



ISSN 2456-3110

Vol 9 · Issue 9

September 2024

Journal of
**Ayurveda and Integrated
Medical Sciences**

www.jaims.in

JAIMS

An International Journal for Researches in Ayurveda and Allied Sciences



Maharshi Charaka
Ayurveda

Indexed

Therapeutic interventions and clinical efficacy in Ayurvedic management of *Vipadika* (Palmoplantar Psoriasis): A Case Report

Sahil Topiwala¹, Krushnkumar Taviad², Bharat Kalsariya³

¹Post Graduate Scholar, Department of Rasashastra and Bhaishajya Kalpana, Government Ayurved College & Hospital, Vadodara, Gujarat, India.

²Assistant Professor, Department of Rasashastra and Bhaishajya Kalpana, Government Ayurved College & Hospital, Vadodara, Gujarat, India.

³Professor & Principal, Department of Rasashastra and Bhaishajya Kalpana, Government Ayurved College & Hospital, Vadodara, Gujarat, India.

ABSTRACT

Vipadika, a skin disorder mentioned in *Ayurvedic* literature as *Kshudra Kustha* attributed to *Vata* and *Kapha Dosh*a imbalance, is analogous to palmoplantar psoriasis in contemporary science. It is a non-infectious chronic inflammatory disease of the skin bound to the palm and sole. It is characterized by pain, itching, and fissures in both soles. Contemporary treatment options often lead to temporary relief with frequent recurrence, leading patients to seek alternative therapies. The present case report aims to assess the therapeutic efficacy of *Ayurvedic* management in treating *Vipadika*. A 58-year-old female presented with pruritus, fissures in both sole and severe pain with oozing of bleeding from fissures across both soles; diagnosed as *Vipadika*. The treatment approach exclusively involved *Shamana Chikitsa*, including the oral administration of *Panchatikta Ghrita*, *Gandhaka Rasayana*, and *Avipattikara Churna*. Topical care was provided by washing the affected area with *Panchavalkala Kwatha* mixed with *Shuddha Tankana* for debridement. After washing, the patient was advised to use a foot scrubber for scrubbing the dead skin around the fissures followed by *Jatyadi Malam* for topical use. The patient's response was assessed over ten weeks, with follow-up for four weeks to determine using symptom improvement, patient-reported outcomes, and Auspitz sign. This case demonstrates the potential of *Ayurvedic* therapies for the effective management of *Vipadika*, suggesting a viable alternative to conventional treatment approaches.

Key words: *Ayurved*, *Kshudra Kustha*, *Skin Disease*, *Shamana Chikitsa*

INTRODUCTION

In *Ayurvedic* literature, the term *Kustha* is used as a broad classification encompassing a variety of dermatological conditions. These conditions are further classified into two categories: *Maha Kustha* (major skin diseases) and *Kshudra Kustha* (minor skin

diseases), comprising seven and eleven types, respectively.^[1] According to *Acharya Charaka*, all forms of *Kustha* arise from an imbalance of the *Tridosha*.^[2] This imbalance affects the *Twak*, *Rakta*, *Mamsa*, and *Ambu*, leading to various dermatological manifestations.^[3]

Vipadika, a dermatological condition mentioned in *Ayurvedic* literature as *Kshudra Kustha* attributed to *Vata* and *Kapha Dosh*a imbalance leads to vitiation of *Rakta Dhatu*,^[4] characterized by *Panipada Sphutna* (fissures in palm and sole) associated with *Teevra Vedana* (excessive pain).^[5] *Acharya Vagbhatta* added the symptoms like *Manda Kandu* (mild itching), and *Saraga Pidika* (red patches) in it.^[6] In contrast, *Acharya Sushruta* highlights *Kandu* (itching), *Daha* (burning sensation), and *Vedana* (pain), particularly affecting the *Pada* (soles), as the main characteristics of the condition.^[7] *Vipadika*, symptomatically can be correlated with the palmoplantar psoriasis.

Address for correspondence:

Dr. Sahil Topiwala

Post Graduate Scholar, Department of Rasashastra and Bhaishajya Kalpana, Government Ayurved College & Hospital, Vadodara, Gujarat, India.

E-mail: drsahilayu@gmail.com

Submission Date: 14/08/2024 Accepted Date: 22/09/2024

Access this article online

Quick Response Code



Website: www.jaims.in

DOI: 10.21760/jaims.9.9.44

Palmoplantar psoriasis is a chronic, immune-mediated, inflammatory, and proliferative non-communicable skin disorder, primarily affecting the palms and soles. The global prevalence of psoriasis is estimated to range between 2% and 3%, while in India, it varies from 0.44% to 2.88%. The condition is influenced by both genetic and environmental factors. The most commonly associated genetic factor is the Human Leukocyte Antigen (HLA) Cw6. Environmental triggers include smoking, exposure to irritants, and repetitive or manual trauma. Clinically, palmoplantar psoriasis is characterized by thick hyperkeratotic plaques, sterile pustules, symmetrical lesions, dryness, and cracks, often leading to pain and bleeding. Treatment of this condition is challenging.^[8] Current medical approaches, such as PUVA (Psoralen plus ultraviolet-A radiation), corticosteroids, and immunomodulators, are commonly employed but associated with potential side effects and frequent relapses.^[9]

Ayurvedic treatments focus on restoring the balance of *Dosha* through a holistic approach involving dietary adjustments, lifestyle changes, and the use of herbal and herbo-mineral remedies. This case study examines the implementation of Ayurvedic therapies for the management of *Vipadika*, with an emphasis on a patient-centered approach utilizing traditional Ayurvedic formulations to treat this prevalent condition.

CASE HISTORY

On 11 January 2024, a 58-year-old married female patient OPD no. 3766 came to the outpatient department of Rasashastra and Bhaishajya Kalpana at Government Ayurved Hospital, Vadodara, Gujarat, India. The patient was of middle-class socio-economic status, resides with her family in Vadodara, and she is a housewife. She presented a pruritus, and fissure on both soles accompanied by severe pain with oozing of bleeding from fissures, which had persisted for 3 years. She also reported a history of constipation and occasional acidity. With the help of clinical examination and assessment, she was diagnosed with *Vipadika*. Additionally, she was a known case of hypertension, which was well-managed with allopathic treatment.

Treatment History

The patient, diagnosed with *Vipadika* (palmoplantar psoriasis), had previously undergone allopathic treatment consisting of Tab. fluconazole 150 mg once daily, Tab. Prednisolone 5 mg twice daily, and a combination of clobetasol and salicylic acid ointment for six weeks. This regimen provided temporary symptomatic relief, but symptoms recurred upon discontinuation of the medications. Upon presentation, the patient exhibited pruritus, xerosis with thickened skin, fissures on both soles, and bleeding from cracks of xerosis, accompanied by severe pain. The patient also has a coexisting condition of hypertension, effectively managed with Tab. Amlodipine 5 mg OD. Additionally, the patient reported a history of excessive consumption of spicy and sour foods, as well as a habit of late-night eating. There was no relevant family history of palmoplantar psoriasis or other similar dermatological disorders.

Clinical Findings

On general examination; the patient had a pulse rate of 68/min, blood pressure of 114/80 mmHg, a temperature of 98.1°F, and a respiratory rate of 19/min; her height was 158 cm, weight was 71 kg, and Body Mass Index (BMI) was 28.6 kg/m², with clear conjunctiva, a white-coated tongue with no edema in any part of the body. No any lymph nodes were palpable. The laboratory tests showed that the haemoglobin level was 11.4%, and Random Blood Sugar (RBS) 142 mg/dL.

Ashtavidha Pariksha

The *Ashtavidha Pariksha* findings were as follows: *Nadi* (pulse) was *Vata Kapha*. Urine output was 6-7 times per day and 0-1 time per night. The stool was described as *Baddha* (constipated). The tongue was coated white. The voice was clear. The skin was noted as *Sheeta* (cool to touch). The vision was normal. The overall body structure (*Akriti*) was normal.

Diagnostic Assessments

In current study, assessed using criteria such as *Panipada Sphutana* (Fissure at palm and sole), *Kandu* (Itching) and *Teevra Vedana* (Excessive pain). After

examinations and assessments, the patient was diagnosed with *Vipadika* (Palmoplantar Psoriasis).

Criteria of Assessment with scoring

Table 1: Gradation of signs and symptoms of *Vipadika*

S N	Sign and Symptoms	Grades				
		0	1	2	3	4
1.	<i>Panipada Sphutana</i> (Fissures/cracks)	No cracks	Cracks on the palm or soles only	Cracks on the palm and soles	Cracks on the complete foot and complete hand	-
2.	<i>Kandu</i> (Itching)	No itching	1-2 times a day	Frequent itching	Itching disturbs the sleep	-
3.	<i>Teevra Vedana</i> (Excessive Pain)	No pain	Mild pain of easily bearable nature; comes occasionally	Moderate pain, but no difficulty	Appears frequently and requires some measures for relief	Pain requires medication and may remain throughout the day
4.	Auspitz sign	Absent	Less often bleeding (oozing)	Often bleeding but in less amount	Often bleeding and excessive	-

Therapeutic Intervention

The patient was administered *Panchtikta Ghrita*, *Gandhaka Rasayana*, and *Avipattikara Churna* internally, and the affected areas were cleansed with *Panchavalkala Kwatha* and *Shuddha Tanakana Drava*, followed by exfoliating the feet with a foot scrubber to remove dead skin, and then *Jatyadi Malam* was applied. Details of the medication are given in table no. 2.

Table 2: Details of given drugs during treatment

S N	Drug	Dose	Duration of treatment	Duration of follow-up	Anupana	Kala
1.	<i>Panchatikta Ghrita</i>	20 ml	ten weeks	four weeks	Luke warm water	Empty Stomach-morning
2.	<i>Gandhaka Rasayana</i>	2 tab. Thrice	ten weeks	four weeks	Luke warm water	After meal
3.	<i>Avipattikara Churna</i>	4 g	ten weeks	four weeks	Luke warm water	At night
4.	<i>Panchavalkala Kwatha + Shuddha Tankana</i>	Once	ten weeks	four weeks	External application	At night
5.	<i>Jatyadi Malam</i>	Once	ten weeks	four weeks	External application	At night

RESULT

The patient was monitored weekly for ten weeks to assess progress and adjust the treatment regimen as necessary. Within two of treatment, the oozing of bleeding was completely relived. After the 4 weeks of treatment (Figure no. 3) significant relief in pain, itching, and dead skin of soles. After eight weeks of treatment, (Figure No. 5) fissures/cracks from both soles disappeared, and the patient could walk without pain. At the end of the ten-week treatment period, the patient reported a significant reduction in all the symptoms (Figure no. 6). The patient was advised to follow *Pathtapathya* during the whole treatment. Following this period, the patient was observed for an additional four weeks, during which no recurrence of symptoms was, noted (Figure no. 7). Additional follow up of 6 month was also taken in which no recurrence of symptoms was noted (Figure no. 8). Table no. 3

describes the outcome of treatment according to diagnostic criteria.

Table 3: Details of the score of symptoms before and after treatment with follow-up

S N	Complaints	Before Treatment (0 week)	After Treatment (10 weeks)	Follow up (4 weeks)
1.	<i>Panipada Sphutana</i> (Fissures/cracks)	2	0	0
2.	<i>Kandu</i> (Itching)	2	0	0
3.	<i>Vedana</i> (Pain)	4	0	0
4.	Auspitz Sign	1	0	0

Images of the patient before treatment, after treatment, and after follow-up:



Figure 3: After 4 weeks of treatment (Date: 8/02/2024)



Figure 4: After 6 weeks of treatment (Date: 15/02/2024)



Figure 5: After 8 weeks of treatment (Date: 22/02/2024)



Figure 1: Before treatment (Date: 11/01/2024)



Figure 2: After 2 weeks of treatment (Date: 25/01/2024)



Figure 6: After 10 weeks of treatment (Date: 07/03/2024)



Figure 7: After 4 weeks of follow-up (04/04/2024)



Figure 8: After additional follow-up of 6 months (03/10/2024)

DISCUSSION

Vipadika, an Ayurvedic classification for skin disorders similar to palmoplantar psoriasis, presents with symptoms such as cracking of the skin, dryness, pain, and mild itching, primarily affecting the palms and soles. Palmo-plantar psoriasis affects a notable portion of the population, varying prevalence across regions. Conventional treatments often offer limited long-term relief due to the chronic and recurrent nature of the condition. In *Ayurveda*, *Vipadika* is managed by focusing on balancing the *Vata* and *Kapha Dosh*. The Ayurvedic approach to treating *Vipadika* emphasizes *Shodhana* and *Shamana Chikitsa* followed by *Rasayana Chikitsa* to restore the balance of *Dosha*. This case presentation includes a detailed analysis of the patient's demographics, clinical history, symptoms, and prior allopathic treatments, offering a comprehensive view of the patient's condition and therapeutic journey. The efficacy of combined herbal and herbo-mineral formulations in relieving the symptoms of *Vipadika* is demonstrated through this approach.

The patient, a 58-year-old female, presents with chronic pruritus and fissures on both soles, accompanied by severe pain and bleeding from the fissures. Previous treatment with allopathic medication provided temporary symptom relief, but recurrence was observed. The proposed Ayurvedic treatment protocol includes the internal administration of *Panchatikta Ghrita*, *Gandhaka Rasayana*, and *Avipattikara Churna*. Additionally, external care involves *Prakshalana* with *Panchavalkala Kwatha* combined with *Shuddha Tankana*, and after *Prakshalana* use of a foot scrubber to exfoliate dead skin around fissures followed by the application of *Jatyadi Malam*. Except for *Panchatikta Ghrita*, all the medicines were in-house standardized production by the Government Ayurved Pharmacy, Rajpipala, Gujarat. *Panchatikta Ghrita* was advised to purchase of Nagarjuna Pharmacy due unavailability of in-house production. Each component of the treatment is selected based on Ayurvedic principles aimed at restoring the balance of the *Doshas* and enhancing the patient's immune function.

Probable mode of action of the formulations

Panchatikta Ghrita^[10] effectively manages palmo-plantar psoriasis through its key herbs and their active phytochemicals.^[11] *Patola* (*Trichosanthes dioica* Roxb.) contains triterpenoids and flavonoids that reduce inflammation and oxidative stress.^[12] *Nimba* (*Azadirachta indica* A. Juss) is rich in quercetin, which inhibits pro-inflammatory cytokines while offering antimicrobial properties.^[13] *Vasa* (*Adhatoda vasica* Linn Nees) features vasicine, known for its anti-inflammatory and infection-preventing effects.^[14] *Kantakari* (*Solanum virginianum* Linn.) contains solasodine, enhancing wound healing and reducing inflammation.^[15] *Guduchi* (*Tinospora cordifolia* Willd.) is high in tinosporide, which supports detoxification and immune modulation.^[16] *Haritaki* (*Terminalia chebula* Retz.), *Bibhitaki* (*Terminalia bellirica* Roxb.), and *Amalaki* (*Phyllanthus emblica* Linn.) contribute tannins and vitamin C, providing antioxidant and detoxifying benefits. Together, these herbs work synergistically to improve psoriasis symptoms.^[17]

Gandhaka Rasayana mitigates the effects of *Vata* and *Kapha Dosha* due to its *Kusthaghna*, *Kandughna*, and *Vata-Kaphaghna* properties, making it effective against all 18 types of *Kustha Roga* (skin disorders), including *Kshudra Kustha*. It primarily acts on the skin and blood, balancing all *Dosha* and *Dhatu*.^[18] **Gandhaka**, with its *Ushna Veerya* (hot potency) and *Katu Vipaka* (pungent after digestion), is a potent *Kaphaghna* and *Kledaghna*, disrupting the pathogenesis of psoriasis through its *Ushna* and *Katukashay Rasa*.^[19] **Gandhaka Rasayana's** active component, purified sulphur, exhibits anti-inflammatory, keratolytic, antimicrobial, and detoxifying properties. Sulphur reduces skin inflammation, softens thickened skin, prevents infections, and modulates immune responses, helping to manage autoimmune triggers in psoriasis. Its antioxidant action further mitigates oxidative stress, while herbs like *Amla*, *Haritaki*, and *Guduchi* enhance detoxification and liver protection, supporting the long-term management of palmo-plantar psoriasis.^[20]

Avipattikara Churna is a herbo mineral compound formulation having clinical significance in the

treatment of *Amlapitta* and *Vibandha*. Majority of drugs in *Avipattikara Churna* are possessing *Katu*, *Tikta*, *Madhura Rasa*; *Laghu*, *Ruksha*, *Tikshna*, *Snigdha Guna*; *Ushna-Sheeta Veerya*; *Madhura* and *Katu Vipaka*. Apart from *Sharkara* the main ingredient is *Trivruta* (*Operculina turpethum* L.). It has *Katu*, *Tikta Rasa*; *Laghu*, *Tikshna*, *Ruksha Guna*; *Ushna Veerya* and *Katu Vipaka*. It has *Bhedana*, *Rechana* and *Shothahara* properties leading to *Pitta Virechana* useful in *Samprapti Vighatana* of *Amlapitta* and *Vibandha*.^[21]

The local use of **Panchavalkala Kwatha**^[22] as a foot soak effectively manages palmo-plantar psoriasis by addressing inflammation, thickened skin, lesion healing, and infection prevention. Its astringent, anti-inflammatory, and antimicrobial actions make it a powerful remedy for controlling psoriasis. Tannins and flavonoids in the formulation reduce inflammation by inhibiting cytokines like IL-6 and TNF- α , while the astringent effect dries out lesions and minimizes scaling. Polyphenols combat oxidative stress, and tannins, along with saponins, provide antimicrobial protection. Triterpenoids further enhance wound healing by promoting collagen formation and tissue repair.^[23]

Shuddha Tankana Drava is recommended for *Varna Shodhana*. The *Ruksha*, *Ushna*, and *Tikshana* properties of **Shuddha Tankana** aid in the debridement of the soles and promote skin regeneration.^[24] Sodium borate, the key component of **Tankana**, provides keratolytic, anti-inflammatory, and antimicrobial effects, while boron, a trace mineral, reduces inflammation and promotes wound healing.^[25] The astringent action of **Tankana** helps reduce moisture, tighten the skin, and prevent further scaling and fissures, with boron enhancing tissue regeneration and aiding the recovery of psoriatic lesions.^[26]

After *Prakshala* with **Panchavalkala Kwatha** and **Shuddha Tanakana Drava**, the patient was advised to scrub the debridement by using a foot scrubber with low pressure. It helps to remove the dead skin and allows the regeneration of the skin.

Jatyadi Malam is prepared from *Jatyadi Taila* and *Siktha* with a ratio of 80:20 as an in-house production

of the Government Ayurved Pharmacy, Rajpipala, Gujarat. *Jatyadi Malam* possesses anti-inflammatory, antimicrobial, wound-healing, and tissue-regeneration properties. It helps alleviate symptoms and promotes healing by enhancing tissue regeneration and repair. Additionally, it provides a moisturizing effect to the skin, reducing itching sensations. The moisture content in *Jatyadi Malam* prevents skin dryness, supporting overall skin health.^[27]

CONCLUSION

The Ayurvedic treatment protocol comprising internal administration of *Panchatikta Ghrita*, *Gandhaka Rasayana*, *Avipatikara Churna* and topically wash with *Panchvalkala Kwatha* and *Shuddha Tankana* and after that use of foot scrubber for scrapping the dead skin followed by *Jatyadi Malam* demonstrated significant efficacy in managing *Vipadika*. The observed improvements in symptoms, coupled with the absence of adverse effects and high patient satisfaction, highlight the potential of these traditional therapies in treating this common dermatological condition. These findings advocate for further research with larger sample sizes and controlled studies to validate these results and explore the broader applicability of Ayurvedic treatments in dermatological and other medical conditions.

Declaration of Patient Consent

The authors declare that they have obtained written consent from the patient, allowing the case, along with relevant images and clinical details, to be published in the journal. The patient is aware that their name and initials will not be disclosed, and every effort will be made to protect their identity, though complete anonymity cannot be assured.

REFERENCES

- Acharya Vidhyadhara Shukla and Prof. Ravi Dutta Tripathi, editor Charaka Samhita of Agnivesh, Chikitsa Sthana Ch. 7, Ver. 13, Varanasi: Chaukhambha Sanskrit Pratisthan, 2017, p. 182.
- Acharya Vidhyadhara Shukla and Prof. Ravi Dutta Tripathi, editor Charaka Samhita of Agnivesh, Chikitsa Sthana Ch. 7, Ver. 31, Varanasi: Chaukhambha Sanskrit Pratisthan, 2017, p. 185.
- Acharya Vidhyadhara Shukla and Prof. Ravi Dutta Tripathi, editor Charaka Samhita of Agnivesh, Chikitsa Sthana Ch. 7, Ver. 9, Varanasi: Chaukhambha Sanskrit Pratisthan, 2017, p. 182.
- Acharya Vidhyadhara Shukla and Prof. Ravi Dutta Tripathi, editor Charaka Samhita of Agnivesh, Chikitsa Sthana Ch. 7, Ver. 29, Varanasi: Chaukhambha Sanskrit Pratisthan, 2017, p. 185.
- Acharya Vidhyadhara Shukla and Prof. Ravi Dutta Tripathi, editor Charaka Samhita of Agnivesh, Chikitsa Sthana Ch. 7, Ver. 22, Varanasi: Chaukhambha Sanskrit Pratisthan, 2017, p. 184.
- Brahmadand Tripathi, editor Ashtanga Hridaya of Acharya Vagabhatta, Nidana Sthana, Ch. 14, Ver. 23, Varanasi: Chaukhambha Sanskrit Pratisthan, 2019, p. 530.
- Anantram Sharma, editor Sushrut Samhita of Acharya Sushrut, Nidana Sthana, Ch. 5, Ver. 13, Varanasi, Chaukhambha Surbharati Prakashana, 2019, p. 496.
- <https://www.ncbi.nlm.nih.gov/books/NBK448142/> [Last Accessed on 2024 September 29]
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10522454/> [Last Accessed on 2024 September 29]
- Thakur Nathusinhji, Rasatantra Saar evum Siddha Prayoga Samgraha Part-2, Rajasthan, Krushna Gopal Ayurved Bhavan, Kaleda, 2019, Page no. 442.
- Raju Barvalia et. al., dissertation work, A Comparative Pharmaco-Clinical Study of *Panchatikta Ghrita* Prepared by Different Methods in *Ekakustha* (Psoriasis), 2000, dept. of Rasashastra & Bhaishajya Kalpana, IPGT&RA, Jamnagar.
- Nitin Kumar, Satyendra Singh, Manvi, Rajiv Gupta. *Trichosanthes dioica* Robx.- An overview. *Pharmacognosy Reviews*; January-June 2012: vol 6(11): p 61-67.
- Marian R. Wylie, D. Scott Merrel. The Antimicrobial Potential of Nimba Tree *Azadirachta indica*. *Frontiers of Pharmacognosy*; May 2022: Vol 13, p 1-16
- Ajay Sharma, Garima Bhardwaj, Damanjit Singh Cannoo. Overview of Phytochemistry and Pharmacology of *Adhatoda vasica*. *International Journal of Advance in*

- Management, Technology and Engineering Science; March 2018: Vol 8(3), p 1286-1302.
15. Roshy Joshep C, Ilanchezian, Patgiri BJ. Therapeutic potentials of Kantakari (*Solanum virginianum* Linn.). Ayurpharma-International Journal of Ayurveda and Allied Science; 2012, Vol 1(2), p 46-53.
 16. Prajwala B, Raghu N, Gopenath TS, Basalingappa KM. Guduchi: Its Medical Properties. Journal of Plant Physiology and Pathology; 2019: vol 7(3), p 1-6
 17. Bali Chohan, Ramesh Chandra Kumawat, Mita Kotecha, A. Ramamurthy, Sumit Nathani. Triphala: Comprehensive Ayurvedic Review. International Journal of Research in Ayurveda and Pharmacy; Aug 2013, Vol 4(4), p 612-617
 18. Vaidya Lakshmipati Shastri, editor Yogaratnakara, Kustha Chikitsa, Ver. 26, Varanasi, Chaukhambha Prakashan, 2022, p. 644.
 19. Kaushika H, Singh Tomar B, Kumar Chawla S. Role of Gandhaka Rasayana in Kshudra Kushtha- A Review Article. Journal of Ayurveda and Integrated Science; 2024: vol 7: 168:172.
 20. Reshma M Sahokar, R. S. Sarashetti, Veena Kanthi, Madhav Savkar, C. V. Nagthan. Screening of Antibacterial and Antifungal activity of Gandhaka Rasayana- An Ayurvedic Formulation. International Journal of research Trends in Science and Technology; 2013, Vol 8(2), p. 134-137.
 21. Thakur Nathusinhji, Rasatantra Saar evum Siddha Prayoga Samgraha Part-2, Churna Prakarana, Rajasthan, Krushna Gopal Ayurved Bhavan, Kaleda, 2019, Page no. 335.
 22. Anonymous. The Ayurvedic Formulary of India, Part 3, 1st English Edition. New Delhi: Dept. of AYUSH, Ministry of Health and Family Welfare, Government of India; 2011, Kvatha Prakarana 4:15, p. 86.
 23. Gajarmal Amit A, Shende MB, Chothe DS. A Clinical Evaluation of Panchavalkala Kawtha- A Review Article. Unique Journal of Ayurvedic and Herbal Medicines; 2014: 02(04): 6-9.
 24. Devnathsinh Gautam, editor Rasa Tarangini of Shri Sadanand Sharma, Taranga 13, Ver. 62, Varanasi, Chaukhambha Subharati Prakashan, 2018, p. 284.
 25. Ifra Abdul Qaiyyum, Shaheda Rahmani, Sameena Abdul Qaiyyum, Mohd Asfahul Kalam. Therapeutic Application of Tankana (Borax) According to Unani System of Medicine-A Review. International Journal of Novel Research and Development; January 2023: Vol 8(1); p 452-460.
 26. Jyotsna Sankpal, Dr. Jyotsna Takalikar. Comprehensive Review of Journal. Journal of Ayurveda and Integrated Medical Science; July- Aug 2018: Vol 3(4): p. 110-115.
 27. Sunita Shailajan, Sasikumar Menon, Suhas Pednekar, Ashisha Singh. Wound Healing Efficacy of Jatyadi Taila: In vivo evaluation in rat using excision wound model. Journal of Ethnopharmacology; 31 October 2011; vol 138(1): p. 99-104.

How to cite this article: Sahil Topiwala, Krushnkumar Taviad, Bharat Kalsariya. Therapeutic interventions and clinical efficacy in Ayurvedic management of Vipadika (Palmoplar Psoriasis): A Case Report. J Ayurveda Integr Med Sci 2024;9:274-281.

<http://dx.doi.org/10.21760/jaims.9.9.44>

Source of Support: Nil, **Conflict of Interest:** None declared.
