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## AYURVEDIC MANAGEMENT OF SHWITRA: A CASE STUDY

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### Abstract:

Shwitra is a disease where white patches appear on body. It can be co-related to Vitiligo of modern science. All kind of skin diseases comes under Kustha Roga in Ayurveda. It is caused by vitiation of Tridosha. Vitiligo is autoimmune disease and it may be associated with other autoimmune disease as diabetes mellitus, pernicious anaemia and Addison disease. Incidence of vitiligo is 1 %. This disease becomes a social embarrassment and economic burden for the patient.

Thus the following article of treating the condition with Ayurvedic treatment protocol like Shodhana Karma (Virechana karma and Jalaukavacharana) and Shamanoushadhi (Bakuchi Churna and Gandhaka Rasayana) it becomes a new hope to provide effective and safe treatment. It showed a mark improvement in condition.

**Key Words:** Shwitra, Kustha Roga, Vitiligo, Virechana Karma, Jalaukavacharana

## **Introduction**

The word Shwitra has its root in the Sanskrit word Shweta, which means white patch<sup>1</sup>. So Shwitra is a disease where white patches appear on the body. In Ayurveda all skin disease comes under Kushta Roga<sup>2,3</sup> and Shwitra is one of them. Shwitra is mention in Kushta Roga Chikitsa where white patches appear on the whole body or a local region. Kustha is included in Ashta Maha Gada in Ayurveda<sup>4</sup>. Skin covers all over the body as covering, 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. Just like Kushta It is caused due to Vitiation of Tridosha and Dhatus like, Rasa, Rakta, Mamsa and Meda. The main cause for the disease is believed to be Purva Janma Krita Paapa Phala<sup>5,6</sup>. In modern medical science, the characteristics of Shwitra are similar to vitiligo. Vitiligo is a condition, in which the skin colour turn white due to the loss of melanocytes cells that produce pigment melanin responsible for colour of skin or it can be said as hypopigmentation of skin. It affects both sexes equally. In OPD we observe mainly female preponderance due to greater cosmetic awareness. Vitiligo comes under a cosmetic disfigurement of skin and 1% of total world population affected by it<sup>7</sup>. Due to lack of scientific appraisal and confusion of Vitiligo with Leprosy all make it a social embarrassment. Basic treatment of vitiligo in modern medical science is tropical creams contain corticosteroids, some type of radiations, skin grafting and medical tattooing etc. which is economic burden to the patient.

The following case was treated with Shodhana karma and Shamana Ausadhi over a period of 6 months with sound improvement which is evident from inspection and photographs. The outcome of this clinical study will reveal further regarding the effect of Ayurvedic medicine in vitiligo.

## **AIMS AND OBJECTIVES**

To evaluate the effects of Ayurvedic treatment in Shwitra.

## **CASE DESCRIPTION:**

Female patient 55yrs old, opd reg. no 6277 residing in Nelamangala visited Panchakarma OPD, Sri Paripoorana Sanathana Ayurveda Medical College and Hospital, Nelamangala on 8

June 2020 presented with whitish discolouration over all fingers and mild itching over lesions since 3 years. Also patches over lips since 6 months.

### **HISTORY OF PRESENT ILLNESS**

Patient was healthy before 3 year. Gradually she developed some discolouration on her fingers initially and size of lesions was small. Patient neglected it. Later after 2 – 3 months she started observing that the size of lesions gradually started increasing. And also she noticed the white patch over the lips associated with itching sensation in site of lesions. For this patient went to nearby general hospital. There she was diagnosed as Vitiligo and given medications. Patient took treatment for 6 months, patient didn't get significant results. In order to get permanent solutions for above complaints she visited our hospital for further management.

### **PAST HISTORY:**

No history of above skin complaints before 3 years

No history of HTN/ DM/ Thyroid disorder

### **FAMILY HISTORY**

Her grandfather was suffering from same skin complaints. And expired 2 years back.

### **PERSONAL HISTORY**

Bowel : irregular bowel

Bladder: 5-6 times/day

Sleep- disturbed

Diet: Non veg- 2 days in a week compulsory including excessive intake of Fish and Curd.

Occupation: House wife

Habit: tea/coffee thrice a day

### **MENSTRUAL HISTORY**

Attained menopause 3-4 years back

## **PSYCHOLOGICAL HISTORY**

The patient was feeling embarrassed and depressed psychologically. Patient had more stress since 3month back and complained of insomnia. The discolouration of patches increased day by day from 3month.

## **GENERAL EXAMINATION**

Pallor- present

Icterus-absent

Cyanosis- absent

Clubbing- absent

Lymph node- not palpable

Oedema- absent

BP- 120/80 mm of Hg

Pulse78/min.

## **Ashta Sthana Pariksha:**

Nadi: 78 bpm

Mala: baddha koshta

Mutra: 5- 6 times /day

Jihwa- alpaliptata

Shabda- Prakruta

Sparsha- twak Shuklata over fingers and lips

Drik- prakruta

Akruti- madhyama

## **LOCAL EXAMINATION**

1) Site of lesion - (Pidakasthana) - fingers

2) Distribution - (Vyāpti)-Asymmetrical

3) Character of lesion - (Pidaka Lakshanas) : no of lesions-9; Size- 2-5cm, Colour- white, Arrangement- solitary

4) Itching - Present; Severity- mild

5) Inflammation – Absent

6) Discharge - Absent

7) Superficial Sensation on lesion – Pain- absent; Swelling- absent

### **MATERIAL AND METHOD**

**Centre of Study-** This study was carried out in Panchakarma dept of Sri Paripoorana Sanathana Ayurveda Medical College Hospital and Research Centre, Nelamangala, Karnataka.

Simple and Single Case study

Hetu and Samprapti of Shwitra according to Ayurveda which is corelated with the patient:

**Table 1: Hetu (causative factor)**

| <b>AAHARA</b>   | <b>VIHARA</b>                 | <b>MANASIKA</b>                                |
|---|-------------------------------|--|
| Anupamamsa Sevana- 2 days / week<br>Dadhi Sevana every night<br>Matsya Sevana twice/ week | Ratrijagarana<br>Vega dharana | Chinta<br>Bhaya<br>Shoka from personal illness |

### **SAMPRAPTI GHATAKA**

Dosha: tridosha (pitta- vatapradhana)

Dushya: Rasa, Rakta, Mamsa, Medas

Adhishtana: Twak

**TREATMENT:****Table 2: First line of treatment- Deepana - Pachana**

| Day | Medication               |
|-----|--------------------------|
| 1   | Agnitundivati<br>(2-0-2) |
| 2   | Agnitundivati<br>(2-0-2) |
| 3   | Agnitundivati<br>(2-0-2) |

**Table 3:Second line of treatment- panchakarma**

| Day  | Medication  | Diet         |
|--|---|--------------|
| 4 <sup>th</sup> day                          | Mahatiktakaghrita- 50 ml  | Peya         |
| 5 <sup>th</sup> day                          | Mahatiktakaghrita- 100 ml   | Peya         |
| 6 <sup>th</sup> day                          | Mahatiktakaghrita- 150 ml   | Peya         |
| 7 <sup>th</sup> day                          | Mahatiktakaghrita- 200 ml   | Peya         |
| 8 <sup>th</sup> day-<br>10 <sup>th</sup> day | Sarvanga abhyanga with<br>Manjishtaditaila + yashtimadhutaila<br>Followed by Nimbakaranjapariseka   | Rice + Rasam |
| 11 <sup>th</sup> day                         | Sarvanga abhyanga with<br>Manjisthaditaila + yashtimadhutaila<br>Followed by Nimbakaranjaparisheka<br>Followed by Virechana Karma with<br>Nimba Amritadi Erandataila – 100 ml | Peya         |

Patient had 16 Vegas during Virechana Karma (Kaphanta). It was Madhyama Shuddhi and Madhyama Bala Patient. Samsarjana Krama for 5 days with 2 Annakala was advised to the patient.

**Table 4: Shamanoushadi after Panchakarma (Discharge medicine)**

| MEDICINE          | DOSE           | DURATION |
|-------------------|----------------|----------|
| Bakuchi Churna    | 3gms- 0 – 3gms | 3 months |
| Gandhaka Rasayana | 1 bd           | 3 months |

**Rakthamokshana by Jalaukavacharana – 4 sitting at a gap of 15 days****OBSERVATION AND RESULTS:**

Regular oral use of Bakuchi-churna and Shodhana karma minimized the size of vitiligo and changed the colour of patches from white to reddish then to normal skin colour.

**Table 5:Assessment Score Chart:**

| SCORE             | 0               | 1                           | 2                       | 3               |
|-------------------|-----------------|-----------------------------|-------------------------|-----------------|
| Type              | No improvement  | Stationary                  | Resistant               | Progressive     |
| Number of patches | Absent          | Single patch                | Segmentary              | Generalised     |
| Hair on patches   | Black           | Mild black                  | White                   |                 |
| Colour of patches | Normal          | Pigment spot on patch       | Pink                    | Milky white     |
| Re-pigmentation   | Fully pigmented | Perifollicular pigmentation | Hyper pigmented margins | No pigmentation |

**Table 6: ASSESSMENT AFTER THE TREATMENT**

| <b>SIGN AND SYMPTOMS</b> | <b>BEFORE TREATMENT</b> | <b>AFTER TREATMENT<br/>(AFTER 6 MONTHS)</b>           |
|--------------------------|-------------------------|---|
| <b>Type</b>              | 3                       | 1   |
| <b>Number of patches</b> | 17                      | 5   |
| <b>Hair on patches</b>   | 2                       | 1   |
| <b>Colour of patches</b> | 3                       | 5 patches with scoring 1<br>12 patches with scoring 0 |
| <b>Re- pigmentation</b>  | 3                       | 5 patches with scoring 1<br>12 patches with scoring 0 |

**Table 7: OBSERVATION DURING FOLLOW UP**

| <b>Criteria</b>          | <b>1<sup>st</sup> day</b> | <b>15<sup>th</sup> day</b> | <b>30<sup>th</sup> day</b> | <b>45<sup>th</sup> day</b> | <b>60<sup>th</sup> day</b> | <b>75<sup>th</sup> day</b> | <b>90<sup>th</sup> day</b> | <b>After 6 months</b>                                 |
|--------------------------|---------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|---|
| <b>Type</b>              | 3                         | 3                          | 3                          | 2                          | 2                          | 2                          | 1                          | 1   |
| <b>Number of patches</b> | 17                        | 15                         | 12                         | 10                         | 9                          | 7                          | 5                          | 5   |
| <b>Hair on patches</b>   | 2                         | 2                          | 2                          | 2                          | 2                          | 1                          | 1                          | 1   |
| <b>Colour of patches</b> | 17 patches with scoring 3 | 15 patches with scoring 3  | 12 patches with scoring 3  | 10 patches with scoring 3  | 9 patches with scoring 2   | 7 patches with scoring 2   | 5 patches with scoring 2   | 5 patches with scoring 1<br>12 patches with scoring 0 |
| <b>Re-pigmentation</b>   | 17 patches with scoring 3 | 15 patches with scoring 3  | 12 patches with scoring 2  | 10 patches with scoring 2  | 9 patches with scoring 2   | 7 patches with scoring 1   | 5 patches with scoring 1   | 5 patches with scoring 1<br>12 patches with scoring 0 |





**Figure 1.: Before treatment (date: 13/6/2020)**



**Figure 2: After Treatment (date: 6/12/2020)**

## DISCUSSION

**Agni tundi vati**<sup>8</sup>- it has Kaphaghna , Vataghna and Ama Doshanashaka properties. And thus does Agnideepana.

**Snehapana with Maha Tiktaka ghrita**<sup>9</sup>- As this Ghrita is Tiktapradhana , Kaphahara and it is indicated in kushtavikara. Adding saindhalavana to it pacifies Vatadosha also. And adding shunthichurna to it helps in pacifying Kapha Dosha also. Ghrita lubricates and Softens the Dosha, improves Digestive power, regulates bowel, improves the strength and complexion.

**Abhyanga**- Abhyanga with Manjisthadi Taila and Yashtimadhu Taila does Vata Shamaka, Kandughna and Rukshaghna.

**Nimba Karanja Parisheka**- it have Kandughna and Kusthaghna properties. It helps in opening pores of skin.

**Virechana Karma**<sup>10</sup>- Virechana Karma with Nimba Amritadi Eranda Taila does Rakta Shodhana and pacifies tridosha in Twak Vikaras

**Bakuchi-churna**<sup>11,12</sup>- contain psoralen, isopsorale, bakuchiol, bavchinin, bavachin and corylin which have antioxidant properties, help in Stimulates melanocytes for Melanin synthesis, Immuno-modulatory effect and inhibitory against antigen induced granulation.

**Gandhaka Rasayana**<sup>13</sup>- Main ingredient of Gandhaka-rasayana is Shuddha-Gandhaka (Sulphur) and it has several potential uses for skin health. Gandhaka-rasayana is raktashodhaka, twachya and useful in skin condition (kushtaghna).

**Jaloukavacharana**<sup>14</sup>- It activate and stimulate the reaction of body system by which brain attention to the injurious part of skin and also stimulates the pituitary gland which is responsible for secretion of melanocyte stimulating hormone responsible for melanin formation. It helps to regulate the normal colour of skin.

## CONCLUSION

Shwitra is a disease having high impact on the body and mind. Ayurvedic treatment for this Skin disease have given a blissful life by improving the immune system as well as boosting

the level of confidence in the individual. Shodhana therapy helps to remove the root cause of the disease and prevents the disease from its reoccurrence by eliminating aggravated Doshas in the body relieving the no of lesions, size of the lesions, bringing back the skin colour into normalcy and the orally prescribed medicines also played a vital role in alleviating the symptoms and worked as Immune booster. Patient found significant relief and thus this treatment protocol can be used for management of Shwitra.

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