

## A COMPARITIVE ANALYSIS OF ARJUNA TWAK LEPA AND VATANKURADI LEPA IN VYANGA – A CASE STUDY

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### ABSTRACT

Smooth and glowing complexion of the face increases the beauty of a person and also gives self-confidence. The disease *Vyanga*, one among *Kshudra roga*, first explained by Acharya Sushruta in *Kshudra Rogadhikara*, which decreases the glowing complexion of the face and affects the skin, has got a major importance as a cosmetic problem in the society. It is characterized by the presence of painless, thin and bluish-black patches on face, occurs due to vitiation of *Vata*, *Pitta* followed by *Rakta Dosha*. Treating this condition has become a challenge since safe drugs are not available for long-term. In modern medical science, topical steroids have been described in the management of facial melanosis, a form of hyper pigmentation associated with increased melanin. It mainly affects the women of reproductive age with Fitzpatrick skin type 4-6 and in darker skin types, such as Hispanics, Asian and African Americans. However, the topical steroids are not completely free from adverse effects such as irritation, rashes. Apart from this, generally the topical steroids are expensive and sometimes poor patients cannot afford this treatment. Hence there is a need to search better methods of management in facial melanosis considering the above drawbacks. Considering these points, *Arjunatwak churna* with *madhu* and *vatankuradi lepa* is selected for external application, as these preparations have *Kusthaghna*, *Kandughna*, *Raktashodhaka*, *Twak Prasadaka* and *Varnyakara* properties and can produce cutaneous depigmentation that remove the blackish discoloration of skin. *Arjunatwak lepa* and *vatankuradi lepa* is been prepared as per the classical reference. To set up standards of quality the preparations were subjected for testing of organoleptic parameters & physical constants. In clinical study while comparing the two drugs *Arjunatwak lepa* found to be more effective and quicker in action than compared to that of *Vatankuradi lepa*.

**Keywords:** *Vyanga*, *Arjunatwak lepa*, *Vatankuradi lepa*, Facial melanosis.

### INTRODUCTION

Ayurveda is the eternal unparallel science of medicine which deals with all aspects of life. It is considered to be Holistic which means relating to or concerned with wholes or with complete system rather

than with the analysis of, treatment of, or dissection into parts. Rather than dealing symptomatically with any diseases, Ayurveda approaches all the aspects related with pathogenesis and treatment of the dis-

eases. Ayurveda is also called, as ‘Knowledge of Life’ which deals with spiritual, psychological, and physical well being of the individual. The Ayurveda medical system has been in vogue since the Vedic period and was developed to safe guard health which is considered to be essential for the achievement of the four primary objects of life viz. *Dharma, Artha, Kama* and *Moksha*.

Ayurveda explains the judicial administration of drugs in different formulations depending upon various parameters such as *dosha dooshya samoorchana, satmya* and *prakrthi* of each individual. Depending upon the different conditions Ayurveda provides a huge variety of treatments both internally and externally. *Lepa kalpana* is one among external treatment provided by Ayurveda in treating different conditions.

The importance of Beauty and Personality is increasing now a day as it is a competitive era. Sayings such as “Beauty lies in the eyes of the beholder” and “A thing of beauty is a joy forever” denote the subjective and objective aspects of beauty respectively. “*Samadosha samagnischa samadathu malakriyaha Prasannatmendriyaamanah swasthairyabhideeyate*”<sup>1</sup> The first half of the *sloka* points out the physical state of health with the balanced functioning of *dosha, datu, mala* and *agni*. The second half denotes the aspect of psyche and eternal soul into focus which is the inherent uniqueness of the science of life. Certainly the feeling of well being is impossible without a basic sense of social acceptability and self assurance which is a result of an appealing outward appearance. Ultimately as per the definition of health by WHO, health is not merely the absence of disease but also the physical, mental, and social well being, which finally merges with the concept of *swastha* as per Ayurvedic science.

*Kshudrarogas* are considered as the minor diseases having simple etiology and symptoms but in exceptional case these can produce a marked cosmetic disability and give rise to much mental stress. The disease *Vyanga* is one such disease counted under *Kshudraroga*<sup>2</sup>, which mainly affects the glowing

complexion of a person by producing *shyavavarna mandalas* on *mukha pradesha*<sup>3</sup>.

According to the modern view the *Vyanga* can be considered as a pigmental disorder and to be precise it can be correlated with hyper pigmentation disorder, facial melanosis. The treatment varies according to the primary cause of the disease. But it includes an external application of creams containing hydroquinone and hydrocortisone, which is found to be sensitive in few patients<sup>4</sup>. Sometimes frequent and long term usage of these preparations may produce the irritation. So there is a need for an alternative, effective and safe treatment to overcome this problem.

Ayurveda relatively proved to be efficacious in treatment of skin diseases. *Shodana* and *Shamana* are the two important therapies that can be adopted in these conditions. To remove the aggravated *doshas* locally *Lepa* is considered to be the best form of treatment<sup>5</sup>.

Hence *lepa* was selected as the mode of treatment.

In pathology of *vyanga vata, pitta* and *rakta* are vitiated. Hence the *dravyas* which pacifies these vitiated *doshas* and improves the complexion should be considered while treating.

Considering all these above facts for attaining a better, safe and effective treatment the present study is been taken up, where the preparation of the *Lepas* was carried out classically and the efficacy of both the *lepas* were compared.

## AIM OF THE STUDY

To evaluate clinical study of *Arjuna twak lepa* and *Vatankuradi lepa* and to compare the efficacy of both on the disease *Vyanga*

## OBJECTIVES OF THE STUDY

1. To do comprehensive literary review on the *Arjuna twak lepa, Vatankuradi lepa* and the disease *Vyanga*.
2. To prepare *arjuna twak lepa* according to Chakradatta.

- To prepare *Vatankuradi lepa* as per the reference of *Yogaratanakara*.
- To compare the clinical efficacy of these two formulations on the disease *Vyanga*.

### Material & Methods

#### Source of the data:

#### [A] LITERARY SOURCE

Information will be collected from Ayurvedic classical text books, relevant modern texts and research literatures.

#### [B] PHARMACEUTICAL SOURCE

- Raw drug for the preparation of *arjuna twak lepa* and *vatankuradi lepa* will be obtained from S.D.M. Ayurvedic Pharmacy, Udupi.

- Preparation of *arjuna twak lepa* and *vatankuradi lepa* will be carried out in practical hall of *Rasashastra* and *Bhaishajyakalpana* of S.D.M College of Ayurveda, Udupi

#### [D] CLINICAL SOURCE

A minimum of 40 patients will be selected for study, irrespective of sex from the campus of SDM Ayurveda Hospital, Udupi.

#### Method of Data Collection

##### 1. Pharmaceutical study:

*Arjuna twak*, *vatankura* and *masoor dal* will be taken and respective *lepa* will be prepared as mentioned in classics.

**Table 1:** *Arjuna twak lepa*

Sl.no	Drug	Latin name	Part used	Proportion
1	<i>Arjuna</i>	<i>Terminalia arjuna</i> Robx (wight & Arn)	Bark	1 part
2	<i>Madu</i>			Quantity sufficient

**Table 2:** *Vatankuradi lepa*

Sl.no	Drug	Latin name	Part used	Proportion
1	<i>Vata</i>	<i>Ficus benghalensis</i>	Leaf bud	1 part
2	<i>Masoor</i>	<i>Lens culinaris</i>	seeds	1 part
3	Water			Quantity sufficient

## 2. Clinical study

**Table 3:** The sample of *arjuna twak lepa* and *vatankuradi lepa* prepared will be given to 2 separate groups contain 20 patients each.

Sl.no	Group	No. of patients	Formulation	Method of application	Duration of study	Follow up
1	A	20	<i>Arjuna twak lepa</i>	External application	3 months	After each month
2	B	20	<i>Vatankuradi lepa</i>	External application	3 months	After each month

#### Intervention:

- Duration of stud: - 3 months (follow up after each month).
  - Time of application: - applied on affected area for one time at morning hour.
  - Duration of application: - lepa will be removed soon after it dry over the place.
  - Thickness of application :-  $\frac{1}{2}$  *angula* (0.97 cm)
  - Mode of application :-
- (a) *Arjuna twak churna* is applied along with honey.

(b) *Vatankuradi churna* is applied along with water.

**Method of collection:** A special Performa will be prepared with all points of history taking, physical signs and symptoms of *vyanga*. Accordingly, patients will be selected and will be subjected to detailed clinical history and complete examination.

**Study design:** It will be a comparative clinical study on 40 patients diagnosed as *vyanga* using the diagnostic parameters as mentioned in classics.

**Inclusion criteria**

1. Age group: 15 - 55 years.
2. Chronicity less than 5 years.
3. *Shavavarnayukta, Niruja Mandalas* present over the face.

**Exclusion criteria:** Any specific diseases underlying the cause of *Vyanga* like

1. Inflammatory pigmentation
2. Malignant melanoma
3. Acne vulgaris

**CRITERIA FOR ASSESSMENT:**

The changes in signs and symptoms such as colour variation of hyper pigmented patch, size reduction of the patch and reduction in number of patches

- a) **Colour:** - the colour of the hyper pigmented patch before and after treatment will be recorded based on the fairness meter.
- b) **Size:** - the size of the patches before and after treatment will be recorded. The length and breadth of the patch is measured in millimeters by using O.H.P sheet and graph paper. Any reduction in the size will be considered as a positive sign.
- c) **Number of patches:** - The number of hyper pigmented patches will be counted before and after treatment. Any reduction in number will be considered as a positive sign.

**FOLLOW UP:** After every 30 days.

**DURATION OF STUDY:** 3 months

**Observations and Results**

**Table 4:** Level of discolouration

No	N	Group 1 (N)	Group 2 (N)	Mean rank		Sum of rank		U value	Z value	P value	Remarks
				Gr 1	Gr 2	Gr 1	Gr 2				
BT-30 Days	40	20	20	12	26	300	520	90.00	-3.474	.001	HS
BT- 60 Days	40	20	20	14.48	26.53	289.50	530.50	79.00	-3.539	.000	HS
AT-BT	40	20	20	14.45	26.55	289.00	531.00	79.00	-3.915	.000	HS

Between the group analysis it showed that the individuals in both the group were shown highly significant improvement in level of discoloration from be-

fore treatment to first 30 days, from before treatment to 60 days and from before treatment to after treatment.

**Table 5:** Size of discoloration

No	N	Group 1 (N)	Group 2 (N)	Mean rank		Sum of rank		U value	Z value	P value	Remarks
				Gr 1	Gr 2	Gr 1	Gr 2				
BT-30 Days	40	20	20	19.00	22.00	380.00	440.00	170	-1.049	.294	NS
BT- 60 Days	40	20	20	16.50	24.50	330.00	490.00	120	-2.498	.012	S
AT-BT	40	20	20	15.50	25.50	310.00	510.00	100	-3.273	.001	HS

Between the group analyses of size of discoloration it showed

1. Non significant results from before treatment to 30 days

2. Significant results from before treatment to 60 days
3. Highly significant results from before to after treatment.

**Table 6:** Number of patches

No	N	Group 1 (N)	Group 2 (N)	Mean rank		Sum of rank		U value	Z value	P value	Remarks
				Gr 1	Gr 2	Gr 1	Gr 2				
BT-30 Days	40	20	20	17.00	24.00	340.00	480.00	130	-2.448	.014	S
BT- 60 Days	40	20	20	16.00	25.00	320.00	500.00	110	-3.000	.003	S
AT-BT	40	20	20	15.65	25.35	313.00	507.00	103	-2.973	.003	S

Between the group analysis it showed that the individuals in both the group were shown significant improvement in number of patches from before treatment to first 30 days, from before treatment to 60 days and from before treatment to after treatment.

## DISCUSSION

This is a comparative observational clinical study with 20 patients each in two different groups of *Arjuna twak lepa* and *Vatankuradi lepa* to see its effect on *Vyanga*. 40 patients between the age group 15 to 55 suffering with the symptoms of *vyanga* with chronicity less than 5 years and without any other underlying disease and irrespective of gender and religion were selected for the study. The study design was for 90 days with a follow up period after every 30 days. It was found that there is a significant relief in all the signs and symptoms of *Vyanga*. The study of *Arjuna twak lepa* and *Vatankuradi lepa* was found to be effective in reducing the symptoms of *Vyanga* and also helped in increasing the complexion too. Honeys possess *madhura rasa* with *kashaya anu rasa*. It has *laghu*, *vishada* and *rooksha guna*. Have *madhura vipaka* and *ushna veerya* and it balances the *kapha* and *pitta dosha*. It also possesses *lekhana karma*. With all these property it might have contributed largely to have a wonderful action on skin along with *Arjuna twak choorna* which might have made it most efficacious than *Vatankuradi lepa* while comparing both.

## CONCLUSION

The dominant *doshas* involved are *Vata*, *Pitta* and *Raktha*. Among the two respective *lepas* *Arjuna twak lepa* was found to be more effective than

*Vatankuradi lepa* even though both the drugs helped in curing the condition.

## REFERENCES

1. Sushruta, Sushruta Samhita, with Nibandha Sangraha commentary by Dalhana, edited by Acharya Yadavji Trikamji, 8<sup>th</sup> edition. Varanasi: Choukamba Sanskrit Sansthan; 2005. Pp.824; p.318
2. Sushruta, Sushruta Samhita, with Nibandha Sangraha commentary by Dalhana, edited by Acharya Yadavji Trikamji, 8<sup>th</sup> edition. Varanasi: Choukamba Sanskrit Sansthan; 2005. Pp.824; p.318
3. Sushruta, Sushruta Samhita, with Nibandha Sangraha commentary by Dalhana, edited by Acharya Yadavji Trikamji, 8<sup>th</sup> edition. Varanasi: Choukamba Sanskrit Sansthan; 2005. Pp.824; p.324
4. P. N. Bhel, Aggarwal, Govind Srivastava. Practice of Dermatology. 10<sup>th</sup> edition. New Delhi: CBS Publishers and distributors; 2005. Pp.500; p.300
5. Prakash. Effect of Nasya karma in Vyanga. Department of Kayachikitsa. Mysore: Government Ayurveda Medical College; 1994

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