

# Integrative Ayurvedic Management of *Vipadika* (Palmo-Plantar Psoriasis): A Comprehensive Case Study

Vd. Shivani Bhaskar Kossambe

Assistant Professor

B.S.D.T.S. Ayurved Mahavidyalaya, Wagholi, Pune, Maharashtra, India

**Abstract:** *Vipadika*, or palmo-plantar psoriasis, is a chronic dermatological condition that causes debilitating symptoms like fissures, scaling, and intense itching. The condition is difficult to manage due to its persistent and relapsing nature. This case study explores the effectiveness of Ayurvedic treatments, including Panchakarma therapies, internal herbal formulations, and external applications, in managing a 48-year-old male patient suffering from *vipadika*. Significant improvement was observed in symptoms and overall skin health, emphasizing the potential of Ayurveda in addressing chronic skin disorders holistically.

**Keywords:** Vipadika, palmo-plantar psoriasis, Panchatikta Ghrita, Avipattikara churna

## I. INTRODUCTION

Palmo-plantar psoriasis is a persistent, inflammatory dermatological disorder that primarily involves the palmar and plantar surfaces of the skin. It is characterized by the development of hyperkeratotic scaly patches, thickened skin, and painful fissures.<sup>1</sup> The condition can be localized or part of generalized plaque psoriasis. Common clinical patterns include well-circumscribed red, scaly plaques like those seen in psoriasis elsewhere, or patchy and generalized thickening and scaling across the palms and soles without redness, resembling acquired keratoderma. The affected skin tends to become dry, thickened, and may present deep painful cracks, often with a sharp border and symmetrical distribution on both palms and soles.

At times, differentiating palmoplantar psoriasis from other skin conditions, such as hand dermatitis or fungal infections like tinea pedis, can be challenging. Given its chronic and persistent nature, palmoplantar psoriasis requires precise diagnosis and ongoing management. Treatment typically involves emollients—thick, greasy barrier creams that moisturize dry, scaly skin and prevent painful cracking—along with keratolytic agents like urea or salicylic acid to help thin down the thickened skin.<sup>2</sup>

In Ayurveda, this condition is referred to as *Vipadika*, described as "*vaipadikam panipadasphutanam tivavedanam*," which signifies the cracking and eruption of the skin on the palms and soles, often accompanied by severe pain and mild itching.<sup>3</sup> Ayurvedic texts attribute the condition to imbalances in the *Vata* and *Pitta doshas*. Treatment for *Vipadika* focuses on detoxifying the body, restoring *dosha* balance, and rejuvenating the skin through herbal therapies and *Panchakarma*—a detoxification process designed to eliminate toxins and promote overall healing.

This integrative approach—combining modern dermatological practices with traditional *Ayurvedic* treatments—provides a comprehensive solution for managing chronic skin diseases like palmo-plantar psoriasis. By addressing both the physical symptoms and the underlying *doshik* imbalances, this combined methodology offers long-term relief and improved skin health. This study highlights a case successfully treated with this integrative approach, showcasing the potential benefits of blending contemporary and ancient healing systems for effective chronic skin disease management.

### Case study:

A 48-year-old male shopkeeper presented with progressive cracking and dryness of his palms, fingers, and feet, along with itching and occasional oozing of blood. Symptoms persisted despite undergoing four months of prior *Ayurvedic* treatment, leading to his admission for comprehensive management. The patient had a history of hemorrhoidectomy four years earlier and no family history of dermatological conditions.

**Aim:**

To assess the effectiveness of *Ayurvedic* therapies in reducing symptoms and improving the quality of life for a patient suffering from *Vipadika*.

**Objective:**

To alleviate fissures, dryness, and itching while restoring skin texture and function through detoxification, *dosha* balancing, and holistic care.

**Clinical findings:**

**A. Hematological findings:**

PARAMETER	RESULT	REFERENCE RANGE	INTERPRETATION
Hemoglobin(Hb)	12.69 g/dl		Normal
Total Leucocyte Count (TLC)	7,700 cells/cmm		Normal
Erythrocyte sedimentation rate (ESR)	22 mm/hr	0-10 mm/hr	Elevated (indicates Inflammation)
Neutrophils (N)	64%	40-70%	Normal
Lymphocyte (L)	31%	20-40%	Normal
Monocytes (M)	01%	2-6%	Low
Eosinophils (E)	04%	1-4%	Normal
Basophils (B)	00%	0-1%	Normal
Platelet count	4.15 lac/cmm	1.5-4.0lac/cmm	Slightly elevated
RBC count	4.61million/cmm	4.8-6.0 million/cmm	Slightly low
PCV	40.1%	30-47%	Normal
MCV	87.0 fl	76-96 fl	Normal
MCH	29.5 pg	27-30 pg	Normal
MCHC	33.9%	31-35%	Normal

**B. Biochemistry findings**

PARAMETERS	RESULT	REFERENCE RANGE	INTERPRETATION
Fasting blood sugar (FBSL)	80.1 mg/dl	≤110 mg/dl	Normal
Blood urea	16.6 mg/dl	15-45 mg/dl	Normal
Serum creatinine	0.7 mg/dl	0.9-1.4 mg/dl	Low

**C. Urine analysis findings**

PARAMETER	RESULT	INTERPRETATION
Albumin	Absent	Normal
Sugar	Absent	Normal

**Physical Examination:**

**A. General Examination**

The patient appears normal with a moderate build and is well-nourished. Their stool and urine are both normal, and there is no evidence of pallor, jaundice, cyanosis, or clubbing. Edema and palpable lymph nodes are absent. The tonsils, pharynx, and nasal cavity are within normal limits, and the sinuses are non-tender upon examination. The patient's vital signs are stable, with a pulse rate of 78 beats per minute, blood pressure of 120/80 mmHg, respiratory rate of 16 breaths per minute, and an afebrile temperature

### **B. Systemic Examination**

On systemic examination, the respiratory system shows no abnormalities on inspection, percussion, or auscultation, with normal vesicular breath sounds. The central nervous system reveals that the patient is well-oriented, while the cardiovascular system presents audible S1 and S2 heart sounds. The gastrointestinal system is normal, with no abnormalities detected on inspection or palpation, and no organomegaly noted on abdominal examination.

### **C. Examination of Skin:**

- Site of Onset: Dorsum of the foot
- Mode of Spread: Progressive
- Duration: 1 year
- Distribution and Arrangement: Cracking of skin and dryness noted on both legs and hands, specifically involving the palms and the lateral aspects of the index and thumb fingers.
- Color: Whitish scales
- Surface Characteristics: Rough texture with no discharge observed
- Consistency: Rough and dry
- Margination: Irregular and elevated at the dorsum of the foot

### **Nidana Panchaka:**

#### **1. Nidana (Etiological factors)**

##### **A. Ahara Nidana (Dietary causes):**

- Consumption of curd and milk together.
- Intake of *katu* (pungent) and *guru* (heavy) food.
- Frequent consumption of oily and unwholesome food (*diwaswap, chintadhikya*).

##### **B. Vihara Nidana (Lifestyle causes):**

- Working in sunlight.
- Continuous standing.
- Consumption of alkaline food.

#### **2. Purva Roopa (Premonitory symptoms)**

- Dryness of the palms, fingers, and feet.
- Minor cracks on the heels.

#### **3. Roopa (Clinical features)**

- Cracks in feet and palms with oozing of blood.
- Itching and pain in the cracked regions.
- Difficulty in walking due to severe cracks.

#### **4. Upashaya (Relieving factors)**

- Wearing socks provides relief.
- Improved ability to walk without pain when protected from external irritants.

#### **5. Samprapti (Pathogenesis)**

The causative factors leading to the condition include *Vata* and *Pitta* vitiation (*Vatapitta Prakopa*) and digestive impairment (*Agnimandya*). The pathological sequence begins with the vitiation of *Vyana Vayu*, followed by the formation of impure plasma (*Dushta Rasa Dhatu*). This leads to localization in the feet (*Sthana Samshraya in Pada*) and improper nourishment of successive tissues (Hampered *Uttara Dhatu Poshan*). As a result, there is a decrease in the skin's lubrication (*Twak Ashrita Sneha*). Clinically, this manifests as cracks in the hands and feet (*Paani Pada Sphutana*) and dryness (*Rukshata*) of the skin.<sup>4</sup>

**6. Vyadhi bheda (Differential Diagnosis): Vipadika and Padadari**

Features	<i>Vipadika</i>	<i>Padadari</i>
Location	Both hands and feet	Only in the feet (paada rehion)
Pain ( <i>Saruja</i> )	Present	Present
Discharge ( <i>Srava</i> )	present	Absent
Itching ( <i>kandu</i> )	Present	Absent
<i>Dosha</i> -involvement	<i>Vata-kapha</i>	<i>Vata</i>
Nature of lesion	Cracks with serous discharge and itching	Dry cracks without discharge

**7. Vyadhivinichaya (Final diagnosis):**

*Vipadika* (condition involving cracks in hands and feet).

**Samprapti Ghataka:**<sup>5</sup>

- Dosha: Vata (predominant), Pitta (secondary involvement).
- Dushya: Rasa, Rakta, Mamsa, Meda.
- Agni: Mandya.
- Srotas: Rasa and Rakta.
- Roga Bala: Madhyama.
- Roga Marga: Bahya
- Utpatti Sthana: Amashaya
- Sanchara Sthana: Hasta, Pada
- Vyakta Sthana: Twak
- Srotodushti: Sanga, Vimargagamana
- Rogibala: Madhyama

**Treatment Approach:**

The treatment plan focused on balancing the vitiated doshas, detoxification, and rejuvenation. Initially, *Panchatikta Ghrita* was administered in incremental doses for internal oleation (*Snehapana*), followed by dietary modifications including *Peya* (thin gruel). External treatments like *Sarvanga Abhyanga* (full-body massage) with *Moorchita Taila* and *Bashpa Sweda* (steam therapy) were performed. Local application of *Mahatiktaka Lepa* (medicated paste) provided symptomatic relief. On the sixth day, *Virechana* (purgation therapy) using *Avipattikara Choorna* was administered, effectively clearing the aggravated doshas.

Day	Date	Treatment given	Diet	Complaints
Day 1	5/11/24	<i>Panchatiktaghrita ghrita</i> (30 ml), frequent sips of hot water.	<i>Peya</i> (200 ml).	Vomiting 6-8 times.
Day 2	6/11/24	<i>Panchatiktaghrita ghrita</i> (40 ml), frequent sips of hot water.	<i>Mudga yusha</i> (200 ml).	No fresh complaints Appetite – good Bowel - normal Micturition - normal Sleep – sound.
Day 3	7/11/24	<i>Panchatiktaghrita ghrita</i> (40 ml in divided doses), frequent sips of hot water.	<i>Mudga yusha</i> (200 ml).	No fresh complaints Appetite - good Bowel - normal Micturition – normal Sleep – disturbed due to headache
Day 4	8/11/24	<i>Panchatiktaghrita ghrita</i> (50 ml in divided doses), frequent sips of hot water.	<i>Mudga yusha</i> (200 ml).	No fresh complaints Appetite - good Bowel - normal

				Micturition - normal Sleep - disturbed due to headache
Day 5	9/11/24	<i>Panchatiktaghrita ghrita</i> (60 ml in divided doses), frequent sips of hot water.	<i>Mudga yusha</i> (200 ml).	No fresh complaints Appetite - good Bowel - normal Micturition - normal Sleep - disturbed due to headache
Day 6	10/11/24	<i>Sarvanga abhyanga</i> with <i>moorchita taila</i> followed by <i>bashpa sweda</i> , <i>Mahatiktaka lepa</i>	<i>Idli</i> (200 ml), rice + <i>rasam</i> (lunch & dinner)	Itching at night time Appetite – good Bowel - normal Micturition- normal Sleep – disturbed due to itching
Day 7	11/11/24	<i>Sarvanga abhyanga</i> with <i>moorchita taila</i> followed by <i>bashpa sweda</i> , <i>Mahatiktaka lepa</i>	<i>Idli</i> (200 ml), rice + <i>rasam</i> (lunch & dinner)	Itching at night time Appetite – good Bowel - normal Micturition– normal Sleep- disturbed due to itching
Day 8	12/11/24	<i>Sarvanga abhyanga</i> , <i>virechana</i> with <i>avipattikara choorna</i> (50gms with honey). <sup>6</sup> Frequent sips of hot water.	<i>Peya</i> (200 ml) on hunger	No complaints Number of vegas: 10
On discharge advice		<i>Mahatiktaka ghritha</i> (2 tsp on empty stomach), <i>Mahatiktaka lepa</i> (local application).		

**Before Treatment**



**After Treatment**



**Discussion:**

**Ayurvedic Treatment for *Kushta* (Skin Disorders):**

*Kushta*, a chronic skin disorder, is treated in *Ayurveda* based on the predominant *dosha*:

- *Vata-Pradhana Kushta*: *Sarpipana* (ghee intake) is used to nourish and balance *Vata*.
- *Kapha-Pradhana Kushta*: *Vamana* (therapeutic emesis) expels excess *Kapha* from the body.
- *Pitta-Pradhana Kushta*: *Raktamokshana* (bloodletting) and *Virechana* (purgation) help eliminate *Pitta* toxins and balance heat in the body.<sup>7</sup>

Repeated *Panchakarma* therapies are essential to clear accumulated *doshas*, purify the body's channels (*Srotoshodhana*), and restore digestive fire (*Agni*). This comprehensive approach helps manage *Kushta* effectively.

#### Action of *Panchtikta Ghrita* in Treatment<sup>8</sup>

In our treatment approach, we have given *Panchtikta Ghrita* to the patient as part of the therapy for *Kushta*. This medicated ghee is made from a blend of powerful herbs including *Nimba*, *Patola*, *Kantakari*, *Guduchi*, *Vasa*, *Haritaki*, *Vibhitaki*, *Amalaki*, and *Ghrita*. Each of these herbs has specific therapeutic effects that enhance the overall treatment: These herbs work together Purify *Rasa* and *Rakta* (blood) through *Nimba*'s bitterness. Balance digestive processes and prevent dryness with *Patola*'s soothing properties. Expel toxins and support *dosha* digestion with *Kantakari*'s antimicrobial effects. Enhance *Agni* and rejuvenate tissues through *Guduchi*'s restorative qualities. Purify *Rakta* and manage *Pitta* with *Vasa*'s cooling effect. These herbs, along with *Panchakarma* therapies, provide a holistic solution to treat *Kushta* by balancing *doshas*, detoxifying the body, and promoting skin health.

## II. CONCLUSION

The treatment of *Kushta* in Ayurveda involves a multifaceted approach based on *dosha* imbalances, utilizing therapies such as *Sarpipana*, *Vamana*, and *Virechana* to purify the body and restore balance. In our treatment regimen, we have administered *Panchtikta Ghrita* to the patient, which plays a significant role in purifying the blood, balancing digestion, and promoting skin rejuvenation. The powerful herbs in this formulation, in conjunction with *Panchakarma* therapies, support long-term healing by eliminating toxins, improving digestion, and restoring skin health.

Through repeated *Panchakarma* treatments and the use of *Panchtikta Ghrita*, we are offering a holistic solution to manage and treat *Kushta* effectively. This comprehensive approach not only addresses the root cause of the disorder but also helps prevent recurrences, providing the patient with lasting relief and improved well-being.

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