



**A CASE STUDY ON AYURVEDIC MANAGEMENT OF SHWITRA
W.S.R TO VITILIGO**

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ABSTRACT

According to Ayurveda all the skin diseases are explained under the *Kushtha*. *Shwitra* is considered as one of the varieties of *Kushtha*. It occurs due to vitiation of *Tridoshas* and *Dhatus* like *Rakta*,*Mamsa* and *Meda*.The references of *Shwitra* are found in almost all the *Samhitas* like *Bruhatrayees* and *Laghutrayees*. Partial or complete loss of skin pigmentation giving rise to white patch on any part of the body is called as leucoderma or vitiligo. As per Ayurved *Shwitra* can be correlated to vitiligo on the basis of signs and symptoms. This disease produces social stigma as well as a financial hardship. Due to side effects and the limitations of present modern medical science no satisfactory management of vitiligo at present. In search of harmless and effective treatment an attempt is made to establish the concept of treatment for *shwitra* through ayurvedic treatment (*Shaman Aushadhi*) with *lepa* application over lesion and *Prachhan karma* was done and *Panchakarma* procedure was performed every 15days for 2months. Study shows a fresh hope for providing efficient and safe treatment.

Keywords: *Shwitra* *Kushtha*,*Vitiligo*,*Prachhan Karma*,*Arogyavardhini Vati*,*Mahatiktaka Ghrut*,*Bakuchi Vati*,*Bakuchi Taila Lepa*

INTRODUCTION: All skin disorders in Ayurveda comes under the name of *kushtha*.In Ayurved *shwitra* is considered as one of the varieties of *kushtha* that can be correlated with vitiligo based on the similarities of signs and symptoms. It is caused due to vitiation of *Tridosha* and *Dhatus* like *Rasa*,*Rakta*,*Mamsa* and *Meda*. *Mithya Ahar* (Vitiated, incompatible diet),*Vihar*(Life style),disobey of *Guru* and parents order, misbehaviour, misconduct and *Poorvajanmakrit karma* are main cause of *shwitra*.¹ Continued practice of cause(*nidana*) leads to vitiation of *doshas*. If resides in *Rakta Dhatus* then it appears red, if resides in *Mamsa Dhatus* then its color becomes *Tamra* and if resides in *Medo Dhatus* then it appears white. Depending upon chronicity and involvement of deeper tissue (*Dhatus*) disease becomes difficult to treat.²

Vitiligo is common, autoimmune skin disease results in the destruction of melanocytes and the total depigmentation of affected skin. However, an association with other autoimmune diseases and a family history of such is found in one-third of cases. The cause is unknown, but the melanocyte seems to be damaged by some, as yet, unidentified antibody or toxin. Although vitiligo is most likely due to an immunological attack on the melanocyte, there are theories based on oxygen free-radical metabolism. In many parts of the world where skins are deeply pigmented, vitiligo is a principal cause of attendances at a dermatology department. Vitiligo affects upto 1 per cent of the United Kingdom population but 8.8 per cent in India. It presents during the first decade of life in 25 per cent of those affected. Except in those people unable to protect

themselves from bright sunlight the disability is purely cosmetic, but it causes more concern and social handicap than almost any other common disease.³

No treatment is entirely satisfactory. Cosmetic camouflage is helpful in a few. Sunscreens should be used on exposed areas to prevent burning and chronic sun damage, and in the pale-skinned this measure can improve the appearance by reducing tanning of the surrounding normal skin. Other measures used include psoralens and UVA and the short-term application of potent topical corticosteroids.⁴

AIM AND OBJECTIVES :Aim and objective of the study to evaluate the role of the ayurvedic management of *shwitra* w.s.r.to Vitiligo.

Case Description

A 30yrs Old married hindu female presented with white patches over her

upper part of left chest and at back of neck. The neck lesion started one year ago. The chest lesion started 6 months ago. The disease was in an active phase and was rapidly spreading. She was also complaining occasional itching, burning sensation and dryness at lesions. No family history of vitiligo, no history of surgery or trauma or major psychological disorder found. Patient was not having any menstrual complaints. On the detailed history about the diet it was found that the patient was habituated to eat food with milk containing salt, fruit juice with milk, meat with milk product mixed together frequently since five years. Bowel habit of patient having constipation(*krura kosta*). As patches started appearing, she realized the disease and got stressed due to social stigma then she approached for management.

Table No-1 General Examination

Blood Pressure	130/80
Pulse	85/minute
Aahar(Diet)	Non-veg occasional h/o <i>virudha aahar</i> eating fruits and milk together
Vihar(Regimen)	Occasionally Nap(<i>Diwaswapna</i>)
Appetite	Good
Bowel	Regularly unsatisfactory defecation; occasionally constipated
Micturition	4 to 5 times in day and Once at night
Sleep	Sound

Table No-2 Local Examination

Site of Lesion	At left chest and at neck
Distribution	Asymmetrical
Color	White
Itching	Present ,Severity -very mild
Inflammation	Absent
Discharge	Absent
Superficial sensation on lesion	Present

Table no-3 Systemic Examination

Respiratory system Examination	Bilaterally clear, no pathological sound heard
Cardiovascular System Examination	Chest bilaterally symmetrical
Per abdominal examination	soft, no tenderness ,no Organomegaly

Table No – 4 Dashavidha Rogi Pareeksha

<i>Prakriti</i>	<i>Vata-Kapha</i>
<i>Vikruti</i>	<i>Kapha Pradhan Tridosha</i>
<i>Dushya</i>	<i>Rasa, Mamsa and Meda</i>
<i>Sara</i>	<i>Madhyam</i>
<i>Samhana</i>	<i>Madhyama</i>
<i>Satva</i>	<i>Madhyam</i>
<i>Ahar Shakti</i>	<i>Madhyam</i>
<i>Jaran Shakti</i>	<i>Madhyam</i>
<i>Vyayama</i>	<i>Hina</i>
<i>Satmya</i>	<i>Madhyam</i>
<i>Vaya</i>	<i>Madhyam</i>
<i>Praman</i>	<i>Madhyam</i>

Table No-5 Asthavidha Pareeksha

<i>Nadi</i>	72/minute
<i>Mala</i>	2 times in a day
<i>Mootra</i>	Regular (4 to 5 times/day)
<i>Jivha</i>	<i>Liptata</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>Madhyam</i>

MATERIAL AND METHOD

It's a single case study conducted for the duration of two month with follow ups on every 15days which includes internal

medicine with local application and *Prachhan Karma* of *Raktamokshan* as *Panchakarma* procedure.

Table No-6 Medicine Given for 2 months

DRUGS	Dose	Anupan
<i>Arogyavardhini vati</i> ⁵ (250mg)	1 tablet BD After meal	Luke warm water
<i>Mahatiktaka Ghrita</i> ⁶	10 ml BD after meal	Luke warm water
<i>Bakuchi Tablets</i> ⁷ (250mg)	2 tablets BD before meal	Luke warm water

Table No-7 Procedure Performed for 2month

*Prachan Karma*⁸ performed with gap of 15 days over lesion for 2months

Bakuchi taila application daily over lesion and sun exposure for 15minutes in the morning for 2months

METHOD OF PRACHHAN KARMA:

Equipments and drugs:

A sterilized scalpel with sharp edge and small sized blade, Spirit Swab, One pair surgical gloves, 10 ml syringe cut round and needle holder part removed for Vacuum creation, sterile cotton swab as per need ,*Arjuna* and *Lodhra churna*.

Purva karma:

Prachan karma procedure details was explained to patient in the language she can understand. Area of *shwitra kushtha* lesion where the actual procedure will be performed along with its peripheral area was cleaned with spirit swab as an antiseptic precaution.

Pradhan Karma:

Under aseptic precautions multiple nicks parallel was done with scalpel and superficial cuts are made over the lesions of Vitiligo. The lesions are made in a specific manner as mentioned below.

- Incisions are made from bottom to upward direction.
- Incisions are to be made parallel to each other.
- Incision are not be too superficial or too deep done
- In one sitting of this procedure approximately 1/5th part of the whole area of the disease are covered.

Induced *Raktamokshana*: When free flow of blood started, it was allowed to flow. Later the blood was sucked with the help of vacuum creating instrument. Almost 2 to 3ml blood sucked at each *prachhan* area.

Paschat Karma:

Cleaned the blood by sterile cotton swab and applied the combined *churna* mixture of *Arjuna* and *Lodhra* over the lesion for early clotting of blood and healing of scars.

Diet and regimen advised (Aahar and vihar)

Avoid *Viruddha aahar* like milk and fruits or meat together, excessive oily, spicy, fermented, junk or processed –canned foods,frequent use of dairy products.

Stopping direct contact or use of chemicals, cosmetics, colours and dyes etc Avoiding controlling natural urges for long time (Adharniya Vegas), Nap(Diwaswapna)

Timely fresh and balanced meals.

Regularly Perform/Practice yoga and meditations for relieving stress.

Table No-8 Assessment grading for Subjective Parameters

Symptoms	Grading			
<i>Twakrukshata</i>	Grade 0	Normal	No dryness	
	Grade 1	Mild	Dryness on exposure to sunlight or allergens	
	Grade 2	Moderate	Dryness during exposure to cold environment	
	Grade 3	Severe	Always Dry	
<i>Kandu</i>	Grade 0	Normal	No itching	
	Grade 1	Mild	Itching on exposure to cold ,sunlight or allergens	
	Grade 2	Moderate	Itching on exposure to cold environment	
	Grade 3	Severe	Severe itching	
<i>Daha</i>	Grade 0	Normal	No burning sensation	
	Grade 1	Mild	Burning sensation on exposure to noon sunlight	
	Grade 2	Moderate	Burning sensation on exposure to morning sunlight	
	Grade 3	Severe	Always burning sensation	

<i>Twakshwetata</i>	Grade 0	Normal	Normal Skin colour
	Grade 1	Mild	Less depigmentation at margins and more on lesions
	Grade 2	Moderate	Depigmentation is more than pigmentation or equal on lesion
	Grade 3	Severe	No pigmentation only white colour
<i>Roma vivarnata</i>	Grade 0	Normal	Normal hair colour
	Grade 1	Mild	Less than 20% of hair on lesions has <i>vivarnata</i>
	Grade 2	Moderate	25% to 75% of hair over the lesions has <i>vivarnata</i>
	Grade 3	Severe	More than 75% of hair over the lesion has <i>vivarnata</i>

Table no-9 Assessment criteria for number of patches

Number of Patches	Score
1	1
2	2
3	3
4	4
>4	5

Table no-10 Assessment criteria for colour of patches

Colour of patches	Score
Normal Skin Colour	1
Brown /Near to normal skin colour	2
White to Reddish	3
Red to Whitish	4
White	5

Table no-11 Observations during treatment (Subjective Parameter)

Symptoms	Grading				
	0 th Day	15 th Day	30 th Day	45 th Day	60 th day
<i>Twak Shwetata</i>	3	3	2	1	1
<i>Twak Rukshata</i>	2	2	2	1	0
<i>Kandu</i>	2	1	1	0	0
<i>Daha</i>	2	1	1	0	0
<i>Roma Vivarnata</i>	2	2	2	1	1

Table No-12 Observation during treatment colour of patches (Objective Parameters)

Colour of Patches	Grading				
	0 th Day	15 th Day	30 th Day	45 th Day	60 th day
Normal Skin Colour	-	-	-	-	-
Brown /Near to normal skin colour	-	-	-	2	2
White to reddish	-	-	3	-	-
Red to whitish	-	4	-	-	-
White	5	-	-	-	-

Table no-13 Observation during treatment number of patches (Objective Parameter)

Number of Patches	Grading				
	0 th Day	15 th Day	30 th Day	45 th Day	60 th day
1	-	-	-	-	-
2	-	-	-	-	-
3	-	-	-	3	3
4	-	-	-	-	-
>4	5	5	5	-	-

Table no-14 Symptomatic Relief

Symptoms	Percentage
Twak Shwetata	75%
Twak Rukshata	100%
Kandu	100%
Daha	100%
Roma Vivarnata	46%

RESULT AND DISCUSSION

In present study as per the schedule patient has taken medication as well as followed treatment procedure and advised diet and regimen. On every follow ups of 15days there is unbelievable changes seen in the patches along with reduction of symptomatic complaints.

As a *shaman aushadhi Arogyavardhini vati* is mentioned in *Rasaratnasamuchaya* for the treatment of *Kushtha*. It helps to improve digestion and metabolic activities hence remove *Ama* (toxins) from the body. Improves immunity of body. *Arogyavardhini vati* is also *yogavahi* in nature (Capable of reaching micro channels)⁹. *Bakuchi* is used externally for application and internally as oral medication as it is *vyadhi pratyaniik drug* (first choice of drug). Lots of studies are conducted using *Bakuchi* both internally and externally to correct *sroto-drushti* and also improve blood circulation of affected area, giving rise to formation of *Prakrut Bhrajak Pitta* in *Shwitra kushtha*. We have used *Bakuchi vati* internally and *Bakuchi taila* for external use as local application

over white patches and advised to sit under morning sunlight exposing the lesion for some time. Blisters and reddish discoloration was observed over the white patch along with some irritation, itching and burning. *Bakuchi Taila* mainly acts on skin colour; it has irritant effect on skin and mucous membrane and powerful effect against bacteria of skin¹⁰. Ultraviolet rays of morning sun light along with application of *Bakuchi taila* encourages the growth of melanocytes. *Mahatiktaka Ghrut* subsides the irritation produced during the treatment by healing and rejuvenating property of *snehana* by counter acting the *ushna* and *ruksha guna* of medicine and to promote the early healing. In short it acts as a catalyst and helps to avoid reoccurrence of manifestation of disease. Here *Prachhan karma* was started at hypopigmented area or over the lesion by which vitiated blood expelled out and normalcy developed at the lesions; procedure site local circulation enhanced, may stimulate melanocytes to increase in their numbers and migratory capacity. After 15days some scattered dark

pigmented macules developed at hypopigmented area. Then number of dark pigmented macules gradually increased and merged and became patch of dark colour at the end of 2month of treatment. Yoga and meditation works well with a patient's psychological condition preventing stress and fear. Thus line of treatment given to the patient was capable of breaking the pathophysiology of disease without producing side-effects with marked improvement in the patches of the patient.

CONCLUSION: *Switra*(vitiligo) is one of the skin ailments producing psychosomatic trauma to individual.

Identifying the cause and breaking the pathophysiology of the disease one can treat vitiligo by ayurvedic management

including proper diet, regimen along with yoga and meditation.

From this case study it is evident that in vitiligo significant results can be achieved by *shaman aushadhi* along with external application and *panchakarma* procedure combinedly. *Prachhan karma* as a *raktamokshan* from *panchakarma* procedure along with *Arogyavardhini vati*,*Mahatiktaka ghrut* and *Bakuchi vati* as *shaman aushadhi* and *Bakuchi taila* as external application were found significantly effective in *Shwitra Kushtha*(Vitiligo).

Ayurvedic remedies have highest potential to control the *Shwitra* though the treatment duration was very less. Further trials are needed in large sample for longer duration using control drug and procedure.

Before Treatment



After Treatment



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