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Review Article

## Title of Article: Review of *Nidan* and *Chikitsa* of *Vipadika* with special reference to Palmoplantar Psoriasis

Nilima Satish Begani<sup>1</sup>, Shruti Ramesh Tarapure<sup>2</sup>

<sup>1</sup>MD Scholar, <sup>2</sup>Assistant professor in the department of Kaychikitsa, Seth Govindjiraoji Ayurved Mahavidyalaya, Solapur

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#### Address for Correspondence:

Nilima Satish Begani, MD Scholar,  
Department of Kaychikitsa, Seth  
Govindji Raoji Ayurved  
Mahavidyalaya, Solapur  
Email: [nilima.begani@pg.sgrayurved.edu.in](mailto:nilima.begani@pg.sgrayurved.edu.in)

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### ABSTRACT

The vipadika kushtha mostly occurs on palms and soles in the form of cracks with severe pain. Palmoplantar psoriasis is a condition in which deep painful, symmetrical cracks on palm and soles, partially or completely dry, red, and thickened often with fissures are formed. Compared to dermatitis of the hand and other forms of psoriasis, Palmer is quite hard. Palmo-planter psoriasis produces significant functional and social disability. It is the second most common type of psoriasis followed by chronic plaque-type psoriasis. It is characterized by *sphutanam* (cracks) either in palms or soles or in both with *teevra vedana* (severe pain). The pain present in *vipadika* is so intense that it severely affects the quality of life of the patient. Despite it being a minor condition it cripples the daily activities of patients. Vata is the main causative dosha for vipadika. Treatments like sneha sweda, lepa, intake of medicines acted as hetu-pratyaneeka and vyadhi pratyaneeka which relieved the subject from vipadika. Based on the symptoms of *vipadika*, The present article attempts to highlight details of *vipadika* correlating with palmo-plantar psoriasis. Comparatively, it is seen Ayurvedic chikitsa is more beneficial than treatment explained in modern medicine.

**Keywords:** *Vipadika*, palmoplantar psoriasis, *sphutanam*, *hetu-pratyaneeka*, *vyadhi pratyaneeka*

### INTRODUCTION

Ayurveda broadly explains all skin disorders under one umbrella called '*kushtha*'. *Kushtha* is the disease which causes deride or disgraceful situation. Basically in all *kushtha* roga there is vitiation of *Tridosha*, *twak*, rakta, mamsa, and lasika, but depending upon the amshamsha kalpana *dosha pradhanyata* differs in various varieties; so it is rightly marked as innumerable in classics. For the systematic study, Acharya Charak has classified kushtha as

mahakushtha-7 and kshudra kushtha-11. *Vipadika* is one among kshudra kushtha.<sup>[1][2]</sup>

Acharya Sushruta has mentioned the term vipadika, in nidana sthana<sup>[3]</sup> but commentator Dalhana has clearly stated that vicharchika that occurs at pada is termed as *vipadika*.<sup>[3]</sup> Padadari has been explained under the kshudra roga adhikara.<sup>[4]</sup> Acharya vagbhata has mentioned it among ekadasha kshudra kushtha.<sup>[5]</sup> Along with pratyatma laxanas pani and padasphutana- teevra vedana, kandu, raga, and pidaka have been added in the symptoms.<sup>[6]</sup>

Acharya Madhava also mentioned *Vipadika* under *kshudra kushtha*, whereas in the commentary they have mentioned that *vicharchika* occurring at pada (feet) is termed as *Vipadika*.<sup>[7]</sup> *Vipadika* is mentioned among *kshudra kushtha* by Bhavamishra. He also quotes that *Vicharchika* occurring at the site of the foot is called *Vipadika*. While explaining *samprapti* he includes *pidaka*, *daha*, *kandu* as *laxanas* of *Vipadika*.<sup>[8]</sup> The main symptoms of *vipadika* are cracks in the palm and sole, severe pain, and others like itching, inflammation, eruptions, etc. In *vipadika*, *dosha* *pradhanata* is of *vata* and *kapha*. Based on its symptoms it can be correlated to different conditions like heel fissures, hand and foot eczema, palmoplantar psoriasis. In *samhitas* we don't find a particular *nidana* mentioned for *vipadika*, but as it is one among the *kshudra kushtha*, the general *nidana* of *kushtha* can be considered. The *nidanas* can be subdivided as *aharaja*, *viharaja*, *manasika*, *acharaj*, *samsargaja*, *krimija*, *kulaja* *nidana* etc.

Palmoplantar psoriasis is a chronic autoimmune disease characterized by the rise of desquamative plaques on the palms and soles. In this review, explored different treatment regimens for palmoplantar psoriasis. According to Acharya Sushruta, the fourth skin layer is called *Tamara*. Its *dushti* occurs in *vipadika* and Acharya Charka also says fourth skin layers involved in *kushtha*. In modern science, epidermis thickens, and blood vessels in the dermis widen.<sup>[9]</sup> The aim of this study is to do critical review about *nidan* and *chikitsa* of *vipadika* with special reference to palmoplantar psoriasis.

## MATERIAL AND METHODS

The material was collected from following *Samhita*, books and websites.

**1. Bruhattra:** Charak *Samhita*: This information is from the *chikitsa sthan* (*Kushtha chikitsa*), *nidan sthan* (*Kushtha nidana*), *Viman sthan*. The information about the *nidan* is collected from *Grahanidosha chikitsa*. *Kshudraroga Nidan*, Chapter thirteen from *Susruta Samhita* and *Kusthashivtrakriminidana* from *Vagbhata*.

**2. Laghuttra:** Madhava *Nidana*: *Adhyaya* 49, *Bhavaprakasha*: *Kshudra Roga*

**3. Website and Various articles:** A complete textbook on *Kushtha* (Skin Disorder) by Dr. Deshmukh. [www.ncbi.nlm.nih.gov](http://www.ncbi.nlm.nih.gov). Critical analysis on *Vipadika Ghrita-taila*- A classical medication for *vipadika* (Palmoplantar psoriasis)

An Ayurvedic Manual on External Route Diseases. Davidson

**Methodology:** The study was chosen as *Vipadika* as an example and limited to publication in the English language. However, the word *Planter Psoriasis* does not appear in the glossary of *Ayurveda*. *Kushtha* is the general term used for skin diseases, so the topic was chosen.

In this article *nidan* and *chikitsa* of *Vipadika* are highlighted. *Hetu* (*nidan*) is the most important part in *samprapti* and *chikitsa* of *Vipadika*. And its correlation with palmoplantar psoriasis is explained in this article.

## DISCUSSION

Discussion is made on the *nidan panchaka* since it includes *nidan*, *purvarupa*, *roopa*, *samprapti*, and *chikitsa*.

### 1.1 Nidan<sup>[10][11]</sup>

#### 1. Aharaja Nidan:

*Virudha Ahara* for *Kushtha*: *Virudahara* like Intake of *Mulaka*, *Lashuna*, *Gramya*, *Anupa*, *audaka* *Mamsa*, intake of *Chilchima* fish with milk. Milk with *nimbuka* etc. For example, *Chilchima* fish is *ushna virya* and milk is *sheeta virya*, so this is the example of *virya virudaahara*.

*Mithya Ahara Hetu* for *Kushtha* - Improper food habits is another major causative factor of *Kushtha*. When *Ahara Vidhi* *vishesha ayatanani* are not followed it is called *Mithya Ahara*.<sup>[12]</sup> *Mithya Ahara* deranges the digestive power of *Jatharagni* and also causes *Dushti* of *Grahani*. Thus the food doesn't get digested properly leading to the generation of *Ama*.<sup>[13]</sup> As *Grahani* is also *dushita*, *Ama* undergoes putrefication and *Amavisha* is generated. So along with *Kushtha*, other diseases which can be formed due to *Ama* are *Amavisha*, *Grahani Dushti* etc.<sup>[14]</sup>

*Adhyashana*:-Taking food even before digestion of previous meal is called *Adhyashana*, which leads to the formation of *Amavisha*. These factors are the root cause of all diseases which are produced due to different permutation and combination of *Dosha* and *Dushya*.

*Atyashana*- *Atimatra Ashana* is- "Amapradoshahetu". *Ahita bhojana* where one takes *Atimatra ahar* (excess food) and *Akala ahar* (at an improper time) leads to *dushti* in *Annavaha Srotas* and also disturbs the *Pakaprakriya* (Process of food digestion).

*Vishamaashana*- Taking food at an irregular time is called *Vishamaashana*. It produces *Vishama Agni*.<sup>[15]</sup> It also causes *vata prakopa*.

Ajirne Anne- Intake of food in a state of indigestion is called Ajirne Anne. According to Acharya Charak, taking food in a state of indigestion is known to cause Grahani dushti. Ajirna, Adhaysahana cause Agnimandya and Dushti in Pureesha Vaha Srotas.<sup>[16]</sup> Both of them also vitiate Rakta. If this pathology continues for a long time Kushtha may be produced.<sup>[17]</sup> Continuous and excessive use of Madhu, Phanita, Mulaka, etc. in the state of Ajirna causes dushti of Grahani and produces Ama.

Excessive Guru, Snigdha, and Drava: Taking excessive Guru, Snidgha Ahara produces dushti in Rasavaha Srotas. Guru Ahara causes Dushti of Mamsavaha Srotas.<sup>[18]</sup> The excessive Drava does dushana of Raktavaha srotas.

## 2. Viharaj Nidan:

If swift changes like cold to hot and vice versa take place, without judiciously following the rules of gradual change, this causes dushti in Swedavaha Srotas. Unknowingly diving in cold water or drinking cold water in fear, exhaustion, or hot sunlight causes the same effect. Swedavaha Srotas is also vitiated due to Krodha, Shoka, and Bhaya and may predispose to skin disorders.<sup>[19][20]</sup>

**Suppression of urge** of vomiting can cause Kushtha. An urge for vomiting is only<sup>[21]</sup> present when the *Doshas* are dislodged from their seat and are ready to be expelled (Utklishta Avastha) but when the urge is suppressed, Utklishta *doshas* cannot be expelled out. These dislodged *Doshas* initiate the Vyadhi.

**Divaswapna**<sup>[22]</sup>: Sleeping in day time after eating food vitiates Kapha, Pitta and leads to Kandu, Kotha, and Pidika. It is also said that daytime siesta after abhishyandi and guru diet causes dushti of Mamsavaha srotas and Medovaha Srotas.<sup>[23]</sup>

**walking barefoot** for long distances will cause cracks in the foot.<sup>[24]</sup>

**3. Achara Nidan**<sup>[25]</sup>: Behavioural misconduct, antisocial, sinful activities, and other culpable activities are considered under this heading. Due to Raja and Tama *Doshas*, the Manas is always in search of materialistic pleasures, and to satisfy its desires, it is always doing good and bad deeds (Papa karma). Chinta, Bhaya, Krodha are Vata Prakopak Nidana. Bhaya, Krodha and Shoka produce Dushti of Svedavaha Srotas. Chinta causes Dushti of Rasavaha Srotas.

## 4. Other Nidan: Samsargaja Hetu<sup>[26]</sup>

*Kushtha* spreads through *Prasanga*, *Gatrasamsparsha*, *Nihishwasa*, *Sahabhoja*, etc from one man to another. *Kushtha* is *Adi Bala Pravritta Vyadhi*. *Kushthayukta*

*Shukra* – *Shonita* results in the birth of a child who is more likely to get Kushtha.

**Krimija Hetu:** Krimi may be taken as one of the causative factors for Kushtha.<sup>[27]</sup>

**Chikitsa Vibharamsajanya Hetu:** Stambhana in the initial stage of diseases like Raktaarsha, Raktapitta, and Amatisara<sup>[28]</sup> can cause Kushtha. Stambhana might lead to Tiryaka Gati of *Dosha* and hence cause Kushtha. Kushtha has been mentioned as Rakta *Pradoshaja* and Santarpanajanya Vyadhi.

## 1.2 PURVROOP OF KUSHTHA

Though there is no specific description about Purvarupa of *vipadika* in the classical texts, being a variety of Ksudra Kushtha, the samanya purvarupa of Kushtha may be considered, they are aswedana, ati swedana, parushya, ati shlakshnata, vaivarnyam, kandu, nistoda etc.<sup>[29]</sup> Among these purvaroope we can find parushya, kharatva, kandu as purvarupa of *vipadika*. Due to various nidanas there is mainly vata vriddhi followed by kapha, parushyata or kharata may occur even before the manifestation of cracks and also due to excessive dryness, there will be a tendency for itching so these can be considered as the purvaroope of *vipadika*.

## 1.3 ROOP OF VIPADIKA

Pani and pada sphutana, teevra vedana are the roopa mentioned by Acharya Charaka<sup>[30]</sup>, but Vagbhata along with this has mentioned other symptoms like alpa kandu, raga, pidaka in the symptoms of *vipadika*.<sup>[31]</sup> The cracks in the palm and sole are due to the vitiated vata *dosha*, which causes rukshata of the *twak* and produces pain. This is purely vataja in nature which can be compared with heel fissures and fissures in the palm. There is a mild itching sensation which is due to vitiated kapha *dosha*, raga and pidakas may be seen in acute manifestations or any infectious conditions. These laxanas are suggestive of palmoplantar psoriasis, hand and foot eczema. Acharaya Bhavaprakash has included daha as one of the symptoms of *vipadika* along with other symptoms.

**Table1: lakshanas according to dosha and dhatu dushti**

Lakshanas	Doshas	Dhatu <sup>i</sup>
Pani sphutana	Vata	Rasa
Pada sphutana	Vata	Rasa
Vedana	Vata	Mamsa
Kandu	Kapha	Rakta
Raga	Pitta	Rakta
Pidaka	Kapha	Mamsa
Daha	Pitta	Rakta

### Signs and symptoms:

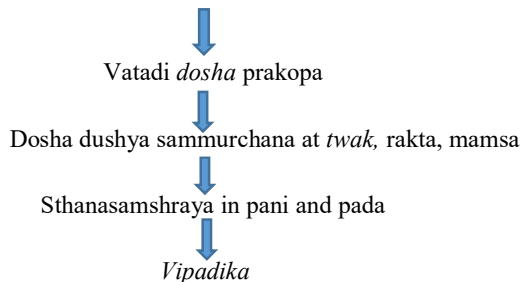
- Red patches of skin and scales typical of psoriasis on the palms and other parts on the body. It is often bilaterally symmetrical
- Palmoplantar pustulosis- the appearance of deep, yellowish pustules.

### 1.4 SAMPRAPTI

The involvement of the dosha in the samprapti can be assessed by the laxanas exhibited. The laxanas mentioned by Charakacharya are pani, pada sphutana, teevra vedana which shows that there is vitiation of vata *dosha*. Acharya Vagbhata has included other symptoms viz. alpa kandu, raga, pidaka which indicates the association of kapha and pitta *dosha* also. Acharya Bhavamishra has explained the samprapti elaborately as the prakupita *doshas* do dushana of *twak*, mamsa dhatu and take sthana samshraya at pani and pada pradesha and produce sphutana in pani and pada and pada pradesha along with that pidakas, daha, kandu may also be associated.

### Flow chart of probable samprapti of vipadika

Due to the sevan of Aharaj and viharaj hetu etc as explained above.



**Sthansanshraya:** Pani-Pada

**Vyakti:** Kshudarkushtha

**Bheda:** Vipadika.

### 1.5 sadhya asadhyata

According to Charaka, the Kushtha having all the symptoms along with complications like trishna, daha, agnimandya & krimi tend to be asadhy hence should be avoided by a wise physician. If the patient suffers from Vata-Kaphaja Kushtha or only one *Dosha* is involved, then it is easily curable. But Kushtha with deranged Kapha-Pitta or Vata-Pitta is difficult to cure.<sup>[32]</sup> According to Madhava Nidana, sadhya *kushtha* are those which are located in the Tvacha, Rakta, or Mamsa & in which Vata & Shleshma are deranged together. Yapyas are those located in Medo Dhatu or which are Dwandaj (Vata-Pittaja or Pitta-Kaphaja). Those located in the Asthi or Majja Dhatu are

Asadhy. As *vipadika* is vata-kaphaja and it is located in twacha, rakta, mamsa it is a sadhya.

### 1.6 upadrava

Upadrava caused by Vata in Kushtha maybe Krishna, and Raktha Varnata, Kshata, Shula, Toda, Karshyata, Kampa, Romaharsha, Shrama, Sthabdhata, Shunyata, Kotha, etc. Upadrava caused by Pitta may be Ushnata, Atisveda, Snigdhatata, Srava, Paka, Raktavarnata, etc. Upadrava caused by Kapha in Kushtha may be Shwetavarnata, Sheetata, Kandu, Sthabdhata, Guruta, Snigdhatata, and Upalepa.

### 1.7 Chikitsa

**1. Nidan Parivarjana-** *Nidana* or *Hetu* is the main causative factor for the disease which has a major role in *Samprapti*. Hence to stop further progression of the disease and restrict vitiation of *Doshas*, *Nidana* should be avoided. They are *Viruddhahara*, *Vega-vidharana*, *Shitoshna Krama Sevan*, etc

**2. Shodhan Chikitsa-** *Kushtha* is *Bahu doshaja*, *Kleda Pradhana Vyadhi*. In *Vata Pradhana Kushtha*, *Sarpipana* should be advised. In *Kapha Pradhana Kushta Vamana* should be administered, and in *Pitta Pradhana Kushta Virechana* and *Raktamokshana* should be performed. Sushrutacharya has advised to follow *Vamana* once in 15 days, *Virechana* once in 30 days, and *Raktamokshana* once in every 6 months, and *Nasya* once in 3 days.<sup>[33]</sup> Sushruta also explains *Shodhana* i.e. *Vamana* and *Virechana* should be done even in *Purvarupavastha*.<sup>[34]</sup> Chakrapani comments that *Dosha Nirharan* should be done frequently in *Kushtha* but *doshas* expelled should be in *Stoka Matra* i.e small amounts. Acharaya Vagbhata advice to follow *Doshanusara Shodhana karma* after *Snehapana*. *Vipadika* is a *Vata-Kapha Pradhana Vyadhi* so vata kapha hara dravyas should be used, and for vataja variety of *kushtha*, *sarpipana* has been advised. Many sneha kalpas have been discussed in the *kushtha* adhikara like *tiktaka ghruta*, *Maha-tiktaka ghruta*, *khadiradi ghruta*, *nimbadi ghruta* etc. *Basti* - both *Anuvasana* and *Asthapanabasthi* are contra-indicated in *Kushtha*. But one can find some references for specific conditions. For *Asthapan Darvi*, *Bruhati*, *Patol*, etc. are used and *Tila taila* medicated with the same drugs is used for *Anuvasana*. *Nasya* - if *Kapha Prakopa* and *Krimi Avastha* are present in *Kushtha*, *Nasya* can be advised with *Saindhava*, *Danti*, and *Maricha*. *Raktamokshana* - In *Alpavastha* of *Kushtha Pracchana karma* and in *Mahat avastha* (widely spread), *Sira vyadhana* is indicated. For this *Shring*, *Alabu*, *Jalauka* are used. In the case of *Kushtha*, extra precaution has to be taken for the execution of *Shodhana* process.

**3. Shaman Chikitsa-** Shamana therapy is very beneficial in the treatment of kushtha. Charaka has described *shamana* therapy with *tikta* and *kashaya rasa pradhan dravyas*. *Lepaksharadi Prayoga* - only after the proper *Shodhana* process, Sushruta further explains *Chikitsa* of *Kushtha* based on the involvement of *Dhatus* in *Kushtha*. The usage of *Lepa* and other *Shamanoushadhi* will positively relieve symptoms. *Vipadikahara ghruta taila* - a yamaka preparation for external application is specially mentioned for *Vipadika*.

**4. Pathya ahara & vihara:** *Laghu Anna, Tikta Shaka, Purana Dhanya, Jangala Mamsa, Mudga, Patola*, Food and Ghee prepared by *Bhallataka, Triphala, Nimba, Purana Shali, Shashtika, Yava, Godhuma, Shyamaka, Udaalaka, Mandukaparni, Bakuchi, Siddha Ghruta*. *Vihara: Abhyanga* with different *taila* or *ghruta*, using medicated *Kashayas, Parisheka* or *Avagaha* can be done. **Apathya ahara & vihara:** *Apathya: Ahara: Guru Anna, Amla Rasa, Dugdha, Dadhi, Matsya, Guda, Tila, Mamsa, Taila, Adhyasana, Ajirnasana, Vidahi-Abhishyandi Ahara. Vihara: Divasvapna, Maithuna, Vegadharana, Paapa Karma, Tapa Sevana Svedana*, etc Walking bare foot, excessive walking, exposure to mud, dust, water, winter season, etc should be avoided.

#### Therapy for palmoplantar psoriasis:

The choice of treatment to be adopted for psoriasis depends on many factors like the extent and type of psoriasis, the psychological condition of the patients, the health status of the patient, previous treatment, and age of the patient, etc.

#### Topical therapy:

- Tar Therapy:** The exact mode of action of tar in psoriasis is unknown. Tar has anti-inflammatory and cytostatic activity.
- Anthralin or Dithranol:** It is generally used in ascending concentrations. Dithranol act in psoriasis by inhibiting mitosis and thus slowing down the excessive rate of keratinocyte division in psoriasis.
- Keratolytic agents:** Salicylic acid (2-20%), urea (2-20%), ammoniated mercury (2-20%), propylene glycol solution (40 – 60%) are keratolytic agents which are used to remove scale in discoid, inveterate plaques or hyperkeratosis of palms and soles.
- Bland Preparations:** It includes soft colite paraffin or 1% ichthamol in zinc paste. These agents facilitate the easy removal of excessive scales and reduce fissure formation.
- X-ray and Grenz-ray Therapy:** Conventional X-ray treatment is rarely used today. Grenz-rays are often

helpful in selected patients with localized psoriasis that is resistant to other therapy.

- Radiation therapy:** Improvement of skin lesions is noticed in most patients subjected to natural radiation. This effect can also be brought about by exposure to artificial light twice a week.
- Phototherapy:** Ultra-violet radiation may be used either alone or in combination with other treatments in the range of (290 to 320nm) In Goekerman's therapy UVB is combined with tar application whereas in Ingram method UVB is combined with anthralin paste.
- Vit D Analogues:** The most important topical therapy is Vit D analogues. These are used as a first-line treatment in combination with the other topical treatments. They decrease the rate of epidermal proliferation. The main potent side effects are hypocalcaemia and hypercalcuria, resulting in nephrolithiasis and hypocalcaemia.
- Topical Cytostatic Therapy:** Mechlorethamine as a 0.01% -0.05% aq. solution is used, having a risk of allergic contact sensitization occurring in 80% of cases which can be lessened by combining therapy with UVB phototherapy.
- Intralesional Steroids:** The injection of intralesional steroids used for quick resolution of small psoriatic areas. It is used through a needle or pressure jet injection. It has no systemic side effects. Some of the adverse effects of this therapy are atrophy, telangiectasia, hypo/hyperpigmentation.

#### Light therapy:

Light therapy uses the artificial ultraviolet A (UVA) or ultraviolet B (UVB) light, either alone or in combination with medications.

#### Systemic therapy:

- Systemic corticosteroids:** If other drugs are contraindicated or ineffective they should be used for a short term in severe erythrodermic or pustular psoriasis. On withdrawal, psoriasis tends to relapse promptly and may rebound.
- Retinoids:** Retinoids are natural and synthetic analogues of Vitamin A. Etretnate is one of the new synthetic retinoids found beneficial in the treatment of Pustular, Erythrodermic, and chronic Plaque psoriasis.
- PUVA:** The mechanism of action is not fully understood but probably relates to an interaction of the psoralen molecule and light energy to decrease DNA synthesis and thus reduce the increased number of proliferating cells seen in Psoriasis.

- d. Anti Metabolites: i. Methotrexate ii. Hydroxyurea iii. Razoxane iv. Cyclosporin.<sup>[35]</sup>

In brief, vata is the main causative dosha for vipadika. Atichankramana, lack of timely snehan, swedana to the extremities in particular and the whole in general and other factors also cause vipadika. Because of deposition and accumulation of dirt in the split parts and the unusual intake of food (Virudha and Mithyaahara), Kandu and pidakas will be produced. The shodhan chikitsa plays an important role in the treatment of Kushtha. In the vipadika internally guggulu tiktaka ghrutha is useful. Its absorption goes up to the Rohini twak and reduces the symptoms. Tha sthanika sneha and sweda helps in removing the sthanika doshas especially vata dosha which is the primary cause for dharana of the real.

## CONCLUSION

*Vipadika* is well explained in Ayurvedic samhita. The ancient knowledge of Ayurveda will help in the diagnosis and management of *Vipadika* in the present era as well. Comparing with psoriasis treatment in Ayurveda it is seen Ayurvedic chikitsa is more beneficial than treatment explained in modern medicine.

## REFERENCES

1. Dr. Singh Devendra, Dr. Renu: Critical analysis on 'vipadika ghrita-taila'- A Classical medication for vipadika (Palmo-plantar psoriasis)
2. Agnivesha, Charak, Dridhabala, Charaka Samhita, Chikitsa Sthana, Kustha Chikitsa Adhyaya, 7/21-24, edited by Tripathi B, Reprinted ed. Chaukhambha Orientalia, Varanasi, 2006;305
3. Maharshi-Susruta, Susruta Samhita, Nidana Sthana; Kshudraroga Nidan Adhyaya, 13/28, edited by Shastri A, Reprinted ed. Chaukhambha Orientalia, Varanasi, 1976;284
4. Maharshi-Susruta, Susruta Samhita, Nidana Sthana; Kshudraroga Nidan Adhyaya, 13/28, edited by Shastri A, Reprinted ed. Chaukhambha Orientalia, Varanasi, 1976;284
5. Vagbhata, Arundata, Astanga hridaya, Nidan Sthan Adhyaya Kusthashivtrakrimindana, 14/8, edited by Garde G., Reprinted ed. Aryabhushan mudralaya, 2000;205
6. Vagbhata, Arundata, Astanga hridaya, Nidan Sthan Adhyaya Kusthashivtrakrimindana, 14/23, edited by Garde G., Reprinted ed. Aryabhushan mudralaya, 2000;206
7. Madhavakara, madhava nidana with madhu kosha teeka vijayarakshita and srikanthadatta vachaspati vaidya, Adhyaya 49/2, edited by Vaidya jadavji tricumji acharya, Reprinted ed. Chaukhambha Orientalia, Varanasi, 2010;174
8. Bhavaprakasha, Chikitsa prakarana, Kshudra Roga Adhyaya 54/10, edited by Misra B, Reprinted ed. Chaukhambha Orientalia, Varanasi 2003; 525
9. Miceli A, Schmieder GJ. Palmoplantar Psoriasis. [Updated 2020 Aug 15]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2021
10. Agnivesha, Charak, Dridhabala, Charaka Samhita, Nidan Sthana, Kustha Nidan Adhyaya, 5/3, edited by Tripathi B, Reprinted ed. Chaukhambha Orientalia, Varanasi, 2006;623
11. Agnivesha, Charak, Dridhabala, Charaka Samhita, Chikitsa Sthana, Kustha Chikitsa Adhyaya, 7/21-24, edited by Tripathi B, Reprinted ed. Chaukhambha Orientalia, Varanasi, 2006;305
12. Madhavakara, madhava nidana with madhu kosha teeka by vijayarakshita and srikanthadatta vachaspati vaidya, vaidya jadavji tricumji acharya, chaukhambha orientalia, Varanasi, reprint 2010, 49/2:174
13. Agnivesha, Charak, Dridhabala, Charaka Samhita, Chikitsa Sthana, Grahanidosha Chikitsa Adhyaya, 15/42-43, edited by Tripathi B, Reprinted ed. Chaukhambha Orientalia, Varanasi, 2006;560
14. Agnivesha, Charak, Dridhabala, Charaka Samhita, Chikitsa Sthana, Grahanidosha Chikitsa Adhyaya, 15/42-43, edited by Tripathi B, Reprinted ed. Chaukhambha Orientalia, Varanasi, 2006;560
15. Agnivesha, Charak, Dridhabala, Charaka Samhita, Chikitsa Sthana, Grahanidosha Chikitsa Adhyaya, 15/44-45, edited by Tripathi B, Reprinted ed. Chaukhambha Orientalia, Varanasi, 2006;560
16. Agnivesha, Charak, Dridhabala, Charaka Samhita, Chikitsa Sthana, Grahanidosha Chikitsa Adhyaya, 15/45-48, edited by Tripathi B, Reprinted ed. Chaukhambha Orientalia, Varanasi, 2006;560
17. Agnivesha, Charak, Dridhabala, Charaka Samhita, Chikitsa Sthana, Grahanidosha Chikitsa Adhyaya, 15/49, edited by Tripathi B, Reprinted ed. Chaukhambha Orientalia, Varanasi, 2006;560
18. Agnivesha, Charak, Dridhabala, Charaka Samhita, Viman Sthana, Strotoviman Adhyaya, 5/12-13, edited by Tripathi B, Reprinted ed. Chaukhambha Orientalia, Varanasi, 2006;699
19. Agnivesha, Charak, Dridhabala, Charaka Samhita, Nidan Sthana, Kustha Nidan Adhyaya, 5/3, edited by

- Tripathi B, Reprinted ed. Chaukhambha Orientalia, Varanasi, 2006;623
20. Agnivesha, Charak, Dridhabala, Charaka Samhita, Chikitsa Sthana, Kustha Chikitsa Adhyaya, 7/4-8, edited by Tripathi B, Reprinted ed. Chaukhambha Orientalia, Varanasi, 2006;305
  21. Madhavakara, madhava nidana with madhu kosha teeka vijayarakshita and srikanthadatta vachaspati vaidya, Adhyaya 49/2, edited by Vaidya jadavji tricumji acharya, Reprinted ed. Chaukhambha Orientalia, Varanasi, 2010;342
  22. Agnivesha, Charak, Dridhabala, Charaka Samhita, Chikitsa Sthana, Kustha Chikitsa Adhyaya, 7/4-8, edited by Tripathi B, Reprinted ed. Chaukhambha Orientalia, Varanasi, 2006;305
  23. Agnivesha, Charak, Dridhabala, Charaka Samhita, Viman Sthana, Strotoviman Adhyaya, 5/15, edited by Tripathi B, Reprinted ed. Chaukhambha Orientalia, Varanasi, 2006;699
  24. Agnivesha, Charak, Dridhabala, Charaka Samhita, Chikitsa Sthana, Kustha Chikitsa Adhyaya, 7/8, edited by Tripathi B, Reprinted ed. Chaukhambha Orientalia, Varanasi, 2006;305
  25. Maharshi-Susruta, Susruta Samhita, Nidana Sthana; Kustharoga Nidan Adhyaya, 5/32-33, edited by Shastri A, Reprinted ed. Chaukhambha Orientalia, Varanasi, 1976;251
  26. Maharshi-Susruta, Susruta Samhita, Nidana Sthana; Kustharoga Nidan Adhyaya, 5/27, edited by Shastri A, Reprinted ed. Chaukhambha Orientalia, Varanasi, 1976;250
  27. Agnivesha, Charak, Dridhabala, Charaka Samhita, Viman Sthana, Vyadhirupiyavidnyaniyam Adhyaya, 7/26-27, edited by Tripathi B, Reprinted ed. Chaukhambha Orientalia, Varanasi, 2006;712
  28. Agnivesha, Charak, Dridhabala, Charaka Samhita, Chikitsa Sthana, Raktapitta Chikitsa Adhyaya, 4/26-27, edited by Tripathi B, Reprinted ed. Chaukhambha Orientalia, Varanasi, 2006;225
  29. Agnivesha, Charak, Dridhabala, Charaka Samhita, Chikitsa Sthana, Kustha Chikitsa Adhyaya, 7/22, edited by Tripathi B, Reprinted ed. Chaukhambha Orientalia, Varanasi, 2006;302
  30. Agnivesha, Charak, Dridhabala, Charaka Samhita, Chikitsa Sthana, Kustha Chikitsa Adhyaya, 7/22, edited by Tripathi B, Reprinted ed. Chaukhambha Orientalia, Varanasi, 2006;305
  31. Vagbhata, Arundata, Astanga hridaya, Nidan Sthan Adhyaya Kusthashivtrakrimindana, 14/23, edited by Garde G., Reprinted ed. Aryabhushan mudralaya, 2000;206
  32. Agnivesha, Charak, Dridhabala, Charaka Samhita, Chikitsa Sthana, Kustha Chikitsa Adhyaya, 7/37-38, edited by Tripathi B, Reprinted ed. Chaukhambha Orientalia, Varanasi, 2006;307
  33. Vagbhata, Arundata, Astanga hridaya, Chikitsa Sthan Adhyaya Kusthachikitsitam, 19/96, edited by Garde G., Reprinted ed. Aryabhushan mudralaya, 2000;322
  34. Maharshi-Susruta, Susruta Samhita, Chikitsa Sthana; Kusthachikitsitam Adhyaya, 9/6, edited by Shastri A, Reprinted ed. Chaukhambha Orientalia, Varanasi, 1976;25
  35. Dr. Deshmukh Sourabh, Kusththant, A complete textbook on Kushtha(Skin Disorder), Chapter 1, Multi-Dimensional Approach Towards kushtha, Edition First 2019; 53

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