



AYURVEDIC MANAGEMENT OF *SHWITRA* (LEUCODERMA) - A
CASE STUDY

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ABSTRACT

In *Ayurveda*, the disease *shwitra* is grouped under skin disorders. There is a myth attached with this condition that it results from bad deeds or after effects of sin of previous birth. Reasons for its origin- *Viruddhahara* (Incompatible food), *Chardhi vega dharana* (Suppression of vomiting), *Atibojana* (Excess food intake), *Atyamla, lavana, madhura, katu rasa sevana* (Intake of sour, sweet, salt and pungent food excessively), *Navanna, dadhi, matsya bhakshana* (Heavy intake of fresh grains, curd and fish), *Vipra-guru gharshana* (teasing and disrespecting the elders & teachers) and *papakarma* (sinful acts) etc leads three dosha aggravation in association with *twak* (skin), *Rakta* (blood), *Mamsa* (muscle) and *Ambhu* (water). *Shwitra* can be correlated with Vitiligo. Vitiligo is an acquired disease in which the melanocytes in localised areas of the body stop producing melanin. Clinically, it manifests as macular areas of depigmentation. It is also called leucoderma. Leuco refers to white and derma means skin. Vitiligo is not a serious or life threatening disorder, or painful one, but it has an impact on the social and psychological well-being of the patient. For present study, we had reported a 32 year old female patient, with complaint of whitish patch/ discolouration over front of the neck since 3years. The patient is treated with *virechana karma* followed by *shamanaushadhis* and *Lepana* were planned for 2months. Patient reported remarkable improvement in colour of patches.

Keywords *Kusta roga, Shweta kusta, leucoderma, Panchakarma, Melanocytes, avalgujadi lepa.*

INTRODUCTION: Vitiligo is an acquired disease in which the melanocytes in localised areas of the body stop producing melanin. Clinically, it manifests as macular areas of depigmentation, it is also called leucoderma. Leuco refers to white and derma means skin. In *Ayurveda*, *shwetakusta, Kilasa, Shweta, Shouklya, Shwitra, aruna, daruna* etc are the others synonyms of this diseased condition. Occasionally, the skin in certain areas may only be hypopigmented. There is no other change in the skin. In some lesions the hairs may also become depigmented. This is called leucotrichia. The lesions vary in

shape and size and may appear on any part of the skin and mucous membrane. The extent of involvement may vary from a single small maculae to involvement of almost the entire skin and mucous membrane. The progression of the disease is variable. The disease may show a gradual extension or remain static for prolonged period with occasional exacerbations. In some cases, it spreads so fast that it covers large areas of the body within a few months from its onset. In some patients, the lesion tend to be localised to the knee, elbows, ankles and neck indicating the effect of routine trauma

in the causation of vitiligo in these patients. Some develop lesions situated along the scratch line indicating the effect of koebner's phenomenon.¹ In some patients, lesions are located on the areas coming in contact with certain items of daily wear such as the shoes, gloves, bindis and other articles made of rubber or plastics. Vitiligo has also been noticed in the areas subjected to light and prolonged pressure by articles of wearing apparel such as the petticoat or salwar string, elastic bands and other similar situations. In cases, where the vitiligo is bilaterally symmetrical and tends to spread very fast, vitiligo is considered to be based on auto-immunity and in patients where vitiligo is restricted to a neural segment and is strictly unilateral in distribution it is likely to be caused by neurogenic chemotherapy influences. It may even be caused as an effect of radiation and in spite of the characteristic localisation of the vitiligo lesions.¹ In these cases, most of these patients tend to have lesions located randomly on other area also; suggesting that vitiligo is a complex disease which can be initiated by a variety of apparently untreated etiologic factors. *Kilasa* is a variant of *Kusta*. It is not considered as a variety of *kusta* because *shwitra* presents with only (Whitish) discolouration, no other *dosha lakshanas* like *daha*, *kleda*, *krimi*, *kotha* etc. So it is called as *bahyakushta* by *vagbhata*. It is considered as "twakgata" still there is involvement of *naka*, *mamsa* and *medha* which is responsible for the discolouration of skin and doesn't produce *dhatugata kusta lakshanas*. According to *susruta vataja* produces *aruna varna*, *pittaja* produces colour of *padma patra* and *kaphaja* produces *shweta varna* by involving *naka*, *mamsa* and *medhodhatu* respectively as

per vagbhatas. *Charaka* opines that *rakta ashrita dosha* produces *rakta varna*, *mamsashrita* produces *tamra varna* and *medoashrita dosha* produces *shweta varna*. *Bhoja* classifies *shwitra* into 2 types *vrinaja* and *doshaja*. *Shwitra* developing at the site of veins by *mithyapachana* is *vranaja* and *doshaja* is again classified into *Atmaja* produced by *doshas* and *paraja* produced by *parasamskara* and *para samparsha*. Involvement of *shwitra* in hands, foot and genital regions makes it incurable. Very chronic, involving larger area of the body with red or whitish hair at the site also makes it incurable. *Shwitra* developed at the site of burn wound is *asadya*. *Rukshana*, *Sramsana*, *Shodhana*, *Raktamokshana* *alepana* *suryapaada santopa* are the line of treatment of *Shwitra*. Apart from these *Ayurveda* has also described about *Daivavyapasraya chikitsa* as *kushta* is a sequel of bad deeds, Thus *vratha*, *puja*, *dana* to be done and also *pathya* to be followed. But, in significant percentage of people it is found without any above said specific reasons and is grouped under the heading of idiopathic leucoderma. Reasons for its origin- *Viruddhahara* (Incompatible food), *Chardhi vega dharana* (Suppression of vomiting), *Atibojana* (Excess food intake), *Atyamla*, *lavana*, *madhura*, *katu rasa sevana* (Intake of sour, sweet, salt and pungent food excessively), *Navanna*, *dadhi*, *matsya bhakshana* (Heavy intake of fresh grains, curd and fish), *Vipra-guru gharshana* (teasing and disrespecting the elders & teachers) and *papakarma* (sinful acts) etc.² It leads three *dosha* aggravation in association with *twak* (skin), *Rakta* (blood), *Mamsa* (muscle) and *Ambhu* (water).³ So, to manage this condition *Virechana karma* followed by *Shamanaoshadhis* and *Lepana* were

planned. *Abhyantara shamana sneha* acts by normalizing the aggravated *doshas* without expelling them and without disturbing the normal *doshas*. It increases *varna & bala* of *dhatu*s. *Shamanaoshadhis* and *bahya lepa* reduces the Itching and Hypopigmentation of *twak*. So, the *virechana & shamanoushadhis*, *Lepana* have given remarkable improvement in the present case.

Case Report - A 32 year old female patient, reported to Skin and Beauty OPD, in JSSAMCH Mysuru, with complaint of whitish patch/discolouration over front of the neck since 3years.

History of Present illness- patient was said to be apparently normal 3years back, Later she noticed a small whitish patch/discolouration over front of the neck, as it seemed to be small she neglected. Then she noticed that it's getting larger in size, for which she took allopathic treatment with no improvement in the condition and thus came to our hospital for a better treatment. There is no association of itching, pain, discharge etc

Family History – Her father is known case of vitiligo involving extensively all over the body.

Menstrual History- Patient had regular menstrual periods with duration of bleeding 4-5days with an interval of 30 days and the flow within normal limits.

Treatment History- Patient was not on any drugs before developing hypopigmented patches.

Personal History –

Ahara -Mixed, Mainly non-veg alternative day, *Katu Amla pradhana ahara*.

Vihara - Divaswapna regularly

Nidra- Prakruta

Jihva - Aliptata

Vyasana - Not significant

Mala -Regular once in a day

Mutra- 3-4times/day

Physical Examination-

Built - Moderately built & nourished.

Mental disposition - Irritability, Kroda, Chinta, Shoka.

B.P- 120/80 mm of Hg

Pulse - 72 /min

Temperature-Normal

Respiratory rate - 18/Min

Height - 156cms

Weight - 60kgs

Conjunctiva - Normal

Lymph nodes - no enlargement

Dashavidha Pareeksha-

Prakruti - Vatakapha

Sara -Madyama

Samhanana-Madhyama

Pramana - Madhyama

Satwa-Avara

Ahara Shakti- Madhyama

Vyayama Shakti - Madhyama

Vaya – Madhyama

Systemic Examination –

CNS- Conscious and well Oriented

CVS- S1 S2 heard

RS-Clear

PA- Soft, non tender, No organomegaly

Twacha Pareeksha- Characteristics of Lesion-

Distribution- Asymmetrical

Color- white, Depigmented Arrangement-grouped

Site of lesion / Area- over front of the neck

Character of lesion- Size-10-15cms, depigmented area with specks of pigmentation

Itching –Absent

Inflammation – Absent

Discharge- Absent

Sensation on lesion - Superficial and deep-Intact

Hot and cold sensation -Intact

Investigation Report - Hb%, TC, DC, ESR, Urine Routine - within normal limits.

Samprapti Ghataka-

Dosha: Kaphavatapradana dosha

Dushya: Twak, Rakta, Mamsa, Ambhu

Agni: Jataragni & dhatwagni mandya

Ama: Jataragni & dhatwagni mandya janya ama

Srotas: Rasa, Rakta, Mamsa, Meda

Srotodusthi Prakara: Sanga

Udbhavastana: Amapakvashaya

Sanchari Stana: Tiryagata siras

Vyaktastana: Twak

Rogamarga: Bahya

Sadyasadyata: Kashta Sadhya

Vyadhivinishchaya –Shwitra -Vitiligo

INTERVENTION- Patient was administered Virechana karma followed by Shamanaushadhis for 2months. Follow up details are given below table.

Table .1 Virechana Karma & Shamanaushadhis:

S.N	Shodhana	Shamana-1 st FU For 1month	Shamana-2 nd FU For 1month
1	Deepana & Pachana- Chitrakadi Vati 2-0-2 BF For 3days	Swayambhu guggulu 1-1-1A/F with water	Swayambhu guggulu 1-1-1A/F with water
2	Snehapana with Pancha TiktaGhrita30ml,70ml,100ml, 120ml,140ml -5days	Kadhirarista 15ml TID with 15ml water after food	Mahamanjisthadi Kashaya 15ml TID with 15ml water after food
3	Sarvanga Abhyanga with Manjisthadi Taila and Baspa sweda -3days	Arogyavardini Vati 1-1-1A/F with water	Gandaka Rasayana 1-1-1 A/Fwith water
4	Virechana - Trivruth Leha 50gms with Triphala kashaya 100ml	Tuvaraka Taila for External Application	Tuvaraka Taila for External Application
5	Samsarjana Krama for 3 days by Peya, vilepi etc followed as per classics.		
6	Avalgujadi lepa external application		

The patient was first administered deepana pachana with chitrakadi vati 250mg 2tablets twice daily before food for 3days. Once the Agni improved, patient was administered Shodhananga snehapana with Pancha Tikta Ghrita in the arohana krama ie 30, 70, 100, 120, 140ml depending upon the agni and sneha jeernakala of the patient. After attaining samyak snigdha lakshanas, snehapana was stopped. Sarvanga abhyanga was done with Manjisthadi Taila followed by Baspa sweda for 3 days. On the next day i.e on

4th day Virechana was administered Trivrit Lehya 50gm with Triphala kashaya (100ml) at 9am after sarvanga abhyanga and Baspa sweda. Patient had totally 12vegas thus attained Madyama Vegiki Shuddhi, Hence 5days of samsarjana krama advised as per classics with peya, vilepi etc. Lepana & Shamanoushadhis were administered after the samasarjana krama. Shwitranaushadhi Vati one tablet thrice a day after food with water, Kadhirarista 15ml thrice daily with equal quantity of water for 1month after food.

Arogyavardhini rasa 1tab thrice daily with water, *Tuvarakadi Taila* was given for external application over the lesion. After 1 month of these *shamanoushadhis*, patient was administered another set of *shamanoushadhis* for the next one month i.e, *Shwitrashaka Vati* one tablet thrice a day after food with water,

Mahamanjithadi Kashaya 15ml thrice daily with 15ml water after food. The same *Tuvarakadi Taila* was continued for external application these days.

RESULTS –Remarkable changes seen after *snehapana* followed by *virechana karma*, after application of *avalgujadi lepa* and intake of *shamanaoushadhis*.

Photos Before and After Treatment-



Before Treatment Image



After Treatment Image

DISCUSSION- Patient was treated with *Virechana*, a variety of *Shodhana*, as the first line of Treatment, to bring the vitiated *doshas* from *Shakha* to *Kosta* & to eliminate it.

Initially treatment started with *Deepana pachana* like *Chitrakadhi vati* to pacify *Ama* and to increase *agni*, Later *Pancha Tikta Ghrita* was chosen for *snehapana*, as it is *Kustaghna*, so probable mode of action of *pancha tikta ghrita* can be attributed for its *Tikta rasa*, *Kaphahara laghu* and *ruksha guna*, it also acts as anti pruritic (*Kandughna*) and *Kustaghna*. It mainly acts on *kleda*, *Meda* (fat), *Rakta* (Blood).⁴

Shwitra being a *Rakta pradoshaja vikara*, *Virechana* is one of the major *shodhana karma* described for *rakta pradoshaja vyadhi*. *Virechana* removes the *sangha* of *doshas*, *srotoshodana* and helps in *samprapti vighatana*. *Virechana* also helps in better drug absorption, by preparing a *kostha* for the *shaman* drugs to act on the target site. It is considered to be the best

treatment to remove the morbid *doshas* from the body and also purifies the blood.

Avalgujadi Lepa contains *Bakuchi* (contains psoralen) as the main ingredient. The properties of *Bakuchi* are *tikta pradhana dravya*, *laghu*, *ushna ruksha guna* and *katu vipaka*. *Laghu*, *ushna*, *ruksha guna* reduces *kapha* and *kleda*. *Ushna guna* helps in *ama pachana* and *agni deepana*. *Katu vipaka* acts as *srotoshodhaka*. *Bakuchi* has properties like *kushtaghna*, *krimihara*, *kilashara*, *Vata-kapha nashaka*, as these drugs have anti-inflammatory and immune modulating properties application of *lepa* followed by *atapa sevana* helps in stimulating melanocytes formation. Thus, *avalgujadi lepa* with *gomutra* for every day morning and expose to sunlight for about 30minutes for 2months given for external application.⁵

Kadhirarista contains *Kadira*, *Devadaru*, *Bakuchi*, *Daruharidra* and *Triphala*. These entire drugs act as *Amapachaka*, *Kandughna*, *vatakapha nashaka*,

Raktashodhaka, rakta prasadaka, krimihara and antioxidants.⁶ *Arogyavardini vati* mainly works on digestive system. *Ayurveda* believes a proper digestion is a main component of health. It will improve the digestion and corrects metabolic activities in the body.⁷ *Mahamanjisthadi Kashaya* Contains *manjistha, Triphala, Tikta, Daruharidra, Nimba and Amrita*. These dravyas acts as *Kanduhara, rasa rakta prasadhana, Kustahara* and so on.⁸ *Swayambhu guggulu* is *Kustaghna, Kaphavatahara* and useful in switra. It is *Deepana, srotoshodhana* because it contains *bakuchi, Guggulu, Triphala, Kutaja, Kadhira, Karanja, Guduchi, Trivrit, Vidanga, Nimbha, Chitraka and Haridra*.⁹ These *Shamana* Drugs have *Kushtaghna, Krimighna, Raktashodhaka, Raktaprasadana, Vatakapha nashaka* properties, *Kandughna, Vishaghna, Varnya* and other properties.¹⁰ They have reduced the clinical features effectively in this patient of *Shwitra*. Thus, *Virechana* followed by their *Shamanaushadhis* have proved beneficial and this can be adopted in the treatment of *Shwitra* in the clinical practice effectively.

CONCLUSION- *Shwitra* is hypopigmentation disorder though *Kasta sadya vyadhi*, can be managed successfully by adopting *Shodhana* and *Shaman Chikitsa*.

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