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A Case Study of *Shwitra* (Vitiligo) in Pediatrics with Ayurvedic Management

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Abstract: The word *Shwitra* is derived from Sanskrit word *Shweta*, which means white patch. *Shwitra* is mentioned in *Kushta Roga Chikitsa* in classics, *Shwitra* (Vitiligo) and affect a large portion of the population in the pediatric age group as a result of poor lifestyle and eating habits. *Shwitra* According to *Kashyapa Samhita* '*Shweta Bhava Michanti Shwitram*'. It is also called as *Kilasa*, *Daruna*, *Aruna* and *Shweta Kushta*. Vitiligo is the problem described in modern medicine as auto immune disease as white spot on the skin. Vitiligo is such a common chronic and progressive skin disease characterized by the lack of melanin pigments producing skin patches with sharp and often hyper pigmented edges. This disease affects approximately 1% of the world-wide population.

Ayurveda has incorporated this condition into the broad heading of *Shwitra*. All Acharyas have similar view the *Shwitra* or *Kushtha* should be initially treated by *Samshodhan Karma* followed by *Samshaman Karma* are two main line of treatment described in the classics also Various permutations and combinations have been described for internal and external use along with sun exposure by Acharyas in their respective *Samhitas* regarding *Shaman Chikitsa* in the *Shwitra Roga*. A detailed description of various single and compound drugs are mentioned in *Samhitas*, *Shwitrahar Kashaya* and *lepa* are one of them is selected and was found effective for the study.

Keywords: *Shwitra*, Vitiligo, *Samshodhan*, *Samshaman*, *Shwitrahar LEPA*.

I. INTRODUCTION

Ayurvedic science considers *Shwitra* as a group of skin disorders, Partial or complete loss of skin pigmentation giving rise to white patch on any part of the body is called as vitiligo and in *Ayurveda* it is called as *Shwitra*. Due to *Atisevan* of *Asamyak Aahar Vihar*, vitiation of *Tridoshas* occur in association with *Twakchagat Pitta Dosh*a and *Rasa-Rakta-mamasa –Udaka Dhatu* . When the vitiation is significantly at the level of *Ras* and *Rakta* it results into *Shwitra-Kushtha*. *Vata Pradhan Shwitra* is difficult to cure, *Pitta Pradhan Shwitra* is more difficult to treat and *Kapha Pradhan Shwitra* is incurable. Also, the lesions at palm, sole, genitalia, lips are incurable.

But the lesions which are occurred due to burn, non-matted, newly originated, thin, with black hair are curable. *Ayurveda* states that basically it is due to the aggravation of *Pitta Dosh*a which leads to cause of accumulation of *Aam* in deep layers of skin. Main part of treatment depends upon whether the disease is spreading or it is stable. If it is spreading, first step should be to stop the spread and then re-pigmentation can be done. Treatment again depends upon *Dussham-Desham-Balm-Kaalam-Prakriti-Analam-Vayah* etc.^{1,2,3}

Though it is not very common disease but as explained in *Ayurveda* it is difficult to cure (*kashtasadhya vyadhi*). The exact cause is unknown, but it may be due to autoimmune disorder. Faulty dietary habits *Kulaj Itihas*, excessive mental stress, general low immunity are the precipitating factors of vitiligo.

In modern science Haemoglobin, carotenoids and melanin pigment are the responsible factors for the normal skin colour. It is an autoimmune disease in which hypo-pigmentation occurs due to the insufficiency or complete absence of melanin in skin. It is progressive type of disease with gradual destruction of melanocytes in epidermis resulting in de-pigmented, a-pigmented or hypo-pigmented areas on the skin. In this, the autoimmune destruction of melanocytes occurs. Though the exact cause is unknown, stress like conditions triggers the disease and the stress triggered vitiligo include the increased levels of catecholamines and neuropeptides is seen.⁴

II. AYURVEDIC MANAGEMENT-

A. Internal Medication⁵

To relieve the *Aam*, the best *Shodhan Karma* as per *Dosha-Dushya* is *Virechana*. *Virechan* with herbal decoction of *Psoralea Corylifolia* (*Bakuchi*) and *Euphobia Nerifolia* (*Snuhi*). For *Shaman* treatment *Bakuchyadi Churna*, *Khadirasaradi Churna*, *Panchnimbadi Churna* can be used. *Asavas* like *Kanakabindvarista*, *Madhwasava* and *Ghrita* like *Neeli Ghrita*, *Mahatikta Ghrita* and *Neelika Ghrita* can be used. Other *Ayurvedic* preparations such as dried ginger, black pepper, *Pippali* and *Leadwort* root fermented in *Gomutra* also are in use which gives positive results.

B. External Medication^{6,7,8}

- 1) *Stimulation of Pigmentation*: The best combination for the external application on lesion is of *Cassia fistula*, *Psoralea Cordifolia* (active principle is *Psoralen*) and *Piper Longum*. This combination stimulate the pigment cells for re-pigmentation.
- 2) *To Provide Favourable Conditions in the skin for Better Pigmentation*: Pigment cells multiply very slowly like nerve cells. So herbs like *vitix* can be given to provide better environment for pigment cells to grow quickly.
- 3) *To Preserve the Pigmentation*: Pigmentation which has been formed, this can be achieved by using different herbal combinations in adequate dosage.
- 4) *Suitable Oil Application*: Oil application followed by exposure of lesion to the sun rays as long as according to the tolerance of patient. After exposure to the sun rays the affected part gets dark colour as well as form a *bullae*. If *bullae* is formed, it should be punctured with sterile needle.
- 5) *Lepa Application*: Application of *Ankollakandi Lepa*, *Avalgujadi Lepa*, *Balyadi Lepa*, *Bhallakadi Lepa*, *Bhringarajadi Lepa*, *Manashiladi Lepa*, *Panchnimbadi Lepa* etc also has fruitful effect.

Throughout the days of treatment patient should follow *Pathyakar Aahar-Vihaar*.

C. Pathyakar Aahar-Vihar

Aachar Rasayana and diet containing aged rice, *Godhum*, *Mudga*, *Laghu Aahar*, *Patola*, *Khadiridaka* etc should be practice of daily routine. At the same time *Viruddh Aahar*, *Guru Aahar*, *Vidahi Aahar*, *Vishthanbi Aahar*, *Anup Mamsa*, *Kanda Moola*, *Masha* etc should be avoided.

D. Yoga practice

Yoga practice for 20 minutes in the morning will act as good stress reliever. As stress triggers the disease, that's why this treatment part is as must to do level.

III. OBJECTIVES

To evaluate the efficacy of *Shwitrahar kashay and lepa* with ayurvedic management in vitiligo in children's.

A. DRUG-⁹

Shwitrahara kashaya (decoction):^{10,11}

Bakuchi (*Psoralea corylifolia*), *Haridra* (*Curcuma longa*), *Khadira* (*Acacia catechu*), *Sariva* (*Hemidesmus indicus*), *Kakoudambar* (*Ficus hispida*), *Chakramarda* (*Cassia tora*), and *Chakshushya* (*Cassia absuss*) were taken in equal quantity (1 kg each) and mixed thoroughly and ground to a coarse powder and stored in a dry container. The 50 g of the coarse powder was soaked in 500 ml of water and boiled to reduce it to 100 ml and administered in two divided doses of 50 ml each.

Shwitrahara lepa (ointment):¹²

A little modification in the method of preparation was done as per the advice of The Head of the Department of *RasaSastra*, IMS, BHU, Varanasi.

IV. CASE REPORT

A 12-year-old female child with Diagnosed case of vitiligo visited the OPD of our ayurved medical college. She had complaints of white patch over left and right leg since childhood. She has consulted many different doctors for same complaints and took homeopathy medicines for about three years. She had sense of embarrassment due to vitiligo.

A. Birth History

The patient’s parents reported that the pregnancy and child’s hospital delivery was normal and not reported any gross congenital anomalies at the time of birth.

- 1) *Past History*: No history of Any major illness.
- 2) *Family History*: Nothing significant, all the family members are said to be healthy.
- 3) *Personal History*

Table 1- Personal history of patient

Religion	Hindu
Diet	Mixed, predominantly non veg(chicken and fish) weekly twice
Appetite	Normal
Sleep	Disturbed,6-7 hours with day sleep of 1-2 hours
Allergies	No
Addiction	No

Table 2- Nidana

Aharaja	Viruddhashana-Matsya with dugdha Adhyashana_Inake of food before digestion of previous meal
Viharaja	Diwaswapna, shita vayu sevan
Mansika	Chinta

Table 3-Clinical observations

Pulse	84/min
Blood Pressure	120/80 mm of hg
Tongue	Niram
Stool	Normal
Urine	Normal
Appetite	Normal
P/A	Soft and non tender

Table 4-Systemic Examination

CVS	S1S2 Normal
CNS	Conscious & oriented
RS	AEBE Clear

B. Local Physical Examination

Site of lesion-White patches over both the legs.

Character of lesion- Macules

Colour- White

Itching- Mild present

Discharge- Absent

Diagnosis: *Shwitra* (Vitiligo).

V. TREATMENT

A. On Consultation

Shwitrahara kashaya -3.5 ml
(2 times after food) for 1 month

Shwitrahara lepa for local application
(2 times a day) for 1 month

B. On 1st follow up

Table 5- Treatment given on 1st follow up

Shwitrahara Kashaya+ shwitrahara lepa for next 1 month	After 1 month Patient has no effect on the white patches, but mild increase in redness around patches.
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C. On 2nd follow up

Table 6-Treatment given on 2nd follow up

Shwitrahara Kashaya+ shwitrahara lepa for next 1 month	After 2 months Patient had increased melanin pigmentation and gain lot of self-confidence.
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D. On 3rd follow up

Table 7-Treatment given on 3rd follow up

Shwitrahara Kashaya+ shwitrahara lepa for next 1 month	A mild improvement is seen after 3 months of treatment with significant pigment regeneration.
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Figure 1- Effect of Ayurvedic treatment on shwitra

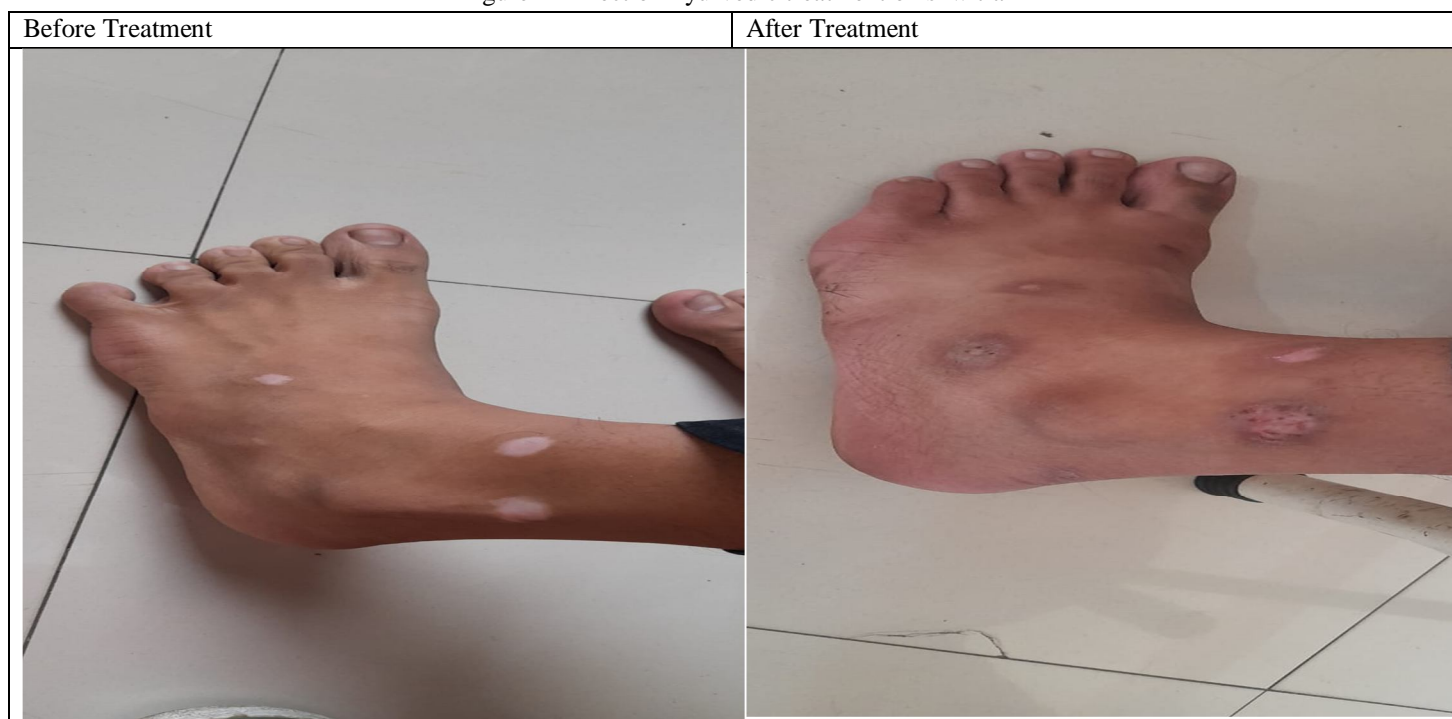


Figure 2- Effect of Ayurvedic treatment on shwitra



VI. MATERIALS AND METHODS

The literary sources for the Present study was collected by ayurvedic *samhitas* like *Rasa Ratna Samucchaya*, *Charaka Samhita*, *Sushruta Samhita*, *Sharangdhar Samhita*, etc. It will be correlated with the contemporary available books, literature, journals, websites, and research paper as per the need of the study.

VII. DISCUSSION

Shwitrahara Kashaya and lepa contains psoralens, which on exposure to the sun bring out melanin in the depigmented lesions¹³. *Haridra*, whose synonyms are named after its beneficial effects on the skin, is a potent drug with adaptogenic, hypoglycemic, antimicrobial, antiallergic, hepatoprotective and antioxidant properties. Here, its role is to protect the skin from the irritating effects of *Bakuchi* and as an emollient. *Chakramarda* and *Chakshusya* are best owed with similar properties and are popular for skin disorders and have potent antimicrobial and antiallergic properties. Purified *Haratala*, an arsenic compound, was used in the ointment. This was selected on the basis of its reference in *Rasa Ratna Samucchaya*. Purified *Haratala* is bestowed with immune modulating properties.

The combined effect of all *Shaman-Shodhan* and *Bahya Chikitsa* may be due to increased hepatic function, immunostimulation and photoreaction.

The main *Dushya* in *Shwitra* is *Rakta Dhatu* and *Dosha* is *Pitta Dosha* the expression of disease is at skin level. Among the main ingredients of *Shwitrahara kashaya* and *lepa*, *Bakuchi* is a renowned herb with many therapeutic properties. It has been extensively used by all the Ayurvedic scholars in hypopigmentation with great success¹⁴

VIII. CONCLUSION

Though the *Shwitra* is explained as *Kashtasadhya Vyadhi* and takes long period to cure, can be managed with better improvement with practice of *Shodhan*, *Shaman* and external application of oils and *Lepas* taking the consideration of *Rugna*, *Bala*, *Vyadhi Bala*, *Dosha*, *Dushya*, *Desh*, *Prakriti*, *Kaal*. A clinical trial with *Shwitrahara kashaya* containing *Bakuchi*, *Haridra* (powerful antioxidant), etc. in the decoction form, and the same drugs along with *Haratala* (immunomodulating) on topical use in vitiligo showed that the formulation is a safe remedy with significant pigment regenerating capacity.



REFERENCES

- [1] Vridha jivaka kashyap samhita kushchikitsa adhyaya, Varanasi, India, choukhamba vishvabharati, 2002 page no.2.
- [2] www.ayurvedcollege.com (Last accessed on 18/02/2019)
- [3] www.kayakalpglobal.com (Last accessed on 01/02/2019)
- [4] Siddharth N Shah (ed.) API text books of medicine, vol.2, 8th edition, page no. 1411.
- [5] Narahari S R, Aggithaya Ma, Suraj K R A protocol for systematic review of Ayurvedic treatment. International journal of Ayurvedic Research 2010; 1: 254.
- [6] Narahari S R, Aggithaya Ma, Suraj K R A protocol for systematic review of Ayurvedic treatment. International journal of Ayurvedic Research 2010; 1: 267.
- [7] Krishnamurthy MS Vitiligo-ayurveda perspective and treatment options, from www.easyayurveda.com Last accessed on 15/02/2019).
- [8] www.researchgate.net (Last accessed on 15/02/2019)
- [9] *Sharagndhar Samhita, Dr. Brahmanand Tripathi, 3rd edition Madhyamkhand, Lepamurdhtail karpuran Vidhi* 11/40-44) Chaukhamba Surbharti Prakashan Varanasi Edition reprint year 1998
- [10] Agnivesha, Charaka Samhita, Kashinath Shastri, Y. Upadhyay Vol. 2. Chikitsa Sthana, 7/161-178. Varanasi, Chowkhamba Sanskrit Series.; 1998, p. 273-8.
- [11] Sushruta, Sushruta Samhita. edited by Ambika Datta Shastri. 14th ed. Nidanasthana 5/32-33. Varanasi: Chowkhamba Sanskrit Series; 2004. p. 25.
- [12] Rasa Ratna Sammucchaya with commentary of Atri Dev Gupta by Pandit Dharmananda Sharma. 2nd ed. Visarpadi Chikitsanam 20/200-209. Reprint 1999. Varanasi: 1962. p. 358-9.
- [13] Ibid Bhava Prakasha Nighantu Haridra Haritakyadi Varga. p. 114-5
- [14] Donata SR, Keshvan M. Austin S R, Mohan K S, Vijaygopalan K. Clinical trial of certain Anc Sci Life; 1990; IX: 202-6.



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