



## CASE SERIES

# A COMPARATIVE CASE STUDY ON ROLE OF PURIFICATORY THERAPY AND DIET IN SHVITRA (VITILIGO)

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### Summary:

Cases of shvitra vis-à-vis vitiligo, approached with the complaints of white patches over lips, limbs and neck, which were managed successfully by adopting the well planned therapies followed by diet control.

### Keywords:

ayurveda, segmento-symmetrical and lip-tip vitiligo, purificatory therapy, bakuci churna, gomutra.

### Key message:

These case studies are new avenue for future research in successful management of shvitra vis-à-vis vitiligo by adopting treatment based on principles of ayurveda.

### Introduction:

Shvitra vis-à-vis vitiligo is a chronic skin disease which causes de pigmentation of section of skin. it occurs when melanocytes, the cells responsible for skin pigmentation, die or are unable to function. <sup>[1]</sup> though the shvitra won't produce physical agony as such, it leads to social stigma which makes the patient difficult to face the society.

### Purpose

Proper analysis of cause and scrutinizing magnitude of its impaction on dosha, dushya and dathu helps in selection of line of treatment; <sup>[2]</sup> combination of purificatory, palliative medicine and proper diet plan bring a significant effect in shvitra cikitsa. <sup>[3]</sup> These case studies will contribute an insight for future research.

A) 21 years male patient complaint of de pigmented (white) multiple irregular sized (0.5x0.5cm to 8cm) patches over dorsal surface of hands, foot, knee,

ankle and right breast. initially lesions were small (0.5 to 1cm) discrete, later progressively increased in their size and then spread to lips gradually over duration of 15yr; with positive family history (mother). [plate 1, (bf) 1, 2, 3].

B) 55 year's male patient office worker by occupation, approached with complaints of de pigmented (white) patches over both hands, foots lips and abdomen since 3 year, with negative family history. [plate 2, (bf) 1, 2, 3]. In both the cases appearance of lesion was followed by injury, which was progressed slowly, resultant with embarrassment and depression. there were no associated complaints confined to lesions like itching or burning sensation and also no history related to contact with chemicals.

Shviitra vis-à-vis being skin disorder that affects nearly two percents of the word population. The cause of vitiligo is unknown but research suggests that it may arise from autoimmune, genetic,



oxidative stress, neural or viral. 20 to 30% cases attached as the cause hereditary, 95% of cases are below 40 year. <sup>[4]</sup> However in ayurveda, the causes for the shvitra, are considered as untruthfulness, ungratefulness, disrespect for the gods, insult of the preceptors, sinful acts, misdeeds of past lives and intake of mutually contradictory food are the causative factors of shvitra. <sup>[3]</sup>

Among these, in patient a, the causes observed are, regular intake of incompatible diet, curd and milk (veerya viruddha <sup>[3]</sup> incompatibility of potency) and day sleep (divaswapna). <sup>[5]</sup> in patient b the evident causes are improper dietary habits like consumption of curd since childhood (50yr) especially at night; day sleep; excessive consumption of sourer diets (atyamla) like tamarind, tomato; <sup>[6]</sup> excessive consumption of water (atyambu pana). <sup>[5]</sup>

Disease shvitra is caused by the simultaneous vitiation of all the three dosha, based on its location in different tissue presentation(colour) varies like in rakta (blood) - red, mamsa (muscle tissue) - coppery, medas (fat) - white, which also signifies severity (subsequent ones are more serious than the previous ones). <sup>[8]</sup> an additional fact which is to be considered are, if hairs over the patches are not red, skin is thin and white, disease is of recent origin and space between two patches is elevated, then the disease is curable. <sup>[3]</sup>

Examination findings being multiple de pigmented lesions, which were discreet, active border, with

sporadic in nature and size of lesions varied in from 0.5x0.5cm to 8cms. the site of lesion indicates involvement of vata and slow progression of lesion indicative of kapha. <sup>[9]</sup>

These cases were diagnosed as shvitra vis-à-vis segmental, symmetrical and lip-tip vitiligo. <sup>[7]</sup>

According to these textual references the cases are considered as sadhya (curable), treatment was planned.

After proper analysis of pre requestor factors, purgation followed by palliative treatment was planned. on first day to enhance digestive fire panchakola phanta <sup>[10]</sup> was given, followed by this panchatikta guggulu grita <sup>[11]</sup> (medicated ghee prepared with bitter tasted drug) is administered for internal oleation in gradual increasing format, <sup>[12]</sup> on tenth day expected level of lubrication is achieved and virechana was planned with trivrut leha. <sup>[13]</sup> In patient a, pigmentation was started; overall 10% improvement was observed during discharge.

Whereas in patient b there was appearance of blebs over skin of abdomen on 1<sup>st</sup> day of massage and bakuci, during discharge almost all lesions were turned to reddish [plate 2, 2<sup>nd</sup> & 3<sup>rd</sup> day of bakuci application, [plate 2, dt 1, 2]. during follow up medicine advised are internally chitrakasava 15 ml, after food bakuci churna with gomutra externally. changes observed during admission and follow-up are listed in table 1 & 2.

Day	Treatment adopted	Day	Treatment adopted
1 <sup>st</sup> day	Deepana and pachana shunti jala 30ml before food	1 <sup>st</sup> day	Deepana and pachana shunti jala 30ml before food
2 <sup>nd</sup> to 6 <sup>th</sup> day	Snehapana(internal oliation) pancatiktaka guggulu grita 30ml+60ml+110ml+180ml	2 <sup>nd</sup> to 5 <sup>th</sup> day	Snehapana(internal oliation) pancatiktaka guggulu grita 30ml+60ml+90ml
6 <sup>th</sup> to 8 <sup>th</sup> day	Abhyanga (ext oliation) marichyadi taila and swedana (sudation) baspa sweda ext application bakuci churna with	5 <sup>th</sup> to 7 <sup>th</sup> day	Abhyanga (ext oliation) marichyadi taila and swedana (sudation) baspa sweda ext application bakuci churna with



	gomutra		gomutra
9 <sup>th</sup> day	Virechana (purgation) trivrut lehya 70gm	8 <sup>th</sup> day	Virechana (purgation) trivrut lehya 80gm

**Table no. 1**  
**Treatment adopted during admission**

Complaints- patient a	Patient b	Followup	Treatment
No. of lesion-23 border-irregular, active measurement-0.5x0.5to8cm color-whitish other-no itching	No. of lesion-42 border-irregular, active measurement-0.5x0.5to10cm color-whitish other-no itching	1 <sup>st</sup> visit (15days)	Internally; citrakasava 15ml thrice daily, aft food externally; 1. bakuci churna with gomutra 2. bakuci taila
No. of lesion-15 border-irregular, active measurement-0.5x0.5to 6cm color-reddish other- no. of de pigmentation in lips	No. of lesion-37 border-irregular, active measurement-0.5x0.5to 10cm color-reddish	2 <sup>nd</sup> visit (30days )	Same medicine
No of lesion-10 border- irregular, active measurement-0.5x0.5to 4cm color-reddish other-no. de pigmented lesion over hand	No. of lesion-30 border-irregular, active measurement-0.5x0.5to 6cm color-reddish other- no. of de pigmentation in lips	3 <sup>rd</sup> visit (90days )	Same medicine
No of lesion-8 border-irregular measurement- 0.5x0.5to2cm color-reddish other- brest lesion re	No. of lesion-23 border-irregular, active measurement-0.5x0.5to 6cm color-reddish	4 <sup>th</sup> visit (30days )	Same medicine



pigmented			
No of lesion-3 border-irregular measurement-0.5 to 1cm color-reddish other- no lesions over dorsal aspect of foot	No. of lesion-15 border-irregular, active measurement-0.5x0.5to 6cm color-reddish	5 <sup>th</sup> visit (30days )	Same medicine

**Table no. 2**

**Details of changes observed in patients during follow-up**

**Discussion:**

These present case studies are documentary evidence of successful management of shvitra vis-à-vis vitiligo based on the principles of ayurveda (caraka samhita).

in patient a, as age being 21yr (yuva), physical strength (sharira bala) was more and the post purificatory diets and medicine was followed regularly, hence overall improvement observed was 90% in terms number of lesion (3), border (irregular-active), measurement of it (0.5 to 1cm) and color (reddish). [Plate 1, at 1, 2, 3].

in patient b, age being 55year (old age), less physical strength, multiple lesions extended to larger area, also post purificatory deities are not followed in a right way, instead continued day sleep, consumption of curd etc. hence there was a need of longer duration of medication to attain for overall 75% improvements, as well as reoccurrence of lesions were observed. [Plate 2 (af) 1, 2, 3]. Table - 2 (as in patient a, b) showing the changes observed during follow up].

Plate 1 – patient a – before (bf) and after intervention (af), plate 2 - patient b, before (bf), during (dt) and after intervention (af).

Though in both of the patients similar line of treatment was adopted, patient a showed better prognosis, it might due to younger age and physical strength, also causative factors are

avoided and followed a good diet control along with medicaments.

Whereas in patient b, regimentation was observed during course of virecana, an average prognosis was observed in the course of treatment. Rather re occurrence of white patches were found due to poor diet control, old age and less physical strength.

**Probable mode of action of drug**

The medicines enlisted in the management of kusta are indicated even in shvitra cikitsa, hence panchatikta guggulu grita was administered for internal oliation. Followed by this purificatory measure virecana (purgation) was planned with trivrut lehya, as there was no utkleshta (increased dosha in main site) of kapha. further as in authoritative text carakacharya in shvitra emphasize, sramsana (laxatives) and external application of certain medicaments with the intention of formation of blebs over affected area.<sup>[3]</sup> hence bakuci churna (psoralea corylifolia) was applied externally with cow's urine, followed by exposure to sun light. This unique combination of powder and cows urine helps in stimulating the skin (especially brajaka pitta; melanocyte) and promotes re pigmentation. The drug citraka (plumbago zeylanica) is a disease specific medicine (vyadhi pratyneeka aushadha), hence internally citrakasava 15 ml before food, twice a day was advised.

Patient B before Treatment (Bt 1,2,3)



(After application of *Bakuci Churna*) Day 2 (Dt 1,2,3,4)



Day 3 (repigmentation followed by blebs)



7<sup>th</sup> Visit (AF 1,2,3)



## Conclusion

Hence purificatory measures followed by suitable diet plan, simultaneous avoidance of causative factor Acquiesce success. this will be a

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new avenue for future research which finding effective treatment for shvitra vis-à-vis vitiligo.

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