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AYURVEDIC MANAGEMENT OF SWITRA (VITILIGO) IN CHILDREN: A CASE REPORT

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ABSTRACT

Vitiligo is a chronic depigmented skin disease which is mainly caused by selective destruction of melanocytes. The world wide prevalence of Vitiligo is 0.25% to 2.5% of the populations, with approximately one-third to one-half of all cases are seen in childhood. Vitiligo can be correlated with Shweta Kushta or Shwitra, which means a white patch occurred by vitiation of pitta and kapha pradhana tridosha. Shwitra mainly affecting the physical, social and mental status of child becoming economical burden over parents. Due to adverse effect and limitations of modern contemporary medicine there is need of effective, safe and harmless treatment. In Ayurveda many such formulation and treatment modalities are explained for the management of Vitiligo. A female patient, aged 8 years suffering from white patches over both upper eye lids since two years was treated with both Shodhana and Shamana chikitsa for a period of 2 months with follow up at 31st day in between, changes were noted by assessing through size and colour of patch. The present article is discussing about the Ayurveda line of management in treating Switra.

Keywords: Vitiligo, Melanocyte, Shwitra, Harataladi lepa

INTRODUCTION

The word Switra is derived from Sanskrit word 'sweta' which means whitish discoloured patch [1]. Switra occurs because of vitiation of Kapha and Pitta pradhana tridosha mainly Bhrajaka pitta which is located in the skin responsible for normal skin color gets vitiated in this disease, leading into white patchy depigmentation of skin and afflicting the Dathu such as Rasa Rakta Mamsa and Meda [2]. Skin which covers and protect the entire body, reflecting the health status of the person [3]. Based on the appearance of the disease, Switra it can be correlated with Vitiligo which does the depigmentation of localized part of skin by destructing the melanocytes [4]. Vitiligo is considered as great social stigma as it does the physical disfiguration and creates the inferiority complex in child because of which child's social development is hampered [5]. The reference about the switra is found in vedic period, Brihatrayi and laghutrayees and classified the disease as three types such as Dharuna, Charuna and Shwitra or Khilasa [6]. While explaining about the nidana of Switra, Acharaya Charaka has mentioned Viruddha Ahara and Vihara, Adharma, disrespecting the Deva, Guru, Bramhana and purva janmakruta paapa as main cause of Switra which leads to disturbance in samavasta of Tridosha

especially Bhrajaka pitta located in Skin which responsible for skin disease leads to disease Switra [7].

MATERIALS AND METHODS

OBJECTIVES

To study the effect of Harataladi lepa external application followed by sun exposure and internal Bakuchi churna capsule after Virechana in treating Switra [8] in Children.

Case Description

A female patient of 8 years approached the Kaumarabritya out-patient department of Sri Dharmasthala Manjunatheshwara College of Ayurveda and Hospital, Hassan, Karnataka on 8th July 2022 with complaints of white patches over both upper eye lids since two years. No positive family history is noted and patient is not associated with any autoimmune disorders, there was no history of burn or injury.

History of Present illness

The patient was apparently normal before two years, later noticed small white patch on both upper eye lids. At first the patient neglected it as the patch was not associated with itching and burning sensation. After a gap of one and half year, patient noticed that patch is gradually started spreading and increasing in size. So patient's mother took her to nearby allopathic hospital. There they examined the

patch and diagnosed as Vitiligo, thereafter advised with topical steroid application and tablets for a period of one and year but no satisfactory improvement was seen. Hence they came to our hospital for Ayurvedic line of management.

History of Past illness

No history on any autoimmune disease psoriasis, asthma, endocrinal disorders like hypo or hyper thyroidism, diabetes mellitus etc.

Personal History

Aharaja – mixed food habit, chicken thrice in a week, samosa twice in a week, habit of taking fish with curd thrice in a week.

Vihara –

Late night awaking, sleep for 6 hrs / day

Bowel – Regular

Bladder – 6 to 7 times/day

Habit – coffee 2 times/day

General examination

Heart Rate – 70/min

Respiratory Rate – 16/ min

BP – 110/80 mm of Hg

Pallor – Absent

Lymph node – not palpable

Odema – Absent

Local examination

Site of Lesion – Both upper eye lids

Number of lesion – 2

Colour of lesion – White

Size – 2cm to 4cm

Distribution – Asymmetrical

Itching – Absent

Discharge – Absent

Diagnostic measures

Wood's lamp examination – Diagnosis of Vitiligo is made by inspection with Wood's lamp. Ultra violet light of 356nm wavelength is obtained by passing the beam through a wood's filter composed of nikle, vitiligo patch appeared milky white.

Treatment

Table 1: First line treatment – Deepana & Pachana

Day	Medication
1	Chitrakadi vati - 1 bd (morning and evening before food) Pachakola phanta - 40ml (morning and evening before food)
2	Chitrakadi vati – 1bd (morning and evening before food) Pachakola phanta - 40ml (morning and evening before food)

Table 2: Panchakarma Procedures

Day	Medications	Diet
1	Snehapana wih Murchita Grita – 30ml	Peya
2	Snehapana wih Murchita Grita – 70ml	Peya
3	Snehapana wih Murchita Grita – 120ml	Peya
4	Snehapana wih Murchita Grita – 160ml	Peya
5	Sarvanga Abhyanga with Murchita tila taila	Rice and Rasam
6	Sarvanga Abhyanga with Murchita tila taila	Rice and Rasam
7	Sarvanga Abhyanga with Murchita tila taila	Rice and Rasam

The patient had 10 vegas and hence advised samsarjana karma for 5 days.

Table 3: Shamana oushadhi

Medicine	Dose	Duration
Harataladi Lepa [9]	External application quantity sufficient	1 month
Bakuchi churna [10] Capsule 500mg	1 bd (morning and evening after food)	1 month

OBSERVATIONS AND RESULTS

The oral use of Bakuchi capsule along with external application of Harataladi lepa twice daily with sun exposure after virechana has reduced the size of patch and colour changes were noted from white to pinkish and then normal colour.

Assessment criteria:- The effect of treatment was assessed on 0th day i.e before treatment, 31st day i.e, after 30 days of intervention and on 61st day based on changes in number of patch, depigmentation and size of patch.



Harataladi lepa

Harataladi lepa has been indicated in the management of Switra by the authentic book of Ayurveda, Baishajya ratnavali. The lepa contains Haratala, Kasisa, Gandaka, Chitrakamoola and Triphala churna in it [9]. When we observe the mechanism of manifestation of Switra, due to Ahitakara Ahara, Vihara and other nidanas leading into vitiation of Kapha dosha and vitiated kapha dosa does the avarana of Bhrajaka pitta i.e, pittaruta kapha and also decreases Bhrajaka pitta. In such cases, the pharmacodynamic properties of Haratala, Gandaka, Kasisa and

Chitraka which are of Katu, Tikta rasa, Ushna virya, Katu Vipaka and Laghu - Ruksha guna acts as good shrotoshodaka which helps in removing the Avruta kapha as well as increases the Pitta. The properties of Triphala such as Kashaya rasa, Sheeta guna, Madhura vipaka which balances tridosha [10, 11]. Hence this lepa has helped in the treatment of Switra.

Bakuchi churna Capsule - The main pharmacodynamic component of Bakuchi, Psoralens is proved to stimulate melanocyte proliferation. Also the other properties like Katu rasa, ushna virya, Katu vipaka and

prabhava of drug Bakuchi is said to be helpful in Switra [12].

CONCLUSION

By observing the above treated case and pharmacological properties, the combined action of external application of Harataladi lepa and internal use of Bakuchi churna capsule along with Shodhana treatment have proved to be effective in treating Switra.

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