



Efficacy of Ayurveda in the Management of Plantar Psoriasis- A Single Case Report

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ABSTRACT:

Introduction: Plantar Psoriasis is a chronic, immune-mediated skin disorder affecting the soles, leading to fissures, scaling, and pain. The condition is difficult to manage with conventional treatments due to recurrence and limited long-term relief. Ayurveda describes a similar condition known as Vaipadika under Kshudra Kushta, involving vitiation of Vata and Kapha doshas.

Methods: A 64-year-old male with recurrent plantar lesions, deep fissures, severe burning and pain was treated based on Ayurvedic principles. The treatment included Shodhana Chikitsa (detoxification) followed by Shamana Chikitsa (palliative care), internal medications, external applications, and lifestyle modifications.

Results: The patient showed significant symptomatic improvement within four weeks. Complete relief from pain, healing of fissures, and reduced scaling were observed, with no recurrence for three months.

Discussion: The Ayurvedic approach demonstrated effective management of Plantar Psoriasis through balancing doshas, detoxification, and tissue healing.

Conclusion: This case report demonstrates that Ayurvedic treatment, based on classical principles and individualized assessment, can effectively manage Plantar Psoriasis correlated with Vaipadika. Further clinical studies are warranted.

1. INTRODUCTION

Psoriasis is a chronic, immune-mediated dermatological condition characterized by erythematous, scaly plaques. Plantar Psoriasis, a localized form, presents on the soles with painful fissures, scaling, and functional disability. Psoriasis affects approximately 1.5–3% of Caucasians, and its prevalence is comparatively lower among Asian, South American, and African populations. The condition occurs equally in both sexes and can manifest at any age,

though it is uncommon before the age of 10 years. Notably, over 50% of cases present before the age of 30⁽¹⁾. The age of onset typically shows a **bimodal distribution**:

- **Early-onset psoriasis** usually begins during the **teenage years or early adulthood**. It is often associated with a **positive family history** and tends to follow a **more severe disease course**.



- **Late-onset psoriasis** generally occurs between the ages of **50 and 60 years**, is **less likely to be familial**, and typically presents with a **milder clinical course**.

Although the exact cause of psoriasis remains uncertain, multiple factors including immunopathological, biochemical, and genetic influences are believed to play a role in its pathogenesis. The condition can be exacerbated by several precipitating factors such as skin trauma, infections, excessive sun exposure, certain medications, and emotional stress.

The **major symptoms** associated with psoriasis, as described in **Ayurvedic classics** and the **conventional medical system**, are summarized below

According to Ashtanga Hridaya, the classical symptoms of *Vipadika* include Śarambha Piḍika (red-coloured macules), Manda Kaṇḍu (mild itching), Tivra Vedanā (severe pain), and Paṇipada Sphoṭana (cracks over the palms and soles) ⁽²⁾.

Acharya Charaka describes *Vipadika* as presenting with cracks (sphoṭana), pain (vedanā), and mild itching (kāṇḍu) ⁽³⁾.

Acharya Sushruta further elaborates that *Vipadika* is characterized by itching, burning sensation (daha), and pain, particularly affecting the pada (soles). He also emphasizes the involvement of all three doshas (Vata, Pitta, and Kapha), with a predominance of Vata dosha ⁽⁴⁾.

From a modern medical perspective, psoriasis typically presents as erythematous, sharply demarcated plaques covered with silvery-white scales, commonly found on extensor surfaces such as the elbows and knees.

Additional clinical features include:

- **Koebner's phenomenon** – appearance of new lesions at sites of trauma during the active phase ⁽⁵⁾
- **Woronoff's ring** – a blanching halo seen during the healing phase ⁽⁶⁾
- **Auspitz sign** – pinpoint bleeding upon removal of scales ⁽⁷⁾
- **Candle grease sign** – the surface of lesions resembles candle wax when scratched

These characteristic signs help distinguish psoriasis from other dermatological conditions and align well with the Ayurvedic descriptions of *Vipadika*, particularly in

chronic and fissured presentations affecting the palms and soles.

Conventional therapies often include topical steroids, immunosuppressants, and biologics, but relapses are common.

2. METHODS

CASE PRESENTATION

A 64-year-old male reported to the OPD of JSS Ayurveda Medical College with complaints of painful cracks on both feet, difficulty in walking, intermittent bleeding, thickened erythematous plaques, itching and burning sensation at the lesion sites, and blackish discoloration over the bilateral plantar region.

The history of present illness revealed that the patient had a history of plantar psoriasis since 2 years. He then gradually developed cracks on both soles, associated with intermittent bleeding, itching, burning sensation, thickened plaques, and blackish discoloration which is aggravated from past 2 months. The condition progressed to cause intense pain, significantly impairing his ability to walk and perform daily activities. 2 years ago he consulted a dermatologist, where a clinical diagnosis of Plantar Psoriasis was made. He was prescribed topical and systemic allopathic medications, which provided only partial and short-term relief, but the symptoms persisted and remained bothersome. Due to unsatisfactory improvement, the patient sought Ayurvedic intervention and presented to the OPD of JSS Ayurveda Medical College for further management.

CLINICAL FINDINGS:

The patient was examined using the classical Ayurvedic diagnostic approach of Ashtasthana Pariksha, which plays a vital role in understanding the patient's constitution (*Prakriti*), strength (*Bala*), and disease pathology. The assessment included observation of Nadi (pulse), Mala (stool), Mutra (urine), Jivha (tongue), Shabda (speech), Sparsha (skin/touch), Drik (eyes), Akriti (body build). Each parameter provided insight into the state of dosha imbalance, as well as the severity of the condition and patient's ability to respond to treatment. (Refer to Table 1 for details)

The patient was assessed based on subjective clinical parameters, which included Vedana (pain), Kandu (itching), Daha (burning sensation), and Pādatvak



Dāraṇa (cracks/scaling of the skin). These symptoms were evaluated to understand the severity and impact of the condition from the patient's perspective. (Refer to Table 2 for details)

TABLE 1: ASTASTHANA PARIKSHA

SL NO	EXAMINATION	FINDINGS
1	<i>Nadi</i>	84/min – Vata-Pitta
2	<i>Mala</i>	1–2 times/day – Constipated
3	<i>Mutra</i>	Normal in frequency and consistency
4	<i>Jihva</i>	<i>Coated – Saama</i>
5	<i>Shabdha</i>	<i>Normal – Spashta (clear)</i>
6	<i>Sparsha</i>	<i>Anushna (not warm), Ruksha (dry)</i>
7	<i>Drik</i>	<i>Prakrutha</i>
8	<i>Akruthi</i>	<i>Madhyama</i>

TABLE 2 – GENERAL EXAMINATION

1	Built	Well built
2	Nourishment	Moderately
3	Appearance	Normal
4	Temperature	Afebrile
5	Pulse rate	72 bpm
6	Blood pressure	120/90 mm of hg
7	Pallor	Absent
8	Icterus	Absent
9	Lymphadenopathy	Absent
10	Oedema	Absent
11	Cyanosis	Absent
12	Clubbing	Absent
13	Koilonychia	Absent
14	Height	167 cm

15	Weight	76 kg
16	BMI	27.3 kg/m ²

TABLE 3 – SYSTEMIC EXAMINATION

CNS	Conscious and well oriented
CVS	S1 and S2 heard , No Murmur
RS	NVBS heard , B/L AE +
P/A	NAD
INTEGUMENTARY SYSTEM EXAMINATION	<p>1. Distribution</p> <p>Symmetrical involvement of soles</p> <p>2. Lesion Type</p> <p>Sharply demarcated erythematous plaques (red, inflamed patches)</p> <p>3. Scaling</p> <p>Thick, white or silvery scales, adherent and dry</p> <p>4. Skin Texture</p> <p>Hyperkeratosis (thickened skin), dry and rough</p> <p>5. Fissures</p> <p>Painful, deep cracks</p> <p>6. Colour Changes</p> <p>Blackish brown</p> <p>7. Itching / Burning</p> <p>Present – worsen on walking</p>



	8. Bleeding Points Seen after scale removal
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TABLE 4– SAMPRAPTI GHATAKA

a) Stage	a) Description	a) Stage	a) Description
b) Nidana	b) Viruddha ahara, suppression of urges, emotional stress	d) Dushyas	d) Rasa, Rakta, Mamsa, Twak
c) Doshas	c) Vata + Kapha ± Pitta	e) Srotas	e) Raktavaha, Rasavaha
		f) Udbhava Sthana	f) Amashaya
		g) Sanchara	g) Rasa-rakta to plantar region
		h) Adhithana	h) Padatala (soles of the feet)
		i) Vyakta	i) Dry, scaly, fissured skin with itching and pain

VYADHI VINISCHAYA- PLANTAR PSORIASIS (VAIPADIKA)**TABLE 5: TIMELINE AND THERAPEUTIC INTERVENTIONS**

Written consent was obtained from the patient prior to initiating treatment. The following Ayurvedic interventions were administered as per the specified timeline.

DATE	THERAPUTIC INTERVENTION	DRUG	DOSE	OBSERVATION
20/02/2025-22/02/2025	Deepana-Pachana	Tab.Chitrakadhi vati 500mg	1-0-1 Before food	-
22-02-2025	Panchavalkala ksheera seka	Panchavalkala kwatha churna ksheera	-	Pt noticed reduced in burning sensation
23/02/2025-26/02/2025	Snehapana	Mahatiktaka gritha	30ml 60ml 100ml 120ml	Well digested and attained Sneha siddi lakshana on 4 th day
27/02/2025-01-03-2025	Sarvanga Abhyanga followed by Usna jala snana	Yastimadhu taila + Eladi Taila	-	-
27/02/2025 and 1/03/2025	Jalaukavacharana (2 sittings)			Patient noticed reduced Itching and burning
02-03-2025	Virechana	Trivritth lehya	40 grams	Attained 09 vegas
3/03/2025-05/03/2025	Samsarjana krama	1. Peya 2. Vilepi 3. Mudga Yusha		

**TABLE 7 –OBSERVATION AND RESULTS**

SYMPTOM	CRITERIA	GRADE	BT	AT	FU
PADATWAK DHARANA (SCALING)	No scaling : Skin is smooth and intact	0	4	3	0
	Mild scaling : Slight flaking or roughness	1			
	Moderate scaling : Noticeable flaking and roughness	2			
	Severe Scaling : Extensive	3			
Kandu (Itching)	No Itching : Skin feels completely comfortable	0	4	2	0
	Mild itching : Occasional and not bothersome	1			
	Moderate itching : Frequent and somewhat bothersome	2			
	Severe itching : Constant and disrupts sleep	3			
Daha (Burning sensation)	No burning sensation : Skin feels completely normal	0	4	1	0
	Mild burning sensation : Skin feels completely normal	1			
	Moderate burning : Frequent and somewhat uncomfortable	2			
	Severe burning : Constant and significantly uncomfortable or painful	3			
Vedana (Pain)	No pain : Completely comfortable	0	4	1	0
	Mild pain : Occasional and not significantly	1			
	Moderate pain : Frequent and increases on touch	2			
	Severe pain : Constant and significantly impacts daily activities and quality of life	3			

TABLE 8 : ADVICE ON DISCHARGE

Sl no	Medicine	Dose	Anupana and Duration	Probable Mode of action
1	Cap Epiderm	2-2-2 After food	With water for 1 month	<ul style="list-style-type: none"> • Detoxification • Anti-inflammatory Action • Immunomodulation • Skin Regeneration & Healing



				<ul style="list-style-type: none"> • Reduces Scaling and Thickening
2	Mahatiktaka gritha + Shatavari gritha	External application to sole	3 months	<ul style="list-style-type: none"> • Deep Moisturization • Soothing & Cooling • Promotes healing • Barrier Repair
3	Shresta Khadiradhi Kashaya ¹⁵	15ml -15ml-15ml After food	With equal quantity of water 48 days	<ul style="list-style-type: none"> • Tridoshahara • Kusthaghana, Kandughana, Ushna veerya • Raktaprasadana
4	Cap Shatavari	0-2-2 After food	With water for 1 month	<ul style="list-style-type: none"> • Rasayana • Pitta Shamaka • Immunomodulatory • Anti-inflammatory
5	Kaishora Guggulu DS	0-2-2 After food	With water for 45 days	<ul style="list-style-type: none"> • Pitta-Kapha shamaka • Raktashodhaka • Anti-inflammatory and analgesic • Immunomodulator • Anti-oxidant

TABLE 9 : PHOTOGRAPHS OF BT, AT AND AFTER FOLLOW UP



BEFORE TREATMENT



AFTER TREATMENT



AFTER 3 MONTHS
DURING FOLLOW-UP



DISCUSSION

Probable Mode of Action of Therapy

1. Shodhana Chikitsa

- Deepana–Pachana (Chitrakadi vati): Improves digestion, removes Ama, regulates dosha metabolism.
- Snehapana (Mahatiktaka gritha): Tikta rasa acts as Raktaprasadana, Pitta-Kapha shamaka, and promotes skin healing.
- Abhyanga (Yastimadhu + Eladi taila): Improves circulation, reduces dryness, soothes skin.
- Jalaukavacharana (Leech therapy): Removes vitiated blood, reduces inflammation, itching, and burning.
- Virechana (Trivriith lehya): Eliminates Pitta and Rakta dushti, cleanses system, reduces recurrence.

2. Shamana Chikitsa

- Kaishora Guggulu DS: Pitta-Kapha shamaka, Raktashodhaka, anti-inflammatory, antioxidant, and immunomodulatory.
- Shresta Khadiradi Kashaya: Tridosahara, Kusthaghna, Raktaprasadana, reduces itching and scaling.
- Shatavari capsules: Rasayana, Pitta shamaka, enhances tissue regeneration and immunity.
- Epiderm capsules: Detoxification, anti-inflammatory, supports epithelial healing.
- Mahatiktaka gritha + Shatavari gritha (external): Provides deep moisturization, cooling, and barrier repair.

CONCLUSION

The present case demonstrates that Ayurvedic management of *Vipadika* (Plantar Psoriasis) through a structured protocol of *Shodhana* and *Shamana* chikitsa offers significant and sustained clinical improvement. The therapy not only alleviated cardinal symptoms such as scaling, fissures, itching, pain, and burning but also enhanced skin regeneration and prevented recurrence during follow-up. These outcomes highlight Ayurveda's holistic approach in addressing both symptomatology and pathogenesis. While this single case provides

encouraging evidence, further multi-centric clinical trials are warranted to establish reproducibility, efficacy, and standardized treatment guidelines.

Patient Perspective

The patient expressed high satisfaction with the Ayurvedic treatment, appreciating that it was both cost-effective and time-efficient. He reported marked relief from troublesome symptoms such as scaling, itching, cracks, and pain. The improvement not only enhanced his physical comfort but also boosted his social confidence and psychological well-being, enabling him to engage in daily activities without distress.

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