

## Management of Vipadika through Panchakarma w.s.r. to Palmoplantar Psoriasis: A Case Report

Lodha SG<sup>1</sup>, Karade RS<sup>2\*</sup>

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<sup>1</sup> Sheetal G Lodha, Associate Professor, Department of Panchakarma, RA Podar Ayurved Medical College, Worli, Mumbai, Maharashtra, India.

<sup>2\*</sup> Ruchika S Karade, Assistant Professor, Department of Panchakarma, RA Podar Ayurved Medical College, Worli, Mumbai, Maharashtra, India.

**Introduction:** Palmo-plantar Psoriasis is a non-infectious chronic inflammatory disease of the skin bound to the palm and soles in extent. In Ayurveda, all skin diseases are recounted under a single heading i.e., Kushtha (skin diseases). Palmo-plantar Psoriasis can be co-related with Vipadika (one of the Kshudra Kushtha described in Ayurveda), based on its clinical signs & symptoms.


**Aim and Objective:** To evaluate the effect of Virechana, Raktamokshan, and Snehapana in a Vipadika w.s.r. to palmoplantar psoriasis.

**Materials and Methods:** In the present case, a 50-year-old female patient was diagnosed as a patient of Vipadika (palmoplantar psoriasis) having pruritic rashes on both palm and sole along with bloody and watery discharge from the same. The patient was treated with Shodhana therapy, which included Shodhnartha Snehapana, Virechana, Raktamokshana, and Shamana Aushadhi.

**Observation and Results:** Significant results were observed in the SPI - Simplified Psoriasis Index (SPI score), as well as in itching and associated complaints.

**Discussion and Conclusion:** Panchakarma therapies like Virechana, Raktamokshana, and Snehapana provide effective relief in the case of Vipadika in symptoms like itching, discharge and SPI score.

**Keywords:** Panchakarma, Vipadika, Snehapana, Virechana, Palmoplantar psoriasis

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Ruchika S Karade, Assistant Professor, Department of Panchakarma, RA Podar Ayurved Medical College, Worli, Mumbai, Maharashtra, India. Email: <a href="mailto:ruchikakarade1@gmail.com">ruchikakarade1@gmail.com</a>	Lodha SG, Karade RS, Management of Vipadika through Panchakarma w.s.r. to Palmoplantar Psoriasis: A Case Report. J Ayu Int Med Sci. 2025;10(4):305-309. Available From <a href="https://jaims.in/jaims/article/view/4167/">https://jaims.in/jaims/article/view/4167/</a>	

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## Introduction

A palmo-planter psoriasis is distinct form of psoriasis primarily affecting palms of hands and soles of feet, although it can be manifest in other areas of body. This condition is subtype of both plaque psoriasis and pustular psoriasis depending on its presentation. Psoriasis, in general, is relatively common skin disorder impacting 2-5% of population with approximately 3-4% of patients experiencing palmoplantar psoriasis (PPS).[1] PPS is characterized by specific symptoms, including well-defined areas of raised, thickened skin, scaling, itching burning sensations pain, and even skin cracking and bleeding.[2] Condition often presents symmetrically on both hands, making it challenging to perform everyday tasks, including walking. Location of symptoms can also pose hygiene challenges and lead to feelings of embarrassment and social anxiety. Proper understanding of early recognition and medical management are vital for those affected by palmoplantar psoriasis. In *Ayurveda*, all skin diseases are considered as *Kustha*. Whereas palmo-planter psoriasis can be correlated with *Vipadika*. Symptoms of *Vipadika* are *Pani-Pada Sphutanam* (cracks on palm and sole), *Kandu* (severe itching) *Ruja* (pain) and *Ruksha Gatra* (dry hand and feet).[3] There are many treatment manners accessible but since its chronic relapsing nature, Palmo-planter psoriasis is challenge to treat. In Modern medical science, psoriasis is treated with PUVA (Psoralen plus ultraviolet-A radiation) along with corticosteroids and immuno-modulators.[4]

## Therapeutic intervention and Timeline

**Table 1: Treatment modality in the case of Vipadika w.s.r. to Palmo-Planter Psoriasis**

SN	Date	Days	Treatment	Dose and Time
1.	08/02/2023- 20/02/2023	13 days	Aswagandha+ Yastimadhu+ Arjun	3gm + 2gm + 2gm BD before a meal
2.			Pathyadi Kashaya	20 ml BD
3.			Abhayarishtam	20 ml BD
4.			Kaishor Guggal	500mg BD
5.			Kandughna Gana Kadha	20ml BD
6.	23/02/2023	6 days	Shodhnartha Snehapana with Mahatikta Ghrita in ascending dose	Starts from 30 ml and ends at 180 ml in the morning at empty stomach
7.	04/03/2023	1 day	Virechana with Ichhabhedhi Rasa[6] and Manuka Phanta	125 mg 2 tabs with 80 ml
8.	05/03/23 to 09/03/2023	5 days	Sansarjana Karma[7] (Peyadi)	5 days
9.	10/03/2023to 14/03/2023	5 days	Shirodhara with Bramhi and Amalaki and Tila Taila	5 days
10.	14/03/2023	1 day	Raktamokshana[8]	1 day - 100ml bloodletting
11.	10/03/2023 onwards	Upto the next follow-up	Shaman Snehapana[9] with Panchatikta Ghrita[10]	20 ml at the time of breakfast without food
12.	10/03/2023 onwards		Local application of Shatdhautta Ghrita[11], Karanja Tail[12], and Panchatikta Ghrita	SOS

The treatment alternatives accessible in modern medicine are associated with side effects with the recurrence of symptoms. So, there is a need to find effective treatment in traditional science. This article attempts to enlighten the treatment protocol in palmo-planter psoriasis i.e., *Vipadika*.

## Case Report

**Patient information:** A 50 years old female came to OPD of Government Ayurveda College and Hospital Nagpur on 8/02/23 with a 3-year-long history of *Arunavarni Twaka* (pruritic rashes on her both palm and sole) along with *Sphutana* (cracks) *Daha* (burning sensation) blood and watery discharge from those dry cracked patches on palms and sole. She was taking modern medicines for temporary relief but had no significant relief before she visited to hospital. She has no significant family history or past medical or psychological history.

**Clinical findings:** On examination, the patient had blackish-red discolouration on both palm and sole with scaly ill-defined erythematous plaques with bloody and watery discharge. She had severe itching and burning sensation on site. Differential diagnoses were made to conform to the diagnosis of palmoplantar psoriasis, dyshidrotic eczema, and contact dermatitis.

**Diagnostic Assessment:** The pathological investigations were done before starting the treatment, and they included CBC: Hb-10.1 gm%, TLC-3100 cumm, Neutrophils-70%, Lymphocytes-21%, Eosinophils-09%, and ESR-67 mm/hr.

## Follow-up and outcome

Table 2: Observations and Results

Assessment	On admission	After Snehapana	After Virechana and Sansarjana Krama	After Raktamokshana and Shaman Snehapana	At follow up
Pani-Pada Sphutana	++++	+++	++	++	+
Kandu	++++	++	+	+	-
Daha	++++	++	+	-	-
Raktastrava	++	+	-	-	-
*SPI score	23	-	-	10	-

\*SPI - Professional Assessment Simplified Psoriasis Index[13]

The patient was under close observation in the In-Patient Department of Government Ayurveda College, Nagpur, and no side effect was reported. The patient noted a good improvement since there was a reduction in the scaling of the skin, itching, and erythema on her palm and sole. On discharge, the patient reported a significant improvement in the complaints of itch and rash of her palms and soles, and a substantial improvement in the scale and erythema of the palms and soles was observed on examination, and complete relief after 1-month follow-up (Table no. 2)



Figure 1: At the time of admission



Figure 2: During Snehapana





**Figure 3: After Sansarjana Krama**

## Discussion

**Vipadika** – In *Ayurveda*, skin diseases are primarily attributed to an imbalance in the three *Doshas* i.e., *Vata*, *Pitta* and *Kapha*. These *Doshas* are vital life forces that govern various bodily functions including skin health. *Vipadika* is a disease of *Vata-Kapha* predominance. The *Ayurveda* treatment protocol (Table no. 2) showed marked improvement in symptoms like *Pani-Pada Sphutana*, *Kandu*, *Strava* as well as in SPI score from 23 to 10 which is improved as severe to moderate psoriasis.

**Effect of Snehapana** - In the present case study patient has cracks over the palms and soles also *Kandu* (itching) and *Daha* (burning) were present. The cracks are due to *Ruksha Guna* of *Vata* and as *Sneha Guna* is the opposite of *Ruksha Guna*, the *Snehapana* acted best in this case. *Mahatikta Ghruta* controls dryness and reduces irritation due to its *Snigdha* (oily) and *Pitta* balancing properties.

**Effect of Virechana** - *Virechana* drugs have properties like *Ushna*, *Tikshna*, *Sukshma*, *Vyavayi* & *Adhobhaghar Prabhava*. By their potency, *Virechana Dravya* reach heart & circulate in body through vessels. Due to their *Agneya Guna*, they liquefy compact *Doshas*. Due to their *Tikshna Guna*, they separate adhered *Doshas* in channels of entire body. Due to its nature to move through channels they flow towards gastrointestinal tract (through which this morbid material reaches stomach). Due to predominance of *Prithvi* & *Jala Mahabhutas* in *Virechana* drugs & bec. of their spec. action (which we call in *Ayur.* as *Prabhava*) to move downwards,

The *Doshas* or morbid material get expelled through the downward tract (anus). *Ichhabhedi Rasa* is used here for *Bahu Dosh* and *Krura Koshta*. *Ichhabhedi Rasa* consists of *Shuddha Parada* (mercury), *Shuddha Gandhaka* (sulphur), *Shunthi* (*Zingiber officinalis*), *Maricha* (*Piper nigrum*), *Tankan* (borax) and *Jaypala* (*Croton tiglium*). *Jaypala* is a gastrointestinal stimulant and neurochemical irritant. In all *Ichhabhedi Rasa* acts as *Kaphavatashamaka*, *Vatanulomaka* and *Strotoshodhaka*.

**Effect of Samsarjana Krama** - A *Peyadi Samsarjana Karma* enhances the digestive fire and pacifies the remaining morbid *Doshas*.

**Effect of Raktamokshana** - As the *Vipadika* is predominant by *Rakta* and *Pitta Dosh*, *Raktamokshana* by *Siravedha* showed significant improvement in *Kandu* (itching), *Daha* (burning), and *Ruja* (pain).

**Local Applications** - Local applications of *Panchatikta Ghruta* have a soothing effect on palms and soles. *Ghruta* pacifies *Vata* and *Pitta Dosh* hence reducing pain and healing cracks.

## Conclusion

*Panchakarma* treatment like *Snehapana* with *Mahatikta Ghruta* along with *Virechana* by *Ichhabhedi Rasa* followed by *Siravedha* shows significant improvement in *Vipadika* i.e., Palmo-planter psoriasis in the context of its signs and symptoms.

### Patient perspective

The patient expressed great contentment with a cost-effective treatment that required less time. Symptoms like scaling, itching, cracks, and pain have shown marked relief, making the patient socially and semantically confident.

**Informed consent:** A written informed consent was taken before the treatment.

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