International Journal of Indian Medicine

www.ijim.co.in
ISSN: 2582-7634
Volume - 6, Issue - 12
December 2025

IJIM

INDEXED

Case Study

eISSN : 2582 - 7634

International Journal of Indian Medicine, 2025; 6(12):110-116 *ISSN: 2582-7634*

International Journal of Indian Medicine

International Category Code (ICC): ICC-1702 International Journal Address (IJA): IJA.ZONE/258276217634

An Ayurvedic Approach in the Management of Vipadika Kushtha – A Case Study

Jadhav R.[1], Adiga M.[2]

1. PG Scholar, Department of PG Studies in Kayachikitsa, Sri Kalabyraveshwara Swamy Ayurvedic, Medical College Hospital and Research Centre, Vijayanagar, Bengaluru.
2. HOD and Professor, Department of Kayachikitsa, Sri Kalabyraveshwara Swamy Ayurvedic, Medical College Hospital and Research Centre, Vijayanagar, Bengaluru.

ABSTRACT:

Vipadika, a condition classified under Kshudra Kushtha in Ayurveda, manifests as painful fissures on the palms and soles, accompanied by itching, skin discoloration, and thickening. This case study highlights the management of Vipadika in a 45-year-old female, correlating it with Palmo plantar psoriasis and exploring the efficacy of classical Ayurvedic treatments. The patient presented with chronic symptoms, including severe itching, dryness, blackish discoloration, and peeling of skin on the palms and soles, persisting for over a year and exacerbated by irritants like cement and paint thinners. Prior allopathic treatments provided minimal relief. Ayurvedic diagnosis attributed the condition to vitiation of Vata and Kapha doshas and the involvement of Rasa, Rakta, Lasika, and Mamsa dhatus. A treatment plan integrating Shodhana (detoxification) and Shamana (pacification) therapies was implemented. Following treatment, the patient experienced substantial improvement. Symptoms like itching, dryness, and discoloration significantly reduced, and the skin's texture improved, restoring functionality to the affected areas. Progress was measured using assessment scales such as the Dermatology Life Quality Index (DLQI) and the Modified Palmo plantar Psoriasis Area and Severity Index (mPPPASI), which showed marked improvement. Additionally, the treatment boosted the patient's confidence and quality of life.

KEYWORDS:

Vipadika kustha, Shodhana, shamana, Palmo plantar psoriasis.

CORRESPONDING AUTHOR:

Dr. Rina Arun Jadhav

PG Scholar, Department of PG Studies in Kayachikitsa,
Sri Kalabyraveshwara Swamy Ayurvedic,
Medical College Hospital and Research Centre,
#10, Pipeline road, RPC Layout, Vijayanagar, Bengaluru.
Email: rinaaaaajadhav@gmail.com , Mobile no: - 7972943244

How to cite this article: Jadhav R., Adiga M. An Ayurvedic Approach in the Management of Vipadika Kushtha – A Case Study. Int J Ind Med 2025;6(12):110-116
DOI: http://doi.org/10.55552/IJIM.2025.61217

eISSN : 2582 - 7634
International Journal of Indian Medicine, 2025; 6(12):110-116 ISSN: 2582-7634

INTRODUCTION:

Skin disorders are comprehensively described under the umbrella term *Kushtha* in Ayurveda. All *Kushthas* are considered *Tridoshaja*,[1] involving the vitiation of *Vata, Pitta*, and *Kapha* along with *dushyas* such as *Twak, Rakta, Mamsa*, and *Lasika*.[2] *Vipadika* is categorized under *Kshudra Kushtha* and is predominantly *Vata-Kapha pradhana*.[3] Classical texts describe *Vipadika* as characterized by *Pani-Pada Sphutana* (cracks in palms and soles) associated with *Teevra Vedana*.[4] Acharya Vagbhata further mentions erythematous patches,[5] while Acharya Sushruta highlights itching and burning sensations. Although no exact correlation exists in modern dermatology, the clinical features resemble palmo-plantar psoriasis, contact dermatitis, and dyshidrotic eczema.

Ayurvedic management emphasizes *Nidana Parivarjana, Shodhana*, and *Shamana Chikitsa* to address the root cause. This case study documents the effective management of *Vipadika Kushtha* using classical Ayurvedic principles.

Materials and Methods:

Case Presentation

A 45-year-old female patient visited the *Kayachikitsa* OPD of SKAMCH & RC on 01/07/2024 with complaints of itching, extreme dryness, and blackish discoloration over bilateral palms and soles in the past one year, aggravated over the last three months. She also complained of peeling of skin and pain for four months.

History of Present Illness

The patient was apparently healthy until July 2023. During renovation of her house, she had repeated exposure to cement, paint, and paint thinners. Within one week, she developed itching and dryness over both palms, followed by blackish discoloration and inflammation, initially on the left palm and later involving the right palm.

She consulted a dermatologist in December 2023 and received treatment for three months with minimal improvement. By March 2024, similar symptoms developed over both soles, following which she discontinued the treatment. Negligence aggravated dryness and led to skin thickening and painful fissures. She also developed restriction of movement in the right little finger due to tightening of healed skin.

Personal History

Diet: Mixed (non-vegetarian once weekly with curd)
Appetite: Good
Bowel & Bladder: Regular
Sleep: Sound, 6 hours
Habits: Coffee with jaggery – 4 times/day

Clinical findings

General Examination

- Built: Endomorphic
- Appearance: Irritated
- Nutrition: moderately nourished
- Tongue: Coated
- Pallor/Icterus/Cyanosis/Edema: Absent

Vital Data:

Temperature- 98.5 F
Blood pressure- 130/90 mmHg
Pulse- 78bpm
Respiratory Rate- 18 bpm
Heart Rate- 78bpm

Systemic Examination (Integumentary System)

Inspection:

- Site: Bilateral palms and soles
- Color: Blackish
- Lesions: Hyperkeratotic plaques
- Distribution: Bilateral
- Border – Irregular
- Discharge – Absent
- Scaling: Present
- Itching: Present

Palpation:

- Tenderness: Mild
- Texture: Rough

eISSN : 2582 - 7634
International Journal of Indian Medicine, 2025; 6(12):110-116 ISSN: 2582-7634

- Elevation: Absent
- Skin thickening: Present
- Moisture: Absent
- Superficial Sensation of Skin-Aesthesia

Special Tests:

- Koebner phenomenon: Positive
- Candle grease test: Negative
- Auspitz sign: Negative

Differential diagnosis:

In the early phase, the patient presented with features suggestive of allergic contact dermatitis, including severe itching with oozing following exposure to chemical irritants. Over time, the clinical picture evolved into a chronic palmo-plantar dermatosis characterized by hyperkeratosis, fissuring, and moderate itching with occasional bleeding on scratching, which are more consistent with palmo-plantar psoriasis. The absence of vesicular eruptions and the presence of typical psoriasiform changes further support this progression. Thus, the case is interpreted as an initial contact dermatitis acting as a trigger, later manifesting as palmo-plantar psoriasis.

Differential diagnosis as per Ayurveda:

Vipadika can be differentiated from Padadari based on doshik predominance, clinical features, etiological factors, and the site of involvement. Vipadika is primarily a Vata-Kapha pradhana disorder, whereas Padadari is caused predominantly by vitiated Vata alone. Clinical manifestations such as Ruja (pain), Srava (discharge), and Kandu (itching) are commonly observed in Vipadika, while Padadari is mainly characterized by Ruja (pain) without associated discharge or itching.[6] In terms of distribution, Vipadika affects both the palms and soles, whereas Padadari predominantly involves only the soles.

Diagnosis

Kshudra Kushtha - Vata-Kapha Pradhana – Vipadika kushtha

Palmo Plantar Psoriasis

Nidana:

Aharaja : Ati snigdha ahara, anupa-janghala mamsa with curd, excess use of Tila, Guda etc

Viharaja: Exposure to paint, cement, paint thinners, Vega dharana

Samprapti

Nidana Sevana

Tridosha Prakopa

Spreaded In Tiryak Gata Siras

Twak, Rakta, Lasika Dushana

Dosha Dushya Sammurchana In Twak

Sthana Samshraya In Pani-Pada

Vipadika

Purva Roopa: Kandu

Roopa: Kandu, Vedana, Pani pada sphutana, Pani pada rukskhta, Pani pada vivarnata

Upashaya: Applying coconut oil, petroleum jelly, soaking hands in water

Treatment Given:

Initially, Deepana–Pachana was carried out for five days using Avipattikara Churna and Chitrakadi Vati to normalize Agni. This was followed by Snehapana with Aragwadha Mahatiktaka Ghrita administered in an Arohana manner.[7] Subsequently, the patient was advised Vishrama Kala, during which Abhyanga and Swedana were performed. Thereafter, Virechana Karma was administered as the principal Shodhana procedure. Following Virechana, Samsarjana Krama was advised for five days, after which Shamana Aushadhis were prescribed for a duration of one month.

eISSN : 2582 - 7634
International Journal of Indian Medicine, 2025; 6(12):110-116 ISSN: 2582-7634

Table 1. *Shodhana* Treatment plan

Date	Medicine	Duration
16/07/2024 – 21/07/2024	*Avipattikara Churna* 1 tsp-0-1 tsp (A/F) *Chitrakadi vati* 1-1-1 (B/F)	5 Days
22/07/2024-24/07/2024	*Snehapana* - With *Aragwadha Mahatiktaka Ghrita*	3 Days Day 1- 50 Ml Day 2 – 90 Ml Day 3 – 120 Ml
25/07/2024-27/07/2024	*Vishrama Kala- Abhyanga* with *Moorchita Tila Taila* Followed by *Sarvanga Bashpa Sweda*	3 Days
28/07/2024	*Virechana Karma – Trivrut Lehya* – 60 Gms	1 Day
29/07/2024-2/07/2024	*Samsarjana Krama*	5 Days

Table 2. Shamana Aushadhi given after the shodhana karma

Sl. No.	Medicine	Dose	Duration
1.	*Patola katu rohinyadi Kashaya* [8]	20ml-0-20ml With Warm Water (Before Food)	1 Month
2.	*Avipattikara churna*[9]	0-0-1 Tsp with Hot Water (Afterfood)	1 Month
3.	*Jeevantyadi Yamaka* [10]	External Application	1 Month

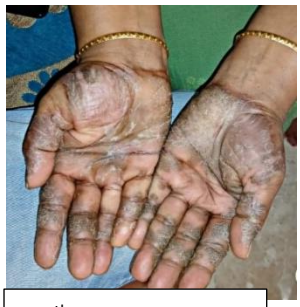
Obseravtions and Results:

Table no. 3 obseravtion evaluation table

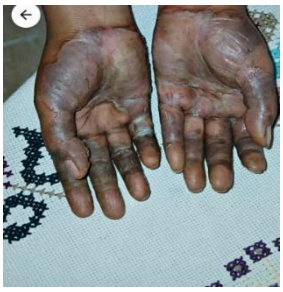
Symptoms	Before Treatment (10th July 2024)	After *Virechana* (28th July 2024)	Follow up (21st sept 2024)
Itching	3	1	0
Dryness	3	2	0
Pain	2	1	0
Cracks	3	2	1
Discolouration	3	2	1
m PPPASI SCORE	26	-	12
DLQI SCORE	9	-	5

eISSN : 2582 - 7634
International Journal of Indian Medicine, 2025; 6(12):110-116 ISSN: 2582-7634

Before Treatment:



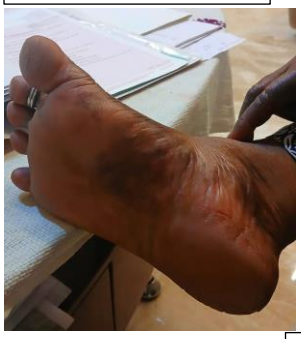
15th July 2024

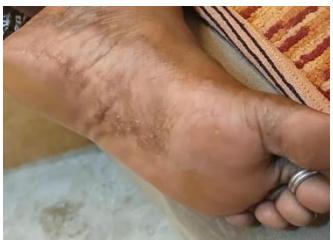


15th July 2024 – Before treatment

25th July 2024 – During the Treatment (after snehapana)

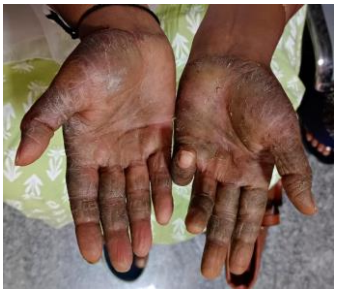
12th April 2024

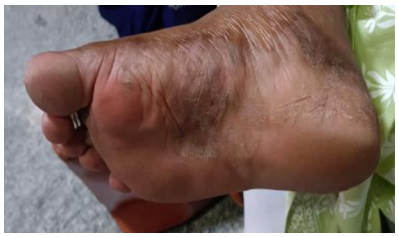


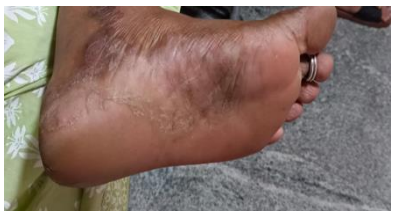


1st September 2025

After Treatment:







DISCUSSION:

The present case illustrates a chronic palmo-plantar dermatosis that appears to have evolved over time from an initial contact dermatitis into a psoriasiform condition, clinically correlating with Vipadika Kushtha. The onset of symptoms following repeated exposure to chemical irritants such as cement, paints, and solvents strongly suggests an Agantuja origin in the early phase. Contact dermatitis is known to occur due to disruption of the epidermal barrier and sustained inflammatory activation, particularly when exposure is repeated or prolonged. In the present case, the persistence of the irritant stimulus and incomplete resolution of inflammation likely contributed to chronicity and progression of the disease. Over time, the clinical picture shifted from an acute inflammatory presentation to a more chronic hyperkeratotic state characterized by thickened skin, fissuring, pain, and discoloration over the palms and soles. In modern dermatology, such progression is explained by continued immune activation and epidermal hyperproliferation, which may occur in susceptible individuals. Chronic irritation and mechanical trauma are recognized triggers capable of inducing

eISSN : 2582 - 7634
International Journal of Indian Medicine, 2025; 6(12):110-116 ISSN: 2582-7634

psoriasiform changes through a Koebner-like response. This is supported in the present case by the presence of Koebner phenomenon and the development of well-defined hyperkeratotic plaques, which are not typical of simple contact dermatitis.[11] From an Ayurvedic perspective, the initial Agantuja Nidana leading to Pitta involvement gradually progressed into a Vata-Kapha pradhana state due to chronicity, resulting in rukshata, sphutana, shoola, and skin thickening—features classical to Vipadika Kushtha. Kushtha is described as a Bahudosha Avastha involving deep-seated dosha vitiation along with dushyas such as Twak, Rakta, Mamsa, and Lasika. In this case, the presence of chronic inflammation, hyperkeratosis, fissuring, and discoloration indicates Rakta Dushti with associated Pitta involvement, later compounded by Vata-Kapha dominance. In such conditions, Shodhana is considered essential rather than relying solely on local or palliative measures. The selection of Virechana Karma was therefore appropriate, as it is the principal Shodhana therapy indicated for disorders involving Pitta and Rakta, especially when the pathology has its origin in the Amashaya. Prior Deepana-Pachana helped in correcting Agni and preparing the patient for Shodhana, thereby preventing complications during Snehapana and Virechana. Snehapana with Aragwadha Mahatiktaka Ghrita facilitated the loosening of the dosha-dushya complex and mobilization of vitiated doshas from peripheral tissues into the gastrointestinal tract. Virechana Karma resulted in effective elimination of vitiated Pitta and Kapha, purification of Rakta Dhatu, correction of metabolic imbalance, and proper Anulomana of Vata. Clinically, this was reflected by a marked reduction in itching, pain, fissuring, and hyperkeratosis, indicating interruption of disease progression at a systemic level.

Following Shodhana, Shamana Aushadhis were administered to maintain doshic balance and prevent recurrence. Drugs like Patola Katurohinyadi Kashaya possess Tikta and Kashaya Rasa, which are Kapha-Pittahara and Rakta Shodhaka. Avipattikara Churna aided in maintaining digestive fire and preventing re-accumulation of Pitta. These medicines help control residual inflammation, support tissue metabolism, and maintain the benefits achieved through Shodhana. The sustained improvement observed during follow-up suggests that post-Shodhana Shamana therapy plays a crucial role in long-term disease control, especially in chronic and recurrent conditions like Vipadika Kushtha. External application with Jeevantyadi Yamaka played a supportive role by restoring the skin barrier, reducing transepidermal water loss, and alleviating dryness and itching. Ingredients such as Tila Taila, Sarja Rasa, and Ghrita possess Snigdha, Vatahara, and Tvachya properties. This topical therapy helped soften hyperkeratotic skin, promote healing of fissures, and reduce local irritation, thereby complementing systemic therapy.

CONCLUSION:

This case study highlights the successful Ayurvedic management of *Vipadika Kushtha* through *Shodhana* and *Shamana Chikitsa*, effectively relieving dryness, itching, and skin thickening by addressing the *Vata-Kapha* imbalance. Avoiding the root cause (*Nidana Parivarjana*) played a key role in preventing recurrence, ensuring long-term benefits beyond symptom relief. The results reaffirm Ayurveda's root cutting approach in treating chronic skin conditions by restoring skin health and overall well-being.

REFERENCES:

1. Sushruta, Sushruta Samhita, edited by Sharma P. Nidana Sthana; Kushtha Nidana Adhyaya (Chapter 13), Shloka 9.

eISSN : 2582 - 7634

International Journal of Indian Medicine, 2025; 6(12):110-116 ISSN: 2582-7634

Varanasi: Chaukhambha Orientalia; p. 450.
2. Agnivesha, Charaka Samhita, revised by Charaka and redacted by Dridhabala, with Ayurveda Dipika commentary of Chakrapani Datta, edited by Yadavji Trikamji Acharya. Chikitsa Sthana; Kushtha Chikitsa Adhyaya (Chapter 7), Shloka 22. Varanasi: Chaukhambha Surbharati Prakashan; 2021. p. 451.
3. Vagbhata, Ashtanga Hridaya, with Sarvangasundara commentary of Arundatta and Ayurveda Rasayana commentary of Hemadri, edited by Pt. Hari Sadashiva Shastri Paradkar. Nidana Sthana; Kushtha–Shvitra–Krimi Nidana Adhyaya (Chapter 14), Shloka 8–9. Varanasi: Chaukhambha Surbharati Prakashan; 2022. p. 524.
4. Agnivesha, Charaka Samhita, revised by Charaka and redacted by Dridhabala, with Ayurveda Dipika commentary of Chakrapani Datta, edited by Yadavji Trikamji Acharya. Chikitsa Sthana; Kushtha Chikitsa Adhyaya (Chapter 7), Shloka 25. Varanasi: Chaukhambha Surbharati Prakashan; 2021. p. 451.
5. Vagbhata, Ashtanga Hridaya, with Sarvangasundara commentary of Arundatta and Ayurveda Rasayana commentary of Hemadri, edited by Pt. Hari Sadashiva Shastri Paradkar. Nidana Sthana; Kushtha–Shvitra–Krimi Nidana Adhyaya (Chapter 14), Shloka 23. Varanasi: Chaukhambha Surbharati Prakashan; 2022. p. 526.
6. Agnivesha, Charaka Samhita, revised by Charaka and redacted by Dridhabala, with Ayurveda Dipika commentary of Chakrapani Datta, edited by Yadavji Trikamji Acharya. Chikitsa Sthana; Kushtha Chikitsa Adhyaya (Chapter 7), Shloka 29. Varanasi: Chaukhambha Surbharati Prakashan; 2021. p. 453.
7. Sen G, Bhaishajya Ratnavali, with commentary of Tripathi SP. Kushtha Rogadhikara, Shloka 118–124. Lucknow: Tejkumar Press.
8. Vagbhata, Ashtanga Hridaya, with Sarvangasundara commentary of Arundatta and Ayurveda Rasayana commentary of Hemadri. Sutra Sthana; Chapter 15, Shloka 15. Varanasi: Chaukhambha Surbharati Prakashan; 2022. p. 235.
9. Sen G, Bhaishajya Ratnavali, with commentary of Tripathi SP. Amlapitta Chikitsa Adhyaya (Chapter 56), Shloka 25–29. Lucknow: Tejkumar Press.
10. Vagbhata, Ashtanga Hridaya, with Sarvangasundara commentary of Arundatta and Ayurveda Rasayana commentary of Hemadri. Chikitsa Sthana; Kushtha Chikitsa Adhyaya (Chapter 19), Shloka 77. Varanasi: Chaukhambha Surbharati Prakashan; 2022. p. 716. 11. Furue M, Furue K, Tsuji G, Nakahara T. Interleukin-17A and keratinocytes in psoriasis. Int J Mol Sci. 2020;21(4):1275.doi:10.3390/ijms21041275.

Source of Support: None declared

Conflict of interest: Nil