AYURVEDIC MANAGEMENT OF SWITRA: - A CASE STUDY

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ABSTRACT
Vitiligo is a common autoimmune disorder in which the destruction of melanocytes occurs, resulting in the formation of white spots on the skin. It has a major impact on the quality of life of patients, as they feel distressed and stigmatized by their condition. Treatment available in contemporary medicine has its own limitations and side effects. In Ayurveda, Switra is the term employed for the hypopigmentation disorders of the skin. Due to the holistic approach, Ayurveda has the vast potential to treat such autoimmune skin diseases. Here, a case study of chronic vitiligo treated successfully with ayurvedic interventions is reported.

KEYWORDS: Kusta, switra, vitiligo, snehapana, virechana, shaman.

INTRODUCTION
Skin is the largest organ of the body. Skin, exterior surface, as it covers whole body appearing to be the largest surface area of all the organs, was appreciated primarily as a passive barrier to fluid loss, mechanical injuries and plays the important role in protecting the against various micro-organisms, insulation, temperature regulation, vitamin D & B synthesis.

In Ayurveda, the word “TVAK” OR “CHARMA” is used for skin (Ch.Sa-7/16). The word twacha is derived from “twach- samvarne” dhatu meaning the covers of the body.

Many interrelated factors affect both the appearance and health of skin including nutrition, hygiene, circulation, age, immunity, genetic traits, psychological state and drugs. Skin disease not only affects the patient physically but also demoralise the mental and social status of patient. In Ayurveda there is vast description of skin disease under name “Kustha”. Under
Kustha there is seven Maha kustha and eleven Kshudra kustha described by Acharyas in our Samhitas. Switra is not described under any of these contexts. Acharya Sushruta has mentioned Switra as another form of kushta which is differentiated from it because of the absence of secretions and its confinement to the skin only.

**Switra**

In Ayurveda and untruthfulness, ungratitude, disrespect for gods, insult of preceptors, indulge in sinful acts, misdeeds of previous birth, and consumption of mutually contradictory food are its main etiological factors. In Ayurveda most of the skin diseases are described under the heading of kushta. Kushta is further divided into Mahakushta and Kshudrakushta. However, Shvitra is not described under any of these contexts. Acharya Sushruta has mentioned Shvitra as another form of kushta which is differentiated from it because of the absence of secretions and its confinement to the skin only and classified it as vataja, pittaja, and kaphaja. Acharya Charaka has given three stages of Shvitra, and according to its penetration in dhatus like if it is located in rakta dhatu, it appears red in colour. If in mamsa dhatu, it appears coppery color, and if in meda dhatu, it appears white in color, as deep as the penetration more it is difficult to treat and also mentioned it under the rakta pradoshaja vikara based on the clinical symptoms.

**Vitiligo**

The disease manifested by the skin has a significant impact on our quality of life, productivity, and mental health. Vitiligo is a common skin disease characterized by the presence of hypopigmented lesions, resulting from a reduction in the number and function of melanocytes that negatively affects patients' self-esteem and quality of life. The clinically characteristic symptoms of the vitiligo are pale or milk-white macules or patches due to the selective destruction of melanocytes. They occur on the skin in different parts of the body and sometimes also on the mucous membranes. The exact pathogenesis of vitiligo is not known. Multiple mechanisms, including metabolic abnormalities, oxidative stress, generation of inflammatory mediators, cell detachment, and autoimmune responses, may play a role in the pathogenesis of disease. The prevalence of vitiligo in India is reported between 0.25% and 4%. There is no cure for vitiligo. First-line therapy for re-pigmentation includes topical corticosteroids and ultraviolet (UV)-B phototherapy. Current treatment for vitiligo attempts to either increase or decrease pigmentation to increase the patient's self-esteem. Many of these
topical and light therapies aid in re-pigmentation but require extensive treatment periods and carry unwanted side effects.

CASE REPORT
A 32-year old female patient came to our OPD (OPD No-29789/4178) of Gopabandhu Ayurveda Mahavidyalaya, Puri, Odisha on Dt.26.09.2022 with the complaints of white patches on the forehead, nasal fold, nose, lip, eyebrows, chest and right hands with mild itching over affected area and gradual increment for 10 years.

CHIEF COMPLAIN
White patches on the forehead, nasal fold, nose, lip, eyebrows, chest and right hands with mild itching over affected area and gradual increment for 10 years. The disease was in the active stage, and new spots were increasing gradually.

HISTORY OF PRESENT ILLNESS
Patient was apparently well before 10 years and gradually white patches measuring about 2x1 cm, 1.5x0.5 cm, 2x1.5 cm, 1x0.5 cm, 1x0.5cm, 2.5x1cm and 6x2cm on left eyebrow, right eye brow, right forehead scalp region, left side nasal fold, left side nasal fold, lower lip and right fore arm region respectively. There were multiple small patches on fingers of right hand also. The spots and patches were asymmetric, well defined whitish-pink and without scaling and discharge. There was no past history of major illness. No history of trauma or surgery was found. Her menstrual cycle was regular. She had allopathic medication history for the last 5 years including corticosteroid orally and psoralen and UV A light therapy along with external applications. She had found some improvement in the starting phase of the treatment, but then, there was no progress in that condition for the last 2 years. Since six months she isn’t taking any medicines and was admitted here for better treatment. Then, she visited Gopabandhu Ayurveda Mahavidyalaya, for better treatment.

FAMILY HISTORY
Family history in first-degree relation was negative.

PERSONAL HISTORY
Appetite: Moderate
Bowel: Irregular with constipated
Micturition: 5-6 times/day
Sleep: Sound

GENERAL EXAMINATION
Appearance: Normal
Built: Moderate
Nourishment: Moderate
Pallor: +
Icterus: Absent
Oedema: Absent
Cyanosis: Absent

VITAL DATA
Pulse: 82 /Min
BP: 140/90 MmHg
Respiratory Rate: 20/Min
Temp: 98.8* F
Weight: 58 kg

PHYSICAL EXAMINATION (SKIN EXAMINATION)
Site- There were white patches measuring about 2x1 cm, 1.5x0.5 cm, 2x1.5 cm, 1x0.5 cm, 1x0.5cm, 2.5x1cm and 6x2cm on left eyebrow, right eye brow, right forehead scalp region, left side nasal fold, left side nasal fold, lower lip and right fore arm region respectively. There were multiple small patches on fingers of hand also. The spots and patches were asymmetric, well defined whitish-pink and without scaling and discharge.

Clinical examination
Atura Bala Pramana was assessed by Dasavidha Atura Pariksa. Prakriti of the patient was Pitta-Kaphaj and Vikriti was Pitta pradhana tridoshaja; Sara was Rakta; Samhana was Madhyam; Vyayama shakti was Avara; Ahara shakti and Jarana shakti was Madhyama; Satva was Avara; Satyama and Bala was Avara.

General physical examination
General condition of the patient was fair and afebrile. Vitals were normal. Pallor, icterus, clubbing, cyanosis, and lymphadenopathy were absent. On examination, cardiovascular, respiratory, urinary, and central nervous system revealed no abnormality.
Dermatological examination
There were white patches measuring about 2x1 cm, 1.5x0.5 cm, 2x1.5 cm, 1x0.5 cm, 1x0.5 cm, 2.5x1 cm and 6x2 cm on left eyebrow, right eye brow, right forehead scalp region, left side nasal fold, left side nasal fold, lower lip and right fore arm region respectively. There were multiple small patches on fingers of hand also. The spots and patches were asymmetric, well-defined whitish-pink, and without scaling and discharge.

LAB INVESTIGATION
Total WBC count – 7900 cells/mm3 (N-66%, E-10%, B-0, L-24%, M-0)
ESR - 55 mm/1hr
Hb % - 11gm%
FBS - 88 mg/dl
PPBS - 126 mg/dl

Diagnosis
As the patches were spreaded on the large area (bahala), color of patches was white/whitish pink (tvaka vaivarnyata), no secretion from the lesion (aparisravi), with no itching (kandu), and loss of hair (romavidhvamsha) on affected area, so it was diagnosed with Shvitra kustha on the bases of sign and symptoms.

Treatment protocol
In this diagnosed case of Shvitra kushta, based on the involved doshas and samprapti (pathogenesis) pitta-kapha shamaka line of treatment (according to doshas) along with Vyadhi pratyanika chikitsa was adopted. First of all we should do sodhana chikitsa and then Samshamana chikitsa along with dietary restriction was suggested. The patient was taking snacks and milk regularly in the morning and evening and excessive salty, sour and spicy food, which was stopped during the treatment. The patient was having the habits of day sleep and night awakening. She was in continuous stress due to disease. Proper psychological counseling was done along with advice for yoga and meditation.

TREATMENT GIVEN
For sodhana chikitsa the line of treatment-
1. Deepan-Pachan: Sad-dharan churna (5gm) 1TSF twice daily with Luke-warm water for three days before food.
2. Snehapana: Panchatiktaka ghrita
a. 1st day – 30 ml
b. 2nd day - 60 ml
c. 3rd day – 90 ml
d. 4th day – 120 ml
e. 5th & 6th day – Abhyanga with Vakuchi taila and Sarvanga sweda

3. Virechan: On 7th day virechan with the help of Trivrut avaleha and abhayadi modak.
4. Samasrajan karma: Next 05 days Samsarjan karma with light diet.

The internal and external medications are listed in Table 1.

<table>
<thead>
<tr>
<th>1. Mahamanjistadi kashay</th>
<th>10ml twice daily with half cup luke warm water.</th>
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</thead>
<tbody>
<tr>
<td>2. Drakshyadi kashay</td>
<td>10ml twice daily with half cup luke warm water.</td>
</tr>
<tr>
<td>3. Arogyavardhini vati</td>
<td>1 tab twice daily with luke warm water</td>
</tr>
<tr>
<td>4. Pigmento tablet</td>
<td>1 tab twice daily with luke warm water.</td>
</tr>
<tr>
<td>5. Tolenorm oil</td>
<td>For external application</td>
</tr>
</tbody>
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Table 1

RESULT
After snehapana the dryness of skin got soften and after virechan the dominance of pitta got reduced. Then patient was advised to follow up medicine and wholesome diet.

DISCUSSION
The main causative factor in the manifestation of pathology of Shvitra kustha is pitta (Bhrajaka pitta) pradhana tridosha that vitiates Tvaka (Rasa dhatu), Rakta, Mamsa, Lasika (lymph), i.e., kustha dravya sangraha (seven fold pathogenic substance of kustha). Due to the consumption of nidana simultaneous vitiation of doshas and shaithilyata (looseness) in dhatus (tvaka, rakta, mamsa, lasika) occurs. Vitiated doshas gain momentum to vitiate shithila dhatus leading to manifestation of Shvitra. The nidana (causative factors) is intake of incompatible and contaminated food, suppression of natural urges, drinking cold water just after exposure to the sun or after doing physical work, excessive intake of salty or acidic food items, haphazard intake of food with hot and cold properties, improper administration of panchakarma therapies, sleep during day time or indulge in sinful acts. In present case, unwholesome dietary habit (taking incompatible food like milk for long time, excessive sour, spicy, and salty food), sleeping at day time, and suppression of natural urges contributed to the aggravation of doshas resulting in the pathogenesis of Shvitra.
Mahamanjistadi Kashay: contains manjista, musta, guduchi, haridra triphala patola chitraka Chandana which has Tridosha hara property, 1st it pacifies pitta dosha then kapha dosha. It has anti-inflammatory, antioxidant, anti-ulcerogenic, anti-arrhythmic, immune modulatory and detoxifier (ama pachak) property.

Panchatiktaka ghrta: it contains nimba, patola, guduchi, vasa, vyaghri, triphala. It is known to work well as an immunomodulator, antipyretic, anti-ulcerogenic, and also as a digestive and laxative property. Generally panchatiktaka ghrta is snigdha in nature.

Arogya vardhini vati: Sudha Parad, Suddha Gandhak, Loha Bhasma, Abhraka Bhasma, Tamra Bhasma, Triphala, Shilajatu, Purana Gugula, Eranda, Katuki, Neemba. This drugs in ayurveda are used as best antibiotics, having tridosha hara property.

Drakshyadi Kashaya: Contains drakshya, madhuka, lodhra, musta, sariba, padmakesara, padmaka Chandana etc. All these are pitta samaka drugs.

Bakuchi taila: Contains bakuchi seeds and tila taila. Having Katu and tikta rasa, usna virya and laghu rukshya guna.

CONCLUSIONS
It is concluded from the study that Ayurvedic protocol shodana chikitsa and (Shamana chikitsa) is effective in treating Shvitra. It is a safe, cost-effective, and purely based on the Ayurvedic principle. However, the present study should be carried out in a large sample size to confirm its efficacy.

Figure (A) shows 1st opd visit to our college with white pinkish patches in both eye brow, both nasal fold, right side forehead and lower lip region.

Figure (B) shows 1st visit to our opd with white pinkish patches in right hand fore arm.
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