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A PHARMACO-CLINICAL STUDY OF ARJUNA IN COMPARISION TO MANJISHTHA W.S.R TO VYANGA

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ABSTRACT

Nowadays vyanga has become a very common problem. Though it does not affect the working capacity of person but affects psychologically by affecting beauty of face. In Ayurveda mental and physical health are directly proportional to each other. Acharya Vagbhata has explained that because of krodha, shoka, ayas (stress), vata and pitta dosha gets vitiated and takes sthansamshraya at mukhgata twacha and cause dushti of bhrajak pitta due to which painless, thin, shyava Varna mandalas get develop along with symptoms of daha and kandu. In modern medical science the topical steroids which are used has their own limitations and sometimes they destroy the whole melanocytes cells leading to more miserable condition. Moreover it is very costly and is not easily available for patients of all socio-economic status. In Ayurveda there are so many drugs which are kushthagna, kandughana, raktashodhak, twak prasadak and varnya in their properties and all these properties are helpful in management of skin diseases and can produce cutaneous de-pigmentation that remove the discolouration of skin. So considering these points and on the basis of reference given by Acharya Sharangdhara Arjuntwak churna and Manjishtha churna were selected to provide effective and safe medicine to society.

Keywords: Arjuna, manjishtha, vyanga, Ayurveda

INTRODUCTION

Ayurveda is very effective in treatment of skin diseases and vyanga is a disease which is described firstly by Acharya shushruta under kshudra roga¹. Acharya vagbhata has also followed Acharya sushruta and added shoka as nidan along with krodha and ayas (stress)². Though vyanga is not a serious systemic disease but from treatment point of view it possesses great importance because it affects the beauty of face which psychologically affects the patient. In Ayurveda

Acharya sharangdhara has mentioned various lepa formulations for treatment of various skin diseases³ among which for vyanga he has mentioned Arjuna twak churna or manjishtha churna with navneeta or madhu⁴. Manjishtha is very well known and established drug for skin disease and various researches has been carried out on it on basis of its chemicals also, so it was decided to select it as drug of control group and Arjuna was decided to be a trail drug because it is an

established drug for heart and after finding positive clinical results its mode of action has been tried to correlate with the actions of chemicals which are present in it on hyper pigmentation.

Drug review:

ARJUNA: The tree is common throughout the greater part of the Indian peninsula along rivers, streams, ravines and dry water courses, found in sub Himalayan tract, Chota Nagpur, Orissa, west Bengal, Punjab, Deccan, konkan, rare in Karnataka, except in tirunelveli, N.circar.⁵

Properties and action of Arjuna: 6

- Rasa: Kashaya, Guna: Laghu, Ruksha, Veerya
 :- sheeta, Vipaka: Katu
- **Prabhava** :- Hridya
- **Doshaghnata:** Kaphapittashamaka.

Pharmacological activities:-⁷ Cardio protective, antianginal, spasm genic, oxytocic, antifertility, cytotoxic, antifungal, antibacterial, hepatoprotective.

Substitutes and adulterants:-⁸ Stem bark of Lager-stroemia speciosa is reported to be an adulterant of Terminalia Arjuna. It is also reported that bark of several other species of Terminalia are being sold indiscriminately under the name Arjuna, viz., Terminalia bialata steud, T. Billerica Roxb., T. alata Heyne ex Roth (Syn. T. tomentosa W. &A.), T.manni King, T. myriocarpa Heurek and muellArg., T. chebula Retz., T. catappa Linn, T. Purifolia Kurz., T.travancorensis Wight & Arn., T. pallid Brandis, T. citrine Roxb.ex.Flem., T.paniculata Roth. The bark of T. alata is also used as an adulterant of T. Arjuna.

MANJISHTHA: - it is found throughout India, ascending to an altitude of 3750 m from North-West Himalayas eastwards

Properties and action of manjishtha⁹:

- Rasa:- Madhura, Tikta, Kashaya
- Guna :- Guru, Ruksha
- Veerya :- Ushna
- Vipaka :- Katu

• **Doshaghnata:** Kaphapittashamaka.

Pharmacological activities¹⁰

- Antioxidant, antibacterial, anticancer, antiinflammatory, antitumor, antiviral, haemostatic, anti-lipid per oxidative activity, hypoglycaemic.
- Mollugin showed inhibition of passive cutaneous anaphylaxis and protection of mast cell degranulation in rats. It also exhibited considerable activity against lymphoid leukaemia (P₃₈₈) in mice.

Substitutes and adulterants¹¹ *Rubia cordifolia* is used as an adulterant to *swertia chirayita*. Stem of *R. cordifolia* is generally used as a substitute of its root.

Aim and Objective:-

- -To evaluate the efficacy of *Arjuna twak* on *vyanga* in comparison to *Manjishtha*.
- -To observe the Pharmacognostic, phytochemical and pharmacological study of *Arjun twak & Manjishtha*.
- -To find out the safe, effective, low-cost, easily available drug for the patient suffering from *vyanga*.

Material and Methods-

Patients: For the clinical study patients of *vyanga* were taken randomly from the OPD section of department kayachikitsa of pt. Khushilal Sharma govt (Autonomous) Ayurveda College and institute, Bhopal (M.P).

Drugs: - The raw drug *Arjuna* and *manjishtha* was obtained from the pharmacy of pt. Khushilal Sharma Govt (Autonomous) Ayurveda College and prepared at Rasashastra department of college.

Pharmacognostical study¹²:

Analysis Results:

Organoleptic Characters:

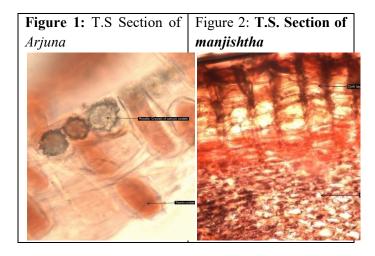
Test parameters:

Condition – *Arjuna* and *manjishtha* both were dried.

Colour- *Arjuna*- Pale, externally flesh coloured and *manjishtha*- Brown to purple

Odour- Arjuna- Indistinct and manjishtha- Characteristic

Taste- Arjuna- Bitter and manjishtha- Indistinct



Physiochemical Analysis 13

The analytical study of *Arjuna* bark and *manjishtha* was undertaken to analyze the sample by using different physiochemical parameters and HPTLC profile.

Parameters	Result	API	Result	API
	Arjuna	standards	manjishtha	standards
Foreign	Nil	Not	Nil	Not
matter	1111	more	1111	more
matter				
		than 2%		than 2%
Loss on	4.65%	Not	5.97%	-
drying		more		
		than		
		12%		
Total ash	21.54%	Not	8.23%	Not
		more		more
		than		than
		25%		12%
Acid insol-	0.72%	Not	0.28%	Not
uble ash		more		more
		than 1%		than
				0.5%
Alcohol	22.75%	Not less	4.43%	Not less
soluble		than		than 3%
extractive		20%		
Water sol-	21.06%	Not less	30.03%	Not less
uble ex-		than		than
tractive		20%		17%

Figure 3: RF spots of *Arjuna*

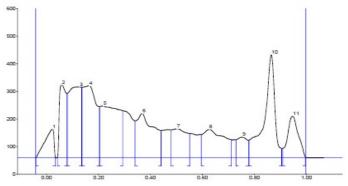


Figure 4: HPTLC Plate of Arjuna

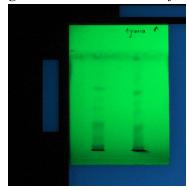


Figure 5: HPTLC plate of manjishtha

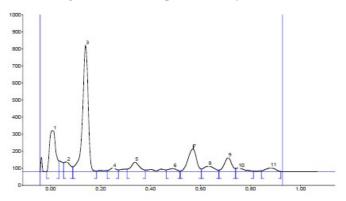
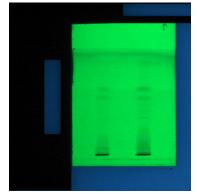


Figure 6: RF spots of manjishtha



Study design: The study was conducted on total 60 patients and all patients completed their treatment. It was a randomized control trial study of *Arjuna* in compared to *manjishtha* on *vyanga*. A complete proforma included all history taking points, criteria and investigations and written consent was taken from all the patients before trail. All the details regarding study was explained to every patient and was set free during the study. In both the groups application mode was *lepa* and base was of *navneeta*. Total duration of study was of 8 wk. and follow-up was of 15 days.

Diagnostic criteria:-

Patients characterized with Niruja (painless), Shyava (bluish black), Tanu Mandalas (macules) on the face, Skin appearing rough with bluish black patches / spots, If edges are coppery red or white, Itching, Burning sensation with tingling.

Inclusive criteria:-

Patients fulfilling the diagnostic criteria, between the age group 16 and 60 years, irrespective of sex, religion, occupation, and chronicity were selected for the study.

Exclusion criteria: - Hyperpigmentation caused due to any systemic diseases such as:-

- Addison's disease,
- Cushing syndrome and

- systemic lupus erythematosus,
- hyperpigmentation since birth like nevus and those caused by tumors such as malignant melanoma

Assessment criteria: - The effect of therapy was assessed on the basis of subjective and objective criteria.

Subjective criteria: - It includes

- Itching
- Burning sensation...
- Skin/lesion -Skin texture (dry/oily),
- Skin luster homogeneity

Objective criteria:-

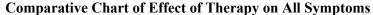
- number of lesions,
- Size of lesions.

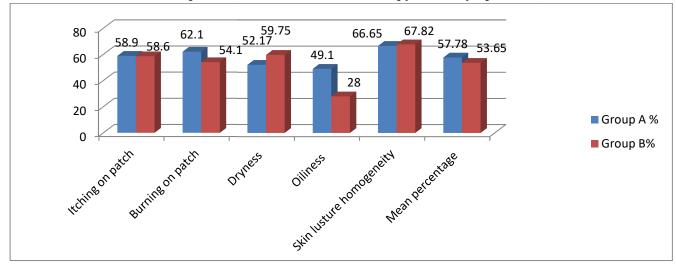
A grading system was adopted for assessment

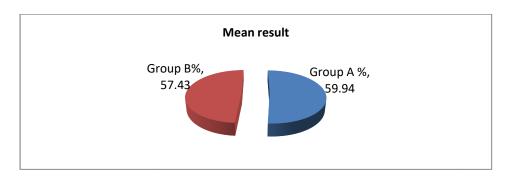
 *Note: when lesion or patches were multiple, the size of the largest lesion was taken into consideration mainly.

The clinical study was carried out on total 60 patients, divided into two groups of 30-30 i.e. Group A and Group B.

- Group A was a trail group in which patients were administered with Arjuna twak lep.
- Group B was a control group in which manjishtha churna lep was administered.







DISCUSSION

Discussion on analytical study:

In T.S *Arjuna* shows both big and small rosette crystals and *manjishtha* shows clearly visible cork and cortex layers with xylem, phloem and pith.

In phytochemical study *Arjuna* shows more water and methanol solubility. And in *manjishtha* phenolic compounds are found.

In qualitative analysis of tannin and carbohydrate plant extract shows positive results.

In *Arjuna* HPTLC with solvent system toluene: ethyl acetate: formic acid: methanol (ratio 3.5:3:1:5:1) and spray reagent ferric chloride shown one visible spot of tannin, while with solvent system toluene: ethyl acetate: formic acid: methanol (ratio 6:3:0.1:1) and spray regent anisaldehyde shown six to twelve visible spots.

Discussion on Effect of Therapy

During study it was observed that results of *manjishtha* were markedly visible within a week after trail started, whereas *Arjuna* took near about 20-25 days to make results visible. The whole study was of 8 weeks and in patients of *manjishtha* group after completing a month, results started getting stagnate but a continuous progressive results were seen in patients of *Arjuna* group.

Development of disease vyanga¹⁴:-

Krodha, shoka,ayasa are the nidan which Vitiates pitta and vata and this Vitiated vata along with pitta travels & Gets localized at facial skin due to which Dushti of bhrajak pitta occurs and Develops lakshanas i.e. daha yukta, Kandu yukta, Shyav varna mandal.

MODERN ASPECT

Because of stress, neurons in hypothalamus secrete corticotrophin release hormone which is then transported to pituitary gland where it binds to CRH receptor type-1 (CRH R1) and stimulate the secretion of Melanocyte stimulating hormone (MSH) and results in hyperpigmentation¹⁵.

Discussion on parameters of Therapy

Itching: Because of vitiation of kapha itching occurs and *Arjuna* and *manjishtha* both are *kashaya in rasa* and ruksha in guna by which they subsides the vitiated *dosha* and relief in symptom is obtained. ¹⁶

Burning: *Vyanga* is *pitta pradhan vyadhi* and burning is a main symptom of vitiated *pitta*. *Arjuna* possesses *sheeta veerya* by which it could have subsided effect of vitiated dosha whereas *manjishtha* possess *madhura*, *tikta*, *kashaya rasa* which all are *pitta shamak*. According to *Acharya sushruta veerya* is *pradhan* than *rasa* therefore it can be understood on this basis that *Arjuna* is more effective than *manjishtha* on this symptom¹⁷⁻¹⁸.

Dryness: Dryness in *vyanga* is caused by vitiated *vata*. *Manjishtha* shows better results in dryness as it possess *guru guna*, *madhura rasa* and *ushna veerya*. All these inherent properties subsides vitiated *vata*¹⁹.

Oiliness: Oiliness is caused by vitiated *kapha* and *Arjuna* possesses *kashaya rasa* which prominently controls oil, whereas *manjishtha* is also *kashaya* in *rasa*.²⁰

Skin Lusture (*shyav Varna*): *Shyava Varna* occurs because of *dushti* of *bhrajak pitta* caused by vitiated *vata*. *Sheet veerya* of *Arjuna* and *guru guna* of *manjishtha* pacify vitiated *dosha* and corrects *vaivarnyata*.²¹

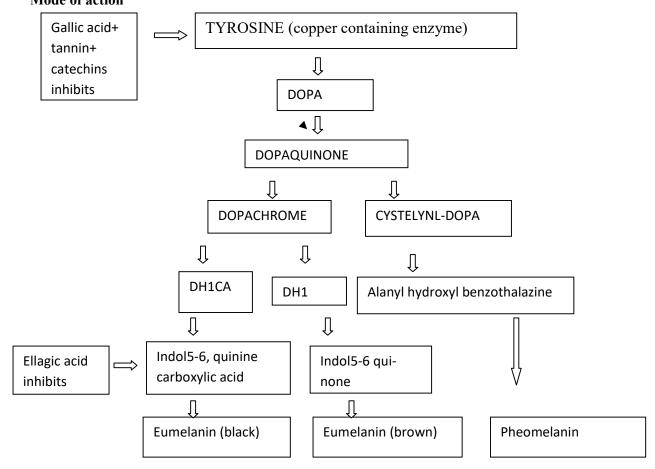
Number and size of lesion: In both parameters *Arjuna* shows improvement with mean percentage of 65.33 and *manjishtha* shows improvement with mean percentage of 66.88

During study it was observed that results of *manjishtha* were markedly visible within a week after

trail started, whereas *Arjuna* took near about 20-25 days to make results visible. The whole study was of 8 weeks and in patients of manjishtha group after com-

pleting a month, results started getting stagnate but a continuous progressive results were seen in patients of Arjuna group.

Potential of chemicals of Arjuna in hyperpigmentation $^{22-25}$ Mode of action



On the basis of various researches it is observed that chemicals present in Arjuna i.e. Gallic acid, tannin, catechins and ellagic acid works on hyper pigmentation by inhibiting tyrosine's activity.

Mode of action of *manjishtha*- Chemically, it contains glucoside known as manjishthin and pupurine, along with resins, lime salts and colouring agent which directly acts on melanin pigment.²⁶ methanolic extract of this herb has been reported to show 14.80% mean inhibition of tyrosinase activity thereby acting as a skin whitening agent.²⁷

CONCLUSION

In result of subjective parameters group A showed relief of 57.78% whereas group B showed relief of

53.65%. In results of objective parameter group A showed relief of 65.33% and group B showed relief of 66.88% whereas in overall assessment the relief percentage of group A was 59.94% and in group B it was of 57.43%.

Majority of the patients showed moderate results. As in this study single drug therapy in form of local application was used and results are moderate so there is a possibility that if along with this local application proper line of treatment with oral medication will be followed than better results could come out.

In form of *Arjuna twak* we have found a very effective easily available and low cost drug for *vyanga*. Though *vyanga* is not a serious systemic disease but possess equal importance because of its psychological effect

on life. We accept it or not but somehow external beauty possesses a great importance in everyone's life. So *Arjuna* could be a drug of choice for treating *vyanga*.

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