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Ayurvedic Management of *Vipadika* (Palmar Kshudra Kushtha) Presenting with Fissures and Burning Sensation on the Dorsum of the Palm: A Single Case Report

Asmita Shankar Bansod*[1], Gopi Ghanashyamdas Patel[2], Krupa Praveenbhai Patel[3]

Professor[1], Assistant Professor[2, 3]

Department of Kayachikitsa, Sidhdheshwar Hanumanji Ayurved College and Janseva Hospital, Vaghada, Dasada, Dist.Surendranagar, Gujarat, India.

*Corresponding Author Email: asmitak100@gmail.com

Abstract

Vipadika is a *Kshudra Kushtha* (minor skin disorder) described in classical Ayurvedic texts, characterised by *Pani-Pada Sphutana* (fissuring of the palms and soles) and associated pain or burning . It shows close clinical resemblance to palmoplantar dermatoses such as chronic hand eczema/palmoplantar psoriasis in contemporary dermatology. This report presents the case of a 34-year-old female with a two-year history of fissuring and burning sensation over the dorsum and aspect of the hand (palmar region), aggravated by occupational glove use and repeated water contact, who had shown limited response to prior Ayurvedic and allopathic treatment. She was diagnosed as a case of *Vipadika* based on *Ashtavidha Pariksha* and *Atidesha Tantrayukti* and treated with *Rakta Prasadana* (blood-purifying) internal medication, *Shatavari* (Asparagus racemosus), *Lodhra* (Symplocos racemosa) and *Sariva* (Hemidesmus indicus), *Gokshuradi Guggulu*, *Dhanyaka Hima* as *Anupana*, and local application of *Shatadhauta Ghrita* combined with *Haridra* and *Aloe vera pulp*, together with *Nidana Parivarjana* (avoidance of gloves and direct water contact). Over six follow-ups spanning approximately three months, the patient showed progressive improvement — burning reduced by the second visit, mild relief in fissuring by the third, approximately 80% symptomatic relief by the fourth visit, and further for sustained improvement addition of *Paripathadi Kadha*, *Asthi-Majja Pachaka Vati*, and *Rasayana Vati* at the fourth visit. This case supports the utility of a *Vata-Kapha-Rakta pacifying*, *Pitta*-soothing Ayurvedic protocol combined with lifestyle modification in the management of *Vipadika*, and illustrates the importance of differentiating *Vipadika* from the closely related entity *Vicharchika* for accurate Ayurvedic diagnosis and treatment planning.

Keywords: *Vipadika,Atidesh Tantrayukti, Kshudra Kushtha, palmar fissure, Rakta Dushti, Shatadhauta Ghrita, Gokshuradi Guggulu, Ayurveda,* case report

1. Introduction

Skin disorders are described extensively in *Ayurveda* under the broad heading of *Kushtha Roga.* Aacharya *Charaka* and Aacharya *Sushruta* classify *Kushtha i*nto *Mahakushtha* (seven major types) and *Kshudra Kushtha* (eleven minor types) based on the number of *Doshas* and *Dushyas* involved and the severity/curability of the condition. *Vipadika* is enumerated among the *Kshudra Kushtha* and is classically defined by the cardinal feature of *Pani-Pada Sphutana* — cracking/fissuring of the hands and feet — often with associated *Vedana* (pain) and, depending on the predominant *Dosha*, Daha (burning) or itching.[1,3]

Vata and *Kapha* are traditionally considered the principal *Doshas* in *Vipadika,* with *Rakta* (blood tissue) as the involved *Dushya*; when *Pitta-Rakta* are additionally vitiated, burning sensation becomes a prominent feature,[2,4] as seen in the present case. Aggravating factors (Nidana) recognised in practice include *Viruddha Ahara* (incompatible diet), prolonged contact with water or harsh chemicals, use of occlusive gloves, and *Vata-Kapha* aggravating lifestyle habits — several of which were identifiable in this patient's occupational history of wearing rubber gloves and repeated washing-machine water contact.

In contemporary clinical correlation, *Vipadika* is most often likened to chronic palmoplantar psoriasis or hyperkeratotic/fissured hand eczema, both of which present with dryness, hyperkeratosis, fissuring, and variable pain or burning of the palms and soles.[5,6] Several recent Ayurvedic case reports have documented favourable outcomes with *Shodhana (Virechana)* and *Shamana* (palliative) therapy in this condition,[7,8] reinforcing the rationale for a structured Ayurvedic approach even where conventional treatment has given incomplete relief, as in the present patient who had a two-year history of unresponsive allopathic and Ayurvedic treatment prior to presentation.

2. Patient Information

Parameter	Details
Age / Sex	34 years / Female
Chief complaints	Fissures (cracks) and burning sensation over the dorsal aspect of the hand/palm
Duration	Approximately 2 years
Past treatment history	Ayurvedic and allopathic medication taken over 2 years, with inadequate/temporary relief
Occupational / aggravating history	Habitual use of rubber gloves to hide lesions; repeated direct hand contact with water during washing-machine use
Date of presentation to OPD	17/04/2026
General/vital parameters	Within normal limits

3. Clinical Findings

On local examination, the skin over the dorsum of the hand/palm showed roughness with visible *Sphutana* (linear fissures) and *Daha* (burning sensation) on the affected area. The patient reported mild disturbance of sleep attributable to the discomfort. No discharge, oozing, vesiculation, or intense itching was recorded, which was noted as clinically relevant in distinguishing the presentation from *Vicharchika (*see Section 8). Vital parameters — pulse, blood pressure, respiratory rate, and temperature — were within normal limits.

3.1 Ashtavidha Pariksha (Eight-fold Examination)

Parameter	Findings
Nadi (Pulse)	*Vata-Kapha* predominant; within normal rate/rhythm
Mutra (Urine)	Normal in colour and frequency
Mala (Stool)	Regular, no abnormality reported
Jihva (Tongue)	Not coated / normal
Shabda (Voice)	Normal
Sparsha (Touch)	Local Rukshata (dryness/roughness) over affected skin; local Ushnata (warmth) corresponding to burning sensation
Drik (Eyes)	Normal
Akriti (Built)	Madhyama (moderate) built

Local skin examination specifically revealed: hand roughness, visible fissuring, and burning sensation with mild sleep disturbance secondary to discomfort — features consistent with a diagnosis of *Vipadika* under *Kshudra Kushtha*.

4. Diagnostic Assessment

A clinical diagnosis of *Vipadika* (*Kshudra Kushtha*) was established on the basis of the classical cardinal feature — *Pani-Pada Sphutana* with *Vedana/Daha* [3,7] by *Ashtavidha Pariksha* and by *Atidesha Tantrayukti* [9] , *Vipadika* in classical text has been mentioned as *Pani- Paad sphutana*; using *Atidesha Tantrayukti* the *Pani* here has been extended to *Pani prushta* as *Pan*i can be divided into two parts*, Pani tal i.e Kartal* (ventral part of the Palm*)* or *Pani prushta i.e.Kar prushta (Dorsum of the palm)*, So though being the *Pani prushta* (dorsum of the palm) , *Vipadika* was diagnosed and chronicity of two years, and a clear *Nidana* (glove used for masking fissure, contributed more in aggravation and water contact aggravating *Vata-Kapha* and secondarily vitiating *Rakta-Pitta*, producing dryness/fissuring with burning).

4.1 Probable Samprapti (Pathogenesis)

Nidana Sevana (repeated water contact, occlusion by rubber gloves, and possibly associated dietary/lifestyle irregularities over two years) leads to vitiation of *Vata* and *Kapha Dosha* [7]. *Vata,* being *Ruksha* (dry) and *Khara* (rough) in *Guna*, produces *Twak-Rukshata* and *Sphutana* (fissuring) when it lodges in the *Twak* and *Mamsa Dhatu* of the dorsum of the hand — an area naturally thin-skinned and exposed to repeated mechanical/chemical stress. Concurrent *Rakta* and *Pitta Dushti*, evident from the *Daha* (burning sensation), contributes a *Pitta*-predominant component

superimposed on the primary *Vata-Kapha* pathology, consistent with the classical understanding that *Vipadika*, though *Vata-Kapha* dominant, frequently shows secondary *Rakta-Pitta* involvement leading to associated burning and mild inflammation.[10]

5. Therapeutic Intervention

Treatment was planned in two combined limbs — *Shamana* (palliative) internal medication targeting *Rakta-Pitta Shodhana* and *Vata-Kapha Shamana*, and *Sthanika Chikitsa* (local application) for symptomatic relief of dryness/fissuring, supported by *Nidana Parivarjana* (avoidance of causative factors).

5.1 Internal Medication (from initial visit, 17/04/2026)

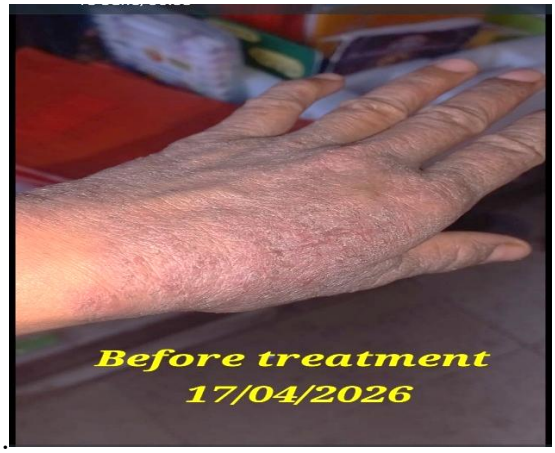
Medicine	**Dose / Frequency**	**Remarks**
Rakta Pachaka vati. (Rakta-Prasadana formulation)	1 tablet, twice daily (BD) After meal	Given for 1 month; Rakta Shodhaka action
Shatavari (Asparagus racemosus) churna	500 mg, BD After meal	Vata-Pitta Shamaka, Rasayana
Lodhra (Symplocos racemosa) churna	500mg, BD After meal	Kapha-Pitta Shamaka, Raktashodhaka, Twachya
Sariva (Hemidesmus indicus) churna	500mg, BD After meal	Tridoshahara, Raktashodhaka, Twachya
Gokshuradi Guggulu ***(Panchbhautik Paath)***	50 mg, twice daily Before meal	Anupana: Dhanyaka (coriander) Hima/water

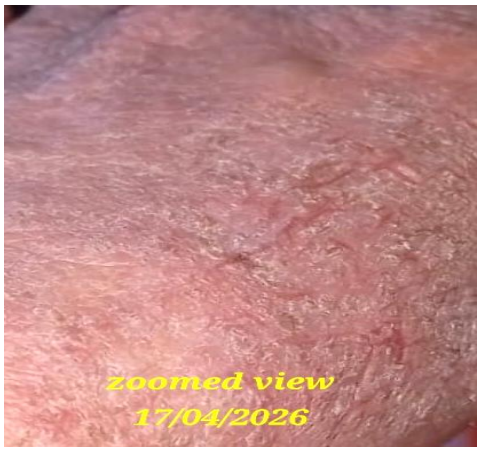
5.2 Local Application (Sthanika Chikitsa)

Shatadhauta Ghrita mixed with *Haridra* (turmeric) and *Kumari* (fresh Aloe vera) pulp — applied locally over the affected area.

5 Pathya–Apathya (Lifestyle Advice)

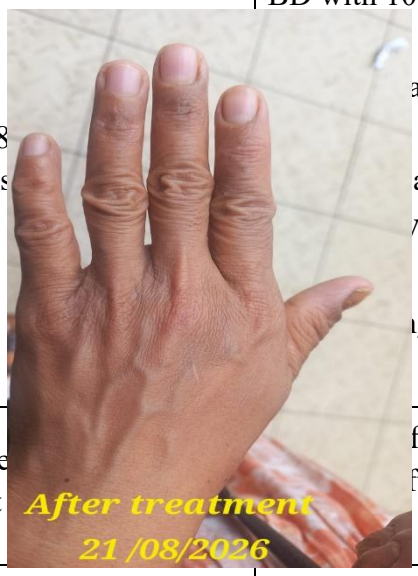
Advised to discontinue the habitual use of rubber gloves Advised to avoid direct hand contact washing machine water and detergent mixture.





5.4 Follow-up and Modification of Treatment

Visit	Approx. Date	Status / Findings	Action Taken
Visit 1 (Initial)	17/04/2026	Fissures, burning sensation, mild sleep disturbance	Above internal medication and local application started; Nidana Parivarjana advised
Visit 2 (2nd follow-up)	02/05/2026	No relief in cracks/fissures; burning sensation reduced	Same medication continued
Visit 3 (3rd follow-up)	17/05/2026	Mild relief in symptoms	Same medication continued
Visit 4 (4th follow-up)	13/06/2026	Approx. 8 symptoms	Paripathadi Kadha 10 ml BD with 10 ml water, a Pachaka Vati and Vati 2 BD after ngoing
Visit 5 (5th follow-up)	12/07/2026	Further re treatment	f only Rasayan fter meal* one
Visit 6(6th follow up)	21/8/2026	No recurrence of lesion seen	Continue of only Rasayan vati 2BD after meal* one month



6. Outcome

The patient showed a progressive and sustained improvement over the course of treatment: reduction in burning sensation by the second visit, mild improvement in fissuring by the third visit, approximately 80% overall symptomatic relief by the fourth visit (13/06/2026), and further improvement following the addition of *Rasayana*-oriented medication at the fouth visit,in fifth visit relif was observed and medications were stopped only *Rasayana vati* 2 BD was continued for one month .No recurrence was observed after one month continuation of *Rasayana Vati* for futher one month. No adverse effects were reported during the course of treatment. Compliance with *Nidana Parivarjana* (avoidance of gloves and direct water contact) appeared to contribute meaningfully to symptom resolution, consistent with the classical emphasis on *Nidana Parivarjana* as foundational to *Kushtha Chikitsa*.

7. Discussion: Probable Mode of Action of Medicines

The selected formulations act in a complementary manner on the Vata-Kapha-Rakta-Pitta pathology underlying Vipadika:

***Rakta Pachaka Formulation*:** This core compound promotes *Rakta Prasadana* (metabolic optimization and purification of the blood tissue), directly reversing the systemic *Rakta Dushti* responsible for disease chronicity and localized microvascular heat.The systemic administration of *Rakta Pachaka Vati* acts directly on the *Raktavaha Srotas* [11]. The pharmacological properties of its key components, such as *Patola* and *Kutaki*, promote *Rakta Prasadana* (blood purification) and *Deepana-Pachana* (metabolic optimization), breaking the pathogenesis (*Samprapti*) of chronic inflammatory skin conditions like *Vipadika* [12,13]. This formulation effectively addresses secondary *Pitta-Rakta* manifestations, including burning sensations (*Daha*) and erythema, by eliminating circulating metabolic toxins (*Ama*) [14,15].

Shatavari (Asparagus racemosus): *Madhura Rasa, Snigdha Guna, Sheeta Virya*; pacifies *Vata* and *Pitta*, counters *Twak-Rukshata* (dryness) and burning, and acts as a *Rasayana* supporting tissue nourishment.[16,17]

Lodhra (Symplocos racemosa): *Kashaya Rasa, Sheeta Virya; Kapha-Pitta Shamaka* with recognised *Raktashodhaka* and *Twachya* (skin-beneficial) properties, useful in *Vrana/Twak Vikara*.[18,19]

Sariva (Hemidesmus indicus): *Tikta-Madhura Rasa, Sheeta Virya, Tridoshahara* with particular efficacy in *Pitta-Rakta* disorders; classically indicated in *Kushtha* and *Twak Roga* for its blood-purifying and skin-soothing action..[18,19,20]

Gokshuradi Guggulu: Guggulu-Under Pancha Bhautik principles, Gokshuradi Guggulu functions through a **"Drain and Rebuild"** mechanism:The role of Gokshuru acts as a systemic siphon. Because it is highly *Mutral* (diuretic), it acts like a pump that draws excess, stagnant *Kleda* away from the peripheral skin (*Twak/Mamsa*) and diverts it to the urinary tract for elimination. *Agni* Activation causes kindling skin metabolism. Once the bad fluid is drained and the dead skin edges are scraped away, the skin requires healthy tissue elements to seal the cracks. Guggulu carries powerful *Lekhana* (scraping) and *Sukshma* (penetrating) attributes. It breaks down the dead, hard, accumulated skin cells around the palm cracks, softening the perimeter of the fissures to allow new tissue approximation. Based on Yoga with *Shothahara* (anti-inflammatory) and *Vedanasthapana* (analgesic) properties, it addresses local inflammation and discomfort; *Dhanyaka Hima* as *Anupana* adds a mild *Pitta-shamaka*, Deepana effect

that assists in reducing Daha (burning).[21,22]

Shatadhauta Ghrita: ghee washed a hundred times, rendered intensely *Sheeta* (cooling) and *Snigdha*; used locally it is classically indicated for *Daha* and *Vrana*, providing symptomatic relief of burning while softening fissured skin.[23,24,25,26,27,]

Haridra (Curcuma longa): *Katu-Tikta Rasa* with recognised *Krimighna, Vranaropana* (wound-healing) and *Raktashodhaka* properties; supports fissure healing and has antimicrobial value when applied locally.[28]

Kumari (Aloe vera): *Sheeta Virya, Pitta-shamaka, Vranaropana* and *Twachya*; provides hydration, soothing, and healing support to fissured, dry skin.[27.29]

Paripathadi Kadha (added at Visit 5): a *Raktashodhaka Kashaya* classically used in *Rakta-Pradoshaja Twak Vikara,* supporting deeper blood-tissue purification once initial symptomatic relief was achieved.[30,31]

Asthi-Majja Pachaka Vati: supports metabolic correction at the level of the deeper *Dhatus* (*Asthi, Majja),* reflecting the classical principle of sequential *Dhatu Poshana* in chronic, *Dhatugata* disorders.[32]

Rasayana Vati: rejuvenative and immunomodulatory, intended to consolidate the clinical response and reduce the likelihood of recurrence.[33]

Taken together, the protocol combined *Rakta-Pitta Shodhana* (purificatory) action with *Vata-Kapha Shamana* and *Twak-Vranaropana* (skin/fissure healing) local therapy, supported by *Nidana Parivarjana* — a combination consistent with classical *Kushtha Chikitsa* principles and with the treatment approaches reported in recent Ayurvedic case literature on *Vipadika*/palmoplantar psoriasis.

8. Differential Diagnosis: Vipadika vs. Vicharchika

Both *Vipadika* and *Vicharchika* are classified under *Kshudra Kushtha* in *Charaka Samhita* and share an overlapping *Dosha* background (*Vata-Kapha* with *Rakta* involvement), which makes clinical differentiation important for correct *Chikitsa* planning. The distinguishing features are summarised below.

Feature	Vipadika	Vicharchika
Dosha predominance	Vata–Kapha predominant, with secondary Rakta–Pitta involvement	Kapha–Vata predominant with marked Rakta Dushti
Cardinal sign	Pani-Pada Sphutana — fissuring/cracking of palms and soles	Kandu (intense, persistent itching) as the hallmark feature
Skin lesion type	Dry, rough, hyperkeratotic skin with linear cracks; pain or burning at fissure sites	Pidika (small papulo-vesicular eruptions) that may rupture with Srava (oozing/discharge)
Discharge	Absent	Often present — Srava (serous discharge), later crusting
Colour change	Skin may appear rough/thicken	Shyava Varna (blackish/dark discolouration

	ed; not typically Shyava (blackish)	) of lesions is characteristic
Site	Characteristically localised to palms and soles (Pani-Pada)	Can occur over any part of the body, not restricted to palms/soles
Predominant symptom	Vedana (pain) and/or Daha (burning) at fissure sites	Kandu (itching), often severe and persistent, with Pidika and Srava
Contemporary correlation	Palmoplantar psoriasis / fissured hand dermatitis	Eczema / dermatitis (often discoid or exudative type)
Chikitsa emphasis	Vata-Kapha Shamana with Rakta-Pitta Shodhana; Snigdha, Vranaropana local therapy for fissures	Kapha-Rakta Shodhana with Kandughna (anti-pruritic) and Srava-Shoshana (discharge-drying) local therapy

In the present case, the absence of *Pidika, Srava*, and *Shyava Varna*, together with the presence of *Sphutana* and *Daha* as the leading features, supported a diagnosis of ***Vipadika*** over ***Vicharchika***.[34]

9. Patient Consent

Informed consent was obtained from the patient for publication of this case report and any accompanying clinical images/data, in accordance with journal. [35]

10. Conclusion

This case demonstrates that a classically-guided Ayurvedic protocol — combining *Rakta-Pitta Shodhana*, *Vata-Kapha Shamana*, *Twachya/Vranaropana* local therapy, and strict Nidana *Parivarjana* — can produce substantial and sustained symptomatic relief in a case of chronic *Vipadika* that had shown limited response to two years of prior treatment. The case also underscores the clinical value of careful differentiation between *Vipadika* and *Vicharchika,* both grouped under *Kshudra Kushtha*, to guide appropriate selection of *Shamana* and *Sthanika Chikitsa.* Larger case series and controlled studies are warranted to further validate this protocol.

11. Limitations

Single case report; findings cannot be generalised without larger sample studies.

Outcome was assessed clinically/subjectively; a standardised scoring scale (e.g., a *Vipadika*/PASI-type severity score) was not reported and is recommended for future documentation.

Laboratory or dermatological investigations to rule out other palmar dermatoses were not detailed in the records available and should be included if performed

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