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Keywords: *vitiligo, skin, shvitra.*

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A Critical Review on *Shvitra* (Vitiligo) & their Management

O.P. Vyas [α], Abhilasha Sahu [σ] & Muraree Girare [ρ]

Abstract- Vitiligo is an acquired depigmentation of the skin. It affects 1% of the world population. It is a pigmentary disorder characterized by circumscribed loss of melanin pigment secondary to melanocyte attrition. It is an acquired, sometimes familial condition, an autoimmune disease in the majority. Vitiligo is associated with other autoimmune diseases such as thyroid disease, diabetes mellitus, Addison's disease, and pernicious anemia. In *Ayurveda*, *Shvitra* is correlated by vitiligo.*Shvitra* is caused by the vitiation of all three *Doshas* but sometimes it manifest by either single or three or two *Doshas*. In modern medicine, steroids and corticosteroids are used in the treatment of vitiligo, which has so many side effects. In *Shvitra, Samshodhana* (purificatory therapies) for the entire body should be administered at the beginning of treatment of *Shvitra* after that applied *Samshamana* therapy.

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I. Introduction

Skin is one of the most important body organs because it protects the internal organ from the deleterious environmental influences[1]. The major pigment of the skin is called melanin. It is produced inside special cells called melanocytes, which are located along with the basal cells in the epidermis and contain small granules called melanosomes[2]. Vitiligo is an acquired condition affecting 1% of the population worldwide[3]. Vitiligo is skin depigmentationin which the melanocytes in localized areas of the body stop producing melanin. Clinically it manifests as macular areas of depigmentation. Occasionally, the skin in certain areas may only be hypopigmented. There is no other change in the skin. In some lesions the hairs may also become depigmented. This is called leucotrichia. The lesions very in shape and size and may appear on any part of the skin and mucous membranes[2].The border is often convex, a feature that differentiates it from many other conditions of depigmentation. Sometimes at the margin of an active patch, three colors are seen from inside outwards, a depigmented zone, a hypopigmented zone, a normal-looking skin. This is known as 'trichrome vitiligo'. A treated patch often shows an additional perifollicular hyperpigmented zone, and this is known as 'quadrichrome vitiligo'[4]. Vitiligo is correlated with *Shvitra* in *Ayurveda*. *Shvitra,* also known as *Kilasa* and *Daruna*, is pointed to similar to *Kustha*, is nonexudative and arising from the three *Doshas* and three *Dhatus* (*Rakta. Mamsa and Medas*)[5]. At the beginning of treatment of the *Shvitra, Samshodhana* therapy should be administered. After that, *Samshmana* therapy should be applied[6].

a) *Epidemiology*[4]

The onset is most common in young adults, onset of disease is before the age of 20 years in approximately 50% of the patients, with a quarter of the patients having onset by 15 years of age. Rarely disease is present at birth and is then known as congenital vitiligo.

b) *Etiology*[7]

In vitiligo, there are focal areas of melanocyte loss, which is considered to be due to cell-mediated autoimmune attack. Some patients have antibodies to melanin. It may be associated with other autoimmune disease such as diabetes, Addison's disease, and pernicious anamia.

Genetic factors may play a role; 20 to 30% of patients may have family history of vitiligo.

Extrinsic factors also may play a role. Trauma, certain chemicals, and sunburn may precipitate the appearance of vitiligo.

c) *Classification*[8]

Localized vitiligo- (a) A single macule or a few macules may be localized to skin or mucosa. (b) Segmental distribution of macules.

Generalized- (a) Vitiligo Vulgaris – a common form of vitiligo with symmetrical distribution over trunk and limbs. (b) Lip-tip vitiligo – only tips of fingers or with mucosal surfaces like lips, nipples or palms, or penis. (c) Acrafacial vitiligo – involvement of periorifacial and distal digits. (d) Universal vitiligo – Involvement of most of the body with only afew areas spread.

d) *Clinical features*[7]

Lesions may start at any age, but generally in early adolescence or adult life.

Segmental vitiligo is restricted to one part of the body.

Generalized vitiligo is characterized by many widespread macules, often symmetrical, and frequently

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involves the hands, wrist, knees, and neck as well as the area around the body orifices.

The patches of depigmentation are sharply demarcated.

Sensation in the depigmented patches is normal, unlike leprosy.

The Course is static or slowly progressive. Some patients may experience spontaneous repigmentation.

e) Differential Diagnosis[7]

Postinflammatory hypopigmentation.

Piebaldism (a rare autosomal dominant disorder; depigmented patches surrounded by hyperpigmented areas)

Morphea (localized scleroderma)

Leprosy (lesion are usually hypoesthetic)

Lichen sclerosus

Pityriasis alba

Chemical leucoderma

Leukoderma due to melanoma

In Ayurveda

*Shvitra*is also known as *Kilasa* and *Aruna,* is said to be produced by the same causes which produce *Kustha*, is nonexudative and arising from the three *Doshas* and three *Dhatus*[9].

Nidana

Untruthfulness, ungratefulness, disrespect for the gods, insult of the preceptors, sinful acts, misdeeds of past lives, and intake of mutually contradictory foods are causative factors of Shvitra[10].

Rupa

It is classified into three subtypes, namely *Daruna, Charuna,* and *Kilasa*.

All of them are generally caused by the simultaneous vitiation of all the three *Doshas*. If located in *Rakta dhatu,*it is red color, if located in *Mamsa dhatu*(muscle tissue) it is coppery in color, and if located in *Meda dhatu,* it is white in color the subsequent ones are more serious than the previous ones[11].

Shvitra produced by *Vata*, the skin is dry and*Aruna* (light red), in that produced by *Pitta*, it is coppery has burning sensation and destroys the hairs, in that produced by *Kapha*, the skin is white (*Shveta*), thick, heavy and itching[12].

Sadhya- asadhyata

*Shvitra*in which the hairs have not become white, the skin not become thick, the patches have not fused with one other and which is of recent origin, and that not due to burning by fire is curable, where as those of opposite varieties are incurable that which has arisen on the genital organs palm of the hands and lips, even though of recent origin are to be rejected by the physician[12].

f) Management

In modern medicine[7]

Corticosteroids: Topical corticosteroids are the first choice for patients with limited disease. A topical preparation of fluticasone propionate or mometasone, once a day for four to six months has to be applied.

Calcineurin inhibitors

Ultraviolet light: Topicalor oral psoralens plus ultraviolet A radiation (PUVA), or ultraviolet B (UVB) radiation (phototherapy) is used in patients with extensive vitiligo.

Surgery: Split- skin grafts and blister roof grafts can be used to cover vitiligo patches.

Depigmentation therapy: If there is extensive vitiligo with only small areas of normal skin, these normal skin areas can be depigmented to make the ski look uniform.

In Ayurveda

Nidana Parivarjana is the first step of treatment.

Chikitsa: 1) *Shodhana Chikitsa* 2) *Shamana Chikitsa,*

The patient of *Shvitra* should be purified by the administering of elimination therapies followed by the administration of pacification therapies.

The patient should, first of all, take oleation therapy as per once strength followed by intake of the juice of along with jaggery is an excellent tregimen cause *Shamsana* (a type of purgation). After the administration of this recipe, the patient should expose himself to the heat of the sun. This will induce purgation. After this purgation therapy, the patient will feel thirsty, for which the patient should be given *Peya* for three days[13].

Shamana chikitsa:

Rasa Aushadhi: Dose: 125 mg – 250 mg

Gandhka Rasayana

Talkeshvara Rasa

Rasamanikya Rasa

Vati: Dose: 250mg- 500mg

Kaishore Guggulu

Arogyavardhani Vati

Panchatiktagrita Guggulu

Churna: Dose: 3-6 gm

Bakuchi churna

Panchnimba Churna

Ghrita: Dose: 5-10 ml

Mahatiktaka Ghrita

Khadiradi Ghrita

Pachatikta Ghrita

Somaraji Ghrita

Taila: For local application

Somaraji taila

Bakuchi taila

Tuvarak taila

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Kashaya: Dose: 15ml-20 ml

Aragvadhadi Kashaya

Khadiradi Kashaya

Manjishthadi Kashaya

*Ashva-Arishta:*Dose: 15ml-30 ml; *Anupana*-: *Sama Bhaga Jala*

Manjistharishta

Sarivadyaashva

Khadirarishta

Treatment of Pustular Eruption[14]

Pustular eruption over the patches of *Shvitra* should be punctured with the help of a thorn for removal of serous fluid from these pustules. After the exudation of the fluid, the patient should take every morning continuously for fifteen days, the decoction of *Malapyu, Asana, Priyangu,* and *Satapushpa* prepared by boiling with water. Alternatively, the *Kshara* of *Palasa,* along with *Phanita,* should be given an appropriate dose as per strength.

External application[15]*:*

Nilotpala, Kustha, and *Saindhava* made to a paste by adding urine of elephant.

Seeds of *Mulaka* and *Avalguja* made to a paste by adding cow-urine.

Kakodumbara, Avalguja, and *Chitraka* made to a paste by adding cow-urine.

Manhashila made to a paste by adding pea-cock bile.

In rare cases, patients of *Shvitra*, who are free from the effect of their sinful acts, get cured by the administration of elimination therapies, blood-letting, and intake of ununctuous food like *Saktu*.

II. Conclusion

Vitiligo is skin depigmentation due to the selective destruction of melenocytes. It is a common acquired idiopathic discoloration of the skin characterized by well-circumscribed, chalky white colored macules. Vitiligo is correlated with *Shvitra* in *Ayurveda. Shvitra* is caused by the vitiation of all three *Doshas* and three *Dhatus* (*Rakta, Mamsa,* and *Medas*). Generally, *Shvitra* has no harmful effect on the body, but the patient suffers a socially inferiority complex. *Ayurvedic* medicine & purification therapy give better results than modern medicine, which has so many side effects. In *Shvitra roga, Samshodhana* (purificatory therapies) is the first line of treatment described by *Acharya Charaka*. After that, administered *Samshamana* therapy does dhatusamya.

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