



[WWW.IJAPC.COM](http://WWW.IJAPC.COM)

**IJAPC**

e ISSN 2350 0204

**VOLUME 12 ISSUE 1 2020**

GREENTREE GROUP PUBLISHERS (GGP)



## Ayurvedic Management of *Shwitra*: A Case Study

Devendra Kumar<sup>1\*</sup> and Shrinidhi Kumar K<sup>2</sup>

<sup>1-2</sup>P.G. Department of *Kaumarbhritya*, National Institute of Ayurveda, Jaipur, Rajasthan, India

### ABSTRACT

*Shwitra* is one of the common skin disorders with cosmetic importance and characterized by lesions in the form of white patches over the skin surface with maximum incidence of childhood onset. This not only interferes with beauty and general outlook of the child but it is also considered as social stigma, which ultimately afflicts the social and behavioral pattern of the child. Incidence of *Shwitra* is 1% to 2% in children. Ayurveda considers it under *Kustha* 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 available in contemporary medical sciences are very limited and unsatisfactory, patients are eagerly looking at Ayurveda for better and permanent treatment for the same.

An 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 had 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.



**Greentree Group Publishers**

[Received 21/10/19](#) [Accepted 09/12/19](#) [Published 10/01/2020](#)



## INTRODUCTION

Vitiligo or leucoderma can be defined as dermatological lesion manifested as scattered or isolated macular whitish patches all over the body due to deficiency of melanin pigmentation of the skin. This clinical condition carries more cosmetic concern and can result in social withdrawal although its mortality and morbidity rate is nil. 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 and need to be differentiated. Although *Shwitra* don't produce 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 children<sup>1</sup>.

But any cause which disturbs the colour of skin is called as *Kushta* in Ayurveda. *Shwitra* is considered amongst the varieties

of *Kushta* in the classics<sup>2</sup>. Due to vitiation of *Dhatus* like *Rasa*, *Rakta*, *Mamsa Meda* and *Tridoshas*<sup>3</sup>. Depending upon the duration of the disease and the involvement of *Dhatus*, the disease becomes prognostically bad. Meanwhile it has been considered under the *Rakthapradoshajavikara*<sup>4</sup>.

## CASE REPORT

An 8-year-old male child came with complaints of white patches over the left leg and ankle region since past one year. Initially the patches were small and then gradually increased in size. At the time of treatment the size approximately had a dimension of 10x5 cm. Lesion was free from itching or burning sensation. Patient had 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 led in detail -one large white patch on left leg and ankle region was found (Figure No. 1. A).



Figure 1A Before Treatment



The sensation for cold and hot substance in the patch is normal without itching or burning sensation. Routine blood investigations were done with fair general condition and stable vitals. There were no local and systemic preset except the white patch. Personal history was 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 *Trikatu Churna* 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 during first week no significant changes were observed by the patient (first follow up). On 8<sup>th</sup> day onwards patient noticed slight color change in the lesion with slight pinkish skin. This was followed by formation of small bleps with eruption with mild burning sensation and itching. Patient reported with bleps during second follow up, and was slightly disturbed due to appearance of bleps with burning sensation. Patient was reassured with proper counseling. Third week onwards bleps got 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 were no undue adverse effects during the treatment period.

### Discussion on mode of action of the drugs

*Deepana-Pachana* achieved by continuous administration of *Trikatu Churna*<sup>5</sup>. Ensure the *Ama* free condition of the *Kostha*. Further, this also removed 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* leads to clearance of Srotus and ensuring blood supply to the spot and bring back normalcy of *Bhrajaka Pitta*. The *Gajlinda Lepa* applied to the skin was 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* was 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 and enhancing the function of *Mamsadhara Kala*.

*Gomutra* impacts the antimicrobial activity due to the presence of volatile and non-volatile compounds. This also helps to enhance the local *Bhrajaka Pitta* by increasing the *Twak Gata Agni* which in turn brings the color to the skin by deposition of melanin by stimulating the melanocytes secreting cells.

One of the content of *Gajlinda Lepa* is *Bakuchi* which contains psoralin alkaloid in it, having capacity to change the depigmented skin into pigmented type. It has 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 and formation of normal colored skin. The properties of *Bakuchi* are *KatuTikta Rasa*, *Laghu*, *Ushna-Ruksha Guna* and *Katu Vipaka*. *Laghu*, *Ushna* and *Ruksha-Guna* reduces the *Kapha*. *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 thus ensuring local blood supply, further stimulating the melanoblasts resulting in normal pigmentation of the afflicted area.



Figure 1B After Treatment

## 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 (Figure No. 1.B),



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.



## REFERENCES

1. Ramji gupta, leucoderma (Vitiligo), Atlantic publishers & distributors, New Delhi, first edition 2007, chap.4, page no. 12
2. *Susruta Samhita*, by Kaviraja Abmibikadutta Shastri, *Part-1A.M.S.* Published By Chaukhambha Sanskrit Sansthan, Varanasi. Nidan-Sthana, Chapter-5/17.
3. *Charaka Samhita* By P. Kashinath Pande & Dr.Gorakhnath Chaturvedi, Part-2, Published By ChaukhambaBharati Academy, Reprint-2011. *Chikista-Sthana*, Chapter-7/174
4. *Charaka Samhita*, by P. Kashinath Pande & Dr.Gorakhnath Chaturvedi, Part-1, Published By Chaukhamba Bharati Academy, Reprint-2011, *Sutrasthana*,Chapter-28/12
5. Sharangdhara Samhita Madhyama Khanda 6: 13-14