

**REKINDLING SKIN PIGMENTATION: AYURVEDA MANAGEMENT OF SWITRA - A
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ABSTRACT

Vitiligo is a chronic skin disorder characterized by depigmented patches resulting from the loss or dysfunction of melanocytes. In *Ayurveda*, it closely correlates with *Switra*, a condition primarily caused by an imbalance of *Dosha*, especially *Pitta*. The disturbance of *Bhrajaka* and *Ranjaka Pitta*, which are responsible for skin coloration, is considered central to its pathogenesis. Both modern medicine and *Ayurveda* recognize a multifactorial origin, including genetic, autoimmune, and environmental factors. Vitiligo affects approximately 0.5% to 2.5% of children worldwide. *Ayurveda* advocates a holistic approach to managing *Switra*, focusing on internal cleansing and restoration of balance. This includes *Shodhana* therapies such as *Snehapana* (oleation) followed by *Virechana* (therapeutic purgation), aimed at eliminating aggravated *Dosha*. Additionally, *Shamana* therapy is used to pacify residual imbalances through internal and external medications. A case of a 13-year-old female with depigmented patches over the knees, shins, and elbows for seven years, accompanied by mild itching, demonstrated the effectiveness of this approach. Previous allopathic and homeopathic treatments had been unsuccessful. The patient underwent *Deepana-Pachana*, followed by *Snehapana* and *Virechana*. Post-detoxification, she received *Shamana* therapy, including topical application of *Bakuchi-Jyotishmati Malahara* with controlled sun exposure and internal administration of *Bhringaraja Churna* with honey or milk. Significant clinical improvement was observed, including reduced lesion size, change in colour from milky white to pink, relief from itching, and stabilization of disease progression. This case suggests that a combined *Shodhana-Shamana* approach may be effective in managing *Switra*, warranting further research.

KEYWORDS: *Switra*, Vitiligo, *Ayurveda*, *Virechana*.**INTRODUCTION**

Switra, a chronic skin condition characterized by white patches, which is derived from the Sanskrit word "*sweta*"^[1] meaning "whitish," it is attributed to an imbalance of the *tridosha*, primarily *Bhrajaka Pitta*, responsible for maintaining skin colour. This imbalance leads to depigmentation, affecting *dhatu* like *Rasa*, *Rakta*, *Mamsa*, and *Meda*.^[2] *Switra* has been classified into three types, *Dharuna*, *Charuna*, and *Switra* or *Khilasa*^[3], as documented in ancient *Ayurveda* treatises like *Brihatrayi* and *Laghutrayees*. According to *Acharya Charaka*, *Switra* can arise from various factors, including *Viruddha Ahara* and *Vihara*, *Adharma*, disrespecting elders, and *purva janmakruta papa*.^[4] These factors

disrupt the equilibrium of the *dosha*, particularly *Bhrajaka Pitta*, leading to the manifestation of *Switra*. Based on its clinical presentation, *Switra* can be correlated with Vitiligo, an autoimmune disorder characterized by the destruction of melanocytes, resulting in localized depigmentation.^[5] Vitiligo, and by extension, *Switra*, carries significant social stigma, leading to physical disfiguration and psychological distress, particularly in children. This can hinder their social and emotional development due to feelings of inferiority and low self-esteem.^[6] To investigate the efficacy of a therapeutic regimen comprising External application of *Bakuchi - Jyotishmati malahara* followed by sun exposure and internal administration of

Bhringaraja churna after *Virechana*. This study aims to evaluate the effectiveness of this Ayurveda approach in managing *Switra* in children.

MATERIALS AND METHODS OBJECTIVES

To study the effect of *Bakuchi – Jyotishati malahara* and internal administration of *Bhringaraja churna* after *virehana* in treating *switra* in children.

CASE DESCRIPTION

A 13 years old female child came to OPD of Kaumarabhritya department of with complaints of whitish patches B/L Shin and Elbow region in the past 7 years associated with mild itching in the patches. No family history was noticed.

History of Present illness

The child was apparently healthy 7 years back. Suddenly they noticed whitish depigmented patch on right knee along with itching sensation. Parents showed the child in nearby Allopathic clinic, there child was examined and diagnosed as vitiligo. They gave topical application ointment for 2 months but there was no any improvement seen. Later they visited nearby homeopathy clinic there they gave topical application and internal medications for 1 year but the condition got worsened. The lesions progressively increased in size and number, eventually involving additional sites such as shin, elbow regions. Hence for better management they visited to our hospital.

History of Past illness

Child had no history of any other autoimmune disorder, hypo or hyper thyroidism, burn injuries.

Personal history

Aharaja – Mixed; noted intake of incompatible food combinations (e.g., milkshakes, chicken with curd)

Viharaja

Sleep - Sound sleep (7 hours / day), occasional day time sleeping observed
Bowel – Well-formed 1 time/ day
Micturition – 4- 6 times / day

General Examination

Pallor – absent Icterus – absent
Clubbing – absent Cyanosis – absent
Lymphadenopathy – absent Oedema – absent
Respiratory rate – 24 cycles / min Pulse rate – 76 beats /min
Weight – 34.6kg

Local Examination

Site of lesion – B/L knee, shin , elbow Number of lesions – 6
Colour of lesion – Milky white Distribution – Symmetrical
Size – 4cm x 5cm (2% area of body) Itching – Present, mild in nature Burning sensation – Absent
Discharges from the lesion – Absent

Diagnostic measures

Wood's lamp examination – Revealed characteristic milky white fluorescence, confirming the diagnosis of Vitiligo.

Management

Brief note on treatment plan

Table 1: First line treatment- Deepana, Pachana.

Day	Medication
1	<i>Chitrakadi vati</i> 1tid (morning, afternoon and evening) <i>Panchakola phanta</i> 40ml tid (morning, afternoon and evening)

Table 2: Second line treatment – Panchakarma procedures.

Day	Medications	Diet
1	<i>Snehapana</i> with <i>Murchita ghrta</i> -30 ml	Ganji
2	<i>Snehapana</i> with <i>Murchita ghrta</i> – 70ml	Ganji
3	<i>Snehapana</i> with <i>Murchita ghrta</i> - 100ml	Ganji
4	<i>Snehapana</i> with <i>Murchita ghrta</i> - 150ml	Ganji
5	<i>Snehapana</i> with <i>Murchita ghrta</i> - 200ml	Ganji
6	<i>Sarvanga abhyanga</i> with <i>Murchita taila</i> followed by <i>Pariseka</i> with <i>Dashamula kwatha</i>	Anna rasam
7	<i>Sarvanga abhyanga</i> with <i>Murchita taila</i> followed by <i>Pariseka</i> with <i>Dashamula kwatha</i>	Anna rasam
8	<i>Sarvanga abhyanga</i> with <i>Murchita taila</i> followed by <i>Pariseka</i> with <i>Dashamula kwatha</i>	Anna rasam
9	<i>Sarvanga abhyanga</i> with <i>Murchita taila</i> followed by <i>Pariseka</i> with <i>Dashamula kwatha</i>	Ganji
10	<i>Virechana</i> with <i>trivrut leha</i> – 60g	

Child had 15 vegas and samsarjana krama for 5 days given.

Table 3: Shamanoushadhi.

Medicine	Dose	Duration
<i>Bakuchi – Jyotishmati malahara</i>	External application quantity sufficient	1 month
<i>Bhringaraja churna</i>	1 gms bd with milk/hoeny	1 month

Bakuchi – Jyotishmati malahara preparation

- One part of *sikta taila* is taken along with 5/8 parts of *Bakuchi – Jyotishmati taila* and heated over moderate fire.
- Heating is continued till the wax is totally liquified and thoroughly mixed with the *taila*.
- It is filtered and preserved.

Bhringaraja Churna preparation

- *Bhringaraja herb* is taken, dried well and fine powder is made.
- Powder is filled in capsules and preserved.

Assessment Criteria

The child was assessed on 0th day, on 31st day (after treatment) and on 61st day (after 30 days of intervention) and effect of treatment were noted in terms of colour, size of patch and number of patches using VETF Score.^[7]

OBSERVATIONS AND RESULTS

External application of *Bakuchi – Jyotishmati malahara* followed by exposure to sunlight for 10- 20 minutes and internal use of *Bhringaraja churna* with milk/honey after *virechana* has given these observations: changed the colour of patches from white to pink and reduction in size also noted.

Table no 4: Observations and Results.

Parameters	Before treatment	After treatment
Size	4cmx5cms (2%)	4cmsx2cms(1%)
Colour	White / milky white	Pink
Itching	Present	Absent
Spreading	Spreading in nature	Stagnant
Pigmentation stage	Complete depigmentation	Incomplete depigmentation





DISCUSSION and CONCLUSION

Virechana or *Sramsana* is considered beneficial in the management of *Switra* as it helps eliminate the accumulated *dushita Pitta dosha*. *Virechana* is regarded as the *agrya* (prime therapy) for the removal of aggravated *Pitta*. By cleansing the body, it improves gut health and enhances the absorption of nutrients and active principles that are involved in the conversion of tyrosine into melanin.^[8]

Furthermore, *Virechana* helps in normalizing *Bhrajaka Pitta* and *Ranjaka Pitta*, and acts as a *Rakta Shodhaka* (blood purifier). It also supports immune function, which contributes to the restoration of normal skin pigmentation. This process may aid in clearing obstructions in the dendrites of melanocytes, thereby facilitating the proper transfer of melanin from the stratum basale to the melanosomes present in keratinocytes.^[9]

Bakuchi Churna contains antioxidant compounds such as psoralen, isopsoralen, and bakuchiol. These constituents

help reduce reactive oxygen species and protect melanocytes from free radical-induced damage, thereby supporting melanin production. In addition, *Bakuchi* exhibits immunomodulatory effects on melanocytes and helps inhibit antigen-induced degranulation.^[10]

Jyotishmati, due to its *Ushna* and *Tikshna* properties, is believed to influence the melanin content within melanosomes and melanoblasts, thereby helping to maintain an even skin tone.^[11]

Thus, the external application of *Lepa/Malahara* helps stimulate melanocytes and promotes melanin formation. It enhances the absorption of UV light by keratinocytes, which in turn increases the production of Vitamin D, thereby supporting the process of pigmentation.

Bhringaraja possesses immunomodulatory properties and acts on the precursors present in the stratum basale, thereby enhancing the production of alpha-melanocyte stimulating hormone (α -MSH). It also supports liver detoxification, which contributes to *Rakta Prasadana*

(purification and nourishment of blood). As a result, it helps promote improved skin pigmentation.^[12]

The external application of *Lepa*, along with internal medications administered after *Virechana*, helps enhance the functions of *Bhrajaka Pitta* and *Ranjaka Pitta*. This combination stimulates the melanocytes present in the epidermis, thereby promoting increased repigmentation of depigmented patches.

Further research can be undertaken to explore the mechanisms of action of various drugs with properties similar to *Bakuchi*, *Jyotishmati*, and *Bhringaraja*. These drugs may promote melanisation by stimulating melanocyte activity in the epidermis, thereby aiding in the repigmentation process.

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