

**A CLINICAL STUDY OF VIRECHANA FOLLOWED BY
BAKUCHYADI LEPA IN MANAGEMENT OF SHVITRA W.S.R. TO
VITILIGO**

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ABSTRACT

Shvitra (vitiligo) is a kind of skin disorder of unknown cause characterized by dipigmented or hypo pigmented patches. Since the beginning of the civilization the disease *shvitra* is considered to be a social stigma and people suffering from it feel let down in the society. It does not cause any pain, ulcer, or discomfort. Based on the symptoms, *Shvitra* can be correlated with Vitiligo. Vitiligo is a pigmentary disorder. The effective treatment is yet to be found out. Modern medicines is associated with so many complications and side effects and toxicity. *Shvitra* cure can be achieved with ancient Ayurvedic herbs which are basically meant for treating the root cause of the disease. Hence study was carried out to find out a batter ayurvedic management for the *shvitra* and to find out the efficacy of *virechana* on the diseases *shvitra*. for clinical trial 30 individuals were selected as total sample population. *Virechana Karma* was carried out as per classical method *Virechana Yoga* was prepared with *Kampillaka Churna* 4 gm with 75-100 ml *Triphala Kvath*. After completion of *Virechana* process followed by *Samsarjana Krama*,. Patients were advised to apply the *lepa* once a day and to be exposed to direct sunlight. After the treatment 23.3% patients showed 76-100% improvement in the reduction of lesion area ,20.0% patients achieved normal skin colour and 20.0% patients showed 76-100% reduction in no.of lesion.

Keywords: *Shvitra* ,*virechana* ,*samsrana* ,*bakuchyadi lepa* ,*vitiligo*, *Kampillaka*.

INTRODUCTION: *Twacha* (Skin) is one of the five 'Gyanindriyas' as described in Ayurvedic classical texts¹. Though *Shvitra* is a *Twaggata Raktaja Tridoshaja vyadhi*².our acharyas has already been told many treatment modalities for the management of *Shvitra*. *Panchakarma* is a very unique therapeutic procedure, serving as a *Shodhana* therapy because of its preventive, promotive, prophylactic and rejuvenative properties as well as providing a radical cure. If Doshas are depleted with *Shamana* therapy, there are chances to provoke that *doshas* again, but if they are

removed by *Shodhana* therapy, there are not chances to provoke again³. out of these *Panchakarma* procedures, Our Acharya's has mentioned the *Shodhana* esp. via *Sravana* for the management of *Shvitra*⁴ and various formulations for oral intake and local applications for the management of the disease *Shvitra*. While explaining *Raktapradoshaja Vikaras*, *Shvitra* is also mentioned as one among them; Here *Virechana* has been undertaken because *Shvitra* is a *raktaja vikara* and main principles for the management of *raktaja vyadhis* are *virechana*, *upvaasa* and *lang-*

hana⁵ along with local application of lepa.. Virechana Karma is the chiefly advocated, purificatory measure in this disease and so it was taken in the present study for treatment purpose. As per Ayurvedic principles Virechana karma is not a mere bowel cleansing procedure; apart from that, it also has systemic effects.

AIM AND OBJECTS: To evaluate effect of the virechana followed by bakuchyadi Lepa in Shvitra.

MATERIALS AND METHODS:

Total 30 patients were selected from OPD and IPD of Shubhdeep Ayurveda Medical College,(P.G. Institute) Indore(M.P).

MATERIAL FOR VIRECHANA:

1. Deepana pachana drugs : shunthi churna (3-5gm) BD with warm water after meals till Aam Pachana Lakshan appear.

2. Sneha dravya : simple go- ghrita.

3. Virechana drugs : kampillak churna(4gm)

4. Drugs for counter acting various emergencies like grahani kapat rasa, karpura rasa, etc.

In case of excessive motion, mocharasa, picchabasti kalpa, kutaja ghan vati, karpura rasa, jatiphaladi chura, sanjeevani vati, bilwadi churna are to be collected etc.

5. Virechanopaga drugs : triphala yavkut

6. Dietary articles required for samsarjana krama .

INCLUSION CRITERIA:

1. Age: more than 10 year to less than 60 year.

2. Chronicity : Less than 10 years.

3. Lesions have normal hair colour.

EXCLUSION CRITERIA:

1. Age : Less than 10 year to more than 60 year

2. Chronicity : More than 10 years.

3. Lesions have leucotrichia.

4. Located on non-hairy areas especially the palms, soles, finger tips or mucosal surfaces.

5. Person have any systemic disorder

6. pregnancy

METHODOLOGY: A detailed study of vitiligo patients were done on the basis of specially prepared proforma incorporating all the details about general queries pertaining to Roga-Bala, Rogi-Bala, Kala, Vaya, Agni-Bala, Dosh-Bala.30 Patients were selected. Before treatment consent were taken by patients.

Scoring Pattern: Special scoring pattern was adopted for scrutinizing the

Symptomatology. The score was given on the basis of color, number, repigmentation, vida score and chronicity. The whole body was scored as per the 8 area which divided to facilitate the scoring pattern but looking to the nature of the disease, score was further specified to the organs as follows. Sizes were measured in mm². Fused patches

were counted as single patch. Different areas had been measured with help of graf paper + butter paper to get accuracy.

Color of the patches: Table: 1

Color of Patches	Score
Normal Skin Color	0
Red Color	1
Red to Whitish	2
White to Redish	3

White	4
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Repigmentation dots of patches: Table: 2

No. of Pigmented Dots	Score
0	4
1-5	3
6-10	2
11-15	1

Chronicity of the patches: Table: 3

Chronicity	Score
0 to 2 years	1
2 to 4 years	2
4 to 6 years	3
>6years	4

Vitiligo disease activity (VIDA) 6-point score: Table:4

Disease activity	VIDA score
Active in past 6 weeks	+4
Active in past 3 months	+3
Active in past 6 months	+2
Active in past 1 year	+1
Stable for at least 1 year	0
Stable for at least 1 year and spontaneous repigmentation	-1

Method of Virechana: Virechana Karma was carried out as per classical method. For Deepana Pachana shunthi churna was used. Abhyantara Snehapana was carried out by Go-Ghrita till the occurrence of Samyaka Snigdha Lakshana in increasing dose. Abhyanga and Mrudu Sweda were performed after Snehapana for three days before giving Virechana. After proper Snehapana, patients were advised Virechaka Yoga on empty stomach. Virechana Yoga was prepared with Kampillaka Churna 4 gm with 75-100 ml Triphala Kvath. The patients were advised not to take any type of food except hot water. The patients were kept under observation for whole day

and Lakshanas of Samyaka Virechana were looked for. Samsarjana Krama was advised as per type of Shuddhi and in sequence mentioned by classics. After completion of Virechana process and Samsarjana Krama patients were given (During Lepa therapy) placebo (semolina) capsules in dose of 2 BD with water, to prevent discontinuity of patients. Bakuchyadi lepa was selected for present study. lepa was prepared with classical method, described by charak Samhita.. Patients were advised to apply the lepa once a day and to be exposed to direct sunlight.

Table 5 Lepa:

1. Bakuchi seeds ⁶	Psoralia corylifolia	Ushna Virya, Katu Tikta Rasa, Laghu, Ruksha	Kushthagna, Vranaropaka, Vranashodhana, Keshya, Jantugna Shudrakushtha, Mahakushtha, Krimi, Shvitra,
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			Keshvikar
2.Mulak seeds ⁷	<i>Raphanus sativus</i>	<i>Ushna Virya,Laghu</i>	<i>Nasikakanthrogana,Rochana, Deepana, Svarya,Hrudya Jvara, Kasa,Kshaya, Dadru, Akshiroga, shwasa</i>

OBSERVATION: Age wise distribution showed that, Maximum number of patient were from age group of 30-40 age group, while 16.6% of the patient were belongs to 40-50 years age group. 13.3 % of the patient were belongs to 20-30 years age group. Again 13.3 % of the patient were belongs to 10-20 years age group. 6.6% of the patients were belongs to 50-60 year age group. **Sex wise distribution** showed that 50% were female and 50% patients were male. **Family history wise distribution:** 26.6 % of patients were of positive familial history. 73.3 % of patients were having negative family history. **Doshik domi-**

nancy in patches: maximum number of patients 18 (60%) were having *Kaphaja* type of lesion. *Vatika* type of patches in 8 (26.6%) patients and 4 (13.3%) patients were having *Pittaja* type of lesion. **Nidana**

wise distribution: Utmost figure of patients (56.6%) were belongs to *Viruddha Ahara* category. In all of 56.6% patients 47% were showed history of taken fish with milk, 23.5% were showed citrus fruit with milk 17.6% were showed Raddish with milk, 13.3% were showed mash with milk.

RESULTS

Table No. 6 Representing comparative chart % reduction in area of vitiligo after Virechana followed by Lepa

% change	After Lepa	
	No.	%
No change	17	56.7
1-25% change	6	20.0
26-50% change	0	0.0
51-75% change	0	0.0
76-100% change	7	23.3
Total	30	100.0

The above table shows the reduction in the area of vitiligo after treatment (*Virechana* followed by *Lepa* treatment). After treatment no change was seen in 17 (56.7%) patients, 1-25% change was seen in 6

(20.0%) patients and 7 (23.3%) patients showed 76-100% change.

Effect on the reduction of area of vitiligo was seen after treatment.

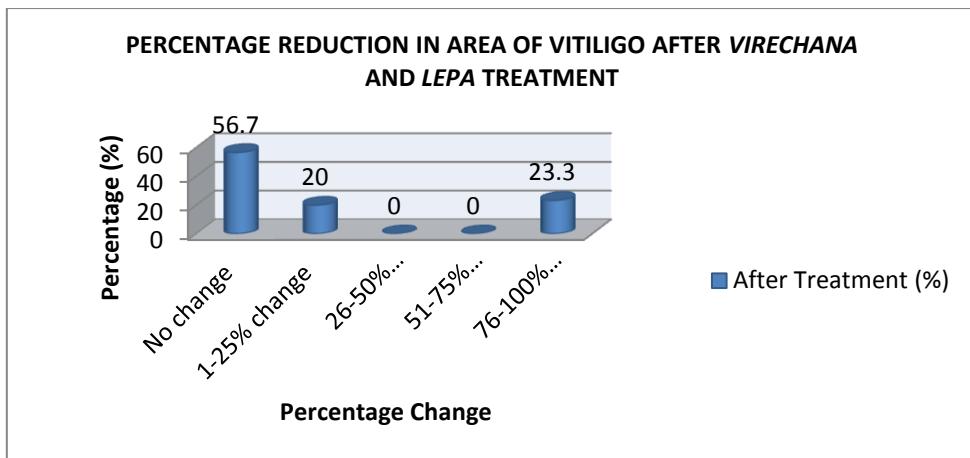


Fig.1 Bar diagram showing percentage reduction in area of vitiligo after Virechana and Lepa Treatment

Table No. 7 Comparison of area before and after treatment

	Area [Mean \pm SD]	't' value	P value
Before treatment	6980.83 \pm 9237.40		
After treatment	6749.87 \pm 9370.86	2.232, df=29	0.033*

Paired 't' test applied. P value < 0.05 was taken as statistically significant

The above table shows the comparison of mean change in the area before and after treatment. The mean area before *virechana*

was 6980.83 ± 9237.40 , while after *lepa* it was 6749.87 ± 9370.86 . The difference was found to be statistically significant ($p < 0.05$), showing a significant decrease in the area after *lepa*.

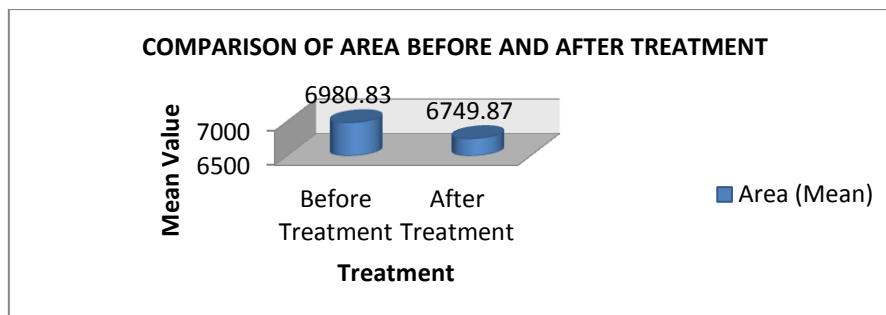


Fig.2 Bar diagram showing comparison of mean area before and after treatment
Table No. 7 Comparison of % reduction in number of lesions of vitiligo after Virechana followed by Lepa

% change	After Lepa	
	No.	%
No change	24	80.0
1-25% change	0	0.0
26-50% change	0	0.0
51-75% change	0	0.0
76-100% change	6	20.0
Total	30	100.0

The above table shows the percentage reduction in the number of lesions of vitiligo

in the patients. (*Virechana* followed by *Lepa* treatment). After treatment, 24 (80%)

patients showed no change and 6 (20.0%) patients showed 76-100% change.

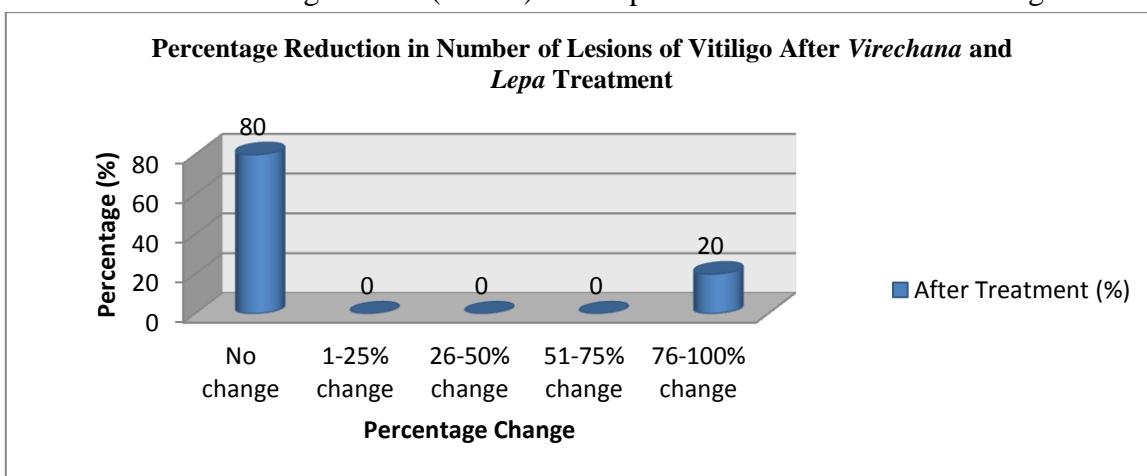


Fig.3 Bar diagram showing percentage reduction in number of lesions of vitiligo after Virechana followed by Lepa Treatment

Table No.8 Comparison of number of lesions before and after treatment

	Dots [Mean \pm SD]	't' value	P value
Before Virechana	13.10 ± 12.92	1.689, df=29	0.102, NS
After Lepa	12.13 ± 13.49		

Paired 't' test applied. P value < 0.05 was taken as statistically significant

The above table shows the comparison of mean change in the number of dots before and after treatment. The mean number of dots before treatment was 13.10 ± 12.92

and after *virechana* followed by *lepa* it was 12.13 ± 13.49 . The difference was found to be statistically not significant ($p>0.05$), showing that there was no significant change in the number of dots after *lepa* also.

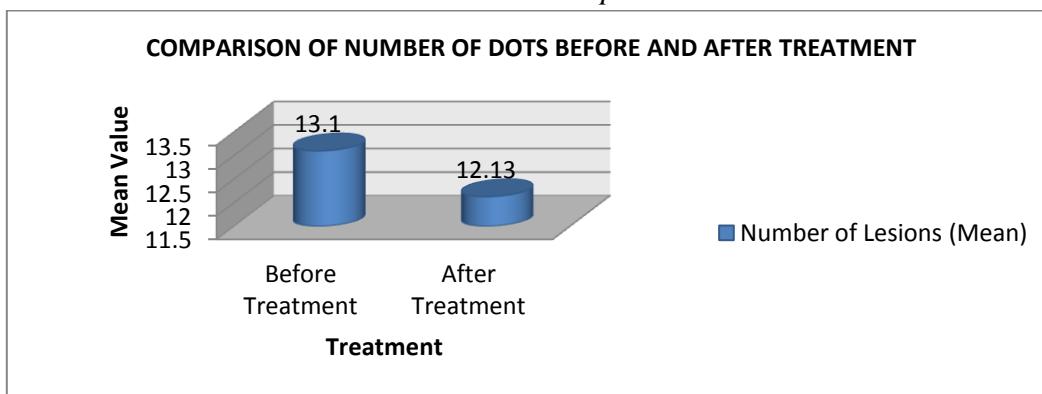


Fig.4 Bar diagram showing comparison of mean number of dots before and after treatment

Table No.9 Comparison of Colour Score before and after treatment

Colour Score	Before Treatment		After Treatment	
	No.	%	No.	%
Normal skin colour (0)	0	0.0	6	20.0
Red colour (1)	0	0.0	0	0.0
White to Reddish (2)	5	16.7	5	16.7

Red to Whitish (3)	10	33.3	9	30.0
White (4)	15	50.0	10	33.3
Total	30	100.0	30	100.0

The above table shows the comparison of colour score before and after treatment. Before treatment, 5 (16.7%) patients were having white to reddish skin colour, 10 (33.3%) patients were having red to whitish skin colour and 15 (50%) patients were having white skin colour. After treatment, 6 (20.0%) patients were having

normal skin colour, 5 (16.7%) patients were having white to reddish skin colour, 9 (30.0%) patients were having red to whitish skin colour and 10 (33.3%) patients were having white skin colour. Improvement in the skin colour towards normal skin colour was seen in patients after treatment.

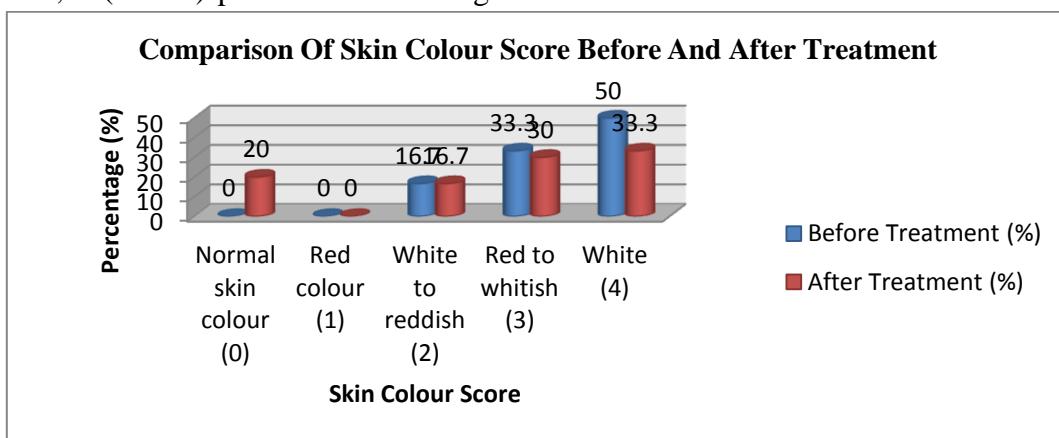


Fig.5 Bar diagram showing skin colour score before and after treatment

Table No.10 Comparison of colour score before and after treatment

	Colour Score [Mean \pm SD]	't' value	P value
Before Treatment	3.37 ± 0.81		
After Treatment	2.57 ± 1.48	2.804, df=29	0.009*

Paired 't' test applied. P value < 0.05 was taken as statistically significant

The above table shows the comparison of mean change in the colour score before and after treatment. The mean colour score

before treatment was 3.37 ± 0.81 and after treatment it was 2.57 ± 1.48 . The difference was found to be statistically significant ($p<0.05$), showing a significant decrease in the color score after treatment.

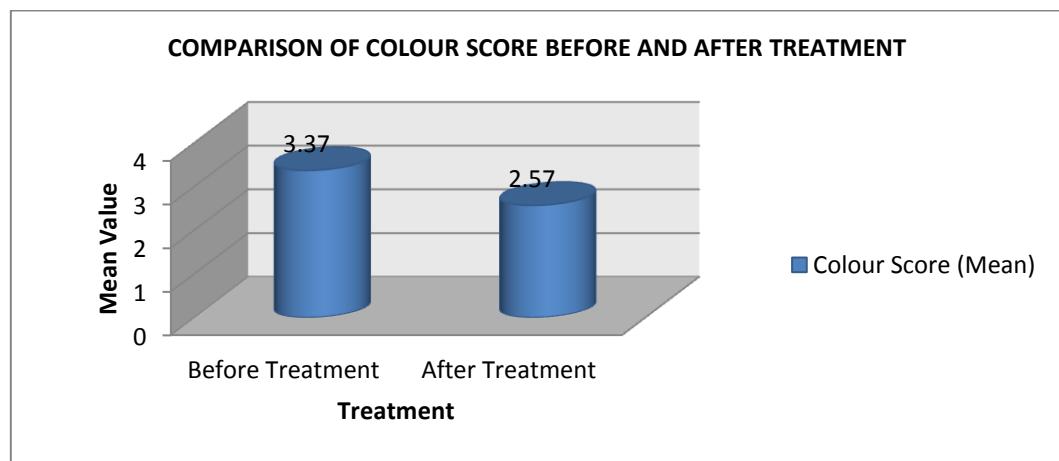


Fig.6 Bar diagram showing comparison of mean colour score before and after treatment

TOTAL EFFECT OF THERAPY:

Effect of therapy on Vitiligo Area: After the treatment 23.3% patients showed 76-100% improvement in the lesion area. The mean area before treatment was 6980.83 ± 9237.40 , while after treatment it was 6749.87 ± 9370.86 . The difference was found to be statistically significant ($p<0.05$), showing a significant decrease in the area after *lepa*.

Effect of therapy on Colour Score

Vitiligo Lesion: Before treatment 16.7% patients were having white to reddish skin colour, 33.3% were having red to whitish skin colour and 50.0% patients were having white skin colour. After treatment, 20.0% patients achieved normal skin colour, 16.7% still had white to reddish skin colour, 30.0% patients had red to whitish skin colour and 33.3% patients had white skin colour.

The mean colour score before treatment was 3.37 ± 0.81 and after treatment it was 2.57 ± 1.48 . The difference was found to be statistically significant ($p<0.05$), showing a significant decrease in the color score after treatment.

Effect of therapy on Number of Lesion:

After *Lepa*, 80% patients showed no change and 20.0% patients showed 76-100% change.

The mean number of lesions before treatment was 13.10 ± 12.92 and after treatment it was 12.13 ± 13.49 . The difference was found to be statistically not significant ($p>0.05$), showing that there was no significant change in the number of lesions after treatment also.

DISCUSSION: *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 dhatus involvement. To find out a better resolution so many trials of *panchkarma* therapies including local application was done by many research scholars. *Shvitra* is a *raktaja vikara* and main principles for the management of *raktaja vyadhis* are *virechana, upvaasa* and *langhana* along with local application of *lepa* is suggested. *Samshodhana* is the first line of treatment mentioned in classics in various skin disorders. *Kampillaka churna* was selected for the study due to its *sransana* and *krimighna*⁸ properties and *Susruta* also mentioned that *vivarnata* (discolouration) as a *krimi roga lakshana*. Use of *kampillaka* resulted 4-12 vegas i.e. a *madhyam shuddhi* without any discomfort and complications. It was found that *kampillaka churna* is suitable *sransana* drug for *shvitra* patients. Repeated use of *virechana* with *kampillaka churna* may provide better result as *punah punah shodhana* is indicated in *kushtha chikitsa*. External application is mandatory to treat *shvitra*, without *lepa* it wasn't possible to get result in such a short period. *lepa* worked well in patients without causing any severe discomfort and blisters. *Lepa* provided better relief in repigmentation of lesion and in some patients in size reduction.

CONCLUSION:

- *Virechana* therapy is must in *shvitra* patients. After therapy external and internal medications are more effective and repeated *virechan* may stop recurrence of disease.
- *Kampillaka churna* is a good option for *sransana* because it has effective in less quantity and it is effective to get found *madhyam* to *avar shuddhi* without any complications.

- Use of *lepa* is compulsory in *shvitra* even after *shodhana*. Without local application we can't get any significant result in lesion. No major side effects of the *Lepa* treatment were observed.
- According to study, the treatment of *shvitra* requires very long time for chronic and big lesion, so clinical study of one and half month was not sufficient to create any conclusion

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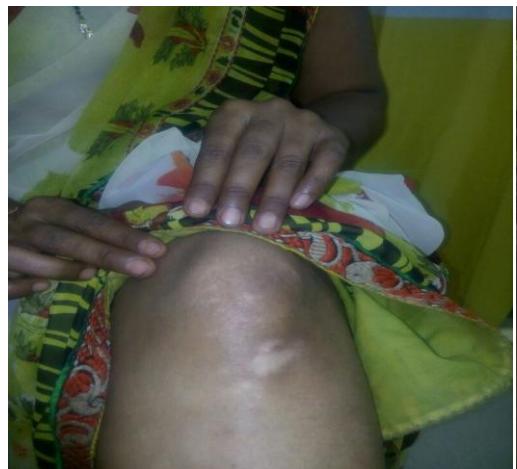
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Before



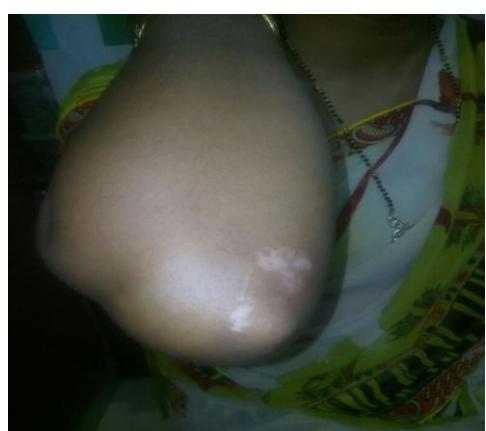
After



Before



After



Before



After