

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

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4 5 **Abstract**

6 Vitiligo is an acquired depigmentation of the skin. It affects 1

7 8 **Index terms**— vitiligo, skin, shvitra.

9 **1 Introduction**

10 skin is one of the most important body organs because it protects the internal organ from the deleterious
11 environmental influences 1 . The major pigment of the skin is called melanin. It is produced inside special
12 cells called melanocytes, which are located along with the basal cells in the epidermis and contain small granules
13 called melanosomes 2 . Vitiligo is an acquired condition affecting 1% of the population worldwide ?? . Vitiligo is
14 skin depigmentation in which the melanocytes in localized areas of the body stop producing melanin. Clinically it
15 manifests as macular areas of depigmentation. Occasionally, the skin in certain areas may only be hypopigmented.
16 There is no other change in the skin. In some lesions the hairs may also become depigmented. This is called
17 leucotrichia. The lesions vary in shape and size and may appear on any part of the skin and mucous membranes
18 2 . The border is often convex, a feature that differentiates it from many other conditions of depigmentation.
19 Sometimes at the margin of an active patch, three colors are seen from inside outwards, a depigmented zone, a
20 hypopigmented zone, a normal-looking skin. This is known as 'trichrome vitiligo'. A treated patch often shows an
21 additional perifollicular hyperpigmented zone, Author ?: M.D. Ph.D. Professor & HOD, Dept. of Kayachikitsa,
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24 e-mails: abhilasha0392@gmail.com, giraremuraree@gmail.com and this is known as 'quadrichrome vitiligo' 4 .
25 Vitiligo is correlated with Shvitra in Ayurveda. Shvitra, also known as Kilasa and Daruna, is pointed to similar
26 to Kustha, is nonexudative and arising from the three Doshas and three Dhatus (Rakta. Mamsa and Medas)
27 5 . At the beginning of treatment of the Shvitra, Samshodhana therapy should be administered. After that,
28 Samshmana therapy should be applied 6 . a) Epidemiology 4 The onset is most common in young adults, onset
29 of disease is before the age of 20 years in approximately 50% of the patients, with a quarter of the patients having
30 onset by 15 years of age. Rarely disease is present at birth and is then known as congenital vitiligo.

31 b) Etiology 7 In vitiligo, there are focal areas of melanocyte loss, which is considered to be due to cell-mediated
32 autoimmune attack. Some patients have antibodies to melanin. It may be associated with other autoimmune
33 disease such as diabetes, Addison's disease, and pernicious anemia.

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

35 Extrinsic factors also may play a role. Trauma, certain chemicals, and sunburn may precipitate the appearance
36 of vitiligo. d) Clinical features 7 Lesions may start at any age, but generally in early adolescence or adult life.
37 Segmental vitiligo is restricted to one part of the body.

38 Generalized vitiligo is characterized by many widespread macules, often symmetrical, and frequently involves
39 the hands, wrist, knees, and neck as well as the area around the body orifices.

40 The patches of depigmentation are sharply demarcated.

41 Sensation in the depigmented patches is normal, unlike leprosy.

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

43 **2 In Ayurveda**

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

46 3 Nidana

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

49 4 Rupa

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

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

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

57 5 Sadhya-asadhyata

58 Shvitrain which the hairs have not become white, the skin not become thick, the patches have not fused with
59 one other and which is of recent origin, and that not due to burning by fire is curable, whereas those of opposite
60 varieties are incurable that which has arisen on the genital organs palm of the hands and lips, even though of
61 recent origin are to be rejected by the physician 12 .

62 6 f) Management

63 In modern medicine 7 Corticosteroids: Topical corticosteroids are the first choice for patients with limited disease.

64 A topical preparation of fluticasone propionate or mometasone, once a day for four to six months has to be applied.

65 7 Calcineurin inhibitors

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

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

69 Depigmentation therapy: If there is extensive vitiligo with only small areas of normal skin, these normal skin
70 areas can be depigmented to make the skin look uniform. In Ayurveda Nidana Parivarjana is the first step of
71 treatment. Chikitsa: 1) Shodhana Chikitsa 2) Shamana Chikitsa,

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

74 The patient should, first of all, take oleation therapy as per once strength followed by intake of the juice of
75 along with jaggery is an excellent regimen cause Shamsana (a type of purgation). After the administration of
76 this recipe, the patient should expose himself to the heat of the sun. This will induce purgation. After this
77 purgation therapy, the patient will feel thirsty, for which the patient should be given Peya for three days 13 14
78 Pustular eruption over the patches of Shvitra should be punctured with the help of a thorn for removal of serous
79 fluid from these pustules. After the exudation of the fluid, the patient should take every morning continuously
80 for fifteen days, the decoction of Malapyu, Asana, Priyangu, and Satapushpa prepared by boiling with water.
81 Alternatively, the Kshara of Palasa, along with Phanita, should be given an appropriate dose as per strength.

82 8 External application 15 :

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

84 Seeds of Mulaka and Avalguja made to a paste by adding cow-urine. Kakodumbara, Avalguja, and Chitraka
85 made to a paste by adding cow-urine.

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

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

89 9 II.

90 10 Conclusion

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

Kashaya: Dose: 15ml-20 ml
Aragvadhadi Kashaya
Khadiradi Kashaya
Manjishtadi Kashaya
Ashva-Arishta:Dose: 15ml-30 ml; Anupana-: Sama
Bhaga Jala
Manjistharishta
Sarivadyaashva
Khadirarishta
Treatment of Pustular Eruption
Shamana chikitsa:
Rasa Aushadhi: Dose: 125 mg -250 mg
Gandhka Rasayana
Talkeshvara Rasa
Rasamanikya Rasa
Vati: Dose: 250mg-500mg
Kaishore Guggulu
Arogyavardhani Vati
Panchatiktagrīta Guggulu
Churna: Dose: 3-6 gm
Bakuchi churna
Panchnimba Churna
Ghrīta: Dose: 5-10 ml
Mahatiktaka Ghrīta
Khadiradi Ghrīta
Pachatikta Ghrīta
Somaraji Ghrīta
Taila: For local application
Somaraji taila
Bakuchi taila
Tuvarak taila

Figure 1:

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