

Case Report



Significance of Ayurvedic Purification Therapy in the Management of Palmoplantar Psoriasis (Vipadika) in a child: A Case Report

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ABSTRACT:

Background: Palmoplantar psoriasis is a chronic, non-contagious, inflammatory skin disorder that primarily affects the palms and soles. Despite advances in biologic therapies, its management remains challenging. The condition leads to considerable discomfort and disability, limiting a patient's ability to perform daily tasks and occupational duties. Owing to its complex, multifactorial etiology, effective management usually requires a comprehensive, multimodal treatment strategy. In Ayurveda, its clinical presentation closely resembles *Vipadika*, a condition marked by *Paani-Paada Sphutana* (cracking of the palms and soles) accompanied by *Teevra Vedana* (severe pain). **Findings:** A 6-year-old boy presented with a 1-year history of patchy, dry, scaly, itchy, and bleeding lesions on bilateral palms and soles, diagnosed as Palmoplantar Psoriasis, and was successfully managed with Ayurveda. **Intervention:** *Shamana Chikitsa* (Pacification therapy) according to the *Avastha* (clinical presentation) of the patient for 11 months, followed by *Shodhana* (Bio purification), that is *Vamana* (Therapeutic emesis). **Results:** The patient reported significant improvement in complaints and Palmoplantar Psoriasis Global Assessment (PPPGA) score reduction from 4 to 1 after *Shodhana* (Bio-purification). The Dermatology Life Quality Index (DLQI) score improved from 25 to 2. **Conclusion:** *Shamana* (Pacification), along with *Shodhana* (Bio-purification), proved to give more efficient results in terms of reduced interventional duration, rather than *Shamana* alone in this case. Treatment was well tolerated, and no adverse drug reaction was reported during the entire course. Ayurveda showed great results in clearing the lesions without any complications and without the use of topical or systemic steroids during the whole course of treatment.

KEYWORDS: Case Report, *Paani-paada sphutana*, Palmoplantar Psoriasis, *Shamana*, *Shodhana*, *Vipadika*.

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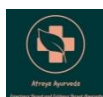
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1. INTRODUCTION

Palmoplantar psoriasis (PPP) is a long-standing, immune-mediated, inflammatory, non-contagious and hyperproliferative skin disorder that specifically involves palms and soles. Due to its chronic course, it often leads to marked functional limitations and significantly affects quality of life. [1] Globally, psoriasis affects approximately 2–3% of the population, of which around 4–5% presents with palmoplantar involvement. [2] Spuls PI *et al* reported that only 27.4% of individuals with PPP responded adequately to topical therapies, while the majority required systemic treatment. [3] One of the major challenges in topical management is the thickened stratum corneum of the palms and soles, which restricts effective drug absorption. [4] Topical and systemic corticosteroids, commonly used as initial treatment options, are associated with notable adverse effects when used continuously for three to six months. Second-line therapies include phototherapy modalities as well as systemic agents like methotrexate and cyclosporine. Biologic therapies are generally considered for patients who do not respond to, or are unable to tolerate, conventional topical or systemic treatments. [5]

In Ayurveda, PPP can be correlated with *Vipadika*, which is one of the types of *Kshudra Kushtha* (Minor skin ailment). [6] The disease predominantly involves *Vata* and *Kapha Doshas*, *Rasa, Rakta*, and *Mamsa Dhatu* (Major structural components of the body) and is characterized by *Paani- Paada Sphutana* (Cracking of palms and soles) and *Teevra Vedana* (Intense pain). Acharya Vagbhatta added red patches over palms and soles as another symptom. [7] *Vipadika* is a *Vata-Kaphaj*

Kushtha, which, according to Acharya Charaka, is a *Sukhasadhya Vyadhi* (easily treatable disease). [8]

To the best of our knowledge, this case study is the first reported case of Ayurvedic management of PPP in the pediatric age group. This case study signifies the importance of *Shodhana* in the management of skin disorders. *Shamana Chikitsa* alone was not enough to attain complete remission. After administering *Shodhana*, the speed of recovery and duration of intervention also reduced significantly until complete remission.

2. CASE REPORT

Patient Information: A 6-year-old boy came to Balrog OPD of our hospital in April 2023, with 1-year history of white, flaky, itchy, hyper-keratinized lesions with painful cracks present on bilateral palms and soles associated with bleeding. It was gradual in onset and progressive in nature. He was previously diagnosed with Palmoplantar psoriasis in Indira Gandhi Hospital in 2022. He was prescribed oral and topical steroids, resulting in brief suppression of symptoms, with early relapse within 15 days, for which he visited our hospital. Dietary etiological findings included intake of junk food, curd, chocolates, and frozen food daily, and suppression of the urge to defecate. There was no relevant past, family, or psychological history.

Clinical Findings

The clinical findings are enumerated in [Table 1](#).

Differential Diagnosis

The patient was previously diagnosed with PPP. The differential diagnosis in Ayurveda is mentioned in [Table 2](#).

Table 1: Clinical findings of the patient.

| Examination of b/l palms and soles | Signs | Other systemic examination |
|--|--|---|
| Inspection: scaly hyperkeratinised lesions of ill-defined margins, skin cracks, and bleeding on removal of scales. | Auspitz's sign +ve Koebner's phenomenon +ve | No other relevant systemic association w.r.t PPP, such as fever, malaise, anorexia, joint involvement, etc., was found. |
| Palpation: warm with tenderness; thick and leathery in consistency | Nail pitting - negative | |

| Ashtavidha Pareeksha | Dashavidha Pareeksha | Dosha Pareeksha |
|---|--------------------------------------|-----------------------------|
| <i>Nadi</i> – 83/min | <i>Prakriti</i> – <i>Vatapittaja</i> | <u><i>Kapha</i></u> : |
| <i>Mutra</i> – 4-5 times/day | <i>Vikriti</i> – <i>Vata kaphaja</i> | <i>Srava</i> |
| <i>Mala</i> – 1-2 times/day | <i>Sara</i> – <i>Madhyama</i> | <i>Kandu</i> |
| <i>Jihva</i> – <i>Upalipita (Saama)</i> | <i>Samhanana</i> – <i>Madhyama</i> | |
| <i>Shabda</i> – <i>Prakrita</i> | <i>Satva</i> – <i>Avara</i> | <u><i>Vata</i></u> : |
| <i>Sparsha</i> – <i>Ushna, Khara, Parusha</i> | <i>Satmya</i> – <i>Madhyama</i> | <i>Paani-Paada sputana</i> |
| <i>Drik</i> – <i>Prakrita</i> | <i>Pramana</i> – <i>Madhyama</i> | <i>Teevra Vedana</i> |
| <i>Akriti</i> - <i>Prakrita</i> | <i>Ahara-shakti</i> – <i>Avara</i> | <i>Vata-Kaphaja Vyadhi.</i> |
| | <i>Vyayama-shakti</i> – <i>Avara</i> | |
| | <i>Vaya</i> – <i>Baala</i> | |

Table 2: Differential Diagnosis

| Diagnosis | Inclusion criteria | Exclusion criteria |
|-------------------------|---|---|
| <i>Eka Kushtha</i> | <i>Matsyashakala</i> (like scales of fish), <i>Twak Vaivarnya</i> (discoloration), <i>Kandu</i> (itching) | <i>Mahavastum</i> (broad-based) not seen |
| <i>Padadari</i> | <i>Vataja</i> <i>Ruja</i> (painful) | <i>Srava</i> (discharge) present; <i>Kandu</i> (itching) present; Palms involvement |
| <i>Vipadika</i> | <i>Vata-Kaphaja, Srava, Kandu, Paani-Paada sputana, Teevra Vedana</i> | - |
| Palmoplantar pustulosis | Scaly lesions with severe pain and fissures on palms and soles | Absence of sterile pus-filled blisters |
| Palmoplantar psoriasis | Thick scaly silver plaques, painful, bleeding fissures and hyperkeratinised thick skin | - |

Diagnostic challenges: The case was pre-diagnosed as PPP from an allopathic hospital. Based on the clinical features and chronicity, the condition mimics *Ekakushtha* due to scaling and flaky lesions. However, the lesions were confined to *Paani* and *Paada*, exhibiting *Twak Sphutana*, *Teevra Vedana*, *Kandu*, and *Srava*. So, the case was diagnosed as *Vipadika*.

Prognosis: PPP is a chronic autoimmune condition with lifelong recurrent flares. It significantly affects the quality of life, causing pain and emotional distress. While not curable, symptoms can be managed effectively with timely intervention, diet, and lifestyle changes.

Timeline: In this case, *Shamana Chikitsa* (Pacification Therapy), according to disease *Avastha* (State), was done for almost 11 months, but without complete remission of

symptoms. The case was then posted for *Vamana* (Bio-purification) in March 2024. *Shodhana* could not be performed initially due to the unwillingness of the parents. The timeline of the events of this case is presented in [Table 3](#).

Therapeutic Intervention:

Shamana Therapy – *Aavasthika Chikitsa* was prescribed to the patient for around 1 year. The details are elaborated in [Table 4](#). (Initially *Pittahara Chikitsa* was used, followed by *Vatakaphahara* and *Raktaprasadaka Chikitsa* according to the *Avastha* of the patient.)

Shodhana Therapy - After counseling the parents about the pros and cons of *Shodhana*, they finally consented to *Vamana* (Bio-purification) on 28th March 2024. *Snehapana* (Oleation) (with *Tiktaka Ghritam*), according to the patient's *Agni*

(Digestive fire) and *Bala* (Strength), was prescribed for 7 days, starting with 30ml and with an increment of 30 ml daily up to 210 ml on 7th day. *Samyaka Snigdha lakshana* (signs of optimum oleation) were observed on 7th day, so the patient was given two days of *Abhyanga* and *Swedana*. *Vamana* was conducted by giving powders of purified *Madanaphala Pippali*

5g and *Vacha Churna* 2g along with honey. *Pittantaka Vamana* (Bio-purification) of *Madhyama Shuddhi* with 6 *Vega*, was attained. The patient was advised for *Samsarjana Krama* of 8 *Anna-Kaala* (meal time) corresponding to the *Shuddhi* (Purification) with scheduled follow-up after a week.

Table 3: Timeline of the events

| Timeline | Events |
|--------------------------|---|
| March 2022 | The patient had white, flaky, itchy, hyper-keratinized lesions with painful cracks present on the bilateral palms and soles associated with bleeding. He was diagnosed with PPP and treated with topical and systemic steroids in an allopathic hospital for 1 year without complete remission. |
| 19-04-2023 | Patient came to OPD with 1-year history of the same condition. Diagnosed as a case of <i>Vipadika</i> , and <i>Shamana-aushadhi</i> started |
| 3-05-2023 to 13-03-2024 | <i>Aavasthika Chikitsa</i> was given with a follow-up period of 15 days. Parents were not ready for <i>Shodhana</i> even after a prolonged period of <i>Shamana Chikitsa</i> . The patient had symptomatic relief, but without complete remission |
| 14-03-2024 to 19-03-2024 | Parents agreed to <i>Vamana</i> (Therapeutic emesis) and were counselled regarding the procedure. <i>Deepana</i> (Enhancing metabolic fire), <i>Pachana</i> (Enhancing digestion) drugs were given |
| 20-03-2024 to 27-03-2024 | <i>Snehapana</i> (Oleation) for 7 days, followed by 1 day of <i>Abhyanga</i> (massage) and <i>Swedana</i> (Sudation) |
| 28-03-2024 to 03-04-2024 | <i>Vamana</i> was conducted, and <i>Madhyama Shuddhi</i> was obtained, followed by <i>Samsarjana Krama</i> (Post therapy dietic regimen) |
| 04-04-2024 | Complete remission noted on follow-up |
| 17-04-2024 to 9-01-2026 | Regular follow-up was taken once every month through OPD visits and phone calls to check for relapse of symptoms, and no relapse of symptoms was recorded until January 2026. |

Table 4: Therapeutic intervention including Timeline, Medicine, Dose, and Anupana (Shamana Therapy)

| S.no. | Date | Medicine (Company name with batch Number) | Dose and Anupana |
|-------|------------|---|-------------------|
| 1 | 19/04/2023 | <i>Arogyavardhini Vati</i> (IMPCL- AVG 285) | 1 tab BD a/f |
| | 19/06/2023 | <i>Patolakaturohinyadi Kwatham</i> (AVS- 216267) | 1 tab BD b/f |
| | | <i>Gopeechandanadi Gulika</i> (AVS-218083) | 1 tab BD a/f |
| | | <i>Avipatikara Churna</i> (IMPCL-ACH 198) | 3g BD b/f |
| 2 | 20/06/2023 | <i>Amalaki churna</i> (Baidyanath-B187) + <i>Kamadugdha Rasa</i> (IMPCL- ARA 121) | 2g + 125mg BD a/f |
| | 09/08/2023 | <i>Kaishora Guggulu</i> (IMPCL-AGY 086) | 1 tab BD a/f |
| | | <i>Dushivishari Gulika</i> (AVS-213792) | 1 tab BD b/f |
| | | <i>Haridra Khand</i> (IMPCL-AAP 215) | 5g BD a/f |
| | | <i>Sarivadyasava</i> (IMPCL- AAA 189) | 10ml BD a/f |
| | | <i>Jivantyadi Yamakam</i> (AVS-217619) | L/A |
| 3 | 10/08/2023 | <i>Arogyavardhini Vati</i> (IMPCL-AVG 285) | 1 tab BD a/f |
| | 23/10/2023 | <i>Patolakaturohinyadi Kwatham</i> (AVS-216421) | 1 tab BD b/f |

| | | | | | |
|---|------------|---|---|-------------------|-----------------|
| | | | <i>Avipatikara Churna</i> (IMPCL- ACH 198) + <i>Pravala Pishti</i> (IMPCL- API 019) | 2g + 125mg BD b/f | |
| | | | <i>Gopeechandanadi Gulika</i> (AVS-218083) | 1 tab BD a/f | |
| | | | <i>Jivantyadi Yamakam</i> (AVS- 217619) | L/A | |
| 4 | 24/10/2023 | – | <i>Tiktaka Ghritam</i> (AVS-217572) | 5g BD b/f | With warm water |
| | 13/10/2023 | | <i>Haridra Khand</i> (IMPCL- AAP 234) | 3g BD a/f | |
| | | | <i>Arogyavardhini Vati</i> (IMPCL- AVG 285) | 1 tab BD a/f | |
| | | | Tab. Ease calm (Vee Remedies-EMT-012) | 1 tab BD a/f | |
| | | | <i>Sarivadyasava</i> (IMPCL- AAA243) | 10 ml BD a/f | 20ml warm water |
| | | | 777 oil (Dr. JRK's Research and Pharmaceutical- 595/22) | L/A | |
| 5 | 14/12/2023 | – | <i>Aragvadhadi Kwatham</i> (AVS- 215990) | 1 tab BD a/f | With warm water |
| | 21/02/2023 | | <i>Haridra Khand</i> (IMPCL- AAP 234) | 3g BD a/f | |
| | | | <i>Manibhadra Leham</i> (AVS- 528714) | ½ tsf HS a/f | |
| | | | <i>Dushivishari Gulika</i> (AVS- 213792) | 1 tab BD a/f | |
| | | | Psoria oil (Nagarjuna Ayurveda-YLHF) | L/A | |
| 6 | 22/02/2024 | – | <i>Panchatikta Ghrita Guggulu</i> (SDL-DU222509) | 1 tab BD a/f | With warm water |
| | 13/03/2024 | | <i>Haridra Khand</i> (IMPCL- AAP 234) | 3g BD a/f | |
| | | | <i>Manibhadra Leham</i> (AVS-528714) | ½ tsf HS a/f | |
| | | | <i>Dushivishari Gulika</i> (AVS-213792) | 1 tab BD a/f | |
| | | | Psoria oil (Nagarjuna Ayurveda-YLHF) | L/A | |

Outcome and Follow-up

Clinician Assessment: The patient was assessed based on Palmo-plantar Psoriasis Global Assessment (PPPGA) and Dermatology Life Quality Index (DLQI) score. PPPGA is a 5-point scale from 0-4 used to assess the severity of palmoplantar psoriasis on hands and feet. It evaluates erythema, scaling, presence of pustules, and fissures. DLQI is a validated 10-question, self-reported questionnaire used to measure the impact of skin disease on a patient's life over the past week.

Patient Assessment: At the time of discharge, the patient reported a significant improvement in the complaints of itching, scaling, pain, and bleeding of lesions on palms and soles. A further substantial improvement in complaints was reported during the follow-up after 15 days of discharge, with almost completely healed lesions on palms, absence of itching, scaling, and mild roughness over soles. The

Dermatology Life Quality Index (DLQI) score improved from 25 to 2.

Adherence and Tolerance

The patient showed good adherence to prescribed medicines for 11 months. Some non-compliance for *Pathya-Apathya* was recorded initially due to the absence of supervision of parents during school hours. Thereafter, regular telephonic interaction was maintained between OPD visits to supervise the condition of the patient, regarding any intolerance to medicines and food, *Pathya Apathya*, and external application. *Vamana* procedure was well tolerated by the patient. The patient was under close observation in the In-Patient Department during the entire duration of the admission, and no adverse or unanticipated events were reported. Regular follow-up ensured medications were well tolerated without any drug reaction.

Table 5: Assessment of the patient based on PPPGA and DLQI

| Date | Symptoms | Assessment score |
|--|---|--|
| During Shamana Chikitsa | | |
| 19/04/2023 | Scaly hypereroticized lesions of ill-defined margins, painful skin cracks, severe itching, dull red, and bleeding on removal of scales on bilateral palms and soles | PPPGA – 4; DLQI – 25 |
| 10/08/2023 | Moderate itching, severe dryness, and scaly lesions | Improvement in bleeding and itching PPPGA – 4; DLQI – 20 |
| 14/12/2023 | Hypereroticized skin, increased itching, dry skin, and cracks persist | Bleeding stopped. PPPGA – 3; DLQI – 16 |
| 22/02/2024 | Dryness, moderate itching, moderate cracks. | Improvement in cracks mildly PPPGA – 3; DLQI – 14 |
| 20/03/2024 | Dryness, itching, and painful cracks are still present | PPPGA – 3; DLQI – 15 |
| During follow-up after the <i>Vamana</i> Procedure | | |
| 04/04/2024 | Very minimal cracks without pain with moderate skin thickening | Improvement in itching, cracks, and dryness PPPGA – 2; DLQI – 5 |
| 17/04/2024 | Only mild thickening of the skin in the soles | Complete clearance of lesions on palms. PPPGA – 1; DLQI – 2 |

3. RESULTS

The patient showed significant results with the treatment. After *Shamana* therapy, the PPPGA score was reduced from 4 to 3, and the DLQI score from 25 to 15 in 11 months. After *Shodana*, accelerated improvement of the PPPGA score from 3 to 1 and DLQI score from 15 to 2 in 1 month was noticed. The images of the condition of the patient are listed below in [Figure 1](#), [Figure 2](#), [Figure 3](#), and [Figure 4](#).

4. DISCUSSION

Palmoplantar psoriasis can be correlated to *Vipadika* mentioned in Ayurveda as one of the *Kshudra Kushtha* (Minor skin ailments). *Vipadika* is a *Vata-Kaphaja Kushtha*, which, according to Acharya Charaka, is *Sukhasadhya* (Easily curable disease), but Palmoplantar psoriasis is known to be a difficult condition to treat in the conventional system of medicine. Due to incompletely understood, as well as under-researched etiology of Palmoplantar psoriasis, very few RCTs on short-

term treatments resulting in prolonged remissions are recorded with contemporary management. [9]

In Ayurveda, *Vipadika* can be managed relatively easily by employing various principles of *Kushtha* treatment, such as *Deepana* (Enhancing metabolic fire), *Amapachana* (Enhancing digestion), *Rasa-Rakta Prasadana* (Improving the quality of the primary products of digestion and blood), *Shodhana* (Bio-purification), and *Shamana* (Pacification) *Chikitsa*. There are already published studies on the efficacy of integrating both *Shodhana* and *Shamana* therapies in Psoriasis. [10]

The present case report discussed a previously diagnosed Palmoplantar psoriasis patient, who was given *Shamana-aushadi* based on age, *Bala* (strength) of the patient, and severity of symptoms. The patient was counselled to undergo *Shodhana* at the start and after around 5-6 months of *Shamana* therapy due to incomplete remission of symptoms. The patient refused to undergo *Shodhana*, which led to the continuation of *Shamana* therapy for almost a year.



Figure 1: At first visit



Figure 2: During Shamana Chikitsa



Figure 3: After Vamana 1st follow up



Figure 4: At 2nd follow up

The condition was managed according to the treatment principles of *Vata-Kaphaja Kushtha*. The rationale of various drugs used and their mode of action are discussed in the following paragraphs.

Avipatikara Churna enhances gastric secretion, thereby improving digestion. Drugs like *Trivrut* (*Operculina turpethum* (L.) Silva Manso), *Triphala*, *Shunthi* (*Zingiber officinale* Rosc.), *Lavanga* (*Syzygium aromaticum* (L.) Merr. & Perry.), etc., are *Ushna* and *Laghu*, which help in *Agnideepana* and *Amapachana*. *Avipatikara Churna* possesses properties such as antacid, appetizer, carminative, antioxidant, and anti-inflammatory. [11]

Kaishora Guggulu has *Tikta* (bitter) predominant contents and acts as *Deepana* and *Ama Pachana*. It is known to cure all types of *Kushtha*, as *Tikta* and *Kashaya Rasa* present predominantly in it, decrease the *Kleda Guna* of *Rakta*, *Kapha*, and *Ama*. *Laghu* and *Ruksha* properties result in *Lekhana* and *Shoshana karma*, which help in clearing *Srotorodha* (obstruction in channels). [12]

Arogyavardhini vati mainly works on *Grahani*, acts as *Deepana* and *pachana*, removes toxins from body, and is useful in all types of skin diseases. [13] *Shuddha Shilajatu* (*Asphaltum punjabianum*) and *Amalaki* (*Phyllanthus emblica* L.) present in it have antioxidant properties. [14]

Gopeechandanadi Gulika is indicated in *Kushtha Roga*. It alleviates *Kapha-Pitta Doshas* and is safe to use even in infants with various skin disorders. [15]

Sarivadyasava contains *Sariva*, which is considered the best *Raktaprasadaka Dravya*. *Sariva* (*Hemidesmus indicus* (L.) R. Br.) showed antioxidant, anti-ulcerogenic, anti-inflammatory, and antimicrobial properties. [16]

Haridra Khand is indicated in various skin conditions with itching and eruptions. Most of its ingredients have anti-allergic and immunomodulatory properties. [17]

Jivantyadi Yamaka is the drug of choice for local application in *Vipadika* as per Ayurvedic classics. It has antipruritic and soothing actions, which help promote the healing of lesions. [18]

Patolakatukrohinyadi Kwatham contains *Tikta Rasa Dravyas*, which act as *Rasa* and *Rakta Dhatu Prasadaka* by pacifying vitiated *Kapha* and *Pitta Doshas*. It has *Kushthaghna*, *Jwaraghna*, and *Vishaghna* properties. [19]

Tiktaka Ghritam has *Tikta rasa*, so it acts as *Kapha-Pittahara*. Also, *Snehapana* is indicated in Ayurveda before *Vamana* for the *Gati* of *Dosha* from *Shakha* to *Koshtha*. [20]

The probable mechanisms involved are immunomodulatory, antioxidant, anti-inflammatory, keratinocyte proliferation-inhibitory, and cytokine-inhibitory actions, which have resulted in *Rasa-Rakta Prasadana*, *Amapachana*, *Agnivardhana* (Enhancing digestive fire), and *Tridosha Shamana*.

The drugs used for local application was majorly Psoria oil and *Jeevanyadi Yamaka*. Psoria oil is a proprietary formulation prepared using *Kutaja* and coconut oil as its main components. Coconut oil is known to contribute significantly to the suppression of several inflammatory mediators, including cytokines such as TNF- α , interleukin-6, interleukin-5, interleukin-8, and interferon- γ . [21] [22] The moisturizing and emollient effects of coconut oil help to relieve dryness, itching, and pain. *Kutaja* (*Wrightia tinctoria* (Roxb.) R. Br.) has anti-inflammatory, anti-psoriatic, and immunomodulatory effects. [23]

Palmoplantar psoriasis is an autoimmune condition and has a chronic course, which usually requires *Shodhana* and long-term treatment to keep the relapses in check. *Vamana* (Therapeutic emesis) is the treatment of choice in childhood (*Kapha Kaala*) by virtue of its ability to evacuate *Kapha* and *Pitta*. Acharya Kashyapa advocates *Vamana* therapy for children after the age of 6 years in *Shleshma Pradhana Rogas*. [24] *Shodhana* is capable of expelling *Doshas* in larger amounts, in a short duration, with quicker relief of symptoms and delayed relapse. [25]

In this case, *Shamana*, along with *Shodhana* proved to be more effective in managing *Vipadika*. *Shodhana* showed great importance in *Bahudosha Avastha*. Early intervention and treatment with Ayurveda in the case of Palmoplantar psoriasis is very effective and can prevent various complications of steroid use.

5. CONCLUSION

This case report presents a chronic case of Palmoplantar psoriasis, having white, flaky, itchy, hyper-keratinized lesions with painful bleeding cracks on the bilateral palms and soles, which showed unsatisfactory results with allopathic treatment for 1 year. The Ayurvedic management included *Shamana Chikitsa* for 11 months, and then *Vamana* was done. The *Shodhana* therapy accelerated recovery and resulted in early remission. After *Shamana*, the PPPGA score reduced from 4 to 3 and the DLQI score from 25 to 15 in 11 months. After *Shodhana*, the PPPGA score reduced from 3 to 1, and DLQI score from 15 to 2 within 1 month.

Ayurvedic management can induce complete remission in Palmoplantar psoriasis. Along with a few lifestyle changes, the treatment showed great results in clearing the lesions with no complications, no relapse, improvement in quality of life, and no use of topical or systemic steroids during the treatment.

Abbreviations

a/f- After food

AVS- Arya Vaidya Shala, Kottakal

b/f- Before food

DLQI- Dermatology Life Quality Index

IMPCL- Indian Medicines Pharmaceutical Corporation Limited

L/A- Local application

PPPGA- Palmo-plantar Psoriasis Global Assessment

SDL- Shree Dhootapapeshwar Limited

tsf – table spoon full

Declaration of Patient Consent – The authors confirm that they have acquired a patient consent form, in which the patient or caregiver has granted permission for the publication of the case, including accompanying images and other clinical details, in the journal. The patient or caregiver acknowledges that their name and initials will not be disclosed, and sincere

attempts will be undertaken to safeguard their identity. However, complete anonymity cannot be assured.

Patient's Perspective: Both the patient and his parents were satisfied with the remission of the disease after Shodhana therapy and no relapse afterwards.

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REFERENCES:

1. Chung J, Callis Duffin K, Takeshita J, Shin DB, Krueger GG, Robertson AD, Troxel AB, Van Voorhees AS, Edson-Heredia E, Gelfand JM. Palmoplantar psoriasis is associated with greater impairment of health-related quality

of life compared with moderate to severe plaque psoriasis. *J Am Acad Dermatol.* 2014 Oct;71(4):623-32. DOI: [10.1016/j.jaad.2014.04.063](https://doi.org/10.1016/j.jaad.2014.04.063)

- Petty AA, Balkrishnan R, Rapp SR, Fleischer AB, Feldman SR. Patients with palmoplantar psoriasis have more physical disability and discomfort than patients with other forms of psoriasis: implications for clinical practice. *J Am Acad Dermatol.* 2003 Aug;49(2):271-5. DOI: [10.1067/s0190-9622\(03\)01479-8](https://doi.org/10.1067/s0190-9622(03)01479-8)
- Spuls PI, Hadi S, Rivera L, Leibold M. Retrospective analysis of the treatment of psoriasis of the palms and soles. *J Dermatolog Treat.* 2003;14 Suppl 2:21-5. DOI: [10.1080/jdt.14.s2.21.25](https://doi.org/10.1080/jdt.14.s2.21.25)
- Al-Mutairi N, Abdalla TO, Nour TM. Resistant palmoplantar lesions in patients of psoriasis: evaluation of the causes and comparison of the frequency of delayed-type hypersensitivity in patients without palm and sole lesions. *Med Princ Pract.* 2014;23(6):561-7. DOI: [10.1159/000365573](https://doi.org/10.1159/000365573)
- Miceli A, Schmieder GJ. Palmoplantar Psoriasis. [Updated 2023 Aug 8]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan. Available from: https://www.ncbi.nlm.nih.gov/books/NBK448142/?report=reader#article-34002_s16
- Shukla V, Tripathi R (editor). Charak Samhita of Charaka, vol.2, Chikitsasthana, chapter 7, verse no.22. Delhi; Chaukhamba Sanskrit Pratishtan;2012;184
- Tripathi BN (editor). Ashtanga Hridayam of Vagbhatta. Nidanasthan, chapter 14, verse no. 23. Delhi; Chaukhamba Sanskrit Pratishtan;2009;530
- Shukla V, Tripathi R (editor). Charak Samhita of Charaka, vol.2, Chikitsasthana, chapter 7, verse no.38-39. Delhi; Chaukhamba Sanskrit Pratishtan;2012;186
- Huang IH, Wu PC, Chiu HY, Huang YH. Small-Molecule Inhibitors and Biologics for Palmoplantar Psoriasis and Palmoplantar Pustulosis: A Systematic Review and Network Meta-Analysis. *Am J Clin Dermatol.* 2024 May;25(3):347-358. DOI: [10.1007/s40257-024-00849-0](https://doi.org/10.1007/s40257-024-00849-0)
- Bhatted SK, Shende AH, Singh HK, Kumar A. Ayurveda management of Palmoplantar Psoriasis (Vipadika) -a case report. *J Ayurveda Integr Med.* 2023 Mar-Apr;14(2):100704. Available from: <https://doi.org/10.1016/j.jaim.2023.100704>
- Mishra SN (editor). Bhaishajya Ratnavali of Govind Das Sen. Amlapittarogadhikar, chapter 56, verse no. 24-28. Varanasi; Chaukhamba Surbharati Prakashan;2005;903
- Tripathi BN (editor). Sharngadhara Samhita of Sharngadhara. Madhyamakhand, chapter 7, verse no. 70-81. Varanasi; Chaukhamba Surbharati Prakashan;2006;205

13. Mishra SN (editor). Bhaishajya Ratnavali of Govind Das Sen. Kushtharogadhikar, chapter 54, verse no. 111-117. Varanasi; Chaukhamba Surbharati Prakashan;2005;871
14. Gul M, Liu ZW, lahtisham-Ul-Haq, Rabail R, Faheem F, Walayat N, *et al.* Functional and Nutraceutical Significance of Amla (*Phyllanthus emblica* L.): A Review. Antioxidants (Basel). 2022 Apr 22;11(5):816. doi: 10.3390/antiox11050816.
15. Kavathiya K, Verma J, Tiwari U, Bhojar B, Anamika. Management of Epidermolysis Bullosa through Ayurveda- a case report of two siblings. *J Ayurveda Integr Med Sci.* 2025(16):101149 DOI:
16. Nandy S, Mukherjee A, Pandey DK, Ray P, Dey A. Indian Sarsaparilla (*Hemidesmus indicus*): Recent progress in research on ethnobotany, phytochemistry and pharmacology. *J Ethnopharmacol.* 2020 May 23;254:112609. doi: 10.1016/j.jep.2020.112609
17. Mishra SN (editor). Bhaishajya Ratnavali of Govind Das Sen. Udardasheetpittakotha-roghadhikar, chapter 55, verse no. 13-17. Varanasi; Chaukhamba Surbharati Prakashan;2005;898
18. Tripathi BN (editor). Ashtanga Hridayam of Vagbhatta. Chikitsasthan, chapter 19, verse no. 77-78. Delhi; Chaukhamba Sanskrit Pratishtan;2009;793
19. Tripathi BN (editor). Ashtanga Hridayam of Vagbhatta. Sutrasthan, chapter 15, verse no. 15. Delhi; Chaukhamba Sanskrit Pratishtan;2009;199
20. Shastri KP, Chaturvedi GN (editor). Charak Samhita of Charaka, vol.1, Sutrasthan, chapter 28, verse no.33. Varanasi; Chaukhambha Bharati Academy;2019;504
21. Lima EB, Sousa CN, Meneses LN, Ximenes NC, Santos Júnior MA, Vasconcelos GS, *et al.* Cocos nucifera (L.) (Arecaceae): A phytochemical and pharmacological review. *Braz J Med Biol Res.* 2015 Nov;48(11):953-64. DOI: [10.1590/1414-431X20154773](https://doi.org/10.1590/1414-431X20154773)
22. Viljoen JM, Cowley A, du Preez J, Gerber M, du Plessis J. Penetration enhancing effects of selected natural oils utilized in topical dosage forms. *Drug Dev Ind Pharm.* 2015;41(12):2045-54. DOI: [10.3109/03639045.2015.1047847](https://doi.org/10.3109/03639045.2015.1047847)
23. Jamadagni PS, Pawar SD, Jamadagni SB, Chougule S, Gaidhani SN, Murthy SN. Review of *Holarrhena antidysenterica* (L.) Wall. ex A. DC.: Pharmacognostic, Pharmacological, and Toxicological Perspective. *Pharmacogn Rev.* 2017 Jul-Dec;11(22):141-144. DOI: [10.4103/phrev.phrev_31_16](https://doi.org/10.4103/phrev.phrev_31_16)
24. Satyapal (editor). Kashyap Samhita of Vridhha Jivaka, Siddhi Sthan: Vamanvirehcaniya siddhi. Chapter 3. Varanasi; Chaukhamba Sanskrit Samsthan;2006:154
25. Shastri KP, Chaturvedi GN (editor). Charak Samhita of Charaka, vol.1, Sutrasthan, chapter 16, verse no.20. Varanasi; Chaukhambha Bharati Academy;2019;279.