

SYSTEMIC REVIEW ON SWITRA (VITILIGO) AND ITS MANAGEMENT

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ABSTRACT

Since ancient time *Switra* is considered as a social stigma. Commonly *Switra* patients have no social acceptance. *Switra* patient may easily be prone to mental depression and especially it occurs in young patients. It is a burning problem in the society. According to clinical features *Switra* is more similar to Vitiligo. It has no modern treatment to cure till date. Such kinds of patient may get satisfactory result by Ayurvedic treatment.

Key words: *Switra*, Vitiligo.

INTRODUCTION

The word *Switra* has its root in the Sanskrit word *Sweta* which means white and *Switra* means white patches on the skin or white skin lesion. According to clinical manifestations *Switra* is more similar to Vitiligo. Vitiligo is a long term dermatological disorder characterized by patches of the skin losing their pigment. The patches of affected skin become white and usually have sharp margins. The hairs from the affected skin may also become white. *Switra* or Vitiligo is hypopigmentation of the skin. It is also called hypomelanosis condition of the skin. This results in the destruction or hypofunction of melanocyte. Melanocyte cell of the skin con-

tains the Melanin which is very important factor in respect of pigmentation. Proper Melanin synthesis into the melanocyte cell is essential for normal colour of the skin. Melanin is produced into the Melanosomes of Melanocytes of the skin from Tyrosine amino acid with the help of Tyrosinase enzyme. According to modern medicine the cause of the Vitiligo is unknown till date. It may onset at any age but usually occurs in childhood at 10 years of age or in second decade of life. It is Multifactorial disease. Genetic susceptibility is important factor in this case. Risk factors are positive family history, sufferings from inflammatory diseases and or

autoimmune diseases. Vitiligo is a noninfectious chronic skin disorder. Both sexes are equally affected with this disease and Population Incidence of this disease is one present. Confirm diagnosis is possible by skin biopsy or tissue biopsy¹. *Switra* or Vitiligo is a burning problem in the society because till date there is no modern treatment to cure. It is related with skin colour and appearance of the skin and the patients who are suffering from *Switra* (Vitiligo) for prolonged period they may easily suffer from mental depression and mental counseling is essential in this condition.

History of *Switra*:

In the *Atharvaveda* the *Switra* word is mentioned for the first time. In *Rigveda* (6000 B.C) *Switra* is described as *Kilasa*. In 200 B.C, the Indian Manuscript described it as *Sweta Kustha*. *Kilasam* word is also mentioned in *Atharvaveda* for *Switra*. In *Amarakosha* it is mentioned that *Padasphota*, *Tvakapuspi*, *Kilasa*, and *Sidhmali* are synonyms of *Switra*².

Nidana (Etiological factors):

Nidan or causative factors of *Switra* are mentioned in different classics of Ayurveda. It is described in *Charak Samhita* that Untruthfulness, ungratefulness, disrespect for the gods, insult of the preceptors, sinful acts, and misdeeds of past lives and intake of mutually contradictory food are the causative factors of *Switra*³. In *Madhav Nidan* it is mentioned that *Nidana* or causative factors of *Switra* are same in case *kustha* and *switra*⁴.

Prakar / Bheda (Verities):

According to *Charak Switra* is of three varieties, namely *daruna*, *charuna* and *kilasa*. All of them

are generally caused by the simultaneous vitiation of three dosas (i.e. *Vata*, *Pitta* & *Kapha*). If *dosha* is located in *raktadhatu* (blood tissue) then *Switra* will be reddish in colour. When *dosha* is located in *mamsadhatu* (muscle tissue), *Switra* will be in coppery colour, and if *dosha* is located in *medasdhatu* (fat tissue), then *Switra* will be white in colour. In respect of prognosis the subsequent ones are more serious than the previous ones⁵. As per *Susrut Samhita*, *Hastang Hridaya* & *Madhav Nidan Swita* is of three types on the basis of *dosa* and these are *Vatapradhan*, *Pitta pradhan* & *Kapha pradhan Switra*⁶.

Sadhyasadyatta (Prognosis):

The *sadhyasadyatta* or prognosis of the *Switra* is described in different classics of Ayurveda. In *Charak Samhita* it is mentioned that the *Switra* will be *Asadhya* or incurable in the following conditions those are if the patches of *switra* are matted together, if there are several patches, if the small hair over the patches are reddish in colour and if the patient is suffering for several years. The *Switra* will be *Sadhya* or curable in the following conditions those are if the hairs over the patches are not reddish, if the skin is thin and pale in colour, if the disease is of recent origin and if the space between two patches is elevated, then the disease is *Sadhya* or curable⁷. In *Madhav Nidan* it is mentioned that *Agnidhagdaja Switra* (white colour due to burn) is *Asathya* or incurable. If *Switra* is manifested in anal, penis, vulva, lip, palm and sole then it is *Asathya* or incurable⁸.

Rupa/ Lakshan (Clinical Features):

White patches on the skin are the main sign of *Switra*. The patches are more common in areas

where the skin is exposed to the sun. In *Madhav Nidan* it is described that *Switra* is three types and these are *Vatapradhan Switra*, *Pitta pradhan Switra* & *Kaphapradhan Switra*. Clinical features of *Vatapradhan Switra* are rough and reddish white in colour. *Pitta pradhan Switra* is tannish or coppery white in colour, affected skin is smooth like a lotus leaf, burning sensation is there and loss of hairs over the affected skin. *Kaphapradhan Switra* is white in colour, dense, thick, and there is itching sensation over the affected skin⁹.

Sapeksha Nidan (Differential diagnosis):

White and coppery coloured patches with mild scaling and resembles with *alabu puspa* (bottle guard flower) are clinical features of *Sidhma kustha* (Pityriasis alba) and in case of *Pundarika kustha* it is white in colour with red edges, it resembles lotus leaf and it is elevated and accompanied with burning sensation but in case of *Switra* there is white patches but usually there is no scaling and no elevation, red coloured edges¹⁰.

The management of Switra:

The management of *Switra* is clearly mentioned in different classics of Ayurveda. In *Charak Samhita* it is described that the *switra* patient should be cleansed by the administration of *Panchakarma* therapy (elimination therapy) and for that purpose the juice of *malapu* (*kakoudumbarika*) (*Ficus racemosa*) along with jaggery is excellent for causing *sramsanam* (a type of purgation). The patient should first of all take *snehana* (oleation) and *swedana* therapy, thereafter; this recipe should be taken by the patient according to the *rogibala* (strength of the patient) of the patient and *rogabala* (virulence

of the disease) of the disease. After taking the juice of *malapu* (*kakoudumbarika*) (*Ficus racemosa*), the patient should expose to the sun light and this will cause purgation. After this purgation therapy, the patient will feel thirsty for which the patient should *takepeya* (thin gruel) for three successive days¹¹.

In Ayurveda Skin disorders is mentioned as a *Kustha*. In *Charak Samhita* the etiology, clinical features and treatment of Skin disorders are vividly described in 7th chapter of *Chikitsathan*. It is mentioned in *Charak Samhita* that all the managements prescribed for the treatment of *Kustha* are also useful for the treatment of *Switra*¹².

If the patient is suffering from *Kustha* and it is dominated by *vata dosha* then it should first be advised for *greeta pan* (intake of cow ghee). If the patient is suffering from *kustha* and it is dominated by *kapha dosha* then it should first be administered *vamana karma* (emetic therapy). If the patient is suffering from *kustha* and it is dominated by *pitta dosha* then should first be administered *raktamokshan* (blood-letting) and *virechana karma* (purgation therapy)¹³. The dose of the medicine for these therapies should be administered as per *rogibala* (strength of the patient) of the patient and *rogabala* (virulence of the disease) of the disease. So in case of *Switra* Ayurvedic physician also apply such kinds of management for treatment of *Switra* according to the predominance of *dosha*.

Treatment of Pustular Eruptions in Switra:

It is described in *Charak Samhita* if pustular eruptions occur over the patches of *switra* then it should be punctured with the help of a thorn for the removal of serous fluid from these pustules. After the exudation of the fluid from the eruptions, the patient should take every morn-

ing, the decoction of *malapua* (*kakodumbarika*), *asana*, *priyangu* and *satapuspa* for continuous fifteen days. Alternatively, the patient may take the *kshara* (alkali preparation) of *palasa* along with *phanita* (a type of sugar) in an appropriate dose according to the *rogibala* (strength of the patient) of the patient and *rogabala* (virulence of the disease) of the disease¹⁴.

Recipes for External Application:

In *Charak Samhita* it is mentioned that *Manashila*, *vidanga*, *kasisa*, *gorochana*, *kankpuspi* (*swarnakshiri*) and rock-salt should be used for external application over the affected part of the skin for the treatment of *switra*¹⁵.

Treatment of Switra with Ekakdravya (Single herbs):

In *Atharvaveda* four important medicinal plants have been mentioned for the treatment of *Switra* and those are *Rama* (*Vakuchi*) (*Psoralea corylifolia*), *Krishna* (*Bhringaraj*) (*Eclipta prostrata*), *Asikini* (*Indravaruni*) (*Citrullus colocynthis*), *Rajani* (*Haridra*) (*Curcuma longa*). As per *Charaka Samhita Khadir* (*Acacia catechu*) is an important single herbs as a drink preparation for treatment of *Switra*¹⁶. As per *Bhaisajyadhanvantwari* (Bengali Ayurvedic book) *Swet Aparajitamool* (root of *Clitoria ternatea*) is effective medicinal plant for the treatment of *Switra*.

Pathyapathya for Switra:

Pathya for *Switra* patient means which diet *Switra* patient will take and such kinds of diet are *Laghuanna* (Light food), *Tiktasaka* (bitter leafy vegetables), *Puratandhanya* (old fresh cereals), *Mudga* (green gram), *Patala*,

Jangalamamsa (meat of arid animal), Food preparation and *ghee* preparation with *Bhallatak* (*Semecarpus anacardium*), *Triphala* (*Amalaki*, *Haritaki* & *Bibhitaki*) and *Nimba*. *Apathya* for *Switra* patient means which diet *Switra* patient will not take and such kinds of diet are *guru dravya* (heavy food), *amla* (sour), *paya* (milk), *dadhi* (curd), *anupmamsa* (meat of marshy land animals), *matsa* (fish), *guda* (jaggery), *tila* (sesame)¹⁷.

DISCUSSION

Switra means white patches on the skin or white skin lesion. In the *Atharvaveda* the *Switra* word is mentioned for the first time. According to clinical manifestations *Switra* is more similar to Vitiligo. Vitiligo is a long term dermatological disorder characterized by patches of the skin losing their pigment. *Switra* or Vitiligo is hypopigmentation of the skin. It is also called hypomelanosis condition of the skin. It results in the destruction or hypofunction of melanocyte. It may onset at any age but usually occurs in childhood at 10 years of age or in second decade of life. It is Multifactorial disease. Genetic susceptibility is important factor in this case. Risk factors are positive family history, sufferings from inflammatory diseases and or autoimmune diseases. Vitiligo is a noninfectious chronic skin disorder. Both sexes are equally affected with this disease and Population Incidence of this disease is one present. Confirm diagnosis is possible by skin biopsy or tissue biopsy. According to Ayurveda etiology of *Switra* are Untruthfulness, ungratefulness, disrespect for the gods, insult of the preceptors, sinful acts, misdeeds of past lives and intake of mutually contradictory food are the causative factors of *Switra*. It is of three types on the basis of *dosa* and these are

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CONCLUSION

On the basis of clinical features *Switra* is more similar to Vitiligo. It is mentioned first in *Atharvaveda*. Its etiology, types, clinical features and prognosis are clearly described in *Madhav Nidana*. Its managements are vividly described in *Charak Samhita*.

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