

CASE STUDY ON VIPADIKA W.S.R (PALMO-PLANTAR PSORIASIS)

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INTRODUCTION

Acharya Madhava also mentioned Vipadika under kshudra kustha, whereas in the commentary, they have mentioned that vicharchika occurring at pada (feet) is termed as Vipadika. Vipadika is mentioned among the kshudra kustha by Bhavamishra. He also quotes that Vicharchika occurring at the site of the foot is called Vipadika. While explaining samprapti, he includes pidaka, daha, and kandu as laxanas of Vipadika. The main symptoms of Vipadika include cracks in the palms and soles, severe pain, and other symptoms such as itching, inflammation, and eruptions. In vipadika, dosha pradhanata is of vata and kapha. Based on its symptoms, it can be correlated with various conditions, including heel fissures, hand and foot eczema, and palmoplantar psoriasis. In Samhitas, we don't find a particular nidana mentioned for vipadika, but as it is one among the kshudra kustha, the general nidana of kustha can be considered.

Healthy skin is a reflection of overall health. Skin, the largest organ of the body, is also considered elegant in society. Any disease related to the skin not only affects the patient semantically but also muddles the rational and collective health of the forbearing, as the mien of the patient may be mortifying. Palmo-plantar psoriasis (PPP) is a common chronic immune-mediated, inflammatory, proliferative, non-communicable disease of skin influencing people who are genetically predisposed, with habitat having a crucial role in pathogenesis.

CASE PRESENTATION

A 48-year-old man came to the OPD of S.M.A.C. Bhandar on 02/05/2024 with a long 5-year history of pruritic rashes on both his legs and was previously diagnosed as "eczema" by an outside physician. He used many steroids, anti-allergic medicine, and ointment in the past without any significant improvement before he visited the Ayurveda hospital. He had no significant family history, past medical history, or psychological history.

With present complaints

Ruja (pain), *Srava* (discharge), and *Kandu* (itching) are seen in *Vipadika*, where only *Ruja* (pain) is seen in both feet. On and off for 6 months, gradually increasing in summer. (*Vipadika*, where only the foot is affected by *Padadari*).

Itching-moderately itchy.

Scratching results in **bleeding**

Diagnosis as per Ayurveda- *Vipadika* (Palmo-Plantar Psoriasis)

Diagnostic Assessment

The investigations were done before starting the treatment, which included

CBC

Urine Routine

Absolute Eosinophil Counts (AEC)- 898 cells/ μ L
immunoglobulin E (IgE)- 998 IU/ml.

General examination

- Appearance: Normal
- Built: Moderate
- Nourishment: Moderate
- Pallor: Absent
- Icterus: Absent
- Oedema: Absent
- Cyanosis: Absent

Vital data

- Pulse: 88 /Min
- BP: 110/90 MmHg
- Respiratory Rate: 18/Min
- Weight: 64kg

Treatment Protocol

Internal treatment

Haridrakhanda (Haridra (Curcuma longa) Shunthi (Zingiber officinale) Maricha (Piper nigrum) Pippali (Piper longum) Twak (Cinnamomum zeylanica) Ela

(Elettariacardamomum) Tamalapatra (Cinnamomum tamala) Vidanga (Embeliaribes) Trivrita (Operculina turpethum) Haritaki (Terminalis chebula) Bibhitaki (Terminaliabellirica) Amalaki (Emblica officinalis) Nagkesara (Mesua ferrea) Musta (Cyperus rotundus)

Sugar)all Dravya in equal amount taken as churna formed and taken in the morning.
Aarogya Vardhini Vati 250mg Bd x 15 days

External application – Jaluka Avicharan in the local area. Interval of 1 week *Jivantyadi_ghrita_daily at night.*

s.no	Clinical features	Before treatment	After first follow up	After second follow up
1	Scaling of skin	++++	++	
2	Fissures	++++	+++	+
3	Itching	+++	++	
4	Pain	++++	++	

Primarily a Leech was placed on the affected site of the palm and sole and observed for two minutes (to allow the leech to suck the blood from the site), a wet cotton Gauze was placed over the body of the leech to provide moisture to the leech. After 15 minutes, the leech detached from the site after sucking the blood. A piece of cotton gauze was placed over the site of the bite to avoid further bleeding of the affected part. This procedure was performed for three sittings without any complications. Cleaning with the decoction of *Triphala* along with the

daily external application of *Jivantyadi ghree* (Herbal Medicated Ghee) to the soles.

The patient was first exposed to three sittings of Leech Application to suck out the vitiated blood and additionally oral Ayurveda medicines, external application of *Jivantyadi Ghree* and external washing with *Triphala* decoction. Leech saliva is rich in both analgesics and anti-inflammatory actions.

DISCUSSION

Composition of the leech

Sr.No	Constituent	Function
1	Bdellins	Anti-inflammatory inhibits plasmin
2	Hyaluronidase	Antibiotic action
3	Hirustastin	Analgesic and Anti-inflammatory
4	Eglins	Anti-inflammatory
5	Acetylcholine	Vasodilator
6	Hinstamine-Like	Vasodilator
7	Ghilantens	Analgesic and Anti-inflammatory
8	Eglin C,	Analgesic and Anti-inflammatory
9	Guamerin And Piguamerin	Analgesic and Anti-inflammatory
10	Tryptase Inhibitor	Analgesic and Anti-inflammatory
11	Kinins	Analgesic, relive itching

These drugs have Pachak (Digestive), Dipak (appetizer), Vishaghna (Antitoxic), and Jantughna (Antimicrobial) effects. It is mentioned as the best medicine for skin diseases. It has anti-inflammatory, antioxidant, hepatoprotective, antiallergic, and immunomodulatory activities. Guduchi is known for its detoxifying, rejuvenating, and immune-supporting properties. All the drugs have properties to control the allergic condition and improve Vyadhikshamatva (immunomodulatory).

All are *Raktashodhak* (blood purifier) and *Pittarechak* (eliminating the excess of pitta), and *Mala Shodhaka* (eliminating metabolic wastes). All of these are assumed to be causative factors for palmoplantar psoriasis. In Ayurveda, *Haridra Khanda* is one of the well-known formulations to treat allergic manifestations, as the clinical presentation of the patient was with rashes and raised AEC, hence it was also used.

According to Ayurveda, Vipadika is a broad term mentioned by our Acharyas, so we cannot exactly

correlate it with any one of the below-mentioned diseases, as clinical manifestation of Vipadika can be compared but are not exactly similar to any of the palmo plantar psoriasis /contact dermatitis/ dyshidrotic eczema/ pityriasis rubra pilaris/ acquired palmoplantar keratoderma and tinea pedis/magnum.

Palmoplantar keratoderma (PPK) is a group of skin conditions characterized by thickening of the skin on the palms of the hands and soles of the feet.

After the first medication, the symptoms like cracking of both soles, itching, and bleeding from the cracked region reduced. The patient was advised to follow up for proper medication and advised to avoid fried food items, junk food, curd, non-vegetarian diet, sea foods, and milk products.

CONCLUSION

The conclusion from this study is that Vipadika can be successfully treated with appropriate Ayurvedic medication. Ayurvedic treatment helps to relieve symptoms of disease, and also attempts to provide safe and effective treatment to the patient.

This case study demonstrated that Ayurvedic management, Shodhana therapy, and Shamana Aushadhi seem very effective for the treatment of Vipadika-like skin disorders. From the above case, it can be said that Palmo-plantar psoriasis can be successfully managed through the Ayurvedic line of treatment.

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