

Ayurvedic Management of *Vipadika* (Palmo-Plantar Psoriasis) -A Case Report

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ABSTRACT:

All skin disorders in Ayurveda are considered under the broad term "*Kushtha*". *Vipadika* is included under the heading of '*KshudraKushtha*' (Type of *Kushtha*). *Vipadika* is characterised by *Sphutun* i.e fissures either in palms or soles or in both associated with *Teevavedna* i.e. severe pain. *Vipadika* is correlated with palmo-plantar psoriasis which is a chronic skin disease which mainly affects either palms or sole or both. The treatment method for palmo plantar psoriasis cause severe side effects thus it requires an evident shift from modern treatment to ayurvedic treatment line. In the present case, a female patient with complaints of dryness and cracking of both soles associated with pain and intermittent bleeding, since three years, came to OPD and was diagnosed as Palmo-plantar Psoriasis and was treated as *Vipadika* with the *Shamanaushadi* along with *Padnimajjan* in *Til Tail* and *Nimba Tail*. The patient reported a significant improvement in the complaints in aspan of 15 days and a complete relief in a treatment of two months. Thus, from above casereport, we can recommend the Ayurvedic regimen as a line of treatment for palmo plantar psoriasis without any intervention of modern medicine.

KEYWORDS: *Kushtha*, *Padnimajjan*, Palmo-plantar psoriasis, *Vipadika*.

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INTRODUCTION:

Skin is the largest sense organ of the body. Primary function of the skin is protection of organs from factors like bacteria, toxic substances, UV rays etc. skin has aesthetic role for appearance of an individual. [1] But very often it is exposed to many entities like a sedentary lifestyle, unhealthy food habits, environmental pollution, physical and mental stress, which can damage and cause many of the skin diseases.

Vipadika described under *KshudraKushtha* is a *Vaat-KaphapradhanVyadhi*. Due to lack of hygiene, excessive walking etc there is vitiation of the *Dosha*. The vitiation of the *Dosha* affects the *RaktaDhatu* in the feet and leads to scaling of the skin of the soles and palms and causes severe pain [2].

As per modern science, hypertrophy of the epidermal layer of the palms and soles, usually of a more or less horny and plate like character, is well defined as Palmo-

plantar psoriasis [3]. Palmo-plantar psoriasis is the most commonly occurring autoimmune disease. Exact etiology is unknown and is characterized by hyperkeratosis, fissures, erythema and occasionally inflammation and pustules.

This skin disease hampers day to day life activity and its tendency of reoccurrence depresses the one who is suffering through it. Also, the treatment options include conventional medicine like topical steroids, coal tar etc which causes early relapses and symptomatic drugs like Methotrexate, Cyclosporine gives rapid response but withdrawal precipitates the symptoms. While the Ayurvedic regimen not only pacifies the symptom but also doesn't cause the relapses.

CASE REPORT:

A 65 year old female patient visited Government Ayurved Hospital, Nagpur with chief complaints of cracks on both the soles associated with pain, mild burning sensation and intermittent bleeding since 3 years. The onset was gradual. She took allopathic medication multiple times but every time the symptoms relapsed after a while. The patient did not have any history of Systemic diseases.

Dashavidh Parikshan :

Nadi (Pulse)-76 / min

Mala (Stool) -Normal

Mutra (Urine) -Normal

Jivha (Tongue)-*Alpa-Saam* (coated)

Shabda (Speech)-Normal

Saprsha (Skin)-*Ruksha* (Dry)

Druk (Eyes) -Normal

Akruti (Built) -*Madhyam*

Agni (Digestion) -*Visham* (Irregular)

Bala (Power)-*Madhyam*

Other vitals:

Temperature - Afebrile

BP -110/60 mm of Hg

Respiratory rate - 18/min

Integumentary System Examination:

Patient has multiple painful and itchy fissures (cracks) on both the soles, skin of the sole was dry on touch and showed blackish discolouration. Patient also complained of intermittent bleeding. No aggravation of symptoms on contact with any irritants like soap or detergent. Thus, on the basis of clinical history and examination the condition was diagnosed as *Vipadika*(Palmo-planatar psoriasis).

Assessment Criteria: The patient was assessed on Subjective Criteria which includes the grading of *Vedana* (pain), *Kandu* (Itching), *Daha* (burning sensation), *Padsphutun* (cracks) (Table-1)

THERAPEUTIC INTERVENTION:

The treatment included administration of both internal and external treatment for 2 months. [Table-2 and Table-3]. Patient was advised to avoid fish, meat, fermented food, milk and other dairy products like curd, fried items etc.

Case Timeline: Treatment was taken for total 2 months with follow up on 15 days. Patient was again called for follow up after 2 months of completion of treatment.

Table -1: Subjective Criteria:

Criteria	Grade / Scale	Symptom
<i>Padsphutun</i> (cracks)	0	No cracks
	1	Cracks on heels only
	2	Cracks on heels and plantar aspect
	3	Cracks on complete foot
<i>Vedana</i> (pain)	0	No pain
	1	Pain after pressing
	2	Pain on touch
	3	Pain without touching
<i>Kandu</i> (itching)	0	No itching
	1	1-2 times a day
	2	Frequent itching
	3	Itching disturbs the sleep
<i>Daha</i> (Burning sensation)	0	No burning sensation
	1	Burning during itching
	2	Continuous Burning

Table-2: *Abhyantar Chikitsa* (Internal medications):

Drugs	Dose	Duration	Anupan
<i>Arogyavardhinivati</i> <i>Gandhakrasayan</i> <i>Guduchisatva</i> <i>ManjishthaChurna</i>	20 tabs (crushed to powder) 20 tabs (crushed to powder) 10 gms 50 gms	Mix all the contents together and consume 2 gms two times before meal	2 months Luke warm water

Table-3: *Bahya Chikitsa* (External application):

Drugs	Duration	Uses
<i>Triphala Bharad Kwath</i>	2 months	<i>Prakshalan</i> (local cleaning) twice a day.
<i>Til tail + Nimba Tail</i> (equal parts)	2months	<i>Padnimajjan</i> ^[6] for half hour daily.

Table-4: Observations:

Symptom	Before treatment (Grade) (20/05/2023)	After treatment (Grade) (20/07/2023)
<i>Padsphutun</i> (Cracks)	2	0
<i>Vedana</i> (Pain)	2	0
<i>Kandu</i> (Itching)	2	0
<i>Daha</i> (Burning sensation)	2	0



Fig.-1: Before Treatment



Fig.-2: After Treatment

OBSERVATIONS AND RESULT:

After 2 months of treatment the patient got relief in symptoms with gradual improvements. After the 2 months of withdrawal of medicines there was no relapse of the symptoms. The patient was called for follow up and the results were observed and analyzed on the basis of assessment criteria. The observation made is as mentioned in Table-4.

DISCUSSION:

Aim of the treatment protocol was to cure the disease and avoid the relapses. As mentioned in the Ayurvedic text, *Vipadika* is *VaatKaphajanya*. And thus drugs which pacify the *Doshas* are required to break the pathogenesis. In modern science palmo plantar psoriasis is a chronic inflammatory and immune compromised disease and thus the line of treatment included the ayurvedic drugs which are anti-inflammatory, wound healing and immune boosting.

Mode of action of drugs:

Arogyavardhini Vati possesses several pharmacological actions of which *Kushtaghana* is the one [4]. It removes the

dangerous toxins from the body and leads to proper functioning of *Rasa dhatwagni* and *Rakta dhatwagni* which is very important factor to cure the disease because *Vipadika*(*Kushtha*) is the disease of '*RaktawahaSrotasDushti*' [5].

GandhakRasayanis extensively used in the treatment of various skin disorders such as psoriasis, Urticaria, Eczema and in chronic non healing wounds [7].

Guduchi is used for its *Kushthaghna* properties as mentioned in the text of *Sushrut Samhita* [8]. *GuduchiSatwa* is commonly used and prescribed ayurvedic medicine in *Daha* (Burning sensation) [9]. It also possesses anti-inflammatory and immune modulatory action [10]. And thus plays an important role in breaking the pathogenesis of Palmo-plantar psoriasis which is chronic inflammatory skin disease along with autoimmune pathogenic traits [11].

Manjishtha Churna has properties of blood purification [12-13]. According to *Charak*, *Manjishtha Churna* and its *Kwath* are better for *Shodhankarma* [14]. *Til tail* is an important *Vatahara Dravya* [15] and the *Snigdha* gun of Tail (*Sneha*) reduces the

dryness and helps in eliminating the cracks. In addition to this, the *Vranashodhan* and *Vranaropan* property of *Neem* oil facilitates wound cleansing and wound healing [16]. *Triphala Kwath* has *Krimighna* and *Vranaropan* properties and thus is used as antiseptic for cleaning the affected area. [17-18]

These drugs possess properties such as immunomodulatory, hepatoprotective, anti-inflammatory, blood purifier, wound healing, debriding and prevents toxic build up. *Tail* which is applied acts as emollients, keratolytic agent due to its thick, greasy barrier by moisturizing the dry, scaly skin and help prevent painful cracking.

CONCLUSION:

Pathyakar Ahar and *Vihar* adoption along with the *Shamanaushadhi* help to break the pathogenesis and alleviates the symptoms and also improves the immune system. From this case study it is concluded that Palmoplantar psoriasis can be successfully treated with ayurvedic regimen causing no remission or any adverse reactions.

Limitations of the study:

The study may be carried out with this treatment protocol in more patients for its scientific validation.

Patient consent:

Written informed consent for publication of her clinical details was obtained from the patient.

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