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# Management of *Vipadika* (Palmoplantar Psoriasis) with Ayurveda - A Case Study

Dr. Pankaja P. Savanur

Reader, Dept. of Koumarbhritya, KAHER's Shri BMK Ayurveda Mahavidyalaya, Belagavi, Karnataka, INDIA.

## ABSTRACT

*Vipadika* is explained under the context of *Kshudra Kushta*. The symptoms are correlated with palmoplantar psoriasis. *Vatakaphadosha* predominantly involved in this disease. It is characterized by *Panipadasphutana* and *Teevravedana*. Here is a case of 8 year old child with history of cracks in foot with peeling and discoloration, pain, itching and occasional bleeding since 3 years. Patient was treated with *Vatakaphahara* treatment with *Sneha* and *Sweda* and *Veshtana Chikitsa* for 1 week and *Shamana Oushadis* for 15 days. Patient had good relief in symptoms.

**Key words:** *Vipadika*, *Palmoplantar Psoriasis*, *Kshudra Kushta*.

## INTRODUCTION

*Vipadika* is dermatological disorder explained under the context of *Kshudra Kushta*. According to *Charaka*, *Vata* and *Kaphadoshas* are predominant *Doshas* involved with symptoms like *Panipada Sphutana* (Cracks in palms and soles) and *Teevra Vedana* (severe pain), *Vagbhata* has also explained similarly with one more symptom as red patches over palm and sole. The symptoms of *Vipadika* are similar to palmoplantar psoriasis, which is long lasting autoimmune disease characterised by red itching, scaly patches of the palms and soles. There are fissures and bleeding also. The treatment in modern science is not satisfactory with more chances of recurrence. Steroids and immunomodulators are usually preferred. The present case is having a history of 3 years, diagnosed

as palmoplantar psoriasis treated with steroids, moisturisers and multivitamins with no satisfactory results.

## CASE REPORT

A 8 year girl staying in rural area near Belagavi came to OPD with complaints of cracks in both heels with peeling and blackish discoloration, pain, itching and bleeding occasionally since last 3 years.

The patient was diagnosed as plantar psoriasis and was treated with steroids, moisturizer creams and vitamins. The patient had cracks in palms also, by the above treatment the cracks of the palm have been reduced. Even then the patient was not having satisfactory result and approached for Ayurvedic treatment

On examination all the vitals were normal, Hb% was 12, on local examination - the cracks were symmetrical on both the soles, dryness, itching and cracking in both soles. Surface was rough and dry. Skin was dark colored with excessive cracks, blisters were absent, demarcation absent, keratosis absent and scaly plaques absent.

By seeing the *Nidan*s such as *Ruksha* and *Vataja Ahara Vihara*, came to know that - *Vata Kapha Prakopa* occurred leading to *Rasa Rakta Dushti* and *Sthana Samshraya* in *Pada* leading to *Sphutana* of

### Address for correspondence:

Dr. Pankaja P. Savanur

Reader, Dept. of Koumarbhritya, KAHER's Shri BMK Ayurveda Mahavidyalaya, Belagavi, Karnataka, INDIA.

E-mail: prasanna.savanur@gmail.com

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*Pada* and *Teevra Vedana*. So we planned for *Vatakaphahara* treatment to the patient.

**Treatment**

Patient was given *Sukumara Ghrita* 5ml early morning followed by *Sarvanga Abhyanga* with *Murchita Tila Taila* and *Nadi Sweda* for 7 days. After this *Veshtana* to the *Pada* was done with *Nalpamarai Taila* and *Mahamanjishtadi Taila*. Patient was discharged after 7 days with continuation of Internal *Sukumara Ghrita* and application of *Nalpamaradi Taila* and *Mahamanjishtadi Taila*. After 1 week during followup there was complete relief of symptoms and treatment was continued for another 15 days by adding *Ksheerabala* capsule 1 bid.

**OBSERVATIONS AND RESULTS**

| SN | Clinical features | Before treatment | After treatment |
|----|-------------------|------------------|-----------------|
| 1. | Fissures          | +++              | +               |
| 2. | Pain              | ++               | No Pain         |
| 3. | Bleeding          | +                | No Bleeding     |

**DISCUSSION**

When we came through the case, we saw that there was no oozing or crust formation, hence excluded *Vicharhika*. In *Padadadri* only soles are involved and *Vata* is predominant *Dosha*, hence was excluded. In psoriasis, we can see red scaly plaques, hyperkeratotic areas, well demarcation, painful cracking and fissuring which is absent in the case and hence excluded. So we came to the conclusion of diagnosis of *Vipadika* with *Vatakahpa* involvement and *Vatakaphahara* treatment was adopted.

*Nalapamaradi Taila* has antipruritic and soothing action which helps to promote healing of lesion. It is also antioxidant, which is used in many skin infections. *Mahamajishtadi Taila* which is used as *Varnya*, which might have helped the patient which had excessive discoloration of foot.



Photograph 1: 1<sup>st</sup> visit



Photograph 2: 1<sup>st</sup> follow-up



Photograph 3: At the time of discharge



Photograph 4: 2<sup>nd</sup> follow-up

## CONCLUSION

From this study we can come to the conclusion that *Vipadika* can be successfully treated *Vata-Kaphahara Chikitsa*.

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