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REVIEW ARTICLE

A Review on *Punarnavadi Kashaya* – A Polyherbal Formulation in the Management of *Vipadika* (Palmoplantar Psoriasis)

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ABSTRACT

Psoriasis is characterized by hyperproliferation and abnormal differentiation of epidermal keratinocytes. It causes great physical, emotional, and social disability. Quality of life is also significantly impaired. Disfiguration, disability, and marked loss of productivity are common challenges for people with psoriasis. Palmoplantar psoriasis is a variant of psoriasis in which there are erythematous, scaly, indurated lesions which on later stage changes to fissured plaques localized to palms and soles. It affects individuals of all ages, with an average age of onset between 20 and 60 years of age. Although only a small body surface area is affected, because of the discomfort produced, this site carries a definite significance. Based on its symptoms, it can be correlated with *Vipadika,* which is one of the types of *Kshudrakushtha*. It involves *Vata* and *Kapha doshas* predominantly and is characterized by *Pani-pada Sphutana* (Fissures in the palms and soles) and *Teevra vedana* (with severe pain). *Punarnavadi kashaya,* which is mentioned in sahasrayoga, consists of eight drugs, namely *punarnava, nimba, patola, sunti, tiktha, amrutha, darvi,* and *abhaya*. These drugs have the potential to cure symptoms such as inflammation and pain. This review paper emphasizes the probable pharmacodynamic actions of the drugs in treating palmoplantar psoriasis.

1. INTRODUCTION

Healthy skin is an indicator of general health. The skin, the largest organ of the body, is also regarded as a beauty symbol in society. Any skin illness has a negative impact on an individual's physical and mental well-being. Palmoplantar psoriasis is a widespread chronic immune-mediated, inflammatory, proliferative non-contagious skin disease that affects persons who are genetically susceptible, with environmental factors playing an important role in pathogenesis. It is present in 3–4% of all psoriasis patients. According to the WHO, the global prevalence of psoriasis is 2–3% (April 2013). In India, psoriasis prevalence ranges from 0.44% to 2.88%.[1]

Palmoplantar psoriasis is a type of psoriasis that affects the palms and soles of the skin. The illness can manifest in a variety of clinical forms, including thick scaly, hyperkeratotic plaques, erythema that causes peeling, blistering, crusting, fissures, and bleeding. Palmoplantar psoriasis represents 3–4% of all psoriasis cases. Although fissures, tissue stiffening, and hyperkeratosis are limited to the palms and soles, they have an impact on daily activities. Topical therapy is typically used as the first line of treatment for palmoplantar psoriasis. Systemic therapy is required when topical treatments fail or the condition worsens. Biologic drugs are sometimes required to maintain a satisfactory clinical response.

Palmoplantar psoriasis is a condition that cannot be directly associated with any disease stated in Ayurveda; however, it can be correlated to some extent with Vipadika, which is one of the forms of *Kshudra kushtha.* It is mostly caused by *Vata* and *Kapha doshas* and is distinguished by *Pani-pada Sphutana* (fissure in the palm and soles) and *Teevra vedana* (extreme agony).[2]

Punarnavadi Kashayam is mentioned in *Sahasrayogam*. It consists of *Punarnava, Nimba, Patola, Sunti, Tiktha, Amrutha, Darvi, and Abhaya*. The majority of these medications are *kapha–vata samana* in nature.

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2. DRUG REVIEW

2.1. *Punarnava*[3,4]

- Botanical name : *Boerhavia diffusa* Linn.
- Family : Nyctaginaceae
- Synonyms : *Sophaghni, Sothaghni, Varshabhu*

2.1.1. Classical categorization

- *Charaka* : *Vayasthapana, Kasahara, Anuvasanopaga, Swedopaga*
- *Susruta* : *Vidarigandhadi*

2.1.2. Chemical constituents

- Hentriacontane, β-sitosterol, Oxalic acid, D-glucose, Punarnavoside, Punarnavine-1, Punarnavine-2, etc.

2.1.3. Pharmacological Properties

- *Rasa* : *Tiktha,*[5,6] *Kashaya, Madhura, tiktha, katu*[7]
- *Guna* : *Rooksha*[8]
- *Veerya* : *Ushna*[9]
- *Vipaka* : *Katu*
- *Karma* : *Anulomana, Sodhahara, Mootrala, Vatasleshmahara, kaphahara rasayana, deepana*[7]

2.1.4. Useful part

Whole plant, root, and leaves.

2.1.5. Therapeutic uses[10]

- *Sotha* – Ghee prepared with decoction and paste of *punarnava* is given
- *Alarka visa – Sweta Punarnava* is given with *Dhattura* fruits.

2.1.6. Important formulations

- *Punarnavadi kashayam, punarnavasavam, punarnava mandooram, sukumara ghrtam, sodhagna lepam.*

2.2. *Nimba*[11,12]

- Botanical name : *Azadirachta indica* A. Juss.
- Family : Meliaceae
- Synonyms : *Arishta, Pichumarda*

2.2.1. Classical categorization

- *Charaka* : *Kandughna, Tiktaskandha*
- *Susruta* : *Aragwadadi, Guduchyadi, Lakshadi*
- *Vagbhata* : *Aragwadadi, Guduchyadi, Lakshadi*

2.2.2. Chemical constituents

- Nimbin, nimbidin, nimbinin, β-sitosterol, and kulinone

2.2.3. Pharmacological properties

- *Rasa* :*Tiktha*
- *Guna* :*laghu, Rooksha*
- *Veerya* : *Seetha*
- *Vipaka* : *Katu*
- *Karma* : *Kandughna, Kapha–Pitha rakthahara, Vranasodhanakara, Krimighna, Vishaghna, kapha–pithahara*

2.2.4. Useful part

- Stem bark, root bark, gum, flowers, leaves, and seeds.

2.2.5. Therapeutic uses[11]

- *Kushta – Nimba* and *Patola* together are used in different forms
- *Sitapitham – Nimba* leaves and *Amalaki* dried fruit are mixed with ghee and given regularly.

2.2.6. Important formulations

- *Kaseesadi ghrtam, jathyadi ghrtam, arogyavardhinigutika, nimbapatradi upanaha,* and *panchaguna tailam.*

2.3. *Patola*[13]

- Botanical name : *Trichosanthes cucumerina* Linn.
- Family : Cucurbitaceae
- Synonyms : *Karkasacchad, Kulaka, Bijagarbha, Pancharajiphala, Amritaphala, Tiktothama, Nagaphala*

2.3.1. Classical categorization

- *Charaka* : *Tripthighna, Trishnanigrahana*
- *Susruta* : *Aragwadadi, Patoladi*
- *Vagbhata* : *Aragwadadi, Patoladi*

2.3.2. Chemical constituents

- Nicotinic acid, Riboflavin, Vitamin-C, Thiamine, Linoleic acid, Trichosanthin.

2.3.3. Pharmacological properties[14]

- *Rasa* : *Tiktha, Katu*
- *Guna* : *Laghu, Rooksha*
- *Veerya* : *Ushna*
- *Vipaka* : *Katu*
- *Karma* : *Kapha-pithahara, rakthavikarahara, kandughna, kushtaghna, Vrishyam, Varnyam, Deepana, tridoshasamana*

2.3.4. Useful part

- Whole plant, fruits, leaves, and root.

2.3.5. Therapeutic uses[13]

- *Indraluptha* – Local application of juice of *patola* leaves will cure alopecia in 3 days
- *Medoroga* – Decoction of *patola* and *citraka,* along with *satapushpa* and *hingu,* shall be taken.

2.3.6. Important formulations

- *Patoladi ghrtam, patoladi choornam, patoladigana kashayam.*

2.4. *Sunti*[15]

- Botanical name : *Zingiber officinale* Roxb.
- Family : Zingiberaceae
- Synonyms : *Nagara, Srngavera, Visva, Visvabheshaja, Mahoushada*

2.4.1. Classical categorization

- *Charaka* : *Tripthighna, Arsoghna, Dipaneeya, Sulaprasamana, Trishna nigrahana*
- *Susruta* : *Pippalyadi, Trikatu*
- *Vagbhata* : *Pippalyadi*

2.4.2. Chemical constituents

- α-curcumene, β-D-curcumene, β and α Zingiberenes, Zingiberol, Zingerone, Gingerols, Gingerenone-A.

2.4.3. Pharmacological properties[16]

- *Rasa* : *Katu*
- *Guna* : *Laghu, Snigdha*
- *Veerya* : *Ushna*
- *Vipaka* : *Madhura*
- *Karma* : *Vatakaphahara, Anulomana, deepana, Hridyam, Pacana*

2.4.4. Useful part

- Rhizome.

2.4.5. Therapeutic uses[15]

- *Pratisyaya – Ardraka* is given with milk
- *Kaphaja arsas – Ardraka* and *Kulatha* are used

2.4.6. Important formulations

- *Ardraka rasayana, Ardraka khandavalehyam, Nagaradi kashayam, Kottamchukkadi tailam, Trikatu, Soubhagyasunti.*

2.5. *Tiktha*[17]

- Botanical name : *Andrographis paniculata* Wall ex Nees.
- Family : Acanthaceae
- Synonyms : *Bhunimba, Yavakaraphala, Yavatiktha*

2.5.1. Chemical constituents

- Andrographolides, Andrographin, Oroxylin A, Paniculides.

2.5.2. Pharmacological properties

- *Rasa* : *Tiktha*
- *Guna* : *Laghu, Rooksha*
- *Veerya* : *Seetha*
- *Vipaka* : *Katu*
- *Karma* : *Kapha-pithahara, Deepana, tridoshahara, rakthavikarahara*

2.5.3. Useful part

- Whole plant.

2.5.4. Therapeutic uses

- *Chardi* - Paste of *tiktha* is mixed with an equal quantity of sugar or honey and given.

2.5.5. Important formulations

- *Bhunimbadi choorna, Bhoonimbadi Kashaya*

2.6. *Amrutha*[18]

- Botanical name : *Tinospora cordifolia* (Willd.) Miers.
- Family : Menispermaceae
- Synonyms : *Amrtavalli, Amrta, Madhuparni, Guduchika, Cakrangi, Cakra lakshana, Somavalli*

2.6.1. Classical categorization

- *Charaka* : *Tripthighna, Vayasthapana, Dahaprashamana, Trishnanigrahana, Sthanyashodhana*
- *Susruta* : *Guduchyadi, Patoladi, Vallipanchamoola, Kakolyadi, Aragwadadi*
- *Vagbhata* : *Guduchyadi, Patoladi, Aragwadadi*

2.6.2. Chemical constituents

- Tinosporin, Tinosporide, Cordiforide, Tinosporidine, β-sitosterol, etc.

2.6.3. Pharmacological properties

- *Rasa* : *Tiktha, Kashaya, Kashaya, katu, tiktha, Tiktha*
- *Guna* : *Guru, Snigdha, laghu*
- *Veerya* : *Ushna*
- *Vipaka* : *Madhura*
- *Karma* : *Tridoshasamaka, kandughna, kushtahara, Balya, Rasayana, Samgrahi, Jwaraghna, deepana*

2.6.4. Useful part

- Stem, leaves, areal roots.

2.6.5. Therapeutic uses

- *Sleepada – Guduci swarasa,* along with *tila taila,* is given orally
- *Medya* – Fresh juice of *guduci* is used
- *Amlapitha* – Leaves of *Guduci, Nimba,* and *Patola* are made into juice and administered along with honey.

2.6.6. Important formulations

- *Amrtotharam kashayam, Amrtarishtam, Guduchi satwam, Guducyadi choornam, Amrtadi guggulu.*

2.7. *Darvi*[19]

- Botanical name : *Berberis aristata*
- Family : Berberidaceae
- Synonyms : *Katamkateri, Daruharidra, Pacampaca, Pita daru*

2.7.1. Classical categorization

- *Charaka* : *Arsoghna, Kandughna, Lekhaniya, Lakshadi*
- *Susruta* : *Haridradi, musthadi*
- *Vagbhata* : *Haridradi, Musthadi*

2.7.2. Chemical constituents

- Berberine, palmatine, oxyacanthine, karachine.

2.7.3. Pharmacological properties

- *Rasa* : *Tiktha, Kasaya*
- *Guna* : *Ruksha, Laghu*
- *Veerya* : *Ushna*
- *Vipaka* : *Katu*
- *Karma* : *Kapha-pithahara, Chedana, vrananashana, kandughna, twakdoshahara, vishahara, Kaphahara*

2.7.4. Useful part

- Stem, root, fruit, extract.

2.7.5. Therapeutic uses

- *Sweta pradara* – Decoction of *daruharidra* is given with honey
- *Kaphaja Vridhi – Daruharidra* paste is taken with cow's milk.

2.7.6. Important formulations

- *Bhringaraja tailam, Triphala ghrtam, Jatyadi tailam, Aswagandadyarishtam, Khadiradi gutika, Khadirarishtam.*

2.8. *Abhaya*[20]

- Botanical name : *Terminalia chebula* Retz.
- Family : Combretaceae
- Synonyms : *Abhaya, Kayastha, Vayastha, Pathya, Vijaya, Siva*

2.8.1. Classical categorization

- *Charaka* : *Jwaraghna, Arsoghna, Kasaghna, Kushtaghna, Prajasthapana*
- *Susruta* : *Amalakyadi, Parushakadi, Triphala*
- *Vagbhata* : *Parushakadi*

2.8.2. Chemical constituents

- Anthraquinone glycosides, chebulinic acid, tannic acid, palmitic acid, and stearic acid.

2.8.3. Pharmacological properties

- *Rasa* : *Tiktha, Kashaya, Katu, Amla, Madura*
- *Guna* : *Laghu, Ruksha*

- *Veerya* : *ushna*
- *Vipaka* : *Madhura*
- *Karma* : *Tridoshasamana, kushtahara, vranahara, Rasayana, Hridyam,*

2.8.4. Useful part
Fruit rind.

2.8.5. Therapeutic uses
- *Ajeerna – Haritaki* is taken with *nimba*
- *Amlapitha – Haritaki* powder should be given with honey.

2.8.6. Important formulations
- *Abhayarishtam*, *Agastya haritaki rasayana, Brahma rasayana, Triphala choornam, Vaiswanara choorna.*

3. DISCUSSION

3.1. Probable Mode of Action of *Punarnavadi Kashayam*

While considering *Punarnavadi kashaya*, the majority of the drugs are found to have *tiktha rasa* (87.5%), followed by *Kashaya rasa* (50%), *katu rasa* (37.5%), *madhura rasa* (25%), and *amla rasa* (12.5%). It has predominantly *laghu rooksha guna* with *guru snigdha guna* to some extent. Overall *veerya* of the *yoga* is *Ushna veerya* (75%) with some *Sheetha veerya* drugs (25%). The predominant *vipaka* are *Katu vipaka* and *Madhura vipaka*. On analyzing the *karma*, it is *tridosha shamana* in nature.

The *yoga* itself is *deepana* in nature, which helps to increase the *jataragni*, there by corrects the derangement of *dhatwagni,* thus alleviating *dhathugatha ama* at the level of *rasa* and *raktha dhathu,* leading to the formation of proper *twak*. Moreover, it is *sothahara* in nature, thereby pacifying inflammatory changes. *Tikta Rasa* and *Rooksha Guna* help in drying of *Ama*, bring out a clear *Rasa Dhatu,* and clear the *Srotas*, further helping in good circulation, making the way for proper *Dhatu* nourishment.

Tiktha rasa is *vishahara* in nature, thus helping to alleviate the accumulated *dooshivisha*. The *Kledashoshaka* property of *tiktha rasa* is responsible for removing excessive *kleda,* which in turn helps to clear the *srotases*. The *Kashaya rasa* of the *yoga* itself is *twakprasadana* and is responsible for *raktha prasadana*.

The *laghu rooksha guna,* along with *ushna veerya,* helps to increase the bioavailability of drugs. *Deepana* properties of *Patola, Sunti, Tiktha,* and *Amrutha* help to correct *jataragni,* which in turn correcting *dhatwagni* leads to the normal formation of *twak*. Likewise, this *deepana* property, along with the *anulomana* properties of *punarnava* and *sunti,* helps in the *dooshivishajanya ama pachana*. The *rasayana guna* of *abhaya* gives enough protection to the skin and helps to prevent the recurrence of the disease.

3.2. Anti-inflammatory and Anti-oxidant Activity of *Punarnavadi Kashaya*

Many pharmacological studies have demonstrated the ability of anti-oxidant and anti-inflammatory activity of *Punarnavadi Kashaya*. The majority of the drugs in *Punarnavadi Kashaya* also show anti-inflammatory activities. The phytochemicals, such as phenolics, flavonoids, and terpenoids, present in *Punarnavadi Kashaya* act as anti-oxidants, which prevent oxidative cell damage caused by free radicals. They directly interact with free radicals and terminate the chain reaction before causing serious damage to the cells. The phenolics and flavonoids act as free radical scavengers; they prevent oxidative cell damage and help in reducing oxidative stress in cells.

Free radicals generated by the proinflammatory cells generally induce an alteration in cell membrane integrity, which results in the release of arachidonic acid. The arachidonic acid released is then metabolized through the lipoxygenase pathway to produce leukotrienes, which are potent proinflammatory molecules. Thus, the free radical scavenging activity of *kashaya* helps in the inhibition of lipoxygenase enzymes and exerts its function as an anti-inflammatory agent.

4. CONCLUSION

Psoriasis is an autoimmune, inflammatory, chronic, and non-contagious disease. Palmoplantar psoriasis is a variant of psoriasis that affects both palms and soles. The involvement of various cytokines results in the inflammatory process. Any physical or chemical injury to the defective keratinocytes could also activate the synthesis and release of cytokines, thereby resulting in antigen-independent activation of T lymphocytes. This would further lead to the release of additional cytokines, followed by the proliferation of keratinocytes and T lymphocytes, resulting in inflammation.

The drugs of *Punarnavadi Kashaya* have actions such as *deepana, kushtahara, and krimighna* helps to pacify the symptoms and correct *dhatwagni mandya*, provides normal complexion, and relieves *srotorodha.* The anti-inflammatory activity of *Punarnavadi Kashaya* helps to reduce inflammatory changes. The anti-oxidant activity of *Punarnavadi Kashaya,* as well as the *rasayana* property of the drugs in *Punarnavadi Kashaya,* helps to prevent the recurrence of the disease.

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6. AUTHOR'S CONTRIBUTIONS

All the authors have read and approved the final version of the manuscript.

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8. ETHICAL STATEMENT

Ethical approval was not required for this study as it was a review article with data obtained through a literature search.

9. CONFLICT OF INTERESTS

The authors declare no conflicts of interest regarding the publication of this paper.

10. DATA AVAILABILITY STATEMENT

The data analyzed in this review were obtained from publicly available sources, including peer-reviewed articles, observational studies, and surveys accessible via databases.

11. PUBLISHERS NOTE

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REFERENCES

1. Venkatesan A, Aravamudhan R, Perumal SK, Kannan R, Thirunavukkarasu V, Shukla S. Palmoplantar psoriasis- ahead in the race-a prospective study from a tertiary health care centre in South India. J Clin Diagn Res 2015;9:WC01-3.
2. Murthy KR. Vagbhata ashtanga hrdayam. 5th ed., Vol. 2. Nidanasthana, 14/23. Varanasi: Chaukhambha Krishnadas Academy; 2009. p. 139.
3. Sastry JL. Illustrated Dravyaguna Vijnana. Vol. 2. Varanasi: Chaukhambha Orientalia; 2016. p. 437-41.
4. Ministry of Health and Family Welfare, Government of India, Department of ISM&H. The ayurvedic pharmacopoeia of India. 1st ed., Vol. 1. Punarnava. Delhi: Controller of Publications, Civil Lines; 1999. p. 126-8.
5. Kamat SD. Studies on medicinal plants and drugs in dhanvantari nighantu. 1st ed. Punarnava 1/276-277. Delhi: Chaukhamba Sanskrit Pratishthan; 2002. p. 106-7.
6. Shodhala. Shodhala nighantu. 1st ed. Punarnava, Sloka No. 147-148. Varanasi: Chowkhamba Orientalia; 2009. p. 227.
7. Sharma P. Kayyadeva Nighantu. Punarnava, Sloka No. 752-754. Varanasi: Chowkhamba Krishnadas Academy; 2017. p. 136.
8. Kamat SD. Studies on medicinal plants and drugs in dhanvantari nighantu. 1st ed. Punarnava 1/277-278. Delhi: Chaukhamba Sanskrit Pratishthan; 2002. p. 106-7.
9. Shodhala. Shodhala nighantu. 1st ed. Punarnava, Sloka No. 149-150. Varanasi: Chowkhamba Orientalia; 2009. p. 227.
10. Sastry JL. Illustrated Dravyaguna Vijnana. Vol. 2. Varanasi: Chaukhambha Orientalia; 2016. p. 439-41.
11. Sastry JL. Illustrated Dravyaguna Vijnana. Vol. 2. Varanasi: Chaukhambha Orientalia; 2016. p. 123-7.
12. Ministry of Health and Family Welfare, Government of India, Department of ISM&H. The Ayurvedic Pharmacopoeia of India. 1st ed., Vol. 2., Part 1. Delhi, Nimba: Controller of Publications, Civil Lines; 1999. p. 131-5.
13. Rajasekaran A, Periyasamy M. Hepatoprotective effect of ethanolic extract of *Trichosanthes lobata* on paracetamol-induced liver toxicity in rats. Chin Med 2012;7:12.
14. Narahari P. Rajanighantu. 2nd ed. Patola Sloga No. 24. Varanasi: Krishnadas Academy; 1998. p. 33.
15. Sastry JL. Illustrated Dravyaguna Vijnana. Vol. 2. Varanasi: Chaukhambha Orientalia; 2016. p. 519-25.
16. Kamat SD. Studies on medicinal plants and drugs in dhanvantari nighantu. 1st ed. Sunti 2/85-87. Delhi: Chaukhamba Sanskrit Pratishthan; 2002. p. 167.
17. Sastry JL. Illustrated Dravyaguna Vijnana. Vol. 2. Varanasi: Chaukhambha Orientalia; 2016. p. 888-90.
18. Sastry JL. Illustrated Dravyaguna Vijnana. Vol. 2. Varanasi: Chaukhambha Orientalia; 2016. p. 33-49.
19. Sastry JL. Illustrated Dravyaguna Vijnana. Vol. 2. Varanasi: Chaukhambha Orientalia; 2016. p. 54-6.
20. Sastry JL. Illustrated Dravyaguna Vijnana. Vol. 2. Varanasi: Chaukhambha Orientalia; 2016. p. 355-8.

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