

## CLINICAL EVOLUTION OF “ARAGVADHADYA TAILA” IN THE MANAGEMENT OF SHVITRA ROGA, W.S.R. TO VITILIGO

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### ABSTRACT

Modern civilization has changed the concept of diet and lifestyle, adding to our day-to-day comfort but leading to various disagreeable acute and chronic elements. Today world expects and wants to verify the most ancient medical system, the Ayurveda for various elements. According to Ayurveda due to frequent indulgence in *Mithya Ahaara Vihara* (wrong diet and deeds), *Virudha Ahaara* (Incompatible Diet) and *Pragyapradha* (Intellectual errors) the incidence of various psychosomatic disequilibria including dermatological diseases like *Kushtha* (skin disorders), *Kilasa* (Vitiligo) are increasing very rapidly, which are not only disturbing the physical health but also producing the mental trauma by cosmetic disfigurement. In the last few decades *Shvitra* (Vitiligo) has immerged as a disease for the individual and a problem for the nation by affecting more and more people per year, In India Gujarat and Rajasthan are declared endemic to it. The modern system treatment employed for vitiligo is unsatisfactory, Ayurveda has a lot of offers in the direction of the treatment of *Shvitra* with its herbomineral compound. Keeping this view in mind we have decided to work with the classical formulation. *Aragvadhadya taila* has been considered for the study. This oil was pharmaceutically prepared, and the clinical results were evaluated on the framed patients of *Shvitra Roga*. The paper highlights the observations and results of using *Aragvadhadya taila* (oil) on *Shvitra Roga*.

**Keywords:** *Shvitra* (Vitiligo), *Aragvadhadya Taila*

## INTRODUCTION

Ayurveda is a highly evolved and codified system of life and science-based on its own unique and original concepts like *Tridosha theory* (Tri humour theory), *Panchamahaboota* (Five Basic Elements) theory *Saptadhatu theory* (Body tissue concepts), concepts of *Agni* (Biofire), *Mana* (Mind), *Atama* (Spirit) and various type schedules and regimen viz –*Dinacharya* (Day Regimen), *Ratricharya* (Night Regimen), *Ritucharya* (Seasonal Regimen), *Achara-Rasayana* (Ethical Conduct), *Sadvritta* (Code of Conduct), *Bramacharya* (Celibacy) etc. Ayurvedic medicine has attracted the interest of the whole medicinal fraternity towards it because of its holistic approach, safe medications and a range of unique therapeutic modalities. The preparation of drugs and their clinical applications require great attention. The effort behind this is to bring required results in small doses and that too by safe ayurvedic preparations. The success of the treatment depends upon the skilful preparation of genuine drugs and their application against the diseased condition.

In Ayurvedic dermatology, several skin diseases have been described in *Kushtha-rogadikara*, *Ksudra-rogadikhara* mainly and with another disease in a scattered pattern. The word *Kushtha* means disfiguration of the body which can be denoted for *Shvitra* Roga also. The disease concerned to this dissertation *Shvitra* a common depigmentary disorder of great medico-social significance, among dark races. The classical formulation is arresting the progress of the disease *Shvitra* effectively. Various types of skin disorders described in modern sciences can be covered up under the eighteen types of *Kushtha* Roga in which seven types of *Mahakushtha* (Major skin diseases) and eleven types of ***Kshudra Kushtha*** (Minor skin diseases)

The word Leukoderma means "to have white skin". It is an acquired de-pigmentation of the skin. There would be a gradual loss of pigment called melanin from the dermal layers that results in white patches. These patches look bad, especially in persons having dark complexions. Leukoderma can occur at any age, person and in any kind of skin. Accordingly, to Acharya Charaka the disease is incurable as it invades

deep Dhatus.<sup>[1]</sup> *Shvitra* is a type of *Kilasa* where *Dosha* invades to deepest *Dhatu* i.e., *Meda*. So *Shvitra* is more incurable compared to *Daruna* and *Aruna*. Aetiology described by Acharya Charaka shows that from a modern point of view it should be idiopathic in origin. Although Acharya Vagbhata and Acharya Sushruta also mentioned *Shvitra* due to burning or trauma<sup>[2]</sup>. Acharyas did not mention the treatment of *Asadhya* variety, but Acharya Charaka has mentioned the treatment by the name of *Shvitra* and has not mentioned the treatment of *Daruna* and *Charuna*. It is not by the rules of the text that does not describe the treatment of *Sadhya Vyadhi* and mentions the treatment of *Asadhya Vyadhi*. Acharya Sushruta used the term *Kilasa* to describe the *Nidana* and *Samprapti* of the disease but while describing the treatment in *Chikitsa Sthana*, he used the word *Shvitra*<sup>[3]</sup>.

*Shvitra* is very progressive like Vitiligo and also very difficult to treat. As the *Bhrajaka Pitta* is responsible for the normal texture of the skin so the drugs having *Deepana*, *Pachana*, *Krimighna*, *Raktashodhaka*, *Pittashodhaka*, properties capable of maintaining normalcy of *Bhrajaka Pitta* should be used for the purpose. There are so many types of yoga depicted in our Ayurvedic literature for *Shvitra Roga* *Aragvadhadya taila* is one of them as per the *Bhaishajya Ratnavali* given in the context of *kushtha Roga*<sup>[4]</sup>.

The modern treatment of Vitiligo consists generally of topical glucocorticoids, PUVA therapy; surgical measures such as skin grafting; other techniques such as tattooing, camouflage etc. But there is no effective treatment for this disorder in modern science and even the medicines have considerable toxicity.

### AIM AND OBJECTIVES

1. Conceptual and clinical studies on *Shvitra Roga* with special reference to Vitiligo.
2. To evaluate the effect of *Aragvadhadya taila* in the management of *Shvitra Rog*.

### MATERIAL AND METHODS

It was a clinical study where a minimum of thirty patients suffering from *Shvitra Roga* and fulfilling the inclusion criteria were selected and the study was

conducted in 30 adult patients of Govt. Ayurvedic Hospital, Jammu as per the international conference of Harmonization Good Clinical Practices Guidelines (ICH-GCP). 30 patients of Shvitra Roga were recommended for application of *Aragvadhadya taila* alone two times a day followed by 5-30 min exposure to sunlight after 30 min. of application of oil. All the patients were regularly followed up once in 30 days for 3 months to evaluate the therapeutic effect of the drug.

**Inclusion Criteria**

1. The patients between the age group of 10 to 60 years in either sex presented with clinical features of *Shvitra Roga*.
2. History less than 10 yrs.
3. Prediagnosed patient of *Shvitra Roga*.
4. All the patients were examined and assessed by detailed case history, thorough clinical examination and relevant laboratory investigations to establish the final diagnosis of *Shvitra Roga*.

**Exclusion Criteria**

1. The Vitiligo cases have been diseased for more than 10 years.
2. Patient has a history of *Shvitra* since birth.
3. Albinism
4. Leukoderma due to burning, trauma.
5. Patients of age below 10 years and above 60 years of either sex.
6. Patients having severe another chronic disease.
7. Patients who were drug addicts.
8. Patients undergoing any drug therapy / associated therapy (i.e., chemotherapy etc.).

9. Pregnant women and lactating mothers.

**Criteria of Assessment-** Patients registered for the clinical trial were screened for their demographic profile, age, sex, religion, occupation, marital status, family history, socioeconomic status, nature of their job, addiction, dietary habits and assessment of their *Sharirik*a and *Manasa prakriti* etc. and the diagnosis of patients was confirmed based on sign and symptoms described in Ayurvedic text and modern text as follows.

1. Colour of patches [a] *Shveta* [b] *Tamra* [c] *Raktabh*.
2. *Daha* (Burning sensation).
3. *Kandu* (Itching).
4. *Romashatana* (Loss of hair).
5. *Atisweda* (Excessive sweating).
6. *Rukshata* (Roughness).
7. White hair on patches.
8. Percentage of the affected area according to "rule of nine" of burn.

Following parameters were adopted during the trial and follow up studies of each patient to assess the impact of treatment produced-

1. Subjective improvement
2. Clinical assessment)
3. Photographic changes

**1. Subjective Improvement:** Patients registered for the trial were specifically asked for any changes in their clinical manifestations and a growing feeling of wellbeing produced by the drug if any, under trial.

**2. Clinical Assessment:** The basis of assessment of each symptom and severity was objectively done in terms of gradation and the studies are as follows.

**Table-1.1:** Vitiliginous Surface area

Sr.no.	Grade	Percentage as per rule of nine	Number according to Grade
1.	Nil	0	0
2.	Mild	0 - 25%	1 or +
3.	Moderate	26 - 50%	2 or ++
4.	Severe	51 - 75%	3 or +++
5.	Agonising	76 - 100%	4 or ++++

**Table-1.2:** *Twak Vaivarnya* (colour of patches)

Sr.no.	Grade	Number according to grade
1.	Normal skin colour	0
2.	Red	1 or +
3.	Tamra/copper	2 or ++
4.	White colour	3 or +++

**Table-1.3: Kandu (Itching)**

Sr.no.	Grade	Number according to grade
1.	No itching	0
2.	Mild itching (no need of drug)	1 or +
3.	Moderate (Relieves from drug itching)	2 or ++
4.	Severe itching (No relief by H1 antihistaminic)	3 or +++

**Table-1.4 Daha (Burning sensation)**

Sr.no.	Grade	Number according to Grade
1.	No burning	0
2.	Mild or intermittent	1 or +
3.	Moderate (Due to exposure to Sunrays)	2 or ++
4.	Severe (Relief by topical ointment)	3 or +++
5.	Agonising (Relief by oral inflammatory drug)	4 or ++++

**Table-1.5: Loma Shvetata (colour of hairs)**

Sr.no.	Grade	Number according to Grade
1.	Normal black hair	0
2.	Reddish hair	1 or +
3.	Tamra hair	2 or ++
4.	White hair	3 or +++

**Table-1.6: Excessive Sweating**

Sr.no.	Grade	Number according to Grade
1.	Normal	0
2.	Mild (On brisk walk 500 meters)	1 or +
3.	Moderate (On brisk walk 200 meters)	2 or ++
4.	Severe (On brisk walk 100 meter)	3 or +++

**Table-1.7 Roughness**

Sr.no.	Grade	Number according to Grade
1.	Normal skin	0
2.	Mild (No need of Vaseline)	1 or +
3.	Moderate (Need of Vaseline)	2 or ++
4.	Severe (No relief with Vaseline)	3 or +++

**Table-2: Material used for Preparation of Aragvadhadya taila.**

S. No.	Constituent	Quantity
1.	<i>Tila taila</i>	15litre
2.	<i>Aragvada</i>	535gm
3.	<i>Kustha</i>	535gm
4.	<i>Dhava</i>	535gm
5.	<i>Hartala</i>	535gm
6.	<i>Manashila</i>	535gm
7.	<i>Haridra</i>	535gm
8.	<i>Daruharidra</i>	535gm
9.	Water	60litre

**Method of Preparation:** Above mentioned contents of taila were taken in equal ratio except for *Manashila* and *Hartala*, all drugs were ground to make fine powder and was mixed for making *kalka*. Tila taila is made free from water by heating. This *kalka* was added in warm and then cooled Tila taila and processed over a fire. On attaining taila paka (*Khara paka*) the remaining paste was removed and taila was extracted. Powder of shuddha *Manashila* and *Hartala* was mixed in the oil. This oil was stored in 100 ml plastic bottles for giving to the patient. This drug was prepared in the pharmacy of JIAR, Jammu.

**Mode of application-** 30 Clinically diagnosed and registered patients of *Shvitra* were selected voluntarily. Patients were given local application of *Aragvadhadya taila* twice a day, for 90 days and after topical application of the taila all the patients were asked to expose the affected part to rising and setting sun for 5-30 minutes, after 30 minutes of application of taila.

### OBSERVATIONS AND RESULTS

Various observations and results are made are summarized below. The clinical improvement after the application of *Aragvadhadya taila*,

**Table 3:** Showing the symptoms of *Shvitra* in 30 registered patients.

Symptoms	No. of patient	percentage
1. Vitiliginous Surface Area	30	100
2. Itching	22	73.33
3. Burning sensation	24	80
4. Excessive sweating	25	83.3
5. Roughness	21	70
6. Colour of the lesion	30	100
7. White colour of hair	24	80

The above table shows the highest percentage of vitiliginous surface area and colour of the lesion in all 30 patients (100%). The itching was found in 22 patients (73.33%). The burning sensation was found in 24

patients (80%). Excessive sweating was found in 25 patients (83.3%). Roughness was found in 21 patients (70%). The white colour of hair was found in 24 patients (80%).

**Table 4:** Shows the clinical result of 30 registered patients.

S. No.	Symptoms	No. of patients	p-value	Result
1.	Vitiliginous Surface Area	30	<0.025	Significant
2.	Itching	22	<0.005	Highly significant
3.	Burning sensation	24	<0.005	Highly significant
4.	Excessive sweating	25	>0.1	No significant
5.	Roughness	21	<0.001	Highly significant
6.	Colour of lesion	30	<0.005	Highly significant
7.	The white colour of hair	24	>0.1	No significant

## DISCUSSION

In Ayurveda, all skin diseases are described under the common umbrella term *Kushtha*. *Rakta* vitiation is found as a common pathology in this disorder.

According to Ayurveda *Bhrajaka Pitta* is the cause of the colour of skin and the third or fourth layer of skin is considered as the site of *Kilasa* by different authors.

The modern scientist also accepts the stratum Malpighi as the site of vitiligo which is very similar to the third and fourth layers described in Ayurveda.

There is no exact aetiology for vitiligo in modern medicine, but the various hypothesis that has been given for the aetiology of the disease is very much closure to the *Nidana* described in Ayurvedic text as *Viruddha-*

*Ahara*. *Viruddha-Ahara* can be correlated with endocrinal disorders like-Diabetes Mellitus, Hypothyroidism and Pernicious Anemia, Neurological and Emotional factors exaggerating this disease are described in modern science are compared to the sinful acts, of Ayurveda and disobeying teachers and elders. Auto-immune theory of vitiligo considers it as *Raktaja Roga* in Ayurveda because factors for the autoimmune disorder are present in the blood.

In the process of development of *Shvitra* vitiated doshas attacks all over the skin of the body leading to clinical manifestation *Twaka Vaivarnya* (white patches).

*Aragvadhadya taila* is likely to produce in the body following action, *Tridoshashamaka*, *Kushthaghna*, *Vranashodhana*, *Jantughna*, *Kandughna*, *Twagadoshahara*, *Savarnikarana*, *Raktaprasadana*. It may also produce locally as well as systemic effects throughout the body and check the progress of the disease vitiligo.

The *Aragvadhadya taila* is a potent compound preparation that is used in the form of local application in *Shvitra*. The drug improves the blood supply and activates the local metabolic process, which is responsible for the pigmentation of the skin. *Aragvadhadya taila* may also produce locally as well as systemic effects throughout the body and check the progress of the disease vitiligo.

In *Aragvadhadya taila* *Hartala Manahshila* are used as an ingredient, *Hartala* and *Manashila* are bestowed with immune-modulating properties. Its formulations are widely used for some autoimmune disorders like psoriasis, allergic bronchial asthma, etc. in which the etiopathogenesis is deranged immunity. Arsenic is absorbed through the skin in addition to other routes. In *Shvitra*, the deranged immune system destroys the pigment synthesizing melanocytes. *Hartala and Manahshila* break this pathogenesis and prevents the self-destruction of melanocytes. Thus, the effect of the formations may be due to increased immunostimulation, hepatic function and photoreaction.

In this study, 30 patients of *Shvitra Roga* were selected for application of *Aragvadhadya taila* two times a day followed by 5-30 min exposure to sunlight after 30

min. of application of oil. All the patients were regularly followed up once in 30 days for 3 months to evaluate the therapeutic effect of the drug.

A therapeutic trial was conducted in 30 patients of *Shvitra*. The effect of treatment was assessed through changes in the colour of lesions, roughness, burning Sensation, itching, vitiliginous Surface area, excessive sweating, the white colour of hair.

Statistically highly significant improvement was observed in the Colour of the lesion ( $p < 0.005$ ), a significant result was noticed in Vitiliginous surface area of the lesion ( $p < 0.025$ ), itching ( $p < 0.005$ ), Roughness ( $p > 0.001$ ), Burning sensation ( $p < .005$ ). While insignificant improvement was noticed in excessive sweating ( $p > 0.1$ ) and colour of hair ( $p > 0.1$ ).

## CONCLUSION

Thus, it may be concluded that topical application of *Aragvadhadya taila* when applied in the treatment of *Shvitra* produce good improvement in the feeling of wellbeing and mild improvement in clinical parameters. While assessing the overall percentage of improvement in different clinical parameters it was noticed that there was found 42% improvement.

The *Aragvadhadya taila* is an effective remedy in uncomplicated and new cases of *Shvitra* (vitiligo). But it has played a limited role in the management of chronic cases of *Shvitra*.

It has been observed that Vitiligo (*Shvitra*) is gradually increasing day by day. The trial treatment appears to be potentially useful as well as safe.

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