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"A Case Study on the Ayurvedic Management of Switra (Vitiligo) in Child."

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Abstract:
*Switra (*vitiligo*)* described in Ayurveda as type of *Kushtha*, which means a white patch occurred by vitiation of *Pitta Kapha Pradhana and Tridosha*, closely resembles leukoderma/vitiligo in modern medicine. Vitiligo is a chronic depigmented skin disease which is mainly caused by selective destruction of melanocytes. In India, studies indicate a prevalence of childhood vitiligo (in children under 12 years) ranging from 23.3% to 26% of all vitiligo cases. While vitiligo can affect individuals of any age, it is more common in children and adolescents [1]. *Switra* mainly affecting the physical, social and mental status of child becoming economic burden over parents. Due to adverse effect and limitations of modern contemporary medicine there is need of effective, safe and harmless treatment. In Ayurveda many such formulation and treatment modalities are explained for the management of Vitiligo. The case study explores the Ayurvedic diagnosis and treatment of a 15-year-old male child presented with depigmented patches on left nostril, and left eye lids area. The treatment approach involved internal medications, topical applications, dietary restrictions, and lifestyle modifications. Notable re-pigmentation was observed over 3 months, showing the potential of Ayurvedic management in *Switra.*"

Key words: *Switra,* Vitiligo, Ayurveda, *Kushtha*, Case study.

I. Introduction:

Świtra is a minor *Kuṣṭha* characterized by white patches, roughness, absence of pain or bleeding.[2] Switra is a type of Kushta (skin disorder) described in Ayurvedic texts, classified under *Kshudra Kushta* (minor skin diseases)[3] *Świtra* is a white, rough, painless patch arising from mild doṣa vitiation.[4] It is characterized by the presence of white patches on the skin (*Shveta Mandala*)**,** caused due to the vitiation of *Tridosha***,** with a predominance of *Pitta and Kapha Dosha* along with the vitiation of *Rakta*, *Mamsa*, and *Meda Dhatu***.** In modern science Vitiligo is a chronic acquired disorder of pigmentation characterized by well-circumscribed, depigmented macules and patches due to selective loss of melanocytes[5]. "Vitiligo is a common, acquired pigmentary disorder caused by destruction or dysfunction of melanocytes leading to depigmented patches.[6]"

According to Acharya Charaka and Sushruta:
Nidana (causes) include consumption of *Viruddha Ahara*[7] (Incompatible foods), excessive intake of curd, fish, sour, or heavy food, and suppression of natural urges.
Samprapti (Pathogenesis) involves vitiated doshas affecting the *Bhrajaka Pitta*, leading to loss of normal skin colour. In modern, Autoimmune -The body's immune system mistakenly attacks its own melanocytes, leading to their destruction.
Genetic Factors- Vitiligo has a strong hereditary component, with heritability estimates ranging from 0.50 to 0.80. This means a substantial portion of the risk of developing vitiligo is inherited from one's parents.[8] Family history cases (~20–30%).
Neurogenic Theory-Abnormal release of neurochemicals from nerve endings damages melanocytes. Oxidative Stress-Excess free radicals (reactive oxygen species) in skin may damage melanocytes.
Triggering Factors- Triggers. It's possible that vitiligo may be triggered by particular events, such as: stressful events, such as childbirth. skin damage, such as severe sunburn or cuts (this is known as the Koebner response) hormonal changes to the body, such as puberty.[9] Physical trauma, Sunburn, Emotional stress, Chemical exposure (phenols, rubber, etc.)
Pathogenesis- Melanocyte Dysfunction or Destruction: Melanocytes in the basal layer of the epidermis are damaged or disappear. As a result, melanin is no longer produced → leading to depigmented patches. Immune-Mediated Inflammation: T-cells infiltrate the skin and attack melanocytes. Presence of autoantibodies against

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melanocyte antigens. Loss of Skin Pigmentation: Appears as milky-white, sharply demarcated macules.

Types of *Switra*:[10] (based on colour of the patch)

- *Kilasa* (white patches with coppery hue) – *Pitta* dominance
- *Aruna* (reddish patches) – *Rakta* involvement
- *Sweta* (Pure white patches) – *Kapha* dominance. In patients present on eye and nose.

Types of Vitiligo (Clinical)

- Focal Vitiligo: Two small patches (on Face – left eye and left side nostril.
- Segmental Vitiligo: One side of the body
- Generalized Vitiligo (most common): Asymmetrical, widespread.
- Universal Vitiligo: More than 80% skin depigmented.

***Materials and Methods Objectives**:*

To study the effect of *Bakuchyadi Lepa* (*Bakuchi Churna 1gm +Manjishtha churna 500mg+ Yasti Madhu Churna 1gm +Khadir Churna 500mg + Nimba +Churna 500 mg* with *Bakuchi Taila*) external application followed by sun exposure. Internal OPD base medicine *Krimikuthar Rasa* (1-1-1) after Meal with Luke water, *Manjishthadi Ghanvati* (1-1-1) after Meal with Luke water, *Kaishor Guggalu* 1-0-1 after Meal with Luke water, *Twakadoshhar Vati*(*Nimbadi churna, Gandhaka Rasayan, Ras manikaya*) (1-1-1) After Meal with Luke water after *Virechana.*

Case Description:

Patients Age (15yrs)/Sex-Male He has come to *Kaumarbhritya* out-patient department of Gardi Vidhyapith Hospital, Anandpar Rajkot. With complaints White patches(hypo-pigmentation) on face specially Left eye lids area and left nostril- in the last 1 year.

History of Present illness:

The patient was apparently normal before 1 years, later noticed small white patch on left upper eye lids, and left side nostril, at first the patient neglected it as the patch was not associated with itching and burning sensation. After a gap of half year, patient noticed that patch is gradually started spreading and increasing in size. So, patient's father took him to nearby dermatologist for consultation to have modern medical science medicines. There they examined the patch and diagnosed as Vitiligo, thereafter advised with topical steroid application and tablets for a period of one and year but no satisfactory improvement was seen. Hence, they came to our hospital for Ayurvedic line of management.

History of Past Illness:

No history on any autoimmune disease psoriasis, asthma, endocrinal disorders like hypo or hyper Thyroidism, Diabetes mellitus etc.

Personal History:

Aharaja – mixed food habit, Fast Food and Junk Food, eggs kadi twice in week, onion with *Takra*, milk., *Kshudha* –Average, *Agni – Visham*,
Vihara – Late night awaking, sleep for 6 hrs / day, *Mala Pravriti* – 1time/ day, *Mutra Pravriti*- 4-5 times/day.
Family History: NAD

General Examination:

Pulse rate- 87/min., Res. Rate- 20/min, Temperature 96.8'F, BP 112/68mmhg, Spo2 98%, Height – 156cm,,Weight -48kg, Prakriti (Body Constitution) – *Kapha-Pitta Prakriti.*
Ayurvedic View of the Case: Dosha Involved: Predominance of *Pitta & Kapha, Dushya: Rasa, Rakta, Mamsa, Medda, Strotasa: Rasavaha, Raktavaha, Rogamarga: Bahya,*

Type of Switra Kilasa
Clinical Findings (local Examination)

- On Examination: Site (Left upper eye lids, and Nose) number 2 patches, size of patches(small)
- Colour of lesion – White, Size- approximately 1-2cm, Distribution – Asymmetrical Itching – Absent Discharge – Absent

Treatment Given:[11]
Shodhana Chikitsa (Purification therapy)

1. *Purva Karma* –1, *Dipan- Pachan*a (Chitrakadi vati 1-1-1, and Shivaskhar Pachan Churna 3gm 3times with lukewarm water for 3 days
2. *Snepan* with Go-Ghrita For 5 Days (*Abhayantara)*
   Bahya –Abhyang with Bala Taila
   Swedana with *Nadi Swedana* for 3 days
   Pardhana Karma – 27/3/25, *Virechana* Done (admission date 18/3/25)
   Check Vital Data Temperature 96.8 f, Pulse 87/ min, BP 112/68mmhg Spo2 98%.
   Virechana Yoga (*Erand Sneha 50ml + Triphla Kwath50ml+Munnaka 25gm*) Total Vega- 5 Vega and 2 *Upvega*, *Madhyam Sudhi* was found,

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Pashchata Karma - *Sansarjana Karma* for 3 Days.

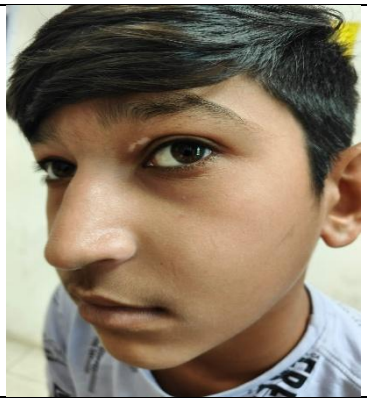
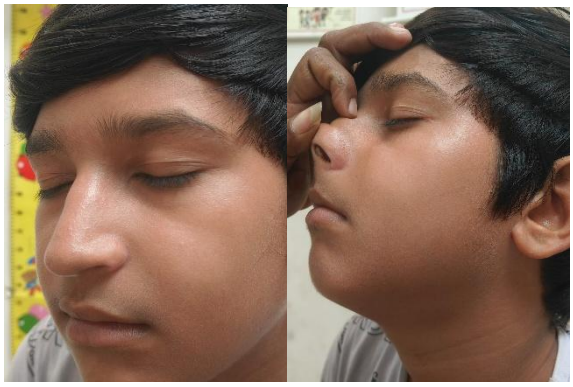
The oral use of Internal medicines: Shamana Chikitsa (Pacifying treatment)

- *Krimikuthar Rasa* (1-1-1) after meal with lukewarm water
- *Manjishthadi Ghanvati* (1-1-1) after meal with lukewarm e water
- *Kaishor Guggalu* 1-0-1 after meal with lukewarm water
- *Twakadoshhar Vati* (1-1-1) After meal with lukewarm water

Pathya-Apathya (Diet & Lifestyle):

- ***Apathya:*** *Viruddha Ahara*, Fast and Junk food, curd, fish, Eggs Kadi. And *Abhishyandi,*
- ***Pathya:*** Simple vegetarian diet, hygiene maintains of condition, and *laghu, ushna ahara*.
    - **External Application:** *Bakuchyadi Lepa (Bakuchi Churna 1gm +Manjishtha churna 500mg+ Yasti Madhu Churna 1gm +Khadir Churna 500mg + Nimba +Churna 500 mg with Bakuchi Taila* with sun exposure after *virechana* has reduced the size of patch and colour changes were noted from white to pinkish and then normal colour.

II. Observations and Results:

Before Treatment	After Treatment
	

III. Discussion:

Ayurvedic perspective on *Switra* management, *Switra* is a *Tridoshaja Vyadhi,* where primarily *Pitta* and *Kapha* doshas are involved. These doshas, when vitiated due to *Nidana* (unwholesome dietary and lifestyle habits), enter *Rasa, Rakta, Mamsa, and Meda Dhatus*, causing loss of skin pigmentation.

Key Pathological Factors:

- *Doṣha*: Mainly *Pitta* (pigmentation) & *Kapha* (moisture and colour stability),
- *Dushya: Rasa, Rakta, Mamsa, Meda,*
- *Srotas: Rasavaha, Raktavaha,*
- *Rogamarga: Bahya* (external).

Shodhana Chikitsa (Purificatory Therapies):

These are considered the main line of treatment in stubborn or chronic cases.

Virechana (Purgation): Removes vitiated *Pitta* and *Rakta dushti* These therapies help remove the root cause and prepare the body for *Shamana* (pacifying) medicines. Used after purification or in mild cases. Herbal medicines are chosen based on *dosha* dominance. Important Drugs: *Bakuchi* (Psoralea corylifolia): Stimulates melanocyte regeneration. Used both internally and externally. *Khadira* (Acacia catechu): Blood purifier, *lekhana* (scraping) and *Kushthaghna*., *Manjishtha* (Rubia cordifolia): *Rakta shodhana* (blood purifier),

Ayurvedic management aims at treating the root cause, unlike modern corticosteroids or immunomodulators which often only suppress

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symptoms. With proper *Shodhana, Shamana, Rasayana,* and *Pathya* regimen, cases of *Switra* can show re-pigmentation, disease stability, and reduced recurrence. Modern studies have also begun validating *Bakuchi, Khadira*, and *Panchakarma* therapies in vitiligo management, enhancing global relevance of *Ayurvedic* protocol.

Diet and life style in skin disorders:

Skin disorders, whether minor or chronic, are often the result of internal imbalances and external triggers. In *Ayurveda,* the skin (*Twak*) is not just a superficial layer but a reflection of *Doshas, Dhatus* (tissues), *Agni* (digestive fire), and *Srotasa* (channels). Thus, *Ahara* (diet) and *Vihara* (lifestyle) directly influence the onset, progression, and healing of skin diseases like *Switra* (Vitiligo), *Kushta* (chronic skin conditions), and *Kitibha* (psoriasis-like disorders).

Ayurveda, improper diet is a key cause (Nidana) of skin disorders. Harmful Dietary Habits:

Viruddha Ahara (Incompatible Foods): Milk + fish, curd + fruits, milk + salt, etc., lead to *Ama* (toxins) and skin discoloration. *Guru* (Heavy), *Snigdha* (greasy), *Abhishyandi* (clogging) foods: Block *Srotasa* and increase *Kapha*., Excess sour, spicy, fermented food: Aggravate *Pitta* and *Rakta*, causing inflammation and itching. Junk food and preservatives:

Disturb *Agni*, lead to accumulation of toxins. Healthy Dietary Guidelines: *Satmya Ahara* (wholesome foods): Light, fresh, seasonal diet supports good skin. *Tikta* (bitter), *Kashaya* (astringent) *Rasas*: Help purify blood (*Rakta Shuddhi*) Regular hydration: Supports *Rasa* and skin elasticity. Role of Lifestyle (*Vihara*) Unhealthy lifestyle is another common causative factor for skin diseases. Lifestyle Factors That Aggravate Skin Issues: *Diwaswapna* (Daytime sleep): Increases *Kapha* and leads to *Mandagni* (weak digestion). *Ratri Jagarana* (Night awakening): Disturbs *Pitta* and mental health. Excessive stress, anger, anxiety: Trigger immune and hormonal imbalances affecting skin. Lack of physical activity: Reduces metabolism and detoxification. Ideal Lifestyle Practices: *Dinacharya* (Daily regimen): Regular *Abhyanga* (oil massage), *Snana* (bath), and meditation balance doshas. *Vyayama* (Exercise): Improves *Agni, Srotas*a, and supports elimination of toxins through sweat. Ayurvedic Explanation: Improper *Ahara-Vihara* → Vitiation of *Doshas* → Affects *Rasa, Rakta, Mamsa Dhatus* → Leads to discoloration, dryness, scaling, or itching. Proper *Ahara-Vihara* maintains *Agni,* supports *Dhatu Poshan*, and prevents *Ama* formation, which is the root of many chronic skin issues.

IV. Conclusion:

Switra management in Ayurveda is holistic, addressing not only skin discoloration but also the internal imbalance of *Doshas, Dhatus, and Agni*. Personalized therapies, detoxification, internal medicine, and disciplined diet make Ayurvedic treatment a powerful and sustainable approach to manage *Switra*. Role of *Shodhana* is prime in management of *Switra*. Diet and lifestyle are the main cause of skin diseases, specifically *Switra*. Though, it is *Krucchra Sadhya Vyahi,* if treated earlier with *Shodhana* followed by *Shamana* therapy, it can be cured. This case is an excellent example of curing of *Switra* with Ayurvedic treatment.

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