

AYURVEDIC MANAGEMENT OF SHWITRA – A CASE STUDY

Suma K. J.*, Manjunath Kanthi and Meghana N.

Asst. Professor, Dept of Panchakarma. JSS Ayurveda Medical College, Mysuru, Karnataka, India.

*Corresponding Author: Suma K. J.

Asst. Professor, Dept of Panchakarma. JSS Ayurveda Medical College, Mysuru, Karnataka, India.

Article Received on 24/07/2017

Article Revised on 14/08/2017

Article Accepted on 03/09/2017

ABSTRACT

Shwitra, one of the common skin disorders is characterized by white patches or lesions in the skin. It can be correlated with Vitiligo in contemporary science. Vitiligo, an auto immune disease, is classified under pigmentation disorders where hypo-pigmentation is due to the absence of melanin in the skin. Charaka explains Shodhana and Shamana as the line of treatment for Shwitra. A 52-year-old female diagnosed with Shwitra was treated with Classical Virechana followed by oral administration of Tab Shwitrahari vati and external application with Avalgujadi lepa for 2 months. By this combination therapy, significant changes were seen in the patient.

KEYWORDS: Shwitra, Virechana, Avalgujadi lepa, vitiligo.**INTRODUCTION**

Shwitra (Vitiligo) is one of the most common pigmentation disorder characterized by change in the color of the skin (Pandu varna). The factors responsible for normal skin color are hemoglobin, carotenoids and melanin pigment.^[1] Vitiligo, an auto immune disease, is classified under pigmentation disorders where hypo-pigmentation is due to the absence of melanin in the skin.

According to Charaka, Shwitra is one among three types of Kilasa and classified based on Dhathu involved (medo dhathu) and skin colour (Shweta varna).^[2] The nidanas (causative factors) explained for shwitra are Asathya, Krithagna Bhava, Ninda of Devathas, Guru Apamana, Papa Kriya, Poorvajanma Kritha Karma etc.^[2] The asadhya Lakshana of Shwitra are also explained as, the lesions with thick skin and Pandu Varna are not curable. Shwitra is a Rakta Pradoshaja Vikara.^[3] Shusruta has named the disease as Kilasa instead of Shvitra, and stated it as Twakgatha and Aparisravi. He too classified Shwitra based on color of the lesion with respect to dosha.^[4] According to Vagbhata shwitra is caused by same nidanas as that of Kushta.^[5]

CASE REPORT

A 52-year-old female came with complaints of white patches over the hands (palmar and plantar aspects) and legs since 3 years. The patches were small initially and are gradually increasing in size. There is no association of itching or burning sensation in the lesions. Patient has taken conventional treatment for the same but found no significant results.

Patient is not a known case of any systemic diseases like Diabetes, hypertension, Asthma.

Examination

General condition of patient was fair, Vitals are normal. Local and systemic reveals that no abnormality detected. Bowels are normal. Micturition is normal and adequate. Appetite is good. White patches are different sizes with dispersed area of hands and legs.

BP- 120/80 mmHg

PR- 68/min

Routine blood investigations were done and was normal

Skin Examination

Evaluation of lesion are based on the following criteria:

1. Number of patches-one large patch on both hands and legs and some small patches also seen
2. Colour of patches-white.

MATERIALS AND METHODS

1. Classical Virechana was administered
 - a) Deepana pachana with Tab Chitrakadi vati 2 tab thrice daily half an hour before food with water for 3 days and Tab Agnitundi vati 1 tab thrice daily half an hour after food with water for 3 days
 - b) Snehapana was given with Guggulu Tiktaka Ghrita (GTG) for 5 days (30ml, 60ml, 100ml, 120ml, 150ml) till Samyak snigdha lakshanas were observed
 - c) After attaining Samyak snigdha lakshanas during Vishrama kala Sarvanga abhyanga and Bashpa sweda was administered for 3 days
 - d) Virechana was done by giving Trivruth lehya 50gms followed by ushna jala anupana. Total 14 vegas were observed
 - e) Samsarjana krama and pariharya vishayas were advised for 5 days

2. After Virechana internally Tab Shwitrahari vati 2 tab twice daily after food with water for 2 months (The tablet was procured from Pharmacy of JSS Ayurveda hospital. It is manufactured from Mysore pharmaceuticals and research laboratory)
3. External application- Avalgujadi lepa⁶ to be applied over the lesions with fresh Gomutra (QS) everyday

morning and expose to the sunlight for about 30mins for 2 months

After Virechana, during the treatment the white patches started turning pink and size of the lesion reduced. After 2 months, the skin color started becoming normal.



Before treatment



After treatment



Before treatment



After treatment

DISCUSSION

Shwitra being a Rakta pradoshaja vikara, Virechana is one of the major Shodhana therapies mentioned for rakta pradoshaja vyadhi. Virechana removes the Sangha of doshas and helps in samprapti vighatana. Virechana also helps in better drug absorption, by preparing a path for the shaman drugs to act on the disease. It is considered to be the best treatment to remove the morbid doshas from the body and also purifies the blood.

Both Shwitrahari vati and Avalgujadi lepa contain Bakuchi (containing psoralen) as the main ingredient. The properties of Bakuchi are Katu tikta rasa, laghu, ushna ruksha guna and katu vipaka. Laghu, ushna and ruksha guna reduces the kapha. Ushna guna is also agni deepana and pachana. Katu vipaka acts as srotoshodhana. Bakuchi has properties like kilasahara, krimihara,

kushtaghna etc. The drug has a specific action of dilating the arterioles and capillaries so that the plasma is increased in that area. Therefore the skin starts getting normal color and the melanoblasts are stimulated.

CONCLUSION

Shwitra a pigmentation disorder though difficult to cure, can be managed successfully using Shodhana and Shamana chikitsa after considering factors like roga and rogi bala, dosha, dushya, prakriti etc. Hence treatment modalities like Virechana and internal and external administration of Bakuchi can be considered as effective in the management of Shwitra.

REFERENCES

1. Siddarth nisha. API Text book of Medicine, Dermatology 8th ed, Association Physician of India Mumbai, 1999; 1411, 1412, 1463.
2. Yadavji Trikamji Acharya, Charaka Samhita chikitsa 8/173-175, reprint, Chaukamba Sanskrit Sansthan, Varanasi, 2008; 458.
3. Yadavji Trikamji Acharya, Charaka Samhita Sutra 28/12, reprint, Chaukamba Sanskrit Sansthan, Varanasi, 2008; 179.
4. Yadavji Trikamji Acharya, Sushruta Samhita Nidana 5/17, reprint, Chaukamba Sanskrit Sansthan, Varanasi, 2008; 287.
5. Hari Sadashiva shastri Paradakara, Ashtanga hridaya Nidana 14/37, reprint, Chaukamba Sanskrit Sansthan, Varanasi, 2008; 427.
6. Hari Sadashiva shastri Paradakara, Ashtanga hridaya Chikitsa 20/13, reprint, Chaukamba Sanskrit Sansthan, Varanasi, 2008; 720.