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# Clinical Experience on Effect of Ayurveda In Vyanga W.S.R. Melasma

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### **ABSTRACT**

Now a day's importance of beauty is increasing day by day. People are highly conscious for their looks. They are using various cosmetics not only for treatment purpose but as an essential part of their daily routine, so natural beauty is getting spoiled due to the harmful chemicals. In modern medical science topical steroids and cosmetic surgery have been described in the management of *Vyanga or melisma*. But all these procedures are complicated technical ones which need expertise help or costly affairs which demands a lot of time and money. *Ayurveda* mentions a large number of medicines for skin care including massage with local application of paste etc. which makes face smooth, soft and glowing.in Ayurveda *Vyanga* or melasma is a *kshudra roga* (Minor Diseases). A 24 year old boy rush to *ayurvedic* hospital for better treatment with blackish spots, dryness, itching, and burning sensation but there are no any systemic effects for long days back and earlier he was taken modern medicine such as steroidal antibiotics drugs. Removing the steroids and antibiotics the patient advised to take Ayurveda medicines and *Mukh Lepa* (face pack) for thirty days. Patient subjective criteria, objective criteria have significant change in before and after treatment without any untoward and side effect.

Keywords: Vyanga, Melasma, Mukh Lepa, kshudra Roga



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## INTRODUCTION

The face, the most significant and lovely organ of the body is influenced by certain irregularity at any age of life. Early physical and mental careful steps are fundamental in both of the genders, as any minor sickness may influence from ugly look to a perpetual deformation which may bring about feeling of inadequacy or once in a while even separation. The illness 'Vyanga' is one such malady checked under Kshudra roga (Minor Diseases) i. Practically all Acharyas have considered Vyanga (Melasma) as a Kshudra roga (Minor Diseases) yet Acharya Charakaii and Susrutaiii have referenced Vyanga (Melasma) as rakta dhatugata vikar (blood disorders). Among the Personality harming jumble or dis beautifying conditions, Vyanga (Melasma) is such a condition that influences Beauty just as Personality. Presently a day Vyanga (Melasma) has become a typical issue of the general public and numerous individuals are enduring it today. It hurts the Beauty of the face so an individual may experience the ill effects of feeling of inadequacy, uneasiness, separation and so forth. Although it is

an easy condition for the body yet it is agonizing for the mind. Vyanga (Melasma) implies any dim spot on the face. Acharya Susruta was the first to specify the entire gathering of such skin illnesses which adversely affect the presence of skin and character of the person. It is portrayed by the presence of Niruja (easy), Tanu (slight) and Shyava varna Mandalas (pale blue dark patches) on face, which happen because of vitiation of Vata, Pitta followed by *Rakta Dosha*.(blood) Treating this condition has gotten troublesome, since safe medications are not accessible for long haul treatment. As indicated by Modern view, it very well may be taken under the heading of pigmented issue. The infection Vyanga (Melasma) can be related with hyper pigmentation with extraordinary reference to Melasma. In this, the patches of hyper pigmentation are seen particularly on cheeks, nose, and temple. In men malar pattern is more common than the Centro facial and mandibular patterns and the prevalence 20.5%-25.38% of the cases. iv v vi

# MATERIAL AND METHOD

The treatment was planned as:

- 1. Panchnimbadi Churna<sup>vii</sup>-2gm twice a day with lukewarm water.
- 2. Panchatikta ghrit guggulu<sup>viii</sup> 2-2 tablets twice a day
- 3. Manjishthadi lepa for locally applicationix
- 4. Triphala Churna<sup>x</sup> 5gm once a time in the night with lukewarm water.

The study was conducted at the National Institute Ayurveda, Jaipur. The treatment approach was well explained to the patient about Ayurveda concepts, side effects, etc. The recommendations for Good Clinical Practices were followed.

# **CASE REPORT**

Aatur vyatha (Complains of the patient):

A male patient of age 24 years with O.P.D no. 48124 dated 10.08.2020 visited in NIA, Jaipur

with the complaint of *blackish spots on face*, itching, dryness, burning sensation.

**History of present illness:** A 24 year's old male

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patient who had blackish spots 5 years ago. After few days, he suffered from itching, dryness and burning sensation. He had undergone allopathic treatment but does not get any relief. For further and betterment treatment patient approached to *ayurvedic* hospital for further treatment.

**History of past illness:** No History of Past illness.

**Family history:** No any Known Family history of *Vyanga* or melasma and systemic disease.

Personal history: His habits such as vegetarian diet, *vibandha* (hard and difficult to eliminate), normal and appropriate micturition, *divasvapna*(sleep during day time), *samyaka nidra* (adequate sleep ) have been explained by the patient.

Prakriti (constitution) is vata-pittaj vikriti vatapitta vikriti, maansa saar, madhyam samhanana (built) pravar satva, madhyam ahara shakti (food capacity), pravar vyayam shakti (capacity of exercise) and madhyayam vaya (middle aged)

having 24 years old, and ashtavidha pariksha (eight fold examination) finding is vata pradhan pitta, samanya akriti, (shape) sama and malavrita iihva (coated toungue) samanya and adequate intensity of shabda(speech), samanya drikka(vision), baddha mala (solid faeces) and non-dirty urine with adequate frequency and amount. Patient was assessed by Dashvidh & eight Ashthvidh Parksha (10)and examination) along with Samprapti ghatak (Pathogenic factor) for a better understanding of dosh and dushya strength which is shown in Table

Causative factors mainly anger and excessive hard work<sup>xi</sup>. Samprapti Ghatak (Pathogenic factor) Dosha-Vata-pitta, Dushya -Ras (lymph), Rakta(blood), Adhishthan (base) -Mukhagat Tavak (Facial skin), Srotas-Rasvah (Channels which circulated lymph), Raktavah (channels of blood), Srotodushtiprakar (type of affliction of body channels) -Sang(Obstruction), Agni-Vishamagni Sadhaya-Asadhayata(Prognosis)-Kashtha-Sadhaya(difficult to cure)

Table 1: Samprapti Ghataka (Pathogenic factor) of Vyanga

Particular	Location and description
1. Dosha	Vata-Pitta
2. Dushya	Ras (lymph), Rakta(blood),
3. Adhisthan(base)	Mukhagat Tavak(Facial skin),
4. Srotas(Channels)	Rasvah (Channels w <mark>hich circulat<mark>ed lymph)</mark>, Raktavah</mark>
	(channels of blood)
5. Srotodushti Prakar (type of affliction	Sang(Obstruction)
of body channels)	
6. Vyakta sth <mark>an (Place)</mark>	Mukh(Face)
7. Roga marga (path of disease)	Madhyama(Medium)
8. Vyadhi Avastha	Jeerna(Chronic)
9. Agni (digestive strength)	Vishama(Disimilar)
10. Sadhaya-Asadhayata(Prognosis)	Kashtha Sadhaya(Difficult to cure)

**Vitals examination:** Pulse Rate 68 beats per minute, regular, *madhyam bala yukta*,(Medium strength) Blood Pressure 118 mmHg systolic and 82

mmHg diastolic, body Temperature 97.8 degree Fahrenheit with Respiratory Rate 20 times per minutes in the day time in OPD timing in early

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noon. No swelling and no clubbing.

### **Systemic Examination**

- Consciousness conscious
- Nervous System- Normal
- Cardiovascular system Normal
- Respiratory system Normal
- ➤ Per Abdomen Examination Slightly enlargement of Liver

A Blood investigation of the patient reveals as Random Blood Sugar 97 mg/dl; other values of Complete Blood Counts, Complete Urine Test were within normal limits. Fungal blood culture report was found that no fungal grown on culture after 7 days and 21 days at 25degree c.

The assessment criteria of *Vyanga*(Melasma) which has described in the different *ayurvedic* text and applied after some adaptations. A grading scale was used to record the therapeutic effects. *Itching*, burning sensation were graded 0, 1, 2, and 3 based on severity which is showing in table2

# **Blood investigation**

Table 2: Subjective parameters assessment in *Vyanga*(Melasma)

Symptoms	0	1	2	3
Kandu	No Kandu	Mildoccasionally itching	Moderately itching	Severe itching
(Itching)	(Itching)	(Frequency & Intensity mild)	(either frequency or intensity more)	
Daha (Burn <mark>ing)</mark>	No <i>Daha</i> (Burning)	Mild Daha(Burning)	Moderate  Daha(Burning)	Severe  Daha (Burning)
Shyavata (Discoloration)	No Shyavata (Discoloration)	Reddish Brown color	Brown color	Blackish Brown color

The objective parameters were assessed and graded as 0, 1, 2 and 3 based on Skin texture Dryness,

oiliness, skin luster, number of lesion and size of the lesion which is showing in Table 3.

Table 3: Objective parameters assessment in Vyanga

Parameters	0	1	2	3
Skin texture (dryness)	Absent	Not seen but felt	Stretching of the skin that a person feels	Visible dryness chapping of skin hardness
Skin texture (oiliness) Skin luster	Absent Poor	Not seen with necked eyes Felt by touch Mild	Visible on the skin need to wash face frequently  Moderate	Excessive oiliness  Radiant
Number of lesions	0	1-2	3-4	5 or >5
Size of the lesion (in cm)	0	1-2	3-4	5 or >5

# Treatment plan-

The patient was visited on 10/08/2020 in the department of *Sharir Kriya*. The duration of

treatment was 30 days. External and internal (oral) treatment was given which have been shown in Table 4.

Table 4: Drugs included in the treatment protocol

Drug	Formulation Composition			
Panchnimbadi Churna	Nimba (leaves, root, bark, flowers and fruit (Azadiracta indica)			
Panchatikta ghrit guggulu	Azadirachta Indica — Neem (bark) Trichosanthes Dioica — Patola (leaves)Tinospora Cordifolia — Giloy (Guduchi), Adhatoda Vasica — Vasaka  Solanum Xanthocarpum — Kantakari, Shuddha Guggulu, Cow's Ghee, Cyclea Peltata (Cissampelos Pareira) — Patha, Embelia Ribes — Vaividang (False Black Pepper), Cedrus Deodara — Devdaru (Deodar Cedar or Himalayan Cedar), Scindapsus Officinalis — Gajpippali —, Sarjikakshara, Yavakshara — Alkali prepared from Hordeum Vulgare, Zingiber Officinale — Sonth (dried ginger root) Curcuma Longa — Turmeric (Haldi), Anethum Graveolens — Soya (Dill) — (Anethum Sowa) Piper Chaba — Chavya (Java Long Pepper) —, Saussurea Lappa — Kushta Zanthoxylum Armatum (Zanthoxylum Alatum) — Tejovati or Tumbaru (Toothache Tree), Piper Nigrum — Black Pepper (Kali Mirch), Holarrhena Antidysenterica — Indrayava, Cuminum Cyminum — Jeera (Cumin Seeds), Plumbago Zeylanica — Chitrak, Picrorhiza Kurroa — Kutki —, Semecarpus Anacardium — Shuddha Bhilawa (Bhallataka), Acorus Calamus — Vacha, Piper Longum roots — Piplamool, Rubia Cordifolia — Manjistha, Aconitum Heterophyllum — Ativisha (Atish), Terminalia Chebula — Haritaki, Terminalia Bellirica — Bibhitaki, Emblica Officinalis — Amla (Indian Gooseberry), Trachyspermum Ammi — Carom Seeds (Ajwain)			
Manjishthadi lepa	Manjishtha(Rubia cordifolia), Laksha(Laccifer Lacca), Haridra dwaya, Hartal(Orpiment), Gorochana(cow bile), Kesar (Crocus Sativus), Chandan (Santalum album) etc.			
Triphala Churna	Terminalia Chebula – Haritaki, Terminalia Bellirica – Bibhitaki, Emblica Officinalis – Amla (Indian Gooseberry),			

#### **OBSERVATION AND RESULTS**

The effect of *ayurvedic* medicine on the subjective parameter of *vyanga* changes from zero to seven days, fifteen days and finally thirty days was 9 to 7 to 4 to 2 to 0. Total points were 9 and before

treatment, it was 100% and after treatment, it became lower side 77% after 07 days, 44% after 14 days and 22% after 21 days & 0% after 30 days treatments which is showing in Table 5.

Table 5: The effect of ayurvedic drugs on the subjective parameter of OA

Symptoms	Before	During treatment			After treatment 30 days
	treatmen	07 days	14 days	21 days	
	t				
Kandu (Itching)	3	1	0	0	0
Daha (Burning)	3	3	2	1	0
Shyavata	3	3	2	1	0
(Discoloration)					

The effect of *ayurvedic* medicine on the objective parameter of *Vyanga* (Melasma) changes from zero to seven days, fourteen days, twenty-one days and finally thirty days was 12 to 12 to 8 to 3 to 0. Total

points were 12 and before treatment, it was 100% and after treatment, it became relief 66% after 14 days, 25% after 21 days and 0% after 30 days treatments which is showing in Table 6.

Table 6: The effect of *Ayurvedic* drugs on the subjective parameter of *Vyanga* (Melasma)

Symptoms	Before	During treatment			After treatment 30 days
	treatmen t	07 days	14 days	21 days	
Skin texture (dryness)	3	3	2	0	0
Skin luster	3	3	2	1	0
Number of lesions	3	3	2	1	0
Size of the lesion (in cm)	3	3	2	1	0

### **DISCUSSION**

Among the skin diseases, *Vyanga* (Melasma) has a special effect on the quality of life. *Vyanga* (Melasma) is a very complicated disease, which occurs due to the dominancy of *Vata*, *Pitta Dosha* and the impureness of *Rakta*(blood). So *Vitiated Vata*, *Pitta* & *impure Rakta* (blood). are the important attorneys in the pathogenesis of *Vyanga*. (Melasma) Most of the patients of *Vyanga* 

(Melasma) are affected by psychological factors like *Krodh(anger)*, *Shoka(grief)* etc<sup>xii</sup>. *Vyanga* (Melasma) is a *Rakta Pradoshaja Vyadhi*,(blood disorder) hence the very first Dosha affected is *Rakta Dhatu*.(blood tissue) *Vitiation* of *Vata* and *Pitta* Dosh due *to Krodh(anger)*, *Shoka*,(*grief) Irsha(jealousy)* are the main cause of *Vyanga*. (*Melasma)Rasa Dhatu* converts into *Rakta Dhatu* 

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due to Ranjak Pitta<sup>xiii</sup> which results in the formation of normal skin color. However due to etiological factors like Krodh(anger)and Shoka(grief) mainly Pitta vitiation takes place which in turn affects the Jatharagni and normal functioning of Ranjaka Pitta i.e., Varnotpatti. (ORIGIN OF COMPLEXION) Irshya ((jealousy) and Shoka (grief) will lead to Udana Vata vitiation. The Vitiated Ranjak Pitta, reaches in the blood through the arteries with the help of Udana Vata and

Rakta Becomes Impure. This impure blood travel in body and get Sthan samshrya (Stage of Augmentation) in mukhgata twak (facial skin) and the Bhrajak Pitta becomes vitiated and changes in skin color lead to Vyanga (Melasma) disease. The line of treatment in Vyanga (Melasma) is normalize vitiated vata, pitta dosh and purification of rakta(blood). There is a list of medicine involve to cure the Vyanga, (Melasma) described in Table 9.

Table 9: List of ayurvedic medicine utility and indication

Sr. No.	Name of Drug	Use & Indication
1	Panchnimbadi Churna	Kushtha (skin disease), Visarpa
		(Erysepilas), Arsha(Piles), (pilonidal sinus)
		Nadivrana, Pitta-Kapha-Rakta Roga,
		Rasayan(Rejuvenation)
2	Panchatikta ghrit guggulu	Vish-dosha, vataroga, asthi- sandhi roga
		(Musculoskeletal disease) <i>Majjadi</i>
		dhatugata Kushtha, aruchi,(Anorexia)
		pandu(Anemia), vatarakta(gout)
3	Manjishthadi lepa	Vyanga,(Melasma) Nilika (bluish hyper
		pigmentation).
4	Triphala Churna	Deepan(appetizer)), Jwaraghna(antipyretic)

## **CONCLUSION**

Vyanga can be correlated with melisma according to the description of signs and symptoms.

Ayurvedic medicines along with *manjishtha* lep we can cure *Vyanga or melasma*.

#### REFERENCE

Purvardha Viv<mark>idhashitpee</mark>tiya adhyaya 28/12, Page No. 571.

Susruta Samhita of Maharshi Susrut edited with Ayurveda-Tattva Sandipika Hindi Commentary by Kaviraja Ambikadutta Shastri Chaukhamba Sanskrit Sansthan, Varanasi, Nidan sthan Kshudraroganidanam Adhayaya13/45-46, Page No.

ii Carak Samhita of Agnivesha, Vidyotini Hindi Commentary edited by Pt. Kashinatha Sastri, Chaukhambha Bharati Academy, Varanasi,

Susruta Samhita of Maharshi Susrut edited with Ayurveda-Tattva Sandipika Hindi Commentary by Kaviraja Ambikadutta Shastri Chaukhamba Sanskrit Sansthan, Varanasi, Sutra sthan Vyadhi Samudheshiya Adhayaya 24/9, Page No.

- <sup>iv</sup> Sarkar R, Jain RK, Puri P. Melasma in Indian males. Dermatol Surg. 2003;29:204.
- <sup>v</sup> Sarkar R, Puri P, Jain RK, Singh A, Desai A. Melasma in men: A clinical, aetiological and histological study. J EurAcad Dermatol Venereol. 2010;24:768–72.
- vi Vazquez M, Maldonado H, Benmamán C, Sanchez JL. Melasma in men, A clinical and histological study. Int J Dermatol. 1988; 27:25–7.
- vii Bhaishajya Ratnavali of Shri Govind Das, Vidyotini commentary by Sh. Ambikadutta Shashtri

Reprint-2018, Chaukhambha Prakashan, Varanasi, Kushtha Rogadhikar, 54/76-79, Page No.892.

viii Bhaishajya Ratnavali of Shri Govind
Das, Vidyotini commentary by Sh. Ambikadutta
Shashtri

Reprint-2018, Chaukhambha Prakashan, Varanasi, Kushtha Rogadhikar, 54/233-236, Page No.904.

- ix Astang Hridyam edited by Dr. Brahmanand Tripathi, chaukhamba Sanskrit pratishthan, Delhi, reprint 2014, Uttara sthana, chapter 32, Page No. 1123.
- <sup>x</sup> Bhsisajyaratnavali of Shri Govind Das,Vidyotini Commentry edited by Shri Ambikadatta Shastri Reprint-2017, Chaukhambha Prakashan, Varanasi, Amayata chikitsa prakarana 29/1, Page No.613.
- Xi Astang Hridyam edited by Dr. Brahmanand Tripathi, Chaukhamba Sanskrit Pratishthan, Dehli, reprint; 2014, Uttarasthana, chapter-31, verse no28-29 page 1117.
- Astang Hridyam edited by Dr. Brahmanand Tripathi, Chaukhamba Sanskrit Pratishthan, Dehli, reprint; 2014, Uttarasthana, chapter-31, verse no28-29 page 1117.
- Carak Samhita of Agnivesha, Vidyotini Hindi Commentary edited by Pt.Kashinatha Sastri, Chaukhambha Bharati Academy, Varanasi, , Utrardha Yonivyapada Chikitsa adhyaya 15/28, Page No.