

# Ayurvedic Management of Switra (Vitiligo) in a Child Using Shaman Aushadhi: A Case Report

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**Abstract.** Introduction: In Ayurveda, skin disorders are grouped under Kushta Roga, with Switra being a notable type, characterized by the presence of white or depigmented skin patches. This condition is believed to arise due to the vitiation of Sapta Dhatus—Vata, Pitta, Kapha, Rasa, Rakta, Mamsa, and Meda. The primary site affected in Switra is the Tamra layer, the fourth layer of Twacha (skin). The condition bears a close resemblance to Vitiligo, a chronic hypopigmentary disorder in modern medicine, marked by melanocyte destruction. Vitiligo affects 0.25% to 2.5% of the global population, with a significant proportion of cases occurring in childhood. Material and Methods: This case study describes a 10-year-old male child with depigmented patches on the foot persisting for six years. The patient was managed using Ayurvedic Shamana Aushadhi over a period of 81 days. Gradual and consistent clinical improvement was noted in terms of patch size reduction and re-pigmentation. Result: The therapeutic protocol based on classical Ayurvedic formulations demonstrated encouraging outcomes. Marked changes in the size, color, and appearance of lesions reflect the potential clinical efficacy of Shamana Aushadhi in pediatric Switra. Discussion (Clinical Significance): This case underscores the clinical relevance of traditional Ayurvedic principles in the effective management of chronic skin diseases. It provides evidence that Ayurvedic Shamana therapy can be effective even in chronic case of pediatric vitiligo. This case highlights a holistic, non-invasive, and safe approach to treatment that may serve as a viable alternative or complementary strategy to conventional therapies, particularly in children. It also opens avenues for future clinical research and wider application of Ayurveda in dermatological practice.

**Keywords.** Switra, Vitiligo, Arogyavardhini vati, Vidangarista, Krumikuthar rasa

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## Introduction

In Ayurveda, all skin disorders are broadly classified under the term *Kushtha*, which includes both major (*Maha Kushtha*) and minor (*Kshudra Kushtha*) skin diseases. Among these, *Switra* holds a distinct and significant place due to its characteristic presentation and impact. The term *Switra* is derived from the Sanskrit root word "Shweta," which means "white," referring to the key clinical feature of the condition — the appearance of white or depigmented patches on the skin [1, 2]. As described in Kashyapa Samhita, "*Shweta Bhava Michanti Switram*" [3] signifies the development of white discoloration. This condition is also referred to in classical Ayurvedic texts as *Kilasa*, *Daruna*, *Aruna*, and *Shweta Kushtha*, emphasizing its multifaceted nature. From an Ayurvedic perspective, Bhrajaka Pitta, a subtype of Pitta Dosha located in the skin, is responsible for maintaining the skin's natural complexion (Chaya) and radiance (Prabha). When Bhrajaka Pitta becomes imbalanced - often in conjunction with vitiated Vata and Kapha doshas - it can contribute to the manifestation of *Switra* (vitiligo). According to Acharya Charaka, several factors may cause this condition, including the intake of Viruddha Ahara (incompatible food), Viruddha Vihara (improper lifestyle), Adharma (unrighteous behavior), and disrespect toward elders, spiritual teachers, deities, or the effects of misdeeds from past lives (Purva Janmakrita Papa). These lead to a disturbance in the equilibrium of Tridosha, particularly affecting *Bhrajaka Pitta*, resulting in the appearance of white patches on the skin [4–6].

Though *Switra* causes no physical pain, it often leads to profound psychological distress and social stigma. In modern medicine, *Switra* is closely correlated with Vitiligo, an autoimmune pigmentary disorder affecting about 1% of the global population [5]. It is characterized by the focal or generalized destruction of melanocytes, leading to distinct, depigmented skin lesions [6].

Understanding the importance of Ayurvedic treatment in *Switra* is crucial, as Ayurveda offers a holistic, dosha-balancing, and rejuvenating approach that addresses both the root cause and the visible symptoms.

## Material and Methods

### Patient information

Age - 10 years; Gender – male; Address - Anand, Gujarat; Informant – father; Socio economic background - upper class; Date of Birth - 26/03/2025

### Chief complaint

White hypo pigmented patch on left foot with no associated pain, itching, or discharge since last 6 years.

### History of present illness

A 10-year-old male child was brought to the Surajben Govindbhai Patel Ayurveda Hospital with complaints of white patches on the foot, which have been present for the past 6 years. According to the parents, the patches were initially small and few in number and were first noticed when the child was around 2 years old. The lesions were asymptomatic, with no associated pain, itching, or discharge. Due to the absence of discomfort, the condition was initially neglected and no medical treatment was done. Over the years, the parents observed a gradual increase in the size and number of white patches, prompting them to seek medical advice. There is no history of trauma, burns, or any prior local application before the onset of the lesions. No associated systemic complaints such as fever, weight loss, or fatigue have been reported. The child's developmental milestones are age-appropriate.

### Family history

There is no significant family history.

### Immunization history

As per Indian government vaccination schedule all vaccine are given.

### Birth history

Patient was a full term normal delivered male child with birth weight 2.3 kg and he cried immediately after birth.

### Developmental history

Achieved all developmental milestone as per age.

### Personal history

Diet – vegetarian; Sleep - sound; Bowel - 1-2 times; Micturation - 3-4 times; Appetite : normal

### Astasthan pariksha

Naadi - vata pitta; Mootra – prakrut; Mala – prakrut; Jihwa – lipta; Shabda – prakrut; Sparsha – ushna; Drik – prakrut; Aakriti - madhyam

## Dashvidha Pariksha

*Prakruti - kapha pittaja; Vikriti - rasa, rakta, mamsa, meda; Sara - twak sara; Samhanan - madhyam; Praman - sama praman (proportionate body structure); Satmya - asatmya; Satva - madhyam satva; Aharshakti - madhyam abhyavaran and jaran shakti; Vyayamshakti - avar vyayam Shakti; Vaya - balyavastha (10 yr old )*

## General examination

Built – medium; Nourishment - well nourished; Pallor – absent; Cyanosis – absent; Clubbing – absent; Icterus – absent; Edema – absent; Lymphadenopathy :- no any lymphadenopathy.

### Vitals

Pulse - 82/min; RR - 24/min; BP - 140/80 mm/hg; Temperature - 98 F

### Systemic examination

Respiratory system. Inspection - chest shape B/L symmetrical; Palpation - chest expansion bilaterally equal; Trachea is centrally placed; Percussion - B/L resonant no dullness; Auscultation - vesicular breath sound heard bilaterally, no added sound.

Cardiovascular system. Inspection - no visible precordial bulge or pulsation; Auscultation - s1 and s2 heard no murmur sound.

Gastrointestinal system. Inspection - no any discoloration, no any visible scar, no any distention, umbilicus is centrally placed and inverted; Palpation - no any muscle rigidity, no muscle guarding, no any organoegally; Percussion - no shifting dullness or fluid thrill; Auscultation - normal bowel sound heard.

Central nervous system. Conscious and well oriented

### Other examination

Inspection - single large patch, Colour - milky white colour depigmented patch; Site - on dorsum of left foot; Distribution type - segmental or localized; Symmetry - asymmetrical (only on right foot).

## Diagnostic Measures

Wood's lamp examination – Under Wood's lamp examination, the vitiligo patch on the dorsum of the left foot and toes shows a clear bright blue-white glow, highlighting complete loss of pigmentation. The borders of the patch appear sharper under UV light, and depigmented hair (leukotrichia) is also visible within the area. These findings confirm the presence of vitiligo with total melanocyte loss in the affected region.

## Follow up and outcome

A 10-year-old male child presented to the Kaurmarbhritya OPD of Khemdas Hospital with a six-year history of an asymptomatic, gradually progressive depigmented patch on the left foot. (Figure 1) Based on clinical features, the condition was diagnosed as Switra (vitiligo), and Ayurvedic treatment was initiated with internal medications. At the first follow-up (1 week), no significant change was noted. By the second follow-up (2 weeks), pinkish repigmentation began to appear, indicating a positive response. Gradual improvement continued at the third follow-up (3 weeks), with increased pinkish hue over the lesion. By the fourth follow-up (2 months), partial repigmentation was evident. At the final follow-up (3 months), about 80–85% repigmentation was achieved, showing significant clinical improvement (Figure 2) The treatment included a combination of Arogyavardhini Vati, Krimikuthar Rasa, Vidangarishttha, Manjishtadi Kwath, Khadirarishttha, and Luco Skin Syrup, adjusted as per the clinical response across different stages.

## Discussion

Switra (vitiligo) can be effectively managed through Ayurvedic treatment protocols that incorporate both Shodhana (purification) and Shamana (palliative) therapies. Initiating treatment at an early stage is key to achieving favorable and sustained results.

In the present case, the patient exhibited whitish depigmented patches on the left foot. After 12 days of administering Shamana Aushadhis, the patches began to show a pinkish hue, indicating the initiation of repigmentation. Continued treatment led to gradual improvement, and by the 22nd day, partial repigmentation with restoration of normal skin color was clearly evident.

By the 81st day of treatment, approximately 80–85% of the depigmented area showed dark pigmentation, signifying significant repigmentation and healing. These clinical observations highlight the potential of early and appropriate Ayurvedic management in reversing the depigmentation process in vitiligo.

Arogyavardhini Vati, mentioned in authoritative texts like Rasaratnasamucchaya, Bhaishajya Ratnavali, and Bharat Bhaishajya Ratnakar, is a powerful Kusthanashaka formulation proven effective in the treatment of Switra (vitiligo). Arogyavardhini-vati has ingredients like Shuddha Parada, Gandhaka, Loha Bhasma, Triphala, Shilajatu, Guggulu, Chitraka, and Nimba, it acts by balancing Tridosha, especially Pitta and Kapha, detoxifying the blood,

improving Dhatvagni, and rejuvenating affected tissues. Its Deepana, Pachana, Rasayana, and Krimighna properties help correct the underlying pathology of Switra, such as Rakta Dushti and Avarana. Used for one mandala (14 days) or more, it supports pigment restoration and halts disease progression when administered appropriately [7, 8].

Krumikuthar Rasa and Vidangarishta are effective in intestinal worm manifestation (krumi) which is responsible for rakta dushti. They help in detoxifying body by clearing the bowel which helps in proper production of Rakta dhatu, Thus, it helps in managing vitiligo [9].

Date	Assessment and diagnosis
3/1/25	A 10-year-old male child was brought to Kaumarbhrutya OPD of Khemdas hospital by his parents with a complaint of a white depigmented patch on the left foot, present for the past six years. The lesion was asymptomatic and gradually progressive. Based on clinical features, the case was diagnosed as Switra (vitiligo). Ayurvedic treatment was initiated on an OPD basis, and appropriate shaman aushadhi and pathya apathya were prescribed accordingly.
10/1/25	At the first follow-up visit after one week, no significant improvement was observed in the condition. Therefore, shaman aushadhi and pathya apathya were prescribed for the next one week, and the patient was advised to return for a follow-up after one week.
17/1/25	At the second follow-up after two weeks of treatment, the beginning of pinkish repigmentation was observed on the affected area, indicating a positive response. Shaman aushadhi was continued, and pathya apathya were reinforced accordingly.
24/1/25	At the third follow-up after 21 days of treatment, gradual improvement was observed with an increase in pinkish hue over the depigmented area, indicating a positive sign of repigmentation. The treatment was continued with prescribed shaman aushadhi and pathya apathya. The patient was advised to follow up after one month.
24/2/25	Partial repigmentation was observed, indicating the beginning of skin tone restoration. The treatment was continued with prescribed shaman aushadhi and pathya apathya for the next one month, and the patient was advised to follow up after one month.
26/3/25	At the final follow-up, continued improvement was observed with visible dark pigmentation over the affected area. Approximately 80–85% repigmentation was achieved, indicating significant reversal of depigmentation.

Table 1: Timeline of clinical events.

Date	Treatment	Duration	observation
3/01/25 to 9/01/25	1.Arogyavardhini vati 1-0-1 BD with warm water AF 2.Vidangarishta 15 ml BD with 30 ml water AF 3. krumikuthar rasa 1-0-1 BD with warm water AF	7 days	a white depigmented patch on the left foot
10/01/25 to 16/01/25	1.Arogyavardhini vati 1-0-1 BD with warm water AF 2.Manjisthadi kwath 15ml-0-15ml BD AF 3.Krumikuthar rasa 1-0-1 BD with warm water AF	7 days	No improvement
17/01/25 to 23/1/24	1.Arogyavardhini vati 1-0-1 BD with warm water AF 2.Khadirarishta 15 ml BD with 30 ml water AF 3.Krumikuthar rasa 1-0-1 BD with warm water AF	7 days	Pinkish repigmentation
24/1/25 to 26/3/25	1.Arogyavardhini vati 1-0-1 BD with warm water AF 2.Manjisthadi kwath 15ml-0-15ml AF 3.luco skin syrup by aimil pharma 2 drop in 15ml water BD after food AF	2 months	80-85% repigmentation

Table 2: Date wise therapeutic intervention and observation

Manjisthadi Kwath has contents like Manjistha, Guduchi, Bakuchi, Nimb, Haridra, Patola etc., which helps in detoxification and purification of the blood. Thus through its Rakta Prasadan property [10].

Khadir is the main ingredient in Khadirarishta. Khadir extract is used as an immune-modulatory, purify blood, astringent, bactericidal, refrigerant and antiphlogistic [2].

Luco Skin Syrup, also known as Lukoskin Oral



Figure 1: Showing Vitiligo patches before treatment.



Figure 2: Showing Vitiligo patches after treatment

Drops, is a potent herbal formulation used in the management of Switra (Vitiligo) in Ayurveda. The syrup contains a blend of active ingredients that work synergistically to restore skin health and promote pigmentation. Vish Naag (*Ammi majus*), an essential component, possesses anti-inflammatory

and skin-healing properties that help in reducing depigmentation. Bakuchi (*Psoralea corylifolia*) is renowned for its ability to stimulate melanogenesis, encouraging the production of melanin in depigmented areas, a critical factor in treating Switra. Krishn Tulsi (*Ocimum americanum*) and Mandook



Parni (*Centella asiatica*) have antioxidant and anti-inflammatory effects, improving skin health and regeneration. Kaunch (*Mucuna pruriens*) supports overall skin rejuvenation, while the soluble ash of Vish Naag and Babchi enhances the therapeutic effect, promoting faster healing and pigmentation restoration [11, 12]. Together, these ingredients in Lukoskin Syrup offer a holistic approach to managing Switra by balancing the doshas, improving skin tone, and stimulating melanocyte activity.

## Conclusion

Ayurvedic treatment, when administered methodically and consistently, can effectively manage Switra/Vitiligo. Early intervention with appropriate herbal formulations can arrest disease progression and support pigment restoration.

## Patients perspective

After six years of trying various treatments for the white patch on my son's foot with no improvement, we finally saw real results through Ayurvedic treatment. The patch that had been spreading began to show clear signs of re pigmentation, and its progression stopped. With regular medicines and diet changes, his skin started returning to its natural color. More importantly, my son regained his confidence and happiness.

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**Compliance:** Informed consent - The authors certify that the patient's written consent was obtained before publishing data without disclosing the patient's personal information. In these forms, the patient has provided consent for their images and clinical information to be published in the journal. The patient will remain anonymous, and their identifiers, including names and initials, will be kept confidential. All necessary measures will be taken for the patient's privacy.

**Conflict of Interest:** The authors declare that there are no conflicts of interest related to the content of this manuscript. No financial, personal, or professional relationships exist that could be perceived to have influenced the preparation and presentation of this article.

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