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Ayurvedic management of *Vipadika* - A Case Report

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ABSTRACT

Vipadika, categorized as a type of *Kshudra Kustha* in *Ayurveda*, presents as a chronic dermatological condition primarily affecting the palms and soles, characterized by symptoms such as *Pani-Pada Sphutana* (fissures), *Teevra Vedana* (severe pain), *Manda Kandu* (itching), and *Saraga Pidika* (red patches). *Vipadika* can be correlated to Palmoplantar psoriasis, which is a prevalent chronic inflammatory skin disorder characterized by erythematous plaques affecting the palms and soles significantly impairing daily function and quality of life. *Ayurvedic* management of *Vipadika* emphasizes *Shamana Oushadhis* aimed at pacifying aggravated *Doshas*, alleviating manifestations of *Vipadika*. Integral to this approach are *Nidana Parivarjana* and *Pathya Ahara-Vihara Sevana* to prevent recurrence. In the present case, a male patient with complaints of dryness, itching, cracking, scaling, and hyperpigmentation of skin of bilateral feet and bleeding from cracks for the last 6 months came to *Kayachikitsa* OPD and was diagnosed and treated as *Vipadika* with the *Shamana Oushadhis*. The patient's condition demonstrated a substantial improvement, with a marked reduction in symptoms evident within 21 days, suggesting effective management of *Vipadika* through *Ayurveda*.

Key words: *Vipadika*, *Kshudra Kustha*, *Palmoplantar Psoriasis*, *Shamana Oushadhi*.

INTRODUCTION

Vipadika, categorized as a type of *Kshudra Kustha* in *Ayurveda*, manifests as a chronic skin disorder primarily affecting the palms and soles, characterized by symptoms such as *Pani-Pada Sphutana* (fissures in palm and sole), *Teevra Vedana* (severe pain), *Manda Kandu* (itching) and *Saraga Pidika* (red patches).^[1] *Acharya Sushruta* also explained this under *Kshudra Kustha* in the name of *Padadari*.^[2]

In *Ayurveda*, skin disorders like *Vipadika* are attributed

to various factors including *Viruddha Ahara*, *Ati-Drava*, *Ati-Snigdha*, *Guru Ahara*, *Vega Dharana*, *Asatmya Vihara*, *Papa Karma*, *Manasika Bhavas*, and exposure to adverse environmental conditions. These *Nidanas* aggravate the *Doshas*, causing *Agnimandya* and inducing *Dhatu Shaitilyata*. Among the three *Doshas*, *Vata* and *Kapha*, are particularly susceptible to disturbance, infiltrating the *Rasa-Raktadi Dhatus*, disrupting circulation in the *Tiryakgata Siras* and settling in the *Twak*, thereby resulting in *Vipadika*.^[3] According to *Acharya Charaka*, all types of *Kustha* are *Tridoshaja* which vitiate the *Twak*, *Rakta*, *Mamsa*, *Ambu* collectively causing *Kustha*.^[4] with *Vipadika* correlating with Palmoplantar Psoriasis.

Psoriasis is a common, chronic inflammatory skin disorder that is characterized by the formation of sharply demarcated, scaly, erythematous plaques.^[5] Palmoplantar psoriasis is a variant of psoriasis affecting the skin of the palms and soles presenting with hyperkeratotic, pustular, or mixed presentations. These chronic conditions cause significant functional disability and are associated with marked quality-of-life issues.^[6] The prevalence of psoriasis in India ranges

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from 0.44 -2.8% and is commonly affecting individuals in their third or fourth decade, with males being affected twice as frequently as females.^[7] The palmoplantar variant of psoriasis constitutes 3 -4% of all psoriasis cases, affecting 2 -5% of the population.^[8]

In contemporary medicine, Palmoplantar Psoriasis is typically managed with corticosteroids, topical therapies, vitamins, and immunomodulators, but recurrence remains a persistent issue. Ayurvedic management of Vipadika, involves Shamana Oushadhis aimed at calming aggravated Doshas, alleviating symptoms like itching, pain, and inflammation, promoting skin health, preventing recurrence, and emphasizing strategies such as Nidana Parivarjana (avoidance of causative factors) and Pathya Ahara-Vihara Sevana (appropriate diet and lifestyle practices) to avoid relapse.

Patient Information

A 42-year-old male patient came to Kayachikitsa Outpatient Department (OPD) of Gopabandhu Ayurveda Mahavidyalaya & Hospital, Puri in February 2024 with complaints of dryness, itching, cracking, scaling, and hyperpigmentation of skin of bilateral feet and bleeding from cracks for the last 6 months. There was itching and pain which was continuous throughout the day. The patient had developed watery discharge in cracks along with bleeding. The lesions were bilaterally symmetrical.

History of the patient

Past History - No specific history was found.

Family history - No family history found.

On general examination the patient is moderately nourished having blood pressure: 110/80 mm/hg with normal temperature, pulse, and respiratory rate. Other parameters like pallor, icterus, central cyanosis, digital clubbing, edema, and local lymphadenopathy were absent on examination.

On physical examination, the patient was found anxious, with a loss of appetite and a constipated bowel with a coated tongue. Micturition was normal and sleep was disturbed. The patient has a height - of

173 cm & weight - of 74 kg. Habits: Spicy, oily food, Tea (2 times/day)

Clinical Findings

Ayurvedic Examination

Table 1: Nidana Panchaka

Nidana	Purva Rupa	Rupa	Samprapti	Upashaya
Katu, Snigdha, Guru, Abhishyandi Ahara, Vatavardhaka Ahara, Divaswapna,	Kandu	Pada sphutana, Teevra Vedana, Kandu, Daha	Nidana Sevana (Aharaja, Viharaja, Manasika) ↓ Causes Agnimandya ↓ Tridosha Prakopa along with Rasa, Rakta, Mamsa, Lasika Dushti ↓ Sanga and Vimargagamana of Dosh ↓ Sthanasams hraya in Pada	Symptoms subsided after taking Shamana Oushadhis

Kushta Samprapti Ghataka

- Dosh: Vatakaphaja (Vata Pradhana Tridoshaja)
- Dushya: Rasa, Rakta, Mamsa, Ambu, Twak
- Srotas: Rasavaha, Raktavaha, Swedavaha
- Srotas Dusti: Sanga, Vimarga Gamana
- Adhithana: Ama Pakwashaya
- Vyaktasthana: Twak, Dwipadatala
- Sanchara Sthana: Raktavaha Srotas

- Rogamarga: Bahya

Table 2: Dashavidha Pareeksha

Prakruti	Vata Pittaanubandhi
Vikruti	Rasa, Rakta, Mamsa, Twak, Ambu
Sara	Avara
Samhanana	Madhyama
Pramana	Madhyama
Satva	Avara
Satmya	Sarva Rasa, Katu Pradhana
Aharashakti	Madhyama
Vyayamashakti	Avara
Vaya	Madhyama

Table 3. Ashtavidha Pareeksha

Nadi	Vata Pitta
Mala	Badha
Mutra	Prakrita
Jihwa	Lipta
Shabda	Prakrita
Sparsha	Ushna
Drik	Prakrita
Akruti	Madhyama

Modern Examination of Skin

A. Inspection

Color: Erythema and Hyperpigmentation

Texture: Rough, Dry, Scaly

Lesions Erythematous Plaques

Distribution: symmetric and localized to dorsal and plantar regions of both feet

Other: Fissures and erosions on the soles of both feet

B. Palpation:

Moisture: Dry

Temperature: Warmth to touch

Tenderness: Present especially on Pressure

Texture: Rough

Induration: Present

Diagnosis and Assessment

Based on clinical history and examination the condition was diagnosed.

Table 4: Assessment of Subjective Criteria

Padasphutana	No cracks	0
	Cracks on heels only	1
	Cracks on heels and plantar aspect	2
	Cracks on complete foot	3
Vedana	No pain	0
	Pain after pressing	1
	Pain on touch	2
	Pain without touching	3
Kandu	No itching	0
	1-2 times a day	1
	Frequent itching	2
	Itching disturbs the sleep	3
Daha (burning sensation)	No burning sensation	0
	Burning during itching	1
	Continuous Burning	2

Therapeutic Intervention

Table 5. Therapeutic administration

SN	Medicine	Dose/ mode of administration	Anupana	Schedule
1.	Mahamanjisthad i Kwatha	15 ml Oral	30 ml Lukewarm water	Twice a day before food

2.	<i>Panchatikta Ghrita Guggulu</i>	500 mg 2 tab Oral	Lukewarm water	Twice a day after food
3.	<i>Arogyavardhini Vati</i>	500 mg 2 tab Oral	Lukewarm water	Twice a day before food
4.	<i>Gandhaka Rasayana</i>	125 mg 1 tab Oral	Luke warm water	Twice a day after food
5.	<i>Jeevanthyadi Yamaka</i>	Sufficient quantity/External	-	-
6.	<i>Sidharthaka Yoga</i>	Sufficient Quantity/External washing	<i>Parisheka</i>	-

Follow-up and outcomes

Table 6. Follow up and outcome according to Subjective Criteria

Features	Before treatment	After follow-up (1 week)	After 2 nd follow-up (2 weeks)	After 3 rd follow-up (3 weeks)
<i>Padasphutana</i>	3	3	2	1
<i>Vedana</i>	3	2	1	0
<i>Kandu</i>	3	2	1	0
<i>Daha</i> (burning sensation)	2	1	0	0

Figures 1: Before Treatment



Figures 2: After 1 week of treatment



Figures 3: After 2 weeks of treatment



Figures 4: After 3 weeks of treatment



DISCUSSION

Vipadika is a *Vata Kaphaja* predominant, *Kustha Roga* characterised by symptoms like *Sphutana* (cracks or fissures in the skin), *Vedana* (pain), *Kandu* (itching, etc. typically affecting *Pani* or *Pada*).^[9] In this condition, there is the involvement of mild *Pitta Dosh*a, along

with specific *Vata* and *Kapha Doshas*. The predominant *Lakshanas* of *Sphutana* and *Vedana* are due to *Vata Dushti*, *Kandu* is linked to *Kapha Dushti* and mild *Daha* is associated with *Pitta Dushti*. *Acharya Charaka* highlights that the treatment of *Kustha* should be aligned with specific *Lakshanas* according to the *Doshas*.^[10] In the conventional medicine, the management of palmoplantar psoriasis is often limited. Research highlights the role of the immune system, inflammatory cascade, cytokines, and keratinocytes in its pathogenesis, with cytokines playing a crucial role in disease progression, resulting in a cytokine storm.^[11] Therefore, a multifaceted *Ayurvedic* approach is essential to effectively target the complex pathways involved and manage the disease's chronic and relapsing nature. *Manjisthadi Kashayam* consists of drugs predominantly possessing *Laghu*, and *Ruksha Gunas*, promoting *Kledashosha* (reduction of excess moisture) due to its *Tikta* and *Kashaya Rasa*. The formulation balances *Pitta* and *Kapha Doshas*, facilitating *Ama Pachana*, *Agnidipana*, and *Rakthasodhaka*, thereby supporting *Rakta Prasadana* and acts primarily on the *Rasa*, *Rakta*, and *Mamsa Dhatus*.^[12] *Panchatikta Ghrita Guggulu* contains ingredients with *Tikta Rasa*, *Laghu*, and *Ruksha Guna*, making it effective in *Kandu*, *Kledameda Upashoshana*, and *Vranashodhaka* properties. *Guggulu*, characterized by its *Katu*, *Tikta*, *Kashaya*, *Madhura Rasa*, *Ushna Veerya*, and *Katu Vipaka* properties, effectively targets *Vikruta Kleda*, *Meda*, and *Mamsa Dhātu*. According to *Rasaratnasamucchaya*, *Arogyavardhini Vati* acts as a *Rasayana* and *Kusthanashaka*, while also serving as a *Pathya*, *Dipana*, *Pachana*, *Medanasaka*, *Malashuddhikara* and *Sarvarogaprasamani*. *Arogyavardhini* acts as *Srotoshodhahara* and helps in the healing of *Vipadika* by reducing the dryness and pain.^[13]

Gandhaka Rasayana, through its properties as *Agnideepaka*, *Amapachaka*, *Amanashaka*, *Vishahara*, *Soshaka*, and *Kriminashaka*, plays a crucial role in addressing *Kustha Nidana* and *Samprapti* alleviating *Dushita Kapha* and *Visha*. *Gandhaka Rasayana* acts as a *Dahanashak*, *Raktaprasadak*, enhances *Dhatvagni*, *Rasayana* and reduces *Kleda* with its *Ruksha* and *Laghu*

properties.^[14] *Jivantyadi Yamaka* with the *Snigdha Guna* of *Jeevanti*, *Goghrita*, *Tila Taila*, and *Madhucchista* balances *Vata* and prevent *Rukshata* in *Vipadika*. Its *Vrana Shodhana* and *Vrana Ropana* properties from *Daruharidra*, *Kampillaka*, *Tilataila*, *Sarjarasa*, and *Manjistha* reduce *Padasphutana*, while *Go-Dugdha* act as *Rasayana*. *Tuttha* and *Daruharidra* alleviate *Kandu*, and *Kampillaka*, *Tilataila*, and *Sarjarasa* reduce *Vedana* and *Daha* through their *Pittaghna* properties.^[15] *Parisheka* with *Siddharthaka Yoga Kashaya*^[16] is effective as the procedure is suitable for *Tridosha* especially in *Vata Kapha* predominant condition and is having *Ushna Veerya*, *Laghu Ruksha Guna*, *Kusthaghna* and *Kandughna* property which reduces *Vipadika*.

Pathya Ahara

Laghu Anna, *Tikta Shaka*, *Purana Dhanya*, *Jangala Mamsa*, *Mudga*, *Patola*, *Purana Shali*, *Shashtika Shali*, *Yava*, *Godhuma*, food and ghee prepared by *Triphala*, *Nimba*, *Khadira Jala Pana* and *Aushadha Samskruta Takra*.

Pathya Vihara

Abhyanga with *Karanja Taila*, *Parisheka*, *Avagaha* with *Khadira Kashaya*, *Brahmacharya*.

Apathya Ahara & Vihara

Guru Anna, *Amla Rasa*, *Dugdha*, *Dadhi*, *Matsya*, *Guda*, *Tila*, *Mamsa*, *Taila*, *Adhyasana*, *Ajirnasana*, *Vidahi - Abhishyandi Ahara*, *Divasvapna*, *Maithuna*, *Vegadharana*, *Paapa Karma*, *Tapa Sevana Svedana*, Walking bare foot, excessive walking, exposure to mud, dust, water, winter season.

CONCLUSION

In *Ayurveda*, *Vipadika* is categorized under *Kshudra Kustha*, characterized by *Panipada Sphutana / Teevra Vedana*, *Kandu*, *Saraga Pidaka* and *Daha*. The pathogenesis involves the disturbance of *Vata* and *Kapha Doshas*, leading to the *Khavaigunya* associated with *Twak* (skin), *Rakta* (blood), *Mamsa* (muscles), *Ambu* (plasma). *Kustha*, a disease of *Bahudosh*, *Bhuridosha* and '*Saptakodravysangraha*' is to be treated by adopting repeated *Shamana Chikitsa* i.e.,

Bahirparimarjana and *Antahparimarjana Chikitsa*. The case report highlights the effectiveness of Ayurvedic therapies in reducing the severity of symptoms and improving the patient's quality of life with *Shamana Chikitsa*.

Patient Consent

The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient has consented to report his images and other clinical information in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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