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## Management of Vipadika through Shodhana and Shamana: A Case Study

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**ABSTRACT:** Kustha is a comprehensive term in Ayurveda that encompasses a wide spectrum of skin disorders. Among these, *Vipadika* is categorized under *Kshudra Kushta* and is primarily characterized by *Pani-Pada Sphutana* (cracks and fissures in palms and soles) along with *Teevra Vedana* (severe pain). Based on its clinical presentation, *Vipadika* can be correlated with palmar-plantar psoriasis in modern dermatology, a chronic and often relapsing condition affecting the palms and soles. This disorder significantly impacts the patient's quality of life due to persistent symptoms such as dryness, scaling, discoloration, itching, burning sensation, and painful fissuring. Contributing factors include unhealthy dietary habits, irregular lifestyle, and psychological stress, which lead to the vitiation of *Vata*, *Kapha*, and *Pitta/Rakta* doshas. This case report presents a patient suffering from discoloration, itching, continuous pain, burning sensation, and deep cracks over both hands and feet for the past eight years. The patient was managed through a classical Ayurvedic treatment approach involving *Shodhana* and *Shamana* therapies. *Virechana* (therapeutic purgation) was administered as a primary purification procedure to eliminate vitiated doshas, particularly *Pitta* and *Rakta*. This was followed by internal medications (*Shamana Aushadhi*) to pacify residual doshic imbalance and improve skin health. Additionally, *Raktamokshana* using *Jalouka* (leech therapy) was performed to further purify the blood and reduce inflammation at the local level. The combined therapeutic approach resulted in significant improvement in symptoms, including reduction in fissures, pain, itching, and burning sensation, along with visible healing of the affected areas. This case highlights the effectiveness of Ayurvedic management in chronic skin conditions like *Vipadika*, not only by alleviating symptoms but also by addressing the root cause and preventing recurrence through systemic detoxification and dosha balance.

**KEYWORDS:** Kushtha, Vipadika, Virechana, Raktamokshana

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**INTRODUCTION:**

Skin health is often considered a reflection of the body's overall health status. Being the largest organ, the skin performs multiple physiological functions while also influencing an individual's appearance. Palmo-plantar psoriasis (PPP) is a chronic immune-mediated inflammatory condition of the skin characterized by hyperproliferation of epidermal cells. It is a non-communicable disorder that typically affects genetically predisposed individuals, with environmental factors significantly contributing to its pathogenesis.<sup>[1]</sup>

Epidemiological data suggest that psoriasis occurs in nearly 2–3% of the world's population, while in India the reported prevalence ranges from 0.44% to 2.88%.<sup>[2]</sup>

In Ayurveda, most skin diseases are collectively described under the broad term Kushta. Classical Ayurvedic texts have explained eighteen varieties of Kushta, among which eleven are categorized under Kshudra Kushta. Vipadika is considered one of the important conditions included in this group of minor skin disorders.

The clinical features of Vipadika have been described by different Acharyas with slight variations. Ashtanga Hridaya explains that the disease is characterized by Panipadasphutana (fissuring of palms and soles), Teevra Vedana (severe pain), Manda Kandū (mild itching), and Saraga Pidika (reddish eruptions or macules).<sup>[3]</sup> In Charaka Samhita, the condition is mainly described with the symptoms of cracks in the skin accompanied by intense pain.<sup>[4]</sup> Likewise, Acharya Sushruta has mentioned itching, burning sensation, and pain, predominantly affecting the Pada (soles), as the important manifestations of Vipadika.<sup>[5]</sup>

The present case report describes a patient who presented with complaints of persistent dryness, scaling, itching, and fissuring over both palms associated with severe pain for

the past eight years. The patient was managed with Ayurvedic interventions including Virechana as a Shodhana therapy, followed by internal Shamana Aushadhis. Additionally, Raktamokshana was performed using Jaloka (leech therapy), which contributed to marked clinical improvement in the symptoms. Shodhana therapy is considered beneficial in eliminating the underlying pathological factors (Doshas) and thereby helps in reducing the chances of recurrence. The total duration of the treatment was approximately one and a half months. During this period, the patient was evaluated through regular follow-up visits conducted at 15-day intervals, with a total of three follow-ups to assess the progress and outcome of the therapy.

**Aim And Objectives**

1. To describe and analyze the clinical features of Vipadika as mentioned in classical Ayurvedic texts.
2. To evaluate the role and effectiveness of Ayurvedic management in the treatment of Vipadika.
3. To study the correlation between Vipadika and palmo-plantar psoriasis based on clinical presentation.

**Material And Method****Case report-**

A 45-year-old female patient reported to the OPD of Government Ayurvedic College, Nanded. She presented with complaints of cracks over both palms and soles. The condition was associated with a burning sensation in the affected areas. The patient also experienced mild itching. Severe pain was another major symptom reported by the patient.

**Chief complaint-**

The patient presented with fissures over both palms and soles. These lesions were associated with a persistent burning sensation. Mild itching was also reported in the affected areas. The patient experienced

severe pain, particularly during manual work and while walking. These symptoms caused considerable discomfort and interfered with the patient's routine activities.

#### History of present illness-

The patient presented with complaints of cracks on both palms and soles. These cracks were associated with burning sensation, mild itching, and severe pain. The patient had been suffering from these symptoms for the past 8 years. She had previously taken treatment from modern medicine and experienced only temporary relief. However, the symptoms recurred repeatedly. Due to the recurrence of symptoms, the patient approached our hospital for further management. On clinical examination, multiple deep fissures were observed on both palms and soles. Local tenderness was also present at the affected sites. Based on the clinical features, the condition was diagnosed as Vipadika.

#### Personal history

Appetite: Moderate

Bowel: Regular

Micturition: Regular

Sleep: Disturbed

Food: Mixed (Veg And Nonveg)

Occupation: Housewife + Farmer

#### Vital data

Pulse: 74/Min

BP: 120/80 mmHg

Respiratory Rate: 20 /Min

Weight: 78kg

Temp- Normal

#### Skin examination

- The site of involvement was the dorsum of the palm and the sole.
- The distribution of the lesions was symmetrical, involving both soles.

- Dryness, itching, and cracking were observed over both the palms and soles.
- The fissures correspond to Panipāda Sphutana described in Ayurveda.
- The cracks were associated with significant pain.
- On examination, the surface of the affected skin appeared rough and dry.
- The margins of the lesions were irregular.
- There was no evidence of oozing or pustule formation.

#### Samprapti:

Nidana Sevana

(Aharaja, Viharaja and Manasika factors)

↓

Agni Vikruti (Impairment of Agni)

↓

Tridosha Vikruti

along with Rasa, Rakta, Mamsa and Lasika Dushti

↓

Sanga (Obstruction) and Vimargagamana of Doshas

↓

Sthanasamshraya in Hastha (Palms) and Pada (Soles)

↓

Manifestation of Vipadika Kushta

#### Treatment given

#### Snehapana with Dadimadya Ghrita

Days	Dosage
1st	30ml
2nd	50ml
3rd	80ml
4th	100ml
5th	120ml

Sneha Siddhi Lakshanas were seen on 5th day of Snehapana like Sneha Dwesha, Gatra Mardhava, Snighdha Gatrata, Pureesha Snighdhata etc.

Procedure	Medicine	Days
1. Sarvanga Abhyanga, Nadi Sweda	Tila Taila	2 days

2. Vishrama Kala	Diet: Pittaprapakara Ahara	1 day
3. Virechana	Trivrutta leha 50 gm	
4. Samsarjana		For 5 days
5. Jalokavacharana	2sittings (2 consecutive days)	-

**Shamana Aushadi** -(given after Samsarjana): for 15 days.

1. Panchatikta ghrita - 250mg TDS with luke warm water
2. Rasapachaka Kashaya - 15ml TDS after food with luke warm water.
3. Rajani Yoga - 250mg (10am)-250mg(2pm) after food with luke warm water.
4. Chakramarda Taila - LA BD

FOLLOW-UP(1st) AFTER 15 DAYS

1. Gandhaka Rasayana - 250mg BD after food with luke warm water
2. Aaragvdhadi Kashayam - 15ml TDS after food with luke warm water.
3. Manibhadra Guda - 5gm BD with luke warm water.
4. Ropani ointment - LA BD

FOLLOW-UP(2nd) AFTER 15 DAYS

1. Gandhaka Rasayana - 250mg BD after food with luke warm water.
2. Aaragvdhadi Kashayam - 15ml TDS after food with luke warm water.
3. Manibhadra Guda - 5gm BD with luke warm water.
4. Ropani ointment - LA BD

### Observation And Results

Table 1: Assessment Criteria for Sphutan

sr.no	Clinical features	score
1	Insignificant dryness at the foot/palms	0
2	Roughness is present when touching	1
3	Excessive roughness presents and leading to itching	2
4	Excessive roughness presents and leading to slight cracks	3
5	Roughness leading to cracks and fissures	4

Table 2: Assessment Criteria for Vedana.

sr.no	Clinical features	score
1	No pain	0
2	Mild pain of easily bearable nature, comes occasionally	1
3	Moderate pain, but no difficulty	2
4	Appears frequently and requires some measures for relief	3
5	Pain requires medication and may remain throughout the day	4

Table 3: Assessment Criteria for Kandu(Itching)

sr.no	Clinical features	score
1	No itching	0
2	1-2 time in day	1
3	Frequent itching	2
4	Itching disturbs the sleep	3

Table 4: Assessment Criteria for Scaling

sr.no	Clinical features	score
1	No scaling	0
2	Mild scaling by rubbing/by itching (scaling from some lesions)	1
3	Moderate scaling by rubbing/by itching (from all lesions)	2
4	Severe scaling by rubbing/by itching (from all lesions)	3

Table 5: observation table

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

The result was observed after Each follow-up of 15 days, pre- and post-treatment after analysed the assessment criteria of the Patient. After the complete treatment for 45 days, the condition of the patient after each follow up is a follow: Table 5. After a complete treatment assessment score is 0, it shows that the patient has 100 % relief in Cracks, itching, and pain. Pictures of the sole of both feet also show significant relief during the treatment and after the treatment .



Before Treatment .[Fig. 1]



Before Treatment. [Fig. 2]



After Treatment [Fig. 3]

**DISCUSSION:**

Vipadika is a Vata-Kapha dominant disorder. The Ruksha (dry) and Khara (rough) qualities of Vata cause the skin to lose elasticity, leading to painful fissures (Sphutana). Meanwhile, Kapha involvement manifests as Kandu (itching) and thickening of the skin. The disease resides in the Tvak (skin) and Rakta (blood) layers, making it a deep-seated condition. Patient had fissures on her palms and soles and itching due to vitiation of Vata and Kapha respectively. The treatment was given in accordance with vitiation of these Doshas. Panchakarma therapy emphasizes on expulsion of aggravated bio humors from the body. Virechana is the second most therapy in the sequence as well as widely used especially for pittaja disorders[6]. Expulsion of humors from lower route is called as virechana[7]. Since, Vipadika is a chronic skin condition, Virechana (Purgation) & Raktmokshana (Bloodletting) is vital to expel accumulated toxins (Amavisha) and cleanse the blood, which helps in preventing the frequent recurrences typical of Palmoplantar Psoriasis. So, expulsion of vitiated pitta or kapha associated with pitta through anal route is called Virechana. Snehana (Oleation): External application of medicated fats like Tila Taila provides the necessary moisture to counteract Vata's dryness, promoting the healing of cracks.



After Treatment [Fig. 4]

Gandhaka Rasayana is extensively used in treatment of various skin disorders such as psoriasis, urticaria, eczema and wound healing, gastro-intestinal disorders and sinusitis. It is used effectively in healing of abscesses and chronic non healing wounds.[8]

As Kushta is the Raktavaha Srotodusti Vikara, Virechana is the main line of treatment adopted in it. Virechana is given with Trivruttha Avleha[9] contains Vidanga, Amalaki, Haritaki and Trivrut. Haritaki and Amalaki have Anulomana action and Trivrut has Virechaka Prabhava. The ingredients of Panchatikta Ghrita include Nimba[10] (*Azadirachta indica* A. Juss), Patola[11] (*Trichosanthes dioica* Roxb.), Vyaghri[12] (*Solanum surattense* Burm.f), Guduchi[13] [*Tinospora cordifolia* (Thunb) Miers], Vasa[14] (*Adathoda vasica* Linn.), Haritaki[15] (*Terminalia chebula* Retz), Vibhitaki[16] (*Terminalia bellerica* Gaertn. Roxb), Amalaki[17] (*Embllica officinalis* Gaertn), and Goghrita (ghee prepared from cow's milk; most of which have Kushtaghna and Raktaprasadaka properties. [18] Tikta Rasa itself is ideal for Pitta and Rakta Vikaras. As a Shamana Ousadha, Panchatikta Ghrita is a good option for Vipadika.

Ingredients in Aragwadhadhi Kashayam reduce Kapha Dosha and most of them act on the skin. It has anti-bacterial, anti-microbial, anti-parasitic, and anti-inflammatory properties. So, it is also helpful for clearing

the skin infections. Aragwadhadi Kashaya indicated in skin disease like Kushta, Visrpa, Kandu, etc.[19]

Chakramarda Taila is an anuboota yoga. The ingredients of Chakramarda taila are Chakramarda seeds (Cassia tora. Linn) and Tila taila (Sesamum indicum). Chakramarda seeds (Cassia tora) are well known for their Kushtaghna, Kandughna, and Dadrughna effects.[20]

Jaloukavachran: It is a specialized Ayurvedic para-surgical procedure (Anushastra Karma) used for Raktamokshana (bloodletting). It is considered the gentlest method of detoxification. Ayurveda describes leeches as "Saugandhi" (preferring cool environments) and effective at sucking "vitiated" blood. By removing stagnant, Pitta-Rakta dominant blood, it clears the localized Srotas (channels). Its saliva contains substances like bdellins and Eglin that reduce swelling (Shotha) and provide immediate relief from the intense pain (Teevra Vedana) characteristic of Vipadika. [22]. By improving micro-circulation, it helps the skin tissues regenerate faster, closing deep cracks. It purifies the Rakta Dhatu, which significantly reduces the Kandu (itching) caused by Kapha-Pitta imbalance. Jaloukavacharan (Leech therapy) is best for diseases of pittaj manifestations. [23]

Dadimadi Ghrita is a classical Ayurvedic formulation mentioned in Bhaishajya Ratnavali under Kushta Chikitsa. It is prepared using Dadima and other herbal drugs processed in Ghrita, which acts as a potent carrier for delivering the therapeutic properties of the ingredients. In Ayurveda, Ghrita-based formulations are considered beneficial in the management of skin disorders due to their ability to pacify aggravated Vata and Pitta dosha, nourish the tissues and promote wound healing.[26]

Ropani ointment is a classical Ayurvedic external preparation containing ingredients

such as Bakuchi (Psoralea corylifolia), Gandhaka, coconut oil and beeswax, which possess antimicrobial, anti-inflammatory and wound healing properties. Local application of Ropani ointment helps in reducing fissures, relieving pain and dryness, and accelerates the healing of cracked skin. Therefore, it can be effectively used as a supportive local therapy in the management of Vipadika.[27]

#### **CONCLUSION:**

Vipadika significantly hampers day-to-day activities due to severe pain and mobility issues, often leading to emotional stress and social withdrawal. While conventional treatments like topical steroids often provide only temporary relief and lead to recurrence upon discontinuation, Ayurvedic management focusing on Shodhana (purification) and Shamana (pacification) therapies offers a holistic and sustainable approach. This case study aims to demonstrate the efficacy of traditional Ayurvedic protocols in managing chronic Vipadika and preventing its recurrence. While conventional treatments frequently rely on topical steroids that may lead to recurrence, Ayurvedic interventions focusing on Shodhana (detoxification) and Shamana (balancing) offer a sustainable alternative. Vipadika is a disease characterized by the combination of Vata and Kapha imbalances. The increased Ruksha Guna of Vata causes dryness of skin and results in cracks. Kandu is produced by Kapha Dosha. Nidana Parivarjana is crucial in treatment as it halts the disease's progression by restricting Dosha vitiation. This case study documents the clinical management of a Vipadika patient, highlighting the efficacy of holistic protocols in achieving long-term remission. In the present case, the patient was managed by means of Shodhana followed by Shamana Aushadis containing the effect of Snehapana & Virechana are found to be effective in the

management of Vipadika like chronic skin ailments.

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