

Ayurvedic Review Article on Shvitra

Dr S.L Chokhar^[1], Dr Ashwini Bhavsar^[2]

^{1]} MD (AYU), SVNH Ayurved College, Shrishivaji Nagar, Rahuri, Ahmednagar.

^{2]} BAMS, Diploma Scholar, SVNH Ayurved College, Shrishivaji Nagar, Rahuri, Ahmednagar.

Abstract: As we all know that all types of skin disorders comes under Kustha in Ayurveda and are Tridoshaj in nature. Shvitra is mentioned along with other types of Kustha in Ayurvedic Classics, caused due to all three Doshas and Dhatus like Rasa, Rakta, Mamsa and Meda. Tridoshas are aggravated by various dietic and behavioral factors. Shvitra is correlated by Vitiligo. Vitiligo is a common, autoimmune, progressive, pigmentation skin disorder, characterized by white depigmented macules and patches. Vitiligo inspite of its non-contagious, harmless nature makes life woeful for its produces profound psychological embracement. According to our classics, Shvitra can be treated by both therapies (Shodhana and Shamana therapy).

Keywords: Shvitra, Kustha, leukoderma

INTRODUCTION

The most frequent depigmenting skin disease, vitiligo, which is additionally known as leukoderma, affects between 0.5% and 25% of people worldwide, including both adults and children. In the affected areas of the skin, melanocytes are selectively lost, causing a dilution of colour. The usual lesions are totally amelanotic, non-scaly white patches with definite edges. This illness is referred to as *Shvitra* in *Ayurveda*. It is classified as an autoimmune condition brought on by alterations in metabolism, oxidative stress, and cell detachment in addition to inherited and environmental factors. *Ayurveda* defines *Shvitra* as a type of *kustharoga* that is brought on by the vitiation of tridoshas as well as dhatus like *rasa*, *rakta*, *mamsa*, and *meda*.¹

Kustha is caused by vitiation of three *dosha* and *datus* like *rasa*, *rakta*, *maunsa* and *meda*. *Purva karama* is also a cause of *Shweta kustha*.²⁻³ *Ayurveda* states that the sort of *Shvitra* (vitiligo) that is curable lacks red hair has a centre that is lifted upward, is thin, pale, and recently developed.⁴ *Kilasa*, *Daruna*, *Aruna*, and *Shweta Kushta* represent alternative designations for the condition. The manifestations of Chaya and Prabha in the *Twacha* (skin), which are governed by the *Bhrajaka* Pitta function, are observed in the integumentary system.⁵ The same basic body tissue (*dhatu*) levels are impacted by the same causative

elements for vitiligo (*Shvitra*) and skin illnesses (*kusta*). *Shvitra* is distinguished from alternative dermatological conditions by inducing cutaneous discoloration (*twak vaivarnyata*), devoid of exudation (*aparizravi*), while maintaining the typical physiological operation of bodily tissues apart from the 'cutaneous tissue' (*twak*).⁶

In contemporary research, corticosteroids and PUVA (Psoralen + Ultra Violet A exposure) therapy are the pillars of illness treatment. However, these treatments have a number of negative side effects, including skin cancer, photo-aging, burns from ultraviolet light, and nausea.⁷

Treatment for vitiligo aims to stop the autoimmune destruction of melanocytes and encourage their migration from adnexal and adjacent skin reservoirs. Presently, systemic, and current Corticosteroids, topical calcineurin inhibitors, topical calcipotriol in combination with corticosteroids, ultraviolet (UV) radiation, phototherapy with UVA and psoralens (PUVA therapy), and surgical therapy are the most popular forms of treatment. Nevertheless, these therapies also have important limitations and downsides depending on the treatment and the degree of the lesions. As an alternative to these disappointing and hazardous methods, traditional medicines may offer some safe, simple, inexpensive, and effective natural cures for the illness.

Ayurveda provides a wide range of effective formulations for the treatment of chronic autoimmune diseases. *Ayurvedic* therapy was used in this case to treat a female patient who had chronic vitiligo. It was also combined with diet restriction and psychological counselling.⁸ Patches of hypopigmentation arise as a result of focal melanocyte loss. It is believed to be caused by the autoimmune destruction of melanocytes by cells. Frequently symmetrical, generalized vitiligo affects the hands, wrists, feet, knees and neck, as well as the skin around bodily orifices.⁹

(a) Aruna Varna: When Vata involves the Rakta dhatu.

(b) Tamra Varna: When Pitta involves the Mansa Dhatu.

(c) Shweta Varna: When Kapha involves the Meda Dhatu.

ii) (a) According to Distribution of patches Ekadeshaja: Patches found at one part of the body. Sarvadeshaja: Patches found different parts of the body.

(b) Patches are isolated or not united which are stationary Patches are isolated indicating the progressive nature of the disease.

According to Prognosis.

1. Sadhya (curable)

2. Asadhya (Incurable)

MATERIALS AND METHODS

For the present review detailed literary study performed. The detailed content and references are analysed from available text. Principle texts referred are Charaka, Sushruta, Vagbhata, and other Samhita. Some other ayurvedic books also referred. Relevant references are taken from other modern books.

HETU (Main cause)

The aetiological factors of Kushtha described by different Acharyas are as follows:

General aetiological factors of Kushtha are said as causative factors of Shwitra. In Atharvaveda any factor causing vitiation of Dhatus, Rakta, Mansa, Meda and Asthi is the causative factor of both Kilasa and Palitam. According to Charaka lack of Bhrajak Pitta is the cause of pigmented disorder of the skin.

Incompatible cereals are the causative factors of Kilasa (Ch.Sut 26/102-103) Factors causing vitiation of blood are causative factors of Shwitra (Ch.Sut.28/12). Excessive intake of Kapha Karak Dravyas (A.H.Sha. 1/48).

Shwitra is Garbhaja disorder. The disease is said to be caused by faulty diet of the mother or insufficient fulfillment of the desire of a pregnant mother (A.S.Su. 22/1-3).

CLASSIFICATION OF SHWITRA

According to Aetiology

*Considering the aetiological factors, the Shwitra can be divided into two groups according to Vagbhata.

a) Agnidagdha

b) Anagnidagdha.

*Acharya Bhoja has divided the etiology into two groups and thus the disease may be of the two types:

1. Dosha- Atmaja (Related with of Doshas), Paraja (Predilection of the contact factors)

2. Vranaja (Caused by improperly healing of wounds) According to Origin Disease Acharya Charaka while dealing with the Ashtanindita Pususha described about 'Atigour' as one among these eight can be considered as congenital Shwitra.

According to Acharya Vagbhata faulty diet of the mother or insufficient fulfillment of the desire of a pregnant mother can lead to congenital Shwitra in the body. Thus, keeping these references into consideration

Shwitra can be divided into two types:

1. Sahaja (genetically transmitted)

2. Jattotar (acquired)

According to Pathogenesis.

A. In consideration of the Vitiating Doshas

a) Vataja: Reddish white in colour and causes horridification of hairs of the lesions.

b) Pittaja: Patches are white, smooth and thick with itching.

B. In consideration to the affection of Doshas with

Dosha Dushya Sammurchhana

Shwitra because of affection of Doshas with Twak, Mamsa and Meda and Rakta separately and combinally only also.

The Shwitra is known as Kilasa when it affects Rakta and as Daruna when Mansa.

C. According to Clinical Features

(i) On observation of colour changes:

Poorvarupa

The Poorvarupas exhibited by Kushtha Roga are mentioned in texts which can be considered for Shwitra occasionally, as most of the Acharya's has described Shwitra in Kushtha Rogadhikar. Rupa Shwitra mentioned in the classics can be classified under two categories:

- Samanya Lakshanas
- Vishishta Lakshanas

Samprapati

The disease Shvitra is a Bahya Roga where internal environment of the body is markedly hampered. In various Ayurvedic Classics, it is described as a Tridoshaja Vyadi, where pitta is excessively vitiated. No clear – cut Samprapti of Shvitra Roga is described in the main Ayurvedic classics except Harit Samhita. He mentioned the detailed Samprapti of Kilasa but have not described symptomatology. According to Harit Samhita the vitiated of Vata along with Pitta Dosha vitiates the Raktadhatu and further creates the spot of Pandur Varna. The Pandur Varna of Twaccha is known by the name of Shvitra or Pandur Kustha.

Samprapti Ghatakas

Dosha - Tridosha

Dushya - Rasa, Rakta, Mamsa, Meda

Ama - Jatargni Janya Ama

Agni - Jatargnimandhya, Dhatwagnimandhya.

Srotas - Rasavaha, Raktavaha, Mamsavaha & Medovaha

Srotodusti Prakara - Sanga

Rogamarga - Bahya

Udbhava Sthana - Amashaya

Vyakta Sthana - Twacha

Roga swabhava - Chirakari

Sadhyasadyata - Yapya

IMAGES



DISCUSSION

CHIKITSA

The first line of treatment for all the diseases is Nidana Parivarja. Thus, all the factors cause for Shvitra should be avoided. The Nidana of Shvitra suggests Viruddha

Ahara – Vihara, Papakarmas and misconduct as vital causes of the manifestation of the disease. According to Ayurveda Chikitsa can be divided into three types i.e. Daivavyapashraya (Spiritual therapy) Yukti vyapashraya (Rational therapy) Satvavajaya (Psychological therapy) Yukti vyapashraya: This is sub-divided into 1. Anthahparimarjana where Aushadha and Ahara Dravya are given internally. 2. Bahi Parimarjana where Aushadha Dravya are used externally in the form of Abhyanga, Lepa, Sweda, Parisheka and Unmardana. Anthahparimarjana Chikitsa Chikitsa of Shvitra is almost similar to the Kushtha. Shodhana and Shaman is mainstay treatment of Shvitra. In Ayurvedic texts many formulations are given for the management of Kilasa. All Acharya have similar views that Shvitra or Kushtha should be initially treated by Samshodhan Karma followed by Samshaman Karma. Shodhan Karma Patients of Shvitra should be treated by samshodhan. After Samshodhan Sansrajan Karma should be followed by patient. Shaman Karma Various permutations and combinations have been described for internal and external use along with sun exposure by Acharyas in their respective Samhitas regarding Shaman Chikitsa in the Shvitra Roga. Bahirparimarjana Chikitsa Application of different Lepas, tail, Kshara etc are mentioned in Kushtha by different Acharyas. Gunja Lepa, Manashiladi Lepa, Bakuchi Tail etc. Shastra Pranidhan All the surgical therapies are included here Visravan Karma is advised in Shvitra.

CONCLUSION

Skin reflects the beauty of healthy individual. Any impairment can causes cosmetic disfigurement. Colour of skin play very important role in the society. It is the important to deal with the physical and psychological factors of disease to improve the quality of life.

REFERENCES

- [1] Barman S. Switra and its treatment in Veda. Anc Sci Life 1995; 15(1): 71–74. PMID 22556723.
- [2] Agnivesha, Charaka, Dridhbala, Charak Samhita NS. Hindi Vidyotini commentary by Pt. Kashinath Shastri and Dr. Gorakhnath Chaturvedi, Part 1, Reprint. Varanasi: Chaukhamba Bharti Academy, 2002. p. 5/17.
- [3] Acharya VJT. Agnivesha. Caraka Samhita revised by Caraka and Dridhbala with Ayurveda Deepika commentary by Cakrapanidatta. 1st ed. Acharya VJT, editor. Varanasi: Chaukhamba Surabharati Publications; 2008.

- [4] Sharma P. Charaka Samhita of Agnivesha Chikitsa Sthana 5th ed. Varanasi: Chaukhambha Oriental. 2000 p. 142, chapter 7, Ver. 175–176.
- [5] Sushruta SS. Hindi commentary by Kaviraja Ambikdutta Shastri Chaukhamba Sanskrit Sansthan Varanasi Reprint. 2014, 1, chapter 21, p. 115.
- [6] Vagbhata. Astanga Samgraham kusta Krimi nidana Adhyaya. Varanasi, India: Chowkhamba Krishnadas Academy, 2005. p. 39.
- [7] Maleki M, Yazdanpanah MJ, Hamidi H, et al. Evaluation of PUVA-induced skin side effects in patients referred to the Imam Reza Hospital of Mashhad in 2005-2007. *Indian J Dermatol* 2014; 59(2): 209. <https://doi.org/10.4103/0019-5154.127708>, PMID 24700955.
- [8] Varsakiya J, Kathad D, Kumari R. Efficiency of Ayurveda modalities in the management of Switra (vitiligo): a case report. *J Ayurveda Case Rep* 2020; 3(4): 153. https://doi.org/10.4103/jacr.jacr_51_20
- [9] Michalsen A, Roth M, Dobos G. Medicinal leech therapy. Thieme E-Books & E-Journals., 2017.