

**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.<sup>1</sup> 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 autoimmunity 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.<sup>1</sup> 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 *dhaturugata 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 *vagbhata*. *Charaka* opines that *rakta ashrita dosha* produces *rakta varna*, *mamsashrita dosha* 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 sampaarsha*. 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 *Daivavyaprasraya 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<sup>2</sup> It leads three *dosha* aggravation in association with *twak* (skin), *Rakta* (blood), *Mamsa* (muscle) and *Ambhu* (water).<sup>3</sup> 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 *dhatus*. *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

**Vyadhivinischaya –Shwitra -Vitiligo**

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

**Table .1 Virechana Karma & Shamanaaushadhis:**

S.N	Shodhana	Shamana-1 <sup>st</sup> FU For 1month	Shamana-2 <sup>nd</sup> FU For 1month
1	<i>Deepana &amp; Pachana- Chitrakadi Vati</i> 2-0-2 BF For 3days	<i>Swayambhu guggulu</i> 1-1-1A/F with water	<i>Swayambhu guggulu</i> 1-1-1A/F with water
2	<i>Snehapana</i> with <i>Pancha TiktaGhrita</i> 30ml,70ml,100ml, 120ml,140ml -5days	<i>Kadhirarista</i> 15ml TID with 15ml water after food	<i>Mahamanjisthadi Kashaya</i> 15ml TID with 15ml water after food
3	<i>Sarvanga Abhyanga</i> with <i>Manjisthadi Taila</i> and <i>Baspa sweda</i> -3days	<i>Arogyavardini Vati</i> 1-1-1A/F with water	<i>Gandaka Rasayana</i> 1-1-1 A/F with water
4	<i>Virechana - Trivruth Leha</i> 50gms with <i>Triphala kashaya</i> 100ml	<i>Tuvaraka Taila</i> for External Application	<i>Tuvaraka Taila</i> for External Application
5	<i>Samsarjana Krama</i> for 3 days by <i>Peya, vilepi</i> etc followed as per classics.		
6	<i>Avalgujadi lepa</i> 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

4<sup>th</sup> 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 *Madhyama Vegiki Shuddhi*, Hence 5days of *samsarjana krama* advised as per classics with *peya, vilepi* etc. *Lepana & Shamanoushadhis* were administered after the *samsarjana krama*. *Shwitranashaka 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, *Shwitranashaka Vati* one tablet thrice a day after food with water,

*Mahamanjisthadi 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 *snehanapana* followed by *virechana karma*, after application of *avalgujadi lepa* and intake of *shamanoushadhis*.

#### Photos Before and After Treatment-



Before Treatment Image



Atfer 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 *snehanapana*, as it is *Kustaghna*, so probable mode of action of *pancka 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).<sup>4</sup>

*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*, *srotoshodhana* 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 *kushtaghma*, *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.<sup>5</sup>

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

*Raktashodhaka, rakta prasadaka, krimihara* and *antioxidants*.<sup>6</sup> *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.<sup>7</sup> *Mahamanjisthadi Kashaya* Contains *manjistha, Triphala, Tikta, Daruharidra, Nimba and Amrita*. These dravyas acts as *Kanduhara, rasa rakta prasadhana, Kustahara* and so on.<sup>8</sup> *Swayambhu guggulu* is *Kustaghna, Kaphavatahara* and useful in *shwitra*. It is *Deepana, srotoshodhana* because it contains *bakuchi, Guggulu, Triphala, Kutaja, Kadhaba, Karanja, Guduchi, Trivrit, Vidanga, Nimbha, Chitraka and Haridra*.<sup>9</sup> These *Shamana* Drugs have *Kushtaghna, Krimighna, Raktashodhaka, Raktaprasadana, Vatakapha nashaka* properties, *Kandughna, Vishaghna, Varnya* and other properties.<sup>10</sup> 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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