CASE STUDY
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 like 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.1 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
1. Proper analysis of cause and scrutinizing magnitude of its impaction on dosha, dushya and dathu helps in selection of line of treatment;2 combination of purificatory, palliative medicine and proper diet plan bring a significant effect in shvitra cikitsa.3
2. These case studies will contribute an insight for future research.

Patient-A: 21 years male complaint of depigmented (white), multiple, irregular sized (0.5x0.5cm to 8cm) patches over dorsal surface of hands, feet, knee, ankle and right breast with positive family history (Mother). Initially lesions were small (0.5 to 1cm) discrete, later progressively increased in their size and then spread to lips over a duration of 15 yrs. [Figure 1 (a), (b), (c)].

Patient-B: 55 years male, office worker by occupation, approached with complaints of depigmented white patches over both hands, foots lips and abdomen since 3 year, with negative family history. [Figure 2 (a), (b), (c)].

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. shvitra 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 years.4 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 incompatible food are the causative factors of shvitra.3
Among these, in patient-A, causes observed are, habitual intake of incompatible diet curd and milk (veerya viruddha\(^3\) incompatibility of potency) and day sleep (divaswapna).\(^5\) Where as in patient-B, the evident causes are improper dietary habits like consumption of curd since childhood (50yrs) especially at night; day sleep, excessive consumption of sourer diets (atyamla) like tamarind, tomato\(^6\) and excessive consumption of water (atyambu pana).\(^5\) These cases were diagnosed as shvitra vis-à-vis segmental, symmetrical and lip-tip vitiligo.\(^7\)

Disease shvitra is caused by the simultaneous vitiation of all the three dosha, based on its location in different tissue presentation varies. Involvement of rakta (blood) giving shelter for dosha results in reddish discoloration of skin, likewise in mamsa (muscle tissue) - coppery colour and in medas (fat) - white colour. Prognosis of disease is good if colour of skin lesion is not white (subsequent ones are more serious than the previous ones).\(^6\) Also additional points to be considered are hairs over the lesion (not red), thickness of skin (thin), duration of disease (recent origin) and nature of presentation (space between two patches is elevated).\(^3\) According to these textual references the cases are considered as sadhya (curable) and treatment was planned.

Examination findings are multiple de pigmented lesions with varied in sizes from 0.5x0.5cm to 8cm, discreet, active border and sporadic in nature. The site of lesion was indicative of involvement of vata and slow progression of lesion was indicative of kapha.\(^9\)

After proper analysis of pre request factors, purgation was planned followed by palliative treatment. On first day of course of treatment, to enhance digestive fire panchakola phanta\(^10\) was given. On second day onwards panchatiktaka guggulu ghrita\(^11\) (mediated ghee prepared with bitter tasted drug) was administered for internal oleation in gradual increasing format.\(^12\) After expected level of oleation, on tenth day virechana was administered with trivrut lehya.\(^13\)

In patient-A, pigmentation was started and overall 10% improvement was observed during discharge. Whereas in patient-B, there was appearance of blebs over skin of abdomen on 1\(^{st}\) day of massage, while discharge almost all lesions were turned to reddish [Figure 2 (d), (e), (f), (g), (h) - 2\(^{nd}\) & 3\(^{rd}\) day of bakuci application]. During follow up medicine advised are internally chitrakasava 15 ml after food and bakuci churna with gomutra externally. Changes observed during admission and follow-up are listed in Table 1 and 2

<table>
<thead>
<tr>
<th>Day</th>
<th>Treatment adopted</th>
<th>Day</th>
<th>Treatment adopted</th>
</tr>
</thead>
<tbody>
<tr>
<td>1(^{st}) day</td>
<td>Depana and pachana-shunl jala 30ml before food</td>
<td>1(^{st}) day</td>
<td>Depana and pachana-shunl jala 30ml before food</td>
</tr>
<tr>
<td>2(^{nd}) to 6(^{th}) day</td>
<td>Snehapanasa (Internal oleation) pancha tiktaka guggulu ghrita - 30ml + 60ml + 110ml + 180mlml</td>
<td>2(^{nd}) to 5(^{th}) day</td>
<td>Snehapanasa (Internal oleation)-pancatiktaka guggulu ghrita 30ml + 60ml+90ml</td>
</tr>
<tr>
<td>6(^{th}) to 8(^{th}) day</td>
<td>Abhyanga (external oleation) marichyadi taila and swedana (sudation) bashpa sweda, External application bakuci churna with gomutra</td>
<td>5(^{th}) to 7(^{th}) day</td>
<td>Abhyanga (external oleation) marichyadi taila and swedana (sudation) bashpa sweda, External application bakuci churna with gomutra</td>
</tr>
<tr>
<td>9(^{th}) day</td>
<td>Virechana (purgation) - trivrut lehya 70gm</td>
<td>8(^{th}) day</td>
<td>Virechana (purgation)-trivrut lehya 80gm</td>
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</tbody>
</table>

Table 1 showing treatment adopted during admission
Table 2 showing details of changes observed in patients during follow-up

<table>
<thead>
<tr>
<th>Follow up</th>
<th>Complaints in patient-A</th>
<th>Complaints in patient-B</th>
<th>Treatment given</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st visit (15 days)</td>
<td>Number of lesions-23\nBorder-irregular, active\nMeasurement-0.5x0.5 to 8cm\nColor-whitish\nOther-no itching</td>
<td>Number of lesions-42\nBorder-irregular, active\nMeasurement-0.5x0.5 to 10cm\nColor-whitish\nOther-no itching</td>
<td>Internally-citrakasava 15ml thrice daily, after food\nExternally-bakuci churna with gomutra and bakuci taila</td>
</tr>
<tr>
<td>2nd visit (30 days)</td>
<td>Number of lesions-15\nBorder-irregular, active\nMeasurement-0.5x0.5 to 6cm\nColor-reddish\nOther-complete repigmentation on lips</td>
<td>Number of lesions-37\nBorder-irregular, active\nMeasurement-0.5x0.5 to 10cm\nColor-reddish</td>
<td>Same medicine</td>
</tr>
<tr>
<td>3rd visit (90 days)</td>
<td>Number of lesions-10\nBorder-irregular, active\nMeasurement-0.5x0.5 to 4cm\nColor-reddish\nOther-complete repigmentation in lesion over hand</td>
<td>Number of lesions-30\nBorder-irregular, active\nMeasurement-0.5x0.5 to 6cm\nColor-reddish\nOther-number of depigmentation in lips</td>
<td>Same medicine</td>
</tr>
<tr>
<td>4th visit (30 days)</td>
<td>Number of lesions-8\nBorder-irregular\nMeasurement-0.5x0.5 to 2cm\nColor-reddish\nOther-complete repigmentation of lesion over hand</td>
<td>Number of lesions-23\nBorder-irregular, active\nMeasurement-0.5x0.5 to 6cm\nColor-reddish</td>
<td>Same medicine</td>
</tr>
<tr>
<td>5th visit (30days)</td>
<td>Number of lesions-3\nBorder-irregular\nMeasurement-0.5 to 1cm\nColor-reddish\nOther-complete repigmentation of lesion over dorsal aspect of foot</td>
<td>Number of lesions-15\nBorder-irregular, active\nMeasurement-0.5x0.5 to 6cm\nColor-reddish</td>
<td>Same medicine</td>
</tr>
</tbody>
</table>

Probable mode of action of medicines

The medicines enlisted in the management of kustha are indicated even in shvitra cikitsa, hence panchatikta guggulu ghrita was administered for internal oleation. In shvitra, carakacharya emphasize, sramsana (laxatives), as there was no utklesha (increased dosha in main site) of kapha, followed by oleation, virecana (purgation) was planned with trivrut lehya.

Textual references also conveys external application of certain medicaments which are with hot potency (viryā) and sharp (teekashna) in quality, by virtue of this causes blebs over affected area. 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 causes local irritation (especially bhrajaka pitta; melanocyte) and promotes repigmentation. The drug citraka (Plumbago zeylenica) is a disease specific medicine (vyadhi pratyneeka aushadha), hence internally citrakasava 15 ml before food, twice a day was advised.

Conclusion

These 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 21 yrs (young), physical strength (bala) was more, 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 (0.5 to 1cm) and color (reddish). [Figure 1 (d), (e), (f)].

In patient-B, age being 55 yrs (old age), less physical strength, multiple lesions extended to larger area, also post-purificatory diets are not followed in a right way. Hence there was need
of longer duration of medication to attain for overall 75% improvements, but condition was reoccurred [Figure 2 (i), (j), (k)]. Table 2 (as in patient A, B) showing the changes observed during follow up].

Figure 1 (a), (b), (c) showing clinical condition before treatment in patient-A

Figure 1 (d), (e), (f) showing changes observed after treatment in patient-A

Figure 2 (a), (b), (c) showing clinical condition before treatment in patient-B

Figure 2 (d), (e), (f) showing changes after application of bakuci churna on day-2 in patient-B
Though in both of the patients, similar line of treatment was adopted, but patient-A showed better prognosis, due to young age, good physical strength, avoidance of causative factors (nidana parivarjana) and a good diet control along with medicaments.

Whereas in patient-B, repigmentation was observed during course of virecana, an average prognosis was found during follow-up. But reoccurrence of white patches were found due to poor diet control, old age and less physical strength.

Hence, purificatory measures followed by suitable diet plan, simultaneous avoidance of causative factor acquiesce success. This will be a new avenue for future research which may yields effective treatment for shvittra vis-à-vis vitiligo.

References
1. Human immune leukoderma, [cited on 2012 MAR 11]. Available from: www.bio.davidson.edu/ Courses/Immunology/Students/.../Vitiligo.ht...


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