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Case Study

AYURVEDIC MANAGEMENT OF *SWITRA* (VITILIGO)

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ABSTRACT

As we know, *Twaka* (skin) is the outermost covering of our *Sharira* (body) and is the largest organ of the integumentary system. The skin is one of the important sense organs. Human beings are always conscious of protecting their skin from any impairment that makes them look ugly in our society. Among various skin impairments, *Svitra* is one of the crucial cosmetic impairments in which whitish discolourations on the skin disturb the patient's social confidence due to social stigma. In Ayurveda, *Bhrajak Pitta* is responsible for the *Prabha* of our *Tvaka*. *Svitra* is considered vitiligo, or leukoderma, in modern science based on findings. It comes under the broad heading *Kustha* in our Ayurveda classics. *Switra* is due to vitiation of the *Tridoshas*, *Rasa*, *Rakta*, *Mamsa*, and *Medas.* **Aim:** To study the Ayurvedic management of *Svitra* in a case study. **Objectives of study:** To study the various aspects of Ayurvedic management of *Svitra*. To assess the effectiveness of Ayurvedic management in *Svitra*. **Materials and Methods:** It is a single case study. An 18-year-old boy who was clinically diagnosed with *Svitra* two years ago visited our OPD. *Shaman chikitsa* was given for up to 12 weeks. Significant regression of the hypopigmented patches was seen at both the lower limb and upper limb. Subjective criteria observed for improvement in hypopigmented patches. **Result:** Before and after treatment assessed with VASI scoring. Significant clinical improvement was noted within twelve weeks of treatment.

INTRODUCTION

As per our classics, all skin diseases are mentioned under one broad heading, *Kustha*. In Charaka Samhita, *Svitra* is mentioned in the *Asthamahagada* (eight fatal conditions) also.[1] The disease *Svitra* is mentioned in *Kustha Roga Chikitsa* in our classics. The word *Svitra* is derived from the *Sanskrit* word *Shweta*, which means white patch.[2] So, *Svitra* is a disease in which manifestations of white patches appear over the body. According to *Kasyapa Samhita*, "श्वेतभावाच्छ्वित्रं" *(Ka.Chi.9/2)*.[3] This disease is also termed *Kilasa*, *Daruna*, *Aruna* and *Sheta kushta*. *Pitta* is the fundamental *Dosha* involved in this disease. Among the *Pittaja Bhrajak Pitta*, which resides in the skin (*Twaka*) is responsible for *Chaya* and *Prabha* of *Twacha* (skin).[4] According to *Vagabhata*, it is caused by *Tridosas Vata Pitta* and *Kapha*. *Svitra* is distinct from other skin conditions in that all tissue (*Twaka*) functions normally, while the skin tissue (*Twaka Vaivarnyata*) becomes discoloured and does not discharge (*Aparisrava Stravi*).[5,6] In modern science, this disease is caused by excessive production of melanin distribution or functionally impaired melanocyte under the skin surface.[7] It comprises vitiligo and leukoderma in modern science.

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AIM

To study the Ayurvedic management of *Svitra* in a case study.

OBJECTIVES

- To study the various aspects of the Ayurvedic management of *Svitra*.
- To assess the effectiveness of Ayurvedic management in *Svitra* as mentioned in classical Ayurvedic texts.

Case Report

An 18-year-old male patient, residing at Raja bazar, Kolkata, has visited our OPD unit in the Institute of Postgraduate and Ayurvedic Education & Research at Shyamadas Vaidya Shastra Pith Hospital, presented with multiple white discolored patches on both upper and lower limbs for last two years. The lesions varied in shape; or mild itching no discharge was present**.**

History of present illness

The present case report started initially 2 years ago with a small white spot over one knee joint without any irritation or itching. The patient was unconcerned at that time and ignored it, but his lesion increased day by day. After a few months of onset multiple white patches appeared over both knee joints, and having mild itching at night. After that, his parents took him to get suitable and effective management in our Ayurvedic hospital. There, he was diagnosed with *Svitra* and given an Ayurvedic treatment protocol. There were no associated symptoms present.

Past History

- No history of such type of complain before 2 years or trauma.
- No history of any systemic disorders.

Family history

His maternal grandmother is suffering from the same problems.

Immunizations status

Scheduled as per age

Personal History

- Appetite- Normal
- Bowel- Semi-solid
- Urine - 3 to 4 times/day, 1 time at night, with normal colour and flow.
- Sleep- Disturbed, late night watching mobile use

Social History

- Residential Area - Urban
- Personal hygiene- Poor
- Sanitations- Poor
- Drinking water - Municipal supply water
- Family – Joint

Dietetic History

Excessive intake of fast food, chocolate, maida, biryani, and red meat.

Psychological history

Svitra patients feel isolated from society and become physically stressed. Any mental cause of skin diseases includes stress and depression.

General examination

- Pulse- 76/ min
- B.P– 126/76 mm Hg
- Temp.- Normal (98.4 F)
- R.R. - 22/ min
- Weight - 49kg
- Cyanosis- Absent
- CNS- Normal
- Height- 169cm
- Clubbing- Absent

On Examination

Site of lesion	Both elbows and lower limbs
Lesion	Epidermal
Distribution	Generalised, symmetrical, non-segmental
Character of lesion	Macule
Color	White
Arrangement	Segmental, diffuse
Number of lesions	Multiple lesions
Itching	present
Severity	Severe
Superficial sensation on lesion	Normal sensation
Inflammation	Absent
Swelling	Absent
Discharge	Absent

MATERIAL AND METHODS

The present study was carried out as an interventional clinical study to evaluate the effect of the Ayurvedic *Shamana Aushadhis* in individuals with *Svitra*. The treatment was given in a phased manner over a total period of 12 weeks.

On the very first day, patient was started on *Shamana Aushadhis*, which included both internal medicine and external application. The use of *Bakuchi* (*Psoralea corylifolia*) oil was recommended for topical application on the white patches of the skin. Internal medicine such as *Swetari Vati* 250mg twice a day

before meals with honey, *Krimikutha Ras* 2 pills twice a day after meals with warm water, *Mahamanjishthadi Katha* 15ml mixed with about half a cup of warm water and *Arogyavardhini Vati* 2 pills twice a day before meals.

At week 6 of treatment, patients were clinically examined to assess initial therapeutic response.

On overall clinical examination, the patient showed early signs of repigmentation. According to clinical response and treatment requirement, additional medications including *Ashwagandha* powder and *Banga Bhasma* were added to the treatment protocol.

Treatment was continued for a total of 12 weeks. At the end of the treatment, patients were re-examined clinically to assess the extent and severity of skin repigmentation. The Vitiligo Area Scoring Index (VASI) was used to objectively assess therapeutic response.

Assessment Criteria

The VASI score was used as the primary clinical assessment tool for quantifying the extent of depigmentation and subsequent repigmentation. A reduction in VASI score from baseline to the end of treatment was considered indicative of improvement.

Subjective Criteria- Patients were observed for improvement in hypopigmented patches and improvement in general condition.

Objective Criteria- Improvement was calculated based on the VASI score.

Body Regions

Hands (Maximum of 2 hand units)

Trunk (Includes the chest, abdomen, and back)

Upper Extremities (Excluding hands; includes axillae)

Area of Involvement (Hand Unit Method)[8]

The area affected by vitiligo in each region is measured using the patient's own hand as a ruler

- 1 Hand Unit = The surface area of the patient's entire palm plus the volar surface of all five fingers.
- This unit equals approximately 1% of the total body surface area (BSA).
- Estimates how many "hand units" of vitiligo patch exist within each of the five body regions.

Residual Depigmentation parameters[9]

For each affected patch, the clinician visualizes and grades the amount of pigment left behind using standard percentage anchors:

- 100% depigmentation: Complete pigment loss; no pigment or melanin present.
- 90% depigmentation: Only tiny, sparse specks of pigment remain.
- 75% depigmentation: The depigmented patch clearly exceeds the remaining pigmented skin.
- 50% depigmentation: Macroscopic pigmented skin and depigmented skin are equal.
- 25% depigmentation: The remaining pigmented skin exceeds the depigmented areas.
- 10% depigmentation: Only specks of depigmentation are visible on the skin.
- 0% depigmentation: Normal skin pigmentation

Treatment Plan

***Shamana Chikitsa* was given to patients for the first 6 week as follows**

S.No	Treatment	Dose and *Anupana*	Day
1	*Bakuchi Taila*	Local application and taking a sun bath for about 30 min in the morning sunlight.	Continued
2	*Arogyavardhani Vati*	250mg with lukewarm water twice a day on an empty stomach.	Continued
3	*Syp. Mahamanjisthadi Kwatha*	15ml with half cup of lukewarm water.	Continued
4	*Krimikuthar Rasa*	250mg with lukewarm water.	30 days
5	*Swetari Ras*	2 tabs BD AC with honey.	Continued

Next 6-week Treatment Plan

S.No	Treatment	Dose And *Anupana*	Day
1	*Bakuchi Taila*	Local application and taking a sun bath for about 30 min in the morning sunlight.	Continued
2	*Arogyavardhani Vati*	250mg with lukewarm water twice a day on an empty stomach.	Continued
3	*Syp Mahamanjisthadi Kwatha*	15ml with half cup of lukewarm water	Continued
4	*Swetari Rasa*	2 tabs BD AC with honey	Continued

5	*Pow. Aswagandha Banga Bhasma*	3gm+250mg one dose twice a day	Continued

RESULTS[10]

VASI score formula: all body sites (Hand units) x (Residual Depigmentation)

VASI score calculation is done as follows

Results of VASI Score in Various body parts

Body Region	Before Treatment	After Treatment	Outcome
Face & neck	0	0	100% cleared
Upper extremity	1 x 0.75 = (0.75)	0.25 x 0.1= (0.025)	96.67% reduction
Trunk (front)	0	0	100% cleared
Trunk (back)	0	0	100% cleared
Lower extremity	4 x 0.75= (3.0)	3 x 0.5 = (1.5)	50% reduction
Feet	0	0	100% cleared
Hand	0	0	100% cleared
Total VASI	3.5	0.95	83.88% total improvement

Results showing changes before and after the treatment

Criteria	Score (BT)	Score (AT)
Number of patches	4	2
Colour	3	1
Itching	2	0
Hypo - pigmented patch	2	1
Total Score	11	04



Before Treatment **After Treatment**



Before Treatment **After Treatment**

DISCUSSION

Svitra is described in Ayurveda as a disorder involving alteration of normal skin colours. The clinical manifestation of depigmented patches provides a reasonable basis for clinical correlation of vitiligo.

Svitra can be managed very well in Ayurveda by both *Sodhana* and *Shamana Aushadhi*; if treatment can be initiated in the early stages, we can observe satisfactory results. *Svitra* is a disease mentioned in Ayurveda which is curable is the kind of curable that has no red hair and is small, pale, freshly developed, and raised upward in the center. Fused patches of red hair at the end of body parts (lips, elbows, feet, and genital organs) are incurable. According to *Charaka*, *Medodhatu* is affected in *Svitra* (type of *Kilasa*) and is more difficult to treat. According to our treatment plan, the patient has taken medicine and has been instructed to follow *Ahara* and *Vihara*, excluding *Nidana*. in this case patient present with whitish discoloration over both lover limb and slightly over both elbow of the upper limb, after 12-week administration of *Shamana Aushadhis* white patches are turn to pinkish gradually from the 1st month of the treatment and gradually turn into dark pigmentation over prior whitish patches observed with 50% filling over the lower limb and 96.67% over the upper limb was observed. The total improvement is evaluated via the VASI score.

Bakuchi contains psoralen, isopsorale, bakuchiol & corylin, which have antioxidant properties, stimulate melanocytes for melanin synthesis and have immunomodulatory effects.

Arogyavardhani vati has *Raktahara* (blood purifier), *Kushthara* (alleviates skin disease), *Srotovishodhana* (cleansing channels of body) and *Pitta Dosha Samaka* (alleviates *Pitta*). *Rasaratansamuchya* mentions *Arogyavardhani Vati* used *Samana Aushadhi* for the treatment of *Kustha*. It has anti-pruritic and antioxidant properties. It is also used to improve digestion and metabolic activity.

Manjisthadi Kwath - In this drug *Manijistha* is the main ingredient, and *Nagakeshar* and *Lodhra* are also useful ingredients in this *Kasayama*. It is mentioned in *Vranya Mahakasayam* in Charak Samhita because it helps to improve skin tone and complexion, as well as having *Raktasodhaka* properties (blood purifier). *Nagakeshar* and *Lodhra* are both used to compensate for the *Kapha-Pitta Doshas* of our body.

Bakuchi tail- It is used to treat hypopigmentation of our skin. Important ingredients of this ointment are *Bakuchi*, *Bal jadi*, and *Vis naag*. Among the above ingredients, *Bakuchi* is the primary active ingredient. rich in furanocoumarins. It acts as a natural photosensitizer to stimulate the melanocytes and promote skin regeneration. *Bal jadi* (*Arnebia benthamii*) is mainly known for its therapeutic properties that support skin healing and improve overall skin complexion. *Vish Naag* helps to enhance light sensitivity and reduce inflammation.

Svetari Ras- *Shuddha Bakuchi*- having *Vranaprasadan* properties when exposed to sunlight. *Shuddha Gandhak*- purified sulphur that treats chronic skin infections and *Shroto shodhaka* (purifies blood channels). *Kajjali*- A combination catalyst made of purified mercury and sulphur that boosts the overall therapeutic action. *Shuddha Hartal* possesses strong *Katu* (pungent) and *Tikta* (bitter) tastes with a highly potent, heating energy (*Ushna Veerya*). It is primarily targeted toward conditions originating from imbalances in the *Kapha* and *Rakta* (blood).

Krimikuthara Ras– Mainly used as *Krimighna Aushadha*.

Aswagnadha and *Banga Bhasma*– As per Ayurveda, *Aswagandha* is used as *Masma Dhatu Posaka*. Our *Tvaka* is formed by the *Mansha Dhatu Paka*; that is why it is used here as Masma Poshak, resulting in improved skin quality.

CONCLUSION

From above discussion it could be concluded that the medicine like *Swetari Vaṭi* 250mg twice daily before food with honey, *Krimikuthara Rasa* 2 tablets twice daily after food with lukewarm water, *Mahamanjiṣṭhadi Kwatha* 15ml diluted with approximately half a cup of lukewarm water, and *Arogyavardhini Vaṭi* 2 tablets twice daily before food, *Ashwagandha churna* and *Banga Bhasma* 3gm+ 250mg one dose with lukewarm water and *Bakuchi Taila* was advised for local application over the depigmented areas of the skin three times daily specially morning exposure to sun-light. All the above treatment modalities are potent *Svitra nasaka* or an efficacious regimen against hypopigmentation. The treatment modalities which have been followed in this case of *Svitra* are sufficiently efficacious, and those medicines have the quality of *Vrana prasadan* (repigmentation), *Srotoshodhana* (channel clearing activity), *Kandunasaka* (itching), *Tridosahara.*

Patient Consent: In this case report form, the patient has given full consent for the images to be published in the journal.

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