



Review Article

EKAL DRAVYA CHIKITSA OF SHWITRA MENTIONED IN BHAVPRAKASH NIGHANTU

Harsha Bhanushali^{1*}, Amit Avalaskar²

¹PG Scholar, ²Head of the Department of Dravyaguna Vigyan, MAM'S Sumatibhai shah Ayurved Mahavidyalaya, Hadapsar, Pune, India.

Article info

Article History:

Received: 30-10-2023

Accepted: 29-11-2023

Published: 10-12-2023

KEYWORDS:

Shwitra,
Bhavprakash
Nighantu, Shaman
chikitsa.

ABSTRACT

Shwitra is kind of skin disease which has serious cosmetic issue. It is skin disease with unknown etiology in which skin loses its color and develops white patches. *Shwitra* occurs when pigment producing cells in the skin stop functioning. It is considered as autoimmune disorder in which melanocytes gets destroyed and dies. *Shwitra* is *Tridoshaj* according to Ayurveda. Various *Hetus* which causes *Shwitra* leads to aggravation of *Pitta dosha*, which in turn vitiates the other *Doshas*. Ayurveda quotes *Shwitra* as *Deergha rogha*. According to Ayurveda, *Shwitra* comes under *Kushta* category. *Shwitra* is *Kashtasadhya vyadhi*, may not be cured completely or, it takes long time to cure. First *Shodhan chikitsa* is done followed by *Shaman chikitsa*. *Hetus* like *Chardi nigradhana*, *Pap karma*, *Atisevan of Katu*, *Amla*, *Lavan rasa*, *Atimatra bhojan*. Various drugs are mentioned in *Bhavprakash Nighantu* for *Shaman chikitsa*. These drugs are easily available, economical and highly efficacious. Drugs mentioned in *Bhavprakash* are *Bhallatak*, *Ashwagandha*, *Khadir*, *Shinshapa*, *Kakanasa*, *Bakul*, *Kakudumbar*, *Bijak*, *Tinish Dravyas* which are mentioned above in *Bhavprakash Nighantu* should be acting through its *Rasa virya vipak* and *Prabhav*. Drugs perform *Sphotajanan* activity, production of melanocytes and *Rakta prasadan*.

INTRODUCTION

About 0.2%-1% of people suffers from vitiligo. Vitiligo is a chronic autoimmune disorder in which skin loses epidermal pigmentary cells landing up in lack of melanin production. It is due to destruction of melanocytes. It causes the skin to turn a white colour. It affects both sexes equally^[1]. The depigmented patches can appear anywhere on your body and can affect. T-cells are mostly affected in this disorder. Loss of skin pigmentation is particularly seen around body orifices, such as the mouth, eyes, nostrils, genetelia and umbilicus. Skin develops white hypopigmented patches on hands, feet, arms, and face. Hair also turns white in hypopigmented areas. This happens on hairs of whole body, scalp, eyebrow, eyelash and beard. This condition is called leucotrachia.

Vitiligo also causes if having any family history or defect in genes. Sunburn, emotional distress, or exposure to a chemical can trigger vitiligo, worsening

its prognosis. Medical history and examination of skin are major diagnostic tools. This may also include a skin biopsy and blood tests.^[2]

AIM

To study single drugs used in the management of *Shwitra* mentioned in *Bhavprakash Nighantu*.

OBJECTIVES

Review of *Bhallatak*, *Ashwagandha*, *Khadir*, *Shinshapa*, *Kakanasa*, *Bakul*, *Kakudumbar*, *Bijak*, *Tinish* in management of *Shwitra*.

MATERIAL AND METHODS

Systematic review is done from *Bhavprakash Samhita*, published articles and websites regarding *Shwitra vyadhi*. Information regarding *Shwitra vyadhi* and its pathogenesis with *Chikitsa* is taken from *Madhav Nidan* and *Bhavprakash Nighantu*. Properties of *Ekal dravyas* has been referred from *Bhavprakash Nighantu* and is stated in tabular form.

Types of vitiligo^[3]

1) **Non-segmental:** The discoloured patches progress corresponding on body parts called generalized vitiligo.

| Access this article online | |
|---|---|
| Quick Response Code | |
|  | https://doi.org/10.47070/ijapr.v11i11.3031 |
| Published by Mahadev Publications (Regd.) publication licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International (CC BY-NC-SA 4.0) | |

2) **Segmental vitiligo:** Discolourtion present on specific segments of skin and progress for a year or two, then stop is called segmental vitiligo.

3) **Acrofacial vitiligo:** Discolouration of skin is on the face and hands, and around body openings, such as the eyes, nose and ears is called acrofacial vitiligo.

4) **Universal vitiligo:** The discoloration affects nearly all skin surfaces and this type is called as universal vitiligo.

PUVA therapy

According to modern medicine, psoralin and UV light therapy to treat various skin diseases. Psoralens are taken as pills and also can be applied directly to the skin. By soaking the skin in a solution containing the psoralens. They allow UVA energy to be effective at lower doses. When combined with exposure to the UVA in PUVA, psoralens are highly effective at clearing vitiligo. In the case of vitiligo, they work by increasing the sensitivity of melanocytes, the cells that manufacture skin color, to UVA light. Melanocytes have sensors that detect UV light and trigger the manufacture of brown skin color. This color protects the body from the harmful effects of UV light. It can also be connected to the skin's immune response.^[4]

Various Hetus of Shwitra are^[5]

- Chardivegdharan
- Papkarma
- Atisevan of Katu, Ushna lavan, Madhur aharsevan
- Virudha ahar
- Atimatra bhojan

- Adhyashan
- Shita and Ushna ahar vihar
- Pancharma apachar
- Diwaswap
- Consuming Shita ambu after Vyayam

Chikitsa vichar

1. Dravyas which are mentioned in Bhavprakash Nighantu should be acting through its *Rasa virya vipak* and *Prabhav*.
2. *Bhrajak pitta dushti haran, Rakta prasadan* and *Sphotajanan dravyas* are used in *Shwitra*.
3. *Varnya dravyas* are needed to equalize skin colour.
4. As *Shwitra* is autoimmune disorder so *Oja wardhak dravyas*.
5. Classification of *Vyadhi* explains *Shwitra* as *Adibalpravrutta-bijadosha Purvakarmaj vyadhi* so counseling (*Satwavajay chikitsa*) should be implemented.^[6]
6. *Panchakarmadi (Shodhan) chikitsa* should be done.
7. *Sphotajanan- Agneya panchamahabhutatmak dravyas* which are *Katu rasa, Katu vipak, Ushna Tikshna laghu dravya* should be used.
8. *Ropana-lepa chikitsa* should be done.
9. *Rasayan*-as it is autoimmune disorder *Rasayan dravyas* are utmost important to be used.

Sadhyasadhtwa^[7]

Shwitra on *Linga, Yoni* and has white hairs through the patch it is said to be *Kashtasadhya vyadhi*.

Shwitrakar Dravyas mentioned in Bhavprakash^[8]

| S.no | Dravya | Latin name | Family | Rasa | Virya | Vipak | Guna | Part used as Shwitragnha |
|------|-------------|-------------------------------|---------------|----------------|--------|--------|-------------------------|--------------------------|
| 1 | Ashwagandha | <i>Withania somnifera</i> | Solanaceae | Madhur | Ushna | Madhur | Snigdha | Ashwagandha Mashi |
| 2 | Bhallatak | <i>Semecarpus Anacardium</i> | Anacardiaceae | Katu | Ushna | Madhur | Snigdha, Ushna, Tikshna | Bhallakakasav |
| 3 | Shinshapa | <i>Dalbergia sissoo</i> | Fabaceae | Madhur, Kashay | Sheeta | Amla | Mrudu, Guru, Sara | Phala |
| 4 | Ingudi | <i>Balanites aegyptiaca</i> | Balanitaceae | Tikta, Katu | Ushna | Katu | Ruksha | Ingudi tail |
| 5 | Khadir | <i>Acacia catechu</i> | Mimosoideae | Tikta, Kashay | Sheeta | Katu | Ruksha | Khadirarishta |
| 6 | Bijak | <i>Pterocarpus marsupium</i> | Fabaceae | Kashay | Sheeta | Katu | Rukhsa | Bjiakadi tyail |
| 7 | Tinish | <i>Ougeinia dalbergioides</i> | Fabaceae | Kashay | Sheeta | Katu | Ruksha | Churna |
| 8 | Kaknasa | <i>Martynia</i> | Martyniaceae | Katu | Ushna | Katu | Ruksha | Phala churna |

| | | | | | | | | |
|----|------------------|--------------------|------------|-----------------|--------|------|------------------|---------------|
| | | annua | | Tikta Kashay | | | | |
| 9 | Bakul | Mimusops elengi | Sapotaceae | Kashay Katu | Ushna | Katu | Guru | Twak |
| 10 | Kakaudu mbara | Ficus hispida | Fabaceae | Katu, Kashay | Sheeta | Katu | Laghu, Ruksha | Udumbaravleha |

Other Dravyas mentioned in Bhavprakash as Shwitrahar Dravya are Chatra madhu, Sarshap tail, Sphatika which are Ushna in Virya and hence acts as Shwitragnha.

In Agreya sangraha of Charak Samhita, "Khadir kushtaghnanam" is the verse mentioned.

In Sushrut Samhita, Asanadi gana is said to be useful in Kushta and Shwitra.

OBSERVATIONS

1) Khadir (Acacia catechu)^[9]

"खदिरो रक्तसारश्च गायत्री दन्तधावनः । कण्टकी बालपत्रश्च
बहुशल्यश्च यज्ञियः ॥३०॥ खदिरः शीतलो दन्त्यः
कण्डूकासारुचिप्रणुत् ॥३१॥ तिक्तः कषायो मेदोघ्नः
कृमिमेहज्वरव्रणान् । श्वित्रशोथामपित्तास्त्रपाण्डुकुष्ठकफान् हरेत्
॥३२॥"

Karmukta (Mode of action)

- It cures vitiligo by reducing Bhrajak pitta by its Sheeta virya and Tikta kashay rasa.
- Also, it does Ropana karma through its Kashay rasa.
- It reduces Kapha pitta shwitra.

Kalpa- khadirarishta

Bhallatak (Semicarpus anacardium)^[10]

"भल्लातकः कषायोष्णः शुक्रलो मधुरो लघुः ।
वातश्लेष्मोदरानाहकुष्ठाशग्रहणीगदान् ॥
हन्ति गुल्मज्वरश्चित्रवह्निमान्द्यकृमिव्रणान् ॥" २३२ ॥

2) Karmukatwa (Mode of action)

- It does Sphotajanan activity on skin by its Rasa and Virya and Ushna tikshna gunas as well as reduces Bhrajak pitta by its Madhur vipak.
- It is used in used in Vataj and Kaphaj shwitra.
- Kalpa- Agadhar lepa, Bhallatakasav, Narsinha rasayan, Bhallatak avaleha

3) Ingudi (Balanytis egypti)^[11]

"अथेङ्गुदः (हिङ्गोट) । तस्य नामानि गुणश्चाहतिक्तकस्तापसद्रुमः ।
इङ्गुदः कुष्ठभूतादिग्रहव्रणविषक्रिमीन् ॥ हन्त्युष्णः श्वित्रशूलघ्नस्तिक्तकः
कटुपाकवान् ॥४१॥

Karmukta (Mode of action)

- It prevents Shwitra by doing Sphotajanan activity through its Katu rasa vipak and Ushna virya.
- It is used in Vataj and Kaphaj shwitra.
Kalpa- Ingudi tail

4) Ashwagandha (Withania somnifera)^[12]

"गन्धान्ता वाजिनामादिरश्वगन्धा हयाह्वया वराहकर्णी वरदा बलदा
कुष्ठगन्धिनी ॥ १८९॥ अश्वगन्धाऽनिलश्लेष्मश्वित्रशोथक्षयापहा ।
बल्या रसायनी तिक्ता कषायोष्णाऽतिशुक्रला ।"

Karmukatwa (Mode of action)

- Ashwagandha reduces Bhrajak pitta dushti by its Madhur rasa and Vipak
- It reduces Kapha avaran and does Sphotajanan by its Ushna property.
- It is used in Kaphanubandhi and Vatanubandhi shwitra.
- Kalpa- Ashwagandha mashi
- Prayog-ashwagandha powder is heated in iron vessel till it turns black.

Ashwagandha mashi applied with honey.

5) Shinsapa (Dalbergia sisso)^[13]

"शिशपा पिच्छिला श्यामा कृष्णसारा च सा गुरु । कपिला सैव
मुनिभिर्भस्मगर्भतिकीर्तिता । शिशपा कटुका तिक्ता कषाया
शोषहारिणी उष्णवीर्या हरेन्मेदःकुष्ठश्वित्रवमिक्रिमीन् ॥
वस्तिरुम्रणदाहास्रबलासान् गर्भपातिनी ॥२५॥"

Karmukta (Mode of action)

It reduces Bhrajak pitta dushti by Madhur, Kashay rasa and Sheeta virya and does Ropana karma.

It is used in Pittaj shwitra

5) Bijak (Pterocarpus marsupium)^[14]

बीजकः पीतसारश्च पीतशालक इत्यपि । बन्धूकपुष्पः प्रियकः
सर्जकश्चासनः स्मृतः ॥२८॥ बीजकः कुष्ठवीसर्पश्वित्रमेहगुद'
क्रिमीन् । हन्ति श्लेष्मास्त्रपित्तञ्च त्वच्यः केशयो रसायनः ॥२९॥

Karmukta (Mode of action)

Mechanism of drug is it directly acts by its Prabhav as it is directly mentioned in Shlokas by Bhavprakash.

Kalpa- Bijakyadi tail

6) Tinish (Ougeinia dalbergioides)^[15]

तिनिशः स्यन्दनो नेमी रथद्रुर्बुज्जुलस्तथा । तिनिशः श्लेष्मपित्तास्त्रमेदः
कुष्ठप्रमेहजित् ॥ तुवरः श्वित्रदाहघ्नो व्रणपाण्डुकृमिप्रणुत् ॥७६॥

Karmukta (Mode of action)

It acts by its Kashay rasa on the skin as well as Prabhav as directly mentioned in Shloka.

7) Kakudumbara (Ficus hispida)^[16]

काकोदुम्बरिका फल्बुर्मलयूर्जघनेफला ॥
मलयुः स्तम्भकृत्तिक्ता शीतला तुवरा जयेत् ।
कफपित्तव्रणश्वित्रकुष्ठपाण्डुवर्शकामलाः ॥१०॥

Karmukta (Mode of action)

It acts by its *Katu rasa* and *Katu vipak* and stimulates melanocytes by *Sphotajanan* activity.

It is used in *Vataj* and *Kaphaj shwitra*.

Kalpa-kakudumbar mula churna

8) Kakanasa: (Martynia annua)^[17]

काकनासा तु काकाङ्गी काकतुण्डफला च सा ॥ २४८ ॥

काकनासा कषायोष्णा कटुका रसपाकयोः । कफघ्नी वामनी तिक्ता

शोथार्शश्चित्रकुष्ठहृत् ॥ २४९ ॥

Karmukta (Mode of action)

It acts by its *Katu rasa ushna virya* and *Katu vipak* and does *Sphotajanan* activity which enhances melanin production.

It is mainly used in *Vataj* and *Kaphaj shwitra*.

9) Bakul (Mimosopes elangi)^[18]

बकुलो मधुगन्धश्च सिंहकेसरकस्तथा । बकुलस्तुवरोऽनुष्णः कटुपाकरसो
गुरुः ॥ कफपित्तविषश्चित्रकृमिदन्तगादापहः ॥३३॥

Karmukta (Mode of action)

It acts by its *Kashay rasa* and *Katu vipak*.

As it is *Ushna* it does *Bhedan karma* and stimulates melanocytes from skin by *Sphotajanan activity*.

DISCUSSION

Single drug used in the management of *Shwitra* according *Bhavprakash Nighantu* has been reviewed. Review of *Bhallatak*, *Ashwagandha*, *Khadir*, *Shinshapa*, *Kakanasa*, *Bakul*, *Kakudumbar*, *Bijak*, *Tinish* in management of *Shwitra* has been observed. All drugs mentioned acts through its *Rasa*, *Virya*, *Vipak*, *Prabhav*. Each drug acting reduces *Dushti* of *Bhrajak pitta* and stimulates melanocytes by *Sphotajanan* activity. As it stimulates melanocytes, there is production of melanin pigment which equalizes the skin color. Thereafter *Ropana karma* should be done and lastly *Rasayan dravyas* are implemented.

According to *Bhavprakash Nighantu*, *Bakuchi* is mentioned in *Shwitra chikitsa* as single drug as *Pathya* and in various formulations but not explained as *Shwitragnna Dravya* directly while explaining its properties. *Khadir* is mentioned as best *Kushtaghna Dravya* in *Agraysangraha* of *Charak Samhita*. *Khadir* and *Bhallatak* are mentioned in *Mahabhallatakavleha*. *Khadir*, *Ashwagandha* and *Bhallatak* has flavonoids in it which activate GSK3 BETA pathway which increases tyrosinase activity promoting formation of epidermal melanin and induces recoloration of skin in vitiligo. *Bakuchi lepa* mentioned as best *Shwitragnna*. *Bhallatak* and *Bakuchi* mentioned in *Brahma rasayan*, *Amrutbhallatak avleha*, *Mahabhallatakavaleha*. *Bakuchi* mentioned in *Swayambhuvakya guggul*, *Madhyam manjishtadi kwath*, *Bruhatmanjishtadi*, *Mahamarichyadi tail*, *Talkeshwar rasa*. *Khadir* and *Bakuchi kwath* consumed together reduces *Shwitra*. Importance of *Khadir* and *Bakuchi* are mentioned mostly in *Chikitsa* of *Shwitra*.^[19]

CONCLUSION

According to Ayurveda, *Shwitra* is explained as *Deergha rogha* and *Kashtasadhya vyadhi*.

There are 10 total *Dravyas* which has direct reference in their *Shlokas* which performs *Shwitrakar* properties.

These *Dravyas* acts through its *Rasa*, *Virya*, *Vipak* and *Prabhav* and stimulates melanocytes thereby enhancing melanin production.

REFERENCES

1. Ahmed jan N, Masood S. Vitiligo. [Updated 2023 Aug 7]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2023 Jan-. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK559149>
2. Khopkar Uday, professor of head department of dermatology, KEM and Seth GS medical college, Parel Mumbai, Vitiligo, CBS Publishers and Distributors pvt limited, seventh Edition 2019, pg no 153
3. Joge RR, Kathane PU, Joshi SH. Vitiligo: A Narrative Review. Cureus. 2022 Sep 18; 14(9):e29307. doi: 10.7759/cureus.29307. PMID: 36304341; PMCID: PMC9586189.
4. Sheno SD, Prabhu S; Indian Association of Dermatologists, Venereologists and Leprologists. Photochemotherapy (PUVA) in psoriasis and vitiligo. Indian J Dermatol Venereol Leprol. 2014 Nov-Dec; 80(6): 497-504. doi: 10.4103/0378-6323.144143. PMID: 25382505.
5. Trikamji Y, Charak Samhita of Agnivesha with Ayurvedadipika commentary by Shri Chakrapanidatta, Vol. II; Chikitsa sthan, chapter 7/4-9 (Chakrapani tika); Chaukhambha Sanskrit pratishthan, Delhi; Reprint 2023, pg no.450
6. Shastri Ambikadutta, Sushrut Samhita of Maharshi Sushrut with Sushrutvima hindi commentary, volume 1, Sutra Sthan adhyay 24, shloka no. 6, Varanasi, Chaukhambha Sanskrit sansthan 2020, pg 130
7. Garde ganesh Krushna,Ashtang hruday with Marathi translation, Nidan sthan 14, Shlokh 40, Varanasi, Choukhambha Surabharti prakashan, 2019, pg no 207
8. Chunekar Krushnachandra, Bhavaprakash Nighantu, Sri Bhavamishra, Varanasi Chaukhambha Bharathi Academy, Reprint 2020
9. Chunekar Krushnachandra, Bhavaprakash Nighantu, Sri Bhavamishra, Vatadi varga, Khadir Varanasi Chaukhambha Bharathi Academy, Reprint 2020, pg no 513
10. Chunekar Krushnachandra, Bhavaprakash Nighantu, Sri Bhavamishra, Harityakadi varga, Bhallatak, Varanasi Chaukhambha Bharathi Academy, Reprint 2020, pg no 134

11. Chunekar Krushnachandra, Bhavaprakash Nighantu, Sri Bhavamishra, vatadi varga Ingudi, Varanasi Chaukhambha Bharathi Academy, Reprint 2020, pg no 519
12. Chunekar Krushnachandra, Bhavaprakash Nighantu, Sri Bhavamishra, Guduchyadi varga, Ashwagandha, Varanasi Chaukhambha Bharathi Academy, Reprint 2020, pg no 379
13. Chunekar Krushnachandra, Bhavaprakash Nighantu, Sri Bhavamishra, Vatadi varga, Shinsapa, Varanasi Chaukhambha Bharathi Academy, Reprint 2020, pg no 510
14. Chunekar Krushnachandra, Bhavaprakash Nighantu, Sri Bhavamishra, Vatadi varga, Bijak, Varanasi Chaukhambha Bharathi Academy, Reprint 2020, pg no 512.
15. Chunekar Krushnachandra, Bhavaprakash Nighantu, Sri Bhavamishra, Vatadi Varga, Tinish, Varanasi Chaukhambha Bharathi Academy, Reprint 2020, pg no.535
16. Chunekar Krushnachandra, Bhavaprakash Nighantu, Sri Bhavamishra, Vatadi varga, Kakaudumbara, Varanasi Chaukhambha Bharathi Academy, Reprint 2020, pg no.505
17. Chunekar Krushnachandra, Bhavaprakash Nighantu, Sri Bhavamishra, Guduchyadi varga, Kaknasa, Varanasi Chaukhambha Bharathi Academy, Reprint 2020, pg no.424
18. Chunekar Krushnachandra, Bhavaprakash Nighantu, Sri Bhavamishra, Pushpa varga, Bakul, Varanasi Chaukhambha Bharathi Academy, Reprint 2020, pg no.581
19. Mishra Brahma, Bhavaprakash Nighantu, Sri Bhavamishra, Shwitra chikitsa, Varanasi, Chaukhamba Sanskrit prakashan, 5th edition 1988, pg no 534-538

Cite this article as:

Harsha Bhanushali, Amit Avalaskar. Ekal dravya chikitsa of Shwitra mentioned in Bhavaprakash Nighantu. International Journal of Ayurveda and Pharma Research. 2023;11(11):34-38.

<https://doi.org/10.47070/ijapr.v11i11.3031>

Source of support: Nil, Conflict of interest: None Declared

***Address for correspondence**

Dr. Harsha Bhanushali

PG Scholar,

Department of Dravyaguna Vigyan,
MAM'S Sumatibhai shah Ayurved
Mahavidyalaya, Hadapsar, Pune,
India.

Email:

harshabhanushali1996@gmail.com

Disclaimer: IJAPR is solely owned by Mahadev Publications - dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. IJAPR cannot accept any responsibility or liability for the articles content which are published. The views expressed in articles by our contributing authors are not necessarily those of IJAPR editor or editorial board members.