



Case Study

## MULTI-MODALITY AYURVEDA REGIME IN THE MANAGEMENT OF CHILDHOOD VITILIGO W.S.R.TO SHWITRA: A CASE REPORT

Snehal Neeraj Patil

Assistant Professor, Department of Rognidan Avum Vikriti Vigyan, Dr.G.D.Pol Foundations, YMT Ayurvedic Medical College, Kharghar, Navi Mumbai, Maharashtra, India.

### Article info

#### Article History:

Received: 02-01-2023

Revised: 23-01-2023

Accepted: 12-02-2023

#### KEYWORDS:

Childhood Vitiligo, Shwitra, Bakuchi Ghanvati, Mahamanjishtadi kadha, Panchtikta ghruta guggul, Krumikuthar rasa, Bakuchi tail.

### ABSTRACT

Patients of vitiligo are hated and neglected lot in the society. Great researches in the world have done lot of studies and experiments but no medicine has proved satisfactory in total eradication of the disease. **Objective:** To see the effect of multi-modality Ayurveda regime in the management of childhood vitiligo/Shwitra. **Methodology:** Female patient 07yrs old had been experiencing symptoms of white Patches around the b/l eye and elbow since 5 months. Ayurvedic medicines were used in the study for one year and six months. **Discussion:** The major goal of the multi-modality regime is to help to eliminate white patches. *Bakuchi Ghanvati, Mahamanjishtadi kadha, Panchtikta ghruta guggul, Krumikuthar rasa* were given orally. *Bakuchi tail* for local application and daily Hanuman chalisa path advised to patient. This treatment for one half year continued which showed excellent result in the patient. **Conclusion:** The effect of *Dravya* and *Adravya shaman chikitsa* has shown encouraging results in the repigmentation of the affected skin. Not many complications were observed in the patients at the end of the study. Ayurveda has distinctive concepts with all disease called as *Chikitsa siddhanta*, which work and stand for a long period of time. Since the therapy for vitiligo has limitation in other pathies, Ayurvedic management of vitiligo is one of the most effective therapy and which have less chances of recurrence.

### INTRODUCTION

Vitiligo is a chronic (long-lasting) autoimmune disorder that causes patches of skin to lose pigment or color of various sizes and shapes that tends to enlarge peripherally in course of time.<sup>[1]</sup> The incidence of the disease ranges between 0.1-4% of the world population.<sup>[2]</sup> Vitiligo usually arises in childhood or young age, approximately half to one third of them progresses this condition by 20 years of age and around 25% of them develop before 8 years with a mean age of outbreak varying between 4 and 5 years.<sup>[3]</sup> It spares no age, sex, or race. Many etiological hypotheses have been suggested to explain vitiligo, among which the most engrossing one is an association of genetic and immunologic factors, which

interrelate with each other resulting in an autoimmune melanocyte destruction.<sup>[4]</sup> Childhood vitiligo varies from the adults by showing a higher rate in females, segmental vitiligo being more widespread and less frequent association with other systemic autoimmune and endocrine disorders.<sup>[5]</sup> Most of the times childhood vitiligo is associated with a major psychosocial and long term effect on the self-confidence of the affected children and their parents, hence a proper treatment is very essential. Treatment of vitiligo is indeed a tough challenge for the doctor more so in the background of childhood vitiligo. Patients of vitiligo are hated and neglected lot in the society. Great researches in the world have done lot of studies and experiments but no medicine has proved satisfactory in total eradication of the disease. *Shwitra* is a *Karmaja Vyadhi*. According to Ancient concept this disease is said to be caused by the effects of *Papkarmas* (during present life or previous life, Hence while describing its treatment, *Acharyas (Gurus)* have recommended *Dana, dharma* and *Bhrahmin puja* in addition to medicinal treatment.

#### Access this article online

Quick Response Code



<https://doi.org/10.47070/ayushdhara.v10i1.1161>

Published by Mahadev Publications (Regd.)  
publication licensed under a Creative Commons  
Attribution-NonCommercial-ShareAlike 4.0  
International (CC BY-NC-SA 4.0)

Hence use of medicine alone sometimes may not prove helpful in complete cure of disease.<sup>[6]</sup>

### AIMS AND OBJECTIVES

To evaluate the effects of Ayurvedic treatment in Vitiligo/*Shwitra*.

### Case Description

Female patient 07yrs old, residing in Ghansoli visited OPD, YMT Ayurvedic medical college on 18<sup>th</sup> June 2019 presented with c/o white patches around the b/l eye and elbow since 5 months.

### History of Present Illness

Patient was healthy before 5 months. Gradually she developed some discoloration around her b/l elbows. Initially lesions were small discrete, later progressively increased in size and then spreading to

### Personal History

BP	100/60mm hg
Pulse	84 bpm
R.R.	17/min
Temperature	98.4°F
<i>Aahara</i>	Mixed excessive intake of sweet, fried food and curd.
<i>Vihaara</i>	<i>Divaswapa</i>
Appetite	Good
Bowel	Irregular bowel ( <i>Pichhil</i> ), <i>Gud pradeshi kandu</i>
Micturition	4-6 times /day
Sleep	Sound
Habit	Milk 2 big glass in a day

### Ashta vidha Pariksha

*Nadi*: 84 bpm

*Mala*: *Pichhil*

*Mutra*: 4-6 times /day

*Jihwa*- *Saam*

*Shabda*- *Prakruta*

*Sparsha*- *Anushnasheet*

*Drik*- *Prakruta*

*Akruti*- *Madhyama*

### Local Examination

1. Site of lesion - Around the B/L eyes and elbow
2. Distribution - Symmetrical
3. Color - White
4. Itching- Absent
5. Swelling - Absent
6. Discharge - Absent
7. Pain - Absent

### MATERIAL AND METHOD

Centre of Study- YMT Ayurvedic Medical College and Hospital  
Simple and Single Case study

around the eyes and elbows as said by her father. There were no associated complaints confined to lesions like itching or burning sensation and also no history of environment and related to contact with harmful dietary substance. For this patient visited nearby hospital. There she was diagnosed as vitiligo and given medications. Patient took treatment for 4 months, patient didn't get significant results. In order to get permanent solutions for above complaints she visited our hospital for further management.

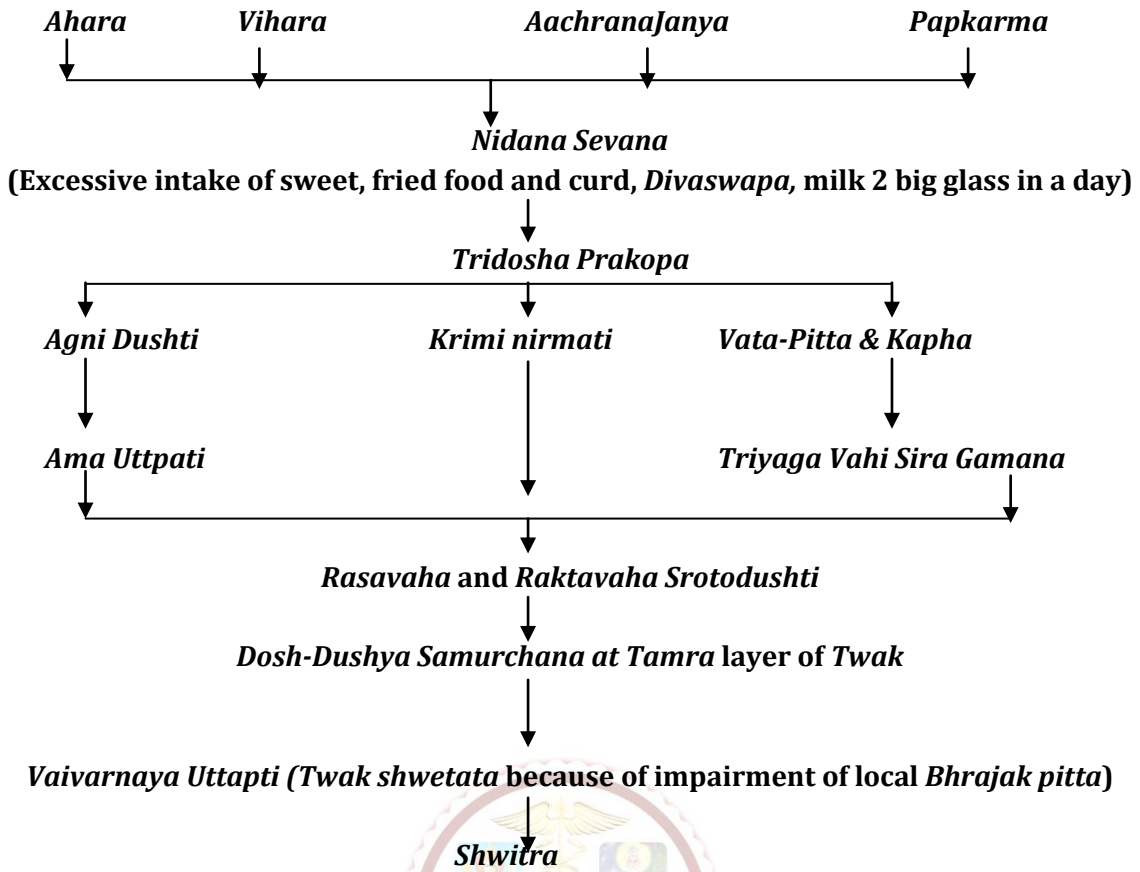
### Past History

No history of above skin complaints before 5 months.

No history of HTN/ DM/ Thyroid disorder.

**Family History:** Nil

**Samprapti in patient**



**Treatment**

After proper examination, patient had been prescribed. Patient had been followed up every 15 days for one year and six months.

**Medicine Dose Duration**

**Dravyachikitsa**

1. *Bakuchi Ghanvati* (250mg tab) 1/2 bd
2. *Mahamanjishtadi kadha* 5ml with equal quantity of water bd.
3. *Panchtikta ghruta guggul* (250mg tab) ½ bd

4. *Krumikuthar rasa* (250mg) ½ bd with gap of 15 days in 45 days.
5. *Bakuchi tail* for local application over affected area followed by exposure to early morning sun light.

**Adravyachikitsa**

Hanuman chalisa path daily

**OBSERVATION AND RESULTS**

Regular use of internal and external medication minimized the size of patches and changed the colour of patches from white to pinkish then to normal skin colour.



Fig 1: Before treatment



Fig 2: Follow up



Fig 3: After treatment

**DISCUSSION****Dravyachikitsa****1. Bakuchi Ghanvati**

*Bakuchi Ghana vati* content *Shuddha Bakuchi* provide nutriment to the skin cells and help on restoration the cells. It has anti-inflammatory properties and quick healing properties. *Bakuchi* is known for its *Kushthaghna* property in Ayurveda text. [7] Since *Ghanvati* is processed as a water extract, it contains a high concentration of water-soluble extracts in comparison to the decoction form of the same drug, hence given to the patient.

**2. Mahamanjishtadi kadha**

A *Raktashodhak Kadha* with '*Manjishta*' and other ingredients that are *Twakprasadkara*, *Kushthaghna* and *Rakta dhatu gami*. It has efficacious *Raktaprasadan* action brings glow to the skin and also helps remove discolorations and promotes healing of damaged skin tissues. It is useful in all types of *Kushtha* with *Vranashodhak*, *Vranaropak* and *Jantughna* property of *Karanja*, *Nimba*. [8]

**3. Panchtikta ghruta guggul**

The *Guggulkalpa* with Synergetic mixture of *Tiktarasa pradhan dravyas* such as *Nimba*, *Guduchi*, *Vasa*, *Patol*, *Kantakari* (*Panchatikta*) acting as *Kanduhar*. Useful in *Twakavikar* due to *Raktashodhak* and *Krumighna* action, especially in *Twak Vikar* of dry types. [9]

**4. Krumikuthar rasa**

*Krimikutararas* destroys all types of *Krumi*. Helpful in intestinal worms manifestation as well as *Krumi* responsible for *Raktadusht* in our body. Useful in diseases developed due to *Krumi* such as skin diseases (*Shwitra*). [10]

**5. Bakuchi tail**

*Bakuchi tail* has been used traditionally in the management of *Shwitra* mentioned in Ayurvedic text. [11] *Bakuchi* content has improved the rate of synthesis and quantity of melanin and hence encouraging skin to get better from a vitiliginous state compared to previous one. The use of sunlight in early morning on affected area of skin because it has content of ultraviolet rays and with *Bakuchi* leads to favourable milieu for promoting the growth of melanocyte migration and stimulates proliferation. [12,13]

**6. Adravyachikitsa: Hanuman chalisa**

According to Ancient concept this disease is said to be caused by the effects of *Pap karma* (during present life or previous life. Hence while describing their treatments, Acharyas (*Gurus*) have recommended *Dana*, *dharma* and *Brahmin puja* in addition to medicinal treatment. Hence use of medicine alone sometimes may not prove helpful in complete cure of disease. Mantra recitation is the part of process of

speech. Physiological factors *Vata Dosha* and *Agni*, psychological factors *Manas* and *Buddhi* perform the function of speech. The consequence of divine Mantra makes easier advance the excellence of functions of all these factors. All these entities play important power in all other body activities. Ultimately the aim of absolute mental, physical and spiritual wellbeing is achieved. Same stated as benefits of chanting the *Mantras*. [14]

**CONCLUSION**

*Shwitra* is a *Tridoshaja Kriccha Sadhya* (difficult to cure) disorder causing hypopigmentation/depigmentation of the skin. The effect of *Dravya* and *Adravya shaman chikitsa* has shown encouraging results in the repigmentation of the affected skin. Not much complication was observed in the patients at the end of the study. Ayurveda has distinctive concepts with all disease called as *Chikitsa siddhanta*, which work and stand for a long period of time. Since the therapy for vitiligo has limitation in other pathies, Ayurvedic management of vitiligo is one of the most effective therapy and which have less chances of recurrence.

**ACKNOWLEDGEMENT**

I feel highly grateful to Dr. Jai Kini, Research Director, Yerala Ayurvedic Medical College, Kharghar Mumbai, and Dr. Prasad Pandkar, Associate Professor, Bharati Vidyapeeth College of Ayurveda, Pune, for the valuable guidance during post-graduation and graduation study respectively, which is useful for all this research work.

**REFERENCES**

1. Falabella R. Vitiligo and the melanocyte reservoir. *Indian J Dermatol.* 2009; 54(4): 313-8. doi: 10.4103/0019-5154.57604. PMID: 20101329; PMCID: PMC2807704.
2. Handa S, Kaur I. Vitiligo: clinical findings in 1436 patients. *J Dermatol.* 1999 Oct; 26(10): 653-7. doi: 10.1111/j.1346-8138.1999.tb02067.x. PMID: 10554431.
3. Halder RM, Grimes PE, Cowan CA, Enterline JA, Chakrabarti SG, Kenney JA Jr. Childhood vitiligo. *J Am Acad Dermatol.* 1987 May; 16(5 Pt 1): 948-54. doi: 10.1016/s0190-9622(87)70119-4. PMID: 3584578.
4. Kanwar AJ, Kumaran MS. Childhood vitiligo: treatment paradigms. *Indian J Dermatol.* 2012 Nov; 57(6): 466-74. doi: 10.4103/0019-5154.103067. PMID: 23248365; PMCID: PMC3519254.
5. Kayal A, Gupta LK, Khare AK, Mehta S, Mittal A, Kuldeep C M. Pattern of childhood onset vitiligo at



- a tertiary care centre in south- west Rajasthan. Indian J Dermatol 2015; 60:520
6. Sushruta. Sushruta Samhita, edited with Ayurveda-Tattva- Sandipika Hindi commentary by Kaviraja Ambhikdutta Shastri, Vol-2, Chaukhambha Sanskrit Sansthan, Varanasi, Reprint-2011, Chapter no: 9/3, pg.no:62
  7. Chunekar KC, Pandey GS. Bhavaprakash Nighantu, 1<sup>st</sup> edition, Choukhambha Bharti Academy; Reprint-1010 p.no. 191-121
  8. Mahamanjishthadi Kadha; <https://sdlindia.com/product/mahamanjishthadi-kadha>
  9. Panchatikta Ghruta Guggul <https://sdlindia.com/product/panchatikta-ghruta-guggul>
  10. Krumikuthar Rasa <https://sdlindia.com/product/krumikuthar-rasa>
  11. Sushruta. Sushruta Samhita, edited with Ayurveda-Tattva-Sandipika Hindi commentary by Kaviraja Ambhikdutta Shastri, Vol-1, Chaukhambha Sanskrit Sansthan, Varanasi, Reprint-2014, Chapter no: 14, pg.no: 52, 53
  12. Wu CS, Lan CC, Wang LF, Chen GS, Wu CS, Yu HS. Effects of psoralen plus ultraviolet A irradiation on cultured epidermal cells in vitro and patients with vitiligo in vivo. Br J Dermatol. 2007 Jan; 156(1): 122-9. doi: 10.1111/j.1365-2133.2006.07584.x. PMID: 17199578.
  13. Amin, Hetal & Sharma, Rohit. (2016). Effect Of Ayurvedic Medication on Vitiligo- A Case Study. World journal of pharmacological research and technology. 3. 330-336.
  14. Ashok, Kulkarni Akshar, H. Joshi Abhijit, and D. Gadgil Neha. "An understanding towards the mode of action of benefits of mantra chanting." International Journal of Research in Ayurveda and Pharmacy, Vol. 7, No. 2, 2016, pp. 36-38.

**Cite this article as:**

Snehal Neeraj Patil. Multi-Modality Ayurveda Regime in the Management of Childhood Vitiligo w.s.r.to Shwitra: A Case Report. AYUSHDHARA, 2023;10(1):63-67.

<https://doi.org/10.47070/ayushdhara.v10i1.1161>

**Source of support: Nil, Conflict of interest: None Declared**

**\*Address for correspondence**

**Dr. Snehal Neeraj Patil**

Assistant Professor,

Department of Rognidan Avum

Vikriti Vigyan,

Dr. G.D. Pol Foundations,

YMT Ayurvedic Medical College,

Kharghar, Navi Mumbai,

Maharashtra, India.

Email: [snehalyadav14@gmail.com](mailto:snehalyadav14@gmail.com)

Mobile: 7666022872

Disclaimer: AYUSHDHARA is solely owned by Mahadev Publications - A non-profit publications, dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. AYUSHDHARA cannot accept any responsibility or liability for the articles content which are published. The views expressed in articles by our contributing authors are not necessarily those of AYUSHDHARA editor or editorial board members.