

**THE ROLE OF VIRECHAN KARMA AND INDIGENOUS DRUG WITH
BAKUCHI-TUVRAK OIL IN THE MANAGEMENT OF SHVITRA****W.S.R TO VITILIGO****Dr. Himani Khajuria*¹ and Dr. Monika Gupta²**¹P.G. Scholar Kayachikitsa.²Associate Professor Kayachikitsa.Article Received on
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ABSTRACT

Shvitra 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. Shvitra is supposed to be the result of the mithya aahara vihara, purva janamkrita karma and paap karma. It is twakagata raktaja vikara described among the varieties of kustha. Shvitra can be correlated with vitiligo to certain extent in contemporary system of medicine. In modern science, vitiligo is an

autoimmune disease directed against melanocytes characterized by depigmented/hypo-pigmented patches. The cause of vitiligo is unknown. As per modern science its treatment includes topical corticosteroids, topical immunomodulators, phototherapy including PUVA & 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 Acharyas have mentioned so many formulations in one disorder as per the roga & rogi bala which can be given either as single formulations in one disorder or in the combined form keeping in mind the principles of Ayurveda, a review on the role of virechan & indigenous drug with the local application of Bakuchi-Tuvrak oil has been undertaken for the management of Shvitra.

KEYWORDS: Bakuchi-Tuvrak oil, Indigenous drug, Virechan, Vitiligo.

INTRODUCTION

Shvitra the common depigmentation disorder described among the varieties of kusta in Ayurvedic classics. Shvitra, though not produces direct physical impairment, it may considerably influence psychological wellbeing of the affected person. Normal skin colour depends on haemoglobin (in both the oxygenated and reduced state). Carotenoids and melanin pigment. Vitiligo is a common disorder of unknown etiology even today. 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 1.1% of the world population³. Highest incidence has been recorded in India and Mexico. Based on dermatological out patient record, it is estimated between 3-4% in India, although an incidence as high as 8.8% has been reported⁴, irrespective of the races especially to dark skinned people.

Aetiopathology

Shvitra is described in vedic literature under terms Kilasa. Shweta kusta and palitha. Detailed description of Shvitra is available in almost all classical texts under kusta roga viz. Charak Samhita⁵. Sushrut Samhita⁶, Ashtanga Hridaya^{7, 8}. Bhava Prakasha, Madhava nidana, Sharandhar Samhita, Yoga ratnakar, Rasaratna samucchya, Vangasena, Kashapa, Bhaisajya Ratnavali, Chakradatta. According to Acharya Charaka, Shvitra is tridoshaja twak gata, rakta pradoshaja vikara, one among three types of kilasa (darun, charun, shvitra) and classified it on prevalence with dhatu involved and affected colour. Nidana told for it are asatya, kritaghna bhava, ninda of devtas, guru apmana, paap kriya, poorvajanama krit karma, intake of inappropriate diet combinations etc. All these factors causes disturbance of tridosha mainly vata, pitta and kapha. After aggravation, dosha moves and affects rakta-mansa and meda dahatus and the development of disease, shvitra 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 treatment for Vitiligo is PUVA (Psoralin Ultra Violet Irradiation) 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 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 Acharyas has mentioned the Shodana esp. via sransana for the management of Shvitra and various formulations for oral intake and local applications for the management of the disease Shvitra. Here virechan has been undertaken because shvitra is a raktaja vikara and main principles for the management of raktaja vyadhis are virechan, upvaasa and langhana (Ch.sutra24) along with the local application of Bakuchi-Tuvraka oil for the management of Shvitra Though Shvitra is a twakgata raktaja tridoshaja vyadhi with the involvement of Bhrajaka pitta, Udana vayu and Shleshmaka kapha. Our acharyas has already told many treatment modalities for the management of Shvitra. 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 Shvitra management. He also mentioned kusthavata chikitsa for the management of Shvitra as upvaas-langhana-virechana (raktaja vyadhi vat chikitsa as Shvitra is twakgata 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 Shvitra via Virechan by means of virechana yoga that contains Trivrat, Triphala and Danti (Ch.chi.7/44) with Erand oil & indigenous drug, followed by the application of Bakuchi-Tuvrak oil.

1-Virechana as shodhana therapy via Virechan yoga (Trivrat, Triphala & Danti in equal parts) with Erand oil has got significant role to play in the management of Shvitra. Here Trivrat is kapha-pittahara & rechana in action. Danti is kaphavatahara, dipana & kushtahara in action. In Triphala there is Haritaki which is tridoshahara, anulomana and rasayana in action. Vibhitaki is kapha-pittahara and bhedana 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 Shvitra there is srotodushti lakshana sanga, virechan yog (Trivrat, Triphala & Danti) might remove the sanga srotodushti and prepare a path for shaman drugs to act on the pathogenesis of disease, so overall role of virechan 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 Shvitra. 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 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 contraction¹⁰.

2-Indigenous Drug (Khadiradi Yog) As Oral Administration

Containing Khadir, Vijaysaar, Bakuchi, Amalaki, Bhringraj, Krishn Til, Nimb, Kutki, Vidang, Tuvrak (Containing psoralin substance) ¹¹, Catechins & Tyrosinase inhibition activity. In Shvitra, srotodushti is removed by katu-tikta rasa, ruksha guna and katu vipaka of khadir, Vijay saar, Bakuchi, Bhringraj, Katuki, Vidang & Tuvrak content increased the rate of synthesis and amount of melanin and hence encouraging skin to recover from a vitiliginous state¹².

The mode of action on skin depends on the nature of drug 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 shodana of srotas. Also Ushna properties help agnideepan and pachan. It has properties like Kushtaghna, Kaphavatahara and hence promoting lusterness of skin¹³.

3-Bakuchi-Tuvrak: which is thought to be the best aspect regarding the skin diseases enhances lusture, texture and strength of the skin. Here Bakuchi-Tuvrak oil contains psoralin containing substance, kapha-vata hara, kushatahara, krimihara and kilasahara in action. The drug appears to have a purely local 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 cells) are stimulated. In Vitiligo, melanoblasts do not function properly and their stimulation by the drug leads them to form exudates pigments, which gradually diffuse into white leucodermic patches. The exposure of affected area of skin applied with Bakuchi-

Tuvrak oil 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 skin such as luecoderma¹⁶.

DISCUSSION

Shvitra 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 non-infectious, non-exudative disease involving mainly twaka and not invading deeper dhatu in true sense. Shvitra may correlate to Vitiligo due to their similar clinical presentation. Vitiligo is a chronic skin condition characterized by portions of 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 flow towards 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 Indigenous Drug (Khadiradi Yog) and Bakuchi-Tuvrak Oil

Bakuchi contains rich source of copper and highest amount of furocoumarin. Bakuchi has got katu, tikta rasa, ruksha in guna and katu in vipaka, ushna in virya. It has strong anti-oxidant properties. It increases blood circulation locally, thus provides nutrition to the cells present there and helps in the adequate formation of Bhrajaka pitta in the skin. The entire content of drug & Bakuchi-Tuvrak oil are tikta pradhan. Tikta rasa causes ama-pachana and pacify the pitta dosha. All the drugs have vata-kapha nashak property. In modern these drugs possess anti-inflammatory and immune-modulating property. Application of oil followed by

exposure to sunlight which helps in stimulating melanocytes formation, a photo-reactive substance, which is used in the vitiligo.

CONCLUSION

Shvitra 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 treating modalities like Virechana, Oral intake of indigenous drug (Khadiradi yog) and local application of Bakuchi-Tuvrak oil can be prescribed as a worthfull procedure considering the effective and safe regimen for Shvitra (vitiligo).