

STUDY OF HETU SUTRA IN THE MANAGEMENT OF VYANGA VYADHI WITH YAVADI LEPA

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ABSTRACT

In day today life people are prone to much health cosmetic disorder likewise 'Vyanga' is one of such diseases explained in Ayurveda under the *kshudra roga prakaranam*. *Vyanga* is the disorder which is primarily seen on the face according to *brihat-trayi* and *Laghu-trayi*. *Vyanga* is not a major disease but it may be symptom of an underlying disease. People get depressed by their look i.e. with black patches on the face and may face psychological problems. As per Ayurveda vitiated *doshas* for the pathogenesis of *Vyanga*, mentioned as *vata*, *kapha* and *raktadusti*. *Acharya Charak* and *Sushruta* both considered *Vyanga* as a *Raktadushtijanya roga*. As Ayurvedic medicine *yavadi lepa* which is described as *varnyadravya*, was selected for management of *Vyanga* to make the treatment simple, effective and convenient to the patients. The *lepa* helps in removing the *doshas* locally and *Nidan-parivarjan* is also helpful. The study was carried out by forming 2 groups of 30 patients suffering from *Vyanga vyadhi* as shown below, Group I:- *Nidan Parivarjan* and application of *Yavadi Lepa*. Group II :- application of *Yavadi Lepa*. After considering statistical analysis and observations we conclude that treatment and *nidan parivarjan* when used simultaneously gives more efficacy than when used only treatment.

Keywords: *Vyanga*, *Yavadi Lepa*, *Malesma*, *Nidanparivarjan*, *Raktadushti*

INTRODUCTION

Kshudrarogas are minor disease having simple etiology and symptoms, but in exceptional cases these can produce a marked cosmetic disability and give rise to much mental stress. As *Vyanga* is a distressing disorder, there is a definite need for treatment and for cosmetic purpose. It is to be kept in mind that vitiated *pitta* is very important causative factor in any skin disease such as *Vyanga*. So we have to consider *pittadusti* along with *vata kaph* and *rakta*

*dusti*¹. Now a day people are aware of the personality, and its importance in the society. Clean and clear face plays important role in individual personality. While observing in mirror, the most concentration of any person is towards face. As Ayurvedic medicine *yavadi lepa* used as a *varnyadravya* was selected for management of *Vyanga* to make the treatment simple, effective and convenient to the patients⁸.

Aim and Objectives:

Aim:- Study of *Hetu sutra* in the management of *Vyanga vyadhi*.

Objectives:-

1. To study the *Vyanga vyadhi* with its etiopathogenesis and symptoms according to *Brihatrayi & Laghutrayi*.
2. To study the *Ahar hetu* which are responsible for *Vyanga*.
3. To study the *viharaj Hetu*.
4. To access the importance of *Nidan Parivarjana* in the treatment of disease.
5. To access the efficiency of *Yavadi lepa* in the management of *vyanga vyadhi*.

Material:- Selection of patients : All patients were selected from Yashwant ayurved college and Hospital and, from health camps organized by college hospital. Study of total 60 patients were carried out after appropriate counseling and with the written consent for participation in the project.

Patients with the sign and symptoms of *Vyanga*. Having,

Signs:-

- 1) *Rukshata* (Dry skin)
- 2) *Snigdhatata* (Oily skin)
- 3) *Mandal* size
- 4) *Shyavavarnata* (colour)

Symptoms:-

- 1) *Kandu* (Itching)
- 2) *Daha* (Burning sensation)

Materials and Methods:

Assessment of signs and symptoms

Symptoms:

a. *Kandu*: (itching)

0	No itching	
1	mild itching	Occasional itching does not disturb routine activity.
2	moderate itching	Frequent itching disturbs routine activity but does not disturb sleep.
3	sever itching	Frequent itching that disturbs routine activity as well as sleep.

b. *Daha*: (Burning sensation)

0	No burning sensation	
1	mild burning sensation	Occasional burning sensation mostly when patient under goes to sun exposure.
2	moderate burning sensation	Frequent burning sensation which increases when patient under goes to sun exposure.
3	severe burning sensation	Continuous burning sensation with or without sun exposure.

c. *Rukashta* (dry skin)

0	Normal	
1	mild dryness	not seen but felt by touch
2	moderate dryness	Stretching of the skin that person feels.
3	severe dryness	visible dryness (chapping of the skin and hardness of skin)

d. *Snigadhata* (oily skin)

0	Normal	
1	mild oiliness	Not seen with naked eye, oiliness feel by touch, no need to wash face frequently(only 1-2 time a day)
2	moderate oiliness	oiliness visible on skin need to wash face frequently 3-4 time's of day.
3	severe oiliness	Excessive oiliness format ion of acne. need to wash face more frequently>4 times a day.

5. Mandal (size of)

0-1 cm	1
1-3 cm	2
3-6 cm	3
>6 cm	4

6. Shyava varna (colour)

Light brown	1
Brown	2
Dark Brown	3
Dark Black	4

Scoring/grading:

1. Light brown- 1-2nd shades
2. Brown - 3-4th shades
3. Dark brown - 5-6th shades
4. Dark black – 7th shade

These patients were examined up to 60 days and asked to give feedback of required information for filling observation forms in the regular interval of 15 days. The patients participating in the project were provided with a questionnaire to collect the required data.

Selection criteria:-The study was carried out by forming 2 groups of 30 patients suffering from *Vyanga vyadhi* as shown below,

Group I :- *Nidan Parivarjan* and application of *Yavadi Lepa*

Group II:-Application of *Yavadi Lepa*.

Inclusion Criteria

1. Age: 25 to 45 yrs
2. Sex: Both
3. Patients who are using cosmetic and not using cosmetic both are include.
4. Patients having signs & symptoms as per classical texts will be included in study.
5. Patients suffering from *vyanga vyadhi* since 5 years will be included.

Exclusion criteria

1. Age below 25 yrs and above 45 yrs.
2. *Vaynaga* (Hyper pigmentation) caused due to any systemic diseases like addison's disease, Cushing syndrome etc.
3. *Vyanaga* by birth (congenital).
4. Patients having another chronic skin disease.
5. *Vyanaga* (hyper pigmentation) caused by tumor like malignant melanoma.
6. Patients with long term medication like oral contraceptive pills.

Methodology:- Methods of Preparation of Drugs:-

Yavan sarjarasam rodhmushiram chandam madhu ghrutam gudam ch gomutre pachedadvirlepnat //

Tadybhyaangannihantyashunilika vyangadushikan /

Mukham karoti padyabham paadopadyadalopamo //

Ash.hrud. U. 32/26-26

Type of Procedure: - Lape Vidhi**Ingredients:-**

- 1) *Yava* [Hordeum vulgare]
- 6) *Madhu* (Honey) [Apis mellifica]
- 2) *Lodhra* [Symlocos racemosa]
- 7) *Guda*
- 3) *Ushira* [Vetiveria zizanoides]
- 8) *Goghritta*[Zool.na. Butyrum departum]
- 4) *Raktachandana* [Pterocarpus santalinus]
- 9) *Gomitra* (Cow urine)
- 5) *Sarjarasa (Rala)*[Vateria indica]

Equipments:-

- | | |
|---------------------------|---------------------|
| 1) <i>Khalwa yantra</i> | 5) Strainer |
| 2) <i>Angarposhti</i> | 6) Cloths |
| 3) Stainless steel vessel | 7) <i>Lohapatra</i> |
| 4) Ladder | |

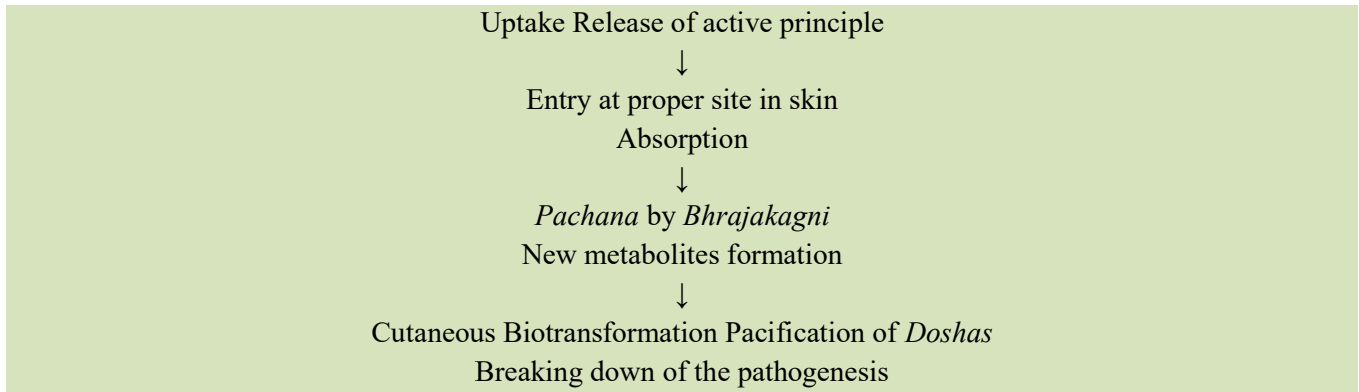
The probable mode of action of Lepa:

Lepa application



Pilo sebaceos





Duration of Application: 15 days

e. Nidan parivarjana³:

Aharaj Hetu	Viharaj Hetu	Manas Hetu
Dry, cold, light food, spicy food, fasting for longer duration, diet in less quantity, madhur; lavan; katu; tikta rasa sevan	Sleeping late night, vishamopchar, divaswap, ativyavay, excessive blood loss, excessive dosha stravan, swimming, excessive exercise, vegadharan, fall from height, sleeping and sitting in improper posture, atiadhyayan	Stress, sadness, anger, fear

Observation and Results:

Figure 1: Distribution according to Prakrati:-

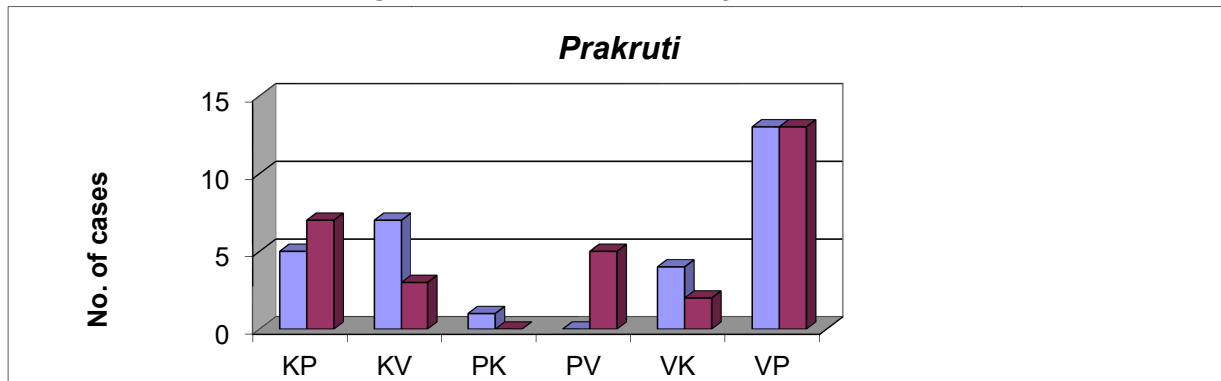


Figure 2: Consumption of Viruddhashan:

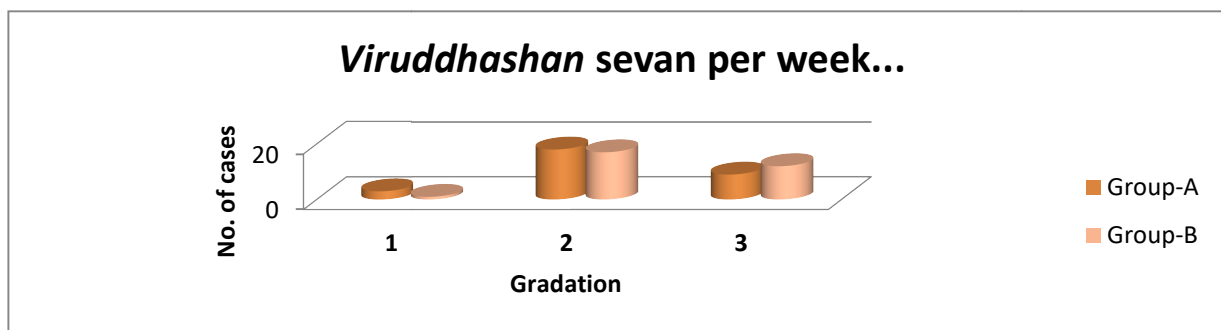


Figure 3: Consumption of Atapsevan:

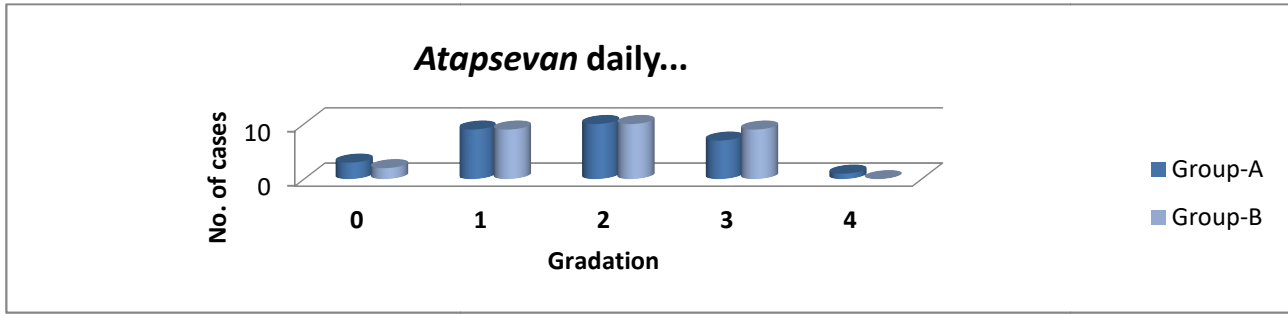


Table 1: Clinical profile of signs and symptoms: For *Kandu*

<i>Kandu</i>	Day-0		Day-60		Wilcoxon Signed Ranks Test Z	P
	Mean score	Sd	Mean score	Sd		
Group-A	0.23	0.430	0	0	2.646	0.008Sig
Group-B	0.23	0.430	0	0	2.646	0.008Sig

Table 2: For *Daha*:

<i>Daha</i>	Day-0		Day-60		Wilcoxon Signed Ranks Test Z	P
	Mean score	Sd	Mean score	Sd		
Group-A	0.5	0.509	0	0	3.873	<0.001 HS
Group-B	0.5	0.509	0	0	3.873	<0.001 HS

Table 3: For *Rukshata*:

<i>Rukshata</i>	Day-0		Day-60		Wilcoxon Signed Ranks Test Z	P
	Mean score	Sd	Mean score	Sd		
Group-A	2.37	0.718	0.43	0.626	4.773	<0.001 HS
Group-B	1.47	0.681	0.53	0.571	4.315	<0.001 HS

Table 4: For *Snigdhatta*:

<i>Snigdhatta</i>	Day-0		Day-60		Wilcoxon Signed Ranks Test Z	P
	Mean score	Sd	Mean score	Sd		
Group-A	2.57	0.679	0.43	0.679	4.674	<0.001 HS
Group-B	2.63	0.490	.73	0.740	4.858	<0.001 HS

Table 5: For *Mandal Size*:

<i>Mandal Size</i>	Day-0		Day-60		Wilcoxon Signed Ranks Test Z	P
	Mean score	Sd	Mean score	Sd		
Group-A	2.90	0.305	1.37	0.490	4.862	<0.001 HS
Group-B	2.67	0.479	1.63	0.556	4.490	<0.001 HS

Table 6: For *Shyava Varna* (colour):

<i>Shyava varna</i>	Day-0		Day-60		Wilcoxon Signed Ranks Test Z	P
	Mean score	Sd	Mean score	Sd		
Group-A	2.50	0.509	1.37	0.490	4.833	<0.001 HS
Group-B	2.27	0.450	1.70	0.466	4.158	<0.001 HS

DISCUSSION

More number of the patients suffering from the *Vyanga Vyadhi* in the age 25 yrs to 35 yrs. In more deep observation it is found that it is almost 60-65% in the age 25yrs to 35 yrs. Females are more affected by *Vyanga Vyadhi* compared to males. Modern life style, particular *Hetu Sevan* such as *aatapsevan*, *Ratrijagran* etc and more awareness of cosmetic purpose in females, may be responsible for this and should be studied in detail.

Vata-pitta prakruti more affected by *Vyanga Vyadhi* in compare with other *prakruties*. Excessive consumption of non-vegetarian and spicy food, fast food, Chinese food was found in the individuals. It was 18%. And mild and moderate grade 82% of individuals were non-vegetarian, such spicy food responsible for pathogenesis of disease

100% individuals had taken *viruddhashan*. 93% of individuals in the moderate and severe grade and 7% of individuals had taken *viruddhashan* in mild grade. Thus it is clear that *viruddhashan* has a great role in the pathogenesis of disease. *Manasik hetu* such as *krodha*, *shoka*, *chinta* being important factors in the pathogenesis of *Vyanga Vyadhi*. According to clinical anger scale (C.A.S.) and Depression, anxiety, stress scale (DASS) 85% of individuals had done *manasik hetu sevan*. Thus *krodha* and *shoka* is an important causative factor responsible for *pitta dushti*.

Manasik hetu :-*Manasik hetu* such as *krodha*, *shoka*, *chinta* beingan important factors in the pathogenesis of *Vyanga Vyadhi*. According to clinical anger scale (C.A.S.) and Depression, anxiety, stress scale (DASS) 85% of individuals had done *manasik hetu sevan*. Thus *krodha* and *shoka* is an important causative factor responsible for *pitta dushti*. As observed

in the study *Amla*; *lavan* and *Katu rasa adhik sevan*, *aatapsevan*, *shram*, *ratrijagaran*, *Mansik hetu* (*Chinta*, *krodha*, *shoka* etc.), *viruddhashan*, *adhyashan* are the main causative factors responsible for the pathogenesis of *Vyanga Vyadhi*. Due to the *hetu sevan tridosh dushti* and *dhatu daurbalya*, *srotovaigunya* takes place i.e. *rakta dhatu daurbalya* and *srotovaigunya* in *raktavaha* and *rasavaha srotas*. After the *dosh-dushya sammurcchana* (*tridosh and rakta*) *srotodushiti* in *rasavaha srotas* and *raktavaha srotas* takes place. After the *sthansanshraya* face shows the symptoms like *snigdghata*; *rukshata*; *shava varna*; *mandalakar roopa awastha*. Continuation in *hetu* consumption results into the *Vyanga Vyadhi*.

Ruksata has reduced in both the groups after the treatment. The reduction in group A is slightly better than Group B. the mean Score in Group A is 0.43 against the mean score 0.53 in group B. The % of relief of *Rukshata* in group A (81.86%) is more effective than group B (63.9%) as indicated by Wilcoxon signed Ranks Tests

Snighata has reduced in both the groups after the treatment. The reduction in group A is slightly better than Group B. the mean Score in Group A is 0.43 against the mean score 0.73 in group B. The % of relief of *Rukshata* in group A (83.26%) is more effective than group B (72.24%) as indicated by Wilcoxon signed Ranks Tests.

Mandal Size has reduced in both the groups after the treatment. The reduction in group A is slightly better than Group B. the mean Score in Group A is 1.37 against the mean score 1.63 in group B. The % of relief of *Mandal Size* in group A (52.75%) is more effective than group B (38.95%) as indicated by Wilcoxon signed Ranks Tests.

Shyava Varna has reduced in both the groups after the treatment. The reduction in group A is slightly better than Group B. the mean Score in Group A is 1.37 against the mean score 1.70 in group B. The % of relief of *Shyava varna* in group A (45.2%) is more effective than group B (25.11%) as indicated by Wilcoxon on signed Ranks Tests.

CONCLUSION

After considering statistical analysis and observations conclude that treatment and *nidan parivarjan* when used simultaneously gives more efficacy than when used only treatment. Long term *nidan parivarjan* gives the persistent significant relief for every sign and symptom of the *Vyanga Vyadhi*. The present literally study shows that *Aaharaj Hetu* of *Vyanga Vyadhi* mentioned in *Charak Samhita*, *Viharaj Hetu* mentioned in *Viharaj Hetu Shushruta Samhita* and *Manas Hetu* mentioned in *Ashtang Hrudaya*. observed 19 causative factors of *Vyanga Vyadhi* according to the clinical observation. The present study shows that *Aatapsevan*, *Shrama sevan*, *ratrijagaran*, *chinta*, *krodha*, *shoka* are the *viharaj* etiological factors responsible for pathogenesis of *Vyanga Vyadhi*. In the present study, the predominant taste consumption in the individuals and relief of disease after the *nidan parivarjan* shows *amla rasa*, *lavan rasa* and *katu rasa* are mainly responsible for pathogenesis of *Vyanga Vyadhi*. From present study, also conclude that excessive consumption of *shita*, *ushna*, *guru* and *abhisandi* are the *aahar gunas* more responsible for the pathogenesis of the *Vyanga Vyadhi*. In the present study done, the predominance of the disease is more in the *vata-pittaj* and *khafa-pittaj prakruti*.

REFERENCES

1. Tripathi R.(2003), Charaka Samhita, Choukhamba Sanskrit sansthan, Varanasi. Page no-428
2. Shastri K. A. (2003), Sushruta samhita; Choukhamb Sanskrit Samsthana. - 14th edition, Page no-288

3. Paradkar P. H.(2002), Ashtanga Hridaya With Arundatta Tika, Choukhamba publication), Page no-653
4. Athavale A. D.(2004) ,Ashtanga Sangraha, choukhamba orientalia. Page no-339
5. Shriyadunandopadhyaya (2007) ,Madhav Nidana, Choukhamba Sanskrit sansthan, Varanasi. Page no-432
6. Shastri Laxmipati (2005), Yogaratnakara-Choukhamba publication, Page no-722
7. Shastri Kaviraj Ambikadatta (2005), Bhaishajya Ratnavali, Choukhamba publication, Page no-545
8. Bhavaprakash Nighantu -Editor Pandit Sri Visvanath Dvivedi Shastri
9. Khopkar. U. (2001), Skin diseases and sexually transmitted infections, 4th edition ,Page no-342

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