

A Case Study of Ayurvedic management for Vipadika (Palmoplantar Psoriasis)

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Kushta (Skin Diseases) is the general term used in Ayurveda to refer to all skin conditions. Acharya Charaka has listed eighteen different kinds of Kustha (skin diseases). Eleven of them are Kshudra Kushta, while rest of them are Maha Kushta. Vipadika is the one among in Kshudra Kushta which is compared with Palmoplantar Psoriasis. It is a chronic, multifactorial, inflammatory, complicated illness characterised by an increase in the turnover rate of epidermal cells and hyperproliferation of keratinocytes in the epidermis. This skin disease hampers day-to-day activity of patient due to associated symptoms and depresses patients because of cosmetic issues. This case concerned a 27-year-old woman who was experiencing itching on the plantar aspect of Right foot, cracks across the soles, and pain while walking. No prior history of any systemic disease was present. No surgery had been performed on the patient. The symptoms like burning and pain subsided in the initial visit. With subsequent follow-ups, the cracks, itching, and pain during walking decreased. One session of Laghu Virechana and a single session of Raktmokshan were scheduled. The entire course of treatment lasted roughly ten months. During treatment patient was irregular on initial visits though, the patient experienced relief from major parameters with the given treatment regimen.

Keywords: Vipadika, Plantar Psoriasis, Kshudra Kushtha, Virechan, Raktmokshan

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Introduction

Skin conditions are categorised as non-serious, although they are not cause of death, but patient's mental health is impacted by cosmetic problem. *Kushtha* is general term used in *Ayurveda* for all skin conditions. The *Ayurvedic Samhitas* describe eighteen different varieties of *Kushtha*. Eleven of them are *Kshudra Kushtha*, while the remaining ones are *Mahakushtha*. *Vipadika* is mentioned in *Kshudra Kushthas* and indications, symptoms of *Vipadika* have been presented differently by different Acharyas in *Ayurveda*. *Vipadika* is compared with Palmoplantar psoriasis which most frequently appears in skin of elbows, knees, scalp, lumbosacral regions, intergluteal clefts, and glans penis. It is a non-infectious, chronic inflammatory disease of skin, characterized by well-defined erythematous plaques with a silvery-white scale with a predilection for extensor surface and scalp, and a chronic fluctuating course. The primary abnormality is enhanced epidermal proliferation brought on by an overabundance of basal layer cell multiplication. Keratinocyte transit time is shortened, and epidermal turnover is decreased from 28–30 days to 5–6 days.[1,2] Although exact cause is uncertain, immunopathological, biochemical, and genetic factors are seemed to be involved in disease. The condition may worsen due to precipitating factors such as trauma, infections, sunlight, certain medications, and stress/emotions. The Major Symptoms described in *Ayurvedic Classics* and conventional system of Medicine are given below:

Symptoms of *Vipadika* mentioned by different Acharyas

- *Ashtang Hridaya* states that the symptoms of *Vipadika* include *Sarambha Pidika* (red-colored macule), *Manda Kandu* (mild itching), *Tivra Vedana* (severe pain), and *Panipadspatana* (cracks over the palms and soles).
- According to *Acharya Charak* crack and *Vedana* (severe pain) and *Kandu* (mild itching), are the symptoms of *Vipadika*.
- According to *Acharya Sushruta* Itching (mild itching), *Daha* (burning sensation), *Vedana* (Pain) present especially on *pada* (sole) are the symptoms of *Vipadika*. He also mentioned that in *Vipadika* there is involvement of *Tridosha* (V, P, K) but *Vata* is predominantly vitiated.

Diagnosis of the disease in Conventional system of Medicine is mainly based on clinical symptoms that are

- Erythematous sharply defined plaques, covered with silvery-white scales.
- Extensor surfaces primarily involved such as the knees and elbows.
- Koebner's phenomenon is present in the active phase of the disease.
- Wornoff's ring is often present in the healing phase of the disease.
- Auspitz sign and Candle grease sign are other classic features of the disease.

Case Report

Patient information: A 27-year-old Female student came to OPD complaining of cracks and itching on the sole of right foot from last 5 months along with complain of burning sensation for last 3 months.

History of present illness: The patient came to OPD with all the mentioned symptoms. She did not have any history of systemic diseases or, any family history. The patient was relatively healthy before the occurrence of disease; she noticed itching and scaling on the right foot which gradually increased and spread over the heel. She took allopathic medicine containing Steroids and antifungal Medicines for 2 months experiencing only symptomatic relief during this period. Despite continuous use, the underlying condition persisted, masked by the temporary alleviation of symptoms. Each time the patient discontinued the use of the local steroid ointment, the disease re-emerged. So, she came to our OPD for further treatment.

Mental status: Mild depressed.

Clinical findings: The patient was examined based on *Dashvidh Pariksha* (Ten examinations), Which includes *Nadi* (Pulse), *Mala* (Stool), *Mutra* (Urine), *Jivha* (Tongue), *Shabda* (Speech), *Sparsha* (Skin), *Drik* (Eyes), *Akruti* (Built), *Agni* (Digestion) and *Bala* (Power). [Table No.1]

Subjective criteria: The patient was tested on subjective criteria, which includes *Vedana* (Pain), *Kandu* (Itching), and *Daha* (Burning sensation), and *Paadtwak Daran* (cracks/ Scaling) are observed. [Table No.2]

Table 1: Dashvidh Pariksha

SN	Examination	Result
1.	Nadi (Pulse)	84/m (Vaata-Pitta Saam)
2.	Mala (Stool)	1-2 times/ Day (Constipated)
3.	Mutra (Urine)	Normal (Frequency / consistency)
4.	Jihva (Tongue)	Coated (Saam)
5.	Shabda (Speech)	Normal/ Spasht
6.	Sparsha (Skin)	Anushna/ Ruksha
7.	Drik (Eyes)	Samyak
8.	Akruti (Built)	Madhyam
9.	Agni (Digestion)	Visham
10.	Bala (Power)	Madhyam

Table 2: Subjective Criteria

SN	Criteria	Grade	Symptoms
1.	Paadtwak Daran (Scaling)	0	No scaling: Skin is smooth and intact
		1	Mild scaling: Slight flaking or roughness
		2	Moderate Scaling: Nnoticeable flaking and roughness
		3	Severe scaling: extensive flaking and thickened skin
2.	Kandu (Itching)	0	No itching; skin feels completely comfortable
		1	Mild itching: occasional and not bothersome
		2	Moderate itching: frequent and somewhat bothersome
		3	Severe itching: constant and disrupts sleep
3.	Daha (Burning sensation)	0	No burning sensation: skin feels completely normal
		1	Mild burning: occasional and not overly bothersome
		2	Moderate burning: frequent and somewhat uncomfortable
		3	Severe burning: constant and significantly uncomfortable or painful
4.	Vedana (Pain)	0	No pain: Completely comfortable
		1	Mild pain: Occasional and not significantly bothersome
		2	Moderate pain: Frequent and increases on touch
		3	Severe pain: Constant and significantly impacts daily activities and quality of life

Table 3: Showing timeline and Therapeutic Interventions

Deepana Pachana Karma		
19/07/2024	Aampachak Vati Patol + Indrayava + Kutki Yoga[4]	
Shodhana Karma (Virechan karma)		No. of Vega
Sneha Paan	Panchtikta Ghrit	
22/07/2024	30 ml	
23/07/2024	60 ml	
24/07/2024	90 ml	
Dravya Paan (25/07/2024)	1. Triphala Kwath - 150ml + Erand Sneha- 25 ml 2. Trivruta Avleha - 20 gm	10 (Uttam Suddhi as per Laghu Virechan)
Sansarjana Krama		
3 Ahara Kaal (26-28/07/2024)	1. Peya 2. Vilepi 3. Mudga Yusha	

Samprapti Ghatak

- **Saptako Dravya Sangrah:** The seven *Dushya* (*Vata, Pitta, Kapha, Twak, Rakta, Mamsa, Lasika*) are given in *Charak Samhita* in *Kushtha Roga*. [3] Majorly *Twak, Rakta, Mamsa* were seen involved in the above disease.
- **Dosha:** *Pitta-Vata Saam*
- **Dushya:** *Rasa, Rakta, Mansa*
- **Srotas:** *Rasavaha, Raktavaha, Mansavaha*
- **Rogmarga:** *Bahya*
- **Udhhav Sthana:** *Amashaya*
- **Vyakt Sthan:** *Pad-tal Twak*
- **Sadhyaasadyatva:** *Kashtsadhya*

Differential Diagnosis

Eczema, Taenia and Contact Dermatitis are diseases that present with similar symptoms in patients & become confused when receiving therapy. Understanding distinctions b/W these illnesses is crucial for treatment. Morphology of Palmoplantar Psoriasis is well defined & mostly has indurated plaques, while in Eczema it is red inflamed, with swelling & crusting, In Taenia it is in form of ring which is usually unclear, In Contact dermatitis it is red, puffy with edges which are poorly defined. Scaling is silvery with plaques in Palmoplantar Psoriasis, thin whitish flaky in Eczema, Flaky dry in taenia, & Cracked & flaky in Contact Dermatitis. Auspitz sign is only positive in Palmoplantar Psoriasis.

Final diagnosis: Palmoplantar Psoriasis.

Timeline and Therapeutic Intervention

Written consent was taken from patient before starting treatment. Following ayurvedic treatment was given with mentioned timeline to patient.

Shamana Chikitsa			
Date	Management		Improvement
29/07/24	1. Mamsa Pachaka Arogyavardhini Vati (250mg)	3 g BD with Lukewarm water after meal	Upshayanugami, Improvement in Discoloration, Itching and Scaling decreases.
	2. Gandhaka Rasayana	500 mg BD with Lukewarm water after meal	
	3. Sarivadi Churna- 3g Kamdughda Rasa -500mg + Trivanga Bhasma- 200mg	3 g BD with Lukewarm water after meal	
	4. Avipattikar Churna	5 g HS with Lukewarm water at Bed time	
	5. Gandhak Malhar	Local application	
14/08/24	1. CST		
03/09/24	1. Mamsa Pachaka Churna Arogyavardhini Vati	3 g BD with Lukewarm water after meal	Mild itching Mild Discoloration
	2. Rasayana Churna Guduchi + Amlaki + Gokshur	3 g BD with Lukewarm water after meal	
	3. Sarivadi Churna Saariva + Usheer + Shatavari + Shweta Chandana + Kamdughda Rasa + Trivanga Bhasma - 200mg	3 g BD with Lukewarm water after meal	
	4. Avipattikar Churna	5 g HS with Lukewarm water at Bed time	
	5. Gandhak Malhar	Local application	
18/09/24	CST		No itching Mild Discoloration
15/02/25	Follow up		No visible symptoms of recurrence

Follow-up and Outcomes



BEFORE TREATMENT



AFTER TREATMENT

Patient underwent treatment of ten months of internal medicine, which included one session of *Laghu Virechan* and one session of *Raktmokshan*. Internal medicines primarily used were *Katu*, *Tikta*, *Rakta shodhaka* & *Pitta Shamaka Dravyas*, such as *Mamsapachaka Churna*, *Arogyavardhini Vati*, *Gandhaka Rasayana*, *Rasayana Churna*, and *Sarivadi Churna*.

For local application, *Gandhak Malhar* was prescribed. This treatment yielded good results for the patient. Upon follow-up after 15 days of completing the treatment, no visible symptoms of recurrence were observed.

Discussion

The outcome was noted on each visit as well as before and after therapy after the subjective standards of the patient, following 10 months of full treatment, the patient's condition at each visit was improved. The use of various treatment methods and preparations mentioned above are used accordingly, each method and preparation has been carefully selected to address specific medical conditions and improve patient outcomes. This case of *Vipadika* is treated with *Arogyavardhini Vati*, two *Shashtrukt* mentioned compound formulations, *Avipattikar Churna* and *Gandhaka Malhar* for local application.

Arogyavardhini Vati

मंडलं सेविता हयैषा हन्ति कुष्ठानि शेषतः॥ [5]

The drugs used in *Arogyavardhini Vati* are *Vata-Kaphanashak*, *Pachak* (Digestive), *Deepak* (Appetizer), *Vishaghna* (Antitoxic), *Jwaraghna* (Antipyretic), *Malashuddhikara* (Detoxify), and has *Medovinashana* effect and is mentioned as the best medicine for skin diseases.

Gandhak Rasayana

कंडू च कुष्ठं विषदोषमोग्रं मासद्वयेनेह जयेत प्रयोगः ॥[6]

The main area of use for *Gandhak* is in treating skin Diseases and *Rakta Dhatu*. It contains *Shuddha Gandhak*, or pure sulphur, *Triphala*, *Chaturjat*, *Brungaraj*, *Sunthi*, and *Guduchi*. These contain antitoxin properties (*Vishaghna*), antioxidant properties (*Rasayan*), antimicrobial properties (*Jatughna*), fights skin illnesses (*Kushthaghna*), and *Yogvahi* (increases the action of medicine) in action.

Mamsa Pachaka[7]: *Patola + Triphala + Nimba Twak + Musta + Indrayava + Arogyavardhini Vati*

These drugs are mainly used for *Mansagwat Jwara*, and *Anyedushka Jwara*. In Psoriasis, the "Dosha" are believed to be mainly vitiated in *Mansagat Srotasa*, therefore, this preparation is used for *Dosha Pachan* (Eliminating the Toxins) mainly from *Mansagata Srotasa*.

Sarivadi Churna: *Saariva + Usheer + Shatavari + Shweta Chandana + Kamdughda Rasa + Trivanga Bhasma*

Sariva is considered as *Raktshodhak* (Blood purifier), *Shothahara* (Anti-inflammatory), *Kushthaghna* (Skin diseases) & *Dahaprashamana* (Burning sensation).[8]

Usheer is *Tikta* in *Rasa* and hence act as *Raktaprasadaka* and *Doshapachak*. Being *Sheeta Veerya* it acts as *Daha Prashamana*, *Mutrala* (Elimination of Dosha from Urinary tract) and, *Twakdoshahara* (Skin Diseases).[9]

Chandana is *Tikta* in *Rasa* and has *Sheeta Veerya* thus acts as *Dahaprashamana*, *Varnya* (Complexion), *Raktshodhaka* and, *Kushthaghna*.[10]

Shatavari being *Madhura*, *Tikta* in *Rasa* acts as *Pachaka* (Ignites digestive fire), *Raktipitta Shamaka* (Bleeding Disorders), *Balya* and *Rasayana* (Good for Overall health).[11]

Avipattikara Churna[12]:

Classic Ayurvedic treatment for *Vipadika* (Palmoplantar psoriasis) reduces overall symptoms, which include cracking, burning, pain, & itching. Action is mainly on *Raktavaha Strotas*. In Classical text it is mentioned that to ensure quick drug absorption, *Strotas* should be cleaned before to beginning treatment. Therefore, first, *Srotas* were cleansed & then according to disease, *Shaman Aus-hadi* was administered, which showed positive results. *Raktmokshan* was done which improved condition bec. of involvement of *Rakta* & *Pitta* doshas.

Gandhak Malhar: This is specifically used for local application in skin diseases like eczema (*Pama*) and itching (*Kandu*).[13]

Raktamokshan

Due to *Prabhutdosha Nirharan* by *Siravedha* and *Raktashudhhi*, *Sharirlaghvta*, symptoms such as *Vedana Shanti*, *Twakvaivarnta*, *Kandu*, and *Daha* were decreased, because of the *Bahudosha Avastha*, *Acharya Charak* and *Acharya Sushruta* say that *Shodhan* is required for the same. It is possible to administer *Siravedha Karma* (Bloodletting) since *Kushtha* is *Tridoshaj* Condition. Toxic substances can be effectively absorbed by the *Siravedha* technique, allowing for their easy removal from the body. Besides eliminating *Pitta* and *Kapha Doshas*, the main seat of *Vata* is also purified thereby making *Siravedha Karma* a truly *Tridoshahar* procedure.

Conclusion

Kushtha in overall is considered as *Krichsadhya Vyadhi*. The line of treatment was modified according to the patient and it showed good results in cracks, burning sensation, pain, and itching and gave relief within 10 months of treatment with no side effect. Mainly *Tikta Rasa*, *Sheet Veerya*, *Aampachaka* and *Vaivarnyakara Aushadhis* are given along with *Shodhan* and *Raktmokshan*. Stress is both a secondary cause and an effect of the disease, it affects a patient's social life and his/her mental health. Even after allopathic treatment, the patient experienced recurrence. However, after the treatment provided, there was no recurrence observed even during the follow-up, five months after stopping the medication. So, with the above given treatment, we advised the patient to do meditation and decrease the stress factors. By carefully understanding the patient's constitution (*Prakriti*), we made a treatment plan that delivered a 100% effective results. This approach emphasizes the importance of thoroughly examining each patient and providing personalized care, this can further be used in future for treatment.

References

1. Davidson's principles and practice of medicine. 21st ed. Edinburgh: Churchill Livingstone; 2010. Chapter: Diseases of the Skin. p. 900 [Crossref] [PubMed][Google Scholar]

2. De Korte J, Sprangers MAG, Members FMC, et al. Quality of life in patients with psoriasis: a systematic literature review. *J Invest Dermatol Symp Proc.* 2004;9:140. [[Crossref](#)][[PubMed](#)] [[Google Scholar](#)]
3. Charaka. *Charaka Samhita. Vidyotini Teeka.* Varanasi: Chaukhamba Bharti Academy; 2012. *Kushtha Chikitsa. p. 248. Shlok 9* [[Crossref](#)] [[PubMed](#)][[Google Scholar](#)]
4. Tripathi B. *Ashtanga Hridayam.* Varanasi: Chaukhamba Sanskrit Pratishthan; 2009. *Chikitsa Sthana. 1/48* [[Crossref](#)][[PubMed](#)][[Google Scholar](#)]
5. Sharma HP. *Rasayogasagara.* Varanasi: Chaukhamba Krishnadas Academy; 2004. p. 142. *Formulation No. 1306–1312* [[Crossref](#)][[PubMed](#)] [[Google Scholar](#)]
6. Shastri K. *Rasa Tarangini.* Delhi: Motilal Banarsidass; 2004. 8/81–86. [[Crossref](#)][[PubMed](#)] [[Google Scholar](#)]
7. Tripathi B. *Ashtanga Hridayam.* Varanasi: Chaukhamba Sanskrit Pratishthan; 2009. *Chikitsa Sthana. 1/49* [[Crossref](#)][[PubMed](#)][[Google Scholar](#)]
8. Tripathi I. *Raja Nighantu.* Varanasi: Chaukhamba Krishnadas Academy; 2006. *Chandanadi Varga. p. 119* [[Crossref](#)][[PubMed](#)][[Google Scholar](#)]
9. Kamat SD. *Dhanvantari Nighantu.* Varanasi: Chaukhamba Sanskrit Pratishthan; 2002. *Chandanadi Varga. p. 198. Shlok 15* [[Crossref](#)] [[PubMed](#)][[Google Scholar](#)]
10. Tripathi I. *Raja Nighantu.* Varanasi: Chaukhamba Krishnadas Academy; 2006. *Chandanadi Varga. p. 17* [[Crossref](#)][[PubMed](#)] [[Google Scholar](#)]
11. Kamat SD. *Dhanvantari Nighantu.* Varanasi: Chaukhamba Sanskrit Pratishthan; 2002. *Guduchyadi Varga. p. 115. Shlok 295* [[Crossref](#)] [[PubMed](#)][[Google Scholar](#)]
12. Shree Vaidyanath. *Ayurved Saar Sangraha. Jhansi: Shree Vaidyanath Ayurved Bhawan Ltd. ; 2019. Churna Prakarana. p. 661* [[Crossref](#)][[PubMed](#)] [[Google Scholar](#)]
13. Krishnagopala K. *Rasatantra Saar va Siddha Prayog Sangrah.* Varanasi: Chaukhamba Krishnadas Academy; 2016. *Dwitiya Khand. Chapter 40/33* [[Crossref](#)][[PubMed](#)][[Google Scholar](#)]

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