

Ayurveda Management of *Vipadika* with special reference Palmo Plantar Psoriasis: A Case Report

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ABSTRACT:

Palmoplantar Psoriasis is a chronic variant of Psoriasis that affect the skin of palms and soles, partially or completely with redness, dryness and thickness along with deep painful cracks leading to impairment in daily activities. The present case, 26-year-old male patient came with complaints of hyper pigmented dry scaly lesions with cracks on both palms and soles associated with itching, pain, mild erythema and pustulosis for the last one month. This was a diagnosed case of Palmoplantar Psoriasis having chronicity of 7-8 years on modern medicines with recurrent exacerbations. The features were similar to *Vipadika*, one form of *Kshudra kushta*. *Tridosha dushti* was confirmed by clinical signs and symptoms with predominance of *Vata kapha* and treated with internal medicines - *Patolakaturbhinyadi kashayam*, *Aragvadbhamabatiktakam ghritham*, *Dooshivishari Gulika*, *Kalinga patolakaturbhini kashayam* and *Panchakarma* procedures - *Rookshnam* with *Vaiswanara choornam*, *Snehanam* with *Ketakeemooladi tailm*, *Virecanam* with *Nimbaamritadi Erandam* and *Takradhara*. As this was a chronic case and *Dhatu leena doshavastha* seen, treatment principles of *Dooshivisha*, *Jeernajwara* and *Rasayana* were incorporated along with *Kushta chikitsa*. The considerable reduction in signs and symptoms and also absence of recurrence for the last few months shows that Ayurveda treatment is very effective in the management of Palmoplantar Psoriasis.

KEY WORDS: Ayurveda, *Dooshivisha*, *Kushta*, Palmoplantar psoriasis, *Vipadika*.

Received: 08.01.2025

Revised: 03.02.2025

Accepted: 22.02.2025

Published: 10.03.2025



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Quick Response Code



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DOI: <https://doi.org/https://doi.org/10.70805/ija-care.v9i1.660>

Link: <https://ijacare.in/index.php/ijacare/article/view/660>

INTRODUCTION:

Psoriasis is an immune mediated disease characterized by chronic inflammatory changes in skin. Palmoplantar Psoriasis

which is a chronic variant comprising 3-4% of all cases of Psoriasis, characteristically affects the skin of palms and soles producing significant functional disability

with hyper keratotic pustular or with mixed morphologies.^[1] Itching, pain and fissuring are the common symptoms. Though spontaneous remission can occur, persistence of flares is common with seasonal changes, household works, farming and manual works. It affects individuals of all ages. Gender specificity is unclear.^[2] It is caused by a combination of genetic and environmental factors. Environmental triggers include - stress, smoking, irritants, friction, manual or repetitive trauma.^[3]

Palmoplantar Psoriasis is diagnosed by its clinical appearance supported by finding chronic plaque psoriasis in other sites.^[4] The present case diagnosed as Palmoplantar psoriasis have features similar to *Vipadika*, one form of *Kshudra kushta* with cardinal features as *Pani pada sphutana* (cracking of skin in palms and soles), *Teevrrarthi* (severe pain), *Manda kandu* (mild itching) and *Saraaga pidaka* (erythema).^[5] *Tridosha dushti* is confirmed by clinical signs and symptoms with predominance of *Vata kapha*. Involvement of immune system, cytokines, and keratinocytes are seen in pathogenesis of disease.^[6] This emphasizes the need of a multimodal treatment approach to target multiple pathways involved in disease process. The present case study done by incorporating *Kushta*, *Dooshivisha*, *Jeernajwara* and *Rasayana chikitsa* showed significant improvement.

CASE HISTORY:

The 26-year-old Male patient, an Air Conditioner mechanic by profession, consulted the Out-Patient department (OPD) of Poomulli Neelakandan Namboodiripad Memorial Ayurveda Medical College (PNNM AMC), Cheruthuruthy with complaints of hyper pigmented dry scaly lesions on both palms and soles along with mild erythema, cracks,

pustules, itching and pain for 1 month. He also complains of white scaly lesions on the scalp since past one month. The patient is having history of profuse sweating, particularly in palms and soles since school days. In 2014, during his college days, itching started over both palms in the thenar region. Due to itching, he became habitual in rubbing his palm on rough surfaces. Gradually, the skin over these areas became hard along with discoloration. Itching is more when exposed to heat, when skin is dry and also during night. With increase in the intensity of dryness, he used to get cracks on palms and soles. He had consulted a dermatologist at Thrissur Medical College in the same year and was suggested to do a skin biopsy, in which he was diagnosed with Palmoplantar Psoriasis. He took modern medication and exhibited relief following this treatment. But the condition worsened during summer due to exposure to heat. With time, the lesions developed into linear ulcers. As the modern medication could provide only a temporary relief, he opted Ayurveda treatment and came to the OPD.

On physical examination, dry, thickened and scaly lesions were seen on the palms and soles with mild erythema and pustulosis. No relevant family history was traced. He was residing in an *Anoopa desa*, *Prakriti* was *vata-paittikam*, both *Roga bala* and *Rogi bala* was *Pravaram*. His appetite was less, bowel constipated with hard stools, habituated to late night sleep and regular meat intake. All these factors might have led to *Mandagni*. On clinical examination *Vata kapha pradhana tridosha dushti* was noted with involvement of *Rasa*, *Raktha*, *Mamsa dhatu*. As this is a *Sakbhagata vata-kapha pradhana tridosha kushta*, it is a *Yapya roga*. So, the treatment could not be entitled to single *kushta chikitsa*.

Dooshivisha, Rasayana, Jeernajwara chikitsa were incorporated along with *Kushta chikitsa*.

THERAPEUTIC INTERVENTIONS:

A curative method of treatment involving *Snehapana, Swedana, Abhyanga, Virechana* and *Takradhara* was chosen followed by *Rasayana chikitsa*. As this is a *Sakbhagata vata kapha pradhana tridosha kushta, Dhatu leena dosha* was brought to *koshta* by *Snehapana* and eliminated by *Sodhana* and after that *Rasayana* and *Dooshivisha chikitsa* were continued for preventing the recurrence of disease. Due to *Prabhoota dosha* prevailing in

the first phase, *Dosha Sramsana* medicines were given. In the follow up after 2 weeks (30/12/2020), the patient informed that the itching over the scalp reduced. As *Vata* predominance was noted, internally *gbrita* was given in *samana* dose along with external oil application. In the follow up after a month (27/01/2021), as his symptoms did not subside, he was advised for admission in the In-patient department. *Sodhananga acbasnehapana* was started as the patient was tolerable enough to do *Snehapana*.

Table- 1: Timeline of Clinical Features:

2013	Started as dry scaly lesions on both palms and soles. Underwent modern treatment. Got temporary relief. But recurrent exacerbations present.
02.12.2020	Hyperpigmented dry scaly lesions on both palms and soles associated with itching, pain, mild erythema and pustulosis. (Figure 1&4) Internal medications started.
31.01.2021	IP treatment started as no improvement seen in the patient after 2 months of internal medication. Admitted in IP for 2weeks. <i>Snehapanam,virechanam,takradhara</i> done.(Figure 2)
16.02.2021	Discharged and internal medicines given for <i>Sesha dosha samana</i>
17.02.21	First followup after treatment. Significant reduction in symptoms seen. <i>Samana snehapana</i> internally started
20.03.2021	Second follow up. Lesions fully subsided, Dryness almost cured. (Figure 3&6)
20.04.2021	Third follow up. No recurrence noted.

Table-2: Treatment given in Phase 1 (02/12/2020 - 29/12/2020)

Medicine	Dose	Time of Administration
<i>Avipathi churnam</i> ^[7]	25gm with Luke warm <i>Draksha phanta</i>	Morning (first day only)
<i>Patolakaturohinyadi kashaya</i> ^[8]	90 ml	Twice daily before food
<i>Nimbamritadi erandam</i> ^[9]	2 Tsp	Morning with <i>kashaya</i>
<i>Dooshivishari gutika</i> ^[10]	2 tablets	Evening with <i>kashaya</i>
<i>Eladi keram</i> ^[11] + <i>Dantapala Keram</i> ^[12]	Dose as needed	External Application
<i>Guloochyadi Kashaya churnam</i> ^[13]	10gm powder boiled with 2 L. of water	As <i>Panjala</i>

Table-3: Treatment given in Phase 1 (30/12/2020 – 30/01/2021)

Medicine	Dose	Time of Administration
<i>Patolakaturohinyadi Kashayam</i>	90 ml	Evening before food
<i>Aaragvadhambatikthakam Ghritham</i> ^[14]	2 tsp	Morning before food
<i>Dooshivishari gutika</i>	2 tablets	Evening with <i>kashaya</i>
<i>Eladi keram + Dantapala Keram</i>	Dose as needed	External Application
<i>Guloochyadi Kashaya churnam</i>	10gm powder boiled with 2 L of water	As <i>Panajala</i>

Table-4: Treatment given in Phase 2 – IP Treatment (31/1/2021 – 16/2/2021)

Procedure	Date	Medicine	Dose
<i>Rookshana</i>	31/01/2021	<i>Vaiswanara churnam</i> ^[15]	20gm with 1.5L of buttermilk
	01/02/2021	<i>Vaiswanara churnam</i>	Same
	02/02/2021	<i>Vaiswanara churnam</i>	Same
<i>Snehapana</i>	03/02/2021	<i>Kethakimooladi Taila</i> ^[16]	50 ml
	04/02/2021	<i>Kethakimooladi Taila</i>	100 ml
	05/02/2021	<i>Kethakimooladi Taila</i>	100 ml
	06/02/2021	<i>Kethakimooladi Taila</i>	150 ml
	07/02/2021	<i>Kethakimooladi Taila</i>	220 ml
<i>Abhyangam</i> ☞ <i>Ushma Swedanam</i>	08/02/2021	<i>Dineshavalyadi keram</i> ^[17]	As needed
<i>Abhyangam</i> ☞ <i>Ushma Swedanam</i>	08/02/2021	<i>Dineshavalyadi keram</i>	As needed
<i>Virechana</i>	09/02/2021	<i>Nimbamruthadi erandam</i>	40 ml with Luke warm water
<i>Takradhara</i>	10/2/2021 to 16/2/2021	<i>Takra</i> prepared with <i>Musta</i> and <i>Amalaki</i> . Head wash with <i>Yashti</i> and <i>Abhaya</i> boiled water	3L of <i>Takra</i> for <i>dhara</i> and 500 ml for head wash
Internal Medications administered from 10/02/2021 -16/02/2021			
<i>Patolakaturohinyadi kashayam</i>	90 ml		Twice daily before food
<i>Dooshivishari gutika</i>	2 tablets		with <i>kashaya</i>
<i>Kethakimooladi Taila</i>	2 tsp		Bed time

Table-5: Treatment given in Phase 3 – Discharge medicine for 1 month (17/02/2021-19/03/2021)

Medicines	Dose	Time Administration of
<i>Aragwadba mahatikthaka ghritham</i>	2 tsp	bedtime
<i>Patolakaturohinyadi kashayam</i>	90 ml	Morning before food
<i>Kalinga patolakaturohini kashayam</i> ^[18]	90 ml	Evening before food
<i>Vihvadi gulika</i> ^[19]	1-0-1	With <i>kashayam</i>

<i>Dineshavalyadi keram + Danthapala keram</i>	As needed	External application
<i>Kachooradi choornam</i> ^[20] + <i>Amalaki boiled in Takra</i>	50 gm <i>Amalaki</i> boiled with 200 ml of <i>Takra</i> and grinded with <i>Kachooradi choornam</i>	For <i>Talam</i> application
<i>Yashti + Amalaki kashayam</i>	1 tsp each boiled with 500 ml of water	For head bath

Table-6: Treatment given in Phase 4 (20/03/2021 -20/04/2021)

Medicines	Dose	Time of Administration
<i>Madbusnubi rasayanam</i> ^[21]	2 tsp	morning
<i>Manibhadragulam</i> ^[22]	2tsp	Bed time
<i>Arogya vardhini vati</i> ^[23]	1-0-1	After food
<i>Panchavalkaladi yamakam</i> ^[24]	As needed	External application

Table-7: Assessment Criteria PPP PASI

Score	Erythema E	Pustules P	Desquamation D	Area Involved %
0	None	none	none	0
1	1 slight	slight	slight	0-10
2	Moderate	moderate	moderate	10-30
3	Severe	severe	severe	30-50
4	Very severe	Very severe	Very severe	50-70
5	-----	-----	-----	70-90
6	-----	-----	-----	90-100

PPP PASI SCORE is calculated as follows [(E+ P+D) X area X 0.2 (right palm)] + [(E+ P+D) X area X 0.2 (left palm)] + [(E+ P+D) X area X 0.3 (right sole)] + [(E+ P+D) X area X 0.3 (left sole)].

Table- 8: Result on PPP PASI

Site	Erythma E			Pustules			Desquamation			Area Involved		
	BP1	AP2	AP4	BP1	AP2	AP4	BP1	AP2	AP4	BP1	AP2	AP4
Right palm	1	0	0	1	0	0	2	1	1	4	3	2
Left palm	2	1	0	1	0	0	3	2	2	5	3	3
Right sole	1	0	0	0	0	0	2	1	1	3	2	2
Left sole	1	0	0	1	0	0	2	1	1	3	2	1

BEFORE PHASE 1- [(1+1+2)4 X 0.2] + [(2+1+3)5 X 0.2] + [(1+0+2)3 X 0.3] + [(1+1+2)3 X 0.3] = 3.2 + 6.0 + 2.7 + 3.6 = **15.5**

AFTER PHASE 2- [(0+0+1)3 X 0.2] + [(1+0+2)3 X 0.2] + [(0+0+1)2 X 0.3] + [(0+0+1)2 X 0.3] = 0.6 + 1.8 + 0.6 + 0.6 = **3.6**

AFTER PHASE 4- $[(0+0+1)2 \times 0.2] + [(0+0+2)3 \times 0.2] + [(0+0+1)2 \times 0.3] + [(0+0+1)1 \times 0.3] = 0.4 + 1.2 + 0.6 + 0.3 = 2.5$

Table- 9: Assessment of Symptoms according to gradation: ^[25]

This is a scale developed for assessing the signs and symptoms of *Vipadika*.

Symptoms	Grade 0	Grade 1	Grade 2	Grade 3
Fissuring of skin	Absent	mild	moderate	severe
Scaling	Absent	mild	moderate	severe
Pain	Absent	Pain occasionally	Pain more than twice a day but not continuously	Pain throughout the day
Burning sensation	Absent	Burning sensation occasionally	Burning sensation more than twice a day but not continuously	Burning sensation throughout the day
Itching	Absent	No disturbance while doing work	Disturbs the work	Severe itching
Dryness	Absent	mild	moderate	severe

Table-10: Result according to Gradation

Symptoms	Before Phase1	After Phase 2	After Phase 4
Fissuring of skin	2	1	0
Scaling	2	1	0
Pain	2	0	0
Burning sensation	3	0	0
Itching	3	2	1
Dryness	3	1	1



Figure-1: Psoriasis BT



Figure-2: Palmar Psoriasis DT



Figure-3: complete cured AT



Figure-4: Psoriasis on foot BT



Figure-6: complete cured on foot AT

OBSERVATIONS AND RESULTS:

The assessment was done using PPP PASI (Palmoplantar pustulosis psoriasis area and severity index) and a scale for gradation of symptoms. Reduction in the symptoms and PPP PASI score shows effect of *Sodhana* treatment.

DISCUSSION:

Chronic skin diseases can be challenging to treat. Conditions like Palmoplantar psoriasis often require long term management rather than a one-time cure. Treatment usually focuses on controlling symptoms, preventing flareups and improving quality of life. Difficulty in treatment arises due to persistent nature of this condition, individual variations in response to treatment, side effects of medications and the need for lifestyle adjustments. So, a multidisciplinary approach is often needed for effective management. In the present case study, *Dooshi visha*, *Jeerna jwara* and *Rasayana chikitsa* were incorporated along with *Kushta chikitsa* and was found to be very effective.

The chronic hyper keratic lesions in the palms and sole with severe itching and fissuring are the features suggestive of *Vipadika* with *Vata kapha dushti*. Chronicity indicates an inherent *Dooshivisha* nature of the disease. In phase 1 the treatment adopted was *Sramsana* and *Dooshivishabara*. Before going to the *Dosha prasamana* treatment, first *Sramsana with Avipathi choornam* was done to alleviate the *Prabhootha dosha dushti* especially *Pitta* and internal medications like *Patolakaturohinyadi kashaya*, *Nimbamritadi erandam* and *Dooshivishari gulika* were given for *Dosha Sodhana* of *Pitta kapha* and *Dooshivishabara* (Table-2). But didn't get any relief. Then for *Samana*, *Aragvadha mahathikthaka ghritham* was given in the morning and external application of *Eladi*

keram and *Dantapala keram* (specific for *Sidhma kushta*) was added in the next visit to alleviate *Vatakaptha dosha* (Table-3). Even after giving *Ghritham*, no much relief was attained. So, in phase 2 the patient was admitted in our hospital for *Sodhana*.

For *Rookshana* and *Agnivardhana*, 20 gm of *Vaiswanara choorna* was given with 1.5 L of buttermilk for first 3 days. *Snehapana* started on fourth day morning with *Kethakeemooladi tailam sevyam*. Chronicity of disease and *Anupashaya* to internal medicines leads to the assumption of predominance of *Vata dosha* involvement in deeper *Dhatu*. The drug selected for *Sodhananga snehapanam* was *Kethakeemooladi tailam*. Though *Tailam* is *Twak doshakrith*, its *Yogavahi* property, *Teekshna* and *Vyavayyi guna* is specially indicated for its action in deeper *Dhatu*. *Bala*, *Atibala* and *Ketakeemoola* - ingredient of *Ketakeemooladi taila* are having *Vishabara*, *Vatabara*, *Bribmana* and *Rasayana* property specially indicated in *Vata* vitiation in deeper *Dhatu*. Also, in *Vata* predominant *Kushta* according to *Ashtanga sangraha* and *Susruta Sambita*, *Snehapana* with *Taila* is indicated.^[26] During the *Snehapana*, *Yoosha* with green gram was given as *Anupana*.

Five days of *Snehapana* done in the dosage (50ml, 100ml, 100ml, 150ml, 220ml) respectively based on *Agni*; by fifth day- the patient showed *Samyak snigdha lakshana* and *Snehapana* stopped. After *Snehapana*, *Abhyanga* with *Dinesavalyadi keram* and *Swedana*- done for 2 days and *Snigdha Virechana* done with *Nimbamruthadi erandam* 40ml to pacify *Vata* predominance in *Sandhiasthimajagata kushta*. He got 6 Vega. After *Snehana* itself reduction in symptoms noted which further reduced after *Sodhana*. After *Sodhana*, 7 days *Takra dhara* done along with internal medications for *Shesha dosha samana* (Table-4). The reduction in PPP

PASI score and gradation of symptoms conclude the effect of the treatment.

During the entire course of treatment strict *Pathya* was followed. Oily, spicy, sour and salty food, fish, curd, milk, non-vegetarian food, alcohol, suppression of *Vega*, late night sleep and day sleep were strictly restricted.

In phase 3 considering the condition as *Vata* vitiation in *Rakta dhatu*, for *Rakta prasdana- Kalinga katurobinyadi kashayam* was given along with *Aragwadhamabathiktaka ghritham* to pacify *Vatakapha*. For *Dooshi vishabaratra*, *Patola katurobinyadi kashayam* with *Vihvadi gulika* also given (Table-5).

In phase 4, *Madhusnubi rasayana and Arogya vardhini vati* was given as *Rasayana* and *Manibhadragulam* was given for *Anulomana* for one month (Table-6). After 1month, majority of the symptoms considerably subsided. The *Dooshi vishabara* treatment and *Rasayana* treatment helped to reduce the recurrence of the disease.

After *Rasayana chikitsa* all the medication stopped except external application with *Panchavalkaladi yamaka* to alleviate *Vatapitta dosha* and told to follow *Pathya aaharavihara*.

The signs and symptoms assessed through a scale developed based on the clinical features of *Vipadika* (Table-9) and used before and after treatment which showed significant reduction in symptoms. Fissuring of skin reduced from moderate to nil. Scaling, pain and dryness got reduced from grade 3 to 0 showing reduction in severity (Table-10). Considering PPP PASI score there was a reduction in total score from 15.5 to 2.5 showing significant change clinically. The reduction in signs and symptoms in PPP PASI score shows the significance of this treatment protocol in Palmoplantar psoriasis (Table-7,8).

In any skin disease, there will be an involvement of *Saptha dushya* with basic

pathology involving *Pitta* and *Rakta*. *Nidana* like continuous exposure to Air Condition, residing in *Anoopada desa* and regular use of *Ushna Snigdha aahara* led to *Jataragni* and *Dhatvagni mandya* in turn causing *Tridosha dushhti* with predominance of *Vatakapha*. This further resulted in *Dhatu saithilya* (weakness of dhatu) of *Twak*, *Rakta*, *Mamsa* and produced vitiation of *Sweda vaha srotas* (channels of sweat glands). The *Prakupita dosha* lodged in *Twak* of *pani* and *paada* resulted in *Vipadika*.^[27] Within a period of one year one flare up was noted in this patient after COVID vaccination. But the symptoms were subsided by internal medication itself.

CONCLUSION:

The improvement in the signs and symptoms and also only one flare up within a year shows that a multimodal treatment approach incorporating *Kushta*, *Dooshibisha*, *Jeernajwara* and *Rasayana chikitsa* is very effective in Palmoplantar Psoriasis. Apart from the involvement of *Saptadooshya* in the present study, chronicity with exacerbations addressed a *Dhatuleena doshaavastha* similar to *Dooshibisha*. A combination of above treatment principles together with *Rasayana Chikitsa* might have reversed the pathology.

Limitation of the study

As this is a single case report, results cannot be generalized. Further studies on large samples can give better understanding on treatment aspect.

Patient consent:

Duly signed consent form obtained for treatment as well as to publish the case without disclosing the personal identity of patient.

Conflict of interest: The author declares that there is no conflict of interest.

Guarantor: The corresponding author is the guarantor of this article and its contents.

Source of support: None

How to cite this article:

Smitha AV, Maya Mohan A, Shitha NR. Ayurveda Management of *Vipadika* with special reference Palmo Plantar Psoriasis: A Case Report. Int. J. AYUSH CaRe. 2025;9(1): 39-48.

<https://doi.org/https://doi.org/10.70805/ija-care.v9i1.660>

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