

**ROLE OF AVALGUJAADI LEPA IN SHWITRA**

**Dr. Deodatta Bhadlikar<sup>1</sup>, Dr. Devyani Bhadlikar<sup>2</sup>, Dr. Shruti Saxena<sup>3\*</sup>,  
Dr. Archana Pandey Jumle<sup>4</sup>, Rahul Jumle<sup>5</sup>**

<sup>1</sup>Conceptualization, Data Curation, Methodology and Writing Original Draft, M.D. (Ayurveda); Ph.D. (Ayurveda); DHBTC (Diploma in Herbal Beauty Therapy & Cosmetology); DCR (Diploma in Clinical Research); PDFIIM (Post Doctoral fellow of Indian Institute of Medicine); MBA (Master of Business Administration in Healthcare Management), Fellowship course in Ayurved for Women and Maternal Health Care Management.

<sup>2</sup>M.D. (Ayurveda); DCR (Diploma in Clinical Research), Ph.D. (Sch.).

<sup>3</sup>M.D.(Ayurveda); PGDEMS (Post Graduate Diploma in Emergency Medicine), Assistant Professor, Dept. of Agadtantra Evum Vidhivaidyaka, Sardar Ajit Singh Smriti Ayurved Mahavidyalaya, Bhopal.

<sup>4</sup>Conceptualization, Data Curation, Methodology and Writing Original Draft, ASSOCIATE Professor, Dept. of Prasutitantra & Strirog, Datta Meghe Ayurveda Medical College, hospital & Research Centre, Nagpur.

<sup>5</sup>Associate Professor, Dept. of Kaumarbhritya (paediatric), Mahatma Gandhi Ayurved College, Hospital & Research Centre, Datta Meghe Institute of Higher Education & Research (Deemed to Be University), Salod (H), Wardha, Maharashtra, India 442001.

Article Received on 15 Sept. 2025,  
Article Revised on 30 Sept 2025,  
Article Published on 15 Oct. 2025,

<https://doi.org/10.5281/zenodo.17439349>

**\*Corresponding Author  
Dr. Shruti Saxena**

Assistant Professor, Dept. of  
Agadtantra Evum Vidhivaidyaka,  
Sardar Ajit Singh Smriti Ayurved  
Mahavidyalaya, Bhopal.



**How to cite this Article:** Dr. Deodatta Bhadlikar<sup>1</sup>, Dr. Devyani Bhadlikar<sup>2</sup>, Dr. Shruti Saxena<sup>3\*</sup>, Dr. Archana Pandey Jumle<sup>4</sup>, Rahul Jumle<sup>5</sup> (2025). Role of Avalgujaadi Lepa in Shwitra. World Journal of Pharmaceutical Research, 14(20), 1081–1083.

This work is licensed under Creative Commons Attribution 4.0 International license.

**INTRODUCTION**

Since the beginning of civilisation the disease Shwitra is considered to be a great Social evil and the persons suffering from it could not command a respectable position in the Society. According to Ayurvedic concept Shwitra is said to be caused by the effects of Paapakarmas done either in this life or in previous life. Hence while describing its Treatment aspect Ayurvedic Scholars have recommended Daana, Dharma and Brahmin Poojana etc. the measures in addition to various medicaments, It is also observed that the use of medicines alone sometimes may not prove helpful in achieving the complete cure of the disease. Probably because of this reason the disease is claimed to be curable only partially in modern medical science inspite of great efforts being made to achieve complete cure of this disease throughout the world. According

to modern concept Melanin is considered to be the most important factor for the proper pigmentation of the skin and its formation and activation is considered to be dependent on the activity of various hormones of the body and especially of Pituitary gland.

In Ayurvedic system of medicine number of drugs / preparations are mentioned and recommended for its treatment and 'Avalgujaadilepa' is one such preparation mentioned in Ashtaanga Hridaya for the treatment of Shveta-Kushtha(Shwitra), This preparation is being used traditionally also and claimed to be the most effective.

Thus, with a view to assess the validity of the above claim on 'Avalgujaadi lepa' the present study has been planned.

## **MATERIAL AND METHOD**

The 'Avalgujaadilepa' was prepared as per the formula of Ashtaanga Hridaya & was used externally as a paste on the affected parts.

The contents of the Avalgujjadi lepa are Avalguja Bija-4 pala.

Haritaala Churna-1 pala

Gomutra as required to make a paste.

### **Selection of the patients**

The patients having white patches on the different parts of the body were selected from the Out-Patient Department. After measuring the area of the patches the treatment was started.

During the course of Treatment the patients were asked to sit half to one hour in the open Sun shine in the morning between 7-8 a.m. regularly during the course of treatment after the application of the paste with a view to expose the affected part to the morning sun rays with a view to activate melanin and its formation.

In addition to local application of the above paste the patients were given 'Aarogya vardhini' 1/2 gm four times with honey and 'Khadiraristha' 25 ml, twice daily after meals. The progress with regard to the response of the treatment was noted. The treatment was continued for three months but in the second month the lepa was discontinued and the patients were kept only on oral medication.

In the third month again the lepa was started alongwith oral medication.

During the course of Treatment the patients were advised to take less salt diet and milk in plenty. The taking of fish was also restricted, They were also advised to perform Sooryapooja.

### **OBSERVATIONS**

1. Within one month of treatment the white patches started to turn reddish.
2. During II nd month's treatment the reddish colour further depened but the progress was comparatively slow in this month.
3. In the 3rd month when the application of lepa was again started the response of the treatment was much faster and in most of the cases the colour of the patches has almost become similar to the colour of the skin.

### **RESULT**

1. The response of the treatment was significant.
2. Out of 10 cases seven case responded well to this treatment while one case did not show any improvement while in remaining two cases partial improvement was obvious.

### **CONCLUSION**

- 1, The response of combined treatment (i.e Systemic & local.) was more satisfactory
2. In 70% cases significant improvement was observed.