

Ayurvedic Management of Shwitra : The Case Study

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Abstract:-Kushtha is one among the Ashtamahagad explained in Ayurveda as there is structural changes in appearance of skinⁱ. In Ayurveda Vitiligo is known as "Shwitra". It is one of the varieties of Kushta in Ayurvedic classics, caused due to vitiation of Tridosha and Dhatus like Rasa, Rakta, Mamsa and Medas. Unbalanced diet (Virrudhahara) is also an important cause. It signifies production of toxic metabolites as an important cause for the development of the disease. Vitiligo is a specific type of a acquired leukoderma and this is idiopathic, patterned, circumscribed hypomelanosis of the skin and hair in which other cause of leukoderma have been excluded. The disease is important principally because of the social stigma associated with vitiligo. Diet restriction and psychological counselling was also a necessary part of the treatment. Leech saliva is reported to have many therapeutic contents like hirudin, bdellins, Hyaluronidase, etc.; among them, eglins and bdellins have anti-inflammatory and antifungal property which gives relief in symptoms. The Shamanaushadhis are also had a crucial part in easing the symptoms by reducing the size of lesion, and restoring normal skin colour.

Key Words – Kushtha, Shwitra, Leech, Kilasa, Vitiligo

Introduction

In Ayurveda, all concept of disease, Dosh, Dushya, Nidan, Chikitsa are very specific and clear. In skin disease, Ayurveda has its own concept of treatment which is very beneficial and results are seems to be wonderful. Vitiligo comes under a cosmetic disfigurement of skin and 1% of total world population affected by it. Here is an attempt to establish the concept treatment of Shwitra through Ayurveda and jalokavacharan. Main features of Shwitra are discoloration of the skin (twakvaivarnyata), without discharge (aparisravi). In Ayurveda, the nidana of Shwitra, are considered as untruthfulness, ungratefulness, disrespect for the gods, insult of the preceptors and intake of contradictory food

Shwitra

Kushtha is one among the Ashtamahagad explained in Ayurveda as there is structural changes in appearance of skinⁱⁱ. In Ayurveda Vitiligo is known as "Shwitra". It is one of the varieties of Kushta in Ayurvedic classics, caused due to vitiation of Tridosha and Dhatus like Rasa, Rakta, Mamsa and Medas. The word Shwitra is

derived from the Sanskrit word Shweta, which means white patch. Main features of Shwitra are discoloration of the skin (twakvaivarnyata), without discharge (aparisravi). In Ayurveda, the nidana of Shwitra, are considered as untruthfulness, ungratefulness, disrespect for the gods, insult of the preceptors and intake of contradictory food. As per Ayurveda, it has same causative factors as kushtha i.e., leprosy. It is without discharge, vitiated with three doshas i.e., Vata, Pitta, Kapha doshas. Ayurveda explains Kilasa/Shwitra as a type of Kushtharoga, i.e., skin disease. It can be correlated with vitiligo in modern science.

According to Charakaⁱⁱⁱ -

दारुणं चारुणं शिवत्रं किलासं नामभिस्त्रिभिः।
 विज्ञेयं त्रिविधं तच्च त्रिदोषं प्रायशश्च तत्।
 दोषे रक्ताश्रिते रक्तं ताम्रं मांससमाश्रिते।
 श्वेतं मेदःश्रिते शिवत्रं गुरु तच्चोत्तरोत्तरम्॥
 यत् परस्परतोऽभिन्नं बहु यद्रक्तलोमवत्।
 यच्च वर्षगणोत्पन्नं तच्छिवत्रं नैव सिध्यति॥
 अरक्तलोम तनु यत् पाण्डु नातिचिरोत्थितम्।
 मध्यावकाशे चोच्छूनं शिवत्रं तत्साध्यमुच्यते॥
 वचांस्यतथ्यानि कृतघ्नभावो निन्दा सुराणां गुरुधर्षणं च।
 पापक्रिया पूर्वकृतं च कर्म हेतुः किलासस्य विरोधि चान्नम्॥

Kilasa is Tridoshaja and Shwitra is one of its types (vitiligo). In Shwitra type, morbidity is located in Medodhatu (fat). Additionally, Charaka has named Shwitra (Kilasa) as Darunam, Varunam, and Shwitrām when the Doshas are seated in Rakta, Mansa and Medo Dhatus respectively. Acharya Charaka has described some special causes for vitiligo e.g. telling lie, not believing God, not apologizing someone's good deeds, performing sins, deeds of previous life (poorvakarma) etc. These causes point to the inheriting nature of the disease in some cases and towards mal or abnormal thinking by the brain (pradnyaparadha) as a major cause. Unbalanced diet (Virrudhahara) is also an important cause. It signifies production of toxic metabolites as an important cause for the development of the disease.

According to Sushruta,

किलासमपि कुष्ठविकल्प एव; तत्त्रिविधं- वातेन, पित्तेन, श्लेष्मणा चेति । कुष्ठकिलासयोरन्तरं- त्वग्गतमेव किलासमपरिस्रावि च ।
 तद्वातेन मण्डलमरुणं परुषं परिध्वंसि च,
 पित्तेन पद्मपत्रप्रतीकाशं सपरिदाहं च,
 श्लेष्मणा श्वेतं स्निग्धं बहलं कण्डूमच्य ।
 तेषु सम्बद्धमण्डलमन्तेजातं रक्तरौम चासाध्यमग्निदग्धं च ॥१७॥

There are three types of Kilasa/Shwitra with Dosha dominance Vataja, which present with light red color, characterized by roughness of lesion and destruction of skin.

Pittaja type manifests with color resembling lotus petals associated with burning sensation over the affected area.

Kaphaja variety manifests as whitish, thick. Acharya Sushruta called the disease as Kilasa instead of Shwitra . The terms Shwitra and Kilasa are used synonymously in the Ayurvedic literature.

According to Madhavidan^{iv}

classified shwitra on the basis of the causative factors viz., Doshaja and vranaja.

कुष्ठैकसम्भवं शिवत्रं किलासं वारुणं भवेत् ।

निर्दिष्टमपरिस्त्रावि त्रिधातूद्वयसंश्रयम् ॥३७॥

वाताद्रूक्षारुणं, पित्तात्ताम्रं कमलपत्रवत् ।

सदाहं रोमविध्वंसि कफाच्छ्वेतं घनं गुरु ॥३८॥

सकण्डूरं क्रमाद्रक्तमांसमेदःसु चादिशेत् ।

वर्णनैवेद्यगुभयं कृच्छ्रं तच्चोत्तरोत्तरम् ॥३९॥

In Ayurveda, it is classified as Vaataja, Pittaja, and Kaphaja as per dosha vitiated.

- Vataja shwitra is dry (ruksha) and of Red-black (arun) in color.
- Pittaja is coppery or lotus-like in color and associated with inflammation (daha) and loss of hair.
- Kaphaja shwitra is hard, heavy with white color and associated with itching.

It is associated with rakta (blood), mansa (Muscle tissue) and meda (lipid) dhatus as per Vaata, Pitta, and Kapha Dosha-vitiation respectively . In fact, these are the progressive stages of the disease, so also prognosis worsens accordingly. In fact, dhatu's are not practically affected, but their vitiation is expressed by dermis (twak). It is different from Leprosy (kushtha) in the respect that it is non-contagious, non-bacterial, it doesn't destroy body tissues, doesn't have any discharge (vyadhiswabhaba). Shwitra or vitiligo is a hypopigmentation dermatological disorder involving body and mind.

Vitiligo

Vitiligo is a specific type of a acquired leukoderma and this is idiopathic, patterned, circumscribed hypomelanosis of the skin and hair in which other cause of leukoderma have been excluded. The disease is important principally because of the social stigma associated with vitiligo. Vitiligo is autoimmune disease and it may be associated with other autoimmune disease as diabetes mellitus, pernicious anemia and Addison disease. Incidence of vitiligo is 1 to 8.8 % and age of onset varies widely from infancy to old age. Peak incidence is found in 10 to 30 years age group. The etiology is unknown but there is positive family history in 30% of patients. Main clinical feature of vitiligo is white spot usually appears and remains for life. In modern medicine photo chemotherapy is satisfactory method of treatment but it has adverse effect. So, it becomes a new hope to provide effective and safe treatment protocol for vitiligo in Ayurveda.

The term vitiligo has been derived from the Latin word "vitilus" meaning calf. The term was first coined by Roman physician Celsus, in the 1st Century A.D. According to him white patches of the disease look like the white patches of a spotted calf. The incidence of vitiligo in India is 1 to 8.8% and age of onset varies widely from infancy to old age but peak incidence in ~ 1284 ~ International Journal of Yogic, Human Movement and Sports Sciences the 10 to 30 years age group^v.

Family history of vitiligo is present in only about 25% of cases^{vi}. In India where vitiligo can be considerable disfigurement and can affect eligibility for marriage because vitiligo mimics leprosy. Etiology is multifactorial, it may be hereditary, autoimmune, hormonal imbalance, dietary, stress, secondary to other systemic diseases like diabetes mellitus, hypothyroidism etc. it results from an autoimmune process that damages melanocytes. Multiple mechanisms have been proposed for melanocyte destruction in vitiligo. These include genetic,

autoimmune responses, oxidative stress, generation of inflammatory mediators and melanocyte detachment mechanisms^{vii}.

Clinical features of Vitiligo

Main clinical features of vitiligo is the white lesions usually appear on skin and distribution of lesions may be symmetrical and at site such as the bony prominences (malleoli, tip of the elbow, necklace area in females). Vitiligo is a chronic disfiguring disease involved with systemic autoimmune process. It is characterised by constrained, idiopathic, progressive, hypo-pigmented or white patches of skin.

Prevalence

Prevalence^{viii} of Vitiligo is 1% all over the world, while its incidence ranges from 0.1 to > 8.8%. It can be correlated with Shwitra disease in Ayurveda due to the identical signs and symptoms which are; non exudative white, red or coppery-red coloured patches, roughness, dryness, itching, burning sensation of the patches, loss and discoloration of the hair. Generally it is found that Vitiligo develops with unknown causes. Several environmental factors affect the melanocytes of the patient and initiate the processes of melanocytosis. This leads to melanocytes deficiency and ultimately white coloured patches appears on the body. In modern science, mainstream treatment of disease is PUVA (Psoralen + Ultra Violet A exposure) therapy and corticosteroids which have many harmful side effects like skin cancer, photo aging, ultraviolet light burns and nauseous-appearing lesion associated with itching. Wood's lamp examination is essential to examine patients with a light skin color with wood's lamp to detect all the areas of vitiligo. Other supportive investigations are ANA for lupus erythematosus and Vitamin B12 level for pernicious anemia. The response to treatment is observed in terms of reduction in area of depigmentation after treatment.

Case report

A 32 years old male patient present with complaint of white patch over skin over the region of right foot sized approx 3*5 cm² was observed for last 1.5 years.

History of present illness

Initially lesions were small isolated, later increased in size. Itching was mildly present. Patient had taken modern medicine treatment for a period of one and a half year without any definite improvement.

Past history: Not significant

Personal history: Patient had desire for spicy food ice-cream and meat and he could not tolerate warmth. The patient was taking faulty diet in form of milk with meal containing salt at morning and at night regularly which was stopped during the study

Psychological history: Patient was in stress for more than 5 months due to some family problem. Size of white patches remained same during this period. Mental affliction was found in form of anxiety and depression.

Family history: mother having history of vitiligo.

Local examination

1. Site of lesion: lateral aspect of Right foot
2. Distribution: Symmetrical
3. Itching: Mildly present
4. Discharge: Absent
5. Sensation: Present
6. Character of lesion: White colored grouped and diffused lesion
7. Inflammation: Absent

Treatment plan:

The treatment principle applied in shwitra chikitsa depends on the intensity of vitiated doshas, so the combination of appropriate treatment was selected Patient was treated on OPD basis. During period of treatment salt-free diet was advised.

Step -1

Shodhana and Agni vardhan Karma

S.N.	Medicine	Dose
1	Aam pachan vati	2 Tab Bd
2	Swadist virechan	2 Tab Bd

Step -2

Snehan Karma (Oleation)

Bakuchi-taila for local application over affected area.

Step – 3**JALOKAVACHARAN**

Acharya Vagbhata has mentioned diseases where leech therapy is indicated viz. - Gulma, Arsha, Vidradhi, Kushtha, Vatarakta, Galaroga, Netra Roga, Visha Damshta and Visarpa.^{ix} Acharya Sushruta has advocated Raktamokshana by leech especially to king, rich people, children, old aged, coward, weak, females and delicate people.^x Jalaukaavcharana is indicated in patients suffering from Rakta-pradoshaj vikaras.

Procedure of Jalaukavacharan:**Poorvakarma**

- All pre procedure investigation like RBS, BT, CT was done and they were under normal range
- Patient was explained about the procedure
- All instruments required for procedure were prepared
- Activation of jaloka was done with the help of haridra jal.

Pradhankarma (Main procedure):

- 2 jalauka applied on the most effected site, Jalauka applied there for approx 45 minutes of duration.
- Some of jalauka detached itself and some of them were detached by applying haridra on its mouth. Patient have complains of burning at the sight
- Proper bandage done to avoid post procedure bleeding.

Paschat karma (post procedure):

- Haemostasis achieved
- Proper vaman of jalauka done
- After vaman, jalauka stored in its container with label of name of patient with date
- Patient was advised for proper position of the leg
- Diet and regimen advised to patient

Step – 4 Oral medication

S.N	Medicine	Dose
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1	Khadirarishta	20 ml with equal amount of water twice a day after meal.
2	Manjishthadi Kwatha	20 ml twice a day (early morning empty stomach, at night before meal)
3	Bakuchi churna	2gm twice a day with warm water
4	Aam Pachan Vati	2 Tab TID
5	Cap. shilajit	1 B.D.
6	Vidanga Churna	1 g twice a day before meal with honey

Discussion

Their appearance of skin pigmentation is likely to begin in areas of skin with less thickness and progress to areas of greater thickness. Main ingredients of Khadirarista are Khadira extract (*Acacia Catechu*). Khadir extract is used as an immune-modulatory, purify blood, astringent, bactericidal, refrigerant and antiphogistic^{xi} Bakuchi oil is Ayurvedic medicinal oil prepared from the dried fruits of *P. corylifolia*, and sesame oil for treatment of vitiligo in Ayurveda. Photosensitizing agents involves 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 still 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 re pigmentation by sensitizing the skin to ultraviolet light^{xii} Leech saliva is reported to have many therapeutic contents like hirudin, bdellins, Hyaluronidase, etc.; among them, eglins and bdellins have anti-inflammatory and antifungal property which gives relief in symptoms. The Shamanaushadhis are also had a crucial part in easing the symptoms by reducing the size of lesion, and restoring normal skin colour. The abundance of antioxidants in vidanga is incredibly effective in destroying the harmful free radicals from the body and its antipruritic essence rids the itching sensation caused due to allergic conditions like psoriasis, scabies, patchy skin, eczema, acne, sunburn etc. Being a powerful adaptogen, Shilajit is beneficial for treating different types of psychotic problems like depression, dementia, etc. The potent antidepressant properties of the herb also help in calming the mind, reducing all sorts of physical and mental stress, irritability and improving energy and stamina.

Conclusion

However, this case expresses about the results of Ayurvedic medication in vitiligo without any adverse effect. This shows that if treatment is done conferring to the principles of Ayurveda with selection of dose and duration along with follow of pathya and apathy diet, it leads to success as in this case of vitiligo (Shwitra). Psychological involvement has been found in pathogenesis and aggravation of Shwitra^{xiii}. Diet restriction and psychological counselling was also a necessary part of the treatment. This treatment protocol should be clinically evaluated on large number of patients to confirm their efficacy.

Source of support

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Conflict of interest: There are no conflicts of interest.

Before Treatment



During Treatment



After Treatment



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