

AYURVEDIC MANAGEMENT OF VIPADIKA W.S.R. TO PALMOPLANTAR PSORIASIS THROUGH CLASSICAL PANCHAKARMA: A CASE REPORT**Dr. Arun Lego*¹, Dr. Jyoti S. Hiremath², Dr. Priyadarshini D.³**

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Article Received on 15 Sept. 2026,
Article Revised on 05 Oct. 2026,
Article Published on 16 Oct. 2026,
<https://doi.org/10.5281/zenodo.23389179>

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How to cite this Article: Dr. Arun Lego*¹, Dr. Jyoti S. Hiremath², Dr. Priyadarshini D.³. (2026). Ayurvedic Management of Vipadika W.S.R. To Palmoplantar Psoriasis Through Classical Panchakarma: a Case Report. World Journal of Pharmaceutical Research, 15(20), 1198–1209. This work is licensed under Creative Commons Attribution 4.0 International license.

ABSTRACT

Background: Palmoplantar psoriasis is a chronic inflammatory dermatosis affecting the palms and soles, characterized by hyperkeratosis, fissuring, scaling, itching, and pain, significantly impairing quality of life. In Ayurveda, its clinical presentation closely resembles Vipadika, a Kṣudra Kuṣṭha predominantly involving Vata and Kapha Doṣa with Rakta and Tvak Duṣṭi. The disease is chronic, recurrent, and often resistant to conventional therapy. **Case Summary:** A 45-year-old Muslim male presented with itching and scaly lesions over bilateral feet for 4 years. He underwent Ayurvedic management consisting of Deepana-Pacana, Avagaha with Manjistadi kashaya, Sodhnanga Snehapana with Panchatikta Ghrita, Virechana Karma with Manibadra Guda, and Panchatikta Kahaya Basti. Marked clinical improvement (approximately 77%) was observed following the completion of the treatment

protocol. **Conclusion:** The case demonstrates that Panchakarma Treatment can effectively reduce symptoms and improve the quality of life in patients with Vipadika (Palmoplantar Psoriasis).

KEYWORDS: Vipadika, Palmoplantar psoriasis, Deepana Pachana, Avagaha, Virechana, Basti.

INTRODUCTION

Psoriasis is a common chronic inflammatory dermatosis that affects 2–4% of the world population.^[1] Palmoplantar psoriasis is a chronic inflammatory disorder characterized by hyperkeratotic, erythematous, scaling lesions involving the palms and/or soles.^[2] It is a rare variant of psoriasis that may or may not be associated with other localizations of psoriasis. It is characterized by considerable severity and resistance to standard treatments.^[3] The exact etiopathogenesis of palmoplantar psoriasis remains incompletely understood and is believed to involve a complex interplay of genetic susceptibility, immune dysregulation, and environmental factors, including infections, mechanical trauma, smoking, and psychological stress. Despite significant advances in therapeutic modalities, its management remains challenging owing to its chronic relapsing course, frequent recurrences, and the need for prolonged use of topical corticosteroids, systemic immunosuppressants, and biologic agents, which may be associated with adverse effects and variable long-term efficacy.

In Ayurvedic literature, the clinical presentation of Vipadika, which is classified under Kṣudra Kustha, bears a close resemblance to the manifestations of palmoplantar psoriasis. The condition is primarily characterized by Sphuṭana (fissuring) of the palms and soles accompanied by Tivra vedana (severe pain). And is commonly associated with features such as Rukṣata (excessive dryness), Kharata (roughness), and Kaṇḍu (itching)^[4-6], which closely correlate with the characteristic clinical features of palmoplantar psoriasis, including hyperkeratosis, scaling, painful fissures, and pruritus. Owing to these similarities in symptomatology, Vipadika is widely considered the closest Ayurvedic correlate of palmoplantar psoriasis.

From an Ayurvedic perspective, the pathogenesis of Vipadika is predominantly attributed to the vitiation of Vata and Kapha Dosas, with subsequent involvement of Rakta, Tvak, and Lasika. Impairment of Agni and the formation of Ama, along with indulgence in incompatible dietary and lifestyle practices (Viruddhahara and Viruddha Vihara), initiate Doṣa vitiation and their localization in the cutaneous tissues, resulting in chronic inflammatory changes manifested as dryness, scaling, fissuring, itching, and pain. The persistent nature of the disease indicates deep-seated Doṣa involvement and progressive Duṣya vitiation, necessitating a therapeutic approach that addresses the underlying pathology rather than merely providing symptomatic relief.

Considering the chronic and recurrent nature of Vipadika, Sodhana Cikitsa assumes a

pivotal role in its management. Among the various bio-purificatory procedures, Virechana Karma is regarded as the principal modality for the management of Kuṣṭha, owing to its ability to eliminate vitiated Doṣas, particularly those associated with Pitta and Rakta, thereby facilitating the restoration of Doṣic equilibrium and tissue homeostasis. This is often followed by Basti Karma, which is considered the most effective therapy for pacifying Vata Doṣa, correcting the residual Doṣic imbalance, nourishing the affected tissues, and reducing the likelihood of recurrence. Thus, a sequential approach comprising Sodhana followed by appropriate Samana measures forms the cornerstone of Ayurvedic management of chronic dermatological disorders such as Vipadika.

CASE REPORT

Patient Information

Chief Complaints

- Itching over both feet since
- Thick scaling over bilateral soles
- Dryness
- Fissuring
- Burning sensation
- Difficulty while walking due to rough lesions

Duration: 3years

History of Present Illness: A 56 Y/M patient, N/K/C/O T₂DM, HTN, Thyroid dysfunction was asymptomatic 3years back, after which he gradually developed itching over both soles followed by thick scales and fissures associated with burning sensation. Symptoms progressively increased and became persistent with occasional exacerbations on taking spicy and non- vegetable food. The patient has difficulty while walking due to the mentioned symptoms. He had taken alternative treatment but did not get significant relief. Therefore, the patient visited Government Ayurvedic Medical College and Hospital, Bengaluru for further evaluation and management.

Past History

- No history of diabetes mellitus
- No hypertension
- No tuberculosis

- No major surgery

Personal History

- Appetite – Normal
- Bowel – Regular
- Sleep – Disturbed due to itching
- Micturition – Normal

Examination

General Examination

- Conscious and oriented
- Afebrile
- Moderately built
- Vitals stable

Integumentary system Examination

- Site - Bilateral plantar surface
- Distribution - Symmetrical
- Morphology
- Hyperkeratotic plaques
- Thick adherent scales
- Fissures
- Dry skin
- Mild erythema

Astha Sthana Pareeksha

Parameters	Findings
Nadi	74bpm
Mala	Abaddha (1/Day)
Mutra	Prakruta (5-6/Day) (1-2/Night)
Jihwa	Ishat Lipta
Sabda	Prakruta
Sparsa	Prakruta
Drik	Prakruta
Akriti	Madhyama

Dasavidha Pariksha

Parameters	Findings
Prakruti	Vata-Kaphaja
Vikruti	Vata-Kaphaja
Sara	Madhyama
Samhanana	Madhyama
Pramana	Madhyama
Satmya	Madhyama
Sattva	Madhyama
Ahara Sakti	Madhyama
Vyayama Sakti	Madhyama
Vaya	Madhyama

Diagnosis

Ayurvedic Diagnosis – Vipadika (Kṣudra Kustha)

Modern Diagnosis – Palmoplantar Psoriasis

Assessment Criteria

The following subjective grading scale are adopted.

1. Itching (Kandu)

Grade	Description	Findings
0	Absent	
1	Mild	
2	Moderate	✓
3	Severe	

2. Scaling (Rukshata)

Grade	Description	Findings
0	Absent	
1	Mild	
2	Moderate	✓
3	Severe	

3. Fissuring (Sphutana)

Grade	Description	Findings
0	Absent	
1	Mild	
2	Moderate	✓
3	Severe	

4. Dryness (Kharata)

Grade	Description	Findings
0	Absent	
1	Mild	
2	Moderate	
3	Severe	✓

5. Pain during walk (Vedhana)

Grade	Description	Findings
0	Absent	
1	Mild	
2	Moderate	✓
3	Severe	

6. Burning sensation (Daha)

Grade	Description	Findings
0	Absent	
1	Mild	
2	Moderate	
3	Severe	✓

Palmoplantar Psoriasis Area and Severity Index (PPASI) = 22

The Palmoplantar Psoriasis Area and Severity Index scale is used to assess the severity of localized non-pustular psoriasis on the palms and soles of patients. A clinician assesses the palms and soles for induration, desquamation, and erythema, and surface area of palms and soles covered by plaque psoriasis.^[7]

Treatment Plan**Phase 1 – Deepana Pachana (3 Days)**

Avagaha of bilateral foot with Mahamanjishthadi Kwatha.

Internal Medicine

- Chitrakadi Vaṭi – 1 tablet TID

Purpose

- Ama Pachana
- Agni Deepana
- Preparation for Sodhana

Phase 2 – Virechana Karma**Sodhanaga Snehapana with Panchatikta Ghrita**

Day	Dose
1	30 ml
2	60 ml
3	100 ml
4	150 ml

Purpose

- Dosa Utkleshana
- Internal oleation

Vishrama Kala (3 Days)

Daily

- Abhyanga with Yaṣṭimadhu Taila
- Followed by Uṣṇa Jala Sarvanga Snana

Purpose

- Doṣa mobilization from Sakha to Kostha
- Snehana
- Preparation for Virechana

Virechana karma

- Drug - Manibhadra Guḍa Avaleha (75g) at 9:30 am
- Anupana - Triphala Kwatha
- Outcome - 18 Vegas
- Indicating Madhyama Suddhi.

Saṃsarjana Krama

Duration - 5 days

Purpose

- Restoration of digestive fire
- Gradual return to normal diet

Phase 3– Basti Therapy

Niruha Basti - Panchatikta Kaṣaya Basti

Ingredients	Quantity
<i>Makshika</i>	80ml
<i>Saindhava Lavana</i>	10g
<i>Panchatikta Ghrita</i>	60ml
<i>Shatapushpa Kalka</i>	20g
<i>Panchatikta Kwatha</i>	500ml
Total	670ml

Anuvasana Basti - Panchatikta Ghṛta (60ml)

Basti Karma Chart

Day 1	Day 2	Day 3	Day 4	Day 5
	Niruha	Niruha	Niruha	
Anuvasana	Anuvasana	Anuvasana	Anuvasana	Anuvasana

Purpose

- Pacification of residual Doṣa
- Rakta and Tvak nourishment
- Prevention of recurrence

OBSERVATION

Subjective parameters	Before treatment	After treatment	After follow up
Itching	2	0	0
Scaling	2	1	0
Dryness	3	0	0
Fissuring	2	1	0
Pain	2	0	0
Burning sensation	3	0	0

Objective parameter	Before treatment	After treatment	After follow up
PPASI score	22	6	3

Before treatment



After treatment



Overall improvement: 77%

- Subjectively – Approximately 80%
- Objectively – approximately 70%

DISCUSSION

Vipadika is described under Kṣudra Kustha in Ayurveda and is predominantly a Vata-Kapha Pradhana Tridoṣaja Vyadhi, involving Tvak, Rakta, Mamsa, and Lasika as the principal Duṣyas. The chronic consumption of Viruddhahara, Abhiṣyandi Ahara, and improper lifestyle practices leads to Agnimandya and subsequent Ama formation. This initiates the vitiation of Vata and Kapha Dosas, which localize in the cutaneous tissues, producing Ruṣṣata (dryness), Sphuṭana (fissuring), Kaṇḍu (itching), Kharata (roughness), and Vedhana (pain). Owing to the chronicity of the disease and the deep-seated involvement of Doṣas and Duṣyas, Sodhana Cikitsa forms the cornerstone of management.

Deepana Pachana

The treatment protocol was initiated with Deepana-Pachana using Citrakadi Vaṭi for three days. Deepana-Pachana is an essential preparatory measure before Sodhana, as it enhances Jatharagni, digests Ama, clears obstructed Srotas, and facilitates proper mobilization of vitiated Doṣas. Citrakadi Vaṭi contains ingredients such as Citraka (*Plumbago zeylanica*), Pippali (*Piper longum*), Marica (*Piper nigrum*), Suṇṭhi (*Zingiber officinale*), Ajamoda (*Trachyspermum ammi*) and other Katu-Rasa predominant drugs possessing Deepana, Pachana, Amapachana, Vata-Kapha Samaka, and Srotovisodhana properties.^[8] By correcting impaired Agni, the formulation prepared the patient for internal oleation and subsequent purification therapy.

Simultaneously, Avagaha Sveda with Mahamanjiṣṭhadi Kvatha was administered locally to both feet. Avagaha provides localized fomentation that relieves stiffness, dryness, pain, and itching while promoting peripheral circulation and facilitating softening of hyperkeratotic plaques. Mahamanjiṣṭhadi Kvatha is traditionally indicated in Kuṣṭha, Raktaduṣṭi, and other inflammatory skin disorders. The formulation predominantly contains Manjiṣṭha (*Rubia cordifolia*), along with drugs possessing Raktaprasadana, Kuṣṭhaghna, Kandughna, Varnya, and Sothahara properties.^[9] These actions help reduce local inflammation, improve microcirculation, alleviate pruritus, and promote healing of fissures.

Virechana karma

After achieving proper Nirama Avastha with Deepana-Pachana, Snehapana was performed with Panchatikta Ghrita in escalating doses. Panchatikta Ghrita contains Nimba (*Azadirachta indica*), Guḍuci (*Tinospora cordifolia*), Vasa (*Adhatoda vasica*), Paṭola (*Trichosanthes dioica*), and Kaṇṭakari (*Solanum xanthocarpum*) which possess Tikta Rasa, Kuṣṭhaghna, Kandughna, Raktaprasadana, Dahasamaka, and Tridoṣahara actions.^[10] The ghrita base enhances bioavailability (Yogavahitva), penetrates deeper tissues, and mobilizes morbid Doṣas from the peripheral tissues (Sakha) to the gastrointestinal tract (Koṣṭha), thereby facilitating their elimination during Virechana. The nourishing and unctuous properties of ghrita also help counteract the excessive dryness and fissuring observed in Vipadika.

After attaining adequate Snehana and completion of Vishrama Kala, Virechana Karma was performed using Manibhadra Guḍa Avaleha with Triphala Kvatha as Anupana. Virechana is regarded as the principal Sodhana procedure in the management of Kuṣṭha^[11], as it eliminates vitiated Doṣas, particularly Pitta and Rakta-associated morbid factors, while also facilitating the expulsion of accumulated Kapha from the lower gastrointestinal tract. Manibhadra Guḍa, containing Harataki (*Terminalia chebula*), Trivṛt (*Operculina turpethum*), Amalaki (*Embelia officinalis*), Viḍaṅga (*Embelia ribes*), and Guḍa, possesses Mr̥du Virechaka, Kuṣṭhaghna, Amapachana, and Raktaprasadana properties.^[12] The achievement of 18 Vegas (Madhyama Suddhi) indicates satisfactory elimination of morbid Doṣas. Subsequent Saṃsarjana Krama restored Agni and ensured proper metabolic recovery before proceeding to Basti therapy.

Basti Karma

The patient was subsequently administered Panhcatikta Kaṣhaya Niruha Basti along with Panchatikta Ghrita Anuvāsana Basti (60ml) in Yoga pattern. Although Basti is primarily indicated for Vata Doṣa, it also exerts systemic effects by restoring normal physiological functions, improving tissue nutrition, and preventing recurrence of chronic diseases. The Tikta drugs in the Panchatikta formulation possess Kuṣṭhaghna, Kandughna, Raktaprasadana, Kledasoṣaṇa, and Sothahara properties^[13], thereby acting on the underlying pathology of Vipadika. The ghrita administered as Anuvāsana Basti provides Snehana, promotes healing of fissures, reduces excessive dryness, and supports regeneration of damaged skin. The combined effect of Niruha and Anuvāsana Basti facilitates sustained Vata-Kapha pacification, improves tissue integrity, and reduces the likelihood of relapse.

Thus, the sequential administration of Deepana-Pachana, Avagaha, Virechana, and Basti

addressed the disease comprehensively by correcting Agnimandya, digesting Ama, eliminating vitiated Doṣas, purifying Rakta, restoring Doṣa-Duṣya equilibrium, and promoting tissue repair. These therapeutic interventions were reflected clinically by a marked reduction in itching, scaling, fissuring, dryness, and pain, resulting in approximately 77% overall clinical improvement in the patient.

CONCLUSION

Vipadika (Palmoplantar Psoriasis) is a chronic and recurrent dermatological disorder that significantly affects patients' daily activities and quality of life. This case demonstrates that classical Ayurvedic Sodhana therapy, comprising Deepana-Pachana, Virechana, and Panchatikta Basti, resulted in approximately 77% clinical improvement without any adverse effects. The treatment effectively reduced itching, scaling, dryness, fissuring, pain, and burning sensation while improving functional status. Although limited to a single case, the findings suggest that a well-planned Ayurvedic approach can be an effective and safe management strategy for palmoplantar psoriasis. Larger controlled clinical studies are warranted to further validate these observations.

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