



AYURVEDIC MANAGEMENT OF VAIPADIKA – A CASE STUDY

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ABSTRACT

In the realm of *Ayurveda*, various dermatological conditions are encompassed under the broad term "*Kushta*." One specific subtype is *Vaipadika Kushta*, categorised as a form of *Kshudra Kushta*, distinguished by the fissuring of both palms (*Pani*) and soles (*Pada*), accompanied by intense pain (*Teevra Vedana*). This manifestation bears a resemblance to palmoplantar psoriasis in conventional medical terms. In a particular case, a patient had been grappling with the distressing symptoms of dryness and cracking on both feet for two years. These symptoms were further compounded by slight bleeding and intense itching. The therapeutic approach involved a combination of *Raktamokshana* (bloodletting), *Aragwadha Takradhara* (medicated buttermilk pouring), and *Shamanoushadha* (palliative medication). Remarkably, within a span of three months, this integrated treatment regimen yielded significant and positive results for the patient.

Keywords: *Vaipadika kushta*, palmoplantar psoriasis, *Jaloukavacharana*, *Aragwadha Takradhara*.

INTRODUCTION

The skin, the body's most significant and primary protective organ, covers its entire external surface, serving as a first-order physical barrier against the

environment. Its diverse functions include temperature regulation and protection against ultraviolet (UV) light, trauma, pathogens, microorganisms, and

toxins. Additionally, the skin plays a crucial role in immunologic surveillance, sensory perception, control of insensible fluid loss, and general homeostasis. It exhibits high adaptability, featuring different thicknesses and specialised functions across various body sites¹. *Kushta*, a *Mahavyadhi* involving *Tridhosha* and *Saptadhatus* in due course², is known for its chronic and recurring nature. It encompasses 18 types, including seven *Maharashtra* and 11 *Kshudra Kushtas*³. Among these, *Vaipadika Kushta*, a subtype of *Kshudra kushta*, involves *Vata* and *Kapha Dosh*⁴. It is characterised by *Sputana* (fissuring) of *Pani* (palms) and *Pada* (soles), accompanied by *Teevra Vedana*⁵. Both *Shodhana* and *Shamana*, *Bahya* and *Abhyanga Parimarjana Chikitsa*, are very effective in treatment. *Vaipadika Kushta* may correlate to Palmar-plantar psoriasis, a chronic skin disease mainly affecting the palms and soles. A combination of genetic and environmental factors causes palmar-plantar psoriasis. On physical examination, thick hyperkeratosis plaques, sterile pustules, or a mixture of morphologies may be seen in palmar-plantar subtypes. Hyperkeratosis plaques are the most common subtype. Symmetrically distributed lesions and erythema, fissuring, and scaling are common.

CASE REPORT

Chief complaints

A 45-year-old female visited the OPD of Ashwini Ayurvedic College and PG Centre Davanagere. She presented with dryness and cracking of both soles associated with bleeding and severe itching for two years, along with itching over both palms for one year.

History of present illness.

The patient was typical two years ago when she developed dryness and severe itching over bilateral soles. Within three months, she developed cracks over her soles, which gradually increased so that it even bleeds. Symptoms aggravate in winter and upon exposure to cold water. She sought treatment from contemporary sciences, and the nature of the treatment was on and off. Unfortunately, she didn't find much relief from the symptoms. Consequently, she

approached our hospital for further management of her condition.

Personal history

Appetite – Good

Bowel – Regular

Micturition- 4 times/ day, 1/ night

Sleep – disturbed (due to itching)

Food – mixed diet

General examinations

The patient was moderately built and nourished.

Pallor – Absent

Icterus – Absent

Cyanosis – Absent

Clubbing- Absent

Edema- Absent

Lymphadenopathy – Absent

Vital data

Pulse rate – 78b/m

Blood pressure – 130/80mmofHg

Temperature – 97F

Respiratory rate – 16cpm

Skin examination

Site – Dorsum of foot

Distribution – symmetrical

Discolouration - Black

Cracks – present

Discharge – absent

Scales, pustules – absent

Texture – rough

Laboratory investigations

Hb% - 11.6gm%

ESR- 23mm/hr

TC – 6000cells/mm

RFT – WNL

Nidana Panchaka

Nidana – Katu, Teeksha, Ushna Ahara,

Poorvaroopa – Kandu (itching)

Roopa – Pada Sputana, Teevra Kandu, Kandu in Pani

Anupashaya – Sheeta Kala, Sheeta Jala Sparsha

Chikitsa

Aragwadha Siddha Takradhara -7 days

Jaloukavacharana – 2 settings (in the gap of 15 days)

Shamanoushadha's (for two months)

1. *Aragwadhadi Kashaya*- 15ml BD
2. *Guggulu Panchapala Choorna*- 1/4th tsp (*Sahapana to Kashaya*)
3. Ointment *Mahatiktaka* – external application.

Pathya - Apathya

Pathya - *Laghu Anna* (light diet), *Gritha Yukta Anna*, *Purana Dhanya*, *Mudga*. You are advised to wear cotton socks to avoid contact with soil, dust and long-term contact with water.

Apathya - *Ati Guru Anna*, *Amla Rasa*, *Dugdha*, *Dadhi*, *Matsya*, *Tila*, *Guda*.

Results and discussion

Complete relief from itching was achieved after the initial *Jaloukavacharana* and a seven-day course of *Aragwadha Siddha Takradhara*. Subsequent follow-ups, one month and two months later, revealed significant improvement in cracks and complete relief from symptoms.



Aragwadha Siddha Takradhara

Takara falling on the body generates momentum, altering velocity and triggering nerve impulses. With specific temperature, this activates the thalamus, basal ganglia, and hypothalamic thermoreceptors, leading to vasodilation and increased cellular metabolism. *Takra* has *Pancha Rasas*, excluding *Lavana Rasa*, *Ushna Veerya*, and *Vatakapha* hara properties and is effective in *Vatakaphaja Kushta*. Scientifically, *Takra* contains lactic acid, proven to moisturise and reduce psoriatic scale thickness. Lactic acid is an efficient vehicle for transdermal drug absorption. *Takra dhara*, with *Aragwadha Phalamajja*, is a premier *Bahirparimarjana Dravya* for *Kushta*⁶, boasting anti-inflammatory, antioxidant, antibacterial, and antifungal properties. Lactic acid aids in transdermal drug absorption, yielding systemic and inflammatory, antioxidant, antibacterial, and antifungal effects.

Jaloukavacharana⁷

Raktamokshana by *Jaloukavacharana* removes the vitiated blood in the site of the lesion and helps heal

the lesions. Hyaluronidase in the saliva of *Jalouka* increases interstitial viscosity and alleviates the itching. Carboxypeptidase A inhibitors increase the blood flow, preventing skin cells from dying by reducing scaling and cracking. *Calin* prevents coagulation and prying of skin cells.

Aragwadhadi kashaya⁸

Aragwadhadi Kashaya, containing *Aragwadha*, *Indrayava*, *Patola*, *Karanja*, *Nimba*, and *Amruta*, is renowned for its *Kushtagna* and *Kandugna* actions. Given the patient's severe itching, this formulation is the optimal drug of choice.

Guggulu Panchapala Choorna⁹

Guggulu Panchapala Choorna, whose primary ingredient is *Guggulu*, supplemented by *Pippali*, *Triphala*, *Tvak*, and *Ela*, is recognised for its *vatakaphahara* property. It is expressly indicated for *Kushta* and serves as an effective *Sahapana* for *Aragwadhadi Kashaya*.

Mahatiktaka ghrita ointment¹⁰

Mahatiktaka ghrita ointment is used for tropical application, which contains *Tikta Rasa*, *Sheeta Veerya* and *Snigha Guna*, reduces the *Rukshata* and promotes the healing of cracks.

In managing the condition, *Chikitsa*, *Pathya*, and *Apathya* play a vital role. Not adhering to *Pathya* and engaging in *Apathya* may hinder the healing process, potentially leading to worsened symptoms and prolonged suffering. Therefore, understanding and incorporating *Pathya* practices are integral to a comprehensive and practical approach to managing *Kush-ta Vyadhi*.

CONCLUSION

The case report indicates that combining internal (*Abhyantara*) and external (*Bahirparimarjana*) therapeutic measures is crucial in managing *Vaipadika Kushta*. The utilisation of *Jaloukavacharana* and *Aragwadha Takradhara*, along with other *Shamanoushadha* (internal medications), proved to be highly effective in achieving excellent results in treating *Vaipadika Kushta*. This highlights the significance of a comprehensive approach, combining internal and external interventions, for successfully managing the condition.

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