



The Action of Ayurvedic Formulations and Nitya Virechana on Vitiligo (Shwitra) – A Case Study

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Abstract: In Ayurveda, skin is described under *Kushtha*, *Charak Samhita* explains *Shwitra* in *KushthaChikitsa*. *Shwitra* is found in *Charak Samhita*, *Ashtanghrudaya*, *Madhavidan*, *Bhavprakash*, *Sharangdhar*, and *Acharya Sushruta*, term it as a *Kilas*. In the present case, the study patient complains of white-coloured patches with dryness in the affected area. With the help of clinical features, the patient is diagnosed with vitiligo. As per the Ayurvedic treatment principle, both *Shodhana* and *ShamanaChikitsa* have been advised to the patient, and without any complication, a significant result has been achieved. Aim of this case is to Achieve objectives and study Ayurvedic formulations and *Nitya Virechana* on Vitiligo. The term *Shwitra* implies in Sanskrit is *Shweta*(White), which is present without *Kandu* and irritation. It is found anywhere on the body; when it presents on the Lips, Buttocks region, it becomes incurable. Vitiligo correlated with *Shwitra* in *Ayurveda*. In Vitiligo, there is hypopigmentation occurs. It is described by the eradication of melanocytes present in the basal layer of the epidermis. It is an immune system pathology; thus, treatment likewise stays troublesome; allopathic have only suppressive therapy, not therapeutic, and Ayurvedic medicine has been influential in the beginning phase. In a single case study, a female patient aged 61 yr had white patches on the forehead, hands from the elbow joint, knee joints, and foot area since 2yr. *Tridoshaghna*, *Raktashodhak*, *Raktaprasadak*, and *Krimighna* drugs are given to patients, which provide a significant result.

Keywords: *Shwitra*, Vitiligo, *Nitya Virechana*, Ayurvedic Formulation, *Kushta*

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I. INTRODUCTION

Shwitra is a kind of *Kshudrakushtha* known as *Shwetkushtha*, *Aruna*, *Daruna*, *Kilas*, *Shouklya*, and other *Ayurvedic* skin diseases¹. In the *Sushrut Samhita*, *Kilas* is used instead of *Shwitra* in the phrase "*Twagatm Eva Aparisravi*," which indicates just skin involvement is *Aparisravi* (non-exudative)². The *Charak Samhita* mentions *Papakarma* (bad manners) and *ViruddhaaharSevan* as causes of *Shwitra* (Mixed food)³. *Shwitravitiates Dosha* (*Vata*, *Pitta*, *Kapha*) and *Rasa*, *Rakta*, *Mansa*, and *Meda Dhatu*⁴. According to the *Acharya Vagbhata*, *Vata*'s predominant factor for *Twak* and *Bhrajaka Pitta* maintains skin colour development; hence *Vata* and *Bhrajak Pitta Dushtica* cause different *Twakvikar*⁵. *Shwitra* has been linked to *Vitiligo* in modern times. *Vitiligo* is an autoimmune condition characterized by pigmentation or hypo pigmentation due to a lack of or reduction in melanocytes⁶. It can emotionally and psychologically impact a person, making it difficult to find work or marry. In India, it has become a societal shame⁷. Skin is an essential part of the body. Melanin is present in our skin, giving tone to the skin (close by, it is also answerable for hair and eyes). Sometimes when their loss of melanin occurs, they produce depigmentation, i.e. *Vitiligo*⁸ or *Leucoderma*. However, as per *Ayurveda*, it is called *Shwitra*. If we talk about *Vitiligo*, it is fundamentally an ongoing problem. The clinical investigations indicate that skin drops typical shading that produces white patches on the skin. As a preference, *Vitiligo* is also called *Leucoderma*, and the term alludes to *Leuco-White* and *Derma-Skin*. It can occur in any individual having any age, and it is once seen and never coterminous. Additionally, it might influence anybody's mouth, hair, and eyes and fluctuate from one individual to another. In almost all of the *Brihatrayees* and *Laghutrayees*, it has been explained. Other than cosmetic impacts, it has no other symptoms like soreness, itching, or the like that would affect a patient's psychological balance.⁹

I.1 Classification of Vitiligo

1. Fragmented *Vitiligo*—*Vitiligo* generally spreads quickly yet is more steady than the other sort. It is awry and influences some particular skin segments connected to nerves that start in the dorsal roots along the spinal line.

2. Non-segmental *Vitiligo* – This sort of *Vitiligo* happens on the equivalent piece of the body like arms, neck, and face and, for the most part, influences the region presented to the sun now and again.

I.2 Causes of Vitiligo or Leukoderma

The exact mechanism of *vitiligo* is unknown yet, and it is to be said that the infection happens when the safe cells erroneously assault the normal cells and tissues of the body, bringing about their destruction. Other reasons for happening *Vitiligo* include burns from the sun and intense pain. It may be conceivable that the infection runs in your family and comes hereditarily. *Ayurveda* offers the best treatment for *Vitiligo* that adjusts the fundamental reason for the ailment and gives long-haul help. Patients who trust regular treatment ought to select *Ayurvedic* natural medicine that deals with the manifestations by killing the root cause. The *Ayurvedic* treatment consolidates the utilization of spices, and the *Ayurvedic* diet and *Panchakarma* treatment.

I.3 Aim and Objectives

To study *Ayurvedic* formulations and *Nitya Virechana* on *Vitiligo* in the case study.

I.4 Case Report

A 61Y/F patient comes to *Panchakarma* OPD in Mahatma Gandhi *Ayurvedic* Salod, Hirapur Wardha, and Maharashtra. With complaints of White-coloured patches (*Twak Shwetata*) on the forehead, both hands from the elbow joint, and legs from the knee joint, dryness of skin (*TwakRukshata*), Changes in colour and structure of Hair (*Roma Vidwamsa*). The patient had the above complaints about 1yr

I.5 Medical history

No specific Medical history was found.

I.6 Family History

No specific Family history. NO H/O – HTN, DM, Asthma.

I.7 Past Intervention

She took various allopathic medications but did not get relief, so she went to MGACH&RC for further *Ayurvedic* treatment.

I.8 History of present illness

A year ago, the patient was completely average. Since then, the patient has had white patches on her forehead, hands, and legs and complains of hyperacidity and occasional constipation. For this reason, the patient sought treatment from various doctors but was unsatisfied with the results. Then she approached the MGACH & RC Salod, Wardha's *Panchakarma* OPD, for further treatment and care.

I.9 Clinical Findings of the Patient

Inspection

- White patches over both forearms and fingers.
- No swelling
- No redness
- No oozing
- No itching

I.10 Palpation

- To scaling
- No dryness
- No local temperature raises

I.11 Auspist Sign

Negative

I.12 Candle grease sign

Negative

I.13 Specific Diagnostic Assessment

1. Photographs were taken over time to document how the black spots and vitiligo patches changed in colour.

- The dots were counted, and any merging of two or more (blackish) dots was recorded. Taken note of and documented for later follow-up with grading.
- Any modifications to the observed patch's size, if any, were noted.
- Assessment of progress using the Vitiligo Area Scoring Index (VASI) [Score 0 - 100]. $VASI = \sum [Surface (Hand unit)] \times [Residual Depigmentation]$

1.14 Blood investigation

- CBC
- ESR
- RBS
- PTINR

All studies were within the standard limit.

1.15 SAMPRAPTI

Hetusevana

(Aharaja, Viharaja, Krimija and Purvakruta Karma)

Tridosha Prakopa

Agnidushti Tridosha + Rasa + Rakta + Mamsa + MedaDushti

(JatharagniDushti results in Vidagdhajirna)

AamotpattiTiryakasiragaman

Dhatvagni Vikruti (Rasa, Rakta, Mamsa, Meda)

Raktavaha SrotasVaigunya

TwakaVaivarnya

Shwitra

1.16 Diagnosis

Shwitra (Vitiligo)

1.17 Prognosis¹⁰

According to Charaka, Shwitra is Sadhya if it lacks red hair (AraktaLomavat), is not thick or extensive (Tanu), is pale or white (Pandu), is of recent origin (Naiva), and is lifted upward in the middle (Na AtiChirothhitam) (Curable). Asadhya Shwitra has large, thick, or numerous patches (Parasparato Abhinnam), red hairs (Rakta Lomavat), and has been present for a long time (Varshaganotpannam) (Incurable).¹¹ srtaser

According to Sushruta, shwitra is incurable if it manifests as contiguous patches of discoloration (Sambandha Mandalam), is located in end portions like the lips, hands, feet, or private regions (Ante Jtam), has red hair (Rakta Roma) or has been burned with fire (Agnidagdha).¹² According to Vagbhata, Shwitra possesses black hair (Ashuklaloma). Still, they are not numerous or vast (Abahulam), and they are not intertwined with one another. (Navam), freshly manifested (Samsrushtam), and not caused by fire-related burns (Anagnidagdham) curable. Shwitra exhibited symptoms that weren't those stated in the category of a cure (Ato Anyath), i.e. White hair that is thick or large in areas and is tangled or having been around for more than a year, and the one produced as a result of fire damage and widely dispersed born over private parts and body (genitals), the lips, soles, and palms (Guhya Pnitalaoshajtam) be disregarded, albeit being newly manifested.¹³

1.18 Therapeutic Intervention

1.18.1 Treatment principle

As Nidana and Samprapti of Shvitra Rogaare like Kushta. So the treatment head of Kushta Chikitsa will be applied in Shvitra Chikitsa. Contingent on the nature and power of vitiated Dosh's degrading treatment ought to be chosen. Likewise, Shamana(palliative) drugs are controlled after the legitimate course of Shodhana, (Purification) as it gives extra alleviation and helps eradicate the sicknesses. Vitiligo is an infection of Auto insusceptible pathology. So both fundamental and nearby medicines are essential. Patients with more vitiated Doshas (Bahudosha) Shodhan will be given considerable time with a ton of care (Abhyantar Parimarjan). With some stimulatory drugs capacity of Bhrajaka Pitta ought to be restored (Bahya Parimarjan). For this situation, Nitya Virechana is advised to a patient for 21 days with Avipattikar Churna 15gm + Aargwad Churna 10gm get ready Kadha of it and encouraged to take 40ml Sukhoshnakadha at 6-7 am (empty stomach)

1.19 Therapy and Timeline

The patient was instructed to continue this Shaman Aushadhi given for Shwitra (vitiligo) as mentioned (Table 1)

Table 1. Step 1 - Shodhana Karma (Purification Therapy)

Sr.No	Shodhan Chikitsa	Time	Duration
I	Nitya Virechana with Avipattikara Choorna 15gm + Aragvadh Choorna 10gm in form of Sukhoshna Kadha	At morning 6 to 7 AM	21 Days

Step 2 - Snehana Karma (Oleation)

I	Bakuchitaila	For local application over affected area.
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Step 3 - Photo-chemotherapy

I.	By Suryapadasanthap, photo-chemotherapy is the process of subjecting lesions to sunlight after receiving topical treatment, depending on the patient's tolerance.
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Step 4- Shaman Chikitsa (Oral medication)

Table 1- Therapeutic intervention- Shodhana and Shamana Aushadhi				
Sr. no.	Dravya	Dose	Duration	Anupana
1.	BakuchighanaVati	500 mg	Twice a day	Koshnajala
2.	Swayambhuguggulu	250 mg	Thrice a day	Koshnajala
3.	Krumikuthar rasa	250mg	Twice a day	Koshnajala
3.	Cap. Antoxid	1 cap	Hs	Jala
4.	Pigmento ointment	Q.S	Twice a day	Local Application

1.20 Follow-Up & Outcomes

The patient's symptoms improved after one month and 21 days of the therapy (Nitya Virechana with Shaman Aushadhi). She was in a good mood and had a calm mind. She is presently

sleeping soundly. The patient had a great time in her daily life. Before treatment, she complained of white patches shown in (Figure 1 A.Ventral view B.Dorsal view). After treatment, the result shows a reduction of White patches shown in (Figure 2 A.Ventral view B.Dorsal view)

Table 2- Grading Assessment for Subjective Criteria				
Score	0	1	2	3
Number of Patches depending on % of area involved	Absent	1-29 %	30-69%	70-100%
Colour	normal	>50% filling with normal tensity	<50% of filling with pinkish discoloration	White patches
Itching	Absent	Mild	Moderate	Severe
Hypopigmentation Patches	Absent	Solitary	Segmental	Generalized



Fig 1- A. White patches before treatment Ventral view.



Fig 1- B. White patches before treatment Dorsal view.



Fig 2- A.White patches After treatment Ventral view



Fig 2- A.White patches After treatment Dorsal view

Table 3- Results showing Subjective Criteria's before and after treatment			
Sr. no	Criteria's	Score	Score
		Before treatment	After treatment
1.	Number of patches	3	2
2.	Color	3	1
3.	Itching	0	0
4.	Hypopigmentation Patches	3	2

Table 4 – Percentage of involvement = Area Score
0 = 0%
1 = 1-9%
2 = 10-29%
3 = 30-49%
4 = 50-69%

Table 5 - Tensity	
Stage 0	Normal Skin .
Stage 1	Hypopigmentation (including trichrome & homogeneous lighter pigmentation).
Stage 2	Complete depigmentation with black hair and with perifollicular pigmentation.
Stage 3	Complete depigmentation with black hair and without perifollicular pigmentation.
Stage 4	Complete depigmentation with compound of white and black hair with/without perifollicular pigmentation.
Stage 5	Complete depigmentation plus significant hair Whitening.

2. DISCUSSION

Shwitra is a *Pitta Pradhana Tridoshaja Vyadhi*¹⁴. The progression of this disease is rapid, so management should be taken in proper time to arrest the pathogenesis. According to different *Ayurvedic Acharyas* it is possible to break the pathogenesis of this clinical condition with other *Ayurvedic* treatment principles like *Shodhana* and *Shaman*¹⁵. Nearly all *Acharyas* have emphasized the importance of the *Shodhana* method in *Shwitra*. *Shodhana's Vamana* and *Virechana* are recommended for skin conditions. *Pitta* responds best to *Virechana*. According to *Acharya Chakrapani*, patients with skin diseases should perform a *Virechana Karma* once a month. For *Virechana*, medications with *Pittahar* characteristics were suggested. *Samshodhana Chikitsa* should be administered to young patients, with acute disease stages and good health. Therefore it is essential to discuss such clinical cases for further study. *Virechana* conciliates the bleak *Pitta*¹⁷ and typically helps to complete its capacity, subsequently assisting the skin in injuries to heal.¹⁸ *Nitya Virechana* eliminates harmful materials from the body and gives sanitization of the body at two levels: 1. Gross level, where different organs and frameworks of the body are entirely purged, cardiovascular status and gastrointestinal parcel; and 2. Cellular level, where the decontamination and purifying of the body is delivered at cell film and particles. Stomach retention improves significantly, and digestion is likewise corrected.¹⁹ *Aragvadh*, *Avipathikar Churna*, and *Haridra*, these medications take out *Kleda* and *Doshas* from *Rasa*, *Rakta*,

and *Meda*. It causes *Raktaprasadana* by dispensing with *DushtaKapha*, and its *Tikta Rasa* distributes *Pitta*.²⁰ *Gara Vishas* in *Rakta*. It further develops colouring by purging blood and by retaining *Kleda* from *Rakta*. *Bakuchighanavati*: In *Ayurvedic* literature, *Bakuchi* is referred to as *Kusthaghni*.²¹ The *Bakuchi* is *Katu*, *Tiktain Rasa*, and *Vipak* is *Katu* and *Ruksha Guna*; the powder and extract have strong antioxidant properties and *Shwitraghna* and *Kaphvatahar* characteristics.²² The active element in *Bakuchi* is "Psoralens,"²³ which creates melanin in depigmented skin when exposed to sunlight. *Swayambhuva Guggul*²⁴ contains antipruritic, antibacterial, and anti-inflammatory properties. Antioxidcapsules²⁵ contain Beta-carotene, Copper, Manganese, Selenium, and Zinc sulphate, among the multivitamins in these capsules. It has multi-minerals, which help build and improve the body's health.

3. CONCLUSION

The attractiveness of a healthy person is reflected in their skin. Cosmetic deformity can result from any handicap. The colour of one's skin has a significant impact on society. Diagnosing and addressing the disease's physical and psychological aspects is critical to enhancing their health and quality of life. In this single case study, we are attempting to give an idea for *Shwitra's* treatment line using an *Ayurvedic* perspective and *Nityavirechana* therapy.

3.1 Patient Consent

Written permission for publication of this case study has been obtained from the patient.

4. AUTHOR CONTRIBUTION STATEMENT

This work was carried out in collaboration among all authors. Author DT wrote the manuscript and managed the literature searches. Author SP treated the patient, managed the analyses

of the case. MN, PS and PS reviewed the final drafting of the manuscript. All authors read and approved the final manuscript.

5. CONFLICT OF INTEREST

Conflict of interest declared none.

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