

Ayurveda Based Multimodal Management in Palmoplantar Psoriasis (Vipadika): A Case Report

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ABSTRACT

Background: *Vipadika*, a subtype of *Kshudra Kushtha* described in Ayurveda, closely resembles palmoplantar psoriasis in modern dermatology. It is characterized by painful fissures, dryness, scaling, and itching of the palms and soles, often leading to functional disability. Conventional therapies provide symptomatic relief but are associated with recurrence and side effects. Ayurveda emphasizes holistic management through *Shodhana* and *Shamana* therapies.

Case Presentation: A 61-year-old male farmer presented with chronic symmetrical hyperkeratotic lesions, painful fissures, and pruritus on both soles for five years. The condition was aggravated by occupational pesticide exposure and continuous footwear use. Previous allopathic treatments provided only temporary relief. The patient was managed with an integrative Ayurvedic approach, including *Panchatikta Ghrita Guggulu*, *Avipattikara Churna*, *Arogyavardhini Vati*, local application of *Shatadhauta Ghrita*, and *Cutisora ointment*, along with *Panchavalkala Kwatha* foot soak for 42 days.

Results: Progressive improvement was noted at each follow-up. Pain, itching, burning sensation, and fissures showed significant reduction, with complete resolution by day 42. Final assessment score was 0, indicating 100% relief. Photographic evidence demonstrated marked healing of fissures and restoration of normal skin texture.

Conclusion: This case highlights the effectiveness of an integrative Ayurvedic regimen in managing *Vipadika* (palmoplantar psoriasis). The observed relief in symptoms and prevention of recurrence support the potential role of Ayurveda as a safe, holistic, and patient-centric approach for chronic skin disorders.

Keywords: Vipadika, palmoplantar psoriasis, Ayurveda, case report, integrative management

INTRODUCTION

In Ayurveda, disorders of the skin are grouped under the broad category of *Kushtha*, which encompasses a variety of dermatological manifestations. Classical texts, including the *Charaka Samhita* and *Sushruta Samhita*, describe eighteen distinct types of *Kushtha*, classified into *Maha Kushtha* (major) and *Kshudra Kushtha* (minor) based on severity and prognosis.¹ Among these, *Vipadika* is considered a form of *Kshudra Kushtha* and is primarily associated with the predominance of *Vata* and *Kapha* doshas.² The

clinical description of *Vipadika* varies slightly among ancient authorities. Acharya Charaka emphasizes painful fissures of the palms and soles (*Pani-Pada Sphutana* with *Teevra Vedana*), while Vagbhata also notes the presence of erythematous patches (*Saraga Pidika*) and mild itching (*Manda Kandū*).³ Sushruta adds features such as itching and burning sensation, particularly localized to the soles.⁴ These detailed clinical descriptions provide a comprehensive *Ayurvedic* framework for understanding chronic dermatoses affecting the palms and soles.

From a modern biomedical perspective, the manifestations of *Vipadika* share significant similarities with palmoplantar psoriasis, dyshidrotic eczema, acquired palmoplantar keratoderma, and chronic tinea infections. Palmoplantar psoriasis is one of the closest clinical correlates, presenting as hyperkeratotic plaques with painful fissures, erythema, and occasional pustules.⁵⁻⁶ Palmoplantar psoriasis is a chronic, immune-mediated, inflammatory, and proliferative non-communicable skin disorder, primarily affecting the palms and soles. The global prevalence of psoriasis is estimated to range between 2% and 3%, while in India, it varies from 0.44% to 2.88%. The condition is influenced by both genetic and environmental factors. It is recognized as a chronic, immune-mediated disease with multifactorial etiology involving genetic predisposition, environmental triggers, and immune dysregulation.⁷ The condition frequently leads to functional impairment and reduced quality of life, paralleling the psychosocial burden described in *Ayurvedic* literature, where visible and persistent skin conditions are considered detrimental to both physical and mental well-being. Conventional treatment options for palmoplantar psoriasis include topical corticosteroids, retinoids, systemic immunosuppressants such as methotrexate, and biologic agents targeting inflammatory cytokines.⁸ While these therapies provide temporary relief, they are often associated with side effects, relapses, and high treatment costs. Ayurveda, in contrast, emphasizes the correction of underlying doshic imbalances through a combination of *Shodhana* (purification), *Shamana* (palliative therapy), and *Rasayana* (rejuvenation) approaches.⁹ Causative factors such as incompatible food combinations (*Viruddha Ahara*), irregular dietary patterns, sedentary habits, and suppression of natural urges are recognized as key contributors to doshic vitiation leading to *Kushtha*.

The integrative understanding of *Vipadika* thus provides a unique opportunity to correlate classical Ayurvedic concepts with modern dermatological insights. With growing interest in safe, holistic, and patient-centric management strategies, revisiting Ayurvedic principles in the light of contemporary evidence can enrich current treatment paradigms for palmoplantar psoriasis and related dermatoses.¹⁰⁻¹¹ This case is about a 61-year-old male with *Vipadika*. There was no previous history of any systemic disease or surgeries. The patient was healthy before 5 years. After that, he had severe dryness, painful fissures, pruritus, and scaly lesions affecting both plantar regions, but these symptoms didn't subside after taking medicines from allopathy and Homeopathy. In this case, Ayurvedic medication from Ayurvedic texts was prescribed to break the pathogenesis. As texted, *Kushta Dirgharoganam*, the treatment was given for 42 days.

CASE PRESENTATION

A 61-year-old male farmer, with no history of diabetes mellitus or hypertension, presented to the Agadatantra Outpatient Department at Khemdas Hospital, Parul Institute of Ayurved and Research, Waghodiya, Vadodara, on March 18, 2025. He reported persistent complaints for the past five years, including severe dryness, painful fissures, pruritus, and scaly lesions affecting both plantar regions. The condition had progressed to the extent that ambulation was significantly impaired due to intense pain and deep fissuring. The patient's occupational history revealed prolonged exposure to pesticides during crop

spraying and harvesting, as well as continuous use of closed footwear. He had previously sought treatment with allopathic medications but experienced no sustained relief. Consequently, he approached Khemdas Hospital for further evaluation and management under Ayurvedic care.

CLINICAL FINDINGS:

The patient was examined based on *Dashvidh Pariksha* (Ten examinations), which includes *Nadi* (Pulse), *Mala* (Stool), *Mutra* (Urine), *Jivha* (Tongue), *Shabda* (Speech), *Sparsha* (Skin), *Dreek* (Eyes), *Akruti* (Built), *Agni* (Digestion), *Bala* (Power). Table: 1

Table1.Dashvidh Pariksha(Ten examinations)

Sr. No.	Examination	Result
1	<i>Nadi</i> (Pulse)	84/min
2	<i>Mala</i> (Stool)	Constipated –3-4 in a week
3	<i>Mutra</i> (Urine)	Normal
4	<i>Jivha</i> (Tongue)	Coated
5	<i>Shabda</i> (Speech)	Normal
6	<i>Sparsha</i> (Skin)	Ruksh (Dry)
7	<i>Dreek</i> (Eyes)	Normal
8	<i>Akruti</i> (Built)	Madhyam (Medium)
9	<i>Agni</i> (Digestion)	Visham (Irregular)
10	<i>Bala</i> (Power)	Madhyam (Medium)

SKIN EXAMINATION

1. Site dorsum of foot or sole
2. Distribution- Symmetrical (both soles)
3. Dryness, itching, and cracking of both soles are seen (pada sphutana), and painful bleeding from the cracked region is seen
4. In and around the fingers, cracking is seen
5. Surface is rough and dry, margin- irregular



Fig. 1. A. Left side of Plantar Region - before treatment. B. Left side of Plantar Region - in between treatment. C. Left side of Plantar Region - after treatment

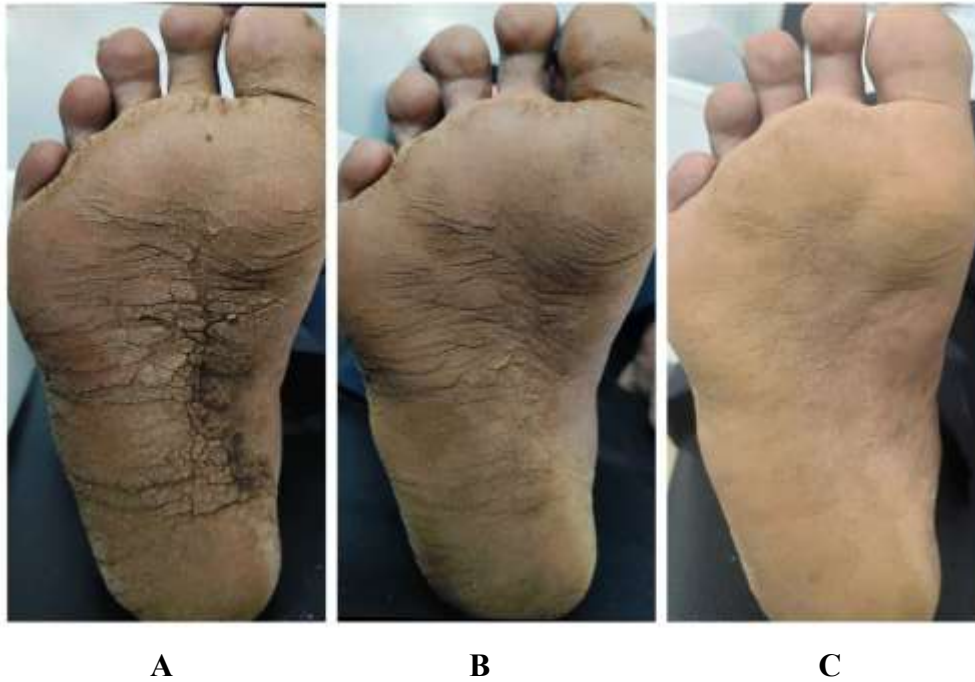


Fig. 2. A. Right side of Plantar Region - before treatment. B. Right side of Plantar Region - in between treatment. C. Right side of Plantar Region - after treatment

SUBJECTIVE CRITERIA: The patient was tested on subjective which includes Vedana(Pain), Kandu(Itching), and Daha (Burning sensation) [Table: 2], and

OBJECTIVE CRITERIA: Padshutana(cracks) is observed Table:-3

Table 2. Subjective criteria

Sr. No	Criteria	Grade	Symptoms
1	<i>Vedana</i> (Pain)	0	No Pain
		1	Pain after Pressing
		2	Pain on touch
		3	Pain without touching
2	<i>Kandu</i> (Itching)	0	No itching
		1	1-2 time in day
		2	Frequent itching
		3	Itching disturbs the sleep
3	<i>Daha</i> (Burning sensation)	0	No Burning sensation
		1	Burning during itching
		2	Continuous burning

Table 3. Objective criteria

Sr. No	Criteria	Grade	Symptoms
1	<i>Padshutana</i> (cracks)	0	No cracks
		1	Cracks on heels only
		2	Cracks on heels and planter aspect of toes

		3	Cracks on complete foot
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DIFFERENTIAL DIAGNOSIS:

Palmoplantar psoriasis, Tylosis (Palmoplantarkeratoderm), and Dermatitis are the diseases that have the same pictures in the patient and get confused during the treatment.¹² While treating the diseases, it is important to find out the difference between these diseases Table 4, which is useful for further line of treatment.

Table 4. Differential diagnosis between Palmoplantar psoriasis, Tylosis (Palmoplantarkeratoderm) and Footwear Dermatitis

PALMOPLANTAR PSORIASIS	TYLOSIS(PALMOPLANTAR KERATODERM)	FOOTWEAR DERMATITIS
Itching –Moderately itchy. Scratching results in bleeding	Itching present	Very itchy. Scratching results in oozing
Morphology –well-defined indurated plaques	Punctate, striate, or mutilating. Sometimes, the keratoderma spills onto the dorsum of the hands and feet	Not so well defined and not indurated
Surmounted with silvery plaques	Thickening and mutilation	Scale –crust
Auspitz sign –positive	Negative	Negative, Patch test is done
Nail changes –Typical	Not present	Variable

TREATMENT:

Treatment was given in two ways: internal medication, which includes *Panchatikta ghrita Guggulu*, *Arogyavardhini vati*, *Avipattikar Churna*, and for local application, *shatdhauta ghrita* and cutisora ointment are used. Each follow-up was planned after 7 days to analyze the subjective and objective criteria Table 5.

TIMELINE

Table 5. Timeline of the case.

Date and day of visit	Patient summary from initial and F/U visit, and description of skin patches	Interventions	Dosage	Time of Administration	Anupana
28/03/25 (Day 0)	symmetrical hyperkeratotic lesions on both	1.Tab Panchtikta Ghrita Guggulu	250 mg	Twice a day after food	Lukewarm water

	soles, associated with dryness, itching, and painful fissures, along with bleeding and irregularly margined.	2.Avipattikar churna	5gm	At night after food	Lukewarm water
		3.Cutisora ointment for Local application	As per the requirement	Twice a day	-
		4.Panchavalkal kwatha for sthanika dhara	As per the requirement	At Morning	-
04/04/25 (Day 7)	bleeding and pain had reduced, but the soles continued to show symmetrical hyperkeratotic, erythematous patches with scaling and superficial fissures.	1.Tab Panchtikta Ghrita Guggulu	250 mg	Twice a day after food	Lukewarm water
		2.Avipattikar churna	5gm	At night after food	Lukewarm water
		3.Cutisora ointment for Local application	As per requirement	Twice a day	-
		4.Panchavalkal kwatha for sthanika dhara	As per requirement	At Morning	-
11/04/25 (Day 14)	marked reduction in fissuring and absence of bleeding. The lesions appeared less hyperkeratotic, with diminished erythema, mild dryness and smoother margins over plantar region	1.Tab Panchtikta Ghrita Guggulu	250 mg	Twice a day after food	Lukewarm water
		2.Arogyavardini ras	250mg	Twice a day after food	Lukewarm water
		3.Cutisora ointment for Local application	As per the requirement	Twice a day	-
		4.Shatdhauta ghrita for Local application	As per the requirement	Twice a day	-
18/04/25 (Day 21)	Plantar showed minimal dryness and scaling, and the skin surface appeared smooth with restoration of normal margins	1.Arogyavardini vati	250mg	Twice a day after food	Lukewarm water
		2.Cutisora ointment for Local application	As per the requirement	Twice a day	-
		3.Shatdhauta ghrita for Local application	As per the requirement	Twice a day	-
09/05/25 (Day 42)	Recurrences of skin lesion have	No medications			

	not seen. No itching, no other associated complaints.		-	-	-
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OBSERVATION AND RESULTS

The patient was evaluated at 7-day intervals, with both subjective and objective criteria assessed before and after treatment. Following the complete treatment course of 42 days, progressive improvement was noted at each follow-up. As summarized in Table 6, the final assessment score was 0, indicating 100% relief in fissures, burning sensation, itching, and pain. Clinical photographs of the soles taken before, during, and after treatment [Fig. 1, Fig. 2, Fig. 3] further demonstrate the significant improvement achieved.

Table 6. Assessment of each follow-up

Follow-up Features	Before Treatment	1 st Follow-up	2 nd Follow-up	3 rd Follow-up	After Treatment
Vedana (Pain)	3	2	1	0	0
Kandu(Itching)	2	1	0	0	0
Daha(burning sensation)	1	1	0	0	0
Padashutana (Cracks)	3	2	1	1	0

DISCUSSION

Palmo-plantar psoriasis significantly impacts patients’ quality of life and has considerable socioeconomic consequences. Pesticide exposure commonly occurs during sowing or spraying, especially when protective measures are inadequate. In the present case, the patient experienced chronic skin lesions localized to the plantar region, directly linked to continuous wearing of shoes and exposure to pesticides. The lesions recurred whenever medication was discontinued. According to Ayurvedic principles, pesticides possess *Tikshna (sharp)*, *Ushna (hot)*, and *Ruksha (dry)* qualities, contributing to symptoms such as redness, itching, and blistering. These characteristics align with *Gara Visha*, a type of complex poisoning caused by the combined or chronic effect of toxins. When such toxins come into contact with legs or skin, they may induce both acute and chronic dermatological manifestations.

Treatment was guided by *Vata-Kapha Kustha Chikitsa* and *Gara Visha Chikitsa* principles. Formulations were carefully selected for their properties—*Visha Hara (antitoxic)*, *Kusthaghna (skin disease alleviating)*, *Krimihara (anti-parasitic)*, *Kandughna (anti-itching)*, *Rakta Shodhaka (blood purifying)*, *Shotha Hara (anti-inflammatory)*, *Vrana Ropana (wound healing)*, and *Pitta Rechaka (Pitta-balancing)* **Panchatikta Ghrita Guggulu-** The ingredients of *Panchatikta Ghrita* include *Nimba (Azadirachta indica A. Juss)*, *Patola (Trichosanthes dioica Roxb.)*, *Vyaghri (Solanum surattense Burm.f.)*, *Guduchi (Tinospora cordifolia (Thunb) Miers)*, *Vasa (Adathoda vasica Linn.)*, *Haritaki (Terminalia chebula Retz)*, *Vibhitaki (Terminalia bellerica Gaertn. Roxb)*, *Amalaki (Emblica officinalis Gaertn)*, combined with *Guggulu (Commiphora mukul)* and *Goghrita (ghee prepared from cow’s milk)*, most of which have *Kushtaghna* and *Raktaprasadaka* properties.¹³⁻¹⁴, while *Guggulu* ensures systemic detoxification and anti-

inflammatory activity. Tikta Rasa itself is ideal for Pitta and Rakta Vikaras. As a *Shamana Ousadha*, *Panchatikta Ghrita* is a good option for *Vipadika*

Avipattikara Churna is a herbo-mineral compound formulation having clinical significance in the treatment of *Amlapitta* and *Vibandha*. The majority of drugs in *Avipattikara Churna* possess *Katu*, *Tikta*, *Madhura Rasa*; *Laghu*, *Ruksha*, *Tikshna*, *Snigdha Guna*; *Ushna-Sheeta Veerya*; *Madhura* and *Katu Vipaka*. Apart from *Sharkara*, the main ingredient is *Trivruta* (*Operculina turpethum* L.). It has *Katu*, *Tikta Rasa*; *Laghu*, *Tikshna*, *Ruksha Guna*; *Ushna Veerya*, and *Katu Vipaka*. It has *Bhedana*, *Rechana*, and *Shothahara* properties leading to *Pitta Virechana*, useful in *Samprapti Vighatana* of *Amlapitta* and *Vibandha*¹⁵

The local use of **Panchavalkala Kwatha** as a foot soak effectively manages palmo-plantar psoriasis by addressing inflammation, thickened skin, lesion healing, and infection prevention. Its astringent, anti-inflammatory, and antimicrobial actions make it a powerful remedy for controlling psoriasis.¹⁶ Tannins and flavonoids in the formulation reduce inflammation by inhibiting cytokines like IL-6 and TNF- α , while the astringent effect dries out lesions and minimizes scaling. Polyphenols combat oxidative stress, and tannins, along with saponins, provide antimicrobial protection. Triterpenoids further enhance wound healing by promoting collagen formation and tissue repair.¹⁷

Arogyavardhini Vati is a classical *Ayurvedic* formulation composed primarily of *Loha* (calcined iron), *Abhraka* (biotite mica), *Tamra* (incinerated copper), *Shilajit* (asphaltum), *Guggulu* (*Commiphora mukul*), *Chitraka* (*Plumbago zeylanica*), and *Kutki* (*Picrorhiza kurroa*). In addition, it includes *Triphala*, *Kajjali*, and *Nimba Patra Swarasa*. These ingredients collectively possess *Vatanashaka* (*Vata-pacifying*), *Pachaka* (*digestive*), *Deepaka* (*appetizer*), *Vishaghna* (*detoxifying*), and *Jantughna* (*antimicrobial*) properties. Traditionally, **Arogyavardhini Vati** is described as one of the most effective remedies for skin disorders. Its therapeutic action is attributed to enhancing digestion, promoting detoxification, clearing obstructed body channels, improving tissue metabolism, regulating fat balance, and eliminating accumulated toxins through its influence on the digestive system¹⁸⁻¹⁹

In the management of *Vipadika*, **Shatadhauta Ghrita** is considered beneficial due to its *Snigdha* (unctuous), *Sheetala* (cooling), and wound-healing properties, which help relieve pain, fissures, and burning sensation while promoting skin repair.²⁰⁻²¹

Cutisora ointment, a polyherbal *Ayurvedic* formulation containing *Wrightia tinctoria*, *Rubia cordifolia*, *Curcuma longa*, and *Azadirachta indica*, is reported to possess *Kusthaghna* (anti-dermatotic), *Kandughna* (anti-pruritic), *Shothahara* (anti-inflammatory), and *Vranaropana* (wound-healing) properties. Its topical application in *Vipadika* helps reduce fissures, dryness, scaling, and pain, while preventing secondary infection²²⁻²⁶

CONCLUSION

This case demonstrates that *Ayurvedic* management, based on the principles of *Vata-Kapha Kushtha Chikitsa* and *Gara Visha Chikitsa*, can provide substantial relief in *Vipadika* (palmoplantar psoriasis). The integrative use of internal formulations (*Panchatikta Ghrita Guggulu*, *Avipattikara Churna*, *Arogyavardhini Vati*) and external applications (*Shatadhauta Ghrita*, *Cutisora ointment*, *Panchavalkala Kwatha*) not only alleviated fissures, dryness, and pain but also prevented recurrence within the 42-day treatment period. The complete resolution of symptoms and improved quality of life in this patient suggest that *Ayurveda* can play a complementary role in the long-term management of palmoplantar dermatoses.

This outcome highlights the value of Ayurveda as a complementary and holistic framework in chronic dermatological conditions where conventional treatments often yield only temporary results.

CONSENT

The authors certify that they have obtained all necessary consent forms from the patient. Informed consent for the publication of case report was obtained from the patient before submission of manuscript. Identity of patient is not revealed in this article.

DECLARATION OF GENERATIVE AI IN SCIENTIFIC WRITING

During the preparation of this work the author(s) did not use generative AI in scientific writing.

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The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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