

## VITILIGO W.S.R TO SHWITRA - AN AYURVEDIC CASE STUDY

Richa Danu<sup>1</sup>, Komal Dhiman<sup>2</sup>, Keerti Verma<sup>3</sup>, Sujata Sharma<sup>4</sup>

<sup>1</sup>M.D 2<sup>nd</sup> year, Rishikul Campus, Haridwar, Uttarakhand Ayurved University, <sup>2</sup>M.D 2<sup>nd</sup> year P.G department of Kaumarbhritya, Rishikul campus, Haridwar (UAU). <sup>3</sup>H.O.D, P.G department of Kaumarbhritya, Rishikul campus, Haridwar (UAU). <sup>4</sup>Assistant professor, P.G department of Kaumarbhritya Rishikul campus, Haridwar (UAU)

Corresponding Author: [richadanu17@gmail.com](mailto:richadanu17@gmail.com)<https://doi.org/10.46607/iamj15p8022024>

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## ABSTRACT

Vitiligo is a disease that causes loss of skin colour in patches. The discolored areas usually get more significant with time. Typically, the colour of hair and skin is determined by melanin. Vitiligo occurs when cells that produce melanin die or stop functioning. Vitiligo affects people of all skin types, but it may be more noticeable in people with brown and black skin. It can be linked to *Shwitra* based on clinical characteristics. *Shwitra* occurs when vitiated *Doshas* settle down in *Rakta Dhatu*. *Rakta Dhatu* further gets vitiated; *Rakta Varna* lesions are produced. When *Doshas* gets settled in *Medho Dhatu*, it leads to *Shwitra Roga*.<sup>1</sup> Medical scientists have developed treatment methods, but there are still a lot of side effects, and the probability of recurrence is also high in this disease condition. Hence, it is necessary to find an effective treatment for *Shwitra*. This study aims to assess the efficacy of Ayurvedic management in *Shwitra* based on *Shaman chikitsa*.

**Key words:** *Shwitra*, *Shamana chikitsa*, Vitiligo.

## INTRODUCTION

Approximately half of these acquired pigmentary defect cases are present before the age of 20 yr. The lesions are sharply circumscribed, depigmented macules that vary in size and shape. Although no

clear-cut pattern of genetic transmission is established, 30-40% of patients have a positive family history. Associated abnormalities include uveitis and premature greying of hair. Vitiligo is more prevalent

in patients with thyroid disease (hypothyroidism or hyperthyroidism), adrenal insufficiency, pernicious anaemia, and diabetes mellitus. The cause of vitiligo is unknown, but trauma appears to have a role in the induction of the lesions. A popular theory on the pathogenesis of vitiligo proposes an autoimmune mechanism based on the finding that organ-specific autoantibodies to thyroid, gastro-parietal, and adrenal tissue are found more frequently in the serum of patients with vitiligo than in the general population. Alternatively, a neuro-genic theory purports that a compound released at peripheral nerve endings in the skin may inhibit melanogenesis. A self-destruct theory suggests melanocytes destroy themselves due to a defective protective mechanism that typically removes toxic melanin precursors. Areas of prefer-

ence are normally relatively hyperpigmented, such as the face, particularly around the eyes or mouth, the axillae, the inguinal region and genitals, and the areolas; sites that are frequently subjected to trauma and friction are also likely to be affected, including the hands and feet, elbows, knees, and ankles. When- the scalp or brow is involved, the hair may lose pigment. The distribution of involvement is generally symmetric but occasionally is unilateral.<sup>2</sup>

**Case report-** A 6-year-old male child was presented with a history of white patches on the neck, head, and eyelids with mild itching over the affected area for five months and a gradual increase. He took allopathic treatment for some time but didn't get relief. Now, he came to Rishikul Ayurvedic Hospital Haridwar for better management.

#### Information about the patient's medical history-

1	<b>History</b>	<ul style="list-style-type: none"> <li>No history of autoimmune disorder like atopic dermatitis, psoriasis, asthma etc.</li> <li>There was no history of trauma or surgery, any major psychological disorders, endocrinal disorder, diabetes.</li> </ul>
2	<b>Family history</b>	<ul style="list-style-type: none"> <li>Family history in first degree relation was negative.</li> </ul>
3	<b>Medical history</b>	<ul style="list-style-type: none"> <li>There was no history of medication like corticosteroids.</li> </ul>
4	<b>Personal history</b>	<ul style="list-style-type: none"> <li>Appetite- good</li> <li>Bowel- regular</li> <li>Micturition- 3-4 times in a day</li> <li>Habit of eating junk food, faulty diet in form of milk with meal containing salt.</li> </ul>

General examination-

Pulse – 85/min

B.P. – 110/50mmHg

Temperature – 96 F

Weight – 17.35kg

Height – 109 cm

Skin examination –

White patches on neck, head and both eyelids. White patches were asymmetric, well defined without scaling, and warm to the touch.

Ashtavidha Pariksha of patient –

<i>Nadi</i>	<i>Kapha-pittaja</i>
<i>Mala</i>	<i>Nirama</i>
<i>Mutra</i>	<i>Samanya pravriti</i>
<i>Jihwa</i>	<i>Alipta</i>
<i>Shabda</i>	<i>Spashta</i>
<i>Sparsha</i>	<i>Anushnasheeta</i>
<i>Drika</i>	<i>Samanya</i>
<i>Akruti</i>	<i>Samanya</i>

Therapeutic intervention-  
Prescribed medicines with their doses and *anupana*-

S.N.	Medicine	Dose with <i>anupana</i>
1	<i>Shwitraghana lepa (Bakuchi churna, Manjishtha churna, Shudha Gairik)</i>	Local application below neck with rose water Bid
2	<i>Churna (Bakuchi 500mg, Manjishtha 500mg, Tamra Bhama 35mg, Rasmanikya 125mg)</i>	With honey Bid
3	<i>Kutaja churna, Neelni churna with Coconut oil</i>	Local application Bid
4	<i>Mahamanjishthadi kwatha + khadirarishtha</i>	5ml <i>Mahamanjishthadi kwatha</i> + 5ml <i>Khadirarishtha</i> with 10ml water empty stomach Bid

Follow up & outcomes-

During the *shamana chikitsa*, the patient was monitored for 6 months, to see if there were any changes in depigmentation.



After two months, the depigmented areas were pinkish, indicating that the treatment was working, with no new spots appearing since the start. After four months, pigmentation of the patches on the neck began, followed by pigmentation of patches on the eyelids and head. Within six months, most of the skin had returned to normal pigmentation. Due to regular sun exposure as a treatment strategy, the non-affected

skin surrounding the depigmented patches showed minor hyperpigmentation. Treatment will be continued until the patient completes relief with no recurrence. This case has fantastic results with no new patches.

## DISCUSSION

*Shwitrakhara lepa*- Among the main ingredients of the *Shwitrakhara lepa*, *Bakuchi* is an herb with many

therapeutic properties. It contains psoralens, which bring out melanin in depigmented lesions on exposure to the sun. It shows two critical properties, *Vishaghna* and *Kushthagna*. It has *ruksha guna*, *katu vipaka* and *katu tikta rasa* as these works on *srotodusti* for cleansing the *srotas*.

***Kutaja***- *Kutaja* acts as *kapha pitta hara*, *rakta doshahara* and *tvaka doshahara*.

***Neelini***- *Neelini* acts as *vranahara* and *kushthahara*.

***Amaltas***- *Aragvadha* is helpful in all skin diseases.

***Rasamanikya*** – It is recommended for the management of *Kustha roga*. The classical descriptions of *Rasamanikya* establish it as a drug of choice for skin-related health ailments due to its Ayurveda properties and health benefits.

***Tamra bhasma***- *Tamra* has antimicrobial and healing properties.

***Mahamanjishthadi kwath***- It is an Ayurvedic supplement that purifies the blood. It is used in the treatment of skin diseases. It detoxifies and dissolves the obstruction in blood flow. The majority of the drugs in *Mahamanjishthadi* are *rideshare*. *Manjishtha* works as *rakta prasadaka*. It has anti-inflammatory properties also. *Nimba* works as *kandughna*. *Haridra* works as *Kushthaghna*, and *Vacha* works as *Srotoshodhana*.

***Khadirarishtha*** – The main ingredient of *khadirarishtha* is *khadira*. It is used in the treatment of various skin conditions. It is a rich source of powerful antioxidants that destroy free radicals and flush out toxic waste from the body. It has *shothahara* and *sadhana* properties, which help purify the blood and reduce various skin problems.

## CONCLUSION

The incidence of vitiligo is increasing due to faulty lifestyle, so identifying and eliminating multifactorial agents is essential. Associated with the disease based on Ayurvedic principles is necessary. Most patients can regain pigmentation by following the Ayurvedic treatment protocol, as mentioned in *Shwitra Chikitsa*. *Shwitra* is a disease having a high impact on the body and mind due to cosmetic disfigurement.

## REFERENCES

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