Ayurvedic Management of Vipadika Kushtha (Palmoplantar Psoriasis) - A Single Case Study

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ABSTRACT

Vipadika is one form of the Kushtha with Pani Pada Sputhana (cracking of the skin in the palms and soles) and Teevra Vedana (severe pain) as the cardinal symptoms. It can be correlated with Palmoplantar psoriasis (PPP) having symptoms fissuring of skin in the palms and soles, severe pain, burning, itching and roughness. It is Vata-kaphaj Kushtha. In the pathogenesis of Kushtha, Tridoshas, Twacha, Rakta, Mamsa and Lasika are involved. In this case, treatment was planned to alleviate Vata and Kapha Dosha. Twak, Rakta, Mamsa and Lasika Dushya were treated effectively. Kushthaghna medicines were used along with this. In the end, significant results were found in the patient.

Key Words: Vipadika Kushtha, Palmoplantar psoriasis, Raktapachak Yoga, Arogyavardhini Vati, Khadirarishta, ErandaHaritaki, Jivantiyadi Yamakam

INTRODUCTION

Skin is the largest protective organ of the body covering an area of just under 2m². Along with this, it also performs sensory and thermoregulatory functions. Healthy and attractive skin plays a major role in one’s self-worth, and it is a key component of the image to be presented to the outside world. Skin diseases are more common. In Ayurveda, all skin diseases come under Kushtha.

Kushtha is also included in eight Mahagad (dreadful diseases). It is further classified into Mahakushtha and Kshudra Kushtha. Vitiations of Tridosha and their invasions into four Dhatus like Twak, Rakta, Mamsa and Lasika lead to Kushtha. These seven are called as the seven morbid factors (Sapta Dravya Sangraha) of Kushtha. Kushtha do not manifest itself due to the aggravation of single Dosha. Vipadika is one form of the Kushtha with Pani Pada Sputhana (cracking of the skin in the palms and soles) and Teevra Vedana (severe pain) as the chief symptoms. Acharya Charaka and Acharya Vagbhata described it under Kshudra Kushtha. It manifests due to the aggravation of Tridosha especially the dominance of Vata and Kapha.

Psoriasis is a non-infectious, chronic inflammatory disease of the skin that occurs with exposure to certain triggers. Researchers suggest that the worldwide prevalence of psoriasis ranges between 0.09% and 11.4% making psoriasis a serious global problem. In India the prevalence is between 0.44-2.8 per cent. Psoriasis is clinically classified into 2 groups: pustular and non-pustular lesions. Palmoplantar psoriasis (PPP) is non-pustular psoriasis. This type of psoriasis affects the palms of the hands and soles of the feet, and thenar regions are more frequently affected than hypothenar regions. Squamae are the predominant lesions.

About 2.8% to 40.9% psoriasis patients are thought to have PPP. Palmoplantar psoriasis can occur at any age. Similar to other forms of psoriasis, it is an autoimmune condition. It probably occurs due to a combination of genetic and environmental factors. In this disease, patients may experience exacerbations due to seasonal changes, household work, and detergents. Palmoplantar psoriasis is more common amongst farmers, manual labourers, and housewives. From the modern side, treatment of psoriasis contains steroids and these steroids have many serious adverse effects and also have limitations for long term therapy. Considering this there’s a need for treatment which can have more efficacies with a low toxic profile in this condition. Here a case is discussed which has given Shaman Chikitsa according to Ayurveda.
**CASE REPORT**

A 44 years old female patient came to the outpatient department on date 14/2/2019 with complaints of fissuring of skin of both palms scaling on bilateral palms, severe pain, burning sensation, itching; especially at night also in cold and dry weather dryness, bleeding sometimes represented in figure 1.

*Figure 1: Conditions of hands when patients visited the clinic for clinical diagnosis and treatments.*

These complaints were present for the last 10 years. Due to these complaints, she found difficulty in doing daily routine work. She was treated with allopathic medicines such as corticosteroids but did not get complete relief. So she came for further treatment in Ayurveda. She was not having a history of diabetes mellitus, hypertension or any major illness, however agreed to have taken Hetu: Taking peanuts in excess since 2-3 years. Personal history is depicted in table 1.

**Table 1: Personal history**

| Name: XYZ      | Marital status: Married |
|----------------|-------------------------|
| Age: 44yrs     | Occupation: Homemaker   |
| Sex: Female    | Addiction: Nil          |
| Weight: 52 Kg  |                         |

**Clinical findings**

The general condition of the patient was fair and table 2 showed general sign and table 3 presented the ashtavidha parikshana.

**Table 2: General examination**

| Pulse rate       | 76/min.       |
|------------------|---------------|
| B.P.             | 130/80 mm of Hg |
| R.R              | 20/min         |
| Temp             | 98°F           |

**Table 3: Ashtavidha Parikshana**

| Nadi (Vatapittaj) | Shabda (Speech): Spashta |
|--------------------|--------------------------|
| Mutra (Urine): Samyaka. 6-7 | Sparsha (Skin): Anushnasheet times per day |
| Mala(Stool): Unsatisfactory, once in 2-3 days | Druk (Eyes): Prakrut |
| Jivha (Tongue): Sama | Akriti (Body Built): Madhyam |

**Local examination**

Appearance: Rough, dry and scaling in palmer surface of both hands. Multiple cracking were present (Table 3,4).

Colour: Blackish Temperature: Normal

**Table 4: Criteria for gradation of symptoms**

| Symptoms                  | Grade 0          | Grade 1          | Grade 2          | Grade 3          |
|---------------------------|------------------|------------------|------------------|------------------|
| Fissuring of skin         | Absent           | Mild             | Moderate         | Severe           |
| Scaling                   | Absent           | Mild             | Moderate         |                |
| Pain                      | Absent           | Occasionally     | More than twice but not continuously |                |
| Burning                   | Absent           | Sensation occasionally | Burning sensation more than twice but not continuously |                |
| Itching                   | Absent           | Disturbance while doing work |                | Severe           |
| Dryness                   | Absent           | Mild             | Moderate         | Severe           |

**Table 5: Treatment given**

| Medicine                  | Dose          | Route         |
|---------------------------|---------------|---------------|
| Raktapachakayog           | 500 mg BD before the meal | Oral |
| Arogyavardhini Vati       | 500 mg BD after the meal | Oral |
| Khadirarishta             | 15ml BD after the meal | Oral |
| ErandaHaritaki            | 1gm at bedtime | Oral |
| Jivantyadi Yamakam        | 2 times in a day (After bath and at bedtime) | Local application |

*Anupama: Koshna Jala* (Lukewarm water) Duration of treatment: 30 days (Table 5).

Follow up: After 7 days.
**Diet plan**
Take healthy food.
Avoid heavy, spicy, fermented food, stale food, junk food, bakery products, cold water and fruits with milk.
Avoid sleeping in the day time.
Avoid the use of soap and other cosmetics. Maintain hygiene.
Do regular exercise and meditation (Table 6).

**Table 6: Drug review**

| Sr. No. | Kalpa | Contents | Rogadhi-kara |
|---------|-------|----------|--------------|
| 1.      | Raktapachak Yoga* | Patol (Trichosanthes dioica), Sariva (Hemidesmus indicus), Musta (Cyperus rotundus), Patha (Cissampelos pareira), and Kutaki (Picrorhiza kurroa) | Raktagata Jwara |
| 2.      | Arogyavar-dhini Vati* | Parad (Mercury), Gandhak (Sulphur), Lohabhasma (Iron), Abhrakabhasma (Mica), Tamra (Copper), Haritaki (Terminalia Chebula), Amalaki (Phyllanthus Emblica), Bibhitak (Terminalia Bellerica), Shilajatu (Black Asphalitum Punjabinum) etc. | Kushtha, Jwara, Jwara, Medanashak |
| 3.      | Khadirar-ishta* | Khadir (Senegalia catechu), Deodaru (Cedrus deodara), Bakuchi (Psoralea corylifolia) Daruharidra (Barberis aristata), Haritaki (Terminalia chebula), Amalaki (Phyllanthus emblica), Bibhitak (Terminalia bellerica), Pippali (Piper Longun), Kankola (Piper Cubeba), Nagakeshara (Mesua ferrea) | Mahakushtha, Hridroga, Pandu, Krimi, Kasa, Shwas, Plihodara, All Types of Kushtha |
| 4.      | Eranda Hari-taki* | Erandataila (Ricinus communis), Haritaki (Terminalia chebula) | Anulomana, Amavata, Gridhrasi, Vriddhi, Ardita |
| 5.      | Jivantyadi Yamakam* | Jivanti (Leptadenia reticulate), Kushtha, Eka Kushtha, Manjishta (Rubia cardifolia), Daruharidra (Barberis aristata), Kampillaka (Mallotus philippinensis), Tuttha (Copper sulphate), Sarjarasachurna (Vateria indica), Madhucchishta |

**RESULTS**

Assessment of the patient was done for 30 days with Ayurvedic treatment (Table 7).

Predominantly. The similarity between Palmoplantar psoriasis and Vipadika Kushtha is given in table 8 and figure 3.
Table 7: Follow-up

| Symptoms     | Day 1 | Day 7 | Day 15 | Day 30 |
|--------------|-------|-------|--------|--------|
| Fissuring of skin | 3     | 2     | 1      | 0      |
| Scaling      | 3     | 3     | 2      | 1      |
| Pain         | 3     | 1     | 0      | 0      |
| Burning      | 3     | 2     | 1      | 0      |
| Itching      | 2     | 2     | 1      | 0      |
| Dryness      | 3     | 2     | 1      | 1      |

Table 8: Similarity between symptoms of Palmoplantar psoriasis and Vipadika Kushtha

| Sr. No. | Palmoplantar psoriasis                        | Vipadika Kushtha                      |
|---------|-----------------------------------------------|--------------------------------------|
| 1       | Fissuring of skin in the palms and soles      | Pani Paada Sphutan                   |
| 2       | Severe pain                                   | Teevra Vedana                        |
| 3       | Burning sensation                             | Daha                                 |
| 4       | Itching                                       | Kandu                                |
| 5       | Roughness                                     | Khara Ruksha Twak                    |

DISCUSSION

As per symptoms explained in Ayurveda, Palmoplantar psoriasis can be correlated with Vipadika Kushtha. It is included in Kshudra Kushtha with the involvement of Vata-Kaphaja Dosha.\(^{17,18}\)

As Vipadika is Vata –Kaphaj Kushtha. So, treatment should be aimed at alleviating Vata and Kapha Dosha. Twak and Rakta, Mamsa and Lasika Dhatu are Dushya which should be treated effectively. So Kushthaghna medicines are used along with this.

Mode of action of medicines

Raktapachak yoga contains Patol, Sariva, Musta, Patha, and Kutaki. All the contents of this Vati act as Kushthagna, Raktaprasadak. By Tikta Rasa and Laghu, Ruksha Guna it does Rakta- Mamsagatakleda Shoshana. It is Kapha Pitta Shamak.\(^{15,16}\)

Arogyavardhini Vati contains the drugs having Kushthana-saka properties (can alleviate all types of skin disorder). It is indicated in all type Kushtha specially Vata and VataKa-phaja such as Kapal, Mandal, Ekakushtha, Kittibh, Vipadika, Charmadala, Alasaka. It helps in purifying blood and also forms proper Dhatu. It pacifies Tridosha. Due to its Katu, Tikta Rasa Ushna, Laghu and Ruksha Guna it enhances the digestive capacity and acts as Deepana, Pachana, Kledashoshana, Malabhedak. It also contains Tamra (Copper) which acts on Lasik.

Khadirarishta is beneficial in all types of Kushtha. It acts on the Dushya of Kushtha specially

Lasika and resists vitiation of further Dhatus.

Eranda Haritaki has Anulomaka property. Improper functioning of Large intestine is the primary cause for all types of Kushtha. It causes Malavarodha (constipation) which vitiates Vata and further vitiation of Pitta and Kapha occurs. Erand enhances the property of Haritaki i.e. Anulomana. By Anulomaka property it helps in removing constipation.

Jivantyadi Yamakam is indicated in Vipadika Kushtha. It is
applied externally to heal cracked palms, feet and lips. It relieves pain and burning sensation.\textsuperscript{19,20,21}

**CONCLUSION**

In this case, study marked improvement was seen in the patient of Vipadika Kushtha. The Ayurvedic treatment of mentioned oral medications and the local application was found effective in relieving the symptoms and pacification of vitiated Dosha from the body. Further studies should be done in more numbers of cases to validate multiple actions of Ayurvedic treatment without any recurrence.

**Conflict of interest:** Nil

**Source of funding:** Nil

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