

Management of Vipadika through Ayurveda

Case Report

Sneha Bhimrao Chandankar^{1*}, Vaishali Kuchewar²

1. PG Scholar, 2. Professor
Department of Kayachikitsa, Mahatma Gandhi Ayurveda College, Hospital & Research centre,
Salod(H), Wardha, Maharashtra.

Abstract

Vipadika, is one of the types of the *Kshudrakushtha*. There is involvement of *Vata-Kaphadosha* predominantly. It is characterized by *PaniPadasphutna* (fissure in palms and soles) and *Tivravedana* (severe local pain). *Vipadika* can be correlated with Palmo plantar psoriasis due to its similarity in clinical features. It is found in 3-4 % of all psoriasis cases. Here is a case of chronic *vipadika*. She came to kayachikitsa OPD on 02/03/2017. She had history of consumption of continuous medication since one year from modern medicine and homoeopathy. After clinical examination, she was admitted in MGAMCH & RC for 7 days and was treated with *Yoga basti*, oral medications and external applications. After discharge, she had prescribed medicines for oral and external application for 30 days. There was complete relief in fissure and pain and she has no recurrence upto the month of January 2019.

Keywords: *Vipadika*, *Kshudrakushtha*, Palmo-planter Psoriasis.

Introduction

Vipadika is one of the types of the *Kshudrakushtha* (dermatological disorder). It is included in *Kshudrakushtha* with *Vata-Kaphadosha* involvement(1) and it is characterized by *Pani-Padasphutan* (fissure in palms and soles) and *Tivravedana* (severe pain) by Acharya Charak(2)

Acharya Vagbhat has stated the same as described by Acharya Charaka but mentioned one feature of red patches over palm and sole. *Vipadika* can be correlated with Palmo plantar psoriasis which is a long lasting autoimmune disease characterized by red, itchy, scaly patches of the palms and soles, there are multiple painful fissures and bleeding also. It is found in 3-4 % of all psoriasis cases. Its WHO prevalence is 0.44-2.88 % (3)

In Modern medical science, it is commonly treated with PUVA, corticosteroids and immunomodulators, but the recurrence is common. This case is a chronic in nature and treated by multiple modalities, so it was a challenge for us to treat it completely.

Case report

A 54 year female patient came to kayachikitsa OPD (OPD NO - 1703020058) of Mahatma Gandhi Ayurveda Medical hospital, salod (H), wardha on 02/03/2017 with the complaints of cracks on both palms and soles with burning sensation and mild pain since 1 year. She has taken treatment of modern medicine and homeopathy and was getting temporary relief, due to recurrence of the symptoms, she approach here for further treatment. On examination, multiple deep fissures were present on both palms and soles with local tenderness. According to the clinical features, the patient was diagnosed as a case of *vipadika*. Clinical features indicated predominance of *vata* and *kapha dosha*. The treatment plan was as per the Table no 1.

Observation and results

Following were the observation after completion of treatment

Table no. 2 – Clinical features : Before & after treatment

| Sr no. | Clinical features | Before treatment | After treatment |
|--------|-------------------|------------------|-----------------|
| 1 | Scaling of skin | ++ | No scales |
| 2 | Fissure | +++ | No fissure |
| 3 | Pain | ++ | No pain |

After near about one month of treatment, she had no recurrence till the month of January 2019.

*Corresponding Author:

Sneha Bhimrao Chandankar





PG Scholar, Department of Kayachikitsa,
Mahatma Gandhi Ayurveda College, Hospital &
Research centre,

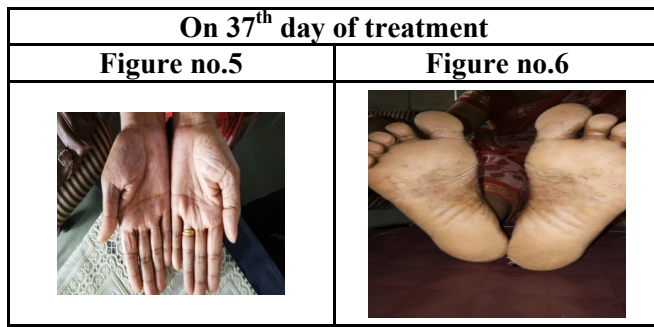
Salod(H), Wardha, Maharashtra.

Email id: chandankar.sneha@gmail.com

Table No. 1: Showing the treatment plan

| Sr no | Type of treatment | Name of drug | Dose and Anupana | Duration |
|--|---|---|--|----------|
| On admission treatment | | | | |
| 1 | Yoga basti (Medication through anal route) | Four <i>Matra basti</i> with <i>manjishthadi tail</i> | 50 ml | 7 days |
| | | Three <i>Niruha basti</i> with <i>manjishthachurna + neemchurna + sarivachurna + tiltail + Madhu + Saindhav</i> | 500ml | |
| 2 | Oral medications | <i>Mahatiktagruta</i> | 10 ml in the morning on empty stomach with luke warm water | 7 days |
| | | <i>Sarivadyasava</i> | 20 ml twice a day after meal with equal water | |
| 3 | External application | <i>Triphalakwath + neempatrakwath</i> | <i>Dhavan</i> of both palms & soles | 7 days |
| | | <i>Shatdhautagruta + Cutfar ointment</i> | For local application twice a day | |
| <p>Procedure of <i>yoga basti</i>- On first day, <i>matra basti</i> with <i>manjishthadi tail</i> was given after meal ,on next day <i>niruhabasti</i> with above ingredients was given before meal. <i>Matra</i> and <i>niruhabasti</i> was given on alternateday, total four <i>matra</i> and three <i>niruhabasti</i> were given for seven days. Above oral and external medication were also advised during <i>yoga basti</i>.</p> | | | | |
| On discharge treatment | | | | |
| 4 | Oral medication | <i>Kaishorguggul</i> | 500 mg twice a day with water after meal | 15 days |
| | | <i>Sarivadyasava</i> | 20 ml twice a day with equal water after meal | |
| | | <i>Tab. Nishamalaki</i> | 1 tab in the morning with water | |
| | | <i>Yashadbhasma</i> | 250 mg twice a day with milk | |
| 5 | External application | <i>Cutfar ointment (jatyadi tail + vipadikaharamalam) + karanj tail</i> | For local application | 15days |
| After 15th day of follow up treatment | | | | |
| 6 | Oral medication | <i>Sarivadyasava</i> | 20 ml twice a day with equal water after meal | 15 days |
| 7 | External application | <i>Cutfar ointment + karanj tail</i> | For local application | 15 days |

| On the day of admission | | On 22 nd day of treatment | |
|---|---|--|---|
| Figure no.1 | Figure no.2 | Figure no.3 | Figure no.4 |
|  |  |  |  |



Discussion

Patient had fissures on her palms and soles and itching due to vitiation of *vata* and *kapha* respectively. The treatment was given in accordance with vitiation of these *doshas*. She was treated with *yoga basti* because *basti* is described as main treatment in vitiation of *vata*.

In *matra* and *niruhabasti*, *manjishtha* was specifically used because *Manjishtha(rubiaccordifolia)* is described under *varnya gana*. It is having *tikta*, *kashaya*, *madhura* and *ushna guna* due to which it act as a *vataghna* and *kaphaghna*.

According to *karma*, it is *shothahara*, *vranropak* as well *kushthaghna*. *Tikta* and *kashaya* rasa of *manjishtha* pacifies *rakta –mamsagata kleda*. (4)

Neem and *sarivachurna* was also used because *neem* is *raktashuddhikara* and *sariva* has *vatashamak* and *raktaprasadak* property. (5)

Sarivadyasava is described as *raktaPrasadak*. It is working as a blood purifier and commonly used in various skin disorders . It cures diseases caused by vitiated *raktadhatu*(6)

Mahatiktagruta is described in *Vagbhat* under the *Kushtha chikitsaadhyay* in which he has described it's effectiveness in *kushtha* ,*visarpa* ,*shvitra* ,*vyanga* ,*vidradhi* ,*kandu*.(7)

Kaishor guggul is specifically indicated in *vatarakta*, *vranas*, and *kushtha*. In one study, they found it's antiallergic, antibacterial and blood purifying properties.(9)

Nishamalaki contains *Amalaki* (*phyllanthusemblica*) and *Haridra(terminaliachebula)*. It works as an anti inflammatory & anti allergic. It is also an anti oxidant property.(10)

Triphala and *neem kwath* was used for *dhawan* (cleaning) because of its *vranashodhak*, *vranaropaka*, *kledashoshak* and *kandughna* properties.(8)

Yashad Bhasma contains zinc which is known to promote healing (11)

Cutfar ointment mainly contains *jatyadi tail* was used for local application because *jati* has *kushthaghna*, *vranashodhak*, and *vranaropak* action(12).

Shatadhautagruta is indicated in *visarpa*, *kushtha* and *kandu*.(13)

Karanjtail was used because of its *kandughna*

and *kushthaghna* properties. It is *Kaphaghna* and *Vataghna* due to its *tikta*, *katurasa* and *ushnavirya* . It is also having *jantughna*, *vranaropan* and *vedanasthapan* (pain reliever) properties.(14)(15)

Conclusion

From this study it can be concluded that *Vipadika* (palmo-plantar psoriasis) can be successfully treated with appropriate Ayurvedic medication.

References

1. Yadavji T. Charak Samhita, Reprinted 2013, Chaukhamba Surbharti Prakasan, Varanasi, Chikitsa chap. 7/22, 7/13, 29, 451p .
2. Shastri K. Bhaishajya Ratnavali, 19th edition, Choukhamba prakashan, 2008, Chapter. 54, 905p.
3. Jakhotiya Y. Kuchewar V. Ayurvedic management of Palmoplantar Psoriasis: A Case Study, *J of Ayurveda and Hol Med (JAHM)*.2017;5(2):59-64p
4. Pandey G, Davyaguna vigyan, vol II ,Choukhamba Krishnadas academy :reprint, 2004, 500p
5. Pandey G, Davyaguna vigyan, vol II ,Choukhamba Krishnadas academy :reprint, 2004, 500p
6. Kuchewar V. Management of chronic psoriasis through Ayurved. Joinsysmed 2017, vol 5(),111-115p
7. Tripathi B, Ashtang hriday ed.2014 Choukhamba sanskrit pratishthan. Chapter 19th, 783p
8. Lather A. Gupta V. Bansal P. Sahu M. An ayurvedic polyherbal formulations of kaishor guggula - a review 2011Journal of IJPBA.28.jan.2018,2(1),497-503p
9. Kuchewar V. Management of chronic psoriasis through Ayurved. Joinsysmed 2017, vol 5(),111-115p
10. Lal K. Susruta Samhita, An English translation of the Sushruta samhita, based on original Sanskrit text. Vol. 2;1907;344p.
11. Kuchewar V. Management of chronic psoriasis through Ayurved. Joinsysmed 2017, vol 5(),111-115p
12. Jakhotiya Y. Kuchewar V. Ayurvedic management of Palmoplantar Psoriasis: A Case Study, *J of Ayurveda and Hol Med (JAHM)*.2017;5(2):59-64p
13. Di Pompo G, Poli F, Mandrone M, Lorenzi B, Roncuzzi L, Baldini N, Granchi D.J, Comparative "in vitro" evaluation of the antiresorptive activity residing in four Ayurvedic medicinal plants ethnopharmacol . 2014 Jun 11;154(2):462-7p
14. Rao P , Bhaishajya kalpana vigyan , Edition:2008 Chaukhambha Sanskrit sansthan ,13/44, 328p.
15. Jakhotiya Y. Kuchewar V. Ayurvedic management of Palmoplantar Psoriasis: A Case Study, *J of Ayurveda and Hol Med (JAHM)*.2017;5(2):59-64p.
