

Ayurvedic Management of Palmoplantar Psoriasis - A Case Series

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Abstract: *Background: Palmo-Plantar Psoriasis is a non-infectious chronic inflammatory disease of the skin characterized by well-defined erythematous plaques with silvery scales that have a predilection for surface and by a chronic fluctuating course. The disease not only affects patients physically but also disturbs the mental and social health of the patient, as the appearance of patient may be embarrassing. Since there is no satisfactory treatment for psoriasis in conventional medicine. Ayurvedic treatment (Virechana karma, Raktamokshana, external Lepa Application and Shamanoushadi) can provide promising results in this condition. Method: 10 patients having complaints of Sputan (Peeling of the skin), Kandu (Itching), Daha (burning sensation) and occasionally vedana (Pain) in the palmoplantar region were successfully treated with Virechana, Rakta mokshana, external application of lepam and Shamanoushadi (Mahatikataka Ghrita, Panchatikak guggulu grita capsule, Patolakaturohinyadi Kashaya, tiktamrita and Avipattikara Choorna) in the period of 3 months. Assessment criteria were prepared to see the improvement in each patient. Results: The intervention provides 85 % relief after treatment and a complete follow up 3 months. 80.36 % significant on Scaling of skin, 79.99 % significant on kandu, 83.66% significant on paani paada sputana, and 85.24% significant on Vedana. 80% of subjects were shown relief on all parameters after treatment and 85.66 % showed relief after a complete follow-up period of 3 months. Conclusion: Ayurvedic intervention is potent enough to treat Vipadika effectively. Following Pathya Ahara and Vihara along with medications helps break the pathogenesis, alleviates the symptoms, and also improves the immune strength. Hence, the treatment was effective in relieving the symptoms and causing remission.*

Keywords: Vipadika, Palmoplantar Psoriasis, Virechana, Raktamokshana, shamana Aoushadhi

1. Introduction

Healthy skin is a mirroring of general healthiness. Not all skin diseases are responsible for mortality but hampers day-to-day activity and due to its cosmetic issues, it depresses the patients. Researches show that the patient with skin diseases have greater impairment in mental health as compared with patients having systemic disorders like Diabetes mellitus, Hypertension etc. Palmo-plantar psoriasis is a common chronic immune-mediated, inflammatory, proliferative, non-communicable disease of skin influencing people who are genetically predisposed with habitat having a crucial role in pathogenesis ^[1]. The prevalence of Psoriasis imprecisely ranges between 2 and 3% worldwide ^[2]. In India, the prevalence of psoriasis also varies from 0.44 to 2.88% ^[3]. Palmo-plantar psoriasis is a challenge to treat; Billions of moneys is spent on the cosmetically issue every year.

Ayurveda includes all the skin disorders under the broad name Kushta. There are 18 types of Kushta described in Ayurveda Samhitas. Out of which 11 are Kshudra Kushta. Vipadika is one of them. Different Acharyas have given different presentations of signs and symptoms of Vipadika. According to Ashtanga Hridaya, Panipadspputana (Cracks over palms and soles), Teevra Vedana (Intense pain), Manda Kandu (Mild itching), and Saraga Pidika (Red-colored macules) are the symptoms of Vipadika.^[4] According to Acharya Charaka crack and severe pain are the symptoms of Vipadika.^[5] According to Sushruta Acharya, Itching, burning sensation and pain are present especially on Pada (sole), are the symptoms of Vipadika.^[6]

2. Methods

A retrospective interventional case series was carried out at Siddhagiri Ayurdham, Siddhagiri Hospital and Research Centre, Kaneri, Kolhapur, Maharashtra to evaluate the clinical efficacy of a course of Virechan, followed by Raktamokshana, Lepa application and Shaman Aoushadhi in patient with palmoplantar psoriasis. Patients were followed up every 15 days for duration of 3 months.

Diagnostic criteria:

- Sputan (Scaling of skin)
- Kandu (Itching)
- Paani Paadasphutana (Fissures/ Cracks)
- Daha (Burning Sensation)
- Vedana (Pain)

Inclusion criteria:

- Patient fulfilling the diagnostic criteria
- Patient of 20 to 70 year
- Both male and female patients
- Patient fit for Virechana
- Patient fit for raktamokshana

Exclusion criteria:

- Patients below 20 and above 70 years old
- Patient unfit for Virechana
- Patient unfit for Raktamokshana
- Patient with any systemic diseases

Intervention:

- 1) Shodhan Chikitsa: one course of virechana karma administered to all included patient
 - a) Amapachana: with Chitrakadi vati, Panchakolasava till niram Lakshana appears

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- b) Snehapana: Mahatiktaka Ghrita, till samyaka snigdha lakshana Appears
- c) Sarvanga Abhyanga swedana: for two days during Vishram kala.
- d) Virechana: with trivrutta avaleha

2) Follow up- 15th, 30th, 45th, 60th, 75th day after Virechana.

- a) Raktamokshana – Siravyadha on second and fourth follow-up
- b) Oral medication:
 - Mahatikta Ghrita- 1 tsf at Rasayan Kala
 - Panchatiktak Guggalu Ghrita Cap. - 2 with Patolakaturohinyadi Kashaya 2 tsf at Vyanodan Kala
 - Tiktamrita- 1 at Vyanodan Kala

- Avipattikar Choorna- 1tsf at Nishikala
- Lepa (External application)- Jatamayadi Lepa Once a day

This retrospective case series involved the analysis of record of patient with palmoplantar psoriasis who were managed as part of routine clinical practice at Siddagiri Ayurdham, Siddagiri Hospital and Research Centre, no experimental or additional invasive procedures were performed. Therefore, in accordance with institutional policy, separate approval from the institutional ethics committee was not required. Written informed consent for treatment and use of clinical data for academic purposes was obtained from all participants.

Table 1: Demographic and clinical profile (n=10)

Parameter	C1	C2	C3	C4	C5	C6	C7	C8	C9	C10
Age (yr)	32	39	33	41	29	50	49	53	44	48
Gender	Male	Male	Female	Male	Female	Male	Male	Female	Female	Male
Occupation	Farmer	Factory worker	House wife	Carpenter	Hospital support staff	Farmer	lawyer	House wife	Teacher	Tailor
Duration of disease	06 months	12 months	03 months	14 months	02 months	8months	18 months	22 months	11 months	8 months
Site involved	Both palms and soles	Palms	Soles	Both palms and soles	Both palms and soles	Both palms and soles	Both palms and soles			
Severity	Severe	Severe	Moderate	Moderate	Severe	severe	Moderate	severe	Moderate	Severe

Clinical findings: Clinically, all patients shows classical features of Vipadika (palmoplantar psoriasis), as panipad sphutana (Fissure and Cracks over palm and sole), Sphutana (scaling of skin), kandu (itching), Daha (burning sensation), Vedana (pain). Secondary complaints included difficulty to perform daily routine activities, along with disturbed sleep due to pain and pruritus.

Aharaj and viharaj nidan like ati lavan, atikatu, and ati amla ahara (excessive intake of salty, pungent, and sour food), guru-snigdha and abhishyandi ahara, excessive exposure to shita and ruksha vata, ratrijagaran, exposure to chemicals and Manasika nidan like ati chinta were identified as the major etiological factors. The main symptoms observed were panipada sphutanam, kandu, daha, vedana indicating involvement of twak, rakta, mamsa dhatus with derangement of rasavaha and raktavaha srotas.

Diagnostic Criteria for assessment of the effect of the therapy:

Sputana (scaling of skin)		Grade
1. Insignificant dryness at the foot/palms		0
2. Roughness is present when touching		1
3. Excessive of roughness present & leads to itching		2
4. Excessive of roughness present & leads to slight cracks		3
5. Roughness leads to cracks		4
Kandu (Itching)		
1. No itching		0
2. 1-2 times a day		1
3. Frequent itching		2
4. Continues itching		3
5. Itching disturbs the sleep		4
Paani paada sphutanam (Fissures / cracks)		
1. No cracks		0
2. Cracks on the palms or soles		1
3. Cracks on both palms and sole		2
4. Cracks on complete foot and hand		3
Daha (Burning sensation)		
1. No, burning sensation		0
2. Occasional burning sensation		1
3. Frequent burning sensation causing discomfort		2
4. Severe burning sensation disturbing daily activities like sleep		3
Vedana (Pain)		
1. No pain		0
2. Mild pain can easily bearable		1
3. Moderate pain, but no difficulty		2
4. Appears frequently, requires some measures for relief		3
5. Pain requires medication and may remain throughout the day		4

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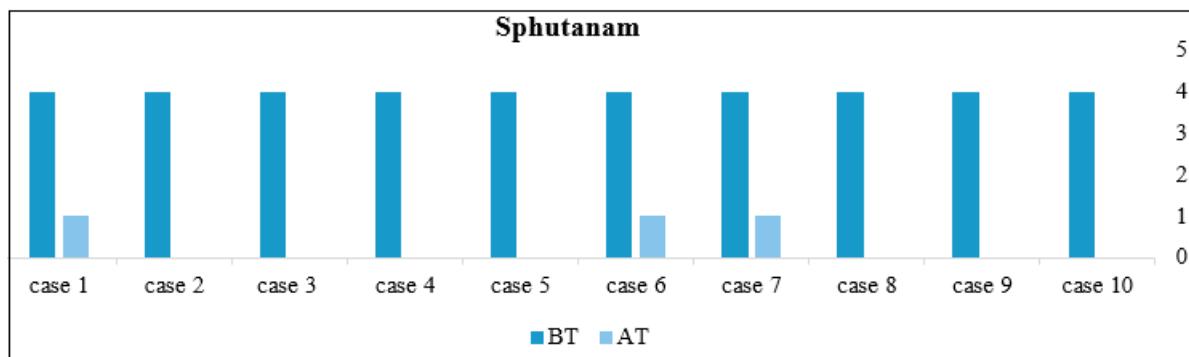
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3. Observations and Results

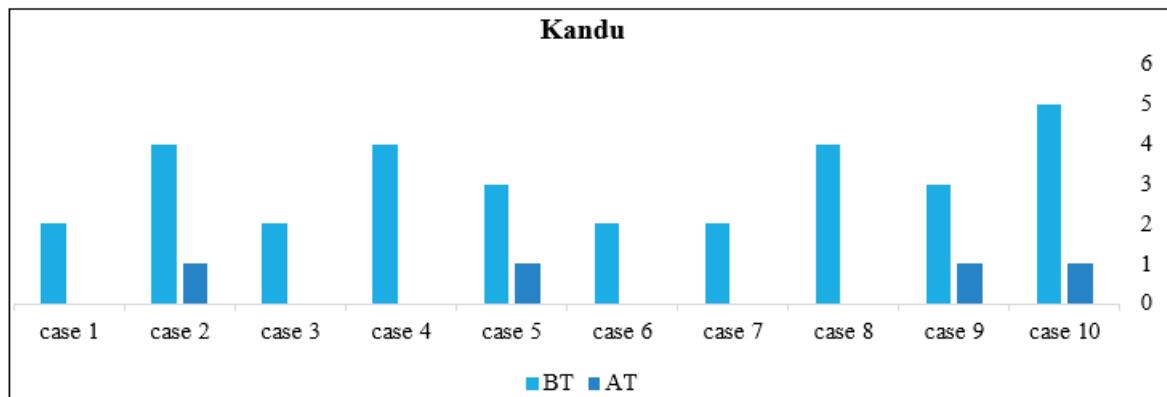
Table 1: Showing observations and result of treatment based of diagnostic criteria

Symptoms		P1	P2	P3	P4	P5	P6	P7	P8	P9	P10
Sphutanam	BT	4	4	4	4	4	4	4	4	4	4
	AT	1	0	0	0	0	1	1	0	0	0
Kandu	BT	2	4	2	4	3	2	2	4	3	5
	AT	0	1	0	0	1	0	0	0	1	1
Daha	BT	3	1	1	3	2	2	1	2	1	1
	AT	0	0	0	1	0	0	0	0	0	0
Paanipada sphutanam	BT	2	2	3	2	3	2	2	2	3	2
	AT	0	0	1	0	1	1	0	0	0	0
Vedana	BT	3	3	3	4	3	3	3	3	3	4
	AT	1	0	0	0	0	1	0	0	0	1

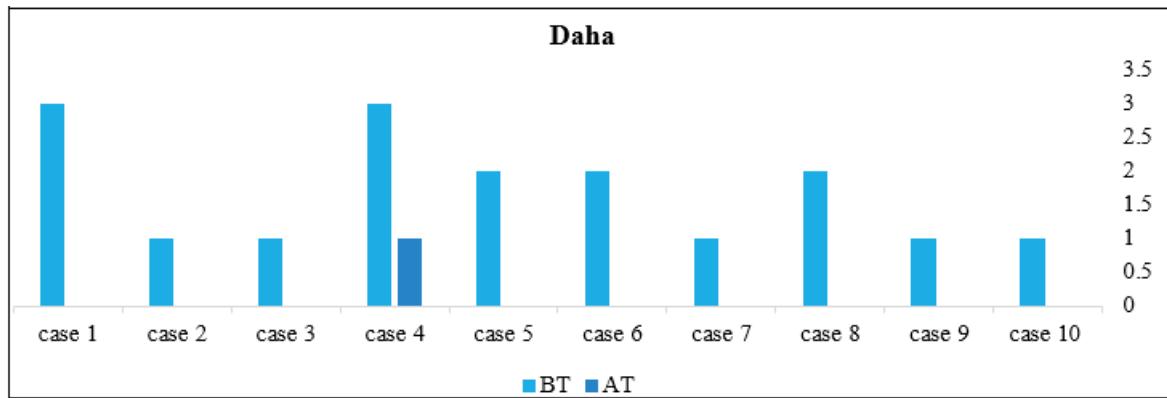
P1-P10 = Patients 1-10 BT= Before treatment AT= After treatment



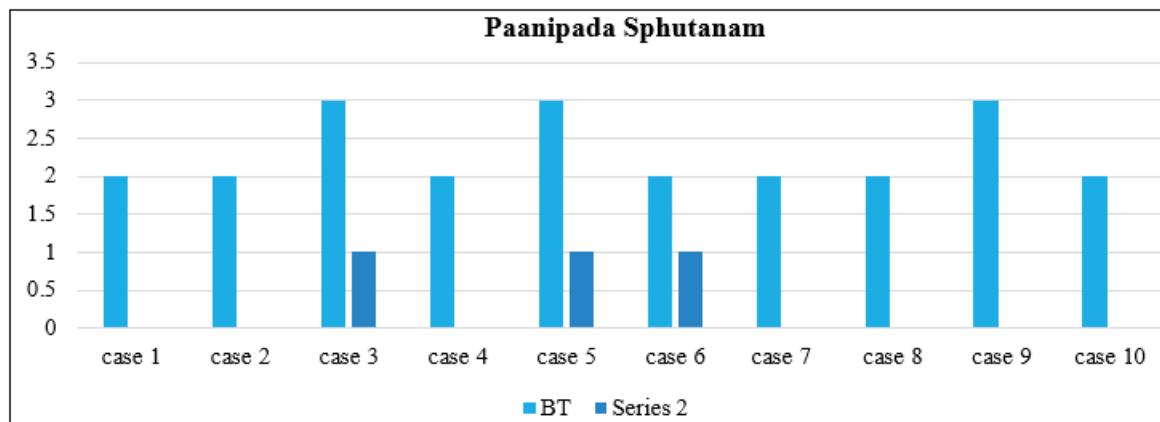
Graph 1: Showing before and after changes in sphutanam in 10 cases



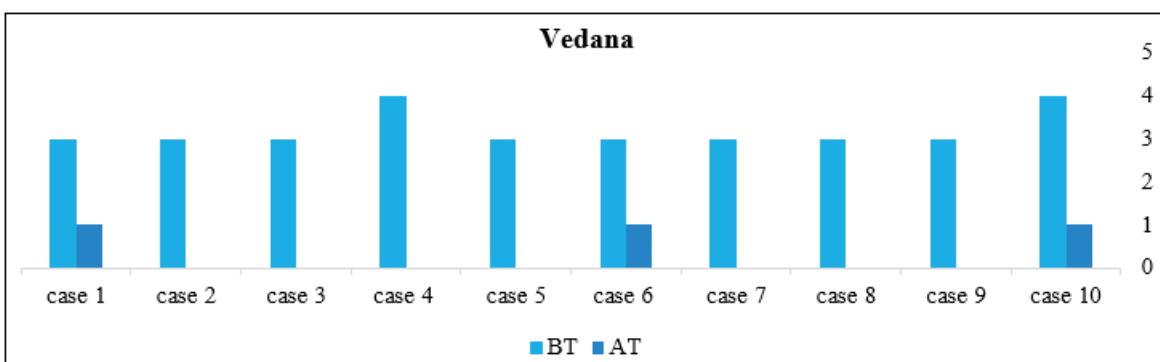
Graph 2: Showing before and after changes in Kandu in 10 cases



Graph 3: Showing before and after changes in Daha in 10 cases



Graph 4: Showing before and after changes in Paanipada Sphutanam in 10 cases



Graph 5: Showing before and after changes in Vedana in 10 cases

Assessment of the patients was done for 3 months with Raktamokshana on the 2nd and 4th follow-up and oral medication.

Out of 10 subjects, all subjects presented grade 4 sputana i.e. scaling of the skin of palmoplantar region, 4 subjects presented grade 2 kandu, 2 subjects presented grade 3 kandu, 3 subjects presented grade 4 kandu and 1 subject presented grade 5 kandu. 5 subjects presented grade 1 Daha, 3 subjects presented grade 2 Daha, 2 subjects presented grade 3 Daha. 7 subjects presented grade 2, and 3 subjects presented grade 3 paanipada sputana and 8 subjects presented grade 3 Vedana.

The intervention provides 85 % relief after treatment and a complete follow up 3 months. 80.36 % significant on Scaling of skin, 89.99 % significant on kandu, 85.66% significant on paani paada sputana, and 85.24% significant on Vedana.

80% of subjects were shown relief on all parameters after treatment and 85.66 % showed relief after a complete follow-up period of 3 months.

Picture of few cases before and after treatment





4. Discussion

Palmoplantar psoriasis is a chronic inflammatory skin disorder that affects the palms of the hands and soles of the feet. It is a systemic autoimmune disease characterized by the excessive production of skin cells and inflammation.

Palmoplantar psoriasis can be caused by various causes like genetic, environmental and immune factors. The pathophysiology of palmoplantar psoriasis involves immune dysregulation, abnormal keratinocyte proliferation, and differentiation.

The immune system plays a main role in the development of palmoplantar psoriasis. In a normal immune response, immune cells, particularly T cells, help protect the body against pathogens. However, in psoriasis, there is an abnormal activation of these immune cells in the skin. These T cells release cytokines which promote inflammation and trigger the proliferation of keratinocytes.

There will be an accelerated turnover of skin cells, known as hyperproliferation. This will lead to thickening and scaling of the affected areas. In addition to increased proliferation, there is also abnormal differentiation of keratinocytes in palmoplantar psoriasis. In healthy skin, keratinocytes mature and move from the basal layer to the surface, where they eventually shed. However, in psoriasis, this process is disrupted and the keratinocytes do not have sufficient time to fully mature and properly differentiate. This contributes to the thickened and scaly appearance of the affected skin.

This condition in Ayurveda is correlated with *Vipadika* which is characterized by *Panipada sphutana*, *Teevravedana* where there will be a vitiation of *Twak*, *Raktha*, *Mamsa* and *Lasika* along with *Tridosha* vitiation. All skin disorders are more prone in *Pittaja* and *Raktja Dushti*. *Pitta* can overheat the blood (*Rakta dhatus*) and predispose it to toxic conditions that are expressed through the skin. So, the line of treatment

should be to remove *Dushit Pitta* from the body and *Shuddhi* of *Rakta Dhatus*. The patients had fissures on their palms and soles and itching due to the vitiation of *Vata* and *Kapha* respectively. The treatment was given following the vitiation of these *Doshas*.

Most of the ingredients of mahatiktaka Ghrita have *Kushtaghna* and *Raktaprasadak* properties. *Tikta rasa* itself is best for pitta and Rakta dushti. So it is used as for shodhanaga snehapana, Virechana and Raktamokshana are the best line of Shodhana Chikitsa for vitiated pitta and rakta. *Mahatikataka Ghrita*, *Panchatitakak guggulu ghrita capsule*, *Patolakaturohinyadi Kashaya*, *tiktamrita* and *Avipattikara Choorna* most of these are having tikta rasa which does pitta and rakta Shodhana also avipattikar Choorna is advised as nitya virechak as it is mentioned in the classics that *Alpaalpa Punah: Punah: Shodhana*^[7] Virechana is best in all skin diseases caused due to vitiation of pitta rakta Pradhan Tridosha prakopa.

5. Conclusion

This report shows that Ayurvedic intervention is potent enough to treat *Vipadika* effectively. Following *Pathya Ahara* and *Vihara* along with medications helps break the pathogenesis, alleviates the symptoms, and also improves the immune strength. Hence, the treatment was effective in relieving the symptoms and causing remission.

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