



Case Study

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

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ABSTRACT

In Ayurveda, skin disorders are classified under Kushta Roga (Skin Disease), among which Switra (Vitiligo) is a distinct condition characterized by white or depigmented patches on the skin. It is believed to arise from the vitiation of Sapta Dhatus- Pitta, Vata, Kapha, Rakta, Mamsa, Meda and Rasa with primary involvement of the fourth layer of Twacha (skin), known as the Tamra layer. Clinically switra closely resembles vitiligo described in modern medicine, an acquired idiopathic depigmenting disorder caused by selective destruction of melanocytes. Pediatric vitiligo often shows rapid progression and is associated with autoimmune tendencies, genetic predisposition, and significant psychosocial impact. The present case study aimed to evaluate the efficacy of an Ayurvedic treatment protocol in the management of Switra (Vitiligo) in the pediatric population. This case study was conducted in the Kaumarbhritya OPD and IPD of Government Ayurveda Medical College and Hospital, Dharashiv. The child diagnosed with Switra was treated using a comprehensive Ayurvedic approach, including Kosthashodhana, Basti, Shirodhara, and Nasya. Clinical assessment was carried out before treatment, after completion of therapy, and during follow-up visits. Evaluation parameters included changes in size, color, and spread of depigmented patches. The Ayurvedic treatment protocol showed marked improvement in the clinical features of Shwitra, with reduction in depigmentation and stabilization of disease progression. No adverse effects were observed during the treatment period. The findings of this case study suggest that Ayurvedic therapeutic modalities can be effective and safe in the management of pediatric Shwitra (Vitiligo), offering a holistic approach to disease control and improved quality of life.

Keywords: Kushta, Switra, Sapta Dhatus, Vitiligo, Twacaha, Case Report.

INTRODUCTION

Vitiligo affects approximately 0.25%–4% of the Indian population¹ and, although it is not life-threatening, its visible nature often leads to significant psychological distress, including anxiety, depression, and low self-esteem, thereby impacting social and emotional well-being². In Ayurveda, all skin diseases are classified under Kushtha, which includes major (Maha Kushtha) and minor (Kshudra Kushtha) disorders, with Switra occupying a distinct position due to its characteristic depigmented patches. The term Switra is derived from the Sanskrit word Shweta, meaning white^{3,4}.

According to "Shweta Bhava Michanti Switram" in the Kashyapa Samhita⁵. This condition is mentioned in classical Ayurvedic literature under various names such as Kilasa, Daruna, Aruna, and Shweta Kushtha, reflecting its complex and multifaceted nature.

According to Ayurvedic principles, Bhrajaka Pitta is responsible for skin color and radiance, and its vitiation often in association with Vata and Kapha imbalance leads to the manifestation of Switra. Classical texts, particularly Charaka Samhita, identify etiological factors such as incompatible diet (Viruddha Ahara), improper lifestyle (Viruddha Vihara), unethical conduct, disrespect toward elders or deities, and past karmic influences, all of which disturb the Tridosha and result in the development of depigmented skin lesions^{6,7}.

CASE STUDY

A 5-year-old male child, presenting with complaints of white patches on the abdomen, was brought to the Government Ayurveda Hospital, Dharashiv, by his parents. These complaints had been present for the past two years. According to the parents, the patches were initially small in size and few in number and were first noticed when the child was around 2 years old. The lesions were asymptomatic, with no associated pain, itching, or discharge. Due to the absence of discomfort, the condition was initially neglected, and no medical treatment was sought. Later, the parents observed a gradual increase in the size and number of white patches, prompting them to seek medical advice.

Birth History

Preterm delivery by caesarean section (previous LSCS). No history of birth asphyxia.

Developmental History

Gross motor and fine motor development was normal as per the chronological age.

Family History

Non-consanguineous marriage. There is no significant family history.

Immunization History

Vaccinations were administered as per the Indian Government immunisation schedule.

Personal History

Diet: Vegetarian; Sleep: sound; Bowel: 1–2 times/day; Micturition: 3–4 times/day; Appetite: normal.

Sara: Twak Sara
 Samhanana: Madhyama
 Pramana: Sama Pramana (proportionate body structure)
 Satmya: Asatmya
 Satva: Madhyama Satva
 Ahara Shakti: Madhyama Abhyavaharana and Jarana Shakti
 Vyayama Shakti: Avara Vyayama Shakti
 Vaya: Balyavastha (5 years old)

Table 1: Astasthan Pariksha

Naadi	Vata Pitta
Mutra	Prakrut
Mala	Prakrut
Jihwa	Ishat saam
Shabda	Prakrut
Sparsha	Anushna
Drik	Prakrut
Aakriti	Madhyam

Dashvidha Pariksha

Prakriti: Vata-Pittaja
 Vikriti: Rasa, Rakta, Mamsa, and Meda

Clinical Findings

Table 2: General Examination of the patient

Weight	16 kg
Pulse	82/min
Appetite	Decreased
Sleep	Sound

Table 3: Systemic Examination

Respiratory System Examination	No added sounds, trachea centrally placed
Cardiovascular System Examination	S1 and S2 heard normal
Per Abdomen Examination	Soft and non-tender

Diagnosis: Vitiligo (Shwitra)

Table 4: Treatment Plan

Date of visit	Treatment	Duration	Observation
04/12/23	Chitrakadi Vati 1BD	5 days	Deepana Pachana
08/12/23	Krimikuthar rasa 1BD Vidangarishta 5ml BD	7 days	Krimighna
16/12/23	Arogyavardhini Vati 1BD with warm water Vidangarishta 5 ml BD with 10 ml water	7 days	
	Krumikutharrasa 1BD Jalaukavacharan		Krimighna Helps in blood purification by removing toxins (Raktashodhana)
27/12/23	Arogyavardhini vati 1BD with warm water Mahamanjisthadi kwath 7 ml BD with water Jalaukavacharan	7 days	Helps in blood purification
	Bakuchi churna and hartal Bhasma with gomutra for local application		
03/01/24	Arogyavardhini Vati 1BD with warm water Mahamanjisthadi kwath 7 ml BD with water Khadirarista 7ml BD	7 days	
	Bakuchi churna and Hartal Bhasma with Gomutra for local application Jalaukavacharan		Blood-purifying action; beneficial in skin diseases
For the next 2 months and Jalaukavacharan After every 7 days	Khadirarista 7ml BD Bakuchi churna and Hartal Bhasma with Gomutra for local application Jalaukavacharan after every 7 days	2 months	

Table 5

Date of visit	Observation
4/12/23	A white depigmented patch is present on the abdomen
8/12/23	No improvement observed
16/12/23	No improvement observed
27/12/23	Slight pinkish regimentation
3/1/24	Pinkish regimentation of the patch was observed
For the next 2 months and Jalaukavacharan after every 7 days	65-70% repigmentation observed

RESULTS

The Ayurvedic medications in the treatment plan demonstrated a positive impact on white skin discolouration. After taking the

prescribed drugs, the skin's hypopigmentation gradually began to resolve, and after three months, a normal skin tone appeared. The medications were then continued for an additional three months.



Figure 1: Before Treatment



Figure 2: After Treatment

DISCUSSION

Arogyavardhini Vati

Rasaratna-samucchaya mentions Arogyavardhini Vati as a remedy for Kushta⁸. Arogyavardhini Vati's Pitta- and Kapha-balancing and Shothahara (anti-inflammatory) qualities make it one of the best Ayurvedic preparations for managing acne or pimples. Because of its Shodhan (detoxification) property, it also aids in blood purification by eliminating toxins⁹. Additionally, the abundance of Triphala may provide antioxidant properties and protect the skin by supporting tissue regeneration.

Khadirarista

The primary components of Khadirarista are *Acacia catechu*, *Cedrus deodara*, *Psoralea corylifolia*, and *Berberis aristata*. These components have blood-purifying effect and are helpful in the management of skin conditions. It is believed to possess detoxifying properties. By improving liver function, it helps the body eliminate accumulated toxins and detoxify itself. Additionally, It contains certain ingredients that protect the liver and help repair damaged liver cells.¹⁰

Raktamokshan

The hypopigmented maculae and patches were found to be effectively re-pigmented by Raktamokshan therapy (Blood Letting). This treatment is known to progressively enhance pigmentation. In addition to stimulating the pituitary gland, which secretes melanocyte stimulating hormone responsible for melanin production, it also activates and stimulates the body's regulatory systems, directing the brain's attention to the affected area of skin. It helps maintain the skin's natural color.

Bakuchi churna and hartal Bhasma with gomutra for local application

The primary pharmacodynamic component of Bakuchi, Melanocyte stimulation has been demonstrated for psoralens. Additionally, other attributes of Bakuchi, such as katu rasa, ushna virya, katu vipaka, and prabhava are reportedly beneficial in Switra¹¹.

When we look at the mechanism of manifestation of Switra, it occurs due to Ahitakara Ahara, Vihara, and additional nidanas that lead to Kapha dosha vitiation. The vitiated kapha Dosa causes avarana of Bhrajaka Pitta, i.e. Pittaruta Kapha which further reduces the function of Bhrajaka Pitta. In these situations, the pharmacodynamic properties of Haratala, including Ushna, Tikta rasa, and Katu Virya, Laghu-Ruksha Guna, and Katu Vipaka serve as effective shrotohodaka, which helps in eliminating the Avarana of kapha and simultaneously increases Pitta.

Krimighna Chikitsa

Among various treatment approaches, Krimighna Chikitsa plays an important supportive role in the management of Switra. Although Switra is not primarily a krimija disorder (Worm infestation), classical texts emphasize that Krimis can contribute to or aggravate skin diseases.

CONCLUSION

Ayurveda achieves this by addressing vitiligo as a systemic disorder (involving dosha imbalance primarily Pitta and Vata) rather than a cosmetic issue. Treatment combines internal detoxification (Panchakarma), herbal formulations (Rasayana), and lifestyle modifications to target root causes like oxidative stress and autoimmune triggers.

Herbs like Bakuchi (*Psoralea corylifolia*), Khadir (*Acacia catechu*) stimulate melanocyte activity. External therapies like Lepana (medicated pastes) and assisted Raktamokshana (bloodletting) enhance localized repigmentation while halting lesion spread. To Minimizing Relapse Ayurveda emphasizes Ahara-Vihara (diet/lifestyle) to prevent recurrence. Avoidance of Viruddha Ahara (incompatible foods), stress management (Sattvavajaya), and seasonal detox (Ritucharya) maintain dosha equilibrium long-term. Krimighna Chikitsa is used to eliminate parasitic factors that may worsen skin conditions.

Declaration of Patient Consent

Authors certify that they have obtained the patient consent form, where the caregiver has given consent for reporting the case along with images and other clinical information in the journal. The

caregiver understands that her name and initials will not be published, and due efforts will be made to conceal her identity, but anonymity cannot be guaranteed.

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