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Case Study

MANAGEMENT OF VIPADIKA (PALMO-PLANTAR PSORIASIS) BY AYURVEDA

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ABSTRACT

An immune-mediated condition known as psoriasis causes persistent skin inflammation. Palmoplantar psoriasis, a kind of psoriasis that is difficult to cure, affects about 5% of all psoriasis patients. In Ayurveda, all skin conditions are referred generally under the term 'Kushtha'. One such illness that has been classified as Kshudra Kushta is called Vipadika and is marked by symptoms like Pani-pada Sphutan (Fissure in the palms and soles) and Teevra vedana (with great pain). The main causes of its expression include vitiation of Vata, Kapha, and Pitta/Rakta. In present case report, a 54 years female patient presented in OPD 2 of Sane Guruji Rugnalaya, Hadapsar, Pune, with complaints of dryness and cracking of both soles associated with itching and pain for 1 year and was treated with oral medicines and external application of Gandharva Haritaki and Gorakhmundi Ghrita Siktha respectively. After complete treatment of 30 days, there was complete remission in the symptoms and there is no recurrence till date. From the current case report, it can be inferred that Vipadika (palmoplantar psoriasis) can be successfully treated with the appropriate Ayurveda medications.

INTRODUCTION

An immune-mediated condition known as causes persistent skin inflammation. psoriasis Between 2% to 4% of the world's population is impacted. Palmoplantar psoriasis affects about 5% of all psoriasis patients.[1] Skin plays a significant function in developing personality and increasing confidence. It seems that any damage to the skin demotivates the person and causes him to lose confidence. Hence, the primary goal of this study is to maintain healthy skin. The skin is one of the five unique sensory organs. According to Ayurveda, the easiest organ to inspect and the one most vulnerable to disease, harm, and infection is the skin. All skin problems are collectively referred to as "Kushtha." Kushtha invariably develops as a result of the three *Doshas* and four *Dushvas* or the seven components, becoming vitiated. [2] In Charaka Samhita, Vipadika is described under Kshudra Kustha. It involves predominantly Vata and Kapha Dosha [3]

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and characterized by Pani-pada Sphutan (fissure in palm and soles) and Teevra vedana (with severe pain).[4] The same views held by Acharya Charaka are shared by Acharya Vagbhat, who also noted the presence of red patches on the palm and sole. [5] Skin are becoming far more conditions common everywhere, in both urban and rural settings. People are turning to Avurveda since it has a broad description of how to treat certain skin conditions and produces good outcomes. The administration of Vipadika effectively, according to literary references and its modulations, is the main emphasis of this work.

In Bruhat Nighantu Ratnakar, Gorakhmundi Ghrita is referred to as kushthaghna and Vipadikahar. Lepa of Mundi Ghrita should be administered externally to cure Vipadika in accordance with the circumstances.^[6] Certain *Malahara Kalpanas* Ayurveda have been described in a number of sources, but they haven't received the attention they should have. Thus, we must create innovative formulations that are just as effective as Ghrita or Taila. So, the purpose of the study is to acquire pertinent facts and shed light on this particular Kalpana. With reference to the Ghrita stated in Bruhat Nighantu Ratnakar, this combination may have a synergistic or additive impact. As a result, this study is being conducted to evaluate the effectiveness and modulation of a new formulation.

Case Report

A 54-year housewife visited our OPD (OPD NO - 2156) of Sane Guruji Rugnalaya, Malawadi, Hadapsar, Pune-28 on 30/11/2022 with the complaints of cracks over both soles with burning sensation and mild pain for 1 year. She took treatment using contemporary medicine and experienced momentary comfort but due to its recurrency, she decided to take Ayurvedic treatment for further management. During inspection, both soles had many cracks and local sensitivity. Based on the clinical parameters, it was established that the patient's condition was a case of Vipadika. Clinical indications demonstrated a predominance of the *Vata* and Kapha doshas. These cracks were linked to Vedana (pain), Rukshata (dryness), Kandu (itching), and Daha (burning sensation) symptoms. According to the patient, the cracks started to appear approximately a year earlier and have been growing gradually since. There was no specific history of any serious illnesses, drug allergies, or addictions. A systemic analysis did not find any anomalies.

Ashtavidha Pariksha (Eight-fold examination)

Nadi (pulse) was 70/min, regular, Mutra (urine) was Samyak (normal), 4-5 times/day, Mala (stool) was Samyak (normal), Jiwha (tongue) were Nirama (processed and digested food particles), Shabda (sound) was Spashtha (clear), Sparsha (tactile examination) was Anushnasheeta (not too hot), Drik (eyesight) was Prakruta (normal), Akruti (body stature) was Madhyama (average built).

Samprapti Ghatak (Main pathophysiological components)

Vidahi Aahar sevana (Dahi, Pickle, Groundnut Chatani, Papad), frequent contact with soil, Katu and Vaataj Ahara were the main Nidana sevana (causative factor). The Vata-Kapha pradhana tridosha was the vitiated Dosha. The Dushva (pathognomonic factors) consisted of Twak (blood plasma), Rakta (blood), Mamsa (muscle tissue), and Lasika (body fluids). Impaired metabolism and *Dhatvagnimandya* (impaired digestion) were the conditions of *Agni* (digestive fire). The Srotas (structural or functional channels) that were implicated in the disease's presentation were Rasavaha (plasma channels), Raktavaha (blood plasma channels), Mamsavaha (fascio-muscular tissue), and Swedavaha (sweat transporting channels). Srotodushti (mode of the system concerned) was Sanga (obstructed vitiated body humour), the Marga (site of disease manifestation) was Bahyaroga marga, and the Twacha (skin) was Vimargagamana (vitiation of body humour to other areas), the Adhisthana (site) was Ubhaya Paad (both soles) and Chirakari (chronic).

Therapeutic Intervention

After reviewing the case, the patient was given conservative Ayurvedic treatment described by *Bruhat Nighantu Ratnakar* with the modulation of drug. Both *Gorakhmundi Ghrita Siktha* and *Gandharva Haritaki Churna* were prescribed for the patient. Information about dosage form, therapeutic dose, frequency and timing of drug administration, adjuvants are demonstrated in the following diagram [Figure 1].

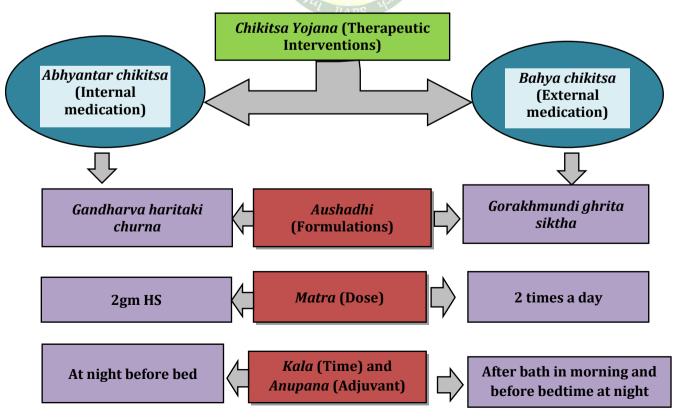


Figure 1: Pharmacological Intervention

Dietary Regimen

Pathya (Preferred): Well cooked, easy to digest food, washing feet regularly

Apathya (To be avoided): Oily, spicy, salty and sour food, contact with soil without wearing shoes

Timelines

Assessment of the cracks was done on the first visit and intermittent monitoring was done weekly, for the next consecutive 4 weeks. The follow-up was done on the 7^{th} , 14^{th} , 21^{st} and 28^{th} day during treatment and 15^{th} and 30^{th} day after stopping the treatment. (Figure.2)

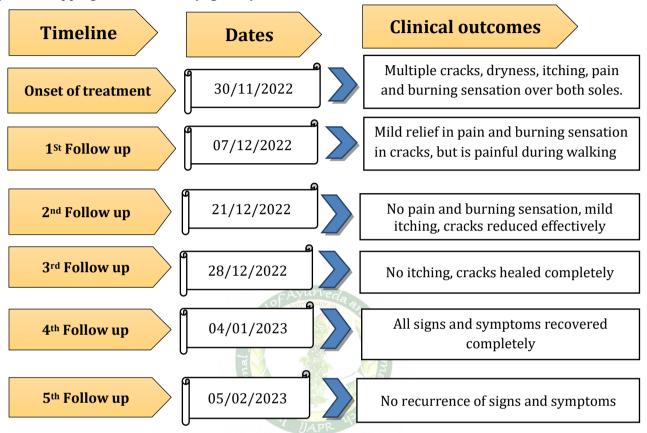


Figure 2: Follow Up and Outcome

All of the symptoms and indicators at both soles were suppressed totally after the complete therapy period. With images that were taken, a consistent improvement could be shown [Figures 3-5]. The treatment plan was judged to be secure and efficient. During the course of treatment, no unfavorable occurrences were reported. The observations made following the end of the treatment were listed below.

Table 1: Clinical Features: Before & After Treatment

Sr. No.	Clinical Features	Before Treatment	After Treatment
1.	Cracks over soles	+++	-
2.	Burning sensation in soles	++	-
3.	Itching	+	-
4.	Pain	++	-
5.	Dryness	+++	-

DISCUSSION

In Ayurveda, different types of *Kushtha* (skin disorders) have been mentioned. *Vipadika* has similar characteristics like palmoplantar psoriasis that involves all the *Tridosha* in the pathogenesis and similarly, palmoplantar psoriasis has limited successful

clinical outcomes due to incompletely understood and under-researched etiology.^[12]

After 1st follow-up, the symptoms of cracking of both soles, itching and burning sensation started reducing. The patient was advised for routine follow-

up upto 30 days and to avoid *Vidahi, Katu* and *Ruksha Ahara* along with taking proper care of soles.

Gorakhmundi (Sphaeranthus indicus Linn.) is an aromatic, much branched herb, which is found throughout the country. Due to its easy availability, abundancy and feasibility, it can be used in different ways, in various Modes. According to Doshaghnata, Gorakhmundi is Vaatakaphaghna. It is Madhura, Katu Vipaki, Ushna Veerya and Laghu. It is Medhya, Rasayana and is used in many diseases such as Galaganda, Arsha, Kushtha, Raktavikara, etc. As Vipadika is Vaatkhaphaja, being Vaatkaphaghna, Gorakhmundi will easily suppresses all the symptoms of Vipadika.

Whereas, Ghrita is Mrudu, Snigdha, Vranaropak, Sanskaranuvartit. Being fat soluble, it will play an important role in healing the cracks in Vipadika. Gorakhmundi Siddha Ghrita is described as Vipadikahar in Bruhat Nighantu Ratnakar. Siktha or Madhuchista (bee wax) is considered as one of the base in the formation of Malahara.

Siktha is described under Malahara Kalpana. Siktha is Snigdha, Mruda, Kushthaghna, Bhutaghna, Vranaropak and Sandhankar and is used in Kushtha, Visarpa and Raktavikara. [7] It increases the absorption of the drug by applying it locally and penetrates into deep wounds which lead to the healing of wound. It helps the medicine to stay on the affected part for a longer time which makes healing faster. Siktha and

Ghrita both are *Vranaropana* and *Kushtaghna*, while *Gorakhmundi* is *Kushthaghna* which helps to heal the cracks and bleeding in *Vipadika*.

Gandharva haritaki was used as a mild purgative for achieving *Shodhan* of *Malas* before starting the external application therapy.

She stated that after receiving Ayurvedic treatment, she was free from all signs and symptoms, including painful cracks, trouble in walking, burning sensation, and itching. The patient also said that no discomfort was felt when taking any of the medications.

CONCLUSION

From this study it can be concluded that *Vipadika* (palmo-plantar psoriasis) can be successfully treated with appropriate Ayurvedic medication.

Patients Consent

An informed written consent was obtained from the patient for reporting this case.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient has given his consent for his images and other clinical information to be reported in the journal. The patient understands that name and initial will not be published, and due efforts will be made to conceal identity, but anonymity cannot be guaranteed.



Figure 3: Before treatment

Figure 4: During treatment

Figure 5. After treatment

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