

A CASE STUDY OF PRACHHANNA KARMA ON SHWITRA FOLLOWED BY APPLICATION OF ARAGWADHAKSHARA

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ABSTRACT

The beauty and attraction of individual depends upon *chhaya* and *prabhaw* which reflects physical and psychological health. Normal skin colour is dependent on haemoglobin (in both the oxygenated and reduced state), carotenoids and melanin pigment.^[1] Melanin pigment provides protection against UV rays.^[2] *Shwitra* is explained independently by *Acharya Vagbhata*,^[3] for which the etiological factors are traced up to the deeds of previous life, *paap karma*. *Samprapti* manifests that *shwitra* is due to *raktadushan*,^[4] which demands *raktmokshan*. Vitiligo of contemporary science is the nearest co-relation for the *shwitra*. Considering unknown aetiology, clinical manifestation and nature of diseases even today. A case diagnosed as *shwitra* classically subjected to *prachhanna* type of *raktmokshan* followed by *aragwadhakshara* application. The encouraging results in this case are elaborated here. *Shwitra* is a disorder in which white patches of skin appear on different parts of the body. "*Prachhanna*" is one among the *shastrakritaraktamokshana*,^[5] in which multiple small incisions are made to irrigate the impure blood. And is usually adopted as a *sthanikachikitsa*. This case is there to show the effect of *prachhanna* followed by *aragwadha kshara*,^[6] application.

KEYWORDS: *Shwitra*, *Aragwadhakshara*, *Prachhanna*, vitiligo.

INTRODUCTION

Vitiligo (leukoderma) is a pigmentation disorder with complex causes. Depigmented patches appear on the skin, hair, mucous membranes and the retina. It can begin at any age, but in about 50% of the patients, it starts before the age of 20.^[7] The emergence of white patches can be brought on by a variety of impulses. Many people report that their vitiligo first appeared following a stressful event, such as an accident, job loss, death of a family member, severe sunburn, or serious illness. Vitiligo is a disorder in which white patches of skin appear on different parts of the body. This happens because of cells that make pigment in skin, are destroyed. It is an acquired condition in which circumscribed de-pigmented patches develop. According to *Acharya Vaghatt*, *Shwitra* being *Raktadushitjanyavyadhi* is much more dangerous than *Kushtha* because it became *Asadhya* very quickly like a burning home.^[8] "*Prachhanna*" is one among the *shastrakritaraktamokshana* in which multiple small incisions are made to irrigate the impure blood. And is usually adopted as a *sthanikachikitsa*. This case is there

to show the effect of *prachhanna* followed by *aragwadhakshara* application.

Brief Case History

A 20 yrs. old boy complaining white patches over skin of anterior aspect of left lower limb. There were 5 patches of white colour and irregular margins, having itching on the patches since 5 years. The patient gave history of lesions that initially they were small in size than increase in size gradually. The size measuring up to 2.5×2cm, 1×0.7cm, 0.8×0.5cm, 1.8×1.4cm, 0.5×1cm. sensation, temperature, hair colour of the lesions was normal. Patient had taken treatment for the vitiligo from their local hospital, topical creams and steroids were given but he didn't get any relief. There was no family history of vitiligo.

Examination: General condition of patient was fair, vitals were normal, local and systemic reveals no abnormality. Bowel habit was normal. Micturition was normal and adequate. Appetite was good. White patches were of different sizes.

Treatment Plan

After proper analysis, patient is planned for *prachhanna karma* once a week for one month with *aragwadhakshara* application.

Procedure: Under aseptic conditions, patient is made to sit or lie down in comfortable position. Part preparation done. Local area cleaned with spirit. *Lekhana karma* done with 11 number surgical blade. After that vertical parallel superficial incisions were made. Bloodletting done. After that application of *pratisarniyaaragwadhaksharas* was done for upto 100 *matrakaal* (about 2 minutes) then washed with lemon juice to pacify the effect of *kshara*. *Kshara* application was done daily for one month. And followed after one month.

Assessment Criteria: Healing of *shwitra* was assessed, based on:

1. Colour
2. Size
3. Itching

Colour Of Patches	
Grade 0	= Normal skin colour
Grade 1	= Brown colour
Grade 2	= Reddish colour
Grade 3	= Pink colour
Grade 4	= White colour

SIZE OF PATCH	
Grade 0	= Up to 0.5cm
Grade 1	= 0.6 -1 cm
Grade 2	= 1.1cm- 1.5cm
Grade 3	= 1.6- 2cms
Grade 4	= 2.1-2.5cms

ITCHING	
Grade 0	= Absent
Grade 1	= Mild
Grade 2	= Moderate
Grade 3	= Severe

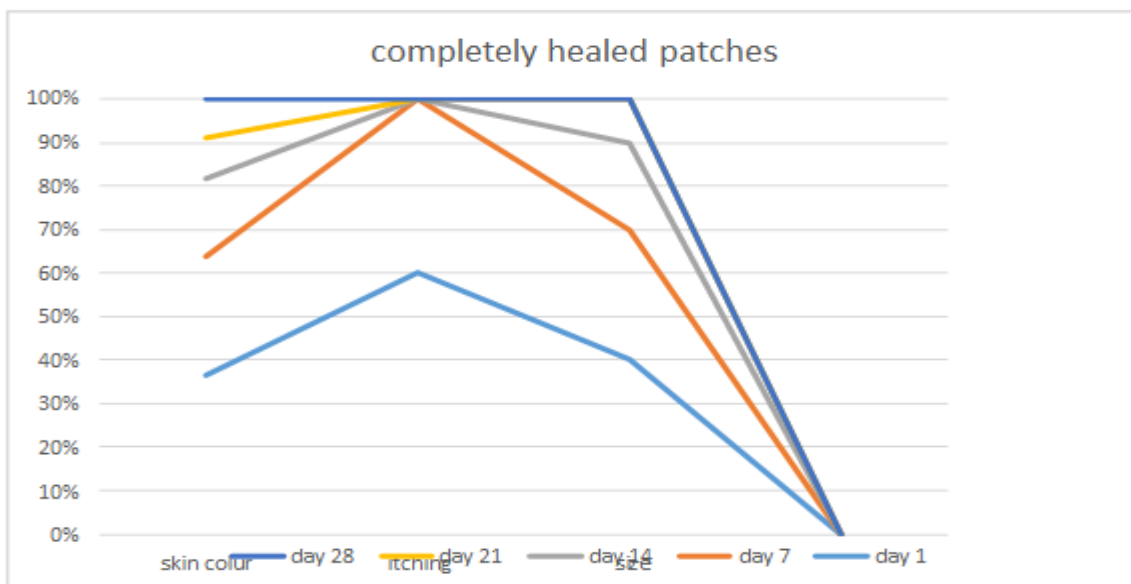
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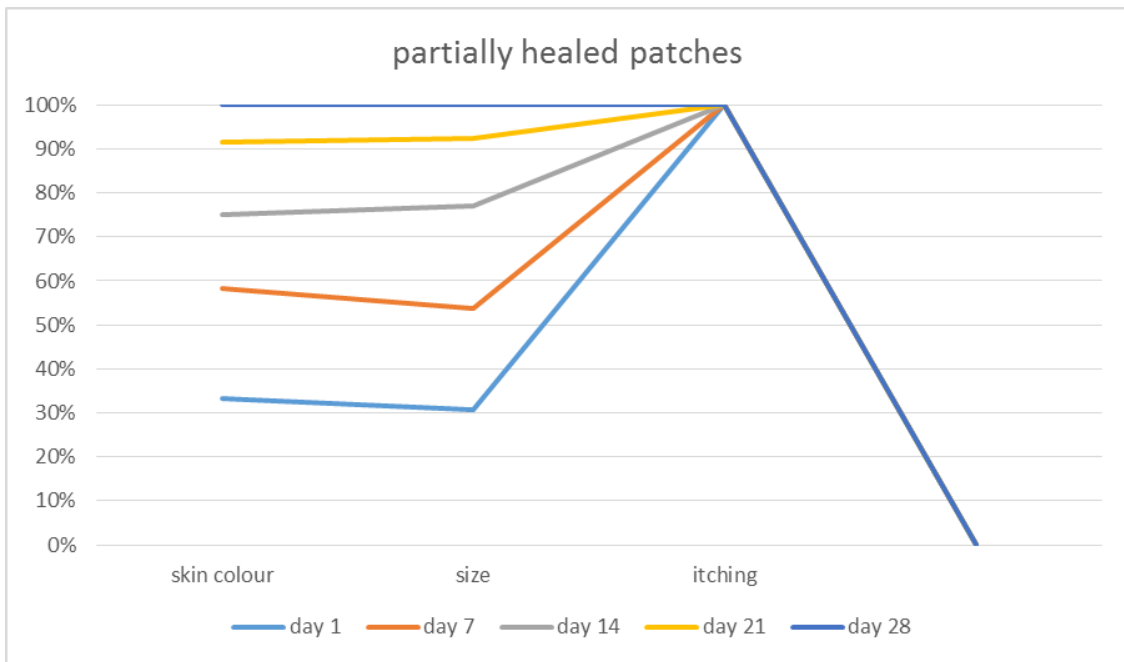
Regular use of *aragwadhakshara* application with *prachhanna karma* minimised the size and shrinkage of patches. There was colour change in patches from white to pink and then brown in the whole treatment schedule of 2-month study.

RESULTS

Out of 5 the lesions the smallest 2 lesions could acquire skin colour after one-month treatment whereas rest of the 3 of bigger size are shown positive inclination towards acquiring skin colour in near future as they turn white to brown colour after one month follow up. By this we can predict the total remission of the disease with either repeated procedure or long term follow up. In the whole study nointernal medicine was done.

	Before treatment					After treatment				
	Size of Patches					Size of Patches				
	1 ST	2 ND	3 RD	4 TH	5 TH	1 ST	2 ND	3 RD	4 TH	5 TH
Size	2.5×2 Cms	1×0.7 cms	0.8×0.5 Cms	1.8×1.4 cms	0.5×1 cms	1	1	0	1	0
Colour	4	4	4	4	4	1	1	0	1	0
Itching	1	1	1	1	1	0	0	0	0	0





Before treatment

Site: left leg anterior aspect
Number of patches: 5
Shape: spherical

Colour: white

Itching: present
Hairs: present, black coloured.



Before Treatment



After Prachhanna Karma



After Complete Treatment

After treatment

Number of patches: total 5, healed 2 complete, 3 healed 80-90%

Colour: dark brown

Itching: absent

Pathya

Cow milk and ghee, munga, parval, rice, spinach, methi, and easily digestive foods were advised.

Apathya

Guda, tila, curd, pickles, chillies, fish, brinjal, heavy diets etc were avoided.

DISCUSSION

In this study, *araghwadhakshara* is used externally for the management of *shwitra*, the result of which has been found encouraging. *Shwitra* is caused by vitiation of *Tridosha* and *Twacha*, *Rakta*, *Mamsa* and *Lasika* as *dushya's* effecting the *bahyarogamarga* by means of *sanga* type of *strotodushtiprakara*. The treatment protocol as per the classics for any *kushtha* is *shodhan* followed by *lepa* on the lesions. Eventhough, *shodhan* in *kushtha* is referred as *Ubhayatshodhan* i.e. *vamana* and *virechana*. In this case study *sthanikshodhana* of *shwitra* lesion was achieved by *prachhannakarma*, as one of the *dushya* involved in *shwitra* is *rakta dhatu*. Further in the context of *lepa* application acharya sushrutahas advocated application of *lepa* on *shwitra* should be done only after some *pragharshan* (scraping).^[9] Hence, the *prachhanna* was planned to achieve both *shodhana* and scraping purpose. Followed by *aragwadhaksharalepa*, to clear the *strotosanga* and stimulates the melanin secretion by means of increased blood circulation. *Aragwadha* consists of *Madhura* and *Tikta Rasa*, *Mridu Guru* and *Snighdha Gunas*, *Sheeta Veerya*, *Madhura Vipaka*, *Kaph pittahara*, *Sramsana Karma*. and as the properties of *kshara* it is *tridoshghna* and *somya* and it works as *dahan*, *pachana* etc. So, in *shwitra* *strotodushti* is removed by *prachhanna karma*, as in this, the vitiated blood is irrigated out causing high blood circulation in that area and thus provide nutrition to the cells present there.

CONCLUSION

Based on the observation and results of this single case study it can be concluded that *shwitra* due to obstructive pathology by means of vitiated *tridosha* and *dushyas* like *rakt masa lasikamedha* has got remedy in the *ayurvedic* classics specially with *sthanicprachhanna* followed by *aragwadhaksharalepa* the seen result may be achieved in less duration and with high percentile, if the *prachhanna* and *aragwadhaksharalepa* advocated after classical *vamana* and *virechana*.

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