

## REPIGMENTATION EFFECT OF *SWITRAHARA YOGA* AND *SAWARNAKARA LEPA* IN *SHWITRA* PATIENTS

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### ABSTRACT

**Introduction:** *Shwitra* (vitiligo) is a common skin disorder causing depigmentation, affecting about 1% of global population. Although neither lethal nor symptomatic, the effects of vitiligo can be cosmetically and psychologically devastating. **Aims:** To assess repigmentating effect of *Shwitra hara Yoga* (internal) and *Swarnkara lepa* (external) in the cases of *Shwitra*. **Material and methods:** The study was conducted on 22 patients of *Shwitra* were selected from the State Ayurvedic College and Hospital Lucknow, these patients were treated with *Shiwtrahara Yoga* internally and *Sawarnkara lepa* was applied on depigmented patches followed by sun exposure for 3 months. The assessment of therapy was done on the basis of changes of the colour of the skin patches and measuring surface area of white patches were baseline score was compared with after treatment measurement. The effect was analyzed by Mann Whitney U test, **Conclusion:** *Switraharyoga* and *Sawarnakar lepa* application is an effective regimen for the patients of *Shwitra*.

**Keywords:** *Shwitra*, vitiligo, *Shwitrahara Yoga*, *Sawarnkara lepa*

### INTRODUCTION

Vitiligo is one of the common dermatological problems in India having 4% prevalence in India while worldwide prevalence is approximately 1%. In a study 50% of the participants reported the onset of disease before the age of 20<sup>1</sup>. No definitive precipitating factor responsible for initiating vitiligo has been established and the basic pathogenesis in general still remains unknown although familial aggregation of vitiligo is seen up to 30% of vitiligo patients<sup>2</sup>. It is not inherited as an autosomal dominant

or recessive trait, but rather seem to have a multifactorial genetic basis.

The conditions most frequently associated with vitiligo are other autoimmune disease; these include type 1 diabetes mellitus, pernicious anemia, hashimoto's thyroiditis, grave disease, addison's disease and alopecia areata which in total effect 32% of family members of patient with vitiligo<sup>3</sup>.

Though the contemporary medical science tries to treat this condition with different types of

repigmentation therapies like topical steroid, topical psoraline with ultra violet A (PUVA), narrow band ultra violet B irradiation, placental extract, surgical intervention (grafting) but, fail to offer satisfactory result. Photochemotherapy (PUVA) which is most commonly used for the treatment of vitiligo in contemporary medical science requires close monitoring for cutaneous carcinogenic effects.

An indigenous compound *Shwitrahara yoga* for the internal treatment of *Shwitra* and *Sawarnakara lepa* was selected for the local application which is mentioned in *Ashtang Hridaya- Shwitarogadhika*<sup>4</sup>. *Sawarnakara lepa* contains *Bakuchi* and *Hartal* to which *Bhawna* of *Gomutra* is given. Seeds of *Bakuchi* are known to be most effective when applied locally on the patches of *Shwitra*<sup>5</sup> and *Hartala* induce lymphocyte proliferation and macrophage function and induce melanosis.<sup>6</sup> *Switrahara Yoga* consists of *Bakuchi*, *Aparajita Kala Tila*, *Khadir*. *Bakuchi* and *Khadir* have immunomodulating and rejuvenating effect on melanocytes. *Aparajita* is known to have nootropic effect which help to reduce stress and black tila seeds corrects deficiency of copper, so due to multidirectional approach these drugs are selected to assess repigmentating effect of *Shwitrahara Yoga* (internal) and *Sawarnakara lepa* (external) in cases of *Shwitra*.

## MATERIALS AND METHODS

### Selection of Patients

For the purpose of clinical trial, the patients of *Shwitra* (vitiligo) presenting with hypopigmented or depigmented patches on the both upper limb, lower limb and trunk were selected from OPD and IPD of State Ayurvedic College irrespective of their sex, caste, religion.

### Inclusion Criteria:

1. Patient able to give consent for the clinical trial.
2. Patient between age of 16 to 60 years.
3. Patient with chronicity of less than 3 years.

### Exclusion Criteria:-

1. Hypopigmented or depigmented skin lesions due to burn, old scar injury and infectious disease like leprosy and pityriasis alba.

2. Patient having hypopigmentation associated with sensory motor loss.
3. Patient having chronicity more than 3 years.
4. Depigmentation due to endocrinal disorders.

### METHOD OF PREPARATION OF DRUG:

*Bakuchi*, *Aparajita*, *Kala Tila*, *Khadir* were taken from the main store of State Ayurvedic College and Hospital, Lucknow and *Shuddha Hartala* was taken from Rajkiya Ayurved evam Unani Aushadhi Nirmanshala, Lucknow and authenticated by ingredients by a department of Dravya Guna and Ras Shastra, State Ayurvedic College and Hospital, Lucknow.

**Method of preparation of *Shwitrahara Yoga*** - *Bakuchi* seeds, root of *Aparajita*, *Khadira* heart wood and *Kala tila* were cleaned, dried and fine powder was prepared. *Bakuchi* was dipped in *Gomutra* for 7 days then dried and fine powder was prepared. Churna was mixed properly in ratio of 2:1:1:1 were *Bakuchi* was double of all other ingredients.

**Method of preparation of *Sawarnakara Lepa*** - *Shuddha Hartala* was mixed with 4 times *Shuddha Bakuchi Churna*, packed.

**Posology** 5gms of *Churna* was given orally empty stomach in the morning and *Lepa* was advised to prepare with *Gomutra* and was applied locally on the skin patches followed by sun exposure for 5 mints either before 8:00 am or after 4:00pm, Duration can be increased up to half an hr according to the season and sensitivity of the skin.

**Investigation:** Hb gm%, TLC, DLC, ESR, Liver Function test, renal function test was done before and after treatment to see the status of the patient.

***Pathya Apathya*** Patient advised to take *Mudag*, *parval*, seasonal rice, *Methi*, easily digestible diet and water stored in copper container along with regular exercise and they were also advised not to take milk, curd, fish, egg, meat, pickles, chilies, brinjal, and heavy diet during the course of the treatment.

## RESULT

**Table 1:** Comparison of mean change in - COLOUR

Before treatment	After treatment	Mean change	z-value	p-value <sup>1</sup>
2.91±0.42	1.18±0.58	1.72±0.70	7.40	0.0001*

<sup>1</sup>Wilcoxon rank sum test, \*Significant

**Table 2:** Comparison of mean change in- SURFACE AREA OF SKIN LESION

Before treatment	After treatment	Mean change	z-value	p-value <sup>1</sup>
4.95±0.21	4.00±0.75	0.95±0.83	6.21	0.001*

<sup>1</sup>Wilcoxon rank sum test, <sup>2</sup>\*Significant

## DISCUSSION

### Discussion on Therapeutic Observation and Result :-

**Colour of skin lesion:** Change in colour of skin lesion i.e. repigmentation was found in all the patients. In most of the patients hypopigmented lesion were of grade 3 only and repigmentation was reported on first visit i.e. on 15<sup>th</sup> day then gradually normal colour of the skin was gained.

### Surface area of skin lesion:

Decrease in size of hypopigmented area was highly significant (P<0.05) when compared baseline score to the after treatment status. During repigmentation process, two patterns were observed. First pattern was repigmentation of the lesion from periphery to centre. Second pattern was perifollicular repigmentation which later on changed into the normal skin colour, In some cases re-pigmentation areas were hyperpigmented and thus appear darker than the surrounded normal skin, was found skin with hairs responded better to the treatment then the lesion which were on palm and sole.

was perifollicular repigmentation later on changes into the normal skin colour. Thus the regimen may prove a efficacious medicine for *Shwittra*. Further clinical trial may be done to establish it as drug of choice for *Swittra*.

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## CONCLUSION

The present study indicates that *Shwitrahara yoga* and *Sawarnkara Lepa* are promising drugs for *Shwittra*. It was also observed during the study that in some of the patients *Kandu* (itching), *Daha* (burning sensation) and blister formation occurs in some of the patients and these patients shows early repigmentation. Two patterns of repigmentation were observed first pattern was repigmentation of the lesion from periphery to centre. Second pattern

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