



Case Report

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MANAGEMENT OF VAIPADIKA THROUGH SHAMANA CHIKITSA: A CASE REPORT

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ABSTRACT

Kushta is a broad term used in Ayurveda to describe various skin diseases. It not only affects the patient physically but also their mental state. Vaipadika is Vata Kapha pradhana kshudra kushta among ashtadasha kushta. Symptoms include Panipada sputana, teevra vedana, daha, and kandu, etc. These Lakshana correlate with Palmoplantar psoriasis with symptoms like hyperkeratosis plaques, erythema, fissuring, and scaling producing significant functional disability. This study aims to show better management through Ayurvedic treatment. Case report: A 24 years female patient who is not known case of Diabetes mellitus and Hypertension, approached with complaints of blackish-red cracked lesions over bilateral palm and sole and itching and pain over cracked skin since 1½ years associated with burning sensation and bleeding or sometimes watery discharge after scratching since 1year. The condition is managed by nidana parivarjana, proper deepana pachana followed by Shamananga Snehana (oleation), Pitta rechana (purgation), internal medicines (tiktarasatmaka), bahya snehana (external application) with Taila which is given according to avasthanusara (stage wise). Observation and Result: The outcome is significant in terms of reducing erythema, itching, scales, dryness, and healing of lesions, producing noticeable improvement. Ayurvedic principles greatly improve signs and symptoms and increase the quality of life in treating psoriasis.

Keywords: Kushta, Vaipadika, Palmoplantar psoriasis, Shamananga snehapana.

INTRODUCTION

The skin is the largest organ in the body, covering its entire external surface. The skin has 3 layers—the epidermis, dermis, and hypodermis, which have different anatomical structures and functions¹. Skin provides a protective barrier against mechanical, thermal, and physical injury and hazardous substances, prevents moisture loss, and reduces the harmful effects of UV radiation. It acts as a sensory organ (touch, detects temperature) and helps regulate temperature etc. Skin conditions impact not only the physical well-being of the individual but also disrupt their mental and social health.

In Ayurveda, almost all the skin diseases are explained under the term Kushta, and is defined as “tvachaha kurvanti vaivarnya dushtaha kushtamu shanti tat. Kalena upekshetam yasmat sarvam kushnati tadvapuhu”² which means that Kushta is the one which cause vitiation as well as discoloration of the skin. It is one among ashtamahagada. Acharya Sushruta considered it under apasargika vyadhi³. It is classified into 7 Mahakushta and 11 kshudra kushta and some acharyas also considers skin diseases are innumerable⁴

The causes of kushta vyadhi include the intake of incompatible foods (viruddha ahara), excessive liquid consumption, heavy and oily meals, and the suppression of natural urges like vomiting. These factors aggravate the Doshas, leading to a decrease in digestive fire (Jatharagni mandya) and overall bodily weakness (Dhatu Shaithilyata). Specifically, Vata and Kapha are the Doshas that become primarily aggravated, causing Shaithilyata (weakness) in the Dushyas such as skin (Twak), blood (Rakta), muscles (Mamsa), and channels (Lasika), while obstructing the sweat glands (Lomakupa) and resulting in the vitiation of the

sweat channels (Sweda Vaha Srotas). The aggravated Doshas migrate into the Rasa and Rakta Dhatus, particularly affecting blood circulation, and ultimately settle in the skin, leading to kushta.

Vaipadika

Vaipadika is one among Ekadasha Kshudra kushta, with Vata kapha predominance. Cardinal Features are Panipada sputana, teevravedana⁵, other symptoms include, Kandu, Daha, Saraagapitika. For this, Acharyas have advised various treatment including Shodhana and Shamana.

Palmo plantar psoriasis

Vaipadika is correlated with Palmoplantar Psoriasis. It is a chronic variant of Psoriasis that characteristically affects the skin of palms and soles and produces significant functional disability. Research suggests that the worldwide prevalence of Psoriasis ranges between 0% and 11.8% making Psoriasis a serious global problem⁶. In India, prevalence is between 0.44% to 2.8%. About 3-4% of psoriasis patients are thought to have Palmoplantar psoriasis⁷. It results from a mix of genetic and environmental influences. The most prevalent genetic factor linked to palmar plantar psoriasis is the human leukocyte antigen (HLA) Cw6. During a physical examination, one may observe thick hyperkeratotic plaques, sterile pustules, or a combination of different forms in palmar plantar psoriasis. Hyperkeratotic plaques are the most frequently occurring subtype. Lesions are often symmetrically distributed, along with signs of erythema, fissuring, and scaling⁸.

In this case study, Ayurvedic treatment can manage Vipadika. Nidana parivarjana, Shamananga snehanapana along with

shamanaushadhi's are effective in treating Vipadika and similar skin disorders.

CASE REPORT

Chief Complaint

A 24 years old female patient who is N/K/C/O of DM and HTN approached the OPD SJIIM Bengaluru with the complaint of
1) Blackish-red cracked skin over bilateral palm and sole since 1½ year.
2) Itching and pain over cracked skin since 1½ year.
Associated with burning sensation and bleeding or sometimes watery discharge after scratching since 1 year.

History of Present Illness

The patient was healthy 1½ years ago, gradually she noticed dry skin with a papular lesion over the right index finger associated with itching, later it spread to the bilateral palm and then to the sole (Right then left). These lesions developed into wide macular lesions of varying diameter (2-5 cm) associated with itching followed by a burning sensation, cracks over bilateral palm and sole, bleeding or sometimes watery discharge after itching, and pain over cracked feet while standing and walking. Symptoms such as itching are continuous and it is further aggravated in cold climates, using detergents, soap, and reducing temporarily on taking medications and applying ointment. She took treatment from Contemporary medicines for 1yr but recurrence was seen on stopping of medication. With these complaints, the patient approached our hospital for further management.

Past history

Patient gave childhood history (at 4 years of age) of cracked heels with pain associated with difficulty in walking. These complaints got reduced after treatment from allopathy and other folklore medication but it again reoccurred after 11/2years. N/K/C/O DM and HTN

Family history: Nothing significant

Personal history

Bowel: regular/ clear (once a day), occasionally constipated
Appetite: reduced
Micturition: normal, clear 3-4 times/day
Sleep: sound
Habits: occasional intake of tea, aerated drinks
Diet: mixed

General examination

Height: 5'4 inch
Weight: 55kg
BMI: 20.44kg/m²
Appearance: Healthy
Built: Moderate
Nourishment: Moderate
Pallor: Absent
Icterus: Absent
Clubbing: Absent
Cyanosis: Absent
Oedema: Absent
Lymphadenopathy: Absent

Systemic examination

CNS: Conscious, well oriented to time, place and person
RS: Air entry bilaterally equal
CVS: S1, S2 heard, no added sounds
PA: Soft, no tenderness and organomegaly observed

Skin examination

Morphology

1. Site- B/L Palms and sole.
2. Size- Lesions which are 2-5cm in diameter (variable)
3. Shape- Circumscribed and some are irregular
4. Colour- Blackish- red
5. Border changes- Not raised.
6. Texture- Rough
7. Spatial interrelationship- Confluent in nature.
8. Moisture- Reduced (dry lesions)
9. Temperature- Raised
10. Turgor- Mild-thick lesions

Distribution

Lesions are symmetrically distributed to bilateral palm and sole.

Configuration of skin lesion

Primary lesion- Papules
Secondary lesion- Scales (whitish)

Nails

1. Colour- Pinkish
2. Shape- Normal oval shape
3. Pitting of nail plate- Absent
4. Onycholysis- Absent
5. Nail plate crumbling- Absent
6. Koilonychia- Absent

Rogi pareeksha

Astavidha pariksha
Nadi: Manduka gati
Mala: Samyak
Mootra: Prakuta
Jihwa: Ishat lipta
Shabda: Prakruta
Sparsha: Ushanata felt over the lesion
Drik: Prakruta
Akruti: Madhyama

Dashavidha pariksha

Prakruti: Pitta Kapha
Vikruti: dosha: Vata Kapha
Sara: Madhyama
Samhanana: Madhyama
Pramana: Madhyama
Satva: Madhyama
Satmya: Madhyama
Ahara shakti:

- Abhyavarana shakti: Avara
- Jaranashakti: Madhyama

Vyayama shakti: Madhyama
Vaya: Madhyama

Nidana panchaka

Nidana

- Katu ruksha Ahara – fried items
- Viruddhahara sevana.
- Mixed diet- Nonveg – weekly twice more chicken
- Dadhi sevana

Poorvaroop

- Kandu,
- pidaka

Roopa

- Blackish-red cracked skin over bilateral palm and sole (Panipada sputana)
- Itching over cracked skin (Kandu)
- Pain over cracked skin (Ruja)

- Burning sensation (Daha)
 - Bleeding or sometimes watery discharge after scratching (Srava)
- Upashaya
- Cracking and pain subsides on medication and application of ointment

Table 1: Samprapti ghataka

Dosha	Vata pradhana tridosha
Dushya	Rasa, rakta
Agni	Jatharagni
Ama	Jatharagnimandya janya ama
Srotas	Rasavaha, raktavaha, swedavaha srotas
Srotodushti	Sanga, vimargagamana
Udbhava sthana	Amashaya
Sanchara sthana	Sarva sharira
Adhithana	Twacha
Vyakta sthana	Ubhaya hasta pada
Rogamarga	Bahya rogamarga
Sadhyasadhya	Kruchrasadhya

Investigations

Table 2: Laboratory Examination

Hb %	12.6gm%
ESR	300mm/hr
Total WBC count	16,200cells/mm
Lymphocytes	4.9×10 ³ /ul
Granulocytes	10.2×10 ³ /ul
AEC	640 cells / mL

Table 3: Vyavacheda Nidana - Differential diagnosis of Vipadika and Padadari

Vipadika	Padadari
Vata Kaphaja	Vata
Seen in both hands and foot	Seen only in the foot
Saruja, Srava, Kandu	Saruja

Table 4: Modern Differential diagnosis of Vipadika [PPP]

Palmoplantar Psoriasis	Tylosis (Palmoplantar Keratoderma)	Hyperkeratotic Eczema of hands and feet
Definition- A chronic inflammatory skin disease that affects the palms of the hands and the soles of the feet and produces functional disability ⁹ . It is associated with itching, soreness, burning, pain, and fissuring that can cause marked physical discomfort.	It is a heterogeneous group of hereditary disorders defined by excessive epidermal thickening of palm and soles ¹⁰ .	It is defined by sharply demarcated areas of hyperkeratosis or thick scaling on the palms, possibly extending to the palmar aspects of the fingers. Plantar aspects of the feet can be involved as well ¹¹ . There is little or no redness, and vesicles are absent.
Pattern- Sharply outlined, erythematous, scaly plaques with hyperkeratosis and Absence of pustular lesions	Diffuse/focal/striate/punctate Transgradiens/ progrediens Mutilating/ sclerosing Waxy appearance Glove-and-socks distribution	Typically presents as sharply demarcated, hyperkeratotic, and fissured lesions in the middles of both palms and soles. There is little or no redness, and Vesicles are absent.
Itching- moderate itching present	Present	Severe itching
Auspitz sign- positive	Negative	Negative

Vyadhi nirnaya

Vaipadika- Palmoplantar Psoriasis

Informed Consent: Informed consent was obtained from the patient.

Ethical Consideration: The case study was conducted as per ICMR National Ethical Guidelines for Biomedical and Health Research Involving Human Participants.

Treatment advised

Table 5: Shamana treatment adopted and Changes observed by patient

Date and Duration	Medicine Advised	Observation
16/02/2024 to 28/02/2024	1. Arogyavardhini vati 1 BD After food 2. Vidangadi loha 1 BD After food	Mild reduction in itching.
29/02/2024 to 18/03/2024	1. Panchatikta ghrta 2tsf BD on an empty stomach with ushnajala 2. Tab. Gandhaka Rasayana 1 BD After food with sukoshna jala. 3. Vranapahari rasa 1 BD After food 4. Jatyadi taila for E/A 5. Vipadikahara ghrta taila for E/A	20% reduction in previous complaints Dryness and erythema over skin lesions reduced Itching persists
19/03/2024 to 01/04/2024	1. Continued above-mentioned drugs 6. Haridrakhanda 1tsf BD Before food with warm milk 7. Avipattikara churna ½ tsf After food at night with sukoshna jala	Lesions over b/l palm markedly reduced Lesions over b/l feet aggravated [because of covering her feet by socks – whole night] Itching persists
02/04/2024 to 07/05/2024	[Stopped -Tab. Vranapahari rasa, Haridrakhanda, Jatyadi taila.] Continued medication- 1,2,7, and added Arogyavardhini vati 1 BD After food Triphala guggulu 2 BD After food with sukoshna jala Jeevantyadi yamaka for E/A	Lesions over palm reduced completely Lesions at foot and heels -reduced markedly, but few lesions present at the lateral aspect of b/l foot
08/05/2024 to 05/06/2024	Above mentioned medications [Stopped Gandhaka rasayana] Added Haridra khanda 1tsf in the morning Before food with sukoshna dugdha	95% reduction in complaints



DATE- 29/02/2024



DATE- 19/03/2024



DATE-02/04/2024



DATE- 08/05/2024



DATE-05/06/2024

Pasi score: Psoriasis area and severity index (PASI).

Table 6: Before treatment

Lesion	Head(H)	Trunk(T)	Upper limb(UL)	Lower limb (LL)
Erythema (E)	0	0	1	2
Thickness(induration) (I)	0	0	1	3
Scaling (S)	0	0	3	3
SUM: E+I+S	0	0	5	8
Percentage of affected area	0	0	1-9%	1-9%
Area score	0	0	1	1
Subtotal: sum × area score	0	0	5 x 1	8 x 1
Body area: subtotal × amount indicated	0	0	5 x 0.2= 1.0	8 x 0.4=3.2
Totals	0	0	1	3.2

PASI Score: H+T+UL+LL= 0+0+1+3.2= 4.2

Table 7: After treatment

Lesion	Head(H)	Trunk(T)	Upper limb(UL)	Lower limb (LL)
Erythema (E)	0	0	0	0
Thickness(induration) (I)	0	0	0	0
Scaling (S)	0	0	0	0
SUM: E+I+S	0	0	0	0
Percentage of affected area	0	0	1-9%	1-9%
Area score	0	0	1	1
Subtotal: sum × area score	0	0	0 x 1=0	0 x 1=0
Body area: subtotal × amount indicated	0	0	0 x 0.2=0	0 x 0.4=0
Totals	0	0	0	0

PASI Score: H+T+UL+LL= 0+0+0+0= 0

RESULT

Clinical observation according to the symptoms presented is explained in Table 3. The Psoriasis Area and Severity Index (PASI) score is a measurement of the discoloration, thickness, scaling, and coverage of these plaques. The range of absolute PASI scores is 0–72, with higher scores indicating greater severity of psoriasis. A score of 0 indicates no psoriasis, while a score higher than 10 suggests severe psoriasis¹².

PASI was 4.2 before treatment and 0 after treatment, details shown in above Tables 4 and 5.

DISCUSSION

Vaipadika (Palmoplantar Psoriasis) is chronic variety of ksudra kushta which not only affects patient cosmetically but also produces significant functional disability. In addition to aharaja and viharaja nidana, exposure to certain chemicals in the form of soaps/detergents, pesticides, etc., has a significant role in its pathogenesis. Similar to psoriasis, manasika nidana in the form of chinta, vishada, etc act as triggering factors for further aggravation of the disease. Hence, nidana parivarjana was advised and proper pathyapathya (having tikta rasatmaka ahara) along with satvaavajaya chikitsa was advised to the patient.

The treatment advised should be according to dosha bahulya, as vaipadika is Vata Kapha pradhana vyadhi, ghritapana is advised i.e., vatottareshu sarpipi. But before snehapana, the primary factor is the correction of Agni so deepana pachana should be done, hence Arogyavardhini vati and Vidangadi lauha were advised to the patient.

Shamana snehana that is Ghritapana internally appears to be effective in this manifestation. In rukshaavastha, snehana should be done both internally and externally. Pittaprashamana aushadhi proves beneficial in this Avastha.

Arogyavardhini vati– Rogaha sarve api mandagnou is the reason for producing many of the diseases. AV Vati with ingredients like Tikta, Kajjali, Loha Abhraka and Tamra Bhasma, Shilajatu, Chitrakamoola, etc., is deepaneeya, pachaneeya, malashuddhikari, sarvarogaprashamani. Its main ingredient is Katuki which does Pittarechana.

Vidangadi lauha with ingredients like Kajjali, Kana, Lavanga, Vidanga, Loha Bhasma, etc., which is krimikushtagni, sara (eases the movements of contents in the intestinal tract) and vanhikara.

Panchatiktaka ghrita, used as Shamana Sneha given internally to reduce the dryness, cracks, itching, etc., specially indicated in condition of Kandu, kushta, etc. It has Shothahara (anti-inflammatory) property which helps provide relief from itching and irritation and its Pittahara and snigdha property help to control the dryness present in vaipadika kushta.

Gandhaka rasayana- It is prepared out of Shuddha gandhaka along with other tikta dravyas like Guduchi, Pathya, Bringaraja, etc. It is considered Pushtim drudha deha vahnim and kandu cha kushtam jayetprayogaha. It possesses antibacterial, antiviral, and antimicrobial properties. Hence it was advised over a long period.

Vranapahari rasa- Its ingredients are Parada, Gandhaka, Haritala, Manasila, Guggulu, and triphala. Vranapahari rasa acts by its properties like Vrsya, vranaropana, kushtagna and more hence it was given.

Jatyadi taila- It consists of Jati, Nimba, Patola, Karanja Pallava, Sikta, Madhuyashti, Kushta, Haridra, Daruharidra, Katuka, Rohini, Manjishta, Padmaka, Lodra, Haritaki, Nilotpala, Tutta, Sariva, Karanja Beeja, Tilataila i.e., Pittahara and raktashuddikara dravya. Such taila was advised for external application as it does snehana along with vrana ropana.

Vipadikahara ghrita taila- Vipadikahara ghrita taila is a medicated ointment which is mentioned in Charaka Samhita as a treatment for five types of skin diseases including Vipadika. It has ingredients like Jeevanti, darvi, Manjishta, Sarjarasa, Kampillaka, tutta, Madhuchishta, tila taila, paya, ghrita etc drugs which has an effect on inflammation, itching, dryness & irritation associated with the vipadika.

Haridra khanda- In Ayurveda, Haridra Khanda is one of the well-known formulations to treat allergic manifestation, As the patient complained of persistence of kandu (with raised AEC) during follow-up, Haridra Khanda was given which is considered as kandunaam paramoushadam. By using this there will be less scratching- less crack-less pain. Hence it was given 1tsf BD with sukoshna dugdha.

Avipattikara churna- Looking into the age, Bala (Strength) of the patient, and severity of the signs and symptoms, Nitya Mridu Virechana was planned by giving Avipattikar Churna as it is mentioned in the classics that Alpaalpa Punah: Punah: Shodhana¹³. (repeated little by little cleansing) in the context of Kushtha, and Shodhana should be done with due care of Prana (vitality) as it is mentioned for Shodhana (purification) application in Kushtha “Bahusho Anurakshata Pranam”¹⁴. (with due care of vitality). Hence avipattikara churna with ingredients like Triphala, musta, vidanga, trivrut churna etc cures agnimandhya bhavan rogan and does mala mutra rechana.

Triphala Guggulu- As lesions over the bilateral foot were increased with increased itch and pain, Triphala guggulu with ingredients like Triphala, Pippali, and Guggulu does deepana. Guggulu because of its anti-inflammatory and analgesic properties relieves swelling and pain whereas triphala acts as a good anti-oxidant, to remove toxins and free radicals from the body and clear the srotas. Pippali helps in pachana karma and assimilates the food nutrients.

Jeevantiyadi yamaka- It is a classical formulation mentioned by Acharya Vagbhata in kushta chikitsa adhyaya 19th chapter made of both ghrita and tila taila along with kashaya made out of Jeevanti, Manjishta, Daruharidra, Kampillaka, Tuttya, Sarjarasa, Madhuchishta, Dugdha, etc. It has Snigdha and Snehana qualities which help to reduce the sputita tvacha in a significant way.

CONCLUSION

Kushta vyadhi manifests by entering Tvacha first and gradually it attains chronicity by affecting remaining deeper dhatus. Vaipadika is one among Ekadasha kshudra kushta mentioned by various acharyas and it is Vata-Kaphaja pradhana kushta. The Vata Rooksha Guna causes pain and extreme dryness, leading to the formation of cracks. Kandu is caused by Kapha Dosha, and Daha is due to Pitta Dosha. The dharana of mamsa and twak leads to rakthasrava and sputana as it lies above the mamsadhara kala. Mansika Chikitsa and Nidana Parivarjana play important roles in the treatment as they stops the further progression of the disease by restricting dosha vitiation. In the present case, the patient followed kushta nidanas like Katu rasa pradhana ahara, Viruddhahara Sevana, dadhi, Ati Mamsa Sevana, etc. This case study shows that Vipadika can be managed through Ayurvedic treatment. Nidana parivarjana, Shamana snehanapana along with

shamanaushadhi's are effective in the treatment of Vipadika like skin disorders. Further to stop or delay the recurrence, there is a need to undergo shodhana therapy.

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