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Case Study

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MANAGEMENT OF SHVITRA (VITILIGO) BY AN AYURVEDIC REGIME - A CASE STUDY

Dr. Sheikh Mosin Sheikh Dilawar¹*, Dr. T. Y. Swami², Dr. Anil B. Kale³, Dr. Ashish P. Rana⁴, Dr. Prasad P. Dounde⁵ and Dr. Pratiksha Bharakad⁶

¹PG Scholar, Kaumarbhritya Dept. GAC, Osmanabad, Maharashtra, India.

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*Corresponding Author Dr. Sheikh Mosin Sheikh Dilawar

PG Scholar, Kaumarbhritya Dept. GAC, Osmanabad, Maharashtra, India.

ABSTRACT

Vitiligo is an idiopathic and progressive skin disorder which is characterized by hypopigmented patches caused due to destruction or malfunction of the melanocytes. It is not a life-threatening disease but has morbid social and psychological implications causing cases of severe mental disturbance and depression. Patients suffering from this disorder carry a social stigma and are usually considered to be an outcast. 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. The current medicinal system provides various treatment modalities to manage vitiligo but these are time-consuming,

have adverse effects and are not permanent. Ayurveda provides a fresh perspective on the management of vitiligo; which has been covered under the description of *Shvitra* or *Kilaasa*. Ayurvedic management has shown a lot of promise in terms of enhancing the regenerative ability of melanocytes as well as improves the functionality of the existing ones. This research paper presents a case study giving an in-depth insight regarding the management of vitiligo using the *Ayurvedic* regime. In *Ayurvedic* management of vitiligo first *shodhana* by *virechana* is important then treatment is followed by internal medicine (*trivanga bhasma bakuchi* and *guduchi satva*) and external application (*hartala bakuchi gomutra lepa*). The current case study shows a reduction in the size of hypopigmented patches as well as the improvement psychosocial profile of the patient.

²Professor Kaumarbhritya Dept. GAC, Osmanabad, Maharashtra, India.

³Professor & HOD, Kaumarbhritya Dept. GAC, Osmanabad, Maharashtra, India.

⁴Assistant Professor, Kaumarbhritya Dept. GAC, Osmanabad, Maharashtra, India.

^{5,6}PG Scholar, Kaumarbhritya Dept. GAC, Osmanabad, Maharashtra, India.

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KEYWORDS: Vitiligo, *Shvitra*, bakuchi, melanocytes, hartala.

INTRODUCTION

Vitiligo is a progressive, autoimmune, chronic depigmented skin disorder with complex

causes. It can begin at any age but in 50% of cases in start before the age of 20 years. There

are three major types of vitiligo – Segmental, non segmental and last mixed vitiligo. Vitiligo

is multifactorial origin disorder, Includes main three factors - Immunogical, genetic,

enviromantal.[1]

Childhood vitiligo is differing from adults. So according to Kashyp Samhita shivtra is

"Shevetabhavamicchantiswitranam" means white color of reflection. Based on signs and

symptoms shivtra correlated with vitiligo.^[2]

Susruta explains the disease kilaas instead of shivtra. The kilaas and shivtra are synonyms of

each other. [3] Acharya Charka explains various causes of vitiligo like virudha Aahar,

papkarma etc. Due to this vitiation of tridosha specially kaphadosha and dhatus like ras, rakt,

mas, meda dhatus.[4]

Treatment protocol in childhood vitiligo is very important because of psychosocial and long-

lasting effects on self-esteem of the affected child. Various treatments available in samhita

such as shodankarma, Raktamokshan, lepa, suryasnan etc.

Acharya Charaka explains important of shodhan chikista stating that disease treated by

shodhan will never reoccur, whereas treatment with shamana therapy may reoccur in due to

the course of time.

AIMS AND OBJECTIVE

To evaluate the role of Ayurvedic regime in the management of shvitra (vitiligo).

MATERIAL AND METHODS

Study design - present study is a single case study conducted in the department of

kaumarbhritya of GAC Osmanabad.

Case report – A 8 yrs female patient of a white single patch over the skin of right leg below

right knee Size of the patch -4*2*2 cm from last 1 yrs.

This patient was visited kaumarbhritya OPD of GAC Osmanabad, Maharashtra with the above complaints.

History of present illness - Patient was healthy before 1 year. Gradually she develops white single patch over the skin of right leg below the right knee joint. And which got aggravated day by day with mild itching.

Personal history - Aahara - fried food, fish, ice cream, mix dietary habits.

Behavioral pattern (vihara) - sedentary lifestyle

Bowel habits - regular

Micturition- Normal

Family history – There is no family history of vitiligo.

Medicinal history – the patient had received Modern treatment in a private hospital for 1 year without any improvement.

General examination – Built - moderate

Gc - Fair

Temp - afebrile

Plus - 82/min

BP - 110/70mmhg

RR - 21/min

Height -122 cm

Weight-22 Kg

Physical examination-

Table no. - 1

Nadi	Durbal, kapahapradhan
Mala	Sama mala
Mutra	Samyakapravruti
Jivha	Sama
Shabda	Spashta
Sparsha	Samshitoshna
Druk	Samyak
Aakruti	Madhyam

Systemic examination –

1) RS -AEBE Clear

2) CVS -S1S2 normal

3) CNS -Conscious and oriented

Local examination - 1) site of lesion - knee joint

2) distribution (vyapti) - Asymmetrical

3) itching (kandu) - Present

4) discharge (srav) - Absent

5) Character of lesion - milky white in color, size 4-2cm.

Diagnosis - Based on clinical features

Treatment plan- 1) First-line treatment - Dipana Pachan

2) Second-line treatment - Shodhan by virechana karma

3) Third-line treatment

a) Internal Medicine - Trivangbhasma + Bakuchichurna + Guduchisatva

And Tab. Arogyavardhini Vati.

b) External Application - Bakuchi + Hartal + Gomutra

Table no. -2

Day	Deepan- Pachana	Aahara
	Hingvashtsk churna and trikatu churna	Varan Bhat, Bhaji Poli
2 nd	Hingvashtsk churna and trikatu churna	Varan Bhat, Bhaji Poli
3 rd	Hingvashtsk churna and trikatu churna	Varan Bhat, Bhaji Poli

Table no. - 3

Day	Ghrutapana	Matra	Aahara
1^{st}	Panchatikta ghrita	25 ml	Khichadi
2 nd	Panchatikta ghrita	50 ml	Khichadi
3 rd	Panchatikta ghrita	75 ml	Khichadi
4 th	Panchatikta ghrita	100 ml	Khichadi
5 th	Panchatikta ghrita	125 ml	Khichadi
6 th	Snehan Swedan	-	Khichadi
$7^{\rm th}$	Snehan Swedan	-	Khichadi
	Virechan karma - Abhayadi modaka		
8 th	and <i>Aragvadh kapila vati 2</i> tab each	-	-
	with manuka fanta 1 litre		

Table no. - 4

Abhyantaraaushadhi	Matra	Kalavdhi	
Trivanga bhasma + bakuchi churna + guduchi churna	5 gm + 20 gm + 10 gm + = 60 doses	BD For 1month	
Tab. Arogya Vardhini Vati	125 mg	BD For 1 Month	

Table no. - 5

External application	Kalavdhi		
Bakuchi 4 Part +			
Hartala 1 Part +	1month BD local application		
Gomutra As per required			

Picture - 1





Before Treatment

After Treatment

RESULT AND DISCUSSION

In Ayurveda all skin disorders are described under the common umbrella term kushta.

Shivtra differs from other skin disorder by the normal functioning of all but the skin tissue (Twaka), resulting discoloration of the skin (Twaka vaivarnya)^[5], without discharge (Aparisravi).

In Ayurveda we know for the regeneration of melanocytes many Ayurvedic drugs used out of Bakuchi is one of them; it may be due to its katu tikta rasa, katu vipaka, ushna virya, ruksha guna.

It has strong antioxidant properties. Increasing blood circulation locally helps inadequate formation of Bhrajak pitta of skin. Bakuchi contents increase the rate of synthesis and amount of melanin, hence encouraging the skin to recover from vitiligious state.

Purified Hartala an arsenic compound is used in the form of lepa (ointment). This is selected based on reference in Rasa Ratna samucchya. Purified Hartala is bestowed with immune modulation properties. In shivtra deranged immune system destroys the pigments synthesizing melanocytes. Hartala breaks this pathology and prevention of self-destruction of melanocytes.

Guduchi satva (Tinospora cardifolia extract) a plant derived immune stimulant.

CONCLUSION

Beauty and attraction of the individual depends upon health and color of skin. Ayurvedic management gives a blissful life by improving the immune system of the individual, though single case study may not be given a sign of any treatment it gives us an idea for the line of treatment to adopt in such case or skin disorders.

- Though Shivtra or kilas are Tridoshaj, krichya sadhya, an autoimmune pigmented skin disease so shodhana followed by shamana therapy is very useful.
- A clinical trial shodhana and shaman therapy along with lepa of Hartala and Bakuchi used as a topical agent in vitiligo showed that the formulation is a safe remedy with significant pigment regenerating capacity.
- This is a preliminary study and research is needed to prove the immune-modulating effect of Hartala and Bakuchi.

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