



“Comprehensive *Ayurveda* Approach in the Successful Management of *Shwitra* [Childhood Vitiligo] A Pediatric Case Report with Remarkable Repigmentation”

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(Received: 25 November 2025 Revised: 27 December 2025 Accepted: 01 January 2026)

KEYWORDS

Shwitra,
Childhood
Vitiligo, Shodhana
, Shamana
, Rasayana,
Repigmentation

ABSTRACT:

Background: Shwitra classified under ksudra kushta in Ayurveda, is comparable to Vitiligo & present a significant therapeutic challenges in children. A 10 year old male child with a six –year history of depigmented skin patches over multiple sites showed inadequate response to conventional topical therapy. Based on clinical features & Ayurvedic assessment, the condition was diagnosed as Shwitra [Vitiligo]. An Individualized Ayurvedic treatment protocol comprising Shamana, Sodhana [Nitya & Sadhyo Virechana] & Rasayana therapies, along with dietary & Lifestyle changes was advised. Which led to gradual reduction in lesion size, progressive repigmentation & clinical stabilization without adverse effect. This case suggest that a comprehensive Ayurvedic approach may offer a safe & effective management option for childhood Shwitra.

1]Introduction :

In *Ayurveda*, all the skin disease are categorized as *Kushtha roga*, further classified into *Maha Kushtha* [major skin disease] & *Kshudra Kushtha* [minor skin disease]. *Shwitra* is categorized under *Kshudra Kushtha* & characterized by white discoloration patches on the skin, earning its name from the Sanskrit word “*Shweta*” meaning white. As described in *Kashyapa Samhita* “*Shweta Bhava Michanti Switram*” signifies the development of white discoloration [1]. Due to its clinical similarity the Shwitra is co-related with Vitiligo. Vitiligo is an acquired disease of the skin & mucous membrane characterized by well demarcated depigmented patches & occurs following the selective destruction of melanocytes [2]. India has the highest incidence of childhood vitiligo, ranging from 1.25% to 8.8%, as compared to other countries where the incidence is 0.15% to 8% [3]. Despite various therapeutic

options, childhood Vitiligo often shows poor response & recurrence. This case reported to highlight the role of individualized, staged Ayurvedic approach incorporating the Shodhana, Shamana & Rasayana Chikitsa in a pediatric patient with Long standing disease.

2]Patient information :

A 10 yrs. old male child of Name [XY], belonging to a middle-class family, was brought to the Kaumarabhritya OPD of a JSS Ayurveda Medical College & Hospital – Mysore by his mother, who was the reliable informant with the chief complaint of Hypopigmented discoloration of skin over bilateral sole, ankle, Knee, & Elbow region since 6 yrs. According to the history given by mother the patient developed a small hypopigmented lesion /patches over the sole initially which was neglected later once it started spreading to Ankle, knee they consulted a local physician who referred them



to a Dermatologist . The Dermatologist diagnosed the case as Vitiligo & started with a topical creams and the same continued for around 4 yrs. However no satisfactory relief was achieved and there was a new lesion on the right thumb [at base] at this point of time they approached for an Ayurvedic treatment. On detailed history it was noted that father is a known case of psoriasis & on medication. The psychological assessment it was noticed that the chronic visible skin lesion had a moderate psychological impact on the child, manifesting as self-consciousness, Social withdrawal. But there is no impairment in academic performance of the child

But parents are distressed about the progressive nature of the lesion.

3] Clinical Findings :

- General examination

On Examination the patient was a febrile, stable, conscious & well oriented the pulse rate was 82/min , respiratory rate was 20/min & BP was 100/60 mmHg . He had no pallor or icterus & appeared well nourished. Respiratory & Cardiovascular System was normal. The abdomen was soft & non-tender, No distension was noted. As per personal history Bowel & Bladder movements were regular however appetite was poor

- Dermatological examination

On cutaneous examination, multiple hypopigmented macular lesion were observed over the bilateral sole , ankle , Knee & Right thumb region the lesion varied in size & shape , with the largest patch over the sole , showing a progressive ascending distribution. The lesion were chalky whit =e in color & non-scaly, with smooth surface. The margin were well –defined & sharply demarcated from the surrounding normal skin. There was associated hypopigmentation of hair[Leukotrichia] noted over the affected areas. On palpation the lesion was non-tender , with no induration , discharge or secondary changes. The patents reported with mild intermittent itching , but no discharge or burning sensation was present.

There was no evidence of erythema, scaling, sensory loss & surrounding skin appeared normal.

- On *Asta- Sthana Pariksha* the *Nadi* [pulse] with a rate approximately 82 /min , *Mala* [bowel habits] was regular , occurring once daily, & the stool was well formed. *Mutra* [Urine] frequency was 5-6 times per day

, & the urine was straw-colored, indicating normal urinary function. *Jihwa*[tongue] was coated with a whitish layer, suggestive of mild ama . *Sabda* [voice] was clear & normal , without hoarseness. *Sparsha* [tactile sensation] -*samasheeta- ushana* neither excessively cold nor hot to touch. *Drk* [vision] was *prakrita*[normal] with normal ocular movements & no discharge. *Akrti* [body built] was *madhyama* , indicating a moderate & proportionate physique .

- On *Dashavidha Pariksha* ,The *Prakriti* [somatic constitution] was *Pitta- kapha*,*Vikriti*[moribity] was *Balawana* [aggravated],*Sara*[Excellence of tissue element] *Samhanana*[compactness of tissue / organ] *Pramana* [-antropometry] ,*Satmya*[Homologation] were *Madhyam* [medium],*Satwa*[psyche] was *madhyama*[medium] ,*Ahara sakhti*[capacity of food intake] was *madhyama* , *Vyayama* [capacity to perform exerice] was *madahyama* & *Vaya* [age] was *Balyavastha*[childhood

The Clinical feature were consistent with Non – Segmental Vitiligo ,correlating with classical descriptions of Shwitra

4] Time line

Provide a chronological tables

Date / Period	Information
March 2019	Patient noticed a Hypopigmented skin lesion on the sole which was neglected.
Feb 2020	The patient consulted a Dermatologist & the case was diagnosed as “Vitiligo” & patient was under the allopathic treatment for almost 4 yrs. but no satisfactory improvement was observed.
1 st Visit - Feb 17 th 2025	The patient visited Kaumarabhritya OPD Of JSS Ayurveda Medical College after detailed history & Examination ,Initially <i>Shamana Chikitsa</i> was started along with <i>Nidana parivarjana</i> [Strict Diet restriction was advised]
2 nd Visit 25 th Mar 2025	Mild improvement was noted in Hypopigmented lesion, So planned for <i>Shamanaga Snehana</i> & <i>Nitya Virechana</i> .



3 rd Visit 2 nd May 2025	After <i>Nitya Virechana</i> there was Good improvement noted , after this a <i>Shamana Chikitsa</i> was planned for around 45 days.
4 th visit 16 th June 2025	After <i>Shamana Chikitsa</i> for around 45 days there was remarkable improvement so for future re-pigmentation in this visit <i>Sadhyo virechana</i> was planned after that <i>Samsarjana Krama</i> was followed and 1 week gap was given during this no medication was advised
5 th visit 22 nd June 2025	The lesion size was reduced and the color of the lesion was also changed to reddish color. <i>Shamana Chikitsa</i> was continued
6 th visit 25 th July 2025	Once again for a week <i>Nitya Virechana</i> was planned followed by that <i>Shamana Chikitsa</i> was planned.
7 th visit 1 st Sep	Re-pigmentation of the lesion was noticed in some areas complete remission was there. Following this treatment after a course of <i>Deepana & pachana Rasayana Chikitsa</i> was given for 3 months .

5] Diagnostic Assessment :

The diagnosis was established predominantly on clinical grounds as the patient exhibited clinical features consistent with the condition, as no definitive laboratory biomarker exist for this condition Differential diagnosis such as leprosy & Pityriasis alba was exclude based on history, examination & investigation findings. From an Ayurvedic perspective detailed analysis of *Nidana* , *lakshana* , *Dosha – Dushya* & analysis of *Samprapti* it was diagnosed has *Shwittra*. Due to similarity in clinical features the *Shwittra* is equated with Vitiligo. So final Diagnosis was *Shwittra* [Vitiligo]

“ Vitiligo being primarily a clinical diagnosis , supportive investigations were carried out to confirm depigmentation & to rule out associated autoimmune disorders. Wood’s lamp examination showed bright chalky white fluorescence of the lesion, confirming Vitiligo. Routine hematological investigation were

within normal limits. Thyroid function test were advised due to chronicity of the disease & a positive family history of Auto-immune disorder. No systemic involvement was detected.

6] Therapeutic Intervention

Date / period	Medication
17/2/2025	1] External medication <ul style="list-style-type: none"> • <i>Nalpamaradi taila - Sarvanga Abhyanga</i> • After 15 mins – <i>Sarvanga Lepa with Valmika mrittika+ Siddhartka Snana Churna .- Luke warm water Bath - Daily</i> 2] Internal Medication : <ul style="list-style-type: none"> • <i>Mahamanjistadi Kashaya</i> 10 ml [1-0-1 with 20 ml of water Before food [30 mins] • <i>Madhiphala Rasayan Syrup</i> 7 ml [1-0-1] with 10 ml water After food
25/3/2025 [1 st Follow up]	1] External medication <ul style="list-style-type: none"> • <i>Vitiwell ointment</i>: Application of ointment over the lesion & the lesion was exposed to Early morning sunlight for 10 mins daily • <i>Nalpamaradi taila - Sarvanga Abhyanga</i> 2 days once • After 15 mins – <i>Sarvanga Lepa with Valmika mrittika+ Siddhartka Snana Churna .- Luke warm water Bath - Daily</i> 2] Internal medication : <ul style="list-style-type: none"> • <i>Snehapana</i> : Daily 2tsp of <i>Go ghrita</i> was given morning & Evening followed by warm water intake. X15 days • <i>Nitya Virechana</i> : <i>Nimbamrita Eranda taila</i> [21 <i>Avartita</i>] 0-0-1 at Bed time with glass of warm water x 15 days [25 /3/25 to 10/3/2025] • After 15 days [11/04/2025to 1/05/2025]



	Sarivadi Asava 10 ml [1-0-1] with 15ml of water was advised
2/05/2025 [2 nd Follow up]	<p>1] External medication</p> <ul style="list-style-type: none"> • Vitiwell ointment: Application of ointment over the lesion & the lesion was exposed to Early morning sunlight for 10 mins daily • Nalpamaradi taila - Sarvanga Abhyanga daily <p>2] Internal Medication :</p> <ul style="list-style-type: none"> • Aragwadha Maha Kashaya 10 ml BD with 20 ml of luke warm water Before food 20 -30 mins X 15 days - [3/5/25 to 17/5/25] • Drakshasava (10 ml) + Sarivardi Asava [10 ml] BD with 20 ml of luke warm water After food x 15 days [18/5/25 to 1/6/25] • Shodak Syrup (10 ml) BD with 10ml of water after food x 15 days [2/6/25 to 16/6/25]
16/6/2025 [3 rd follow up]	<p>1] Internal Medication : Sadyo Virechana was planned</p> <p>A] Poorva Karma [Same day]</p> <ol style="list-style-type: none"> 1. Abhyanaga – Nalpamaradi taila – 20 mins 2. Swedhana - Nadi swaeda - 10 mins <p>B] Pradhana Karma – Sadyo Virechana</p> <p>Trivrit lehyam [10gms] processed with Ksheera - Trivrit Ksheerapaka followed by 50 ml of Draksha phanta was given at 8 :30 pm - 5 vegas was observed.</p> <p>C] Paschat Karma :</p> <p>Samsarjana Karma for 3 days was advised Peya [Ganji] - Kicchidi – Rasam & Rice</p> <p>Pathya - Light warm easily digestible diet was advised.</p>

	<p>Apathya – Avoid Guru , Amla lavana & Viruddha ahara .</p> <p>Advised to come after 5 days</p>
22/6/2025 [4 th follow up]	<p>1] External medication</p> <ul style="list-style-type: none"> • Vitiwell ointment: Application of ointment over the lesion & the lesion was exposed to Early morning sunlight for 10 mins daily • <i>Nalpamaradi taila - Sarvanga Abhyanga 2days once</i> <p>2] Internal Medication :</p> <ul style="list-style-type: none"> • <i>Mahamanjistadi Kashaya 10 ml [1-0-1 with 20 ml of water Before food [30 mins]</i> • <i>Arogya vardhini Vati [1-0-0] After food with Luke warm water was given for a month.</i>
25/07/2025 [5 th follow up]	<p>1] External medication</p> <ul style="list-style-type: none"> • Vitiwell ointment: Application of ointment over the lesion & the lesion was exposed to Early morning sunlight for 10 mins daily • <i>Nalpamaradi taila - Sarvanga Abhyanga 2 days once</i> <p>2] Internal Medication :</p> <ul style="list-style-type: none"> • Nitya Virechana : Nimbamrita Eranda taila [21 Avartita] 0-0-1 at Bed time with glass of warm water x 15 days [25 /7/25 to 10/8/2025] • After 15 days from [11/08/2023 to 31/08/2025] for almost 20 days <p>Sarivadi Asava 10 ml [1-0-1] with 15ml of water was advised</p>
1 /09/25 6 th Follow up	<p>1] External Medication:</p> <ul style="list-style-type: none"> • Eladi taila - Sarvanga Abhyanga was planned daily



2] Internal Medication

- *Chitrakadi vati 1-0-1 ½ an hour Before food for 5 days. [2/9/2025 - 6/09/2025]*
- *Amalaki Rasayana [Lehyam] ½ tsp early morning empty stomach followed a glass of warm water .*

Note : No Adverse drug reaction or procedure related complication were observed during the intervention

Patient / Parent Counselling:

Comprehensive counselling was provided to both patient & parents regarding the dietary regulation, lifestyle modification, sun exposure & psychological well-being.

The patient was advised to follow a light, freshly prepared diet , avoid incompatible food combination & excessively sour, salty ,spicy & processed food . Lifestyle guidance include adherence to proper sleep patterns, avoidance of emotional stress, excessive physical exertion , & repeated trauma or friction over the lesion, Judicious sun exposure during early in the morning hours recommended to support re-pigmentation , while avoiding harsh midday sunlight. Parents were reassured about the non –contagious nature of the condition & counselled regarding the gradual course of the recovery , importance of treatment adherence & regular follow up .Psychological support was emphasized to enhance the child’s self-confidence & prevent –disease related anxiety.

7] Follow Up & Outcomes

Before Treatment



After treatment





Follow up	Observation
1 st follow up 25/3/2025	<ul style="list-style-type: none"> Mild improvement was noted in terms of itching & little change in the color of lesion in some area like elbow. Appetite was improved.
2 nd follow up 2/05/2025	<ul style="list-style-type: none"> After completion of <i>Nitya Virechana</i>, a noticeable clinical response was observed. The Hypopigmented lesion showed gradual reduction in size with early signs of re-pigmentation during subsequent <i>Shamana Chikitsa</i>.
3 rd follow up 16 /06/2025	<ul style="list-style-type: none"> On follow up after 45 days of shamana Chikitsa, marked clinical improvement was observed with reduction in lesion size & color change suggestive of re-pigmentation. Considering the stable Disease status, Sadyo – virechana was planned. Samsarjana Krama was followed, with a one week drug free interval. No adverse effect was noted.
4 th follow up 22/06/2025	<ul style="list-style-type: none"> Sadyo Virechana resulted in effective Shodhana as evidenced by proper Vegas & Samyak lakshanas. Following the procedure, reduction in lesion size & change in lesion color was observed indicating favorable disease response.
5 th Follow up 25/07/2025	<ul style="list-style-type: none"> On subsequent follow up, the improvement was sustained with further reduction in the dimension of lesion & gradual progression towards re-pigmentation. No new lesion were observed, & Nitya virechana followed by Shamana Chikitsa was continued.
6 th Follow up 1/09/2025	<ul style="list-style-type: none"> On follow up progressive re-pigmentation was observed with complete remission in certain areas. To sustain improvement, deepana

	pachana followed by Rasayana Chikitsa was prescribed for 3 months.
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8] Discussion:

Vitiligo is a chronic depigmentary disorder characterized by selective loss of melanocytes and is increasingly recognized as a multifactorial condition involving autoimmune, genetic, oxidative, and neurogenic mechanisms [4]. In this case also it is a multifactorial were persistent improper dietary habits weakened jatharagni leading to metabolic derangement added to that is a positive family history of autoimmune skin disorders suggests genetic susceptibility. In Ayurveda, Shwitra is described under *Kṣudra Kuṣṭha* and is attributed to *Tridoṣa dushti*, with predominant involvement of *Pitta* and *Kapha*, along with vitiation of *Rakta*, *Māṃsa*, and *Meda dhātu* [5].

In this child, prolonged Agnimandhya led to Ama formation, which vitiated pitta along with kapha anubhanda & caused Srothodhusti in Rasa, Raktavaha Srotas mainly the twak ashrita Pitta [Bhrajaka] was effected 7 resulted in localized loss of pigmentation initially over the sole & gradually ascended to different areas of the body Chronic Doshā – dhusti explains long – standing, progressive The chronicity of the disease, early age of onset, and partial response to conventional therapy in the present case highlight the need for a long-term, individualized, and holistic management strategy In this case, the therapeutic approach was planned in a stepwise manner, beginning with *Śamana chikitsā* and strict *Nidāna parivarjana*. Internal administration of **Mahāmañjiṣṭhādi Kaṣāya** was selected for its well-described *Raktaśodhana*, *Pittaśamana*, and *Kuṣṭhaghna* actions. Experimental and clinical studies have demonstrated the anti-inflammatory and immunomodulatory effects of Mañjiṣṭhā (*Rubia cordifolia*), supporting its relevance in autoimmune-mediated skin disorders such as vitiligo [6]. **Madhiphala Rasāyana syrup** was added to improve *Agni* and *Dhātu poshana*, which is considered essential in pediatric chronic diseases to ensure sustained therapeutic response. External therapies such as **Nalpāmārādi Taila abhyanga**, **Valmika Mṛttikā lepa**, and **Siddhārthaka Snāna cūrṇa** were employed to address *Twak dhātu dushti* and *Kleda*, improve local circulation, and enhance



drug penetration. These interventions are traditionally recommended in Kuṣṭha for restoring normal skin texture and color [7]. Controlled early-morning sun exposure, along with topical **Vitiwell ointment**, was advised to support melanocyte stimulation. This approach parallels modern phototherapeutic principles, where ultraviolet radiation promotes melanocyte migration and melanogenesis [8]. The chronicity and persistence of lesions, Śodhana chikitsā was incorporated to eliminate deeply seated morbid Doṣas. Nitya Virecana using Nimbāmṛta Eraṇḍa Taila (21 āvartita) was chosen due to its mild yet effective purgative action, making it suitable for pediatric patients. Classical Ayurvedic texts recommend Virecana as the primary therapy for Pitta pradhāna Kuṣṭha, and daily mild purgation has been shown to improve metabolic and immunological balance without causing debility [9]. Clinically, this phase was associated with improvement in appetite, reduction in lesion size, and early pigmentary changes. To maintain Doṣa śamana and enhance Rakta prasādana, Aragvādha Mahākaṣāya, Drākṣāsava, Sarivādyāsava, and Śodak syrup were administered sequentially. Aragvādha (Cassia fistula) is traditionally indicated in Kuṣṭha due to its mild laxative and anti-inflammatory properties, while Sarivā (Hemidesmus indicus) has demonstrated antioxidant and immunomodulatory activity relevant to vitiligo pathogenesis [10]. Following stabilization, Sadyo Virecana was performed using Trivṛt Lehyam processed with Kṣīra, producing Samyak virecana lakṣaṇas. Repeated Śodhana is advocated in chronic Kuṣṭha to prevent relapse and enhance responsiveness to subsequent therapies [11]. Post-procedure Saṃsarjana krama ensured restoration of digestive function, which is considered critical for long-term disease control. Subsequent follow-up revealed progressive repigmentation and complete remission in certain areas. The observed repigmentation following Shodhana suggest improved metabolic & tissue responsiveness, supporting the Ayurvedic concept of clearing Srotoshodhana.

Finally, Rasāyana chikitsā was administered for three months to consolidate therapeutic gains, improve tissue nutrition, and enhance Vyādhi kṣamatva. Rasāyana therapy plays a pivotal role in pediatric chronic disorders by supporting immune regulation and preventing recurrence [12]. Importantly, the entire treatment

protocol was well tolerated, and no adverse events were observed, underscoring the safety of this individualized Ayurvedic approach. Overall, this case demonstrates that an integrative Ayurvedic management strategy incorporating Śamana, repeated Śodhana, external therapies, Rasāyana, and structured counselling can result in meaningful clinical improvement and repigmentation in childhood Shwitra. However, as this is a single-case report, further controlled clinical studies & Objective Scoring tools and longer follow up are warranted to validate these observations and establish standardized treatment protocols.

9] Patients perspective

“According to the parents, the child showed gradual skin improvement without discomfort or adverse effects, which increased their confidence in continuing the treatment & follow up”.

10] Informed Consent:

Written informed consent was obtained from the parents prior to publication of this case report & related clinical photographs. Every effort has been made to ensure patient anonymity.

11] Conclusion

This case report highlights the potential role of a comprehensive & individualized Ayurvedic approach in the management of childhood Shwitra [Viligo]. A stepwise treatment strategy incorporating Shamana, shodhana & Rasayana therapies along with dietary regulation & lifestyle counselling, resulted in gradual repigmentation & clinical improvement without adverse effects. Although encouraging, these findings warrant further systematic studies to validate the efficacy & safety of such integrative intervention.

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