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

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ABSTRACT

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 *Bahirparimarjana 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, *Swambhuva Guggulu*, *Bringaraja Kwatha*, *Somaraji Taila*.

INTRODUCTION

Ayurveda is the science of life which describes the *Hita* and *Ahita* 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.

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The description of *Switra* is available since Vedic literature. The terms used in the place of *Switra* in Vedic literature are *Shwetakusta*, *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 Samhita*,^[1] *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

body.^[3] It is a progressive disease in which the Melanocytes in Epidermis are gradually destroyed causing hypo pigmented, depigmented or apigmented 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.^[4] 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 *Dhatu*s like *Rasa*, *Rakta*, *Mamsa* and *Meda* *Dhatu*.^[5] By the *Nidana* *Sevana* there is *Agnimandya* which results 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 *Vikruta* of the local *Rasavaha* and *Raktavaha* *Srotas*. The reason behind *Dosha-Dushya Sammurchana* in *Tamra* layer of *Twacha* is due to the presence of *Khavaigunya* in the respective areas of *Twacha*. This leads to *Kshaya* of local *Bhrajaka Pitta* and causes *Twak Shweta*.^[6]

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

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

VASI : Vitiligo Area Scoring Index

DISCUSSION

Swayambhuva Guggulu^[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,^[9] the classical reference is *Bhaishaja Ratnavali* which contains *Bakuchi, Haridra, Daruharidra, Sarshapa, Kusta, Karanjabeeja, 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*.

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