Ayurvedic Management of Shwitra - A Case Report

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INTRODUCTION

Shwitra or Shwet-Kushtha can be correlated with skin disease "Vitiligo".[1] Vata and Bhrajaka pitta reside in skin. An imbalance in those may cause skin diseases. Shwitra is of two types, that is kilas and varuna.[2] Shwitra differs from other skin disorders by the normal functioning of all but the skin tissue (twak)[3] resulting in discoloration of the skin (twakvaivarnyata), without discharge (aparisarav ~~s~~travi).[4,5] There are many theories regarding the cause of vitiligo. The main cause is autoimmune, genetic, psychological, endocrine disorder, chemical contact and adverse drug interaction.[6,7] In Ayurveda, the real causes as Nidan-causative factors are considered as untruthfulness, ungratefulness, disrespect for the Gods, insult of the preceptors, sinful acts, misdeeds of past lives and intake of contradictory food.[8]

In Ayurveda, Shwitra is considered in Kushta. Though, it is not painful but in society, it is a hating state and dreadful condition, many people are suffering from this condition. It creates mental discomforts in a person due to stigma.

A 9-year-old boy had been suffering from white patches over both elbows, both knees, ankles with mild itching over affected area. In this case, we used Shaman and Shodhan therapy which included snehapan, vaman, virechan, prachan, jaloka and external ointment advised to apply on the affected area in the morning at 9am and evening at 4 pm with exposure to sunlight for 2 months daily. Multiple lines of treatment were used which enhanced the proliferation of melanocytes. The colour of the affected skin area became red and size diminished to some extent.

We wanted to study about Shwitra, its pathological manifestations, symptoms in detail and to assess the effect of individual panchkarma therapies in Shwitra.

PRESENTATION OF CASE

9-year-old boy was presented with history of white patches on elbow, back and ankle, with mild itching over affected area and gradual increase for 7 months. The disease was in active stage and new spots were increasing gradually. Family history in first degree relation was negative. There was no personal history of autoimmune disorders (like atopic dermatitis, psoriasis, asthma, etc.), there was no personal history of trauma or surgery, any major psychological disorder, endocrinal disorder (diabetes). He had some medication history for 7 months with some improvement in starting phase of treatment but then there was no progress in that condition. So, he had come for Ayurvedic medication in MGAC &RC, Wardha, Maharashtra.

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- **Past History**- Not significant
- **Family History-** No one in the family have similar signs and symptoms.
- **Birth History-** Full term normal delivery. Birth weight-2.75kg
- **Appetite -** Poor
- **Bowel -**Once-twice/day, hard
- **Urine -**Normal (5-6 times a day),
- **Sleep -** Sound sleep
- **Likes -**More of outside packed food, biscuits & chocolates. Dietary habits revealed the use of mixed dietary habit, with 4-5 glasses of water per day and consumption of tea twice daily; regular use of curd and oily junk food items.

General Examination

- **Eyes -** Pallor +
- **Tongue -** Clear
- **Pulse Rate-** 78/min
- **RR–**25/min
- **BP -**110/70mm of Hg
- **Temperature -** Afebrile
- **Built -** Moderate
- **Weight** -24kg
- **Height–**137cm
- **Cyanosis -**Absent
- **Clubbing -** No any
- **Oedema -** No any
- **Lymphadenopathy -** No any

Systemic Examination

- **CVS**- S1 S2 Audible, no adventitious sound
- **RS** – AE=BS, Chest clear
- **P/A-** Soft, no distention or organomegaly

Dasavidhapariksha

- Prakriti – Vatakapha
- Satmya – Madhyama,
- Vikriti – Kaphavata,
- Aharashakti – Madhyama,
- Sara- Madhyama,
- Vyayama Shakti – Avara,
- Samhanana – Madhyama,
- Vaya – Baalavastha
- Satva – Madhyama,
- Pramana – 4.8 feet

Local Examination

1. Site of lesion- Back, knee, ankle, and elbow
2. Distribution- Asymmetrical
3. Character of lesion- (Pidaka Lakshanas) Size:4 – 6 cm, Colour: White; Arrangement: Grouped
4. Itching – Present; Severity: Mild
5. Inflammation- Absent
6. Discharge- Absent
7. Superficial sensation on lesion –Normal sensation. Pain: Absent; Swelling: Absent

SamptiGhataka

- Nidana - Virrudhaahar-vihar
- Dosha - Udana, Vyana, Bhrajaka pitta, ShleshmakaKapha
- Dushya -Rasa, Rakta, Mamsa, Meda,
- Affected strotas - Rasavaha, Raktavaha
- Moolsthan -Twak
- Sadhya/asadhyata: KashtaSadhya
- Agni- Slight mandya-lack of appetite
- Ama – Nirama
- Adhisthan- Shakha, Prushtha(back)

Diagnosis – Shwitra

BakuchiGhanVati	1 Tab ×B. D	7 Days	Water	After Food
Khadirarishta	2 tsf ×B. D	30 Days	Water	After food
MahamanjishtadiKwaath	10ml ×B. D	7 Days	Water	Before food
Triphalaghrita	2 tsf × B. D	7Days	Warm milk	Before food
BTN forte	1 tab × OD	30 Days	Water	After food
Panchtiktaghrita (Snehapan)	1st day=30ml 2nd day=50ml 3rd day=80ml	3 Days	Luke warm water	Empty stomach

Table 1. Internal & External Interventions with Procedures

Bahyachikitsa

Snehan	Dashmool tail
Nadiswedan	Dashmoolkwath
Vaman thereafter virechan	Vaman & virechanyog
Vedhan, prachhan & leech application	

DISCUSSION OF MANAGEMENT

The treatment was decided on the basis of involvement of dosha and dushya.

Main line of treatment of Shwitra is shodhana, shamana and local application of drugs. Patient was given Mridukoshthashuddhi for 3days at night and Bakuchitaila and pigmento cream local application over the de-pigmented skin followed by exposure of sunlight. Also, Avalgujadilepaguti was applied with cow urine to enhance its action on the spots externally.[9-11] Simultaneously; daily oral administration of medicines depicted in Table no 1.

Patient was kept on light diet throughout the treatment, total duration of treatment was 60 days and follow up was done for 1 month. In 1st sitting, vaman was conducted and in 2nd sitting virechan and leech/jaloka was planned. Panchkarma in Shwitra is very crucial and result yielding with classical method.[12-14] Patient followed all Pathyas (dietary advice). After completion of treatment skin colour came back to almost normal surrounding skin colour. Subjective complaints like weakness and constipation were also resolved. No new de-pigmented spots were noticed.

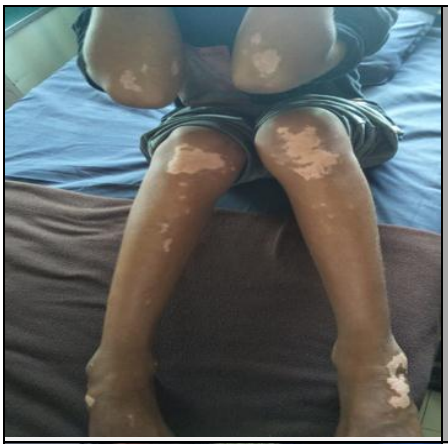

Figure 1.
Shwitra on Hands and Knees before Treatment.

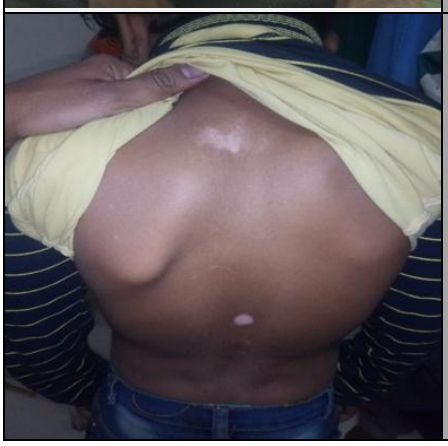

Figure 2.
Shwitra on Back before Treatment.

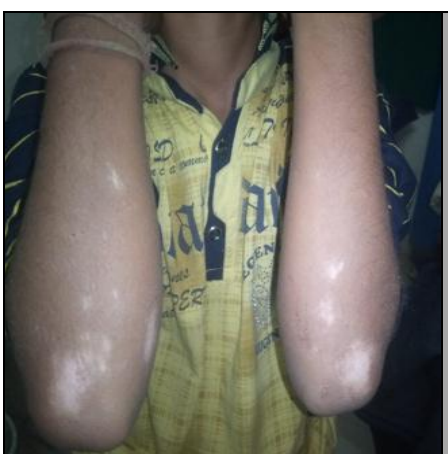

Figure 3.
Shwitra on Hands before Treatment.

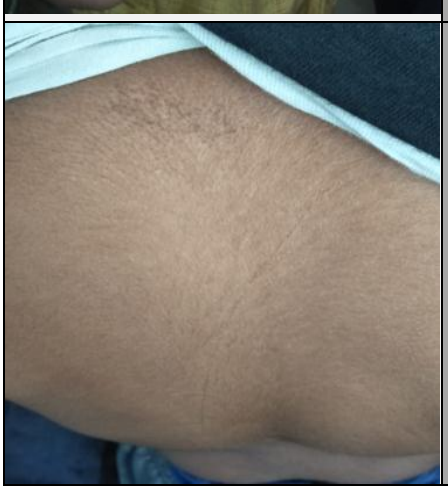

Figure 4.
Shwitra on Back after Treatment.

CONCLUSIONS

Shwitra requires multiple interventions and Panchkarma procedures like administration of internal medications with local application of Bakuchi tail and Pigmento cream. Leech application, Vedhan and Prachhan on de-pigmented skin area as external procedures. Simultaneously, Koshtha Shuddhi by means of Panchkarma like Vaman and Virechan are very effective in management of Shwitra.

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