

A Single Case Study on the Effect of Some Ayurvedic Medicines over *Switra* (vitiligo)

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Abstract: Skin is the major sense organ as it covers the whole body & is the first organ to interact with environmental stimuli. According to Ayurveda skin is one of the most essential sense organs which is maintained by the action of bhrājaka pitta, which provides color, complexion & general health to the skin. Switra is one of the disease conditions of the skin characterized by whitish discoloration of skin which is similar to the vitiligo of modern medicine where milky-white sharply demarcated macules are usually found (1). The worldwide incidence of vitiligo is observed in 0.5-1% of world population (2). Whereas the solution of said problem is mostly unsafe & unsatisfactory in western science. There are so many herbs & minerals have been contributed by the ancestors of ayurveda as 'vranaprasada' (enhancer of color &/or complexion) & kusthanasa (remedy against obstinate skin diseases). In present study a switra (vitiligo) patient of 29 years of age has been treated with ayurvedic therapy at the OPD & IPD of I. P. G. A. E & R (SVSP HOSPITAL), Kolkata. After 6 month of treatment (sodhana followed by samana therapy) very satisfactory curative effect has been found through marked increasing of pigments over affected part. The main aims & objectives of the study are to provide a safe & efficacious ayurvedic management to the switra (vitiligo) patient and to encourage the ayurvedic clinician towards proper management of the disease switra (vitiligo).

Keywords: switra in ayurveda, switra & vitiligo

1. Introduction

The Ayurveda is an ancient science deal with the prevention and cure of disease by introducing several herbal-mineral-organic or herbo-mineral compounds. Like other disorders skin disease has also been discussed by our classic vividly in their respective text like 'Charaka Samhita' (200 BC), 'Susruta samhita' (500 BC), 'Astanga hridaya' (400 AD) & 'Madhava nidana' (900 AD) etc. In Ayurveda all skin disease comes under *kustha* (the obstinate skin diseases including leprosy). Acharya *charaka* dealt with *switra* after deeply explaining the *kustha chikitsa*. Acharya *Susruta* called the disease as *kilasa* instead of *switra* (3). The etiology of *switra*, *kilasa* & *varuna* is similar to that of *kustha* like indulgence in incompatible food & drinks, suppression of the emesis or other natural evacuatory reflexes, day sleep, drinking cold water immediately after being exposed to the sun (4) etc. However, *switra* has no discharge, their origin is considered to be from the three *dosas* (*vata-pitta-kapha*) & their location is in the three *dhatu*s (*rakta-mamsa-meda*). Lesions due to *vata* are dry & reddish; those due to *pitta* are copper coloured like the petals of a lotus, are associated with a burning sensation & loss of hairs; whereas those due to *kapha* are white, thick & indurated with an itching sensation (5). The exact pathogenesis of vitiligo is still to be elucidated. A number of hypotheses have been advanced to explain the pathogenesis, none of which is entirely satisfactory. One popular theory is that melanocytes are the target of a cell mediated autoimmune attack. In particular, the autoimmune mechanisms (cellular and/or humoral) that result in destruction of melanocytes is now clearly established. In modern science, mainstream treatment of vitiligo is PUVA (psoralen + ultraviolet A exposure) therapy and potent topical corticosteroids can sometimes be helpful (6). In Ayurveda there are several drugs have been recommended

by the classics as *samana ausadhis* (oral medicines) for the managements of *switra* (vitiligo). Among those drugs *switrari rasa*, *gandhaka rasayana*, *navayasa lauha* & *mahamanjisthadi kasayam* are very much common in the treatment of *kustha* as a whole & *switra* (vitiligo) in special. So, initially those drugs have been administered & latter others oral drugs like *arogyavardhani vati*, *haridra khanda* & *khadiraristha* have been used orally. Beside this *samana* therapy a reputed medicated oil named *bakuci taila* has been used locally during the course of therapy & before starting the *samana* therapy, *sodhana* therapy has been performed in conventional manner like *snehana* (external & internal oleation), *swedana* (*guru pravara* with 10 blankets for half and hours) & the *vireachana* (purgation) *karma* followed by *samsarjana karma* has been administered.

2. Material & Method

Present study was carried out in I. P. G. A. E & R, at S. V. S. P.

Case Report: A 29 years young female patient presented with whitish discolouration on back of the neck since last 8 months.

History of present illness: patient was apparently healthy before 8 months, gradually she developed with small white patches over back of the neck & increasing day by day in size.

Psychological history: patient had more stress 4 month back due to her marriage date was fixed. size of white patches increased day by day from last 4 month.

Personal history: dietary habits (*Ahara*) revealed the use of mixed dietary habits. Taking home cooked food as well as

junk food. Behavioural habits (vihara) – sedentary lifestyle; Bowel habits were regular with hard stool sometimes: sleep was normal: micturition was normal.

Mensural history: Normal; 4-5 days with an interval of 28 days & the flow within normal limit.

Family history: no such

General examination: build-moderate; tongue-clear; pulse rate-76/min; BP-110/80mm of hg. Respiratory rate – 19/min; temp – normal.

Physical examination

Dasavida pariksha: prakriti-vata kapha; vikriti-kaphavata; satma-madhyama; satva-madhyama; sara-mdhyama; samhanana-madhyam; ahara sakti-madhyama; vyama sakti-avara; pramana-5ft 2inch; vaya-yavana.

Systemic: CNS – Normal, C. V. S: S1, S2 clear, RS-Normal

Local examination

- 1) **Site of lesion**-back of neck
- 2) **Distribution (vyapti)** – Asymmetrical
- 3) **Character of lesion**-size: 5-8cm, colour-chalky white
- 4) **Itching** – mild

5) **Inflammation** – absent

6) **Discharge** – absent

Diagnosis: based on the clinical features and examination this case is diagnosed as *switra* (vitiligo).

VASI (Vitiligo area severity index) SCORE: Its name is an adoption from PASI score in psoriasis. The percentage of vitiligo involvement is calculated in terms of hand units. One hand unit is approximately equivalent of 1% of the total body surface area. The degree of pigmentation is estimated to the nearest of one of the following percentages.

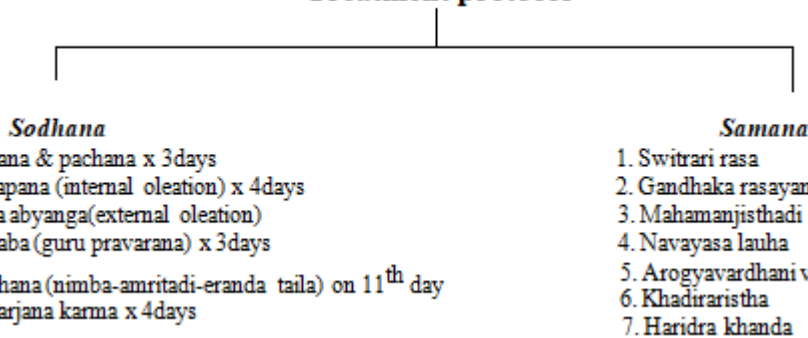
100%	Complete depigmentation & no pigment is present
90%	Specks of pigment present
75%	Depigmentation area exceeds the pigmented area
50%	Pigmented & depigmented areas are equal
25%	Pigmented area exceeds depigmented area
10%	Only specks of depigmentation present

VASI Score (Before Treatment)

Location	Body surface area involved (hand unit)	Pigment loss (%)	Total hand unit (%)
Back of the neck	1	0.75	0.75

Recipe:

Treatment protocol



Duration	15 days	2nd ½ month	Another 3 month
Therapy	Sodhana	1st line samana	2nd line samana

Table 1: Sodhana karma (deepana-pachana)

day	Medication	Diet
1st	Panchakola churna (3gm) noon & night before food	Easily digestible veg diet.
2nd	Panchakola churna (3gm) noon & night before food	Do
3rd	Panchakola churna (3gm) noon & night before food	Do

Table 2: (Sneha pana-abhyanga, swedana & virechana)

day	Medication	Diet
4th	Mahatikta ghrita 50ml	Easily digestible veg diet.
5th	Mahatikta ghrita 80ml	Do
6th	Mahatikta ghrita 120 ml	Do
7th	Mahatikta ghrita 150ml	Do
8-10th	Abhynga with maha marichadi taila & swedana (guru pravara with 10 blankets)	Do

11th	Abhynga with maha marichadi taila followed by virechana karma by Nimba amritadi eranda taila 50ml at 8am (virechana)	Mudgayusa at lunch and liquied kichadi at night.
12th	-----samsarjana karma-----	Semi solid khichdi at lunch & dinner.
13th	-----samsarjana karma-----	Easily digestible veg diet.
14th	-----samsarjana karma-----	Normal diet (veg or non veg)

Patient had 16 vegas during virechana karma (kaphanta). It was madhyama suddhi and madhyama bala patient.

Table 3: Samanaousadhi after Samsarjana karma (1st line samana therapy for 2nd ½ month)

Medicine	Dose & duration (2nd ½ month)
1. switri rasa (125mg)	1tab twice daily after food
2. gandhaka rasayana (250mg)	1tab twice daily after food
3. maha manjisthadi kwath	20 ml with equal quantity of water once daily before food
4. Navayasa lauha (500mg)	Once daily after food

Table 4: 2nd line of *samana* therapy (for another 3 month)

Medicine	Dose & duration (3 month)
1. <i>Arogyabardhani vati</i> (250mg)	1tab twice daily after food
2. <i>khadiraristha</i>	15ml with equal quantity of water once daily after food
3. <i>haridra khanda</i> (3gm)	1tsf twice daily after food

External application: *Bakuchi taila* applied over the spot for a period of 10 to 30 minutes in the morning & after that sunlight exposure for 5-10minutes.

Drugs action over switra (vitiligo)

***Panchokola choorna* (7)** – blanching *vata* & *kapha*. It acts as a *deepana-pachana*.

***Mahatikta ghrita* (8)** – as this *ghrita* is *tikta pradhana, kaphahara* & indicated in *kushthavikara*. *Ghrita* lubricates and softens the *dosha*, improve digestion, regulate bowel, improve strength and complexion.

***Mahamarichadi taila* (9)** – antifungal, antiseptic, antioxidant. it's used in *kustha rogakikara*.

***Nimba-amritadi eranda taial* (10)** – used as *virechana* purpose in panchakarma therapy specially in skin disease.

***Switrari rasa* (11)-**

***Gandhaka rasayana* (12):** main ingredients are *gandhaka* (sulphur) which has several potential uses for skin disease.

these drugs itself *raktosodhaka, kushtaghna, immunomodulator & twachya*.

***Mahamanjisthadi kwath* (13)** – it's used in the treatment of skin diseases. Also acts as a blood purifier, antioxidant, having healing properties etc.

***Navayasa lauha* (14)** – intake of this along with honey & ghee cures anaemia, jaundice & *kustha* (obstinate skin diseases including leprosy).

***Arogyavardhani vati* (15)-**

***Khadirararistha* (16)-**it is used in *maha kustha, hridroga, pandu, plihodara* & espically all kinds of *kustha*.

***Haridrakhanda* (17)-**it is very essential medicine for *sitapitta*.

3. Result & Observation

Assessment tools	Before treatment	After sodhana karma (1 month)	After sodhana, samana therapy (1st line) for 2½ month	Samana therapy (2nd line) for another 2½ month
VASI Score	0.75%	0.45%	0.25%	0.15%
Itching	+++	+	-----	-----

4. Pictures

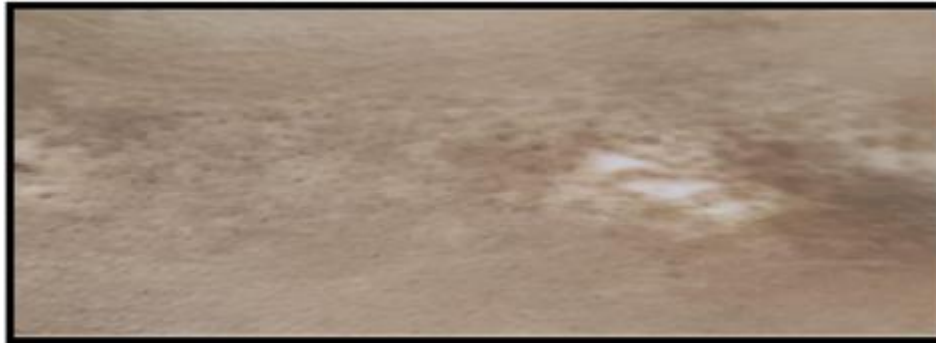
Before treatment



After 3month treatment



After 6month treatment



5. Discussion

As *switra* is a great noxious topical problem which make patient psychologically frustrated and there are no such safe and effective measures found in modern medicine till date. So, this study is an effort to established some Ayurvedic remedies as *switranaśaka* or anti-vitiligo therapy. Through literature survey it has been revealed that *vata-pitta-kapha (tridosā)* get aggravated & affects *rakta-mamsa-medā (dhātu)*. So, hypothetically *rakta-mamsa-medā sōdhaka* as well as *tridosāśaka* medicines & therapy are needed to cure the *switra*. *Switrārī rāśa* which is composed of *kajjali* along with *bakuchi* etc. are potent *vata-pitta śamaka* as well as *kaphāśaka*. *Navayāśa lauha* is a drug act on *yakrit vikāra* & potent remedy against *raktāja* & *pittāja vikāra*. *Mahamānjīsthādī kwāth* contain the properties like – *raktasōdhaka*, *kandunāsaka*, *kūsthāśaka*, *pāchaka*, *srotosōdhaka*. All others medicines like – *gandhaka rasayāna*, *arogyāvārdhāni vātī*, *haridrakhanda* & *khadirarīsthā* are mainly *pittasāmaka*, *kaphasāmaka*, *vatasāmaka*, *raktasōdhaka* in action. In present study *sōdhana* (bio purificatory) therapy has been performed through *śnehāna* (external/internal oleation) followed by *śwedāna* (fomentation) & latter *virechāna* has been done. Through this *sōdhana* therapy all short of obstruction in microchannels which are liable for producing less pigment to the area (hypopigmentation) could be clear. The stimulation to the melanocytes could be happened through the *śnehāna-śwedāna* externally & internally with the *raktasōdhaka* like – *mahamānjīsthādī kwāth*, *khadirarīsthā* & *navayāśa lauha*. Overall rejuvenation of topical system could be happened with the adding of *gandhaka rasayāna*, *haridrakhanda* etc. *śnehāna* pacifies *vata*, *śwedāna* pacifies *kapha* & *virechāna* pacifies *pitta*. So, by *sōdhana* therapy *tridosā (vata-pitta-kapha)* get may come into equilibrium state & through local application of *bakuchi tailā* the microcirculation of the affected area gets well established.

After observation of improvement in pigmentation the apparent mode of action of used *sōdhana* therapy & *sāmāna ausādhis* have broken the pathogenic pathway of genesis of *swita* as a result no other whitish spot has been appear till the course of therapy. No adverse effect has been observed as well.

6. Conclusion

From above discussion it could be conclude that definitely ayurveda has a safe & curative effect over *switra* (vitiligo) & the claim of our ancestor regarding *kushtāśaka dravyā*

are very much relevant & potent.

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