



A CLINICO ETIOPATHOLOGICAL STUDY ON SVITRA VYADHI

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ABSTRACT

svitra with the cardinal sign of *svetalakṣaṇam* can be correlated to vitiligo- a chronic depigmentary disorder of the skin as both has similar clinical presentation mentioned in ancient as well as modern science. Study has been conducted on 83 clinically diagnosed cases of *svitra* at Govt Ayurvedic College & Hospital, Ghy. Diagnosis has been done on the basis of clinical parameters mentioned in Āyurvedic & modern texts. All age group irrespective of sex, skin colour, community & locality were included under the study. It was observed that most patients were between 21-50yrs of age with higher number of female patients. Regarding food habits, it is observed that most of the patients were taking mixed diet habitually. Though in most of the cases, there was no any significant precipitating factor or significant *āhāraja vihāraja nidāna* could not be revealed, however prevalence of *chintā* as *mānasika hetu* in patients of *svitra* were observed. Most of the patients have *pittaja svitra*. Results of the present study suggested that our observations are essentially consistent with the literature.

KEYWORDS: *svitra*, *svetalakṣaṇam*, vitiligo, *pitta*, *nidana*.

INTRODUCTION

svitra with the cardinal sign of *svetalakṣaṇam* can be correlated to vitiligo- a chronic depigmentary disorder of the skin as both has similar clinical presentation mentioned in ancient as well as modern science. In ayurveda, though *svitra* is mentioned along with other types of *kuṣhṭha*, but the difference between *svitra* and *Kuṣhṭha* is based on non-secretary and non-infectious nature of disease, involvement of *Tvāk* only, peculiarity of *Nidāna*, *sādhyāsādhyalakṣaṇa* and *cirothitha* nature of disease. But the exact aetiopathology of the disease is yet to be known Therefore, it is the need of the hour to conduct various researches on the disease *svitra* in depth.

MATERIALS AND METHODS

Study has been conducted on 83 clinically diagnosed cases of *svitra* at Govt Ayurvedic College & Hospital, Ghy, under strict protocol as per necessary formalities. Detailed history was taken in a specially designed proforma and other necessary examination and investigations were done. A complete literary review relating to the study has been done. Diagnosis has been done on the basis of clinical parameters mentioned in Āyurvedic & modern texts. All age group irrespective of sex, skin colour, community & locality were included under the study. Data are collected and statistically analysed

Assesment Criteria

1. All selected patients were recorded as per specially designed proforma
2. Selection of patients were done on the basis of clinical parameters mentioned in ayurvedic and modern classics
3. All age group irrespective of sex, skin colour, community & locality were included under the study
4. For assessment of excessive intake of specific food products, food frequency questionnaire for a period of 7 days have been employed. Gradation was done as: frequency of intake-
 - Once a week=1
 - 2-3times a week=2
 - 4times a week=3
 - 5times a week=4
 - Everyday=5
 Where score of 4 &5 are considered to be excessive intake of specific food in the study.
5. Addiction is considered when a substance is consumed >3 times /day except alcohol which is >3 times / week.
6. Status of *agni* & *kostha* is determined based on parameters mentioned in Ayurvedic classics.
7. Growing slowly and time factor are considered together and if the duration is greater than 1year it considered as *cirothitha*, otherwise *navama*.
8. Assesment of nature is based on characteristic of lesion in last 6 months.

- Active: new lesion or increase in size of old lesion.
 - Stable: no new lesion or no change in size of old lesion.
 - Improving: decrease in no. and size of old lesions
9. Colour of lesion is given preference over other character in determining the type of *švitra*.
10. Prevalence of $\geq 40\%$ in statistical data after comparing with the rest of the data was taken as criteria for significance.

RESULT AND OBSERVATION

In the present study, 83 cases of clinically diagnosed *Švitrais* taken. General data taken for the study is presented here in tubular form.

Table 1: Age wise distribution of 83 patients of *Švitra*.

Age group (in year)	No. of patient	% age
0-10	4	4.8
11-20	17	20.6
21-30	23	27.3
31-40	12	14.6
41-50	14	16.9
51-60	7	8.5
>60	6	7.2

Table reveals that maximum number of patient were from the age group 21-30 years i.e. 27.3%, while 20.6% of the patient belongs to 11-20 years age group. Very few of them are under 0-10 years.

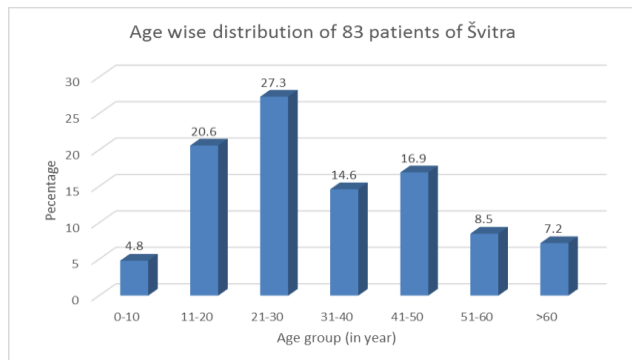


Table 2: Sex wise distribution of 83 patients of *Švitra*.

Sex	No. of patient	% age
Male	25	30.1
Female	58	69.9

Above table suggest that 30.1% patients were male and 69.9% patients were female. It may be concluded that M: F ::1:2.3.

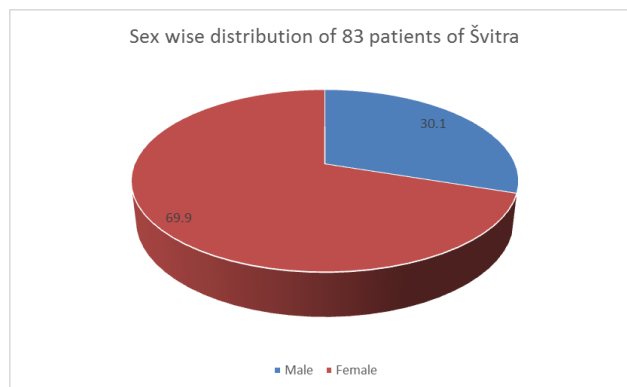


Table 3: Religion use distribution of 83 patients of *Švitra*.

Religion	No. of patient	% age
Hindu	48	57.8
Muslim	33	39.8
Christian	2	2.4
Buddhist	0	0
Jain	0	0
Sikh	0	0

The study shows that maximum patients of *Švitra* belong to Hindu religion (57.8%) followed by muslims (39.8%). Only 2.4% of patients are Christian.

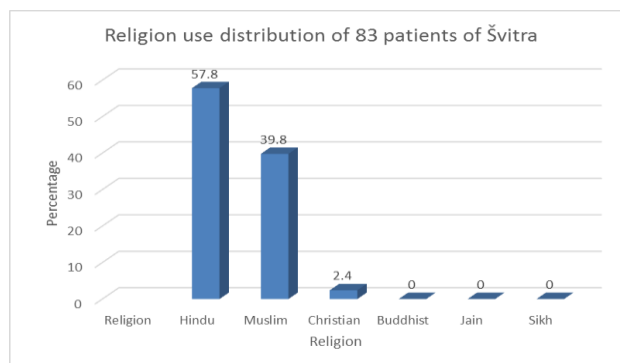


Table 4: Occupation wise distribution of 83 patients of *Švitra*.

Occupation	No. of patient	% age
Service	19	22.9
Student	24	28.9
Business	4	4.8
Homemaker	7	8.4
Self employed	9	10.8
Unemployed	13	15.7
Retired	6	7.2

The present study reveals that a maximum, i.e. 28.9% are student followed by 22.9% patients which are service holders, 15.7% were unemployed, 10.5% here self-employed, 8.4% homemakers, 7.2% retired persons, and a very few 4.8% were into business.

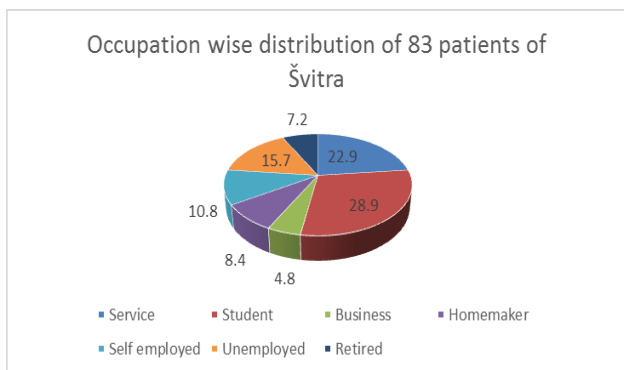


Table 5: Marital status wise distribution of 83 patients of Švitra.

Marital status	No. of patient	% age
Married	35	42.2
Unmarried	36	43.4
Divorced	2	2.4
Widow/Widower	10	12.0

Above table indicates 43.4% as unmarried and 42.2% are married whereas 12% are divorced and 2.4% are widows.

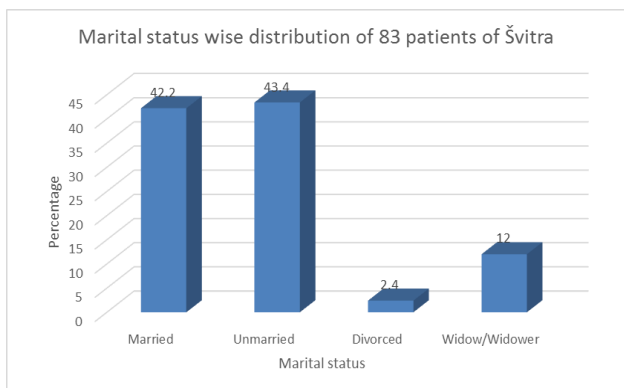


Table 6: Socio economic status wise distribution of 83 patients of Švitra.

SE status	No. of patient	% age
Upper	14	16.9
Middle	47	56.6
Lower	22	26.5

Monthly income of upper class >Rs. 50000/ month
 Monthly income of middle class = Rs. 10000 – 50000 / month
 Monthly income of lower class <Rs. 10000 / month

Maximum number of patients, i.e. 56.6% was from middle class, 26.5% were from lower class, where 16.9% were from upper class.

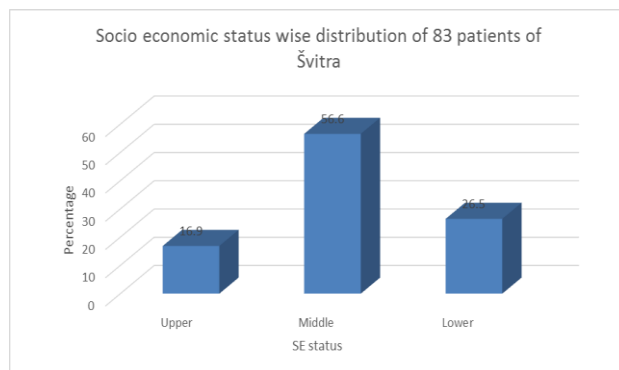


Table 7: Education wise distribution of 83 patients of Švitra.

Education	No. of patient	% age
Under matric	23	27.7
Matriculation	13	15.7
HS pass	16	19.3
Graduate	26	31.3
Post graduate	4	4.8
Higher	1	1.2

Table shows 31.6% were graduate, 27.7% were under matriculate 19.3% were HS pass, 15.7% were matriculate and a few around 4.8% post graduate & 1.2% had higher qualification.

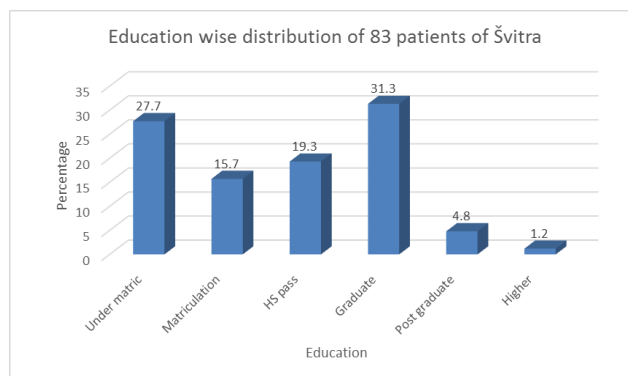


Table 8: Dietary habit wise distribution of 83 patients of Švitra.

Diet	No. of patient	% age	total
Veg	12	14.5	85.5% (mix diet)
Egg	4	4.8	
Fish	10	12.0	
Meat	6	7.2	
Egg + fish	1	1.2	
Egg + meat	0	0	
Fish + meat	11	13.3	
Fish + meat + egg	39	47	

In this study 85.5% were taking mixed diet while 14.5% were vegetarian.

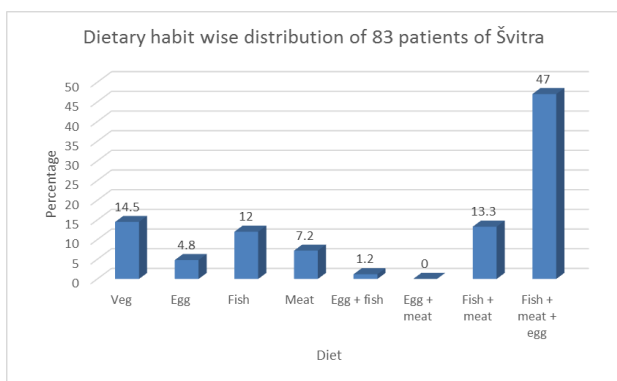


Table 9: Family history wise distribution of 83 patients of Švitra.

Family history	No. of patient	% age
Present	8	9.6
Absent	75	90.4

This table shows 9.6% patients having positive family history while 90.4% patients having family history negative.

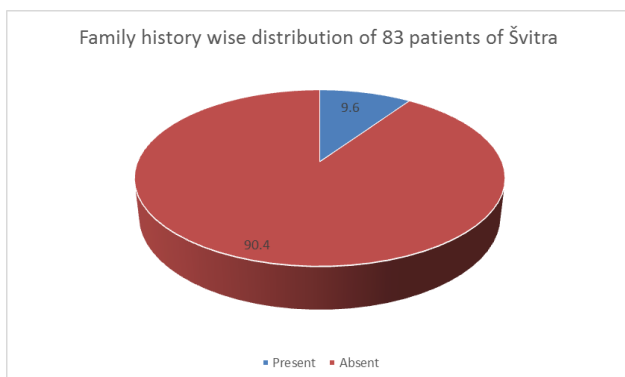


Table 10: Addiction wise distribution of 83 patients of Švitra.

Addiction	No. of patient	% age
Pan	7	8.4
Chips	2	2.4
Smoking	8	9.6
Tobacco	8	9.6
Supari	4	4.8
Betel nut	11	13.3
Tea	9	10.8
Alcohol	3	3.6
Gutka	3	3.6
Nothing significant	28	33.7

Addiction is considered when a substance is consumed >3 times /day except alcohol which is >3 times / week.

The above table shows that maximum patients with no any known significant addiction 33.7%, while 13.3% have addiction of betel nut, followed by tea 10.8%, then tobacco & smoking 9.6% each and pan 8.4%. Patients addicted to supari are 4.8% alcohol & gutka 3.6% each and chips 2.4%.

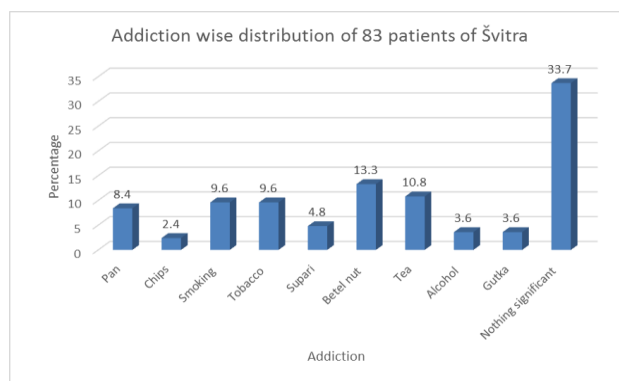


Table 11: DehaPrakṛti wise distribution of 83 patients of Švitra.

Deha Prakṛti	No. of patient	% age
Vata	19	22.9
Pitta	42	50.6
Kapha	22	26.5

Highest score is assumed as the predominant prakṛti

The present study reveals that 50.6% of patients have *pitta* predominant *prakṛti* whereas 26.5% have *kapha* predominant *prakṛti* & 24.1% have *vata* predominant *prakṛti*.

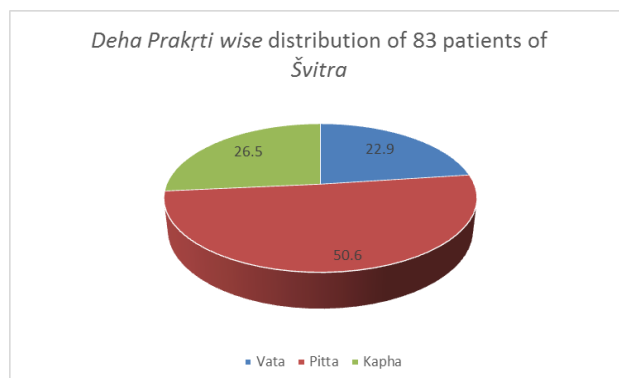


Table 12: Agni wise distribution of 83 patients of Švitra.

Agni	No. of patient	% age
Samagni	37	44.6
Mandagni	23	27.7
Tikshnagni	21	25.3
Visamagni	7	8.4

Table shows that 44.6% patients have *samagni* followed by 27.7% with *mandagni* & 25.3% with *tikshnagni*. Only 8.4% have *visamagni*.

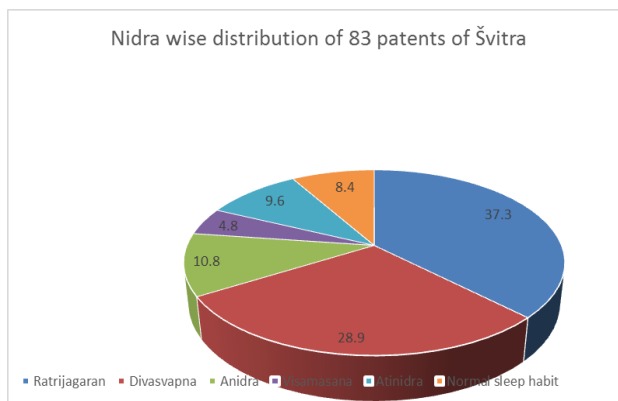
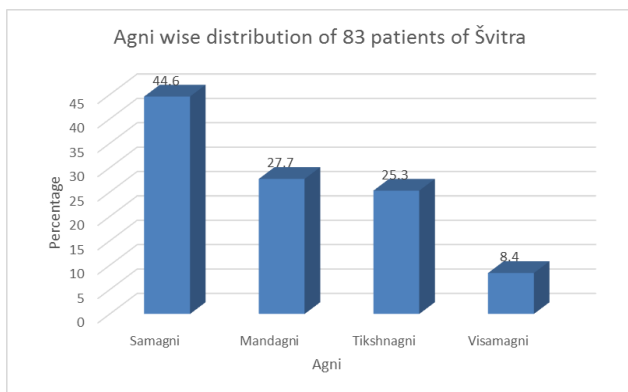


Table 13: Koṣṭha wise distribution of 83 patients of Śvitra.

Koṣṭha	No. of patient	% age
Mridu	13	15.7
Madhyam	44	53.0
Krura	26	31.3

Table shows 53% patients have *Madhyama Koṣṭha* while 15.7% & 31.3% of patient were found with *Mridu* & *Krura Koṣṭha* respectively.

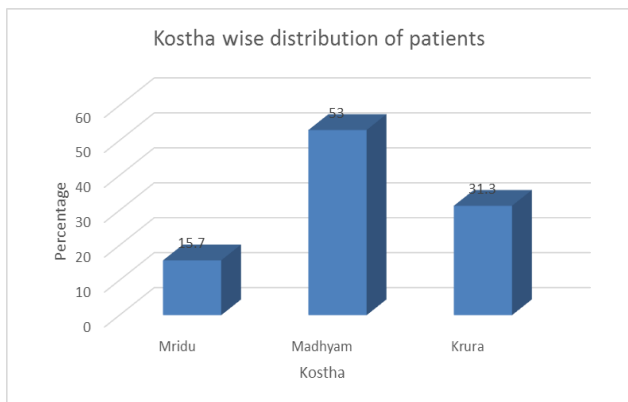


Table 14: Nidra wise distribution of 83 patents of Śvitra.

Nidra	No. of patient	% age
Ratrijagaran	31	37.3
Divasvapna	24	28.9
Anidra	9	10.8
Visamasana	4	4.8
Atinidra	8	9.6
Normal sleep habit	7	8.4

The study reveals that majority of patients with *śvitra* has a habit of *Rātrijāgarana* (37.3%) followed by *Divasvapna* 28.9%. about 10.8% suffers from *Anidra* whereas 9.6% suffers from *Atinidra*. About 4.8% have *visamasana* and 8.4% have normal sleep pattern.

Table 15: Associated disease wise distribution of 83 patients of Śvitra.

Associated illness	No. of patient	% age
Diabetes mellitus	9	10.8
Hypertension	7	8.4
Hypothyroidism	6	7.2
Anaemia	2	2.4
PUO	2	2.4
Jaundice	1	1.2
Cathroat	1	1.2
Eczema	1	1.2
Gastroenteritis	1	1.2
Tinea	1	1.2
Bronchial asthma	1	1.2
Ano rectal disease	2	2.4
Migrane	1	1.2
Osteoarthritis	1	1.2
Articaria	1	1.2
Down's syndrome	1	1.2
Menustral Irregularities	2	2.4
Pregnancy	2	2.4
Nothing significant	41	49.4

Table shows 49.4% having no any significant illness, 10.8% have diabetes followed by 8.4% with hypertension & 7.2 with hypothyroidism. 2.4% of patients are suffering from anaemia, PUD, ano-rectal diseases, menstrual irregularity & pregnancy each. Rest 1.2% have jaundice, CA throat, eczema, gastroenteritis, bronchial asthma tinea, migraine, osteoarthritis, urticarial & down's syndrome each.

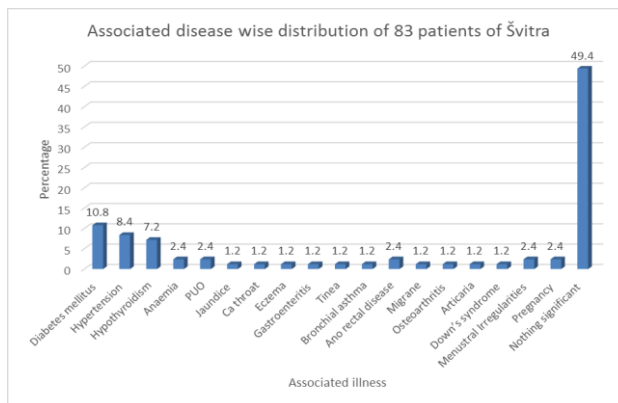


Table 16: Rasa adhikya wise distribution of 83 patients of Śvītrādisease.

Rasa	No. of patient	% age
Madhur	21	25.3
Amla	18	21.7
Lavan	7	8.4
Katu	11	13.3
Tikta	5	6.0
Kasaya	2	2.4
Sadarasa	19	22.9

Table shows maximum number of patients having madhur rasapredominantly in diet. 22.9% of patients here taking sada rasa predominantly in their diet, 21.7% amla rasa, 13.3% katu rasa, 8.4% lavan rasa, 6%tikta rasa& 2.4% kasaya rasa.

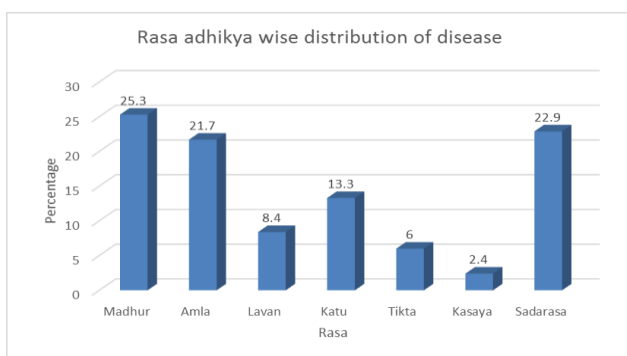


Table 17: Onset of disease wise distribution of 83 patients of Śvītra.

Onset	No. of patient	% age
Gradual	56	67.5
Sudden	27	32.5

Table shows 67.5% patients having gradual progress of the disease and 32.5% patients having sudden onset.

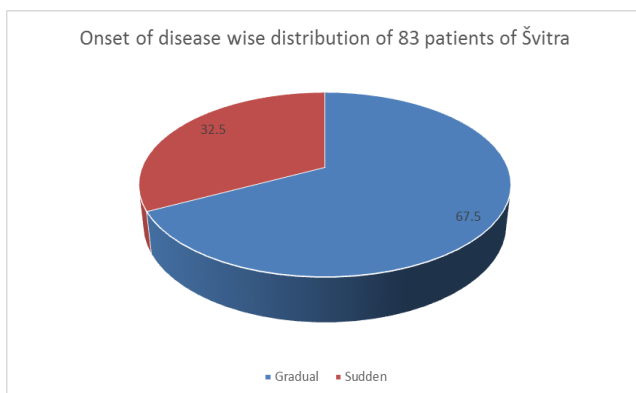


Table 18: Site of onset wise distribution of 83 patients of Śvītra.

Site of onset	No. of patient	% age	total
Scalp	5	6.0	34.8% (Head & Neck)
Forehead	2	2.4	
Eyelid	4	4.8	
Check	3	3.6	
Nose	1	1.2	
Upper lip	1	1.2	
Hip	5	6.0	
Ear	2	2.4	20.4% (upper limb)
Neck	6	7.2	
Axilla	1	1.2	
Hand	7	8.4	
Elbow	1	1.2	21.6% (Trunk)
Finger	8	9.6	
Chest	5	6.0	
Breast	4	4.8	
Abdomen	4	4.8	
Back	3	3.6	21.6 (lower limb)
Hip	2	2.4	
Thigh	2	2.4	
Knee	1	1.2	
Leg	8	9.6	
Ankle	4	4.8	
Foot	3	3.6	

Maximum number of patients, i.e., 9.6% were having legs & fingers as a site of onset, followed by hand (8.4%), then the neck (7.2%) as a site of onset. Scalp, lip & chest as a site of onset was found in 6.0%, 4.8% patients had eyelid breast abdomen and ankle as their site of onset, 3.6% cases on check, back & foot while 2.4% cases on forehead, ear, hip & thigh. Also 1.2% of patients having nose, upper lip axilla, elbow & knee as a site of onset.

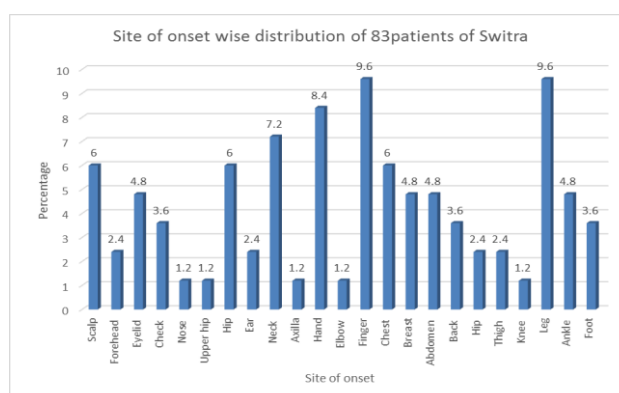
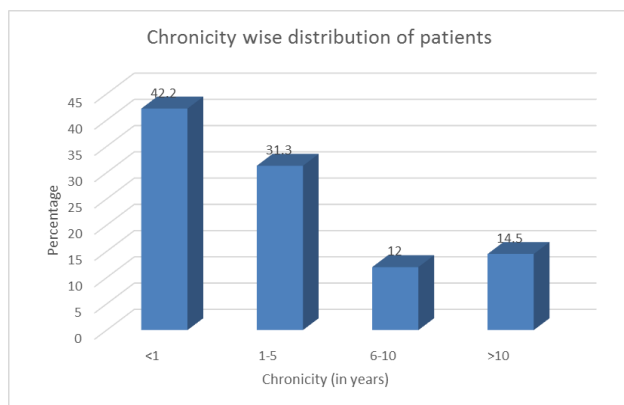


Table 19: Chronicity wise distribution of 83 patients of Švitra.

Chronicity (in years)	No. of patient	% age
<1	35	42.2
1-5	26	31.3
6-10	10	12.0
>10	12	14.5

The present study reports number of patients, i.e. 42.2% was having chronicity of less than 1 year. Total 31.3% of patients were having chronicity of 1-5 years. And 14.5% of patients were having chronicity of more than 10 years whereas 12.0% of patients were having chronicity of 6-10 years.

**Table 20: Nature of disease wise distribution of 83 patients of Švitra.**

Nature	No. of patient	% age
Active	43	51.8
Stable	21	25.3
Improving	19	22.9

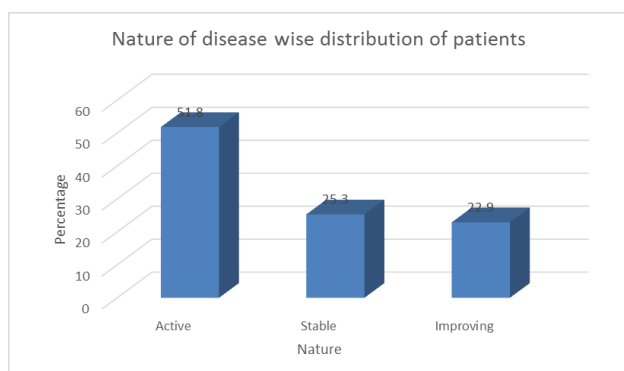
Nature is assessed based on characteristic of lesion in last 6 months.

Active: new lesion or increase in size of old lesion.

Stable: no new lesion or no change in size of old lesion.

Improving: decrease in no. and size of old lesions.

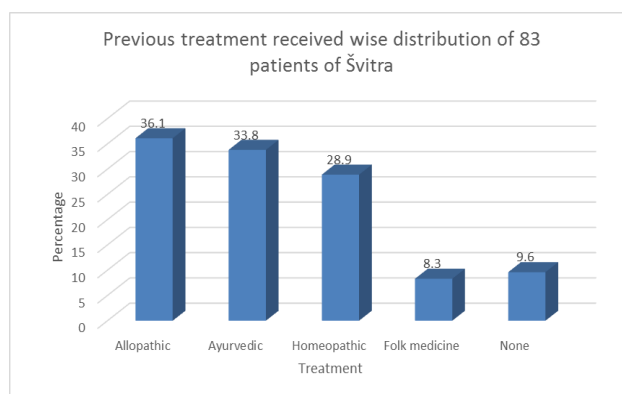
Out of 83 patients, 51.8% patients reported their disease as active or spreading in nature, while 25.3% having the disease in stable nature & 22.9% belonged to improving or regression nature of the disease.

**Table 21: Previous treatment received wise distribution of 83 patients of Švitra.**

Treatment	No. of patient	% age
Allopathic	30	36.1
Ayurvedic	28	33.8
Homeopathic	2.4	28.9
Folk medicine	7	8.3
None	8	9.6

Some patients have undergone treatments under more than one type of pathy.

The table indicates previously taken treatment wise distribution. It shows maximum no. of patients i.e. 36.1% had taken allopathic treatment followed by 33.8% Ayurvedic treatment then 28.9% homeopathic treatment and 8.3% folk medicine while 9.6% of patients having no treatment history.

**Table 22: Precipitating factor wise distribution of 83 patients of Švitra.**

Factor	No. of patient	Total	% age
Season			
• Summer	5	7	8.4
• Winter	2		
Exposure to sun	4	4	4.8
Exposure to soil	1	1	1.2
Smoking	1	1	1.2
Pregnancy	2	2	2.4
Elevated blood sugar	1	1	1.2
Food			
➤ Egg	1	7	8.4
➤ Fish	1		
➤ Milk	2		
➤ Duck meat	1		
➤ Sweet	1		
➤ Sour	1		
Chemicals			
➤ Vermillion	2	4	4.8
➤ Chalk	1		
➤ Hair colour	1		
Imitation jewellery	3	3	3.6
Unknown	52	52	62.7

In maximum i.e. 62.7% patients, the precipitating factor was unknown.

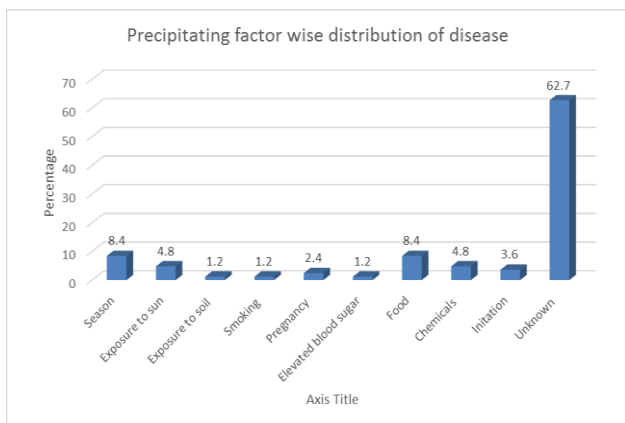


Table 23: Aharajanidana wise distribution in 83 patients of Śvitra.

Aharajanidan	No. of patient	% age
Atiamla	5	6.0
Atilavana	16	19.3
Virudhaahar	0	0
Guru annapana	17	20.5
Snigdhaannapana	18	21.7
Atidravapana	9	10.8
Snehaatisevana	8	9.6
Asatmyaahara	11	13.3
Ajeernaahara	23	27.7
Cikimacapyasa	0	0
GramyaanupaAudekamamsa with milk	9	10.8
Sitausnaahar karma muktasevana	4	4.8
Ajirnamadhuphanitamatsyalakucha	0	0
Dadhi with matsya	5	6.0
Masa	0	0
Mulaka	3	3.6
Pistana	6	7.2
Tila	8	9.6
Guda	0	0
Atimadyapana	3	3.6
Haritasakavidahianna	9	10.8
Lasuna	3	3.6
Praklinnaanna	0	0
Kurchikakilala	12	14.5
Gramyaanupaodakamamsa	11	13.3
Nothing significant	47	56.6

Study shows *ajirṇāhār* 27.7%, *snigdḥāhār* (21.7), *guru āhār* (20.5) as the most prevalent *āhārajahetus*. Among 56.6% of the patients no any specific *āhāraja hetu* could be elicited.

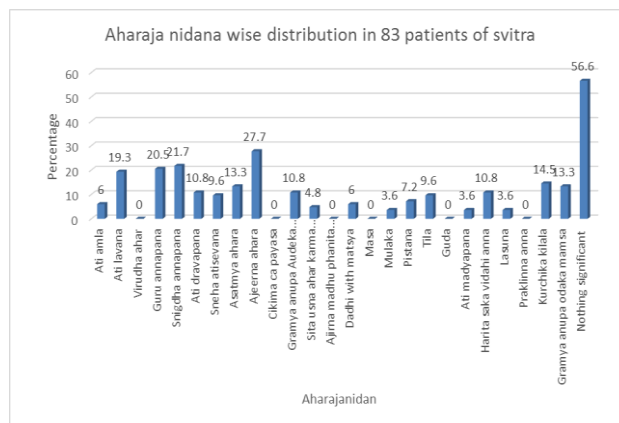


Table 24: Vihāraja nidāna wise distribution in 83 patients of Śvitra.

Viharaajanidan	No. of patient	% age
Vamanavegadharana	0	0
Pancakarmaaprachara	0	0
Bhay-sramasantapasitaudaka	6	7.2
Vega dharana	16	19.3
Sitausnavyatyasasevana	11	13.3
Papa karma	0	0
Nothing significant	50	60.2

Study shows *vega dhāraṇa* as the most prevalent (19.3%) among the above mentioned *vihārajahetus*. In 60.2% of patients no any specific *vihāraja hetu* could be evaluated.

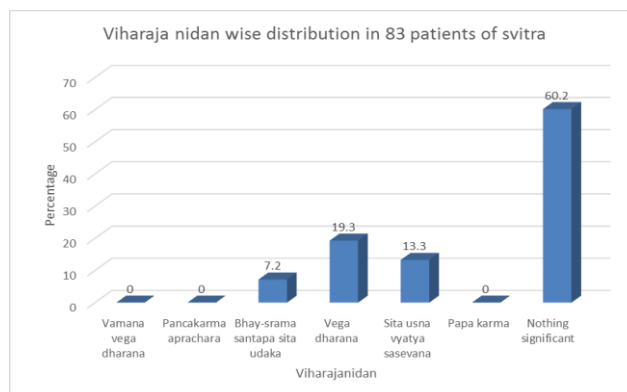


Table 25: Mānasika nidāna wise distribution in 83 patients of Śvitra.

Manasika nidana	No. of patient	% age
Krodh	5	6.0
Bhaya	0	0
Soka	6	7.2
Chinta	49	59.0
Nothing significant	23	27.7

Study reveals *cinta* as the most prevalent *Mānasika hetu* among (59%) the 83 patients of svitra.

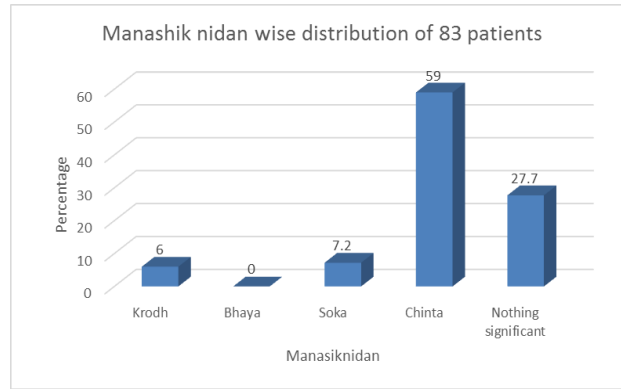


Table 26: Chief complaint wise distribution in 83 patients of Śvitra.

Symptoms	No. of patient	% age
Arunama	11	13.3
Parusham/ ruksham	0	0
Paridhwanshi	11	13.3
Padmapatrapratikasam OR kamala patravata	43	51.8
Roma dhvamsi	27	32.5
Tamram	0	0
Sakandu	3	3.6
Shwetam	29	34.9
Ghana bahala	43	51.8
Guru	0	0
Snigdha	10	12.0

Colour of lesion is given preference over other character in determining the type of svitra.

The present study reports that 51.8% of patient has *padmapatrapratikasana* and *Ghana bahala* each, 34.9% having *śvetam*, 32.5% having *roma dhvamsi*, 13.3% having *Arunam* and *pari dhvamsi* followed by 12% with *snigdha* and 3.6% with *kaṇḍu*.

Maximum no. of patients 51.8% were having *paittik* type of *śvitra* followed by *kaphaja* type of in 34.9% & 13.3% with *vataja* type of svitra.

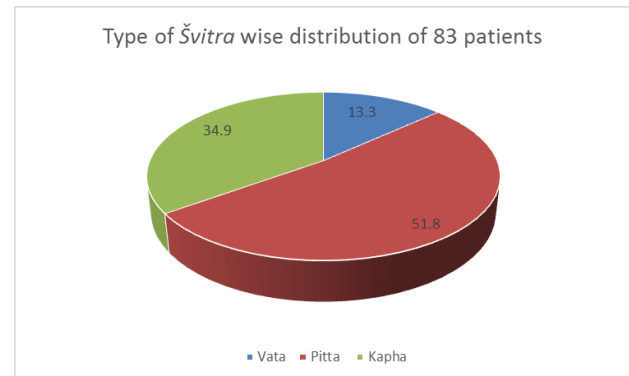
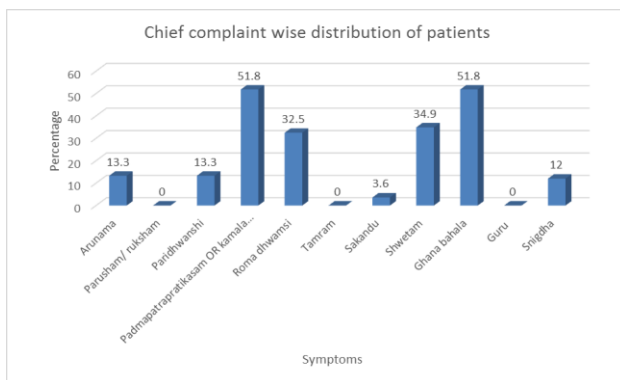


Table 27: Type of Śvitra wise distribution of 83 patients.

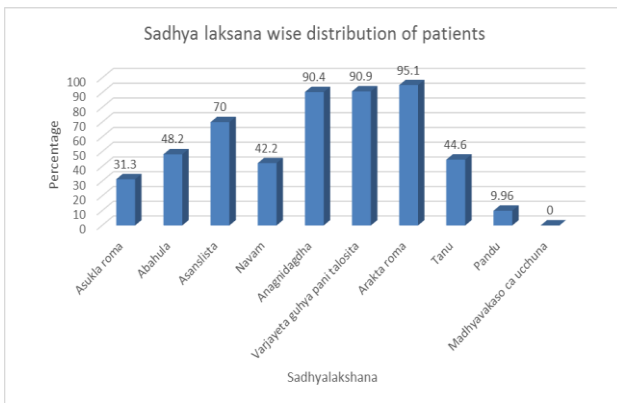
Dosa	No. of patient	% age
Vata	11	13.3
Pitta	43	51.8
Kapha	29	34.9

Highest score is taken to determine the type.

Table 28: Sādhyā lakṣaṇa wise distribution of 83 patients of Śvitra.

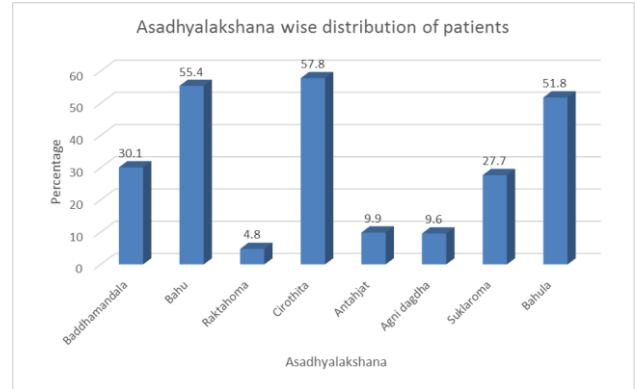
Sadhya lakshana	No. of patient	% age
Asuklaroma	56	31.3
Abahula	40	48.2
Asanslista	58	70
Navam	35	42.2
Anagnidagdha	75	90.4
Varjayetaguhyapani talosta	71	90.9
Araktaroma	79	95.1
Tanu	37	44.6
Pandu	12	9.96
Madhyavakasocacchuna	0	0

The present study report that 95.1% had *Arakta loma* and 90.4% had *Anāgnidagdha* and 70% *Asanslista* as *Sādhyā Lakṣaṇa*. *Abahula* was found in 48.2%, *tanu* in 44.6%, *Navama* in 42.2%, *Aśuklaroma* in 31.3% and *Varjayetaguhyā pāñitalosta* and *pāṇḍu* in 9.9%.

**Table 29: Asādhyā lakṣaṇa wise distribution of 83 patients of Śvitra.**

Asadhya lakshana	No. of patient	% age
Baddhamandala	25	30.1
Bahu	46	55.4
Rakta loma	4	4.8
Cirothita	48	57.8
Antahjat	12	9.9
Agni dagdha	8	9.6
Suklaroma	23	27.7
Bahula	43	51.8

Table shows that maximum patients had *cirothita* 57.8%, *bahu* 55.4%, *bahula* 51.8%, followed by *baddhamandala* 30.1%, *suklaroma* 27.7%, *antahjat* 9.9%, *agnidagdha* 9.6% and *rakta loma* 4.8%.



DISCUSSION

Age: In this study, maximum number of patients, i.e. 27.3% were from the age group 21-30 years, followed by 20.6% were recorded from 11-20 years age group, then 16.9% among the 41-50 years and 14.6% recorded from 31-40%. Very few of them are recorded under 0-10 years & above 60 years age group. Most patients were between 21-50yrs of age when there is *pitta pradhānya* in *yuvāvasthā* and *śvitra* is a *pitta pradhān tridoṣaja vyādhi*.

Sex: In this study, 30% patients here male and 69.9% were female. The higher number of female patients may be because female were more conscious regarding their looks. However it is difficult to make any comment regarding distribution of gender.

Religion: In this study majority patients were Hindu (57.8%) followed by Muslims (39.8%). This reflects the geographical distribution of the region.

Occupation: In this present study, maximum number of patients, i.e. 28.9% were student, 22.9% were service holders, 15.7 were unemployed 10.8% were self-employed, 8.4% home-makers, 7.2% retired and 4.8% business holders. It is difficult to establish any relationship between *śvitra* and occupation.

Marital status: In this study, 42.2% were married and 43.4% were unmarried. The ratio was almost same. The study reveals no relationship in the occurrence of the disease between married and unmarried persons.

Se Status: The disease was found in 56.6% of middle class patient. This may be assumed that the middle income group prefer Govt. hospitals for treatment in comparison to expensive private hospitals.

Education: 31.6% here graduate, followed by 27.7% matriculate, 4.8% post graduate & 1.2% with higher qualifications. It can be said that educated people are more concerned to any health ailment.

Diet: Most of the patients, i.e. 85.5% were taking mixed diet. This may be due to the food habit trend of the people of this region where the study was conducted.

Moreover mixed food habit is more susceptible to vitiation of *pitta doṣa*.

Family history: Family history is shown negative for a majority of 90.4% of population. This shows that genetic involvement does not play any major role in the precipitation of the disease.

Addiction: From the history is addiction it has been found that 33.7% were found to have no any significant history of addiction. Betel nut (13.3%), tea (10.8%) smoking (9.6%) & tobacco play some role as these are *pitta* aggravating factors.

Agni: study of 83 patients reveals the maximum number of patients having *samagni* (44.6%) which 27.7% patients have *mandāgni* and 25.3% with *tikṣṇāgni* & 8.4% patients have *viṣamāgni*. Though most of the patients have *samāgni avasthā* but subsequently 49 number of patients here belong to the age group of 20 to 50 yrs when there is *pitta doṣa* predominance in *yuvāvasthā*, thus bears good digestion capacity, so naturally they may fulfill the criteria of *samāgni* taken in the study.

Kostha: Study of 83 patients reveals that 53% were having *madhyam koṣṭha* followed by 15.7% and 31.3% of patients having *mridu* & *krura koṣṭha* respectively. As the majority of patients belong to *pitta prakṛti*, therefore the no. of patients with *madhyam koṣṭha* are more in the study.

Deha prakṛti: Study shows that 50.6% of patients were having *pitta* predominant *deha prakṛti* while 26.5% of patients were *kapha* predominant *deha prakṛti* and rest of the patients having *vāta* predominant *deha prakṛti* (22.9%). Though *śvitra* is a *Tridoṣaja vyādhi*, often dominance of *pitta* is seen in *śvitra* which is confirmed with the symptomatology of *śvitra*. In this study, maximum number of patients having *pittaja deha prakṛti* was suffering from *śvitra* more.

Nidra: In this study 37.3% patients had the habit of *rātri jāgaran*. This reflects the current lifestyle trend of the population.

Associated illness: Study reveals that 49.4% patients have no any significant associated illness.

Rasa Adhikya: Most of the patient, i.e. 25.3% preferred *madhura rasa* followed by *sadarasa* i.e. 22.9%, then *āmla rasa* 21.7%, 13.3% of the patients prefer *katu rasa*, 8.4% *lavana rasa*, 6% prefer *tikta rasa*. About 2.4% prefer *kasāya rasa* in their diet. This is the staple food pattern which is preferred by most of people of this region.

Onset: In this study 67.5% of patients have gradual onset & progression of disease. It suggests that disease develops over a long period of time.

Treatment history: In this study 36% patients have received allopathic treatment, 33.8% of patients had taken Ayurvedic treatment, 28.9% had received homeopathic treatment and 28.9% had received homeopathic treatment and 8.3% of patient had taken folk medicine. About 9.6% of patients had taken no treatment. Thus above study reveals that *śvitra* is difficult to treat by any type of treatment and requires long term treatment for satisfactory resolution.

Site of onset: The site of onset of the disease is most common in the limb i.e. 42%, from which 20.4% are in upper limb and 21.6% in lower limb.

Chronicity: Maximum number of patients, 57.8% came in *cirothita* condition of the disease i.e. suffering for more than 1 year. It shows the chronic nature of the disease. It may be due to the possibility that most people start treatment when the disease spreads to exposed parts of the body or in late stage.

Nature: The disease was found to be in spreading stage in 51.8% of patients. The lesions were found to be stable in 25.3% and improving in 22.9% of patients.

Precipitating factor: In 62.7% of patients the precipitating factor was unknown. Such factors of diseases were included under some supersonic causes which affects our body. *Acārya* included it under *pāpa karma*.

Aharaaja & viharaja nidana: No any significant *ahāraja nidāna* could be elicited from 56.6% (47 number of patients). Similarly in 60.2% (50 number of patients) no any *vihāraja nidāna* could be assessed. This may be due to the reason that *nidāna* like *pāpa karma* etc. could not assessed in this study.

Manasika nidana: Study reveals prevalence of *cinta* (59%) (49 no. of patient) as *mānasika hetu* in patients of *śvitra*. This may be due to the distressing ailment which affects the persons psychological health. Also due to the present lifestyle, patients become victim of depression, stress, anxiety etc.

Type of svitra and chief complaints: According to diagnosis, *pittaja śvitra* were mostly found (51.8%) with the chief complaints of *Padma patrapratikasan* in all patients with *paittik śvitra*. The chief complaints due to *vāta*, i.e. *Arunam* and *paridhvansi* is seen in all patients diagnosed with *vātaja śvitra*. *Kaphaja* complaints of *śvetam* is found in 34.9% followed by *ghana bahala* (51.8%), *snigdha* (12%) and *sakaṇḍu* (3.6%). Thus it can be said that all *doṣas* are involved in the pathogenesis.

Sadhya laksana: Study reveals that among the *sādhyā lakṣaṇa*, prevalence of *Arakta loma* (95.1%) is highest followed by *Anāgni dagdha* (90.4%), *varjyeta guhya pāni taloṣṭha* (90.9%) and *Asanlistha* (70%).

Asadhya laksana: In the *Asādhyā lakṣaṇa* about 57.8 patient have *chirothita* due to chronic nature of the disease, followed by 55.4% with *bahu* & 51.8% with *bahala* that indicates wide spread nature of disease thus bad prognosis.

Type of svitra and chief complaints: According to diagnosis, *pittaja svitra* were mostly found (51.8%) with the chief complaints of *Padma patrapratikasan* in all patients with *paittik svitra*. The chief complaints due to *vāta*, i.e. *Arunam* and *paridhvansi* is seen in all patients diagnosed with *vātaja svitra*. *Kaphaja* complaints of *śvetam* is found in 34.9% followed by *ghana bahala* (51.8%), *snigdha* (12%) and *sakaṇḍu* (3.6%). Thus it can be said that all *doṣas* are involved in the pathogenesis.

CONCLUSION

Results of the present study suggested that our observations are essentially consistent with the literature. The differences in clinico epidemiological features of svitra were not statistically significant. However our inferences remain limited by single centre observational nature of the study.

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