

A CASE STUDY ON ROLE OF *JALAUKA VACHARANA* FOLLOWED BY *BAKUCHYADI LEPA* IN *SHVITRA* (VITILIGO)

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ABSTRACT

Shvitra is a *Twaggata Raktaja Tridoshaja vyadhi*. Based on the symptoms, *Shvitra* can be correlated with Vitiligo. Vitiligo is an acquired, common challenging pigmentary disorder of skin disease characterized by white coloured patches. A 42 year old lady complaint white patch below the left elbow and the left knee, multiple irregular sized measured 1560 mm² for last 1 year. Initially lesions were small discrete, later progressively increased in Size. There were no associated complains confined to lesions like itching or burning sensation and also no history of environment, occupation. The case was treated with *Jalaukavacharana* followed by *bakuchyadi lepa* over a period of 4 months with steady improvement which is evident from the photographs and improvement in size reduction was recorded by measured with graph paper. This case study is documentary evidence of successful management of *shvitra* (vitiligo) based on the principles of ayurveda.

Key words: *Shvitra*, *raktamokshana*, *jalaukavacharana*, *bakuchyadi lepa*, vitiligo.

INTRODUCTION: *Shvitra* is cosmetic disability, and there is only one cardinal symptom of *shvitra* i.e. white coloured patches. Other symptoms mentioned are *Daha*, *Kandu* etc. based on *doshas* and *dhatu*s involvement. Vitiligo occurs when melanocytes, the cells responsible for skin pigmentation, die or are unable to function. Though the vitiligo won't produce physical agony as such, it leads to social stigma which makes the patient difficult to face the society it is a hypopigmentary disorder with a worldwide prevalence of 0.5-1% and incidence from 0.1 -8.8% or greater of the population. There is no racial, gender or age predilection, although two third of patients with vitiligo are diagnosed before the age of 30¹. In India, about 2-5% of the population is affected²Chronicity plays a vital role in prognosis of disease in perspective of *ayurvedic* point of view.*shvitra* is caused by the simultaneous vitiation of all the three *dosha*, based on its location in different tissue presentation varies. Involvement of *rakta* (blood) giving shelter for *dosha* results in reddish discoloration of skin, likewise in *mamsa* (muscle tissue) - coppery colour and in

medas (fat) - white colour³. While explaining *Raktapradoshaja Vikaras*⁴, *Shvitra* is also mentioned as one among them; Here *raktamokshana* has been undertaken because *Shvitra* is a *raktaja vikara* and main principles for the management of *raktaja vyadhis* are *virechana*, *upvaasa* and *raktamokshana*⁵ along with local application of *lepa*. For *raktamokshana* *Jalaukavacharana* is selected due to its action on *Avgadh*(local) *Rakta*⁶. *Bakuchi* Seeds and *Mulak* seeds *Lepa* is a well-known *Lepa* for *Shvitra* reported previously⁷. In ayurveda, the causes for the *shvitra*, are considered as untruthfulness, ungratefulness, disrespect for the gods, insult of the preceptors, sinful acts, misdeeds of past lives and intake of incompatible food are the causative factors of *shvitra*.

PATIENT INFORMATION

A female patient of *shvitra* was selected from OPD of Shubhdeep Ayurveda Medical College, (P.G. Institute) Indore (M.P) age:42year old complaining of depigmented (white),irregular sized patches on left knee and below the left elbow. Initially lesions were small ,discrete, later progressively increased in

their size. There were no associated complaints related to lesions like itching or burning sensation and no history related to contact with chemicals or burn. Patient have habitual intake of incompatible diet like citrus fruit and milk ,masha with milk and day sleep (divaswapna). Patient had desire for open air, fried food, icecream and she could not tolerate warmth and no control of her angry ness. There is no family history of vitiligo. Her childhood history had no significant events. On examination it was found that she had no systemic problem; fair complexion, medium body built, weight 65 kgs, height 160cms. All vitals are normal. Patient was taken modern medicine from 6 months for the same without any improvement ,so she came for ayurvedic treatment to get complete cure.

MATERIAL AND METHOD:

After proper examination, on first day of course of treatment *Jalauka* were applied at the midpoint of the lesion. *Jalaukavacharana* was carried out as per classical method. *Jalauka* were applied every 7th day. Total 4 sittings were done. After the *Jalaukavacharana* *Lepa* were continued on affected area for 3 month. Patient had been followed up every 15 days after lepa application.

RESULT AND OBSERVATION:

After *jalaukavacharana* lesion size of elbow and knee were reduced and after *lepa* application on elbow and knee lesion was disappeared.

DISCUSSION:

The effective treatment is yet to be found out Modern medicines is associated with so many complications and side effects and toxicity. Though a few case records are documented in the past about the success of various Ayurvedic medicines, yet they lack proper quantitative assessment. *Raktmokshana* is the main part of line of treatment of skin diseases. Amongst various type of *raktmokshana*, *jalaukavacharana* seems best of *shvitra* patients. Because it is easy to apply on any

area and for those who had only 1 or 2 small patches on all body. Apart from easy application, it was observed better repigmentation of the lesion and better results on reapplications. After *jalaukavacharana*, external application is mandatory to treat *shvitra*, without *lepa* it wasn't possible to get result in such a short period. *Bakuchyadi lepa* worked well in patient without causing any severe discomfort and blisters. *Lepa* provided better relief in repigmentation of lesion and in size reduction or complete remission. Application of lepa followed by exposure to sunlight which helps in stimulating melanocytes formation. 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 melanoblast are stimulated. After completion of *jalaukavacharana* process. Patients were advised to apply the *lepa* once a day and to be exposed to direct sunlight in early morning. After the treatment improvement in the reduction of lesion area and patient achieved normal skin colour in some lesion. The treatment *Jalaukavacharana* is more suitable for delicate persons, children, *alpa satva* patients and those who have small size, less number of lesions. This is totally painless therapy without any discomfort. During *Jalaukavacharana*, antibiotic, antiseptic and analgesic drugs are not required. This therapy is safest and effective in reducing the size of lesion. These treatment will be more effective when it will be used with Shaman *chikitsa*.

CONCLUSION:

However, this case shows that the success of Ayurvedic therapy in vitiligo without any adverse effect. After about 4 months it was reported that patient is free from white patches.

This case study is new avenue for future research in successful management of

shvitra vis-à-vis vitiligo by adopting treatment based on principles of ayurveda.

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Source of support: Nil

Conflict of interest: None

Declared

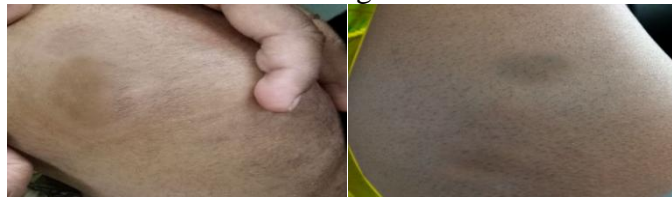
Cite this Article as : [Gupta Priyanka: A Case Study on Role of Jalaukavacharana Followed By Bakuchyadi Lepa In Shvitra (Vitiligo)] www.ijaar.in : IJAAR VOLUME III ISSUE IX JUL -AUGG 2018 Page No:1238-1240



Before Treatment



During Treatment



After Treatment