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Case Study

AYURVEDIC MANAGEMENT OF *VIPADIKA* (PALMOPLANTAR FISSURED DERMATOSIS) THROUGH COMBINED *SHODHANA* AND *SHAMANA CHIKITSA*

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ABSTRACT

Vipadika is a *Kshudra Kushtha* described in classical Ayurvedic texts, characterised by painful fissuring, dryness, burning and itching over the palms and soles, and correlates clinically with chronic palmoplantar eczema/psoriasiform dermatosis in contemporary dermatology. Faulty dietary habits such as intake of incompatible food combinations and improper daily regimen are considered important causative factors. **Case Presentation:** A 42-year-old housewife presented with painful, deep fissures over both palms and soles of six months' duration, with a history of habitual daytime sleep and regular consumption of curd-marinated non-vegetarian food and curd with khichadi - both classified as *Viruddha Ahara*. She was managed with *Deepana-Pachana* for 5 days, *Snehapana* with *Mahatikta Ghrita* for 4 days, a 2-day *Vishrama Kala, Vamana Karma, Sansarjana Krama*, followed by *Virechana Karma* and a further *Sansarjana Krama*, and thereafter *Shamana Chikitsa* with *Manjisthadi Kwath*, Tab. *Arogyavardhini Vati*, Tab. *Gandhak Rasayana* and Tab. *Kaishor Guggulu* for 60 days. **Results:** The *Vipadika* Assessment Score reduced from 19/24 to 5/24, with near-complete healing of fissures, reduced erythema, and ESR falling from 32 to 16mm/hr. Liver and renal parameters remained within normal limits, indicating good tolerability. **Conclusion:** A structured *Shodhana-Shamana* protocol addressing *Kapha-Vata-Rakta dushti* provided marked symptomatic and objective improvement in *Vipadika* without adverse effects, supporting the value of classical Panchakarma-based management in chronic dermatoses.

INTRODUCTION

Vipadika is enumerated among the *Kshudra Kushtha* (minor skin disorders) by Acharya Sushruta and is described as a *Kapha-Vata* dominant, *Rakta-anubandhi* condition presenting with *Sphutana* (fissuring), *Daha* (burning), *Kandu* (itching) and *Ruja* (pain) predominantly over the *Pani-Pada* (palms and soles)[1]. Acharya Vagbhata similarly describes *Vipadika* under *Kshudraroga* with comparable *Lakshanas*[4]. In contemporary dermatology, this presentation is often correlated with chronic palmoplantar eczema or palmoplantar psoriasis, both of which are notoriously chronic, relapsing and difficult to manage with topical therapy alone[14].

Nidana Sevana in the form of *Viruddha Ahara* (incompatible food combinations, e.g. *Dadhi* with *Mamsa*) and improper *Ratricharya/Dinacharya* such as habitual *Divaswapna* (daytime sleep) are well recognised in classical literature as *Kapha-Pitta-Rakta* vitiating factors that manifest as *Twak-vikara* over time[5].

This case report has been prepared following the CARE (CAse REport) guidelines to ensure systematic and transparent documentation of diagnostic reasoning, therapeutic intervention and outcome.

The CARE guideline framework was adopted for structuring this report[3].

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Patient Information

Demographic details

Parameter	Details
Age / Sex	42 years / Female
Occupation	Housewife
Marital status	Married, P2L2
Socio-economic status	Middle class (Modified Kuppuswamy scale)
Religion / Region	Hindu / Maharashtra, India
Date of registration	[10/12/2025]

Chief complaints

- Painful cracks/fissures over both palms and soles – 6 months
- Burning sensation over the lesions, aggravated after household chores – 5 months
- Itching over palms and soles – 5 months
- Occasional oozing from deep fissures on pressure – 3 months
- Difficulty in performing daily household work due to pain – 3 months

History of Present Illness

The patient was apparently normal 6 months back, after which she gradually developed dryness followed by fissuring over the palms and soles, progressively increasing in depth and number. She reports the habitual practice of taking a nap for 1–2 hours every afternoon (Divaswapna) and a strong dietary preference for curd marinated non-vegetarian preparations and curd taken along with hot khichadi (Viruddha Ahara), both consumed several times a week. She had taken symptomatic relief with local emollients from a nearby pharmacy without significant benefit, following which she presented to this OPD for Ayurvedic management.

Past History, Personal History and Other Relevant History

Domain	Findings
Past history	Not a known case of diabetes mellitus / hypertension / thyroid disorder; no known drug allergy
Nidra (sleep)	*Divaswapna* (daytime sleep) present daily; night sleep adequate
Ahara (diet)	Mixed diet; frequent intake of *Dadhi* + *Mamsa* (curd-marinated non-veg) and *Dadhi* + Khichadi (*Viruddha Ahara*); irregular meal timings
Agni (digestive fire)	*Mandagni* (diminished digestive capacity), occasional bloating
Mala Pravrutti (bowel habit)	Irregular, tendency towards constipation
Vyasana (addiction)	None
Family history	Non-contributory

***Ashtavidha Pariksha* (Eight-fold examination)**

Pariksha	Findings
Nadi (pulse)	*Kapha-Vata pradhan*, 78/min
Mala (stool)	*Baddha* (constipated), once in 1–2 days
Mutra (urine)	4–5 times/day, clear
Jihva (tongue)	*Sama* (coated)
Shabda (speech/voice)	*Prakrita* (normal)
Sparsha (touch)	*Ruksha* (dry) and *Sheeta* (cold) over palms/soles
Druk (eyes)	*Prakrita*
Akriti (general built)	*Madhyam* (moderate)

***Dashavidha Pariksha* (relevant findings)**

Prakriti – Kapha-Pittaja; Vikriti – Kapha-Vata-Rakta dushti; Sara – Madhyam; Samhanana – Madhyam; Pramana – Madhyam; Satmya – Madhyam; Satva – Madhyam; Ahara Shakti – Avara (Mandagni); Vyayama Shakti – Avara; Vaya – Madhyam (42 years).

Clinical Findings

On local examination, multiple deep, well-defined fissures were noted bilaterally over the thenar and hypothenar eminences of the palms and over the heels/soles, with surrounding dry, rough and mildly erythematous skin. Tenderness was present over active fissures, with occasional serous oozing elicited on pressure; no active discharge at rest. No regional lymphadenopathy was noted. Nails, scalp and other skin areas were unremarkable. General and systemic examination (cardiovascular, respiratory, per-abdomen, CNS) was within normal limits, and vitals were stable (BP 118/76 mmHg, PR 78/min, RR 16/min, afebrile).

Timeline

Day	Event / Intervention
Day 1	OPD registration, history taking, clinical examination, baseline investigations (BT)
Day 1–5	*Deepana-Pachana (Panchakola Phanta / Chitrakadi Vati,* BD before food)
Day 6–9	*Snehapana* with *Mahatikta Ghrita* in *Arohana Krama* (ascending dose) till *Samyak Snigdha Lakshana*
Day 10–11	*Vishrama Kala* (2-day gap) – *Sarvanga Abhyanga* with *Tila Taila + Nadi Sweda*
Day 12	*Vamana Karma (Pradhana Karma)* with *Madanaphaladi Yoga*
Day 13–15	*Sansarjana Krama (Peya → Vilepi → Akrita/Krita Odana-Mudga Yusha)*
Day 16–17	*Deepana-Pachana + Abhyanga-Sweda* (*Poorva Karma* for *Virechana*)
Day 18	*Virechana Karma* with *Trivrit*-based *Yoga*
Day 19–21	*Sansarjana Krama* (post-*Virechana*)
Day 22–81	*Shamana Chikitsa – Manjisthadi Kwath*, Tab. *Arogyavardhini Vati*, Tab. *Gandhak Rasayana*, Tab. *Kaishor Guggulu* (60 days)
Day 37, 52, 67, 82	Follow-up visits (15, 30, 45, 60 days of *Shamana Chikitsa*) with symptom scoring
Day 82	Final assessment, post-treatment investigations (AT), photographic/schematic documentation

Diagnostic Assessment

Based on the characteristic *Lakshanas (Sphutana, Daha, Kandu, Ruja, Srava* over *Pani-Pada*) and the *Nidana* of *Viruddha Ahara* and *Divaswapna*, the case was diagnosed as *Vipadika (Kshudra Kushtha)* as per Sushruta Samhita[1] and Ashtanga Hridaya[4]. A modern differential diagnosis of chronic palmoplantar eczema/palmoplantar psoriasis was considered[14]; dermatophytosis was excluded by a negative KOH mount, and irritant contact dermatitis was considered unlikely given the chronicity and characteristic bilateral, symmetrical distribution.

Investigations Before Treatment (BT)

Investigation	Before Treatment (BT)	Reference Range
Haemoglobin (Hb)	12.1 g/dL	12–15 g/dL
Total Leucocyte Count (TLC)	9,800 cells/mm^3	4,000–11,000 cells/mm^3
Eosinophils (DLC)	7%	1–6%
ESR	32 mm/hr	<20 mm/hr
Total Bilirubin	0.8 mg/dL	0.3–1.2 mg/dL
SGOT (AST)	28 U/L	5–40 U/L
SGPT (ALT)	30 U/L	7–56 U/L
Serum Alkaline Phosphatase	98 U/L	44–147 U/L
Blood Urea	24 mg/dL	15–40 mg/dL

Serum Creatinine	0.7 mg/dL	0.6–1.1 mg/dL
Total Cholesterol	172 mg/dL	<200 mg/dL
Triglycerides	110 mg/dL	<150 mg/dL
Fasting Blood Sugar	92 mg/dL	70–100 mg/dL
KOH mount (skin scraping)	Negative for fungal elements	–
HbsAg / HIV / VDRL	Non-reactive	Non-reactive

Table: Baseline (pre-*Panchakarma*) haematological, biochemical and screening investigations

***Vipadika* Assessment Score (before treatment)**

A composite 0–4 graded *Vipadika* Assessment Score (*Vidaha*, *Daran*/fissuring, *Kandu*, *Ruja* on VAS, *Sphutana* depth, *Srava*) was used to objectify severity; total score range 0–24.

Symptom	**Grade (0–4)**
Vidaha (Burning)	3
Daran (Fissuring)	4
Kandu (Itching)	3
Ruja (Pain, VAS)	3
Sphutana (Depth of cracks)	4
Srava (Discharge)	2
Total Score	19 / 24



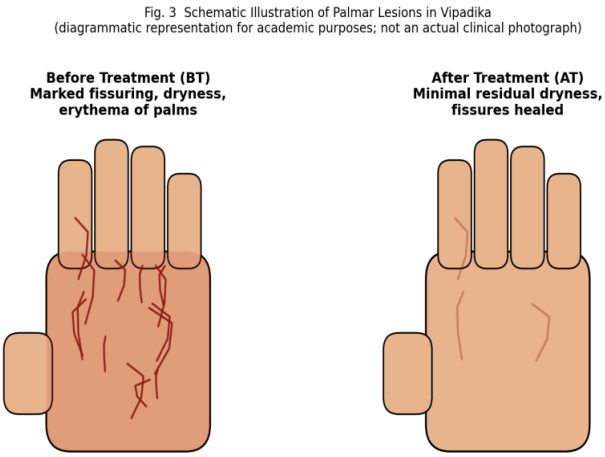


Fig. 3: Schematic illustration of palmar lesions before and after treatment (diagrammatic representation for academic purposes; not an actual clinical photograph)

Therapeutic Intervention

1. *Deepana-Pachana* (Day 1–5)

Panchakola Phanta/Chitrakadi Vati, 2 tablets twice daily before food with lukewarm water, was administered for 5 days to correct *Mandagni* and clear *Ama* prior to *Snehapana*[5], since *Sama Sneha* is contraindicated in classical texts.

2. *Snehapana* with *Mahatikta Ghrita* (Day 6–9)

Mahatikta Ghrita[6] was administered orally in Arohana Krama (ascending dose) on empty stomach: day 1–30ml, day 2–60ml, day 3–90ml, day 4–120ml. *Samyak Snigdha Lakshana (Vata Anulomana, Snigdha Varchas, Twak Snigdhata*, mild *Agnisadana*) appeared on day 4, following the criteria described in Ashtanga Hridaya[7] and Sharangdhara Samhita[8]; *Snehapana* was accordingly discontinued after the fourth day.

3. *Vishrama Kala* (Day 10–11, 2-day gap)

Following completion of *Snehapana*, a 2-day *Vishrama Kala* was observed to allow proper *Sneha Paka* and *Kleda utpatti*, during which *Sarvanga Abhyanga* with *Tila Taila* followed by *Nadi Sweda* was administered as *Poorva Karma* for *Vamana*.

4. *Vamana Karma* (Day 12)

On the day prior, *Kapha-vardhaka Ahara* (curd-rice) was given at night. On the day of procedure, following *Sarvanga Abhyanga-Sweda, Vamana* was induced using a *Madanaphaladi Yoga (Madanaphala Pippali Churna* with *Vacha, Saindhava* and *Madhu*, *Yashtimadhu Kwath* as *Anupana*), as per the classical protocol for *Vamana Karma*[9]. Eight *Vamana Vegas* were obtained with appearance of *Pittanta*, and *Samyak Vamana Lakshana (Laghuta* of body, *Shuddhi* of *Manas*, clear voice) was noted, indicating *Pravara Shuddhi*.

5. *Sansarjana Krama* (Day 13–15)

A graded diet regimen– *Peya, Vilepi, Akrita Odana-Mudga Yusha* and *Krita Odana-Mudga Yusha*– was followed over 3 days to restore *Agni* gradually as per *Charaka Siddhi Sthana*[10].

6. *Virechana Karma* (day 18, planned after *Sansarjana Krama*)

After a further short *Deepana-Pachana* and *Abhyanga-Sweda* as *Poorva Karma, Virechana* was administered using a *Trivrit*-based *Yoga*[11]. Twelve *Vegas* were obtained with appearance of *Pittanta* at the end, corresponding to *Madhyama Shuddhi; Samyak Virechana Lakshana* was noted without excessive *Vega*, dehydration or exhaustion.

7. *Sansarjana Krama* post-*Virechana* (Day 19–21)

A similar graded *Peya–Vilepi–Odana* regimen was followed for 3 days before resuming a normal diet.

8. *Shamana Chikitsa* (Day 22–81, 60 days)

Drug	Dose	Anupana / Timing
Manjisthadi Kwath	10 ml	With equal quantity of lukewarm water, twice daily (BD), before food
Tab. *Arogyavardhini Vati*	1 tablet	Once daily in the morning, empty stomach, with warm water
Tab. *Gandhak Rasayana*	2 tablets	Twice daily (BD), after food, with warm water
Tab. *Kaishor Guggulu*	2 tablets	Twice daily (BD), before food, with warm water

These formulations were selected for their established *Raktashodhana, Kushthaghna* and *Agni-Deepana* properties described in *Bhaishajya Ratnavali*[12] and *Dravyaguna* literature[13].

***Pathya-Apathya* (dietary and lifestyle advice)**

- Strict avoidance of *Viruddha Ahara* – curd with non-vegetarian food and curd with hot khichadi.

- Avoidance of *Divaswapna* (daytime sleep).
- *Laghu, Ushna*, freshly prepared food; avoidance of curd at night and excess salt/sour/fermented items.
- Local application of lukewarm *Triphala Kwath* wash over palms and soles.
- Use of mild emollient after washing to prevent excessive dryness.

Follow-up and Outcomes

The patient was followed up at 15, 30, 45 and 60 days of *Shamana Chikitsa*. Progressive healing of fissures with reduction in pain, burning and itching was observed from the second follow-up onwards, with near-complete resolution by 60 days.

Investigations after treatment (AT)

Investigation	Before Treatment (BT)	After Treatment (AT)	Reference Range
Haemoglobin (Hb)	12.1 g/dL	12.4 g/dL	12–15 g/dL
Total Leucocyte Count (TLC)	9,800 cells/mm^3	8,200 cells/mm^3	4,000–11,000 cells/mm^3
Eosinophils (DLC)	7%	4%	1–6%
ESR	32 mm/hr	16 mm/hr	<20 mm/hr
Total Bilirubin	0.8 mg/dL	0.7 mg/dL	0.3–1.2 mg/dL
SGOT (AST)	28 U/L	24 U/L	5–40 U/L
SGPT (ALT)	30 U/L	26 U/L	7–56 U/L
Serum Alkaline Phosphatase	98 U/L	90 U/L	44–147 U/L
Blood Urea	24 mg/dL	22 mg/dL	15–40 mg/dL
Serum Creatinine	0.7 mg/dL	0.7 mg/dL	0.6–1.1 mg/dL
Total Cholesterol	172 mg/dL	180 mg/dL	<200 mg/dL
Fasting Blood Sugar	92 mg/dL	88 mg/dL	70–100 mg/dL

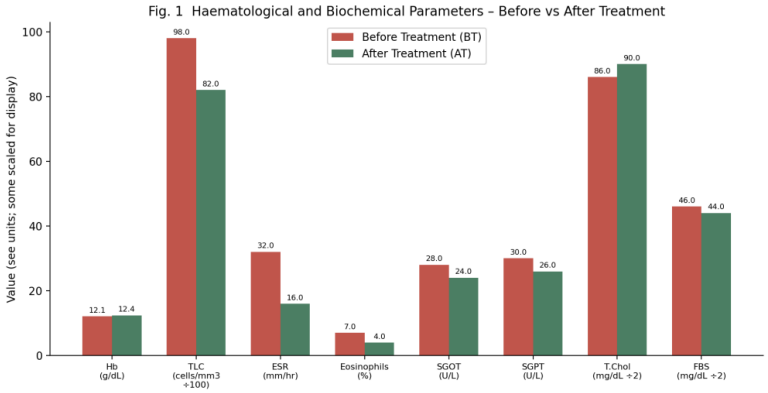


Fig. 1: Haematological and biochemical parameters before versus after treatment (values within the reference range throughout, indicating good safety profile of the intervention)

***Vipadika* Assessment Score (after treatment)**

Symptom	BT Grade	AT Grade
Vidaha (Burning)	3	1
Daran (Fissuring)	4	1
Kandu (Itching)	3	1
Ruja (Pain, VAS)	3	1
Sphutana (Depth of cracks)	4	1
Srava (Discharge)	2	0
Total Score	19 / 24	5 / 24

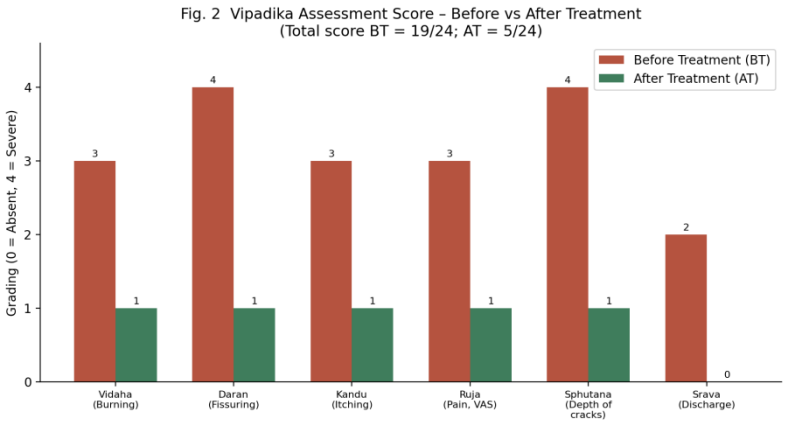


Fig. 2: Vipadika Assessment Score before and after treatment, showing an overall reduction from 19/24 to 5/24 (74% improvement)

No adverse events were reported during *Panchakarma* procedures or the 60-day *Shamana Chikitsa*. Liver and renal function parameters remained within normal limits throughout, supporting the safety of the combined protocol. At the 60-day follow-up, fissures had healed with minimal residual dryness, and the patient could resume routine household activities without discomfort. No recurrence was noted till the last follow-up.

DISCUSSION

In this case, habitual *Divaswapna* and repeated intake of *Viruddha Ahara (Dadhi* with *Mamsa*, and *Dadhi* with hot Khichadi) appear to have played a central causative role. *Divaswapna* is described as *Kapha-vardhaka* owing to its *Snigdha* and *Guru Guna*[4], while *Dadhi-Mamsa* and *Dadhi* with hot preparations are specifically enumerated among *Viruddha Ahara* combinations that generate *Ama* and vitiate *Rakta*, *Kapha* and *Pitta*[5]. Cumulative vitiation of *Kapha-Vata* with *Rakta-Pitta anubandha* localised to *Twak, Rakta* and *Mamsa Dhatu* is consistent with the clinical presentation of *Vipadika*– dryness and fissuring reflecting *Vata-Kapha*, and burning/erythema reflecting *Pitta-Rakta* involvement.

Deepana-Pachana was administered first to correct *Mandagni* and clear *Ama*, since *Sneha* given in the presence of *Ama* fails to be metabolised properly and may itself aggravate *Kapha*[5]. *Mahatikta Ghrita*, a *Tikta-Rasa-pradhan Sneha Kalpana*, was chosen for *Snehapana* because *Ghrita*, being *Sukshma* (subtle), carries the *Raktashodhaka* and *Kushthaghna* properties of its *Tikta* constituents into the *Sukshma Srotas*, thereby acting at the *Dhatu* level rather than only the *Koshtha*[6].

Since *Kapha* is the *Pradhana Dosha* in most *Kushtha* conditions with *Pitta* as *Anubandha*, *Vamana Karma* was selected as the primary *Shodhana* procedure, in keeping with the classical dictum that *Kapha-Pitta* predominant disorders respond best to *Vamana*[2]. *Virechana* was administered subsequently to eliminate residual *Pitta-Rakta dushti* through the *Adhobhaga Marga*[10], completing bio-purification of both *Kapha* and *Pitta-Rakta* components of the pathology.

Among the *Shamana* drugs, *Manjisthadi Kwath* is a well-recognised *Raktashodhaka* indicated in *Twak Vikara*[12]; *Arogyavardhini Vati* improves *Agni* and hepatic metabolic function besides possessing direct *Kushthaghna* action[12]; *Gandhak Rasayana*, containing purified Sulphur (*Shuddha Gandhaka*), is traditionally used as a *Rasayana* with antimicrobial and *Twak-roga-hara* properties that may help prevent secondary infection of fissures[13]; and *Kaishor Guggulu*, a *Guggulu*-based *Raktashodhaka*-cum-anti-inflammatory formulation, is commonly used in chronic *Pitta-Rakta* dominant skin and joint disorders[12]. The combined *Shodhana-Shamana* approach used here parallels the rationale reported in other published case reports on Ayurvedic management of *Kushtha*-group disorders[15,16].

This report has the inherent limitations of a single case study: absence of a comparator arm, use of a non-validated composite symptom score, and a relatively short follow-up period of 60 days, precluding conclusions on long-term recurrence. Nonetheless, the marked reduction in both subjective symptoms and the objective inflammatory marker (ESR) alongside a favourable safety profile is encouraging and merits confirmation through larger, controlled clinical studies.

Patient Perspective

"The cracks on my palms and feet had made even simple household chores extremely painful. After the Panchakarma treatment and the medicines, the pain and burning have reduced considerably, and I am able to cook and manage my house without difficulty. I have also become more careful about my food habits and avoid taking curd with non-vegetarian food or with khichadi now, and I try not to sleep in the

afternoon."– as reported by the patient at the final follow-up visit.

Informed Consent

Written informed consent was obtained from the patient for publication of this case report and any accompanying anonymised clinical images/ illustrations, in accordance with institutional ethical guidelines. All identifying information has been withheld to protect patient confidentiality.

CONCLUSION

This single case study demonstrates that a structured Ayurvedic protocol– *Deepana-Pachana* followed by *Snehapana* with *Mahatikta Ghrita, Vamana Karma, Sansarjana Krama, Virechana Karma* and subsequent *Shamana Chikitsa* with *Manjisthadi Kwath*, *Arogyavardhini Vati, Gandhak Rasayana* and *Kaishor Guggulu* – produced substantial clinical improvement in a case of *Vipadika* associated with *Viruddha Ahara Sevana* and *Divaswapna*, with good tolerability and no recurrence at 60-day follow-up. These findings support the rationale of combining *Shodhana* and *Shamana Chikitsa* in the management of chronic, *Nidana*-driven *Kushtha* disorders, and highlight the importance of correcting causative dietary and lifestyle factors alongside pharmacological intervention.

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