

ROLE OF BAKUCHI IN SHWITRA

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INTRODUCTION

Shwitra is one of the skin diseases in which depigmentation of the skin occurs, it is more common in economically poor people. it is 8 sort of Kushtha because both the Nidans and Chikitsa are almost the same, It is neither infectious nor contagious as long as it has not invaded Sapta Dhatus. it appears as growing proplem in some areas of India. specially costal area.

Nidana

The etiological factors responsible for causing Kushtha are common to Shwitra, Kilasa and Varun. These are without any exudate, and due to Tridoshas they got seated in Rakta mansa and Meda Dhatus.

In the Vataja Shwitra it is Ruksha and of Aruna colour and in Pittaja the colour is coppary or lotus like associated with Daha

and loss of hair, in Kaphaja it is hard, heavy having white colour and associated with itching. This is the Aruna Tamta and Shweta kinds of Shwitras occur when the doshas are seated respectively in Rakta, Mansa and Medo Dhatus. That kind of Kushtha which is caused by injuries and doshas when affecting the deeper dhatus are very difficult to cure. According to Sushruta Twak only is affected in Shwitra, sprvislly fourth layer of the skin Tamra (treaty Frere). Additionally Charaka has named Kilasa as Darunam, Varunam and Shwitrem when the Doshas are seated in Rakta, Mansa and Medo Ohatus respectively.

According to Ayurveda Siddhanta the causes of Switra are Generally the same, as those of Kushta which are as follows, The Stant use of incompatible food, fatty and heavy diet, vega nirodhana. indulgence in exercise after heavy food arid exposure to severe heat of the sua. Using the cold water suddenly after exposure to heat, fatigue and fear. Mithyayoga of Panchakarma, indulgence in sexual intercourse before the food is digested, sleeping during day time. insulting the wise man, learned, elders, Parents, and Gurus, and sinful actions. By these factors Tridoshas which have become morbid vitiate the Twacha, Rakta, mansa and Jaleeya Dhaatus of the body. As a result of such affection 18 types of Kushtas are caused. This is the Nidana and Samprapti of Kushtas as well as Shwitra also.

Differential Diagnosis

Though the Nidana is the same for the diseases of Shwitra and Kushta, the lakshanae differ, and hence they are given in a tabular form.

Shwitra

1. Usually one Dosha predominates.
2. Only three dhatus (Rakta, Mansa and Medo dhatus are affected).
3. Confines to the skin only (Specially fourth layer of the skin i.e. Tamra).
4. It is krimi rahit.
5. It is non-infectious and Non-contagious.
6. No destruction of dhatus occur.
7. No logs of sensation of touch.
8. No secretion occurs.
9. It is non hereditary but familial.

Kushtha

1. All the Tridoshas are involved,
2. All the Dhatus are affected.
3. Confines to the fifth layer of the skin (Vedini).
4. It is Krimi sahit (Raktaja krimi)
5. It is Contagious on prolonged contact.
6. Destruction of Dhatus occurs,
7. Loss or impairment of sense of touch.
8. Often secretion is present,
9. Found Occasionally hereditary.

Aetiology According to Modern System of Medicine

The exact aetiology of Leucoderma is not known. And there is no Definite proof of its being hereditary, but a predisposition of this kind cannot be ruled out. Occasionally more than one case may be found in the same family. Investigations showed that copper levels are low in serum, skin, and cerebrospinal fluid of affected person. Chronic gastrointestinal disorders like chronic Amebiasis, Ch. dyspepsia. Intestinal worms, and dietary deficiency of proteins may be additional factors. Not infrequently seen after the use of Broad spectrum Antibiotics specially Chloramphenicol and Streptomycin. Occasionally an endocranial disorder may be the cause. Lastly as with many other diseases, lack of auto immunity.

Distribution of diseases

It is most common in India, Egypt and tropical countries.

Pathology

According to modern system of medicine, Melanin is the colouring matter of the skin. It is in the form of granules, which vary from light brown to black in colour. Melanin is formed from the Amino Acid tyrosine by the action of the enzyme tyrosinase, a Copper protein complex.

So it is clear that copper ions are essential for normal pigmentation of the skin. Albinism is a condition in which melanin is congenitally absent in the skin, hair and eyes or eyes only.

Clinical Features

It is characterised by depigmented macules and patches of varying sizes and shapes. Besides loss of colour there is no other structural changes. Early lesion may be pale white and

ill-defined, Patches. enlarge slowly and may affect the whole body. Any part of the body can be affected, 'But often face, dorsa of fingers and hands Waist and legs are seen affected. involvement of mucous Membrane specially lips are also common. Hairs are also affected in some cases. Some times the spread may come to a halt and then increase again, Cases of spontaneous recovery have been seen by us without treatment.

Classification of disease

Resistant

Patches on sites like finger-tips of the hand and feet, lips, eyelids, and tips of genital organs. The conditions where more than one patch joined together, & also where the hair is discoloured are also taken into Resistant type of cases, Patches resulting after Agantuka Vranas are also included in this group.

Non-Resistant

Patches of early duration, and unconnected, small in size, occurred in places where the above-said are not involved are taken as Non-Resistant cases.

Treatment

Selection of the drug

It is said both in Ancient and Modern literature that Bakuchi is effective in Leucoderma, and hence the trials were undertaken, It is cheaper and easily available drug. It is a seasonal plant available throughout India. It grows up to 4 feet, the leaves are one to two inches in length and round shaped, The flowers are yellow and blue in colour and formed in bunches. Seeds are black in colour, flat and small in size.

Properties

Rasa: Madhura, Tikta. Guna: Rooksha Veerya, Sheeta Vipaka: Katu

It is indicated in Hridroga, Shwasa, Kasa, Kushtha, Prameha, Jwara, Krimi, and Kapha, Rakta Pitta vyadhis. Besides these it is also Rasayana and Rechaka.

Synonyms

Sanskrit: Somaraja, Avalguja. and Vakuchi, Kushthaghi.

Hindi: Bakuchi, Somraj: Telugu Bavanchaiu.

Latin: Psoralea Corylifolia Linn.

Parts used

Dried seeds, leaves and root, We have taken the powder of dried seeds for our clinical trials.

Authorities from Different Texts

- i) Charaka and Sushruta both have used Bakuchi seeds in combination with other herbs in the form of lepa over the affected lesions.
- ii) Vagbhata prescribed Bakuchi along with black gingely seeds for internal treatment.
- iii) Indian Materia Medica: Vol I-K. M. Nadkarni, mentioned its usage internally and externally or along with other drugs.

Classification of Treatment

Shodhana karma

Though Vamana, Virechana, and Raktamokshana etc. are prescribed accordingly, due to practical difficulties we have deviated from the procedure by giving only Mrdu Rechana every fortnightly. The aim of this karma is to eliminate the vikrita doshas.

Shamana Karma

Bakuchi is administered. The treatment with Bakuchi was given on the following lines:

a. For Resistant Cases

In this group both internal and external treatment was given 1 to 2 grams of dried seeds powder with luke warm water twice daily before meals is given internally. The varti prepared out of patra talakan and Bakuchi (1:4) with Gomutra applied as lepa. The No. of cases treated are given in a table.

No. of cases	Duration of treatment	Results	Remarks
4	6 to 8 months	Small repigmented spots are seen here and there	The same patients were given treatment upto 1 year, and no further improvement is seen.

Table showing details of the patients

S.No.	Age (yrs)	Sex	Duration	Actual age when the disease started	Heredity	Diet	Occupation	Income
1	17	F	3 Month	16 year	No	Mixed	H/W	300
2	46	F	1 year	45	No	Mixed	H/W	150
3	22	F	16 year	6	No	Veg	H/W	150
4	21	F	3 year	18	Yes	Mixed	Teacher	150
5	28	F	6 year	22	No	Veg	H/W	160

6	10	F	5 year	5	No	Mixed	Student	150
7	15	F	3 year	12	No	Mixed	Service maid	25
8	14	F	1 year	13	No	Veg	Student	300
9	40	M	3 Month	39	No	Veg	labourer	80
10	19	M	2 year	17	No	Mixed	Cultivation	150
11	12	M	3 year	9	No	Mixed	Student	250
12	60	M	1 year	59	No	Mixed	Rly employee	120
13	67	M	6 Month	65	No	Mixed	Small Busi	100
14	40	M	2 year	38	No	Mixed	Peon	300
15	24	M	2 year	23	No	Mixed	Labourer	350
16	44	M	2 year	41	No	Mixed	Labourer	100
17	45	M	15 year	30	No	Veg	Acocuntant	300
18	22	M	6 Month	21	No	Mixed	Student	500
19	32	F	4 Month	31	No	Mixed	H/W	200
20	15	F	2 year	13	No	Veg	Student	300
21	20	M	3 year	17	No	Mixed	Pvt. Emp.	150
22	10	F	6 Month	9	No	Mixed	Student	400
23	17	F	1 year	16	No	Mixed	--	-
24	22	F	8 Month	21	No	Mixed	--	-
25	17	M	1 year	16	No	Mixed	Pvt. emp.	100
26	68	M	2 year	66	No	Veg	Rtd. Engineer	150

The above table shows that the incidence of Shwitra is high between the age group of 5 to 22 years. It is more commonly seen in Non vegetarians. Economically poor people are more affected. Only one case of hereditary origin was seen.

B- For non resistant cases

In this group only internal treatment was given. The no.of cases treated are given in table below.

No. of cases	Duration of treatment	Results	Remarks
7	7 days to 3 months	No progress	Discontinued the treatment against medical advice
6	4 month to 6 months	About 20% progress was found	Even after 6 to 8 months treatment the same progress was found, and discontinued the treatment
4	6 to 12 months	About 40% progress was found	The same progress was observed even after 12 to 16 months treatment
2	12 to 16 months	No improvement	-

c. In this group both internal and external treatment was given

No. of cases	Duration of treatment	Results	Remarks
3	1 to 3 months	Nil	Only internal medicine was given
3 (same patients)	4 to 8 months	Pin head size repigmented spots seen around the patches	Since the result was nil both internal and external treatment was given

3 (same patients)	8 to 12 months	80% of the patch repigmented in One case	In rest of 2 cases 60% result was noticed.
3 (same patients)	12 to 16 months	100% recovery in One case	In rest of 2 cases about 75% result was noticed.

Despite, few patients continued to get new lesions while old lesions were got pigmented at the same time.

Total number of cases treated = 26.

Pathyapathya: The patients were adviced to discontinue the causative factors of the Shwitra.

DISCUSSION

The patients were assured about its non infectious and non-hereditary nature. Further that it has no relationship to leprosy. The gave immense moral strength to the patients. When Varthi as lepa was applied over the affected region, blisters were developed initially. Therefore further application was stopped till healing has taken place. Later on again lepa was applied and there was no formation of blisters. Repigmentation was usually seen in peripheral region first and covering towards the centre from all directions. With the above results it is observed that single drug Bakuchi was no effective fully to treat the disease. Hence it may be worth trying to give Bakuchi in association with the other Shwitrahara drugs.

BIBLIGRPAHY

1. Charaka Samhita
2. Sushruta samhita
3. Ashtangahridaya
4. Bhavprakash Nighantu
5. Dravyaguna Vignan (Pt P.V. Sharma)
6. Madhava Nidaan
7. Practice of Dermatology (P.N. Bhel)
8. Indian Material Medica (Dr. K.M. Nedkarni, Vol. 1)
9. Glossary of Indian Medicinal Plants.