To Evaluate the role of Somaraji Taila Lepa in Switra Kusta- A Pilot Study

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A B S T R A C T

Skin is the best indicator of general health and even a layman’s eye can detect the changes in melanin pigmentation. The patients of Switra will feel that they are separated from the society and get depressed psychologically. There are no cardinal symptoms of Switra except white colored patches. So it is a cosmetic disfigurement and patients generally complain about their appearance. As per modern science when melanin, the pigment necessary for colour of skin is not produced leads to white patches and Switra is co-related with Vitiligo. Vitiligo affects the 1% of world population. The effective treatment for Switra is yet to be found out, as the response rate is very much less. As per Ayurvedic classics Chikitsa of Switra consist both Antaparimarjana and Buirparimarjana Chikitsa. Here is an attempt to establish the therapeutic potentialities of Swayambhuva Guggulu with Bringaraja Kwatha as internal administration and Somaraji Taila Lepa as the external application, acts effectively in the management of Switra Kusta.

Key words: Switra, Vitiligo, Swayambhuva Guggulu, Bringaraja Kwatha, Somaraji Taila.

I N T R O D U C T I O N

Ayurveda is the science of life which describes the Hitā and Ahitā to Ayu. It is said to be the most ancient system of medicine which is wide spread, today curing the diseases through systemic follow up of the regimens told in Ayurveda.

In Ayurveda, all skin diseases comes under Kusta. Acharya Charaka dealt with Switra after deeply explaining the Kusta Chikitsa. The main effect of Switra is white coloured patches without any symptoms.

The description of Switra is available since Vedic literature. The terms used in the place of Switra in Vedic literature are Shwatakusta, Kilasa and Palita. Almost all the ancient scholars justified the description of Switra starting from Nidana and ending with Chikitsa as that of Kusta. Later authors differentiated Switra from Kusta by its being less destructive to the tissues of the body and also by its non infectious and non exudative nature. All these facts put together, the term Switra is used separately from Kusta in which everything else like the destruction of tissues.

According to Kashyapa Samhita¹, Switra is, ‘Shweta Bhava Micchanti Switram’, This means reflection of white colour. Susruta called the disease as Kilasa instead of Switra.² ‘Twagatm Eva Aparisravi’, This means there is only involvement of skin and is Aparisravi i.e. non-exudative.

If Switra is characterized by a change in the color of the skin, it can be equated to that of Vitiligo in modern medicine. Vitiligo is a common acquired discoloration of the skin characterized by well circumscribed, ivory or chalky white spots on the...
It is a progressive disease in which the Melanocytes in Epidermis are gradually destroyed causing hypo pigmented, depigmented or ag pigmented areas on the skin. Possible autoimmune phenomenon that results in destruction of Melanocytes, alternative hypothesis is self destruction of Melanocytes and circulating antibodies or cystic T cells as a secondary phenomenon.

Worldwide incidence of Vitiligo is observed in 1% of world population. It affects in both genders equally. Based on dermatological out patient record, it is estimated between 3-4% in India and 0.1% to 1.3% in different parts of world.

Mainly Switra causes the vitiation of Tridoshas and Dhatus like Rasa, Rakta, Mamsa and Meda Dhatus. By the Nidana Sevana there is Agnimandya whichresults in Dosha Dusti. These Dushita Doshas get mixed with Rasadhatu and spreads from one Dhatu to next Dhatu. Then these Doshas move in Tiryakgata Siras and get lodged in Tamra layer of Twacha causing Vikrutha of the local Rasavaha and Raktavaha Srotas. The reason behind Doshas-Dusya Sammurchana in Tamra layer of Twacha is due to the presence of Khavaignyuva in the respective areas of Twacha. This leads to Kshaya of local Bhrajaka Pitta and causes Twak Shwetata.

Involvement of Dhatus, the specific colour is described to denote its course. Doshas settled in Rakta Dhatus produces Rakta Varna, Mamsa Dhatus produces Tamra Varna and Meda Dhatus produces Shweta Varna.

Types of Switra according to Dosha predominance

- **Vataja**: involves Rakta - Rakta Varna
- **Pittaja**: involves Mamsa - Tamra Varna
- **Shleshmaja**: involves Medha - Shweta Varna

People who develop Vitiligo usually first notice white patches or spots on their skin. The skin remains of normal texture and there are usually no itching or other symptoms. These patches are more obvious in sun-exposed areas including the hands, feet, arms, legs, face and lips. Other common areas for white patches to appear are the armpits and groin and around the mouth, eyes, nostrils, navel and genitals.

Looking towards the intensity of disease, Acharya Vagbhata has stated that the person should start the treatment as quickly as possible. He quotes that the fire should be controlled within time before it engulfs the burning forest.

Switra is mentioned while explaining Rakta Pradoshaja Vikaras. The principle line of treatment is explained in such conditions is Virechana, Samsrana in particular is indicated for the treatment of Switra. As Switra affects the skin, Lepa is more rational. Acharya Sushruta has mentioned the treatment as Lepana is of Shodhana type because external application form the best way to treat Kusta and he has suggested Shodhana Lepa for the management of Twakgata Samprapti.

Method of study and data collection:

As this is the pilot study, subjects fulfilling the symptom white patch which is the main symptom in Switra were selected and study was done on 5 subjects attending the Outpatient department and Inpatient department of Post Graduate Studies in Kayachikitsa Department, Ayurveda Mahavidyalaya & Hospital, Hubli. All patients undergoing the treatment had an onset of the disease between 3 months to 3 years. Age of the patients varied from 18 to 30 years. Both male and females were selected. Kandu was present in 4 patients out of 5 and all the patients were taking the food having the predominancy of Katu Rasa whereas dominancy of Amla and Madhura rasa was found. Out of 5 Switra patients, 4 patients tend to have higher scores for anxiety, depression. General health condition of the patients was satisfactory. When patients approached, they were assessed through subjective and objective criteria with proper history. Then patients were given Amapachana with Trikatu Churna till Nirama Lakshanas were seen and advised to undergo Lepa with Somaraji Taila and Lepa was applied in the early morning followed by exposure to sunlight for 30 minutes along with Swayambhuva Guggulu as Shamanoushadi for the
period of 3 months with the follow up for every 15 days.

**Subjective Parameters**

**Twak Shwetata / White patches**
- Grade 0 - Normal - Normal skin colour.
- Grade 1 - Mild - Less Pigmentation and more Pigmentation over a lesion.
- Grade 2 - Moderate - Depigmentation more than pigmentation or equal over lesion.
- Grade 3 - Severe - No pigmentation totally white colour over lesion.

**Twak Rukshata / Dryness of skin**
- Grade 0 - Normal - No dryness
- Grade 1 - Mild - Dryness on exposure to cold or sunlight & other allergens
- Grade 2 - Moderate - Dryness during exposure to cold environment
- Grade 3 - Severe - Always dryness

**Daha / Burning sensation**
- Grade 0 - Normal - No burning sensation
- Grade 1 - Mild - Burning sensation on expose to mid noon sunlight
- Grade 2 - Moderate - Burning sensation on morning sunlight exposure & other irritants
- Grade 3 - Severe - Always burning sensation

**Roma Vidwamsa / Changes in colour and structure of Hair**
- Grade 0 - Normal - Normal hair color
- Grade 1 - Mild - Less than 25% of hair over the lesion has Vivarnata.
- Grade 2 - Moderate - 25%- 75% of hair over the lesion has Vivarnata
- Grade 3 - Severe - More than 75% of hair over the lesion has Vivarnata

**Objective Parameters**
- Color of patch.
- VASI index\(^7\)

**Observations and Results**

All patients treated during the course of this study had white patches over different parts of the body. The drug *Swayambhuva Guggulu* with *Bringaraja Kwatha* as *Anupana* given internally had a pungent odour but was well-tolerated by all patients. The *Somaraji Taila Lepa* produced a burning sensation after exposure to sunlight and was not tolerated by 3 out of 5 patients. Adverse reaction including blisters, itching could be seen on the areas where the *Lepa* was applied. 2 out of 5 patients had positive response to the treatment evidenced by increased melanin formation. However 2 of these had skin reactions and 1 patient had no any improvement. Photographic evidence of the treatment is given. Even after the course of the treatment, no patient showed increase in signs and no reoccurrence was seen in treated patients.

The degree of pigmentation is estimated on the basis of Vitiligo Area Scoring Index (VASI).

- At 100% de-pigmentation, no pigment is present;
- At 90%, specks of pigment are present;
- At 75%, the de-pigmented area exceeds the pigmented area.
- At 50%, the de-pigmented and pigmented areas are equal
- At 25%, the pigmented area exceeds the de-pigmented area; and
- At 10%, only specks of de-pigmentation area.

Result of the administration of the drug in the patients as seen in the table along with VASI score.

**Effect on the number of black spots in the observed patch.**
3 out of 5 patients have observed black spots over white patches after the course of treatment.

**Effect on the changes in color of the observed patch.**
All the patients shows reddish discoloration of patches during first and second follow ups and 2 patients out of 5 shows normal repigmentation
Before Treatment

During Treatment

After Treatment

Table 1: Summary of the effect of administration of drugs to vitiligo patients

<table>
<thead>
<tr>
<th>SN</th>
<th>Age, Sex of Patient</th>
<th>Sites of White Patches</th>
<th>Response of Treatment</th>
<th>VASI Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>20 years / male</td>
<td>Eyebrow</td>
<td>Responded with reaction</td>
<td>10%</td>
</tr>
<tr>
<td>2</td>
<td>18 years / male</td>
<td>Chin</td>
<td>Responded with reaction</td>
<td>90%</td>
</tr>
<tr>
<td>3</td>
<td>23 years / female</td>
<td>Leg</td>
<td>No response, reaction</td>
<td>90%</td>
</tr>
<tr>
<td>4</td>
<td>28 years / female</td>
<td>Cervical region</td>
<td>Responded</td>
<td>25%</td>
</tr>
<tr>
<td>5</td>
<td>30 years / female</td>
<td>Cervical region</td>
<td>No response</td>
<td>100%</td>
</tr>
</tbody>
</table>

VASI: Vitiligo Area Scoring Index

DISCUSSION

Swayambhuva Guggulu\textsuperscript{[8]} which contains Bakuchi which is having active principle called Psoralen which has pigment production activity and also it is most effective due to Gomutra Vishesha Shodhita Guggulu as the Shamanoushadi with Bringaraja Kwatha as a Anupana.

Somaraji Taila\textsuperscript{[9]} the classical reference is Bhaishaja Ratnavali which contains Bakuchi, Haridra, Daruharidra, Sarshapa, Kusta, Karanjabejja, Edagabeeja, Aragwadha Patra, Sarshapa Taila and Gomutra.

All the drugs are having Katu, Tiktha Rasa, Ushna Virya, Katu Vipaka and Rasayana properties and also they are Kapha Medhohara property and acts as Kustagna, Switragna and Kandugna.

Somaraji Taila is also having Lekhana, Ropana and Varnya properties. Lekhana property is to form blister, Ropana for healing of blister and Varnya to enhance Melanogenesis.
Gomutra present in Somaraji Taila stimulates Bhrajaka Pitta and effects the proper formation of Melanin pigments.

Main drug in Somaraji Taila is Somaraji (Bakuchi). According to modern medicine Somaraji has the effect on Melanoblast cells of skin, it stimulates Melanocytes for the production of melanin as it contains Psorallin agent. They absorb long wave ultraviolet radiations after exposure to sunlight and become photo protective. Hence Somaraji Taila Lepa has effect on the Samprapti Vighatana of Switra.

REFERENCES

1. Tewari PV. Kashyapa Samhita, chikitsastana 9th chapter, shloka 2, Chaukhamba Visvabharati, Varanasi, page no-198
2. Sushruta. Susruta Samhita, edited with Ayurveda-Tattva-Sandipika Hindi commentary by Kaviraja Ambhikautta Shastri , Volume 1, Chaukhambha Sanskrit Sansthan, Varanasi
5. Acharya Vidyadhara Shukla, Ravi Dutt Tripathi (ed.). Charaka Samhita. Edited with Vaidyamanorama Hindi Commentary, 2nd volume, Chaukhamba Sanskrit Pratishtan, Varanasi,