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 Avalgujbejadi lepa has been undertaken for the management of Shwitra.

Keywords: Avalgujbejadi lepa, Bakuchi Churna, Shwitra, Virechana, Vitiligo.

INTRODUCTION

Shwitra is 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 develop. 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-
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, Sushruta Samhita, Ashtanga Hridya, Bhava Prakasha, Madhava nidana, Sharandhar Samhita, Yoga ratnakara, Rasaratna samucchya, Vangase-na, Kashyapa, Bhaishajya Ratnavali, Chakradatta. According to Acharya Charaka, Shwitra is tridoshaja twak gata, rakta pradaoshaja 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 combination 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 development 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 treatments 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 applications for the management of the disease Shwitra. Here Virechana has been undertaken because Shwitra is a raktaj a vikara and main principles for the management of raktaja vyadhis are virechana, upvaasa and langhana (Ch.Sutra.24) along with local application of Avalgubjejadi lepa and oral administration of Bakuchi Churna, as per the formulation given in Chakradatta (Chakradatta Kushtharoagadhikara) for the management of Shwitra. Though Shwitra is a Twagata 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 malpooras and guda) and Shamana by means of different churna, vati, lepa, aasava, arishta, kwatha for Shwitra management. He also mentioned Kusthavata Chikitsa for the management of Shwitra as Upvaas –langhana - virechana {raktaja vyadhi vat chikitsa as Shwitra is twagkata raktaja vikara (Ch.sutra.24)}.

LITERARY REVIEW OF PRESENT TREATMENT PLAN: Keeping these principles 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 Avalgujbeejadi 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 kapha-vatahara, dipana & kushthahara in action. In Triphala there is Haritaki which is tridoshahara, anulomana and rasayana in action. Vibhitaki is kapha-pittahara and Bhedana in action. Amalaki is tridoshahara & rasayana in action. Triphala is mild and gentle laxative in action, is seen due to presence of some purgative principal of anthraquinone.**

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.**

(ii) **BAKUCHI CHURNA AS ORAL ADMINISTRATION (containing psoralin substance)**

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.

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, Kaphavatara and making promote shining of skin.

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

Here Avalgujbejjadi lepa containing Avalgujbejja 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 melanocytes because of the interaction of ultraviolet rays with Bakuchi, it not only proliferate the melanocytes but also prevents the autoimmune activity of the disease. 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.

**Hartala** which is kaphaghna, kushthghna, visarpahar, raktadushtiha and **Gomutra** which is also having vata-kapha shamaka, kushthahara, krimihara and kolasahara action

**DISCUSSION**

Shwitra is a major skin problem worldwide. It is idiopathic acquired as well as congenital circumscribed depigmentory 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 Virechana 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 liquify 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 maha-bhutas in these purgative drugs it causes downwards movement of Doshas from the koshta and leads to the expulsion of unwanted toxins from the body.

**Mode of action of Bakuchi Churna and Avalgujeejadi lepa:** Bakuchi contain rich source of copper and highest amount of furcaumarin. 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 Avalgujeejadi 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 immune-modulating 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, dashya, prakriti of the patient. Hence the Ayurvedic treatment modalities like Virechana, oral intake of Bakuchi churna and local application of Avalgujbeejadi lepa can be prescribed as a worth full procedure considering the effective and safe regimen for Shwitra (Vitiligo).

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