HERBAL REMEDIES FOR VENPADAI VIRTILIGO

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ABSTRACT

Venpadai (Virtiligo) is an acquired pigmented disorder of unknown etiology that is clinically characterized by the development of white patches related to the selective loss of melanocytes. In recent days, Virtiligo has emerged as a threatening disease especially in the Tropical countries. It is also evident that those who suffer from Virtiligo develop inferiority complex. Special notes regarding Virtiligo are found in Siddha literature. The important herbs that cure Virtiligo are discussed in this paper.

KEYWORDS: Leucoderma, Melanocytes, Hypopigmentation, Virtiligo, Venpadai.

INTRODUCTION

Virtiligo is termed as “venpulli noi” or “venpadai” in siddha system of medicine. On the basis of three vital humours, siddha system classifies virtiligo (venpadai) as

- vatha venpadai.
- pitha venpadai.
- kabha venpadai.

Skin diseases are one among the major diseases for which traditional medicines are preferred and largely utilize. Virtiligo or leucoderma is characterized by skin depigmentation resulting in the appearance of patches due to melanocyte dysfunction. The exact pathogenesis of virtiligo remains unclear and is likely to be multifactorial, suggesting the involvement of autoimmune and genetic factors, oxidative stress, neural, or viral sources.1 Though the prevalence of virtiligo varies significantly with age, there is no significant difference seen between genders.
Definition

Venpadai (Viritiligo) is a common acquired; discoloration of the skin is characterized by well circumscribed, ivory or chalky white macules which are flush to the skin surface. In contrast to this, leucoderma refers to such macules where in the cause of such a change is known. The hair over the lesion may be either normal or white (poliosis).

Causes

The cause is not known. Viritiligo may be an auto immune disease. These diseases happen when your immune system mistakenly attacks some part of your own body. In viritiligo, the immune system may destroy the melanocytes in the skin. It is also possible that one or more genes may make a person more likely to get the disorder.

Some researchers think that the melanocytes destroy themselves. Others think that a single event such as sunburn or emotional distress can cause viritiligo. But these events have not been proven to cause viritiligo.

Signs and Symptoms

White patches on the skin are the main sign of viritiligo. These patches are more common in areas where the skin is exposed to the sun. The patches may be on the hands, feet, arms, face, lips. Other common are as for white patches are:

- The armpits and groin
- Around the mouth
- Eyes
- Nostrils
- Navel
- Genitals
- Rectal areas

People with viritiligo often have hair that turns grey early. Those with dark skin may notice a loss of color inside their mouths.

Literature Evidence

“Thadipaga thavalaniram pol veluthu
Sarvangamum veluthaar andri virumbum
Madipaga mayir veluthu asathiya makum
Variuthadu ullangai kutham kuyamthaan
Nedipaga neruppu pattathupol punnai
Niramirunthal asathiyam endru uraikalagum
Vedipaga meniyellam velluthu veengill
Vensuvetha kuttamendre vilampa lamye”

Clinical Classification of Venpadai (Virtiligo)
According to siddha concept the disease Venpadai (Virtiligo) with imbalance of Vatha, pitha, kapaam classified into three
They are;
Vatha venpadai
Pitha venpadai
Kapa venpadai

Vatha Venpadai
In this patches will be rough, reddish and slight blackish in nature.

Pitha Venpadai
In the site of patches, we can see irritation and hair loss. This will be seen red coloured as the petals of lotus.

Kapa Venpadai
The patches will be white and itchy in nature where it spreads with swelling.

Others
The patches are also seen in some kind of disease like Leprosy, syphilis. Sometimes it will be caused hereditarily.

The classification of virtiligo is:
✓ Localized
✓ Generalized &
✓ Universal

Localized virtiligo
Its types are as follows Focal: this type is characterized by one or more macules in one area, most commonly in the distribution of the trigeminal nerve.
Segmental: this type manifests as one or more macules in a dermatomal or quasidermatomal pattern. It occurs most commonly in children. More than half the patients with segmental vitiligo have patches of white hair or poliosis. This type of vitiligo is not associated with thyroid other auto immune disorders.

**Mucosal:** mucous membranes alone are affected.

**Generalized Vitiligo**

**Its types are as follows**

**Acrofacial:** Depigmentation occurs on the distal fingers and periorificial areas.

**Vulgaris:** This is characterized by scattered patches that are widely distributed.

**Mixed:** Acrofacial and vulgaris vitiligo occur in combination, or segmental and acrofacial vitiligo and/or vulgaris involvement are noted in combination.

**Universal Vitiligo**

This is complete or nearly complete depigmentation. It is often associated with multiple endocrinopathy syndromes.

**Morphological Variations of Vitiligo**

- Trichome vitiligo.
- Quadri-chrome vitiligo.
- Penta-chrome vitiligo.
- Blue vitiligo.
- Inflammatory vitiligo.

**Trichome vitiligo**

It is recognized by the presence of a narrow to broad intermediate color zone between a vitiligo macule and normal pigmented surrounding skin.

Cockade-like vitiligo is a variant of trichome vitiligo.

**Quadri-chrome vitiligo**

It is a well-documented 4<sup>th</sup> colour in vitiligo lesions, usually seen in darker skin phenotypes. A macular perifollicular or marginal hyperpigmentation is its salient feature and denotes a repigmenting disease.
Penta-chrome vitiligo
It is an infrequently encountered variant in which there is a sequential display of white, tan, brown, blue-grey hyperpigmentation and the normal skin. Black-skinned individuals are predisposed to have this disorder.

Blue vitiligo
It usually corresponds to vitiligo macules occurring at the site of post inflammatory hypermelanosis in AIDS patients.

Inflammatory vitiligo
It is an entity which may reveal an erythematous, raised border in a vitiligo macule with frequent itching and/or burning.

Pathophysiology
Vitiligo is a multifactorial polygenic disorder with a complex pathogenesis. It is related to both genetic and non-genetic factors. Although several theories have been proposed about the pathogenesis of vitiligo, the precise cause remains unknown. Generally agreed upon principles are an absence of functional melanocytes in vitiligo skin and a loss of histochemically recognized melanocytes, owing to their destruction. However, the destruction is most likely a slow process resulting in a progressive decrease of melanocytes.

Theories regarding destruction of melanocytes include:
- Autoimmune mechanisms.
- Cytotoxic mechanism.
- An intrinsic defect of melanocytes.
- Oxidant-antioxidant mechanisms.
- Neural mechanism.

Commonly Who Can Affect Vitiligo
Many people develop in it their twenties, but it can occur at any age. The disorder affects all races and both sexes equally, however, it is more noticeable in people with dark skin.

People with certain autoimmune diseases (such as hyperthyroidism) are more likely to get vitiligo than people who don’t have any autoimmune diseases. Scientists don’t know why
Vitiligo is connected with these diseases. However, most people with vitiligo have no other autoimmune disease.

Vitiligo may also run in families. Children whose parents have the disorder are more likely to develop vitiligo. However, most children will not get vitiligo even if a parent has it.

**Associations of Vitiligo**

- Cutaneous association
- Systemic association
- Ocular association
- Childhood (juvenile) vitiligo

**Cutaneous association**

It is important to recapitulate associations of vitiligo as they commonly provide circumstantial evidence to its possible etiopathogenesis. Premature graying of hair, leukotrichia, halo nevus, lichens planus and alopecia areata. Of these, the leukotrichia (poliosis) is found up to 45%, premature graying of hair (canities) in 37%, followed by halo nevus in 35% and alopecia areata up to 10%.

Occasionally, other skin disorders like dermatitis herpetiformis, giant congenital melanocytic nevus with neurotization, chronic urticaria, nevus depigments, polymorphic light eruption and malignant melanoma have also been association with vitiligo.

Other interesting autoimmune association includes morphea and Hashimoto’s thyroiditis.

**Ocular association**

Poliosis and alopecia with pan uveitis and auditory and neurological manifestations.

**Systemic associations**

Systemic disorders like hypo/hyper thyroidism, diabetes mellitus, Addison’s disease, pernicious anaemia, lymphoma, leukemia and HIV infection, autoimmune polyendocrinopathy candidiasis-ectodermal dystrophy (APECED) are a few of the diseases associated with vitiligo. Other significant associations include Sjogren syndrome, Giant cell myocarditis and amelanotic melanoma.
Childhood (juvenile) vitiligo

Morphological characteristics in childhood vitiligo are more or less identical to those of adult onset vitiligo. Interestingly, there has been steady increase in the incidence of childhood vitiligo during past 2 decades.

Clinical Features

Vitiligo is characterized by the appearance of patchy discoloration evident in the form of typical chalky white or milky macule. The macules around and/or oval in shape, often with scalloped margins. The size of the macules may vary from a few millimeters to several centimeters with the lesions affecting the skin and / or mucus membranes. By and large, the lesions are asymptomatic although itching / burning may precede or accompany the onset of the lesions in a few patients. Vitiligo is a slow and progressive disease and may have remissions and exacerbations correlating with triggering events. Occasionally the lesions of vitiligo may begin to form around a pigmented nevus (Sutton’s nevus, leucoderma aquisitum centrifugum) and then go on to affect distant region.

Although any part of the skin and / or mucus membrane is amentable to develop vitiligo, the disease as a predilection for normal hyper pigmented regions such as the face, groin, axilla, areolae, areolae and genitalia. Furthermore, lesions may develop in other areas like the ankles, elbows, knees, which are subjected to repeated trauma/ friction, an outcome of koebner’s phenomenon. In the event extensive disease, the lesions are symmetrically distributed with an exclusive dermatomal distribution / or mucus membrane involvement. Lip –tip syndrome, another variant of vitiligo is characterized by depigmentation of the terminal challenges and the lips.

Traditional Siddha Plants for Vitiligo

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Binomial name</th>
<th>Tamil name</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Pedalium murex</td>
<td>Yaanai nerinjil</td>
</tr>
<tr>
<td>2.</td>
<td>Glycyrrhiza glabra</td>
<td>Athimathuram</td>
</tr>
<tr>
<td>3.</td>
<td>Lawsonia inermis</td>
<td>Maruthondri</td>
</tr>
<tr>
<td>4.</td>
<td>Chukrasia tabularis</td>
<td>Aayil pattai</td>
</tr>
<tr>
<td>5.</td>
<td>Ficus benghalensis</td>
<td>Aala maram</td>
</tr>
<tr>
<td>6.</td>
<td>Terminalia chebula</td>
<td>Kadukaai</td>
</tr>
<tr>
<td>7.</td>
<td>Solanum surattense</td>
<td>Kandankathiri</td>
</tr>
<tr>
<td>8.</td>
<td>Rhus succedanea</td>
<td>Karkadakasingi</td>
</tr>
<tr>
<td>9.</td>
<td>Acalypha fruticose</td>
<td>Kittikilangu</td>
</tr>
<tr>
<td>10.</td>
<td>Trichosanthes tricuspidata</td>
<td>Kurattai</td>
</tr>
<tr>
<td>11.</td>
<td>Cassia margiuta</td>
<td>Senkondrai</td>
</tr>
</tbody>
</table>
How to Use and Prepare Herbal Medicines

Some of the preparations are given in.

<table>
<thead>
<tr>
<th>Plant name</th>
<th>Arts</th>
<th>Preparations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lowsonia inermis</td>
<td>Seed</td>
<td>Purified Arsenic powder is mixed with Seed extract, apply this paste on skin.</td>
</tr>
<tr>
<td>Chukrasia tabularis</td>
<td>Bark</td>
<td>Bark paste is applied on the skin and skin appears black.</td>
</tr>
<tr>
<td>Solanum surattense</td>
<td>Fruit</td>
<td>Fruit of this plant is boiled with water and filtered then again boiled with gingelly oil and filtered during Mustard seed like appearance in oil.</td>
</tr>
<tr>
<td>Cassia margiata</td>
<td>Bark</td>
<td>Bark paste is applied with water. Bark decoction is also provided.</td>
</tr>
<tr>
<td>Thespesia populnea</td>
<td>Bark</td>
<td>100 years’ trees bark Decoction.</td>
</tr>
<tr>
<td>Jasminum grandiflorum</td>
<td>Seed</td>
<td>Equal amount of Jasminum grandiflorum and pepper powder.</td>
</tr>
<tr>
<td>Fumaria parviflora</td>
<td>Leaf</td>
<td>Fumaria parviflora and paneer flower.</td>
</tr>
<tr>
<td>Morinda tinctoria</td>
<td>Leaf</td>
<td>Karkkam of this leaf + heated with gingely oil. Oil – externally, karkam – internally.</td>
</tr>
</tbody>
</table>

Traditional medicines are,

**Internal**

- Kanthaga sudar thylam.
- Kanthaga rasayam.
- Purapayan podi.
- Parangi pattai chooranam.
- Irumbu chendooram.
- Sembu chendooram.
- Thanga chendooram.
- Thanga parpa oorandai.
- Kanthaga rasayanam.
- Rasaganthi Mezhugu.
- Parangipattai pathangam.
✓ Parangipattai Rasayanam.
✓ Serankottai Elagam.

External
✓ Thuvarai ver kuli thylam.
✓ Tabitha karpogi nei (oleum psorelia corlifolia – Bhakucri oil).
✓ Grinding karpogi with kaadi.
✓ Sulphur grinding in kummati kaai juice.

Others
Yamuna river water and aaga pasu milk have the character to cure vitiligo

CONCLUSION
From this review paper we conclude that there are many siddha medicines including single drugs used for curing venpadai (vitiligo). These medicine not only cure the venpadai (vitiligo) physically but also reduces the mental depression in these patients, also most of these medicines are tested clinically and are proven best for the treatment of venpadai.

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REFERENCES


