

Management of Vyanga (facial melanosis) with Arjuna Twak Lepa and Panchanimba Churna

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ABSTRACT

Smooth and glowing complexion of the face increases the beauty of a person and also gives self confidence. The disease Vyanga, one among Kshudra roga first explained by Acharya Shushruta in Kshudra Rogadhikara, which decreases the glowing complexion of the face and affects the skin, has got a major importance as a cosmetic problem in the society. It is characterized by the presence of painless, thin and bluish-black patches on face occurs due to vitiation of Vata, Pitta followed by Rakta Dosha. treating this condition has become a challenge since safe drugs are not available for long-term. In modern medical science, topical steroids has been described in the management of facial melanosis, a form of hyper pigmentation associated with increased melanin. It mainly affects the women of reproductive age with Fitzpatrick skin type 4-6 and in darker skin types, such as Hispanics, Asians, and African Americans. However, the topical steroids are not completely free from adverse effects such as irritation, rashes. Apart from this, generally the topical steroids are expensive and sometimes poor patients cannot afford this treatment. Hence there is a need to search better methods of management in facial melanosis considering the above drawbacks.

I. INTRODUCTION

Ayurveda is the eternal unparallel science of medicine which deals with all aspects of life. it is considered to be Holistic which means relating to or concerned with wholes or with complete system rather than with the analysis of, treatment of, or dissection into parts. Ayurveda is also called, as Knowledge of Life which deals with spiritual, psychological, and physical well being of the individual. The Ayurveda medical system has been in vogue since the Vedic period and was developed to safe guard health which is considered to be essential for the achievement of the four primary

objects of life viz. Dharma, Artha, Kama and Moksha. Ayurveda explains the judicial administration of drugs in different formulations depending upon various parameters such as dosha dooshya samoorchana, satmya and prakrthi of each individual. Depending upon the different conditions Ayurveda provides a huge variety of treatments both internally and externally. Lepa kalpana is one among external treatment provided by Ayurveda in treating different conditions. The importance of Beauty and Personality is increasing now a day as it is a competitive era. Sayings such as Beauty lies in the eyes of the beholder and A thing of beauty is a joy forever denote the subjective and objective aspects of beauty respectively

.. समदोषःसमान समधातुमयसआमे

येमनाःवइ

यभधीयते।

Samadosha samagnischa samadathu malakriyaha
Prasannatmendriyaamanah swasthairyabhideeyate

The first half of the sloka points out the physical state of health with the balanced functioning of dosha, datu, mala and agni. The second half denotes the aspect of psyche and eternal soul into focus which is the inherent uniqueness of the science of life. Certainly the feeling of well being is impossible without a basic sense of social acceptability and self assurance which is a result of an appealing outward appearance. Ultimately as per the definition of health by WHO, health is not merely the absence of disease but also the physical, mental, and social well being, which finally merges with the concept

of swastha as per Ayurvedic science. Kshudrarogas are considered as the minor diseases having simple etiology and symptoms but in exceptional case these can produce a marked cosmetic disability and give rise to much mental stress. The disease Vyanga is one such disease counted under Kshudraroga, which mainly affects the glowing complexion of a person by producing shyavavarna mandalas on mukha pradesha.

According to the modern view the Vyanga can be considered as a pigmental disorder and to be precise it can be correlated with hyper pigmentation disorder, facial melanosis. The treatment varies according to the primary cause of the disease. But it includes an external application of creams containing hydroquinone and hydrocortisone, which is found to be sensitive in few patients. Sometimes frequent and long term usage of these preparations may produce the irritation. So there is a need for an alternative, effective and safe treatment to overcome this problem.

Ayurveda relatively proved to be efficacious in treatment of skin diseases. Shodana and Shamana are the two important therapies that can be adopted in these conditions. To remove the aggravated doshas locally Lepa is considered to be the best form of treatment. Hence lepa was selected as the mode of treatment.

In pathology of vyanga vata, pitta and rakta are vitiated. Hence the dravyas which pacifies these vitiated doshas and improves the complexion should be considered while treating. Considering all these above facts for attaining a better, safe and effective treatment the present study is been taken up, where the preparation of the Lepas was carried out classically and the efficacy of both the lepas were compared.

Vyanga is one of the Kshudraroga, characterized by the presence of Niruja (painless) and Shavavarna Mandalas (bluish-black patches) on face. It is one of the most common diseases as regards the face is concerned. On the basis of clinical features, it can be compared with facial melanosis, one of the hyper pigmented disorders. Drugs with Rakta Prasadaka, Twak Prasadaka and Varnyakara properties are helpful in the management of Vyanga, that pacifies aggregated Doshas and help in Raktashodhana (blood purification)

AIM: To evaluate the efficacy of Arjunatwak Lepa and Panchanimba Churna in Vyanga.

II. MATERIALS AND METHODS:

In this study, the trial drugs used were Arjunatwak Churna for Lepa (tropical application) and Panchanimba Churna for oral administration. A total 30 patients of Vyanga were selected from outpatient department and inpatient department of Shalaky Tantra Department and allotted randomly in two groups. In group-A, the patients were treated with external application of Arjunatwak Churna and Madhu for 21 days, while in group-B, patients received Panchanimba Churna orally for 21 days in addition to Arjunatwak Churna for Lepa. Effect of therapy on chief complaint i.e., bluish-black pigmentation in Group A was 60% relief, while in Group B 80% relief was found.

Inclusion criteria:

Age group: 15-45 years
Chronicity less than 5 years
Shavavarnayukta, Niruja Mandalas present over the face

Exclusion criteria:

Any specific disease underlying as the cause of Vyanga like,
Inflammatory pigmentation
Malignant melanoma
Acne Vulgaris were excluded from the study.

Investigations:

Routine investigations of blood, urine and stool were carried out before treatment to rule out any systemic diseases.

Grouping and treatment schedule:

A total of 30 patients were registered and divided in two groups, comprising 15 patients each in Group A and Group B

Group A

The patients under this group were treated with Lepa of Arjunatwak Churna along with Madhu for 30 min, once daily for 21 days.

Group B

The patients under this group were treated with Lepa of Arjunatwak Churna along with Madhu for 30 min, once daily and internal medication of Panchanimba Churna in the dose of 4 g for three times daily with water after food for 21 days.

Follow-up

Patients were asked to attend the OPD on alternate weeks for follow-up for a period of 90 days.

III. OBSERVATION AND RESULTS:

Maximum number of patients (56.66%) were in the age group of 26-35 years. Majority of the patients were females (90%). Most of the patients (63.33%) were from middle class. Nearly 56.67% of patients have patches on cheeks, nose and forehead. In 43.33% of patients, the color of patch was dark brown, in 33.33% it was blue-black and in 23.34% of patients it was light brown in color.

Pattern of changes in the color of Mandalas with the treatment in group A

In Group A, before treatment, in three patients the Mandalas were blue black colored, in eight patients the Mandalas were dark brown colored and in four patients the Mandalas were light brown colored. On 7th day of observation, in three patients the color of Mandalas became to bluish black, in seven patients the color became to dark brown, in four patients, it was light brown and one patient attained the normal skin color. On 14th day of observation, two patients had bluish black colored patches, three patients had dark brown patches, three patients had light brown colored patches and seven patients attained the normal skin color. At the end of the treatment, in two patients the patches were dark brown in color, in four patients the patches were light brown in color and nine patients attained normal skin color.

In group A, out of 15 patients, 09 patients were cured completely, which was statistically significant at the level of $P < 0.01$. Four patients have shown marked improvement and two patients showed slight improvement. Statistically significant result was obtained in the symptom blackish/brownish patch over the face. Pattern of changes in the color of Mandalas with the treatment in group B

In Group B, before treatment, in seven patients the Mandalas were bluish black colored, in five patients the Mandalas were dark brown colored and in three patients the Mandalas were light brown colored. On 7th day of observation, in seven patients the color of Mandalas became bluish black, in four patients the color became dark brown, in two patients it became light brown and two patients attained the normal skin color. On 14th day of observation, three patients attained bluish black colored patches, two patients had dark brown patches, two patients had light brown colored

patches and eight patients attained the normal skin color. At the end of treatment, one patient had dark brown color patches. In two patients, the light brown colored patches were still persisting and 12 patients had attained normal skin color.

In group B, out of 15 patients, 12 patients had attained normal skin color, which was statistically highly significant at the level of $P < 0.001$, also one patient had mild improvement and two patients have moderate improvement. Statistically significant result was obtained in the symptom bluish-black patch over the face.

IV. DISCUSSION:

Vyanga is explained as a Kshudra Roga in Ayurveda. While describing the etiological factors of Vyanga, Acharya has given special emphasis towards psychological factors like Krodha (anger), Shoka (grief) and Shrama (exhaustion), which are commonly found in most of the patients. In Samprapti of Vyanga, Acharya Charaka has mentioned that the aggravation of Pitta along with Rakta is the chief culprit for initiation of the pathology. Vyanga is a Rakta Pradoshaja Vyadhi, hence the very first Dosh affected is Rakta Dhatu. Dosh Prakopaka Hetus like Krodha, Shoka and Shrama are mainly Tama (Manasika Dosh), Pitta and Vata (Shareerika Dosh) dominance, vitiates the Agni (Pitta Dosh) which resides in Rasa and initiates the pathogenesis of Vyanga. Here Ranjaka Pitta is responsible for the conversion of Rasa Dhatu into Rakta Dhatu which results in the formation of normal skin color. However due to etiological factors like Krodha and Shoka mainly Pitta vitiation takes place which in turn affects the Jatharagni and normal functioning of Ranjaka Pitta i.e., Varnotpatti. Based on Ashraya-Ashrayee Bhavas, the derangement of Pitta Dosh leads to abnormality of Rakta Dhatu. Shrama and Shoka will lead to Udana Vata vitiation. Thus vitiated Ranjaka Pitta, Rakta Dhatu as well as Udana Vata travel in body through Dhmanis and get Sthana Samshraya in Mukhagata Twacha and causes vitiation of Bhrajaka Pitta giving rise to discoloration of the skin.

MODE OF ACTION OF DRUG:

The mode of action of the drug under trial can be understood on the basis of inherent properties of the drug.

Rasa of Arjunatwak is Kashaya Rasa, Gunas are Laghu, Ruksha, Veerya is Sheeta and mainly having Pitta Shamaka and Rakta Prasadaka

properties. With property of Kashaya Rasa, it will encounters Pitta and Rakta Dosha. The Kashaya Rasa removes the Twak Vaivarnyata and helps to attain the normal skin color. Due to Sheeta Veerya it encounters the Pitta Dosha. Prasadana property of Sheeta Veerya also helps to purify the accumulated Doshas in Vyanga. The Rakta Prasadaka and Twak Prasadaka actions of Arjuna help to pacify the Sanchita Doshas locally. In Panchnimba Churna almost all drugs like Nimba, Bakuchi Araghwadha, Haridra, Chakramarda, Bhallataka etc., are having Rakta Prasadaka and Twak Doshahara properties. In Panchnimba Churna the main ingredient is Nimba that have Tikta, Kashaya Rasa and Laghu, Snigdha properties by which Pitta Shamaka action can be observed. Araghwadha Amalaki Maricha, Nimba and Haridra are having Kusthaghna and Kandughna properties by which possibly significant efficacy was observed.

V. CONCLUSION:

The clinical study has shown that combined therapy gives better results than topical treatment. Both trial drugs showed encouraging results. Arjuna Twak along with Madhu has not shown any skin reactions, so it could be used safely. From the observations and results of this study, it can be concluded that Arjuna Twak Lepa along with Panchnimba Churna have provided better results in hyperpigmentation of the patches seen in cases of Vyanga

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