

International Research Journal of Ayurveda & Yoga

Vol. 5 (9),66-71, September,2022

ISSN: 2581-785X;<https://irjay.com/>

DOI: [10.47223/IRJAY.2022.5912](https://doi.org/10.47223/IRJAY.2022.5912)



Ayurvedic Management of *Switra* (Vitiligo) - A Single case Study

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Article Info

Article history:

Received on: 12-08-2022

Accepted on: 23-08-2022

Available online: 30-08-2022

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ABSTRACT:

Introduction - Vitiligo is the most widely known pigmentation disorder, and it is mentioned in *Ayurveda* as *Shwitra* for its characteristic appearance. It is caused by disturbance of all *Tridosha* along with *Rakta*, *Mamsa*, and *Meda dhatu*. Vitiligo, the most common de-pigmenting disorder, affects 0.5–1% of the worldwide population, causing disfigurement and serious disturbances in quality of life. It is harmless but a very serious cosmetic problem which affects the emotional, psychological, and social well-being of the affected person.

Material and Method - A 32-year-old female diagnosed with Vitiligo (*Shwitra*), presented with complaints of increasing area and number of depigmented patches of skin which was managed by following *Ayurveda* principles. A treatment protocol was designed based on the signs and symptoms observed in this patient. The protocol includes only *Shamana* treatment with a combination of powdered herbal drugs, viz., *Bakuchi* (*Psoralea corylifolia*), *Manjistha* (*Rubia Cordifolia*), *Lodhra* (*Symplocos Racemosa*) and *Nagkesar* (*Pterocarpus marsupium*) powder orally along with *Arogyavardhini vati* 500 mg twice in a day orally. For Local Application *Bakuchi* oil is administered.

Result and Discussion The treatment protocol was found to be effective in the reversal of de-pigmented patches to re-pigmentation, which may be adopted in future cases, using different combinations of drugs based upon the different *Ayurvedic* parameters to obtain even better results.

Keywords – *Shwitra*, *Kushtha roga*, Vitiligo, *Shamana* treatment

INTRODUCTION

Ayurveda explains *Kilasa/Shwitra* as a type of *Kushtharoga*¹, i.e., skin disease. It can be correlated with Vitiligo. Prevalence of Vitiligo is 1% all over the world, while its incidence ranges from 0.1 to > 8.8%². According

to *Acharya Charaka*, *Kilasa* is *Tridoshaja* and *Shwitra* is one of its types (vitiligo). In *Shwitra* type, morbidity is located in *Medodhatu* (fat). According to *Sushruta*, there are three types of *Kilasa/Shwitra* with *Vataja Dosha* dominance, which presents with light red color,



characterized by roughness of lesion and destruction of skin pigmentations. *Pittaja* type manifests with color resembling lotus petals associated with burning sensation over the affected area. *Kaphaja* variety manifests as whitish, thick unctuous-appearing lesion associated with itching³. The goal of vitiligo treatment is to prevent the autoimmune damage to melanocytes and stimulate their migration from surrounding skin and adnexal reservoirs. Presently, the main treatment includes topical and systemic corticosteroids, topical calcineurin inhibitors, topical calcipotriol with corticosteroids, ultraviolet (UV) radiation, phototherapy with UVA and psoralens (PUVA therapy), and surgical therapy. But these therapies have some adverse effects and limitations as well, depending on the duration of therapy and extent of lesions. Traditional medicines may be alternative to these unsatisfactory and harmful approaches and may provide some safe, easier, less complicating, cost effective and fruitful natural remedies for the disease. *Ayurveda* offers so many potent formulations for the treatment of such autoimmune disease with chronic nature. Here a case of female patient suffering from chronic Vitiligo was treated with *Ayurvedic* therapy along with Diet restriction and psychological counseling.

AIMS AND OBJECTIVES

To evaluate the effects of *Ayurvedic* medications in the management of *Shwitra* by single case study.

Case Description: A 32-year-old Hindu female housewife of *Kapha-Pitta Prakriti* (diagnosed by questionnaire and inspection) visited OPD of Kriya Sharir, National Institute of Ayurveda, Jaipur with complaints of excessive depigmentation of skin, which involved most of the bilateral lower limbs below the knee without any discharge from the affected areas since 6 months. As per the classical signs and symptoms, the patient was diagnosed as a case of *Shwitra* (Vitiligo).

History of Present Illness -

The patient appeared to be normal until about 18 months ago, when the symptoms began with patches of depigmentation on both lower limbs below the knee. The number, size, and area of de-pigmented patches grew in number, size, and area with time, eventually covering the majority of the bilateral lower limb in around 5 months. Initially the patient received allopathic treatment (topical tacrolimus and triamcinolone plus oral corticosteroids), which did not stop the condition from worsening. After obtaining no significant symptomatic alleviation, the

patient chose *Ayurvedic* treatment. The majority of lower limb below the knee was covered in de-pigmented patches with clearly marked boundaries. Hair depigmentation was also observed in the afflicted areas.

Past History:

No history of above skin complaints before 3 years. No history of HTN/ DM/ Thyroid disorder.

Family history- There was no family history of a similar skin disease.

Personal History -Table 1

Menstrual History – Table 2

Psychological History –

1. The patient was feeling embarrassed and depressed psychologically.
2. Patient had been under enormous stress since 3 months and complained of insomnia.
3. The discolouration of patches increased day by day from last 3 months.

General Examination – Table 3

Astha Vidha Pariksha: Table 4

Local Examination Table 5

Material And Method

Centre of Study-

This study was carried out in OPD of Kriya Sharir Department NIA, Jaipur

Study design – Single Case study

Hetu and *Samprapti* of *Shwitra* according to *Ayurveda* which is correlated with the patient:

Table 6 - *Hetu* (Causative Factors)

Samprapti Ghataka -

Dosha: Tridosha (*Pitta- Vata pradhana*)

Dushya: *Rasa, Rakta, Mamsa, Medas*

Adhishtana: *Twak*

Table 7: Prescribed Medicines

Table 8: Timeline of the case

DISCUSSION

The observed *Prakriti* of patient was *Kapha-Pittaja* and de-pigmented patches shows prominent symptoms like *Shweta* (whitish), *Snigdha* (unctuous), *Bahala* (excessively spread), and *Kandu* (itching), which are of *Kapha Doshaja Shwitra*. So, for *Shamana* treatment, combination of *Manjishtha*, *Bakuchi*, *Lodhra*, and *Nagkeshara Choorna* in equal proportion were selected; most of the ingredients of the *Choorna* having *KaphaPittahara*, *Kushthaghna*, and *Varnya* properties. *Charaka* has included *Manjishtha* in *VarnyaMahakashaya*⁴, as it is useful to improve color and

complexion of the skin as well as having the *Rakta Shodhaka* property. *Nagkesara*⁵ and *Lodhra*⁶ both have *Kapha–Pittahara* properties and are indicated in *Kushtha*. *Arogyavardhini Vati* is having *Raktadushthihara*, *Kushthahara*, *Srotovishodhana*, and *Pitta Doshahara* properties⁷. Bakuchi⁸ oil is used for local application, which contains psoralen and iso-psoralen known to stimulate melanocytes when exposed to ultraviolet light exposure. The adopted treatment plan in the current case provides promising results in regaining pigmentation of depigmented patches. The patient was on medications before initiation of *Ayurvedic* treatment, which may have modified the disease condition; hence, the treatment may be studied in a newly diagnosed case of vitiligo without any previous medication history for the same to understand the effect of treatment or in combination with standard treatments. It is advisable to conduct this particular study on a larger number of samples for a greater period to draw more concrete conclusions, which may be adopted in future cases with a same or different combination of drugs, or changing the doses based upon the different *Ayurvedic* parameters to obtain even better results, based upon individual customized treatment.

CONCLUSION

The incidence of vitiligo is increasing, so identifying and eliminating multifactorial agents associated with the disease based on *Ayurvedic* principles is essential. Regaining of pigmentation can be achieved in most of patients with *Ayurvedic* treatment with individually customized plans. Patients require prolonged use of oral medications when compared with superficial skin lesions, which could be cured with minimal time. So, the drug delivery form should be modified in case of pediatric patients for better palatability and compliance. Further studies can be done to explore the mechanism of action of *Ayurvedic* drugs and treatment plans.

Informed consent –

Written informed consent was obtained from the patient for the publication of this case report and accompanying images.

Declaration of patient consent-

The authors certify that they had obtained all appropriate patient consent forms. In the form, the patient has given her consent for her images and other clinical information to be reported in the journal. The patient understands that name and initials will not be published and due efforts will be

made to conceal identity, but anonymity cannot be guaranteed.

Acknowledgements - Nil

Conflict of interest - None

Source of finance & support - Nil

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How to cite this article: Kumar A, Chudasama H, Rai P, Yadav C.R “Ayurvedic Management of *Switra* (Vitiligo) - A Single case Study”

IRJAY.[online]2022;5(9); 66—71

Available from: <https://irjay.com>

DOI link- <https://doi.org/10.47223/IRJAY.2022.5912>

Table 1 PERSONAL HISTORY

| | |
|-------------|--|
| Bowel | irregular bowel habits with feeling of incomplete evacuation of bowels |
| Bladder | frequency 5-6 times a day with no nocturia |
| Sleep | Disturbed |
| Diet | Mixed; excessive intake of Fish and Curd |
| Meat eating | twice in a week, regularly |
| Occupation | House wife |
| Habit | tea/coffee thrice a day |

Table 2 MENSTRUAL HISTORY –

| | |
|-------------------|---------------------------------------|
| Duration | 2 days, Interval – 45-48 days |
| Regularity | irregular, Amount – scanty |
| Character of Flow | with clots |
| Colour | blackish red |
| Pain | mild and lower abdomen and lower back |

Table 3 GENERAL EXAMINATION –

| | |
|----------------|-----------------|
| Pallor | Present |
| Icterus | Absent |
| Cyanosis | Absent |
| Clubbing | Absent |
| Lymph node | Not palpable |
| Blood Pressure | 120/80 mm of Hg |
| Pulse | 78/min. |

Table 4 ASTHA VIDHA PARIKSHA:

| | |
|----------------|---|
| <i>Nadi</i> | <i>Samyak</i> (78 beats per minute - regular) |
| <i>Mala</i> | <i>baddha koshta</i> (Constipated) |
| <i>Mutra</i> | 5- 6 times /day |
| <i>Jihwa</i> | <i>alpa-liptata</i> |
| <i>Shabda</i> | <i>Prakruta</i> |
| <i>Sparsha</i> | <i>twak Shuklata</i> over fingers and lips |
| <i>Drik</i> | <i>Prakruta</i> |
| <i>Akruti</i> | <i>Magdhyama</i> |

Table 5 LOCAL EXAMINATION

| | |
|---|---|
| Site of lesion -(<i>Pidakasthana</i>) | <i>paad pradeshe</i> |
| Distribution - (<i>Vyapti</i>) | Asymmetrical |
| Character of lesion - (<i>Pidaka Lakshanas</i>) | Number of lesions-9; Size- 2-5cm, Colour-white, Arrangement- solitary |
| Itching | Present |
| Severity | Mild |
| Inflammation | Absent |
| Discharge | Absent |
| Superficial Sensation on lesion | Pain- absent; Swelling- absent |

Table 6 - Hetu (Causative Factors)

| AHAR | VIHAR | MANASIK |
|---|--|---|
| <ul style="list-style-type: none"> - Anupamamsa Sevana – 2 days/ week - Dadhi seven every night - Matsya sevana Twice a week | <ul style="list-style-type: none"> - Ratrijagara - Vegadharana | <ul style="list-style-type: none"> - Chinta, Bhayam Shok from personal illness |

Table 7: Prescribed Medicines

| MEDICINE | DOSE | DURATION |
|-------------------------------|--------------------------|--|
| 1. Manjistha Churna | 2 g | 6 months |
| Bakuchi Churna | 2 g | |
| Lodhra churna | 2 g | |
| Nagkeshara churna | 2 g | |
| 2. Arogyavardhini Vati | 250 mg | 6 months |
| 3. Bakuchi Taila | Local Application | 6 months with morning & Evening sunlight exposure |

Table 8: Timeline of the case

| SN | Period | Medical History – Interventions | Clinical improvement |
|-----------|-----------------------------|--|---|
| 1. | April-2021 | The patient complaint started with depigmentation pin-dot like small patches. The number, size, and area of depigmented patches grew gradually and within approximately 5 months they covered most part of the bilateral lower limb below the knee. | ---- |
| 2. | September- 2021 | Started allopathic medicines <ul style="list-style-type: none"> • Topical <ul style="list-style-type: none"> ▪ Tacrolimus ointment ▪ Triamcinolone injection locally on white patches • Orally <ul style="list-style-type: none"> ▪ Corticosteroids | Disease progression was not arrested. |
| 3. | December 2021 to June- 2022 | Approached for Ayurveda management. Patient was advised for Shodhana-karma (Virechana) but patient was refused due to his busy schedule so Shamana treatment was started. | Disease progression arrested & normal skin colour is coming back on di-pigmented areas. |

Figure – Progress of Re-pigmentation over legs

