

Ayurveda Management of Vipadika with special reference of Palmoplantar Psoriasis by shamana chikitsa- A Case Report

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Abstract—Palmoplantar psoriasis is a chronic, skin disorder that may lead to significant functional impairment. It is a localized form of psoriasis that affects only the palms and soles, manifesting with symptoms such as scaling, pustule formation, fissuring, erythema, itching, and pain. In *Ayurveda*, all skin disorders are collectively classified under the broad category of *Kushtha*. Palmoplantar psoriasis, in particular, can be correlated with *Vipadika*, one of the *Kshudra Kushtha* conditions, on the basis of its clinical presentation.

Method

A 45-year-old male patient presented with complaints of painful cracks, itching, *sraava* (oozing) and scaling over the palms persisting for the past one year. The condition was managed through *Shamana Chikitsa* (palliative treatment) for a duration of two months. The therapeutic regimen included internal administration of *Haridra Khanda*, *Kaishora Guggulu*, *Gandhaka Rasayana*, *Vyadhi Harana Rasayana*, *Ashtamurti Rasayana*, *Arogyavardhini Vati*, and *Khadirarishta*. For external application, *Jatyadi Taila* was prescribed.

Result

After two months of *Shamana Chikitsa*, the cracks present over the palms showed complete healing, along with marked reduction in scaling and associated discomfort.

Conclusion

The present case demonstrates that Ayurvedic medications, administered through *Shamana Chikitsa*, can effectively promote healing in palmoplantar psoriasis and provide symptomatic relief. This suggests that Ayurvedic management may serve as a promising therapeutic approach for such chronic skin conditions.

Index Terms—Palmo-plantar psoriasis, *Shamana*, *Vipadika*, *Ayurveda*

I. INTRODUCTION

Psoriasis is a chronic, inflammatory, and non-contagious skin disorder that presents as erythematous, silvery plaques with scaling. Palmoplantar psoriasis is a localized variant that specifically affects the palms and soles. It is sometimes associated with pustular palmoplantar psoriasis, a related condition characterized by sterile pustules. Although considered a form of psoriasis, some authors suggest it may represent a distinct dermatological entity.¹

This condition is clinically identified by hyperkeratosis, erythema, scaling, and occasionally pustule formation, predominantly in the central regions of the palms and soles. Palmoplantar pustules initially appear as pin-sized eruptions, which may later coalesce, causing pain and difficulty in walking.²

Globally, the incidence of psoriasis is estimated between 2–3%, while in India the prevalence ranges from 0.44% to 2.88%.³ Palmoplantar psoriasis is considered an autoimmune condition, often triggered by external or internal factors, with a chronic and relapsing course. Its management poses significant challenges. In modern medicine, therapies include corticosteroids, immunomodulators, and phototherapy such as psoralen plus ultraviolet-A (PUVA).⁴

In *Ayurveda*, all skin disorders (*Kushtha*) are described as *Tridoshaja*, with vitiation of *Rakta* (blood), *Twak* (skin), *Ambu* (plasma), and *Mamsa* (muscle). *Acharya Charaka* specifically relates palmoplantar psoriasis to *Vipadika Kshudra Kushta*, which is characterized by *Pañi-pada sphuṭana*

(cracks or fissures of palms and soles) and *Tīvra vedana* (severe localized pain).⁵ Being a *Vata-Kapha* predominant disorder, it can be managed effectively through *Shamana Chikitsa* (palliative treatment).

CASE STUDY:

A 45-year-old male patient visited opd, dept. Of dravyaguna vigyana, national institute of ayurveda, jaipur for Ayurveda management of a chronic skin condition.

Presenting Complaints

The patient presented with multiple skin-related complaints persisting for the last one year. These included painful cracks, severe itching, pronounced dryness, *sraava* (oozing) and scaling with pustular appearance over the palms.

History of Present Illness

The patient reported no prior history of any dermatological illness. Approximately one year ago, he started developing patches over his palms, which were associated with scaling and intense itching. He initially took allopathic treatment and experienced temporary relief. However, within a few days of discontinuation, the symptoms reappeared with pustular appearance, prompting him to seek *Ayurveda* care.

Ashtavidha Pariksha (Eightfold Examination)

On examination, his pulse (*Nadi*) was found to be of *Vata-kaphaja* type. His bowel movements (*Mala*) were regular once daily and urination (*Mutra*) was also normal, occurring four to five times a day. His tongue (*Jihva*) was *Saama*, indicating the presence of *Ama*. The voice (*Shabda*) was normal, and touch (*Sparsha*) was cold to feel. The eyes (*Drik*) appeared

normal, and his body build (*Akriti*) was obese (*Sthula*).

Local Examination

Severe dryness was noted on both palms. Scaling over the palm was evident. Pustular appearance was also observed over there.

Nidana Panchaka (Fivefold *Ayurveda* Diagnostic Criteria)

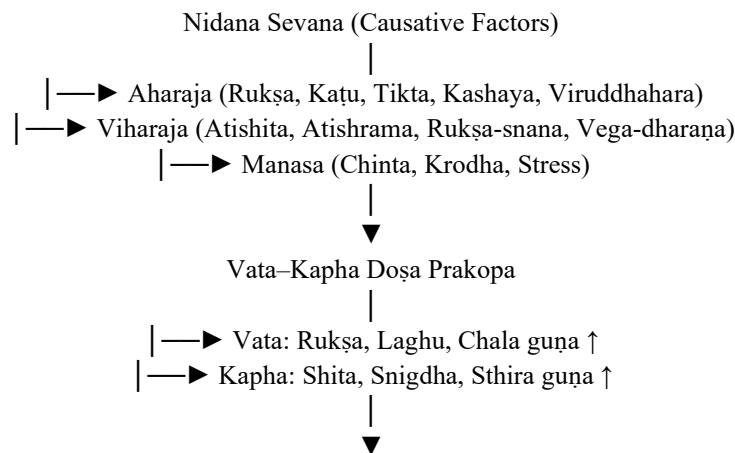
Hetu (Causative Factors): The patient reported habits such as frequent daytime sleep (4–5 times a week), chronic mental stress, daily bathing with cold water (*Sheetajala Snana*), regular alcohol consumption (3–4 times a week), excessive intake of cold water (*Sheetambu*), high salt consumption, and frequent consumption of fish (three times a week).

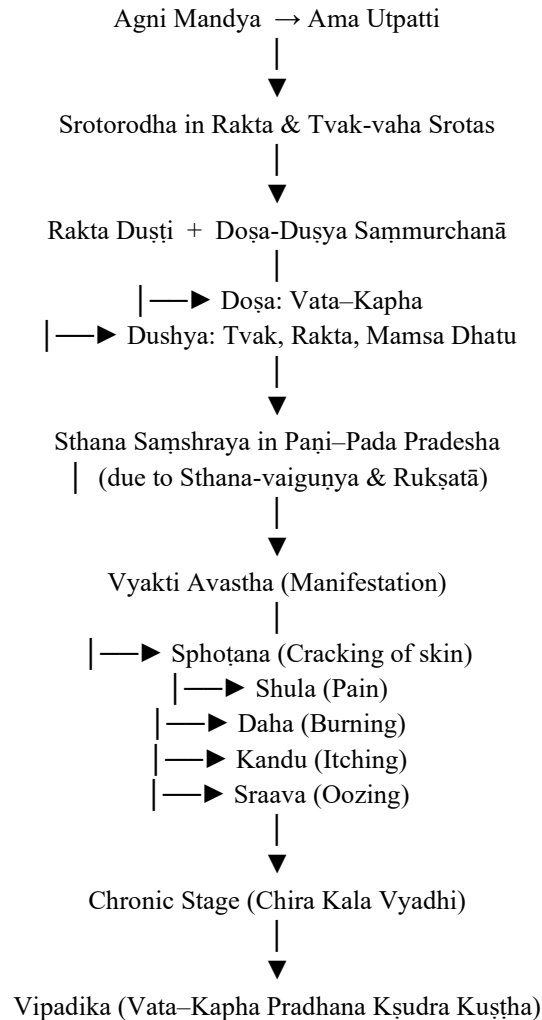
Purvarupa (Prodromal Symptoms): The patient initially experienced dryness and itching over palms.

Rupa (Cardinal Features): This progressed to blackish discoloration, marked scaling, pus formation and itching.

Upashaya/Anupashaya (Relieving/Aggravating Factors): Symptoms worsened during the cold season, indicating an *Anupashaya* (aggravating) effect of *Sheeta* (cold).

Samprapti (Pathogenesis): Due to indulgence in the above *Hetus*, there was vitiation of *Tridoshas*, primarily *Vata*, *Pitta*, and *Kapha*, along with the involvement of *Twak* (skin), *Rakta* (blood), *Mamsa* (muscle tissue), and *Ambu* (bodily fluids). This led to an increase in *Kleda* (moisture or pathological fluid) within the system, resulting in severe dryness, scaling, and discoloration of the skin. Based on classical signs and symptomatology, the condition was diagnosed as *Vipadika*.





II. MATERIAL AND METHODS

Type of Study

This is a single case study conducted to evaluate the *Ayurveda* management of *Vipadika* (clinically correlated with psoriasis).

Sources of Material

Classical *Ayurveda* texts such as *Charaka Samhita*, *Sushruta Samhita*, *Ashtanga hridaya*, *Madhava nidana*, *Bhava prakasha-madhyama khanda* and other authoritative compendia were referred to for the diagnosis, treatment planning, and theoretical understanding of the disease and its management.

Treatment Protocol:

The treatment was planned based on the principles of *Dosha-Dushya Samurchana*, *Samprapti Vighatana*, and the clinical presentation of the patient. The following line of treatment was adopted:

1. *Aama Pachana* – to digest accumulated toxins.

2. *Abhyantara Snehapana* – internal oleation .

3. *Mridu Virechana* – mild purgation for elimination of vitiated Pitta and associated Doshas.

4. *Krumighna Chikitsa* – anti-parasitic line of treatment to address underlying Kleda and possible microbial imbalance.

5. *Mridu Abhyanga* – gentle oil massage to pacify Vata and reduce dryness.

6. Lifestyle Modifications – avoiding known *Nidanas* like *Diwaswapna*, *Sheetambu*, alcohol, fish, excessive salt, and cold exposure.

7. Dietary Modifications – inclusion of light, digestible, non-oily, and non-spicy food; avoidance of incompatible food combinations (*Viruddha Ahara*).

Medicines Administered

1. *Haridra Khanda*-3 gm, twice a day

2. *Kaishora Guggulu*-250 mg, twice a day

3. *Gandhaka Rasayana*-250 mg, twice a day

4. *Vyadhi Harana Rasayana*-125mg,twice a day
5. *Ashtamurti Rasayana*-125mg,twice a day
6. *Arogyavardhini Vati*-250mg,thrice a day
7. *Khadirarishta*-20 ml,twice a day
8. *Jatyadi Taila*- for local application on the affected skin areas

The medications were administered for three months duration based on the patient's response, under continuous observation and follow-up.

PATHYA (Aahara and Vihara):

Aahara (Dietary Guidelines)

The patient was advised to follow a strict *Pathya* diet. He was instructed to completely avoid the consumption of alcohol and cold water (*Sheeta Ambu*). Intake of non-vegetarian foods, particularly fish, was strictly restricted. Excessively salty, spicy, and heavy foods were also prohibited. Instead, easily digestible, warm, freshly prepared meals were recommended, incorporating mild spices and a balanced use of ghee or oil to support digestion and skin health.

Vihara (Lifestyle Guidelines)

Lifestyle modifications included avoidance of cold water bathing (*Sheetajala Snana*) and strict

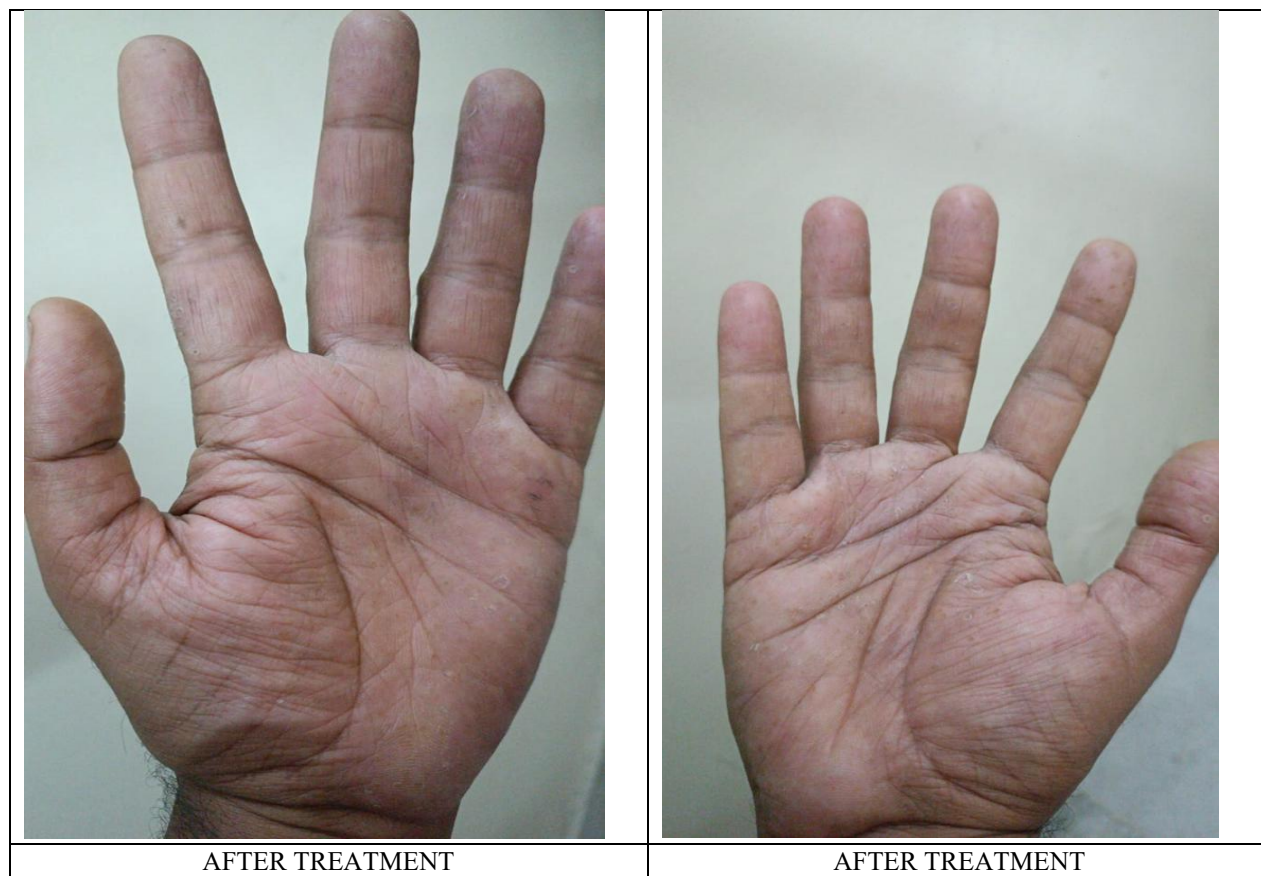
restriction on daytime sleep (*Diwaswapna*), both of which are considered aggravating factors in *Kushtha Roga*. The patient was encouraged to maintain a regular daily routine, practice stress reduction techniques such as light physical activity and relaxation breathing, and ensure timely sleeping and waking hours.

III. RESULT

Following the *Ayurveda* treatment protocol and adherence to *Pathya-Apathya*, a marked improvement was observed in the patient's symptoms. The severe itching that was initially present had completely subsided. The blackish discoloration of the skin had transformed into a normal, healthy skin tone. Scaling of the skin, which was initially severe, had disappeared completely. Similarly, the dryness of the skin had decreased significantly, and pus, inflammation, which was earlier prominent, was no longer present. Overall, the patient's condition showed substantial improvement with *Ayurveda* intervention and lifestyle correction.

CLINICAL IMAGES:





IV. DISCUSSION

The classical *Ayurveda* formulations used in this case contributed synergistically to the overall improvement in the patient's condition: *Gandhak Rasayana*⁶ is a potent *Kushtaghna*, *Kandughna*, *Raktashodhaka*, *Vranaropaka*, *Twachya*, and *Krumighna* drug. Its primary action is on skin diseases (*Kushtha Roga*), where it helps reduce itching, clear infections, and improve skin complexion. *Arogyavardhini Vati*⁷ is primarily *Kaphaghna* and *Kleda Shoshaka*. It improves the functional properties of the skin (*Tvak*). *Haridra khanda*⁸ Acts as *Rakta-prasadaka*, *Kandughna*, and *shothahara*. *Kaishor guggulu*⁹ acts as *Rakta-sodhaka*, *Medohara*, and *ama-nashaka*. *Vyadhi harana rasayana*¹⁰ acts as *Balya*, *Rasayana*, and *shothahara*. *Ashtamurti rasayana*¹¹ acts as *Raktashodhaka*. *Khadirarishta*¹² acts as *Rakta-shodhaka*, *Kandughna*. *Jatyadi taila*¹³ is Used externally in *Vipadika*, *Kushtha*, *Vrana*, and *Panipada sphotana*. Oil applied locally provided soothing and emollient effects, helping to reduce

dryness, scaling, and irritation. The *Shamana* (pacifying) *chikitsa*, along with *Pathya-Apathya* adherence, contributed to sustained relief and overall improvement in quality of life.

V. CONCLUSION

The *Ayurveda* line of treatment demonstrated highly effective results in the management of palmo -plantar psoriasis, showing a significant reduction in the patient's signs and symptoms. Among the formulations used, *Arogyavardhini Vati*, known as a *Sarva-Kushtha Vinashini* as per classical texts, played a crucial role due to its broad-spectrum efficacy in skin disorders. Also effect of *gandhaka rasyana*, *kaishor guggulu*, *vyadhi harana rasayana*, *ashtamurti rasayana*, *khadirarishta* (oral) and *jatyadi taila* (external application) have been remarkable in *Vipadika*. In this case, significant clinical improvement was observed following the administration of *Shamana Aushadhi* (palliative medications). These results indicate that internal *Ayurveda* medications, along with proper lifestyle

and dietary regulation, can be a valuable therapeutic approach in the effective management of palmo-plantar psoriasis.

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