



Case Report

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THERAPEUTIC EFFICACY OF PRACCHANA KARMA IN THE AYURVEDIC MANAGEMENT OF SHWITRA (VITILIGO): A CASE REPORT

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ABSTRACT

Introduction: Shwitra (Vitiligo) is a chronic depigmenting disorder characterised by selective melanocyte destruction resulting in hypopigmented skin patches. Conventional biomedical treatments often demonstrate limited efficacy and unwanted side effects. In Ayurveda, Shwitra is attributed to the vitiation of Tridoshas and Rakta Dhatu, managed through biopurification and pacification therapies. Pracchana Karma, a therapeutic bloodletting procedure, is postulated to purify vitiated Rakta and stimulate local pigmentation, supported by classical texts and emerging clinical evidence. **Clinical Findings and Intervention:** An 18-year-old female patient with a six-month history of hypopigmented macules underwent Pracchana Karma every 15 days, involving superficial scarifications and application of hemostatic Arjuna Churna. Alongside, systemic Ayurvedic medicines including Aarogyavardhini Vati, Gandhak Rasayana, Kaishora Guggulu, Yashada Bhasma, Bakuchi Churna, and Kamduhda Rasa were administered orally for six months. Topical Bakuchi taila was applied daily with controlled sunlight exposure to facilitate melanogenesis. **Results:** Progressive re-pigmentation was observed, with a gradual reduction in patch size and increased pigmentation noted at monthly follow-ups. Clinical examination confirmed the restoration of normal skin colour with no adverse effects. The combined therapy facilitated immune modulation, toxin clearance, enhanced melanocyte activity, and tissue repair, achieving sustained remission and improved quality of life. **Conclusion:** Pracchana Karma effectively removes vitiated blood, stimulates local reparative processes, and supports melanocyte proliferation. Adjunct medicines contribute by balancing Doshas, purifying blood, and promoting skin regeneration. This integrative Ayurvedic approach offers a safe, scientifically substantiated alternative for managing Shwitra.

Keywords: Aarogyavardhini Vati, Gandhak Rasayan, Pracchana Karma, Shwitra, Vitiligo

INTRODUCTION

The management of Shwitra (Vitiligo) in Ayurveda has evolved through centuries, with an emphasis on holistic, individualised therapies that target both physical and psychosocial dimensions of the disease. Shwitra, classified under Kushtha Roga, is characterised by the selective destruction of melanocytes resulting in depigmented patches with significant social and mental impact. It is a systemic disease, and the site of manifestation is the skin. The disease is clinically characterised by depigmented white patches in the skin. The exact aetiology of Shwitra (Vitiligo) is still obscure. But the proposed hypotheses are neural theory ¹, autoimmune hypothesis ², reactive oxygen species model ³, zinc- α 2-glycoprotein deficiency hypothesis ^{4,5,6}, viral theory ⁷, intrinsic theory ^{8,9}, biochemical, molecular and cellular alterations which account for loss of functioning melanocytes ¹⁰, integrated theory (Conversion theory). ¹¹ Conventional biomedical treatments such as corticosteroids and PUVA therapy offer limited efficacy and are often accompanied by adverse effects, fuelling the search for safer, more effective interventions. ¹²

Ayurveda attributes the aetiology of Shwitra to the vitiation of Tridoshas and Dhatus, mainly Rasa, Rakta, Mamsa, and Meda, often precipitated by incompatible diet, lifestyle, and psychological factors. Therapeutic strategies include Shodhana

(bio-purification) and Shamana (pacification), tailored according to the Doshic predominance and disease chronicity. Among innovative approaches, Pracchana Karma, an Ayurvedic procedure involving controlled bloodletting through superficial incisions, has been studied for its potential to purify vitiated Rakta and stimulate local pigmentation. Recent clinical case reports document significant improvement in hypopigmented patches with Pracchana Karma administered regularly, demonstrating enhanced blood circulation, stimulation of melanocyte activity, and improved skin pigmentation with minimal adverse events. These findings are consistent with classical Ayurvedic guidelines, which highlight the role of Raktamokshana procedures in various skin disorders. A case series combined therapies including Raktamokshana, Bakuchi application, dietary modifications, and Panchakarma, collectively contributing to restoration of pigment and normalisation of immune function.

Scientific evidence and classical texts support the therapeutic efficacy of Pracchana Karma in the Ayurvedic management of Shwitra, presenting a promising alternative to standard biomedical practices with improved patient outcomes and minimal recurrence.¹³ This case report focuses on the therapeutic efficacy of Pracchana Karma in the Ayurvedic management of Shwitra with special reference to vitiligo.

CASE HISTORY

Patient Information

An 18-year-old female patient, resident of Varanasi, Uttar Pradesh, presented with complaints of whitish patches on both arms, legs, feet, knee joint and back for the last six months. The patient had taken allopathic medications for two months before without satisfactory improvement. On 05.04.2024, she presented herself to OPD No. 16-C (Panchakarma), Sir Sunderlal Hospital, Banaras Hindu University, Varanasi, seeking Ayurvedic treatment for the same complaints.

Clinical Findings

The patient was subjected to a detailed examination based on the information provided. On general physical examination, no pallor, icterus, cyanosis, clubbing, lymphadenopathy, or oedema was noted. Systemic examination revealed no abnormalities in the respiratory, gastrointestinal, central nervous, or musculoskeletal systems. Abdominal examination showed no evidence of organomegaly, scar marks, or masses. Personal history revealed normal micturition and bowel evacuation without constipation, along with proper appetite and sound sleep. The patient also reported a positive family history of Shwitara in her father.

On Roga Pareeksha (disease assessment) and Rogi Pareeksha (assessment of the patient), involvement of Bhrajaka Pitta and Vata Dosha was noted at the level of Twak (skin) and Mamsa and Medas Dhatus. Based on these findings, the prognosis was assessed as Kashtasadhya, manageable, though with some difficulty.

Diagnostics assessments

The patient presented with multiple depigmented macules of variable size and shape over the dorsal aspect of the hand, wrist, and ankle regions. The lesions were well-demarcated, non-scaly, and asymptomatic. The distribution was irregular but localised, with a tendency to coalesce in certain areas. No evidence of erythema, induration, scaling, or atrophy was observed, thus excluding inflammatory dermatoses such as psoriasis, eczema, or lichen sclerosus.

Clinical examination under daylight revealed chalky-white patches with perifollicular pigment retention at some sites, a typical finding in vitiligo. Sensory testing over the lesions revealed preserved sensation, thereby excluding leprosy as a differential. There was no history of trauma, burn, or chemical exposure, ruling out post-inflammatory hypopigmentation or contact leukoderma. Laboratory investigations, including thyroid function tests, were recommended to evaluate associated systemic involvement. The patient's baseline haematological and biochemical parameters were within normal limits. Based on clinical morphology and exclusion of close differentials, the diagnosis of vitiligo vulgaris (leucoderma) was established according to the diagnostic criteria outlined by the Vitiligo Global Issues Consensus Conference (VGICC).

The condition corresponds to Shwitara (ED-5), defined as non-discharging and confined only to the skin (Aparisravi, Kevalatvagatavama). The lesions were well-demarcated, chalky-white macules without discharge, erythema, or burning, indicating the absence of Paittika or Vataja features. No itching, unctuousness, or thickening was present, ruling out Kaphaja Shwitara. The patches were predominantly white (Shetavarna), consistent with Medoja Shwitara (ED-5.6). No coppery, reddish, or hair-loss features suggestive of Raktaja or Mamsaja were seen, and incurable forms (Asadhyaka Kilasa) were excluded. Thus, based on Ayurvedic diagnosis, the diagnosis most closely aligns with Medoja Shwitara.

Therapeutic Intervention

The line of management was based on Pracchana Karma (therapeutic bloodletting by scarification) in conjunction with internal and topical medications. Pracchana Karma was performed every 15 days using a sterile scalpel to create superficial linear incisions in both horizontal and vertical directions, followed by local application of Arjuna churna owing to its raktastambhaka (hemostatic) properties (Figure 1). For systemic therapy, a combination of classical Ayurvedic formulations was prescribed: Aarogyavardhini Vati (125 mg), Gandhak Rasayan (100 mg), Kaishora Guggulu (250 mg), Yashada Bhasma (30 mg), Bakuchi Churna (1g), and Kamdudha Rasa (100 mg). These were administered orally, twice daily with water before meals, for a duration of six months. For local application, Bakuchi oil (proprietary medicine) was advised once daily, with subsequent controlled sunlight exposure to facilitate melanogenesis.

Follow-up and Outcomes: Following treatment, there was a notable improvement seen in the affected areas of skin. After every month of follow-up, 05.05.2024, the patient showed remarkable improvement in the skin colour. The before and after images are shown in Figure 2-5.



Figure 1: Pracchana Karma at the Affected Site



Figure 2: Before and After Treatment Outcomes at Right Foot



Figure 3: Before and After Treatment Outcomes at Left Foot



Figure 4: Before and After Treatment Outcomes



Figure 5: Before and After Treatment Outcomes at the Knee Joint

DISCUSSION

Ayurvedic approaches to Shwitra (vitiligo) stand out for their holistic view, multifaceted treatment regimens, and integration of targeted procedures with specialised medicines. Among these, Pracchana Karma and select formulations take centre stage in re-pigmentation, immune modulation, and restoration of skin health, outcomes increasingly substantiated by scientific papers and clinical studies.¹⁴

Pracchana Karma, a form of Raktamokshana (therapeutic bloodletting), is performed by making multiple fine incisions over hypopigmented skin patches to evacuate vitiated blood. From an Ayurvedic perspective, Shwitra is a manifestation of vitiated Doshas (especially Pitta and Rakta) accumulating in deeper tissues, ultimately impairing melanocyte function and pigmentation. Through Pracchana Karma, the elimination of impure blood and local Dosha reduction enhances tissue vitality and supports reparative mechanisms, particularly important in chronic cases where conventional therapies fail.

Multiple case studies report that Pracchana Karma administered in weekly intervals over several months results in marked pigmentation. The underlying mechanism is multifactorial: controlled removal of blood from affected areas facilitates the clearance of inflammatory mediators, toxins, and autoantibodies that impair melanocyte survival; subsequent circulation of purified blood delivers nutrients and signals for melanocyte proliferation and migration, paving the way for visible re-pigmentation; Pracchana Karma also triggers local tissue repair by activating fibroblasts and modulating cytokines, thereby supporting cutaneous regeneration. Clinical reports demonstrate a slow but steady increase in newly pigmented macules, which expand and coalesce, gradually restoring normal skin colour. Patients treated with Pracchana Karma often achieve sustained remission, with disease recurrence prevented through continued dietary and lifestyle regulation in accordance with Ayurveda's Pathya-Apathya principles. Importantly, the procedure is safe, minimally invasive, and cost-effective, with no adverse events or systemic complications documented over long-term follow-up.^{12,15}

Ayurvedic medicines enhance the efficacy of Pracchana Karma, providing synergistic benefits.^{16,17}

Aarogyavardhini Vati is a classical polyherbal formulation with Pitta-balancing, detoxifying, and immune-modulating properties, attributed to its blend of Triphala, Shilajatu, Kutki, Nimba, and metallic ashes. It supports internal cleansing, balances skin metabolism, and promotes tissue healing and pigment restoration. Gandhak Rasayana utilises purified sulfur and herbal decoctions (e.g., Chaturjata, Guduchi, Triphala) for its potent Raktashodhana action, purifying the blood and activating fibroblasts. It facilitates tissue remodelling and skin repair, both critical in vitiligo management. Kaishora Guggulu combines Guggulu, Triphala, Amrita,¹⁸ and other herbs, acting as an anti-inflammatory, detoxifying, and wound-healing agent. Its action helps dismantle chronic inflammation, supports re-pigmentation, and enhances immune regulation. Yashada Bhasma, a zinc compound, is pivotal for melanocyte health and function, known to balance Pitta and contribute to blood purification. Zinc plays a direct role in enzyme activation necessary for pigment synthesis and melanocyte endurance. Bakuchi Churna harnesses the Rasayana and Kusthaghna properties of Bakuchi to enhance antioxidant defence, foster melanocyte activation, and shrink white patches via psoralen-induced melanin synthesis. Kamdudha Rasa is formulated with Sheeta Veerya minerals and calcium salts to cool aggravated Pitta, soothe inflamed tissues, and inhibit further expansion of depigmented areas.

Each medicine was selected for its role in modulating underlying pathogenic processes: balancing Doshas, purifying Rakta, nourishing tissues, and stimulating melanocyte recovery. The combination of Pracchana Karma and these medicines forms an integrative therapeutic regimen that excels where conventional treatments may falter. Pracchana Karma lays the groundwork by stimulating local repair and pigment cell migration, while the medicines reinforce these effects by correcting systemic imbalances, supporting the blood and immune system, and accelerating skin healing. Over the course of treatment, patients experience:¹³ Progressive reduction in patch size and number, emerging normal pigmentation and improved skin texture, absence of significant side effects or long-term complications and long-term remission and improved quality of life. Dietary modifications, controlled sun exposure (to enhance the effectiveness of Bakuchi's psoralen), and regular follow-up are essential adjuncts, with adherence shown to bolster re-pigmentation and minimise recurrence.

CONCLUSION

This case report highlights the therapeutic potential of integrating Pracchana Karma with classical Ayurvedic formulations in managing Shwitra (vitiligo). Pracchana Karma facilitates controlled bloodletting to eliminate vitiated Rakta and local dosha imbalance, thereby improving microcirculation, activating melanocytes, and promoting re-pigmentation. Complementary use of medicines: Aarogyavardhini Vati, Gandhak Rasayana, Kaishora Guggulu, Yashada Bhasma, Bakuchi Churna, and Kamdudha Rasa, synergistically balance Pitta and Rakta, purify blood, reduce inflammation, and strengthen antioxidant defences. Clinical follow-up showed progressive re-pigmentation, remission, and safety, underscoring Ayurveda's holistic, minimally invasive, cost-effective, and patient-centred approach to vitiligo while advocating further trials for global acceptance.

Patient perspective

The Ayurvedic treatment not only helped reduce my physical symptoms but also brought noticeable improvement in overall well-being.

Informed consent

The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient(s) has/have given their consent for their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published, and every effort will be made to conceal their identity; however, anonymity cannot be guaranteed.

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