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To Rule out the Effect of Manjishtha Lepa with Yashtimadhu Churna in Vyanga Vyadhi.

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ABSTRACT

Vyanga, known as melasma in modern dermatology, is a skin condition characterized by bilateral, symmetrical brownish-to-blackish pigmentation on the face, particularly over the cheeks, forehead, upper lip, and chin. It develops gradually and is more commonly observed in women, especially those of reproductive age. The pigmentation is typically macular, irregularly shaped, and is not associated with pain or itching. Common triggering factors include excessive sun exposure, hormonal changes such as pregnancy or the use of oral contraceptives, psychological stress, and certain medications.

According to Ayurveda, Vyanga results from an imbalance of Doshas, primarily Pitta and Vata, along with vitiation of Raktadhatu and the accumulation of Ama (toxins), leading to skin discoloration. Clinically, it presents as *Nishparsha* (painless), *Shyava Varna Mandalas* (bluish-black or brown patches) predominantly affecting the facial region, especially the cheeks.

Keywords: *Vyanga, Shyava mandalas, Hyperpigmentation, Melasma, Ayurveda.*

INTRODUCTION

Smooth and glowing facial skin enhances an individual's appearance and contributes significantly to self-confidence. Vyanga is a disease that diminishes the natural glow and complexion of the face, thereby affecting the skin's aesthetic appearance. Among the various

disorders associated with cosmetic concerns, Vyanga is a common condition that has been recognized for thousands of years. Although it is classified as a *Kshudra Roga* (minor disease), it holds considerable importance due to its cosmetic impact on society. It is characterized by the presence of *Niruja* (painless), *Tanu* (thin), and *Shyavavarna Mandalas* (bluish-black patches) on the face. It occurs due to the vitiation of *Vata* and *Pitta Doshas*, followed by the involvement of *Rakta Dosha*. The management of this condition remains challenging because safe and effective drugs for long-term therapy are limited.

Vyanga is one of the *Kshudra Rogas* and is characterized by the presence of *Niruja* (painless) and *Shyavavarna Mandalas* (bluish-black patches) on the face. It is one of the most common disorders affecting facial appearance.

Vyanga is described as a *Kshudra Roga* in Ayurveda. While explaining its etiological factors, the Acharyas have placed special emphasis on psychological factors such as *Krodha* (anger), *Shoka* (grief), and *Shrama* (exhaustion), which are commonly observed in affected individuals. In the *Samprapti* (pathogenesis) of Vyanga, Acharya Charaka has stated that the aggravation of *Pitta Dosha* along with *Rakta* plays a major role in initiating the disease process. Vyanga is considered a *Rakta Pradoshaja Vyadhi*; therefore, *Rakta Dhatu* is the first tissue to be affected.

The *Dosha Prakopaka Hetus* (aggravating factors), such as *Krodha*, *Shoka*, and *Shrama*, predominantly involve *Tama* (a *Manasika Dosha*), as well as *Pitta* and *Vata* (physical Doshas). These factors vitiate *Agni*, which is associated with *Pitta Dosha* and resides in *Rasa Dhatu*, thereby initiating the pathogenesis of Vyanga. *Ranjaka Pitta* is responsible for the transformation of *Rasa Dhatu* into *Rakta Dhatu*, which contributes to the development of normal skin complexion. However, due to etiological factors such as *Krodha* and *Shoka*, *Pitta Dosha* becomes aggravated, affecting *Jatharagni* and disrupting the normal function of *Ranjaka Pitta*, leading to impaired *Varnotpatti* (formation of skin color).

AIM AND OBJECTIVES

1. To study the efficacy of Manjistha Lepa with Yashtimadhu churna internally in Vyang Vyadhi.
2. To study Vyang disease in detail.

MATERIAL AND METHOD

Material

Patients were selected from O.P.D. of Kayachikitsa Department of our College.

STUDY INSTRUMENT /DATA COLLECTION TOOL

1. Associated symptoms according Ayurveda.
2. Case Record Form.
3. Measuring scale.
4. Fairness Meter.

Drug Preparation:-

Method of preparation:

Prepared the fine churna as described in Sharangadhara samhita

अत्यन्तशुष्कं यद्द्रव्यं सुपिष्टं वस्त्रगालितम ।

तत्स्याच्चुर्णं रजः क्षोद्रस्तन्मात्रा कर्षसमितम ॥ शा. स. चुर्णकल्पना

Mode of administration: Manjistha lepa made into paste form by Adding little quantity of Madhu , mixed well and used as external Application on face.

Yashtimadhu churna – 2gm BID with Jala

Analytical Study: Aunthentification and standrdisation done at authorized labotratory.

Clinical Study:-

In present study, 100 patients were selected randomly after

Confirmation of diagnosis. The gradation of symptoms of each patient was Noted. These patients were divided into two groups.

Group A (Trial Group):

Randomly selected 50 patients treated with Manjishtha Lepa externally And Yashtimadhu churna – 2gm BID with Jala internally.

Lepa prepared with Manjishtha and Madhu

व्यंगे मंजिष्ठया लेपः प्रशस्तो मधुयुक्तया : ।

भा. प्र. म. क्षुद्ररोगाधिकर

Group B (Control Group):

Randomly selected 50 patients treated with Arjuntwagadi lepa externally and vitamin E capsule internally in a dose- 400mg once in a day with water.

DURATION: For 20 min then washed with lukewarm water.

FOLLOW UP DAYS– 15th, 30th days.

Total duration of Study– 18 months.

Methods of measurements:

Assessment criteria

1. Subjective Parameters:-

The following signs and symptoms of Vyang were assessed for

Improvement after the course of therapy.

i) Kandu

ii) Osha (Burning Sensation)

2. Objective Parameters

i) Shyava Varna (Discoloration of skin)

ii)Parushata (Dryness of skin)

iii) Number of Mandal

iv) Mandal Size.

The pre and post trial photographs compared to know the Effect of treatment.

Before **After**

DISCUSSION

The "Wilcoxon Signed Ranks test" is used for within the group analyses (i.e. before and after treatment of a group). For between the group analysis of various assessment criteria, Mann Whitney – U test is applied. The level of significance is kept at 5% (P=0.05).

KANDU

The kandu is decreased significantly. The kapha is responsible for the kandu; Manjishtha is having Tikta rasa, Katu vipaka whereas madhu is kaphahara. By these properties it decrease the kapha and reduce kandu.

OSHA (BURNING SENSATION)

Osha is decreased significantly. The pitta is responsible for the osha. Yastimadhu is having sheeta veerya, madhura vipaka. By these properties it pacifies the pitta and reduce the osha.

SHYAVA VARNA (DISCOLORATION OF SKIN)

The shyava varna reduces significantly. The shyavata occurs when bhrajaka pitta and Rasa dhatu which reflects in skin get disturbed. The yashtimadhu administered internally is varnya. Yashtimadu does the raktaprasadana, nourishes the rasa dhatu. The rasa dhatu reflects over the skin and rasa rakta does the nourishment of skin. The application of manjishtha normalize the bhrajaka pitta. Thus reduces the shyava varna.

PARUSHATA (DRYNESS OF SKIN)

Parushata decreases significantly. The parushata occurs due to the rukshata in rasa dhatu. Yashtimadhu is having rasayana properties and administration of manjishtha and madhu which is having varnya property decreases the parushata.

NUMBER OF MANDAL

Number of Mandal decreased significantly. The internal administration of yastimadhu churna which is having varnya, rasayana, madhura rasa and external application of manjishtha which is having madhura tikta rasa with madhu which is having lekhaniya propery breaks the pathogenesis of vyanga thus the mandal formation process get obstruct and mandal which are formed already begins to get cure thus reduce the number of mandal.

MANDAL SIZE

Mandal size reduced significantly. The internal administration of yastimadhu churna and external application of manjishtha with madhu breaks the pathogenesis of vyanga thus the mandal formation process get obstruct as Yashtimadu does the raktaprasadana, nourishes the rasa dhatu. The rasa dhatu reflects over the skin and rasa rakta does the nourishment of skin. As the normal skin formation takes place the size of mandal get reduced.

CONCLUSION

The occurrence of vyanga found among all the age groups above 20 years; with higher affliction among the age group of 40 to 50 years followed by 30 to 40 and 50 to 60 years of age group. The percentage of affliction by the vyanga is found among the females than the males. Alternative hypothesis is accepted. H1-Alternative Hypothesis: Manjistha lepa with yashtimadhu churna internally is significantly effective in Vyanga Vyadhi. Therefore this is to conclude that the Manjistha lepa with yashtimadhu churna internally is significantly effective in Vyanga Vyadhi.

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