

## EFFECT OF PANCHKARMA THERAPY ON SHWITRA (LEUCODERMA)

Dr. Tarendra Singh Songara<sup>1\*</sup>, Dr. Shivani Palliwal<sup>2</sup>, Dr. Kamini Soni<sup>3</sup>, Dr. Ritesh Roy<sup>4</sup>

<sup>1,2,4</sup>PG Scholar, Department of Panchkarma, Pt Khushilal Sharma Ayurveda College and Intitute, Bhopal (MP).

<sup>3</sup>Reader, Department of Panchkarma, Pt Khushilal Sharma Ayurveda College and Intitute, Bhopal (MP).

Article Received on  
02 February 2024,

Revised on 22 Feb. 2024,  
Accepted on 13 March 2024

DOI: 10.20959/wjpr20246-31746



\*Corresponding Author

Tarendra Singh Songara

PG Scholar, Department of  
Panchkarma, Pt Khushilal  
Sharma Ayurveda College  
and Intitute, Bhopal (MP).

### ABSTRACT

Leucoderma (Switra) is a hypopigmentation dermatological Disease that affects both the body and psychology of the patient. Patients may experience social and mental distress, which can affect their appearance and attitude. It has been now becoming a societal stigma. Although this disorder is not communicable, they can cause social humiliation. Patients sometimes isolate themselves due to fear of rejection from society. Ayurveda provides detailed descriptions of the diagnosis and therapy of Switra. This study aims to provide greater comfort to patients by scientifically evaluating the effect of vamana Karma, Virechana Karma and raktamokshana on Shwitra with Leucoderma. **Method:** In the present case report, a 55 year old female came with complaints of whitish discoloured patches over bilateral legs and hands with mild itching and no burning sensation, was effectively treated initially with shamana aushadhis, followed by

repeated shodhana i.e. Vamana, Virechana and jaloukavacharana. **Result:** Patient show encouraging results after vamana, Virechana and jaloukavacharana where subjective criteria evaluated using scoring method. **Discussion:** Patient was initially treated with consecutive shodhana course of Vamana Virechana followed by Jaloukacharana and the subject showed an 85% improvement in subjective criteria. As a result, the current case study emphasizes the relevance of efficacy in Shodhana therapy in Shwitra, as stated in classics.

**KEYWORDS:** Shwitra, Leucoderma, Vamana, Virechana, Panchkarma, Raktamokshana.

## INTRODUCTION

Shwitra can create an inferiority complex in individuals, leading to disruptions in their social, personal, and educational lives, despite the fact that skin colour plays a significant role in cosmetics and beauty.

Shwitra symptoms are similar to those of Vitiligo, which is characterized by incorrect distribution of melanocyte pigment. Vitiligo, a hypopigmentation condition, can be caused by both inherited and acquired factors. The condition can start at any age, but typically appears in children between the ages of 10 and the second decade of life.

Shwitra is a kind of Kshudrakushtha, also known as Shwetkushtha, Aruna, Daruna, Kilas, Shouklya, and other Ayurvedic skin ailments.

The Sushrut Samhita uses Kilas instead of Shwitra in the line "Twagatm Eva Aparisravi," indicating that only skin involvement is Aparisravi (not exudative).<sup>[2]</sup> The Charak Samhita identifies Papakarma (poor manners) and ViruddhaaharSevan as causes of Shwitra (mixed food).<sup>[3]</sup> Shwitra vitiates Dosha (Vata, Pitta, Kapha), Rasa, Rakta, Mansa, and Meda Dhatu. According to Acharya Vagbhata, Vata is the dominating factor for Twak and Bhrajaka Pitta, which maintains skin color development. Therefore, Vata and Bhrajak Pitta Dushti employ various Twakvikars.<sup>[5]</sup> Shwitra has been associated with Vitiligo in recent times. Vitiligo is an autoimmune disorder that causes pigmentation or hypopigmentation due to decreased melanocytes.<sup>[6]</sup>

Melanin pigment is found in the epidermis and is responsible for skin color. In this condition, the melanin pigment is absent, which causes white patches over the skin. In addition, CD8+ T cells produce interferon-gamma (IFN  $\gamma$ ), which destroys melanocytes (Rodrigues et al., 2017).

The Kustha chikitsa chapter of Charaka Samhita refers to vitiligo as Kilas. In Ayurvedic texts, the names Shwitra and Kilas are sometimes used interchangeably.

Tridosha's vitiation involves Shwitra, Rasa, Rakta, Mamsa, and Meda Dhatu (Barad et al., 2021). Ayurveda provides two type of treatment - panchakarma (Shodhan Chikitsa) and Ayurvedic medications (Shaman Chikitsa). Panchakarma is recommended as the primary therapy for vitiligo.

In the present study, continue shodhana has been given in the form of vamana, virechana and raktamokshana that causes the elimination of the doshas and thus curing the disease.

## AIM AND OBJECTIVE

Assessment of the effect of vamana, virechana and raktamokshana in the management of shwitra w.s.r. Leucoderma.

## MATERIALS AND METHODS

### Assessment criteria

#### Subjective criteria

Patient was observed for improvement in Hypopigmented patches and itching.

#### Grading assessment for subjective criteria<sup>[7]</sup>

Score	0	1	2	3
Number of patches depending on % of areas involved	Absent	1-29%	30-69%	70-100%
Colour	Normal intensity	>50% filling with normal intensity	<50% of filling with pinkish discolouration	White patches
Itching	absent	mild	moderate	Severe
Hypopigmented patches	absent	solitary	segmental	generalised

## CASE REPORT

A 44-year-old patient, female, Hindu by religion reported to panchakarma OPD of Pt Khushilal Sharma Ayurveda Hospital, Bhopal on 21/02/2018 with complaint of white patches around the eyes, middle malleolus B/L elbows and arms since 1 year. On history taking patient was said to be apparently normal 1 year back, one day she noticed a small white patches on elbow. Initially lesions were small discrete, later progressively increased in size and then spreading to around the B/L eyes, B/L elbows, arms and middle maleolus. There were no associated complaints confined to lesions like itching or burning sensation and also no history of environment, occupation and related to contact with harmful dietary substance. Patient had received conventional treatment for a period of 6 months without any improvement and thus came to our hospital for a better treatment.

### Personal history

Patient had desire for fried, spicy vegetarian food. She could not tolerate warmth and less control over her anger.

### Examination

On examination it was found that she had no systemic problem; dark complexion, over weight body built, weight 64 kgs, height 151 cms. All vitals were normal. Routine laboratory tests, including leukocyte count with differential, platelets, electrolytes, creatinine, and liver enzymes, were within normal ranges.

### Family history

Nothing significant all other family members are said to be healthy.

### Personal history

- Occupation – housewife
- Marital status - Married
- Religion - Hindu
- Diet - vegetarian.
- Appetite - Normal
- Bowel – 2 times/day
- Micturition - 4 to 6times/day, 1time/night
- Sleep - Disturbed, 6 to 7hrs with day sleep of 1 to 2 hours.
- Allergies to any medications/food - No
- Addictions – No

**Table 1: Nidana.**

<b>Aharaja</b>
Viruddha ahara – Matsya with dugdh
Vishamasana – intake of water after exposure to sun. Intake of mamsa kulatha, takra, matsa and mulaka more frequently.
Adhyashana- intake of food before digestion of previous meal
<b>Viharaja</b>
Diwaswapna, exposure to sun for many hours. Sheeta vata sevana (Exposure to cold) working in mud for long duration daily. <sup>[8]</sup>
Mansika
Chinta

**Table 1: Examination of patient.**

BP 110/76 mm hg

Pulse 80 beats /minute

R.R. 18/min

Temperature 98.40F

Aahara vegetarian

Vihaara Divaswapna (Occasionally)

Appetite Good

Bowel Regular once in a day

Micturition 6-8 times /day, 2 times at night Sleep Sound

### **Ayurvedic examination**

#### **Ashtavidha pariksha**

- 1) Naadi (Pulse): 86/minute, Vishama (Vataja);
- 2) Mutra (Urine): Pramaṇa—600–800 mL/day, Avritti— Samyaka, Dhara—Prakrit, Varna—Prakrit, Gandha—Prakrit;
- 3) Mala (Stool): Nirama, consistency—semisolid, Varna—Pita, Avritti—Samyaka;
- 4) Jihva: Anavruta, Varna—Raktabha;
- 5) Shabda: Manda;
- 6) Sparsha: Tvaka—Snigdha;
- 7) Drika: Drishti— Svabhavika, Varna—Twakvaivarnya (hypo/depigmentation of skin);
- 8) Akrti: Krisha

#### **Dasavidha pariksha**

- (1) Prakriti: (a) Sharirika—Kapha-Pittaja (b) Mansika—Satvika;
- (2) Vikriti: (a) Dosha—Tridoshaja, (b) Dushya—Rakta, Mamsa, Meda, (c) Adhishthana-Twak, (d) Srotodushti—Vimarga-gamana;
- (3) Sara— Twak, Rakta, Mansa, Meda Asarata, Asthi, Majja, Shukra Sarta;
- (4) Samhanana—Pravara;
- (5) Pramana—Avara; (6) Satmya—Madhura;
- (6) Satva—Avara;
- (7) Aharashakti—Avara;
- (8) Vyayam Shakti—Avara;
- (9) Vaya—Balyavastha

### **Local examination**

1. Site of lesion- around the B/L forearms, elbow and middle malleolus and legs
2. Lesion - epidermal
3. Distribution - symmetrical
4. Character – papules

5. Colour - white
6. Itching- Absent
7. Swelling - Absent
8. Discharge - Absent
9. Pain – Absent

**Superficial sensation on lesion**

- Pain - Absent
- Swelling - Absent
- Paresthesia – Absent

**Aggravating factors**

- Rainy season, Mud area

**Samprapti ghatakas**

Dosha - Tridosha

Dushya - Rasa, Rakta, Mamsa, Meda

Ama - Jatharagni Janya Ama

Agni - Jatharagnimandhya, Dhatwagnimandhya.

Srotas - Rasavaha, Raktavaha, Mamsavaha & Medovaha

Srotodusti Prakara - Sanga

Rogamarga - Bahya

Udbhava Sthana - Amashaya

Vyakta Sthana - Twacha

Roga swabhava - Chirakari

Sadhyasadyata - Yappa

**Interventions**

Shodhana was designed based on the Doshabahulya (Extreme vitiation of Dosha) and Stheermoolatva (Wide dissemination) of the disease. Before starting the poorva karma the koshta and agni assessment was done. The patient was assessed with Madhyama koshta and Madhyama agni. The Poorva Karma included Deepana-Pachana (Carminative-digestive) with chitrakadi vati and panchakol phanta for 5 days.

After that, Snehapana (Internal oleation) was administered in increasing dose with panchatikta Ghrita for five days. Vishramakala (Rest day) of one day was given in which snehana swedana with tila taila was done. Vamana was done with drugs- madanaphala, vacha and saindhava. After that samsarjana karma of Madhyama Shuddhi was followed.

After vamana again snehapana was administered for five days in increasing dose. Followed by Vishramakala (Rest day) for three days in which snehana swedana with tila taila was done. Than on the next day after snehana swedana virechna decoction made by reducing 1.6 litre water and 20 gm each of Aragwadha Churna, Haritiki Churna, Kutaki Churna, Trivrut churna and Draksha to 200 ml and added with 100 ml Erand oil was given to the patient. The patient had pravara Shuddhi and samsarjana karma of pravara Shuddhi was followed for the next 7 days.

After rest of two days yavagupana was done for five days and then 5 sittings of jaloukavcharana was done at the interaval of 7 days.

**Table 1: Composition of trial drugs.**

S. No	Sanskrit name	Botanical name	Parts used	Quantity
<b>For snehana</b>				
1.	Panchatikta Ghrita		Whole	As per Patient Need
<b>For vamana</b>				
1.	Madana Phala	Randia dumetorum	Fruit	6 Parts
2.	Vacha	Acorus Calamus	fruit	4 parts
3.	Saindhava Lavana	Rock Salt	Whole	2 parts
4.	Madhu	Honey	Whole	As need to make paste
<b>For virechana</b>				
1.	Aragwadha Churna	Cassia fistula	Fruit	20 gm
2.	Haritiki Churna	Terminalia chebula	Fruit	20 gm
3.	Kutaki Churna	Picrorhiza kurroa	Fruit	20 gm
4.	Trivrut churna	Operculina tupaentum	Fruit	20 gm
5.	Draksha	vinifera Fruit	Fruit	20 gm
6.	Erund Tailam	Ricinus communis	Oil	100 ml

## DISCUSSION

Shwitra can be managed very well in Ayurveda by both Shodhana & Shamana Aushadis. If proper shodhana is given it itself can show satisfactory results if it can be initiated in early stages. According to Ayurveda, Shwitra (Vitiligo) is curable which have no red hairs, being

thin, pale, recently developed, and rising in upward direction in the center.<sup>[9]</sup> Fire burns generated patches, fused patches, patches at the end of body parts (lips, hands, feet, and genital organs) or patches with red hairs are incurable.<sup>[10]</sup> According to Charaka, Shwitra (a form of Kilasa) affects Medodhatu and is more difficult to cure. Charaka recommends that Shwitra patients undergo Shodhana before receiving Shamana therapy.<sup>[11]</sup> In this situation, proper Shodhana was administered using Deepana-Pachana.

Acharya Kashyapa, in Kushtha-Rogadhikara, mentioned that any changes of skin color toward white, is called as Shwitra. Here involvement of rakta, mamsa and medadhatu takes place.

Dalhana has mentioned, when the vitiated doshas are limited to skin it is called Kilasa but when if other dhatus are involved than Shwitra.<sup>[12]</sup>

According to Gadani-graha, Vatika Shwitra - Ruksha, Aruna Varna; Pattika Shwitra-Tamra Varna, Daha, Romnashaka; Shleshmika Shwitra - Shveta Varna, Kandu, Bahala.<sup>[13]</sup>

Snehapana with Panchatikta Ghrita - This Ghrita is Tiktapradhana, Kaphahara, and is mainly used in skin diseases. Adding saindhava lavana or yavakshara to it also pacifies Vatadosha. Ghrita softens and lubricates the Dosha, stimulates digestion, regulates bowel, and enhances strength and complexion.

Vamana was induced early in the morning between 6 and 9 a.m as it is kapha pradhan kala. Ksheera belongs to Kapha Varga and is acceptable by the majority of people, hence it was chosen for Akanthapana, which speeds up the Vamana process and avoids difficulty in vomiting. Madanaphala pippali 6 parts, Vacha 4 parts, Saindhava Lavana 2 part, and Honey quantity adequate was used safely the patient without any complication, hence it was used to induce vamana. Peyadi sansarjana karma is recommended to progressively enhance Agni, promote Prana (vitality), and nourishing the body with carbohydrates, proteins, and lipids in order to avoid Agnimandhya.

Vamana was given to the patient. It significantly alters the Epidermis and Dermis of the skin. Normally, the epidermis contains a considerable number of dead or dying cells. Vamana Karma may promote the quick removal of dead cells. It may also increase melanocyte production.



Virechana Karma<sup>[14]</sup> – Virechana with the aragwadha, haritaki, nishotha, katuki and draksha decoction and eranda oil does the rakta shodhana and pacifies the tridosha mainly pitta. The Virechana Karma clears the Margavarodha (Obstruction), removes the morbid Doshas from Rakta, and balances Vata's activity and mobility. Shwitra is a Raktaja and Pittaja skin disease in which mainly Pitta (Bhrajaka) gets vitiated, which is otherwise responsible for normal skin color. Vitiated bhrajaka pitta is responsible for white colored skin patches. The virechana karma is the best therapy for the elimination of the pitta thus curing the Shwitra vyadhi.

Raktamokshana by jalouka activates and promotes the body's reaction, which further increases brain function towards the sick portion of the skin, as well as stimulation of the pituitary gland, which is in charge of secreting melanocytes for melanin production. This aids in regaining the normal hue of the skin.





## REFERENCE

1. Soniya C Et Al. An Ayurvedic Management of Shwitra (Vitiligo) A Case Study [Research Article]. Available From: [Http://Www.Jbsoweb.Com](http://www.jbsoweb.com).
2. Sushruta S, Edited With Ayurveda Tattavasandipika Hindi Com Mentary By Kavirajaambikadatta Shastri, Chaukhambha Sanskrit Sansthan, Varanasi. Vaidya L. Sushrut Samhita Motilal Banarsidasspublishe. 2007;1.Ghanekar BG.
3. Charaksamhita-Chikitsasthan BT. Shlok 7/4,7/8. Varanasi: Chaukhambha Publication; 2009. P. 181.
4. Shukla AV, Tripathi RD, Charaksamhita, Edited With Vaidyamanorama Hindi Commentary, Chaukhambha Sanskrit Sansthan. Varanasi. P. L2.
5. Bramanand T, Editor. Ashtanghrudayam, Nirmala Hindi Commentary, Sutasthan, 1,3 Adhyay. Varanasi: Chaukhambha Publication; 1995. P. 12.
6. Achavidhyadharini Et Al. Ayurvedic Management Of Shwitra With Special Reference To Vitiligo: A Case Report. Available From: [Http://Www.Jbsoweb.Com](http://www.jbsoweb.com)
7. Sunil, Gupta & Varsha, Saxena & Srivastava, Niraj. (2019). New hope in treatment of vitiligo (Switra) by ayurvedic medicines (A case study). 1283-1286.
8. Adil M, Khan IJ, Ahmad I, et al. Vitiligo and helminthiasis- a retrospective study to establish a causal relationship in patients treated with coded unani drug. J. Evolution Med. Dent. Sci. 2019;8(27):2209-2212, DOI:10.14260/jemds/2019/483.
9. Sharma P. Charaka Samhita of Agnivesha, Chikitsa Sthana, ch. 7, Ver.175–176, 5th ed., Varanasi: Chaukhambha Oriental; 2000. p. 142.
10. Sharma P. Sushruta Samhita of Sushruta, Nidana Sthana, ch. 5, Ver. 17, 7th ed., Varanasi: Chaukhambha Oriental; 2002. pp. 286–287.
11. Sharma P. Charaka Samhita of Agnivesha, Chikitsa Sthana, ch. 7, Ver. 162 5th ed., Varanasi: Chaukhambha Oriental; 2000. p. 141.

12. Shastri KA, SushrutaSamhita, Ayurvedatattvasandipika, Nidanasthana 5th chapter. Reprint Edition. Chaukhambha Sanskrit Sansthan, 2008;
13. Gadanigraha. (Reprint edi., 2009) Kusthadhikara, 36th chapter; Chaukhambha Sanskrit Sansthan.
14. YadavajiTrikamji Acharya ed, Charaka Samhita sutrasthana 24, 172-176 1st ed, reprint 2008, ChaukhambaSubhartiprakashan, Varanasi pp 458.