

The Effect of *Raktamokshan* and different Ayurvedic formulations in *Vipadika* with special reference to Palmo-Planter Psoriasis- a case report.

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Abstract-

All the Skin disorder of Ayurveda have been described under the main heading of *Kushtharog* which have been classified in two division i.e. *Mahakushtha* and *Kshudrakushtha*.

Palmo-planter Psoriasis (PPP) is a type of Psoriasis limited to the area of palm and soles. Though there is no direct co-relation available with any skin disease in *Ayurveda* but somewhat on the basis of its signs and symptoms it could be related with *Vipadika*. *Vipadika* is one of the types of *Kshudrakushtha*.

In this case report, A 53 yrs old male patient showed up in OPD with the complaints of Scaly, rough, hard, dry skin of palms and soles with painful cracks since 4 yrs and occasional bleeding and serous discharge from cracks since 1 yr. Patient had taken treatment from different pathies but no desired result was obtained. In our OPD different *Ayurvedic* drug combination and formulations were given for internal as well as external use for the period of 4

months. An *Ayurvedic Panchkarma* procedure i.e. *Siravedh* was adapted to remove localised vitiated *Doshas*. There was no adverse effect of therapy. Whole treatment was cost effective and minimum time consuming.

Keywords-

Vipadika, Pulmo-planter Psoriasis, Internal medication, external therapy, *Siravedh*.

Introduction

Skin is the soft outer covering of the vertebrates with three main functions Protection, Regulation and sensation. Disease of the skin account for a great deal of misery suffering incapacity and economic loss besides this they are a great handicapping the society because they are visible.¹

Skin disorders are intrinsic in origin and chronic in nature. All the disorder of skin has been described under the main heading of *Kushtha Rog*, which again have been classified in two

division i.e. Mahakushtha and KshudraKushtha. According to all the Acharyas Vipadika is a type of Kshudra Kushthaⁱⁱ. According to sign and symptoms of Vipadika it can be correlated with Palmo-planter psoriasis, Palmo-planter Keratoderma or Palmo-planter dermatophytosis.

The recent studies published in Journal of the American Academy of Dermatology showed Palmo-planter Psoriasis has a significant impact on a person's quality of life. Results from the studies suggest that even though Palmo-planter psoriasis may not cover a large body surface area, it can still have a large impact on a patient's ability to carry out their usual activities. Palmo-planter psoriasis occurs on the Palms of the hands and the soles of the feet and affects approximately 5% of people with psoriasis according to the studyⁱⁱⁱ. It is the second most common type of Psoriasis followed by chronic plaque psoriasis.

As per Ayurveda, *Vipadika* is *Vatakaphapradhana Vyadhi* and due to lack of hygiene, excessive walking etc vitiated *vata dosha* takes *sthan samshraya* in the body especially in the palm and soles resulting in the scaling of the skin (*Pani-pada sputanam, Tivravedanam*)^{iv}. Hypertrophy of corneal layer of the palms and soles, usually of a more or less horny and plate like character, is well defined in Ayurveda as *Vipadika* and Palmo-Plantar psoriasis in the contemporary science. [6] The hardening and thickening arise spontaneously without necessarily

having any external factor, such as pressure, friction etc. It is usually limited to palms and soles, occasionally it extends somewhat beyond on the side and exceptionally slightly on the dorsal surface. The condition may further worsen in the absence of *Nidan Parivarjan*.

Case Report

The present case study is a successful Ayurvedic management of *Vipadika*. A 53-year-old male patient with registration no. 10722, came to Skin OPD of M.A. Podar Ayurvedic Hospital, Worli on 25/02/2018, with chief complaint of Rough, Scaly, hard, hyper pigmented skin (lesions) over palms and soles with painful cracks from the past 4 years and occasional bleeding and serous discharge from cracks gradually increased in 1 year.

History of Present illness

According to the patient, he was asymptomatic 4 years back, but since then he has been suffering from dry, rough and scaly skin of both palms and soles which was increasing gradually and became painful and fissured. He took various treatments like homeopathic, allopathic and advertisement related ointment too but got mild relief and after sometime again developed same problem. Then 1 year back, he took *Ayurvedic* treatment and got treated by *Virechan* therapy but after *Virechan* his complaints got worsen including fissure and occasional bleeding and serous discharge, so now he came to our hospitals, skin OPD for further management.

Personal History

General condition: Average	<i>Nadi</i> (pulse) = 80/min
<i>Mala</i> (stool) = <i>Vibandha</i>	<i>Mutra</i> (urine) = Normal
<i>Taap-man</i> (temp.) = Afebrile	<i>Agni</i> = <i>Samagni</i>
<i>Shabda</i> (speech) = <i>Khar</i>	<i>Drika</i> (eyes) = Normal.
<i>Akriti</i> = <i>Madhyama</i>	<i>Bala</i> = <i>Madhyama</i>
<i>Raktadaaba</i> (B.P) = 130/84	<i>Jihva</i> (tongue) = <i>Eshata saam</i> (slightly coated)
Addiction: smoking	<i>Nidra</i> (sleep)- sound

Past History

No previous H/O any other severe illnesses

Treatment History

Patient took allopathic, Homeopathic and local medication for present complaint but could not get satisfactory relief. He had also taken Even *Ayurvedic* Treatment and had undergone *Virechan* therapy but his complaints got increased after this.

Surgical History

No H/O any surgery Family History. Family history was negative for similar

condition or skin disorder and no H/O severe illnesses.

Investigation

All routine investigation (Hb, TLC, DLC, ESR, RBS etc) done and were within normal range.

Differential Diagnosis

According to modern science, based on the symptoms of *Vipadika*, it can be correlated with Palmo-planter keratoderma, Palmo-planter psoriasis, Palmo-planter xerosis, Palmo-planter Dermatophytes.

Treatment

Table no. 1: *Abhyantar Chikitsa* for first month

Sr. No	Drug	Dose	Anupan
1.	<i>Arogyavardhini Vati</i>	500mg twice a day	Water
2.	<i>Gandak Rasayan</i>	500mg twice a day	Water
3.	<i>Mamsa Pachaka</i>	3gms twice a day	warm water w
4.	<i>Praval Panchamruta</i>	250mg twice a day	warm water
5.	<i>Mahamanjishthadi kwatha</i>	20ml twice a day after meal	Water
6.	<i>Gandharva Haritaki</i>	3gm at bed time	Luke warm water

Table no. 2: Abhyantar Chikitsa for second month

Sr. No	Drug	Dose	Anupan
1.	<i>Gandak Rasayan</i>	500mg twice a day	Water
2.	<i>Kaishorguggulu</i>	500 mg twice a day with water after meal	Water
3.	<i>Mamsa Pachaka</i>	3gms twice a day	warm water
4.	<i>Mahamaniijsthadi kwatha</i>	20ml twice a day After meal	Water
5.	<i>Panchtikta Ghruta</i>	10ml ones a day between 7-8 am	Luke warm water

Table no. 3: Bahya Chikitsa

Sr. No	Drug	Use	Duration
1.	<i>Triphala kwatha</i>	<i>Dhavan</i>	Twice a day (for 1 month)
2.	<i>Panchatikta Ghruta</i>	Local application	In morning (For 1 month)
3.	<i>Jatyadi Ghruta</i>	Local application	At night (for 2 months)

Table no. 4: Abhyantar Chikitsa for third month

Sr.No	Drug	Done	Anupan
1.	<i>Gandhak Rasayana</i>	500mg twice a day	Water
2.	<i>Mamsa Pachak+ Abhrak Bhasma</i>	3gms twice a day	Water
3.	<i>Chandanaasav</i>	20ml twice a day	Water
4.	<i>Panchtikta Ghruta</i>	10ml twice a day at 8 a.m	Luke warm water
5.	<i>Praval Panchamruta</i>	250mg twice a day	Water

Shodhan

In this case, *Raktamokshana* was adopted to eliminates localised *Doshas*. *Vipadika* is a disease caused due to vitiation of *Vata* and *Kapha Dosh*. Due to external factors *Pitta* gets vitiated which again vitiated *Rakta* and *Mamsa*. So, this was important to expel these *doshas* out of the body. *Rakta Mokshan* is best line of treatment to remove localised vitiated *Rakta Dosh*^v. Once *Rakta* comes in its normal state *Mamsa dhatu* becomes

normal thus normal *twacha utapatti* takes place. Here, *Mahatikta Gruta* was given orally in early morning at empty stomach in *shaman matra* for 3 days. Then on the 4th day *Siravedh* was done with no. 18 needle, 50-60 ml of blood was removed under aseptic precautions followed by local bandage. Same procedure was performed for the period of 1 and half month that means 6 sittings were performed.

Criteria of assessment (observation)

Sr. No	Clinical features	Before Treatment	After treatment
1.	<i>Kandu</i> (itching)	++++	absent
2.	Fissure (bilateral limbs)	++	absent
3.	Scaling of skin	++	absent
4.	<i>Vedana</i> (Pain at fissure)	+++	absent
5.	<i>Rakta Srava</i> (bleeding from the site)	++	absent
6.	<i>Rukshsta</i> (dryness)	++++	+
7.	Hyperpigmented lesion	+++	+

**Fig 1: Before treatment****Fig 2: Before treatment****Fig 3: After treatment****Fig 4: After treatment****Discussion**

In present case, the *Shodhan chikitsa* (*Rakta mokshan*) and *Sanshaman chikitsa* (drugs) were

selected on the basis of the *Doshik* involvement i.e. *vata* & *kapha* on the basis of their ability to pacify the involved *Doshas* and to provide relief in

symptoms. *Shodhan (Rakta Mokshana)* was targeted to expel increased *Pitta Dosha* as well as vitiated *Rakta dosha* out of the body. *Shaman* drugs which were taken here for the management of *Vipadika* are already proved drug for skin disorders. These drugs have the tendency to pacify *Vata, kapha doshas*, remove *Rakta* and *Mamsagata Kleda* thus improve quality of Skin.

Probable Mode of Action of Management:

Vipadika is *vata kaphatmak Vyadhi*. It is described under the *kshudra kusta*. According sign and symptom it can be co-related with palmo-plantar psoriasis. All skin disorders are more prone in *pittaja* and *raktja dushti*. *Pitta* can overheat the blood (*Rakta dhatu*) and predispose to toxic conditions which are expressed through the skin. So, line of treatment should be to remove dusheet *pitta* from the body and *shuddhi* of *rakta dhatu* at the same time it should pacify *Vata* and *Kapha*.

Deepan Enhances appetite and pacifies vitiated *Vata dosha*. *Snehapan, Abhyang & Swedana* expels vitiated *Doshas* from *Shakha* to *Kostha* and it also pacifies *Vata Dosha*. *Rakta mokshana* targeted to expel localised increased *Pitta* and *kapha Dosha*, vitiated *Rakta* and *Mamsagata Kleda* out of the body. *Snehapan* after *Rakta mokshana* does *shaman* of increased *Vata* after *shodhan*. This was followed by *Samshaman* to subside remaining *Doshas* after *Sanshodhan*. Selected *samshaman* drugs having *vata-kapha shamak* and *rakta-shodhak* properties. Drug used in *Twaka vikar yoga* have *shodhan* and *shaman* property.

Arogya vardhani has been mentioned in *Kushtha Roga* it has *pitta virechaka* and *pitta shamana* property along with this it reduces *Kleda* of *Mansa dhatu*^{vi}.

Gandhak rasayana worked as an anti-inflammatory, anti-bacterial, and anti-viral^{vii}. According to ancient texts it should be prescribed in the cases where dominant *lakshan* is *Daaha*. It reduces *Ushna* and *tikshnatva* of *Pitta* and *Rakta*, main site of action of *Gandhak Rasayana* is *Rakta* and *twacha*^{viii}.

Kaishor guggulu is specifically indicated in *vatarakta, vrana*, and *kushtha*. In one study, we found it's antiallergic, antibacterial and blood purifying properties. *Gandharwa haritaki* was used for *Anuloman* and *Koshtha shodhan*.

Manjishtha was specifically used because *Manjishtha (Rubia cordifolia Linn.)* is described under *varnya gana*^{ix}. It is considered as *rakta shodhak, Kushthaghna* having *tikta, kashaya, Madhur* and *ushna guna* due to which it acts as a *vataghna, kaphaghna* and pacifies *rakta-mamsagata kleda*.

Praval panchamrut is *Kaphavata shaman* at the same time it is *Pittaghna* thus this were used to reduce the *ushnata* of *Rakta*, in this case study it has reduced *Daah lakshan*^x.

Mamsapachaka drugs shows tremendous result in any skin condition. *Charak* has mentioned this in *Jwara Adhyaya*, it reduces *Mamsagata Ushnata* thus improves the quality of *Mansa Dhatu* which in turns improves skin because *Twacha* is a *updhatu* of *Mansa Dhatu*^{xi}.

Triphala kwatha were used for *Dhawan* (cleaning) because of its *vranshodhak, vranaropaka, kledashoshak* and *kandughna* properties.

Mahatiktagruta has been described by *Vagbhatta* under the *Kushtha*

chikitsaadhyay in which he has described its effectiveness in *kushtha*, *visarpa*, *shvitra*, *vyanga*, *vidradhi*, *kandu*^{xii}. Here in this study, I have also used *Mahatikta Gruta* in *Shaman* dose, early in the morning on empty stomach and for local *abhyanga*. It is *Kaphaghna* and *Vataghna* due to its *tikta*, *katu rasa* and *ushna virya*. It is also having *jantughna*, *vranaropan* and *vedanasthapan* (pain reliever) properties. *Snigdha Guna* of *Ghruta* brings *mrudhuta* in skin, increases localised *Agni*.

Jatyadi tail was used for local application because *Jati* has *kushthaghna*, *vrana shodhak*, and *vranaropak action*.

This treatment was followed for 3-4 months then patient was asked to take

Mansapachanak and *Chandanasava* for 1-2 months.

Chandan is *Sheeta virya*, *Daaha shamak*, *Pitta shamak* and removes *Kleda* through *Mutra vaha Srotas*^{xiii}. So, all combination of drugs has property to heal the wound, protect from infection, reduces the severity of disease and helps in formation of new healthy skin.

Conclusion

From his single case study, it can be concluded that the holistic approach of *Ayurveda* is effective in the management of *Palmo-planter psoriasis (Vipadika)*. There were no adverse effects found during the *Ayurvedic medication*.

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