

ANAYURVEDIC APPROACH TO VIPADIKA (PALMOPLANTAR PSORIASIS): A CASE STUDY

¹*Dr. Chinmayee Sahu, ²Prof. (Dr.) Pragya P Mallik

¹MD Scholar, PG Department of Kayachikitsa, GAM, Puri.

²Professor & HOD, PG Department of Kayachikitsa, GAM, Puri.

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***Corresponding Author**

Dr. Chinmayee Sahu

MD Scholar, PG Department of
Kayachikitsa, GAM, Puri.



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ABSTRACT

In Ayurveda, all dermatological disorders are collectively described under the term Kushta. Classical Ayurvedic texts enumerate eighteen varieties of Kushta, among which eleven are categorized as Kshudra Kushta. Vipadika, clinically correlated with palmoplantar psoriasis, is one such condition. Various Acharyas have described the clinical features of Vipadika with slight variations. According to Ashtanga Hridaya, the characteristic symptoms include Panipāda Sputana (fissures over palms and soles), Tīvra Vedanā (severe pain), Manda Kandu (mild itching), and Sārāga Piḍikā (erythematous macules). This condition significantly interferes with daily activities and often leads to psychological distress due to cosmetic concerns. The present case report involves a 62-year-old male patient presenting with itching on the plantar aspect of both feet, painful cracks over the soles, burning sensation, and

difficulty in walking. There was no past history of systemic illness or surgical intervention. Dietary history revealed regular consumption of pickles twice daily. Following Ayurvedic management, including classical Ayurvedic medicine, marked improvement was observed. Burning sensation reduced initially, followed by gradual relief in fissures, itching, and pain on walking. The total duration of treatment was one month, with periodic follow-ups every 7 days, resulting in complete remission of symptoms.

KEYWORDS: Kushta; Vipadika; palmoplantar psoriasis; macule.

INTRODUCTION

Skin diseases are often considered non-life-threatening conditions; however, their severity and associated discomfort are deeply experienced by the affected individuals. In the present era, physical appearance has gained significant social importance, making the skin the most noticeable organ during interpersonal interactions. Although skin disorders do not directly contribute to mortality, their cosmetic disfigurement profoundly affects the psychological well-being of patients. Studies have demonstrated that individuals suffering from dermatological conditions exhibit greater impairment in mental health compared to patients with chronic systemic illnesses such as diabetes mellitus, hypertension, asthma, joint disorders, and epilepsy. Every year, a substantial amount of financial resources is spent globally on cosmetic management of skin-related conditions.

Ayurveda classifies all dermatological disorders under the broad term Kushta. Classical Ayurvedic texts describe eighteen varieties of Kushta, among which eleven are categorized as Kshudra Kushta. Vipadika is one such condition. Various Acharyas have described its clinical features with minor variations. According to Ashtanga Hridaya, Vipadika is characterized by Panipāda Sputana (cracks over palms and soles), Tīvra Vedanā (intense pain), Manda Kandu (mild itching), and Sārāga Piḍikā (reddish macules). Acharya Charaka emphasizes fissuring and severe pain as the primary features, whereas Sushrutacharya describes itching, burning sensation, and pain predominantly affecting the soles (Pāda). Commentators of Sushruta Samhita have equated Padadāri (cracked soles) with Vipadika.

Pathogenetically, Vipadika involves vitiation of all three Doshas, with a predominance of Vata Dosha. The present case study involves a 62-year-old male patient diagnosed with Vipadika. He had no history of systemic illness or surgical intervention. One years prior, He developed fissures, burning sensation, pain, and erythematous macules over the palms, which temporarily subsided following allopathic and homeopathic treatment. However, one year later, similar symptoms appeared on both plantar aspects and failed to respond to various treatment modalities. Considering the chronic nature of Kushta (Kushta Dirghakāla Rogānām), a treatment protocol comprising classical Ayurvedic medications was administered for one months to break the pathogenesis.

CASE PRESENTATION

PATIENT INFORMATION WITH CHEIEF COMPLAINTS: A 62-year-old male came to OPD of Gopabandhu Ayurveda Mahavidyala, Puri from Nimapada with the following chief complaints. The patient had pain with crack and blackish discoloration in Right sole since 1 year. Cracking and blackish discoloration of both palm since 6 months. Itching from 1 year, the patient had Insomnia due to itching from 7 – 8 months, Pain during walking from 3 months, and Constipation since 2-3 months.

HISTORY OF PRESENT ILLNESS: The patient was apparently healthy one year ago when he gradually developed pain along with cracks and blackish discoloration over the right sole. Over time, the condition worsened and itching appeared over the affected area. Six months later, similar cracking and blackish discoloration were noticed over both palms.

Persistent itching led to disturbed sleep and insomnia for the past 7–8 months. The patient further experienced pain during walking for the last three months, causing difficulty in routine activities. He also complained of constipation for the past 2–3 months. The condition was chronic, progressive, and refractory to prior management.

PAST HISTORY

Hypertension from 10 years and taking Tab Telmisartan for this.

GENERAL EXAMINATION

Appearance: Moderate built Tongue: Not coated

Pallor, Icterus, Clubbing—Absent.

Skin rashes: Crack and blackish discoloration over both palm and Right sole Edema: Absent

BP: 130/90mm Hg,

Pulse: 80/ min. Regular, RR: 18/ min

Temperature: 98.4⁰ F(Afebrile)

SYSTEMIC EXAMINATION

CARDIOVASCULAR SYSTEM

S1, S2 audible, no murmur.

RESPIRATORY SYSTEM

Chest B/L symmetrical, trachea centrally placed, normal vesicular breath sound heard.

GASTROINTESTINAL TRACT

On Per abdomen examination found that abdomen was soft, no tenderness, and no organomegaly.

CLINICAL FINDINGS: The patient was examined based on Astavidha and *Dashvidh Pariksha*.

ASTHAVIDHA PARIKSHA

Nadi(Pulse): 80/min, Pitta-Kapha predominant,

Jiwha(Tongue): Alipta(Non Coated tongue)

Mala(Stool): Malavadhata(Constipated)

Mutra(Urine): Prakruta (5-6time/day,

2-3time/night)

Shabda(Speech): Aspashta(Slurred Speech)

Sparsha(Touch): Anusnasheeta,Snigdha

Drikha(Eye): Samyak

Akruti(Appearance): Madhyama

DASAVIDHA PARIKSHA

Prakruti(Constitution of body) - vata-kapha

Vikruti(Abnormality of body):-

Hetu – Chinthra

Dosha -Vata, kapha pradhana tridosha

Dushya -Rakta, meda, snayu, sira

Prakruti - Chirakari

Desa -Saadharana

Kaala -Greesma ritu

Bala -Madhyama

Sara(Body tissue) –Madhyama

Samhanana(Compactness of body) -Madhyama

Pramana(Measurement) - Ht-167 cm

Satmya(Suitability) - Madhyama (mamsa rasa, katu, amla, lavana rasa satmya)

Satva(Mental Power) -Avara

Ahara Sakthi(Digestive Power)-

Abvyaharana sakthi -madhyama

Jarana sakthi –Madhyama

Vyayama Sakthi(Physical strength) – Avara

Vaya(Age) – Bruddha

Subjective criteria: The patient was tested on subjective which includes *Vedana* (Pain), *Kandu* (Itching), *Daha* (Burning sensation) and *Padshutana* (cracks) [Table: 1

Subjective criteria

Sr. No	Criteria	Grade	Symptoms	Findings
1	Vedana (Pain)	0	No Pain	2
		1	Pain after Pressing	
		2	Pain on touch	
		3	Pain without touching	
2	Kandu (Itching)	0	No itching	3
		1	1-2time in day	
		2	Frequent itching	
		3	Itching disturbs the sleep	
3	Daha (Burning sensation)	0	No Burning sensation	1
		1	Burning during itching	
		2	Continuous burning	
4	Padshutana (cracks)	0	no cracks	2
		1	cracks on heels only	
		2	Cracks on heels and planter aspect of toes	
		3	cracks on complete foot	

Objective criteria:- Modified PASI Score

Modified PASI Score – Before Treatment (BT)

Site	E	I	D	A	$(E+I+D) \times A$	Score
Right Palm	3	3	3	2	9×2	18
Left Palm	3	2	3	2	8×2	16
Right Sole	4	4	4	3	12×3	36
Left Sole	0	0	0	0	0×0	0

Total mPASI Before Treatment = 70

DIFFERENTIAL DIAGNOSIS

Disease	Clinical Features	Palms & Soles Findings	Differentiating Points
Palmoplantar Psoriasis	Chronic, recurrent course; pain, fissuring, itching; may have nail changes	Well-defined hyperkeratotic plaques, deep fissures, erythema, scaling	Bilateral symmetry, Auspitz sign (occasionally), chronicity, good response to antipsoriatic therapy
Palmoplantar Eczema (Hyperkeratotic eczema)	Intense itching, vesicles initially, oozing in acute	Ill-defined plaques, scaling, fissures	Severe pruritus, exudation, history of atopy or contact

	stage		exposure
Tinea Manuum / Tinea Pedis	Itching, scaling; often unilateral	Diffuse scaling with raised margins; “two feet-one hand” syndrome	Positive KOH test; annular margins
Palmoplantar Keratoderma	Thickening of skin, usually non-inflammatory	Diffuse hyperkeratosis without erythema	No erythema or scaling; often hereditary
Lichen Planus (Palmoplantar)	Pruritic, violaceous lesions	Hyperkeratotic plaques with pigmentation	Wickham striae, oral lesions
Contact Dermatitis	Acute or chronic inflammation, itching	Erythema, scaling, fissuring at contact sites	History of exposure; patch test positive
Pustular Psoriasis (Palmoplantar type)	Painful sterile pustules	Yellowish pustules on erythematous base	Pustules without infection
Hand-Foot Syndrome	Pain, redness, swelling	Desquamation, erythema	Chemotherapy history

Treatment

Type of treatment	Drug	Dose	Time of administration	Duration	Anupana
Internal medication	<i>Mahamanjistadi kasaya</i>	15 ml	Before meal BD	30 days	Lukewarm water
	<i>Arogyavardhini vati</i>	250 mg	Before meal B.D.	30 days	Lukewarm water
	<i>Guggulu tiktaka ghrita</i>	10ml	Before meal B.D.	30 days	Lukewarm water
Local application	<i>Jibantyadi Yamaka</i>		Night time	30 days	

OBSERVATION AND RESULTS

The result was observed after Each follow-up of 7 days and pre and post-treatment after analyzed the subjective and objective criteria of the Patient. After the complete treatment for 30 days, the condition of the patient after each follow up is a follows:

Subjective criteria

Feature	Before treatment	Follow up			
		First	Second	Third	Fourth
<i>Padashutana (Cracks)</i>	2	2	2	1	0
<i>Daha (Burning Sensation)</i>	1	1	0	0	0
<i>Kandu (Itching)</i>	3	2	2	1	0
<i>Vedana (Pain)</i>	2	2	2	1	0

Objective criteria:- Modified PASI Score – After Treatment (AT)

Site	E	I	D	A	$(E+I+D) \times A$	Score
Right Palm	1	1	1	1	3×1	3
Left Palm	1	1	1	1	3×1	3
Right Sole	2	2	1	1	5×1	5
Left Sole	0	0	0	0	0×0	0

Total mPPPASI After Treatment = 11

Overall mPPPASI Outcome

Parameter	Value
mPASI Before Treatment	70
mPASI After Treatment	11
Absolute Reduction	59
Percentage Improvement	84.28%
Response Category	mPASI-90 (Excellent Response)

Clinical Interpretation

- Right sole and both palms showed minimal residual lesions.
- Achieving mPASI-90 reflects near-complete remission, which is clinically significant in chronic palmoplantar psoriasis.
- Symptomatic relief correlated with pain-free walking, absence of itching, and normal sleep.

**DISCUSSION**

As a cosmetic purpose, many skin diseases have their unique importance, but in this case, along with the cosmetic involvement patient had difficulty in daily activity due to severe pain in both the soles. She was unable to walk properly and had insomnia due to pain and nocturnal itching. She had taken medicine from allopathy and homeopathy but still didn't get the result so, she came to OPD for Ayurvedic treatment. This

Mahāmañjiṣṭhādi Kaṣāya

Mahāmañjiṣṭhādi Kaṣāya is a classical formulation indicated in Kuṣṭha, Rakta-pradosaja vikāra, and chronic inflammatory skin disorders. The formulation is dominated by Mañjiṣṭhā, which is well known for its Raktaśodhana and Varnya properties.

Probable Mode of Action

- Pacifies Pitta and Rakta doṣa, which are significantly involved in psoriasis.
- Acts as a blood purifier, reducing erythema, inflammation, and discoloration.
- Possesses anti-inflammatory and antioxidant activity, helping to reduce chronic inflammatory changes in palmoplantar psoriasis.
- Improves microcirculation and supports tissue regeneration.

Clinical significance

Helps in reducing blackish discoloration, erythema, scaling, and chronic inflammation seen in Vipādikā.

Arogyavardhinī Vaṭi

Arogyavardhinī Vaṭi is a potent formulation indicated in Kuṣṭha, Yakṛt vikāra, and metabolic imbalance, which plays an important role in chronic skin diseases.

Probable Mode of Action

- Pacifies Kapha and Pitta doṣa, reducing excessive keratinization and scaling.
- Exhibits anti-psoriatic and immunomodulatory effects.

Clinical significance

Helps in reducing thick plaques, scaling, and chronicity of the disease, enhancing the overall response to treatment.

Guggulu Tiktaka Ghṛta

Guggulu Tiktaka Ghṛta is specially indicated in Kuṣṭha, Vāta-Kapha dominant skin disorders, and chronic inflammatory conditions due to presence of Nimba, Amruta, Potala, Byghri, Vasa, Guduchi, Guggulu and ghrita.

Probable Mode of Action

- Tiktaka rasa and Ghṛta facilitate deep tissue penetration and pacify Pitta and Vāta.
- Guggulu acts as Srotoshodhaka and Lekhana, reducing hyperkeratosis and induration.

- Ghṛta provides Snigdhatā, counteracting excessive dryness and fissuring.
- Exhibits anti-inflammatory and wound-healing properties.

Clinical significance

Effective in reducing cracks, pain, dryness, and stiffness of palms and soles in Vipādikā.

Local Application

Jīvāntyādi Yamaka (Night Application)

Jīvāntyādi Yamaka is made up of Tila taila, Ghṛita, Sarja and Madhuchista as a main ingredient, So it is indicated in Tvak roga, fissures, and chronic dryness.

Probable Mode of Action

- Provides Snigdhatā, reducing Rūkṣatā and fissuring.
- Enhances wound healing and relieves pain.
- Pacifies **Vāta doṣa**, which is responsible for cracking and pain.

Clinical significance

Promotes healing of deep cracks and painful fissures during night application.

CONCLUSION

Skin diseases are very hard to treat and line of treatment is not fixed in each patient so this study can be taken as the primary protocol to treat the patients of Vipadika as it shows good result in cracks, burning sensation, pain, and itching and gets complete relief within 30 days with no side effect. Further research can be carried out on Series of cases with the same protocol for confirmation of the drugs. Also, this can be used in other skin diseases having the same symptoms.

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