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 bhrajaka pitta, which provides color, complexion & general health to the skin. Switra is one of the disease conditions of the skin characterized by whitish discolouration of skin which is similar to the sense 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) & kusthana (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 diseases 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 kilastra 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 evacuation 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 dhatus (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 & mahanmanjisthadi kasyam 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 arogyavardhanani vati, haridra khanda & khadirarista 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 pravarana 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. 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 d

Psychological history: patient had more stress 4 month 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 pravarana with 10 blankets for half and hours) & the vireachana (purgation) karma followed by samsarjana karma has been administered.

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-madhyama; 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

**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.

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>100%</td>
<td>Complete depigmentation &amp; no pigment is present</td>
</tr>
<tr>
<td>90%</td>
<td>Specks of pigment present</td>
</tr>
<tr>
<td>75%</td>
<td>Depigmentation area exceeds the pigmented area</td>
</tr>
<tr>
<td>50%</td>
<td>Pigmented &amp; depigmented areas are equal</td>
</tr>
<tr>
<td>25%</td>
<td>Pigmented area exceeds depigmented area</td>
</tr>
<tr>
<td>10%</td>
<td>Only specks of depigmentation present</td>
</tr>
</tbody>
</table>

**VASI Score (Before Treatment)**

<table>
<thead>
<tr>
<th>Location</th>
<th>Body surface area involved (hand unit)</th>
<th>Pigment loss (%)</th>
<th>Total hand unit (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Back of the neck</td>
<td>1</td>
<td>0.75</td>
<td>0.75</td>
</tr>
</tbody>
</table>

**Recipe:**

<table>
<thead>
<tr>
<th><strong>Sodhana</strong></th>
<th><strong>Samana</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Deepana &amp; pachana x 3days</td>
<td>1. Switrari rasa</td>
</tr>
<tr>
<td>2. Snehasana (internal olesion) x 4days</td>
<td>2. Gandhaka rasayana</td>
</tr>
<tr>
<td>3. Sneha thyang(external olesion)</td>
<td>3. Mahamanjishthi kwath</td>
</tr>
<tr>
<td>4. Virechana(nimba-amritadi-eranda taila) on 11th day</td>
<td>4. Navayaza lauha</td>
</tr>
<tr>
<td>5. Samsarjana karma x 4days</td>
<td>5. Arogvayadhan vati</td>
</tr>
<tr>
<td>6. Kharita</td>
<td></td>
</tr>
<tr>
<td>7. Harita khanda</td>
<td></td>
</tr>
</tbody>
</table>

**Table 1: Sodhana karma (deepana-pachana)**

<table>
<thead>
<tr>
<th>Day</th>
<th>Medication</th>
<th>Diet</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st</td>
<td>Panchakola churna (3gm) noon &amp; night before food</td>
<td>Easily digestible veg diet.</td>
</tr>
<tr>
<td>2nd</td>
<td>Panchakola churna (3gm) noon &amp; night before food</td>
<td>Do</td>
</tr>
<tr>
<td>3rd</td>
<td>Panchakola churna (3gm) noon &amp; night before food</td>
<td>Do</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Day</th>
<th>Medication</th>
<th>Diet</th>
</tr>
</thead>
<tbody>
<tr>
<td>4th</td>
<td>Mahatikta ghrita 50ml</td>
<td>Easily digestible veg diet.</td>
</tr>
<tr>
<td>5th</td>
<td>Mahatikta ghrita 80ml</td>
<td>Do</td>
</tr>
<tr>
<td>6th</td>
<td>Mahatikta ghrita 120 ml</td>
<td>Do</td>
</tr>
<tr>
<td>7th</td>
<td>Mahatikta ghrita 150ml</td>
<td>Do</td>
</tr>
<tr>
<td>8-10th</td>
<td>Abhyanga with maha marichadi taila &amp; swedana (guru pravarana with 10 blankets)</td>
<td>Do</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Dose &amp; duration (2nd ½ month)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. switrari rasa (125mg)</td>
<td>Itab twice daily after food</td>
</tr>
<tr>
<td>2. Gandhaka rasayana (250mg)</td>
<td>Itab twice daily after food</td>
</tr>
<tr>
<td>3. Maha manjishthi kwath</td>
<td>20 ml with equal quantity of water once daily before food</td>
</tr>
<tr>
<td>4. Navayaza lauha (500mg)</td>
<td>Once daily after food</td>
</tr>
</tbody>
</table>
Table 4: 2nd line of samana therapy (for another 3 month)

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Dose &amp; duration (3 month)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Aroyabardhani vati (250mg)</td>
<td>1 tab twice daily after food</td>
</tr>
<tr>
<td>2. khadiraristha</td>
<td>15 ml with equal quantity of water once daily after food</td>
</tr>
<tr>
<td>3. haridra khanda (3gm)</td>
<td>1 tsf twice daily after food</td>
</tr>
</tbody>
</table>

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

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 kushtha rogadikara.

Nimba-amritadi eranda taila (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.

4. Pictures

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 & kushta (obstinate skin diseases including leprosy).

Aroyavardhani vati (15)-

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

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

3. Result & Observation

<table>
<thead>
<tr>
<th>Assessment tools</th>
<th>Before treatment</th>
<th>After sodhana, samana therapy (1st line) for 2½ month</th>
<th>After sodhana, samana therapy (2nd line) for another 2½ month</th>
</tr>
</thead>
<tbody>
<tr>
<td>VASI Score</td>
<td>0.75%</td>
<td>0.45%</td>
<td>0.25%</td>
</tr>
<tr>
<td>Itching</td>
<td>+++</td>
<td>+</td>
<td>------</td>
</tr>
<tr>
<td></td>
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</tbody>
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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 switramasaka or anti-vitiligo therapy. Through literature survey it has been revealed that vata-pitta-kapha (tridosha) get aggravated & rakt-mamsa-medha (dhatu). So, hypothetically rakt-mamsa-medha sodhaka as well as tridosanasaka medicines & therapy are needed to cure the switras. Switramasaka rasa which is composed of kajjali along with bakuchi etc. are potent vata-pitta samaka as well as kaphanasaka. Navayasa lauha is a drug act on yakrit vikara & potent remedy against raktaja & pittaja vikara. Mahamanjisthadi kwath contain the properties like – raktasodhaka, kandunasa, kushtanasaka, pachaka, srotosodhaka. All others medicines like – gandhakarasyana, arogyavardhini vati, haridrakhanda & khadiraristha are mainly pittasamaka, kaphasamaka, vatasamaka, raktasodhaka in action. In present study sodhana (bio purificatory) therapy has been performed through snehana (external/internal oleation) which is liable for producing less pigment to the area (hypo-pigmentation) could be clear. The stimulation to the melanocytes could be happened through the snehana-sweedana externally & internally with the raktasodhaka like – mahamanjisthadi kwath, khadiraristha & navayasa lauha. Overall rejuvenation of topical system could be happened with the adding of gandhakarasyana, haridrakhanda etc. snehana pacifies vata, sweedana pacifies kapha & virechana pacifies pitta. So, by sodhana therapy tridosha (vata-pitta-kapha) get may come into equilibrium state & through local application of bakuchi taila the microcirculation of the affected area gets well established.

After observation of improvement in pigmentation the apparent mode of action of used sodhana therapy & samana ausadhis have broken the pathogenic pathway of genesis of swita as a result no other whitsit 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 swittra (vitiligo) & the claim of our ancestor regarding kushtanasaka dravya are very much relevant & potent.

References


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