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CLINICAL EVALUATION OF *VIRECHAN KARMA, RAKTAMOKSHANA (JALAUKAVCHARANA)* AND *SHAMAN CHIKITSA* IN SHWITRA W.S.R.VITILIGO: A CASE REPORT

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ABSTRACT

- **Background:** Vitiligo is an acquired, chronic depigmentary disorder of the skin characterized by the destruction or dysfunction of melanocytes, leading to milky-white macules and patches. In Ayurveda, it is classified as *Shwitra*, grouped under the broad category of *Kushtha Roga*.
- **Case Presentation:** A 16-year-old adolescent patient presented with a single depigmented patch (4 x 3cm) in the left axillary region persisting for 6 months. The patient had a history of consuming *Viruddha Ahara* (incompatible food combinations).
- **Management & Outcome:** The patient was managed through a comprehensive treatment protocol incorporating *Shodhana Chikitsa* (Virechana Karma), *Raktamokshana* (Jalaukavacharana), and *Shamana Chikitsa* over a period of
- 6 months. Gradual and significant perifollicular repigmentation, along with stabilization of the lesion, was observed. No recurrence or adverse events were reported.
- **Conclusion:** This case demonstrates that a multi-dimensional Ayurvedic approach addressing the root doshic imbalance (*Pitta-Rakta* vitiation) is safe and effective in managing adolescent *Shwitra*.

KEYWORDS: Vitiligo, Shwitra, Virechana Karma, Jalaukavacharana, Shamana Chikitsa, Case Report.

1. INTRODUCTION

Vitiligo is a global skin disorder affecting 0.5% of the world population. While its exact etiology is complex—involving autoimmune, genetic, and oxidative stress pathways—the psychological impact on pediatric and adolescent patients is profoundly devastating, often causing low self-esteem and clinical anxiety. Modern clinical modalities include topical corticosteroids, calcineurin inhibitors, and phototherapy; however, issues regarding long-term safety and high recurrence rates persist.

In classical Ayurvedic texts (*Charaka Samhita*, *Sushruta Samhita*, and *Ashtanga Hridaya*), this presentation is termed *Shwitra*. Unlike other *Kushtha* variations, *Shwitra* is unique as it is non-exudative (*Aparisravi*) and painless, primarily localized to the skin (*Twak*), *Rakta* (blood), *Mamsa* (muscle tissue), and *Meda* (adipose tissue). The pathogenesis is heavily driven by the vitiation of *Tridoshas* (predominantly *Pitta*) induced by unwholesome dietary habits like *Viruddha Ahara*.

MATERIAL AND METHODS

CASE REPORT

A 16-year-old patient visited the outpatient department of kaumarbhritya, Shri Dhanwantari P.G Ayurveda Medical college & research centre, Mathura presenting with a prominent depigmented patch in the left axillary region for 6 months. The lesion had insidious onset, originating as a minor hypopigmented macule and progressing to a larger patch. The patient reported no history of local trauma, chemical application, pruritus, or scaling. Based on clinical findings, the condition was diagnosed as vitiligo correlating with Shwitra.

- **ON EXAMINTION**
- **Local Examination:** A single, well-demarcated, milky-white patch measuring 4x3 {cm} located in the left axilla. Margins were irregular but distinct. Local hair (*Leukotrichia*) was absent; hair follicles maintained normal pigmentation. Koebner phenomenon (development of lesions at sites of trauma or friction) was absent.
- **Wood's Lamp Examination:** Exhibited characteristic chalk-white fluorescence.
- **Systemic Health:** No comorbid features of associated autoimmune disorders (such as thyroiditis or diabetes mellitus) were present.

- **Dietary History:** Marked history of frequent *Viruddha Ahara* consumption, particularly milk combined with sour and salty foodstuffs.

Ayurvedic Perspective of Signs of Shwitra

According to Ayurveda, Shwitra presents with:

- White discoloration of skin (Twak Vaivarnya)
- Dryness of lesion
- Absence of sweating over affected area
- Discoloration according to predominance of Dosha
- Gradual spread of white patches
- In chronic cases, whitening of hairs over lesions

TREATMENT PROTOCOL

The therapeutic protocol was planned in two strategic stages:

Radical Detoxification (*Shodhana*) followed by targeted Bio-pacification & Rejuvenation (*Shamana*) for 6 months.

Stage I: Shodhana Chikitsa (Virechana Karma)

Considering the *Pitta* and *Rakta* predominance, a structured *Virechana Karma* (therapeutic purgation) was carried out. The execution followed the standard three-phase protocol:

Phase 1: Snehapana (Internal Oleation)

The patient underwent *Deepana-Pachana* initially by (chitrakadi vati 2 tablet thrice daily for two days), followed by the administration of **Panchatikta Ghrita** for 7 consecutive days in an ascending dosage pattern (*Arohana Krama*):

Day	Dosage of Panchatikta Ghrita	Clinical Guidelines & Observations
Day 1	40ml	Light and warm diet managed as per *Samsarjana Krama* principles. Avoided heavy, oily, and incompatible foods. Continuous daily assessment for features of adequate oleation (*Samyaka Snigdha Lakshana*) was conducted.
Day 2	80ml	
Day 3	120ml	
Day 4	160ml	
Day 5	200ml	
Day 6	240ml	
Day 7	280ml	

Phase 2: Abhyanga and Swedana (External Bio-mobilization)

- **Days 8 and 9:** Full-body massage (*Abhyanga*) utilizing medicated oils followed by systematic steam sudation therapy (*Swedana*) was executed. This stage aimed to liquefy and mobilize the deep-seated, aggravated *Doshas* towards the gastrointestinal tract for seamless elimination.

Phase 3: Pradhana Karma (Main Purgation Procedure) & Post-Care

- **Day 10 (Virechana Day):** Following a brief early morning *Abhyanga* and *Swedana*, the main purgative formulation was administered:
  - **Therapeutic Agent:** Trivrit Avaleha 50gm.
  - **Anupana (Vehicle):** Warm milk
- **Observations:** The patient was monitored continuously for the onset and progression of purgative bouts (*Virechana Vega*). The process yielded a total of **25 Vegas (purgative bouts)**, establishing successful execution and meeting the markers of optimal purification (*Samyaka Virechana Lakshana*).
- **Paschat Karma:** Post-procedure, the patient strictly transitioned through *Samsarjana Krama* (graded dietary ladder) to safely normalize the metabolic capacity (*Agni*).

Stage II: Raktamokshana (Jalaukavacharana)

To clear localized bio-toxins and improve localized tissue microcirculation, Leech Therapy (*Jalaukavacharana*) was performed around the margins of the axillary patch at regular, aseptic periodic intervals.

Stage III: Shamana Chikitsa (6-Month Maintenance Protocol)

Following systemic purification, a long-term oral and topical routine was introduced for **6 months**:

Formulation / Medicine	Dosage	Administration Route & Timing	Duration
Pigmento Tablet	2 tablets	Oral, twice daily	6 months
Arogyavardhini Tablet	2 tablets	Oral, twice daily	6 months
Punarnava Mandoor	2 tablets	Oral, twice daily	6 months
Chitrakadi Tablet	2 tablets	Oral, thrice daily	6 months
Khadirarishta	15ml twice day	Oral, with equal water, after meals	6 months

- **Topical Management: Pigmento Cream** was applied locally over the depigmented lesion daily under clinical supervision.

4. DIETARY (AHARA) & LIFESTYLE (VIHARA) RESTRICTIONS

To halt the pathogenesis (*Samprapti Vighatana*), the patient strictly implemented these modifications for 6 months:

- Complete avoidance of *Viruddha Ahara* (milk with salt/sour items), fermented products, excessively spicy or junk foods, and all dairy products during active intervention.
- Light, easily digestible, *Pitta*-pacifying foods with a mandatory supportive intake of approximately 10gm of Black Gram (*Kala Chana*) daily. Water was exclusively consumed from a Copper Vessel (*Tamra Patra Jala*).
- Maintenance of strict sleep hygiene and avoidance of synthetic/chemical cosmetics on the left axilla.

5. RESULTS & FOLLOW-UP

The progress was monitored closely across the 6-month timeline:

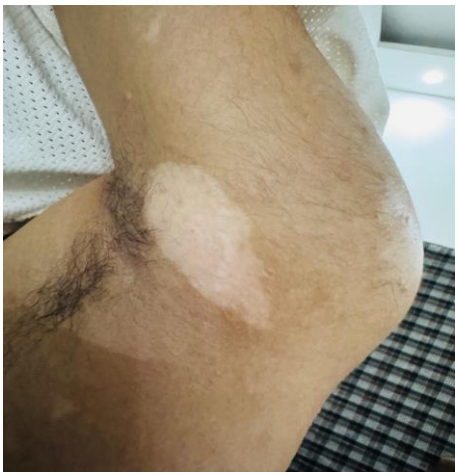
- **Stabilization:** Immediate arrest of the lesion's expansion was recorded post-*Virechana*.
- **Repigmentation:** Initial signs of perifollicular repigmentation appeared around the second month. By the end of the 6th month, hyperpigmentation began to develop in the form of small patches around the pre-excisting dipegmented patch.

6. DISCUSSION

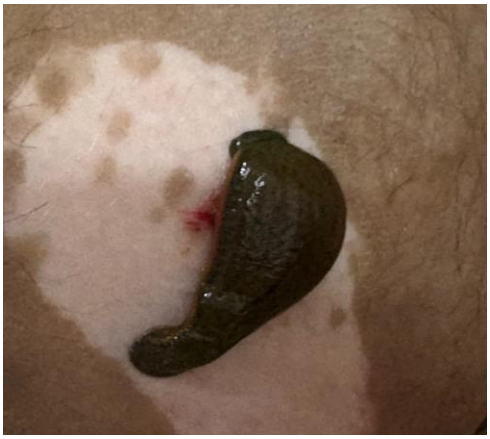
The clinical success achieved underscores the validity of the classical Ayurvedic paradigm in skin disorders. *Shwitra* is essentially an expression of *Tridosha* derangement deep within metabolic tissues (*Dhatus*), driven prominently by *Pitta* and *Rakta*. *Virechana Karma* directly targets the root seat of *Pitta*, flushing out systemic inflammatory triggers and clearing *Rakta Dhatu*. Locally, *Jalaukavacharana* targets stagnant, vitiated blood, stimulating local melanocyte metabolism through cellular nourishment.

The internal medication design works synergistically: *Pigmento* aids in melanogenesis; *Arogyavardhini* and *Punarnava Mandoor* regulate hepatic performance and eliminate metabolic waste (*Ama*); *Chitrakadi Tablet* sustains optimum *Agni* (digestive fire) over long-term drug administration; and *Khadirarishta* functions as a potent *Kushthaghna* (anti-dermatosis) and *Raktashodhaka* (blood purifier).

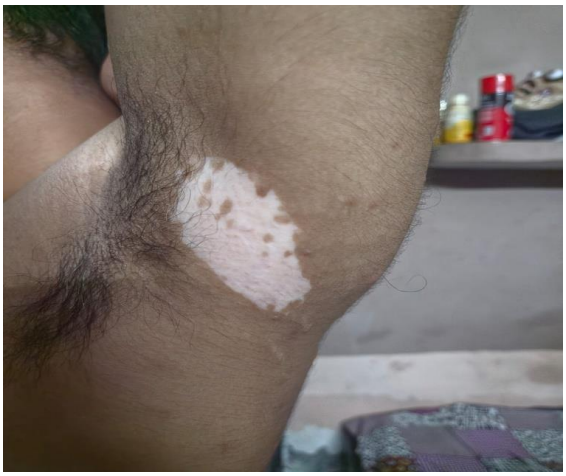
BEFORE TREATMENT



DURING TREATMENT



AFTER TREATMENT



7. CONCLUSION

This case report establishes that an integrated Ayurvedic strategy utilizing systemic *Shodhana* (*Virechana*), local *Raktamokshana*, and targeted 6-month *Shamana* therapy provides a reliable, safe, and highly effective management timeline for *Shwitra* (Vitiligo). At

the conclusion of the management, a >90% improvement in the total therapeutic impact was noted.Although this was a single case study, the study's results in this example of Shwitra were undoubtedly positive. To confirm this, a study with a large sample size might be done. In order to stop the condition from relapsing, repeated intervention may also be necessary.

8. CLASSICAL REFERENCES

1. **Charaka Samhita, Chikitsa Sthana** – *Kushtha Chikitsa Adhyaya* (Chapter 7/27-28):
"विरुद्धाहारसेवनात्पापकर्मचसेवनात्।दोषादूष्यन्तिशरीरंततोकुष्ठंप्रजायते॥"
2. **Sushruta Samhita, Nidana Sthana** – *Kushtha Nidana Adhyaya*:
"श्वित्रंतुत्रिविधंप्रोक्तंवातपित्तकफात्मकम्।"
3. **Ashtanga Hridaya, Nidana Sthana** – *Kushtha Nidana*:
"विरुद्धान्नपानानिसेवनात्कुष्ठमावहेत्।"