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MANAGEMENT OF SHWITRA (VITILIGO) WITH VIRECHANA KARMA AND AVALGUJADI LEPA: A CASE REPORT

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ABSTRACT

Background: Shwitra is described in Ayurveda as a variety of Kilasa and is regarded as a Tridoshaja disorder involving Rakta, Mamsa and Meda Dhatu. It is characterised by Shweta Mandala (white patches) and is comparable to vitiligo, an acquired depigmentary disorder affecting about 1–2% of the world population, with marked cosmetic and psychological impact. **Case presentation:** A 40-year-old male labourer presented with a depigmented patch over the forehead of 6 months' duration. **Intervention:** After Deepana–Pachana with Chitrakadi Vati and Snehapana with Panchatikta Ghrita, Virechana Karma was performed with Trivrit Avaleha (100 g) and warm milk, followed by Samsarjana Krama. Avalgujadi Lepa mixed with Gomutra was applied locally on alternate days for 21 days. **Results:** Aruna Varnata reduced from grade 2 before treatment to grade 1 after treatment and grade 0 at the 21st day follow-up. The pigmented-spot score improved from grade 3 to grade 2, indicating the appearance of new perifollicular pigmented spots. No adverse effects were observed. **Conclusion:** Virechana Karma combined with Avalgujadi Lepa may be an effective approach in the management of Shwitra. Larger controlled studies are needed to confirm these findings.

KEYWORDS: Shwitra, Vitiligo, Virechana Karma, Avalgujadi Lepa, Panchatikta Ghrita, Case report.

INTRODUCTION

Skin is the largest organ of the body and plays an important role in protection, sensation, thermoregulation and appearance. Shwitra is a disease that causes depigmentation of the skin and significantly affects the cosmetic appearance and psychological well-being of the individual. It is characterised by Shweta Mandala (white patches), with or without Kandu.

Acharya Charaka describes Shwitra (Kilasa) under three names — Daruna, Aruna and Shwitra — according to the Dhatu involved (Rakta, Mamsa and Meda respectively).[1] Acharya Sushruta includes it among the diseases of Kushtha and attributes it to vitiated Dosha lodged in the Twak.[2] The disease is predominantly Tridoshaja with Pitta–Rakta predominance. Owing to its chronicity and deep-seated Dosha accumulation, Shwitra requires both Shodhana and Shamana Chikitsa.

Vitiligo is an acquired depigmentary disorder caused by destruction of melanocytes, resulting in well-defined depigmented macules and patches. Its prevalence is approximately 1–2% worldwide, and autoimmune, genetic, oxidative-stress, environmental and neurogenic mechanisms have been proposed.[3] Conventional management includes topical corticosteroids, calcineurin inhibitors, phototherapy (NB-UVB), photochemotherapy (PUVA) and surgical grafting. These are limited by long treatment duration, recurrence, incomplete repigmentation and adverse effects.

In Ayurveda, Kushtha is managed primarily by repeated Shodhana followed by Shamana Chikitsa. Acharya Charaka advises.

पक्षात् पक्षात् छर्दनान्यभ्युपेयान्मासान्मासात् स्रंसनं चापि देयम्।
त्र्यहात् त्र्यहान्नस्ततश्चावपीडान् मासेष्वसृङ्मोक्षयेत् षट्सु षट्सु॥ (च. चि. ७/४१)

i.e., Vamana every fortnight, Virechana every month, Nasya every three days and Raktamokshana every six months in Kushtha.[1] Acharya Vagbhata describes Avalgujadi Lepa as an external application in Shwitra.[4] On this basis, Virechana Karma along with Avalgujadi Lepa was selected for the present case.

AIM AND OBJECTIVES

- To study Shwitra with special reference to vitiligo from Ayurvedic and modern perspectives.
- To evaluate the efficacy of Virechana Karma along with Avalgujadi Lepa in the

management of Shwitra (vitiligo).

CASE PRESENTATION

Patient information

A 40-year-old married Hindu male labourer from a low socio-economic background visited the Panchakarma OPD of BMJAMC Hospital, Gajendragad, with a depigmented, reddish (Aruna) patch over the forehead of 6 months' duration. There was no itching, burning or dryness.

History

- **History of present illness:** The patient noticed a reddish-white patch over the forehead about 6 months earlier, which gradually became more prominent. He reported mental stress (Chinta) as a contributing factor.
- **Family history:** No history of vitiligo in the family.
- **Personal history:** Mixed diet; reduced appetite (Mandagni); disturbed sleep.

Examination

- **Dashavidha Pariksha:** Prakriti — Vataja; Vikriti — Vata–Kapha; Samhanana — Avara; Satmya — Avara; Satva — Avara; Ahara Shakti — Pravara; Vyayama Shakti — Pravara; Koshtha — Mridu; Agni — Manda.
- **Local examination:** Single depigmented patch over the forehead with Aruna Varna (grade 2) and 1–2 perifollicular pigmented spots (grade 3); no leukotrichia, itching, burning or dryness.

Diagnosis

Shwitra (Aruna variety, Mamsa Dhatu involvement) — Vitiligo, focal type.

Informed consent

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

MATERIALS AND METHODS

Table 1: Treatment Protocol.

Procedure	Medicine / Details	Duration
Deepana–Pachana	Chitrakadi Vati before food with lukewarm water	Until Nirama Lakshana

Snehapana (Purvakarma)	Panchatikta Ghrita in Arohana Krama (increasing daily dose), early morning on an empty stomach, followed by warm water	Until Samyak Snigdha Lakshana
Abhyanga & Swedana (Vishrama Kala)	Sarvanga Abhyanga followed by Swedana	3 days
Virechana (Pradhana Karma)	Trivrit Avaleha 100 g with 100 ml warm milk at 10:00 am; 8 Vegas — Hina (Avara) Shuddhi	1 day
Samsarjana Krama (Paschat Karma)	Peya, Vilepi, Akrita–Krita Yusha as per Shuddhi	3 days
Lepa Chikitsa	Avalgujadi Lepa mixed with Gomutra, applied over the lesion in the morning before bath and left for 30 minutes, on alternate days	21 days

Assessment: Before treatment (BT), after treatment (AT, on completion of Virechana) and after follow-up (AFU, 21st day).

ASSESSMENT CRITERIA

Assessment was made on the basis of the signs and symptoms of Shwitra and vitiligo described in Ayurvedic and modern texts.

Table 2: Parameters.

Subjective parameters	Objective parameters
Twak Shwetata	Colour of the patch
Aruna Varnata	Margin of the patch
Tamra Varnata	Number of pigmented (black) spots
Twak Rukshata	Size of the patch
Daha	
Roma Vivarnata	
Kandu	

Table 3: Grading of subjective parameters.

Parameter	Criteria	Grade
Twak Shwetata	Normal skin colour	0
	Pigmentation more than depigmentation over the lesion	1
	Depigmentation equal to or more than pigmentation over the lesion	2
	No pigmentation; completely white lesion	3
Aruna Varnata	Normal skin colour	0
	Aruna Varna less than normal pigmentation	1
	Aruna Varna equal to or more than normal colour	2
	Entire lesion Aruna Varna	3
Parameter	**Criteria**	**Grade**
Tamra Varnata	Normal skin colour	0
	Tamra Varna less than normal pigmentation	1
	Tamra Varna equal to or more than normal colour	2

	Entire lesion Tamra Varna	3
Twak Rukshata	No dryness	0
	Dryness on exposure to cold, sunlight or irritants	1
	Dryness on exposure to mildly cold environment	2
	Persistent dryness	3
Daha	No burning sensation	0
	Burning on exposure to mid-day sunlight	1
	Burning on exposure to morning sunlight or other irritants	2
	Persistent burning throughout the day	3
Roma Vivarnata	Normal hair colour	0
	Less than 25% of hair over the lesion depigmented	1
	25–75% of hair over the lesion depigmented	2
	More than 75% of hair over the lesion depigmented	3
Kandu	No itching	0
	Itching on exposure to cold, sunlight or allergens	1
	Itching on exposure to mildly cold environment	2
	Persistent itching	3

Table 4: Grading of objective parameters.

Parameter	Criteria	Grade
Colour	Normal skin colour	0
	Appearance of blebs followed by black spots	1
	Appearance of blebs changing to dark pink	2
	Dark pink / red / coppery red	3
	Complete depigmentation	4
Margin	Margin merges with normal skin colour	0
	Hyperpigmented, thick, broad, graduated margin	1
	Hyperpigmented, broad, graduated margin	2
	Hyperpigmented, well-defined margin	3
	Hyperpigmented, thin-edged margin	4
Number of pigmented spots	Many pigmented spots	0
	4–6 black spots	1
	2–4 black spots	2
	1–2 black spots	3
	No black spots	4

RESULTS

Before treatment, the lesion showed Aruna Varnata of grade 2 and a pigmented-spot score of grade 3. After Virechana Karma, Aruna Varnata reduced to grade 1, and by the 21st day it had resolved completely (grade 0). The pigmented-spot score improved from grade 3 to grade 2 after treatment, meaning that new perifollicular pigmented spots appeared, and this was maintained at follow-up. The other parameters were grade 0 at baseline and remained unchanged. No adverse effects were reported (Tables 5 and 6).

Table 5: Grading before and after treatment.

Parameter	BT	AT	AFU (21st day)
Twak Shwetata	0	0	0
Aruna Varnata	2	1	0
Tamra Varnata	0	0	0
Twak Rukshata	0	0	0
Daha	0	0	0
Roma Vivarnata	0	0	0
Kandu	0	0	0
Colour	0	0	0
Margin	0	0	0
Number of pigmented spots	3	2	2

Table 6: Patch characteristics.

Feature	Before treatment	After follow-up (21st day)
Number of patches	1	1
Colour of patch	Depigmented with Aruna Varna	Depigmented with new pigmented spots; Aruna Varna absent

DISCUSSION

Samprapti Vighatana

Shwitra arises from Tridosha vitiation, with predominance of Pitta, along with Dushti of Rakta, Mamsa and Meda. The vitiated Bhrajaka Pitta, lodged in the Twak, loses its function of producing normal Varna, resulting in Shweta Mandala. Treatment therefore aims to eliminate the vitiated Dosha (Shodhana), purify Rakta, and locally restore the function of Bhrajaka Pitta.

Deepana–Pachana

Chitrakadi Vati, with its Katu–Tikta Rasa and Ushna Virya, corrects Agni and digests Ama, preparing the body for Snehapana and ensuring proper absorption of the Sneha.

Snehapana with Panchatikta Ghrita

Panchatikta Ghrita contains Nimba, Patola, Vyaghri, Guduchi and Vasa, which are Tikta Rasa drugs with Kushthaghna, Raktaprasadana and Pittashamaka properties. Through the Sukshma and Yogavahi properties of Ghrita, it reaches the deeper Dhatus, loosens the adhered Doshas and brings them to the Koshtha. Abhyanga and Swedana then liquefy the Doshas and facilitate their movement towards the Koshtha.

Virechana Karma

Virechana is the prime Shodhana for Pitta and Rakta. Trivrit is described as the best Sukha Virechaka drug. By expelling vitiated Pitta and purifying Rakta, Virechana breaks the Samprapti at the systemic level and enhances the response of the tissues to subsequent Shamana and local therapy. The classical advice of repeated monthly Virechana in Kushtha supports its use in a chronic disease such as Shwitra.[1]

Avalgujadi Lepa with Gomutra

Avalguja (Bakuchi, *Psoralea corylifolia*) is the principal drug of the formulation and is regarded as Shwitraghna. Its seeds contain psoralen and isopsoralen, which are photosensitising furocoumarins that stimulate melanocyte proliferation and melanogenesis on exposure to sunlight — the same principle used in PUVA therapy.[5] Gomutra, being Tikshna and Ushna with Kushthaghna and Krimighna properties, enhances penetration of the Lepa and acts as a Bhavana Dravya. The other Tikta–Katu drugs of the formulation provide Kandughna and Raktaprasadana effects. Together, these help in local repigmentation, seen in this case as the appearance of new perifollicular pigmented spots.

Limitations

In this patient, the reduction of Aruna Varnata, which reflects Pitta–Rakta involvement in the Mamsa Dhatu, after Virechana supports the role of Pitta Shodhana in this variety of Shwitra. The patient's Mridu Koshtha and Manda Agni also made Deepana–Pachana followed by mild Virechana with Trivrit Avaleha appropriate. This is a single case with a short follow-up of 21 days. The relative contribution of Virechana and of the Lepa cannot be separated, and long-term recurrence was not assessed.

CONCLUSION

In this case of Shwitra, Virechana Karma with Trivrit Avaleha, preceded by Snehapana with Panchatikta Ghrita and combined with local application of Avalgujadi Lepa, resolved the Aruna Varnata of the lesion and initiated perifollicular repigmentation within 21 days, without any adverse effects. The combination of Shodhana and local Shamana therapy may be a safe and effective approach in Shwitra. Controlled studies with larger samples and longer follow-up are recommended.

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