



Review Article

Volume 15 Issue 05

May 2026

CONCEPTUAL REVIEW OF *VIPADIKA* W.S.R. TO PALMO-PLANTAR PSORIASIS

Dr. Tushar Maurya¹ Dr. Bandana Dhall², Dr. Nitin Goel³

¹PG Scholar Department of Kayachikitsa, Kunwar Shekhar Vijender Ayurved Medical College & Research Centre, Gangoh Saharanpur, UP, 247341

²Professor, Department of Kayachikitsa, Kunwar Shekhar Vijender Ayurved Medical College & Research Centre, Gangoh Saharanpur, UP, 247341

³Co-Guide, Assistant Professor, Department of Kayachikitsa, Kunwar Shekhar Vijender Ayurved Medical College & Research Centre, Gangoh Saharanpur, UP, 247341

Corresponding Author- Dr. Tushar Maurya, PG Scholar Department of Kayachikitsa, Kunwar Shekhar Vijender Ayurved Medical College & Research Centre, Gangoh Saharanpur, UP, 247341
Email id - tushmaurya25@gmail.com

ABSTRACT

Background: *Vipadika* is described in Ayurveda under *Kshudra Kushtha*, characterized by *Pani-Pada Sphutana* (cracks over palms and soles), *Rukshata* (dryness), *Vedana* (pain), and sometimes *Kandu* (itching). It is mainly a *Vata-Kapha Pradhana Vyadhi* involving *Twak, Rasa,* and *Rakta Dhatu*. In modern science, it can be correlated with palmo-plantar psoriasis, a chronic inflammatory skin disorder presenting with hyperkeratosis, scaling, fissuring, and pain. The chronic and recurrent nature of the disease makes its management challenging.

Aim: To study *Vipadika* conceptually and correlate it with palmo-plantar psoriasis.

Objectives: To understand the Ayurvedic concept of *Vipadika*. To study *Nidana, Samprapti,* and *Lakshana* of *Vipadika*. To correlate *Vipadika* with palmo-plantar psoriasis. To review the modern perspective of palmo-plantar psoriasis

Materials and Methods: This is a conceptual and literature-based review. Data were collected from classical Ayurvedic texts such as *Charaka Samhita, Sushruta Samhita,* and *Ashtanga Hridaya,* along with modern dermatology textbooks and research articles. The collected information was analyzed to establish correlation between *Vipadika* and palmo-plantar psoriasis. **Results:** The review shows that *Vipadika* closely resembles palmo-plantar psoriasis in terms of clinical features such as dryness, fissures, pain, and scaling. The involvement of *Vata* and *Kapha Dosha* in Ayurveda

45

correlates with hyperkeratosis and inflammatory changes seen in modern pathology. The disease shows chronicity and recurrence in both systems, highlighting similar pathophysiological patterns. **Conclusion:** *Vipadika* can be effectively correlated with palmo-plantar psoriasis based on similarity in symptoms and pathogenesis. Understanding this correlation helps in better diagnosis and opens scope for Ayurvedic management approaches focusing on *Vata-Kapha Shamana*, *Ropana*, and *Twachya Chikitsa*.

Keywords: *Vipadika*, Palmo-Plantar Psoriasis, *Kshudra Kushtha*, *Vata-Kapha Dosh*, *Twak Vikara*, *Sphutana*

INTRODUCTION

Vipadika is one of the important disorders described under *Kshudra Kushtha* in Ayurveda. It is mainly characterized by *Pani-Pada Sphutana* (cracks over palms and soles), *Rukshata* (dryness), *Vedana* (pain), and sometimes *Kandu* (itching). The condition predominantly affects the palms and soles, which are constantly exposed to pressure, friction, and environmental factors. Due to these reasons, even a localized lesion can cause significant discomfort and interfere with daily activities like walking and handling objects.¹

According to Ayurvedic principles, *Vipadika* is primarily a *Vata-Kapha Pradhana Vyadhi*. Aggravated *Vata Dosh* leads to excessive dryness and fissuring, while *Kapha Dosh* contributes to thickening and roughness of the skin. The involvement of *Rasa* and *Rakta Dhatu* along with *Twak* results in impaired nourishment of the skin. Continuous *Srotodushti* further aggravates the condition, making it chronic and recurrent in nature.² Thus, understanding the underlying *Dosha-Dushya* involvement is essential for proper diagnosis and management.

From a modern perspective, *Vipadika* can be closely correlated with palmo-plantar psoriasis, a chronic inflammatory skin disorder affecting palms and soles. It is characterized by hyperkeratosis, scaling, erythema, and deep fissures, often associated with pain and bleeding. The disease follows a relapsing and remitting course and significantly affects the quality of life. Factors such as genetic predisposition, immune dysregulation, stress, infections, and environmental triggers play a key role in its development.³

Despite the availability of various treatment modalities in modern medicine, complete cure of palmo-plantar psoriasis remains difficult due to its chronicity and recurrence. In this

context, Ayurveda offers a holistic understanding of the disease with emphasis on correction of *Dosha imbalance*, improvement of *Dhatu Poshan*, and restoration of normal skin function. Therefore, a conceptual review of *Vipadika* with special reference to palmo-plantar psoriasis helps in establishing a clear correlation and provides a foundation for integrative and effective management approaches.⁴

AIM AND OBJECTIVES

Aim:

To study *Vipadika* conceptually and correlate it with palmo-plantar psoriasis.

Objectives:

- To understand the Ayurvedic concept of *Vipadika*
- To study *Nidana*, *Samprapti*, and *Lakshana* of *Vipadika*
- To correlate *Vipadika* with palmo-plantar psoriasis
- To review the modern perspective of palmo-plantar psoriasis

MATERIALS AND METHODS

This study is a conceptual and literature-based review aimed at understanding *Vipadika* and its correlation with palmo-plantar psoriasis. Data were collected from classical Ayurvedic texts such as *Charaka Samhita*, *Sushruta Samhita*, and *Ashtanga Hridaya*, along with standard dermatology textbooks and published research articles. The concepts of *Nidana*, *Samprapti*, *Lakshana*, *Dosha-Dushya*, and *Chikitsa Siddhanta* of *Vipadika* were critically analyzed and compared with the etiology, pathogenesis, clinical features, and management of palmo-plantar psoriasis. The collected information was systematically compiled and interpreted to establish a conceptual correlation between Ayurvedic and modern perspectives.

CONCEPTUAL STUDY

VIPADIKA

Vipadika is a type of *Kshudra Kushtha* characterized mainly by *Pani-Pada Sphutana* (cracks over palms and soles), associated with *Rukshata* (dryness), *Vedana* (pain), and occasionally *Kandu* (itching). The term itself suggests splitting or fissuring of the skin, especially in areas subjected to pressure and movement. It is considered a localized skin disorder but can significantly affect daily functioning due to pain and discomfort.⁵

Etiological Factors (*Nidana*)

The causative factors of *Vipadika* include intake of *Viruddha Ahara*, excessive consumption of dry, cold, and incompatible foods, and improper lifestyle habits such as excessive walking, standing, or exposure to cold and dry environments. Suppression of natural urges and poor skin care practices also contribute. These factors lead to vitiation of *Vata* and *Kapha Dosha*, along with impairment of *Rasa* and *Rakta Dhatu*, initiating the disease process.⁶

Pathogenesis (*Samprapti*)

In *Vipadika*, the aggravated *Vata Dosha* causes excessive dryness (*Rukshata*) and leads to cracking of the skin, while *Kapha Dosha* contributes to thickening and roughness. The vitiated *Dosha* affect *Twak*, *Rasa*, and *Rakta Dhatu*, causing *Srotodushti* and improper nourishment of the skin. This results in loss of elasticity, leading to fissures, pain, and scaling. Chronicity occurs due to persistent *Dosha Dushti* and impaired tissue healing.⁷

Clinical Features (*Lakshana*)⁸

The prominent features of *Vipadika* include deep cracks over palms and soles (*Sphutana*), severe pain (*Vedana*), dryness (*Rukshata*), and sometimes itching (*Kandu*). In advanced cases, there may be bleeding from fissures and difficulty in walking or performing manual work. The lesions are often rough, thickened, and associated with discomfort, especially during movement.

Prognosis (*Sadhyasadyata*)⁹

Vipadika is generally considered *Krichra Sadhya* (difficult to cure) due to its chronic nature and tendency to recur. However, with proper management focusing on *Vata-Kapha Shamana*, *Ropana*, and *Twachya Chikitsa*, significant symptomatic relief and control over the disease can be achieved.

MODERN REVIEW

PALMO-PLANTAR PSORIASIS

Palmo-plantar psoriasis is a chronic, immune-mediated inflammatory skin disorder that primarily affects the palms and soles. It may occur as an isolated condition or as part of generalized psoriasis. Due to the involvement of functionally important areas, even mild

lesions can significantly interfere with daily activities such as walking, writing, and handling objects, thereby affecting the quality of life.¹⁰

Etiology and Risk Factors

The exact cause of palmo-plantar psoriasis is multifactorial, involving genetic susceptibility and environmental triggers. Family history plays an important role, indicating a strong genetic link. Environmental factors such as trauma, friction, infections, stress, smoking, and certain medications can precipitate or aggravate the condition. Lifestyle factors and occupational exposure also contribute to disease severity and recurrence.¹¹

Pathogenesis

The disease is driven by immune system dysregulation, particularly involving T-lymphocytes. These immune cells release pro-inflammatory cytokines like TNF- α , IL-17, and IL-23, which stimulate rapid proliferation and abnormal differentiation of keratinocytes. This leads to thickened skin, scaling, and inflammation. The continuous cycle of inflammation and cell turnover results in chronicity of the disease.¹²

Clinical Features

Clinically, palmo-plantar psoriasis presents with well-demarcated erythematous plaques covered with thick scales. Hyperkeratosis and deep fissures are common, often associated with pain and sometimes bleeding. Patients may also experience dryness, burning sensation, and discomfort during movement. The lesions are usually symmetrical and localized to palms and soles.¹³

Histopathology

Histopathological examination reveals characteristic features such as hyperkeratosis, parakeratosis, acanthosis, elongation of rete ridges, and inflammatory cell infiltration in the dermis. Munro's microabscesses, which are collections of neutrophils in the stratum corneum, are considered a hallmark feature of psoriasis. These changes reflect the underlying inflammatory and proliferative processes.¹⁴

Diagnosis and Differential Diagnosis

Diagnosis is mainly clinical, based on characteristic appearance and distribution of lesions. Dermoscopy and skin biopsy may be used in uncertain cases. Differential diagnosis includes

eczema, fungal infections (tinea), keratoderma, and contact dermatitis, which may present with similar features but differ in etiology and management.¹⁵

Management

Management includes topical therapies such as corticosteroids, keratolytic agents like salicylic acid, vitamin D analogs, and emollients to reduce scaling and dryness. In severe or resistant cases, systemic treatments like methotrexate, cyclosporine, and biologics targeting specific cytokines are used. Phototherapy is also beneficial in selected cases. However, due to its chronic and recurrent nature, long-term management remains challenging, highlighting the need for safer and more sustainable therapeutic approaches.¹⁶

RESULTS AND FINDINGS

- *Vipadika* shows close clinical similarity with palmo-plantar psoriasis, especially in features like fissures (*Sphutana*), dryness (*Rukshata*), pain (*Vedana*), and scaling
- Both conditions predominantly affect palms and soles, leading to functional impairment in daily activities
- The *Vata-Kapha Dosha* involvement in *Vipadika* correlates with dryness, hyperkeratosis, and thickening seen in palmo-plantar psoriasis
- The involvement of *Twak, Rasa, and Rakta Dhatu* in Ayurveda corresponds to epidermal and dermal pathology in modern science
- Chronicity and recurrence observed in *Vipadika* are similar to the relapsing nature of palmo-plantar psoriasis
- *Srotodushti* leading to improper nourishment of skin tissues can be correlated with impaired skin barrier and inflammatory changes
- The etiological factors like improper diet and lifestyle in Ayurveda show similarity with triggers such as stress, trauma, and environmental factors in modern medicine
- Both conditions show symptoms like fissuring, scaling, and pain, which significantly affect quality of life
- The conceptual correlation supports an integrated understanding of disease pathogenesis from both Ayurvedic and modern perspectives

- The findings suggest that Ayurvedic principles focusing on *Vata-Kapha Shamana* and *Twachya Chikitsa* can be relevant in managing palmo-plantar psoriasis

DISCUSSION

The present conceptual review shows that *Vipadika* is mainly a *Vata-Kapha Pradhana Vyadhi*, where *Vata* is responsible for *Rukshata* and *Sphutana*, and *Kapha* contributes to thickening and roughness of the skin. The involvement of *Twak*, *Rasa*, and *Rakta Dhatu* along with *Srotodushti* leads to impaired nourishment and chronicity of the disease.¹⁷ When compared with palmo-plantar psoriasis, similar features like hyperkeratosis, fissures, dryness, and inflammation are observed, indicating a strong correlation between the two conditions.

From a modern point of view, palmo-plantar psoriasis is an immune-mediated disorder involving T-cells and inflammatory cytokines, leading to abnormal keratinocyte proliferation. This process can be conceptually correlated with *Dosha Dushti* and *Dhatu Kshaya* described in Ayurveda. The chronic relapsing nature seen in both conditions further strengthens this correlation. Factors like stress, trauma, and environmental exposure act as triggers in modern science, which can be related to *Nidana Sevana* causing *Dosha Prakopa* in Ayurveda.¹⁸

Overall, this review suggests that understanding *Vipadika* through both Ayurvedic and modern perspectives provides a more comprehensive view of the disease. Ayurvedic principles focusing on *Vata-Kapha Shamana*, *Ropana*, and *Twachya Chikitsa* can play a significant role in managing symptoms and preventing recurrence.¹⁹ This integrative approach may help in improving patient outcomes and offers a scope for further clinical research in the management of palmo-plantar psoriasis.

CONCLUSION

This conceptual review establishes that *Vipadika* can be effectively correlated with palmo-plantar psoriasis based on similarities in etiology, pathogenesis, and clinical features such as *Rukshata*, *Sphutana*, and *Vedana*. The involvement of *Vata-Kapha Dosha* and *Twak*, *Rasa*, and *Rakta Dhatu* in Ayurveda aligns with the inflammatory and hyperkeratotic changes described in modern medicine. Understanding this correlation provides a holistic view of the disease and supports the relevance of Ayurvedic principles like *Vata-Kapha Shamana* and *Twachya*

Chikitsa in its management. Thus, an integrative approach may offer better symptom control and help in reducing recurrence in palmo-plantar psoriasis.

CONFLICT OF INTEREST –NIL

SOURCE OF SUPPORT –NONE

REFERENCES

1. Agnivesha. *Charaka Samhita, Kushtha Chikitsa Adhyaya*, Chikitsa Sthana, Chapter 7, Verse 23. Reprint edition. Varanasi: Chaukhambha Orientalia; 2021. p. 451.
2. Sushruta. *Sushruta Samhita, Kushtha Nidana*, Nidana Sthana, Chapter 5, Verse 13. Reprint edition. Varanasi: Chaukhambha Sanskrit Sansthan; 2020. p. 289.
3. Vagbhata. *Ashtanga Hridaya, Kushtha Nidana Adhyaya*, Nidana Sthana, Chapter 14, Verse 21. Reprint edition. Varanasi: Chaukhambha Surbharati Prakashan; 2021. p. 498.
4. Tripathi B. *Charaka Samhita of Agnivesha with Charaka Chandrika Hindi Commentary*, Chikitsa Sthana, Chapter 7. Varanasi: Chaukhambha Surbharati Prakashan; 2020. p. 312.
5. Sharma PV. *Sushruta Samhita with English Translation*, Nidana Sthana, Chapter 5. Varanasi: Chaukhambha Vishvabharati; 2019. p. 221.
6. Murthy KRS. *Ashtanga Hridayam of Vagbhata*, Nidana Sthana, Chapter 14. Varanasi: Krishnadas Academy; 2018. p. 146.
7. Yadavji Trikamji Acharya. *Charaka Samhita of Agnivesha with Ayurveda Dipika Commentary*, Chikitsa Sthana, Chapter 7. Varanasi: Chaukhambha Prakashan; 2021. p. 451.
8. Shastri Ambikadatta. *Sushruta Samhita with Ayurved Tatva Sandipika Hindi Commentary*, Nidana Sthana, Chapter 5. Varanasi: Chaukhambha Sanskrit Sansthan; 2020. p. 267.
9. Paradkar HS. *Ashtanga Hridaya with Sarvangasundara Commentary*, Nidana Sthana, Chapter 14. Varanasi: Chaukhambha Surbharati Prakashan; 2019. p. 524.
10. Griffiths CEM, Barker JNWN. Pathogenesis and clinical features of psoriasis. In: Burns T, Breathnach S, Cox N, Griffiths C, editors. *Rook's Textbook of Dermatology*. 9th ed. Oxford: Wiley-Blackwell; 2016. p. 35.1-35.45.

11. Bologna JL, Schaffer JV, Cerroni L. *Dermatology*. 4th ed. Philadelphia: Elsevier; 2018. p. 138-152.
12. Kang S, Amagai M, Bruckner AL, Enk AH, Margolis DJ, McMichael AJ, et al. *Fitzpatrick's Dermatology*. 9th ed. New York: McGraw-Hill Education; 2019. p. 289-305.
13. Habif TP. *Clinical Dermatology: A Color Guide to Diagnosis and Therapy*. 7th ed. Philadelphia: Elsevier; 2021. p. 102-109.
14. Weedon D. *Weedon's Skin Pathology*. 5th ed. London: Churchill Livingstone; 2020. p. 78-84.
15. James WD, Elston DM, Treat JR, Rosenbach MA, Neuhaus IM. *Andrews' Diseases of the Skin: Clinical Dermatology*. 13th ed. Philadelphia: Elsevier; 2020. p. 191-198.
16. Menter A, Strober BE, Kaplan DH, Kivelevitch D, Prater EF, Stoff B, et al. Joint AAD-NPF guidelines of care for the management of psoriasis with systemic nonbiologic therapies. *J Am Acad Dermatol*. 2020;82(6):1445-1486.
17. Dogra S, Mahajan R. Psoriasis: epidemiology, clinical features, co-morbidities, and clinical scoring. *Indian Dermatol Online J*. 2016;7(6):471-480.
18. Parisi R, Symmons DPM, Griffiths CEM, Ashcroft DM. Global epidemiology of psoriasis: a systematic review of incidence and prevalence. *J Invest Dermatol*. 2013;133(2):377-385.
19. Boehncke WH, Schon MP. Psoriasis. *Lancet*. 2015;386(9997):983-994.