

A Repigmentation in *Shwitra*: An Ayurvedic Approach

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Abstract

Vitiligo is a cosmetic problem in most cases but the social stigma associated with this disease often demands an aggressive approach, depending on where the patches are. About 25% of those with vitiligo develop before the age of 10. Treatment with potent topical steroids which shows not so much result in repigmentation. The vitiligo disease being correlated with *shwitrain Ayurveda* which presents on *twakaas* white patches which is because of involvement of *saptakodravya* in it, it is mainly *kaphapradhanamedadhikhyavyadhi*. Our *Acharya* have recommended several topical modalities along with *shodhana* and internal medicines. One among them is *virechana* as a *shodhana* which is said prime line of treatment in *twakavikara & avalgungyadilepa* externally. The same line of treatment followed in a 9 years old child. In span of one month pigmentation shown over the site. The same case presenting here.

Keywords: Shwitra; Vitiligo; Virechana.

Introduction

Vitiligo is an uncommon acquired skin disorder characterized by depigmentation of skin marked by the presence of well circumscribed milky white cutaneous macules with loss of melanocytes on histology. The pathogenesis of vitiligo is complex and not yet fully understood, but it is believed to involve a combination of autoimmune, genetic as well environmental factors in forming the pathogenesis of it [1]. Vitiligo occurs worldwide with an overall prevalence of about 1% and incidence ranges from 0.1 to 8.8%. There has been a steady increase in incidence of childhood vitiligo during the past 2 decades. Family incidence occurrence in India ranges from 6.25 to 18% in different regions [2]. It affects both sex equally [3].

It is said to be psycho-neuro-endocrine immunologic disease with extra-cutaneous manifestations in genetically predisposed subjects. A number of topical applications are mentioned for the management of *shwitra*, other science uses psoralin +UV exposure therapy & corticosteroids in the management of vitiligo. But they are associated with the side effects like burning, itching, nausea, eye damage, skin aging & skin cancer etc [4].

The treatment modality options for vitiligo are topical corticosteroids, immunomodulators, phototherapy, laser, nutritional supplementations, punch grafting etc, which are not so much suitable for pediatric group. Treatment with potent topical steroids may stimulate repigmentation not sure. All skin disorders in Ayurveda placed under the name of *kustha*. In Ayurveda *shwitra* is consider as one of varieties of *kustha* [5]. According to *AcharyaHarita* it produces by vitiation of *vata* along with the *pitta* affects *raktadhatu* & manifeststhe *panduravarna* on skin which is called as *shwitra* [6]. Incompatible diet is emphasized to be an important etiological factor in manifestation of *shwitra*. *AcharyaCharaka* also stated that *paap karma & guruninda* are also been cause for framing the *samprapti* [7]. As *shwitra* is *pitta pradhanatridoshajavyadhi* hence may be prevalent in the age group of 16-30 years which is *pitta pradhana*.

It is explained in *Kushtadhikara* by *AcharyaCharaka*,

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three types with Virechanaas *Samshodhana* [8] line of treatment along with *shamanaaushadhi* & *bhahyaparimarjanachikitsa* i.e. *bakuchilepa* application then followed by sun exposure [9].

Ayurvedais having the better option of treatment in vitiligo. The same line treatment is followed. By which good improvement was seen after treatment in a case, presenting the same case.

Case Report

A 9 years child brought to the KB OPD of KLE hospital belgavi with the complaints of milky white patches over right eye lid & nape of the neck, which are spreading in nature, non-tender, no discharge,

Day	Dose	Ghrita	Lakshana	Complications	Snehajirna Kala
1	30 ml	<i>Indukantaghrita</i>	<i>Twakrukshata</i>	-	3hrs
2	50ml	<i>Indukantaghrita</i>	<i>Mild snigdhtata</i>	-	4 hrs
3	70 ml	<i>Indukantaghrita</i>	<i>Twakasnigdhtata +</i>	Nausea	6 hrs
4	90ml	<i>Indukantaghrita</i>	<i>Twakasnighata ++</i> Stool oily ++	Nausea, vomiting	9 hrs

It is given along with food, because child is unable to take *ghrita* (Given in the form *pravicharanasnehapana*).

Abhyanga (*sarvanga*) is done with *ksheerabalataila* 15 min f/b *nadisweda* 7 min for 3 days.

On 4th day after *abhyanga* & *nadisweda* in morning around 9 am (*kaphakala gate gnyatwa*) *Virechana* given with *Trivritleha* (20gm) with 100 ml of milk in empty stomach. child is asked to drink luke warm water sip by sip by every *vega* goes.

Up to 3pm -11 *vegas* are observed. which is considered as the *avarasudhi*. *Samsarjana karma* followed for one *annakala*.



Image 1: After application of lepa & on 1st follow up -which marks evidenced by granulation over the site

no itching & having irregular margin since 3 years. For the same complaints child has been treated in allied science but there is no result in repigmenting it. All milestones were normally achieved & following regular immunization schedule. Bowel were regular once in a day, urine also. All systemic & general examination founds normal.

Family History: Child cushion is presenting the same complaints.

The Treatment Given

1. *Deepana-Chitrakadivati* -for 3 days (b/f) in tid
2. *Snehapana-Indukantghrita-as Aarohanaabhyanta rashodhaniyasnehapana*

Discussion

The *dosha* involved in *switra* is *brajaka pitta*. the function of *bhrajaka pitta* is to colour to skin and maintainance of it [10], the *virechana* is said to be best line *sodhana* for *pittajavikar* followed nor so it helps in regaining the normal *pitta* function which the chances of repigmentation occurs [11]. In *kaphavidhi* *swityam* and *shautyam* are the symptoms which means excess *kapha* block the *pitta* to reach the skin level [12], *virechana* act on *kapha* to remove its *avarana*. It has been said that *Virechana* does the both actioni. *edushitakapha* & *pitta harana*.

The Topical application of *Bakuchi+ chitrakamoola+ churna+gomutra* is going to trigger in stimulation melanocyte deposition over site by the action local irritation. The AOD given while discharge mainly pointing on *Raktaprasadaka* and *pitta nisaraka* properties which helps again for repigmentation. The *taila* used for *abhyanga* does the *pittashamaka* property. *Sodhana Virechana* is main line of treatment in *raktapradoshajaand twakavikara*. *Samsarjana karma* mainly helps in maintainance of *agni*.

Conclusion

One can adopt a *virechana* line of *shodhana* in case of *switra* to get depigmentation along with topical

application of *bakuchichoorna* and *raktashodhakadravya* as orally.

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