



## Case Study

### MANAGEMENT OF VITILIGO (*SHVITRA*) ACCORDING TO AYURVEDA: A CASE STUDY

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#### ABSTRACT

The color of the skin is important biologically, cosmetically and socially. Vitiligo is an acquired condition where melanocytes are absent in affected area. The worldwide prevalence of Vitiligo is lesser than 1%. Though the condition is rare and non communicable, patients who are suffering from Vitiligo may experience cosmetically disfiguring and psychological problems like depression. It is not clear why the melanocytes disappear from the skin. Theories regarding the Vitiligo include an autoimmune cause because of association with other autoimmune disorders, presence of antimelanin antibodies and lymphocytic infiltrate in early lesions. In Ayurveda, all the skin diseases are described under the heading of '*Kushta*', which are further divided in to two namely '*Mahakushta*' and '*Kshudra Kushta*'. *Shvitra* has been mentioned separately. Based upon clinical features of *Shvitra*, it can be correlated with Vitiligo. Acharya Charak has mentioned *Shvitra* under the '*Rakta Pradoshaj Vikara*'. Considering the limitations of modern medical system and side effects associated with long term use of medicines, Ayurveda has much more convincing treatment modalities for Vitiligo. In present study emphasis has been made to study efficacy of *Shvitrahara Vati* and *Shitrahara Lepa* in *Shvitra* (Vitiligo).

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#### INTRODUCTION

The color of the skin is important biologically, cosmetically and socially. The color of the normal skin is consequent to the presence of melanin, carotene and oxy and reduced hemoglobin. Of these melanin is by far the most important. Melanin protects the skin from harmful effects of the ultraviolet components UVB and UVA in atmospheric light. Total absence or insufficient amount of melanin in the skin results in early 'ageing' of skin and development of cutaneous malignancies. Disorders of cutaneous pigmentation may result from a reduction of pigment e.g. Vitiligo. Vitiligo is an acquired condition where melanocytes are absent in affected area. The lesions are typical with sharply demarcated hypo pigmented, round or oval patches over skin. It can be chronic, progressive and cosmetically disfiguring.<sup>[1]</sup>

It is not clear why the melanocytes disappear from the skin. Theories regarding the vitiligo include an autoimmune cause because of association with other autoimmune disorders,

presence of anti melanin antibodies and lymphocytic infiltrate in early lesions. It is very common amongst Indians and other colored people. Family history is available in quarter or more of patients. The worldwide prevalence is lesser than 1%. Though the condition is rare and non communicable, patients who are suffering from vitiligo may experience psychological problems like depression.<sup>[2]</sup>

The lesions may start at any age, but generally in early adolescence or adult life. Any part of the body may be affected though the sites of trauma are more prone. The primary lesions are well defined, circumscribed, depigmented macules. Lesions are symmetrical or may gradually appear on the other parts of the body and may become confluent to cover large areas or even the whole skin surface. The hair is initially unaffected but may also loose pigmentation. The course of the disease and prognosis are unpredictable. The lesions in the peripheral and non-hairy regions of the body are

less likely to pigment even with therapy than those in the truckle hairy areas.

*Shvitra* has been mentioned along with *Kushta* but not included in the types of *Kushta*. The difference between *Shvitra* and *Kushta* is based on non secretory and non infectious disease with *Twaka* involvement only. In modern dermatology, it can be correlated with Vitiligo and Leuoderma. The aim of treatment in Vitiligo is to repopulate the skin with active melanin synthesizing melanocytes mostly derived from the hair follicles, though occasionally melanocytes from the adjoining normal skin may repopulate the depigmented patch. Pigmentogenic photosensitizers such as psoralens are employed for this purpose. In modern science PUVA (Psoralen+ Ultra violet A rays) therapy and corticosteroids are mainly used for the treatment of vitiligo.<sup>[3]</sup> Considering the limitations of modern medical system, Ayurveda has much more convincing treatment modalities for vitiligo. Thus, in present study emphasis has been made to study efficacy of *Shvitrahara Vati* and *Shitrahara Lepa* in *Shvitra* (Vitiligo).

#### Case Report

**Patient Name:** XYZ

**Age:** 34 years

**Gender:** Female

**Occupation:** House wife

#### Chief Complaints

A 34 years old female patient complaining of hypo pigmented patches over both legs came in OPD of our college for the treatment. The lesions were oval in shape, without any discharge, non itchy hypo pigmented patches.

#### History

History revealed that patient is non hypertensive, non diabetic and did not have any symptoms of endocrinal disorders.

Family history: Nil

#### Personal History

**Aahar:** Akal Bhojan, Vishamashan, Virudha aahar

**Vihar:** Diwaswapa (Sleep during day time)

#### Medicinal History

She has taken allopathic treatment for 2 years but doesn't get relief, so the patient came for *Ayurved* treatment in our hospital.

#### Past History

She has history of hypo pigmented patches over hands and both the legs since childhood. She has taken allopathic treatment for few years but does not get any relief. As the size of hypo

pigmented patch is gradually increasing, she came for the *Ayurved* treatment.

#### On examination

**Pulse:** 84/min

**BP:** 120/80 mm of Hg

#### Systemic examination

**CVS:** S<sub>1</sub>S<sub>2</sub> Normal

**CNS:** Conscious, Oriented

**RS:** AEEBS

#### Local examination

**Color:** White

**Appearance:** Hypopigmented, Macular, Oval Shaped Patch

**Discharge:** Nil

**Prakruti:** Vata Pitta

**Dosha:** Vata (++), Kapha (++), Pitta (++)

**Dushya:** Rasa, Rakta

**Strotas:** Rasavaha, Raktavaha

**Agni:** Jathargnimandya, Rasadhatwgnimandya

**Satwa:** Madyam

#### Diagnosis:

**Shvitra (Vitiligo)**

#### Ayurvedic Review

In Ayurveda, all the skin diseases are described under the heading of '*Kushta*', which are further divided in to two namely '*Mahakushta*' and '*Kshudra kushta*'. However *Shvitra* has not been mentioned in these two types. *Shvitra* has been mentioned separately. Based upon clinical features of *Shvitra*, it can be correlated with vitiligo. *Aacharya Charak* has mentioned *Shvitra* under the '*Rakta Pradoshaj Vikara*'. Hence the factors causing *Raktadushti* can be also considered as causative factors of *Shvitra*.<sup>[4]</sup>

#### Nidana

1. *Virodhi anna-paan, Snigdha guru aahar* (intake of wrong food combination). E.g: milk and fish
2. Suppression of natural urges
3. Physical exercise in excessive heat and after taking heavy meal.
4. *Nava Dhanya*
5. Excessive intake of *Mash* (black gram), *Mulaka* (raddish), *Tila* (sesum seeds), and Jaggery.
6. Sleep during day time.
7. Untruthfulness, Ungratefulness, Disrespect for the god, Insult of preceptors, sinful acts, misdeeds of past lives, and intake of mutually contra indicated food are the causative factors of *Shvitra*.

In very rare causes, Patients of leucoderma who are free from the effect of their sinful acts get

cured by the administration of medicines, Bloodletting and by following diet properly.<sup>[4,5]</sup>

*Shvitra* is of 3 varieties.

1. *Daruna*
2. *Charuna*
3. *Kilasa*

All of them are generally caused by the simultaneous vitiation of all the three *Doshas*.

If located in *Rakta* (blood) it is red in color.

If located in *Mansa* (muscle tissue) it is Coppery in color.

If located in *Medas* (fat) it is white in color.

The subsequent ones are more serious than the previous ones.

**Dosha- Tridosha**

**Dushya- Tvak, Rakta, Mansa, Ambu**

These taken together, constitute the seven fold pathogenic substance of *Kushta*. (*Kushtha dravya sangraha*).

### Treatment Principle

*Nidan* and *Samprapti* of *Shvitra Roga* is similar to *Kushta*. So the treatment principal of *Kushta Chikitsa* will be applied in *Shvitra Chikitsa*. Depending upon the intensity of vitiated *Dosha's* appropriate therapy should be selected. In addition, if *Shamana* drugs are administered after proper course of *Shodhana*, then it provides additional relief and thus helps in eradicating the diseases completely. Vitiligo being a disease with Auto immune pathology both systemic and local treatments are necessary. Patients with more vitiated *Doshas* (*Bahudosha*) *Shodhan* will be given for several times with a lot of care (*Abyantar Parimarjan*). With some stimulatory drugs function of *Brajaka Pitta* should be reestablished (*Bahya Parimarjan*).<sup>[4,6]</sup>

### Treatment Scheduled:

#### Shodhana Chikitsa

The drug was administered after Sharir Shudhi i.e., the patient was subjected to *Anuloman* with *Eranda Snea*.

#### Shamna Chikitsa

### Observation and Results

S. No	Symptoms	BT	AT				Relief in percentage
			1 Month	2 Month	3 Month	4 Month	
1	Surface Area	3	3	3	2	1	66%
2	Number of Patches	3	3	3	2	1	66%
4	Color Of Patches	3	3	2	2	2	33%
5	Color Of hairs	2	2	2	1	1	50%

### Internal Medicine

- 1) *Tb. Shvitrahara Vati* ( Kamdhenu Pharm.) 250 mg 2 tab After the meal two times a day along with luke warm water.
- 2) *Tb. Haridra Ghana Vati* (Kamdhenu Pharm.) 250mg 2 tab after the meal two times a day along with luke warm water.
- 3) *Gomurasava*<sup>[9]</sup> (Kamdhenu Pharm.) 20ml After the meal two times a day along with luke warm water.
- 4) *Tb. Gandharva Haritaki* 250mg 2 tab at night along with luke warm water.

### External Medicine

*Shvitrahara lepa* was prescribed as a local applicant along with internal medicine. *Shvitrahara lepa* was prepared by making a paste of *Shvitrahara lepa* tablets in *Gomutra*. A thin layer of that paste was applied over the affected area and followed by exposure to sun rays in the morning. The follow up was taken once in a month.

### Duration of Trial

Total duration was 6 months with monthly follow up.

Efficacy of the drug was assessed by improvement in signs and symptoms as follows.

### Assessment Criteria

#### Surface Area

1	Circular area < 1 cm radius
2	Circular area with a radius of 1-2 cm
3	Circular area with a radius of > 2 cm

#### Number of Patches

1	< 5 Patches
2	5-10 Patches
3	>10 Patches

#### Color of Patches

1	Normal skin color
2	Reddish/Erythematous
3	Whitish in color

#### Color of Hairs

1	Normal Hair color
2	Whitish Hair color



## DISCUSSION

*Shvitradhna Vati* is found to be beneficial in case of *Shvitra*. This formulation is a combination of fine powders of *Shuddha Bakuchi Beej*, *Shuddha Gairik* and *Shuddha Gandhak*. *Bakuchi* is the main component of the formulation. It is a renowned herb with many therapeutic properties. In Ayurvedic system of medicine, *Bakuchi* seeds are used for the treatment of *Vitiligo*<sup>[6,7,8]</sup>. It contains Psoralen which on exposure to the sun results in re-pigmentation of patches by melanin synthesis. Psoralen is an active component which is used topically as well as systemically in the treatment of vitiligo. *Suddha Gandhak* is also useful in various types of skin diseases internally as well as externally. As it is having *Rasayana* properties it is widely useful in autoimmune disorders like psoriasis, bronchial asthma, vitiligo etc. In case of vitiligo the deranged immune system destroys the pigment synthesizing melanocytes. *Gandhak* breaks this pathogenesis and prevents the self destruction of melanocytes. In case of *Kushta* cow urine is very beneficial having *Shodhana* as main property. *Gomutra Asava* stimulates liver and spleen, thereby regulating the function of *Pachak Pitta*, *Ranjak Pitta* and *Bhrajaka Pitta*. Being *Yogavahi* (Catalyst) it acts fast and enhances the action of *Bakuchi*. It also acts

as *Raktaprasadan Draya*.<sup>[9,10,13]</sup> The combination of these three components is expected to work synergistically and it is very effective in normalization of skin complexion. In this clinical trial the first two months of therapy the initial response to the treatment was erythema of the lesion. After 8-10 weeks of therapy erythema was followed by re-pigmentation. *Haridra Ghana Vati* which is having antimicrobial, anti allergic, hepato protective and anti oxidant properties is given to protect the skin from the irritating effect of *Bakuchi*. *Shuddha Gairik* is also shows beneficial effects in skin diseases as it is having sweet, astringent, anti phlegmatic anti bilious and cooling properties.<sup>[11]</sup>

## CONCLUSION

- 1) *Shvitra* is *Krichra Sadhya*, *Tridoshaj* pigmentation disorder of skin and can be correlated with Vitiligo.
- 2) It is caused by various dietetic and behavioural factors which aggravates *Tridosha's*. *Virudha Aahar* plays important role in the pathogenesis of disease.
- 3) *Bakuchi*, *Haridra* and *Gomutrasava* has significant results in *Shvitra* (Vitiligo).

- 4) As far as the disease chronicity is concerned, for more effective results the treatment duration should be lengthened.

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