AN AYURVEDIC MANAGEMENT OF VIPĀDIKĀ KUṢṬHA (PALMOPLANTAR PSORIASIS): A SINGLE CASE STUDY

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Abstract

Background: *Vipādikā* is one among the *Kṣudra Kuṣṭha* described in Ayurveda, predominantly caused by vitiation of *Vāta* and *Kapha Doṣa*. Clinically, it is characterized by *Sphuṭana* (fissuring), *Tīvra Vedanā* (severe pain), *Kaṇḍū* (itching), and *Sarāga Piḍikā* (erythematous eruptions). Based on its clinical features, *Vipādikā* can be correlated with palmoplantar psoriasis, a chronic inflammatory dermatosis affecting the palms and soles, which is often resistant to conventional therapy. **Case Presentation:** A 42-year-old male presented with dryness, scaling, painful fissures, severe itching, burning sensation, and roughness over both palms for eight years. The patient had received multiple courses of allopathic treatment with only temporary symptomatic relief. Based on Ayurvedic principles, the condition was diagnosed as *Vipādikā Kuṣṭha*, A multimodal Ayurvedic treatment comprising *Śodhana Cikitsā* (*Vamana Karma, Virecana Karma* and *Nirūha Basti*), *Jalaukāvacaraṇa*, *Śamana Auṣadhi* and local applications was administered over one month. **Outcome:** Clinical improvement was assessed using the Palmoplantar Psoriasis Area and Severity Index (PPPASI). The PPPASI score reduced from 24.0 before treatment to 10.8 after treatment, representing a 55% reduction in disease severity. Significant improvement was observed in erythema, scaling, fissuring, pain, and itching. The clinical response was maintained during a four-month follow-up period without significant relapse. **Conclusion:** This case demonstrates that a multimodal Ayurvedic treatment approach incorporating *Pañcakarma* procedures, *Jalaukāvacaraṇa*, *Śamana Auṣadhi*, and local therapies may provide beneficial clinical outcomes in the management of *Vipādikā Kuṣṭha* (Palmoplantar Psoriasis). Further well-designed clinical studies are warranted to validate these findings.

Keywords: Ayurveda; *Jalaukāvacaraṇa*; Palmoplantar psoriasis; *Pañcakarma*; PPPASI; *Vipādikā*.

INTRODUCTION

Twak (skin) is the largest organ of the human body and serves as a protective barrier against environmental, physical, chemical and biological factors. Healthy skin is considered an indicator of overall health and wellbeing. In recent years the prevalence of skin disorders has increased due to changing lifestyle patterns, dietary habits, environmental pollution and psychological stress. Skin diseases not only affect physical health but also have a substantial impact on psychological and social wellbeing.[i] In Ayurveda, all skin disorders are broadly described under the heading of *Kuṣṭha* and are classified into *Mahākuṣṭha* and *Kṣudra Kuṣṭha*. *Vipādikā* is one among the *Kṣudra Kuṣṭha* and is characterized by *Sphuṭana* (cracks), *Tīvra Vedanā* (pain), *Kaṇḍū* (itching), and *Sarāga Piḍikā* (erythematous eruptions).[ii]

Palmoplantar psoriasis is a chronic inflammatory skin disorder characterized by erythema, scaling, hyperkeratosis, fissuring, itching and pain involving the palms and soles. The disease is often chronic, relapsing and difficult to manage. Conventional treatment options include topical corticosteroids, keratolytic agents, phototherapy and systemic immunomodulatory drugs; however, recurrence and adverse effects remain major concerns.[iii]

Palmoplantar psoriasis accounts for approximately 3–4% of all psoriasis cases and significantly impairs quality of life because of pain, difficulty in manual work, walking, and daily activities. The chronic and relapsing nature of the disease frequently necessitates prolonged treatment, while the available conventional therapies are associated with variable efficacy, frequent recurrence and potential adverse effects. Consequently, there is an increasing interest in complementary and traditional medical approaches that emphasize holistic disease management.

According to Ayurvedic principles, *Kuṣṭha* is a *Tridoṣaja* disorder involving vitiation of *Doṣa*, *Dhātu* and *Mala*, with predominant involvement of *Tvak*, *Rakta*, *Māṃsa* and *Lasikā*. *Vipādikā* specifically exhibits predominance of *Vāta* and *Kapha Doṣa*. *Vāta* contributes to *Rūkṣatā* (dryness), *Khara Guṇa* (roughness), *Sphuṭana* (fissuring) and *Vedanā* (pain), whereas *Kapha* is responsible for *Kaṇḍū* (itching), *Sthiratā* (chronicity) and thickening of the skin. The pathogenesis involves impaired *Agni*, formation of *Āma*, *Doṣa–Duṣya Sammūrchana* and *Srotorodha*, ultimately resulting in the characteristic clinical manifestations of the disease. Ayurvedic management of *Kuṣṭha* emphasizes *Śodhana Cikitsā* followed by *Śamana Cikitsā* to eliminate vitiated *Doṣas*, restore *Agni*, purify *Rakta*, improve tissue metabolism and prevent recurrence. *Pañcakarma* procedures such as *Vamana*, *Virecana* and *Basti* have been extensively described in the classical texts for the management of *Kuṣṭha*. Additionally, *Raktamokṣaṇa* by *Jalaukāvacaraṇa* is indicated in inflammatory skin disorders associated with *Rakta Duṣṭi*. These therapies, along with internal herbal formulations

and external applications, aim to achieve sustained remission rather than merely symptomatic relief.[iv] Based on the similarity in clinical presentation, *Vipādikā* can be clinically correlated with palmoplantar psoriasis. The present case report describes the successful management of *Vipādikā Kuṣṭha* through a multimodal Ayurvedic treatment approach incorporating *Pañcakarma*, *Jalaukāvacaraṇa*, *Śamana Auṣadhi* and local applications, with objective assessment using the Palmoplantar Psoriasis Area and Severity Index (PPPASI).

CASE REPORT

Patient Information

A 42-year-old male presented to the Outpatient Department of P.D. Patel Ayurveda Hospital with complaints of dryness, scaling, painful fissures, severe itching, burning sensation and roughness involving both palms for the past eight years. The symptoms had gradually progressed over time and significantly interfered with his routine manual activities and quality of life. The patient had received multiple courses of allopathic treatment including topical medications for symptomatic relief; however, the improvement was temporary, and symptoms recurred after discontinuation of therapy. There was no history of diabetes mellitus, hypertension, autoimmune disorders or any other systemic illness. There was no history of food or drug allergy. Family history was not suggestive of any similar dermatological illness. The patient was a shopkeeper by occupation, consumed a mixed diet and had a history of tobacco chewing. There was no history of alcohol consumption or previous surgical intervention. Written informed consent was obtained from the patient for treatment and publication of this case report along with clinical photographs while maintaining confidentiality.

History of Present Illness

The illness began approximately eight years before presentation with dryness and scaling over both palms associated with mild itching. Over the following months, itching gradually increased and was accompanied by progressive roughness and thickening of the palmar skin. Subsequently, painful fissures developed over both palms, which were associated with severe pain, burning sensation and recurrent scaling. The symptoms progressively worsened and significantly interfered with daily activities requiring manual work. The patient sought allopathic treatment on multiple occasions, which resulted in only temporary symptomatic improvement without preventing recurrence. Owing to the chronic and relapsing nature of the condition, the patient presented to the Ayurveda hospital for further management.

Clinical Findings

On presentation, the patient was conscious, cooperative and well oriented to time, place and person. General physical examination revealed a pulse rate of 76/minute, blood pressure of 110/70 mmHg and body weight of 75 kg. Systemic

examination of the cardiovascular, respiratory and central nervous systems revealed no significant abnormality. Dermatological examination demonstrated diffuse hyperkeratosis with marked dryness, scaling and multiple deep fissures involving both palms. Irregularly marginated erythematous plaques with thick adherent scales were present predominantly over the palmar surfaces and around the fingers. Tenderness was elicited over the fissured areas, accompanied by severe itching and burning sensation. No pustules, nail changes or lesions over the soles or other body regions were observed. According to Ayurvedic examination, the patient exhibited clinical features suggestive of *Vāta-Kapha Doṣa* predominance with involvement of *Tvak, Rakta* and *Māṃsa Dhātu*, consistent with the diagnosis of *Vipādikā Kuṣṭha*.

Aṣṭavidha Parīkṣā

The patient was examined according to the principles of *Aṣṭavidha Parīkṣā*. *Nāḍī* was 76/minute and suggestive of *Vāta-Kapha* predominance. *Mala Pravṛtti* was regular (twice daily), while *Mūtra Pravṛtti* was normal (5–6 times/day). The tongue (*Jihvā*) was *Sāma*. *Śabda* and *Dṛuk* were normal. *Sparśa* revealed *Rūkṣa* and *Khara* characteristics over the affected palms. *Ākṛti* was *Madhyama*. These findings supported the involvement of *Vāta* and *Kapha Doṣa* in accordance with the classical description of *Vipādikā*.

TIMELINE

The chronological sequence of disease progression, previous treatment history and hospital admission is summarized in (Table 1).

DIAGNOSTIC ASSESSMENT

Based on the patient's clinical history, dermatological examination and Ayurvedic assessment, the condition was diagnosed as *Vipādikā Kuṣṭha*. The diagnosis was established considering the characteristic features of *Sphuṭana* (fissuring), *Tīvra Vedanā* (severe pain), *Kaṇḍū* (itching), *Rūkṣatā* (dryness), scaling and *Sarāga Piḍikā* (erythematous lesions), which closely resemble the clinical presentation of palmoplantar psoriasis. Routine haematological and biochemical investigations were within normal limits, and no evidence of systemic illness was observed. Disease severity was objectively assessed using the Palmoplantar Psoriasis Area and Severity Index (PPPASI) before initiation of treatment and after completion of therapy mentioned in (Table 2). The scoring parameters and detailed assessment are presented in (Table 3). The baseline PPPASI score was 24.0, indicating moderate-to-severe disease activity predominantly involving both palms. Following completion of treatment, the PPPASI score reduced to 10.8, representing an overall 55% reduction in disease severity.

Therapeutic Intervention

Considering the chronicity of the disease and the predominance of *Kapha* and *Vāta Doṣa*, a multimodal Ayurvedic treatment protocol consisting

of *Śodhana Cikitsā*, *Jalaukāvacaraṇa* and *Śamana Cikitsā* was planned. Initially, *Snehapāna* with *Pañcatikta Ghṛta* was administered in increasing doses to achieve adequate *Snehana*, followed by *Sarvāṅga Abhyaṅga* using *Jātyādi Taila* and *Bāṣpa Sveda* with *Nimba Patra*. After satisfactory *Doṣotkleśa*, *Vamana Karma* was performed. Following *Saṃsarjana Karma*, a second course of *Snehapāna* was administered before *Virecana Karma*. After adequate *Snehana* and *Svedana*, *Virecana* was performed using *Eraṇḍa Sneha* and *Dindayāl Cūrṇa*, followed by *Saṃsarjana Karma*. Subsequently, *Nirūha Basti* with *Pathyādi Kwātha* was administered for twenty-three consecutive days to address *Vāta Doṣa* and maintain systemic *Doṣa* equilibrium. During the treatment period, six sittings of *Jalaukāvacaraṇa* were performed over the affected palmar lesions as a form of localized *Raktamokṣaṇa*. After completion of *Śodhana Cikitsā*, *Śamana Cikitsā* consisting of *Kaiśora Guggulu*, *Mañjiṣṭhādi Kvātha*, *Haridrā Khanda*, *Lauha-Mākṣika* tablets, *Pañcatikta Ghṛta* and local applications of *Sindūrādi Malahara* and *Tutthādi Lepa* was prescribed.

The complete therapeutic schedule is summarized in (Table 4), while the details of *Śamana Cikitsā* are presented in (Table 5).

FOLLOW-UP AND OUTCOME

The patient completed the entire treatment protocol without any adverse events or treatment-related complications. Clinical improvement was observed progressively during the treatment period, with marked reduction in erythema, scaling, fissuring, itching, burning sensation and pain. The palmar skin became softer with noticeable healing of fissures and reduction in hyperkeratosis, resulting in improved hand function and performance of daily activities.

Objective assessment using the Palmoplantar Psoriasis Area and Severity Index (PPPASI) demonstrated a reduction in score from 24.0 before treatment to 10.8 after treatment, indicating a 55% improvement in disease severity (Table 3). During the four-month follow-up period, the patient remained clinically stable without significant relapse or development of new lesions. Mild residual scaling persisted; however, there was no recurrence of painful fissures, severe itching or burning sensation. The patient reported sustained symptomatic relief, improved quality of life and satisfaction with the treatment outcome. He was advised to continue appropriate dietary regulation (*Pathya*), avoid known aggravating factors (*Apathya*), and attend regular follow-up visits for long-term disease monitoring.

DISCUSSION:

Vipādikā is one among the *Kṣudra Kuṣṭha* described in the Ayurvedic classics and is characterized by *Sphuṭana* (fissuring), *Tīvra Vedanā* (severe pain), *Kaṇḍū* (itching) and *Sarāga Piḍikā* (erythematous eruptions). These features closely resemble palmoplantar psoriasis, a chronic

inflammatory dermatosis characterized by erythema, hyperkeratosis, scaling and painful fissures that significantly impair quality of life. In Ayurveda, *Vipādikā* is predominantly a *Vāta-Kapha* disorder involving *Tvak*, *Rakta* and *Māṃsa Dhātu*. Improper dietary habits, *Viruddhāhāra*, impaired *Jatharāgni* and formation of *Āma* lead to *Doṣa-Dūṣya Sammūrchanā*, resulting in *Srotorodha* and chronic inflammatory changes manifested as dryness, scaling, fissuring, itching and pain.[v] Considering the predominance of *Kapha Doṣa* and chronicity of the disease, *Vamana Karma* was selected as the initial *Śodhana* procedure, as it is the principal purification therapy indicated for *Kapha*-dominant disorders and *Kuṣṭha*.[vi] Prior to *Vamana*, *Snehapāna* with *Pañcatikta Ghṛta*, followed by *Sarvāṅga Abhyaṅga* and *Bāṣpa Sveda*, facilitated *Doṣotkleśa* and mobilization of vitiated *Doṣas* from *Śākhā* to *Koṣṭha*, thereby enhancing the efficacy of purification. *Pañcatikta Ghṛta*, rich in *Tikta* and *Kaṣāya Rasa*, possesses *Dīpana*, *Pācana*, *Rakta Prasādana* and *Kuṣṭhaghna* properties. Experimental and pharmacological studies suggest anti-inflammatory, antioxidant and immunomodulatory activities of its constituent herbs, supporting its role in chronic inflammatory dermatoses.[vii] After successful completion of *Vamana*, *Virecana Karma* was performed to eliminate residual *Pitta* and *Rakta Duṣṭi*. Classical Ayurvedic texts recommend *Virecana* as the preferred *Śodhana* therapy for disorders involving *Pitta* and *Rakta*, particularly chronic skin diseases. Since psoriasis is an immune-mediated inflammatory disorder characterized by persistent erythema and cutaneous inflammation, these pathological changes may be interpreted as manifestations of *Pitta-Rakta Duṣṭi*. Sequential administration of *Vamana* and *Virecana* therefore helped eliminate accumulated *Doṣas*, restore *Agni*, improve *Dhātu Pāka* and establish physiological homeostasis. Subsequently, *Nirūha Basti* with *Pathyādi Kvātha* was administered to address the predominant *Vāta* component responsible for fissuring, dryness and pain. *Basti* is regarded as the foremost treatment for *Vāta* disorders because it not only eliminates vitiated *Doṣas* but also nourishes tissues, restores physiological functions and helps prevent recurrence. The sustained improvement observed during follow-up may be attributed partly to the systemic action of *Basti Cikitsā* in maintaining *Doṣa* equilibrium. *Jalaukāvacaraṇa* was performed in six sittings as a localized form of *Raktamokṣaṇa*. It is classically indicated in disorders involving *Rakta Duṣṭi* and inflammatory skin diseases. Leech saliva contains several bioactive substances such as hirudin, calin, bdellins and eglins, which possess anticoagulant, anti-inflammatory, analgesic and microcirculatory-enhancing properties. These actions may have contributed to reduction in erythema, itching, burning sensation and local inflammation observed in the present case.[viii] Following *Śodhana Cikitsā*, *Śamana Auṣadhi* was prescribed to maintain therapeutic benefits and minimize recurrence. *Kaiśora Guggulu*, containing *Guggulu*, *Guḍūcī*, *Triphala* and *Trikaṭu*, possesses anti-inflammatory,

antioxidant and immunomodulatory activities, while the *Yogavāhī* property of *Guggulu* enhances the therapeutic efficacy of associated drugs. *Mañjiṣṭhādi Kvātha* was selected because of its *Rakta Śodhaka*, *Kuṣṭhaghna* and *Śothahara* properties. Pharmacological studies on *Rubia cordifolia* have demonstrated anti-inflammatory and antioxidant effects that may help reduce erythema and oxidative stress associated with psoriasis. *Haridrā Khanda* was administered for its *Kaphahara*, *Kaṇḍūhara* and *Kuṣṭhaghna* properties. Curcumin, the principal bioactive constituent of *Haridrā* (*Curcuma longa*), has well-established anti-inflammatory and immunomodulatory actions through inhibition of multiple inflammatory pathways, including NF-κB and pro-inflammatory cytokines implicated in psoriasis.[ix] *Lauha Mākṣika* was included as a *Rasāyana* to improve *Dhātu Poṣaṇa* and tissue regeneration. Maintenance therapy with *Pañcatikta Ghṛta* was continued to preserve *Doṣa* balance and reduce the likelihood of recurrence.External application of *Sindūrādi Malahara* and *Tutthādi Lepa*, possessing *Vraṇa Śodhana*, *Vraṇa Ropaṇa*, antimicrobial and keratolytic properties, further promoted healing of fissures, reduction of scaling and restoration of the epidermal barrier. Treatment response was objectively assessed using the Palmoplantar Psoriasis Area and Severity Index (PPPASI). The score decreased from 24.0 before treatment to 10.8 after treatment, indicating a 55% reduction in disease severity. Improvement was evident in erythema, induration and desquamation, while the area score remained unchanged because the lesions continued to involve most of the palmar surface despite marked reduction in severity. Serial clinical photographs corroborated these findings, demonstrating healing of fissures, reduction in hyperkeratosis and improvement in skin texture. The patient also reported substantial relief in pain, itching and burning sensation, resulting in improved hand function and quality of life. The favourable outcome observed in this case is likely attributable to the integrated multimodal Ayurvedic approach rather than any single intervention. Sequential *Śodhana Cikitsā*, *Jalaukāvacaraṇa*, *Śamana Auṣadhi* and external therapies collectively addressed systemic *Doṣa* imbalance, local inflammatory pathology and tissue repair, thereby producing sustained clinical improvement. However, as this is a single case report, the findings cannot be generalized. Larger prospective studies with standardized outcome measures such as PPPASI and Dermatology Life Quality Index (DLQI), along with longer follow-up, are required to further establish the efficacy and reproducibility of this treatment protocol.

TABLES

TABLE 1: TimeLine of Clinical Events

Time Period	Clinical Events	Intervention/Outcome
2017	Initial onset of dryness and scaling over both	No specific treatment taken initially.

Time Period	Clinical Events	Intervention/Outcome
	palms associated with mild itching.	
2017–2018	Gradual increase in itching, dryness, and roughness of palmar skin.	Self-medication and local applications taken intermittently.
2019–2021	Development of recurrent fissuring and painful cracks over both palms. Symptoms worsened during seasonal changes and daily work.	Consulted allopathic physician and received symptomatic treatment with temporary relief.
2022–2024	Persistent dryness, scaling, itching, burning sensation, and painful fissures involving both palms. Difficulty in performing routine manual activities.	Multiple courses of allopathic medications were taken; relief was temporary and symptoms recurred after discontinuation of treatment.
Jan 2025	Further aggravation of symptoms with severe itching, pain, burning sensation, scaling, hyperkeratosis, and fissuring of both palms.	Re-evaluated and continued symptomatic treatment; satisfactory improvement was not achieved.
March 2025	Persistent symptoms for 8 years with significant impact on daily activities and quality of life.	Admitted to P.D. Patel Ayurveda Hospital and planned for Ayurvedic management of Vipadika Kushta (Palmoplantar Psoriasis).

TABLE 2. Palmoplantar Psoriasis Area and Severity Index (PPPASI)

Parameter	Before Treatment	After Treatment
Erythema	3	2
Induration	3	1.5
Desquamation	4	1
Area Score	6	6
Sole Score	0	0

Parameter	Before Treatment	After Treatment
Total PPPASI Score	24.0	10.8
Overall Improvement		55%

TABLE 3. Therapeutic Intervention Schedule

Phase	Intervention	Details
Phase I	*Snehapāna*	*Pañcatikta Ghṛta* (40–90 mL/day for 4 days)
	Sarvāṅga Abhyaṅga	*Jātyādi Taila*
	Bāṣpa Sveda	*Nimba Patra*
	Vamana Karma	*Madanaphala Cūrṇa* 4 g
	Saṃsarjana Karma	2 days
Phase II	Repeat *Snehapāna*	*Pañcatikta Ghṛta*
	Abhyaṅga + *Sveda*	3 days
	Virecana Karma	*Eraṇḍa Sneha* 60 mL + *Dindayāl Cūrṇa* 5 g
	Saṃsarjana	1 day
	Karma	
Phase III	*Nirūha Basti*	*Pathyādi Kvātha* for 23 days
	Jalaukāvacaraṇa	Six sittings
Phase IV	*Śamana Cikitsā*	Oral medicines and external applications

TABLE 4. *Śamana Auṣadhi*

Drug	Dose	Frequency	Route
Kaiśora Guggulu	3 tablets (300 mg each)	Three times daily	Oral
Mañjiṣṭhādi Kvātha	40 mL	Twice daily	Oral
Haridrā Khanda	3 g	Three times daily	Oral
Lauha Mākṣika	2 tablets (375 mg each)	Twice daily	Oral
Pañcatikta Ghṛta	20 mL	Twice daily	Oral
Sindūrādi Malahara	Local application	Twice daily	Topical
Tutthādi Lepa	Local application	Twice daily	Topical

IGURES

FIGURE 1: Before Treatment

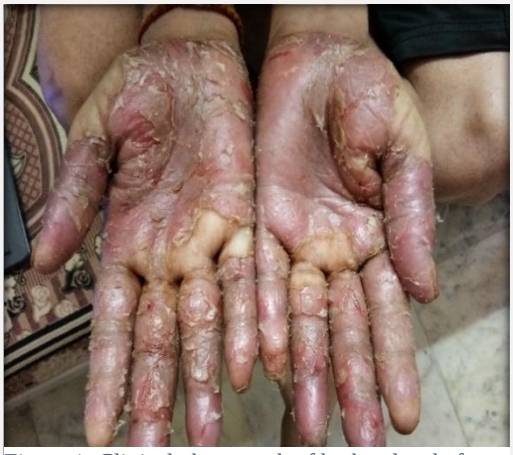

Figure 1: Clinical photograph of both palms before treatment (14 march 2025)

FIGURE 2: After Treatment

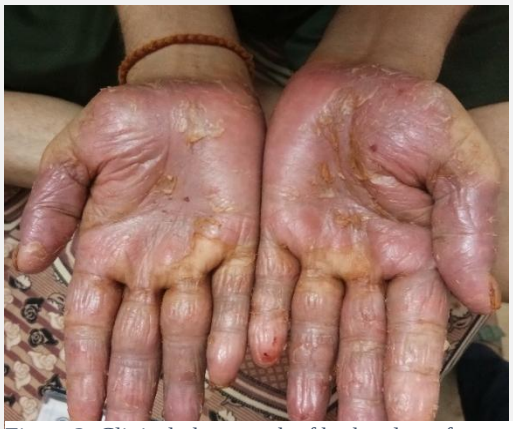

Figure 2: Clinical photograph of both palms after treatment (16 April 2025)

This case demonstrates that a multimodal Ayurvedic approach integrating *Śodhana Cikitsā*, *Jalaukāvacaraṇa*, *Śamana Cikitsā* and topical therapies can achieve meaningful clinical improvement in chronic *Vipādikā Kuṣṭha* (Palmoplantar Psoriasis). The reduction in PPPASI score highlights the potential of Ayurveda as an effective therapeutic option for chronic inflammatory skin disorders and supports the need for further controlled clinical research.

DECLARATION OF PATIENT CONSENT

The authors certify that written informed consent was obtained from the patient for publication of clinical information and photographs. Every effort has been made to maintain patient confidentiality; however, complete anonymity cannot be guaranteed.

AUTHOR CONTRIBUTIONS

All authors contributed to patient management, study design, data interpretation, manuscript preparation, critical revision and approved the final manuscript.

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CONFLICT OF INTEREST

The authors declare no conflict of interest.

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