

## AYURVEDIC APPROACHES IN MANAGING SHWITRA: A CASE STUDY FOCUSED ON CHILDHOOD VITILIGO.

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### ABSTRACT

**Introduction:** *Shwitra* is a condition which has been classified under *Kshudra Kushta* in Ayurveda, it manifests as hypopigmented or depigmented skin lesions resulting from the vitiation of *Tridosha* along with *Rasa*, *Rakta*, *Mamsa*, and *Meda Dhātu*. It has been described as *Aswedaja* (non-sweating), *Aruja* (painless), and confined to the external tissues of the body (*Bahirgata*). Globally, vitiligo affects about 0.5–2% of the population, whereas in India its prevalence ranges between 0.25% and 4%. Epidemiological studies indicate that approximately 25–50% of vitiligo cases have onset during childhood, with significantly developing before 20 years of age. *Ayurveda* offers a comprehensive and sustainable approach to manage this disease. **Aim and Objectives:** To assess the therapeutic efficacy of *Ayurvedic Sodhana Chikitsa* (Virechana Karma) followed by *Shamana Chikitsa* to manage *Shwitra* in 10-years male child. **Materials and Methods:** A 10-year-old male child with hypopigmented patches over thumb, palm, fingers, and lips for the past 3-4 months. Based on clinical examination, a diagnosis of *Shwitra* was established. Treatment commenced with *Deepana-Pachana* using *Vidangarista*, followed by *Snehapana* with *Mahatikta Ghrita*. *Virechana Karma* was performed using *Trivrit Lehya*, after which *Samsarjana Karma* was advised for five days. Thereafter, *Shamana Chikitsa* was initiated and continued for three months, consisting of oral administration of *Arogyavardhini Rasa* and *Aragwadharista*, along with external application of *pigmento ointment*. Appropriate *Pathya-Apathya* was advised throughout the treatment period. **Results and Discussion:** A marked reduction in the size and number of hypopigmented patches was observed, along with gradual and progressive re-pigmentation. The treatment was well tolerated, with no adverse effects, and resulted in significant physical and psychological improvement in the patient. **Conclusion:** This case study demonstrates that the *Ayurvedic* management approach incorporating *Virechana Karma* followed by *Shamana Chikitsa* was effective in the successful management of *Shwitra* in this patient.

## INTRODUCTION:

*Shwitra* is a dermatological disorder classified under *Kshudra Kushta* in Ayurveda. It is a chronic skin disorder characterised by hypopigmented or depigmented patches. *Shwitra* is considered to be *Tridoshaja Vyadhi*, with predominant involvement of *Pitta* and *Kapha Dosha*. This disease also involves the vitiation of *Rasa*, *Rakta*, *Mamsa*, and *Meda Dhatus*. The pathogenesis (*Samprapti*) of *Shwitra* primarily includes *dushti of Bhrajaka Pitta*, which is responsible for maintaining normal skin complexion and pigmentation. Impairment of *Bhrajaka pitta* leads to disruption in normal pigmentation process, which in turn results in appearance of white or discoloured patches on skin<sup>[1]</sup>. *Ayurvedic* texts describe *Shwitra* as *Aswedaja* (non-sweating), *Aruja* (painless), and *Bahirgata* (externally manifested) in nature. The Acharyas have emphasised the significant role of improper *Ahara–Vihara* (dietary and

lifestyle factors), *Beeja Dosha* (genetic predisposition), and *Karmaja* factors in the pathogenesis of the disease<sup>[2]</sup>. From a modern perspective, Vitiligo is an autoimmune depigmentary disorder characterised by selective destruction of melanocytes, the cells responsible for melanin synthesis<sup>[3]</sup>. Global prevalence of Vitiligo is approximately 0.5–2%, and in India, it ranges from 0.25% to 4%, with a higher incidence seen in children and adolescents<sup>[4]</sup>. Studies suggest that about 50% of vitiligo cases manifests before the age of 20 years<sup>[5]</sup>. Beyond its cosmetic effects, vitiligo can lead to significant emotional distress, social challenges, and impaired quality of life, particularly among children and adolescents<sup>[6]</sup>. Standard therapies for vitiligo aim to restore pigmentation but commonly offer only short-term benefits, with recurrence occurring in many cases. On the other side, *Ayurveda* offers a holistic and individualized approach, combining *Shodhana Chikitsa* such as *Virechana* and *Shamana Chikitsa*, dietary guidelines, and lifestyle modifications, which has given excellent outcome in the management of Vitiligo in the present case.

## MATERIALS AND METHODS:

### Case History

A 10-year-old male child presented to the *Kaumarabhritya* OPD at Government Ayurveda Medical College & Teaching Hospital, Shivamogga, Karnataka, with a 3–4 month history of multiple hypopigmented patches over the thumb, palm, fingers, and lips. The lesions were non-itchy, asymptomatic, and had been gradually increasing in size and number. There was no history of scaling, oozing, burning, or pain associated with the patches. The child's parents initially noticed the discolouration but did not seek medical attention. Over time, the affected skin failed to regain normal pigmentation and the patches continued to enlarge, prompting them to bring the child to the hospital. There was no family history of similar skin conditions. The child had no history of chronic systemic illnesses, autoimmune disorders, or long-term medication use.

### Past History:

- No history of major illness, hospitalization, or surgery in the past.
- No history of tuberculosis, jaundice, or other chronic systemic disease.

### Medical History:

- No known history of diabetes, thyroid disorder, or autoimmune disease.
- No long-term medication usage.

### Family History:

- No family history of vitiligo, psoriasis, eczema, or autoimmune disorders.

### Birth History:

- Full-term normal vaginal delivery.
- Birth weight: 3.2 kg
- No history of neonatal complications.

### Developmental History:

- Achieved all developmental milestones appropriately for age.
- No delay in gross motor, fine motor, language, or social milestones.

#### **Immunization History:**

- Fully immunized as per the National Immunization Schedule.

#### **Personal History:**

- Diet: Mixed
- Appetite: Normal
- Bowel Habits: Regular, once daily, no constipation
- Urine: Normal frequency and colour, no complaints
- Sleep: 7–8 hours per night, sound sleep

#### ***Astasthan Pariksa :***

1. *Naḍi*: Vata-Pitta predominant
2. *Mutra*: Normal in quantity, colour, and frequency
3. *Mala*: Regular, well-formed, once daily
4. *Jihva*: Coated
5. *Sabda*: Clear and normal
6. *Sparsa*: Normal temperature, soft touch
7. *Dr̥k*: Clear, no abnormalities
8. *Akriti*: Moderately nourished with visible skin patches

#### **General Examination:**

- Height: 139 cm
- Weight: 29.7 kg
- Heart Rate (HR): 79/min
- Respiratory Rate (RR): 18/min
- Temperature: Afebrile
- Pallor, Cyanosis, Icterus, Lymphadenopathy, Edema: Absent

#### **Systemic Examination:**

- CNS: Conscious, oriented, no abnormality detected
- CVS: S1 S2 heard, no murmur
- RS: Normal air entry, no added sounds
- GIT: Soft, non-tender, no organomegaly

#### **On Examination of Patches:**

- Site: Lips, Thumb, Palm and Little finger
- Number: Multiple patches observed initially
- Colour: Hypopigmented to depigmented in early stages
- Shape: Irregular and round patches
- Margins: Well-defined
- Surface: Non-scaly, non-itchy, smooth texture
- No signs of inflammation, induration, discharge, or secondary infection

### Investigations:

- **CBC:** Within normal limits
- **Blood Sugar (F/PP):** Normal

### Therapeutic Intervention:

#### 1. PurvaKarma

- *Deepana-Pachana: Vidangarista* 10ml bid with equal water for 5 days daily after food with warm water
- *Snehapana: Mahatikta Ghrita* (30ml to 120ml) for 5 days till *Samyaka Snigdha Lakshana*)

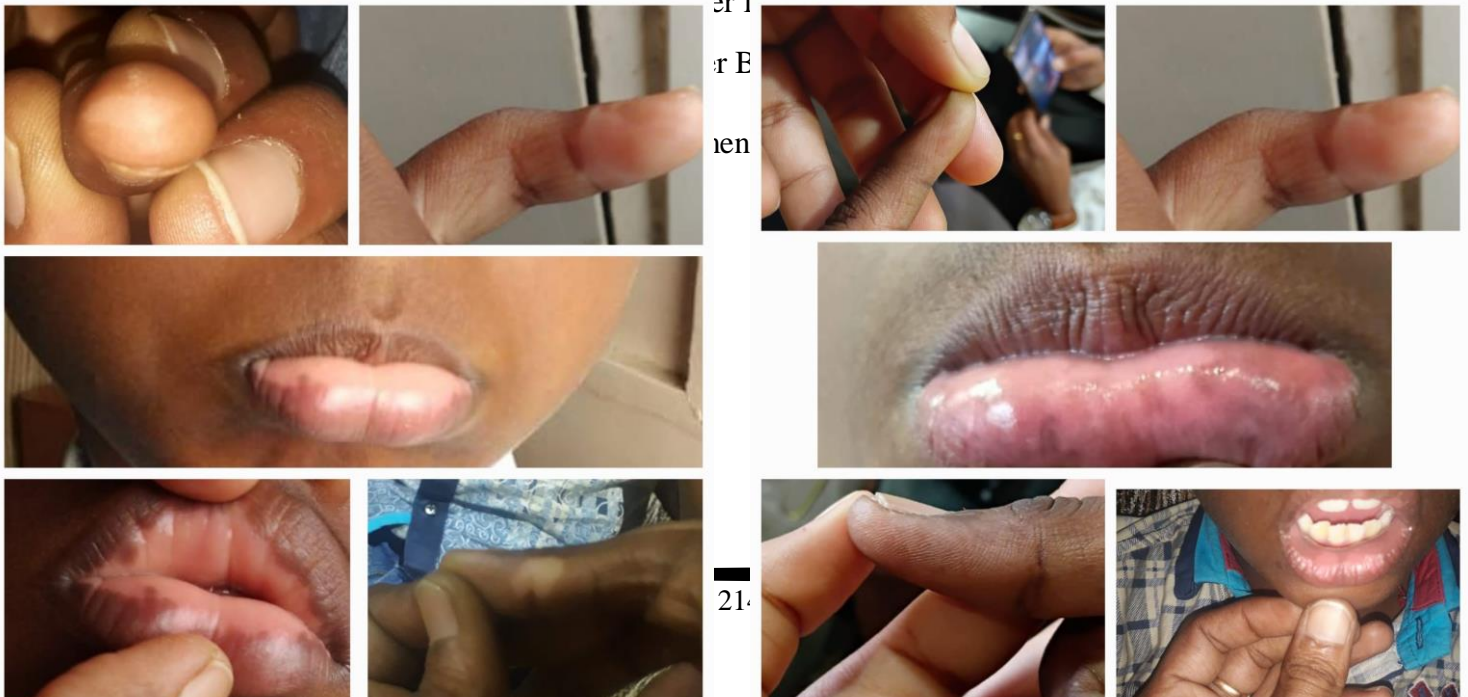
#### 2. Pradhana Karma

- *Virechana Karma: Trivrit Lehya* ( 25 gms ) with *Drakshasiddha jala*
- Total no.of Tegas: 9

#### 3. Paschat Karma

- *Samsarjana Krama:* Light to normal diet (*Yavagu, Peya, Akrit Mudga Yusha*) for 5 days

### Oral Medications:



### Assessment: Before vs After Treatment

	Parameter	Before Treatment	After Treatment
1	Number of Patches	Multiple (5–6 approx.)	Minimal to none
2	Color of Patches	Hypopigmented to depigmented	Near-normal skin tone with repigmentation
3	Size of Lesions	Large & Scattered	Significantly reduced
4	Margins	Well-defined, clear demarcation	Merged with surrounding skin tone
5	Surface Texture	Smooth, non-scaly	Normal skin texture restored
6	Associated Symptoms	No itching, burning, or pain.	No discomfort or irritation
7	Psychological Impact	Low confidence, worried about the lesions	Improved
8	Recurrence During Follow-Up	Not applicable (before treatment)	No recurrence during 3-month

### DISCUSSION:

*Shwitra* is described in *Ayurveda* as a one among the variety of *Kuṣṭha*, characterized by *tvak vaivarnya* (loss of normal skin colour) due to vitiation of *doshas*, mainly *Pitta* and *Kapha*, along with *rakta*, *mamsa* and *meda dhatus*. The chronic and recurrent nature of *Shwitra* necessitates a treatment approach that includes *Shodhana* (purificatory therapy) followed by *Shamana* (pacifying therapy), along with local applications to stimulate repigmentation.



In the present case management, *Vidangarista* was started initially as it possesses *deepana*, *pachana*, *krimighna* and *amahara* properties. In *Shwitra*, long-standing *mandagni* and *ama sanchaya* are commonly observed, which can hinder proper digestion and absorption of *sneha*. *krimighna* action of *Vidanga* (*Embelia ribes*) is also significant, as *krimi* involvement is described in the etiopathogenesis of *Kushta*, including *Shwitra*. Thus, *Vidangarista* acts as a *purvakarma* supportive medication, ensuring the smooth conduct of *Snehapana* and enhancing the efficacy of subsequent *Shodhana karma*, particularly *virechana*. This stepwise approach helps in achieving better *dosha utkleshana*, minimises adverse effects of *sneha* intake, and contributes to improved therapeutic outcomes in the management of *Shwitra*.

Later on *Snehapana* with *Mahatikta Ghrita* was administered as a preparatory measure for *Shodhana*. *Mahatikta Ghrita*, being *tikka rasa-pradhana*, is especially indicated in *kushta* and *rasta-pradoshaja vikara*. The *tikka rasa*, along with the *sneha* property of *ghrita*, helps in *dosha utkleshana* and *vilayana*, facilitating the mobilisation of morbid *doshas* from the peripheral tissues (*shakha*) to the gastrointestinal tract (*koshta*). Additionally, *Mahatikta Ghrita* exerts *Pitta-Kapha shamaka* and *rakta-shodhana* effects, which are crucial in the pathogenesis of *Shwitra*.

Following adequate *Snehapana* and attainment of *samyak snigdha lakshana*, *Virechana karma* was performed using *Trivrut Lehya*. *Virechana* is considered the best *shodhana* therapy for *Pitta*-dominant disorders, especially in skin diseases. *Trivrut*, with its *mrudu virecaka* and *Pitta-Kaphahara* properties, effectively eliminates vitiated *doshas* through *adho-marga* without causing excessive strain to the patient. By expelling the accumulated *Pitta* and *rakta dushti*, *virechana* helps in breaking the *samprapti* of *shwitra* and reduces the chances of recurrence.

After *shodhana*, *Shamana Chikitsa* was advised to maintain doshic balance and support tissue-level correction. *Arogyavardhini Rasa* was administered orally for its *deepana-pachana*, *rakta-shodhana*, and *yakrut-uttejaka* actions. Proper functioning of *agni* and the liver plays a vital role in chronic skin disorders; hence, *Arogyavardhini Rasa* aids in correcting metabolic disturbances that contribute to *Shwitra*. *Aragwadharista*, known for its *kusthagna*, *mala-shodhana* and *rakta-prasadana* properties, further supports systemic purification and enhances the therapeutic outcome of *Virechana*.

For local management, Pigmento ointment was applied to the affected areas. Local application helps in stimulating melanocyte activity, improving local circulation, and promoting repigmentation. When used in conjunction with systemic purification and internal medications, topical therapy acts synergistically and accelerates visible clinical improvement.

Overall, the integrated approach of *Snehapana* with *Mahatikta Ghrita*, *Virechana* with *Trivrut Lehya*, followed by *Shamana oushadhis* and local application, addresses *Shwitra* at both systemic and local levels. This sequential therapy aligns with classical *Ayurvedic* principles and demonstrates that *shodhana* followed by appropriate *Shamana* and *bhaya*

*chikitsa* can be effective in managing *Shwitra* and improving skin pigmentation while reducing disease chronicity and recurrence.

### Result and Conclusion:

After *Ayurvedic* management with *Virechana* followed by *Shamana Chikitsa*, significant improvement was observed in the patient. The size and number of hypopigmented patches reduced markedly, with visible re-pigmentation over 3 months. No adverse effects or recurrence occurred during follow-up. The treatment also improved the patient's psychological well-being. This case highlights the effectiveness of a holistic *Ayurvedic* approach in managing *Shwitra*.

### Conflicts of Interest;

There are no conflicts of interest.

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