

**Efficacy of *Kushtha Ghana Chikitsa* in the management of *Shvitra*- A case study**

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**Abstract:** In Ayurveda, all concepts of disease, *Dosha*, *Dushya*, *Nidana*, *Chikitsa* are very specific and clear. Skin diseases are explained under the term *Kushtha*. *Shvitra* is one of them. White patch is the main symptom of *Shvitra* disease and therefore it can be compared with Vitiligo. Vitiligo is an acquired condition of skin in which depigmentation of skin occurs. The discoloured patches are often symmetrical and occur mainly on extensor surfaces. Approximately 1% of the world's population is affected from it. A 17-year-old male patient visited OPD of department of Basic Principles, IPGT & RA, Jamnagar, Gujarat and presented

with the chief complaints of White coloured patches (*Twak-Shwetata*) on the both legs and excessive itching sensation in both the eyes. The patient was treated on the lines of Ayurvedic treatment protocol, i.e. *Kushtha-Ghana Chikitsa*. He was given *Manjishthadi Kwatha*, *Khadira Phant*, *Nimba Churna*, *Guduchi Churna*, *Aarogyawardhini Rasa*, *Gandhaka Rasayana* internally and *Bakuchi Churna* both internally and externally and *Gandhaka Malahara* for local application. After 4 months of treatment, the size of discoloured patches decreased. Hence, the case study proves *Kushtha Ghana Chikitsa* is useful in the treatment of *Shvitra*.

**Key Words:** *Shvitra*, Vitiligo, *Kushtha*, Leucoderma, *Kushtha Ghana Chikitsa*

**Introduction:** In Ayurveda, the skin diseases are described under the umbrella term, *Kushtha*. *Shvitra* is a type of *Kushtha Roga* and has been described in almost all major Ayurvedic texts. It is caused by vitiation of all the three *Dosha*. *Bhrajaka pitta*, which is responsible for the colour of skin, also get vitiated causing discolouration. In modern medical science, the characteristics of *Shvitra* are similar to vitiligo. Vitiligo is an acquired condition of skin which is characterised by depigmented patches. It occurs due to the loss of melanocytes cells that produce pigment melanin responsible for colour of the skin. The treatment approach of vitiligo in modern medical science consists of topical corticosteroid creams, phototherapy, skin grafting etc. In Ayurvedic classical texts, the treatment for *Shvitra* as given by Acharyas consists of *Shamana* and *Shodhana*. In the present case study, Ayurvedic *Sansamana* therapy, *Nidana Parivarjana* and *Pathya Ahara Vihara* were prescribed. The ayurvedic treatment consisted of herbs and formulations that pacify the vitiated *Tridosha*, and also work on *Bhrajaka Pitta*. After a few weeks of treatment, the patient has considerable improvement in symptoms such as decrease in the size of depigmented patches and itching.

### Case Report

A 17-year-old male patient visited OPD of department of Basic Principles, IPGT & RA, Jamnagar, Gujarat and presented with the chief complaints of White coloured patches (*Twak-Shwetata*) on the both legs and both eyes with excessive itching sensation. These symptoms started four years ago and gradually increased thereafter. The patches were white in colour, and there was no dryness and scaling. These symptoms are progressive in nature. On the basis of sign and symptoms, the condition was diagnosed as Vitiligo or *Shvitra*. Patient works at a motor

garage and is educated upto 7<sup>th</sup> class. He does not have family history of Vitiligo or *Shvitra*, patient's Socio-economic status was lower class and lives in slum area. Life style and job both are unhygienic. There is no personal history of autoimmune disorders like psoriasis, asthma etc. there was no history of trauma or surgery.

### **History of present illness**

Patient was healthy four years back when he developed some discolouration on his feet, and itching sensation which gradually converted into whitish patches.

### **Personal History**

Mixed dietary habits like rice, *khichadi*, curd, oily and spicy food, non-vegetarian food like fish (3-4 times /week), one glass milk (100ml) at night time regularly with dinner, Dietary habits revealed excessive cold water intake especially immediately after physical activity. Patient took *Viruddha Ahara Vihara* i.e. curd with *khichadi* in dinner, fish with milk,

Bowel-normal

Sleep- normal

Addiction – no addiction

### **GENERAL EXAMINATION**

Pallor- absent,

Clubbing- absent

lymph node- not palpable

Oedema- absent

In feet, palm, eyes whitish discolouration with itching,

BP- 130/80 mm of hg

Pulse- 70/min.

**Treatment :**

1. *Khadira Churna* 5gm as *Phant*.
2. *Guduchi Churna* 3gms, *Nimba churna* 3gms, *Bakuchi churna* 1gm, *Ghandhaka rasayana* 125mg, *Arogyavardhini Rasa* 125mg twice a day after meal with lukewarm water.
3. *Mahamanjishthadi Kwatha* 10 gms orally twice a day (empty stomach).
4. *Ghandhak Malahara* local application once in night
5. *Bakuchi Churna* paste with water for local application and then advised to sit in direct sunlight for 15-30 min.

**Pathya Ahara-Vihara :** Green vegetables with roughage, fruits, like pomegranate, normal water, maintain personal hygiene, fast in a week, etc.

**Apathya Ahara :** *Tikshna Dravya Lavana*, *Amla rasa* and, curd, spicy food, fish, *khichadi*, cold things and excessive water intake etc.

The patient was advised to take medicine properly and strictly follow the *Pathya-Apathya* with regular follow up.

**Discussion:**

According to Ayurveda text *Shvitra* is a *TridoshajaVyadhi*<sup>1</sup>. As stated earlier that in the process of development of *Shvitra* vitiated *Dosha* affects whole skin or some part of skin leading to clinical manifestations like *Twaka Vaivarnya* (white patches). In addition, certain other manifestations are also seen in *Shvitra* which include *Kandu*, *Sarvabhava*, *Daha*, *Paridhvanshiansh*, *Parushya*<sup>2</sup>. *Shvitra* is enumerated as *Raktaja Vikara*<sup>3</sup>. *Rakta* and *Pitta* are correlated with *Ashraya-Ashrayi Bhava*<sup>4</sup>. So, mainly *Pitta* i.e. *Bhrajaka Pitta*, which is responsible for normal skin colour gets vitiated, that leads to white coloured skin patches, named as *Shvitra Vyadhi*<sup>5</sup>. According to Sushruta, *Varnaprasadhana* is one of the functions of *Rakta Dhatu*. Many of the *Aharatamaka* and *Viharatamaka* habits of patient come under *Viruddha*. So it may be hypothesized that, above mentioned etiological factors (incompatible diet and lifestyle) are responsible for *Raktaduṣṭi* and production of *Agnimandhya* and then formation of *Ama*

which plays an important role in beginning of pathogenesis of *Shvitra*. The line of management of *Shvitra* is exactly like principles of management of *Kushta* in Ayurveda<sup>6</sup>.

*Nidana Parivarjana* is first step in ayurvedic treatment<sup>7</sup> so above mentioned *Nidana* like milk with fish, curd, excessive cold water was advised to stop strictly. In *Shamana Chikitsa*, patient was advised to take *Manjishthadi Kwatha*, *Khadira Phant*, *Nimba churna*, *Guduchi churna*, *Bakuchi churna Aarogyavardhini rasa*, *Gandhaka Rasayana* as internal medications. *Gandhaka Malahara* and *Bakuchi churna* paste for local application.

*Khadira* has *Kushthaghana* properties hence it is used both internally and externally in *kushta* patients<sup>8</sup>. *Nimba* also has *Kushthaghana* properties and *Rakta Shodhaka* properties. *Bakuchi Churna* is given orally because *Bakuchi* provides nourishment to the skin cells and help in rejuvenating the cells<sup>9</sup>. It has anti-inflammatory properties and quick healing properties. *Bakuchi* is also known as *Kushthaghani* in Ayurveda texts. *Arogyavardhini rasa* is mentioned in *Rasaratnasamucchaya* for the treatment of *Kushta*. It acts as *Dhatu Poshaka*. If there is any impairment of any *Dhatu* we can use *Arogyavardhini rasa*. Here four *Dhatu* are involved in *Shvitra*. It has anti-pruritic property, antioxidant property. It improves digestion and metabolic activities.<sup>10</sup>

*Manjishthadi Kwatha* is given internally in the form of decoction, as it is a well-established blood purifier in Ayurveda. The main constituent of *Manjishthadi Kwatha* is *Manjistha* which is having following properties— *Rasa- Tikta, Kashaya, Madhura, Guna- Laghu, Ruksha, Ushna Veerya* and *Katu Vipaka* along with overall *Kapha Pitta Shamaka* properties. *Manjistha kwatha* has *Laghu, Ruksha Gunas* which acts on *Kapha* and *Pitta Dosha*, causes *Kapha* and *Piita Shamana* as well as possesses *Rakta Shodhaka* properties<sup>11</sup>.

**Conclusion:** *Kushthaghana Chikitsa* in the form of *Manjishthadi Kwatha, Khadir Phant, Nimba churna, Guduchi churna, Aarogyawardhini rasa; Gandhaka rasayana* internally and *bakuchi churna* both internally and externally and *gandhaka malhar* local application along with *Nidana Parivarjana* can help in the management of *Shvitra*. However to prove the significant effect of present protocol of *Kushtha Ghana Chikitsa* on *Shvitra*, the study can be conducted on large scale.



pic-1

pic-2

pic-3

pic-4

pic-5

- pic-1- before treatment
- pic-2- after one month treatment
- pic-3 – after two months treatment
- pic-4- after three months treatment
- pic-5- after four months treatment

#### References

1. Acharya YT, editor. Charakasamhita of Agnivesha, chikitsa Sthana, 7/173, Reprint edition, Varanasi: Chaukhamba Orientalia; 2016. p.458
2. Acharya YT, editor, Susruta Samhita of Susruta, Nidana sthana, 5/17, Reprint edition, Varanasi:chaukhamba Orientalia; 2016. p.286
3. Acharya YT, editor. Charakasamhita of Agnivesha, sutra Sthana, 28/12, Reprint edition, Varanasi: Chaukhamba Orientalia; 2016. p.179
4. Pt. HS Sastri, editor, Astangahrdaya of Vagbhata, Sutra Sthana, 11/26, Reprint edition, Varanasi: ChaukhambaSanskrit Sansthan; 2016. p.186

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5. Pt. HS Sastri, editor, Astangahrdaya of Vagbhata, Sutra Sthana, 12/14, Reprint edition, Varanasi: Chaukhamba Sanskrit Sansthan; 2016. p.194
  6. Acharya YT, editor. Charakasamhita of Agnivesha, chikitsa Sthana, 7/166, Reprint edition, Varanasi: Chaukhamba Orientalia; 2016. p.458
  7. Acharya YT, editor, Susruta Samhita of Susruta, Uttar tantra, 1/25, Reprint edition, Varanasi:chaukhamba Orientalia; 2016. p.597
  8. Acharya YT, editor, Susruta Samhita of Susruta, chikitsa sthana, 9/70, Reprint edition, Varanasi:chaukhamba Orientalia; 2016. p.448
  9. SriBrahmasankara misra editer, Bhaaprasasa of Sribhavamisra, HARITKYADI VARGA 209, Reprint edition, Varanasi:chaukhamba Orientalia; 2016. P-316
  10. Ambhikdutta Shastri,Rasaratnasamucchaya, 9th edition,Chaukhambha Sanskrit Publisher,Reprint-1994, chapter- 20 peg. no. 400
  11. Dr. Shailaja Srivastava editor, Sharngadhara Samhita of Acharta Sharngadhara, Madhayama khanda, Reprint edition, Varanasi:chaukhamba Orientalia; 2015 p-144