

SHODHANOTTARA SHAMANA CHIKITSA IN THE MANAGEMENT OF SHWITRA (VITILIGO)-A CASE REPORT

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ABSTRACT

Aim: *Shwitra* is a common depigmentation disorder correlated with Vitiligo in contemporary system of medicine. It affects about 1% of the world and 3-4% of Indian population, its treatment modalities are costly with many complications. There is need to prove the efficacy of Ayurvedic treatment for such disorders which are mentioned in Ayurveda classics.

Backgrounds: In Ayurveda *Shwitra* is described under *kushtha*. It occurs due to vitiation of *Rakta*, *Mamsa* and *Medo dhatus* because of vitiated *Tridoshas*. The line of treatment of skin diseases is *Shodhana* and *Shamana* therapy. Vitiligo is an autoimmune disease characterized by depigmented or hypo-pigmented patches. Its treatment includes topical corticosteroids, topical immunomodulators, phototherapy and surgical options.

Case Description: A 13 years female child came with irregular white colored patches over both thigh, legs, abdomen and lips for the last 5-6 years. Patient had undergone *Deepana-Pachana*, *Snehapana* and *Virechana Karma*. followed by *Shamana* therapy. Assessment was done on VASI (Vitiligo Assessment Scoring Index) Score and Vitiligo Impact Scale-22 (VIS-22).

Conclusion: *Shodhana Chikitsa* along with *Shamana* therapy had provided significant relief to the patient. Changes in above mentioned scales and overall improvement in the clinical symptoms was reported which indicates efficacy of Ayurvedic therapies in the management of *Shwitra* (Vitiligo).

Clinical significance: Vitiligo is a harmless, purely cosmetic problem. *Shodhanottara Shamana* treatments are proven to be the best hope for such affected persons.

Keywords: *Shwitra*, Vitiligo, *Shodhana*, *Virechana Karma*.

INTRODUCTION: *Shwitra* is a common depigmentation disorder described under the topic of *Kushtha* in Ayurvedic classics. Worldwide prevalence of vitiligo is observed as 1% of the world population ^[1]. Its prevalence is between 3-4% in India, although an incidence as high as 8.8% has also been reported ^[2]. About 50% of children with Vitiligo have onset before 18 years of age ^[3]. It can affect a person's emotional and psychological status which may create difficulty in getting job and marriage. It has become a marked social stigma in India ^[4]. According to Acharya

Charaka, *Shwitra* is *tridoshaja twak gata, rakta pradoshaja vikara*. And classified into three types (*Darun*, *Charun* and *Shwitra*). It's *nidana* are told as *Asatya*, *Kritaghna bhava*, *Ninda of devatas*, *Guru apmana*, *Paap kriya*, and *Poorvajanma krit karma*, intake of inappropriate diet combination etc. All these factors cause disturbance of *Tridosha*, that further affects *Rakta-Mamsa* and *Meda dhatus* and causes development *Shwitra* ^[5].

As per *Sushruta Samhita*, *Ashtanga Hridaya* & *Madhav Nidana Shwitra* is of three types on the basis of *dosha* and these

are *Vata pradhana*, *Pitta pradhana* and *Kapha pradhana Shwitra* [6-9]. *Shwitra* can be correlated with vitiligo in conventional system of medicine. Normal skin color depends on Hemoglobin (in both the oxygenated and reduced state), Carotenoides and Melanin pigment [10]. Vitiligo is an autoimmune disorder characterized by selective destruction of melanocytes of the basal layer of epidermis and occasionally the hair follicles resulting in circumscribed depigmented white patches on the skin. People with this disorder undergoes emotional stress [11]. Main treatment for vitiligo is PUVA (Psoralen Ultra Violet Air radiation), which is a costly procedure. Surgical treatments like epidermal cell transplantation, Blister roof grafting, Autologous Mini punch grafting has been used but all are having some limitations [12]. In Ayurveda, *Shodhana* and *Shamana* are indicated for treatment of *Shwitra*. *Shodhana* includes the methods of expelling the morbid *doshas* from the body. *Shamana* includes the medicines given after *Shodhana* for subsiding the remaining *dosha* [12]. Here, *Virechana* is given to the patient, as *Shwitra* is a *raktaja vikara* and main principles for the management of *raktaja vyadhis* are *virechana*, *upvaasa* and *raktamokshana*. [13]

Patient Information

A 13 Year/Female patient come at *Kaumarabhritya* OPD no. 208 in All India Institute of Ayurveda, Delhi, with chief complaints of white colored patches (*Twak Shwetata*) on both thighs, both legs, both arms, trunk, lips and scalp without any pain, itching or irritation with dryness of skin (*Twak Rukshata*) for the last 6 years. patient was apparently normal 6 years back. initially a single white patch over left lower leg. She took allopathic treatment for 6-7 month. But didn't get any relief.

Gradually, there was increase in white irregular patches over both legs and trunk region with premature whitening of scalp hairs. then she took treatment from Safdarjung hospital for another 6 months, without any relief. She Started ayurvedic treatment from clinic in Delhi, but condition worsened and lesions started spreading. further took treatment from an ayurvedic hospital in *Karkardooma* up to 4-5 months. got mild relief in size and color of patches. Then she come in A.I.I.A in April 2015 in *Kaumarabhritya* O.P.D no-208, She took medicinal treatment continuously for 6 months and noticed mild relief, she continued the treatment for 2 years and got some improvement. *Virechana karma* was planned for her in December 2017.

There was not any history of contact with chemicals or burn. Patient was habitual to *Viruddha aahara* (mixed food) and spicy food items. There is no family history of vitiligo. Also, no any significant childhood history. On examination all vitals were stable, had medium body-built with weight 31.8 kg and height 129 cm. Systemic examination was normal.

Local Examination

- 1) Site of lesion - (*Pidika Sthāna*) - Both thighs, Legs, Trunk, Lips, Scalp, Scalp hairs.
- 2) Distribution - (*Vyāpti*)-Asymmetrical
- 3) Character of lesion - (*Pidika Lakshanas*) - Color: white, Arrangement: grouped
- 4) Itching -Absent
- 5) Inflammation – Absent
- 6) Discharge - Absent
- 7) Superficial Sensation on lesion -Pain: absent; Swelling: absent

Diagnosis: Based on the clinical features and examination, case was diagnosed as *shwitra* (vitiligo).

MATERIAL AND METHODS

After proper examination patient's line of treatment was planned. First line of treatment was *Deepana* and *Pachana* followed by *Snehapana* and *Virechana* followed by *Shamanoushadhi*.

First line of treatment (*Deepana* and *Pachana*) - Refer table no I

Second line of treatment (*Snehapana* followed by *virechana karma*) – Refer table no II

On 8th day, 9th day and 10th day- *Sarvanga Abhyanga* with *Nadi Sweda* was done.

On 11th day- *Virechana medicine Trivrut Avaleha* was given at 9:50 A.M in a dose of 100 gram with *Munnaka* (approx. 50 gram) (soaked in water). patient had total 30 *Vegas* till 9:50 P.M, assessed as *Pradhana Shuddhi*. Patient was stable, vitals were stable. She was advised to drink warm water only, and to follow *Samsarjana Krama*.

***Shamanoushadi* after *Panchakarma* (Discharge medication) – Refer table no III**

ASSESSMENT

Patient was assessed before *Virechana Karma* and after 3 months of *Virechana Karma* on the basis of criteria mentioned below.

1. **VASI score** - used to determine the degree of pigment loss ^[14].

2. **Vitiligo Impact Scale-22 (VIS-22)** -A questionnaire to measure the effect of vitiligo on patient's life ^[15].

OBSERVATIONS AND RESULTS

After three months follow up of the treatment there was some reduction in the size of patches along with repigmentation, which can be clearly seen in the images.

Left leg B.T- Before treatment, A.T- After treatment- Refer **Image 1**

Right leg B.T- Before treatment, A.T- After treatment- Refer **Image 2**

Right thigh B.T- Before treatment, A.T- After treatment- Refer **Image 3**

Left thigh B.T- Before treatment, A.T- After treatment- Refer **Image 4**

Lower lip B.T- Before treatment, A.T- After treatment- Refer **Image 5**

VASI score, B.T- Before treatment, A.T- After treatment- Refer table no IV

VIS-22 scoring, B.T- Before treatment, A.T- after Treatment- Refer table no V

On the basis of above mentioned scales there was reduction in VASI SCORE from 4.31% Hand Units to 2.31% Hand Units. And there was reduction in VIS-22 SCORE from 40 to 24.

DISCUSSION

Rakta is mentioned as one of main *Dushya* of *Shwitra* ^[16]. *Shodhana* procedure mainly *Virechana Karma* is the best line of treatment for *Rakta Pradoshaja Vikara*. Here, in this study patient of *Shwitra* was on medication for a long time but she didn't get satisfactory relief. When she undergone *Virechana Karma* followed by *Shamana Chikitsa* she got tremendous relief within a short period of 3 months. This shows that only medicinal treatment is not sufficient for stubborn skin disorders like *Shwitra*. *Acharya Charaka* has mentioned that the disease treated by *Shodhana* will never recur. Whereas the disease treated by *Shamana* can recur in a course of duration ^[17]. The process of *Virechana* clears the micro channels and each and every tissue of the body, which further helps in better action of the medicines given after the procedure. Hence, if *Shamana* drugs are given after *Shodhana* Procedure, it gives firmness to the treatment and helps in eradication of the disease completely.

Trivrut avaleha was given for *Virechana karma* as *Trivrut* is mentioned as the best drug for *Sukhavirechana* ^[18]. And moreo-

ver, it is an *Avaleha* preparation which is quite palatable for the child.

Orally *Arogyavardhini vati* was given, it acts on *Shwitra* by *Rukshana*, *Pachana*, and *Kushtaghna karma* ^[19]. *Bakuchi* is *Shwitraghna*, *Krimighna*, *Kushtaghna*, *Katu*, *Tikta rasa*, *Ruksha Guna*, *Katu Vipaka*, *Kaphavatahara*, *kushtaghna* ^[20]. *Bakuchi* contains psoralens, which on exposure to the sun light brings out melanin in the depigmented lesions. ^[21] *Sarivadyasava* is *Raktaprasadhaka* (improves circulation) and *Pidikahar* ^[22]. *Amalaki* is *Kushtaghna* ^[23]. *Guduchi* is also described as *Kushtaghna* ^[24]. *Khadira* is bitter and astringent in taste, pungent in the post digestive effect and has cold potency. It alleviates *Kapha* and *Pitta doshas*, all these properties alleviate the skin diseases ^[25]. *Acharya Charaka* has described *khadira* as the best drug of choice for *Kushtha* ^[26].

Varna Shuddhi means improvement in color of patches can be obtained by *Virechana Karma* ^[27]. Hence, as a result there was 46.40% reduction seen in VASI score after 3 months follow up of *Virechana Karma*. As *Shwitra* (Vitiligo) is purely a cosmetic problem and reduction in Vitiligo Impact Sclae-22 is evident of improvement of patient quality of life also. *Virechana Karma* (purgation therapy) followed by *Shamana* therapy are the best line of management for skin disorders.

CONCLUSION

Vitiligo is a dermatological manifestation with high social and psychological impact. Contemporary modern therapies are expensive and have chances of adverse events. Ayurveda interventions particularly *Shodhanottara Shamana* treatments are proven to be effective and safe.

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First line of treatment (Deepana and Pachana) - Table no I

Day	Medication	Diet
1 st day	1. Jeerakadyarishtam 5ml T.I.D with equal amount of water after meals 2. Lasunadi vati 1 tablet T.I.D	Light Diet, Lukewarm water
2 nd day	Same as above	Same as above

Second line of treatment (Snehapana followed by Virechana karma) - Table no II

Day	Medication	Dose	Diet
1 ST Day	Cow Ghee	50 ml	Light Diet, Luke-warm water
2 nd Day	Cow Ghee	100 ml	Same
3 rd Day	Same	140 ml	Same
4 th Day	Same	170 ml	Same
5 th Day	Same	180 ml	Same
6 th Day	Same	210 ml	Same
7 th Day	Same	240 ml	Same

Shamanoushadi after Panchakarma (Discharge medication) - Table no III

Medicine	Dose
1. Saribadyasava + Khadirarishtam	10 ml T.I.D
2. Arogyavardhini Vati	1 tablet B.I.D
3. Guduchi Choorna + Amalaki Choorna	5gram B.I.D with Honey
4. Bakuchi Choorna	3gram B.I.D
5. Somraji Tail	For local application

VASI score, B.T- Before treatment, A.T- After treatment- Table no IV

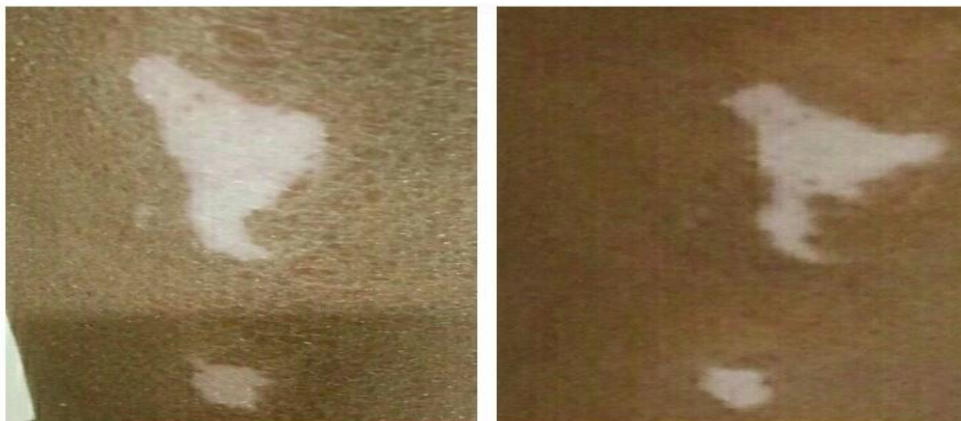
Location		Hand units %		Depigmentation		Total hand units %	
		B.T	A.T	B.T	A.T	B.T	A.T
Hands	-----						
Upper ex-tremities	-----						
Trunk	1 st patch	0.1	0.1	1.00	0.90	0.1	0.09
Lower ex-tremities	Left leg-1 st patch	0.5	0.45	1.00	0.90	0.5	0.405
	Left leg 2 nd patch	0.15	0.1	1.00	1.00	0.15	0.1

	Right leg 1 st patch (Laterally)	0.1	0.02	1.00	0.25	0.1	0.005
	Right leg 2 nd patch (Centrally)	0.1	0.02	1.00	0.25	0.1	0.005
	Right leg 3 rd patch (Medially)	0.1	0.01	1.00	0.10	0.1	0.001
	Right Thigh 1 st patch (Centrally)	0.9	0.8	0.90	0.50	0.81	0.4
	Right thigh 2 nd patch (Near to largest patch)	0.3	0.2	1.00	0.90	0.3	0.18
	Right thigh 3 rd patch (Medially)	0.05	0.0	1.00	00	0.05	0.0
	Right thigh 4 th patch (Medially)	0.2	0.05	1.00	0.10	0.2	0.005
	Left thigh 1 st patch (Centrally)	0.35	0.35	1.00	0.75	0.35	0.2625
	Left thigh 2 nd patch (Laterally)	0.45	0.4	1.00	0.50	0.45	0.2
	Left thigh 3 rd patch (Just above the 1 st patch)	0.2	0.15	1.00	0.10	0.2	0.015
	Left thigh 4 th patch (Below to 1 st patch)	0.3	0.1	1.00	0.90	0.3	0.09
Face and neck	Lips (Lower lip)	0.6	0.55	1.00	1.00	0.6	0.55
Feet	----						
Body total						4.31	2.31

VIS-22 scoring, B.T- Before treatment, A.T- Before Treatment-Table no V

VIS-22 Score		
B.T score	A.T score	Total reduction in score
40	24	16

IMAGE 1



LEFT LEG B.T

LEFT LEG A.T

IMAGE 2



RIGHT LEG B.T

RIGHT LEG A.T

IMAGE 3



RIGHT THIGH B.T

RIGHT THIGH A.T

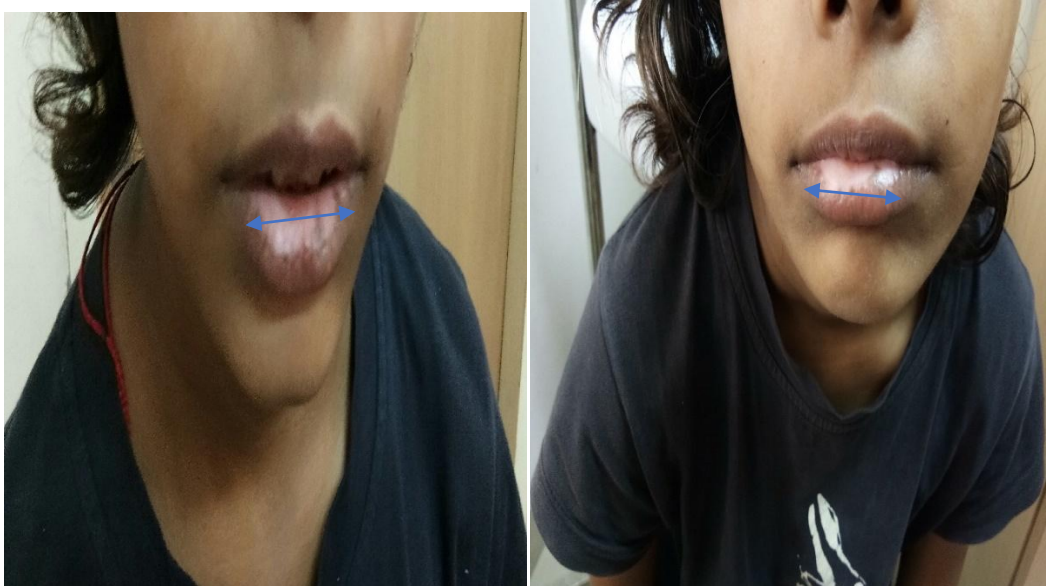
IMAGE 4



LEFT THIGH B.T

LEFT THIGH A.T

IMAGE 5



LOWER LIP B.T

LOWER LIP A.T