

MANAGEMENT OF *SHWITRA* (VITILIGO) WITH *MITRAPANCHAKA YOGA* AND *AVALGUJBEEJADI LEPA* AFTER *MRIDU KOSHTHA SHUDDHI* WITH *ERANDA BHRISHTHA HARITAKI*-A CASE STUDY

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ABSTRACT

Introduction: Skin is largest organ of our body. Beauty and attraction of individual depends upon it's health. *Shwitra* ruins this beauty by causing de-pigmentation over different parts of body. According to modern dermatology, *Shwitra* can be correlated with Vitiligo. Vitiligo is a progressive disease in which the melanocytes are gradually destroyed causing depigmented or hypopigmented areas over skin. Materials and Method: Main line of treatment of *Shwitra* is *Shodhana*, *Shamana* and local application of drugs. Patient was given *Mridu Koshtha Shuddhi* with *Erand Bhirishtha Haritaki* for 3 days at night before sleeping in dose 6 gm before administering lepa locally and *Mitrapanchaka Yoga* internally. Local application of *Avalgubeejadi Lepa* on every 3rd day over the de-pigmented skin followed by exposure of sun light. Simultaneously, daily oral administration of *Mitrapanchaka Yoga* 1155mg (± 5 mg) BD (with *Madhu* (3gm)-*Sarpi* (2gm) in unequal amounts). Patient was kept on light diet throughout the treatment. Total duration of treatment was 60 days and follow up was done for 1 month. Patient followed all *Pathyas*. After completion of treatment skin color came back to normal (almost) surrounding skin color. Hemoglobin level increased, TLC increased in normal limit, ESR decreased. Subjective complaints like shortness of breath, weakness and constipation were also resolved.

Conclusion- Administration of *Mitrapanchaka Yoga* internally and local application of *Avalgubeejadi Lepa* simultaneously after *Koshtha Shuddhi* is very effective in management of *Shwitra*.

Keywords: *Shwitra*, *Mitrapanchaka Yoga*, *Hartala*

INTRODUCTION

The global incidence of Vitiligo is less than 1%¹ with some populations averaging between 2-3% and as high as 16%² but management is still unsatisfactory.

Skin is the largest organ of our body covering around 1.73 meter square of area. The beauty and attraction of individual depends upon skin's health including physical and psychological health. *Shwitra* is a condition which ruins this health and beauty by causing depigmentation of skin sections. *Kushtha* is caused by all three *Dosha* together. *Pitta* is the major *Dosha* in any skin condition. *Shwitra* has been listed to be the worst amongst *Kushtha* to cause ugly appearance of skin. *Acharya Vagbhata* has described *Shwitra* as more dangerous than *Kushtha* as it becomes *Asadhya* very quickly like a burning home.³ According to modern dermatology, *Shwitra* can be correlated with Vitiligo. Aside from contact with certain chemicals, the cause of vitiligo is unknown.⁴ Researchers suggest vitiligo may arise from autoimmune, genetic causes oxidative stress, neural or viral causes. Vitiligo is a progressive disease in which the melanocytes are gradually destroyed causing de-pigmented areas over skin. In Ayurveda, *Shodhana* and *Shamana*⁵ are indicated for treatment of condition. *Shodhana* includes the methods of expelling the morbid *doshas* from the body. *Shamana*⁶ includes the medicaments given after *Shodhana* for subsiding the remaining *dosha*.

AIMS & OBJECTIVES

To evaluate the efficacy of *Mitrapanchakaa yoga* administered with *Avalgubeejadi lepa* in the management of *Shwitra* (vitiligo) after *Mridu Koshtha Shudhi* with *Eranda Bhrishtha Haritaki*.

MATERIALS & METHODS

SELECTION OF PATIENT- Patient was selected from OPD of Kaya Chikitsa Department, IPGT & RA Jamnagar, Gujarat with typical sign & symptoms of *Shwitra*.

DIAGNOSTIC CRITERIA⁷:

Diagnosis was made on the basis of classical signs and symptoms of *Shwitra* (Vitiligo) described in *Ayurvedic* texts & modern medical science-

➤ MODERN⁸

- ❖ Depigmented macules
- ❖ Trichrome: Three shades:- Central part is depigmented, surrounded by a hypopigmented rim and normal pigmented skin around it.
- ❖ Leucotrichia: Hairs remain same but in older cases they also get hypo pigmented.
- ❖ Koebner's phenomenon: Hypopigmentation over sight of injury margins.

➤ AYURVEDA

1. *Tvak varna*

- *Rakta*, *Tamra*, *Shweta*⁹

2. *Roma*

- *Shukla roma*
- *Raktaroma*

Chief complaints: De-pigmented patches around neck and chest on anterior and posterior aspect since 2 years associated with occasional itching.

Associated symptoms: weakness, shortness of breath, constipation, dryness of skin.

INVESTIGATIONS

1. Blood –Hb %, TLC, DLC, E.S.R., R.B.S. etc.
2. Urine – Routine & Microscopic examination.
3. Stool macro and microscopic investigation to ascertain the presence of *Krimi* if any.

All tests were performed before and after treatment.

Drug Profile

Mitrapanchaka Yoga¹⁰ (internal)

Dose: 6gm BD (with **Madhu (3gm)-Sarpi (2gm)** in **unequal** amounts)

Duration: 60 Days

Table 1: Mitrapanchaka Yoga ingredients

Drug	Latin/English Name	Parts used	Dose(BD)
Hartala	Yellow Orpiment (As ₂ S ₃)	Whole	30mg
Shodhita Gandhaka	Sulphur (S)	Whole	125mg
Bakuchi	<i>Psoralea corilifolia</i> (Linn.)	Seeds	1000mg

Table 2: Avalgubeejadi Lepa¹¹ ingredients

Hindi Names	Latin Name / English Name	Parts Used	Ratio
Avalguja	<i>Psoralea corilifolia</i> (Linn.)	Seeds	1
Shudh Hartala	Yellow Orpiment (As ₂ S ₃)	Whole	¼ part
Gomutra	Cow's Urine	-	Q.S.

(Local application followed by sun exposure)

DURATION: Each 3rd day for 60 days. Drugs were prepared in pharmacy, Gujarat Ayurveda University.

ADMINISTRATION METHOD-

Mridu Samshodhana with Eranda Bhrishtha Haritaki¹² 6gm HS for 3days. After this oral administration of Mitrapanchaka Yoga¹³ as a

Table 3: Investigations and reports

Test	Before treatment	After treatment
Hb	9.7 gms%	10.4 gms%
TLC	3500 /cubicmm	4600 /cubicmm
RBS	73mg/dl	83 mg/dl
ESR(Westergreen method)	20 mm/hour	8 mm/hour
Urine	**WNL	**WNL
Stool	**WNL	**WNL

*Quality of life

**WNL: within normal limits

DISCUSSION

Haritaki is given place in Kushthaghna (helpful in skin diseases) Mahakashaya. It works on disease directly and also causes Koshtha Shuddhi (Virechana) with Eranda by Vatanolomana (bringing Vatadosha in its place) effect which allow better absorption of medicines and also removes Dosha (predominantly Pitta

Shamana Yoga along with Avalgubeejadi lepa¹⁴ for local application.

RESULTS-

Skin color came back to almost normal after 2 months of therapy and problems like shortness of breath, constipation, weakness also improved. This way *QOL is also improved.

and Kapha). It also resolves the complaint of constipation. Rasadi Panchaka of Avalgubeejadi Lepa has dominancy of Tikta, Kashaya and Madhura Rasa, which alleviate Pitta, main culprit in skin diseases and Katu Vipaka, Ushna Veerya alleviate Vata and Kapha Dosha. Most of the contents in Mitrapanchaka Yoga and Lepa are Kushthaghna, Krimighna, Deepana Pachana.

Gandhaka and *Hartala* are having rejuvenating properties hence useful in new melanocytes formation¹⁵. *Hartala* is one of the ingredients of *Mallasindoora*, *Talakeshwara Rasa*, which are widely used in disorders like psoriasis, bronchial asthma etc. in which the etiopathogenesis is deranged immunity.¹⁶ Vitiligo is also having strong autoimmune association¹⁷ So works in Vitiligo. Though *Haratala* is described as poison, but presence of Sulphur in *Haratala* diminishes its toxic effects as it lessens its sharpness.¹⁸ Bakuchi contains psoralens, which on exposure to the sun light brings out melanin in the depigmented lesions. 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 lesions of the skin.¹⁹ Madhu works on *Kapha* and *PittaDosh* where as *Sarpi* works on *Pitta* and *Vata dosha*. These two also work as *anupana* for *Rasamanikyara* which is also indicated in *Kushtha* and having *Hartala* as main ingredient. *Gomutra* is good media for applying medicines

over skin. It is also having *Kushthaghna* properties. All *Kushtha* are *Tridoshaja* in origin and combination of above drugs work on *Tridosha* and relieve the symptoms of *Shwitra*.

Breathlessness might be a consequence of decreased RBC count after treatment increase in Hb level improved this complaint.

Dryness was still there because application of *Avalgubeejadi Lepa* caused irritation and inflammation locally. Dead skin at the site of application might cause this itching.

CONCLUSION

Administration of *Mitrapanchaka Yoga* internally and local application of *Avalgubeejadi Lepa* simultaneously after *Koshtha Shuddhi* is very effective in management of *Shwitra* and associated complaints.

FOLLOW UP STUDY:

A follow up study was done for 30 days after completion of treatment. There was no recurrence.

Table 4: Criteria for Assessment

Extent of pigmentation	Clinical Observation	Scoring Given
0%	depigmented area	0
10%	Specks of repigmentation or concavity of margins	1
25%	Area of repigmentation less than the residual depigmented area	2
50%	Area of repigmentation almost equal to that of residual depigmentation	3
75%	Area of repigmentation more than the residual depigmented area	4
90%	Some Specks of depigmentation left	5
100%	Complete repigmentation	6

- Final Score= Total Score of left side+Total Score of right side
- pigmentation scoring for present Study:

Table 5: Assessment before treatment (BT) and after treatment (AT)

Extent of repigmentation	Left side				Extent of repigmentation	Right side					
	No of patches		Scoring Given	Total Score		No of patches		Scoring Given	Total Score		
	BT	AT				BT	AT				
0%			0		0%			0			
10%	2		1	2	10%			1			
25%	1		2	2	25%	1		2	2		
50%		1	3	3	50%			3			
75%		1	4	4	75%			4			
90%		1	5	5	90%		1	5	5		
100%			6		100%			6			
Total Score of each side	3	3		4	12	Total Score of each side	1	1		2	5

According to the table total score percentage before starting the treatment was

$$(2 \times 10) + (2 \times 25) + (2 \times 25) = 120\%$$

Total score percentage before starting the treatment was

$$(3 \times 50) + (4 \times 75) + (5 \times 90) + (5 \times 90) = 1350\%$$

Also if we see the difference in scoring done for patches before and after treatment it is 6 and 17 respectively which also shows marked improvement.

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