IOSR Journal of Dental and Medical Sciences (IOSR-JDMS)
e-ISSN: 2279-0853, p-ISSN: 2279-0861.Volume 13, Issue 7 Ver. I (July. 2014), PP 39-42
www.iosrjournals.org

Vaman & Virechan: A New Hope in Vitiligo

Dr. Anjana Singh

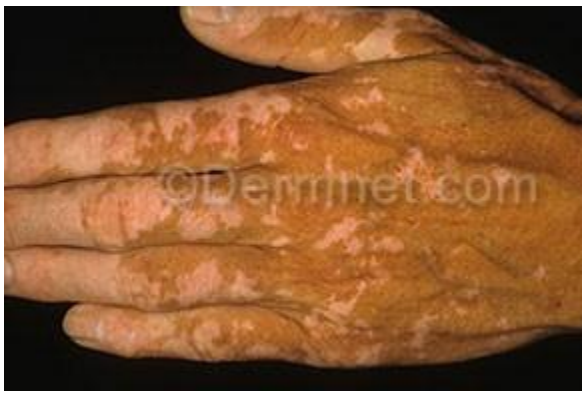
Abstract: *Ayurveda gives a ray of hope in Vitiligo patients. In Ayurveda , Vaman &Virechanare the two major process of Panchakarma, which are very effective in Vitiligo.It helps to decrease the patches and to recovery of the normal skin colour in Vitiligo and thus improvingthe quality of life in Vitiligo patients.*
Keywords: *Vitiligo, Vaman & Virechan.*

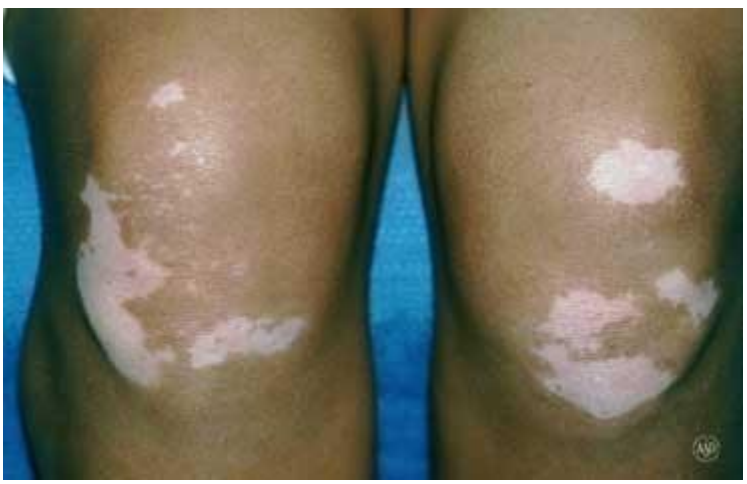
I. Introduction

Normal skin color depends on the presence of several pigments in the skin i. e. melanin - which contributes brown or black color , Hemoglobin - which contributes red or blue color depending upon its state of oxidation or reduction and Keratin -which contributes light yellow color. Out of these melanin constitute the chief pigment.

Melanin is produced from the amino acid tyrosine by the copper containing enzyme called tyrosinase. Melanin is formed in melanocytes. The melanocytes are dendrite cells located in the basal layer of the epidermis and transfer their pigment to the keratinizing cells of the epidermis by means of their dendrite processes. The pigment is ultimately lost along with the keratinized cells exfoliating from the surface of the skin.

Vitiligo is caused by absence or reduction of melanin formation by the melanocytes. Vitiligo is a skin disease which is associated with a great symbol of social stigma. Vitiligo patients sufferer moderate to severe restriction while participating in their domestic and social life. Vitiligo is not a life threatening disease but it influence the quality of life and psychological well being of the patient. It is associated with high psychiatric morbidity.





About Vitiligo

Vitiligo is a pigmentary disorder of unknown origin which is characterized by depigmented patches that results from absence or reduction in melanocytes. Vitiligo usually starts as small areas of pigment loss that spread with time.

The etiopathogenesis of Vitiligo is poorly understood. The patchy loss of skin pigmentation in Vitiligo, may be due to immune attacks on melanocytes. Although there is no significant proof or evidence, many doctors believe that it can be caused by defects in many genes. Variations in genes that are part of the immune system or part of melanocytes have both been associated with Vitiligo. The immune system genes are associated with other autoimmune disorders.

Leucoderma, a term used for vitiligo in non medical literature, is different from vitiligo. The term Leucoderma is applied to depigmented patches of known causes e.g. following burns, contact with chemicals like phenol or catehols or following an inflammatory skin disease. As opposed to vitiligo, it does not progress after the cause is removed.

Depigmented (milky white) or hypopigmented (light colored) macule and patches that are sharply demarcated from the surrounding normal coloured skin typify the disease. The affected skin is otherwise normal except for a little erythema of patches on sun exposed regions due to heightened sensitivity to sunlight. Hair within a patch may turn white (leukotrichia). Margins of the patches may be hyperpigmented or hypopigmented or be normal in colour.

Margins of vitiligo patches are a good indicator of the activity of the disease. Hyperpigmented margins are a sign of stability or recovery whereas hypopigmented margins are a sign of activity. A margin of normal colour is an indication that the disease is stabilizing. Hyperpigmentation may also be seen around follicles within a patch and this a sign of recovery.

According to the extent of involvement, vitiligo can be classified as:

Localised: Few patches over one body region, has best prognosis.

Dermatomal: Patches limited to the region of one or two nerve segments.

Vulgaris: Widespread and symmetrical patches involving extremities and trunk. Common site of affection include shins, forearms, palms, soles, elbows, knees, lips, eyelids, upper trunk, genitals, axillae and groins.

Acro-orificial: Involves acral (fingers, toes, palms, soles) and Periorificial (lips, periorals, perioccular, glans penis) areas, carries poor prognosis.

Universal: Total or near total affection of the whole body, has poor prognosis.

Prevelance

About 1-2% of the general population has Vitiligo. Vitiligo begins commonly in the 2nd to 4th decade. It is less common in children and the elderly. Both sexes are affected equally. Family history of Vitiligo is present in only 25% of cases. It affects all races, but may be more noticeable in people with darker skin.

II. Management

Most people with Vitiligo are otherwise normal and do not need any investigations. However, there is increased incidence of other autoimmune disease like autoimmune thyroid dysfunction, Addison's disease, alopecia aerate and lichen planus in patients with Vitiligo.

There is a great social stigma associated with Vitiligo so its treatment is very necessary. The goal of treatment is to stop or slow the progression of pigment loss and an attempt to return some color to skin. Modality of therapy is decided by the distribution and progress of the disease as well as patient convenience and preference. No therapy is uniformly effective and the chance of complete regimentation are poor in acromucosal type and in patients with more than 50% body area involvement.

Unstable (spreading) vitiligo is controlled with systemic steroids. Once static, localized patches can be treated with topical steroids or topical PUVA and then residual areas surgically grafted whereas generalized lesions need systemic PUVA therapy for repigmentation. Oral psoralane may cause nausea and vomiting. Over exposure (phototoxicity) to UVA leads to erythema, edema, vasiculation, pain and tenderness of the involved skin. Hyperpigmentation of the surrounding normal skin is the commonest side effect. In white skinned people, after many months or year of use, skin damage due to UV radiation may lead to solar elastosis, solar keratosis and squamous cell carcinoma. Long term use is also fraught with the danger of developing cataracts, unless eye are protected during therapy.

III. Vitiligo in Ayurveda

In Ayurveda Vitiligo is described as Kilas. Acharya Charak has described Kilas in the chapter of Kusthachikitsa. Darun, Charun and Svitra are the synonyms of Kilas. It is generally caused by the tridoshas. According to involvement of dhatus by doshas, it is of three types. These three types are due to three colours i. e. rakta varna, tamra varna and sweta varna.

Rakta varna: when doshas are situated in rakta dhatu, it is of rakta varna (red colour).

Tamra varna: when doshas are situated in mansa dhatu, it is of tamra varna (reddidsh-brown or bronze).

Sweta varna: when doshas are situated in meda dhatu, it is of sweta Varna (white colour).

The Kilas of tamra varna is poor than the Kilas of rakta varna and the Kilas of sweta varna is poorer than the Kilas of tamra varna with respect to treatment . Acharya Bhoj has given an another types of Kilas i.e. Vranaj and Doshaj. According to Acharyas Kilas is aparisravi i.e. it is devoi d of discharge, suppuration and free of worms (not infectious).

Untruthfulness, Ungratefulness, Insult of preceptors, Insult of teachers and seniors, Sinful acts, Misdeeds of past lives (unknown etiology), excessive intake of incompatible diets, Intake of mutually contradictory food, drinks which are liquid, unctuous and heavy, Transgression of the prescribed order of the intake of food and with reference to heat and cold, as well as fasting, Intake of uncooked food and/or intake of food, before the previous meal is digested, Excessive intake of food prepared of freshly harvested grains, curd, fish, salt, and sour substances, Use of cold water immediately after exposure to scorching sun, exertion or exposure to frightening situations, Performance of physical exercise in excessive heat and after taking very heavy meals and Suppression of natural urges are the main causative factors of Vitiligo in Ayurveda.

In Ayurveda Vitiligo is managed predominantly by Vaman and Virechan i.e. Samshodhan therapy followed by Samshaman therapy. Vaman is the process of samshodhan therapy in which waste products i.e. vitiated doshas are eliminated from the body through upper channels i.e. through the mouth.

The procedure of elimination of doshas through adhobhag is known as Virechan (ch.kalp.1/4). Here Acharya Chakrapani commented that the meaning of adhobhag is guda i.e. anal route.

For Vaman the most common used drugs are Madanphal , Indrayav, Mulethi , Patol and Nimba.

For Virechan Kashtodumber, Trivritta , Danti Triphala i. e. Amalaki , Haritaki, Vibhitaki drugs are used mostly.

Preparation of patient for Vaman & Virechan is as follows:

Consent of the patient for Vaman & Virechan, must be taken.

General and systemic examination of the patient should be done, and if any other disease is found, then that should be treated first.

Patient should be prepare by both physically and mentally.

To explain the process of Vaman & Virechan to the patient, to remove fear associated with the process.

Prior to Vaman & Virechan proper Snehan and Swedan should be performed.

In the previous night of Vaman, patient is advised to take Kaphotkleshker aahar i. e. diet enriched with milk, curd, til, urad etc for vitiation of kapha dosha.

Prior to Virechan, patient is advised to take Kapha-avriddhikar aahar i.e. diet enriched with hot, light, salty and spicy food.

Poorva karm

Prior to Vaman & Virechan karm Snehan and Swedan is performed, which are known as poorva karm. Snehan is done in the form of Abhyantar(internal use in the form of medicated ghrit) and bhaya snehan(massaging the whole body with medicated oil) and in Swedan sarvang vasp swed is performed .

Paschat karm/ Snsarjan kram

After Vaman & Virechan a specific dietic schedule is advised to the patient which is known as Paschat karm or Sansarjan kram. This regime is advocated by different Acharyas for gradual stimulation of Agni. According to Acharya Charak after Shodhan karm, the patient should take peya, vilepi, akrit-krit yush, akrit-krit mansaras in 3, 2 or 1 annakaal, according to Shodhan being of pradhan, madhyam & heena respectively, and indicated 6 days (12 annakaal) of Sansarjan kram for pradhan shuddhi, 4 days(8 annakaal) for madhyam shuddhi and 2 days (4 annakaal) for heena shuddhi.

Mode of Action of Vaman & Virechan in Vitiligo Vaman & Virechan are the two main procedure of Panchakarma. Vaman eliminates the vitiated kapha dosha through the oral route and Virechan eliminates the vitiated pitta dosha from per rectal route.

In the Vaman various toxins are expelled out from the body & Virechan toxins are removed by lower GIT, so it can be said that bodily tissues are nourished by metabolites transported from one part to another by different types of macro and micro channels or passages. Any alteration in the functioning of these passage or obstruction will lead to the maltransportation of the metabolite to different parts when required for nutrition or excretion. This disturbance ultimately leads to genesis of the disease process. Hence, Vaman & Virechan helps to clean the channels and to rejuvenate them for ensuring a proper transportation of the matabolites.

Samshaman drugs (e.g. kwatha for internal use or lepa for topical application) are more effective when used after Vaman & Virechan.

Sansarjan kram is also a very effective part of Vaman & Virechan. In this process a specific diet sequence is advised to the patient.

The specific dietic schedule is very important for maintaining the GIT system. It is also said that all bodily disorders are due to malfunctioning of Agni (GIT system), so Sansarjan kram is very necessary for proper functioning of Agni (Pachakagni). Rasa-rakta- mansa- meda- asthi- majja-sukra, are the seven dhatus . Some part of Pachakagni, situated in these dhatus, is known as Pachakansh, which is responsible for kshaya and vriddhi of dhatus. So it can be said that bodily dhatus are nourished by Pachakagni.

IV. Instructions

Vaman & Virechan should always be performed under medical supervision.
To follow the dietic sequence including glucose water and electrol water as advocated by the doctor.
To check any complication occur after Vaman & Virechan. Most common complication of Vaman is diarrohea and most common complication of Virechan is vomiting.
To avoid strenuous works and excessive talking, walking, journey via bicycle, car, train, bus etc.
To avoid the suppression of urges.
To apply lepa or internal use of decoction specially for Vitiligo, as directed by the doctor.

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