



A Clinical Study Of *Shvitra* (Lucoderma) And Its Management Through *Shamshamanachikitsa* – A Case Study

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ABSTRACT-

Lucoderma/ vitiligo are acquired depigmentation of skin. It affects 1% of the world's population. Various hypotheses to suggest the aetiology of vitiligo have been put forward with different mechanisms coming into play in different cases. Autoimmune hypothesis is based on the clinical association of vitiligo with a number of disorders considered to be autoimmune (e.g., thyroid disease, Addison's disease, diabetes mellitus etc.). Organ-specific antibodies to thyroid, gastric parietal cells and adrenal tissue are found in the serum more frequently in the patients with vitiligo than general population. The disease presents as well-defined hypo- or depigmented macule or patch without any change in the texture of skin^{1,2}.

According to vernacular, it is called *Shvetakushtha* it is described under the chapter of *Kushtharoga* in chief *Ayurveda* texts. *Shwetakushtha* is also called as *Shvitra* and it is caused by various dietetic and behavioural factors which aggravate the *tridosha*, especially the *kapahadosha* vitiating the *rakta, mamsaandmedadhātu*^{3,4,5}. Here the case presentation of a female (unmarried) has age 20 years old. The treatment was for 3 month regular follow up.

KEY WORDS- *Shvitrakushtha*, *lucoderma*, *vitiligo*, *shamshamanaushadhi*.

INTRODUCTION-

A female patient having age 20 years' unmarried complaints of hypopigmentation of upper limbs(hands) and lower limbs(legs) with itching sensation. It is hypopigmented irregular patches also present on medial side of left thigh region. These symptoms were started 2 years ago. These symptoms are progressive in nature. On the basis of signs and symptoms patients were diagnosed as *Lucoderma* or *Shvitra* according to *Ayurveda* View. Since last few months she had been taking *Ayurveda* treatment and found good relief in above said symptoms.

GENERAL EXAMINATIONS

- Pallor : Absent
- Icterus : Absent
- Cyanosis : Absent
- Clubbing : Absent
- Lymph nodes : Not palpable
- Edema : Absent
- BP : 120/80 mmhg
- Pulse : 88/min regular
- RR : 17/min

SYSTEMIC EXAMINATION:

Respiratory system:

- Inspection : Bilateral symmetry no any scar mark present in chest region.
- Palpation : Non tender,
- Percussion : Resonant sound,
- Auscultation : Bilateral equal air entry.

CVS:

- Inspection : Normal precordium
- Palpation : Non-tenderness
- Percussion : Cardiac dull
- Auscultation : S1 - S2 normal no added sound.

Abdominal examination: Per abdomen examination soft non tender and not palpable of any organs.

CNS: Patient is well oriented to time, place and persons with consciousness, intelligence and behaviour.

PERSONAL HISTORY OF PATIENT

- Appetite: Normal
- Sleep : Normal
- Bowel : Clear
- Bladder : Clear
- Addiction: No any
- Diet : Vegetarian with all rasa and irregular.

TREATMENT: (SANSHAMANA THERAPY)^{6,7}

First month:

1. *KaishoreGuggulu* 250 mg TDS with lukewarm water.
2. *Avipattikarachurna* 4gms, *Laghusutashekhararasa* 250mg, *GuduchiSatva* 500mg, *Muktasuktishthi* 250mg twice a day after meal with water.
3. *Mahamanjishthadikwatha* 10 gms nil orally twice a day.
4. *Sariwadyasawa* 20 ml after meal with equal amount of water.

5. *Triphalachurna* 3gms in night after meal with lukewarm water.

Second month:

1. *Chopchinichurna* 3gms, *Vyadhiharanasayana* 125mg twice a day with honey.
2. *KaishoreGuggulu* 250mg TDS with lukewarm water.
3. *Avipattikarachurna* 5gms twice a day with water after meal.
4. *Nishothachurna* 4gms in night after meal with lukewarm water.

Third month:

1. *Chopchinichurna* 3gms, *Shudhhagandhaka* 250mg, *Rasa manikya* 125 mg twice a day with honey.
2. *Shashilekhavati* 500mg twice a day with honey or lukewarm water.
3. *kaishoreGuggulu* 250mg TDS with lukewarm water.
4. *Nishothachurna* 3gms in night after meal with lukewarm water.

PATHYA AHARA:

Green vegetables with roughage, fruits like apple, banana, papaya, pomegranate, dry fruits etc.

APATHYA AHARA:

Cured, fermented food, cheese, cold things etc.

DICUSSION:

Lucoderma/ vitiligo are acquired depigmentation of skin. It affects 1% of the world's population. Various hypothesis to suggest the aetiology of vitiligo have been put forward with different mechanism coming into play in different cases. Autoimmune hypothesis is based on the clinical association of vitiligo with a number of disorders considered to be autoimmune (e.g., thyroid disease, Addison's disease, diabetes mellitus etc.). Organ-specific antibodies to thyroid,

gastric parietal cells and adrenal tissue are found in the serum more frequently in the patients with vitiligo than general population. It begins before the age of 12 years ¼ and before the age of 20 years half of the affected individuals. Basically, vitiligo can hardly be called as a disease but a skin-disorder that has more social than medical significance, especially amongst the dark skin people. Due to retarded melanin formation, there is loss of pigmentation. The vitiligo sufferers are observed all over the world, including the white skin communities. However, epidemiologically most cases are recorded in India (8.8%) and Mexico. Male and females are affected equally, inclusive of children age group. It may begin at any age. Childhood vitiligo is not uncommon. Generalized vitiligo is an autoimmune disorder characterized by acquired white patches of skin and overlying hair, the result of loss of melanocytes from involved areas^{8,9}.

According to *Ayurveda* text *Shivtra* is a *tridoshajavyadhi*, *vatakapha* predominant. As stated earlier that in the process of development of *shvitra* vitiated *doshas* attacks all over the skin of body leading to clinical manifestations like *twakavaivarnya* (white patches). This clinical entity is termed as *shvitra*. In addition certain other manifestations are also seen in *shvitra* which include *kandu*, *sarvabhava*, *daha*, *paridhvanshiansparushya*¹. *Shvitra* is described in various *Ayurveda* texts briefly. The line of management of *Shvitra* is exactly like principles of management of *kushta* in *Aurveda*. In the treatment of Lucoderma we use *KaishoreGuggulu* having the content of *triphala*, *trikatu*, *guduchi*, *vaayavidanga*, and *ghee* and

eranda tail. It is very useful in all *raktavikaravyadhi*, *vatarakta*, *kushtha* etc. *Triphala* has three content *Amalaki*, *Haritaki* and *Bibhitaki* all three content having *anulomaka* and *rasayana* property¹⁰. *Avipattikarachurna* having contents *triphala*, *trikatu*, *nagarmotha*, *vidanamaka*. *vaayavidanga*, *chhotiela*, *tejayata*, *nishotha* and *mishrre*. It is very useful in *pittajavikara* and *virechaka*, appetizer¹¹. *Laghushutashekhar rasa* having contents *shudhdhaparada*, *shudhdhagandhaka*, *swrnabhasma*, *raupyabhasm*, *suhaga*, *trikatu*, seed of *dhatu*, *tamrabhasma*, *dalachini*, *tejayarta*, *chotiela*, *nagakeshara* etc. *Laghushutashekhar rasa* is a type of *rasayana* and it is used in all *pittaja* and *vatavikara*. Purified sulphur-*shuddhaGandhaka* is the best antiseptic. It is effective in treating liver disease and various skin disorders. By nature it is digestive and carminative¹². *Guduchi* is one of the most highly valued and common herbs in *Ayurveda* medicine. It is *tridoshika* in nature; its bitter and astringent properties and sweet post-digestive effect reduce *pitta*. The bitter, astringent, and heating qualities reduce *kapha*. *Vata* is reduced by its heat and sweet post-digestive qualities. *Guduchisatva* is the

excellent *Rasayana* and *Raktashodhaka*¹³. *Muktashuktipishtireduces* *pitta dosha*. It also pacifies *kapahadosha*. It is beneficial for bones and joints¹⁴. *Mahamnjishthadikwathahaving* contents *manjishtha*, *nagarmotha*, *gilo*, *kushtha*, *shunthi*, *vacha*, *neematwaka*, *triphala*, *patolapatra* etc¹⁵. All drug having blood purifier properties. *Sarivadyasawa* also has the properties of blood purification¹⁶.

CONCLUSION:

As we know *Lucoderma/ Vitiligo* is a skin disease in which hypo pigmentation occurs in the body. Its onset 10 to 20 years of age. It is type of autoimmune disorder which is *krichyasadhya*. According to *Ayurveda* point of view it is called *Shvitra* which is *tridoshajavyadhi* having *vata* predominant. So we treat this disease with the help of *vata* and *kapha* medications under *Shamana* therapy and significant improvement was found.

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