

AYURVEDIC MANAGEMENT OF SHWITRA (VITILIGO) – A CASE STUDY

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Received: 02-05-2020; Revised: 22-05-2020; Accepted: 25-05-2020

Abstract

In Ayurveda all skin diseases comes under kushta. Shwitra has been mentioned along with kushta but not included in the type of kushta. It is not painful and troublesome. In modern dermatology shwitra can be correlated with vitiligo. Vitiligo is hypopigmentation and depigmentary disorder with worldwide prevalence of 1%. A 16year male patient reported to the hospital with white patches on left side of face since 2 months. So Ayurvedic treatment was advised with sequential administration of Shodhanachikitsa (vamana then virechana), Jalaukavacharana, Karanjataila matrabasti along with shamanaushadhi. The assessment criteria were size and colour of patches. Follow up was done with 15 days interval for 2 months. There was significant improvement in size and color of patches.

Key words: Shwitra; Vamana; Virechana; Jalaukavacharana; Lepa; Matra basti.

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Cite This Article

Minakshi C Kale, Prasad V Kulkarni, Vishwas E Gogate, Ramanand Tiwari. Ayurvedic management of Shwitra (Vitiligo) – A case study. Ayurpharm Int J Ayur Alli Sci. 2020;9(5):66-72.

INTRODUCTION

All skin disorders in Ayurveda are placed under umbrella of kushta. Shwitra is considered as one of the varieties of kushta, which can be correlated with vitiligo based on similarities of signs and symptoms. Vitiligo is a primary pigmentary skin disorder that is characterized by depigmented macules and patches. It can begin at any age but more commonly found between age group of 10-30 years. 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 its victim. It is an autoimmune pathology so treatment also remains difficult in allopathy.^[1]

In the context of the description of skin diseases in Charaka chikitsasthana, the treatment of shwitra is described after kushta. In respect of other diseases, first of all, the diagnosis and thereafter the treatment are described. But in case of shwitra, the order is changed as the treatment of the disease is described first, and thereafter, its diagnosis. This is done specially to maintain continuity because some of the recipes prescribed for kushta are also useful in shwitra.^[2] That means there must be some association between shwitra and kushta. Shwitra is asadhya when compared to kushta.^[3]

In Ayurveda twacha is formed by the paka of raktadhatu by its dhatwagni.^[4] Acharya Charaka has listed the shwitra under raktapradoshajavikara.^[5] Ayurveda emphasized diet as an important etiological factor because according to acharya charaka the body as well as diseases are caused by food; wholesome and unwholesome food are responsible for happiness and misery respectively.^[6] Charaka also stated that papakarma, Guruninda such factors may become hetus (triggering factor) that triggers disease manifestation mechanism.^[7] So present case study is an attempt towards the diagnosis on the basis of dosha pradhanya

(which was again based on hetus) and chikitsa done accordingly.

CASE DESCRIPTION

A 16year male patient presented to Out Patient department [O.P.D. No.: 118548] on 10/12/2019 with the complaint of white patches over left side of face (lateral side of nose, around eye, cheek) in Irregular size since two months. Initially lesion was small, later progressively increased in the size and spread over the left side of face (Irregularly) in 2 months. Patient had history of Dengue fever before 4 months. Patient was a student. No history of any major illness. No history of itching or burning sensation confined to lesion and Patient had not taken any consultation for present complaints. Patient had an habit of drinking water in early morning (Ushapana) about 100ml. Patient used to take Dadhi 2-3 times/week and also he had taken excessive amla rasa in diet regularly. Patient indulges dugdha (1/2 ltr.) daily since 4-5 years. He likes to eat bakery products 1-2 times/week. Blood pressure was normal (120/80).

Samprapti

As shwitra is a santarpanotha vikara initially due to kapha and pitta prakopaka hetus, there was agni affliction which causes rasadushti and ultimately rakatadushti. Then it gets lodged in bahya rogamarga and manifestation of symptoms seen on Twacha.

Assessment parameters

As there is no established parameters available for shwitra so these parameters were used for assessment.^[8] (Table 1). Treatment given was mentioned in Table 2.

Initially, after observing the complaints of the patient and after evaluation of hetus as predominance of kapha dosha with pitta anubandha, sadya vamana was given to patient.

Table 1: Colour of lesions, Hair colour and size of lesion

| Grades | Color of the Lesions | Hair Colour of the Lesions | Size of the Lesion |
|--------|--|-----------------------------|--|
| 0 | Normal color of the skin | Normal blackish colour | Less than 10cm of patches |
| 1 | Light reddish colour of patches | Blackish to brownish colour | Size of patches varies between 10- 15 cm |
| 2 | Reddish colour of the patches | Total brown colour | Size of patches varies from 15- 20 cm |
| 3 | Whitish colour of the patches | Brownish to whitish colour | Size of patches more than 20cm |
| 4 | Some patches are reddish some whitish or other colour (mixed) | Complete white colour | |

Table 2: Showing given treatment

| Sl.No. | Date | Treatment | Drugs and dose | Observations |
|--------|-----------------------|-------------------|--|--|
| 1 | 11/12/19 | Vamana (Sadya) | Dugdhapana 200ml then Vamakayoga (madanphal 3 g, Pippali 2 g, Vacha 1g, Saindhav1g) Followed by Yashtimadhu phanta akanthpanarth | Bruhata vega – 5 Madhyam vega – 6 Laghu vega – 8 |
| 2 | 21/12/19 | Jalaukavacharana | | 30-40ml blood let out |
| 2 | 10/01/20 | Virechana (sadya) | Trivruttaleha40gm | 8 vega |
| 3 | 26/01/20 | Jalaukavacharana | | 40-50ml blood let out |
| 4 | 13/12/19- 14/02/20 | Shaman aushadhi | Raktapachak kwath 15ml -15ml BD Aaragvadhadiakashaya 15ml - 15ml BD Rasamanikya 250mg + Anatamula 2g + Manjishtha 2g + Bakuchi 1gm 1-1 BD Swayambhuva guggulu 2BD | |
| 5 | | Matra basti | Karanja taila 60ml (given once a week for 7weeks) | Basti pratyagama after 2-3hrs |
| 6 | 13/12/19- 14/02/20 | Lepa | Bakuchi churna 2g, apamarga Kshara125mg, vacha 125mg mixed with gomutra | Applied twice a day for 20-30 min |

Table 3: Assessment on the basis of gradation

| Grading | Before treatment | After treatment | | | | |
|-----------------------|------------------|---------------------|---------------------------------|--------------------------|----------------------------------|---------------------|
| | | Day 1 (after vaman) | Day 15 (after jalaukavacharana) | Day 30 (after virechana) | Day 45 (after jalaukavacharana) | Day 60 of follow up |
| Colour of lesion | 3 | 3 | 2 | 2 | 1 | 1 |
| Hair colour of lesion | 4 | 4 | 4 | 3 | 3 | 3 |
| Size of lesion | 1 | 1 | 0 | 0 | 0 | 0 |

Then jalaukavacharana done after 10 days of vamana and Virechana planned. During this period shamanaushadhi and lepa were used regularly. After virechana karma again jalauka vacharana done with all precaution after 15 days. After shodhana karma, karnja taila (Oil of *Pongamia pinnata*) matrabasti given once a week for 7 weeks. Lepa and shamanaushadhi were continued. (Table 2)

Overall assessment

On the basis of gradation overall assessment was done. There was progressive improvement seen in every follow up. Size of lesion not reduced completely but some scatter dark pigmented macules developed at the hypo pigmented area then number of dark pigmented macules gradually increased and merged then became patchy of dark color in some areas (lateral side of nose, left cheek). (Table 3)

DISCUSSION

Incompatible diet is emphasized to be an important etiological factor in manifestation of shwitra. In present case study dushya sara rasa, rakta and doshas are kapha and pitta dosha. The expression of disease at skin level. Male patient had taken atyadhikaamla rasa, dugadhapan, Ushapana and dadhisevanaetc. This diet is abhishyandi, kapha pitta vardhaka, aama utpadaka which causes shwitra.

So the most important part of treatment is nidana parivarjana. Firstly, the disease causing factors eliminated then appropriate treatment modality used. All acharyas have similar view that shwitra or kushtas should be initially treated by samshodhana karma followed by samshamana karma.

By considering kapha predominance with pitta anubandha in hetu initially sadya vamana was given to the patient.

Vamana

As indications for sadya vamana mentioned in classics, predominance of kapha dosha is one of them.^[9] So sadya vamana was decided as the prime therapy. Sarvanga snehana with tila taila and nadi sweda with dashmoola kwatha and then sadya vamana was given with above mentioned vamaka yoga. (Table 2) After vamana some scatter dark pigmented macules observed at the hypopigmented area.

Virechana

Considering pitta dosha anubandha and repeated shodhana karmawas expected in kushta chikitsa so virechana was given to the patient followed by vamana.^[10] Taking consideration of rugnabala after 1 month of vamana, virechana was given. Also virechana karma helps in srothovishodhana and Indriya prasadana.

Jalaukavacharana

Jalaukavacharana was done twice (on day 15 and on day 40). Acharya vaghbhata have stated that jalaukavacharana should be used in sthanika raktadushti so through blood-letting therapy elimination of impurities in the blood and elimination of doshas done.^[11]

Shamanaushadi

Various permutations and combinations have been described for internal and external use along with sun exposure by acharyas in their respective samhitas regarding shaman chikitsa of shwitra. In present case study all rakta prasadana drvyas were used after shodhana karma. During this whole course of 2 months size of patch got reduced and dark scatter pigment got merged then become a patchy of dark color at some parts of the site.

Figure 1 – 6: Showing improvement in size of lesion during each follow up

| | |
|--|---|
| <p style="text-align: center;">Figure 1</p>  | <p style="text-align: center;">Figure 2</p>  |
| <p style="text-align: center;">BEFORE VAMANA</p> | <p style="text-align: center;">AFTER 15 DAYS</p> |
| <p style="text-align: center;">Figure 3</p> | <p style="text-align: center;">Figure 4</p> |
|  |  |
| <p style="text-align: center;">JALAUKAVACHARANA</p> | <p style="text-align: center;">AFTER 30 DAYS</p> |
| <p style="text-align: center;">Figure 5</p> | <p style="text-align: center;">Figure 6</p> |



Lepa chikitsa

It is one of the main chikitsa of bahirparimarjan chikitsa. Initially bakuchi, vacha and apamarga kshara mixed with gomutra then applied to affected area for 1 month then Bakuchi taila for local application given. Bakuchi act as kaphaghna and ultimately shwitraghna by its katu, tiktarasa, katuvipaka and ushnvirya.^[12] Vacha is also tikta and katurasatmaka, ushna virya.^[13] Apamarga has tikshna guna and Ushna virya so it can remove kleda, aama, kapha also clear strotodushti.^[14] Gomutra is having properties like krimihara, kushtagna, kaphavatashamaka, ruksha and tikshnaguna.^[15]

Aatapasevana

Acharya charaka mentioned aatapa sevana while narrating shwittra chikitsa,^[16] so after lepa application patient was advised to atapa sevana because sun is the natural source of ultra violet rays which stimulate melanocyte function and their regeneration leading to normal skin color.

Matrabasti

After shodhana karma, Karanja taila matrabasti was given to patient once a week upto 7weeks. Karanja act as krimighna, kaphagna and kushtaghna by its katurasa, tiksha and ushnvirya.^[17]

Limitations of the present study

In present case study due to irregular size of lesions measurements of individual lesions were not taken so for more accuracy, measurements of individual lesions should be taken.

CONCLUSION

Though the shwittra is explained as kashta sadhya vyadhi and takes longer period to cure, can be managed with better improvement with the practice of shodhana, shamana, and external application therapy under taking consideration of rugnabala, vyadhi awastha, dosha and dushya involved. In present case study at some sites (over left side of cheek, left lateral side of nasal area) skin got normalized but for complete recovery more time may require.

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Source of Support: Nil

Conflict of Interest: None Declared