

International Journal of Ayurveda and Pharma Research

Case Study

MANAGEMENT OF *VIPADIKA* (PALMO-PLANTAR PSORIASIS) BY AYURVEDA Jadhav Tejaswini Shirish^{1*}, Chaudhari Vivek Murlidhar²

*1PG Scholar, ²Associate Professor, Department of Dravyaguna Vigyan, Sumatibhai Shah Ayurveda Mahavidyalaya, Pune, Maharashtra, India.

Article info	ABSTRACT
Article History: Received: 10-07-2023 Revised: 28-07-2023 Accepted: 14-08-2023 KEYWORDS: Kustha, Vipadika, Palmo-plantar psoriasis, Gorakhmundi.	An immune-mediated condition known as psoriasis causes persistent skin inflammation. Palmoplantar psoriasis, a kind of psoriasis that is difficult to cure, affects about 5% of all psoriasis patients. In Ayurveda, all skin conditions are referred generally under the term <i>'Kushtha'</i> . One such illness that has been classified as <i>Kshudra Kushta</i> is called <i>Vipadika</i> and is marked by symptoms like <i>Pani-pada Sphutan</i> (Fissure in the palms and soles) and <i>Teevra vedana</i> (with great pain). The main causes of its expression include vitiation of <i>Vata, Kapha,</i> and <i>Pitta/Rakta</i> . In present case report, a 54 years female patient presented in OPD 2 of Sane Guruji Rugnalaya, Hadapsar, Pune, with complaints of dryness and cracking of both soles associated with itching and pain for 1 year and was treated with oral medicines and external application of <i>Gandharva Haritaki</i> and <i>Gorakhmundi Ghrita Siktha</i> respectively. After complete treatment of 30 days, there was complete remission in the symptoms and there is no recurrence till date. From the current case report, it can be inferred that <i>Vipadika</i> (palmoplantar psoriasis) can be successfully treated with the appropriate Ayurveda medications.

INTRODUCTION

An immune-mediated condition known as causes persistent skin inflammation. psoriasis Between 2% to 4% of the world's population is impacted. Palmoplantar psoriasis affects about 5% of all psoriasis patients.^[1] Skin plays a significant function in developing personality and increasing confidence. It seems that any damage to the skin demotivates the person and causes him to lose confidence. Hence, the primary goal of this study is to maintain healthy skin. The skin is one of the five unique sensory organs. According to Ayurveda, the easiest organ to inspect and the one most vulnerable to disease, harm, and infection is the skin. All skin problems are collectively referred to as "Kushtha." Kushtha invariably develops as a result of the three Doshas and four Dushyas or the seven components, becoming vitiated. ^[2] In Charaka Samhita, Vipadika is described under Kshudra Kustha. It involves predominantly Vata and Kapha Dosha^[3]

Access this article online					
Quick Response Code					
回核諸国	https://doi.org/10.47070/ijapr.v11i8.2932				
	Published by Mahadev Publications (Regd.) publication licensed under a Creative Commons Attribution-NonCommercial- ShareAlike 4.0 International (CC BY-NC-SA 4.0)				

and characterized by *Pani-pada Sphutan* (fissure in palm and soles) and *Teevra vedana* (with severe pain).^[4] The same views held by *Acharya Charaka* are shared by *Acharya Vagbhat*, who also noted the presence of red patches on the palm and sole.^[5] Skin conditions are becoming far more common everywhere, in both urban and rural settings. People are turning to Ayurveda since it has a broad description of how to treat certain skin conditions and produces good outcomes. The administration of *Vipadika* effectively, according to literary references and its modulations, is the main emphasis of this work.

In Bruhat Nighantu Ratnakar, Gorakhmundi Ghrita is referred to as kushthaghna and Vipadikahar. Lepa of Mundi Ghrita should be administered externally to cure Vipadika in accordance with the circumstances.^[6] Certain Malahara Kalpanas in Ayurveda have been described in a number of sources, but they haven't received the attention they should have. Thus, we must create innovative formulations that are just as effective as Ghrita or Taila. So, the purpose of the study is to acquire pertinent facts and shed light on this particular Kalpana. With reference to the Ghrita stated in Bruhat Nighantu Ratnakar, this combination may have a synergistic or additive impact. As a result, this study is being conducted to evaluate the effectiveness and modulation of a new formulation.

Case Report

A 54-year housewife visited our OPD (OPD NO - 2156) of Sane Guruji Rugnalaya, Malawadi, Hadapsar, Pune-28 on 30/11/2022 with the complaints of cracks over both soles with burning sensation and mild pain for 1 year. She took treatment using contemporary medicine and experienced momentary comfort but due to its recurrency, she decided to take Ayurvedic treatment for further management. During inspection, both soles had many cracks and local sensitivity. Based on the clinical parameters, it was established that the patient's condition was a case of Vipadika. Clinical indications demonstrated a predominance of the Vata and Kapha doshas. These cracks were linked to Vedana (pain), Rukshata (dryness), Kandu (itching), and Daha (burning sensation) symptoms. According to the patient, the cracks started to appear approximately a year earlier and have been growing gradually since. There was no specific history of any serious illnesses, drug allergies, or addictions. A systemic analysis did not find any anomalies.

Ashtavidha Pariksha (Eight-fold examination)

Nadi (pulse) was 70/min, regular, Mutra (urine) was Samyak (normal), 4-5 times/day, Mala (stool) was Samyak (normal), Jiwha (tongue) were Nirama (processed and digested food particles), Shabda (sound) was Spashtha (clear), Sparsha (tactile examination) was Anushnasheeta (not too hot), Drik (eyesight) was Prakruta (normal), Akruti (body stature) was Madhyama (average built).

Samprapti Ghatak (Main pathophysiological components)

Vidahi Aahar sevana (Dahi, Pickle, Groundnut Chatani, Papad), frequent contact with soil, Katu and Vaataj Ahara were the main Nidana sevana (causative factor). The Vata-Kapha pradhana tridosha was the vitiated *Dosha*. The *Dushva* (pathognomonic factors) consisted of Twak (blood plasma), Rakta (blood), Mamsa (muscle tissue), and Lasika (body fluids). Impaired metabolism and Dhatvagnimandya (impaired digestion) were the conditions of Agni (digestive fire). The Srotas (structural or functional channels) that were implicated in the disease's presentation were Rasavaha (plasma channels), Raktavaha (blood plasma channels), Mamsavaha (fascio-muscular tissue), and *Swedavaha* (sweat transporting channels). The Srotodushti (mode of the system concerned) was Sanga (obstructed vitiated body humour), the Marga (site of disease manifestation) was Bahyaroga marga, and the Twacha (skin) was Vimargagamana (vitiation of body humour to other areas), the Adhisthana (site) was Ubhaya Paad (both soles) and Chirakari (chronic).

Therapeutic Intervention

After reviewing the case, the patient was given conservative Ayurvedic treatment described by *Bruhat Nighantu Ratnakar* with the modulation of drug. Both *Gorakhmundi Ghrita Siktha* and *Gandharva Haritaki Churna* were prescribed for the patient. Information about dosage form, therapeutic dose, frequency and timing of drug administration, adjuvants are demonstrated in the following diagram [Figure 1].



Dietary Regimen

Pathya (Preferred): Well cooked, easy to digest food, washing feet regularly

Apathya (To be avoided): Oily, spicy, salty and sour food, contact with soil without wearing shoes Timelines

Assessment of the cracks was done on the first visit and intermittent monitoring was done weekly, for the next consecutive 4 weeks. The follow-up was done on the 7th, 14th, 21st and 28th day during treatment and 15th and 30th day after stopping the treatment. (Figure.2)



Figure 2: Follow Up and Outcome

All of the symptoms and indicators at both soles were suppressed totally after the complete therapy period. With images that were taken, a consistent improvement could be shown [Figures 3-5]. The treatment plan was judged to be secure and efficient. During the course of treatment, no unfavorable occurrences were reported. The observations made following the end of the treatment were listed below.

Sr. No.	Clinical Features	Before Treatment	After Treatment
1.	Cracks over soles	+++	-
2.	Burning sensation in soles	++	-
3.	Itching	+	-
4.	Pain	++	-
5.	Dryness	+++	-

Table 1: Clinical Features: Before & After Treatment

DISCUSSION

In Ayurveda, different types of *Kushtha* (skin disorders) have been mentioned. *Vipadika* has similar characteristics like palmoplantar psoriasis that involves all the *Tridosha* in the pathogenesis and similarly, palmoplantar psoriasis has limited successful

clinical outcomes due to incompletely understood and under-researched etiology.^[12]

After 1st follow-up, the symptoms of cracking of both soles, itching and burning sensation started reducing. The patient was advised for routine follow-

up upto 30 days and to avoid *Vidahi, Katu* and *Ruksha Ahara* along with taking proper care of soles.

Gorakhmundi (Sphaeranthus indicus Linn.) is an aromatic, much branched herb, which is found throughout the country. Due to its easy availability, abundancy and feasibility, it can be used in different ways, in various Modes. According to Doshaghnata, Gorakhmundi is Vaatakaphaghna. It is Madhura, Katu Vipaki, Ushna Veerya and Laghu. It is Medhya, Rasayana and is used in many diseases such as Galaganda, Arsha, Kushtha, Raktavikara, etc. As Vipadika is Vaatkhaphaja, being Vaatkaphaghna, Gorakhmundi will easily suppresses all the symptoms of Vipadika.

Whereas, *Ghrita* is *Mrudu*, *Snigdha*, *Vranaropak*, *Sanskaranuvartit*. Being fat soluble, it will play an important role in healing the cracks in *Vipadika*. *Gorakhmundi Siddha Ghrita* is described as *Vipadikahar* in *Bruhat Nighantu Ratnakar*. *Siktha* or *Madhuchista* (bee wax) is considered as one of the base in the formation of *Malahara*.

Siktha is described under Malahara Kalpana. Siktha is Snigdha, Mruda, Kushthaghna, Bhutaghna, Vranaropak and Sandhankar and is used in Kushtha, Visarpa and Raktavikara.^[7] It increases the absorption of the drug by applying it locally and penetrates into deep wounds which lead to the healing of wound. It helps the medicine to stay on the affected part for a longer time which makes healing faster. Siktha and *Ghrita* both are *Vranaropana* and *Kushtaghna*, while *Gorakhmundi* is *Kushthaghna* which helps to heal the cracks and bleeding in *Vipadika*.

Gandharva haritaki was used as a mild purgative for achieving *Shodhan* of *Malas* before starting the external application therapy.

She stated that after receiving Ayurvedic treatment, she was free from all signs and symptoms, including painful cracks, trouble in walking, burning sensation, and itching. The patient also said that no discomfort was felt when taking any of the medications.

CONCLUSION

From this study it can be concluded that *Vipadika* (palmo-plantar psoriasis) can be successfully treated with appropriate Ayurvedic medication.

Patients Consent

An informed written consent was obtained from the patient for reporting this case.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient has given his consent for his images and other clinical information to be reported in the journal. The patient understands that name and initial will not be published, and due efforts will be made to conceal identity, but anonymity cannot be guaranteed.





Figure 3: Before treatment

Figure 4: During treatment

Figure 5. After treatment

REFERENCES

- 1. Pettey AA, Balkrishnan R, Rapp SR, Fleischer AB, Feldman SR. Patients with palmoplantar psoriasis have more physical disability and discomfort than patients with other forms of psoriasis: Implications for clinical practice. J Am Acad Dermatol 2003; 49:271-5.
- 2. Vijay Kale ed, Charak Samhita (sans/mar), Vol 2, Kushtha Chikitsa Adhyaya 7/29, Chaukhamba Sanskrit Pratishthan, Delhi, Reprint 2016, p.n. 179
- 3. Yadavji T. Charak Samhita, Reprinted 2013, Chaukhamba Surbharti Prakasan, Varanasi, Chikitsha chap. 7/22, 7/13, 29, 451p.
- 4. Acharya Vidyadhar Shukla, Prof.Ravidutta Tripathi, Charak Samhita Vol. II (Chikitsa Sthana Chp. VII), Delhi; Chaukhamba Sanskrit Pratishthan, p. 184
- 5. Brahmanand Tripathi, Ashtang Hrudayam, (Nidan Sthan Chp. XIV) Delhi; Chaukhamba Sanskrit Pratishthan, p. 530

- Vasudev Panshikar and Krishhnaji Soman ed, Krishnashastri Navare Bruhat Nighantu Ratnakar (sans/mar), vol 2, Kshudra Kushth Chikitsa Adhyaya, Nirnayasagar Press, Mumbai, Print 1934, p.n. 690, 691
- 7. Vishwanath Dwivedi Shastri Bhavaprakash Nighantu, Madhuvarga, Narendra Jain, Motilal Banarasidas, Delhi, Reprint 2002, p.n. 447, 450
- Vd.Shaha Rashmi A., Vd. Chandurkar V.S. Ayurvedic Management of Vipadika:- A Case Study Paripex -Indian Journal of Research: Volume-9, Issue – 3, March-2020
- 9. Sadanand Sharma, Rasatarangini, with Prasadanee Vyakhya of Haridutta Shastri and Rasavidnyana Hindi commentary by Ayurvedacharya Pandit

Cite this article as:

Jadhav Tejaswini Shirish, Chaudhari Vivek Murlidhar. Management of Vipadika (Palmo-Plantar Psoriasis) by Ayurveda. International Journal of Ayurveda and Pharma Research. 2023;11(8):78-82. https://doi.org/10.47070/ijapr.v11i8.2932

Source of support: Nil, Conflict of interest: None Declared

Dharmananda Shastri. Eleventh Edition: 1979. Reprint 2009. Motilal Banarasidas Publication, Delhi. Shloka number 62-63. Page no. 114, 115

- 10. Lakkawar M, More A, Rai S, Tiwari SS. Leads towards management of dermatophytosis (*Dadru*) with Ayurvedic intervention-An experience. J Ayurveda Case Rep 2022; 5: 156-62
- Biswas, Amrita & Deshpande, Amol & Deshpande, Mayuri. (2021). An Ayurvedic Approach to Vipadika (Palmoplantar Psoriasis): A Case Study. Journal of Pharmaceutical Research International. 267-273. 10.9734/jpri/2021/v33i38A32085.
- 12. Nille GC, Chaudhary AK, Gupta LN. Effect of an Ayurveda treatment in palmoplantar psoriasis: A case study. J Ayurveda Case Rep 2020; 3: 51-6

*Address for correspondence Dr. Jadhav Tejaswini Shirish PG Scholar, Department of Dravyaguna Vigyan, Sumatibhai Shah Ayurveda Mahavidyalaya, Maharashtra. Email: teju.jadhav7596@gmail.com Mob: 8605426147

Disclaimer: IJAPR is solely owned by Mahadev Publications - dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. IJAPR cannot accept any responsibility or liability for the articles content which are published. The views expressed in articles by our contributing authors are not necessarily those of IJAPR editor or editorial board members.

