



## CASE REPORT

## Holistic Approach in the Management of Vitiligo in paediatric patient – A case study

Dr. Nilesh Ingle<sup>1</sup>, Dr. Ashwini Ingle<sup>2</sup>, Dr Sanskruti Somkuwar<sup>3</sup>

<sup>1</sup>\* Asso. Prof. & HOD, kaumarbhritya department, Vidarbha Ayurved Mahavidyalaya, Amravati

<sup>2</sup> Professor, Kaychikitsa department, SAM Ayurved college, Bhopal

<sup>3</sup> Intern, Vidarbha Ayurved Mahavidyalaya Amravati

### Abstract

**Background** Vitiligo (Shwitra) is an acquired idiopathic depigmentary disorder characterised by the formation of hypo-pigmented or depigmented patches on the skin. In Ayurveda, Shwitra is described as a Tridoshaja Vyadhi with predominant vitiation of *Bhrajaka Pitta*, in association with the involvement of *Rakta* and *Mamsa Dhatus*. **Case presentation** This case involves a 14-year-old male patient who attended the OPD of kaumarbhritya department with complaints of white patches over the abdomen and back, both the legs, and few on thighs. **Aims and Objectives** The objective of Ayurvedic treatment protocol is to refine vitiated doshas, bring back the melanocyte function, ameliorate digestive fire, and regain pigmentation. The Ayurvedic regimen included *Shamana* and *Shodhana-oriented* formulations. *Khadirarishta* and *Jeerakarishtha* were administered to enhance digestion and blood purification. **Conclusion** The Ayurvedic approach aimed at repairing internal imbalances, promoting healthy skin pigmentation, and preventing further progression of lesions. The patient has recovered pigmentation and still under follow up for betterment. Early intervention in paediatric Vitiligo through individualised Ayurvedic treatment modality can provide safe and supportive long-term outcomes.

**Keywords-** Ayurveda Shwitra Vitiligo Shaman Shodhan

### Corresponding author:

Dr. Nilesh M Ingle  
Vidarbha Ayurved Mahavidyalaya  
Asso. Prof. & HOD Kaumarbhritya  
Department, 9822648179.  
Email: drnmayu@gmail.com

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## **Introduction**

Vitiligo is an acquired idiopathic depigmentary disorder characterised by selective loss of epidermal melanocytes<sup>1</sup>. It affects approximately 1–2% of the global population and frequently manifests during childhood.<sup>2</sup> The aetiology is multifactorial—autoimmune factors, oxidative stress, genetic predisposition, and neurogenic influences all play a part.<sup>3</sup> In children, the psychosocial implications are more pronounced, often leading to low self-esteem and stigma.<sup>4</sup>

Presentations such as non-segmental and segmental vitiligo are well documented, rare and atypical variants remain under-reported, leading to frequent misdiagnosis and delayed treatment. Unusual presentations such as mucosal-predominant vitiligo, follicular vitiligo, vitiligo punctata, trichrome vitiligo, vitiligo with inflammatory borders, or localized acral variants pose diagnostic challenges due to their overlap with other hypopigmentary disorders like pityriasis alba, lichen sclerosus, post-inflammatory hypopigmentation, and chemical leukoderma. Documentation of such cases introduction contributes to improving diagnostic accuracy and clinical awareness.

Therefore, this study aims to highlight a rare presentation of vitiligo and evaluate the effectiveness of a novel management approach, contributing to existing literature and supporting the development of more comprehensive and personalized therapeutic guidelines. Ayurvedic classics classify Vitiligo under Shwitra, described in Kushta Rogas. The underlying pathogenesis (Samprapti) primarily involves:

- Disturbance in Bhrajaka Pitta, leading to loss of normal pigmentation<sup>5</sup>
- Rakta and Mamsa Dhatu Dushti<sup>6</sup>
- Agnimandya resulting in Ama accumulation

The disease is known to arise from improper diet, incompatible food combinations (Viruddha Ahara), suppression of natural urges, and psychological stress<sup>7</sup>. A holistic management protocol addressing internal and external factors becomes essential, especially in paediatric cases where long-term safety is crucial.

**Case Presentation:** Patient Profile- : An 14 -year-old male of Kapha-Pitta Prakriti visited the OPD of Kaumarbhriya Department, in Vidarbha Ayurved Mahavidyalaya Amravati Maharashtra with complaints of depigmentation of skin having white patches on the abdomen , small patches on both the legs and thigh without any discharge from the affected areas (Figs 1A and 2A). The patient was diagnosed as a case of Shwitra (vitiligo). The patient was

apparently alright till about 2 years back. The complaints began initially and gradually increased

### **Clinical Findings**

- Non-scaly, sharply demarcated depigmented macules
- No erythema or inflammation
- No systemic abnormalities
- Appearance consistent with non-segmental vitiligo (vitiligo vulgaris)

### **Ayurvedic Examination**

- Nidana: Possible involvement of dietary errors, stress, and Pitta aggravation
- Dosha: Pitta-Vata dominancy
- Dhatu: Rakta & Mamsa
- Agni: Mildly impaired
- Srotas: Raktavaha and Rasavaha Srotodushti

### **Ashta vidha Pariksha:**

- (1) Naadi (pulse): 86/minute, Pitta (Vataja)
- (2) Mutra (urine): Samyak
- (3) Mala (stool) : Samyak
- (4) Jihva: Ishat Saam
- (5) Shabda: Spashta
- (6) Sparsha: Tvaka : Snigdha;
- (7) Drika: Drishti :Svabhavika
- (8) Akrti: Madhyam

### **Dasavidha Pariksha**

- (1) Prakriti: Pitta – Vata
- (2) Vikriti: (a) Dosha—Tridoshaja, (b) Dushya—Rakta, Mamsa, Meda, (c) Adhishthana-Twak, (d) Srotodushti—Vimarga-gamana;
- (3) Sara—Twak, Rakta, Mansa, Meda Asarata, Asthi, Majja, Shukra Sarta;
- (4) Samhanana—madhyam
- (5) Pramana— madhyam
- (6) Satmya—Madhura;
- (7) Satva—Avara;
- (8) Aharashakti—Avara;

(9) Vyayam Shakti—Avara;

(10) Vaya—Balyavastha

### History of present illness –

The patient was alright two years back later he developed white patches over the abdomen , back , both the legs and thigh

### Past Medical History

No/H/O - Bronchial Asthma/Pulmonary

Tuberculosis/COPD/Emphysema/Covid-19.

No/H/O - HIV1/HIV2/Hepatitis B.

No/H/O - other major illness.

No surgical history found.

### Therapeutic Intervention

•Deepan pachan – with Hingvashtak churna and triphala churna

•Bahya lepa- with *bakuchi*

•Shodhan – involves Vaman karma with 2 litres of milk

Madanphala pippali and shendhava Yashtimadhukwath-3 liters and Madhyamshuddhi with 7 vega was observed and Samasarjana karma was followed for 3 days.

### Shaman Chikitsa

Sr. No.	Medicine	Dose	Time / Frequency	Anupana / Mode	Duration
1	Khadirarishta	10 ml	Twice daily	Equal lukewarm water after meals	3–6 months
2	Jeerakarishtha	10 ml	Twice daily	Equal water after meals	3 months
3	Kaishor Guggulu	250 mg (1 tab)	Twice daily	Lukewarm water	3 months
4	Arogyavardhini Vati	250 mg (1 tab)	Twice daily	Lukewarm water	2–3 months
5	Mahamanjishtadi Kwath	20 ml	Twice daily	Warm water before meals	3–6 months
6	Laghusutshekhara Ras	125 mg	Once daily (morning)	Honey / ghee	1–2 months
7	Bakuchi Ghanvati	250 mg (1 tab)	Once daily	Lukewarm water after food	2–3 months

8	Bakuchi lepa (External)	As required	Once daily	Local application + mild sun exposure (if advised)	Continuous
9	Diet control	—	Daily	Pitta-pacifying	Entire treatment
10	Lifestyle advice	—	Daily	Stress control	Entire treatment

### Follow up and outcomes

The patient was followed up for a total duration of **seven months** with regular monthly assessments based on clinical appearance, texture of lesions, digestive status, emotional well-being, and general health.

#### First Month of Treatment

The patient reported improvement in appetite and bowel regularity within the first two weeks. Dryness of the skin surrounding lesions reduced slightly.. The borders of patches appeared less distinct and the skin texture improved mildly.

#### Second Month of Treatment

By the end of the second month, there was notable improvement in digestive capacity. Locally, mild darkening was noticed at the peripheral margins of some patches, especially on the thighs. The abdominal lesions remained stable, without spread.

#### Third Month of Treatment

During the third month, early signs of **perifollicular pigmentation** were documented in multiple patches, particularly on the legs. The lesion surfaces became smoother and more uniform. The contrast between normal skin and lesional skin visibly reduced.

#### Fourth Month of Treatment

In the fourth month, gradual repigmentation continued. Small pigmented dots within patches became more prominent and began to merge. The margins of lesions became irregular. Abdominal lesions showed faint brownish areas suggesting early melanocyte stimulation. Systemic health remained good.

#### Fifth Month of Treatment

Moderate repigmentation was observed by the fifth month. Thigh lesions showed approximately 40–50% improvement. The abdominal patches were lighter but still present. The skin texture normalized significantly.

#### Sixth Month of Treatment

During the sixth month, pigmentation deepened further in areas where early pigment had appeared, appetite, bowel habits, and sleep patterns remained normal.

#### Seventh Month of Treatment (Current Status)

At the completion of seven months, **partial to significant repigmentation** has been achieved in multiple patches. The thighs and legs demonstrated the best results with nearly 60–70% improvement. The abdominal region continues to show gradual improvement. No new lesions have appeared since the start of therapy.

The patient is currently **still under follow-up** with continued internal medication and local application. Full repigmentation is expected with prolonged therapy due to pediatric regenerative capacity. The prognosis is favourable as the disease has responded positively to Ayurvedic intervention.

### **Result of Shodhan procedure : with *Vaman* and *Jalaukavcharan***

The addition of Shodhana procedures significantly accelerated improvement. Compared to Shamana alone, combined therapy resulted in:

- Faster stabilization of symptoms
- Earlier initiation of repigmentation
- Better long-term control
- No relapse during follow-up period.

### **DISCUSSION**

Shodhana therapy addressed the disease at its root by eliminating accumulated Doshas, while Shamana therapy supported sustained healing and stabilization of the condition. The stepwise approach to purification enhanced drug responsiveness, and the superior regenerative capacity in the pediatric age group further accelerated clinical improvement. Vamana Karma was employed in Kapha-dominant Shwitra to expel deep-seated Ama and vitiated Kapha, thereby restoring Agni, clearing Srotas obstruction, and normalizing Bhrajaka Pitta after appropriate Deepana–Pachana and Snehapana. Jalaukavacharana was adopted in Rakta- and Pitta-predominant presentations due to its mild, localized action, making it particularly suitable for pediatric patients; it facilitated removal of vitiated blood, improved microcirculation, and supported repigmentation. Bakuchi Ghanvati was administered orally to stimulate melanocyte activity and promote pigmentation, with strict dose regulation owing to its Ushna and Tikshna properties, while also acting as a Rasayana for the skin. Local application of Bakuchi Lepa over the lesions enhanced blood supply and aided melanocyte revival, with precautions to avoid excessive sun exposure. Mahamanjishtadi Kwath was prescribed as a Rakta-shodhaka and Pitta-shamaka to improve complexion and nourish tissues. Khadirarishta was utilized in view of its proven role in chronic skin disorders for blood detoxification and enhancement of skin tone. Jeerakarishtha supported digestive fire, prevented Ama formation, and ensured optimal absorption of concomitant medications. Kaishor Guggul was included to manage inflammatory and metabolic components associated with skin pathology, while Arogyavardhini Vati functioned as a metabolic regulator and hepatoprotective agent, particularly beneficial in Pitta-dominant disorders. Laghusutahekhar Rasa was administered to stabilize Pitta and to counterbalance potential adverse effects of Ushna drugs such as Bakuchi, thereby ensuring therapeutic safety and efficacy.

### **CONCLUSION**

This case study demonstrates that a combined approach of *Shodhana* and *Shamana Chikitsa* can play a significant role in the effective management of pediatric vitiligo (*Shwitra*). The administration of **Vamana Karma** followed by **Jalaukavacharana** successfully removed

deep-seated vitiated doshas, particularly Kapha, Pitta, and Rakta. . The notable improvement in digestion, general well-being, and arrest in disease progression suggests that detoxification is a crucial foundation for long-term management of Shwitra. Subsequent *Shamana* therapy using **Bakuchi Ghanvati, Bakuchi Lepa, Mahamanjishtadi Kwath, Khadirarishta, Jeerakarishtha, Kaishor Guggulu, Arogyavardhini Vati, and Laghusutshekhar Ras** further aided in balancing doshas, purifying blood, supporting liver function, and stimulating melanocyte activity. Gradual repigmentation, improved skin texture, and absence of new lesions indicate sustained therapeutic response..The paediatric patient showed good tolerance and compliance without any adverse effects, emphasizing the safety of this protocol when properly supervised. Although complete repigmentation is still under follow-up. This study highlights the need for well-designed clinical trials to establish standardized Ayurvedic treatment protocols for pediatric vitiligo and to explore their integration into mainstream dermatological practice.

#### **Informed Consent**

Written informed consent was obtained from the patient for publication of this case report

#### **Ethical Consideration**

The case report complies with institutional ethical standards and the Declaration of Helsinki.

#### **Conflict of Interest**

The authors declare no conflict of interest.

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