

## Case study

### AN AYURVEDA MANAGEMENT OF SHWITRA – A CASE STUDY

#### ABSTRACT:-

Shwitra is a condition characterised by white patches on the body. It's possible that it's linked to Vitiligo in modern science. In Ayurveda, all skin illnesses are classified as Kustha Roga. It is caused by an autoimmune disease that can be linked to other autoimmune diseases such as pernicious anaemia, and Addison disease. For the patient, this sickness became a financial hardship.

As a result, this article addressing the disease using Ayurvedic treatment protocols such as internal medication for koshashuddhi and Rasaaushadhi such as mansheela and haratala provides a fresh hope for providing efficient and safe treatment. It was in much better shape than before.

**Key Words:** Shwitra, Kustha Roga, leucoderma, Virechana Karma, Rasausadhi

#### INTRODUCTION:-

Our body's largest organ, the skin, forms the outermost covering of our body. It is a complicated organ that interacts physiologically and pathologically with the majority of other organs. UV protection is provided by the pigment melanin. Our body's largest organ is our skin. The condition of one's skin, encompassing physical and psychological health, determines one's beauty and attraction. Shwitra is a skin illness that has a significant negative impact on human existence. The Shwitra is a group of symptoms that appear as white spots on the skin and generate a cosmetic imbalance in the body, which leads to a number of socialised psychological stigmas in the patient's life.

White, red, or copper red coloured spots on the skin, loss of skin lustre, loss and colouring of hair, roughness, dryness, itching, and burning feeling of the patches are all signs and symptoms of Shwitra. It was linked to vitiligo and leukoderma, according to modern research.

Leucoderma is defined as skin depigmentation caused by the destruction of melanocytes in the body, which can be localised or full. Leucoderma looks a lot like vitiligo, which is characterised by white patches on the skin. Thyroid disease, diabetes mellitus, addisons disease, traumatic occurrences, eczema, and psoriasis are all examples of autoimmune conditions that can cause leukoderma. Leucoderma is not a painful, harmful, or contagious

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must be as 'Shwitra'

Divide the abstract in aim, study design,  
place and duration of study, methodology.

condition, but it has a significant psychological impact on the individual who suffers from it. The size of leukoderma patches varies.

The following case was treated for two months with internal medication and rasaushadhi, with excellent results as evidenced by inspection and photographs.

The results of this clinical trial will shed more light on the effects of Ayurvedic medicine on vitiligo.<sup>1</sup>

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## **AIM AND OBJECTIVE**

To evaluate the efficacy of Ayurvedic treatment in Shwitra.

## **CASE DESCRIPTION:-**

On 10/10/2020, a female patient aged 12 years, opd reg. no. 20016517, visited opd of kaumarbhritya, parul ayurved hospital, with pale discoloration over limbs, face, and scalp for 1.5 years, minor itching, burning sensation, and dryness, presented to opd of kaumarbhritya, parulayurved hospital.

## **HISTORY OF PRESENT ILLNESS:-**

Before 1.5 years, the patient was in good health. She gradually acquired some white discoloration over her right elbow joint, first with minor irritation and a very little lesion. The patient was unconcerned about it and ignored it, but after a month, her mother saw more white patches on both legs' lower limbs and ankle joints. With presented with severe itching, burning sensation, dryness and colour of the patches were white. After that patient's parents took her nearby hospital. There she was diagnosed with vitiligo and given suitable medicine to her. Patient took 7 month of treatment but she did not got relief. In order to get a suitable solution they visited our hospital parul ayurved hospital for further management.

## **ASSOCIATED SYMPTOMS:-**

Constipation was present from 1 year.

## **PAST HISTORY:-**

No history of above skin complaints from past 1.5 year.  
No any history of thyroid disorder or any metabolic disorder.

## **FAMILY HISTORY:-**

Her grandmother was suffering with same skin affecting complaints. She expired 3 years back.

## **IMMUNIZATION STATUS:-**

scheduled as per age .

**PERSONAL HISTORY:-**  
**SOCIAL HISTORY:-**

Bowel	Constipation
Urine	4-5 times/day
Sleep	Sound
Krida	outdoor

RESPIRATORY SYSTEM	AEBE NORMAL
CARDIOVASCULAR SYSTEM	S1S2 NORMAL
GIT SYSTEM	P/A SOFT AND NON TENDER

**TABLE 1** **TABLE 2**

Gross motor	Achieved
Fine motor	Achieved
Personal and social	Achieved
Language	Achieved
Toilet training	Achieved

**DEVELOPMENTAL HISTORY:-table 3**

Residential area	rural
Personal hygiene	Poor
Sanitation	Poor
Drinking water	Tubewell
Family behaviour	Joint Normal

**DIETETIC HISTORY:-**

Vegetarian diet.

**CLINICAL ASSESMENT**

**a)General Examination:-B)Systemic Examination:-TABLE 5**

**TABLE 4**

HEART RATE	88/M
TEMPERATURE	98.8 F
RESPIRATORY RATE	20/M

CENTRAL NERVOUS SYSTEM	PATIENT WAS CONCIIOUS AND ORIENTED
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**TABLE 6: LOCAL EXAMINATION:-**

SITE OF LESSIONS	PRESENT
DISTRIBUTION	PRESENT
CHARACTER OF LESSIONS	PRESENT
ITCHING	PRESENT
DRYNESS	PRESENT
ROMA VIVARANTA	PRESENT

**MATERIAL AND METHOD:-**

**CENTRE OF STUDY:-**This study was carried out in kaumarbhritya department of PARUL AYRVED HOSPITAL, LIMDA, VADODARA.

**TREATMENT:-****TABLE 7:- LINE OF TREATMENT- KOSTHA SHUDHI AND BAHYA CHIKITSA.<sup>2-3</sup>**

Day	ManibhadraAvaleha	Mansheeladi Ointment
15 <sup>th</sup> Day	18 gm In Three Divided Doses BF	Over Effected Area qs
30 <sup>th</sup> Day	18 gm In Three Divided Doses BF	Over Effected Area qs
45 <sup>th</sup> Day	18 gm In Three Divided Doses BF	Over Effected Area qs
60 <sup>th</sup> Day	18 gm In Three Divided Doses BF	Over Effected Area qs

Medication has given to the patient for 60 days with 4 follow from 0<sup>th</sup> day to 60<sup>th</sup> day. Manibhadraavaleha was given to the patient for koshthashuddhi and mansheeladi ointment given to the patient for bahyachikitsa.

**TABLE 8:- ASSESMENT GRADING FOR SUBJECTIVE PARAMETER<sup>4</sup>**

Symptoms	Grading		
Twakrukshata	Grade 0 Grade 1 Grade 2 Grade 3	Normal Mild Moderate Severe	No dryness Dryness on exposure to sunlight or other allergens Dryness during exposure to cold environment Always dry
Kandu	Grade 0 grade 1 grade 2 Grade 3	Normal mild moderate Severe	No itching Itching on exposure to cold,sunlight or allergens Itching on exposure to cold env. Severe itching
Daha	Grade 0 Grade 1 Grade 2 Grade 3	Normal Mild Moderate Severe	No burning sensation Burning sensation on exposure to midnoon sunlight Burning sensation on exposure to morning sunlight or irritants Always burning sensation
Twakshwetata	Grade 0 Grade1 Grade2 Grade 3	Normal Mild Moderate Severe	Normal skin colour Less depigmentation at margins and more on a lesions Depigmentation is more than pigmentation or equal on lesions No pigmentation only white colour
Roma vivarnata	Grade 0 Grade 1 Grade 2 Grade 3	Normal Mild Moderate Severe	Normal hair colour Less than 20 % of hair on lesions has vivarnata 25-75% of hair over the lesions has vivarnata More than 75% of hair overthe lesions has vivarnata

**TABLE 9:- ASSESMENT CRITERIA FOR NO. OF PATCHES<sup>5-6</sup>**

NUMBER OF PATCHES	SCORE
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1	1
2	2
3	3
4	4
>4	5

**TABLE10:- ASSESMENT CRITERIA FOR COLOUR OF PATCHES**

COLOUR OF PATCHES	SCORE
NORMAL SKIN COLOUR	1
RED COLOUR	2
WHITE TO REDDISH	3
RED TO WHITISH	4
WHITE	5

**OBSERVATION AND RESULTS:-**

Regular oral and external use of manibhadraavaleha and mansheeladi ointment was observed. Which help in minimized the size of the shwitra patches and colour of the patches.

**TABLE 11:- OBSERVATION DURING TREATMENT(SUBJECTIVE PARAMETER)**

SYMPTOMS	GRADING				
	0 <sup>TH</sup> DAY	15 <sup>TH</sup> DAY	30 <sup>TH</sup> DAY	45 <sup>TH</sup> DAY	60 <sup>TH</sup> DAY
TWAK SHWETATA	2	2	1	1	1
TWAK RUKSHATA	2	2	1	0	0
KANDU	2	1	1	0	0
DAHA	2	1	1	0	0
ROMA VIVARANTA	2	2	2	1	1

**TABLE 12:- OBSERVATION DURING TREATMENT COLOUR OF PATCHES (OBJECTIVE PARAMETERS)**

COLOR OF PATCHES	GRADING				
	0 <sup>TH</sup> DAY	15 <sup>TH</sup> DAY	30 <sup>TH</sup> DAY	45 <sup>TH</sup> DAY	60 <sup>TH</sup> DAY
NORMAL SKIN CLOUR	-	-	-	-	-
RED COLOUR	-	-	-	-	2
WHITE TO REDDISH	-	-	-	3	-
RED TO WHITISH	-	-	4	-	-
WHITE	5	5	-	-	-

**TABLE 13:- OBSERVATION DURING TREATMENT NUMBER OF PATCHES (OBJECTIVE PARAMETERS)**

NUMBER OF PATCHES	GRADING				
	0 <sup>TH</sup> DAY	15 <sup>TH</sup> DAY	30 <sup>TH</sup> DAY	45 <sup>TH</sup> DAY	60 <sup>TH</sup> DAY
1	-	-	-	-	-
2	-	-	-	-	-
3	-	-	-	3	-3
4	-	-	4	-	-
>4	5	5	-	-	-

**TABLE14:- OBSERVATION DURING TREATMENT VASI SCORE<sup>8</sup>**

VASI SCORE(CM SQ)		PERCENTAGE RELIEVED
BT	AT	42.94%
163 CMSQ	70CM SQ	

**TABLE 15:- SYMPTOMATIC RELIEF**

SYMPTOMS	PERCENTAGE
TWAK SHWETATA	50%
TWAK RUKSHATA	100
KANDU	100
DAHA	100
ROMA VIVARANTA	46%

**GRAPH 1:- GRAPHICAL PRESENTATION OF SYMPTOMATIC RELIEF**



**PHOTOS OF CASE STUDY:- NO. 1**



<b>Before treatment</b>	<b>After treatment</b>
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**NO. 2**



Before treatment	After treatment
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## DISCUSSION

### MANIBHADRA AVLEHA<sup>7</sup>:-

It contains amalaki, haritaki, vidanga, trivrit and guda.

In which amalaki has vitamin c which enhances the late differentiation of keratinocytes, reduce oxidative stress and keep the integrity of the entire cuticle. Which ensure the characteristics of the skin barrier and stopping pores and skin water loss, which helps in flip the problem.<sup>8</sup>

Amalaki also is vata, kapha, pitta har which helps in removal of doshas and reduce the burning sensation in skin due to sheet virya.<sup>9</sup>

Haritaki has tri-ethyl chebula which is a strong antioxidant and free radical scavenger, which assist for anti oxidative capability. this help in pigmentation of white skin in shwitra.<sup>10</sup>

It is also pitta, kapha and vata har. Due to katu and K... of raktadhatu which helps in change in the color of skin.<sup>11</sup>

Vidanga has energetic concept i.e. estrogenic... phase interest of human melanocyte, and promotes the formation of melanin.

Trivrit act as a purgation which helps in shodhna of the body and eliminates the vitiated doshas which is curx of the pathology of shwitra.<sup>13</sup>

Guda contains calcium, zinc, vitamin b12 which plays important role in the manner of melanogenesis. Vitamin b12 act as a pseudo t-tyrosine which help in the regulation of melanocytes and help in melanin formation.<sup>14</sup>

### MANSHEELADI OINTMENT<sup>15</sup>

Mustard seed has phytotoxins which act as anti bacterial and anti fungal activity, which help to prevent the spread of patches of shwitra. It also has anti inflammatory mechanism which help in wound healing and burning sensation.<sup>16</sup>

Arkadugdh is bhedaka, teekshna, kaphvatashamaka in nature due to which it cures the shwitra.<sup>17</sup>

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Hartala breaks the pathogenesis of shwitra which prevent the self destruction of melanocytes. The vyavayi and ashukari properties of hartala may help the other drugs to reach the site quickly and remove the obstruction of shwitra.<sup>18</sup>

Mansheela act a toxic warmness on skin which promote the quick absorption of other drugs. It also has katurasa, ushnavirya, saraguna which helps in vatakapha shaman and also varnya karma act on bharajak pitta which mainly involved in colouration of skin.<sup>19</sup>

Maricha (pipernigrum)it has many important active constituents like piperine,piperidine,piperamide which increase the absorption of vitamin b, beta – carotene and as well as other nutrients. Maricha has anti oxidant properties.<sup>20</sup>

## CONCLUSION:-

*Shwitra* (Vitiligo) is one of the skin ailments producing psychosomatic trauma to individual and it is of more concern especially in children. Ayurveda remedies have highest potential to control the *Shwitra*. In this study encouraging results was obtained in *Shwitra*. There is significant reduction in the patches with the use of *Manibhadra Avaleha* and *Manashiladi Ointment* and is found to be safe and effective.

## COMPETING INTERESTS DISCLAIMER:

Authors have declared that no competing interests exist. The products used for this research are commonly and predominantly use products in our area of research and country. There is absolutely no conflict of interest between the authors and producers of the products because we do not intend to use these products as an avenue for any litigation but for the advancement of knowledge. Also, the research was not funded by the producing company rather it was funded by personal efforts of the authors.

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UNDER PEER REVIEW