

Role of Khadiradi Yoga and Khadiradi Taila in Management of Shvitra

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Abstract

Shvitra is one among various skin disorders characterized by white and depigmented patches. It can be correlated with vitiligo, characterized by absence of melanocytes in affected areas of the skin. It poses a major problem for patients because of its ugly appearance and presentation on the body. In this study, patients of shvitra were randomly selected from OPD/IPD of Akhandanand Ayurveda Mahavidyalya, Ahmedabad. Twenty-three patients were treated with Khadiradi Yoga and Khadiradi Taila for 8 weeks. The response to the treatment was recorded and therapeutic effects were evaluated through symptomatic relief to the patients. From the result, it was observed that 20% patients had mild improvement while 80% patients had moderate improvement. Out of 23 patients, 3 patients were dropped out.

Keywords: Shvitra; Skin; Vitiligo; Melanocytes; Khadiradi Yoga.

Introduction

Skin is a mirror that reflects external and internal pathology and thus helps in diagnosis of disease. It is the first organ of the body interacting with environmental stimuli, and the natural ability of the body to deal with these factors results in spontaneous remissions and relapses.

All the skin diseases in Ayurveda have been described under the heading of Kushtha. Shvitra was described along with Kushtha but not included in 18 types of Kushtha[1], It just cited as an addendum was to a chapter. Etiopathology of this disease is not significant and mortality rate due to this is negligible.

Bakuchi is a drug of choice for many physicians as it contains highest amount of furocoumarin. Acharya Charaka also mentioned Kakodumbara[2] in the treatment of Shvitra, which also contains Psoralin.

In modern dermatology, Shvitra can be correlated with vitiligo and Leucoderma. Vitiligo is an acquired skin disorder characterized by white and depigmented patches that enlarge and become more numerous with time. It is due to a disappearance of functioning melanocytes and loss of melanin in the epidermis. The condition can be cosmetically disfiguring and the lesional skin is thus more sensitive to sunburn. Although, no full therapeutic solution for vitiligo is available, many options may lead to acceptable results in most patients. Management includes sun protection as well as medical and surgical repigmentation therapy. Medical treatments consist of narrowband ultraviolet B (UVB), broadband UVB, Psoralen plus UVA, corticosteroids. Patients taking systemic Psoralin, complain of nausea, epigastric discomfort etc and excessive

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exposure (to sun or to UVA) may result in phototoxicity[3]. Surgical treatment, consisting of autologous transplantation methods, is generally recommended for stable/focal vitilig after medical therapy has failed.

In the present study, Khadiradi Yoga[4] was selected that contains drugs which are easily available, low cost, and can be used safely A compound preparation in the form of Vati was prepared in Government Ayurvedic Pharmacy, Rajpipala. Considering the above facts, an attempt was made to evaluate the efficacy of Khadiradi Yoga and Khadiradi Taila (externally) to overcome the problem of Shvitra.

Aims and objectives

1. To study the etiopathology, symptomatology and progress of the disease as per Ayurveda and modern science.
2. To assess the efficacy of Khadiradi Yoga and Khadiradi Taila in the management of Shavitra.

Materials and methods

The study was carried out at Kayachikitsa OPD and IPD of Akhandanana Ayurveda Mahavidyaly Ahmedabad. A total 23 patients of Shvitra were selected for the present study, out of which 3 patients were dropped in middle of the course. The cases was randomly selected irrespective of their age, sex, occupation and socio-economic conditions. The materials utilized for this study were of two types: literary and clinical.

1. Literary study: Compiled from *Ayurvedic* classics as well as modern literature.
2. Clinical Study: Comprised of 23 patients of *Shvitra*, various investigatory techniques, photographs and clinical records etc.

Clinical study

The selected and investigated patients were subjected to the medication. In this study: *Haritakyadi Shodhana*[5] Yoga (Ref. - *Charaka Samhita, Chikitsa Sthana*, - *Rasayanachikitsa*, 2nd Pada, 25th Verse) prior to *Shamana Chikitsa* for *Shodhana* purpose.

Khadiradi Yoga (internally)- 6 gm in three divided dose for 8 weeks.

Khadiradi Taila was used (externally)- according to size of patch.

Khadiradi Taila is use for external application with sun exposure for 10-15 minutes. The treatment was continued for two months and patients were advised to follow a specific diet restriction.

Contents of drug

Haritakyadi Shodhana yoga contains *Haritaki, Saindhav, Amlaki, Guda, Vacha, Vidanga, Rajini, Pipalli, Shunthi*.

Khadiradi Yoga contains *Khadira, Amalaki and Bakuchi*.

Inclusion Criteria

The patients who fulfilled the clinical criteria for diagnosis of shvitra were randomly selected, irrespective of their age (15 to 50 yrs), sex, religion, occupation etc.

Exclusion Criteria

Leucotrichia (*Shweta Romatva*), lesions present on genital organ, palm, sole, lips as well as whole body and patients with D.M., H.T.N., T.B and other endocrine diseases.

Criteria for assessment

With all clinical data, signs and symptoms and for objective criteria, photograph is necessary before and after treatment.

Total effect of therapy	
Percentage	Effect of therapy
0 - <25	No change
25 - <50	Mild improve
50 - <75	Moderate improve
75 - 99	Marked improve
100	Cured

Observation

In the present work, total 23 patients were enrolled from which three patients discontinued Observation of 20 patients is described as follows:

Forty percent of patients belonged to 40-50 years age group; 55% were male, 90% were Hindu, 30% were students; 55% were educated; 50% belonged to middle class and 55% were married. Forty percent of patients exhibited chronicity upto 0 - 1 year, 75% were vegetarian; 80% gave negative family history; 65% were addicted to tea; 35% had Vishamgni; 45% and 80% had Vatakaphaja Sharirika and Rajasika Manas Prakruti respectively; 25% had history of Krimiroga in association with Shvitra; 70% shown gradual onset and 35% were noted with history of Chinta.

Maximum number of patients, i.e. 70%, 45%, 40% and 30% were observed taking Dugdha+Khichdi, Dugdha+Onion/garlic, Dugdha+Amla and Dugdha+Lavan respectively; 35% of patients were taking Shita Ushna Vyatyas, while 45% of patients were taking Ati Amlarasa; 35% of patients were taking Ati Lavana Rasa and 25% had history of Ati Pistanna Sevana.

It was observed that 100% patients showed history of Shwetabh Vaivarnata and Mandalotpatti, 55% patients showed Kandū, 35% patients had Rukshata, 30% patients had complaint of Paridaha, Bahal and Snigdha while 25% patients showing Paridhawanshi as cardinal symptoms. Maximum number of patients, i.e. 45%, were having Vatika type of lesion; 35% had followed by Kaphaja type of patches.

Results

Effect of therapy on sign and symptoms

In this study, the results in color of patches, number of patches and in percentage area involved were highly significant ($p < .001$). The relief was 54.83% in color of patch, 57.57% in number of patches and 44.72% in percent area covered. (Table 1)

Table 1. Effect of therapy in 20 patient of Shvitra

Group A	MEAN SCORE		D	%	S.D.	S.E.	T	P
	B.T.	A.T.						
Color of patches	3.1	1.4	1.7	54.83	0.72	0.16	10.46	<0.001
No. of patches	3.3	1.4	1.9	57.57	0.61	0.13	13.80	<0.001
Percentage of body	1.9	1.1	0.8	44.72	.58	.13	6.566	<0.001

effect on hematological parameters

The relief in Hb% was found 4.56% which is insignificant. ($p > 0.05$), in WBC count 9.05% which is highly significant ($p < 0.01$) and in ESR was 29.49%, statistically highly significant. ($p < 0.001$).

Overall effect of therapy

In this study, 20% of patients had mild improvement and 80% of patients had moderate response to the therapy. (Table 2)

Table 2. Overall effect of therapy

No.	Assessment	No.	(%)
1	No change (<25%)	0	0%
2	Mild improve (25-<50%)	4	20%
3	Moderate improve (50-<75%)	16	80%
4	Marked improve (75-99%)	0	0%
5	Cured (100%)	0	0%
Total		10	100%

Discussion

In this era, shvitra is a burning problem and the number of patients increases day by day. According to classical text, shvitra is a Pitta Pradhana Tridoshaja Vyadhi. Bhrajaka Pitta is mainly responsible for color formation, so there is vitiation of Bharajaka Pitta. Main cause for this is excessive intake of Viruddha- Ahara and Papa-karma. Viruddha Ahara plays an important role in the genesis of disease. Viruddha Ahara may produce o-quinones, cyanides and other groups which bind copper (essential part of enzyme tyrosinase) thereby deactivating tyrosinase, producing depigmentation.

Shvitra is a disease that does not cause mortality or morbidity; it is a cosmetic disability and there is only one cardinal symptom of shvitra i.e. white patches. Shvitra can be manifested on any part of the body: prone areas are distal fingers, lips and fore arm. Patches are more obvious on sun-exposed areas, including the hands, feet, arms, legs, lips as well as around body openings like eyebrows, eyelashes, mouth, nipple, umbilicus and genitalia. Chronicity plays a vital role in prognosis of disease from Ayurvedic point of view, because as per Acharya, the disease is become Asadhya after one year.

Probable remedies

Haritakyadi shodhana yoga

In Khadiradi Yoga all three drugs have Rasayana property and Shodhana is necessary[7] prior to Rasayana. Haritakyadi Shodhana yoga has Dipana, Pachana, Vatanuomana, Krimighna and Tridosh-Shamaka properties, thus bringing the Dosha near to a state of equilibrium. Thus, Haritkyadi Shodhana Yoga was used for Koshttha - Shuddhi purpose prior to Shamana Chikitsa, which provides a platform for effectiveness of Shamana Yoga.

Khadiradi Yoga

Shvitra is a Pitta-pradhana Tridoshaja Vyadhi. Predominant Rasa in Khadiradi Yoga is Tikta and Kashaya. Tikta Rasa has Dipana, Pachana, Pittashleshmaupshoshana properties and Kashaya Rasa also has Shaleshmraktapitta Prashamana Guna. So Tikta Rasa acts on Agni, Ama and helps to relieve Mandagni. Tikta and Kashaya Rasa act on Dosha, which are major culprits of the disease pathogenesis. Dushya in shvitra are Rasa, Rakta, Mansa, Meda and Lasika. Laghu and Ruksha Guna of Khadiradi Yoga and Kakodumbara Vati act on Rasa, Rakta Dhatu along with their Srotasa. Laghu and Ruksha Guna with Tikta and Kashaya Rasa have Kleda, Meda, and Lasika Shoshana properties. Because these are Dushya in Shvitra and by Upshoshana property of Ruksha guna helps

in Samprapti Vighnana of Shvitra. Avyava Sthana in Shvitra is Twak, and Rogmarga is Bahyarogmarga. Because Kushtha Roga is a disease of skin and Khadiradi Yoga has Kushthagna Prabhava, so due to this property it directly acts on Twacha. In Khadiradi yoga Khadira and Amlaki has Vyadhipratyanik effect, and in Charaka Samhita both are mentioned in Kushthaghna Mahakashaya. Both drugs have Shvitraghna property.

Conclusion

Statistical study showed that overall better results were observed in all clinical signs and symptoms. No side effects were reported by the patients during the study or in follow up time.

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