

A CASE STUDY ON MANAGEMENT OF SHWITRA (VITILIGO) BY AN AYURVEDIC REGIME

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ABSTRACT

In *Ayurveda* vitiligo is known as *Shwitra* / *Kilas*. It is caused by imbalance of all three *Doshas* (*vata*, *pitta*, *Kapha*) vitiating *Rakta Mamsa*, and *medadhātu*. Vitiligo is usually patchy depigmentary disorder due to reduced / absent melanocytes with well - demarcated milky -white / hypopigmented patches. *Shwitra* is harmless but a very serious cosmetic problem which affects the emotional, psychological and social well-being of affected person. A 6 year old FCH diagnosed with vitiligo (*shwitra*) presented with complaints of increasing area and number of depigmented patches of skin which was managed by following *ayurveda* principle. A treatment protocol was designed based on signs and symptoms observed in patient. The protocol includes *Shodhan Karma Jalaukavacharana* and *Bakuchi tail* for local application along with internal medication such as *Khadiraristha*, *Mahamanjishthadi kashay*, *Aarogyavardhini vati*.

KEYWORDS: *Shwitra*, Vitiligo, Hypopigmented patches, Melanocytes, *Bakuchi*, *Jaloukavacharana*.

INTRODUCTION

The word *shwitra* has its root in the Sanskrit word *shweta*, which means white patch.^[1] so *shwitra* is a disease comes under *Kushta Roga*^[2,3] where white patches appear on the body (Whole body or a local region). *Bhrajaka pitta* is placed in skin which is responsible for *chhaya* and *prabha* of skin. Any impairment of *Bhrajaka pitta* and *vata dosha* can cause skin disease like *shwitra*, *shwitra* is caused due to vitiation of *tridosha* (*Vata*, *pitta*, *Kapha*) and *Dhatus*.

like *Rasa, Rakta, mansa & meda*,^[4] it is *Aparisravi* in nature^[5] *Aacharya Sushruta* explain the disease *Kilas* instead of *shwitra*. The *kilas* and *shwitra* are synonyms of each other *Aacharya charak* explain various causes of *Shwitra* like *viruddha Aahara, Papkarma* etc. In modern medical science, the characteristics of *shwitra* are similar to vitiligo. Vitiligo is a condition, in which hypopigmentation of skin occurs and skin colour turn white due to loss of melanocytes that produces melanin pigment responsible for colour of skin. Childhood vitiligo management is very important as vitiligo causes deep psychological trauma to both child and their parents and leads to a poor quality of life. Various treatments available in *samhitas* such as - *Shodhankarma Raktamokshan, Lepa Suryasnana* etc. Treatment in the following case was treated with *Rakstamokshna Jaloukavacharana* and *Shaman chikista* with *ayurvedic* medication as well as exposure to sun and proper diet and counselling.

AIM AND OBJECTIVES

To evaluate the role of *Ayurvedic* regime in management of *Shwitra* (Vitiligo).

MATERIAL AND METHODS

Study Design - Present study is a single case study conducted in dept. of *Kaumarbhitya* of GAC Nanded.

CASE REPORT

A 6 Year old FCH patient with c/o – white (Hypopigmented) patches over the Lateral side of right eye and neck region since 2 years patient came to *kaumarbhitya* OPD of GAC Nanded, Maharashtra.

History of present illness

Patient was healthy before two years gradually developed white (Hypopigmented) patch over lateral side of Right eye and neck region which got aggravated day by day with mild itching.

Personal history

Aahara -Spicy food, Fried food, packed food

Vihara- mostly sedentary lifestyle

Behavioural Habits-Normal

Bowel Habits –Regular

Family history:- No Family H/O vitiligo.

Medicinal history:- Patient had taken modern medicine treatment for a Period of 6 months without any definite improvement.

General examination:- Gc- mod. Afeb Temp-97.8 HR- 84/min RR- 20/min Weight- 27kg Built- medium.

Asthavidh pariksha:- Nadi- 84/min Mala- samyak Mutra- samyak Shabda – prakrut Druk – Prakrut Spashra -anushnasheeta Jivha – Sama Aakruti –Madhyam.

Systemic examination: - RS-AEBE clear CVS – S1, S2 N CNS-Conscious and oriented.

Local examination: – Site of lesion - Lateral side of Rt Eye and Neck Distribution – Assymetrical Itching.- mild Discharge –Absent Character of Lesion-white milky Inflammation. – Absent.

Diagnosis:- Based on clinical feature it was diagnosed as *Shwitra*.

Samprapti ghatak:- Dosh = Tridosha(vata, pitta ,Kapha) Dushya =Rasa, Rakta, Mansa, Meda Adhishtana –Twak.

Treatment

Shodhan -Raktamokshan by Jaloukavacharana **External Medication** -Bakuchi Tail –For local application followed by Aatapsevan **Internal medication**-1) Aarogyavardhini vati (125mg) 1 BD for 15 days 2)Mahamanjishtadi kadha-5ml BD for 1month 3)Khadirarishta- 5ml BD for 15 days.



Before



After

**Before****After**

DISCUSSION

In allopathic medicine, the main cause of vitiligo is autoimmune, genetic, psychological, endocrine. chemical and adverse drug interaction in modern medical sciences, so mainly photosensitizers and blood purifiers are used. *Shwitra* is *Deergha Roga* in *Ayurveda* and should be treated immediately.

Jaloukavacharana^[6] It activates and stimulates the body's response to the injurious Section of the skin also stimulate Pitutary gland which is responsible for secretion of melanocyte stimulating hormone responsible for melanin formation it helps to regulate the normal colour of skin.

Bakuchi tail - *Rasa* of *Bakuchi Katu*, *tikta*, *vipaka-Katu*, *Virya-Ushna*^[7] helps to correct *strotodushti* It contain Psoralen, isopsoralen, Bakuchiol, bauchinin, bauchin. & corylin which have antioxidant Properties helps the melanocytes for melanin Synthesis. Immunomodulatory effect & inhibitory against antigen induced granulation.^[8] *Bakuchi* (*Psoralea corylifolia*) contain psoralen to stimulate melanocytes when exposed to ultraviolet light exposure. The exact mechanism of action of psoralen with the epidermal melanocytes and keratinocytes to enhance pigmentation into the body is stil unknown. The treatment consists of the oil application and sunlight exposure to the affected areas of the skin. The major secondary metabolite of *P. corylifolia* is the furanocoumarin, psoralen. Psoralen stimulates repigmentation by sensitizing the skin to ultraviolet light. Photo chemotherapy is very valuable for the treatment of vitiligo. Psoralen has good photochemical response to ultraviolet as well as ultraviolet B. Because of this reason the treatment includes topical application followed by exposure to ultraviolet light or Sunlight.

Khadirarishta

Acharya Charaka has described *Khadir* as the best drug of choice for *Kushta*.^[9] main ingredients include *khadira* extract (*Acacia catechu*) which is used as an immunomodulator purify blood, astringent bactericidal, antiphlogistic, *Khadirarishta*: It has been considered to have property of detoxification. It detoxifies the body and assists in excretion of accumulated toxins from the body which enhances liver functions and hence blood gets purified and melanin pigments get active to produce melanocytes.

Mahamanjishadi kashaya

It makes skin healthy by purifying blood and facilitating the healthy formation of *Bhrajak pitta* there by normalizes its function.

Arogyavardhini vati - Is having *Raktadushtihara* (Blood purifier). *Kushthahara* (Alleviate skin diseases), *Strotovishodhana* (Cleansing channels of body), and *Pitta Doshahara* (Alleviating Pitta) properties.^[10]

CONCLUSION

It can be said that *Ayurvedic* medication is useful in vitiligo without any adverse effect and many other studies also give successful results. In oral treatment the drug first affects the blood and via blood reaches to the epidermis while in topical treatment the drug direct effects the epidermis thus topical treatments are faster than oral treatments. However, this case illustrates the best results of *Ayurvedic* treatment in Vitiligo without any side effect. *Jaloukavacharana*, *Bakuchi Taila* for local application, *Khadirarishta*, *Mahamanjishadi Kashay*, *Arogyavardhini Vati* effective in vitiligo. Sun light has additive effect on melanocyte formation. This shows that treatment is done according to *Ayurveda's* principles, with proper dosage and duration, as well as strict follow of *pathya* and *apathya Ahara*. It leads to success as in this case of vitiligo (*Shwitra*).

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