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Case Study

AYURVEDIC MANAGEMENT OF CHRONIC *SHVITRA* (VITILIGO)

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ABSTRACT

Shvitra is a chronic pigmentary disorder described under *Kushta Roga* in Ayurveda and is clinically comparable to vitiligo. It results from the vitiation of *Tridosha*, predominantly *Pitta Dosha*, leading to depigmentation of the skin. Conventional therapies often provide variable outcomes and recurrence, whereas Ayurveda aims to correct the underlying *Dosha-Dushya* imbalance. **Case Presentation:** A 37-year-old married female presented with multiple hypopigmented patches over the face, neck, scalp, back, ears, left hand, and left leg for 4–5 years, associated with occasional itching. The patient had a history of regular curd consumption, milk-based porridge intake, and daytime sleeping, which were considered important *Nidana*. She was managed with an individualized Ayurvedic regimen comprising *Panchatikta Ghrita Guggulu*, *Shvitrahara Vati*, *Arogyavardhini Vati*, *Vidanga Churna*, *Bakuchi Churna*, *Sarivadi Vati*, *Dhatri Lauha*, *Chandraprabha Vati*, *Kutaki Churna*, *Eranda Bhrishta Haritaki*, topical Lucoskin ointment, *Bakuchi Taila*, along with *Nidana Parivarjana* and *Pathya-Apathya*. Follow-up was conducted every 15 days for 3 months. **Results:** The patient showed complete relief from itching, no development of new lesions, and approximately 30% repigmentation of the existing lesions without any adverse drug reactions. **Conclusion:** This case suggests that a comprehensive Ayurvedic approach may help arrest disease progression and promote repigmentation in patients with chronic *Shvitra*. Further controlled clinical studies are needed to validate these findings.

INTRODUCTION

Shvitra is one of the pigmentary disorders described in Ayurveda under the broad spectrum of *Kushta Roga*. It is characterized by the development of hypopigmented or depigmented patches on the skin in the absence of discharge, inflammation, or ulceration.[1] Ayurvedic classics attribute the pathogenesis of *Shvitra* to the vitiation of *Tridosha*, predominantly *Pitta Dosha*, along with the involvement of *Rasa*, *Rakta*, and *Mamsa Dhatu*. This derangement disturbs the normal colour of the skin and gives rise to characteristic white patches. Depending on the predominance of *Dosha* and the depth of tissue involvement, *Shvitra* has been described in different clinical types with varying prognosis.[2]

Vitiligo, the closest clinical correlate of *Shvitra* in modern medicine, is an acquired chronic pigmentary disorder resulting from the selective destruction or functional impairment of melanocytes. The disease affects individuals of all ages and both sexes, with a worldwide prevalence of approximately 1–2%, while epidemiological studies have reported a relatively higher prevalence in India ranging from 3% to 8.8%. [3–5] Although vitiligo does not directly impair physical health, its visible manifestations often cause considerable psychological stress, social discrimination, diminished self-confidence, and a significant reduction in quality of life.

Management of vitiligo in conventional medicine primarily relies on topical corticosteroids, calcineurin inhibitors, phototherapy, and surgical procedures in selected cases. Despite advances in treatment, complete and sustained repigmentation remains difficult to achieve, and recurrence after

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therapy continues to be a major challenge.[6,7] Ayurveda offers a comprehensive and individualized approach that extends beyond symptomatic treatment by addressing the underlying *Dosha-Dushya* imbalance. Therapeutic management includes *Nidana Parivarjana*, *Shodhana* and *Shamana Chikitsa*, along with appropriate external applications, with the objective of restoring normal skin pigmentation, preventing disease progression, and reducing the likelihood of recurrence.[8] Considering the chronic nature of the disease and the limitations of existing treatment modalities, many patients seek Ayurvedic management for better therapeutic outcomes. The present case highlights the clinical response of a patient with chronic *Shvitra* managed through an individualized Ayurvedic treatment approach.

Patient Information

A 37-year-old married female patient presented to the Outpatient Department (OPD No. 3) of the National Institute of Ayurveda (Deemed to be University), Jaipur. She belonged to an urban middle socioeconomic background and was accompanied by a family member during her hospital visit. The visible skin discoloration had caused considerable cosmetic concern and psychological distress, adversely affecting her self-confidence and social interactions. After obtaining detailed history and informed consent, the patient was evaluated for Ayurvedic management.

Clinical Findings

The patient presented with multiple hypopigmented patches involving the face, neck, scalp, back, ears, left hand, and left leg for the past 4–5 years. The lesions had an insidious onset and gradually increased in number and distribution over time. Occasional itching was reported over a few lesions, while there was no history of pain, burning sensation, discharge, scaling, or bleeding. There was no significant past history of diabetes mellitus, hypertension, thyroid disorders, or any other chronic systemic illness. Family history was non-contributory, and no genetic predisposition to vitiligo was reported. The patient had previously received conventional and other alternative treatments with only minimal improvement.

Detailed history revealed the presence of important *Nidana* associated with *Shvitra*. Dietary history indicated regular consumption of curd and frequent intake of milk-based porridge (*Daliya* prepared with milk). In addition, the patient had a habit of daytime sleeping (*Diwasvapna*), which is considered a significant *Viharaja Nidana* in Ayurvedic classics. These dietary and lifestyle practices are known to contribute to *Dosha* vitiation, impaired *Agni*, and the pathogenesis of *Kushta*, including *Shvitra*. The patient was counselled regarding the importance of *Nidana Parivarjana* and was advised to discontinue these dietary and lifestyle practices. She was also educated about *Pathya* and *Apathya*, informed about the chronic nature of the disease, and advised regarding the need for strict compliance with medications, dietary restrictions, and regular follow-up to achieve optimal therapeutic outcomes.

General Examination

- Conscious and oriented
- General condition: Stable
- Appetite: Normal
- Bowel: Irregular
- Bladder: Normal
- Sleep: Sound
- Menstrual history: Regular menstrual cycles (26–30 days) with 3-day duration. No associated menstrual complaints or significant personal history were noted.

Based on the patient's history and clinical examination, a diagnosis of *Shvitra* (vitiligo) was made, and Ayurvedic treatment was initiated.

Therapeutic Intervention

The patient was treated with a combination of Ayurvedic internal medicines and external applications aimed at improving digestion and metabolism, correcting *Dosha-Dushya* imbalance, purifying *Rakta*, and promoting depigmentation.

Medicine	**Dose**	**Frequency**	***Anupana*/Route**
Panchatikta Ghrita Guggulu + *Shvitrahara Vati*	2 tablets + 1 capsule	Twice daily	With 20ml Syrup M-Liv before meals
Arogyavardhini Vati + *Vidanga Churna* + *Bakuchi Churna* + *Sarivadi Vati*	2 tablets + 500 mg + 2 g + 2 tablets	Twice daily	With lukewarm water after meals
Dhatri Lauha	250 mg	Twice daily	After meals
Chandraprabha Vati	2 tablets	Twice daily	After meals
Eranda Bhrishta Haritaki + Kutaki Churna	3 g + 500 mg	At bedtime	With lukewarm water
Lucoskin Ointment	Local application	Twice daily	Over affected lesions
Bakuchi Taila	Local application	Twice daily	Over affected lesions as advised

The patient was also advised to avoid etiological factors (*Nidana Parivarjana*) and to follow appropriate dietary and lifestyle modifications.

Pathya–Apathya

Along with the prescribed medications, the patient was advised to follow appropriate dietary and lifestyle modifications to prevent aggravation of *Dosha* and facilitate regimentation.

Pathya

The patient was advised to consume a light, freshly prepared, and easily digestible diet. Green leafy vegetables, bitter vegetables (such as *Patola*, *Nimba*, and *Karela*), whole grains, green gram (*Mudga*), seasonal fruits (except sour fruits), and adequate water intake were recommended. Foods promoting good digestive function (*Agni*) were encouraged. Regular physical activity, adequate sleep, stress management, maintenance of personal hygiene, and controlled early morning sunlight exposure to the affected areas was advised.

***Apathya* (Unwholesome Regimen)**

The patient was instructed to avoid incompatible dietary combinations (*Viruddha Ahara*), particularly the simultaneous consumption of milk with sour fruits, fish, curd, or salty foods. Excessive intake of curd, fermented foods, junk food, bakery products, deep-fried foods, excessively spicy or oily foods, refined sugar, carbonated beverages, and preserved foods was discouraged. The patient was also advised to avoid day sleep (*Diwaswapna*), late-night awakening (*Ratri Jagarana*), excessive psychological stress, smoking, alcohol consumption, and unnecessary exposure to chemical irritants that could aggravate the disease.

Follow-up

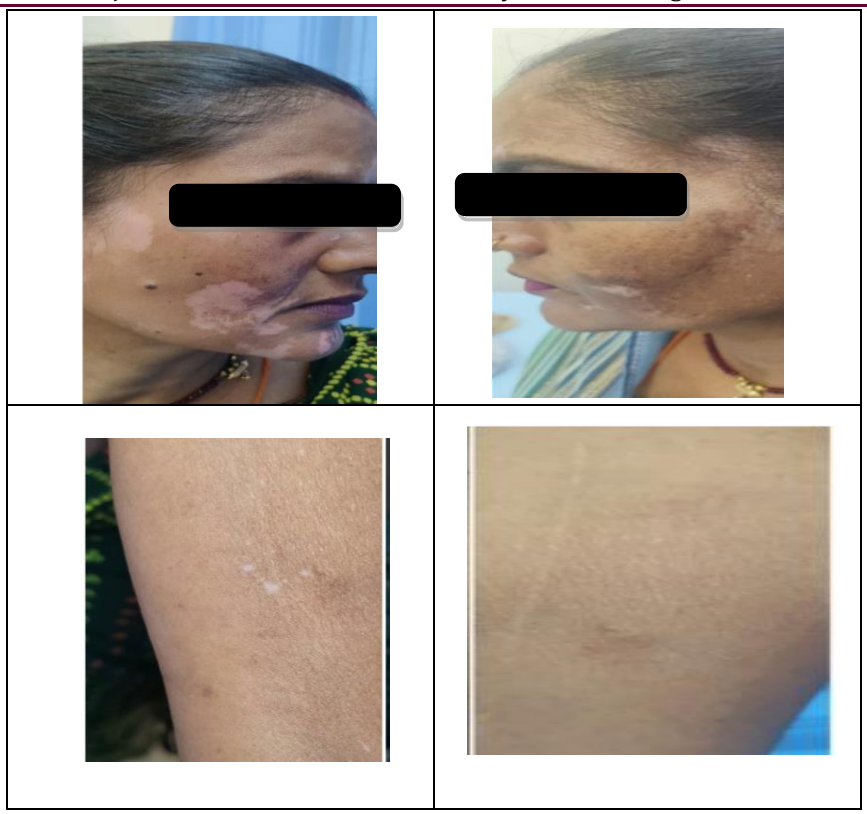
The patient was followed up every 15 days for a total duration of 3 months.

Visit	Duration
Baseline	Day 0
Follow-up 1	15 days
Follow-up 2	30 days
Follow-up 3	45 days
Follow-up 4	60 days
Follow-up 5	75 days
Final Follow-up	90 days

Outcome

The patient completed the prescribed treatment with good compliance and without any adverse drug reactions. A gradual clinical improvement was observed during the treatment period. Itching over the lesions was completely relieved. No new depigmented lesions appeared during the 3-month follow-up, suggesting arrest of disease progression. Progressive repigmentation of the existing lesions was observed, with an overall clinical improvement of approximately 30% compared with the baseline condition.

Before Treatment	After Treatment
	



DISCUSSION

Shvitra is described in Ayurveda as a variety of *Kushta* resulting from the vitiation of *Tridosha*, predominantly *Pitta Dosha*, along with the involvement of *Rasa, Rakta, Mamsa*, and subsequently *Meda Dhatu*.[2] Disturbance of these *Dosha-Dushya* components impairs the normal complexion (*Varna*) of the skin, resulting in depigmented patches. Therefore, management should not only focus on local regimentation but also on correcting the underlying metabolic disturbances, eliminating vitiated *Dosha*, purifying *Rakta*, and improving tissue nutrition. The treatment protocol adopted in the present case was designed to address these pathological factors through a combination of *Deepana-Pachana, Raktashodhana, Kushthaghna, Rasayana, and Varnya therapies.*

The combination of *Panchatikta Ghrita Guggulu* and *Shvitrahara Vati* was prescribed as the principal anti-*Kushta* regimen. *Panchatikta Ghrita Guggulu* possesses *Tikta Rasa*, *Kushthaghna, Raktashodhaka,* and *Tridoshahara* properties.[9] It helps in eliminating vitiated *Dosha*, purifying *Rakta*, reducing chronic inflammation, and improving tissue metabolism. The Ghrita component facilitates deeper tissue penetration *(Yogavahi* action), while *Guggulu* exhibits anti-inflammatory, immunomodulatory, and wound-healing properties.

Shvitrahara Vati, a classical formulation indicated specifically for *Shvitra*, acts by correcting *Pitta* and *Kapha* vitiation, purifying *Rakta* and promoting restoration of normal skin pigmentation.[10]

Syrup M-Liv was administered as an adjuvant before meals to improve hepatic function and enhance *Agni*. Since impairment of *Agni* and formation of *Ama* are considered important contributors to *Kushta*, improvement of digestion and metabolism facilitates better tissue nourishment and enhances the efficacy of subsequent medications.

The second combination comprised *Arogyavardhini Vati, Vidanga Churna, Bakuchi Churna*, and *Sarivadi Vati*. *Arogyavardhini Vati* is well known for its *Deepana, Pachana, Yakrit-Uttejaka,* and *Raktashodhaka* actions. It corrects impaired metabolism, promotes proper functioning of the liver, and facilitates elimination of metabolic toxins.[11] *Vidanga Churna* possesses *Krimighna*, *Ama Pachana*, and *Srotoshodhana* properties, thereby removing obstruction within the microchannels and improving drug delivery to affected tissues. [12] *Bakuchi Churna* is regarded as the drug of choice in *Shvitra* because of its *Kushthaghna*, *Twachya* and *Varnya* properties.[13] Phytochemical studies have demonstrated the presence of psoralen and related furocoumarins, which stimulate melanocyte activity and melanogenesis, thereby promoting repigmentation. *Sarivadi Vati* acts as a *Raktaprasadaka* and antioxidant formulation that supports healthy skin by improving the quality of *Rakta Dhatu*.[12]

Dhatri Lauha was included because of its *Rasayana*, *Raktavardhaka* and antioxidant properties. The formulation improves tissue nutrition, supports

haemopoiesis, and helps maintain healthy skin through nourishment of *Rasa* and *Rakta Dhatu*.[14] *Kutaki Churna* possesses *Pitta-Shamaka*, hepatoprotective, and mild purgative actions. It enhances liver function, improves metabolism, and facilitates elimination of vitiated *Pitta*, which plays a central role in the pathogenesis of *Shvitra*.[15]

Although *Chandraprabha Vati* is primarily indicated in urinary and metabolic disorders, its *Tridosha-Shamaka*, anti-inflammatory, and rejuvenating properties help improve systemic metabolism and overall tissue homeostasis. It also acts as a supportive formulation in chronic disorders by enhancing the therapeutic response of concomitant medicines.[16]

Eranda Bhrishta Haritaki was administered at bedtime to ensure regular bowel evacuation. Mild *Anulomana* aids in the elimination of vitiated *Dosha*, prevents accumulation of *Ama*, and supports correction of the underlying pathology, thereby improving the effectiveness of internal medications.

External therapy included Lucoskin ointment and *Bakuchi Taila*. *Bakuchi Taila* is a well-established topical formulation in the management of *Shvitra*. The psoralen present in *Bakuchi* enhances melanocyte stimulation and melanin synthesis, particularly when used with controlled exposure to sunlight. Lucoskin ointment provides additional local support by improving skin condition and facilitating repigmentation.

The comprehensive treatment strategy addressed both systemic and local aspects of the disease. Correction of Agni, purification of *Rakta*, elimination of vitiated *Dosha*, enhancement of tissue nutrition, and stimulation of melanogenesis collectively contributed to the observed clinical improvement. At the end of three months, the patient experienced complete relief from itching, no development of new lesions, and approximately 30% repigmentation of the existing lesions without any adverse drug reactions, suggesting that a multimodal Ayurvedic approach may be beneficial in the management of chronic *Shvitra*.

CONCLUSION

This case demonstrates that an individualized Ayurvedic treatment approach comprising internal medications, external applications and *Nidana Parivarjana* may be beneficial in the management of chronic *Shvitra*. The patient showed complete relief from itching, arrest of disease progression and approximately 30% repigmentation after 3 months of treatment without any adverse effects. Although this represents a single case, the findings suggest that Ayurvedic management may offer a safe and effective therapeutic option for patients with *Shvitra*. Further well-designed clinical studies with larger sample sizes are warranted to validate these observations.

Patient Perspective

The patient reported satisfaction with the treatment. She experienced complete relief from itching, noticed gradual improvement in skin pigmentation, and felt more confident in daily social interactions. She also appreciated that no adverse effects occurred during treatment.

REFERENCES

1. Sharma RK, Dash B, editors. Agnivesa's Caraka Samhita: text with English translation and critical exposition based on Cakrapani Datta's Ayurveda Dipika. Vol. III. Varanasi: Chaukhambha Sanskrit Series Office; 2022. p. 359-363.
2. Tripathi HH, editor. Harita Samhita with Haree Hindi Vyakhya. Varanasi: Chaukhambha Krishnadas Academy; 2009. p. 421.
3. Mishra P, More A, Kumar A, Rai S, Raghunath GP. A study of potential risk factors of Shvitra (vitiligo): a case-control pilot study. Indian J Tradit Knowl. 2026; 25(2): 138-147. doi:10.56042/ijtk.v25i2. 16477.
4. Sehgal VN, Srivastava G. Vitiligo: compendium of clinicoepidemiological features. Indian J Dermatol Venereol Leprol. 2007; 73(3): 149-156.
5. Valia RG, editor. Textbook and atlas of dermatology. 1st ed. Mumbai: Bhalani Publishing House; 1994. p. 518-519.
6. Gawkrodger DJ, Ormerod AD, Shaw L, Mauri-Sole I, Whitton ME, Watts MJ, et al. Guideline for the diagnosis and management of vitiligo. Br J Dermatol. 2008; 159(5): 1051-1076. doi:10.1111/ j.1365-2133.2008.08881.x.
7. Taieb A, Picardo M. The definition and assessment of vitiligo: a consensus report. Pigment Cell Res. 2007; 20(1): 27-35. doi:10.1111/j.1600-0749. 2006.00355.x.
8. Gupta A, Upadhyaya Y, editors. Astanga Hrdayam of Vagbhata with Vidyotini Hindi Commentary. 13th ed. Varanasi: Chaukhambha Sanskrit Sansthan; 2000. Chikitsa Sthana, Chapter 20, verses 2-3. p. 413.
9. Govind Das Sen. Bhaishajya Ratnavali. Chapter 54, Kushtaroga Chikitsa, Varanasi: Chaukhambha Prakashan. verses 257-260.
10. Jadav HR, Ghetiya H, Prashanth B, Galib, Patgiri BJ, Prajapati PK. Ayurvedic management of adverse drug reactions with Shvitrahara Varti. Ayu. 2013; 34(2): 189-192. doi:10.4103/0974-8520.119676. PMID:24250129; PMCID:PMC3821249.

11. Sahoo P, Mahanta NR, Mishra SK. Arogyavardhini Vati-critical analysis of a miracle drug. IRJAY. 2024; 7(1): 86-96. doi:10.47223/IRJAY.2024. 70115.
12. Bhardwaj SD, Dubey S, Neeraj, Yadav MK. A comprehensive review of Vidangadi Churna and its role in Ayurvedic medicine. AYUSHDHARA. 2025; 12(4): 374-379. doi:10.47070/ayushdhara.v12i4. 2261.
13. Kalavade VA, Chapadgaonkar SS. A review of effect of Bakuchi on Shwitra Kushta. Int J Sci Dev Res. 2019; 4(7): 298-299.
14. Govind Das Sen. Bhaishajya Ratnavali. Shoola rogadhikara (Shoola Chikitsa), Chapter 30, verses 142-147. Varanasi: Chaukhambha Prakashan.
15. Raut A, Dhami-Shah H, Phadke A, Shindikar A, Udipi S, Joshi J, et al. Picrorhiza kurroa, Royle ex Benth: traditional uses, phytopharmacology, and translational potential in therapy of fatty liver disease. J Ayurveda Integr Med. 2023; 14(1): 100558. doi:10.1016/j.jaim.2022.100558. PMID: 35659739; PMCID:PMC10105242.
16. Jagani P, Moharana PK, Soumya EA. A critical review on Chandraprabha Vati– an Ayurvedic formulation. J Ayurveda Integr Med Sci. 2022; 11: 136-144.

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