



Case Study

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AYURVEDIC MANAGEMENT OF SWITRA: A CASE STUDY

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ABSTRACT

Among Twak vikaras Switra is one of the most common conditions which will manifest in all ages and in both sex. The disease manifests in Tamra layer (4th) of twacha. Switra has been mentioned along with Kustha but not included among its types. Vitiligo is characterised by the loss of melanin or skin pigments in various parts of the body. We find most of the patients affected between the age group of 10-30 years coming for the treatment. Ayurvedic management for Switra has been dealt detail in various classics and this treatment has been found tremendous improvement in the patients suffering from the condition. Here, an attempt is made with some of the Ayurvedic classical medications given for the patient and found satisfactory in improvement. Patient complained of Swetavarna twacha over back of the both elbow joint, in Right shoulder, over both knee joints and in both Foot since- 2 years. Tab Arogyavardhini, Tablet of Bakuchi, Manjishtadi kashaya and Cream Leukodna for external application with Gomutra was given for 60 days and found moderate improvement in the patient through Shamana Chikitsa.

Keywords: Switra kustha, vitiligo, lepa, shamana chikitsa, pathya, apathya

INTRODUCTION

Switra is a type of Kustha roga explained by various Acharyas but not included among 18 types of Kusthas. It is of two types Kilasa and Daruna. The difference of opinion on not including under Kustha types may be due to vishista nidanas for Switra like papa karma, Guru Gharshana, Guru Ninda etc. Switra may be correlated to Vitiligo which an acquired condition is affecting 1% of all races in which circumscribed pigmentation patches develop. Between 30-40% of the patients have positive family history and genetic factor is also involved. It can begin at any age but more common between age group of 10-30. Usually it is associated with autoimmune diseases. Modern science explains it as a condition caused due to improper distribution of the melanin beneath the skin surface. If rasa and rakta are significantly involved, it results into Switra.

About the disease

Switra nirukti

The term Switra belongs to feminine gender. It is derived from the verb root 'Swith' i.e. 'Shweta varna, meaning white colour. When the suffix 'rik' is added to the verb root 'Swith' by the rule 'It Sansnya' the letter 'ka' is deleted, ultimately it becomes the word 'Switra'.¹

Swith + ra - switra

The origin of the term Vitiligo is obscure like the disease itself. Some believe that from the Latin word 'vitellus' meaning vale i.e., pale pink flesh of a calf, while others originated from the word 'vitium' meaning blemish.

Paribasha

Twagatam sa yadsraavi kailaasam prakirtitam²

Acharyas have defined Switra in different ways but all definitions carry the same meaning. Shabdhakalpadruma defines Switra as 'Shwetate iti Switram'. Switra is a disease of whitish patches. In Kashyapa Samhita, definition of Switra is mentioned as follows; 'Shwetabhavamichchanti Switram' becomes white or whitish in colour.

Paryaya

Switra, Sweta Kustha, Kilasa, Charuna and Daruna

Switram

Swetate iti Switram – that which produces morbid whiteness.

Kilasa

Kila varnam yasyati ksheeyati vikruti karoti iti yat – that which gives vikruta varna to the skin.

Shweta kushtam

Shwetate anena iti shweta kushtam – the skin disease which causes whiteness of the skin

Charuna

Reddish brown, tiny, the colour of the morning opposed to the darkness, i.e., the dawn.

Table 1: Switra bheda

According to Nidana	Dosha anusara	According to Ashraya bheda	According to Sadhyasadyata
Doshaja- Switra Atmaja, Paraja, Vranaja, Switra	Vataja Switra, Pittaja Switra and Kaphaja, Switra	Raktashrita Switra (Charuna), Mamsashrita Switra (Daruna), Medashrita Switra.	Sadhya, Asadhya ^{3,4}

Switra nidana

Vishishta nidanas of Switra

Vachamsatathyani kritagnabhava or sinful deeds related to vak and Manas.

- Guru ninda
- Gurugharshana
- Papakriya

- Poorvakrita karma.
- Virodhi anna

Samprapti

Abhyantara Nidana Sevana - Vitiation of doshas - Agnimandya- Formation of Ama- Dushta dosha sanchara- in tiryakgata siras- Srotosanga - Sthanika Brajaka pitta kshaya- Switra roga utpatti.

Table 2: Samprapti ghataka

Dosha – Pitta pradhana tridosha Dushya – rasa, rakta, mamsa, meda Agni – Jataragni Ama – Jataragni mandya janya Udbhava Sthana – Amapakvashaya Sanchara Sthana – Tiryakgata siras Srotas – Rasavaha, Raktavaha / Mamsavaha	Medovahasrotas (sthanika) Srotodushti prakara – Sanga Adhishatana – Tamra layer of twacha Vyakta Sthana – Twak Rogamarga – Bahya Vyadhi Swabhava - Chirakari.
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Table 3: Lakshanas according to dosha

Vataja lakshana	Pittaja lakshana	Kaphaja lakshana
Aruna Varna mandala, Parusha, Paridhwamsi, Rooksha, Krishna and Tanu	Padmapatra prateekasha, Paridaha, Tamra Varna, Roma vidhwamsi and Rakta varna	Shweta Varna, Snigdha, Bahala, Kandu, Ghana and Guru ^{5,6}

Table 4: Sadhya Asadhya Lakshanas of Switra

Sadhya lakshana	Asadhya lakshana
Araktaloma – Hairs over the patches are not red. Tanu or abahalam – Thin skin. Panduvarnayukta– Patches with Pandu varna. Na ati chirottitam or navam – A patch which is new in appearance. Asamshlishtam or madhyavakasee – The patches which are not united. varnenaiva drigubhayam - Patches with two colours. Ashuklaroma - Hairs over the patches are not white Anagnidagdhajam – Patches not as a consequence of burns or scalds.	Sambadda mandalam or paraspara abhinna – Patches united together. Bahalam – Thick skin. Yat raktalomavat – Hairs over the patches are red Varshagnotpannam – Patches of chronic origin. Shuklalomayukta – Which have leucotrichia. Agnidagdhajam – Patches produced as a consequence of burns or scalds. Guhya, panitala, oshtagata – Patches appeared over the groins, palms, lips are incurable. ⁷⁻¹¹

Chikitsa sutra for Switra

The person who is suffering with Switra after Shareera shuddhi by Vamana and Virechana and for virechanartha malapurasa (Bakuchi kashaya) with guda is given. According to Acharya Vagbhata¹³ first line of Treatment is Samshodhana before to this sramsana with guda with malayurasa is given. Then abhyanga is done and according to balanusara atapa sweda is taken then should undergo Virechana in case of pipasa peya is taken for 3 days.¹²

Vitiligo

An acquired condition in which circumscribed de pigmented patches develop, affecting 1% of world population. Vitiligo involves focal areas of melanocyte loss. There may be positive family history and those who are having diabetes, thyroid and adrenal disorders, and pernicious anaemia.¹³

Clinical assessment

Segmental vitiligo is restricted to one part of the body whereas Generalised vitiligo is often symmetrical and is seen over hands, wrists, knee and neck and around orifices. On prolonged treatment some spotty perifollicular pigment may be seen within

the de pigmented patches and is the first sign of re pigmentation. Sensation in the de pigmentation patches is normal.

Management

- Protecting the patches from excessive sun exposure with clothing or sunscreen may useful in reducing the episodes of burning and causing skin cancer.
- Camouflage cosmetics may be useful in people with dark skin.
- Potent topical corticosteroids may be useful.
- Phototherapy with PUVA.

Prognosis

The absence of whiteness of the hairs in the area of Vitiligo is a good prognostic feature.

Brief history about patient

A Male Patient by name ABC of 14 years old from local area of Gadag, Karnataka, India.

Chief complaint

Swetavarna twacha over back of the both elbow joint, in Right shoulder, over both knee joints and in both Foot since- 2 years

Associated with – Aruchi and dourbalya since 15 days.

History of present illness

Patient was apparently normal 2 years back. One day he noticed Swetavarna twacha in both elbow joint, Right shoulder later it developed to both knee joint and later spreaded to both foot. The lesion was sometimes kanduyukta and with daha when he was exposed to sunlight. These aggravated by taking spicy food particularly Non vegetarian. Patient also noticed aruchi and dourbalya.

Chikitsa vrittanta

For this problem taken treatment from the modern doctor, was given some topical applications and antihistamines but not found any relief.

Examination findings

CVS - S1 S2 heard, no murmurs
 R.S - Normal vesicular breath sounds heard
 Per abdomen - Soft, No tenderness and No Organomegaly
 Rest other system found to normal

On examination of Skin

Head – no lesions found
 Face - no lesions found
 Upper and lower Extremities, abdomen and trunk: hypo pigmentation of skin over elbow region, both knees joint, right shoulder region and over right side of the chest.

Symptoms

Mild Itching-Present
 Burning sensation-Present- when exposed to Sunlight

MATERIAL AND METHODS

Treatment schedule

- **Tablet Arogyavardinivati**¹⁴ 1 tab three times before food for 5 days
- **Tablet of Bakuchi** 1 tab twice daily after food with water
- **Manjishtadikashaya**¹⁵ 3 tsp three times before food with equal water
- **Cream Leukodna** external application with Gomutra on affected parts one time

Duration – 60 days

Follow up - 30 days

Total study duration - 90 days



Figure 1-10: Before and After treatment

Kushta Pathya and Apathya

Shali, Yavagu, Godhuma, Kora, Priyangu, Mudga, Masura, Tuvani, Tiktashakha, Janghalamamsa, Triphala, Patola, Khadira, Nimba, Bhallataka, Bakuchiyukta anna pana are said to be pathya in Kushta. Amla, Lavana, Katurasa, Ksheera, Dadi, Guda, Anupadeshmamsa, Tila, Masha sidda ahara padhartha are said to be apathya in this condition.^{16,17}

Table 5: Observations and Results

Criteria	Before treatment	After treatment
Shweta mandalas of twacha	Present - -over both elbow -right shoulder -over both knee joint -Right side of chest	- Complete improvement over chest, right shoulder - Moderate improvement over elbow joint - Mild improvement over knee joint
Size of the mandalas	5–6 cms	Reduced
Number of mandalas	Multiple	Reduced

DISCUSSION

Even though the treatment protocol starts with Shodhana line of treatment, in this patient due to avara bala and vaya, Here Amapachana and Vata anulomana chikitsa has been done as preliminary treatments for Amapachana, Arogyavardhini vati, in which the main ingredient is Katuki, does the bhedana action and thus does Amapachana. After amapachana, Shamanaushadh is which are having Switragna action are given. The ingredients in Arogyavardhini vati are parada, gandhaka, loha-abhraka-tamra bhasmas, triphala, shilajatu, eranda and guggulu, all having tikta pradhana rasa and has Kustagna property. Manjistadi kashaya which comprises of katu, tikta pradhana rasa dravyas has Kustahara property and does Rakta Shodhaka. Tablet of Bakuchi is having main ingredient as Bakuchi which has anti-inflammatory activity against histamines, antiulcer activity, stimulates the cell mediated mechanism. Cream Leukodna accelerates melanin synthesis.

CONCLUSION

Switra though difficult to cure by other system of medicines, can be managed successfully with the knowledge of Ayurveda. Found moderate improvement in the patient through shamana chikitsa. As the patient was having Avara bala, shodhana chikitsa has not been conducted and for priory starting of Shamana chikitsa, Amapachana was done. Along with these medication following proper pathya will give better results.

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