

Role of *Vamana* and *Padhabhyanga* in the Management of *Vipadika* With special reference to Plantopalmar Psoriasis

Case report

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Abstract

Ayurveda described various skin diseases under the single heading *Kushta*. In Charaka Samhita, Acharya Charaka explained *Ashtadasha Kushtas* in two main categories namely '*Maha Kushta*' and '*Kshudra Kushta*'. *Kushta* is *tridoshaja vyadi*, however, the symptoms appear according to the *dosha* predominance. *Vipadika* is one of the *Kshudra Kushta* with predominance of *vata kapha doshas* and it is characterised by *Pani Pada sputana* (fissures in palms and soles) and *Teevra vedana* (severe pain). According to clinical manifestations, *Vipadika* is more similar to '*Planto Palmar Psoriasis*' which is long lasting Auto Immune disease. It is found to be 3-4% of all Psoriasis cases. In modern science, many treatment modalities are available to treat the disease. They may cause many side effects and recurrence after subsidence is also very common which gave a big scope to alternative system of medicines to treat *Vipadika*. In the present case study, the line of management followed was mentioned by *Acharya Charaka*, according to *dosha* Predominance. The patient, initially administered *sneha pana* with *Maha Tiktaka gritha* for 7 days which was beneficial to pacify *pitta dosha* and *kapha dosha utkleshana* before *Vamana*. Later on, *Vamana* therapy was conducted to eliminate *kapha dosha* which gave good symptomatic relief to the patient. However, in view of the severity, chronicity and recurrence of the disease, *Mridu Lavana jala Avagaha Sweda* followed by *Padhabhyanga* with *pinda taila* was also performed which resulted in excellent improvement in very short period of time.

Key Words: *Vipadika*, Planto Palmar Psoriasis, *Vamana*, *Mridu Lavana jala Avagaha sweda*, *Padhabhyanga*.

Introduction

Psoriasis is a genetically determined disorder characterised by development of chronic, well-defined scaly, erythematous plaques on the extensor aspect of the extremities especially on the elbows and knees, trunk, back, scalp, nails, palms and soles. Psoriasis can be classified as generalized and localized. The estimated prevalence is 1.5 to 3.5% in the general population. It has bimodal peak of incidence at 16-22yrs and 57-60 years. Female predominance is noted in the younger age group.

Psoriasis is considered to be an auto immune disease and has a strong genetic predilection in the form polygenic autosomal dominant inheritance with variable penetrance HLA-CW6 is implicated in psoriasis and HLA-B27, HLA-B16 in psoriatic arthropathy.

The precipitating and aggravating factors, such as physiological changes of puberty and pregnancy.

Intercurrent infections, endocrine imbalance, physical trauma and mental stress, have a definite role in the course and prognosis of the disease. Drugs like beta blockers, anti-malaria's, NSAIDS, Lithium etc are known to cause Psoriasis form drug reactions and also to precipitate the disease. Obesity and chronic alcoholism are known to be associated with refractory cases. (1)

Several distinct forms of psoriasis are recognized, one of them is Planto-palmar psoriasis, it manifests as keratotic scaly patches and plaques on the palms and soles very frequently which accompany with fissures which can be painful. (2)

In Ayurveda it can be correlated with *Vipadika*, Which is one of the type of *Kshudra Kushta* with *vata kapha* predominance and it is characterised by *Pani pada sputanam*(fissures in palms and soles), *Teevra vedana*(severe pain) by Acharya Charaka,(3) And *Ashtanga Hridaya Kara* added symptoms *Manda kandu* (mild itching), *Saraga Pidaka* (studded with red colored eruptions)(4) to *Vipadika*.

Aims and objectives

- To evaluate *Samanya Chikista sutra* for *Kushta* mentioned by Acharya Charaka in *Vipadika*.
- To evaluate *Mridu Lavana jala Avagaha sweda* and *Padhabhyanga* with *Pinda Taila* in *Vipadika*

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Materials and methods

The treatment given to the patient was in accordance with the treatment principles given in *Charaka Chikitsa Kushta Roga Adyaya* (5) i.e Line of management according to *dosha* predominance later on performed *Mridu Lavana jala Avagaha sweda* (6) followed by *Padhabyanga* (7) with *Pinda Taila* (8) in view of their benefits mentioned in our classics and considering chronicity, severity and recurrence of the disease.

Case Report

A 24-year-old male patient came to Panchakarma OPD (op no 34703) of Dr. B.R.K.R Govt. Ayurvedic Medical College on 24th November 2018

with complaints of cracks on palms and soles (more on soles) with itching, oozing, mild burning sensation, blackish discoloration of the skin with severe pain since 1 year. On examination multiple fissures on both soles appear (less on palms), watery discharge, discoloration of the skin with local tenderness. According to clinical features, the patient was diagnosed as a case of *Vipadika* (Planto-palmar psoriasis). Previously he has taken contemporary system medicines for 6 months and got temporary relief only.

In the above case, clinical features indicated predominance of *vata* and *kapha doshas*, hence planned general line of management mentioned by Acharya Charaka for *Kushta* and *Avagaha sweda* followed by *Padhabyanga* as mentioned below (Table no 1)

Treatment protocol
Table no 1: Shodhana Chikitsa

SL. NO	Type of Treatment	Name of the Medicine	Dose & Anupana	Duration	Results
1	<i>Deepana & Pachana</i>	<i>Chitrakadi vati</i> <i>Hingwashatak chooran</i>	1 BD 2gms BD with water	For first 3 days	<i>Nirama Lakshanas</i> observed.
2	<i>Sneha panam</i>	<i>Maha Tiktaka Gritha</i>	Day-1 30 ml Day-2 50ml Day-3 70 ml Day-4 90 ml Day-5 110 ml Day-6 130 ml Day-7 150 ml	For Next 7days (4 th to 10 th day)	<i>Samyak Snigdha Lakshanas</i> observed
3	<i>Abhyanga & Nadi sweda</i>	<i>Tila Tailam</i>	Abhyanga for 30mns Nadi sweda for 15 mns	On 11th day	<i>Samyak Snigdha and svinna Lakshanas</i> observed
4	<i>Vamana Karma</i>	<i>Vamana Dravya-Madha phala chooran</i> <i>Vamanopaga Dravya-Yasthi Madhu Phanta</i> <i>Dugdha</i> (milk) <i>Saindava Lavana</i> <i>Madhu</i> (honey)	6 gms 2 liters 2 liters 2gms Q. S	On 12 th day (On the day of Vamana)	<i>Vamana samyak yoga Lakshanas</i> observed <i>Vegas- 8</i> <i>Upavegas-6</i> <i>Antiki criteria – pittantam</i> No complications Observed
5	<i>Samsarjana Krama</i>	Food (<i>peya, vilepi</i> etc) & Behavioral regimen advised		For 7 days (Starting from the day of Vamana)	

Table no. 2: Bhahiparimarjana chikitsa
(Advised Bahirparimarjana chikitsa for 14 days after Shodana Chikitsa)

Sl. No	Type of Treatment	Name of the Medicine	Dose & Duration	Results
1	<i>Avagaha Sweda (Mridu sweda)</i>	<i>Sukoshna Jala Lavana</i>	5 litres 15 gms 15mns every day for 14 days	Scales detached Smell reduced
2	<i>Padhabyanga</i>	<i>Pinda Taila</i>	20 ml 15 mns Every day for 14 days	Fissures healed Pain reduced Skin become soft and normal color attained.

Table no 3: Shamana Chikitsa
(Advised Samana Aushadas for one month after completion of Shodana and Padhabyanga)

Sl. No	Name of the Medicine	Dose & Anupana	Duration
1	<i>Kadhiradi vati</i>	1BD with water	30 days
2	<i>Arogyavardini vati</i>	1BD with water	30 days
3	<i>Aragvadarashita</i>	15ml BD with equal water	30 days

Table no 4: Gradation of Subjective parameters

Sl. No.	Signs and Symptoms	Gradation	
1	Pain	No Pain	0
		Mild pain- tolerable in nature felt occasionally	1
		Moderate Pain- experience frequently, requires some measures to relieve the pain	2
		Severe Pain- Constant in nature, disturbs sleep, requires analgesics	3
2	Itching	No Itching	0
		Mild Itching- 2-3 times in a day tolerable in nature	1
		Moderate Itching- frequent episodes of itching, sometimes disturbs the sleep and day time activities	2
		Severe Itching- Constant itching frequent sleep disturbances	3
3	Secretions	No Secretions	0
		Mild- Secretions on activity	1
		Moderate- Occasional secretions without activity	2
		Severe- Continuous secretions on rest	3
4	Discoloration	No discoloration	0
		Mild- Slight discoloration present on palms and soles	1
		Moderate- Discoloration present with slight skin cracks	2
		Severe- Dark dirty discoloration with large cracks	3
5	Roughness	Insignificant	0
		Mild- Roughness on touch	1
		Moderate- Roughness with itching and cracks	2
		Severe- Roughness with cracks and fissures	3

Table no 5: Assessment of symptoms of vipadika before and after treatment

Sl.no	Signs and symptoms (Subjective parameters)	Before treatment	After treatment
1	Pain	3	1
2	Itching	3	1
3	Secretions	3	0
4	Discoloration	3	1
5	Roughness	3	1

PICTURES BEFORE AND AFTER TREATMENT

Picture - 1: Left leg before treatment



Picture - 2: Left leg after treatment



Picture - 3 Right leg before treatment



Picture - 4 Right Leg after treatment



Discussion

Vipadika is one of the forms of *Kshudra Kushta*. According to clinical manifestations, it is similar to Planto-palmar psoriasis which is found to be 3-4% of all psoriasis cases. In the present case study, the treatment given to the patient was in accordance with treatment principles mentioned by Acharya Charaka for *Kushta Roga*. The principle explains the administration of suitable *shodana* according to *dosha* predominance. As *Vipadika* is a *vata kapha* predominance *Kushta roga*, *deepana* and *Pachana* were initially administered followed by *sneha pana* with *Maha Tiktaka Gritha* for 7 days. This *gritha* is made up of *tikta rasa Pradana* and *Sheeta veerya dravyas* and is mainly beneficial in *pitta* and *vata* predominant *Kushta rogas* mentioned by Acharya Charaka (9) and Vagbhata- (10) After *Sneha pana*, *Abhyanga* and *Nadi sweda* was performed for one day, then conducted *Vamana* as *Shodana* therapy. It helped to remove *Utklishta kapha dosha* along with *Alpa piita* (11) from the body. In this case study, patient

got significant relief from symptoms of *Vipadika* with *Shodana Chikista*.

As per *Ashtanga Hridaya*, *mridu Sweda* can be given in *kushta* (12). Accordingly, *Mridu Lavana jala Avagaha sweda* was administered to pacify *Stananugatha vata dosha*. *Avagaha sweda* helps to dissolve *kapha* which in dense stage stuck to channels firmly, further it liquifies *kapha* allowing it to move freely, (13) it also makes channels soft due to which *vata* flows in normal direction. *Svedana* by its qualities *ushna*, *teekshna gunas* increases metabolic rate, dilates the capillaries thereby increases circulation. Thus, increased circulation enhances the elimination of waste products from the body in the form of sweat. As such, *sweda karma* does cleansing effect in the body. (14) *Lavana* by its properties like *Sukshma*, *vyavayi*, *vikasi* etc. easily enters into the body (15) and it helps in exfoliating dead skin cells, cleansing skin pores and protecting the natural skin layers to produce healthy skin. It helps in getting rid of toxic minerals and refined salt deposits by stimulating blood circulation. By its

anti-bacterial action, it prevents secondary infections also. (16)

After cleaning palms and soles with *sweda karma*, *Padhabyanga* with *pinda taila* was performed where oil enters into inner layers of skin and helps in quick healing of cracks giving maximum benefits of *Padhabyanga* which are mentioned by Acharya Charaka viz. quick relief of roughness, dry ness, fatigue and numbness. It makes legs stable, soft and prevents cracks (17) Further, *Padhabyanga* prevents aggravation of *vata*, *kapha doshas* and provides good nourishment to the tissues of *pada* (18) Thus, helpful in treating *Vipadika*.

Conclusion

As *Kushta* is *tridoshaja vyadhi*, the line of management followed helped to maintain equilibrium of all the *doshas*. It gave excellent symptomatic relief to the patient in a short period of time. From the above case study, it can be said that Planto-palmar psoriasis can be successfully managed through Ayurvedic line of management.

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