

MANAGEMENT OF SHWITRA W S R TO VITILIGO WITH BAKUCHI CHURNA AND BAKUCHI TAIL: A CASE STUDY

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ABSTRACT

The *Shwitra* term is combination of *Shveta* and *Rak*. *Shveta* means whiteness and *Rak* is suffix of '*Shveta*' *Dhatu*. The *Nirukti* of the term reveals white colour or changes toward white colour. *Shwitra* has been mentioned along with *Kushtha* but not included in the types of *Kushtha*. *Vagabhata* said word *Kushtha* literally means the disease which disfigures the body. *Shwitra* is foremost amongst them. The main effect of *Shwitra* is disfigurement as well as psychological. In the modern dermatology, *Shwitra* can be correlated with Vitiligo. "Vitiligo is common, acquired, idiopathic discoloration of the skin characterized by well circumscribed, ivory or chalky white coloured macules, which are flush to the skin surface. Vitiligo is characterized by the loss of melanin or skin pigment in various parts of the body. The skin in these

areas appears spotted. Vitiligo is not a serious or life-threatening disorder, or a painful one, but it has an impact on the social and psychological well-being of its victims. For present study, we had reported a 28 years old male patient having white coloured patches over right forearm since 6 years. There was no significant past history of any other chronic disorder in patient. The patient is treated with *Bakuchi churna* 2gm.bid internally and *Bakuchi tail* for local application for 1 months. Patient reported significant improvement in colour of patches.

KEYWORDS: *Shwitra*, *Kushtha*, *Bakuchi*, Vitiligo.

INTRODUCTION

Ayurveda has discussed all skin disease under the umbrella of *Kushtha*, in other word it can be listed as 'Ayurvedic dermatology'. It is not a vis-à-vis correlation but one can cover up all dermatological manifestations under 18 subtypes of *Kushtha*. The term *Shwitra* can be mentioned as type and variety of *Kushtha* as the term *Kushtha* indicates various skin ailments.

Shwitra was described along with *Kushtha* but did not included in eighteen types of *Kushtha*, it just cited as addendum of chapter. But this hoax also reveals that there must be some association between *Shwitra* and *Kushtha* and that is similarity in etiology and involvement of *Twaka* only. The other differences between the both diseases are involvement of *Papa-Karm*, *Guru Gharshanam* etc. factors. Apart from *Kushtha* they are more extensively involved in the pathology of the disease. Further differences are *Shwitra* is neither infectious nor exudative. The secretary variety of stigma might suggest secondary infection of lesion or exude of the lesion following blister formation. The other peculiarity of the *Shwitra* is prognosis of disease. *Shwitra* became *Asadhya* very quickly in compare to *Kushtha* (A.H.Chi.20/1). In the modern dermatology, *Shwitra* can be correlated with Vitiligo. Vitiligo is characterized by white coloured patches with hyper pigmented border on the skin, which may be congenital or acquired and can be due to various etiological factors. Three hypotheses are prevailing about the aetiology of the disease like self-destruction theory, neurological theory and autoimmune theory. None of them is satisfactory yet most of scientist has considered Vitiligo as autoimmune.

Vitiligo affects the estimated 1% of world's population. It affects the individuals of all ethnic origins and both sexes. Between 30-40% of the patients have positive family history and genetic factor is undoubtedly involved. It can begin at any age but more common between age group of 10-30. This is disfiguring disease whose cause and cure are unknown. The treatment of Vitiligo is not completely satisfactory in spite of advanced modern technology and medicine.

CASE REPORT

A 28-year-old male patient complaining of white patch over skin of ventral surface of right forearm and wrist joint irregular sized varied from 5-inch X 2 to 0.5 inch. Initially the lesions were small discrete over middle of ventral aspect of forearm, later their progressively increased in their size and then spread too full over the ventral aspect of forearm gradually

over duration of 6 years with negative family history. There were no associated complaints related to lesions like itching, burning sensation and also no history of environment, occupation and related to contact with harmful dietary substance. There was no history of sun burn also.

EXAMINATION

General condition of patient was fair, vitals are normal. Local and systemic reveals normal. Bowels are constipated. Micturition is normal and adequate. Appetite is good. Tongue is mild coated. Irregular sized White patches over skin of ventral surface of right forearm and wrist joint.

EVALUATION OF SYMPTOMS

Evaluation of lesions are based on the following criteria-

1. Size of patches on ventral surface of right forearm and wrist joint.
2. Number of patches – one large patch on ventral surface of right forearm and 6-7 small patches on wrist joint
3. Colour of patches – white

Samprapti

Mithya Ahar (vitiated, incompatible diet), *Vihar* (life style), day time sleep, disobey of *Guru* and parents order, misbehaviour, misconduct and *Poorvajanmakrita Karma* leads to vitiation of *Kapha* and logging in *Srotas* leads to blockage and aberrant path of vitiated *Vata* and *Pitta*. It resides in *Rakta Dhatu* then it appears red, if resides in *Mansa Dhatu* then its colour become *Tamra* and if resides in *Meda Dhatu* then it appears white.

Samprapti Ghataka

Dosha: Vata, pitta and kapha.

Dushya: Rakta, mans, meda and ambu.

Adhisthan: Bahya

rogamarg- Twacha (Skin)

Srotodushti prakar: Srotavarodh.

TREATMENT

After proper analysis first visit patient had been prescribed *Bakuchi churna* 1Gm with warm water twice a day after meal and *Bakuchi Tailam* for local application over affected area followed by exposure to early morning sun light.

Follow Up

The patient had been followed up every 15days for one month.

Observation

Regular use of *Bakuchi* powder and *Bakuchi tail* minimises the size and get shrink, also changes the color of patches from white too reddish in one month.

Content

Bakuchi (*Psoralea corylifolia*) has many compounds like Bakuchinol (phenol), psoralen, isopsoralen, psorelidin, isopsoralidin, dehydroisopsoralidin and corylifolen. Inspite of that there is some more compound are present like Bakuchicin (colorless needle), corylin (colorless crystal).

Pathya

Cow milk and ghee, *munga*, *padval*, rice, spinach, *methi* and easily digestive diets.

Apathya

Guda, bread, curd, prickles, chillies, fish, brinjal, jackfruit, heavy diets, alcohol etc

BEFORE TREATMENT



AFTER 15 DAYS



AFTER 1 MONTH



DISCUSSION

In the present case, *Bakuchi churna* (internal use) and *Bakuchi Tailam* (external use) had been used for the treatment of Shwitra, the result of which are found encouraging. The *ras* of *Bakuchi* is *Katu*, *Tikta*, *Katu Vipak Ruksha Guna*, the powder and extract have strong antioxidant properties. bavachin and psoralidin has inhibitory against antigen induced

granulation. In the *Shwitra Sroto-Dushti* is removed by the *katu-Tikta Rasa*, *Ruksha Guna*, *katu Vipaka*, of the *Bakuchi* and also increases the blood circulation locally, thus provides nutrition to the cells present there and helps in the adequate formation of *Bhrajak Pitta* in the skin. *Bakuchi* content has increase the rate of synthesis and amount of melanin and hence encouraging skin to recover from a vitiliginous state. The use of sunlight in early morning on affected area of skin because it has content of ultraviolet rays and with *Bakuchi* leads to favourable milieu for encouraging the growth of melanocyte migration and stimulates proliferation. It is not enough in proliferation of melanocyte but also prevents the autoimmune activity disease. The mode of action on skin is depends on the nature of drugs used. The nature of *Ushna* leads to reduction of *Kapha* and *Vata Dosh* and *Laghu*, *Ruksha Guna* subside the *Kapha Guna*. *Katu Vipaka* helps the *Shodhana* of *Srotas*. Also *Ushna* properties helps the *Agnideepan* and *Pachana*. It has properties of like *Kushthaghna*, *Kaphvatahar* and making promote shining in skin (*Twachya*).

CONCLUSION

The effect of *Bakuchi churna* is very effective in *Shwitra* without any adverse effect on body, on any system or organ. The use of sun light is additive effect to promote the melanocyte formation.

CONSENT

Written consent was obtained from patient for documentation and to publish present work without revealing patient's identity.

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