herbal Medicine, 2018.
11. Chunekar KC. Bhavaprakasha Nighantu of Shree Bhavamishra. In Varanasi: Chaukhamba Bharti Academy, 2010; p. 111–2.
12. Sarita Verma, D. C. Singh, Ritu Singh, Rupesh Kumar Sanger. A REVIEW - CURCUMA LONGA (HARIDRA): EMERGING AS MAGICAL HERB FROM TRADITIONS TO THE PHARMACEUTICAL INDUSTRIES. AYUSHDHARA, 2016; 3(2): 607–10.
13. Peterson CT, Denniston K, Chopra D. Therapeutic Uses of *Triphala* in Ayurvedic Medicine. The Journal of Alternative and Complementary Medicine, 2017 Aug; 23(8): 607–14.
14. Kumar MS, Kirubanandan S, Sripriya R, Sehgal PK. Triphala Promotes Healing of Infected Full-Thickness Dermal Wound. Journal of Surgical Research, 2008 Jan; 144(1): 94–101.
15. Vagbhata, Arundata, Astanga Hridaya, Chikitsa Sthana Adhyaya Vatavyadi Chikitsa, 21/58, translated by Prof K R Srikantha Murthy. In: Reprinted. Chaukhamba Krishnadas Academy, 2000.
16. Dr Geeta Parulkar. SARIVADYASAVA: A MEDICO REVIEW. World Journal of Pharmaceutical Research, 2016 Oct; 5(12): 322–7.
17. Yogesh T. Kotangale, Anuja S. Bhojane, Sumedha Y. Kotangale. Ayurveda Perspective on Visarpa Vyadhi and its Management. Int J Ayu Pharm Res, 2023 Oct 5; 86–90.
18. Rasa Tarangini, Sadananda Sharma. 11th ed. Motilal Banarasi Das publication; India: 2004. Rasa, Tarangini parishista, p. 771. In.