

The Management of *Shvitra* (Leukoderma) with *Rakta mokshna* (*Jalauka vidhi*) and *Vaman vidhi*: A Case Study

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Abstract

Background: A frequent autoimmune condition that results in pigmentation all over the body is vitiligo. It is quite significant from a socio-medical perspective. A lack of melanocytes caused white patches to form on the body. In Ayurveda, it is comparable to *Shvitra* or *Shweta Kushta*. Finding some safe and efficient medications from alternative medical sciences is necessary because of the side effects and restrictions of modern contemporary practice. Vitiligo has a significant influence on patients' quality of life; many of these people experience stigma and depression as a result of their disease. There is a lot of potential for Ayurveda to heal such autoimmune skin conditions. Treatment for *Shvitra* in Ayurveda includes Panchakarma and Shaman Chikitsa. Here is an example of a 27-year-old female patient with vitiligo who had Ayurvedic treatment, which included oral medication and treatments like *vamana* and after medicine there was a drastic change in patches.

Methodology: Vitiligo exerts a substantial impact on the quality of life for affected individuals, often inducing stigma and depression. Ayurveda demonstrates promising potential in addressing autoimmune dermatological conditions. Ayurvedic interventions for *Shvitra* encompass Panchakarma and Shaman Chikitsa.

Results: A recurrent autoimmune disorder leading to systemic pigmentation alterations is vitiligo, which holds considerable significance from a socio-medical standpoint. Depigmentation arises due to the absence of melanocytes, resulting in the manifestation of white patches on the integument. In the context of Ayurveda, vitiligo is akin to *Shvitra* or *Shweta kushta*. The exploration of safe and efficacious interventions from alternative medical disciplines becomes imperative due to the limitations and adverse effects associated with contemporary mainstream medical practices.

Conclusion: In this case study, a 27-year-old female patient diagnosed with vitiligo underwent Ayurvedic treatment, incorporating oral medications and therapeutic procedures like *Vamana*. Post-treatment, a remarkable transformation in depigmented patches was observed, underscoring the potential efficacy of Ayurveda in managing vitiligo.

Keywords

Vitiligo, *Shvitra*, *Vaman*, *Raktamokshan*

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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

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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 discolouration (*twak vaivarnyata*), devoid of exudation (*aparisravi*), 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

Case Description

A 27-year-old married woman exhibiting *Kapha-Pitta prakriti* (determined through questionnaire and observation) reported depigmentation of the skin. The condition affected small patches on both hands, presenting no discharge, and persisted for a duration of one year. She visited the OPD of *Kaya Chikitsa* at the Mahatma Gandhi Ayurveda College and Hospital, *Salod Wardha*. Using the conventional signs

and symptoms, the patient was identified as having *Shvitra*, also known as Vitiligo.

The patient’s medical history indicates a state of well-being in the past, with no reported illnesses. However, approximately 18 months ago, the patient’s health began to decline as symptoms manifested in the form of depigmented regions on both hands. Gradually, these patches multiplied, enlarged, and extended, eventually encompassing a significant portion of the skin.

The patient initially pursued allopathic care involving topical tacrolimus, oral corticosteroids, and triamcinolone. Despite these interventions, the condition exhibited a progressive deterioration. Subsequently, the patient opted for Ayurvedic treatment due to limited or no clinical relief. Notably, depigmentation of hair was observed in the affected areas.

Past history: No history of above skin complaints before three years.

History of Thyroid disorder from 10 years.

Family history: There was no family history of a similar skin disease.

In the below table, we have taken the General examination (Table 1), Menstrual history (Table 2), Astha vidha Pariksha (Table 3), Hetu (Table 4) and Local examination (Table 5).

Management

Shvitra is a *Kashta sadhya vyadhi* so this *vyadhi* does not easily cure so. We were using not only *shaman chikitsa* but also, we used *shodhan chikitsa*. Hence treatment, we was planned in two parts: *Shodhan Karma* and *Shaman Karma*.

Shodhan Karma: According to *Acharya Vagbhatt Shodhan Chikitsa* plays a most important role in any *Kashta sadya vyadhi*, this *chikitsa* does not vitiation any *dosha* again and

Table 1. General Examination.

Bowel	Irregular Bowel Habits and Unsatisfactory
Bladder frequency	Five to six times a day with no nycturia
Sleep	Disturbed
Diet	Variegated
Regularly occupation	Stay-at-home
Habit	Tea/coffee thrice a day

Table 2. Menstrual History.

Duration	The interval between occurrences is irregular, happening every 29–30 days with a frequency of four days.
Amount	The flow is characterized by scantiness and clots, with a colour that is blackish-red.
Pain	Mild and lower abdomen

Table 3. Astha Vidha Pariksha.

Nadi Samvak	72 Beat Per Minutes
Mala	Baddha koshta (Constipated)
Mutra	Five to six times/day
Shabda	Alpa-liptata
Drik	Prakruta
Sparsa	twak Shuklata over fingers and lips
Akruti	Prakruta

Table 4. HETU (Causative Factors).

Dadhi seven	Every night
Ratrijagarana	Vegadharana-Chinta

Table 5. Local Examination.

Site of Lesion	Both of Hands
Distribution (Vyapti)	Uneven
Number of lesions	2
Size	2–5 cm
Colour	White
Arrangement	Irregular

expels the *dhosh* from all over the body. So, we are used here to two types. So, before the treatment of Shaman *Aushadhi*, *Shodhan* should first be performed to get rid of the poisonous substances in the body.

Vaman chikitsa

Rakt mokshna (Jalauka vidhi)

Vamana Karma: *Vaman karma* proceeded with the Ayurvedic ethical method. We used three steps of *karma* like: *Purva karma*, *Pradhana Karma* and *Pashchat Karma*.

Purva karma: *Purva karma* has three another step *Deepan karma*, *Snehan karma*, and *Swedan karma* which is used for *doshan* and *dhosha Pachan* and to collect the *dosha* in *koshath* from the all over body. So here we used them as

Dipan pachan: *Aushdhi* first *Chitrakadi Vati* 2tb, *Trikatu Churna* 2 g, TID with warm water for three days.

SnehanKarma: Patient has *Vaat-kapha Prakriti* and *Vikriti* have also *Vaat-kapha* hence we were given both types of *Snehan bahya* and *Abhayanter snehan*.

Bahya Snehan [Abhyanga (massage) and Srvangswed (fomentation);

Bala taila was used for *abhyanga*, followed by *Sarvanga swedana* twice daily for one day and *Vamana* later that morning. *Bala taila abyanga* and *sarvanga swedana* were concluded.

Abhayanter snehan: As needed, *panchiktika gruit* was administered in escalating doses for three to seven days until the correct *Snehana* signs and symptoms were attained.

Diet on the Previous Day of Vamana

The patient was advised to drink a lot of milk, curd, sesame, and sweets like jaggary, laddu, jalebi, and *khicadi* made from black gram, sesame, jaggary and rice, or dahi wada.

Days	1st day	2nd day	3rd day	4th day	5th day	6th day	7th day
Quantity	30_ml	60_ml	90_ml	120_ml	150_ml	180_ml	210_ml

Pradhana Karma: The *Pradhan Karma* of *Vaman vidhi* started in the morning. First of all, we collected the kwath of the *madan phal*, *ksheer*, *yashthimadhu phant*, and *Lavanodak*.

Position of patients: Patients were instructed to take a seat on a plush *Vamana* chair that was knee-height.

Examination of vital: Blood pressure and pulse were monitored before, during and after *Vamana Karma*.

Dose Kalk of Madanfala	5.50 gm
Quantity of Kshreer	1100_ml
Quantity of YastimadhuPhanta	2500_ml
Quantity of Lavanodak	250_ml

Administration of food articles and drugs: Between six and nine in the morning, *vamana* was induced.

The patient was instructed to consume about 2 litres of milk *aakantha pana*. Then, to induce emesis, patients are administered *vamana* yoga, a medical combination of *madanaphala pippali* (powder made from *Randiadumetorum seeds*), *yashthimadhu* (*Acorus calamus*), rock salt, and honey.

Pt. has 9 vega with 2-litre *Vaman dravya* till the *pittant*. It's *Samyak Suddhi* without complication and pt. has all the *Samyak Lakshna* of *Vaman karma*.

Pashchat Karma: After the *Pradhan karma* pt. have decreased the *pachan shakti* due to loss of *Agnibal* so correction of *agnibal* by the *sansarjan karma* for seven days with following diets like *Peya*, *mand*, *vilepi*, and *akrit- yush*. These helped in the increase of *agnibal* and maintaining the *pachan shakti* of the patient.

Shaman chikitsa and raktmokshna

Jalauka vidhi: *Jalauka vidhi* is a *raktmokshna* procedure that drains the impure blood from the local diseased site and it is very effective because *Jalauka's* saliva contains biological elements that cause leeches to act. More than a hundred bioactive compounds, including an anaesthetic, anti-platelet aggregation factor, anti-inflammatory, and antibiotic agents, are found in this saliva. These substances widen blood vessels to increase blood flow to the biting site and anaesthetize the wound region to make the leech's bite at its host painless.

Discussion

The depigmented patches display prominent *kapha doshaja* symptoms like *shweta* (whitish), *snigdha* (unctuous), *bahala* (excessively dispersed), and *kandu* (itching) in the patient's

Table 6. Prescribed Medicines as per Follow-up

Follow Up	Date	Medicine	Dose	Raktmokshna	Duration (for Days)
	6 May 2022	<i>Bakuchi vati</i>	2-2_tb BD	Done with <i>jalauka</i>	15
		<i>Lucoskin syrup</i>	5_ml-5_mlBD		
		<i>Swambhu guggalu</i>	2-2_tb BD		
		<i>Lucoskin ointment</i>	LA BD		
	21 May 2022	<i>Bakuchi vati</i>	2-2_tb BD	Done with <i>jalauka</i>	15
		<i>Lucoskin syrup</i>	5_ml-5_mlBD		
		<i>Swambhu guggalu</i>	2-2_tb BD		
		<i>Lucoskin ointment</i>	LA BD		
		<i>Arogyavardhini vati</i>	2-2_tab BD		
	6 June 2022	<i>Bakuchi vati</i>	2-2_tb BD	Done with <i>jalauka</i>	15
		<i>Lucoskin syrup</i>	5_ml-5_mlBD		
		<i>Swambhu guggalu</i>	2-2_tb BD		
		<i>Lucoskin ointment</i>	LA BD		
	21 June 2022	<i>Bakuchi vati</i>	2-2_tb BD	Done with <i>jalauka</i>	15
		<i>Lucoskin syrup</i>	5_ml-5_mlBD		
		<i>Swambhu guggalu</i>	2-2_tb BD		
		<i>Arogyavardhani vati</i>	2-2_tb BD		
	6 July 2022	<i>Bakuchi vati</i>	2-2_tb BD	Done with <i>jalauka</i>	15
		<i>Lucoskin syrup</i>	5_ml-5_mlBD		
		<i>Swambhu guggalu</i>	2-2tb BD		
		<i>Lucoskin ointment</i>	LA BD		
	21 July 2022	<i>Bakuchi vati</i>	2-2tb BD	Done with <i>jalauka</i>	15
		<i>Lucoskin syrup</i>	5ml-5mlBD		
		<i>Swambhu guggalu</i>	2-2tb BD		
		<i>Arogyavardhani vati</i>	2-2tb BD		
	6 August 2022	<i>Bakuchi vati</i>	2-2_tb BD	Done with <i>jalauka</i>	15
		<i>Lucoskin syrup</i>	5_ml-5_mlBD		
		<i>Swambhu guggalu</i>	2-2_tb BD		
		<i>Lucoskin ointment</i>	LA BD		
		<i>Arogyavardhani vati</i>	2-2_tb BD		

observed *Prakriti*, which was *kapha-pittaja* using *vaman*. In this case, seven time follow-up were taken. And in formation consent was given to the patient.

Bakuchi vati: The *katu tikta* rasa, *ruksha guna*, and *katu vipaka* of the in *Shvitra* eliminate srotodushti. Components of bakuchi increase melanin, helping the skin's recovery from vitiliginous conditions.¹⁰

Arogya vardhni vati: The components of the *arogyavardhini* compound include *tamra bhasma* (incinerated copper), *guggulu*, *katuki*, and *tripphala*, which have the benefits of *lekhana* (weight-reducing), *dipana* (improving the digestion and metabolic function), and *medadoshahara* (correcting the breakdown of lipids and transportation), while *lasuna* (garlic)

has the properties of *avarana-hara* (removal of blockage in microchannels), and quality of *rasayan*.¹¹

Lucoskin syrup: This oral liquid contains *naag*, *bakuchi*, *Krishna tulsi*, *mandook parni*, and *kanuach* all the drugs are for melanin synthesis, modulating immunity, enhancing blister healing and restoring antioxidants and reducing stress.

Swambhu guggalu: It contains *bakuchi*, *karanja*, *neem*, and *khadir*, which have *kusthaghna* characteristics, as well as *guggulu*, which helps to balance *vata dosha*. It is recommended for *shvitra roga* (*Bhavprakash kustha chikitsa*) and acts on *rakta*, *mamsa*, *meda*, and *asthi dhatu*.¹²

Jalauka sucks out the impure blood with all the dead cells of the skin and dead melanocytes of the skin and creator enzymes



Figure 1. First Day of Leech Therapy.



Figure 2. After 45 Days of Leech Therapy and Medication.



Figure 3. Ninety Days After Medication with Leech Therapy.



Figure 4. During the Last of the Follow-up.

of leukoderma and opens the blood circulatory Channel of the skin and nourishes the skin and melanocytes (Table 6).

Conclusion

Shvitra is predominantly brought on by *mithya ahara-vihara*, especially *navanna* and *viruddh ahara*, as well as a diet high in *ushna*, *snigdha*guna, and veg *avidharana*. *Shvitra* is a condition that affects both physical and mental well-being. The treatment has given the person a pleasant life by increasing their immune system and self-confidence. Orally prescribed medications also significantly contributed to symptom relief and immunological support.

Ayurvedic treatment helps to remove the disease's underlying cause and prevents recurrence by returning normality to exaggerated coloration. This therapeutic approach can be used to treat *shvitra* because the patient experiences significant relief from their symptoms

Vaman karma is *Shodhan karma*, it has more effective properties such as detoxification of the body and it is more effective in leukoderma because *Shvitra* has *vaatkaph dosha* and obstructs the channel so here *vaman* breaks the obstruction and opens the systemic Channel.

Jalauka vidhi is more beneficial in acute and chronic disease because *jalauka* has numerous bioactive components like antibacterial, analgesic, antiplatelet aggregation; anti-inflammatory and antiseptic properties which have to fulfil the curable properties of leukoderma.

Summary

Vitiligo, an autoimmune condition causing pigmentation changes, has significant socio-medical implications. Traditional practices like Ayurveda offer alternatives to contemporary treatments with potential benefits and fewer side effects. This study focuses on a 27-year-old female with vitiligo undergoing Ayurvedic treatment involving oral medications and Vamana therapy. The objective includes diagnosis, Shodhan Chikitsa, and assessing treatment outcomes. Results highlight the impact of vitiligo on quality of life and the transformative effects of Ayurvedic interventions on depigmented patches, emphasizing Ayurveda's potential in managing autoimmune skin conditions.

Abbreviations

A.H.: Ashtanga Hridaya; **CD:** Chakradatta; **Ch. S:** Charak Samhita; **Ni:** Nidana Sthana; **Su:** Sutra Sthana; **Sa:** Sarira Sthana.

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The authors declared no potential conflicts of interest with respect to the research, authorship and/or publication of this article.

Ethical Approval and Informed Consent

The necessary ethical clearance and patient consent has been received for the study.

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