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Case Study

HEALING FROM THE GROUND UP: AYURVEDIC CASE STUDY ON *VIPADIKA*

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ABSTRACT

Skin diseases have been widely described in Ayurveda under the broad term "*Kushta*." Among these, *Vipadika* is classified as a *Kshudra Kushta* (minor skin disorder) and is primarily associated with an imbalance of *Vata* and *Kapha doshas*. It is characterized by painful cracks, excessive dryness, roughness, itching and occasional bleeding, mainly affecting the palms and soles. Contemporary treatment options often lead to temporary relief with frequent recurrence, leading patients to seek alternative therapies. The present case report aims to assess the therapeutic efficacy of Ayurvedic management in treating *Vipadika*. A 51-year-old male presented with fissures, dryness, roughness in both sole and pain, itching; diagnosed as *Vipadika*. The treatment approach exclusively involved *Shamana Chikitsa*, including the oral administration of *Avapidak snehpan, Arogyavardhini vati, Gokshuradi gugul, Kaishor gugul, Phalatrikadi kadha,* combination of *Yashtimadhu guduchi shunthi haritaki churna*. Topical care was provided by washing the affected area with lukewarm water and application of *Kailas jivan* lotion. *Pathya-Apathya* regarding diet and lifestyle also suggested. The patient's response was assessed over ten weeks, with post treatment follow-up of four weeks to assess symptom improvement and patient-reported outcomes. This case highlights the potential effectiveness of Ayurvedic interventions in managing *Vipadika*, offering a promising alternative or complementary approach for conditions resembling palmoplantar psoriasis, especially in cases prone to relapse.

INTRODUCTION

In Ayurveda, *Kushta* refers to a broad category of skin diseases. It includes various dermatological conditions, ranging from mild rashes to chronic disorders like eczema, psoriasis, and vitiligo. The classical Ayurvedic texts divide *Kushta* into *Maha Kushta* (major skin diseases) and *Kshudra Kushta* (minor skin diseases) i.e., eight severe forms and eleven milder forms respectively.[1] Including diseases resembling modern psoriasis, eczema, leprosy, dandruff, urticaria, and fungal infections. According to *Acharya Charaka*, all forms of *Kustha* originate due to imbalance of the *Tridosha*.[2]

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This imbalance affects the body constituents like *Twak* (skin), *Rakta* (blood), *Mamsa* (muscle), and *Ambu* (body fluids), leading to various dermatological manifestations.[3] Among the minor types of *Kushta*, *Vipadika* is described as a skin condition arising mainly from *Vata* and *Kapha Dosha* instability leads to alteration of *Rakta Dhatu*,[4] Characterized by *Panipada Sphutna* (fissures in palm and sole) associated with *Teevra Vedana* (excessive pain)[5] Acharya Vagbhatta added the symptoms like *Manda Kandu* (mild itching), and *Saraga Pidika* (red patches) in it.[6] while Acharya Sushruta emphasizes *Kandu* (itching), *Daha* (burning sensation), and *Vedana* (pain), with a particular focus on discomfort in the soles *(Pada)*.[7] From a modern perspective, the clinical presentation of *Vipadika* shows considerable similarity to palmoplantar psoriasis- a chronic, immune-mediated, inflammatory, and proliferative skin disorder predominantly affecting the hands and feet. The development of this condition is influenced by a combination of genetic predisposition and environmental triggering factors

include smoking, repetitive or manual trauma, exposure to irritants. Clinically, palmoplantar psoriasis is dermatological condition of thick hyperkeratotic plaques, dryness, and cracks, itching often leading to pain and bleeding. Treatment of this condition is challenging.[8] Allopathic approach such as PUVA (Psoralen plus ultraviolet-A radiation), corticosteroids, and immunomodulators, are commonly employed but associated with potential side effects and frequent relapses.[9] Ayurvedic therapy focus mainly on root cause of disease, regaining the balance of *Dosha* through a holistic approach involving dietary-lifestyle modifications, and the use of herbal and herbo-mineral regimen. This case study examines the implementation of Ayurvedic principles sand formulations for the management of *Vipadika*.

CASE HISTORY

On 17 February 2025, a 51-year-old married male patient OPD no. 19490 came to the outpatient department of Swasthrakshan at Government Ayurved Collage and Hospital, Nanded, Maharashtra, India. The patient was of middle-class socio-economic status, resides with his family in Ahamadpur, and he is a carpenter. He presented a fissure on both soles accompanied by mild pain and itching, which had persisted for 1 year. He also reported a history of constipation and acidity. With the help of clinical examination and Ayurvedic diagnostic criteria, he was diagnosed with *Vipadika*. Additionally, he was addicted to tobacco chewing. Dietary habits included frequent consumption of spicy and sour foods as well as late-night eating. No any family history of palmoplantar psoriasis or similar skin conditions.

Treatment History

The patient, diagnosed with *Vipadika* (palmoplantar psoriasis), earlier took allopathic treatment consisting of Tab. fluconazole 150mg once daily, Tab. Prednisolone 5mg twice daily, and a topical combination of clobetasol and fusidic acid ointment for 8 weeks. This medicine provided temporary symptomatic relief, but symptomatic recurrence occurs on discontinuation of the medications.

Clinical Findings

On general examination; the patient had a pulse rate of 84/min, blood pressure of 130/80mmHg, a temperature of 98.2°F, and a respiratory rate of 22/min; his height was 170cm, weight was 97kg, and Body Mass Index (BMI) was 33.56kg/m^2, The laboratory tests showed that the haemoglobin level was 15%.

Ashtavidha Pariksha

Nadi	*Vata Kapha*
Mala	*Baddha*
Mutra	*Prakrita*
Jihwa	*Lipta*
Shabda	*Prakrita*
Sparsha	*sheeta*
Drik	*Prakrita*
Akruti	*Madhyama*

Diagnostic Assessments

Based on clinical history and examination the condition was diagnosed.

Criteria of Assessment with scoring

Table 1: Gradation of signs and symptoms of *Vipadika*

S.No	Sign and Symptoms	Grades				
		0	1	2	3	4
1	*Pada Sphutana* (Fissures/ cracks)	No cracks	Cracks on heel only.	Cracks on heel and plantar aspect.	Cracks on complete foot	
2	*Kandu* (Itching)	No itching	1-2 times a day	Frequent itching	Itching disturbs the sleep	
3	*Teevra Vedana* (Excessive pain)	No pain	Mild pain of easily bearable nature; comes occasionally.	Moderate pain, but no difficulty.	Appears frequently and requires some measures for relief.	Pain requires medication and may remain throughout the day.

Therapeutic Intervention

Table 2: Details of given drugs during treatment

Sr.no.	Drug	Dose/ mode of administration	Duration of treatment	*Anupana*	Kala
1	*Plain ghrut*	20ml Oral	2.5months	Lukewarm water	10min before and 30 min after food
2	*Arogyavardhini vati*	250mg tab 2BD oral	2.5months	Lukewarm water	After meal
3	*Gokshuradi Gugul*	250mg tab 2BD oral	2.5months	Lukewarm water	After meal
4	*Kaishorgugul*	250mg tab 2BD oral	2.5months	Lukewarm water	After meal
5	*Yashtimadhu+guduchi+ Haritaki+Shunthi churn*	5gm oral	2.5months	Lukewarm water	After meal
6	*Kailas jeevan ointment*	Once localiy	2.5months	External application	At night

RESULT

The patient was monitored on a weekly basis over a 2.5months treatment period to assess progress and adjust the therapeutic approach as needed. By the second week, symptoms had decreased by one grade. By the fourth week (Figure No. 3), notable improvements were observed, including reduced pain, itching, and dryness on the soles. By the eighth week (Figure No. 5), all fissures and cracks on both soles had completely healed, allowing the patient to walk comfortably. At the end of the 10 weeks, the patient reported significant relief from all symptoms (Figure No. 6). Throughout the treatment, the patient consistently followed *Pathya-Apathya* dietary and lifestyle guidelines. During a four-week post-treatment observation period no medicine was given only advice to follow *Pathya-Apathya*, no recurrence of symptoms was noted (Figure No. 7). Furthermore, a six-month follow-up confirmed sustained remission without any signs of relapse.

Table 3: Details of the score of symptoms before and after treatment with follow-up

Features	Before treatment	After follow-up (2nd week)	After 2nd follow-up (6th weeks)	After 3rd follow-up (8th weeks)
Pada Sphutana (Fissures / cracks)	3	2	1	0
Kandu (Itching)	3	2	1	0
Teevra Vedana (Excessive Pain)	3	2	1	0

Images of the patient before treatment, follow-up and after treatment:

Figure 1: Before treatment (Date: 17/02/2025)

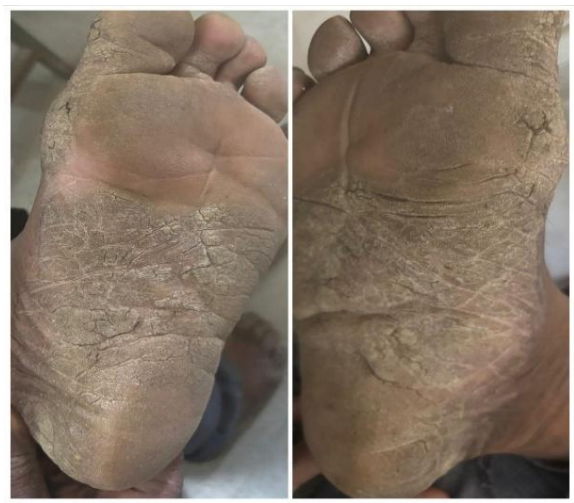


Figure 2: After 2 weeks of treatment (Date: 03/03/2025)

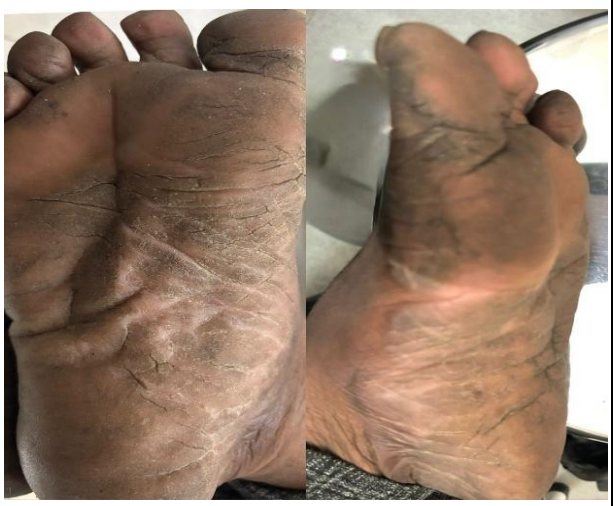


Figure 3: After 4 weeks of treatment (Date: 17/03/25)

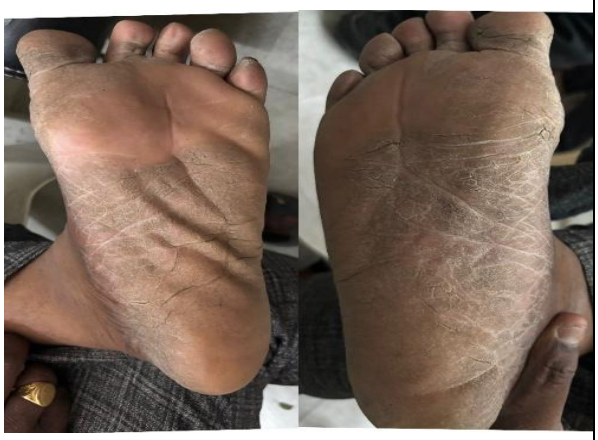


Figure 4: After 6 weeks of treatment (Date: 01/04/25)

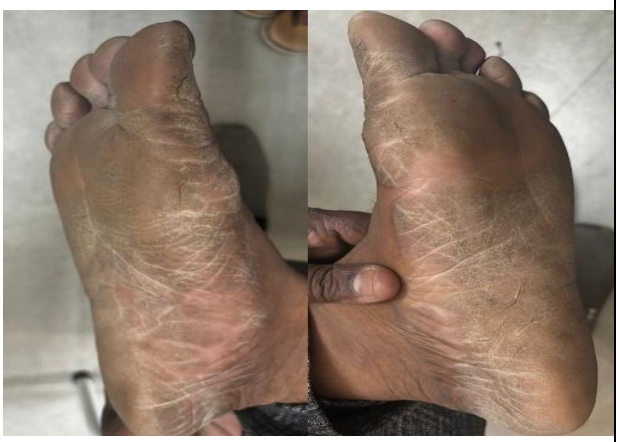


Figure 5: After 8 weeks of treatment (Date: 15/04/25)

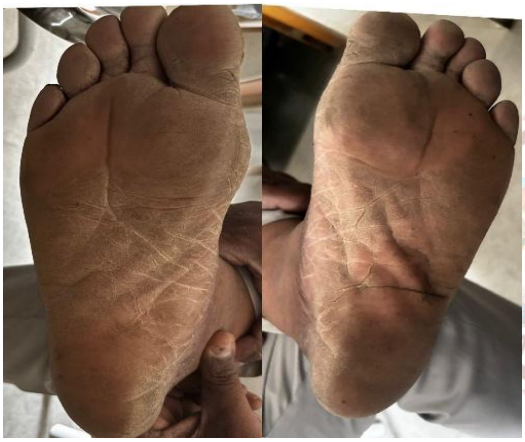


Figure 6: After 10 weeks of treatment (Date: 29/04/25)

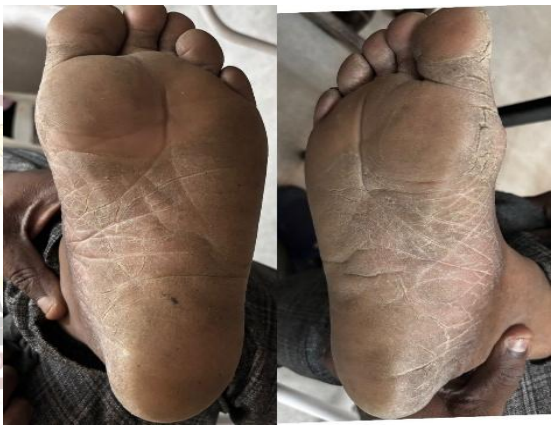
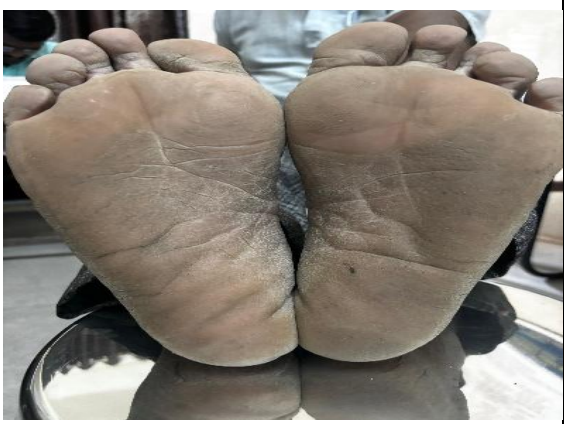


Figure 7: After 4 weeks of post treatment (Date: 29/05/25



DISCUSSION

Vipadika, an Ayurvedic classification for skin disorder to palmoplantar psoriasis, manifests with skin cracking, dryness, pain, and mild itching, primarily on the palms and soles. The condition is chronic and recurrent, with conventional treatments often providing only temporary relief. Ayurveda manages *Vipadika* by balancing *Vata* and *Kapha Doshas*, emphasizing *Nidana Parivarjana, Pathya-Apathya Palana*, and lifestyle modification.

This case involves a 58-year-old male with chronic pruritus, fissures, and moderate pain on both soles. Previous allopathic treatment offered short-term relief with recurrence. The Ayurvedic protocol comprised internal administration of *Ghrita, Arogyavardhini Vati, Gokshuradi Guggul, Kaishor Guggul,* and a powdered blend of *Yashtimadhu, Guduchi, Haritaki,* and *Shunthi*. External care included Kailas Jivan ointment. Except for *Kailas Jivan* (procured from the market), all medicines were prepared in-house at the Government Ayurved Pharmacy, Nanded, Maharashtra, while the *Ghrita* was homemade by the patient. The regimen was designed according to Ayurvedic principles to restore *Dosha* balance and enhance immune function.

Probable mode of action of the formulations

Gritha Pana - The administration of *Sneha* before food *(Pragbhakta Snehapana)* primarily acts on *Apana Vayu,* which governs the lower part of the body, including the processes of elimination and reproductive functions. This helps in regulating *Apana Vata's* functions and correcting its derangement. So that toxic elements are properly eliminated from body. *Jeervantika Snehapana*, taken after digestion *(Jeernantika),* influences *Vyana Vayu*, which is responsible for circulation and movement throughout the body. Since *Vyana Vayu* is *Sarvadehachari* (pervasive throughout the body), the *Sneha* taken at this time aids in balancing its functions, ensuring proper circulation and systemic nourishment.

The reference from Chakrapani, "सर्पिषोऽवपीडकः यत्र सर्पिः पीत्वा तत्पीडकमन्नं भुज्यते", indicates that after consuming *Sneha (Sarpi),* when food is taken, it helps in the proper absorption and distribution of the *Sneha*. Thus, there is no excess *Kleda* production which is primary cause of *Kushta*.[10]

In the context of *Mutrotpatti* (urine formation), *Sneha* follows a similar mechanism to the *Upasneha Nyaya* (the principle of capillary absorption), where it gradually percolates and reaches the *Basti* (bladder) through the *Pakwashaya gata nadis* (intestinal channels).[11] This process aids in breaking the pathogenesis *(Samprapti Vighatana)* of *Vata-Kapha* dominant diseases by normalizing the disturbed Vata, particularly *Apana* and *Vyana*, and *Kapha* by proper elimination of excess *Kleda*, thereby restoring physiological balance of *Dosh* and *Dhatu*.

Arogyavardini Vati- Is the best formulation told by acharyas specially in the management of *Kushta rogas*. The maximum ingredients are useful in skin diseases. This *Vati* improves the function of *Pachak Pitta* due to which there is proper functioning of *Rasadhatwagni*, which is very important factor to cure the disease because *Vipadika kushta* is disease of *Raktavaha stroto dushti*.[12]

Gokshuradi Guggulu- *Gokshuradi Guggulu*, a classical Ayurvedic formulation, is valued for its detoxifying, anti-inflammatory, and diuretic properties, supporting psoriasis management by eliminating toxins and improving blood circulation. *Gokshura*, with *Madhura Rasa, Sheeta Veerya*, and *Guru Snigdha* qualities, acts as *Vatahara* and promotes kidney function, aiding toxin removal. In Ayurveda, psoriasis is linked to *Mala Sanchaya* (metabolic waste accumulation); *Gokshura* helps flush out these toxins. *Guggulu* reduces inflammation *(Shothahara Karma),* itching, and scaling by slowing excessive skin cell production, balancing *Vata* and *Kapha*, and preventing thickened lesions.[13]

Kaishor Gugul - *Kaishore guggulu* is mainly used as antibacterial, antiallergic agent. It acts as skin health promoter, natural blood cleanser, useful as supportive herbal regimen in many health conditions such as diabetes, skin diseases etc.[14]

***Kailas jeevan* ointment**

It possesses anti-inflammatory, antimicrobial, wound-healing, and tissue-regeneration properties. It helps alleviate symptoms and promotes healing by enhancing tissue regeneration and repair. Additionally, it provides a moisturizing effect to the skin, reducing itching sensations.[15]

Combination of *Churn*

Yashtimadhu- *Yashtimadhu* acts on the *Mamsavaha Srotas*, and since the skin is considered an *Upadhatu* (secondary tissue) of *Mamsa Dhatu*, it contributes to improving skin health. It possesses anti-inflammatory, anti-oxidant, anti-ulcerogenic, immunomodulatory, hepatoprotective and rejuvenation, diuretic activities. Traditionally it is used in the management of eczema, psoriasis and other inflammatory skin conditions.[16]

Guduchi- *Guduchi* acts as a *Rasayan* (rejuvenative) and helps in balancing the *Tridosha*, thereby supporting overall health and well-being. It possesses antipyretic**,** anti-inflammatory, anti-oxidant, immunomodulatory, anti-ulcerogenic, hepatoprotective activities.[17]

Shunthi- *Shunthi* alleviates *Kapha-vata dosha Shunthi* acts as a *Deepana* and *Pachana Dravya*, helping to stimulate and promote healthy digestion. It possesses

anti-inflammatory, analgesic, anti-microbial, anti-bacterial, antioxidant activity.[18]

Haritaki- *Haritaki* acts as an *Anulomaka*, promoting the elimination of toxins and waste products from the body, which are primary contributors to skin disorders. It possesses laxative, wound healing, antifungal, antibacterial, cytoprotective anti-aging, antio-xidant, anti-carcinogenic, anti-plasmodial, hepatoprotective, cardio protective, anti-nephroprotective, hypolipidimic, anti-diabetic, activities.[19]

Pathya Ahara **(Recommended Diet)**

Include *Laghu Anna* (light, easily digestible grains), *Purana Dhanya* (well-aged cereals), *Mudga* (green gram), *Purana Shali* and *Shashtika Shali* (aged rice varieties), *Yava* (barley), *Godhuma* (wheat), *Tikta-Patola Shaka* (bitter vegetables), and food or ghee processed with *Triphala*. Use *Nimba* or *Khadira* decoction water for drinking *(Jala Pana)* and *Aushadha Samskruta Takra* (medicated buttermilk).

Pathya Vihara **(Recommended Lifestyle Practices)**

Perform *Abhyanga* (oil massage) with *Tila Taila* and *Parisheka* (warm decoction pouring therapy). Completely abstain from chewing tobacco.

Apathya Ahara **(Avoidable Diet)**

Avoid *Guru Anna* (heavy, hard-to-digest grains), *Amla Rasa* (sour-tasting foods), *Dadhi* (curd), *Matsya* (fish), excessive *Taila* (oily foods), *Adhyasana* (overeating), *Ajirnasana* (eating with indigestion), and *Vidahi* or *Abhishyandi Ahara* (foods causing burning sensation or channel obstruction).

Apathya Vihara **(Avoidable Lifestyle Practices)**

Avoid *Divasvapna* (daytime sleeping), excessive *Maithuna* (sexual activity), *Vegadharana* (suppression of natural urges), *Tapa Sevana* (excessive heat exposure), and contact with mud, dust, or water.

By removing causes, improving digestion, balancing *Doshas*, clearing channels, and strengthening tissues, the *Pathya–Apathya* regimen interrupts *Samprapti*, relieving symptoms and preventing progression or recurrence of *Vipadika*.

CONCLUSION

The Ayurvedic protocol incorporating *Ghritapana, Arogyavardhini vati, Gokshuradi Gugul, Kaishorgugul, Yashtimadhu+Guduchi+ Haritaki+Shunthi churn*. Additionally, external care involves *Kailas Jivan* ointment. Local application demonstrated notable efficacy in the management of *Vipadika*. Symptom resolution was accompanied by the absence of adverse effects and high patient satisfaction, suggesting both safety and acceptability of the intervention. These findings align with traditional therapeutic claims and support the integration of such regimens into dermatological care where appropriate. Nevertheless, validation through larger, randomized controlled trials is essential to substantiate these results and determine the broader applicability of Ayurvedic therapies in dermatology and related medical fields.

Declaration of Patient Consent

The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient(s) has/have given consent for their clinical details, images, and other relevant information to be reported in the journal. The patients understand that their names and initials will not be published, and due efforts will be made to conceal their identity. However, complete anonymity cannot be guaranteed.

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