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Ayurvedic management of Vitiligo: A Case Study

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ABSTRACT

Vitiligo is acquired, pigmentary, progressive disorder of the skin in which circumscribed depigmented patches develop. It involves focal area of melanocytes loss. Vitiligo as a disease of cosmetic problem has much psychosocial impression. However, it is not life threatening or contagious. The rate and extent of colour loss is unpredictable. It affects all skin type but it may be more noticeable in darker skin. In ancient times, *shivtra* was considered as a social stigma, patients have no social acceptance. The success rate in management of this diseased condition by modern medicines is not significant. In present case study a twenty nine year old woman patient suffering with Vitiligo for four years was treated with *Ayurvedic* medicines. The patient was considered as suffering from *shivtra* and was treated with *bakuchi Churna* along with other formulations. This study shows that the cases of vitiligo can be successfully managed with *Ayurvedic* treatment only.

KEYWORDS

Vitiligo, Bakuchi, khadir, Ayurved, Shivtra



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INTRODUCTION

Shivtra has more resemblances with Vitiligo. Vitiligo is a long term dermatological disorder characterized by white patches over the skin losing their pigmentation. *Shivtra* or Vitiligo is hypopigmentation of the skin. Its consequences in the obliteration of melanocyte. It may start at any age. Risk factors are positive family history, sufferings from inflammatory diseases and or autoimmune diseases. Vitiligo is a non-infectious chronic skin disorder. Both genders are equally exaggerated with this disease and incidence of this disease is 1%¹. Vitiligo does not affect life expectancy still patients feel distressed and stigmatized². Vitiligo is classified into following classes:

1. Generalized Vitiligo: It is the most common pattern, having random zones of depigmentation.
2. Universal Vitiligo: Depigmentation includes most of the body.
3. Focal Vitiligo: Most common in children, one or a few scattered macules in one area.
4. Acrofacial Vitiligo: Distributed in fingers and periorificial areas.
5. Mucosal Vitiligo: Only the mucous membranes depigmentation is occur³.

Various stages of *shivtra*:

Ancient system of medicine has classified *Shivtra* into three major categories on the basis of location of doshas in dhatus. Tridoshas are involved in the pathogenesis of *shivtra*. When *tridosha* are seated in the *rakta dhatu* then the color of hypopigmentation is red. If *tridosha* are seated in *māmsa dhatu* then it is copper-colored and if located in *meda dhatu* then it is whitish in color. The subsequent ones are more difficult to treat than earlier ones⁴. *Dāruṇa*, *chāruṇa*, and *kilāsa* are the various synonyms for *shivtra*.

***Nidan* (Causes):**

Shivtra may occur in the persons who are liar, ungrateful, denounce the GOD, insulting the *gurus*, involved in sinful acts, constant user of unwholesome diet and misdeeds of past life are more prone to develop *shivtra*⁵.

***Sadhyaasadyata* (Prognosis):**

Shivtra never gets cured, if the patches are conjoined together and are more in number, if the body hair above the patches are red in color and if the disease is more than one year old. *Shivtra* is considered as *saadhya* when skin is thin, pale in colour and body hair is not in red colour over the patches. The disease, if is not old, space between patches is elevated then such *shivtra* is *sādhya* (curable)⁶.



CASE STUDY

A 29 year old woman visited to OPD of Ch. Brahm Prakash Ayurved Charak Sansthan, New Delhi with complaint for white patches over left leg below left knee spreading to outside of calf muscle region multiple irregular sized varied patches for last 4 years. Initially patches were small and distinct, and size of patches were gradually increasing in the effected area to upper side of that leg. There were no related complains like itching or burning sense. Patient had taken modern medicine for a period of one year but there was no improvement.

Personal history:

Patient was habitual for frequent intake of coffee, tea, milk, fried foods, fish, mutton, chicken and ice-cream. She was distressed due to social embracement.

Examination:

After examination it was perceived that she had no any systemic problem. All vitals were normal. Her complexion was fair, body built was thin, weight 44kgs and height 159cms.

No any relevant history related to disease.

MANAGEMENT:

After appropriate examination following medicines were prescribed initially for seven days; *Bakuchi churna* 3 gram, *Ras manikya* 65mg, *Giloy satva* 500 mg twice

a day, *Rohitikaarishta* 20 ml, and *Khadirarishtha* 20 ml with 40ml of water after meals twice in a day. *Triphla churna* three gram with luke warm water was prescribed at bed time only. *Bakuchi Tailam* for local application over affected area followed by exposure to sun light in early morning was advised.

Bakuchi churna contains bavachin and psoralidin with antioxidant properties⁷. *Ras manikya* has given amazing effects in *shewet kushtha (shivitra)*. *Giloy* is *tridoshas shamak drvya* and it increases blood and also purifies it (*rakta vardhak* and *rakta shodhak*). *Khadir* is also *Rakta shuddhok drvya* which purifies the blood. It is considered as the best among skin disorders (*kushtghnnanam*) pacifying drugs. *Rohitak (Tacoma undulata)* is also a *raktshodhak* (blood purifying) drug. *Triphla churna*⁸: As purgation is much beneficial for *kushth* (psoriasis), *Triphla* works like a mild purgative and cure vitiligo. The exposure of sunlight along with *bakuchi tailam* on vitiligo patches becomes more beneficial as it contains UV rays which promotes the growth of melanocytes and also stimulate proliferation. Acharya Charak has advised for exposure of sunlight (*suryapadsantapam*) for the patients of *Vitiligo*⁹.



PATHYA (INDICATION): light food (*Laghu Ann*) and *tikat darvya* like *krela*, *ptol*, *nimb* etc. was advised.

APTHYA (CONTRAINICATION):

Following foods were advised as contradicted during the course of medicine - dairy products, heavy food, sour, jiggery, sesame, and non-veg items.

FOLLOW UP:

Patient was in follow up on every 7 days for six months.

causing any adverse effects to the patient along with *pathya* and *apathya* follow-up.

RESULTS

By constant use of above mentioned formulations dotted brownish or blackish appearance were started to appear in the patches after 3 months of treatment. Concentration of brownish or blackish dots were gradually increased and fill up the whole patches. Initially it was darker than the normal texture of skin but with the application of *Kumkumadi tailam* for one month it returned to almost normal texture of the skin.

CONCLUSION

The present case study shows Vitiligo can be managed by use of appropriate *Ayurvedic* medicines which should bring balance of *tridoshas*. It was successfully managed with *ayurvedic medicine* without



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