

## SWITRA AND VITILIGO: AN INTEGRATIVE REVIEW OF AYURVEDIC AND MODERN PERSPECTIVES

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### ABSTRACT

Shwitra Kuṣṭha is a non-infectious skin disorder described in Ayurveda, characterized by loss of normal skin pigmentation, comparable to vitiligo in modern medicine. It is classified under Kuṣṭha Roga and is caused by Tridoṣa vitiation, predominantly Pitta and Kapha, affecting Rasa, Rakta, Māṃsa, and Meda dhātus. Etiological factors include Viruddhāhāra, improper lifestyle, and past karmic influences. Clinically, it presents as white or pale patches on the skin without discharge or pain. Management emphasizes Śodhana therapies such as Vamana and Virechana followed by Śamana and Rasāyana measures, along with strict dietary and lifestyle regulation.

**KEYWORDS:** Kustha, switra, vitiligo, Leucoderma, Kilasha.

### INTRODUCTION

Ayurveda is an old ancient therapeutic way of treatment which has been originated in India many many years ago by our Acharyas which now has been fully accepted around worldwide for the treatment of various diseases which includes all the systems like cardiovascular, respiratory, nervous systems etc. in which derma diseases are well known treated by the ayurvedic treatment which also include chronic diseases like psoriasis, eczema, vitiligo and many more. This article specifically brief you about skin condition called Leucoderma, a disease that causes loss of pigmentation on

the skin. The condition causes white patches to appear on the skin and is more distinguishable in people with dark skin. Also termed vitiligo, the condition is termed severe when the spots cover the entire body, including the scalp, eyes, and genitals. It is a long-term skin ailment that at times is incurable. With the help of proper medical diagnosis and a combination of various treatments, patients can manage the disease. All patients do not respond in the same way to the treatments due to different underlying causes; hence the results of the treatment will differ from one to another. Leucoderma (Vitiligo) treatment aims to restore skin color through various methods like topical creams (corticosteroids, calcineurin inhibitors), phototherapy (UVB/UVA light), and newer options like JAK inhibitors (ruxolitinib), with always emphasizing sun protection and psychological support to manage its impact.

**In Shwitra Kuṣṭha – Mild Purgation:** In patients suffering from shwitra Kuṣṭha, after purifying the body by all means through emesis (Vamana) and purgation (Virechana), special mild purgation should be done. Generally, all types of Kuṣṭha (skin diseases) are considered sinful diseases, and among them shwitra Kuṣṭha is regarded as especially sinful. Although shwitra Kuṣṭha is not included among the eighteen types of Kuṣṭha because it is not contagious, contagiousness is a special feature of Kuṣṭha. In this condition, the skin becomes extremely disfigured; therefore, it is also considered Kuṣṭha. Hence, apart from the eighteen Kuṣṭha, its specific treatment has been described separately.

## MATERIALS AND METHODS

### Nidan

- Vchansyatathyani
- Kritaghanbhao
- Ninda suranam
- Gurudharsanam
- Paapkriya
- virodhi anna
- purvajanmakrita karma<sup>[1]</sup>

### Etiology

Vitiligo occurs when pigment-producing cells (melanocytes) die or stop producing melanin — the pigment that gives your skin, hair and eyes color. The involved patches of skin become lighter or white. It's unclear exactly what causes these pigment cells to fail or die. It may be related to:

1. A disorder of the immune system (autoimmune condition)
2. Family history (heredity)
3. A trigger event, such as stress, severe sunburn or skin trauma, such as contact with a chemical.<sup>[2]</sup>

### Other causes

#### Dietary cause

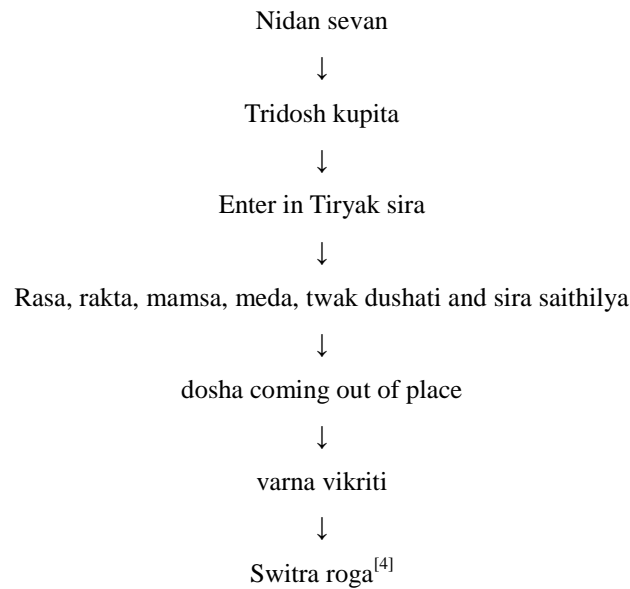
1. Excessive intake of liquid and heavy foods for a very long time
2. Excessive eating in the condition of indigestion
3. Excessive intake of new grain curd, fish, sesame seed, salty and sour food milk, jaggery sweets.

#### Physical causes

1. Suppression of the natural urges specially vomits

2. Severe physical exercise in excessive heat and after taking very heavy meals.
3. Panchakarma complications (incorrect application of body purification therapy)
4. Drinking cold water or having cold bath immediately after direct contact of heat.
5. Having coitus in state of indigestion
6. Daytime sleep<sup>[3]</sup>

### Samprapti



### Samprapti ghatak

Dosha – vata, pita(bhrajaka pitta) ,Kapha

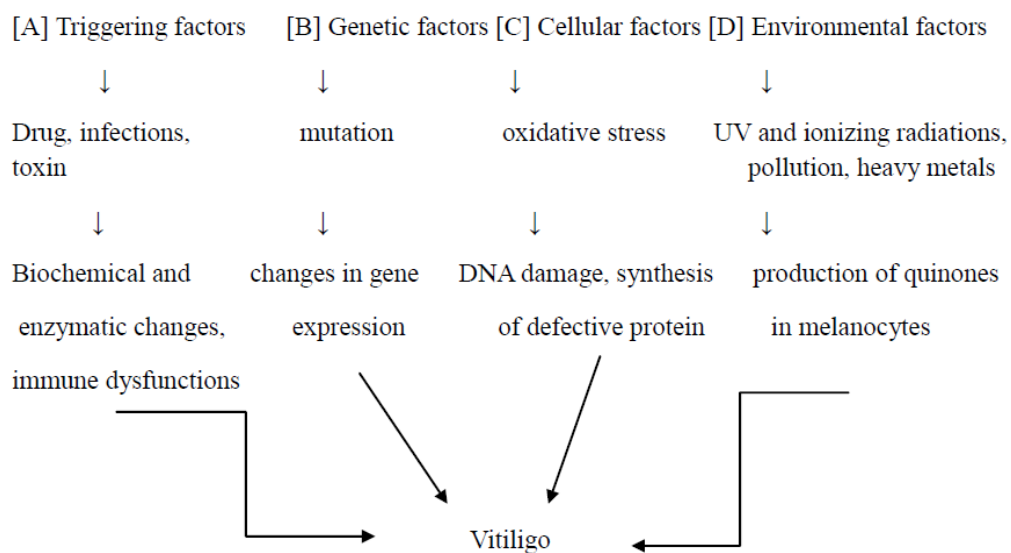
Dushya – rasa, rakta, mamsa, meda, twak

Adhistahana – twak (tamranamak chaturtha twak)

Strotodushti- sanga or vimargagaman

Agni - mandya<sup>[5]</sup>

### Pathophysiology<sup>[6]</sup>



**Types of Switra****Aacharya charaka – 3**

1. Daruna
2. Charuna
3. Switra (kilasha)<sup>[7]</sup>

**Aacharya vag bhatta -3**

1. Vataja Switra
2. Pittaj Switra
3. Kaphaj Switra<sup>[8]</sup>

**Lakshana of switra according to dosha<sup>[9]</sup>**

Dosha	Lakshana
Vataj	Ruksha, aruna varna
Pittaj	tamram kamlapatravata, sadaham ,romadvanshi
Kaphaj	Swetam, ghanam, guru, kandu

**Symptoms according to modern**

1. Milky-white, well-defined patches on skin, varying in size, appearing anywhere but common on face, hands, arms.
2. Patches often mirror each other on both sides of the body (non-segmental type).
3. Premature whitening/graying of scalp, eyebrows, eyelashes, or beard.
4. Loss of color in mouth and nose lining (mucosa).
5. Affected skin sunburns easily and can be painful.
6. Some people feel an itchy sensation before or on the white patches.
7. Patches may enlarge, increase in number, and spread over time<sup>[10]</sup>

**Fig. 01: Vitiligo in hands.****Fig. 02: Vitiligo in arm.****Lakshan according Sadhya and Asadhyata<sup>[11,12]</sup>**

Sadhya-asadhya	Acharya Charak	Acharya Vaagbhatta
Sadhya	araktaloma, tanu, pandu, naati chirothitam	Ashukla roma, abahala, asansristam
Asadhya	Raktaloma, paraspartoabhinnam, varshaganouttapanam	Present in Guhya, panitala ,ostha

**Vitiligo's differential diagnosis<sup>[13]</sup>**

Sign	Vitiligo	Nevus anemicus	Nevus depigmentosus
Definition	Autoimmune disorder that causes the skin to lose its color	Nevus due to persistent vasoconstriction of papillary blood vessels	Nevus resulting from disrupted melanin transfer from melanocytes to keratinocytes
Frequency	Common	Rare	Common
Gender	More common in females	More common in females	Any
Age	After the first year of life, often 10-30 years	From birth, first year of life	From birth, first year of life
Associated Conditions	Thyroid diseases, diabetes mellitus	Neurofibromatosis Wine stain	Hyperpigmented nevus, hypomelanosis of Ito
Clinical Features	White patch, solitary or multiple segments	White patch, peripheral off-white spots, 1-2 mm in size, isolated or partially confluent	White patch with irregular or linear borders along the midline or Blaschko lines
Sun Exposure	Lesions become red	Sunburn enhances visibility, tan reduces visibility	Clinical appearance diminishes with sun exposure
Rubbing of Lesion and Surrounding Skin	Hypopigmented skin reddens like normal skin	Skin of anemic nevus doesn't redden	Hypopigmented skin reddens like normal skin
Diascopy of Lesion Border	Difference between healthy and hypopigmented skin remains	Healthy skin around lesion takes the same color as anemic nevus	Difference between healthy and hypopigmented skin remains
Perifollicular Pigmentation	Often perifollicular repigmentation	Absent	Rare perifollicular pigmentation
Koebner Phenomenon Often Absent	Often	Absent	Absent
Clinical Course	Persists for many years, can change, tends to improve significantly	Persists throughout life Without significant changes	Persists throughout life without significant changes

**Diagnostic methods (Ayurveda)**

In Ayurveda, Switra (Vitiligo/Leukoderma) is considered a skin disorder involving the imbalance of the Doshas (primarily Pitta) and the Dhatus (tissues). To diagnose and understand the prognosis of any disease, Ayurveda employs the Trividh Pariksha (Three-fold Examination).

Here is how the Trividh Pariksha is applied specifically to Switra Roga:

**1. Darshana (Observation)**

This is the most critical step for Switra, as the disease is primarily diagnosed by visual symptoms. The physician observes:

**Varna (Color):** Is the patch bright white (Shweta), reddish (Tamra), or grayish?

**Akriti (Shape & Size):** Are the patches circular, irregular, small, or spreading?

**Loma Varna (Hair Color):** A key prognostic factor. If the hair on the patch has turned white (Shweta Roma), it is considered much harder to treat (Krichrasadhya).

**Sthana (Location):** Where are the patches located? (e.g., lips, fingertips, or genitals are often harder to treat).

**2. Sparshana (Palpation/Touch)**

While Switra is mostly visual, touch helps determine the state of the skin and the underlying Dosha involvement:

**Khara/Shlakshna (Texture):** Is the skin rough, dry, or smooth? Roughness often indicates Vata involvement.

**Daha/Shaitya (Temperature):** Does the patient feel a burning sensation (Pitta) or is the area cold to the touch?

Sensation: Ensuring the patch has normal sensation helps distinguish Switra from Kushta (like Leprosy), where sensation might be lost.

### 3. Prashna (Interrogation/Questioning)

The physician asks the patient about their history to identify the Nidana (root cause):

**Ahara (Diet):** Are they consuming incompatible food combinations (Viruddha Ahara), such as milk and fish together?

**Vihara (Lifestyle):** History of suppressing natural urges or excessive exposure to heat.

**Purva Karma:** Any history of chronic illness, mental stress, or past infections.

**Kula Vruttanta (Family History):** Checking for a genetic predisposition (Hereditary factors).<sup>[14]</sup>

### Switra Saapeksh Nidan<sup>[15]</sup>

Condition	Primary features	Key differentiating Factors
Switra	White patches	No scaling no etching skin texture is normal
Sidhma	Pale/white patches	Fine scaling (like dust) when scratched.
Kandu/dadru	Circular patches	Significant itching and inflammation.
Aruna	Coppery patches	Associated with numbness or tingling.

### Diagnostic Methods (Modern)

- Clinical Examination
- Wood's Lamp (Black Light)
- Skin Biopsy
- Laboratory Blood Tests
  - Thyroid Function Test
  - Antinuclear Antibody (ANA) Test
  - Vitamin B12 Levels
  - Blood Glucose
- Emerging & Advanced Tools
  - Dermoscopy
  - Reflectance Confocal Microscopy (RCM)
  - eye exam (ophthalmology)
  - Hearing test (audiology)<sup>[16]</sup>

### Treatment

Bakuchi oil (samaraji oil)

Bakuchi are katu tikta rasa , ruksha guna, ushna virya and katu vipaka, vata and kapha doshasamak It is considered the best medicine for conditions like shwitra (leucoderma) and kustha ( psoriasis )due to its Kusthagna and Rasayana properties, it enhance blood circulation and raktashodhak properties.

Psoralea corylifolia, primarily psoralen and bakuchiol. Psoralen increases the skin's sensitivity to UV light, which helps in the repigmentation process. Bakuchiol offers similar anti-aging benefits to retinol (Vitamin A derivative), such as reducing fine lines and wrinkles, boosting collagen production, and improving skin texture and tone.<sup>[17]</sup>

**Lepa-** Bakuchi and hartala is grinded together finely and a thin paste is made with cow urine and applied on hypopigmented area.

Bakuchi is kushthghan, krimighan, kandughan.

Psoralea corylifolia is a proven antistaphylococcal, antifungal, anti-inflammatory, vasodilator, skin photosensitizing, immunomodulatory agent.

It also contains bakuchiol, bavchinin, bavchin and corylin which have antioxidant properties, and has been found to stimulate melanin production in the skin. Haratala was used in the Yoga along with Bakuchi. In Shwitra, the deranged immune system destroys the pigment synthesizing melanocytes.

Haratala probably breaks this pathogenesis and prevents the self-destruction of melanocytes. The Vyavayi and Ashukari properties of Hartala may help the drug to reach the site quickly and remove the obstruction of Srotasa.

Gomutra is indicated in many skin conditions. It is having properties like Ruksha, Tikshna, Ushna, Laghu and having Krimihar, Kushthagha, Ksharatva and Vata-Kaphashamaka effect. These properties induce inflammation when applied over skin with Bakuchi and Hartala.<sup>[18]</sup>

### **Shwitrari yog**

Ingredients are – Dry powder of the Psoralea (Badi Bavchi) plant, bark of the Asan tree and Khair tree, bark of Harad and Chitrakmool, honey, ghee, and iron ash.

Dose – 2 gram twice a day

Shwitra is primarily a disease of the Rakta Dhatu and Mamsa Dhatu.

Shwitrari yog Kashaya rasa helps in firming skin tissues and improving overall skin health.

It has property of raktasodhak, antioxidant, anti-inflammatory.

It contains lauha bhasma which is Agni Deepana. It enhances Dhatvagni which is essential for the transformation of nutrients into skin pigment.

Lekhana (Scraping): It helps clear blockages in the Srotas.

Melanogenesis Support: Iron is a cofactor for several enzymes involved in cellular processes.

It contains haritaki which detoxify the body and balance doshas.

Chitrakmool improve digestion and stimulate skin pigmentation.<sup>[19]</sup>

### **Modern Treatment**

Oral medicines

1. Minocycline - 100 mg once a day
2. Methotrexate - 25 mg once a week
3. Apremilast - 30mg twice daily
4. Prednisolone - 30mg per day
5. Dexamethasone - 5mg twice a week

### **Topical treatments for vitiligo include**

1. Corticosteroids - betamethasone, clobetasol
2. Calcineurin inhibitors - tacrolimus, pimecrolimus
3. JAK inhibitors - ruxolitinib (Opzelura)
4. Vitamin D derivatives – calcipotriene<sup>[20]</sup>



### Phototherapy

Ultraviolet B (UVB) phototherapy delivers shortwave ultraviolet radiation to treat skin conditions. Phototherapy works by suppressing DNA synthesis, which in turn reduces inflammation. Narrowband UVB phototherapy (311–312 nm) is increasingly used.<sup>[21]</sup>

### PUVA or photochemotherapy

PUVA (Psoralen + Ultraviolet A light) is a combination treatment which consists of Psoralens (P) and then exposing the skin to UVA (long wave ultraviolet radiation). Medicine psoralens include methoxsalen (8-methoxypsoralen), 5-methoxypsoralen and trisoralen.<sup>[22]</sup>

### Pathya – apathya<sup>[23]</sup>

Ahaara-vihaar	Pathya	Aathya
Ahaara	light grains, triphala, old ghrita, old rice, chickpeas, legumes, beetroot, carrot, leafy vegetables, nuts, dates and figs, red radish.	Heavy food, lemon, fish with milk, jaggery, sesame seed, fermented food products, sour food, alcohol, junk food, red meat.
Vihaar	Proper sleep, cold water bath, managing urges.	Suppression of urges, day sleep, excessive brushing.

### CONCLUSION

Śvitra described in Ayurveda under Kuṣṭha Vikāra, closely correlates with vitiligo or leucoderma in modern dermatology. Both systems recognize it as a chronic, non-contagious pigmentary disorder characterized by loss of normal skin color due to dysfunction or destruction of melanocytes. Ayurveda explains the disease through **Doṣa–Duṣya saṃmūrchana**, predominantly involving **Vāta, Pitta (Bhrajaka Pitta), and Kapha**, with vitiation of **Rasa, Rakta, Māṃsa, Meda, and Tvak**, leading to **Varṇa Vikṛti**. Nidāna such as viruddha āhāra, pāpa karma, suppression of natural urges, and improper lifestyle play a significant role in disease manifestation.

Modern science attributes vitiligo to autoimmune mechanisms, genetic predisposition, oxidative stress, and environmental triggers, which aligns with Ayurvedic concepts of agni-māndya, srotoduṣṭi, and impaired dhātu metabolism. The samprāpti described in Ayurveda clearly reflects the progressive nature of the disease as understood in contemporary pathophysiology.

Management of Śvitra requires a **holistic and individualized approach**. Ayurveda emphasizes **śodhana therapies** like Vamana and Virechana followed by **mṛdu virechana**, along with śamana therapies, pathya-āhāra, and lifestyle modifications. Modern treatment focuses on repigmentation through topical agents, phototherapy, newer immunomodulators, and supportive psychological care. Prognosis depends upon chronicity, doṣa involvement, site, and associated features, as described in both Ayurvedic and modern texts.

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