



Role of Virechana and Jaloukavacharana in the management of Palmo-Plantar Psoriasis - A Case Study

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Palmo-plantar Psoriasis is a chronic, non-infectious inflammatory skin condition characterized by well-defined, erythematous plaques with silvery scales, primarily affecting the extensor surfaces. It follows a fluctuating course and is confined to the palms and soles. In Ayurveda, skin diseases are grouped under the term Kushtha, although there is no direct correspondence to this condition. However, it can be correlated with Vipadika, a subtype of Kshudrakushtha. This disease impacts not only the physical health of the patient but also their mental and social well-being, as its visible appearance can be socially embarrassing. The exact cause of Palmo-plantar Psoriasis remains unknown, but there is a genetic predisposition. According to Ayurveda, this condition is exacerbated by an unstable lifestyle, including poor dietary habits, a hectic routine, and stress. From an Ayurvedic perspective, vitiation of the Vata, Kapha, and Pitta/Rakta Doshas are the key factors in the development of this disease. Virechana (purgation therapy) and para surgical procedures like Jaloukavacharana are considered the most effective treatments for skin disorders. Modern medical treatments, however, often fail to provide satisfactory results. This article presents a case of a 44-year-old female who experienced well-demarcated, raised scaling on both palms and soles, with severe itching for 3 years. The patient experienced significant relief through a systematic Ayurvedic approach, incorporating Shodhana (detoxifying therapy), Jaloukavacharana (leech therapy) and Shamana (balancing therapy). Shodhana helps expel the excess Doshas, while Shamana works to balance the remaining Doshas.

Keywords: Vipadika, Palmo-Plantar Psoriasis, Jaloukavacharana, Kushta

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Introduction

Healthy skin is an important indicator of overall health and well-being. As the largest organ in the body, the skin is also considered a symbol of beauty in many cultures. When skin conditions arise, they can significantly impact both physical and mental health. Palmo-plantar psoriasis is a common, chronic, immune-mediated inflammatory skin condition that primarily affects individuals with a genetic predisposition, with environmental factors playing a significant role in its development. It accounts for approximately 3-4% of all psoriasis cases. According to the World Health Organization (WHO), the global prevalence of psoriasis is estimated to be between 2-3% as of April 2013. In India, the prevalence ranges from 0.44% to 2.88%. Although there are various treatment options, palmo-plantar psoriasis remains challenging to manage due to its chronic and recurrent nature.[1] Modern medical treatments for psoriasis, such as PUVA therapy, corticosteroids, and immunomodulators, can be effective, but they often come with serious side effects like obesity, bone marrow suppression, kidney and liver failure, among others. This underscores the need to explore safer and more effective treatments for psoriasis, which is where Ayurveda may offer promising solutions. According to *Acharya Charaka*, all skin diseases, or *Kushthas*, are considered to be *Tridoshaj* in nature. While palmo-plantar psoriasis cannot be directly matched with any specific disease in Ayurveda, its symptoms show similarities to *Vipadika*, a form of *Kshudrakushtha*. This condition primarily involves an imbalance in the Vata and *Kapha doshas*, characterized by fissures on the palms and soles (*Pani-pada Sphutan*) and intense pain (*Teevra Vedana*).[2] *Acharya Vagbhat* agrees with *Acharya Charaka*, adding that red patches on the palms and soles are also a feature of this condition.[3] *Charaka* emphasized the importance of external applications (*Lepa*) following *Shodhana Chikitsa* (detoxification treatment) and also specifically recommended *Vipadikahar* for treating *Vipadika*. Leech application demonstrating the uniqueness of the evidence.[4]

Case Report

A 44 year old Female patient, Hindu by religion, House wife by occupation, visited to the Shalya Tantra OPD of Sri Dharmasthala Manjunatheshwara college of Ayurveda and Hospital,

Hassan on 24-01-2025, presented with C/O well demarcated raised scaling of bilateral palms and soles with severe itching since 3 years. She underwent treatments from various medical systems but only experienced temporary relief, so she came to our hospital for better management.

K/C/O DM, HTN since 5 years under medication.

Clinical Findings

On examination, scaly, ill-defined erythematous plaques on the soles and palms were noted.

Ashtavidha Pareeksha

Nadi - 78/min

Mutra - *Samyak*

Mala - *Vibandh*

Jihva - *Saama*

Shabda - *Prakrut*

Sparsha - *Ruksha*

Druk - *Khara*

Akruti - *Madhyam*

Treatment

The patient underwent classical *Virechan* (purgation therapy) along with Leech therapy and *Shamana Chikitsa*. All oral and topical modern medications were discontinued. The procedure details are outlined below.

Method of Virechana procedure

Virechana comprises of three stages, which are as follows

1. *Poorva Karma*
2. *Pradhana Karma*
3. *Paschat Karma*

1. Poorva Karma

The preparatory phase (*Purva Karma*) of *Virechana* included *Deepana-Pachana*, *Snehapana*, and *Abhyanga Swedana* were carried out by administering 100ml of *Panchakola Phanta* three times a day after meals and *Tab Chitrakadi Vati* 2 TID B/F for two days.

For internal oleation (*Abhyantara Snehana*) before the *Virechana* procedure, *Snehapana* was performed using *Panchathiktaka Ghrita* from SDM Ayurveda Pharmacy. Once the patient exhibited signs of proper oleation (*Samyak Snigdha Lakshanas*), such as skin oiliness, fatty stools, and an aversion to ghee, on the sixth day of *Snehapana*,

They underwent *Abhyanga* (oil massage) with *Nalpamaradi Taila*, followed by *Sarvanga Parisheka* using *Dashmoola* decoction for two days. Throughout this period, a light, warm, and liquid diet was provided.

2. Pradhana Karma

On the morning of the *Virechana* procedure, *Abhyanga* (oil massage) and *Swedana* (steam therapy) were performed. Vital parameters, including pulse, blood pressure, respiratory rate, and temperature, were recorded and monitored at regular intervals throughout the main procedure (*Pradhan Karma*).

The patient was kept on an empty stomach before the administration of the *Virechana* drug. The purgation therapy was carried out using 35grams of *Avipattikar Choornam*. After *Kapha Kala* i.e., 9:45 a.m. on empty stomach as mentioned in classics.

Number of motions after administration of *Virechana* drug were counted till the symptoms of proper purgation like stopping of purgation on its own, passing of stool with mucus in the last one or two motions, feeling of lightness of body. Patient had 15 *Vegas* and considered as *Madhyama Shuddhi*.

3. Paschat Karma

After completing the *Virechana* procedure, a regular diet should not be introduced immediately, as the digestive power (*Agni*) is weakened due to the cleansing process (*Shodhana*). To restore *Agni* to its normal state, the patient underwent *Samsarjana Karma* (a post-procedure dietary regimen) based on the classification of purification as *Madhyama Shuddhi* (moderate purification). The patient was advised to rest and was given thin rice gruel as the initial food, followed by a specially prescribed diet for three days.

Application of Leech Therapy

Initially, a leech was placed on the affected areas of the palm and sole and observed for two minutes to allow it to begin sucking blood. A damp cotton gauze was placed over the leech to maintain moisture. After approximately 15 minutes, the leech naturally detached after completing the blood sucking process. A cotton gauze with *Haridra Choorna* was then applied to the bite site to prevent further bleeding. This procedure was carried out without any complications.

Shamana Chikitsa

Abhyantara Chikitsa

| SN | Drug | Dose | Anupana |
|----|-------------------------|-------------------|---------|
| 1. | Khadirarishta | 15ml twice daily | Water |
| 2. | Laghu Sootashekara Vati | 500mg twice daily | Water |

Bahya Chikitsa

| SN | Drug | Use |
|----|------------------|-------------------------------|
| 1. | Panchatikta lepa | Local application twice daily |

Observations

| SN | Clinical features | Before treatment | After 25 days | After complete treatment |
|----|-------------------|------------------|---------------|--------------------------|
| 1. | Pain | +++ | + | No pain |
| 2. | Scaling of skin | +++ | + | No scaling |
| 3. | Fissure | +++ | ++ | + |
| 4. | Itching | +++ | ++ | No itching |

Before Treatment



Figure 1



Figure 2



Figure 3

During Jaloukavacharana (Leech Therapy)



Figure 4



Figure 5

After Treatment



Figure 6



Figure 8



Figure 7

Discussion

Treatment administered to this patient aligned with classical principles of Ayurveda. Both *Shodhana* (purification) & *Shamana* (pacification) therapies were utilized to achieve better outcomes. Ayurveda's holistic perspective highlights *Panchakarma* therapy as distinctive & highly effective modality.

In this particular case, *Virechana Chikitsa* (therapeutic purgation) yielded positive results when combined with *Shamana Aushadhi* (palliative medicines) and *jaloukavacharana* (leech therapy). The *Virechana* procedure effectively eliminated the vitiated *Doshas* from the body.

To enhance digestion and metabolism, *Panchakola Phanta* and *Chitrakadi Vati* was used for *Deepana-Pachana* (appetizer and digestive therapy), which also facilitated the smooth digestion of *Sneha* (medicated ghee). *Panchatikta Ghrita*, used during *Snehapana* (internal oleation), acted as a blood purifier (*Raktashodhak*) and supported the movement of vitiated *Doshas* from the peripheral tissues (*Shakha*) to the gastrointestinal tract (*Koshtha*). Due to its subtle (*Sukshma*) nature, *Sneha* can penetrate to the cellular level. The lipid-based formulation aids in the elimination of lipid-soluble toxins from the body.

After obtaining *Samyak Snigdha Lakshanas* patient was subjected to *Abhyang* and *Swedana*. *Abhyang* softens vitiated *Dosha* and localize them and *Swedana* liquefy the vitiated *Doshas* which are being situated in micro channel so they can easily reach from *Shakha* to *Koshtha* from where they can be easily removed from body.

Since the vitiated *Pitta* and *Kapha Doshas*, which are in a liquid (*Drava*) state, are directed toward the nearest route of elimination, the administration of a purgative through the anal pathway allows for their effective expulsion. This route also targets the large intestine (*Pakwashaya*), which is the primary seat of *Vata Dosha*, thereby aiding in its cleansing and regulation. This demonstrates that *Virechana* therapy is effective in balancing all three *Doshas* - *Vata*, *Pitta*, and *Kapha*.

After completing *Virechana*, the digestive fire (*Agni*) becomes weak due to the cleansing process, so normal food should not be introduced right away. The patient was advised to rest and was initially given a thin rice gruel as a light, easily digestible meal. A specially planned diet was continued for three days to gradually restore *Agni* to its normal function.

In view of the vitiation of *Rakta* (blood) and *Pitta Dosha*, and to provide quick symptomatic relief, *Raktamokshana* therapy using *Jaloukavacharana* (leech application) was carried out.[5]

The patient underwent leech therapy to extract the vitiated blood. Alongside this, oral Ayurvedic medications were administered, and external treatments included the application of *Pancha Tikta Lepa*. Leech saliva is known to contain substances with analgesic (pain-relieving) and anti-inflammatory properties, contributing to the therapeutic effect.

Shamana Aushadi i.e., *Khadirarishta* and *Laghusoothashekara Vati* provides relief from certain symptoms such as itching or irritation because of its *Shothahara* (anti-inflammatory), *Rakta Shodak* and *Kushtahara* property

Conclusion

Based on the above case, it can be concluded that palmo-plantar psoriasis can be effectively managed using the Ayurvedic approach. This line of treatment not only helps alleviate the symptoms but also aims to offer a safe and effective therapeutic option for patients. However, further research involving a larger patient population is necessary to validate these findings.

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