



ISSN 2456-3110

Vol 7 · Issue 9

October 2022

Journal of
**Ayurveda and Integrated
Medical Sciences**

www.jaims.in

JAIMS

An International Journal for Researches in Ayurveda and Allied Sciences



Maharshi Charaka
Ayurveda

Indexed

Management of *Shwitra* by *Ayurvedic Shaman Chikitsa* - A Case Study

Nirmal Kaluram Sain¹, Narayan Sabu²

¹Post Graduate Scholar, Dept. of Ayurved Samhita and Siddhant, R.A. Podar Ayurved Medical College, Worli, Mumbai, Maharashtra, India.

²HOD and Professor, Dept. of Ayurved Samhita and Siddhant, R.A. Podar Ayurved Medical College, Worli, Mumbai, Maharashtra, India.

ABSTRACT

Vitiligo is among the skin disorder presenting with white patches (Hypopigmented patches) over the skin, mainly caused by loss of melanin pigment or due to destruction of pigment forming cells known as Melanocytes or associated with Auto-Immune diseases like Diabetes mellitus, Pernicious Anaemia, Addison's Disease. In *Ayurvedic* literature this is incorporated under *Shwitra* which is described in *kushtha* (Dermatosis). It is caused by *Dosha Dhatu Sammurchana* mainly include *Tridosha* and *Dhatu* like *Rasa*, *Rakta*, *Mamsa*, & *Meda* leads to *Bhrajak Pitta Dushti*. The condition is often a matter of concern for social embarrassment & for cosmetic purpose. The following case study of treating the condition of *Shwitra* is a safe and effective method which includes diet and Internal *Ayurvedic* medication, as a *Shaman Aushadhi* followed by *Lep Chikitsa* and exposure to sun light. Above treatment was aimed to stimulate Melanocytes pigmentation in the skin. We observed good results in the patient of *Shwitra Kushtha* By above management.

Key words: *Shwitra*, *Vitiligo*, *Shaman Chikitsa*

INTRODUCTION

It is an acquired pigmentary disorder of the skin and mucous membrane which manifests as white macules and patches due to Selective loss of melanocytes. Etiological hypotheses of vitiligo Include genetic, immunological, neurohormonal, cytotoxic, Biochemical, oxidative stress.^[1] The exact cause of the vitiligo is still debatable.^[2] Prevalence in the general

population varies between 0-2% worldwide.^[3] *Twacha* (Skin) consists of seven layers, out of which, disease *Shwitra* occurs in the *Tamra* (A type of skin layer) layer^[4] which is the fourth layer of the *Twak*. In *Ayurveda* *Shwitra* is a skin disease described under *Kushtha Roga* (skin disorders). *Shwitra* or *Shweta-Kushtha* can be co-related with skin disease "vitiligo" In biomedicine. The word *Shwitra* is derived from *Sanskrit* word 'Shweta', which means white patch (Hypopigmentation) caused Due to derangement in *Vata* (energy of movement) and *Bhrajaka Pitta* (normal pigmentation of skin). It is caused due vitiation of *Tridoshas* and *Rasa* (plasma), *Rakta* (blood), *Mamsa* (muscle) and *Meda Dhatu* (fat)^[5] *Ayurveda* has great potential to treat such Autoimmune diseases considering treatment principles described In classical texts. General line of treatment of *Kushta Roga* (skin Disorders), can also be advocated in *Shwitra* i.e., *Rakta Mokshana* (bloodletting), *Virechana* (purgation) and *Vamana* (emesis)^[6] In Modern science, main stream treatment is PUVA (psoralen + Ultraviolet A exposure)

Address for correspondence:

Dr. Nirmal Kaluram Sain

Post Graduate Scholar, Dept. of Ayurved Samhita and Siddhant, R.A. Podar Ayurved Medical College, Worli, Mumbai, Maharashtra, India.

E-mail: drnirmalksain@gmail.com

Submission Date: 13/08/2022 Accepted Date: 19/09/2022

Access this article online

Quick Response Code



Website: www.jaims.in

Published by Maharshi Charaka Ayurveda Organization, Vijayapur, Karnataka (Regd) under the license CC-by-NC-SA

therapy along with that moderate-to-high strength topical corticosteroids and calcineurin inhibitors, systemic corticosteroids which have many side-effects like skin cancer, photo ageing, nausea, ultraviolet light burning strength topical corticosteroids and calcineurin inhibitors, systemic corticosteroids which have many side-effects like skin cancer, photo ageing, nausea, ultraviolet light burning.^[7] The diagnosis of Vitiligo is based exclusively on the clinical examination of the patient. The physical examination includes the presence of acquired asymptomatic depigmented Macules or patches, usually without clinical signs of inflammation.

CASE HISTORY

Case description

A 22 years old female patient, Hindu by Religion reported to OPD of our hospital on 20/06/2022 with complains of white patches over Right side of face, Right upper eyelid, and eyebrow since 8 months, after throughout history it was found that she was apparently normal 8 months back, one day she noticed a small white patches over Right side of face, but she neglected as it was very small. Later she noticed that it's getting increased & spreading to other areas as Right upper eye lid and eyebrow hence she took treatment from nearby Allopathic hospital, Patches resolves slightly, but after stopping UV Therapy & steroids, again same hypopigmentation started, Then she took some Homeopathy treatment for 4 months, but there was no improvement in condition, & thus she came to our hospital for better treatment, also in her family her grandmother had same hypopigmented patches over both hands.

Diagnosis: *Kaphaj Shwitra Kushtha*.

Chief complaints: *Shweta Twak Vaivarnya* (white discoloration) over right upper eyebrow, eyelid, and over right side of face since 8 months. Size of patch was approximately 2cm x 1cm, 2cm x 2cm.

Past History: No any major illness in the past

Family History of *Shwitra Kushtha* found. (Grandmother having Vitiligo patches over both hands.)

History of Treatment: Patient taken Allopathic medicines (UV therapy and steroids for 2 months, Homeopathic medicine taken for 4 months.

Hetu

Family History: Grandmother had history of *Shwitra Kushtha*.

Ahara: *Aniyamita Ahara* (Irregular food habits), *Viruddha Ahara* (Fruit salad i.e., fruits + milk), *Dadhi* (over use of Curd), *Ati Madhur-Lavan Rasa Sevana* (excessive use of Sweet and Salty food in diet).

Vihar: *Diwaswap, Mutra Veg Dharan*.

Samprapti: After *Hetu* (causative factors) *sevan* all three *Doshas* got vitiated. *Tridoshas* reached all over body by *Tiryak Gati*. *Sthansanshraya* (pathogenesis) took place underneath the skin at Right upper eyebrow, eyelid and face region giving rise to white discoloration of the skin at that place (*Vyakti*). In this way *Shwitra Kushtha Abhivyakti* was observed in the patient. Following *Samprapti Ghataka* were observed in the patient.

Samprapti Ghatak

Dosha: *Vaat, Pitta and Kapha Dosha*.

Dushya: *Rakta, Mamsa, Meda and Ambu*^[8]

Adhishtan: *Bahya Roga Marg i.e. Twacha (skin)*.

Srotodushti type: *Srotoavrodh*

Examination of the Patient

General examination

BP = 110/70 mm of hg

Pulse = 70/min

Systemic examination

Respiratory system - AEBE clear

Cardiovascular system - S1S2 Normal

Per abdomen - soft

Dashvidha Rogi Pariksha

Prakruti = *Vaat Pitta*

Vikruti = *Kapha Pradhan Tridosha*

Dushya = Rasa, Rakta, Mamsa

Sara = Madhyama

Samhanan = Heena

Satva = Heena

Aahar Shakti = Madhyama

Jaran Shakti = Madhyama

Vyayam Shakti = Heena

Satmya = Madhyama

Vaya = Youvana

Pramana = Madhyama

Ashtavidha Pariksha

Nadi = 70/min

Mala = Twice a day

Mootra = Regular 4-5 times a day

Jivha = Aliptata

Shabda = Prakruta

Sparsha = Anushna Sheeta

Drik = Prakruta

Aakruti = Madhyama

Local examination

Site of lesion - Right side of face, Right upper eye lid & eyebrow.

Distribution - Asymmetrical

Colour - white

Itching - Absent

Inflammation - Absent

Discharge - Absent

Superior sensation on lesion - pain absent, swelling absent

Chikitsa Vivaran

Shaman Chikitsa was given to patient for 3 months as follows.

Table 1: Treatment schedule

SN	Treatment given	Dose and Anupana	Days
1)	<i>Arogyavardhini Vati</i>	500mg tds with luke warm water	15
2)	<i>Krumikuthar Rasa</i>	250mg bd with luke warm water	15
3)	<i>Soothsekhar Rasa</i>	500mg bd with luke warm water	15
4)	<i>Patolkaturohinyadi Kashay</i>	10ml bd with luke warm water	15
5)	<i>Aaragvadh Kapilla Vati</i>	400mg HS with luke warm water	15

Table 2: Treatment given

1)	<i>Kamdudha Rasa</i>	500mg bd with luke warm water	45
2)	<i>Gomutra Haritaki</i>	250MG TDS with luke warm water	15
3)	<i>Swayambhuva Guggulu</i>	250mg tds with lukw warm water	45
4)	<i>Khadirarishtha</i>	10ml tds with luke warm water	45

Table 3: Treatment given

1)	<i>Mahamanjishthadi Kwath</i>	10ml tds with luke warm water	30
2)	<i>Khadir + Nimba+ Kasis Bhasma Churna</i>	250mg + 250mg + 150mg with	15

		luke warm water	
3)	<i>Bakuchyadya Churna</i>	500mg bd with luke warm water	30

For local application following *Lepas* were given

1st month - *Bakuchi Lepa Goli + Manjishtha Churna + Nimba Churna + Khadir Churna + Madyantika*

2nd month - *Bakuchi Churna + Chitraka Churna + Madyantika + Gomutra*

3rd month - *Bakuchi Churna + Tulsi + Madyantika*

DISCUSSION

After evaluating patient history following line of treatment were designed. There Are two main goals of any vitiligo treatment; first is to stop or arrest the further de-pigmentation and second is to induce repigmentation.

1. *Pachan -Deepan, Klednashak & Krumihar Chikitsa* in *Saama-Avastha* with *Nitya Sramsan* was given in form of Ak pills
2. External application of *Lepa Dravya* in order to stabilize the progression of patches & sunlight exposure avoided in 1st month.
3. Once *Nirama Lakshana* were observed, *Kapha-Pitta Nashak* and *Vyadhipratyanik Chikitsa* were administered for 1½ months, along with *Lepa Dravya*.
4. *Bakuchi* is *Vyadhi Pratyanyik* drug for *Shwitra Kushtha*, hence it was started from Day 1 in form of external application with other internal medication. Once *Nirama-Avastha* was achieved *Bakuchi* was administered internally as *Churna*.
5. UV rays of morning sun light along with application of *Bakuchi Lepa* encourages the growth of melanocytes & the local circulation to affected areas also increased which gives rise to formation of *Prakrut Bhrajak Pitta*.
6. Once pigmentation started and progression of disease controlled well, patient started with

Rasayana as Khadir, Nimba & Kasish Bhasma along with *Bakuchyadya Churna*.

Assessment was done according to the grading score given in the table.

Table 4: Grading score

Score	0	1	2	3
Type	No improvement	Stationary	Resistant	Progressive
Location		Follicular	Mucousal	Acral
No. of patches	Absent	Single	Segmentary	Generalised
Hairs in patches	Black	Mild black	White	
Margin of patches	normal	Irregular	Inflamed	
Colour of patches	Normal	Pigment spot on patch	Pink	Milky white
Repigmentation	Fully pigmented	Peri follicular pigmentation	Hyper pigmentation	No pigmentation

Assessment observed as per the criteria in this patient every month is given in the table as below.

Table 5: Assessment before and after treatment

Sign and symptoms	Before treatment	After treatment		
		1 st follow up	2 nd follow up	3 rd follow up
Type	3	1	1	1
No. of patches	3	3	2	2
Margin of patches	1	1	2	0
Colour of patches	3	1	1	0

Repigmentation	3	3	1	1
----------------	---	---	---	---



Before Treatment



After Treatment

CONCLUSION

Finding of the present case report shows the effective management of vitiligo with Ayurvedic formulations, without Shodhan Chikitsa highlighting the basic Dhatu Siddhanta (Theory of tissue formation) of Ayurveda. Further trials are needed in large sample, for longer duration using controlled drugs. The lesions or white patches which were developed on the face of the patient were recovered after 3 months of treatment by Ayurvedic Medications and diet. This treatment proved very effective in the management of Shwitra (vitiligo). Vyadhihara Rasayana like Bakuchi was well tolerated in this study, even it was administered in larger dosage form.

REFERENCES

1. Allam, Mohamed and Riad, Hassan. Concise review of recent Studies in vitiligo. Qatar Medical Journal 2013; 1-19. 10.5339/qmj.2013.10.
2. Glassman SJ. Vitiligo, reactive oxygen species and T-cells. Clin Sci (Lond.) 2011; 120: 99–120.
3. Lu T, Gao T, Wang A, Jin Y, Li Q, Li C. Vitiligo Prevalence study in Shaanxi Province, China. Int Dermatol 2007; 46: 47-51.
4. Behl PN, Aggarwal A, Srivastava G. Vitiligo. In: Behl PN, Srivastava G, editors. Practice of Dermatology.9thEd. New Delhi: CBS Publishers; 2003. P.238-41.
5. Acharya Vidyadhara Shukla, Ravi Dutt Tripathi (ed.). Charaka Samhita. Edited with Vaidya Manorama Hindi Commentary, 2nd volume, Chaukhambha Sanskrit Pratishthan, Varanasi.
6. Ashtanga Hridaya Commentaries, Ayurveda Rasayana of Hemadri and Sarvangasundara of Arunadatta, edited by Hari Sastri Paradakara Vaidya. 10th edition Varanasi Chaukhambha publications, Chikitsa sthana, chapter-19, Verse -96; 2014. P. 956, 718.
7. Shingadiya RK, Sharma R, Beaker P, Prajapati PK. Autoimmune bullous skin disease managed with Ayurvedic Treatment: A case report. Ancient Sci Life 2017; 36: 229-33, 2015; p.335.
8. Bramhanand Tripathi Editor(s), (2015 ed.). Commentary Charakchandrika of Agnivesh On Charak samhita of Charakacharya, Chikitsa Sthan; Kushtachikitsa: Chapter 7, Verse 173-174. Varanasi: Chaukhamba Surbharti publication, 2015; p.336.

How to cite this article: Nirmal Kaluram Sain, Narayan Sabu. Management of Shwitra by Ayurvedic Shaman Chikitsa - A Case Study. J Ayurveda Integr Med Sci 2022;9:211-215.

Source of Support: Nil, **Conflict of Interest:** None declared.

Copyright © 2022 The Author(s); Published by Maharshi Charaka Ayurveda Organization, Vijayapur (Regd). This is an open-access article distributed under the terms of the Creative Commons Attribution License (<https://creativecommons.org/licenses/by-nc-sa/4.0>), which permits unrestricted use, distribution, and perform the work and make derivative works based on it only for non-commercial purposes, provided the original work is properly cited.