

## AN AYURVEDIC MANAGEMENT OF TWAK VIKARA – A CASE STUDY

Manjula<sup>1</sup>, Shreevathsa<sup>2</sup>

<sup>1</sup>III Year PG Scholar; <sup>2</sup>HOD;

Dept of Ayurveda Samhita and Sidhanta, GAMC, Mysuru, Karnataka, India

Email: [manjulahaiyalkar06@gmail.com](mailto:manjulahaiyalkar06@gmail.com)

### ABSTRACT

The incidence of skin diseases are increasing day by day. Other medicine systems provide temporary relief but not complete cure. Therefore, whole world is gradually turning towards *Ayurveda* for safe and complete cure of diseases. Especially in the field of skin problems *Ayurveda* can contribute remarkably. 'Twak' (skin) is external outermost protecting cover which envelopes the whole surface of the body. This is the seat of 'Sparsana Gyanendriya' (Tactile sensation) it is extensive amongst all five *Gyanendriyas*. Sensation of touch is situated in *Twak*. Every human being is fond of beauty, especially the girl who wants to be a bride, it is the dream of every girl to look like a princess on her marriage day, because of this reason they go behind the application of some tropical applications which may lead to some of the allergies or reaction of the skin. A female patient of 25 years old came to our hospital with the complaints of adverse affect which she got due to treatment she took from local doctors, in this case an effort has been made to bring the affected skin to normal texture by using the treatment principles mentioned in *Ayurveda* by not naming the disease but only by assessing the *Dosha Pradhanatwa* and *Lakshanas*. As mentioned in *Charaka Samhita Sutra Sthana Trishothiya Adhyaya*, as the naming of the all the *Vyadhi* is not mandatory<sup>1</sup>.

**Keywords:** *Twakvikara, Dosha Pradhanatwa, Adhithana*

### INTRODUCTION

The prevalence of skin diseases becoming more due to the following factors such as faulty diet, faulty lifestyle, use of soaps, creams, detergents etc., the diagnosis of the disease according to *Ayurveda* and other system of medicine is completely different.

*Ayurveda* speaks about the *Chaturvidha Pramana*, such as *Pratyaksha, Anumana, Aptopadesha* and *Yukti*<sup>2</sup>. A systematic approach should be implemented for proper analysis of a disease process. The methodology of understanding an unknown disease has been described in *Charaka Samhita* based on *Aptopadesha Pramana, Pratyaksha Pramana Anumana Pramana*. The *Laxanas* can be analysed based upon the *Pratyaksha Pramana*, based upon the *Anumana Pramana* the *Prakupita Dosha Dushya* can be analysed, based upon the *Yukti* the treatment can be planned. In *Ayurveda* there are two types of *Chikitsa Shodhana* and

*Shamana*, depending upon the *Doshas* involvement, *Laxanas* one should plan the treatment using the *Yukti* followed by some *Sthanika Chikitsa* such as *Lepa, Seka, Sweda* etc.

### CASE REPORT-

A 25-year-young female, student by profession, approached to outpatient department with chief complaints of *kandu, Shyavavarnata* of *Twak, Youvanapidika, Rookshatwa* of *Twak, Vali* (wrinkles) over the face since 25 days, the patient was apparently normal before 25 days, the patient consulted the local doctor for the acne which she had since 4-5 years, the patient was advised to take some aesthetic treatment to solve the acne problem but as the patient started to take the medicine she gradually de-

veloped the above said *Laxanas*. So, the patient came to our hospital. The patient was treated on OPD basis.

Based on clinical presentation, examination, the case was diagnosed as *Vata Pitta Pradhana Tridosha Twak Vikara* (skin allergy).

### Total days of treatment

On examination of the patient, the patient's *Agni* was *Madhyama*, *Samyak Nidra*, *Madhyama Satwa*, *Shadrasa Upayogi*, and the treatment was planned under *Shodana* and *Shamana* format, starting with *Shodana* i.e. classical *Virechana*. First 3 days *Deepana Pachana* was given by *Chitrakadi Vati*, followed by *Snehapana* with *Mahatiktaka Grhta* for 3 days, *Virechana* was given by *Trivrit Lehya*. Next continued with the *Shamana Aushadhis* like *Mahamanjishtadi Kwatha* 10ml twice a day with equal quantity of water, simultaneously the *Shastika Shali Pinda Sweda* was done to the face for 7days and the *Lepa* of the *Vatada* (*prunus amygdalus baill*) and *Priyala* (*buchanania lanzan*) was advised for application over the affected area for 1month. .

## DISCUSSION

As mentioned by *Acharya Charaka* in *Sutrasthana Trishothiya Adhyaya* naming the *Vikara* is not important or mandatory one can treat the patient by knowing or assessing the factors such as *Prakopita Dosha*, *Adhistana*, *Samuthana*, and *Laxanas*<sup>3</sup>. So, here keeping this view the patient was examined and assessed the *Prakopita Dosha* as *Vata-Pitta*, with *Rakta* as *Dushya*, *Adhistana* as

*Twak*, and the treatment was planned under *Shodana* and *Shamana* format, starting with *Shodana* i.e. classical *Virechana*, first 3 days *Deepana Paachana* was given by *Chitrakadi Vati*, followed by *Snehapana* with *Mahatiktaka Grhta* for 3 days in increasing dose 1day-30ml, 2<sup>nd</sup> day - 60ml, 3<sup>rd</sup> day -90ml, *Mahatiktaka Grhta* was selected because it is used in *Pittaja Twak Vikara*, after this the patient was advised to take *Sarvanga Abhyanga* and *Sweda* for 3days, after this on the next day *Virechana* was given by *Trivrit Lehya*, patient got 13 Vegas of *Virechana* and was asked to follow *Samsarjana Krama* for 3days. Next the patient was continued with the *Shamana Aushadhis* like *Mahamanjishtadi Kwatha* 10ml twice a day with equal quantity of water, as it is indicated in *Twak Vikara* as a *Rakta Shodhaka*. Simultaneously the *Shastika Shali Pinda Sweda* in the *Mrudu* form was done to the face for 7days, here *Shastika Shali* was selected because this does the *Vata Hara* and gives the *Bala* to the *Twacha* to overcome the *Rookshatwa*, *Kandu*, *Vali* (wrinkles) of the skin which are caused by *Vata Dosha*, and the *Lepa* of *Vatada* and *Priyala* was prescribed for application over the affected area for 1month once a day. Preparation method of *Lepa*-soaked the *Vatada* and *Priyala* in a clean water for 24 hours, the outer covering was peeled, then it was dried in the room itself for 2-3 days, the fine powder of *Vatada* and *Priyala* was made mixed with the unboiled milk to the *Lepa* consistency then this *Lepa* was applied on the face. *Vatada* and *Priyala* both have *Snigdha Guna* with *Vatahara* Property, the patient was told to protect from sunlight and to avoid spicy, junk foods.

**Table 1:** Name of the drug/formulation-indication

Name of the drug / formulation	Indication
<i>MahaManjishtadi Kwatha</i> <sup>4</sup>	<i>Raktashodhaka, Twakvikara</i>
<i>Shastika Shali</i> <sup>5</sup>	<i>Snigdha, Sthira, Tridoshaghna</i>
<i>Priyala</i> <sup>7</sup>	<i>Guru, Snigdha, Vatahara</i>

### Results-

After *Virechana* the patient skin was gradually becoming normal, but the drastic changes was seen after doing the *Shastika Shali Pinda Sweda* to face, after 7days of SSPS

the dryness was little reduced, blackish discoloration started to disappear, itching was reduced, as there was application of *Vatada and Priyala* the symptoms didn't reocurred, and the *Snigdha* of the face was well maintained.

**Table-2:** Variation of *Laxanas* with the treatment

<i>Laxanas</i>	Before treatment	After <i>Virechana</i>	After <i>Shastika Shalipinda Sweda</i>	After the <i>Vatada and Priyala lepa</i>
<i>Rookshatwa</i>	Present	Present	Slightly present	Absent
<i>Vali</i> (Wrinkles)	Present	Present	Slightly present	Absent
<i>Shyawa varnata of twak</i>	Present	Slightly present	Slightly present	Absent
<i>Khandu</i>	Present	Absent	Absent	Absent

## CONCLUSION

There is no mandatory that *Vaidya* should name all the *Vikaras*, only by assessing the *Dosha Prakopa*, *Adhistana*, *Laxanas* one can treat the patient. *Vatada* and *Priyala Lepa* can be considered as a *Anubhuta Yoga*.

## REFERENCES

1. Agnivesha, Charaka Samhita, Sutra Sthana, Trishotiya Adhyayah,44 shloka, Vaidhya Jadhavaji Trikamji Acharya, 2010, Chaukambha Prakashan,2010.
2. Agnivesha, Charaka Samhita, Sutra Sthana, Trishotiya Adhyayah,17 shloka Vaidhya Jadhavaji Trikamji Acharya, 2010, Chaukambha Prakashan,2010.
3. Agnivesha, Charaka Samhita, Sutra Sthana, Trishotiya Adhyayah,44 shloka, Vaidhya Jadhavaji Trikamji Acharya, 2010, Chaukambha Prakashan,2010
4. Pt. Parashuram Shastri Vidyasagar, Sharangadhara Samhita, Madhyamakhandha, shloka 137-142,krishnadasa Academy,Varanasi,2000
5. Agnivesha, Charaka Samhita, Sutra Sthana ,Annapanavidhim Adhyayah, 13 shloka, Vaidhya Jadhavaji Trikamji Acharya, 2010, Chaukambha Prakashan,2010
6. Bhisagratna Pt.Sri Brahma Sankara Mishra Bhavaprakasha Nighantu, Purvakhandha, Prathamabhaga, Mishraprakarana, Amraadiphalavarga Adhyaya,103 shloka, Chowkambha Prakashana 2009
7. Bhisagratna Pt.Sri Brahma Sankara Mishra Bhavaprakasha Nighantu,, Purvakhandha, Prathamabhaga, Mishraprakarana, Amraadiphalavarga Adhyaya,103 shloka, Chowkambha Prakashana 2009



BEFORE TREATMENT



AFTER TREATMENT

Source of Support: Nil

Conflict Of Interest: None Declared

How to cite this URL: Manjula & Shreevathsa: An Ayurvedic Management Of Twak Vikara – A Case Study. International Ayurvedic Medical Journal {online} 2018 {cited January, 2019} Available from: [http://www.iamj.in/posts/images/upload/152\\_154.pdf](http://www.iamj.in/posts/images/upload/152_154.pdf)