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Effective Ayurvedic Approaches For Managing Vipadika: A Case Repor

Dr.Pankaj singh Kushwaha[1],prof.R.K. Joshi[2],Dr.Harish Bhakuni[3,],Dr.Pooja lekhak[4] ,dr.Tanya panchpuri[5]

[1,4,5]PG Scholar, department of kayachikitsa, NIA, Jaipur, India,

[2]Professor & HOD, P.G Department of Kayachikitsa, NIA, Jaipur, India,

[3]Associate Professor, P.G Department of Kayachikitsa, NIA, Jaipur, India,

ABSTRACT- In *Ayurveda Tvak* is correlated to skin and all *Tvak Vikara* (Skin diseases) have been discussed under the chapter *Kushta*. *Ashtanga Hridaya* describes 18 types of *Kushta ,7Maha kushta and 11 Kshudra kushta*. *Vipadika* is described under *Kshudra kustha* characterized by *Panipadsputana* (cracks over palms and soles), *Tivra Vedana* (severe pain), Manda kandu(Mild Itching),and *Sarag Pidika*(red coloured macule). Psoriasis is a chronic skin disease characterized by dry reddish patches covered with scales. A Palmoplantar Psoriasis is a chronic variant of psoriasis that mostly affects the skin of the Palms and Soles. It can be correlated with *Vipadika*. Skin diseases hampers daily activities. They have negative impact on the physical, emotional and psychological wellbeing, around 5% of all the Psoriasis. A 44 years old male patient came to OPD with c/o blackish skin lesion with itching and burning sensation in both the palms & elbows along with cracking of skin & redness 5 years. *Shodhan Chikitsa* as well as *Shaman Chikitsa* were implemented. Significant improvement was noted on skin condition. Therefore, *Vipadika* can be managed effectively with *Ayurveda* interventions.

KEYWORDS- *Vipadika, Kustha*, Palmoplantar Psoriasis, *Shodhan Chikitsa Shamana Chikitsa*,

Introduction- *Vipadika* is a common skin condition characterized by *Pani-Padashphutana* (cracks over palms and soles), *Tivra Vedana* (severe pain), Manda kandu (Mild Itching),and *Sarag Pidika* (reddish eruptions). It is one of the 11 *kshudra kusthas* (skin diseases) described in *Ayurveda*.

Samanya Chikitsa (general treatment) includes *Raktamokshana, Virechana* and *Snehapana* prepared with *vamana* and *taila* or gritha as first-line treatment [1,2,3]. *Shamana chikitsa* involves *Abhyantara chikitsa* (internal administration) with ghrita's (ghee) like *Panchatiktaka ghrita*. The symptoms of this disease are more or less similar to the palmoplantar psoriasis (PPP) variant of psoriasis. It is characterized by involvement of the skin and muscles of the palm and has a hyperkeratotic, pustular or mixed morphology. It is known that it is caused by a combination of genetic and environmental factors. Most patients with palmoplantar psoriasis and palmoplantar pustulosis report symptoms that include itching, pain, and cracks. Although intermittent discharge may occur, persistent attacks are common. Patients may get sick more due to seasonal changes, housework and cleaning staff. In fact, palmoplantar psoriasis is more common among farmers, care workers, and housewives. It affects people of all ages, and the average age of onset of palmoplantar impetigo is between 20 and 60. Although the condition has not been conclusively established, palmoplantar variant psoriasis accounts for 3% to 4% of all psoriasis cases and affects 2% to 5% of the population [4].

Case History - A case of a 44-years-old male who is a home maker, from sikar Rajasthan, presented to OPD during November 03rd,2023 with blackish skin lesion with itching and burning sensation in both the palms & elbows along with cracking of skin & redness since 5 years. He was also a known case of Type 2 Diabetes Mellitus since past 2 years. He took conventional treatment regimens for skin condition from nearby clinic with no improvement. Therefore, he visited our OPD for further management. Family history was negative for similar conditions.

Physical examination reveals non uniform erythematous scaly patches involving the both the palms and with few small lesions on elbows with itching and burning sensation. Laboratory investigations report found increase in glucose level and ESR.

Table 1Genarl and vitals examinations

General condition	Good
Appetite	Poor
Diet	Vegetarian
Bowel	Incomplete evacuation
Bladder	Clear
Sleep	Disturbed
Addiction	Not any
Pulse	84/ min
B.P	120/80 mm/hg
Weight	55 kg
Hight	152 cm
Temperature	$98.6F^0$
Past illness	T2DM
Family history	Not any

The case was treated with *Ayurvedic* medicines on the line of management of *Vipadika kshudra kushta* with administration of following interventions involving drugs such as *Vyadhi haran rasayan 250 mg + shuddha gandhak 250 mg+ mukta shukti pisti 250mg + triphla churan 2 gm orally twice a day, madhumehari churan 2 gm + ojaswani churan 2 gm orally twice a day, Panchatikta ghrita 10 ml orally twice a day, Kutki vati 2 tab HS* Lukewarm water,*Nimba taila* and *Tuwaraktaila* twice a day application twice a day. After 1 months *Virechan karma* was done. *Deepana* and *Pachana* was done with *Panchkol churna* 3 gm orally twice a day for 5 days then *Snehapana* (Internal oleation) starting with 30 ml and increased by as per *Koshtha* and *Agni* for 5 consecutive days (in increasing dose) for 7 days, *Sarvang Abhyanga* (therapeutic massage) with *Jatyadi Taila* and *Sarvang Vashpa Swedan* (sudation therapy) for 3 days. Lukewarm oil is poured all over the body and a gentle message was given for 20 minutes per day. Sudation therapy was given with the steam of *Dashmool kwath* for 10 minutes or as long as the patient feel comfortable for 3 days, *Virechana Karma* with 1 tab *Abhayadi modak* and 2 tab *Virachani vati* with 70 ml *Triphladi kwath* ,after *Virechan karma Sansarjana Krama* was started for 5 days.The outcome was measured based on symptomatic relief in signs and symptoms based on PASI scoring. The patient had reported complete relief from the acute phase after 45 days of treatment and complete remission of cutaneous lesions was observed by the end of 3 months of treatment phase.

Table 2 Treatment Plan

S.no	DRUG	DOSE AND FREQUENCY	ROUTE OF ADMINISTRATION	ANUPANA
1	*Vyadhi haran rasayan* *Shuddha gandhak* *Mukta shukti pisti* *Triphala churan*	250 mg 250 mg 250 mg 2gm 1X 2	Oral,before meal Twice a day	Lukewarm water
2 3 4 5	*Pramehprahara churna +* *Ojaswani churan* *Panchatikta ghrita* *Kutki vati* *Nimba taila +Tuwaraktaila*	2 gm 2 gm 10 ml 2 tab QS	Oral,before meal Twice a day Oral,before mealTwice a day Oral, After meal Ones time a day Local application	Lukewarm water

Table 3 Virechan karma

Procedures	Drug	Dose	Durations
Deepana And Pachana	*Panchkol churan* oraliy twice a day	3 gm	5 day
Snehapana	*Go Ghrita* as per *Koshta* and *Agni (*in morning with empty stomach *Anupan*- Lukewarm water	30 ml	5 day
Abhyanga & Swedana	*Abhyanga* With *jatyadi Taila and Sarvanga Sweda*	(35 min) (10- min)	3 day
Virechana Karma	*Abhyadi modak* *Virachani vati* *Triphla kwath*	1 tab 2 tab 70 ml	1 day
Sansarjana karma	Diet as per *Avar Shudddhi*		5 day

Table 4 Physical examination

Ashtavidh pareeksha	*Lakshana*
Nadi	84 /min
Mutra	*Prakrita*
Mala	*Vibanda*
Jihwa	*Saama*
Shabda	*Prakrita*
Sparsha	*Khara Sparsha*
Druk	*Prakrita*
Akrati	*Madhyama*

Table 5

Investigation	**Before treatment**	**After treatment**
SGPT	67.8 U/L	26.5 U/L
SGOT	32.4U/L	16.9 U/L
TRIGLYCERIDES	324.7 mg/dl	202.60 mg/dl
ESR	33 mm/hr	11 mm/hr
FBS	122.2 mg/dl	108
HbA1c	6.9 %	6.2

Observation and Results

Disease outcome was measured based on symptomatic relief in signs and symptoms and based on PASI (Psoriasis Area Severity Index), which is a point system quantifying area and quality. It measures erythema ,induration and desquamation (scaling)on a scale of 0-4.4 is the most severe. PASI score is widely used as a measure of improvement in many clinical studies. In this case study Severity of psoriasis area Index (PASI) online calculator[5] was used where baseline PASI score was 5 (70-89%). An improvement in PASI score was observed at the beginning of treatment, at week 4 PASI the score was 2 (10-29%) and continued to improve throughout the treatment.

Discussion *Vipadika* is *kshudra kushta roga* and is also considered as one of the 80 kinds of *Vataja nanatmaja vikaras*[6].This next line of treatment was administered patient based on the involvement of *dosha*, *dushya* and *yukti* of *vaidya* which is also considered to be known a an effective practice in the treatment of *twak roga* (skin diseases).As a disease,*Vipadika* is the dominant state of *Vatakapha* the medicine was aimed at achieving *samprampti bhanga roga* (disease) .*Mukta Pishti* having purified calcium is extremely beneficial for promoting skin health. Not only does it regulate excessive sebum production and prevent blocked pores, but also balances and hydrates the skin, while protecting it from environmental damage. Being a *Kapha-pitta*

pacifier, it flushes out the AMA toxins from the internal layers of the skin, promotes overall skin health and treats various skin infections like eczema, acne, and also prevents oxidative damage. It is also pivotal to diminish various signs of aging and bestow a radiant glow to the ski [7]*Shuddha Gandhaka* (purified Sulphur) was given for external application as it helps in early tissue repair, mainly indicated in *Kapha vataja dosha* condtions, is best *Rasayana*(antioxidant), *Shoshaka* (clears secretions) ,*Vishaghna* &*Krimighna* (antiseptic/anthelmenthic), indicated in various dermatological conditions such as *Kushtha* (skin diseases), *Kandu* (itching), *Visarpa (*erysipelas), etc[8].The skin of the human beings acts as a bridge between internal and external environment being well-equipped with an intricate network of antioxidant substances (redox-active) and enzymes, continually exposed to the oxidative environment [9, 10]. The skin is composed of three layers: epidermal, dermal, and subcutaneous, out of which epidermis is adversely affected by abiotic factors[11].*Triphala*, formulated as powder of three myrobylan fruits, *Emblica officinalis* Gaertn, *Terminalia chebula* Retz, and *Terminalia belerica* Roxb in equal proportions exhibits plethora of health benefits[12-13].Several research papers validate the ethno medicinalcl aims that *Triphala* displays free radical-scavenging, antioxidant, antiinflammatory, antipyretic, analgesic, antibacterial, antimutagenic, wound-healing, anticarcinogenic, antistress, adaptogenic, hypoglycaemic, anticancer, radioprotective, chemoprotective ,and, chemo preventive properties [14–15]The skin of humans is amenable to different DNA-damaging factors of the environment and hence, needs several in-house functions to reduce, repair, and protect from such deleterious effects. Skin pigmentation, antioxidant enzymes, epidermal thickness, DNA repair and apoptosis are the mechanisms involved in offering skin protection[16].*Madhumehari Churna* contains *Jambu,Amra,Karvellaka, Mesasrngi, Methika, Bilva, Nimba, Sunthi, Satapushpa,* Son Amukh,*Bala* and *Babbula*.Most of the ingrediants have *Kashaya* and *tikta rasa* property.Due to *Kashaya* and *Tikta rasa,*it helps to reduce the blood sugar level. Churna pacifies the symptoms of Kapha due to Kashaya and *Tikta Rasa* and also pacifies the symptoms of *Pitta*.[17] *Ayurveda* classics,it has been mentioned that diseases treated with Samshodhana Chikitsa[18] have the least tendency to reoccur.*Virechana Karma* is indicated not only for *Pittaja* disease but also for *Rakta and Kaphaj* disease.[19]In this procedure,first *Deepana Pachana Karma* was done with *Panchkol churna* thus help in *Aam Pachana*. After this *Snehapaan* was done *Go Ghrita*. *Ghrita* can penetrate the cell membrane. So,drugs incorporated with *Ghrita* (ghee) will easily assimilate in to the human body.This will help in the rejuvenation of cells and smoothening of vitiated *Dosha* (regulatory functional factors of the body).*Ghrita* is the best among *Vata-Pitta Prasaman* drugs.[20] So,it helps In the all eviation of dryness,burning sensation and scaling of disease.After internal *Snehapana* external *Snehan* (oleation)with *til Tail* and *Swedan Vrihat dashmool Kwath* will melt the *Dosha (*removal of toxin and nitrogenous wastes) from the periphery to guts.Which is thrown out of the body with the help of *Virechak Kashaya*.

Conclusion

Based on the information provided in the case study, it can indeed be inferred that the combination of bio-purification of the body along with *Ayurveda* modalities led to better clinical management for Palmar Psoriasis in the reported case. This integration of *Ayurveda's* approach appears to have provided a unique solution that not only addressed the symptoms but also aimed at preventing the recurrence of the disease.

Furthermore, the success of this approach in the reported case could serve as valuable data for *Ayurveda* research scholars, offering insights and potential avenues for further study and development of *Ayurvedic* treatments for Palmar Psoriasis. This case report contributes to the body of knowledge in *Ayurveda* and may inspire future research and clinical applications in this field.

Table 5 Pre and post analysis

Parameter	Pre-Treatment	Post-Treatment
Skin Condition	Blackish lesions on palms and elbows	Significant improvement in lesions
	Intense itching and burning sensation	Reduction in itching and burning sensation
	Cracking and redness of the skin	Decrease in skin cracking and redness
Digestion	Issues with digestion	Improved digestion
Appetite	Poor appetite	Increased appetite
Bowel Evacuation	Irregular bowel evacuation	Regular bowel movements
Energy Levels	Low energy	Increased energy levels
Daily Activities	Limited engagement in daily activities	Actively engaging in daily activities
Diabetes Management (DM-2)	Challenges in maintaining stable blood glucose levels	Better management and control of blood glucose levels

Patient perspective

The patient was satisfied with the treatment given and the improvement in his digestion, appetite, bowel evacuation, and blackish skin lesion with itching, burning sensation in both the palms & elbows along with cracking of skin and dm-2 After two months of the treatment, the patient was feeling energetic, and actively doing his daily activities.

"Managing Madhumeh through Ayurveda: A Case Report on Patient Outcomes"

Figure 1 Before treatment

Figure 2 After treatment

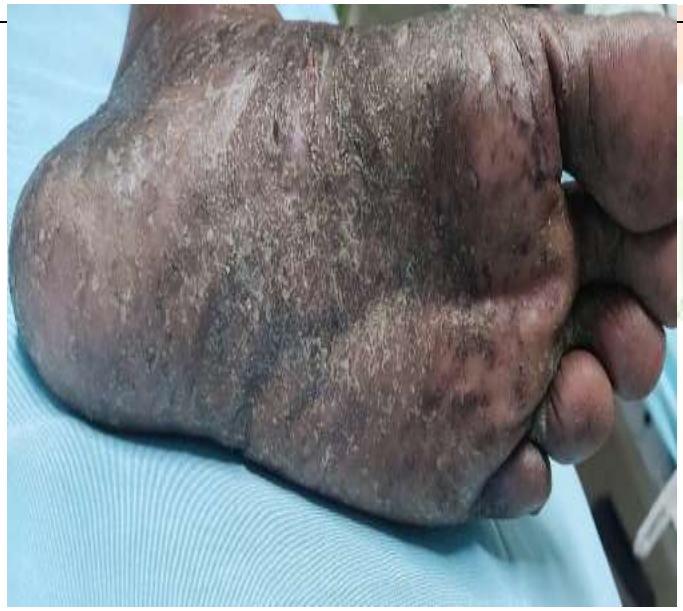

Figure 7 Before treatment

Figure 8 After treatment

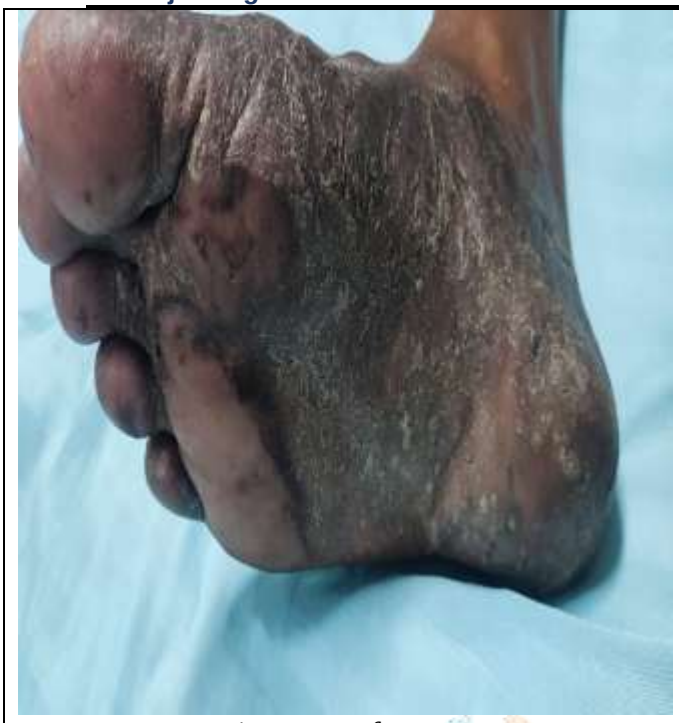

Figure 9 Before treatment

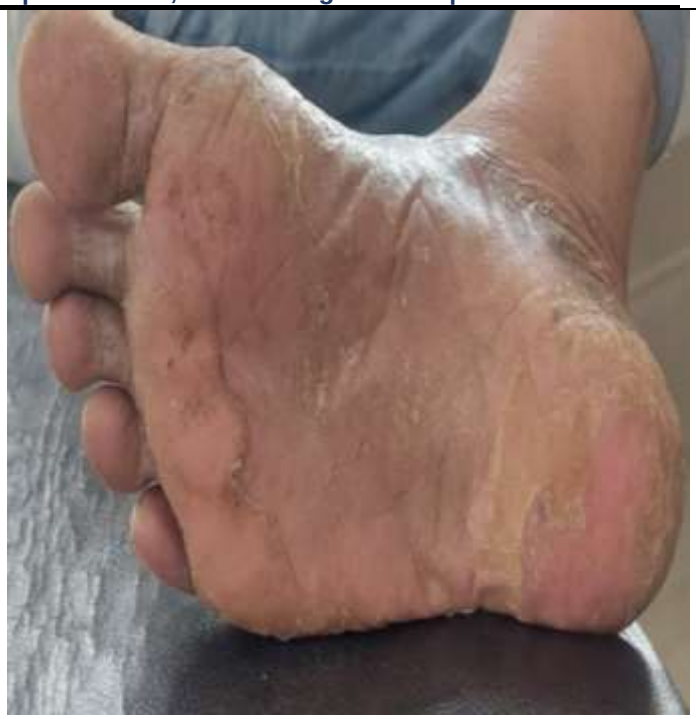

Figure 10 After treatment

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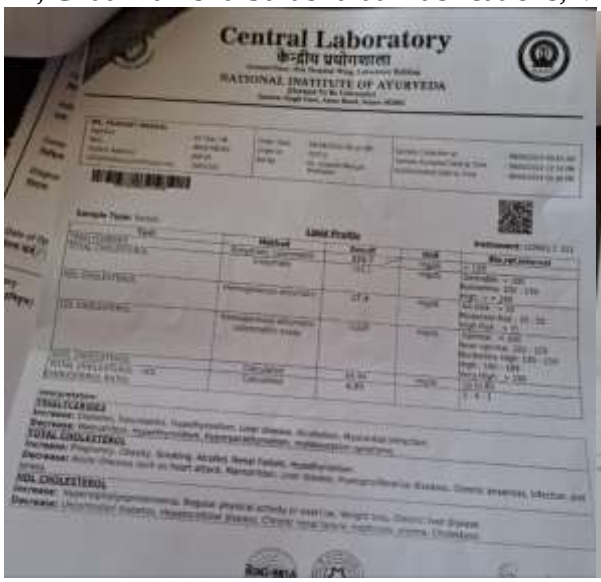

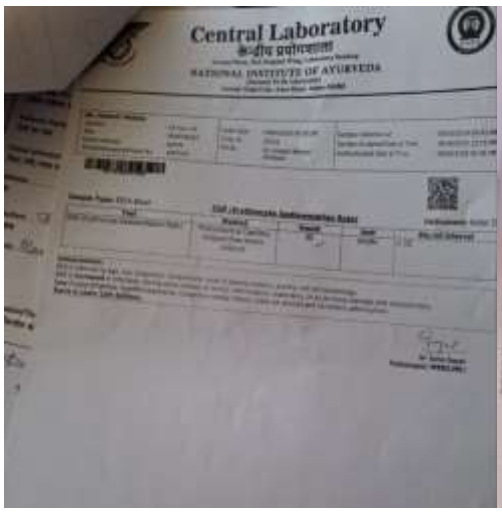

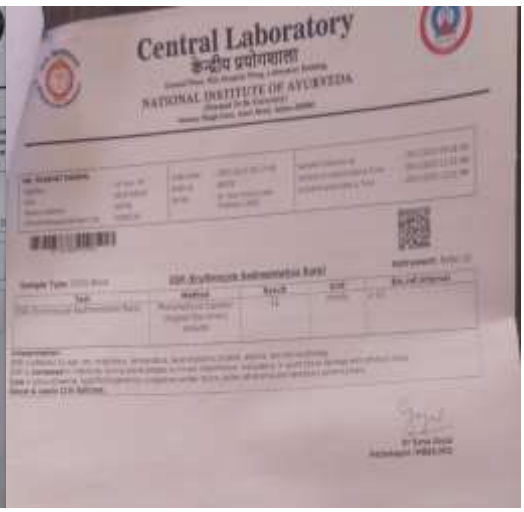

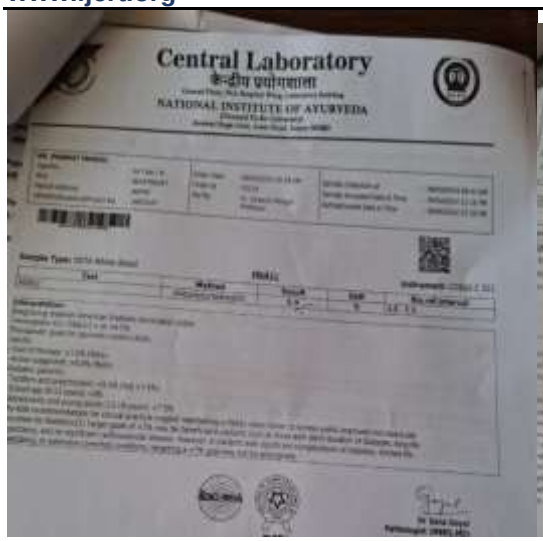
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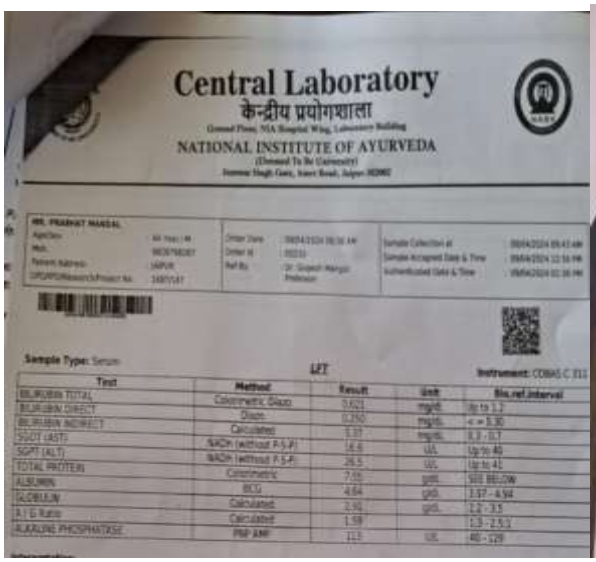
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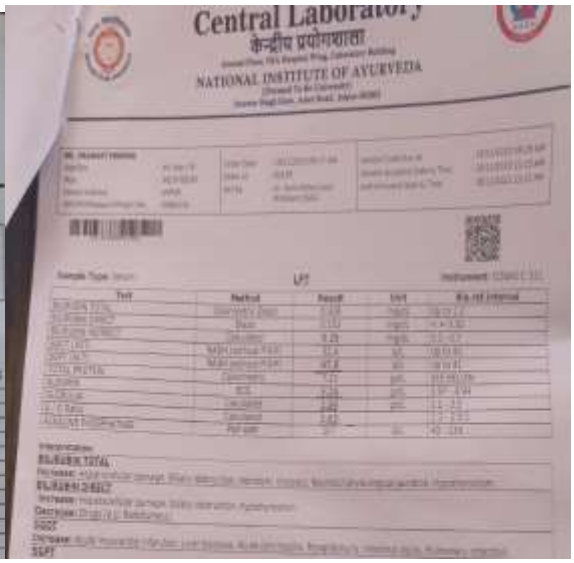
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