

A Critical Review on Shvitra (Vitiligo) & their Management

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Abstract

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

Index terms— vitiligo, skin, shvitra.

1 Introduction

kin 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 ?? . Vitiligo is skin depigmentation in 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 vary 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, Author ? : M.D. Ph.D. Professor & HOD, Dept. of Kayachikitsa, Govt. Dhanavantari ayurveda college & hospital Ujjain, M.P., India. e-mail: opvyas24@gmail.com Author ? ? : M.D. Scholar, Dept. of Kayachikitsa, Govt. Dhanavantari ayurveda college & hospital Ujjain, M.P., India. e-mails: abhilasha0392@gmail.com, giraremuraree@gmail.com 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 anemia.

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. 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 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.

2 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 .

3 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 .

4 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 .

5 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 .

6 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.

7 Calcineurin inhibitors

Ultraviolet light: Topical or 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 skin 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 regimen 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 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 Malapya, 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.

8 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.

9 II.

10 Conclusion

Vitiligo is skin depigmentation due to the selective destruction of melanocytes. 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.

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
Shamana chikitsa:
Rasa Aushadhi: Dose: 125 mg -250 mg
Gandhka Rasayana
Talkeshvara Rasa
Rasamanikya Rasa
Vati: Dose: 250mg-500mg
Kaishore Guggulu
Arogyavardhani Vati
Panchatiktagritha 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

Figure 1:

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