

Ayurvedic Treatment Approach Towards Shwittra (Vitiligo) - A Single Case Study

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ABSTRACT

The skin, being the largest organ of the body, plays a vital role in protection, sensation and aesthetics, and its normal colour signifies internal balance and health. Any alteration in its normal colour or texture greatly affects appearance and self-esteem. This case report examines the efficacy of Ayurvedic management of *Shwittra*, offering a holistic approach to enhanced quality of life. A 45- year-old female patient with *shwittra* underwent 2 months of integrated *sthani* and *shamana chikitsa*, including *Shwitrahara Lepa*, *Bakuchi Ghanavati* and *Mahamanjishthadi Kashaya*. Notable improvements were observed in *Varna*, *Akara* and *Sankya* of *shwittra* patches. These outcomes suggest *sthanic* and *shamana chikitsa* potential in enhancing *Shwittra* recovery.

KEYWORDS: *Shwitrahara Lepa*, *Shwittra*, *Vitiligo*, *Sthanika Chikitsa*, *Shamana chikitsa*.

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INTRODUCTION

In Ayurveda all the skin diseases are categorized under the heading of *Kustha*. *Shwittra* is not mentioned in types of *Kustha*, it is separately explained in *Kushtha Roga Chikitsa* in classics. The word meaning of *Shwittra* is *Shweta Varna*¹. In contemporary science it can be co-related with Vitiligo. Vitiligo is disease in which there is alteration in melanin units due to melanocytopenia which causes depigmentation or hypopigmentation but exact etiology is still unknown. There is various hypothesis proposed for etiopathogenesis of Vitiligo like immune hypothesis, neural hypothesis, auto toxic self destruction² and low serum copper level³, due to this whitish patch will be seen over the skin.

Globally about 1% of people are affected by Vitiligo⁴. with the states of Gujarat and Rajasthan having maximum frequency of 8.8%. It can manifest at any age, irrespective of gender but mostly it occurs in middle age from 20 to 30 years. There is no ideal

treatment due to unclear etiopathogenesis. The current treatment includes use of topical & systemic corticosteroids, Phototherapy with narrowband UVB or PUVA, split skin graft and Blister roof grafts. But these medications even in prolonged use often do not produce satisfactory outcome⁵, also it can cause financial burden on patient.

But Ayurveda has its own concept to treat the skin diseases, they are very useful, cost effective and seem to give good results. *Shwittra* mainly occurs by *Tridosha* and *Medo Dhatu* involvement. So, in this condition *Ushna*, *Tikshna*, *Ruksha*, *Katu*, *Tikta* *Dravya* can be used for the better results. These *Dravya* have *Vata Kaphaghna* properties which is beneficial for treatment. Considering these above facts *Shwitrahara Lepa*, *Bakuchi ghanavati* and *Mahamanjishthadi Kadha* were selected for the treatment.

CASE PRESENTATION

➤ Case History

A female patient aged 45 years visited the OPD of *Kayachikitsa*, presenting with c/o whitish patches over the forehead and back in the past 1 year associated with burning and itching after exposure to sunlight.

➤ **Past History:** No H/O of above skin complaints before 1 year.

➤ **Family History:** Nothing significant

➤ History of present illness

Patient was alright before 1 year. Gradually she developed small white patches over forehead. Initially she ignored the symptoms, but as time passed the white patches grew bigger associated with burning and itching after sun exposure. So, she consulted at Shree Saptashrungi Ayurved Mahavidyalaya and hospital for further management.

➤ **Occupation History:** Laborer

➤ *Ashthavidha Pariksha*

Nadi pariksha revealed a *Vata-Kapha* predominant, slow, and weak pulse. *Mala* and *Mootra Pariksha* indicated *Vata-Kapha* imbalance and *Kapha* dominance, respectively, with hard, dry stool and cloudy, odorous urine. *Jivha* and *Drik Pariksha* further confirmed *Kapha* dominance through a coated tongue and dull, watery eyes. *Shabda Pariksha* was *prakruta*, rough skin (*Sparsha Pariksha*) pointed to

Vata-Kapha imbalance. *Akriti Pariksha* showed *heena* body build indicating *vata* predominance. Additionally, *Avarana* (obstruction) was noted in *Udana vata*, *Vyana vata* and *Bhrajaka Pitta* pathways, reflecting impaired skin colour.

➤ *Dashavidha Pariksha*

After ten-fold examination, the subject was having *Pitta-Vata Prakruti* (physical constitution), *Avara Sara* (low purest body tissue), *Avara Samhanana* (low body constitution), *Avara Satva* (low will power), *Pravara Vyayam Shakti* (highest ability to perform physical activity), *Madhyama Abhyavarana* and *Jarana Shakti* (medium dietary intake and digestive power).

➤ Systemic examination

- Pulse: 82 bpm
- Blood pressure: 130/80 mmHg
- Respiratory System: Bilateral air entry clear
- Cardiovascular: S1 and S2 audible, no added sounds
- Abdomen: Soft, non-tender, no organomegaly, scaphoid shape

➤ Therapeutic Intervention with Timeline

• Treatment protocol

Firstly, the patient was explained about the treatment protocol. A detailed *sthanika chikitsa* and *shamana chikitsa* is provided in Tables 1 and 2. Table 3 presents the assessment parameter and duration.

Table 1: Sthanika Chikitsa undertaken during 2 months

SN	SHWITRAHARA LEPA (Sthanika Chikitsa)	
1	<i>Kalpa</i>	<i>Lepa</i>
2	<i>Matra</i>	Q. S
3	<i>Kala</i>	Morning before bath
4	Duration	Removed just before drying
5	Type	<i>Doshaghna</i>
6	Method of Administration	Externally applied and exposed to sunlight

Table 2: Shamana Chikitsa interventions administered during the treatment period.

Shamana Chikitsa			
S. No	Drug	Dose and Duration	Anupana
1	<i>Bakuchi Ghanavati</i>	500 mg, Twice a day	<i>Ushna jala</i>
2	<i>Mahamanjishtadi Kashaya</i>	5ml, Twice a day	Equal quantity of <i>Ushna jala</i>

The patient's progress was assessed using symptom grading scale across subjective and objective parameters.

➤ Subjective Parameter

- *Kandu* in the patch was evaluated on 0-4 scale (0- No itching; 4- itching which disturbs daily activity and sleep)
- *Daha* in the patch was evaluated on 0-4 scale (0- No burning; 4- always burning with disturbed sleep)

➤ Objective Parameter

- *Varna* of patch was evaluated on 0-4 scale (0- Normal skin colour; 4- Complete depigmentation with significant white hairs)
- *Akara* of patch was evaluated on 0-4 scale (0- No lesion; 4- more than 3 sq.cm)
- *Sankhya* of patch was evaluated on 0-4 scale (0- No lesion; 4- more than 9 lesions)

Table 3: Assessment parameter employed and Duration

S. No	Assessment Parameters	On 0 th day	On 30 th day	On 60 th day
1	<i>Kandu</i>	2	0	0
2	<i>Daha</i>	2	0	0
3	<i>Varna</i>	2	0	0
4	<i>Akara</i>	4	2	1
5	<i>Sankhya</i>	2	1	1

Outcomes

The subject had been complaining of whitish patches over forehead and back, experiencing itching and burning in the patches after sun exposure for the past 1 year. According to the assessment parameters, the *kandu* in the patch was 2/4 on 0th day and improved to 0/4 post-treatment. *Daha* in patch was 2/4 on 0th day and improved to 0/4 post-treatment. The *Varna* of patch was 2/4 and improved to 0/4 post-treatment. *Akara* of the patch was 4/4 and improved to 1/4 post-treatment. *Sankhya* of the patch was 2/4 and improved to 1/4 post-treatment. Photographs of the patient is shown in Figure 1.

Following *Sthanika* and *Shamana chikitsa*, the patient showed improvement in all the parameters like *Kandu*, *Daha* and patch characteristics (*Varna*, *Akara*, *Sankhya*). Overall, the patient demonstrated significant improvement following the treatment.

Discussion

The patient had history of *Viruddhahara* (mixing milk with curd on daily bases), as the subject was laborer; she used to do heavy work under excessive heat after intake of food^{6,7}. She used to have *Mahisha dadhi* almost every day, it is one of the causative factors according to Vangasena⁸. There are three main types of *Shwitra* i.e., *Daruna*, *Charuna* and *Shwitra*⁹. *Shwitra* is *Kapha pradhana Tridoshaja vyadhi* involving *Medo dhatu*. In present case, the *Shwitra* was due to vitiation of *kapha*, *vata* and *meda*. Therefore, the prime concern was *Kapha-Vata shamama* and *pitta vardhana* as *Bhrajaka pitta dushti* was there.

Justification for selecting *Shwitrahara Lepa*¹⁰ as *Sthanika Chikitsa*

The ingredients of *Shwitrahara Lepa* are *Kasisa*, *Gairika* and *Bakuchi*. These drugs having its action on *Tridosha* especially *Kapha* and *Meda*. *Shwitra* which is having *Kapha* and *Meda* as the *Dushya*. *Rasadi Panchaka* of *Shwitrahara Lepa* has dominancy of *Tikta – Katu rasa*, *Ushna Guna* and *Ushna virya*. Most of the *Dravyas* in this *Lepa* are *Kushthaghna*, *Krimighna*, *Shwitraghna* and *Kandughana*. Hence as *Shwitra* is *Tridoshaja Kapha Pradhana Vyadhi* so this *Lepa* might have helped in *Samprapti Vighatana*. *Bakuchi Churna* have strong anti-oxidant property. It contains *psoralens*, which on exposure to the sun rays brings out melanin in the depigmented lesions. It stimulates melanocytes for the production of melanin. It is mainly rich in copper. *Psoralens* are *furocoumarins*, which on photo activation stimulates melanocytes, and induce their proliferation. So, subject was advised to expose the *Lepa* applied part to sun especially in early morning.

Mechanism of action of *Lepa*

Lepas (ointments) should be applied opposite to the hair follicle direction. This aids swift drug absorption through *Roma Kupa* (hair roots), *Sweda Vahini* (sweat glands), and *Sira Mukha* (blood capillaries). *Lepa* acts similarly to a transdermal drug delivery system, where the drug enters the skin layers, including hair follicles, and then the circulation, delivering therapeutic effects locally or systemically. Transdermal drug absorption relies on factors including application site, stratum corneum epidermidis thickness and integrity, molecule size, transdermal drug delivery system membrane permeability, skin hydration, skin thickness, and skin blood flow levels.

Stimulation of Melanocytes to enrich repigmentation

Vitiligo is a condition where only active melanocytes (melanin-producing cells) are destroyed, while inactive melanocytes in the outer root sheath (ORS) of normal hair follicles are preserved as the sole source for repigmentation. The process of repigmentation begins with shrinking of patches from periphery to Centre. But these inactive melanocytes do not synthesis melanin under normal circumstances. They need stimulation to synthesis melanin. In such cases, *Shwitrahara Lepa* stimulate inactive melanocytes. It consists of *Bakuchi*, *Kasisa* and *Gairika*. The essential oil can permeate through the epidermis to the lymphocytes' prickle cells and reach the sub capillary area, which is expanded, increasing plasma circulation in that region. This leads to erythema (redness of the skin) and stimulates melanocytes.

Justification for selecting *Bakuchi Ghanavati*

Bakuchi Ghanavati content is *Shuddha Bakuchi*, provide nutriment to the skin cells and helps in restoration of normal skin colour. It has anti-inflammatory properties and quick healing properties. By its *Katu, Tikta rasa, Laghu, Ruksha, Tikshna guna* and *Ushna Veerya* acts as *Sroto shodhaka, Kaphavata Shamaka* and it is mainly *Pitta Vardhaka*. It pacifies the aggravated *Kapha* and stimulates the *Bhrajaka pitta* to perform its function thus helps in the production of color. By its *Srotoshodhaka* action it eliminates the *sanga* at the level of *Rakta Dhatwagni* and acts on *Bhrajaka pitta*. *Bakuchi* is known for its *Shwitraughna* property in Ayurvedic texts¹¹. Since *Ghanavati* is processed as a water extract, it contains a high concentration of water-soluble extracts in comparison to the decoction form of the same drug, hence given to the patient.

Justification for selecting *Mahamanjishthadi Kashaya*

Shwitra being a *Raktapradoshaja Vikara*, *Mahamanjishthadi Kashaya* has been indicated as an effective *Raktasodhaka Yoga* for purification of vitiated *Rakta*. *Kashaya* with *Manjishtha, Amrita, Haridra, Daruharidra, Arishta, Patolamula, Katuka, Bhringa, Magadha pippali, Patha, Asana, Aragvadha*, etc. All these drugs are having properties like *Varnya, Kapha-pittashamaka, Shothahara, Kushthaghna* and *Vranaropaka*. Most of the drugs are *Tridoshaghna* or *Kapha-pittahara* property by virtue of *Tikta, Katu, Kashaya rasa, Laghu, Ruksha Guna* and *Ushna Virya; Katu Vipaka*. These are *Twakprasadkara, Kushthaghna* and *Rakta dhatu gami*. It has efficacious *Raktaprasadana* action brings glow to the skin and also helps remove discolourations and promotes healing of damaged skin tissues. It is useful in all types of *Kushtha* with *Vranashodhaka, Vranaropaka* and *Jantughna* property of *Karanja, Nimba*¹².

Conclusion

- *Shwitra*, characterized by white patches, closely corresponds to and aligns with *Vitiligo* in modern science.
- The Ayurvedic treatment protocol employed in this case resulted in significant improvement and proved highly beneficial for the condition.
- Although this is a single case study, it highlights considerable potential for further research in this area.
- Larger group studies are necessary to establish standardized treatment protocols.

Photographs of the Patient



**Figure 1****Patient Perspective**

The patient was happy and satisfied with the results of the treatment.

Conflict of Interest

The author declare that there was no conflict of interest regarding the publication of the manuscript.

Informed consent

Informed consent was taken from patient.

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