

**EFFICACY OF SEQUENTIAL SADYOVAMANA AND VIRECHANA KARMA IN THE
MANAGEMENT OF VIPADIKA WITH REFERENCE TO PALMOPLANTAR
PSORIASIS: A CASE REPORT**¹*Joylin J. J., ²Keshava D. V.¹Postgraduate Scholar, Department of Kayachikitsa, ALN Rao Memorial Ayurvedic Medical College & Hospital, Koppa, Chikkamagaluru, Karnataka, India.²Professor, Department of Kayachikitsa, ALN Rao Memorial Ayurvedic Medical College & Hospital, Koppa, Chikkamagaluru, Karnataka, India.***Corresponding Author: Dr. Joylin J. J.**Postgraduate Scholar, Department of Kayachikitsa, ALN Rao Memorial Ayurvedic Medical College and Hospital, Koppa, Chikkamagaluru, Karnataka, India. DOI: <https://doi.org/10.5281/zenodo.23805679>**How to cite this Article:** ¹*Joylin J. J., ²Keshava D. V. (2026). Efficacy of Sequential Sadyovamana and Virechana Karma In The Management Of Vipadika With Reference To Palmoplantar Psoriasis: A Case Report. World Journal of Pharmaceutical and Medical Research, 12(11), 222–229.

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ABSTRACT

Introduction: The skin acts as the body's primary protective anatomical barrier. In Ayurveda, chronic dermatological conditions are broadly classified under *Kushta*, a *Kleda Pradhana Vyadhi* involving the *Sapta Dravyas* (*Vata*, *Pitta*, *Kapha*, *Twak*, *Rakta*, *Mamsa*, and *Lasika*). *Vipadika*, categorized under *Kshudra Kushta*, closely corresponds to the clinical presentation of palmoplantar psoriasis, characterized by severe dryness, *Pani-Pada Sphutana* (fissuring of palms and soles), scaling, and intense pruritus (*Kandu*). **Aim of Study:** To evaluate the clinical effectiveness of repeated *Shodhana* comprising *Sadyovamana* and *Virechana Karma* along with targeted *Shamana Aushadhi* in the management of *Vipadika* (palmoplantar psoriasis). **Methodology:** A 44-year-old female patient presenting with severe dry fissuring, white powdery scaling, and chronic itching on bilateral palms and soles persisting for 6 years was admitted and managed across three sequential inpatient admissions over a 12-month period. The therapeutic protocol comprised *Sadyovamana*, ascending *Snehapana* (*Tiktaka*, *Mahatiktaka*, and *Guggulu Tiktaka Ghrita*), classical *Virechana Karma*, *Avagaha* and internal *Shamana* medications. Clinical progression and symptomatic remission were documented across each phase. **Result:** The multi-course *Shodhana* approach resulted in complete healing of deep palmoplantar fissures, clearance of hyperkeratotic powdery scaling, and relief from pruritus, restoring functional skin texture without adverse events. **Discussion:** Sequential *Sadyovamana* effectively eliminated accumulated *Kapha* and *Ama*, facilitating enhanced absorption of internal *Snehana*. Subsequent *Virechana* purged deep-seated *Pitta* and *Rakta* morbidities, while targeted medicated *Ghritas* and *Avagaha* promoted cellular repair and local barrier restoration.

KEYWORDS: *Vipadika*, Palmoplantar Psoriasis, *Sadyovamana*, *Snehapana*, *Virechana Karma*, *Muhur-muhur Shodhana*.

INTRODUCTION

In classical Ayurvedic literature, all dermatoses are broadly categorized under *Kushta*, further classified into eighteen types comprising *Mahakushta* and *Kshudra Kushta*.^[1] Among the *Kshudra Kushtas*, *Vipadika* is characterized primarily by *Sphutanam Pani-Padayo* (cracking/fissuring of the hands and feet), accompanied by *Teevra Vedana* (intense pain), *Kandu* (itching), and *Parushatva* (roughness).^[11,12] This clinical picture closely corresponds to palmoplantar psoriasis, a chronic

proliferative, autoimmune, and inflammatory condition localized to the palms and soles.^[2,3]

Palmoplantar psoriasis accounts for a challenging subset of psoriatic manifestations due to the thickened stratum corneum of the volar surfaces and recurrent mechanical friction. Pathologically, it involves antigen presentation leading to T-cell activation, cytokine cascades (TNF- α , IL-17, IL-23), and accelerated epidermal hyperkeratosis.^[2,3]

According to *Acharya Charaka*, *Kushta* manifests due to the vitiation of seven essential elements (*Sapta Ko Dravya Sangraha*): the three *Doshas* (*Vata*, *Pitta*, *Kapha*) and four *Dushyas* (*Twak*, *Rakta*, *Mamsa*, *Lasika*).^[4] In conditions with deep tissue involvement and *Bahudoshavastha*, external applications alone fail to arrest recurrence.^[1,11] *Charaka* dictates repeated elimination therapy (*Muhur-muhur Shodhana*) to purge morbid *Doshas* from deep *Dhatus*.^[11] In this case, *Sadyovamana* was performed prior to *Snehapana* and *Virechana Karma* to expel the *Utklishta Kapha* and *Ama*, thereby enhancing internal assimilation and therapeutic efficacy.^[5,6,10] This report illustrates the longitudinal management of chronic *Vipadika* utilizing three sequential courses of *Panchakarma* along with *Shamana* medicines.

MATERIALS AND METHODS

Patient Information

A 44-year-old female homemaker from Thirthahalli presented to the inpatient department with complaints of severe roughness, painful cracking, and peeling on bilateral palms and soles, accompanied by chronic itching persisting for 6 years. Informed written consent was obtained from the patient for clinical documentation and academic publication.

History of Present Illness

The patient was reportedly asymptomatic 6 years ago, after which she gradually developed progressively worsening dryness, thickening, *Sphutana* (painful cracks/fissures), and powdery white scaling over bilateral palms and soles, associated with persistent *Kandu* (pruritus). The symptoms were markedly aggravated by prolonged contact with water and domestic cleaning detergents during daily household chores, cold and dry weather, direct exposure to dust, and continuous mechanical friction during unassisted, prolonged standing or walking, while temporary relief was observed with local rest, avoidance of harsh cleaning agents, application of warm water fomentation, and symptomatic moisturization with classical unctuous oils, though lasting clinical resolution remained unachieved. The patient had previously undergone multiple courses of conservative allopathic and conventional topical medications which provided only transient symptomatic relief followed by repeated flare-ups, prompting her to approach the inpatient department of this hospital for comprehensive evaluation and management.

Past History

Not a known case of hypertension, diabetes mellitus, or other chronic systemic illness.

Personal History

- **Appetite:** Moderate (*Madhyama*)
- **Bowel:** Regular, 1–2 times/day
- **Micturition:** Normal, 3–5 times/day
- **Sleep:** Normal

- **Diet:** Vegetarian/Mixed
- **Addiction:** Nil

General and Systemic Examination

- **General Examination:** Pallor, Icterus, Cyanosis, Clubbing, and Edema were absent. Blood Pressure: 120/80 mmHg; Pulse Rate: 80–82 bpm; Respiratory Rate: 20–22/min; Temperature: 98.4°F; Body Weight: 69–70.7 kg.
- **Ashtasthana Pariksha:** *Nadi:* *Vata-Kapha* (80 bpm); *Mala:* *Prakruta* (1–2 times/day); *Mutra:* *Prakruta* (3–4 times/day); *Jihva:* *Lipta* (coated); *Shabdha:* *Prakruta*; *Sparsha:* *Khara / Ruksha* *Sparsha* (rough and dry); *Drik:* *Prakruta*; *Aakriti:* *Madhyama*.
- **Systemic Examination:** Central Nervous System: Conscious, alert, and oriented to time, place, and person. Cardiovascular System: S1 and S2 heard, no added murmurs. Respiratory System: Normal vesicular breath sounds bilaterally, clear lung fields.
- **Integumentary System:** Site: Bilateral palms and soles. Lesion Morphology: Diffuse hyperkeratotic thickening, multiple deep linear fissures (*Sphutana*), and marked powdery desquamation. Discharge: Whitish powdery discharge on scratching; active bleeding absent.
- **Laboratory Investigations:** Random Blood Sugar (RBS): 100.4 mg/dL. Complete Blood Count (CBC): Within normal clinical reference limits.

Therapeutic Intervention

The patient was treated across three sequential hospital admissions. Prior to each hospital admission, an outpatient preparatory protocol for *Amapachana* and *Agnideepana* was instituted for seven days to ensure a *Nirama Avastha* before initiating *Shodhana*.^[5] The patient was administered *Pachanamrutha Kashaya* (15 ml diluted with 45 ml lukewarm water twice daily before food) and *Chitrakadi Vati* (1 tablet twice daily before food with warm water). Attainment of *Nirama Lakshanas*—characterized by *Laghuta* (lightness of the body), *Kshudha Pravritti* (clear appetite), and *Alipta Jihwa* (absence of coating on the tongue)—was confirmed prior to commencing *Purva Karma* in all three admissions.

Table 1: First admission protocol (04/07/2025 to 15/07/2025).

S. No.	Date	Procedure	Drug / Formulation	Dose & Vehicle
1	27/06/25 – 03/07/25 (Pre-admission)	Deepana & Pachana	• Pachanamrutha Kashaya • Chitrakadi Vati	• 15 ml with 45 ml lukewarm water BID before food • 1 tablet BID before food with warm water
2	04/07/25 – 07/07/25	Purva Karma	Sarvanga Abhyanga with Chakramarda Taila + Jatyadi Taila followed by Bashpa Sweda	Q.S.
3	08/07/25	Sadyovamana	Madanaphala Choorna (5 g), Vacha (3 g), Yashtimadhu (5 g), Saindhava Lavana (20 g), Madhu (50 g) along with Ksheera (2 L) and Yashtimadhu Phanta (2 L)	Administered until Pittanta Vamana lakshanas were observed.
4	09/07/25 – 12/07/25	Arohana Snehapana	Tiktaka Ghrita	Escalating dose: Day 1: 30 ml; Day 2: 60 ml; Day 3: 90 ml; Day 4: 120 ml with warm water
5	13/07/25 – 14/07/25	Vishrama Kala	Sarvanga Abhyanga (Chakramarda + Jatyadi Taila) + Bashpa Sweda	Q.S.
6	15/07/25	Virechana	Hridya Virechana Leha (Trivrit Lehya) + Gandharvahastadi capsule (1 cap)	60 g with warm water (Vega: 14)

Discharge Medication (First Admission - 15 Days)

- Madhusnuhi Rasayana – 1 tsp BID before food with warm water.
- Raktapachaka Vati – 1 tablet TID after food with warm water.
- Psorakot Ointment – External application over lesions (After bath).
- Jatyadi Taila + Yashti Taila – External application locally (1 hr before bath).

Table 2: Second admission protocol (08/10/2025 to 19/10/2025).

S. No.	Date	Procedure	Drug / Formulation	Dose & Vehicle
1	01/10/25 – 07/10/25 (Pre-admission)	Deepana & Pachana	• Pachanamrutha Kashaya • Chitrakadi Vati	• 15 ml with 45 ml lukewarm water BID before food • 1 tablet BID before food with warm water
2	08/10/25	Purva Karma	Sarvanga Abhyanga (Yashtimadhu + Jatyadi Taila) + Bashpa Sweda	Q.S.
3	09/10/25	Sadyovamana	Madanaphala (5 g), Vacha (3 g), Yashtimadhu (10 g), Saindhava (30 g), Madhu (50 ml), Ksheera (2L), Yashtimadhu Phanta(2L)	14 Vegas, 10 Upavegas documented; followed by Dhoomapana
4	10/10/25 – 16/10/25	Arohana Snehapana & Avagaha	Mahatiktaka Ghrita; Local Avagaha Sweda with Panchavalkala + Yashtimadhu Kashaya to both hands and feet	Ghrita escalation: 30 ml → 60 ml → 60 ml → 60 ml → 100 ml → 150 ml
5	17/10/25 – 18/10/25	Vishrama Kala	Sarvanga Abhyanga (Yashtimadhu Taila) + Bashpa Sweda	Q.S.
6	19/10/25	Virechana	Hridya Virechana Leha (Trivrit Lehya) + Gandharvahastadi capsule (1 cap)	60 g with warm water (Vega: 16)

Discharge Medication (Second Admission - 1 Month)

- Madhusnuhi Rasayana – 1 tsp BID before food with warm water.
- Kaishora Guggulu – 2 tablets BID before food.
- Nimbamritadi Eranda Taila – 1 tsp at bedtime with warm water.
- Pinda Taila – External application locally.

Table 3: Third admission protocol (29/06/2026 to 08/07/2026).

S. No.	Date	Procedure	Drug / Formulation	Dose & Vehicle
1	22/06/26 – 28/06/26 (Pre-admission)	Deepana & Pachana	<ul style="list-style-type: none"> • Pachanamrutha Kashaya • Chitrakadi Vati 	<ul style="list-style-type: none"> • 15 ml with 45 ml lukewarm water BID before food • 1 tablet BID before food with warm water
2	29/06/26	Purva Karma	Sarvanga Abhyanga (Yashtimadhu Taila) + Bashpa Sweda	Q.S.
3	30/06/26	Sadyovamana	Madanaphala (5 g), Vacha (3 g), Yashtimadhu (40 g), Saindhava (50 g), Madhu (50 ml), Ksheera (2 L), Yashtimadhu Phanta(2L)	17 Mahavegas, 9 Upavegas; Pittanta Shuddhi achieved
4	01/07/26 – 05/07/26	Arohana Snehapana	Guggulu Tiktaka Ghrita	Escalation: Day 1: 30 ml; Day 2: 60 ml; Day 3: 90 ml; Day 4: 100 ml; Day 5: 120 ml with warm water
5	06/07/26 – 07/07/26	Vishrama Kala	Sarvanga Abhyanga (Yashtimadhu Taila) + Bashpa Sweda	Q.S.
6	08/07/26	Virechana	Hridya Virechana Leha (Trivrit Lehya)	60 g with warm water (Vega: 18)

Discharge Medication (Third Admission - 15 Days)

- Mahatiktaka Ghrita – 1 tsp BID before food.
- Patolakaturohinyadi Kwatha – 30 ml BID before food with warm water.
- Cap. Puritin – 1 capsule BID after food.
- Yashti Taila – External application locally.

RESULTS AND DISCUSSION**Results**

The sequential therapeutic interventions carried out across three inpatient admissions showed progressive and sustained remission in all primary clinical parameters. At the conclusion of the third cycle, there was complete closure of the fissures, total clearance of scaling, and absence of pruritus and pain.

Table 4: Clinical assessment of signs and symptoms across treatment courses.

S. No.	Clinical Parameter	Baseline (July 2025)	After Admission 1	After Admission 2	After Admission 3 (July 2026)
1	Pani-Pada Sphutana (Fissures/cracking)	Deep, extensive, painful linear fissures over both palms and soles	Reduction in fissure depth; pain decreased	Moderate closure of fissures; no bleeding	Complete closure and re-epithelialization of cracks
2	Rukshata & Powdery Scaling	Coarse, thickened hyperkeratotic skin with copious powdery scaling	Softening of thick skin plaques	Significant clearance of desquamation	Total resolution of hyperkeratotic scales; skin texture restored
3	Kandu (Itching)	Severe, constant itching	Mild to moderate itching	Occasional and localized	Completely absent
4	Vedana (Pain)	Severe pain upon weight-bearing and hand movement	Moderate pain	Mild soreness	No pain; normal manual dexterity and walking

DISCUSSION

Palmoplantar psoriasis corresponds to *Vipadika*, where *Vata* causes *rookshatha* (dryness) and *Sphutana* (cracking), *Kapha* drives thick hyperkeratosis, *Kandu* (pruritus), and powdery discharge, while *Pitta* and *Rakta* vitiation contribute to underlying tissue inflammation.^[1,11,12] The chronicity of 6 years indicated persistent *Dhatu Shaithilya* and *Srotorodha*.

Probable Mode of Action of Deepana-Pachana

Administering *Pachanamrutha Kashaya* and *Chitrakadi Vati* for one week prior to each admission was essential to stimulate *Jatharagni* and *Dhatvagni* and digest *Ama*.^[5] *Chitrakadi Vati*—dominated by *Katu Rasa*, *Ushna*

Veerya, and *Deepana-Pachana* herbs like *Chitraka* and *Panchalavana*—cleared *Srotorodha* in the gut and improved digestive capacity. Synergistically, *Pachanamrutha Kashaya* pacified morbid *Pitta-Kapha* and counteracted sluggish metabolism without provoking excess heat. Attaining a *Nirama* status prevented the risk of *Snehavyapad* (metabolic complications) during *Snehapana* and facilitated optimum cellular detachment of morbid doshas during subsequent *Shodhana Karma*.^[5,11]

Probable Mode of Action of Sadyovamana

Sadyovamana was utilized in every cycle as an initial purificatory measure to expel *Utklishta Kapha* and

Ama.^[6,10] By relieving upper-digestive stasis and expelling morbid fluid accumulations (*Kleda*), it produced immediate reduction in pruritus and improved *Agni*, thereby preparing the microchannels for optimal absorption of *Snehana*.^[4,5,6]

Probable Mode of Action of Sequential Medicated Ghritas

The progressive selection of medicated unctuous media addressed different depths of pathology:

- **Tiktaka Ghrita:** May help restore digestive and metabolic balance through the *Deepana* and *Pachana* actions of its *Tikta Rasa*-dominant ingredients such as *Patola*, *Nimba*, and *Katuki*. These drugs may aid in reducing *Ama* and *Srotorodha*, thereby relieving symptoms like *Kandu* and *Daha*. The *Go-Ghrita* base provides *Snigdha* and *Sukshma* properties,^[7] which help reduce *Rukshata*, improve skin flexibility, and support healing of fissures (*Sphutana*). Internally, it also facilitates *Dosha Utklesha* by loosening and mobilizing deeply seated *Pitta-Rakta* and *Kapha* from the peripheral tissues.^[11] This promotes their movement from *Shakha* towards the *Koshtha*, especially with subsequent *Swedana*, thereby preparing the body for effective elimination through *Virechana*. Thus, *Tiktaka Ghrita* may support *Agni* correction, tissue healing, and systematic mobilization of morbid *Doshas*.
- **Mahatiktaka Ghrita:** May provide systemic and local *Pitta-Shamana* and *Raktaprasadana* effects through its *Tikta-Kashaya* dominant ingredients such as *Saptaparna*, *Katuki*, *Nimba*, and *Patola*. These properties may help reduce inflammation, *Kleda*, and tissue congestion, thereby improving *Kandu* and excessive desquamation. *Amalaki* adds *Rasayana*, *Vayasthapana*, and *Twachya* effects. Its *Amla Rasa*, *Sheeta Veerya*, and *Madhura Vipaka* support *Pitta-Rakta* balance while maintaining *Agni*, and its antioxidant activity may help protect the skin from oxidative damage and abnormal keratinization.^[3] The *Go-Ghrita* base provides *Snigdha* and nourishing properties that counteract *Rukshata*, improve skin flexibility, and support healing of *Sphutana*.^[7] Together, these components may facilitate deeper tissue penetration, loosen accumulated *Doshas* from the *Shakha*, and promote their movement towards the *Koshtha*, thereby preparing the body for effective elimination through *Virechana Karma*.^[11,14]
- **Guggulu Tiktaka Ghrita:** May be useful in chronic and resistant skin lesions through the combined actions of *Tikta Rasa*-dominant drugs and *Guggulu*. The bitter ingredients help regulate aggravated *Pitta-Kapha* and excess *Kleda*, while *Guggulu*, with its *Sukshma*, *Lekhana*, and *Vranaropana* properties, may support penetration into affected tissues, reduction of induration, and wound healing. The formulation may also support *Dosha Utklesha* before *Shodhana*.^[11] The *Sukshma* action of

Guggulu, together with the *Snigdha* and *Kledana* properties of *Go-Ghrita*,^[7] may help loosen deeply seated and adhered (*Leena*) *Doshas* within the *Dhatus*. This facilitates their mobilization from the *Shakha* towards the *Koshtha* during subsequent *Swedana*, thereby preparing them for elimination through *Virechana Karma*.^[14] The unctuous base may additionally reduce *Rukshata*, improve skin flexibility, and support healing of palmar and plantar fissures (*Sphutana*).

Probable Mode of Action of Panchavalkala Kashaya Avagaha

The *Avagaha* with *Panchavalkala* and *Yashtimadhu Kashaya* utilized *Kashaya Rasa*, *Ruksha Guna*, and *Ropana* (wound healing) properties.^[8,9] Rich in natural tannins, it provided antimicrobial protection, reduced localized *Shopha* (inflammatory edema), and accelerated the epithelialization of palmar and plantar fissures.^[8,9]

Probable Mode of Action of Bahya Snehana and Swedana

Sarvanga Abhyanga using *Chakramarda*, *Jatyadi*, *Yashtimadhu*, and *Pinda Taila*, followed by *Bashpa Sweda*, may help pacify aggravated *Vata*, soften thickened scales, and improve local circulation. *Chakramarda Taila*, with its *Kandughna* and *Kaphahara* actions, may reduce *Kleda* and *Kapha*-associated itching, while the *Snigdha* and soothing properties of *Pinda* and *Yashtimadhu Taila* help relieve *Rukshata* and irritation, thereby reducing the itch-scratch cycle. *Bashpa Sweda* may further support clearance of *Srotorodha* and facilitate removal of accumulated *Kleda*, contributing to relief from itching and discomfort. Meanwhile, *Jatyadi* and *Yashtimadhu Taila* provide *Vranaropana* effects, supporting the healing of painful palmar and plantar fissures.

Probable Mode of Action of Virechana Karma

Virechana administered with *Trivrit Lehya*, which possesses *Ushna*, *Tikshna*, *Sukshma*, *Vyavayi*, and *Vikasi* properties, may facilitate the mobilization of aggravated *Pitta* and *Rakta Doshas* from the peripheral tissues towards the *Koshtha*, where they can be eliminated through controlled purgation.^[11,14] This process may help reduce the systemic burden of inflammatory factors and restore physiological balance. The subsequent elimination of accumulated *Doshas* may support improvement in *Twak Prasadana*, reduce inflammatory skin manifestations, and promote better tissue recovery.^[14] By addressing the underlying *Dosha* imbalance rather than only the local symptoms, *Virechana* may also contribute to sustained clinical improvement and help reduce the likelihood of recurrence.^[11,14]

Role of Shamana and Rasayana Therapy

Post-*Shodhana* formulations such as *Madhusnuhi Rasayana*, *Kaishora Guggulu*, and *Patolakaturohinyadi Kwatha* were used to maintain the therapeutic benefits

achieved after purification. Their combined *Pitta-Kapha Shamaka*, *Rakta Prasadana*, and *Rasayana* actions may help maintain systemic balance and support healthy tissue function. These formulations may also help regulate inflammatory and immune responses, promote

metabolic stability, and support restoration of normal skin integrity. Continued administration after *Shodhana* may therefore help prevent re-accumulation of *Doshas*, sustain clinical improvement, and reduce the tendency for recurrence.^[1,11]

IMAGES

BEFORE TREATMENT



AFTER TREATMENT**CONCLUSION**

The management of chronic *Vipadika* (palmoplantar psoriasis) through sequential classical *Ayurvedic Panchakarma*—namely *Sadyovamana* followed by escalated *Snehapana* and *Virechana Karma*—demonstrated complete clinical efficacy in this case. The patient achieved closure of deep fissures, complete clearance of powdery scaling, and remission of itching. Following the classical principle of *Muhur-muhur Shodhana* with targeted *Shamana* and *Rasayana* therapy offers a dependable, drug-sparing therapeutic protocol

for managing chronic, refractory hyperkeratotic skin disorders.

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