



Case Study

A CASE STUDY TO EVALUATE THE TREATMENT OF VITILIGO W.S.R. TO SWITRA

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KEYWORDS: *Switra*, Vitiligo, *Dhatryadi Kwatha*, *Mahakhadiradi Ghrita*, *Gunjaphaladi Lepa*.

ABSTRACT

Vitiligo occurs when the cells that produce melanin die or stop functioning. Vitiligo affects people of all skin types, but it may be more noticeable in people with darker skin. The condition is not life-threatening or contagious. It can be stressful or make you feel bad about yourself. Some dermatological outpatient records show the incidence of vitiligo to be 3% to 4% in India although an incidence as high as 8.8% has also been reported. In the Indian states of Gujarat and Rajasthan, the prevalence of vitiligo is very high being described by some as of epidemic proportions. *Sthana of Brajaka pitta is Twak* and should be maintained in proper state, imbalance to this may lead to skin diseases. *Shvitra* is caused by various dietetic and behavioural factors which aggravate the *Tridoshas*, especially the *Kapha dosha* vitiating the *Raktha*, *Mamsa* and *Meda Dhatu*. Here present case a 16 year old boy, who came to our OPD with c/o white patches around the B/L eyes, forearms, elbow and middle malleolus since 1 year. "*Dhatryadi Kwatha*"-50ml., "*Mahakhadiradi Ghrita*" 10ml. and "*Gunjaphaladi Lepa*" (for external application) were given for 3 months.

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INTRODUCTION

The term Vitiligo was first mentioned by "Celsus", a scientist and Physician of Rome in second century. This term has been derived from a Latin word, "Vitilious" meaning a "Calf" comparing the whiteness of the skin of the calf to that of human skin. Vitiligo occurs when the cells that produce melanin die or stop functioning. Vitiligo affects people of all skin types, but it may be more noticeable in people with darker skin. The condition is not life-threatening or contagious. It can be stressful or make you feel bad about yourself. Some dermatological outpatient records show the incidence of vitiligo to be 3% to 4% in India although an incidence as high as 8.8% has also been reported. In the Indian states of Gujarat and Rajasthan, the prevalence of vitiligo is very high being described by some as of epidemic proportions. About 50% of children with Vitiligo have onset before 18 years of age, and 25% demonstrated pigmentation before age 8. Most children have generalized form, but the segmental type is more common among children than among adults. Patient with generalized form usually present with a symmetrical pattern of white macules and patches. [1] The description of *Switra* is

available since Vedic literature. The terms used in the place of *Switra* in Vedic literature are *Shwetakushta*, *Kilasa* and *Palita*. *Sthana of Brajaka Pitta is Twak* and should be maintained in proper state, imbalance to this may lead to skin diseases. [2] *Shvitra* is caused by various dietetic and behavioural factors which aggravate the *Tridoshas*, especially the *Kapha Dosha* vitiating the *Raktha*, *Mamsa* and *Meda Dhatu*. Acharya Charaka has mentioned various causes out of which *Virudhaaharsevan*, *Pap karma* are important one. [3] The treatment adopted for the condition are *Shodhana Karma* like *Vamana*, *Virechana*, *Raktamokshana* using leeches are recommended. [4] *Shamana Chikitsa*- done through oral medications and external applications i.e., *Lepa*. Apart from these Ayurveda has also given importance to *Daivavyapasrayachikitsa* as *Kusta* is a sequel of bad deeds and also *Pathya* to be followed. Many Ayurvedic drugs are well known for the regeneration of melanocytes, among which "*Dhatryadi Kwatha*", [5] "*Mahakhadiradi Ghrita*" [6] and "*Gunjaphaladi Lepa*" [7] is one.

Case Presentation

A 16 year old patient, male, Hindu by religion reported to Kayachikitsa OPD, in Punjab Ayurvedic collage, Shriganganagar, Rajasthan, India, on 21/02/2018 with complaint of white patches around the B/L eyes, forearms elbow and middle malleolus since 1 year. On history taking patient was said to be apparently normal 1 year back, one day she noticed a small white patches on elbow. Initially lesions were small discrete, later progressively increased in size and then spreading to around the eyes, middle malleolus and forearms. There were no associated complaints confined to lesions like itching or burning sensation and also no history of environment, occupation and related to contact with harmful dietary substance. Patient had received conventional treatment for a period of 6 months without any improvement and thus came to our hospital for a better treatment. In his family his father and elder sister had the same complaint of white patches all over the body.

Personal history: Patient had desire for fried food, fish, mutton and chicken. He could not tolerate warmth and no control of his angeriness.

Examination: On examination it was found that he had no systemic problem; dark complexion, thin body built, weight 54 kgs, height 160 cms. All vitals are normal. Routine laboratory tests, including leukocyte count with differential, platelets, electrolytes, creatinine, and liver enzymes, were within normal ranges.

Table 1: Examination of Patient

BP	110/76 mm hg
Pulse	80 beats /minute
R.R.	18/min
Temperature	98.4°F
Aahara	Mixed
Vihaara	Divaswapna (occasionally)
Appetite	Good
Bowel	Regular once in a day
Micturition	4-6 times /day ,1 times at night
Sleep	Sound

Table 2: Asthavidhapareeksha

Nadi	80 beats/min
Mala	Once in a day
Mootra	Regular (4-6 times/day)
Jihva	Malavrita
Shabda	Prakrita
Sparsha	Samasitosna
Drik	Prakrita
Aakruti	Madyama

Local examination

1. Site of lesion- around the B/L eyes, forearms, elbow and middle malleolus
2. Distribution - symmetrical
3. Color - white
4. Itching- Absent
5. swelling - Absent
6. Discharge - Absent
7. Pain - Absent

Medication

After proper examination, patient had been prescribed "Dhatryadi Kwatha"-50ml., "Mahakhadiradi Ghrita" 10ml. with warm water twice a day before meal and "Gunjaphaladi Lepa" for local application over affected area followed by exposure to early morning sun light. Patient had been followed up every 15 days for 3 months.

RESULTS

Regular use of internal and external application minimizes the size and gets shrink, also the colour of patches from white to reddish and then grayish to normal. The patient had relief from after 1month of treatment and complete remission after 3 months of treatment.

DISCUSSION

Shvitra is having Tridoshas, especially the Kapha dosha vitiating the Raktha, Mamsa and Meda Dhatu. For its management Acharyas have explained that those diet and drugs which are having Kapha Pittaghna and Anulomana properties are useful. Taking above point in view three formulations viz. DhatryadiKwatha, Mahakhadiradi Ghrita and Gunjaphaladi Lepa. According to classics Dhatryadi Kwatha indicated in Kaphaj-pittaja prominent Kustha diseases therefore it is selected. It has Pittaghana, Kledaghna, Rasayana, Agnidiapn, Aampachan^[8] and antioxidant properties which pacify both Pitta and Kaphadosha Shamaka. Contents of Mahakhadiradi Ghrita are Rakta shuddhikara,^[9] anti-inflammatory, anti-microbial, antioxidant, antiseptic and astringent. Snehana with Maha-khadiradi Ghrita is Vata Pitta shamaka and reduce dryness. Gunjaphaladi Lepa is indicated in Switra so it is also selected for local application for 3 months as a full course. Abrus also has antioxidant and Vata-Kaphahara^[10] quality. The use of sunlight in early morning on affected area of skin because it has content of ultraviolet rays, and Abrus leads to favourable milieu for promoting the growth of melanocyte migration and stimulates proliferation. However, it was found that though there was marked improvement in the hypo

pigmented patches of the patient. So all these drugs may correct *Dosha* vitiation, *Agnivaishmyata* and *Dhatudushti*.

CONCLUSION

Mithya Ahara - Vihara, especially *Navanna*, *Viruddhahara*, diet predominant with *Ushna* and *Snigdha*guna and *Vegavidharana* are the main causative factors of *Switra*. These drugs are herbal drugs, which is very simple, safe, economic (cost effective) and good efficacy drugs in medium dose. Hence it can be employed in the case of *Switra*. *Dhatryadi Kwatha*, *Mahakhadiradi Ghrita* and *Gunjaphaladi Lepa* are the useful medicine in vitiligo. As many interventions are used in this case, so it is difficult to understand by which intervention patient got relief. But in practice most people use multi interventional approach. Patient got significant relief, but it is only a single case. Large scale clinical trial should be done to establish it as general treatment for vitiligo.

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