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CHIEF EDITOR – PRAMOD PRAKASHRAO TANDALE

**A Clinical Comparative Study of *Manjistha* (*Rubiocordifolia*inn.)
Lepa and *Kashaya* In *Vyanga* (Melasma)**

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Abstract :

In today's era of globalization, everybody wants to be presentable to the outside world. So good, healthy hairs and smooth, soft skin is what we all dream about. Healthy skin and hairs play a major role in self-esteem of many people and also boosts ones confidence level. The hectic and stressful life we live, combating pollution combined with bad dietary habits, takes its toll on our hairs and skin. Vyanga is mentioned as one of the Kshudra Roga by different acharyas. The drug Manjistha is commonly available nontoxic and can be used safely for external and internal application. By considering this Manjistha is taken as a research drug in the treatment of Vyanga.

Introduction :

In the pursuit of perfect cure, mankind has evolved various system of medicine. Amongst these systems, "Ayurved – the science of life" is the most indigenous system of medicine which has propagated treatment of various illnesses.

Vyanga is mentioned as one of the *KshudraRoga* by different *acharyas*.

क्रोधायासप्रकुपितोवायुः पित्तेनसंयुतः ।
सहसामुखमागत्यमण्डलविसृजत्यतः ।
नीरूजंतनुक्रंश्यावंमुखेव्यडूँ. तमादिशेत् ॥

(सु.नि. १३/४५-४६)

शोकक्रोधदिकुपिताह्वतपित्तान्मुखे तनु ।
श्यामलमण्डलं व्यडूँ, वक्रादन्यत्रनीलिका ।

(सा. वा. ३१/२८)

According to Archaryas like *Sushrut*, *Bhavaprakash*, *Madhavanidan* and *Yogratnakar* in this disease the *Vata* which gets *Prakupit* due to क्रोध(Anger) and परिश्रम(Hard work) combined with *Pitta* and both combinely produces नीरूजं (Painless), श्यावं(Blackish), तनु (Soft), मंडल(Circular Patches) on face which are called as *Vyanga*^{1,2,3,4}.

व्यंघ्रेषुचअर्जुनत्वग्वांमंजिष्ठावासमाक्षिका ।
लेपः सननितोवाश्वेताश्र्वखुरजामषी ॥

(योगरत्नाकरउत्तरखंड-क्षुद्ररोग चिकित्सा-८)

व्यडूँ, मंजिष्ठालेपः प्रशस्तोमधुयुक्तया।

(भा.प्र. ६१/४०)

According to the *Sharangdhar* and *Yogratnakar*, *Choorna* of *ArjunTwak*, *Manjistha* or *SuvarnaMakshikBhasma* or *Bhasma* of white horse's hoofs mixed with butter and a *Lepa* of that mixture can be used in a treatment of *Vyanga*.

According to the *Bhavprakash*, the *Lepa* of *Manjistha* with qÉkÉÑ (Honey) is advised in the treatment of *Vyanga*.

The drug *Manjistha* is commonly available nontoxic and can be used safely for external and internal application.

By considering the above references the *Manjistha* is taken as a research drug in the treatment of *Vyanga*.

Face is the mirror of our body and mind, hence peoples are more concern about face to present era.

The prevalence of Melasma is very high. 50% of pregnant ladies are prone to get Melasma as well as there are chances of Melasma after delivery. If Melasma is not treated then it gives rise to complication like psychiatric depression. Now a days the drug used for treatment of Melasma in modern science is mainly hydroquinone. But, this medicine has side effects like skin irritations, rashes, mild burning sensation, hyper sensitivity and tingling sensation. After discontinuation of modern treatment reoccurrence rate is very high.

To overcome this problem the safe effective most economical and commonly available Ayurvedic drug is selected for present research study in the treatment of *Vyanga* (Melasma).

Aim :

To study clinical efficacy of *Manjistha* (*Rubiocordifolia*inn.) externally as well as internally.

Objectives :

- To study aetiopathology of *Vyanga* (Melasma).
- To study *Vyanga* from various classical texts in *Ayurveda*.
- To Study *Guna*, *Karmas* of *Manjistha* in detail.
- To observe the incidence of Post treatment recurrence, if any.

Materials And Method

- **Literary Method** :All the literary data of *Vyanga* is compiled from Ayurvedic classical books and samhitas.

References regarding this study are collected from internet media. Also research work done previously by the scholars in this field were referred.

- **Drugs :**

- 1) *ManjisthaLepa* (Gel)
- 2) *ManjisthaKashaya*
- 3) Hydroquinine

- **Plan of Work** :In the present study, total 60 patients are selected and distributed in Three Groups. Group of patients receiving *Manjisthalepa* (Gel) is labeled as Group A. Patients receiving *Manjisthalepa* (Gel) and *Kashaya* are labeled as Group B and patients receiving hydroquinine Gel are labeled as Group C. The treatment was accessed with observation and results for a period of Three months depending upon the signs and symptoms.

A follow up of all patients were taken at the interval of 15 days for the period of 1 month 3rd follow up after 2 months. Those who don't complete the treatment are treated as dropouts.

Results

It is found that, the patients from all groups got cured from their symptoms that are blackening of skin within prescribed period of treatment.

When all the groups were compared after completing the treatment, patients from Group C shows overall good response than Group A and Group B. But on other side patients from Group C complaints of reoccurrence after few days of completing the treatment. While comparing Group A and Group B, patients from Group B shows good response than Group A without any complication or side effect.

Photos

Group A



Group B



Group C



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