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Ayurvedic Management Of Shwitra (Vitiligo)- A Case Study.

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Abstract

The Sanskrit term Shweta, which meaning "white patch," is the root of the name Shwitra. Shwitra (Vitiligo) is a condition that is referenced in the classic Kushta Roga Chikitsa and affects a significant section of the pediatric population as a result of poor dietary and lifestyle choices. Shwitra "Shweta Bhava Michanti Shwitram" is what the Kashyapa Samhita says. Kilasa, Daruna, Aruna, and Shweta Kushta are some more names for it. In contemporary medicine, vitiligo is referred to as an auto immune illness and manifests as a white patch on the skin. A widespread, progressive, chronic skin illness called vitiligo is characterized by patches of skin with sharp, frequently hyperpigmented edges caused by a lack of melanin pigments. Approximately 1% of people worldwide suffer from this illness.

This condition is included under the general topic of Shwitra in Ayurveda. Every Acharya has the same opinion that the two primary therapeutic modalities mentioned in the classics—Samshodhan Karma and Samshaman Karma—should be used to treat Shwitra or Kushtha first. In their various Samhitas, Acharyas have specified a variety of internal and external uses, as well as sun exposure, for Shaman Chikitsa in the Shwitra Roga. Samhitas discuss a wide range of single and combination medications; among them, Shwitrahar Kashaya and lepa are mentioned in detail. One of them is chosen and shown to be useful for the investigation.

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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*. According to Atisevan of Asamyak Aahar Vihar, Rasa-Rakta-mamasa-Udaka Dhatu and Twakchagat Pitta Dosha are linked to Tridosha vitiation. Shwitra-Kushtha arises when the vitiation is markedly at the level of Ras and Rakta. It is tough to cure Vata Pradhan Shwitra, more difficult to treat Pitta Pradhan Shwitra, and incurable for Kapha Pradhan Shwitra. Moreover, the lesions on the lips, genitalia, palm, and sole are incurable. However, there is treatment for burn lesions that are thin, non-matted, recently developed, and have black hair. According to Ayurveda, the accumulation of Aam in the deep layers of skin is mostly caused by the aggravation of Pitta Dosha. The primary component of treatment is contingent upon the disease's proliferative or stable state. In the event that it is spreading, halting the spread should be done before re-pigmentation. Treatment is contingent upon Dussham, Desham, Balm, Kaalam, Prakriti, Analam, Vayah, and so on. 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 contemporary science The pigment melanin, carotenoids, and hemoglobin are what give skin its typical color. This autoimmune disorder causes hypo-pigmentation because it leaves the skin lacking melanin entirely. This condition is progressive, causing patches of skin that are de-, a-, or hypo-pigmented as a result of the slow death of melanocytes in the epidermis. This leads to the autoimmune-mediated demise of melanocytes. Although the precise cause of the disease is unknown, stress-like situations have been shown to produce vitiligo, which is characterized by elevated levels of catecholamines and neuropeptides.⁴

AYURVEDIC MANAGEMENT-

a. Internal medication⁵

According to Dosha-Dushya, Virechana is the greatest Shodhan Karma to release the Aam. Virechan using a herbal infusion of Euphobia Neriifolia (Snuhi) and Psoralia Corylifolia (Bakuchi). Bakuchyadi Churna, Khadirasaradi Churna, and Panchnimbadi Churna can be utilized for Shaman therapy. Uses for Asavas include Kanakabindvarista, Madhwasava, and Ghrita include Neeli, Mahatikta, and Neelika. Positive outcomes can also be obtained by using other Ayurvedic preparations such dried ginger, black pepper, pippali, and leadwort root fermented in Gomutra.

b. External medication ^{6,7,8}

- **i. Stimulation of pigmentation:** The best combination for the external application on lesion is of *Cassia fistula*, *Psoralia Cordifolia* (active principle is Psoralen) and *Piper Longum*. This combination stimulate the pigment cells for re-pigmentation.
- **ii. 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.
- **iii.** To preserve the pigmentation: Pigmentation which has been formed, this can be achieved by using different herbal combinations in adequate dosage.
- **iv. 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.
- **v.** 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.

OBJECTIVES-

1) To evaluate the efficacy of Shwitrahar kashay and lepa with ayurvedic management in vitiligo.

DRUG-9

Shwitrahara kashaya (decoction): 10,11

Bakuchi (P. corylifolia), Haridra (Curcuma longa), Khadira (Acacia catechu), Sariva (Hemidesmus indicus), Kakoudambar (Ficus hispida), Chakramarda (Cassia tora), and Chakshushya (Cassia absuss) were taken in equal amounts (one kilogram each), well combined, pounded into a coarse powder, and kept dry in a container. Two separate doses of 50 ml each were given after 50 g of the coarse powder was soaked in 500 ml of water, reduced to 100 ml by boiling, and then dried.

Shwitrahara lepa:12

Shweta Aparajita and Khadira mixed with narikeltaila twice a day followed by sun exposure for 10-15 min.

CASE REPORT -

A 33 year old male child with Diagnosed case of vitiligo visited the OPD of our ayurved medical college. He had complaints of white patch all over the body since childhood. He has consultant many different doctors for same complaints and took homeopathy medicines for about three years. He had to emotionally sense of embarrassment due to vitiligo.

Past History: No history of Any major illness.

Clinical observations-

• Pulse: 103/ min

• Bp- 130/88 mm of hg.

Tongue: normalStool: 2 times a day

• Urine: Normal

• Appetite: Normal

• P/ A: soft- Non specific

Local Physical Examination: NAD

Diagnosis: Shwitra (Vitiligo).

TREATMENT-

• On consultation-

Shwitrahara kashaya -5 ml (2 times after food) for 1 month Shwitrahara lepa for local application (2 times a day) for 1 month

• On 1st follow up - Same medicine for next 30 days

After 1 month Patient has no effect on the white patches, but mild increase in redness around patches.

• On 2nd follow up - Same medicine for next 30 days

After 2 months Patient had increased melanin pigmentation and gain lot of self-confidence.

• On 3rd follow up -

A mild improvement is seen after 3 months (90 Days) of treatment with significant pigment regeneration.

MODE OF ACTION-13

Shwitrahara Kashaya and lepa contains narikel taila, which on exposure to the sun bring out melanin in the depigmented lesions. Aparajita and khadira, whose synonyms are named after its beneficial effects on the skin,

is a potent drug with adaptogenic, hypoglycemic, antimicrobial, 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.

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.

DISCUSSION-

Higher hepatic function, immunostimulation, and photoreaction could be the combined effects of all Shaman-Shodhan and Bahya Chikitsa.

The primary Dushya in Shwitra is Rakta Dhatu, and the primary Dosha is Pitta Dosha; sickness manifests itself at the skin's surface. One of the primary constituents of Shwitrahara kashaya and lepa is Bakuchi, a well-known herb with numerous medicinal uses. All Ayurvedic scholars have used it extensively and with remarkable effectiveness for hypopigmentation.¹⁴

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.

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