

AYURVEDIC STRATEGIES FOR EFFECTIVELY MANAGING PALMO-PLANTAR PSORIASIS: A CASE STUDY

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ABSTRACT

In modern science, the skin is the largest organ and plays key roles in protection, temperature control, and immunity. Skin diseases are increasingly continuously due to lifestyle changes, environmental factors and immunity issues. By understanding the *Twak sharir* through both *Ayurveda* and modern perspectives, we can study and treat the disease like *Kushta* more effectively. In *Ayurveda*, *Twak* is not only one of the five *Gyanendriyas*, but also an important site of *Dosha* expression, a medium for *sweda* excretion, and a mirror of overall health and beauty. The term *Kushtha* in *Ayurveda* encompasses a broad category of skin disorder. *Kushtha* is considered *Tridoshaja* in nature, involving *Vata*, *Pitta* and *Kapha*, though usually one *dosha* predominates. *Vipadika* is a skin disorder described in *Ayurveda* as a *kshudra kushtha* that predominantly affects the hands and feet, especially the palms and soles. It presents with *Twaka-Sphutanam*, *Tivravedana*, *Raktasrava*,

and *kandu*. *Vipadika* is correlated with Palmo-planter Psorissis which manifest painful, deep fissures or cracks which are often dry, sometimes bleeding, and associated with severe pain and occasional itching. This is chronic inflammatory and autoimmune nature, which also life threatening. The primary cause is attributed to the aggravation of *Vata* and *Kapha* doshas, leading to dryness, roughness and weakened skin integrity. Factors contributing to *Vipadika* include exposure to cold and dry climates, barefoot walking, prolonged standing, inadequate foot care, and nutritional deficiencies. So treatment of *Kushta* applied successfully. In the

present case study, female of age 48yrs visit in *Ayurveda* OPD had complaint of severe itching, redness and pain in skin lesions, transient white, brown, or red macule, localized at bilateral sole region and palm region since 2yrs. She had associated complaint of loss of appetite, dizziness, disturbed sleep and irregular bowel evacuation since 2yrs. She took allopathic treatment but doesn't get any improvement so she decided to switch on *Ayurveda* management for better cure and preventive care. On the basis of clinical presentation patient was diagnosed *Vipadika*, type of *Kushtha Roga* so the line of management is based on *Kushtha Chikitsa*. After 2months of drug intervention *Panchtik Ghrita* 10ml, OD in morning, in combination with *Mahakalyanak Ghrita* in dose of 5ml HS (at bed time), *Khadiraarishta* 10ml BD, *Aarogyavardhini Vati* 1tab BD, and Cap. Stresscom 2tab at night, patient get significant relief in symptoms ie. dryness and peeling of skin, pain and bleeding with severe itching. Size of lesions is reduced. This is effective in reducing the progression of disease and improve quality of life of patient.

KEYWORDS: *Vipadika*, Palmoplantar psoriasis, *Panipada sphutana*, *Teevravedana*.

INTRODUCTION

Among the 18 types of *Kushtha*, 11 are categorized as *Kshudra Kushtha*, including *Vipadika*. According to *Charaka*, *Vipadika* presents with *Twaka-Sphutanam* and *Tivravrdana*. *Ashtanga Hridaya* includes symptoms like cracking on palms and soles, severe pain, mild itching and reddish eruptions. The condition is primarily attributed to *Vata-Kapha* imbalance. Although *Vipadika* is not mentioned as a separate disease with its own *shloka* in *Sushruta Samhita*, it is described under the context of *Vicharchika* in the chapter of *kushtha* in *Nidana sthan*, *Dalhana Acharya* clearly mentions that when *Vicharchika* is localized on palms or soles, it is called *Vipadika*, it present with with pain, burning and itching and restricting itself to the lower extremities. Among the various forms of psoriasis, Palmoplantar Psoriasis most closely resembles *Vipadika*. It is localized to the palms and soles, causing thickened, red plaques with scaling and painful cracks.

Palmoplantar psoriasis affects roughly 10–15% of psoriasis patients and highest incidence presents between the ages of 20 and 60. Though gender prevalence is similar, some data suggest a slight female dominance, possibly due to lifestyle factors or care-seeking behavior. The Known triggers are there include smoking, stress, and mechanical trauma. In Western populations, psoriasis is thought to affect two to three percent of the population. According to a National Psoriasis Foundation survey, 2.1% of adult Americans have the condition.

Additionally, the study discovered that 35 percent of those who have psoriasis can be categorised as having moderate to severe psoriasis. Although psoriasis can afflict people of any race. There are two peak ages at which plaque psoriasis first manifests. People between the ages of sixteen and twenty-two experience the first peak, and people between the ages of fifty-seven and sixty experience the second. Both adult males and females can develop psoriasis. Plaque psoriasis has been observed to impact females more than boys in children and adolescents, however this finding may be related to the younger age of beginning of psoriasis in females. The severity of psoriasis can be assessed using a variety of measures. The proportion of body surface area affected, disease activity (amount of plaque redness, thickness, and scaling), responsiveness to prior therapy, and the effect of the disease on the patient are the main determinants of severity. According to the Psoriasis Association of Australia (1999), psoriasis is exclusively a genetic tendency that manifests in response to stress and become severe in presence of trigger factors like stress.

CASE REPORT

Patient information

A female of age 48yrs, housewife, who has no history of comorbidities came to out patient department of *Rachna Sharir* on 12-5-2023.

Primary Concerns and symptoms

severe itching, redness and pain in skin lesions, localized at bilateral sole region and palm region since 2yrs. Transient white, brown, or red macular lesions of size >5cm. Bleeding occurs after scratching lesion. She had associated complaint of loss of appetite, dizziness, disturbed sleep and irregular bowel evacuation since 2yrs.

History of Present Illness

Patient was asymptomatic 3years ago, then suddenly she had intense itching and reaction. She had disturbed lifestyle which aggravates the skin problem. Gradually skin lesions spread in peripheral region (palms and soles) and bleeding, pain, cracking of skin occurs.

History of Past Illness

Patient had no history of hypertension, diabetes mellitus, thyroid disorders.

Personal history of patient

Diet – Vegetarian, Junk food, Salty - Spicy.

Bowel - Irregular (Constipated)

Micturition – 1-2 times at night with burning.

Appetite – Low

Sleep – disturbed

Clinical Findings

General Examination

Blood Pressure – 120/70 mmHg

Pulse Rate. - 78/ minute

Respiratory Rate – 20/minute

Body Weight – 48kg

Body Height - 5'2" inch

BMI of Patient - 20.86kg/m²

On general examination, no clubbing, cyanosis, icterus, pallor, pigmentation seen.

Local Examination: transient type of macular skin patches, present on both palm and sole region of size >5cm.

TREATMENT PLAN

Diagnostic Protocol: On the basis of symptoms like *Atibadha*, *Alpa*, *Bahal mutra* associated with *Aruchi*, *Mukhvairasya*, *Gauravta*, *Vibandha*, *Rukshamlana sphutitha twak* indicates *Rasa*, *Rakt*, *Mamsa Dhatu Dusti* reflects through *Twaka dusti* which is clinically assessed by *Ashtavidha Pariksha*(Eight Fold Examination).

NADI PARIKSHA	<i>Vataj-Kaphaj</i>
<i>MALA</i>	<i>Vikrit</i> (hard, non sticky, yellowish in color).
<i>MUTRA</i>	<i>Prakrit</i>
<i>JIVHA</i>	<i>Malavrit</i> (white coated)
<i>SHABDA</i>	<i>prakrit</i>
<i>SPARSHA</i>	<i>Ruksha</i>
<i>DRISHTI</i>	<i>prakrit</i>
<i>AKRITI</i>	<i>Sama</i>

After complete screening of patient and consent taken, on the basis of above findings patient was provisionally diagnose with *Vipadika*. The patient was treated on the line of management of *Kushtha Chikitsa*. The drugs selected for treatment was *Panchtik Ghrita* with *MahaKalyanak Ghrita*, *Khadiraarishta* and *Aarogyavardhini Vati* indicated as drug of choice in *Kushtha Chikitsa*. In next visit (after 15 days from drug intervention) diet and life style advised to patient to improve quality of life.

<i>Time Frame</i>	<i>Drug Intervention</i>	<i>Dose</i>	<i>Frequency</i>	<i>Anupana</i>
08, 9, 2025	<i>Panchtikt Ghrita</i> + <i>Arogyavardhini vati</i> + <i>Avipattikar churna</i> + <i>khadiraarishta</i>	10ml, OD 1 tab, BD 5gm, OD 10ml, BD	Before meal, morning After meal At bed time After meal	Leukwarm water Leukwarm water
25, 9, 2025	<i>Panchtikt Ghrita</i> + <i>Mahakalyanak Ghrita</i> + <i>Aarogyavardhini vati</i> + <i>Khadiraarishta</i> + <i>Cap Stressom</i> + <i>Panchavalkala kwatha</i>	10ml, OD 5ml, OD 1 tab BD 10ml, BD 2tab, OD <i>Prakshalan</i>	Before meal, in morning At bed time After meal After meal After meal at night Locally	Leukwarm water Leukwarm water
15, 10, 2025	<i>Panchtikt Ghrita</i> + <i>Mahakalyanak Ghrita</i> + <i>Cap.Stresscom</i> + <i>Khadiraarishta</i>	10ml, OD 5ml, OD 2 tab OD 10ml, BD	Before meal, in morning At bed time After meal, at night After meal	Leukewarm water Leukwarm water
5, 11, 2025	<i>1st follow up</i>	No intervention given		-

Pathya Apathya

Pathya	Apathya
• <i>Sadrutta palana</i>	• Junk food
• <i>Vyayama, Yoga</i>	• Consuming sour, salty, meat & alcohol
• <i>Satvika ahara</i>	• <i>Ati maituna</i>
• Meditation	• Excessive sleep
• Healthy food habits	• Avoid stress

OBSERVATION

S. No	Symptoms	Before treatment	After treatment	1 st follow up	2 nd followup
1.	Cracking/ fissure (<i>Sphutanam</i>)	Present	Mild reduced	Moderate reduce	Improvement (+)
2.	Itching (<i>Kandu</i>)	Present	Mild reduced	Reduced	Improvement (+)
3.	Severe pain (<i>Tivra-Vedana</i>)	Present	Mild reduced	Reduced	Improvement (+)
4	Bleeding (<i>Raktasrava</i>)	Present	Mild reduced	Reduced	Improvement (+)

RESULTS**a) BT****b) AT****c) BT****d) AT****DISCUSSION**

Ayurveda, different types of *Kushta* (~skin disorders) have mentioned. *Vipadika* has similar characteristics like palmoplantar psoriasis that involves the *vata-kapha doshas* in the

pathogenesis. *Vipadika* is a *Vatakaphaj vikara* and quite difficult to treat. According to *Samhitas*, no specific therapy is recommended; instead, we should employ *Yukti* and treat according to *Dosha*. According to *Charaka Samhita*, a particular identification is indicated, which is *Panipad-Sphutanam*, *Tivravrdana*, which may be seen and connected. *Nidana Parivarjana* is the first line of defence. Similarly, palmoplantar psoriasis has limited successful clinical outcomes due to incompletely understood and under-researched etiology. The published data explains the involvement of the immune system, inflammatory cascade, cytokines, and keratinocytes in the pathogenesis. Various cytokines have established their major role in disease progression. Thus, psoriasis is the result of a cytokine storm. There is a need for a multimodal *Ayurveda* treatment approach to target multiple pathways involved in the disease process. Also, the chronic and relapsing nature of the disease requires long and sustained treatment. In the present case, the treatment protocol has adopted as per the *Ayurvedic samprapti* and to treat possible targets of the pathogenesis. A multimodal treatment approach covering *Vatarakta chikitsa*, *Jirnajwara chikitsa*, *Rasayana chikitsa*, and *Kushta chikitsa* has adopted to treat the present case. *Panchtikta Ghrita*, *Mahakalyanak Ghrita*, *Khadiraarishta*, *Avipattikar churna*, *Aarogyavardhini Vati*.

All the internal medicines worked together through the possible synergistic way to target different pathways involved in the pathological process and found effective in treating the pathophysiology. The possible mechanisms involved are immunomodulatory, anti-inflammatory, antioxidant, cytokine inhibitory, and keratinocyte proliferation inhibitory actions. The internal medications possibly resulted in *Rasaprasadana*, *Raktaprasadana*, *Amapachana*, and *Agnivardhana*. They ultimately led to *Samprapti vighatana* (~correction of pathophysiology) by creating a balance between the *Tridosha*.

CONCLUSION

The chronic inflammatory and autoimmune nature of psoriasis needs a multimodal treatment approach for its comprehensive cure. In the present case, the *Ayurveda* treatment showed promising results in palmoplantar psoriasis. No adverse events were noted with the treatment. Altogether, multimodal *Ayurveda* treatment can be an effective and safe solution for palmoplantar psoriasis.

By focusing on *dosha* balance, blood purification, and lifestyle modifications, *Ayurveda* provides sustainable and natural solutions to manage and prevent this condition. The integration of *Shodhana* (purification), *Shamana* (palliative care), and *Pathya* (dietary and

lifestyle recommendations) demonstrates a comprehensive approach to treatment. The *Mula* for the *Roga* is *Satata Nidana Sevan*; if not treated, it becomes *Asadhya Vyadhi*. If the condition has been present for more than a year, *Sadvritta Palan* is required. This case study underscores the importance of personalized treatment tailored to an individual's *prakriti* (constitution) and the specific *dosha* involvement. The results reaffirm the relevance of *Ayurveda* in managing modern dermatological conditions like Psoriasis offering both physical and psychological benefi

CONFLICT OF INTEREST –NIL.

SOURCE OF SUPPORT –NONE.

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