

**AN AYURVEDIC APPROACH TO VIPADIKA (PALMOPLANTAR PSORIASIS): A CASE STUDY****<sup>1</sup>\*Dr. Chinmayee Sahu, <sup>2</sup>Prof. (Dr.) Pragya P Mallik**<sup>1</sup>MD Scholar, PG Department of Kayachikitsa, GAM, Puri.<sup>2</sup>Professor & HOD, PG Department of Kayachikitsa, GAM, Puri.

Article Received on 05 Jan. 2026,

Article Revised on 25 Jan. 2026,

Article Published on 04 Feb. 2026,

<https://doi.org/10.5281/zenodo.18478846>**\*Corresponding Author****Dr. Chinmayee Sahu**MD Scholar, PG Department of  
Kayachikitsa, GAM, Puri.**How to cite this Article:** 1\*Dr. Chinmayee Sahu, 2Prof. (Dr.) Pragya P Mallik. (2026). An Ayurvedic Approach To Vipadika (Palmoplantar Psoriasis): A Case Study. World Journal of Pharmaceutical Research, 15(3), 1656–1666.

This work is licensed under Creative Commons Attribution 4.0 International license.

**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), Tivra 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 months, 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 year 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 month 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 Telmisarton 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: 98.4<sup>0</sup> 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): Alipa( 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 – Chintā

Dosha -Vata, kapha pradhana tridosha

Dushya -Rakta, meda, snayu, sira

Prakruti - Chirakari

Desha -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	<b>Vedana (Pain)</b>	0	No Pain	2
		1	Pain after Pressing	
		2	Pain on touch	
		3	Pain without touching	
2	<b>Kandu (Itching)</b>	0	No itching	3
		1	1-2time in day	
		2	Frequent itching	
		3	Itching disturbs the sleep	
3	<b>Daha (Burning sensation)</b>	0	No Burning sensation	1
		1	Burning during itching	
		2	Continuous burning	
4	<b>Padshutana (cracks)</b>	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
<b>Right Palm</b>	3	3	3	2	$9 \times 2$	18
<b>Left Palm</b>	3	2	3	2	$8 \times 2$	16
<b>Right Sole</b>	4	4	4	3	$12 \times 3$	36
<b>Left Sole</b>	0	0	0	0	$0 \times 0$	0

**Total mPASI Before Treatment = 70**

**DIFFERENTIAL DIAGNOSIS**

Disease	Clinical Features	Palms & Soles Findings	Differentiating Points
<b>Palmoplantar Psoriasis</b>	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
<b>Palmoplantar Eczema (Hyperkeratotic eczema)</b>	Intense itching, vesicles initially, oozing in acute	Ill-defined plaques, scaling, fissures	Severe pruritus, exudation, history of atopy or contact

	stage		exposure
<b>Tinea Manuum / Tinea Pedis</b>	Itching, scaling; often unilateral	Diffuse scaling with raised margins; “two feet-one hand” syndrome	Positive KOH test; annular margins
<b>Palmoplantar Keratoderma</b>	Thickening of skin, usually non-inflammatory	Diffuse hyperkeratosis without erythema	No erythema or scaling; often hereditary
<b>Lichen Planus (Palmoplantar)</b>	Pruritic, violaceous lesions	Hyperkeratotic plaques with pigmentation	Wickham striae, oral lesions
<b>Contact Dermatitis</b>	Acute or chronic inflammation, itching	Erythema, scaling, fissuring at contact sites	History of exposure; patch test positive
<b>Pustular Psoriasis (Palmoplantar type)</b>	Painful sterile pustules	Yellowish pustules on erythematous base	Pustules without infection
<b>Hand-Foot Syndrome</b>	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
<b><i>Padashutana (Cracks)</i></b>	2	2	2	1	0
<b><i>Daha (Burning Sensation)</i></b>	1	1	0	0	0
<b><i>Kandu (Itching)</i></b>	3	2	2	1	0
<b><i>Vedana (Pain)</i></b>	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	$3 \times 1$	3
Left Palm	1	1	1	1	$3 \times 1$	3
Right Sole	2	2	1	1	$5 \times 1$	5
Left Sole	0	0	0	0	$0 \times 0$	0

**Total mPPASI After Treatment = 11**

**Overall mPPASI 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-pradoṣaja 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**

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



- Ghrta 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

#### Jīvantyādi Yamaka (Night Application)

Jīvantyādi Yamaka is made up of Tila taila, Ghrita, 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 Vipadikaasit 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.

### REFERENCES

1. Shukla V, editor, Tripathi R, Charak samhita of Agnivesha, Varanasi Chaukhamba surabharati Prakashan. 2007; 182.
2. Tripathi B, Editor, Ashtang hridaya of Vagbhata, Delhi, Chaukhamba Sanskrit pratishtan. 2013; 530.
3. Shashtri A, Sushruta Samhita of Acharya Sushruta, Varanasi Chaukhamba Sanskrit sansthan. 2013; 75.
4. Acharya Dalhan, Vaidhya Jadavji Trikamji Acharya, Sushruta Samhita with Nibandddhasangraha, Sutrasthan. Varanasi, Chaukhamba orientalia. 35(16): 152.

5. Sushruta, Kaviraj, Ambikadutta Shashtri, Sushruta Samhita, Varanasi Chaukhamba Sanskrit sansthan. 2013; 74.
6. Buran T, Sanem Gökçe Merve Kılınç, & Elmas Kasap. Prevalence of Extraintestinal Manifestations of Ulcerative Colitis Patients in Turkey: Community-Based Monocentric Observational Study. *Clinical Medicine and Medical Research*. 2020; 1(2): 39-46. Available: <https://doi.org/10.52845/CMMR/2020v1i2a8>
7. Shukla V, editor, Tripathi R, Charak samhita of Agnivesha, Varanasi Chaukhamba surabharati Prakashan. 2007; 338.
8. Khanna N Illustrated synopsis of Dermatology and sexually transmitted diseases, 4th, Genoderm and Genodermatoses, New Delhi. 2011; 29.
9. Rasatarangini, Shri Sadanand Sharma, Dr. Ravindra Angadi, Chaukhamba surbharati prakashan, Varanasi, 2015.
10. Available: <https://www.chakrapaniayurveda.com/product/hingvadi-vati/>, [last assess on 19-04-2020]
11. Daniel V, Daniel K. Perception of Nurses' Work in Psychiatric Clinic. *Clinical Medicine Insights*. 2020; 1(1): 27-33. Available: <https://doi.org/10.52845/CMI/2020v1i1a5>
12. Ayurvediya aushadhi gunadharma shastra, Vaidyapanchanan Gangadharshastri Gopalrao Gune, Ganesh printer, pune, Reprint. 2005; 208.
13. Pal Santosh, Ramamurthy A, Mahajan Bidhan, Arogyavardhini Vati: A theoretical analysis, *Journal of Scientific and Innovative Research*. 2016; 5(6): 225-227.
14. Ayurvediya aushadhi gunadharma shastra, Vaidyapanchanan Gangadharshastri Gopalrao Gune, Ganesh printer, pune, Reprint. 2005; 270.
15. Mitra S, Prajapati PK, Shukla VJ, Ravishankar B. Impact of Bhavana Samskara on physicochemical parameters with special reference to Gandhaka Rasayana prepared by different media and methods. *Ayu*. 2010; 31: 3826.
16. Daniel V, Daniel K. Exercises training program: It's Effect on Muscle strength and Activity of daily living among elderly people. *Nursing and Midwifery*. 2020; 1(01): 19-23. Available: <https://doi.org/10.52845/NM/2020v1i1a5>
17. Shukla V, editor, Tripathi R, Charak samhita of Agnivesha, Varanasi Chaukhamba surabharati Prakashan. 2007; 99.
18. Shukla V, editor, Tripathi R, Charak samhita of Agnivesha, Varanasi Chaukhamba surabharati Prakashan. 2007; 73.
19. Shukla V, editor, Tripathi R, Charak samhita of Agnivesha, Varanasi Chaukhamba surabharati Prakashan. 2007; 371.

20. Mishra G, Shashtri A, Bhaishajyaratnavali, Chaukhamba series office, Varanasi. 1951; 652.
21. Available:<http://www.easyayurveda.com/2017/04/18/kampillaka-mallotus-philippensis>  
[last assess on 20-04-2020]
22. Nibandh Sangraha. Commentary on Sushruta samhita, Vaidya Yadavji Trikamji acharya, Shri Dalhanacharya, Sutrastan, Adhyay Chaukhamba Sanskrit sansthan Varanasi. 2009; 14: 33-34.
23. Shashtri A, Sushruta Samhita of Acharya Sushruta, Varanasi Chaukhamba Sanskrit sansthan. 2013; 57.