

AYURVEDIC MANAGEMENT OF SHWITRA: A CLINICAL CASE REPORT

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ABSTRACT

Introduction: In Ayurveda, *Shwitra* is a skin disorder characterized by whitish patches on the skin which is classified under *Kushta*. According to Acharya Vagbhata, *Shwitra* is a *kapha pradhana Tridoshaja Vyadhi*, with the involvement of *Twak, Rasa, Rakta, Mamsa, and Meda*. In contemporary science, *Shwitra* can be correlated with vitiligo, a disorder characterized by the hypopigmentation of the skin. Although *Shwitra* (vitiligo) does not cause any systemic dysfunctions, it can lead to significant psychological distress and social challenges in patients. **Method:** The present case study involves a 15-year-old female who reported whitish patches on her both knee joints, right ankle region and both anterior aspects of tibiae. She was effectively treated with *Shamanoushadi-trikatu churna* and *Lodrasava* internally and

Avalgujadi lepa for external application. The subjective criteria were evaluated using the scoring method, while the VETI scoring method determined the objective criteria. **Result:** The patient responded well to *Shamanoushadis*. Progress was assessed using subjective and objective criteria, employing a comprehensive approach to evaluate the treatment's effectiveness.

KEYWORDS: *Shwitra*, Vitiligo, *Shamanoushadi*.

INTRODUCTION

The word *Twacha* is derived from “*Twach-Samvarne*” *Dhatu* which means the one which spreads all over the body and completely covers *Shonita*, *Meda* and all other *Dhatu*s. According to Acharya Sushruta, the formation and development of *Twacha* is similar to the formation of *Santanika* when milk is boiled, Just as the *Santanika* forms layers and gradually increase in thickness, similarly all layers are formed in the developmental stages of the embryo and join together to become the skin.^[1] Acharya Vagbhata opines that *Twacha* is formed due to *Paka* of *Rakta dhatu* by its *Dhatwagni* in the foetus, after *Paka*, it dries up to form *Twacha*, just like the deposition of *santanika* over the surface of boiled milk.^[2] It is considered as the seat of *Sparshanendriya* and also one among the main seat of *Vata*,^[3] and *Moola* of *Mamsavaha Srotas*.^[4]

Udana Vata maintains the *Varna*, *Bhrajaka Pitta* is responsible for the normal colour of skin^[5] and also helps in the absorption of medicaments used in *Abhyanga*, *Parisheka*, *Avagaha* and *Lepa*.^[6] Any imbalance in *Tridosha*, *Saptadhatu* mainly *Bhrajaka pitta* causes skin disorder.

Shwitra is one among skin disorder included under the headings of *Kushta* in almost all ayurvedic texts. The word *Shwitra* can be elaborated by using quote “*Shweta Bhava Micchanti Switra*” which means reflection of white colour,^[7] it is caused due to *Mithyahara*, *Gramya-Anupa- Jaleeyamamsa Sevana*, *Viruddha Anapanasevana*, *Chardi Vegadharana* and *Divaswapna*,^[8] which leads to *agnidusthi* and *ama-utpatti* further leading to vitiation of *tridosha*. Through *tiryagata siras* it takes *sthanasamshraya* in *rakta*, *shitila mamsa* and *shitila medodhatu* leading to *srotosanga* resulting in improper nourishment to *twak* i.e., *karmatah kshaya* of *Bhrajaka pitta*. The fourth layer of *Twacha –Tamra* mainly considered as prime location of *Shwitra*.^[9] Acharya Charaka mentioned *vishista nidana* for *Shwitra* as *Vachasya tathyani*, *Papakarma*, *Akrutagnabhava*, *Gurugarshanam*, *Poorvakrutakarma*.^[10] *Shwitra* is characterised by the appearance of *arunavarna*, *tamravarna* and *shwetavarna mandala* over the *twak* depending on its site, associated with *rukshata*, *daha*, *romavidwamsi* and *kandu*.^[11] Depending upon the involvement of *Dhatu*s the disease become prognostically difficulty to treat.

Skin is one of the most sensitive and largest organs of the body, which acts as vital protective shield against external threats. It is the first organ of the body interacting with environmental stimuli. Vitiligo is one among the pigmentary disorder which is characterized by the selective

loss of melanocytes which results in chalky-white or pale white macules or patch. Sometimes at the margin of an active patch, three colors are seen from inside outwards, a depigmented zone, a hypopigmented zone, a normal skin. It is classified as autoimmune disease, associated with genetic and environmental factors together with metabolic, oxidative stress and cell detachment abnormalities. The incidence of Vitiligo is found to be 0.25-2.5% in India.^[13] The onset is most common in young adults; onset of the disease is before the age of 20 years in approximately 50% of the patients, with 25% of patients having onset by 15 years of age.^[12]

Management of Vitiligo includes topical steroids, topical photo chemotherapy, mini grafting and depigmentation techniques. The drawback of topical photo chemotherapy having side effects like phototoxicity, hyperpigmentation, solar elastosis, squamous cell carcinoma etc.^[13] So people are looking towards Ayurvedic system of medicines for better management.

The clinical presentation of the disease *Shwitra* is almost similar to the clinical presentation of the Vitiligo in contemporary science, we can compare *Shwitra* with Vitiligo to some extent. The Ayurveda *Chikitsa* not only aims at the radical removal of the causative factors of the disease but also at the restoration of the *Doshik* equilibrium. On the basis of involvement of *tridosha* and *ama: deepana, pachana, srotosodhana* is first line of treatment in *Shwitra*. It consists of both *Antahparimarjana* and *Bahirparimarjana Chikitsa*. *Lepa Chikitsa* is one of the main components of *Bahirparimarjana Chikitsa*. As the fire gets extinguished immediately with the action of water; in similar manner, *Lepa* pacifies the provoked *stanika Doshas* by *Prahladana, Shodhana, Shophaharana, Utsadana and Ropana*.^[14] Hence, *Lepas* are to be mandatorily be preferred in addition to *shamanoushadi* while treating skin lesions. Here, a comprehensive treatment protocol has been made to treat *Shwitra*.

AIMS

- To study the efficacy of *Avalgujadi lepa* and *Lodrasava* in the clinical management of *Shwitra*.

OBJECTIVE OF STUDY

- To study the efficacy of *Avalgujadi Lepa* along with *Lodrasava*.
- To Review and analyze the literature of *Shwitra* according to Ayurveda and Vitiligo of Modern Literature.

CASE REPORT

A 15-year-old female patient presented to the Outpatient Department of Kaya Chikitsa, Ayurveda Mahavidyalaya and Hospital, Hubballi, Karnataka, India. The patient belonged to a middle-class socioeconomic background and resided with her family in Old Hubballi.

She reported hypopigmented patches over both knee joints, right ankle region and anterior aspects of both tibiae for the past three years. The lesions were gradually progressive in nature. The patient also complained of itching over the affected areas, along with a burning sensation on exposure to morning sunlight. However, there were no signs of inflammation, scaling, or discharge noted.

There was no history of trauma, chemical exposure, or prior similar lesions. The patient denied any systemic complaints such as fever, joint pain, or fatigue.

Past History: No H/O HTN, DM, COPD, Thyroid disorder.

Family History: No family history relevant to the case recorded.

Personal History

- Occupation – Student (secondary)
- Marital Status - Unmarried
- Religion - Hindu
- Diet - Mixed
- Appetite – Loss of appetite
- Bowel – frequently Hard and constipated
- Micturition - Normal
- Sleep - Sound
- Allergies - Not Any
- Addictions - Not Any

Clinical Findings

General Examination

- BP – 110/70 mm Hg
- Pulse - 70 b/min
- RR - 20/min

- Temperature- afebrile
- Height- 141cm
- Weight- 30 kg
- BMI- 15.1 kg/m²
- Pallor – Absent
- Icterus – Absent
- Clubbing – Absent
- Oedema - Absent
- Lymphadenopathy- Absent

Systemic Examination

- CNS- Patient is conscious and oriented to time, place and person. No focal neurological deficits.
- CVS - S1S2 Normal, Murmurs absent, Apex beat Normal
- RS- B/L air entry equal, normal vesicular breath sounds heard, no added sounds.
- GIT - P/A soft, non-tender, organomegaly absent

Integumentary System

O/E of Skin

- Site of Lesion - Both knee joints, Right ankle region and Anterior aspects of both tibiae
- Character of lesion - Macule
- No. of lesions - 5
- Size - Right knee-6*3 cm

Left knee- 4*3 cm

Rt anterior aspect of tibiae-6 *2 cm

Lt anterior aspect of tibiae- 5*3 cm

- Colour - White
- Itching - Present
- Burning sensation – Present
- Discharge - Absent

Superficial Sensation on lesion

- Pain - Absent
- Paraesthesia - Absent

Ashta sthana pariksha

- *Nadi*: 70 bpm
- *Mala*: 1-2 times/ day, frequently hard and constipated
- *Mutra*: 4- 5 times /day, *Prakruta*
- *Jihwa*: *Lipta*
- *Shabda*: *Prakruta*
- *Sparsha*: *Ushna*
- *Drik*: *Prakruta*
- *Akruti*: *Madhyama*

NIDANA PANCHAKA***Nidana***

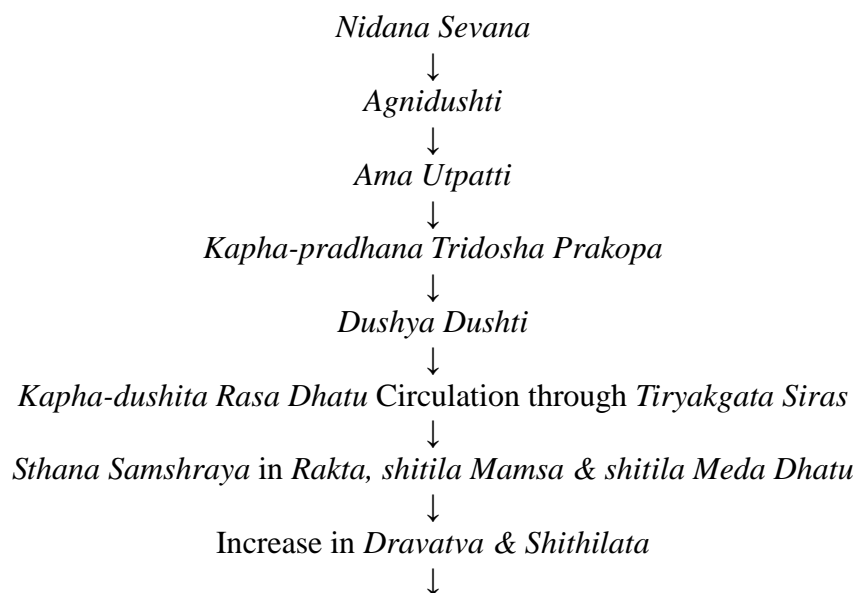
- *Aharaja*: *vishamashana, viruddha ahara, ati katu amla Snigdha bhojana*
- *Viharaja*: *Diwaswapna*
- *Manasika*: *krodha, Bhaya*

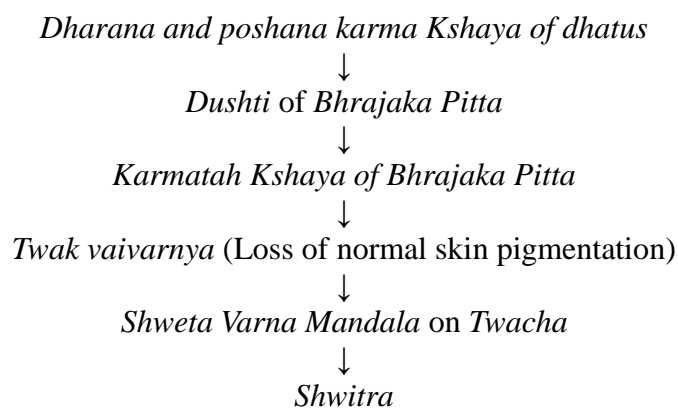
Poorva roopa

Roopa: *Shweta varna mandala, kandu, daha*

Upashaya

Anupashaya: aggravates on consuming excessive sour foods.

Samprapti



Samprapti Ghataka

<i>Dosha</i>	:	<i>Kapha- Kledaka Kapha Pitta - Bhrajaka Pitta, Pachaka Pitta Vata-Udana Vata, Vyana Vata</i>
<i>Dushya</i>	:	<i>Rasa, Rakta, Mamsa and Meda</i>
<i>Agni</i>	:	<i>Pachakagni, Bhrajakagni</i>
<i>Ama</i>	:	<i>Jatharagnijanya mandya</i>
<i>Udbhavasthana</i>	:	<i>Amashaya</i>
<i>Sanchara Sthana</i>	:	<i>Tiryakgata Siras</i>
<i>Srotas</i>	:	<i>Rasavaha, Raktavaha, Mamsavaha, Medovaha</i>
<i>Srotodusti</i>	:	<i>Sanga</i>
<i>Adhithana</i>	:	<i>Rasavaha srotas</i>
<i>Vyaktasthana</i>	:	<i>Twacha</i>
<i>Rogamarga</i>	:	<i>Bahya rogamarga</i>
<i>Vyadhiswabhava</i>	:	<i>Chirakari</i>

MATERIAL AND METHOD

Assessment parameters

Subjective parameters

SUBJECTIVE PARAMETERS	GRADE 00	GRADE 01	GRADE 02	GRADE 03
1. DAHA (Burning sensation)	Normal–No Burning sensation.	Mild – Burning sensation on exposed to midnoon sunlight.	Moderate- Burning sensation on morning sunlight exposure and other irritants	Severe – Always Burning sensation

Objective parameters

SUBJECTIVE PARAMETERS	GRADE 00	GRADE 01	GRADE 02	GRADE 03
1.COLOUR OF PATCHES	Normal	Red	Coppery white	White
2.NUMBER OF PATCHES	NO patch	0 to 1 Patch	2 to 3 Patches	4 to 5 Patches
3.SIZE OF PATCH (Graph method- measured by geometric scale)	NOPATCH	0 to 2 Sq.cm	2 to 4 Sq.cm	4 to 6 Sq.cm

Objective parameters are taken based on the Vitiligo Extent Tensity Index score- (Rule of nine)

VETI score formula

(Percentage of head involvement x grade of tensity)1 + (Percentage of trunk involvement x grade of tensity) 4+ (Percentage of upper limbs involvement x grade of tensity) 2 + (Percentage of lower limbs involvement x grade of tensity) 4+ (Percentage of genitalia involvement x grade of tensity) 0.1

- Percentage of Area effected: evaluated using the rule of nine

Percentage of involvement	Area Score
0	0%
1	1-9%
2	10-29%
3	30-49%
4	50-69%
5	70-89%
6	90-100%

- Tensity**

Stage 0	Normal Skin
Stage 1	Hypopigmentation (including trichrome & homogeneous lighter pigmentation)
Stage 2	Complete depigmentation with black hair and with perifollicular Pigmentation
Stage 3	Complete depigmentation with black hair and without perifollicular Pigmentation
Stage 4	Complete depigmentation with compound of white and black hair with/without perifollicular pigmentation
Stage 5	Complete depigmentation plus significant hair whitening

TREATMENT PROTOCOL

Table: Shamanoushadi & Lepa.

Sl. No	Date	Medicine	Dose	Duration
01.	04/04/25 to 10/04/25	<i>Trikatu churna</i>	3gm with <i>ushnajala</i> as <i>Anupana</i> , Before food, Twice a day,	Till <i>Nirama Avastha</i> attained- for 7 days
02.	11/04/25 to 10/10/25	<i>Avalgujadi Lepa</i> with <i>gomutra</i> for application	Once in a day (morning)	for 6 months
03.	11/04/25 to 10/10/25	<i>Lodrasava</i>	15ml with <i>ushnajala</i> as <i>Anupana</i> , After food, Twice a day	for 6 months

Treatment Duration: 6 months.

OBSERVATION AND RESULT**Subjective parameters - Calculation table**

Sl. No.	PARAMETERS	BEFORE TREATMENT	AFTER TREATMENT
1.	<i>Daha</i> (Burning sensation)	Grade 2	Grade 1

Objective parameters- Calculation table

Sl.No.	PARAMETERS	BEFORE TREATMENT	AFTER TREATMENT
1.	Color of Patch	Grade 3	Grade 1
2.	No. of Patch	Grade 3	Grade 3
3.	Size of Patch	<ul style="list-style-type: none"> • Rt knee: Grade 3 • Lt knee: Grade 3 • Rt anterior aspect of tibiae: Grade 3 • Lt anterior aspect of tibiae: Grade 3 • Rt ankle region: Grade 3 	<ul style="list-style-type: none"> • Rt knee: Grade 2 • Lt knee: Grade 1 • Rt anterior aspect of tibiae: Grade 2 • Lt anterior aspect of tibiae: Grade 1 • Rt ankle region: Grade 3

Calculation table

VETI Score: Vitiligo Extent Tensity Index score

Sl. No	LESION AREA	PERCENTAGE OF INVOLVEMENT, TENSITY	BEFORE TREATMENT	AFTER TREATMENT
1.	Head	Percentage of involvement, Tensity	0	0
2.	Trunk	Percentage of involvement, Tensity	0	0
3.	Upper limb	Percentage of involvement, Tensity	0	0
4.	Lower limb	Percentage of involvement, Tensity	1 3	1 1
5.	Genital	Percentage of involvement, Tensity	0	0
	VETI score	3*4 and 1 *4	12	4

Before Treatment

After treatment



DISCUSSION

Shwitra is a type of *Kushta* characterised by *Shweta Varna Mandala* on *Twacha* associated with *Kandu*, *Daha* and *Romavidwamsi*, and is *Aparisravi* in nature. In this case, the patient presented with hypopigmented patches over both knees, right ankle and anterior aspects of tibiae with itching and burning sensation on sun exposure, indicating a chronic *Dirgha Kala Vyadhi* with deeper *Dosha–Dhatu* involvement.

The treatment was planned on the principles of *Dosha-Pratyanika* and *Dhatu-Prasadana* using *Trikatu Churna*, *Avalgujadi Lepa* and *Lodhrasava*. *Trikatu Churna* acted as *Deepana* and *Amapachana*, correcting *Agnidushti* and preventing further *Kapha-pradhana Tridosha prakopa*. It possesses *Kapha-Medoghna* properties, thereby reducing *Meda Dhatu Shaithilya*. *Avalgujadi Lepa*, performed *Kleda Shoshana*, *Srotoshodhana* and stimulated *Bhrajaka Pitta*, thereby restoring normal skin pigmentation. *Lodhrasava*, aided in *Rakta Shodhana*, *Dhatu Sthirakarana* and reduction of *Kleda* and *dushita Meda*. Collectively, these interventions aided in *Samprapti Vighatana*, thereby facilitating the re-establishment of *Prakruta Varna*.

CONCLUSION

The patient suffering from chronic *Shwitra* was treated with Ayurvedic medicine along with *Nidana Parivarjana*. From the above discussion, it is concluded that Ayurvedic *Shamana Chikitsa* using combination of Ayurvedic drugs, like *Trikatu churna*, *Lodhrasava* internally along with the local application of *Avalgujadi lepa* is effective in the management of *Shwitra*.

Before treatment, the lesions were completely depigmented and white in colour. After 15 days of *Avalgujadi Lepa* application, the patient developed blister and ulcer formation at the application site. However, after 60 days of treatment, the lesions became reddish and multiple small black dots appeared, which gradually increased in size and number during follow-up visits. These changes indicate perifollicular repigmentation and can be considered as positive signs of treatment response. As chronicity influences prognosis, prolonged treatment may be required for complete remission.

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