

## ORIGINAL RESEARCH ARTICLE - CLINICAL STUDY

**Efficacy of *Shvitrari Yoga & Jyotishmati Tailam* on *Shvitra***

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**ABSTRACT**

From the ancient time human being is trying to build up a healthy society and in achieving this goal Ayurveda science has played a very important role. Now a day's due to western culture, it is very difficult to follow the schedules as described in Ritucharya, Dincharya of Ayurveda science and due to disturbed living style physical as well as mental diseases are increasing. Shvitra (Vitiligo) is mainly lifestyle related disorder is characterized as Hypo-pigmentation of the skin.

The collected data proved the role of Shvitrari Yoga & Jyotishmati Tailam in the treatment of Shvitra (Vitiligo). Shvitrari Yoga & Jyotishmati Tailam clears the dusti (anomaly) of Bhrajaka Pitta stimulating the formation Tyrosinase, thus increasing the Melanin formation and the coloration of skin. The study indicated that, Shvitrari Yoga and Jyotishmati Tailam were significantly useful in the management of Shvitra (Vitiligo). The result was inferred and concluded using T-test of significance.

**Keywords :** *Shvitra, Shvitrari Yoga & Jyotishmati Tailam***Introduction**

Ayurveda is an ancient health science which helps in the eradication of disease as well as maintaining health of healthy person .It forms a precious base of Indian culture. It is best among all the health sciences because of its basic Sidhantas e.g. Tridoshas, Panchmahabhootas, Dincharya, Ritucharya, Sadvrita etc.

Now a day's due to western culture, it is very difficult to follow the schedules as described in Ritucharya, Dincharya of Ayurveda science and due to disturbed living style physical as well as mental diseases are increasing. Shvitra is also a disease which does not renders any pain to patient but it makes the patient feel depressed by affecting his physical beauty and social ignorance.

Acharya Charaka has described Shvitra while describing

7 Mahakushta and 11 Kshudrakushta and clinical part of Shvitra is separately described as non infective and pain free disease.

Acharya Charaka has included Shvitra while describing the types of Shvitra, and stated it as a Tridoshaja disease. Shvitra develops when a person takes Viruddha Aahara and how this disease develops is described by Acharya Charaka is as follows-

In the day-today life style fast food habits and irregular living schedules are very common, as a result of which "Viruddha Aahara Janya disease" are increasing. Due to this reason a big population is suffering from diseases like Shvitra. Allopathy science seems to be helpless regarding diseases like Shvitra. So bringing the disturbed skin

coloration to its normal stage and cure this disease is the main aim of Scholar.

### AIMS AND OBJECTIVES-

The following aims were decided to continue the following thesis –

- Literary review of Shvitra from physiological point of view.
- Clinical trial of Ayurvedic drugs for Shvitra and evaluation of the effectiveness.

### Selection of drug-

For this research work Shvitrari Yoga (Ras Chinta Mani / Stak 2) and Jyotishmati Tailam (Yogratnakar, Kushtha Cha. Page 696) are selected according to Shashtras.

### MANAGEMENT PROCEDURE-

The patients selected were directed for the medication as well as Pathya-Apathya so that the patient may able to follow the Pathyas and avoid Apathyas. Selected patients were given medication as follows-

AFTER MEAL                      MORNING AND EVENING

SHVITRARI YOGA                      375mg/1 x 2

ANUPAANA- 1. Madhu    2. Ghrita

FOR EXTERNAL APPLICATION-

JYOTISHMATI TAILAM (As per required)

Duration- 90 days

### METHOD AND MATERIALS-

- Selection of patient-

For this research study, 30 patients were selected from OPD of Sharir Kriya department of National Institute of Ayurveda, Jaipur.

- Exclusion criteria of patients-

Exclusion criteria for the patients were as follows-

1. The patients having this disease since birth.
2. The patients having this disease more than 75% of total area.

3. The patient whose age is below 1 yr or above 60yr.
4. Pregnant or lactating women.
5. Very weak or patients suffering from mental disease.
6. Patient in which white patches are formed due to burning.
7. Patient suffering from any other diseases.
8. Patient suffering from Albinism.
9. Patient who is not able to follow Pathya –Apathya properly.
10. Patient who is suffering from disease from more than 15yrs.

- **Criteria of assessment-**

Above mentioned medicines were assessed on following basis-

1. **Evaluation of symptoms-** It was based on-

1. Size(Diameter) of patches
2. Number of patches
3. Color of patches

2. **Evaluation of result-** Result is displayed on the basis of the statistical datas.

### Discussion-

Patients were divided in the following manner and max. number of patients were as described below-

1. Diet-                      Vegetarian (76.66%)
2. Sharirika Prakriti-    Pitta-Kaphaja (36.66%)
3. Manasika Prakriti-                      Vyamishra (56.66%)
4. Saara-                      Rakta Saara (30.00%)
5. Ahaara Shakti-                      Madhyama (66.66%)
6. Family history-                      No history (86.66%)
7. Duration of Disease-                      0-1yrs (30.00%)
8. Rule of Nine-                      9% (30%)
9. Number of affected area-                      6 - 10 , 11 - 15 , 31 - 35 (13.33%)

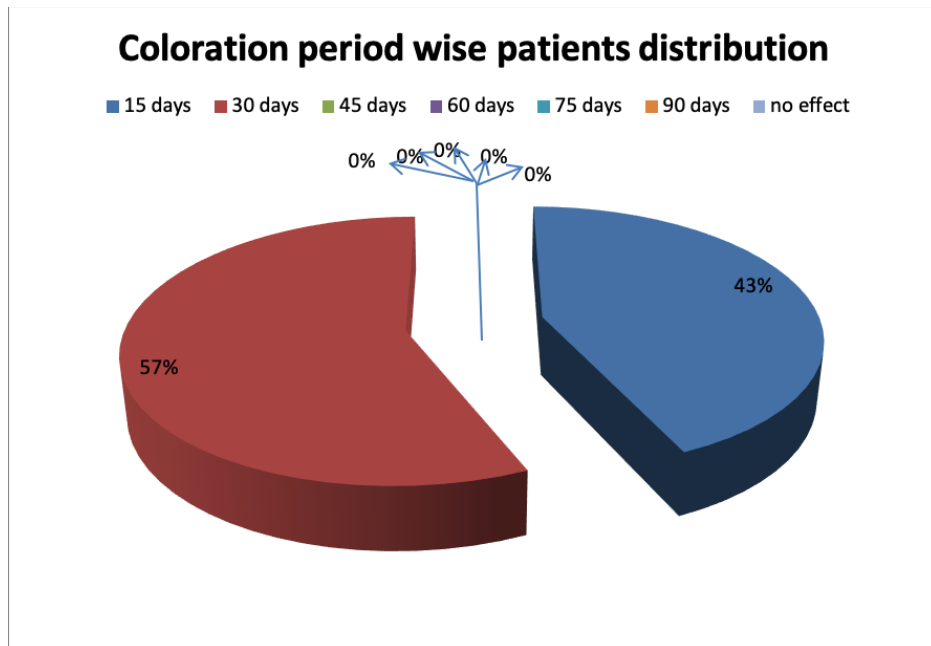
10. Max. size of white patches- 51-60mm (23.33%)

11. Man. size of patch 4mm (23.33%)

**Analysis of Result-**

**Table no.I Coloration period on affected area wise patients distribution**

Sr.no.	Coloration	No. of patients	Percentage
1	15 days	13	43.33
2	30 days	17	56.66
3	45 days	00	0.00
4	60 days	00	0.00
5	75 days	00	0.00
6	90 days	00	0.00
7	No effect	00	0.00
	Total	30	100.0



**Table no.II Coloration on max. size of patches wise patients distribution**

Sr.no.	OPD no.	B.T.	A.T.	Max. size of patches in mm.	
				Changes in mm.	
				Size	Percentage
1	9778	35	14	21	60.00
2	9802	20	10	10	50.00
3	9816	40	25	15	37.50
4	9820	56	20	36	64.28
5	9856	60	20	40	66.66
6	10127	107	35	72	67.28
7	10616	78	20	58	74.35
8	11111	45	30	15	33.33
9	11640	88	34	54	61.36
10	12239	35	10	25	71.42
11	12308	45	20	25	55.55
12	12318	90	20	70	77.77
13	12359	80	24	56	70.00
14	12379	70	50	20	28.57
15	13695	20	5	15	75.00
16	16873	30	15	15	50.00
17	17146	55	25	30	54.54
18	17147	90	50	40	44.44
19	17148	60	30	30	50.00
20	17272	57	26	31	54.38
21	18330	80	20	60	75.00
22	18486	95	60	35	36.84
23	18642	78	35	43	55.12
24	19863	95	40	55	57.89
25	23040	35	15	20	57.14
26	24127	55	15	40	72.72
27	33652	67	25	42	62.68
28	35727	58	25	33	56.89
29	41565	23	10	13	56.52
30	41566	67	25	42	62.68

**Table no.III Coloration on min. size of patches wise patients distribution**

Sr.no.	OPD no.	B.T.	A.T.	Min. size of patches in mm.	
				Changes in mm.	
				Size	Percentage
1	9778	2	0	2	100.00
2	9802	3	1	2	66.66
3	9816	6	2	4	66.66
4	9820	5	3	2	40.00
5	9856	4	1	3	75.00
6	10127	7	3	4	57.14
7	10616	5	2	3	60.00
8	11111	4	2	2	50.00
9	11640	6	3	3	50.00
10	12239	7	3	4	57.14
11	12308	2	0	2	100.00
12	12318	4	2	2	50.00
13	12359	6	2	4	66.66
14	12379	5	3	2	40.00
15	13695	7	3	4	57.14
16	16873	8	3	5	62.50
17	17146	5	2	3	60.00
18	17147	4	2	2	50.00
19	17148	3	2	1	33.33
20	17272	6	3	3	50.00
21	18330	7	3	4	57.14
22	18486	4	2	2	50.00
23	18642	3	1	2	66.66
24	19863	3	2	1	33.33
25	23040	4	1	3	75.00
26	24127	6	3	3	50.00
27	33652	7	3	4	57.14
28	35727	4	2	2	50.00
29	41565	5	2	3	60.00
30	41566	5	3	2	40.00

**Table no. III Number of Coloration of patches wise patients distribution**

Sr.no.	OPD no.	No.of patches BT	AT						Changes in no.	
			15 days	30 days	45 days	60 days	75 days	90 days	No.	Percentage
1	9778	12	12	10	9	8	6	6	6	50.00
2	9802	8	8	8	6	5	4	3	5	62.50
3	9816	4	4	3	3	3	2	2	2	50.00
4	9820	6	6	5	5	4	4	3	3	50.00
5	9856	5	5	4	3	3	3	2	3	60.00
6	10127	37	37	30	25	23	23	22	15	40.54
7	10616	20	20	18	14	12	12	10	10	50.00
8	11111	13	13	11	10	8	7	6	7	53.84
9	11640	32	32	31	25	20	16	16	16	50.00
10	12239	9	9	8	8	7	7	6	3	33.33
11	12308	17	17	15	15	11	11	10	7	41.17
12	12318	23	23	19	17	16	15	13	10	43.47
13	12359	27	27	22	20	19	18	17	10	37.03
14	12379	36	36	34	30	24	24	20	16	44.44
15	13695	14	14	12	12	10	8	6	8	57.14
16	16873	18	18	16	16	14	10	8	10	55.55
17	17146	25	25	22	18	18	16	14	11	44.00
18	17147	39	39	34	29	24	20	18	21	53.84
19	17148	33	32	31	28	25	20	18	15	45.45
20	17272	7	7	7	5	5	4	4	3	42.85
21	18330	3	3	2	2	2	1	1	2	66.66
22	18486	35	35	30	25	25	22	19	16	45.71
23	18642	11	11	9	8	7	7	5	6	54.54
24	19863	31	31	28	25	24	21	18	13	41.93
25	23040	20	20	18	17	15	14	13	7	35.00
26	24127	22	22	19	16	15	13	8	14	63.63
27	33652	27	27	23	21	18	16	12	15	5.55
28	35727	10	10	9	8	7	6	5	5	50.00
29	41565	4	4	3	2	2	2	1	3	75.00
30	41566	18	18	17	15	15	12	10	8	44.44

## EXPECTED POTENCY OF DRUG

In the following thesis work, Shvitrari Yoga (internal use) and Jyotishmatadi Tailam (external use) have been used for the treatment of Shvitra, the result of which are found encouraging. The possible reasons behind this can be stated as follows-

Firstly if we study the Rasa, Guna, Virya and Doshagnata of the medicine used in Shvitrari yoga then it can be found that the medicines used in yoga, because of its predominant Tikta Rasa (85.71%), Katu-Kashaya Rasa (71.42%), Lagu Guna (85.71%), Ruksha Guna (57.14%), Madhur Vipaka (57.14%), mainly Katu Vipaka (42.86%), Ushna Virya (71.42%) and Tridoshar (57.14%) are highly potent. In the Shvitra Sroto-Dushti is found which is removed by the Tikta, Katu – Kashaya, Lagu-Ruksha Guna and Katu Vipaka and Ushna Virya of this Yoga. Shvitra is Sannipataja in nature and the above Yoga contains mainly Tridoshamak drugs that's why the result obtained by this Ras Aushdhi are highly significant.

Along with the internal use of Shvitrari Yoga, when the Jyotishmatadi Taila is externally used, it is seen that due to the Tikta – Katu Rasa, Tikshna Guna, Katu Vipaka, Ushna Virya and Kapha – Vata Shamaka Gunas of this Taila, it expresses its potency in the context of Shvitra.

As this Taila is having Katu-Tikta Rasa, Lagu-Tikshna Guna, Katu Vipaka and Ushna Virya so on its local use, it removes the Sroto Sang present locally and also increases the blood circulation locally, thus provides nutrition to the cells present there and helps in the adequate formation of Bhraja Pitta in the skin.

## Conclusion-

After the completion of trial and study, the scholar has reached to the following conclusion which has been presented in the following points-

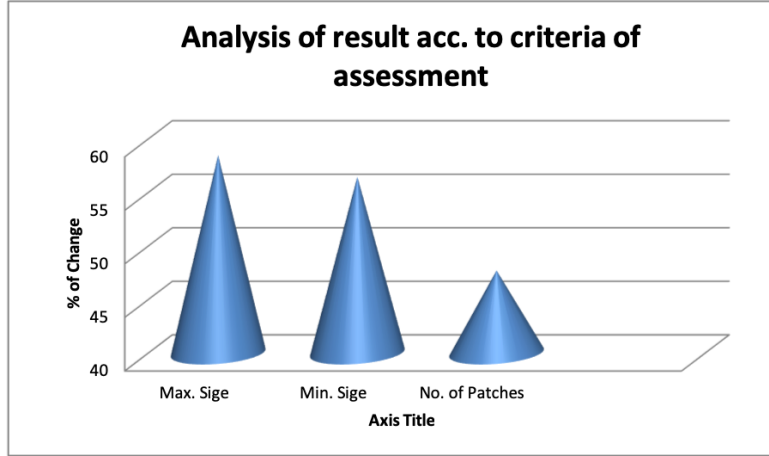
- Deformities occurring in the skin due to the physiological Vikrati of Bhraja Pitta is also studied.
- Etiology, pathogenesis, prodromal symptoms, signs and symptoms, curitivity and non curitivity, medicines used for Shvitra according to Ayurveda point of view

are described.

- Modern literary review of Shvitra and its co-relation with vitiligo is also included.
- This disease is predominantly found in age group 16-30yrs.
- This disease is predominantly found in middle class patients.
- This disease is predominantly found in those who lives in sadharan desh.
- On the basis of the prakurti 36.66% patients were pitta kaphaj, 33.33% were vata pitaj and 30% were vata kaphaj in prakurti.
- This disease is predominantly found in madhyam satva persons i.e. 46.66%
- On examining the patches of shvitra, they were found to be uneven and non secretory.
- Area affected by Shvitra got repigmented in 26-30 days in 56.66% of patients.

## ANALYSIS OF PATIENTS AFTER THE COMPLETION OF MEDICATION AS PER SCHEDULE-

1. Coloration of maximum size of patches-  
Effect in %=58.48% t=11.115 p<.001
2. Coloration of minimum size of patches-  
Effect in %=56.46% t=15.059 p<.001
3. Effect on number of coloration of patches-  
Effect of %=47.70 t=9.445 p<.001



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## सारांश:

प्राचीन काल से मनुष्य स्वस्थ समाज के लक्ष्य की पूर्ति किये आयुर्वेद एक महत्वपूर्ण भूमिका के रूप में है आजकल पाश्चात्य संस्कृति कि वजह से मनुष्य आयुर्वेद ग्रन्थों में कहे गये ऋतुचर्या, दिनचर्या के उपदेशों का पालन नहीं कर पा रहा है अतः अस्त व्यस्त जीवन शैली के कारण मनुष्यों में शारीरिक व मानसिक व्याधियाँ बढ़ती ही जा रही हैं शिवत्र प्रमुख रूप से अस्त व्यस्त जीवन शैली के कारण उत्पन्न एक विरन्जक त्वचा की व्याधि है प्राप्त परीणामों के संकलन से शिवत्र रोग की चिकित्सा में शिवत्रारी योग एवम जोतिष्मति तैलम का बहुत अच्छा प्रभाव प्राप्त हुआ शिवत्रारी योग एवं ज्योतिष्मति तैलम मुख्य रूप से भ्राजक पित्त के विकार को नष्ट कर टायरोसिनेज एन्जाइम के उत्पादन को प्रेरित करते हैं, इस कारण मिलेनिन का उत्पादन बढ़ता है तथा त्वचा का रंजन होता है