

**AYURVEDIC MANAGEMENT OF *SHWITRA* W.S.R TO VITILIGO  
- A CASE REPORT**

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**ABSTRACT :**

**Aim** - Aim of this study to evaluate the role of Ayurvedic management of *Shwitra* w.s.r to Vitiligo .

**Background**- Skin is the best indicator of health & one of the essential sense organs. Vitiligo is an acquired, progressive, long-term pigmentary disorder of the skin and hair having great socio-medical importance characterized by well white macules, devoid of identifiable melanocytes. It can be correlated with *Shwitra* in Ayurveda which is considered as one of the varieties of *Kushtha* in Ayurvedic classics, caused due to vitiation of *Tridoshas* and *Dhatus* like *Rasa*, *Rakta*, *Mamsa* and *Meda*. Due to side effects and limitations of the contemporary medical sciences, some harmless and effective medicines are expected from other medical sciences.

**Case Description**-Here a case of vitiligo who was known case of Diabetes mellitus type 2 (DM2), over shoulder caused due to use of hair colour was treated with Ayurvedic *Rasaushadhi* like *Shwitrari Rasa*, *Talakeshwar Rasa*, *Arogyavardhini Vati* and proprietary medicines over a period of 15 months with steady improvement which is evident from the photographs of the case recorded.

**Conclusion**: Finding the root cause of disease, Ayurvedic modalities are capable of treating patients without producing side-effects.

**Clinical Significance**- Patients can be treated with the Herbo-Metallic-Mercurial compounds as explained in ayurvedic texts.

**Keywords**: Vitiligo, *Shwitra* , *Shwitrari Rasa*, *Talakeshwar Rasa*

**INTRODUCTION**: Vitiligo is the most common depigmenting skin disease with estimated prevalence of 0.5-2% of the population in both adults and children worldwide, whereas regions of India had rates as high as 8.8%. This high value could be due to the inclusion of cases with chemical and toxic depigmentation. Twenty-five percent of vitiligo patients develop the disease before the age of 10 years, almost half of patients with vitiligo develop the disease before the age of 20

years and nearly 70–80% before the age of 30 years [1].

Vitiligo occurs when the melanocytes that produce melanin cease functioning. Vitiligo affects individuals of all skin types, however it is more noticeable in individuals with darker skin. The extent and rate of color loss from vitiligo is uncertain. It may sometimes also affect hair and the inside of the mouth. Usually, on sun-exposed areas, such as the hands, feet, arms, face and lips. Vitiligo is not life-threaten-

ing or contagious. It can be stressful or make oneself feel bad [2].

Treatment for vitiligo in conventional medicine includes camouflage creams, topical steroids, systemic steroids, topical PUVA, systemic PUVA, sometimes surgically skin grafting, blister grafting etc are also done which include risks of infection, scarring, a cobblestone appearance, spotty color and failure of the area to recolor or may trigger another patch of vitiligo. PUVA therapy has side effects like phototoxicity, hyperpigmentation, solar elastosis, cataract and epithelial cell carcinoma in white skin individuals. UVB phototherapy may be a safer alternative to PUVA therapy but is comparatively expensive.

*Acharya Charaka* describes skin diseases under *Kushtha* and deals with *Shwitra* after deeply explaining the *Kusta Chikitsa*[3]. As per *Kashyapa*, *Shwitra* is, '*Shweta Bhava Micchanti Switram*', which means reflection of white color[4]. *Susruta* describes the disease as *Kilasa* instead of *Switra*[5]. '*Twagatm Eva Aparisravi*', this suggests there's only involvement of skin and is *Aparisravi* i.e. non-exudative. *Switra* causes the vitiation of *Tridoshas* and *Dhatus* like *Rasa*, *Rakta*, *Mamsa* and *Meda Dhatu*.[6]. Main line of treatment for *Shwitra* in ayurveda is *Shodhana* (Detoxification) and *Shamana*. Treatments for Vitiligo in Conventional medicines have

limitations in treatment and varied amount of side effects, ayurvedic treatments are much more effective with no side effects.

#### Case report

A 65 years old married Hindu female presented with white patches with mild itching over shoulder region stretching from neck to shoulder came to Balaji Clinic Bhandara. The disease was in an active stage and was speedily spreading. She was diagnosed with Diabetes mellitus type 2 (DM2) and was on allopathic medicine (Metformin 500mg BD). Family history in the first-degree relation was negative with no history of autoimmune disorders, there was no history of surgery or trauma or major psychological disorder. Patient was having menopausal history for eight years, On the detailed history about the diet it was found that the patient was habitual to eat milk and food containing salt or milk and fruits mixed together frequently since 20 to 25 years. There was also a history of use of Hair dye spilling over to the shoulder one month earlier. As patches started appearing and the patient realized, the patient was so stressed due to the fear of family members and social stigma, the patient started hiding it with a saree or scarf all the time. Patient was having faith in Ayurvedic medicine so she approached for management.

**Table no.1 General Examination**

Blood pressure	110/80mm of Hg
Pulse	80 / minute
Aahara (diet)	Vegetarian h/o <i>Virrudha aahara</i> eating fruits and milk together
Vihara	<i>Divaswapna</i> (day sleep) occasionally
Appetite	Good
Bowel	Regular Once a Day in morning

Micturition	4-5 times / day, Once at night
Sleep	Sound

**Table no. 2 Local examination**

Site of lesion	On Shoulder
Distribution	Asymmetrical
colour	White
Itching	Present, Severity- Mild
Inflammation	Absent
Discharge	Absent
Superficial Sensation on Lesion	Pain- Absent, Swelling -Absent

**Table no. 3 Systemic Examination**

Respiratory system Examination	No added sounds. Trachea Centrally placed
Cardiovascular system Examination	Chest Bilaterally Symmetrical
Per / Abdomen Examination	Soft, Non-Tender, No Organomegaly

**Table no.4 : Dashavidha Rogi Pareeksha**

<i>Prakriti</i>	<i>Vata - Kapha</i>
<i>Vikrita</i>	<i>Kapha Pradhana Tridosha</i>
<i>Dushya</i>	<i>Rasa, Mamsa, and Meda</i>
<i>Sara</i>	<i>Madhyama</i>
<i>Samhana</i>	<i>Madhyama</i>
<i>Satva</i>	<i>Madhyama</i>
<i>Aahar Sakti</i>	<i>Madhyama</i>
<i>Jarana Shakti</i>	<i>Madhyama</i>
<i>Vyayama</i>	<i>Hina</i>
<i>Satmya</i>	<i>Madhyama</i>
<i>Vaya</i>	<i>Vruddha</i>
<i>Pramana</i>	<i>Madhyama</i>

**Table no.5 Ashtavidha Pareeksha-**

<i>Nadi</i>	70 beats/ minute
<i>Mala</i>	Once in a day
<i>Mootra</i>	Regular(4-5 times /day)

<i>Jivha</i>	<i>Aliptata</i> (coated)
<i>Shabda</i>	<i>Prakrita</i>
<i>Sparsha</i>	<i>Anushna Sheeta</i>
<i>Drik</i>	<i>Prakrita</i>
<i>Aakruti</i>	<i>Madhyama</i>

**Table no.6 Treatment For first 6 months**

Medicine	Treatment	Duration
<i>Switrari Rasa</i>	60mg BD	<i>Prak Bhakta</i> (Before meals)
<i>Talkeshwar Rasa</i>	125mg BD	<i>Abhakta</i> (Empty Stomach)
<i>Tab Pigmento</i>	2 tabs BD	<i>Prak Bhakta</i> (Before meals)
<i>Mahamanjishthadi Kwath</i>	15 ml BD	<i>Paschata bhakta</i> (After meals)
<i>Lepa</i>	Q.S	In morning Further exposed to sunlight for two months

**Table no.7 For next 6 months**

Medicine	Treatment	Duration
<i>Switrari Rasa</i>	60mg BD	<i>Prak Bhakta</i> (Before meals)
<i>Arogyavardhini Vati</i>	125mg BD	<i>Paschata Bhakta</i> (After meals)
<i>Tab Pigmento</i>	2 tabs BD	<i>Prak Bhakta</i> (Before meals)
<i>Mahamanjishthadi Kwath</i>	15 ml BD	<i>Paschata Bhakta</i> (After meals)

**Table no.8 For last 3 months**

Medicine	Treatment	Duration
<i>Arogyavardhini Vati</i>	125mg BD	<i>Paschata Bhakta</i> (After meals)
<i>Tab Pigmento</i>	2 tabs BD	<i>Prak Bhakta</i> (Before meals)
<i>Mahamanjishthadi Kwath</i>	15 ml BD	<i>Paschata Bhakta</i> (After meals)

Along with the treatment patient was given some instructions

- Stopping of *Viruddha Ahara*
- Stopping of consuming fruits with milk

- Stopping of use of any hair colour
- Avoiding oily, spicy, fermented, processed- canned foods
- Avoiding milk and milk products
- Regularly and timely meals
- Avoid *Divaswapna*/ Day sleep
- Relieving stress by yoga and meditation.

## DISCUSSION:

Ayurvedic texts explain *Chardivegadhara* (suppression of vomiting), *Viruddhahara* (incompatible food), *Atibhojana* (excess food intake), *Atyamla*, *Lavana*, *Madhura*, *Katu Rasa Sevana* (intake of sour, sweet, salt, and pungent food excessively), *Navanna*, *Dadhi*, *Matsyabhakshana* (heavy intake of fresh grains, curd, and fish), *Papa Karma* (sinful acts), *Vipra-Guru Gharshana* (teasing and disrespecting the elders) etc as etiological factors of *Shwitra*. Here Patient was having *Viruddhahara* for over 20 -25 yrs and was known case of Diabetes mellitus type 2 (DM2) which suggest *Ambuvaha* and *Annavaha Srotas Dushti* resulting in increase in *Kleda*, resulting in *Kapha prakopa*. Patient was old and because of fear of rejection from the family, the patient was stressed thus the disease started progressing rapidly. Thus the patient was initially given instructions for daily routine, do's and don'ts and was explained clearly.

As Patient was 65yrs old *Bala* was *Hina* (physically weak) patient was prescribed with *Shaman Chikitsa- Lepa* [7] containing *Kasis*, *Gairika* and *Bakuchi churna* in equal parts with normal water and applied externally over the affected area and exposed to sunlight. Internally *Shwitrari Rasa* [8] containing *Kajjali*, purified *Kasis*, *Changeri* which was triturated with *Tulsi Swaras* (juice from *Holy basil*), *Talkeshwar Rasa* [9] containing *Dwiguna-Gandhaka Kajjali*, *Purified Hartaal*, *Ma-*

*nashilla*, *Swarna Makshik Bhasma*, *Saindhav*, *Tankana Vatsanabha*, Triturated with *Jambeer Nimbu swaras*, Tab Pigmento [10] from Charak Pharma, *Mahamanjishthadi Kwath* [11], *Arogyavardhini Vati* [12] on later stages was prescribed.

Regular use of internal and external application as described in tables patches got shrunk, also the colour of patches went from white to reddish and then greyish to normal. Before and after treatment patch change is illustrated in figure 1. *Bakuchi Churna* contains antioxidant properties and *bavachin* and *psoralidin* is inhibitory against antigen induced granulation [13]. *Khadir* is *Rakta Shuddhikara* ingredient which purifies blood. The utilization of sunlight within the early morning on affected areas of skin because it has content of ultraviolet rays and with *Bakuchi* results in favourable milieu for promoting the expansion of melanocyte migration and stimulates proliferation. *Kajjali* [14] present in *Shwitrari Rasa*, *Talakeshwar Rasa* and *Arogyavardhini Vati* is *Yogavahi*, (capable of reaching microchannels), *Sarva aamayahara* (broad-spectrum). *Kasis* has *Shwitraghana* properties which were used internally and externally. *Manashila* and *Hartaal* along with *Kajjali* present in *Talakeshwar Rasa* are helpful in eliminating *Kleda*. Yoga and meditation works well with a patient's Psychological condition preventing stress and fear. *Lepa* on the affected area in the early morning with exposure to sunlight containing *Kasis* and *Gairik* and *Bakuchi* stimulated melanocytes for secretion of melanin. Stopping of *Viruddha Ahara* and instructions given regarding daily routine prevented further spread of disease. Line of treatment given to the patient was capable of breaking the pathophysiology of disease without producing side-effects. Herbo-Metallic- mer-

curial preparation was prescribed for longer duration and does not produce any toxic effects in patients.

Thus it was found that there was marked improvement in the patches of the patient.

**CONCLUSION:** Identifying the causative factors and breaking the pathophysiology of the disease one can treat vitiligo with ayurvedic medicines. Thus by preventing the trigger factors we can prevent the recurrence of the disease. From the above case study it is evident that treatment modalities described in ayurvedic texts are very effective. Further studies should be carried out to explore mechanisms of action of herbal metallic preparations on various skin disorders.

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Fig no 1 - before treatment



Fig no 2 -after 6 months



fig no 3 - after 12 months



fig no 4- after 15 months

