



Case Study

AYURVEDIC MANAGEMENT OF SWITRA (VITILIGO)

K. Sandhya Rani^{1*}, N. Uma Srinivas Rao², K. Laxmikantham³, P. Srikanth Babu⁴

¹PG Scholar, ²Professor, ³PG Professor & Head of Department, Department of Kayachikitsa, Dr. B.R.K.R Government Ayurvedic College & Hospital, Hyderabad, Telangana, India.

⁴Director, Director of the Department of AYUSH, Telangana State.

Article info

Article History:

Received: 11-11-2025

Accepted: 29-12-2025

Published: 20-01-2026

KEYWORDS:

Switra, Vitiligo, Kushta Roga, Ayurveda, Pigmentary Disorders.

ABSTRACT

Vitiligo is a common autoimmune pigmentary disorder characterized by well-demarcated white patches due to melanin deficiency. In Ayurveda, it is correlated with *Switra*, a subtype of *Kushta Roga*. This condition significantly impacts the patient's psychological well-being and social acceptance. This case study presents the Ayurvedic management of *Switra* in a 10-year-old female patient diagnosed with vitiligo vulgaris. The treatment protocol included *Arogyavardhini Vati*, *Lukoskin Liquid* and *Lukoskin Cream*, and *Triphala Churnam* along with specific dietary restrictions. Marked repigmentation was observed within four months, with notable improvement in skin texture and complete resolution of constipation. This highlights the potential of Ayurvedic formulations in effectively managing vitiligo without adverse effects.

INTRODUCTION

Switra in Ayurveda and Contemporary Context

Switra is described in the *Kushta Roga Chikitsa* section of Ayurvedic classics. The term *Switra* is derived from the Sanskrit word *Shweta*, which means "white patch"^[1]. *Switra* is a condition characterized by the appearance of white patches on the body. As mentioned in *Kashyapa Samhita*, "*Shweta Bhava Michanti Switram*"^[2].

In modern medical terminology, Vitiligo is considered the closest parallel to *Switra*. Vitiligo is the most common pigmentation disorder, in which patches of skin lose their normal color (*hypomelanosis* of the skin and hair). Due to its characteristic appearance, the white patches on the skin occur as a result of melanin deficiency, which in Ayurveda is attributed to the dysfunction of melanocytes. This condition is recognized as *Switra* in Ayurveda.

In Ayurvedic understanding, all types of skin diseases are classified under *Kushta Roga*, with *Switra* being a distinct subtype^[3,4].

It is also referred to as *Kilasa*, *Daruna*, *Aruna*, and *Shweta Kushta*. The *Bhrajaka Pitta*, located in the skin, is responsible for the *Chaya* (complexion) and *Prabha* (lustre) of the *Twacha* (skin). Any impairment in *Bhrajaka Pitta* along with *Vata Dosha* can lead to skin disorders such as *Switra*.

Based on the location of the *Dosha*, *Switra* is classified into three types:

- *Rakta* involvement: Red discoloration of the patches.
- *Mamsa* involvement: Coppery discoloration of the patches.
- *Medas* involvement: White discoloration of the patches^[5].

Current allopathic treatments for vitiligo include oral and systemic corticosteroids, topical calcineurin inhibitors, and ultraviolet (UV) radiation therapy. However, these interventions are often associated with side effects and other limitations. There is a pressing need for treatment modalities that not only address the disease and its associated complications but also prevent recurrence and are free from adverse effects. Ayurveda, with its holistic approach and emphasis on root-cause management, effectively meets these requirements.

Access this article online	
Quick Response Code	
	https://doi.org/10.47070/ayushdhara.v12i6.2357
Published by Mahadev Publications (Regd.) publication licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International (CC BY-NC-SA 4.0)	

AIM

To evaluate the efficacy of Ayurvedic management in a case of *Switra* (vitiligo vulgaris).

OBJECTIVES

1. To study the therapeutic outcomes of selected Ayurvedic formulations in *Switra*.
2. To correlate the clinical presentation of vitiligo with *Switra* described in Ayurveda.

MATERIALS AND METHODS

Case Description

A 10-year-old female patient from Hyderabad presented to the Kayachikitsa OPD, Dr. B.R.K.R. Government Ayurvedic College & Hospital, Telangana, with a six-month history of a gradually increasing white patch over the left cheek.

Symptoms

- White patch with irregular margins.
- Mild constipation.
- No itching or burning sensation.

History

- No family history of autoimmune, thyroid, or hereditary skin disorders.
- Previous allopathic medication with minimal relief.

Lifestyle and Diet

- High intake of junk and packaged foods (*Viruddha Ahara*).
- Low water intake.

Psychological Impact

Social isolation and reduced participation in peer activities due to visible facial lesion.

Clinical Examination *Astavidh Pariksha*

Parameter	Observation
<i>Nadi</i>	<i>Kapha-Pitta</i>
<i>Mala</i>	<i>Malabaddhata</i>
<i>Mutra</i>	<i>Normal</i>
<i>Jihva</i>	<i>Saama</i>
<i>Shabda</i>	<i>Normal</i>
<i>Sparsha</i>	<i>Khara, Anushna</i>
<i>Druk</i>	<i>Normal</i>
<i>Akriti</i>	<i>Madhyama</i>

Vitals

- Pulse - 76/min
- Temperature - 98.4°F
- Respiratory Rate - 24/min
- Weight - 23 kg
- Cardiovascular and respiratory systems - NAD

Investigations

- Complete blood picture - Normal
- Thyroid profile - Normal
- Liver function test - Normal
- Stool for ova & cyst - Negative

Treatment Protocol

Table 1. Oral Medications

S.No.	Medicine Name	Dose & Frequency	Time	Duration
1	<i>Arogyavardhini Vati</i>	½ Tablet BD (125mg)	After food	4 months
2	Lukoskin Drops	20 drops with ½ glass water BD	After food	4 months
3	<i>Triphala Churnam</i>	2gm once weekly	Bedtime with lukewarm water	4 months

Local Application

- *Lukoskin Cream* over the lesion
- Morning sun exposure for 10-25 minutes between 8-9 AM
- Gentle cleansing post-exposure

Dietary Advice

- Avoid junk, packaged, and fatty foods

- Increase water intake
- Consume fresh home-cooked meals

Results

After four months of treatment:

- The lesion on the left cheek exhibited near-complete repigmentation (confirmed by photographs).

- Skin texture improved to match surrounding areas.
- Constipation resolved completely.
- No adverse effects were reported.



Before Treatment After 2 Months After 4 Months

DISCUSSION

According to Ayurvedic principles, *Switra* is curable when lesions are recent, small, pale, and without red hair (6,7). This patient responded well due to early intervention, dietary correction, and use of pigment-restoring and immune-modulating herbs.

Arogyavardhini Vati

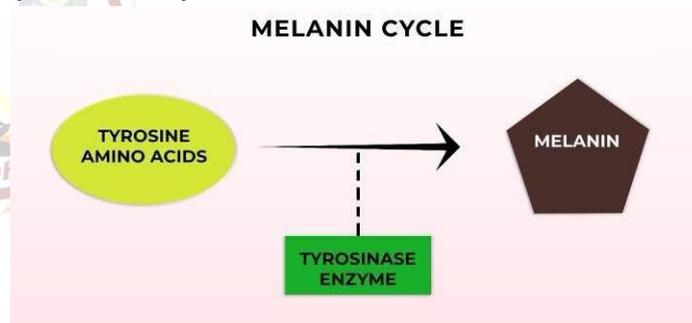
In Ayurvedic literature, *Arogyavardhini Vati* is classified as *Rakta Duṣṭihara* (purifier of vitiated blood), *Kuṣṭhahāra* (remedy for skin disorders), *Srotoviśodhana* (cleanser of the bodily channels), and *Pitta Doṣahāra* (pacifier of aggravated *Pitta doṣa*) [8]. *Rasaratna Samuccaya* highlights its therapeutic role in *Kuṣṭha* and attributes to it significant antioxidant and antipruritic properties [9].

Among its key ingredients, *Tāmra Bhasma* (incinerated copper preparation) plays a crucial role in pigmentation physiology. Copper is an essential cofactor for the enzyme tyrosinase, which catalyses the conversion of the amino acid tyrosine into melanin- the pigment responsible for skin, hair, and eye colour. Copper deficiency may reduce tyrosinase activity, thereby decreasing melanin synthesis, which can lead to hypopigmentation and premature greying of hair. This mechanistic understanding aligns with the Ayurvedic rationale for its use in *Switra* (vitiligo), where restoration of normal pigment production is a therapeutic goal.

Lukoskin Ointment and Drops

Lukoskin is a polyherbal formulation developed for the management of *Switra* (vitiligo) and related hypopigmentary conditions.

Ingredients of Lukoskin Ointment: *Bakuchi* (*Psoralea corylifolia*), *Vishnag* (*Ammi majus*), *Arka* (*Calotropis gigantea*), *Kumari* (*Aloe vera*), *Ratanjyota* (*Jatropha curcas*), *Jaati taila* (Jasmine oil), *Tila taila* (*Sesamum* oil), and cream base.



Ingredients of Lukoskin Drops: *Bakuchi* (*Psoralea corylifolia*), *Vishnag* (*Ammi majus*), *Arka* (*Calotropis gigantea*), *Kumari* (*Aloe vera*), *Tulsi* (*Ocimum sanctum*), and *Maṇḍūkapaṛṇī* (*Centella asiatica*).

Pharmacological Actions:

- Acts as a skin photosensitiser
- Stimulates melanin synthesis
- Enhances wound healing
- Regulates metabolism
- Improves immune response
- Prevents secondary infection
- Reduces stress

The presence of *Ammi majus* (*Vishnag*), a known photosensitising agent, is of particular therapeutic relevance. Upon exposure to sunlight, its active constituents promote the synthesis of melanin, thereby aiding in the repigmentation process. The

combined action of these ingredients supports pigmentation, tissue repair, immune modulation, and overall skin health, making *Lukoskin* a rational choice in vitiligo management.

Triphala Churnam

Triphala is a widely utilized Ayurvedic formulation known for its diverse pharmacological activities. It comprises three myrobalans.^[10] in equal proportions: *Terminalia chebula* Retz. (*Haritaki*), *Terminalia bellerica* Roxb. (*Bibhitaki*), and *Emblica officinalis* Gaertn. (*Amalaki*). The pericarps of these fruits are used in the preparation.

In Ayurvedic practice, *Triphala* is prescribed for gastrointestinal disorders such as indigestion, poor nutrient assimilation, colon cleansing, and constipation. It also acts as a tonic for the gastrointestinal tract and colon. Additionally, it is recommended in cardiovascular conditions, hypertension, hypercholesterolemia, ocular diseases, liver dysfunction, inflammatory disorders, and large intestine pathologies.^[11,12]

A clinical study by Pulok et al. evaluated the therapeutic efficacy of *Triphala* in patients with constipation and poor bowel habits. The formulation was found to improve bowel movement regularity and overall well-being, with no observed toxicity or adverse drug reactions^[13].

The case demonstrates that Ayurvedic management can yield significant dermatological and psychological improvements in vitiligo without side effects.

CONCLUSION

Ayurvedic management with *Arogyavardhini Vati*, *Lukoskin* formulations, and *Triphala Churnam* produced remarkable repigmentation in a pediatric case of vitiligo within four months. These interventions, when coupled with strict dietary modifications, can be considered as a safe and effective alternative to conventional therapies.

Cite this article as:

K. Sandhya Rani, N. Uma Srinivas Rao, K. Laxmikantham, P. Srikanth Babu. Ayurvedic Management of Switra (Vitiligo). AYUSHDHARA, 2025;12(6):122-125. <https://doi.org/10.47070/ayushdhara.v12i6.2357>

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

REFERENCES (Vancouver Style)

1. Barman S. Switra and its treatment in Veda. *Anc Sci Life*. 1995; 15(1): 71-74.
2. Tewari PV. *Kashyapa Samhita*, Chikitsasthana, 9th chapter, Sloka 2. Varanasi: Choukhamba Visvabharati; 2008.
3. Sushruta. *Sushruta Samhita*. Ambikadatta Shastri, editor. Varanasi: Chaukhamba Sanskrit Sansthan; 2014. p.115.
4. Chakrapanidatta. *Ayurveda Deepika commentary on Charaka Samhita*, Chikitsasthana, chapter 7. Varanasi: Chaukhamba; 2015. p.458.
5. Dalhana. *Commentary on Sushruta Samhita*, Chikitsasthana, chapter 9. Varanasi: Chaukhamba Visvabharati; 2005. p.365.
6. Sharma P. *Charaka Samhita of Agnivesha*, Chikitsa Sthana, Ch.7, Ver.175-176. Varanasi: Chaukhambha Oriental; 2000. p.142.
7. Sharma P. *Sushruta Samhita of Sushruta*, Nidana Sthana, Ch.5, Ver.17. Varanasi: Chaukhambha Oriental; 2002. p.286-288.
8. Harishankar S. *Rasratna Samucchay of Vagbhata*, vol. II, Ch.20, Ver.91-97. Delhi: Bharatiya Kala Prakashan; 2014. p.502-503.
9. Ambikadutta Shastri. *Rasaratnasamucchaya*. 9th ed. Varanasi: Chaukhambha Sanskrit; 1994. p.400.
10. Sharma P. *Dravyaguna Sutram*. Varanasi: Chaukhambha Sanskrit Sansthan; 2009. Ausadha Prakarana 8/9.
11. Baliga MS. *Triphala: Ayurvedic formulation for treating and preventing cancer*. *J Altern Complement Med*. 2010; 16: 1301-1308.
12. Mukherjee PK, Rai S, Bhattacharya S, Debnath PK, Biswas TK, Jana U, et al. *Clinical studies of Triphala: A well-known phytomedicine from India*. *Iran J Pharmacol Ther*. 2006; 5: 51-54.
13. Mukherjee PK, Rai S, Bhattacharya S, Debnath PK, Biswas TK, Jana U, et al. *Clinical studies of Triphala*. *Iran J Pharmacol Ther*. 2006; 5: 51-54.

***Address for correspondence**

Dr. K. Sandhya Rani

Postgraduate Scholar,
Department of Kayachikitsa,
Dr. B.R.K.R Government Ayurvedic
College & Hospital, Hyderabad,
Telangana
Email: ojasbysrk97@gmail.com

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.