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AYURVEDIC MANAGEMENT OF VIPADIKA WITH SPECIAL REFERENCE TO PALMOPLANTAR PSORIASIS: A CASE REPORT

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ABSTRACT

Introduction: In Ayurveda, dermatological disorders are described under broad name Kushtha, among which Kṣhudra Kushtha includes Vipadika, characterized by Pani–Pada Sphutana (fissures over palms and soles), Rukshata (dryness), Tivra Vedana (severe pain) and sometimes Manda Kandu (mild itching). It is predominantly a Vata–Kapha disorder involving Twak, Rakta, Mamsa and Lasika. Its clinical picture closely corresponds to palmoplantar psoriasis (PPP), a chronic, non-infectious, immune-mediated dermatosis that is difficult to treat and prone to recurrence. **Objective:** To evaluate the effect of an Ayurvedic treatment in the management of Vipadika clinically correlated with Palmoplantar psoriasis. **Methodology:** A 27-year-old patient presented with bilateral palmar itching, dryness, and roughness of the skin, followed by painful fissuring and blackish discoloration of bilateral palms and soles Since 1 year. The condition was clinically diagnosed as Vipadika and correlated with palmoplantar psoriasis based on its clinical manifestations. The patient was managed with an Ayurvedic treatment comprising internal medication and external local applications for 2 months. **Results:** The patient showed marked improvement in palmar and plantar itching, pain and dryness following 2 months of Ayurvedic management, along with improvement in the associated clinical features. **Conclusion:** The present case suggests that Ayurvedic management of Vipadika offers a safe and effective approach to palmoplantar psoriasis, addressing both symptom relief and recurrence prevention. This case adds to the evidence

supporting Vata–Kapha Shamana and Ropana (healing) therapy in chronic palmoplantar dermatitis.

KEYWORDS: Palmoplantar psoriasis, Vipadika, Kṣhudra Kushtha, Ayurveda, Hyperkeratosis.

INTRODUCTION

All dermatological conditions are grouped under broad term Kustha which again have two divisions Mahakustha & Kshudrakustha on the basis of their symptoms, severity & involvement of deeper Dhatus. Among the various types of Kuṣṭha, Vipadika is described under Kṣhudra Kushtha (minor skin disorders) and is primarily characterized by Pani–Pada Sphutana (fissures of the palms and soles) and Tivra Vedana (severe pain) as its cardinal features.

Acharya Vagbhata describes Pani-Pada involvement, Tivra Arti (severe pain), Manda Kandu (mild itching), and Saraga Piḍika (reddish lesions) among its characteristic manifestations.[1] Similarly, Acharya Sushruta mentions Kandu (itching), Daha (burning sensation), and Ruja (pain), further emphasizing the painful and inflammatory nature of the condition. The condition arises from vitiation of Vata and Kapha Dosha with involvement of Rakta Dhatu, and it is chronic and recurrent in nature.[2]

In modern dermatology, Vipadika is clinically correlated with palmoplantar psoriasis (PPP), a chronic inflammatory disorder presenting with hyperkeratosis, scaling, fissuring and pain over the palms and soles which may substantially interfere with daily activities and adversely affects quality of life. Despite the availability of topical, systemic and biological therapies, its management remains challenging due to its chronic and recurrent nature.

Palmoplantar psoriasis accounts for approximately 3–4% of psoriasis and is the second most common type after chronic plaque psoriasis.[3] Conventional treatment offers only temporary relief with frequent recurrence and side effects, which drives patients toward integrative approaches.

The clinical similarity between Vipadika and palmoplantar psoriasis, particularly regarding fissuring, pain, dryness and scaling, provides a basis for their clinical correlation. However, evidence regarding the Ayurvedic management of palmoplantar psoriasis remains limited.

Therefore, the present case was undertaken to explore the clinical presentation of Vipadika in relation to Palmoplantar Psoriasis and to document its response to Ayurvedic management.

AIMS AND OBJECTIVES

To evaluate the effect of an Ayurvedic treatment in the management of palmoplantar psoriasis clinically correlated with Vipadika.

MATERIALS

The references were obtained from classical Ayurvedic Saṃhitas, standard Ayurvedic and modern medical textbooks, peer-reviewed research articles, relevant research-based websites, and previously published studies.

METHODS

Ayurvedic literature on Vipadika and contemporary literature on palmoplantar psoriasis were reviewed. References from classical Samhitas, authoritative commentaries, standard textbooks, and relevant research articles were compiled to establish their clinical and conceptual correlation.

CASE REPORT

Chief Complaints

A 27-year-old patient, occupationally engaged in garage work, presented with complaints of itching, dryness, and roughness over the bilateral palms and soles associated with painful fissuring and discoloration for the past one year.

History of Present Illness

The patient was apparently asymptomatic 1 year prior to presentation, following which itching, dryness, and roughness developed gradually over the bilateral palms and soles. The condition progressively worsened, leading to the development of painful fissures and discoloration of the affected skin. Based on the clinical presentation, the condition was assessed as Vipadika (palmoplantar psoriasis).

The patient had received multiple allopathic treatments for the presenting complaints, with no significant or sustained improvement. Subsequently, the patient presented to the OPD of R.T. Ayurved Hospital, Akola, for further evaluation and Ayurvedic management The patient was administered Arogyavardhini Vati, Guduchi Ghana Vati, Panchanimba Churna, Khadirarishtha, Panchatikta Ghrita as internal medications, along with Jivantyadi Yamaka for

local application. The treatment was continued for 2 months, following which significant clinical improvement was observed in the presenting symptoms and lesions. The observed outcome suggests the potential role of Ayurvedic management in Vipadika, particularly in cases presenting with features comparable to palmoplantar psoriasis.

History Of Past Illness

No any H/O HTN, DM & any other major disease.

On Examination

Ashtavidha pariksha

1. Nadi – Vata pittaj
2. Mala – Ati malpravritti
3. Mutra – Prakrita
4. Jivha – Alpa Sama
5. Shabda – Prakrita
6. Sparsha – Ushna
7. Drika – Prakrita
8. Aakriti – Madhyam

Systemic Examination

1. Respiratory and Cardiovascular system: Found normal.
2. CNS: Conscious and oriented.

Personal History

1. Appetite: Moderate
2. Bowel: Regular
3. Micturition: Normal
4. Sleep: Sound
5. Food: Mixed diet

General Examination

1. Appearance: Normal
2. Built: Moderate
3. Nourishment: Moderate
4. Pallor: Absent
5. Oedema: Absent

6. Cyanosis: Absent

General Examination

1. Pulse = 102 /min
2. BP = 110/74 mmHg
3. SpO2 = 95%
4. Weight = 73 kg

Skin Examination

1. Site- Plantar aspect of both palms and dorsum of feet
2. Blackish Discoloration
3. Distribution: Symmetrical (Both palms and plantar)
4. Dryness: Itching and Cracking is visible in both palm and plantar aspect (Pani pada sphutana) which was painful
5. Surface: Rough and Dry
6. Margin- Irregular

Nidana Panchaka

1. Nidana – Katu, Tikta Rasa Pradhana Ahara, Viruddha Ahara
2. Purvarupa – Kandu (Itching), Khara Sparsha (Rough in touch)
3. Rupa – Pani Pada Sphutana (Cracking of both palms & soles), Rukshatha (Dryness), Kandu (Itching), Saraga Pidaka (Redness along with scaling)
4. Upashaya – Sneha application

Samprapti

Nidana Sevana

↓

Agni Dushti

↓

Tridosha Vikruti along with Rasa, Rakta, Mamsa and Lasika Dushti[4]

↓

Sanga and Vimargagamana of Dosha

↓

Sthanasamshraya in Pada and Hastha

↓

Vipadika

Diagnostic Assessment

Based on the clinical features, the patient was diagnosed with Vipadika (palmo-plantar psoriasis). The assessment was performed by comparing the baseline clinical parameters with those recorded after 2 months of Ayurvedic treatment (Shamana Chikitsa) to evaluate the therapeutic response.

Therapeutic Interventions

Sr.no	Name of drug	Dose	Time	Route	Anupan	Duration
1.	Arogyavardhini Vati	500mg	Twice a day	Oral	Lukewarm water	60days
2.	Guduchi Ghan	500mg	Twice a day	Oral	Lukewarm water	60days
3.	Panchanimba Churna	3g	Twice a day	Oral	Lukewarm water	60days
4.	Khadirarishtha	20ml	Twice a day	Oral	Lukewarm water	
5.	Panchatikta Ghrita	10ml	Twice a day	Oral	Lukewarm water	60days
6.	Jivantyadi yamak		Twice a day	Local application		

ASSESSMENT CRITERIA

Twak Sphutana (Cracks).[5]

Sr no.	Clinical Features	Score
1.	Insignificant dryness at foot and palm	0
2.	Roughness is present on touching	1
3.	Excessive roughness presents and leading to itching	2
4.	Excessive roughness presents and leading to slight cracks	3
5.	Roughness leading to cracks and fissures	4

2) Vedana (Pain)

Sr no.	Clinical Features	Score
1.	No pain	0
2.	Pain on pressing	1
3.	Pain on touch	2
4.	Pain without touching	3
5.	Severe continuous pain requiring analgesic	4

3) Kandu (Itching)

Sr no.	Clinical Features	Score
1.	No itching	0
2.	1-2 times a day	1

3.	Frequent itching, 3-10 times a day	2
4.	Severe itching, >10 times a day	3
5.	Itching disturbs sleep and daily activities	4

4) Daha (Burning Sensation)

Sr no.	Clinical Features	Score
1.	No burning sensation	0
2.	Mild burning sensation	1
3.	Moderate burning sensation	2
4.	Severe burning sensation	3
5.	Continuous burning along with itching	4

5) Raktasrava (Bleeding)

Sr no.	Clinical Features	Score
1.	No bleeding	0
2.	Occasional bleeding	1
3.	Bleeding from 1-2 cracks on itching	2
4.	Bleeding from 3-4 cracks on itching	3
5.	Bleeding from complete foot without itching	4

OBSERVATION AND RESULTS

Sr No.	Clinical Features	Before treatment	Follow up 15 days	Follow up 30 days	Follow up 45days	Follow up 60days
1.	Crack	++++	++++	+++	++	-
2.	Pain	+++	++	+	-	-
3.	Itching	+++	++	+	-	-
4.	Burning sensation	++	+	+	-	-
5.	Bleeding	+	-	-	-	-

Before treatment



During treatment




After treatment



Before treatment **After treatment**




After completion of the treatment, patient was called for follow-up to assess the persistence of clinical improvement and to monitor for any recurrence of Vipadika.

DISCUSSION

Palmoplantar psoriasis is a chronic immune-mediated inflammatory disorder characterized by hyperkeratosis, scaling, fissuring, pain and pruritus, which may significantly affect daily

activities and quality of life. Dysregulated T-cell activity and release of pro-inflammatory cytokines contribute to keratinocyte hyperproliferation and persistent inflammation.

In Ayurveda, the clinical presentation of Palmoplantar psoriasis can be correlated with Vipadika under Kshudra Kustha and characterized by Pani-Pada Sphuṭana and Tivra Vedana. The present case showed clinical features resembling Vipadika, suggesting involvement of Tridoṣha, with predominant Vata and involvement of Twak, Rakta, Maṃsa and Lasika.

Considering the clinical presentation, Shamana Auṣhadhis along with Jivantyadi Yamak Lepana were administered. The observed improvement in fissuring, pain, itching and other cutaneous manifestations suggests the potential role of an individualized Ayurvedic approach in palmoplantar psoriasis.

MODE OF ACTION OF DRUGS

1. **Arogyavardhini Vati:** Arogyavardhini Vati comprises Shuddha Parada, Gandhaka, Shilajatu, Loha, Abhraka and Tamra Bhasma, along with Haritaki, Aamalki, Bibhitaki, Citrakamula, Kutaki and Nimba. The formulation predominantly possesses Tikta, Kaṭu and Kashaya Rasa with Laghu–Rukṣa Guṇa and is traditionally regarded as Rasayana. These properties facilitate Kapha-Vata pacification, making it relevant as Doshapratyanik Cikitsa in Vipadika, which is characterized by Vata-Kapha predominance. Kutaki and Nimba contribute Kuṣṭhaghna properties, while the Deepana and Pachana actions of formulation support Agni correction and Srotoshodhana. Its Vraṇashodhana and Vraṇaropaṇa properties may further aid in cleansing and healing of fissured skin, thereby contributing to improvement in the clinical manifestations of Vipadika.

2. **Panchanimba Churna:**[6] It is an important therapeutic measure in the management of skin disorders and is indicated in all types of Kuṣṭha. Panchanimba Churna was selected based on its classical use in Kuṣṭha and its predominance of Nimba Churna along with other Kuṣṭhaghna and Deepana-Pachan drugs. The five parts of Nimba root, leaf, fruit, flower and bark possess predominantly Tikta-Kashaya Rasa and Laghu, Rukṣha Guṇa, supporting Kleda reduction and Kapha Pitta Shaman. Other ingredients such as Haritaki, Citraka, Pippali, Maricha and Sunthi support Agni and digestion. In Vipadika, these actions may help to reduce dryness, itching, fissuring and inflammation, thereby supporting restoration of skin integrity.

3. **Guduchi Ghan:** Guduchi (Tinospora cordifolia), also known as Amruta, is a prominent Rasayana drug in Ayurveda, recognized for its Tridoṣhshamaka, Deepana, Pachana, anti-inflammatory, antioxidant and immunomodulatory properties. In Vipadika, its Rasayana and Doṣha balancing actions may support correction of underlying Doṣha-Dushya imbalance, while its anti-inflammatory and antioxidant effects may help alleviate inflammation, dryness, fissuring and pain associated with the condition. Thus, Guduchi may serve as a supportive therapeutic agent in the Ayurvedic management of Vipadika.

4. **Khadirarishtha:** Khadirarishta contains Khadira (Acacia catechu) as the principal ingredient, along with Devadaru, Bakuchi, Daruharidra, Triphala and other ingredients. It possesses traditional Kushtaghna, Kandughna and Raktaprasadana properties, which support its use in skin disorders. Its potential antioxidant and antimicrobial effects contribute to its therapeutic role in Vipadika.

5. **Panchatikta Ghrita:** It was administered internally for Shamana Cikitsa in Vipadika. Owing to the Sukshma and Srotogamitva properties of Ghurta, it facilitates the delivery of its therapeutic constituents through the body and may support action at the tissue level. Its Tikta Rasa and Ghṛita-based nourishing properties may help in Doshshaman, Srotoshodhana and Dhatu-nourishment, thereby supporting improvement in dryness, fissuring and pain associated with Vipadika.

6. **Jivantyadi Yamak:**[7] Jivantyadi Yamak, containing Jivanti, Patha, Prapauṇḍarika, Kakoli, Pippali, Lodhra, Saindhava, Shatavari, Madhuka and Draksha, etc., possesses Snigdha, Mṛdudu and Vata-Pitta alleviating properties. Its unctuous nature helps counteract the Rukshata and fissuring characteristic of Vipadika, while the nourishing and healing properties of Jivanti, Madhuka and Shatavari support skin regeneration and repair. Thus, local application may help reduce dryness, cracking, pain and inflammation and promote healing of fissured skin.

CONCLUSION

In the present case, a two months Ayurvedic management protocol resulted in significant clinical improvement in Vipadika, with marked reduction in dryness, itching, fissuring, pain, and associated discomfort. The outcome suggests that an individualized approach based on classical Ayurvedic principles, appropriate therapeutic interventions, and adherence to

Pathya–Apathya may be beneficial in the management of Vipadika. No adverse effects were observed during the treatment period.

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