

Role of *Sheeta Upanaha* in the Management of *Vipadika* – A Case Study

Case Report

Ravali K¹, Sachin Chandra B^{2*}, Praveen K Madikonda³, Johar B⁴

1. PG Scholar, 2. PG Scholar, 3. Associate Professor, 4. HOD & Professor, Department of Panchakarma, Dr. BRKR Govt Ayurvedic Medical College, Hyderabad. Telangana. India.

Abstract

Skin is the mirror which reflects the harmony of Internal functions of body. Psoriasis is a non-infective inflammatory, Proliferative, Chronic skin disease in which there are scaly papules and plaques that can involve any part of body. Palmoplantar psoriasis refers to psoriasis that develops on palms and soles. *Vipadika* is included in *Kshudra kusta* having sign and symptoms similar to Palmoplantar psoriasis. In this case study, A 65-year-old male patient a known case of Palmoplantar psoriasis approached with symptoms of Scales and fissures over both palms and soles with Pain, Severe itching and burning sensation for the past 1 year. After clinical examination and history of the patient he was advised, *Deepana & Pachana*, *Shamana Snehapana* and *Seetha Upanaha* as module of treatment. Even though treatment principles such as *Deepana*, *Pachana*, *Shamana Snehapana* might have helped in the overall result, but it was *Seetha Upanaha Chikitsa* observed to be quite significant in this case, as patient started feeling better after starting of *Seetha upanaha*. After implementation of treatment plan patient has become completely symptom free and there was no recurrence even after six months.

Keywords: Palmoplantar psoriasis, *Vipadika*, *Kshudra kushta*, *Shamana Snehapana*, *Seetha Upanaha*.

Introduction

Skin diseases are a major health problem affecting a sizeable proportion of the population in India. Psoriasis is a common non-infectious disease, considered to be a chronic autoimmune condition, related with T- cell immune disorders and genetically predisposition. Even stress plays a major role. Psoriasis is relatively a common disease, with a prevalence of 2-3% (1) of the world population. In India, the prevalence of psoriasis also varies from 0.44 to 2.88% (2) Around 5% of all psoriasis sufferers have palmoplantar psoriasis (PPP) (3). PPP is often a very disturbing condition both because of physical symptoms (painful cracks, bleeding impeding the normal work) and psychological Manifestations (depression, self-damage and self-esteem issues).

Ayurveda, which is a long established science, all *Acharyas* of *Bruhatrayi* have enumerated *Kushta* to be 18 in number (4), though *Acharya Charaka* was the first to state *Kushta* as innumerable because of *Vikara Vikalpa* (5) *Acharya Charaka* mentioned it in *Ashtamahagada* (6) *Acharya Charaka* described *Kushta rogadhikar* in which he classified *Kushta* into two major types; as *Maha kushta* and *Kshudra Kushta*

(7) and are said to be seven and eleven sub-types respectively.

Nidanas of *Kushta* are most commonly arises due to *mithyahara*, *Vihara*, *Manasika* Vitiates the *Doshas*, Viz, *Vata*, *Pitta*, *Kapha* in turn vitiates the *Shithilyata* of *Dushyas* like *Twak* (skin), *Rakta* (blood), *Mamsa* (muscles), *Ambu* (Lymph or plasma part of blood tissue). These seven substances obstruct the *Lomakupa* (sweat glands) to vitiation of *Sweda Vaha Srotas* (channels of sweat glands). This *Prakupita* (vitiates) *Doshas* enter into *Rasa Raktadi Dhatus* by way of *Sanchara* (movement) in *Tiryaka Siras* (vein) and then lodges itself in *Twak* resulting in *Kushta* (8)

Vipadika is a *Kshudrakushta* explained by *Acharya Charaka* in *Charaka Chikitsasthan* 7th chapter i.e., *Kushta chikitsa Adhyaya* (9), *Madhava Nidana* 49th chapter i.e., *Kushta nidana* (10), with the predominance of *Vata- Kapha dosha* (11), vitiation of *Rakta dhatu* and is characterized by *Pani- Pada Sputana* (fissure in palms and soles) and *Teevra vedana* (severe pain) (12). Based on symptoms of *Vipadika*, it can be correlated to Palmar-plantar psoriasis (13) which is a skin disease mainly affecting palms and soles of the extremities over a period of time it turns out to be a chronic ailment.

The present case report deals with the case of PPP for *Panchakarma* treatment.

* Corresponding Author:

Sachin Chandra B

PG Scholar,

Department of Panchakarma,

Dr. BRKR Govt Ayurvedic Medical College,

Hyderabad. Telangana. India.

Email Id: sachinc234@gmail.com

Presentation of Case

Patient information

A 65-year-old male patient came with chief complaints of Scales and fissures over both palms and soles [Fig 1] with pain, severe itching and burning sensation over the affected area for the past 1 year.

Present history

Patient was asymptomatic 1 year back later slowly he developed fissures and scales over his right palm progressing to his left palm and both the soles with Pain, Severe itching and burning sensation over them. The patient took allopathy medications for above complaints for a period of 9 months, but there was no satisfactory relief. So, he came to OPD of Panchakarma department, Dr. B.R.K.R Ayurvedic Medical college, Hyderabad, Telangana, India for further treatment.

Past history

No history of any major illness or disorders such as hypertension, diabetes and bronchial asthma. No history of any surgeries.

Family History

No family history was indicative of psoriasis or any dermatological disorders

On examination:

Patient was Afebrile.

General examination:

- Height – 5’8”
- Blood pressure – 130/80 mmhg
- Pulse rate – 80/min
- Respiratory rate – 18/min
- Lungs – Clinically clear
- Heart – S₁S₂ heard (NAD)
- P/A: Soft

Dashavidha pariksha:

- *Prakruthi*: Vatapradhana Pitta
- *Vikruthi*: Dosha: Vatapradhanakapha
 - *Dushya*: Twak, Rakta, Mamsa, Lasika
- *Sara*: Madhyama
- *Samhanana*: Madhyama
- *Pramana*: Madhyama
- *Satmya*: No allergy to any food or drug
- *Satva*: Madhyama
- *Aharashakti*: Madhyama
- *Vyayama shakti*: Madhyama
- *Vaya*: Vriddha

Local examination of the skin

- Site of lesions: Symmetrically distributed over soles and palms predominantly on soles
- Characteristic of skin: Thickened skin with cracks and exfoliation (Dry)
- Margins: Irregular
- Itching: present

Laboratory investigations:

- Blood routine: CBC – Hb% -13.8%, TC – 6000CELLS/Cumm, N – 72%, L- 22%, M – 3%, E-3%
- Platelet count – 320000/cumm.
- ESR – 8mm/hr.

Diagnosis

Based on symptoms and clinical findings, the case was diagnosed as *Vipadika* characterised by *Pani-*

Pada Sputana (cracking of palm and soles) and *Teevra vedana* (Severe pain)

Material and methods

Treatment protocol

Considering the history, clinical examination and investigations, following treatment was given [Table 1] [Table 2]

Table 1: Internal medication

First 7days			
Sr. No	Formulation	Dose & Frequency	Time & Adjuvant
1	<i>Hingavstaka churnam</i>	3gm BD	Along with the first bolus of food morning & evening
2	<i>Tab. Chitrakadi vati</i>	250mg BD (1 tablet)	Before food morning & evening with normal water
From 8 – 22 days			
3	<i>Mahatiktaka ghrtam</i>	15mL OD	On an empty stomach

Table 2: External application: Seetha upanaha once a day

From 23 – 60 days			
Sr. No	Formulation	Dose & frequency	Time & Adjuvant
1	<i>Seetha upanaha (Sarivadi ghana of susrutha samhitha)</i> [Table 3]	100g OD	Once a day topical application

(Abbreviations: BD: Twice a day; OD: Once a day; mL: milliliters(s); gm: gram; mg: milligram(s))

Requirements for Seetha Upanaha

Materials required for 1day

- Powders of *Seetha upanaha churnas* (Each 12-15gms) – 100- 120g.
- Leaves of *Eranda* (to cover the area) – quantity sufficient
- Oil for *Upanaha (Chandanadi tailam)* – 50ml
- Oil for *Abhyanga (Chandanadi tailam)* – 10ml
- Attendant: 1
- Bandage

Method of application of Upanaha

Seetha upanaha choornas as mentioned above along with *Chandanadi taila* were added to make a paste.

The patient was allowed to be in comfortable position, Exposing the affected area to be applied with the paste of *Upanaha dravyas*. The area was cleaned and mild massage was done locally with lukewarm *Chandanadi taila*. Then the prepared *Upanaha dravya* were pasted on the affected part thickly (1-2 cm thickness) and uniformly. Further the pasted area was covered with *Eranda* leaves (after slight warming). Then it was tied with bandage cloth and kept for about 8-12hrs. After that *Upanaha* was removed with lukewarm water.

Table 3: Ingredients of Seetha upanaha churna (Sarivadi gana of Susrutha Samhita)

Sr. No	Ingredients	Botanical name	Family	Part used	Rasa	Guna	Virya	Vipaka	Karma
1	Sariva	<i>Hemidesmus indicus R. Br</i>	Asclepiadaceae (Peripiocaceae)	Root	Madhura, Tikta	Guru, Snigdha	Sheeta	Madhura	Tridosahara
2	Chandana	<i>Santalum album Linn.</i>	Santalaceae	Heart wood	Tikta, Madhura	Laghu, Rooksha	Sheeta	Katu	Kaphapittahara
3	Madhuka	<i>Glycyrrhiza glabra Linn.</i>	Fabaceae	Root	Madhura	Guru, Snigdha	Sheeta	Madhura	Vatapittahara
4	Kuchandana	<i>Pterocarpus santalinus Linn.</i>	Fabaceae	Heart wood	Tikta, Madhura	Guru, Rooksha	Sheeta	Katu	Kaphapittahara
5	Padmaka	<i>Prunus cerasoides Don.</i>	Rosaceae	Stem bark, seeds	Kashaya, Tikta	Laghu, Snigdha	Sheeta	Katu	Kaphapittahara
6	Kashmarya phala	<i>Gmelina arborea Linn.</i>	Verbenaceae	Fruit	Madhura Amla	Guru Snigdha	Sheeta	Madhura	Vatapittahara
7	Madhooka	<i>Madhuka longifolia (Koen.)</i>	Sapotaceae	Flower	Madhura, Kashaya	Guru, Snigdha	Sheeta	Madhura	Vatapittahara
8	Ushira	<i>Vetiveria zizanioidis (Linn) Nash</i>	Graminae	Root	Tikta, Madhura	rooksha, laghu	Sheeta	Katu	Vatapittahara

Diet:

- Advised Light and well-cooked food.
- To avoid - oily, sour, spicy, salty food. Suppression of natural urges, afternoon and late-night sleep.

Assessment criteria

Assessment criteria for clinical features. [Table 4]

Table 4: Subjective criteria

Sr. No	Criteria	Grade	Symptoms
1	Vedana (Pain)	0	No pain
		1	Pain on application of pressure
		2	Pain on touch
		3	Pain without touching
2	Kandu (Itching)	0	No itching
		1	Itching present rarely
		2	Disturbing patient's attention
		3	Severe Itching disturbing patient's sleep
3	Daha (Burning sensation)	0	Absent
		1	Rarely present
		2	Continuous
		3	Disturbing sleep
4	Pada sputana (Cracks)	0	No cracks
		1	Cracks on heels only
		2	Cracks on heels and plantar aspect of toes
		3	Cracks on complete foot
5	Rukshata	0	No Dryness
		1	Dryness with rough skin
		2	Dryness with scaling
		3	Dryness with cracking
6	Lesion size	0	Lesion as scar
		1	Lesion less than 1 cm
		2	Lesion between 1 to 3 cm
		3	Lesion more than 3 cm

Results and Discussion

An Assessment was done before and after treatment on parameters of Vipadika. [Table 5]

Table 5: Effect of therapy on Parameters

Parameters											
Vedana		Kandu		Daha		Pada Spuatana		Rukshata		Lesion size	
BT	AT	BT	AT	BT	AT	BT	AT	BT	AT	BT	AT
3	0	3	0	3	0	3	1	3	0	3	0

[Abbreviations: BT-Before treatment; AT- After treatment]

Clinical examination of patient on follows up days revealed significant decrease in sign and symptoms of Vipadika within 60 days of Ayurvedic treatment [Fig 2]

Fig 1: Before treatment



Fig 2: After treatment



In present case, *Deepana – Pachana dravya* (Tab. *Chitrakadi vati* and *Hingvastaka churnam*) was given which is *Agni vardhaka* (stimulates digestion) and *Amapachak*. After that *Snehapana* was given in the dose of 15ml with *Mahatiktaka ghrta* for 15days, it helps in *Vatadosha* pacification.

Action of *Snehapana – Mahatiktaka ghrta*

The ingredients of *Mahatiktaka ghrta* are *Tikta Rasatmaka*, *Madhur Vipaki* and *Ushna Viryatmaka*. It acts mainly on *Kled*, *Meda*, *Lasika*, *Rakta*, *Pitta* and *Kapha* which helps in balancing the vitiated *Dosha* and *Dhatu*. It has properties like *Raktashodhak* (Blood purifier) *Kushtaghna* (Pacifying skin disease), *Kandughna* (Pacifying itching) and *Varnya* (Complexion).⁽¹⁴⁾ *Ghrit* (Ghee) has lipophilic action helps to carry drugs to the target organs, it enters to the cellular level and delivers it to mitochondria and nuclear membrane. It maintains the normal texture of skin ⁽¹⁵⁾.

For the purpose of *Abhyanga*, *Chandanadi taila* was used.

The contents of *Chandanadi taila* is *Tridosahara* especially *Pittakapha shamaka*.

Action of *Seetha upanaha*

Samprapti Vighatana of Vipadika

When the topical preparation was applied locally in *Vipadika*, it acted on pacifying the doshas. *Vata shamana* can be attributed to *Snehana* property, as well as it has maintained the equilibrium of *Pitta* and *Kapha*. As per the basic property of *Taila*, it penetrated into deeper *Srotas* and dissolved the *Sanga*. The *Dhatu shaithilya* was removed by the *Sandhanakara* and *Ropana* properties of the ingredients. Further the composition could have helped for building up the tissue of the broken skin and thus *Sphutana* was cured. Meanwhile it provided nourishment to *Twacha* by its *Snehana*, *Rasayana* and *Balya* properties ⁽¹⁶⁾.

In *Shushruta Samhita*, *Acharya Dalhana* also explained *Anjanadi gana*, *Nyagrodhadi gana*, *Guduchyadi Gana*, *Utpaladi Gana* which also attributes to *Daha nashana karma* (pacifying burning sensation effect). *Daha* is the peculiar symptom of *Pitta dosha* and while reviewing all these herbs, one can analyze the selected herbs are *Sheeta virya* (cold potency) in nature and *Pitta shamak* in *Dosha karma*. In this, majority of herbs possess *Madhura*, *Tikta* and *Kashaya ras*, which mainly consist of *Guru* (heavy), *Ruksha* (dryness) and *Laghu* (light) properties that helps to decrease *Pitta dosha* as *Guru* (heavy) and *Ruksha* (dryness) properties of selected herbs stand opposite to *Laghu* (light) and *Snigdha* (unctuous) properties of *Pitta Dosha*.

While reviewing, it is observed that majority of herbs consist of *Guru* (heavy) and *Ruksha* (dryness) *Guna* (property). Also, all herbs possess *Sheeta Virya* (cold potency), which implies that these herbs predominantly consist of *Prithvi Mahabhuta* and *Jala Mahabhuta*. According to modern properties, selected herbs act as coolant, anti-burn and anti-pyretic in nature.

The entire course of treatment for the patient was up to 60 days. The patient has attained precisely 85% of relief after the 60 days of treatment. The scales, itching, burning sensation was reduced. When the patient came for his first follow-up visit, there was complete remission of the disease. Parameters such as *Vedana*, *kandu*, *daha*, *rukshata*, lesion size was calculated to be 0 and *Pada sputana* was calculated to be 1. Hence, we can say that *Deepana*, *Pachana*, *Shamana snehapana* & *Seetha upanaha* is highly effective in palmoplantar psoriasis. No adverse effects were reported by the patient.

Conclusion

On the basis of our clinical observation, it is pertinent to say that the clinical symptoms subsided and Side effects were not observed at the end of therapy. Thus, the management through *Deepana*, *Pachana*, *Shamana snehapana* & *Seetha upanaha* is highly effective in palmoplantar psoriasis. In this present case a new methodology for treatment has been adopted in the management of Palmoplantar psoriasis in the form of *Sheeta upanaha* and *Samana Snehapana*, which are simple and can be practiced even at home. Moreover, it has no side effects & cost effective. The results obtained from this case depicts the effectiveness of *Deepana*, *Pachana*, *Shamana Snehapana* & *Sheeta Upanaha* in palmoplantar psoriasis. But to establish this fact, further studies on large sample is required.

Consent

Authors certify that they have obtained consent from the patient for the clinical history and images to be reported in the journal while maintaining confidentiality.

Ethical approval

As this is a single case report, confined only to the local areas, institutional ethical committee clearance is not needed as per the rules framed at our institution for research.

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