

Clinical Insights into *Shwitra* (Vitiligo): A Case Study ExplorationSaurav Brahmabhatt,<sup>1\*</sup> Krushnkumar Taviad,<sup>2</sup> Bharat Kalsariya<sup>3</sup>

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**ABSTRACT:**

*Shwitra* (vitiligo) is a skin disorder marked by hypopigmentation, impacting both skin appearance and quality of life. Due to its chronic nature and limited effectiveness of conventional treatments, this case report evaluates the therapeutic outcomes of Ayurvedic management using *Gandhaka Rasayana* and *Bakuchi Taila*, offering insights into their potential efficacy for future research and clinical practice. A 65-year-old female patient presented with progressive hypopigmented patches on the arm and was diagnosed as *Shwitra* at the outpatient department. The regimen involved *Gandhaka Rasayana* and *Bakuchi Taila*, supported by dietary and lifestyle changes to improve effectiveness. The patient's progress was monitored over twelve weeks, assessing changes in pigmentation, skin condition, and overall quality of life through validated scales and patient-reported outcomes. After twelve weeks of treatment, the patient showed significant repigmentation, improved skin texture, and reduced hypopigmented patch size. The treatment was well-tolerated with no adverse effects. The patient reported enhanced self-esteem and social interactions, improving quality of life. Follow-up at six months showed sustained pigmentation improvement. The therapeutic use of *Gandhaka Rasayana* and *Bakuchi Taila* demonstrates promising potential in managing *Shwitra* (vitiligo) by enhancing repigmentation, nourishing the skin, and supporting overall health through Ayurvedic principles.

**KEYWORDS:** *Bakuchi Taila*, *Gandhaka Rasayana*, Vitiligo, White pigmentation.

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*Shwitra*, commonly known as vitiligo, is a skin disease characterized by patches of hypopigmented, white-coloured skin lesions;

without discharge. <sup>[1]</sup> This disorder significantly impacts an individual's quality of life, often leading to psychological distress and social stigma, particularly in cultures where skin colour is highly valued.

In Ayurveda, *Acharya* Sushruta has referred to *Shwitra* as another form of *Kushtha*. The condition is believed to stem from imbalances in the three *Dosha*—*Vata*, *Pitta*, and *Kapha*—disrupting the body's natural harmony. It is prevalent globally, affecting approximately 0.5% to 2% of the population, with most cases manifesting during the second or third decade of life.<sup>[2]</sup> Despite the availability of various treatment options in modern medicine, such as topical steroids and phototherapy, effective management of vitiligo poses challenges. These conventional approaches often provide limited relief and may not address the underlying causes of the disorder, leading to a cycle of recurrence. In contrast, Ayurveda offers a holistic framework that focuses on restoring balance among the *Dosha* and addressing the root imbalances within the body.

In Ayurveda, the treatment of *Shwitra* (vitiligo) follows a dual approach of *Shodhana* (detoxification) and *Shamana* (palliative) *Chikitsa* (therapy). *Shodhana* therapy focuses on cleansing the body of accumulated toxins (*Ama*) that are believed to disrupt the natural balance of the *Dosha*, which plays a role in skin pigmentation. *Panchakarma*, a key aspect of *Shodhana*, involves procedures like *Vamana*, *Virechana* and *Raktamokshana* which help eliminate toxins from the body, rejuvenate tissues, and restore balance. On the other hand, *Shamana Chikitsa* aims to pacify the aggravated *Dosha* through formulations, dietary adjustments, and lifestyle changes. Remedies like *Gandhaka Rasayana* and *Bakuchi Taila* are commonly used in this stage to restore pigmentation, reduce inflammation, and promote skin health. Together, the *Shodhana* and *Shamana* approaches address both the internal and external factors of *Shwitra*, supporting the

body's natural healing process and restoring harmony to the skin.

This case report aims to evaluate the therapeutic effects of *Gandhaka Rasayana* and *Bakuchi Taila* in the management of *Shwitra*. It was documented in the case of a 65-year-old female patient presenting with a hypopigmented patch on her left forearm, accompanied by excessive itching, this study seeks to shed light on the efficacy of Ayurvedic treatments. It aspires to contribute valuable insights into alternative strategies for managing vitiligo, thereby enhancing our understanding of integrative approaches to skin disorders.

### CASE REPORT:

A 65-year-old married female presented to the outpatient department of Rasashastra and Bhaishajya Kalpana at Government Ayurved Hospital, Vadodara, Gujarat, India. The patient belonged to a lower middle-class socio-economic background, residing with her family in Vadodara. She reported the presence of a hypopigmented patch on her skin, which had gradually increased over the past three years, particularly on her left forearm (Figure-1). Clinical examination confirmed the diagnosis of *Shwitra* (vitiligo), with a well-defined hypopigmented patch on the left forearm with excessive itching noted but no signs of inflammation. Considering her concerns regarding *Shodhana Chikitsa*, only *Shamana Chikitsa* (palliative approach) was given.

### Treatment History

The patient underwent specific therapy for *Shwitra* (Vitiligo) and had a history of allopathic treatments, including betamethasone 5 mg BD, Ruxolitinib 20 mg OD and Calcipotriene cream 0.005% for four weeks, which provided negligible relief. There were no known coexisting conditions.

The patient reported a history of excessive consumption of spicy and sour food. No relevant family history of psoriasis or similar dermatological conditions was identified.

**Examinations and measures**

On examination, the patient’s skin was assessed for the extent and characteristics of the hypopigmented patches, noting well-defined borders and an absence of scaling or inflammation. A Wood's lamp examination was conducted to confirm the diagnosis of *Shwitra* (vitiligo) by evaluating the fluorescence of the patch. A detailed medical history was taken, focusing on the onset and progression of the skin condition, as well as previous treatments and any dietary habits or lifestyle factors that may have influenced her condition. Family

**B. Shamana Chikitsa:** The details are shown in table-6

**Diagnostic Assessment:** Criteria of Assessment with scoring is mentioned in table1-5.

history was also taken to identify any genetic predispositions to skin disorders.

**General Examination**

The patient had a pulse rate of 78/min, blood pressure of 126/72 mm/Hg, a temperature of 98.4°F and a respiratory rate of 21/min; her height was 152 cm, weight was 46 kg, and BMI was 19.9 kg/m<sup>2</sup>, with clear conjunctiva, a white-coated tongue with no oedema in any part of the body.

**TREATMENT PROTOCOL**

**A. Nidana Parivarjana:** The patient was advised to avoid dietary substances that aggravate *Dosha* and induce symptoms. This included abstinence from consuming heavy foods, incompatible food combinations, acidic foods, sesame, jaggery, excessive dairy products, etc.

**RESULT:**

After treatment, all symptoms were relieved as mentioned in table-7 but hyperpigmentation at the site of the patch was seen (Figure-4).

**Table-1: Numbers of Hypopigmented Patches**

Criteria	Scoring pattern	Score on screening day
0 patch	0	1
1-2 patches	1	
3-5 patches	2	
More than 5 patches	3	

**Table-2: Size of Patches**

Criteria	Scoring pattern	Score on screening day
No patch	0	3
Small (less than 1 cm)	1	
Moderate (1-3 cm)	2	
Large (Larger than 3 cm)	3	

**Table-3: Symptoms associated with Lesions (Itching)**

Criteria	Scoring pattern	Score on screening day
No symptoms (asymptomatic)	0	3
Mild itching	1	
Moderate itching	2	
Severe itching	3	

**Table-4: Symptoms associated with Lesions (Discomfort)**

Criteria	Scoring pattern	Score on screening day
No symptoms (asymptomatic)	0	3
Mild discomfort	1	
Moderate discomfort	2	
Severe discomfort	3	

**Table-5: DLQI (Dermatology Life Quality Index)**

Criteria	Scoring pattern	Score on screening day
Dermatology Life Quality Index	0-30	14

**Table-6: Shamana Chikitsa**

Drug	Dose	Duration of treatment	of Kala
<i>Gandhaka Rasayana</i>	2 tablets BD	12 weeks	After meal
<i>Bakuchi Taila</i>	External application only on affected area along with sun exposure	12 weeks	Once in the morning

**Table-7: Result**

Complaints	Score BT (0 week)	Score AT (12 weeks)
Numbers of hypopigmented patches	1	0
Size of patches	3	0
Itching	3	0
Discomfort	3	0
Dermatology Life Quality Index score	14	5



**Figure-1: At the starting of treatment**



**Figure-2: 4<sup>th</sup> week of treatment**



**Figure-3: 8<sup>th</sup> week of treatment**

### DISCUSSION:

*Shwitra*, or vitiligo, presents a unique challenge in dermatological care, with its hallmark hypopigmented patches often leading to psychological distress. The Ayurvedic approach emphasizes restoring balance among the *Dosha*, particularly *Pitta*, which is crucial for skin health. In this study, the 65-year-old female patient responded positively to *Gandhaka Rasayana* and *Bakuchi Taila*, which were aimed at enhancing pigmentation and supporting overall skin health. The topical application of *Bakuchi Taila* combined with *Gandhaka Rasayana*, provides a dual strategy that addresses both local and systemic factors contributing to *Shwitra*.<sup>[3]</sup> Dietary modifications and controlled sun exposure, further support the treatment plan by promoting natural pigmentation. No adverse drug effect was observed during treatment but after the treatment hyperpigmentation at the site of the patch was seen may be due to excessive sun exposure. This integrated approach not only alleviates the symptoms but also aims to correct underlying imbalances, showcasing the potential of Ayurvedic treatments in managing chronic skin conditions like *Shwitra* effectively.

### Probable Mode of Action of *Gandhaka Rasayana* and *Bakuchi Taila*



**Figure-4: 12<sup>th</sup> week of treatment**

*Gandhaka Rasayana* and *Bakuchi Taila* are commonly used in Ayurveda to treat *Shwitra* (vitiligo), targeting the condition's internal and external factors. *Gandhaka Rasayana* contains *Shuddha Gandhaka*, which is *Agnideepaka*, *Amapachaka*, *Amanashaka*, *Vishabara*, *Kushthagbna*, *Shoshaka*, and *Kruminashaka*, encompassing all the necessary properties to treat *Kushtha*. The Bhavana Dravya like *Godugdha*, *Twak Kvatha*, *Ela Kvatha*, *Patra Kvatha*, *Nagakeshara*, *Guduchi Svarasa*, *Pathya Kvatha*, *Aksha Kvatha*, *Dhatri Svarasa*, *Shunthi Kvatha*, *Bringaraja Svarasa*, *Ardraaka Svarasa* and *Sita* in *Gandhaka Rasayana* enhances these effects, helping to relieve skin discolouration and restore natural pigmentation. It helps to remove toxins (*Ama*), supporting the healing of hypopigmented areas. *Bakuchi Taila*, derived from *Psoralea corylifolia* Linn., is applied externally to stimulate melanin production, activate melanocytes, and restore colour to white patches. It improves circulation, has anti-inflammatory and antioxidant properties, and provides UV protection, all contributing to skin rejuvenation.<sup>[4]</sup>

Thus, *Gandhaka Rasayana* may stimulate melanocyte activity, promoting melanin production in hypopigmented areas, helping restore skin colour and reduce white patches. Both formulations possess anti-

inflammatory properties, reducing inflammation that exacerbates skin conditions, alleviating discomfort, and improving skin appearance. They also support detoxification, aiding in removing toxins that contribute to skin disorders, aligning with Ayurvedic principles of balancing *Dosha* for overall well-being. The combined use of *Gandhaka Rasayana* and *Bakuchi Taila* creates a synergistic effect, where topical and systemic treatments work together to address both local symptoms and systemic factors of *Shwitra*.

This multifaceted approach may lead to more effective management of *Shwitra*, facilitating improved patient outcomes.

#### **Follow-Up:**

The patient was observed for six months and no recurrence has been seen.

#### **CONCLUSION:**

In conclusion, the therapeutic use of *Gandhaka Rasayana* and *Bakuchi Taila* demonstrates promising potential in managing *Shwitra* (vitiligo) by enhancing repigmentation, nourishing the skin, and supporting overall health through Ayurvedic principles. The multifactorial approach addresses both local and systemic aspects of the condition, leading to improved patient outcomes. Further studies with larger samples and longer follow-up periods are warranted to validate these findings and optimize treatment protocols.

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