

AYURVEDIC MANAGEMENT OF SHWITRA: A CASE STUDY

*Dr. Devendra Kumar, **Dr. Shrinidhi Kumar K

*Ph.D.Scholar, **Assistant Professor, P.G. Department of Kaumarbhritya, National Institute of Ayurveda, Jaipur.

ABSTRACT

Shwitra is one of the common skin disorders with cosmetic importance and characterized by lesions in the form of white patches over the skinsurface with maximum incidence of childhood onset. This not only interfere with beauty and general outlook of the child but also considered as social stigma, which ultimately afflicts the social, academical,behavioral pattern of the child. Incidence of Shwitra is 1% to 2% in children. Ayurveda considers it under Kushta and same as been named as vitiligo or leucoderma in contemporary medical science, with basic pathology of hypopigmentation due to the absence of melanin underneath the skin due to various causes. As treatment options are limited and unsatisfactory, parents opt the Ayurveda management for the same.

A 8-year-old male child diagnosed with Shwitra and presented with hypo pigmented patch over the left leg and ankle area measuring 10x5 cm dimensions was treated with Trikatu Churna orally and Gajlindalepa as an external application with Gomutra for 2 months with follow up on once in every 7 days. With all required diet and life style modifications. At the end of 2 months patient has shown significant reduction of hypo pigmented patch with replacement of normal skin pigmentation. Details of case with history, clinical finding, treatment, progress, etc will be discussed on full paper presentation.

KEYWORDS: *Shwitra, Gajlindalepa, vitiligo.*

INTRODUCTION

Vitiligo or leucoderma is one such clinical dermatological condition which has been analogues with *Shwitra* in Ayurvedic literature which major cosmetic concern in population. Vitiligo may be of hereditary, congenital or acquired onset or even a presentation in many syndromic and inborn errors of metabolism. All the white patches are not vitiligo/leucoderma and need to be differentiated. Although *Shwitra* don't produces pain, ulcer or discomfort, but eventually creates an inferiority complex in individuals, ending up in disturbed social, personnel, psychological and educational life and considered as social stigma. Various modern treatments actually with suppressive medicines like steroids complicate leucoderma and make it partially untreatable. With long-term use of topical steroid the skin may develop permanent stretch marks (striae), bruising, discoloration, or thin spidery blood vessels

(telangiectasias). Incidence of *Shwitra* is 1% to 2% in children¹.

But any cause which disturbs the colour of skin is called as *Kushtain* Ayurveda. *Shwitra* is considered amongst the varieties of *Kushta* in the classics². Due to vitiation of *Dhatus* like *Rasa*, *Rakta*, *Mamsa Meda* and *Tridoshas*³. Depending upon the duration of the disease and the involvement of *Dhatus*, the disease becomes prognostically bad. Meantime it has been also considered under the *Rakthapradoshajavikara*⁴.

CASE REPORT

A 8-year-old male child came with complaints of white patches over the left leg and ankle region since 1 year. The patches were small initially and are gradually increasing in size and when selected for treatment size approximately had a dimension of 10x5 cm. Lesion is free from itching or burning sensation. Patient has taken treatment from

contemporary medical science in the form of steroids and other ointments with no any improvement since last 7 months. Skin Examination of the patients was conducted in detail for number of patches-one large patch on left leg and ankle region with bright white colour of patches-with surrounding normal pigmented area. The sensation for cold and hot substance in the patch is normal without itching or burning sensation. Routine blood investigations were done and was found normal. General condition of patient was fair, vitals are normal. Local and systemic examinations reveals that no physical abnormality detected. Personal history is normal with BP- 120/80 mmHg and PR- 70/min

MATERIALS AND METHODS

Patient was treated in the outpatient department of *Kaumarbhritya* at National institute of Ayurveda (NIA) Jaipur in between 16/12/2018 to 15/02/2019 and OPD registration number of the patient is 216122018. Medicine was administered in two forms.

- 1) Oral administration of *TrikatuChurna* 2gm with hot water before food twice a day for 2 months to attain the optimum levels of *Deepana and Pachana* effect.
- 2) External application of *Gajlindalepa* mixed with *Gomutra* in required quantity as external application over the lesions with approximate thickness of 0.5-1 cm everyday followed by exposure to the sunlight for about 30mins for 2 months twice daily at morning and evening hours. .
- 3) Proper advice regarding life style modifications and diet has been given.

DISCUSSION

After the initiation of the treatment no significant changes were observed by the patient (first follow up). 8th day onwards patient noticed slight color change in the lesion with skin slightly turning in to pinkish. In subsequent days there is formation of small blebs with eruption with slight burning sensation and itching. Patient reported with blebs on second follow up. Sunlight exposure of the patient

was reinsured. Patient was slightly disturbed due to appearance of blebs with burning sensation. Patient was reassured with proper counseling. Third week onwards blebs gets dried up replacing the black skin over the hypo pigmented area. Same results continued till next month and hypopigmented area was completely replaced by normal skin by 2 months. There are no undue adverse effects during the treatment period.

Discussion on mode of action of the drugs - *Deepana-Pachana* achieved by continuous administration of *TrikatuChurna*⁵. Ensure the *Ama* free condition of the *Kosha*. Further this also removes the *Dhatugata Agnimandhya* by correcting the *Dhatwagni* and correcting the cellular metabolic process of production of melanin by interfering with metabolism of Phenyl alanine. *Katu, Ushna* and *Vataghna, Deepana-Pachana* and *Vibandhahara* properties of the drug ensure the desired effects.

The ingredients of *Gajlinda Lepa* are *Gajapuresha, Gajamutra* and *Bakuchi. Ushna, Teekshna* property of the *Gajlinda Lepa* leading to irritation and increasing blood supply to the spot and correction of *Bhrajaka Pitta* might have been responsible for this. The substances applied to the skin are absorbed from the skin with the help of *Vyana Vayu* which is present in entire body including skin as *Vata dosha* is responsible for '*Upashoshana*' (Absorption). '*Bhrajaka Pitta*' is responsible for the metabolism of the drugs. *Lepa* is applied after mixing the powder of above drugs with *Gomutra* which plays a significant role in maintaining the pH of skin due to its acidic nature and presence of micronutrients. Further drugs have got *Ushna Virya* and the *Katu Vipaka* when applied locally on the involved patches helps to alter the local pH of the skin patches, by different mechanisms, thus helping in its absorption through *Mamsadhara Kala*. Maintenance of pH of the skin enables easy absorption of the drug. *Gomutra* functions like antimicrobial activity due to the presence of certain compounds like volatile and non-volatile ones. This also helps to enhance the local *Bhrajaka Pitta* by increasing the *Twak Gata Agni* which in turn brings the colour to the skin by

deposition of melanin by stimulating the melanocytes secreting cells.

One of the content of *Gajlinda Lepais Bakuchi* which contains psoralin alkaloid in it, having capacity to change the depigmented skin into pigmentary type. It has been known for its photo active activity. In the present case study after application of *Lepa* exposure of patient to morning sunlight is compulsory. The photoactive furocoumarins causes cell damage of the depigmented skin by inhibiting DNA synthesis and stimulate the tyrosine activity and regrowth of melanocytes from hair follicles. These furocoumarins cause dual action like removal of depigmented skin, formation of normal colored skin. 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 becomes normal colour and the melanoblasts are stimulated.

CONCLUSION

The present case study on a patient of *Shwitra* with Ayurvedic managements upholds the efficacy of *Gajalinda Lepa* and *Trikatu churna* in significantly reducing hypopigmented patch, thus solving the cosmetic concern to greater extent without any adverse effect within a short duration of 2 months. This case study opens a new avenue for future research in successful management of *Shwitra / vitiligo* by adopting Ayurvedic treatment principles.



Before Treatment



After Treatment

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