

Ayurvedic Management of Vipadika (Palmoplantar Psoriasis) through Samsaman Chikitsa: A Case Report

Bhanu Pratap Singh¹, Bidam Choudhary², Sneha Someshwar Ghawale³

¹Department of Kriya Sharir, National Institute of Ayurveda, Jaipur (Deemed University)

²Department of Kriya Sharir, National Institute of Ayurveda, Jaipur (Deemed University)

³Department of Kriya Sharir, National Institute of Ayurveda, Jaipur (Deemed University)

Corresponding author: Bidam Choudhary, Email id -drbidamchoudhary2021@gmail.com

Abstract

Background: Palmo-plantar psoriasis is a chronic, non-infectious inflammatory skin disorder affecting the palms and soles, characterized by scaling, fissures, itching, pain, and erythematous plaques. Factors such as sedentary lifestyle, improper diet, stress, heredity, and environmental exposure may contribute to skin disorders. All skin conditions are listed in Ayurveda under the heading "Kushtha" (skin disease). In Ayurveda, Palmo-plantar psoriasis is correlated with Kshudra Kushtha. This case report presents the clinical features and outcome of Ayurvedic treatment in a 66-year-old male with recurrent Palmo-plantar psoriasis.

Aims and Objectives: The present case study was aimed at documenting the outcome of Ayurvedic treatment in a Palmoplantar Psoriasis.

Method and Materials:

A 66-year-old male presented with cracks, scaling, and itching over the palms and soles for one month. He was treated with Shamana Chikitsa, including Internal medication and Jivantyadi Yamaka Taila local application, for one month.

Result:

After 15 days, scaling, itching, and cracking were markedly reduced. Continued treatment led to further improvement, with near-complete resolution of signs and symptoms by day 30 and no recurrence observed.

Discussion & Conclusion:

This study shows that an Ayurvedic approach, including Abhyantara Chikitsa (internal medication) and Bahya-Chikitsa (Local treatments), can be used to treat Vipadika (plantar psoriasis) in older man. Physicians will find this information useful in treating similar psoriasis cases. Thus, it can be said that Local ointment application along with Internal medication can treat palmoplantar psoriasis.

KEYWORDS: Ayurveda, Kshudra Kushtha, Palmoplantar Psoriasis, Shamana Chikitsa, Skin Diseases, Vipadika.

Introduction

Skin health is a reflection of overall health. The greatest organ in the body, the skin, is also regarded as elegant by society. Any skin condition has more than just semantic effects on the patient. In Ayurveda, all skin conditions fall under the category of Kushta, which means that they can be inherent in nature referred to as "Ayurvedic dermatology".

It also obscures the forbearance's collective and rational well-being because the patients demean or may be embarrassing. Palmo plantar psoriasis (PPP) is a common chronic immune-mediated, inflammatory, proliferative, non-communicable skin disease that affects genetically predisposed individuals, with the environment playing a critical role in pathogenesis.

Between 2 and 3% of people worldwide are thought to have psoriasis. In India, the prevalence of psoriasis ranges from 0.44 to 2.88%ⁱ. Palmoplantar psoriasis is an autoimmune condition that flares up in response to specific triggers. Due to its chronic relapsing nature, there are numerous treatment options available. Palmoplantar psoriasis is challenging to treat. In contemporary medicine, psoriasis is treated with corticosteroids, immunomodulators, and psoralen with ultraviolet-A radiation, or PUVAⁱⁱⁱ.

All Kushtha kinds are Tridoshaja, according to Ayurvedic Acharya Charak, and they harm the Rakta (blood), Twak (skin), Ambu (plasma), and Mamsa (muscles) and if this derangement of the seven Dravaya. According to Acharya Charak, it could be associated with Tivravedanam (severe localized pain) and Vipadika Kushta, which is typified by Pani-Padasputan, or fissures in the palms and soles^{iv}. Shaman therapy can be used to address this Vata Kapha syndrome.

CASE REPORT

Patient information: A 66-year-old male farmer arrived at the Department of Sharir Kriya Outpatient Department (OPD) at SSBH Hospital in Jaipur on March 11, 2026, complaining of scaly, erythematous, and hyperkeratotic sores over both palms and soles that had been bothering him for a month. But it had been getting worse for about 15 days. He came here for additional care after receiving several forms of treatment from the general physician but experiencing no improvement.

Clinical findings: A patient has erythematous scaly lesions on palms and soles with itching but no associated pain. There is no history of diabetes mellitus, hypertension, Thyroid dysfunction and other systemic disease. No family history was noted. The patient reports Normal appetite and sound sleep. Bowel movements are regular. Bladder habits include urination 6–7 times during the day and 1–2 times at night. The patient follows a vegetarian diet (Roti and milk). The patient had no history of surgery or drug allergy.

Diagnostic assessments

Ashta-Vidha Pariksha

On Ashta-Vidha Pariksha, Nadi was regular with Vata-Kaphaja dominance, Mutra was Samyak with a frequency of 6–7 times/day and 1–2 times at night, Mala was Vibandhita (constipated), and Jihva was Malavrit (coated). Shabda was Spashta (clear), Sparsha was Samsheetoshna (neither hot nor cold), Druk was Prakrita (normal), and Akriti was Sam (well-built/normal).

Dash-Vidha Pariksha-

On examination, the patient was found to have Vataja-Kaphaja Prakriti (somatic constitution) and Kapholvana Tridoshaja Vikriti. He had Medo Sara (excellence of adipose tissue), Madhyama Samhanana (moderate compactness of body structures), and Madhyama Satva (moderate mental strength). His Ahara Shakti (capacity for food intake and digestion) and Vyayama Shakti (capacity for exercise) were both Madhyama. The patient was in Vriddhavastha (old age) and had Pravara Satmya (excellent adaptability/homologation).

Vital finding:

The patient's temperature was 98.2 degrees Fahrenheit, pulse rate was 76 beats per minute, blood pressure was 112/78 mm Hg, respiration rate was 18 breaths per minute, weight was 68 kg, and height was 157 cm with Body Mass Index of 27.6 kg/m² suggesting overweight. Oedema and clubbing were not observed.

Integumentary Examination:

On integumentary examination, erythematous hyperkeratotic scaly lesions with fissures were observed over bilateral palms and soles associated with Kandu (itching), Rukshata (dryness), and Sphutana (cracks/fissures). Local tenderness was present over the fissured lesions. No discharge, bleeding, or secondary infection was noted. Nails showed no significant abnormality.

Systemic Examination:

The colour, shape, and size of the respiratory system were all normal; palpation was normal; auscultation revealed a normal vesicular breath sound; and percussion revealed no abnormal sound. Auscultation, palpation, percussion, and inspection of the cardiovascular system were all within normal limits. Examination of the respiratory system showed typical vesicular breath sounds, devoid of any additional sounds like wheezing or crepitations. An examination of the abdomen revealed no organomegaly and a soft, non-tender abdomen. An assessment of the central nervous system revealed that the patient had normal reflexes, was conscious, and had no neurological impairments.

Lab investigations BT:

Following the completion of the treatment and follow-up assessment, the patient's lipid profile was evaluated and found to be within normal limits with triglycerides at 86.2 mg/dL, total cholesterol 174.3mg/dL, HDL cholesterol 47.0mg/dL, and LDL cholesterol 109.5mg/dL. Complete blood count (CBC) showed RBC count of $5.63 \times 10^6/\mu\text{L}$, hemoglobin 11.8g/dL, MCV 86.2 fl, MCH 29.6 pg, and MCHC 34.5g/dL, indicating normocytic normochromic indices. RDW-CV was 42.9% and RDW-SD 13.9%. The total leukocyte count was $5.40 \times 10^3/\mu\text{L}$ and platelet count $222 \times 10^9/\text{L}$. Other investigations showed ESR at 04 mm/hr, HbA1c 5.9%, RA factor 78 IU/L with qualitative RA negative, CRP quantitative 2 mg/dL with qualitative CRP negative, and Vitamin B12 level of 286 pg/ml.

Table 1. Assessment criteria for clinical features and observations of Vipadika.

Sr.No.	Clinical features	Score	BT	AT	FU
A	Sphutan (Scaling of skin)		4	2	0
1.	Minimal dryness in the palms and feet	0			
2.	When touching, there is roughness.	1			
3.	Itching is caused by excessive roughness.	2			
4.	Slight cracks are caused by excessive roughness.	3			
5.	Roughness causes fissures and cracks.	4			
B.	Kandu (Itching)		2	0	0
1.	No itching	0			
2.	1-2 times a day	1			
3.	Frequent itching	2			
4.	Severe itching disturbs the sleep	3			

C.	Pani-padasphutana (Fissures/cracks)		3	0	0
1.	No cracks	0			
2.	Cracks on the palm or sole only	1			
3.	Cracks on palms and soles	2			
4.	Cracks on complete foot and complete hand	3			

BT-Before treatment.

AT-After treatment (after 1 month)

FU-Follow Up

Timeline:

Patient reports that he started having this problem 1 month ago and that the problem has been getting worse for the last 15 days. He has been prescribed medication on occasion by a local doctor, as well as outside conventional therapy, but it has not provided adequate relief. He was keen to get Ayurvedic advice, particularly from his neighbours in the SSBH in Jaipur. 11 March 2026 (Initial visit) the patient arrived at SSBH OPD with itching and lesions over the afflicted areas. A clinical evaluation was carried out administered Ayurvedic care in accordance with the treatment plan. The patient was instructed to come back in 15 days. 25 March 2026 (Initial follow-up) Significant itching relief was noted. The extent and severity of the lesions had begun to decrease. The same treatment regimen was continued. At the second follow-up on April 8, 2026, there was significant clinical improvement, including marked relief in itching and further reduction of lesions. The recommended course of treatment was followed, with additional follow-up as needed.

Treatment protocol.

Table 2. Samsaman chikitsa:

Date	Oral treatment	Anupana
11/03/2026	Before food 1. Triphala guggulu - 2-tab (twice a day) 2. Kaishor gugglu - 2-tab (twice a day) After food 3. Arogyavardhini vati- 2 tab of 500 mg (twice a day) 4. Suthasekhar Churna -2 tab (twice a day) 5. Madhumehari Churna ,-3 gm HS 6. Jivantyadi Yamak Taila for-For external application	Water
25/03/2026	Before food 1. Triphala guggulu - 2-tab (twice a day) 2. Kaishor gugglu - 2-tab (twice a day) After food 3. Arogyavardhini vati- 2 tab of 500 mg (twice a day) 4. Suthasekhar Churna -2 tab (twice a day) 5. Madhumehari Churna ,-3 gm HS 6. Jivantyadi Yamak Taila for-For external application	Water (By mastication)

08/04/2026	Before food 1. Triphala guggulu - 2-tab (twice a day) 2. Kaishor gugglu - 2-tab (twice a day) After food 3. Arogyavardhini vati- 2 tab of 500 mg (twice a day) 4. Suthasekhar Churna -2 tab (twice a day) 5. Madhumehari Churna ,-3 gm HS 6. Jivantyadi Yamak Taila for-For external application	Water (By mastication)
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RESULTS

Figure 1.



**1st follow-up-11/03/2026
BT**

Figure 2.



2nd follow-up-25/03/2026



THERAPEUTIC INTERVENTION

Following a comprehensive evaluation of the illness, the patient was given a treatment plan that included Shamana chikitsa in addition to food and lifestyle recommendations. The patient was instructed to take two 500 mg pills of Kaishora guggulu and 500 mg of Triphala guggulu orally twice a day each before food, followed by food and lukewarm water. Sutshekhar rasa and Arogyavardhini vati (500 mg/tablet) were taken orally twice a day after meals at a dose of two tablets each. The recommended dosage of Madhumehari churna was 3 gm once a day after dinner. Throughout the course of treatment, Jivantyadi Yamaka Taila was recommended to be applied locally over the palms and soles three to four times a day. The patient was also told not to eat curd, junk food, fried foods, or anything sour, salty, or spicy. He was asked to keep up her personal cleanliness and refrain from sleeping during the day.

FOLLOW-UP AND OUTCOME

Every fifteen days for a period of one and a half months, the patient was evaluated for the subjective assessment criteria. On the fifteenth day, the lesions' scaling, itching, and cracking had somewhat subsided. After about a month of treatment, the scaling, itching, and cracks of the lesions over the palms and soles completely disappeared, and the skin colour began to return to normal. During the course of the treatment, no adverse effects were noted. After the treatment was finished, the patient had relief from all of their symptoms, and their PASI score which was 9.0 on the first day of treatment and 2.0 at the end—showed a notable improvement. The patient was instructed to adhere to the food restrictions once therapy was finished in order to avoid recurrence.

Lab investigations AT:

The patient's laboratory investigations revealed a lipid profile within normal limits, with triglycerides at 86.2 mg/dL, total cholesterol 174.3mg/dL, HDL cholesterol 47.0mg/dL, and LDL cholesterol 109.5mg/dL. Complete blood count (CBC) showed RBC count of $5.63 \times 10^6/\mu\text{L}$, hemoglobin 14.8g/dL, MCV 86.2 fl, MCH 29.6 pg, and MCHC 34.5g/dL, indicating normocytic normochromic indices. RDW-CV was 42.9% and RDW-SD 13.9%. The total leukocyte count was $5.40 \times 10^3/\mu\text{L}$ and platelet count $222 \times 10^9/\text{L}$. Other investigations showed ESR at 04 mm/hr, HbA1c 5.4%, RA factor 58 IU/L with qualitative RA negative, CRP quantitative 2 mg/dL with qualitative CRP negative, and Vitamin B12 level of 286 pg/ml.

Ayurvedic Differential Diagnosis: Vipadika vs. Padadari

Sr. No.	Differentiating Features	Vipadika	Padadari
1.	Dominant Dosha	Vata-Kapha	Vata.
2.	Clinical Features	Ruja (pain), Srava (discharge), and Kandu (itching)	Ruja (pain)
3.	Site	Both Hands and feet	foot

Discussion-

According to Ayurveda, the first line of treatment for any illness is Nidana parivarjana, which includes diet and lifestyle changes. Similar to this, Nidana parivarjana of all the a for mentioned incompatible foods is essential for treating all skin conditions in the framework of Kushtha^v. Vata-Kapha pradhana Tridosha vitiation causes Vipadika. As a result, the treatment was administered in line with the vitiated Dosha at play. The therapy protocols for Nidana parivarjana, Nitya virechana, and Shamana chikitsa employing Rakta shodhaka (blood cleansing) medications and Jivantyadi Yamak Taila (local application) were planned in this case study^{vi}. The majority of the contents feature Tikta Rasa (bitter taste), Ushna Virya (hot potency), Katu vipaka (pungent bio-transformed Rasa), Laghu, and Ruksha guna (light and dry qualities), which boost Dhatwagni and encourage Deepana-Pachana (digestion and metabolism enhancing). When the topical preparation was applied locally in Vipadika, it acted on pacifying the Dosha. It did the Vata Shamana by its Snehana property and also it has maintained the equilibrium of Pitta and Kapha. By the property of Taila it penetrated into deeper Srotas and dissolved the Sanga. By Dhatu Shaithilya was removed and by the Sandhanakara and Ropana property it might have helped for building up the tissue of the broken skin and thus Sphutana was cured. Meanwhile it provided nourishment to Twacha by its Snehana, Rasayana and Balya properties. Hence in this way, it was possible to do the Samprapti Vighatana locally but Vipadika was not cured by its root. Due to the Sanubandha of the Dosha and Dushya may flare up again to cause the symptoms.

Triphala Guggulu: Triphala, Guggulu, and Pippali make up this traditional Ayurvedic polyherbal combination. The formulation successfully reduces Kapha Dosha because of its Kashaya, Katu Rasa, Ushna Virya, Ruksha, Laghu, and Tikshna Guna. Additionally,

because of its Madhura Vipaka, it lessens Pitta Dosha, and its Vishada Guna and Madhura Vipaka assist in controlling Vata Dosha. It has been demonstrated that the active ingredients, especially guggulsterones, reduce erythema and oedema^{vii} by suppressing inflammatory mediators like COX-2 (cyclo-oxygenase 2) and iNOS (inducible nitric oxide synthase). Furthermore, Raktaprasadana (blood-purifying) action is imparted by the Tikta and Kashaya Rasa, supporting Raktadhatu's ideal health and halting the disease's degenerative progression.

Kaishor Guggulu: Triphala, Giloy, Trikatu, Vidanga, Trivritta, Danti, Goghrita, and Guggulu were all included in this oral treatment. With its Vibandhanashak and Raktashodhak qualities, Triphala helps remove accumulated mala (toxins) from the Strotas (body channels), which stops the pathogenesis of Kustha Roga. As Tikta in Rasa, Giloy shows Kusthaghna and Kandughna activities, relieves agitated Pitta and Kapha Dosha, and, because of its Ushna virya, also aids in calming Vata Dosha. As a powerful Srotoshodhaka, Guggulu enters the body's microchannels and helps break down Dosha–Dushya Samoorchana^{viii}.

Arogyavardhini vati: Loha Bhasma (calcined iron), Abhraka Bhasma (processed biotite mica), Tamra Bhasma (incinerated copper), Shilajit (asphaltum), Guggulu (Commiphora wightii), Chitraka (Plumbago zeylanica), Kutki (Picrorhiza kurroa), Triphala, Kajjali, and Nimba Patra Swarasa (neem leaf juice) are among the ingredients of Arogyavardhini vati. These medications have the following effects: Jantughna (antimicrobial), Vishaghna (antitoxic), Dipak (appetizer), and Pachak (digestive). It is regarded as the greatest medication for skin conditions.

Suthasekhar Churna^{ix}: Pure Parada (Shuddha Parada), Swarna Bhasma, Tanka Bhasma, pure Vatsanabha, Shunthi, Maricha, Pippali, purified Dhatura, purified Gandhaka, Tamra Bhasma, Twak, Ela, Tejapatra, Nagakeshara, Shankha Bhasma, Bilva, and Kachura are utilised; Bhavana is provided as Bhrngaraja Swarasa. Amlapitta, Grahani, Mandagni, and Udavarta are among the ailments for which this formulation is recommended.

Madhumehari Churna^x: Nimba, owing to its Tikta and Kashaya Rasa, Laghu and Sheeta Guna, and Katu Vipaka, is traditionally considered beneficial in skin-related disorders. Its Kandughna properties may help alleviate itching and support skin health. Along with other herbs in the formulation, Nimba may provide supportive benefits in skin manifestations associated with Madhumeha.

Jivan Tyadi Yamaka: Jivan Tyadi Yamaka^{xi} (medicated ghee), a special Ayurvedic treatment, is made with two fats. Here, sesame oil and cow ghee act as a base. It has antipruritic and soothing action, which helps to promote healing of lesions. It is also an antioxidant, which is used in many skin infections and helps the body to get rid of harmful blood toxins responsible for various diseases.

CONCLUSION

Due to its recurrent and relapsing nature, Vipadika (palmoplantar psoriasis) may present challenges in clinical management. In this case, improvement in the clinical features was observed following Ayurvedic management, with no adverse effects reported during the treatment period. As this report represents a single case, the observations cannot be generalised or attributed solely to the treatment. Nevertheless, the case adds to the limited clinical literature on the Ayurvedic management of Vipadika. Further well-designed clinical studies with larger sample sizes and appropriate follow-up are required to evaluate the reproducibility and clinical relevance of these observations.

Patient perspective:

Patient was happy by observing the progressive relief among the hives.

Declaration of patient consent

The authors confirm that written informed consent was obtained from the patient for publication of the case report, including clinical details, photographs, and other relevant information. The patient was informed that her name and initials would not be published and that every reasonable effort would be made to protect her identity; however, complete anonymity cannot be guaranteed.

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AI Declaration

The authors used artificial intelligence (AI) tools only for language editing and improvement of manuscript readability. All scientific content, data interpretation, analysis, and conclusions were independently prepared and verified by the authors. The authors take full responsibility for the accuracy, originality, and integrity of the manuscript.

Conflicts of interest

The authors declare that there are no conflicts of interest regarding the publication of this manuscript. No funding agency or sponsor had any role in the study design, data collection, data analysis, interpretation of results, manuscript preparation, or the decision to submit the manuscript for publication.

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