

THE ROLE OF VIRECHANA KARMA WITH BAKUCHI CHURNA AND AV-ALGUJBEJADI LEPA IN THE MANAGEMENT OF SHWITRA (VITILIGO)

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ABSTRACT

Shwitra is a relatively common dermatological finding and one that has been observed since ancient times. It is a miserable disease of the skin which not only brings physical impairment to the body but causes mental impairment too. *Shwitra* is supposed to be the result of the *mithya aahara vihara, purva janmakrita karma* and *paap karma*. It is *twakagata raktaja vikara* described among the varieties of *Kustha*. *Shwitra* can be correlated with Vitiligo to certain extent in contemporary system of medicine. In modern science, Vitiligo is an autoimmune disease directed against melanocyte characterized by depigmented or hypo-pigmented patches. The cause of vitiligo is unknown. As per modern science its treatment includes topical corticosteroids, topical immunomodulators; phototherapy including PUVA and surgical options including autologous mini punch grafting; blister roof grafting and epidermal cell transplantation. These all modalities are not very cost effective and are having so many complications, toxicity & more side effects. Also, these therapies are not easily accessible by everyone. In Ayurvedic classics, our Acharya's have mentioned so many formulations in one disorder as per the *roga & rogi bala* which can be given either as single formulation or in the combined form. Keeping in mind the principles of Ayurveda, a review on role of *Virechana*, with internal administration of *Bakuchi Churna* and local application of *Avalgubjeejadi lepa* has been undertaken for the management of *Shwitra*.

Keywords: *Avalgubjeejadi lepa, Bakuchi Churna, Shwitra, Virechana, Vitiligo.*

INTRODUCTION

Shwitra the common depigmentation disorder described among the varieties of *Kustha* in Ayurvedic classics. *Shwitra* though not produces direct physical impairment it may considerably influence psychological wellbeing of the affected. Normal skin color depends on Haemoglobin (in both the oxygenated and reduced state), Carotenoides and Melanin pigment¹. Vitiligo is a common disorder of unknown etiology even today² It is an acquired condition in which circumscribed de-pigmented patches devel-

ops. Vitiligo is characterized by selective destruction of melanocytes of the basal layer of the epidermis and occasionally the hair follicles resulting in white patches on the skin. People with this disorder can experience emotional stress particularly if Vitiligo develops on visible areas of the body such as face, hands, arms and genitals.

Worldwide prevalence is observed as 1% of the world population.³ Highest incidence has been recorded in India and Mexico. Based on dermatologic out patient rec-

ord, it is estimated between 3-4% in India, although an incidence as high as 8.8% has also been reported⁴, irrespective of the races especially to dark skinned people.

AETIOPATHOLOGY: *Shwitra* is described in vedic literature under terms *kilasa*, *Shweta kustha* and *palitha*. Detailed description of *Shwitra* is available in almost all classical texts under *kustha roga viz. Charaka Samhita*⁵, *Sushruta Samhita*⁶, *Ash-tanga Hridaya*^{7,8}, *Bhava Prakasha*, *Madhava nidana*, *Sharandhar Samhita*, *Yoga ratnakara*, *Rasaratna samucchya*, *Vangase-na*, *Kashyapa*, *Bhaishajya Ratnavali*, *Chak-radatta*. According to Acharya Charaka, *Shwitra* is *tridoshaja twak gata, rakta pra-doshaja vikara*, one among three types of *kilasa (darun, charun, Shwitra)* and classified it on prevalence with *dhatu* involved and affected colour. *Nidana* told for it are *asatya, kritaghna bhava, ninda of devatas, guru apmana, paap kriya, poorvajanma krit karma*, intake of inappropriate diet combina-tion etc. All these factors causes disturbance of *Tridosha* mainly *Vata Pitta* and *Kapha*. After aggravation *doshas* moves and affects *rakta-mansa* and *meda dhatus* and the de-velopment of disease *Shwitra* occurs. Acharya Charaka highlighted the *sadhya lakshana* as not with thick skin *pandu varna*, spots are curable.

MANAGEMENT: In Modern Science the main stay of the treatment for vitiligo, PU-VA (Psoralin Ultra Violet Airradiation) is a too costly procedure. Many a surgical treat-ments like epidermal cell transplantation, Blister roof grafting, Autologous Mini punch grafting has been mentioned but are having some limitations.

The effective treatment is yet to be found out, as the response rate is very much

less with the present remedies available. Modern medicines are associated with so many complications & having various side effects and toxicity. Vitiligo cure can be achieved with ancient Ayurvedic herbs which are basically meant for treating the root cause of the disease. Our Acharya's has mentioned the *Shodhana* esp. via *Sransana* for the management of *Shwitra* and various formulations for oral intake and local appli-cations for the management of the disease *Shwitra*. Here *Virechana* has been undertak-en because *Shwitra* is a *raktaja vikara* and main principles for the management of *rak-taja vyadhis* are *virechana, upvaasa* and *langhana (Ch.Sutra.24)* along with local ap-plication of *Avalgubjeejadi lepa* and oral administration of *Bakuchi Churna*, as per the formulation given in *Chakradatta (Chakradatta Kushtharogadhikara)* for the management of *Shwitra*. Though *Shwitra* is a *Twatgata Raktaja Tridoshaja vyadhi* with involvement of *Bhrajaka pitta, Udana vayu* and *Shleshmaka kapha*, our *acharyas* has already been told many treatment modalities for the management of *Shwitra*.

Acharya Charaka has described the role of *Shodhana* (via *sransana* by *mal-pooras* and *guda*) and *Shamana* by means of different *churna, vati, lepa, aasava, arishta, kwatha* for *Shwitra* management. He also mentioned *Kusthavata Chikitsa* for the man-agement of *Shwitra* as *Upvaas –langhana -virechana {raktaja vyadhi vat chikitsa as Shwitra is twakgata raktaja vikara (Ch.sutra.24)}*.

LITERARY REVIEW OF PRESENT TREATMENT PLAN: Keeping these prin-ciples in mind the following regime can be chosen for the management of *Shwitra* via *Virechana* by means of *Nishothadi yoga*

(Chakradatta Ch.50) followed by local application of *Avalgubeejadi lepa* (Chakradatta Ch. 50) and oral intake of *Bakuchi churna* (Chakradatta Ch.50).

(i) **VIRECHANA** as *Shodhana* therapy via *Nishothadi yoga* (*Nishotha-Dantimoola-Triphala* in equal parts) has got significant role to play in the management of *Shwitra*. Here *Nishotha* is *kapha-pittahara* & *rechana* in action. *Dantimoola* is *kaphavatahara*, *dipana* & *kushthahara* in action. In *Triphala* there is *Haritaki* which is *tridosahara*, *anulomana* and *rasayana* in action. *Vibhitaki* is *kapha-pittahara* and *Bhedana* in action. *Amalaki* is *tridosahara* & *rasayana* in action. *Triphala* is mild and gentle laxative in action, is seen due to presence of some purgative principal of anthraquinone.⁹

All these drugs are having *Tridosha Shamaka* property thus bringing the *Doshas* to near a state of equilibrium. In *Shwitra* there is *Sroto Dushti Lakshana Sanga*, *Nishothadi Shodhana* yoga might remove the *Sanga Srotodushti* and prepare a path for *Shamana* drugs to act on pathogenesis of the disease. So overall role of *Virechana* on one hand is to tackle the pathogenesis and another is to improve better drug absorption. *Virechana* is the choice of therapy for the management of *Shwitra*. In addition to the acceptability and popularity it is considered as the best treatment for removal of morbid and increased *pitta*, and it is more useful in eradicating the disease originated from the vitiated *pitta doshas* from the body and purifies the blood, by removing the toxins from the body. *Pitta* is closely related with *agni* which is responsible for the digestive & metabolic process in the body. Thus refined

pitta will aid in restoring the normal complexion.

Mechanism of action: Retention of Intraluminal fluid by hydrophilic or osmotic mechanism, Decrease in net absorption of fluid by affecting the small and large bowel fluid and electrolyte transport, effect on the motility of the intestine either by inhibiting the segmenting contraction or stimulating the propulsive contraction.¹⁰

(ii) **BAKUCHI CHURNA AS ORAL ADMINISTRATION** (containing psoralin substance)¹¹ In *Shwitra*, *srotodushti* is removed by the *Katu Tikta rasa*, *Ruksha guna* and *Katu vipaka* of the. *Bakuchi* content increased the rate of synthesis and amount of melanin and hence encouraging skin to recover from a vitiliginous state.¹²

The mode of action on skin is depends on the nature of drugs used. The nature of *Ushna* leads to diminution of *Kapha* and *Vata dosha*. *Laghu* and *Ruksha Guna* subsides the *Kapha Guna*. *Katu Vipaka* helps the *Shodhana* of *Srotas*. Also *Ushna* properties help the *Agnideepana* and *Pachana*. It has properties like *Kushthaghna*, *Kaphavatahara* and making promote shining of skin.¹³

(iii) **AVALGUBEEJADI LEPA** which is thought to be the best aspect regarding the skin diseases enhances the luster, texture and strength of the skin.

Here *Avalgubeejadi lepa* containing *Avalgubeeja churna*: psoralin containing substance, *vata-kapha shamaka*, *kushthahara*, *krimihara* and *kilasahara* in action. The drug appears to have a purely local action with a specific effect on the arterioles of the subcapillary plexuses, which are dilated so that the plasma is increased in this area. The skin becomes red and the melanoblasts (pigment forming cell) are stimulated. In

Leucoderma, melanoblasts do not function properly and their stimulation by the drug leads them to form exudates pigments, which gradually diffuse into the white leucodermic patches. The exposure of affected area of skin applied with *Bakuchi Lepa* in early morning sunlight leads to favourable milieu for promoting the growth, migration and proliferation of melanocytes¹⁴ because of the interaction of ultraviolet rays with *Bakuchi*, it not only proliferate the melanocytes but also prevents the autoimmune activity of the disease¹⁵ Psoralen has been found to intercalate into DNA, where they form mono- and di-adducts in the presence of long wavelength UV light and thus are used for the treatment of hypo-pigmented lesion of the skin such as leucoderma.¹⁶

Hartala which is *kaphaghna, kushthghna, visarpahar, raktadushtihara* and

Gomutra which is also having *vata-kapha shamaka, kushthahara, krimihara* and *ki-lasahara* action¹⁷

DISCUSSION

Shwitra is a major skin problem worldwide. It is idiopathic acquired as well as congenital circumscribed depigmentary condition which is characterized by the appearance of white patches on the skin. It is a noninfectious, non-exudative disease involving mainly *Twaka* and not invading deeper *Dhatu* in true sense. *Shwitra* may correlate to Vitiligo due to their similar clinical presentation. Vitiligo is a chronic autoimmune disease involving white patches of pigmentless skin on various parts of the body. It is a chronic skin condition characterized by portions of the skin losing their pigment. It occurs when skin pigment cells die or are unable to function. Loss of pigmentation cells produces white and pink

patches on the skin and because of pigmentation cells destroying any part of the body may be affected by Vitiligo skin disorder.

Probable mode of action of Virechan therapy: *Virechan* Drugs having the property like *Ushna, Tikshna, Sukshma, Vyavayi* and *Vikasi* by virtue of their own potency it reaches the heart and circulates through the vessels. Due to their *Ushna* nature, they liquefy the compact *doshas* and because of their *Tikshna guna*, they separate the adhered *doshas* located in the gross and subtle channels of the entire body, from which *doshas* flows towards the gastro-intestinal tract, this morbid material reaches the stomach and gets propelled by *Udana Vayu*. Due to predominance of *prithvi* and *jala mahabhutas* in these purgative drugs it causes downwards movement of *Doshas* from the *koshtha* and leads to the expulsion of unwanted toxins from the body.

Mode of action of Bakuchi Churna and Avalgubeejadi lepa: *Bakuchi* contain rich source of copper and highest amount of furcoumarin. *Bakuchi* has got *katu, tikta rasa, ruksha* in *guna* and *katu* in *vipaka, ushna* in *virya*. *Bakuchi churna* have strong antioxidant properties. *Bakuchi* increases the blood circulation locally, thus provide nutrition to the cells present there and helps in the adequate formation of *Bhrajaka Pitta* in the skin.

The entire content of *Avalgubeejadi lepa* are *Tikta pradhan*. *Tikta rasa* causes *ama pachana* and pacify the *Pitta dosha*. All the drugs have *Vata-Kapha nasak* property. In modern these drugs possess Anti-inflammatory and immunomodulating property. Application of *lepa* followed by exposure to sunlight which helps in stimulating melanocytes for-

mation.¹¹, a photo-reactive substance, which is used in the Vitiligo..

CONCLUSION

Shwitra though difficult to cure by other system of medicines, but can be managed successfully with the knowledge of ancient system of medicine by using *shodhana* and *shamana chikitsa* after considering the *roga-bala, rogi-bala, dosha, dushya, prakriti* of the patient. Hence the Ayurvedic treatment modalities like *Virechana*, oral intake of *Bakuchi churna* and local application of *Avalgubeejadi lepa* can be prescribed as a worth full procedure considering the effective and safe regimen for *Shwitra* (Vitiligo).

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