SHODHANOTTARA SHAMANA CHIKITSA IN THE MANAGEMENT OF SHWITRA (VITILIGO)-A CASE REPORT

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ABSTRACT

Aim: Shwitra is a common depigmentation disorder correlated with Vitiligo in contemporary system of medicine. It affects about 1% of the world and 3-4% of Indian population, its treatment modalities are costly with many complications. There is need to prove the efficacy of Ayurvedic treatment for such disorders which are mentioned in Ayurveda classics.

Backgrounds: In Ayurveda Shwitra is described under kushtha. It occurs due to vitiation of Rakta, Mamsa and Medodhatus because of vitiated Tridoshas. The line of treatment of skin diseases is Shodhana and Shamana therapy. Vitiligo is an autoimmune disease characterized by depigmented or hypo-pigmented patches. Its treatment includes topical corticosteroids, topical immunomodulators, phototherapy and surgical options.

Case Description: A 13 years female child came with irregular white colored patches over both thigh, legs, abdomen and lips for the last 5-6 years. Patient had undergone Deepana-Pachana, Snehapana and Virechana Karma. followed by Shamana therapy. Assessment was done on VASI (Vitiligo Assessment Scoring Index) Score and Vitiligo Impact Scale-22 (VIS-22).

Conclusion: Shodhana Chikitsa along with Shamana therapy had provided significant relief to the patient. Changes in above mentioned scales and overall improvement in the clinical symptoms was reported which indicates efficacy of Ayurvedic therapies in the management of Shwitra (Vitiligo).

Clinical significance: Vitiligo is a harmless, purely cosmetic problem. Shodhanottara Shamana treatments are proven to be the best hope for such affected persons.

Keywords: Shwitra, Vitiligo, Shodhana, Virechana Karma.

INTRODUCTION: Shwitra is a common depigmentation disorder described under the topic of Kushtha in Ayurvedic classics. Worldwide prevalence of vitiligo is observed as 1% of the world population [1]. Its prevalence is between 3-4% in India, although an incidence as high as 8.8% has also been reported [2]. About 50% of children with Vitiligo have onset before 18 years of age [3]. It can affect a person’s emotional and psychological status which may create difficulty in getting job and marriage. It has become a marked social stigma in India [4]. According to Acharya Charaka, Shwitra is tridoshaja twak gata, rakta pradoshaja vikara. And classified into three types (Darun, Charun and Shwitra). It’s nidana are told as Asatya, Kritaghna bhava, Ninda of devatas, Guru apmana, Paap kriya, and Poorvajanna krit karma, intake of inappropriate diet combination etc. All these factors cause disturbance of Tridosha, that further affects Rakta-Mamsa and Meda dhatus and causes development Shwitra [5].

As per Sushruta Samhita, Ashtanga Hridaya & Madhav Nidana Shwitra is of three types on the basis of dosha and these
are Vata pradhana, Pitta pradhana and Kapha pradhana Shwitra \[6-9\]. Shwitra can be correlated with vitiligo in conventional system of medicine. Normal skin color depends on Hemoglobin (in both the oxygenated and reduced state), Carotenoides and Melanin pigment \[10\]. Vitiligo is an autoimmune disorder characterized by selective destruction of melanocytes of the basal layer of epidermis and occasionally the hair follicles resulting in circumscribed depigmented white patches on the skin. People with this disorder undergoes emotional stress \[11\]. Main treatment for vitiligo is PUVA (Psoralen Ultra Violet Air radiation), which is a costly procedure. Surgical treatments like epidermal cell transplantation, Blister roof grafting, Autologous Mini punch grafting has been used but all are having some limitations \[12\]. In Ayurveda, Shodhana and Shamana are indicated for treatment of Shwitra. Shodhana includes the methods of expelling the morbid doṣas from the body. Shamana includes the medicines given after Shodhana for subsiding the remaining doṣha \[12\].

Here, Virechana is given to the patient, as Shwitra is a raktaja vikāra and main principles for the management of raktaja vyādhis are virechana, upvaasa and raktamokshana. \[13\]

**Patient Information**

A 13 Year/Female patient came at Kaumarabhritya OPD no. 208 in All India Institute of Ayurveda, Delhi, with chief complaints of white colored patches (Twak Shwetata) on both thighs, both legs, both arms, trunk, lips and scalp without any pain, itching or irritation with dryness of skin (Twak Rukshata) for the last 6 years. Patient was apparently normal 6 years back. Initially a single white patch over left lower leg. She took allopathic treatment for 6-7 month. But didn’t get any relief. Gradually, there was increase in white irregular patches over both legs and trunk region with premature whitening of scalp hairs. Then she took treatment from Safdarjung hospital for another 6 months, without any relief. She started ayurvedic treatment from clinic in Delhi, but condition worsened and lesions started spreading. Further took treatment from an ayurvedic hospital in Karkardooma up to 4-5 months. Got mild relief in size and color of patches. Then she came in A.I.I.A in April 2015 in Kaumarabhritya O.P.D no. 208, She took medicinal treatment continuously for 6 months and noticed mild relief, she continued the treatment for 2 years and got some improvement. Virechana karma was planned for her in December 2017.

There was not any history of contact with chemicals or burn. Patient was habitual to Viruddha aaha (mixed food) and spicy food items. There is no family history of vitiligo. Also, no any significant childhood history. On examination all vitals were stable, had medium body-built with weight 31.8 kg and height 129 cm. Systemic examination was normal.

**Local Examination**

1) Site of lesion - (Pidika Sthāna) - Both thighs, Legs, Trunk, Lips, Scalp, Scalp hairs.
2) Distribution - (Vyāpti)-Asymmetrical
3) Character of lesion - (Pidika Lakshanas) - Color: white, Arrangement: grouped
4) Itching - Absent
5) Inflammation – Absent
6) Discharge - Absent
7) Superficial Sensation on lesion - Pain: absent; Swelling: absent

**Diagnosis:** Based on the clinical features and examination, case was diagnosed as shwitra (vitiligo).

**MATERIAL AND METHODS**
After proper examination patient’s line of treatment was planned. First line of treatment was Deepana and Pachana followed by Snehapana and Virechana followed by Shamanoushadhi.

First line of treatment (Deepana and Pachana) - Refer table no I

Second line of treatment (Snehapana followed by virechana karma) – Refer table no II

On 8th day, 9th day and 10th day- Sarvanga Abhyanga with Nadi Sweda was done.
On 11th day- Virechana medicine Trivrut Avaleha was given at 9:50 A.M in a dose of 100 gram with Munnaka (approx. 50 gram) (soaked in water). patient had total 30 Vegas till 9:50 P.M, assessed as Pradhana Shuddhi. Patient was stable, vitals were stable. She was advised to drink warm water only, and to follow Samsarjana Krama.

Shamanoushadi after Panchakarma (Discharge medication) – Refer table no III

ASSESSMENT

Patient was assessed before Virechana Karma and after 3 months of Virechana Karma on the basis of criteria mentioned below.

1. VASI score - used to determine the degree of pigment loss [14].

2. Vitiligo Impact Scale-22 (VIS-22) -A questionnaire to measure the effect of vitiligo on patient’s life [15].

OBSERVATIONS AND RESULTS

After three months follow up of the treatment there was some reduction in the size of patches along with repigmentation, which can be clearly seen in the images.

Left leg B.T- Before treatment, A.T- After treatment- Refer Image 1

Right thigh B.T- Before treatment, A.T- After treatment- Refer Image 3

Left thigh B.T- Before treatment, A.T- After treatment- Refer Image 4

Lower lip B.T- Before treatment, A.T- After treatment- Refer Image 5

VASI score, B.T- Before treatment, A.T- After treatment- Refer table no IV

VIS-22 scoring, B.T- Before treatment, A.T- after Treatment- Refer table no V

On the basis of above mentioned scales there was reduction in VASI SCORE from 4.31% Hand Units to 2.31% Hand Units. And there was reduction in VIS-22 SCORE from 40 to 24.

DISCUSSION

Rakta is mentioned as one of main Dushya of Shwitra [16]. Shodhana procedure mainly Virechana Karma is the best line of treatment for Rakta Pradoshaja Vikara. Here, in this study patient of Shwitra was on medication for a long time but she didn’t get satisfactory relief. When she undergone Virechana Karma followed by Shaman Chikitsa she got tremendous relief within a short period of 3 months. This shows that only medicinal treatment is not sufficient for stubborn skin disorders like Shwitra. Acharya Charaka has mentioned that the disease treated by Shodhana will never recur. Whereas the disease treated by Shamana can recur in a course of duration [17]. The process of Virechana clears the micro channels and each and every tissue of the body, which further helps in better action of the medicines given after the procedure. Hence, if Shamana drugs are given after Shodhana Procedure, it gives firmness to the treatment and helps in eradication of the disease completely.

Trivrut avaleha was given for Virechana karma as Trivrut is mentioned as the best drug for Sukhavirechana [18]. And moreo-
ver, it is an Avaleha preparation which is quite palatable for the child. Orally Arogyavardhini vati was given, it acts on Shwitra by Rukshana, Pachana, and Kushtagha karma. Bakuchi is Shwitrargha, Krimighna, Kushtagha, Katu, Tikta rasa, Ruksa Guna, Katu Vipaka, Kaphavatahara, kushtagha. Bakuchi contains psoralens, which on exposure to the sun light brings out melanin in the depigmented lesions. Sarivadyasava is Raktaprasadhaka (improves circulation) and Pidikahar. Amalaki is Kushtagha. Guduchi is also described as Kushtagha. Khadirha is bitter and astringent in taste, pungent in the post digestive effect and has cold potency. It alleviates Kapha and Pitta doshas, all these properties alleviate the skin diseases. Acharya Charaka has described khadirha as the best drug of choice for Kushtha.

Varna Shuddhi means improvement in color of patches can be obtained by Virechana Karma. Hence, as a result there was 46.40% reduction seen in VASI score after 3 months follow up of Virechana Karma. As Shwitra (Vitiligo) is purely a cosmetic problem and reduction in Vitiligo Impact Scale-22 is evident of improvement of patient quality of life also. Virechana Karma (purification therapy) followed by Shamana therapy are the best line of management for skin disorders.

CONCLUSION
Vitiligo is a dermatological manifestation with high social and psychological impact. Contemporary modern therapies are expensive and have chances of adverse events. Ayurveda interventions particularly Shodhanottara Shamana treatments are proven to be effective and safe.

REFERENCES

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Source of support: Nil Conflict of interest: None Declared

First line of treatment (*Deepana and Pachana*) - Table no I

<table>
<thead>
<tr>
<th>Day</th>
<th>Medication</th>
<th>Diet</th>
</tr>
</thead>
</table>
| 1<sup>st</sup> day | 1. *Jeerakadyarishtam* 5ml T.I.D with equal amount of water after meals  
2. *Lasunadi vati* 1 tablet T.I.D | Light Diet, Lukewarm water                |
| 2<sup>nd</sup> day | Same as above                           | Same as above                             |

Second line of treatment (*Snehapana followed by Virechana karma*) - Table no II

<table>
<thead>
<tr>
<th>Day</th>
<th>Medication</th>
<th>Dose</th>
<th>Diet</th>
</tr>
</thead>
<tbody>
<tr>
<td>1&lt;sup&gt;st&lt;/sup&gt; Day</td>
<td>Cow Ghee</td>
<td>50 ml</td>
<td>Light Diet, Lukewarm water</td>
</tr>
<tr>
<td>2&lt;sup&gt;nd&lt;/sup&gt; Day</td>
<td>Cow Ghee</td>
<td>100 ml</td>
<td>Same</td>
</tr>
<tr>
<td>3&lt;sup&gt;rd&lt;/sup&gt; Day</td>
<td>Same</td>
<td>140 ml</td>
<td>Same</td>
</tr>
<tr>
<td>4&lt;sup&gt;th&lt;/sup&gt; Day</td>
<td>Same</td>
<td>170 ml</td>
<td>Same</td>
</tr>
<tr>
<td>5&lt;sup&gt;th&lt;/sup&gt; Day</td>
<td>Same</td>
<td>180 ml</td>
<td>Same</td>
</tr>
<tr>
<td>6&lt;sup&gt;th&lt;/sup&gt; Day</td>
<td>Same</td>
<td>210 ml</td>
<td>Same</td>
</tr>
<tr>
<td>7&lt;sup&gt;th&lt;/sup&gt; Day</td>
<td>Same</td>
<td>240 ml</td>
<td>Same</td>
</tr>
</tbody>
</table>

Shamanoushadi after Panchakarma (Discharge medication) - Table no III

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. <em>Saribadyasava + Khadirarishtam</em></td>
<td>10 ml T.I.D</td>
</tr>
<tr>
<td>2. <em>Arogyavardhini Vati</em></td>
<td>1 tablet B.I.D</td>
</tr>
<tr>
<td>3. <em>Guduchi Choorna + Amalaki Choorna</em></td>
<td>5gram B.I.D with Honey</td>
</tr>
<tr>
<td>4. <em>Bakuchi Choorna</em></td>
<td>3gram B.I.D</td>
</tr>
<tr>
<td>5. <em>Somraji Tail</em></td>
<td>For local application</td>
</tr>
</tbody>
</table>

VASI score, B.T- Before treatment, A.T- After treatment- Table no IV

<table>
<thead>
<tr>
<th>Location</th>
<th>Hand units %</th>
<th>Depigmentation</th>
<th>Total hand units %</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B.T</td>
<td>A.T</td>
<td>B.T</td>
</tr>
<tr>
<td>Hands</td>
<td>-----</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Upper extremities</td>
<td>-----</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trunk 1&lt;sup&gt;st&lt;/sup&gt; patch</td>
<td>0.1</td>
<td>0.1</td>
<td>1.00</td>
</tr>
<tr>
<td>Lower extremities</td>
<td>0.5</td>
<td>0.45</td>
<td>1.00</td>
</tr>
<tr>
<td>Left leg 1&lt;sup&gt;st&lt;/sup&gt; patch</td>
<td>0.15</td>
<td>0.1</td>
<td>1.00</td>
</tr>
</tbody>
</table>
### VIS-22 scoring, B.T- Before treatment, A.T- Before Treatment-Table no V

<table>
<thead>
<tr>
<th>Location</th>
<th>B.T score</th>
<th>A.T score</th>
<th>Total reduction in score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Right leg 1(^{st}) patch (Laterally)</td>
<td>0.1</td>
<td>0.02</td>
<td>1.00</td>
</tr>
<tr>
<td>Right leg 2(^{nd}) patch (Centrally)</td>
<td>0.1</td>
<td>0.02</td>
<td>1.00</td>
</tr>
<tr>
<td>Right leg 3(^{rd}) patch (Medially)</td>
<td>0.1</td>
<td>0.01</td>
<td>1.00</td>
</tr>
<tr>
<td>Right Thigh 1(^{st}) patch (Centrally)</td>
<td>0.9</td>
<td>0.8</td>
<td>0.90</td>
</tr>
<tr>
<td>Right thigh 2(^{nd}) patch (Near to largest patch)</td>
<td>0.3</td>
<td>0.2</td>
<td>1.00</td>
</tr>
<tr>
<td>Right thigh 3(^{rd}) patch (Medially)</td>
<td>0.05</td>
<td>0.0</td>
<td>1.00</td>
</tr>
<tr>
<td>Right thigh 4(^{th}) patch (Medially)</td>
<td>0.2</td>
<td>0.05</td>
<td>1.00</td>
</tr>
<tr>
<td>Left thigh 1(^{st}) patch (Centrally)</td>
<td>0.35</td>
<td>0.35</td>
<td>1.00</td>
</tr>
<tr>
<td>Left thigh 2(^{nd}) patch (Laterally)</td>
<td>0.45</td>
<td>0.4</td>
<td>1.00</td>
</tr>
<tr>
<td>Left thigh 3(^{rd}) patch (Just above the 1(^{st}) patch)</td>
<td>0.2</td>
<td>0.15</td>
<td>1.00</td>
</tr>
<tr>
<td>Left thigh 4(^{th}) patch (Below to 1(^{st}) patch)</td>
<td>0.3</td>
<td>0.1</td>
<td>1.00</td>
</tr>
<tr>
<td>Face and neck</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lips (Lower lip)</td>
<td>0.6</td>
<td>0.55</td>
<td>1.00</td>
</tr>
<tr>
<td>Feet</td>
<td>----</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Body total</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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**IMAGE 1**

**LEFT LEG B.T**

**LEFT LEG A.T**

**IMAGE 2**

**RIGHT LEG B.T**

**RIGHT LEG A.T**

**IMAGE 3**

**RIGHT THIGH B.T**

**RIGHT THIGH A.T**
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**LEFT THIGH B.T**

**LEFT THIGH A.T**

**LOWER LIP B.T**

**LOWER LIP A.T**