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 skin¹. In Ayurveda Vitiligo is known as “Shwitra”. It is one of the varieties of Kushtha 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, eglin 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 trough Ayurveda and jalo kavacharan. Main features of Shwitra are discoloration of the skin (twak vaivarnyata), without discharge (aparisravati). In Ayurveda, the nidana of Shwitra, are considered as untruthfulness, ungratefulness, disrespect for the gods, insult of the preceptors and intake of contradictory food.

Kushtha

Kushtha is one among the Ashtamahagad explained in Ayurveda as there is structural changes in appearance of skin¹. In Ayurveda Vitiligo is known as “Shwitra”. It is one of the varieties of Kushtha 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 Charaka** -

दारुणं च स्वित्रं श्वित्रां किरासं नाममस्त्रिमिः

विजेयं वितिधं तच्च विदोषं प्रायश्चित्तं ततः

दोषे रक्तान्तिर्वक तमां मांससमानाति

श्वेतं मेघान्तिर्विन्द्रं गुर्जुरांत्योत्तरतमम||

यतु परस्परलोप्तान्तिः बहु यद्रक्तलोमवत्

यत्तच वर्षणात्मकं तत्तच्छत्रं ताव सिद्धतिः

अरक्तलोमम तथू यत् पाण्डु नातिचिरोत्तिथितम्

मध्यवाकाशी चोच्चूनं शिरवं ततसाल्मिकचलोते

वर्षात्मकचायति कुन्तक्षंब्धयो निन्द्यदा सुसारां गुर्जर्प्रमणं च

पापक्रिया पूर्वकृतं च कर्म हेत्तुः किलासस्य विरोधि चान्नमम||

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 Shwitram 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 pervious 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,**

किलासस्य कुण्डतिकल्प एवं, तत्तितिधं वातेन, पित्तेन, श्लेष्मणं चेति। कुण्डकिलासस्योत्तरं, त्वग्नतमेव किलासपरिसरितं च।

तदवातेन मण्डलस्मरणं परशं परिशवसी च। पित्तेन पद्मप्रतिकाशसं सप्तिदाहं च। श्लेष्मणं श्वेतं सिन्धं वहं भण्डहुमच।

तेतु सम्बद्धमण्डलस्मरणात सक्तोर्गम चासायंत्रिषिशतं च। ||17||

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 Madhavnidan\(^n\) classified shwitra on the basis of the causative factors viz., Doshaja and vranaja.

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 Dosh-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 itiation is expressed by dermis (twak). It is different from Leprosy (kushta) in the respect that it is non-contagious, non-bacterial, it doesn’t destroy body tissues, doesn’t have any discharge (vyadhiswabhava). Shwitra or vitiligo is a hypopigmentation dermatological disorder involving body and mind.

Vitiligo

Vitiligo is a specific type of an 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. 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 mechanismsvii.

**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**

Prevalenceviii 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 Voilet A exposure) therapy and corticosteroids which have many harmful side effects like skin cancer, photo aging, ultraviolet light burns and nauseacteous-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 erythematous 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 aprox 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 inform 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

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<thead>
<tr>
<th>S.N.</th>
<th>Medicine</th>
<th>Dose</th>
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<tbody>
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<td>1</td>
<td>Aam pachan vati</td>
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**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, Vataaraka, Galaroga, Netra Roga, Visha Damshta and Visarpa. Acharya Sushruta has advocated Raktamokshana by leech especially to king, rich people, children, old aged, coward, weak, females and delicate people. Jalaukavacharan 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**

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<th>S.N</th>
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1 Khadirarista 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 2 gm 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 (Acasia Catechu). Khadir extract is used as an immune-modulatory, purify blood, astringent, bactericidal, refrigerant and antiphlogistic. 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. 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. 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

References


