



## Ayurvedic Management of Palmoplantar Psoriasis - A Case Study

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Kushta is the broad term used in Ayurveda to refer to skin problems. One of these illnesses that falls under the category of Ksudra Kushta is Vipadika. Diverse acharyas have identified distinct indications and manifestations of Vipadika. Its characteristics, according to Acharya Vagbata, include Manda Kandu, Teevra Vedana, Pani Pada Sputana (cracking of the skin on the palms and soles), and Saraga Pidaka. It is mostly a Vata and Kapha Doshaja Vyadi chronic and recurrent problem. The patient in this case study has complained of itching in both of their planter aspects for four years. The patient's symptoms have been worse over the past two years, with a powdery discharge, a burning sensation, and fissures all over the planter aspect of the foot.

**Keywords:** Ayurveda, Palmoplantar Psoriasis, Shamana Aushadi, Vipadika

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## Introduction

In Ayurveda, all skin diseases described under a single heading "*Kushtha*". *Acharya Sushruta* described palmoplantar psoriasis under *padadari*.<sup>[1]</sup> *Acharya Charaka* had described that all *Kushthas* are *Tridoshaja* in nature.<sup>[2]</sup> *Acharya Charaka* described palmoplantar psoriasis under *Vipadika*.<sup>[3]</sup> Palmo plantar psoriasis is a disease mentioned in *Ayurveda* but to a certain extent based on its symptoms, it can be correlated with *Vipadika* which is one type of *Kshudrakushtha*. It involved predominantly *Vata* and *Kapha Dosha* and is characterized by *Pani-Pada Sphutana* (fissure in palm and soles) *Kandu* (itching) and *Teevra Vedana* (severe pain).<sup>[4]</sup>

*Vipadika* is correlated with palmo planter psoriasis. Palmo plantar psoriasis is a widespread, non-contagious, chronic inflammatory proliferative skin disease that is mostly caused by environmental factors, with genetic predisposition being a major contributing factor.<sup>[5]</sup> Psoriasis is a long-term inflammatory and immune-mediated condition that negatively affects a patient's standard of living. The incidence of psoriasis in India ranges from 0.44 to 2.8%.<sup>[6]</sup> The second most frequent kind of psoriasis is palmoplantar psoriasis.<sup>[7]</sup> The most affected areas are the palms and soles, which can significantly impair social and functional abilities and interfere with day-to-day activities.<sup>[8]</sup>

## Case Report

A 61 year old female patient visited skin OPD of Sri Dharmasthala Manjunatheshwara Ayurveda Medical Hospital, Hassan with the complaints of cracks over planter aspect of lateral foot associated with itching, burning sensation and powdery discharge in the last 4 years which was disturbed her daily activities. she approached nearby hospital however she didn't get relief and the symptoms recurred frequently. So, she approached our hospital for better management. No history of prolonged illness no surgical history.

### Clinical Findings

On the day of general examination, the patient was of normal built without any pathological presentation. On local examination there were cracks over planter aspect of lateral foot associated with itching, burning sensation and powdery discharge.

### Local Examination

On local examination she had cracks over planter aspect of lateral foot associated with itching, burning sensation and powdery discharge

### Skin examination

Location: Palms And Soles

Distribution: Asymmetric

Shape: Irregular

Appearance: Cracks

Lesions: Multiple

### Management

First visit: 20/1/2024 - 14/2/2024

1. *Panchavalkala Kwata Choorna* once daily for external wash.
2. *Chakramarda Taila* with *Tankana Basma* for external application.
3. *Aragwadadi Kashaya* 10 ml twice daily after food with equal amount of water.
4. *Shanka Vati* one tablet twice daily after food.
5. Trichoderma ointment for external application.

Second visit: 14/2/2024 - 15/3/2024

1. *Gandaka Malahara* ointment once daily for external application.
2. *LS Vati* 500mg 2 tablets twice daily before food.
3. *Panchatikta Gritha* 10 grams early morning in empty stomach.
4. *Mahamanjistadi Kwatha* 15 ml thrice daily after food with equal amount of water.

Third visit: 3/4/2024 - 23/4/2024

1. *Gandaka Malahara* ointment once daily for external application.
2. *LS Vati* 500mg 2 tablets twice daily before food.
3. *Panchavalkala Kwata Choorna* once daily for external wash.
4. *Madhiphala Rasayana* 10 ml twice daily before food.
5. Purim tablet 1 tablet twice daily after food.
6. Flexophen MR cap 1 tablet twice daily after food.
7. *Yogaraja Guggulu* 1 tablet twice daily after food.

## Observations and Results

Before treatment the patient complaints of cracks, itching, burning sensation and powdery discharge over soles. During second follow up there was 90% reduction in the above-mentioned complaints.



**Before Treatment**



**After Treatment: after second follow-up**

## Discussion

*Shamana Chikitsa* is being opted in this case as a line of treatment. Considering the potent action of *Panchatikta Gritha* for its *Tridosahara* and *Kanduhara* properties it has been opted for *Shamana Chikitsa*. *Mahamanjistadi Kwatha* is particularly effective in helping to maintain *Pitta* vitiation it also helps to balance *Vata* and *Kapha Dosha*.<sup>[9]</sup> Local application of *Gandhaka Malahara* is highly effective in treating chronic cases of *Vipadika*.<sup>[10]</sup> *L.S Vati* is *Pitta Shamaka* and helps in reducing *Kandu*. *Chakramarda Taila* is a proprietary medicine indicated in skin diseases ingredients of these are known for their *Kandugna*, *Kushtagna* and *Dadrugna* effect.<sup>[11]</sup>

## Conclusion

*Vaipadika* is explained in context of *Kshudra Kushta* which is having a close resemblance with Palmo Plantar Psoriasis. Such a disease can be effectively managed through *Shamana*. After treatment there was much reduction in signs and symptoms of *Vaipadika* like cracks, itching, burning sensation and powdery discharge which were presented on bilateral soles of foot. From current case study, we can draw a conclusion that *Vaipadika Kustha* can be successfully treated and managed through Ayurvedic line of treatment. No adverse reactions were observed during course of treatment and later patient was advised to follow proper *Ahara* and *Vihara* to avoid recurrences of disease.

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