Skin is the best indicator of general health. According to Ayurveda skin is one of the essential sense organs. As skin covers the whole body, bhrayaka pitta should be maintained in a proper state, an imbalance in vata and bhrayaka pitta may cause skin diseases. Switra is considered as one of the varieties of kushta in Ayurvedic classics, caused due to vitiation of tridosha and dhatus like rasa, rakta, mamsa and medas. Switra (vitiligo) is a hypopigmentation dermatological disorder involving mind and body. Vitiligo is an auto-immune disease against melanocyte characterised by depigmentation or hypo-pigmented patches. Treatment available in contemporary medicine has its own limitations and side effects. Main line of treatment for switra in Ayurveda is Shodhana (purification) and Shamanashadhi (pacification). Aim of this study to evaluate the role of Ayurvedic management of switra. A patient approached to OPD of SDM college of Ayurveda Hospital with chief complaints of whitish patches on back and thighs was treated with shodhana (purification) and few shamanashadhi’s (internal medication). A remarkable improvement in the condition was observed in a span of two month.

Keywords: Switra, Vitiligo, Shodana, Skin, Kushta

INTRODUCTION

The skin is the largest and visible organ of the human body. Hence any blemish on the skin visibly affects the person's physical and mental well-being. Vitiligo have major impact on quality of life of patients, many of vitiligo patients feel distressed and stigmatized by their condition. Vitiligo is the pigmentary disorder of unknown cause it is characterised by depigmented or hypo-pigmented patches that result from absence or reduction in melanocyte. The most accepted theory for pathogenesis of vitiligo is autoimmune hypothesis. Leukoderma term used for vitiligo in non-medical literature is different from vitiligo. The term leukoderma is applied to depigmented patches of known causes e.g. burns, contact with chemicals like phenols or following an inflammatory skin disease. About 1-2% of general population has vitiligo. It is less common in children and the elderly, both sexes are affected equally, family history of vitiligo is present in only about 25% of cases.

Vitiligo can be correlated with Switra in Ayurveda. The disease Switra was reported in ancient literature. Several references are found in the Vedas. The word Switra has its root in the Sanskrit word Shveta, which means white patch. Reference of Switra is found in the important classical texts of Ayurveda such as Charaka Samhita, Sushruta Samhita, Astanga Hridaya etc. Clearly mention the treatment of Switra along with its classification and prognosis. Most of them use Switra and Kilasa as synonyms. Medieval authors like Madhava, Bhavamishra, Sarangadharana and Chakradatta also enumerated certain additional information regarding Switra. References to this disease are available in Agni Purana, GurudaPurana and Mahabharata also.

References to vitiligo are available in other traditions also. It is said that, by the touch of Jesus Christ, the vitiligo of a Palestinian was cured. It is mentioned in Persian history, that vitiligo was known in the period of Aushhooryans in 2200 B.C. In Ayurveda, all skin diseases come under Kusta. Acharya Charaka dealt with Switra after deeply explaining the Kusta Chikitsa. According to Kashyapa Samhita, Switra is, ‘ShvetaBhavamMicchantiSwitram’, This means reflection of white colour. Susruta called the disease as Kilasa instead of Switra. ‘Twagat Eva Aparisravi’, This means there is only involvement of skin and is Aparisravi i.e. non-exudative. Acharya Charaka has mentioned various causes out of which Virudhaaaharveeyan, Papkarma are important one. Switra causes the vitiation of Tridoshas and dhatus like rasa, rakta, mamsa and meda dhatu.

Because of social stigma it carries, treatment of this benign condition is important. Treatment for vitiligo in conventional medicine includes topical steroids, systemic steroids, topical PUVA, systemic PUVA, sometimes surgically grafting also done. PUVA therapy is having side effects like phototoxicity, hyperpigmentation, solar elastosis, cataract and squamous cell carcinoma in white skin individuals. UVB phototherapy is a safer alternative to PUVA therapy but is relatively expensive. Main line of treatment for.switra in Ayurveda is snehana i.e., made to drink medicated fats first, then administration of
sodhana (purificatory therapies) and anointing body and exposure to sunlight.

**MATERIALS AND METHODS**

Present study was carried out in accordance with ethical principles by following International Conference of Harmonization – Good Clinical Practices Guidelines [ICHGCP] in Sri Dharmasthala Manjunatheshwara Ayurveda College And Hospital, Hassan.

**Case Report:** A 15 years young female patient presented with small whitish discolouration and mild itching on back and thighs since 7 months

**History of present illness**
Patient was apparently healthy before 7 months, gradually she developed with small white patches on back and which got aggravated day by day with increase in size on back and spread to thighs with mild itching.

**Psychological history**
Patient had more stress 3 months back due to exam tension. Size of white patches increased day by day from 3 months.

**Personal History**
Dietary habits revealed the use of mixed dietary habits, with 4-5 glasses of water per day and consumption of tea twice daily; regular use of curd and oily food items. Behavioural Pattern (Vihaara) sedentary lifestyle; Bowel habits were regular with hard stools sometimes with blood, sleep was sound; micturition was normal.

**Menstrual history:** Patient had regular menstrual periods with duration of bleeding for 4-5 days with an interval of 30 days and the flow within normal limits.

**Family history:** no one in the family have similar signs and symptoms

**General examination**
Built: Moderate, Tongue: Clear, Pulse Rate: 78/Min, BP: 110/70mm of Hg, Respiration Rate: 18/Min, Temp: A febrile.

**Physical examination**

**Systemic:** CNS: Normal; C.V.S: S1, S2 clear; RS: Normal

**Local Examination**
1) Site of lesion - (PidaSthana) – back and thighs
2) Distribution - (Vyãpti)-Asymmetrical
3) Character of lesion - (PidaLakshanas) -Size: 4-6 cm, Color: white, Arrangement: grouped
4) Itching - Present; Severity: mild
5) Inflammation – Absent
6) Discharge - Absent
7) Superficial Sensation on lesion -Pain: absent; Swelling: absent

**DIAGNOSIS:** Based on the clinical features and examination case is diagnosed as switra (vitiligo).

**TREATMENT PLAN**
First line of treatment Deepana and pachana followed by snehapana and vireecha ; Shamanoushadi after panchkarma

**Table 1:** First Line of Treatment (Deepana and Pachana)

<table>
<thead>
<tr>
<th>Day</th>
<th>Medication</th>
<th>Diet</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st day</td>
<td>Panchakolaphanta</td>
<td>2-0-2</td>
</tr>
<tr>
<td></td>
<td>Bilwadigutika</td>
<td>with go mutra</td>
</tr>
<tr>
<td>2nd day</td>
<td>Panchakolaphanta</td>
<td>2-0-2</td>
</tr>
<tr>
<td></td>
<td>Bilwadigutika</td>
<td>with go mutra</td>
</tr>
</tbody>
</table>

**Table 2:** Second Line of Treatment (Panchakarma)

<table>
<thead>
<tr>
<th>Day</th>
<th>Medication</th>
<th>Diet</th>
</tr>
</thead>
<tbody>
<tr>
<td>3rd day</td>
<td>PanchatiKuyugglaghrita- 30 ml</td>
<td>Ganji</td>
</tr>
<tr>
<td>4th day</td>
<td>PanchatiKuyugglaghrita- 60 ml</td>
<td>Ganji</td>
</tr>
<tr>
<td>5th day</td>
<td>PanchatiKuyugglaghrita- 100 ml</td>
<td>Ganji</td>
</tr>
<tr>
<td>6th day</td>
<td>PanchatiKuyugglaghrita- 140 ml</td>
<td>Ganji</td>
</tr>
<tr>
<td>7th &amp; 8th day</td>
<td>Abhyanga with marichaditala and bashpasweda</td>
<td>Rice with rasam</td>
</tr>
</tbody>
</table>

**Table 3:** Shamanoushadi After Panchkarma (Discharge medication)

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Dose</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pigment tablets</td>
<td>1 TID</td>
<td>15 days</td>
</tr>
<tr>
<td>M嗬ibaraguda</td>
<td>1 tsp with hot water at bedtime</td>
<td>15 days</td>
</tr>
<tr>
<td>Asanadikasha</td>
<td>2 tsp TID</td>
<td>15 days</td>
</tr>
<tr>
<td>Krishnakutaraas</td>
<td>1 TID</td>
<td>15 days</td>
</tr>
</tbody>
</table>

**External Applications**
Switrahara churna with Go-mutra before bath early morning.
RESULTS AND DISCUSSION

As per the treatment schedule for the patient, she has taken medication and snehana on the day of virechana patient got her menstrual cycle which is 8 days prior to her regular menstrual cycle. Then patient is advised to discharge with the discharge medicine, which she is advised to take after her period and asked to follow diet by avoiding curds, non-veg, masala etc food items. After the follow up for 2 months there is a drastic change of white patches on back and thighs reduction, reduction in itching with normal stools and no blood in stools.

In switra as main line of treatment snehana, Panchatiktaguggulu ghrita been chosen based on signs and symptoms, as this ghrita is tikta pradhanam, kaphahara and it is indicated in kushta vikara. Gliria given will be acting as shamana and shodhana as per given dosage.

Arogyavardhini Vati mainly acts on digestive system. If digestion becomes poor, it leads to various diseases in the body. Poor digestion may cause malabsorption and production of more toxins in the body, which ultimately cause several disorders. Constipation is a major root of many diseases in the body. Arogyavardhini Vati improves digestion and corrects metabolic activities in the body. It also cures constipation and prevents diseases.

Bilwadigutika have property of antimicrobial and de-worming property which helps to remove toxins from the body and it is used in psychological condition as in switra psychological problem plays a major role for spread of the disease. Bilwadigutika helps to control psychological problems.

Krimikatararas has de-worming action due to which it acts against intestinal worms due to its anti-oxidant property it detoxify the body. Pigmento tablet possessing antipyretic, anti-inflammatory and analgesic activity due to bakuchi, protecting biological membrane against oxidative stress, inhibit the growth of bacteria, clearing the airways, stimulate the cell mediated immune mechanisms.

External application of switrahara churna which consists of oudumbara twak and bakuchi. Bakuchi content increases the rate of synthesis and amount of melanin and hence encouraging skin to recover from a vitiligious state. Exposure to sunlight early in morning which contains ultraviolet rays and with external application of bakuchi leading for promoting the growth of melanocyte migration and stimulates proliferation. Even it is not enough in proliferation of melanocyte but also prevents the autoimmune activity disease.

Even though Panchakarma treatment is stopped prior before completion virechana procedure as patient got menstrual cycle, there was a good result observed by giving nityavirechana with manibadraguda. Thus by giving virechana daily by eliminating of toxins from body, by regular practicing of taking healthy food habits reducing intake of fry food items, with plenty of water, reducing stress and regular external application of switrahara churna early morning and expose to sunlight for 5-10 minutes daily showed a good result in patient.

CONCLUSION

Beauty and attraction of individual depends upon skin’s health including physical and psychological health. The colour of skin plays very important role in the society. Vitiligo is an important skin disease having major impact on quality of life of patients; many of them feel distressed and stigmatized by their condition. Based on symptoms it can be correlated with switra. Ayurvedic management give a blissful life by improving the immune system of the individual. Purificatory measure help to remove the root cause of the disease. It is important to recognize and deal with psychological components of this disease to improve their quality of life. Though a single case study may not be sufficient enough to prove significance of any treatment but it gives us an idea for the line of treatment to be adopted in such cases and helps to formulate a protocol for large sample studies.

REFERENCES

8. Tewari PV. Kashyapa Samhita, chikitsastana 9th chapter, shloka 2, Chaukhamba Visvabharati, Varanasi, page no-198

Figure 1: Before Treatment
Figure 2: After Treatment

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