



## A CLINICAL STUDY TO EVALUATE THE EFFICACY OF 'DUSHIVISHARI AGAD 'AND 'VARNYA MAHAKASHAYA' IN VYANGA (HYPERPIGMENTATION)

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### ABSTRACT

If one's overall health, nutrition, and lifestyle are neglected, and one is overexposed to sunlight, smoking, pollution, stress, and other factors, *Dushivisha* accumulates in the body, leading to a variety of skin problems like **Vyanga (Hyperpigmentation)**. *Vyanga* is mentioned in *Kshudraroga*. It is one of the most prevalent diseases that affect the face. It's comparable to Melasma, a hyperpigmentation disease. Drugs having *Vishghna*, *Rakta Prasadaka*, *Varna Prasadana*, and *Twak Prasadaka* qualities aid in the control of *Vyanga*, which balances the *doshas*. In the present trial, *Dushivishaari Agad Churna* is taken as internal medication along with *Varnya Mahakashaya Cream* for external application is used to evaluate their role in *Vyanga* based on various parameters. All of the findings from this study strongly show that both drugs when used, produce symptomatic relief, particularly in terms of *Mandal* size and color. All the observations and results are described in the following full texts.

**Keywords:** *Vyanga*, *Dushivisha*, Hyperpigmentation, Face.

## INTRODUCTION

People now a day are increasingly concerned about their health as well as their beauty. The face is the most vital organ in the body. The face represents a person's personality. "Face is the indicator of thought," it is stated, and a lovely face attracts attention to itself. Face value is also vital for boosting one's self-esteem and achieving success. It reflects all emotions, such as joy, grief, rage, excitement, and so forth. When it comes to beauty, we must first comprehend *Ayurveda's* concept of beauty. "In *Ayurveda*, health takes precedence above beauty." In other words, according to *Ayurveda*, "healthy is attractive"<sup>[1] [2]</sup>. *Ayurveda* offers a distinct perspective on skin care. Body fluids, blood, muscle tissues, and skin enzymes should all be of acceptable quality for healthy skin. In other words, if one's overall health, nutrition, and lifestyle are neglected, and one is overexposed to sunlight, smoking, pollution, stress, and other factors, *Dushivisha* accumulates in the body, leading to a variety of skin problems like *Vyanga*.

### **Dushivisha:**

A portion of *Sthavara*, *Jangama*, or *Kritrima Visha* that has not completely left the body without leaving residues, that poison that is very old, inactivated by antipoisonous things, and that by nature is poor in its qualities, is known as *Dushivisha*; because of its poor potency, it does not kill the person quickly and remains in the body for many years covered by *Kapha*<sup>[3]</sup>. *Dushivisha* is a toxin that vitiates *Dhatu*s as a result of factors such as *Desha* (*Anoopa*), *Kaal* (*Sheet*), *Meals* (*Sura*, *Tila* & *Vyayama*, *Krodha*, etc.), and *Resting during the day*<sup>[4]</sup>. *Ayurveda* is a longevity science that encourages good health, natural beauty, and long life.

### **Aim & Objectives:**

1. To study the disease *Vyanga* with its etiopathology and symptomatology according to *Ayurvedic* as well as Modern literature.
2. To evaluate the efficacy of internal medicine as *Dushivishari Agad* in the management of *Vyanga*.
3. To assess the efficacy of *Dushivishari Agad* with *Varnya Mahakashaya* in the management of *Vyanga*.

### **Disease Review:**

*Vyanga* is a form of *Kshudra roga*. *Vyanga* develops as a result of *Vata* and *Pitta* vitiation, with symptoms such as *Neeruja* [painless], *Tanu* [thin], and *Shyava varmayukta mandala* [bluish-black spots] on *Mukha pradasha*<sup>[5]</sup>. In contemporary medical technology, patches can be classified under hyperpigmentation (melasma) areas, which may be observed on the cheekbones, nose, forehead, and chin, reducing the beauty value of the face<sup>[6]</sup>.

**Drug Review:** As the chemicals found in cosmetics, environmental pollutants, and harmful compounds exposed as a result of a certain activity accumulate in the body and manifest their consequences later when supporting variables are available, it acts as *Dushivisha*. This poison specially vitiates *Rakta Dhatu*. In *Ayurveda*, many herbs hold *Vishghna*, *Rakta Prasadaka*, *Varna Prasadana*, and *Twak Prasadaka* properties. These herbs destroy poison (*Dushivisha*) and clean the complexion, giving a ray of hope to millions of people suffering from *Vyanga*.

In classics, many single and compound drugs are defined in different contexts for internal and external use. The drugs used for *Vyanga* in this study are:-

#### **1) Dushivishari Agad Churna**

#### **2) Varnya Mahakashaya Cream**

- Drugs of *Dushivishari Agad* are *Pippali*, *Dyamaka*, *Jatamansi*, *Lodhra*, *Motha*, *Suvarchika*, *Choti Ela*, and *Swarnagairik*<sup>[7]</sup>.
- Under *Varnya Mahakashaya Acharya Charak* has mentioned *Chandana*, *Tung*, *Padmaka*, *Usheera*, *Madhuka*, *Manjishtha*, *Sariva*, *Payasya*, *Sita*, and *Lata*<sup>[8]</sup>.

**Pharmaceutical Study:** The trial Drug was prepared in the pharmacy of Dr. Sarvepalli Radhakrishnan Rajasthan Ayurved University, Jodhpur using classical methods.

**Materials and Methods:** In this study, the trial drugs used were *Dushivishari Agad* for oral administration and *Varnya Mahakashaya* for local application. The study was conducted on 30 clinically diagnosed and registered patients of *Vyanga* attending the OPD of Dr. Sarvepalli Radhakrishnan Rajasthan Ayurved

University, Jodhpur and randomly divided into 2 groups of 15 patients each as below:

**Table 01:**

Group	Patients	Medicine	Anupaan	Dose
A	15	<i>Dushivishari Agad Churna</i>	<i>Madhu</i>	<i>Churna --3 gm. twice a day</i>
B	15	<i>Dushivishari Agad Churna</i> + <i>Varnya Mahakashaya Cream</i>	<i>Madhu</i>	<i>Churna --3 gm. twice a day</i> + <i>Cream (application) twice a day</i>

**OBSERVATIONS:**

The following observations were made in the two groups (15 patients each) in the current study work:

- ✓ The most common age group for *Vyanga* (Hyperpigmentation) was 16-30 years (56.67%), with the majority of patients being female (70%), married (53.33%), and of Hindu faith (100%).
- ✓ Patients from urban habitats (56.67%) and the lower middle class (40%) were the most common, followed by students (46.67%), sun-exposed working styles (70%), and graduates (40%).
- ✓ The majority of patients had a mixed eating pattern (70%) and were not addicted to anything (36.66%).
- ✓ The majority of patients (56.67%) had a positive family history and had allopathic treatment (53.33%).
- ✓ Patients with *Vishama* type *Agni bala* (40%), *Madhyama* type *Koshtha* (56.67%), *Madhyama*

*Aahara Abhyaharana Shakti* (70%), and *Madhyama Aahara Jarana Shakti* (63.33%) had the highest prevalence of *Vyanga*.

- ✓ Maximum patients with *Vata-Pittaja Shareerika Prakruti* (50%), *Rajaskia Manasika Prakruti* (60%), *Rakta Sara* (46.67%), *Madhyama Samhanana* (56.67%), *Vyamishra Rasa Satmya* (50%), *Ushna Guna* dominant (63.33%), *Madhyama Satva* (66.67%), and *Madhyama Vyayama Shakti* were the most (56.67%).
- ✓ Patients with a gradual start of illness (66.67%), sun rays as an aggravating factor (56.67%), foundation cosmetic usage (30%), sun exposure (36.67%), and sun tanning diagnostic (66.67%) had the highest prevalence of *Vyanga*.
- ✓ 50% of patients had a lesion on their cheeks, 46.67% had a lesion that was 2-3 cm in size, 56.67% had dry skin, and 46.67% had a brown-colored lesion.

**RESULTS:** Results were statically observed with the **Graphpad Instat 3 Trial** software.

**Table 02:**

Variable	Gr	Mean		Mean Diff.	% Relief	S.D.±	S.E.±	P-value	S
		BT	AT						
<i>Kandu</i> (Itching)	A	0.6000	0.4667	0.1333	22.21	0.3519	0.09085	0.2500	NS
	B	0.6000	0.1333	0.4667	77.78	0.5164	0.1333	0.0078	VS
<i>Daha</i> (Burning Sensation)	A	0.5333	0.3333	0.2000	37.50	0.4140	0.1069	0.1250	NS
	B	0.5333	0.1333	0.4000	75	0.5071	0.1309	0.0156	S
<i>Snigadha</i> (Oily Skin)	A	0.3333	0.2000	0.1333	39.99	0.3519	0.0908	0.2500	NS
	B	0.4000	0.0666	0.3333	83.25	0.4880	0.1260	0.0313	S
<i>Rukshata/Kharata/ Parushata</i> (Dry Skin)	A	0.8000	0.6000	0.2000	25	0.4140	0.1069	0.1250	NS
	B	0.6667	0.0666	0.6000	89.99	0.5071	0.1309	0.0020	VS

<b>Parimaap</b> (Dimension/Measurement in cm)	<b>A</b>	1.800	1.733	0.0666	3.70	0.2582	0.0666	0.5000	<b>NS</b>
	<b>B</b>	2.533	1.400	1.133	44.72	0.3519	0.0908	0.0001	<b>ES</b>
<b>Varna</b> (Color)	<b>A</b>	2.600	2.467	0.133	5.11	0.3519	0.0908	0.2500	<b>NS</b>
	<b>B</b>	3.600	1.400	2.200	61.11	0.8619	0.2225	0.0001	<b>ES</b>

(Gr: Group; BT: Before Treatment; AT: After Treatment; %: Percentage; S.D: Standard Deviation; SE: Standard Error; NS: Not Significant; VS: Very Significant; S: Significant; ES: Extremely Significant)

a) The **Wilcoxon matched-pairs signed rank test** was used to analyse the **Intra-group** study of **Subjective parameters**, revealing that:

➤ **Group A:**

✓ In the symptoms of *Kandu*, *Daha*, *Snigadha*, *Rukshata*, *Parimaap*, and *Varna*, the result was **not significant (P>0.10)**.

➤ **Group B:**

- ✓ The observed symptoms of *Parimaap* and *Varna* yielded an **Extremely significant (P<0.001)** result.
- ✓ The observed symptoms of *Kandu* and *Rukshata* yielded a **Very significant (P<0.01)** result.
- ✓ The observed symptoms of *Daha* and *Snigadha* yielded a **Significant (P<0.05)** result.

**Table 03:**

Variable	Gr	Mean		Mean Diff.	% Relief	S.D.±	S.E.±	P-value	t-value	S
		BT	AT							
<b>Hb</b> (gm./dl)	A	12.873	13.480	-0.6067	4.71	1.249	0.3224	0.0404	1.882	<b>S</b>
	B	14.393	14.500	-0.1067	0.74	0.7497	0.1936	0.2952	0.551	<b>NS</b>
<b>TLC</b> (/mm <sup>3</sup> )	A	7559.3	6644.0	915.33	12.10	1454.2	375.48	0.0144	2.438	<b>S</b>
	B	7541.3	7442.7	98.667	1.30	978.90	252.75	0.3511	0.390	<b>NS</b>
<b>ESR</b> (mm/hr)	A	13.000	13.333	-0.3333	2.56	3.885	1.003	0.3723	0.332	<b>NS</b>
	B	13.133	13.000	0.1333	1.01	3.114	0.8040	0.4353	0.165	<b>NS</b>
<b>PH of urine</b>	A	6.033	6.000	0.0333	0.55	0.1291	0.0333	0.1671	1.000	<b>NS</b>
	B	6.033	6.033	0.000	0	0.1890	0.0488	0.5000	0.000	<b>NS</b>
<b>Sp. Gr. of urine</b>	A	1.024	1.022	0.0020	0.19	0.0052	0.0013	0.0822	1.468	<b>NQS</b>
	B	1.022	1.021	0.0003	0.03	0.0085	0.0022	0.4411	0.151	<b>NS</b>

b) The **Paired 't' test** was used to analyse the **Intra-group** Study of **Objective Parameters**, which revealed that:

➤ **Group A:**

- ✓ The observed value of haemoglobin gm% and TLC showed a **Significant (P<0.05)** result.
- ✓ The observed value of ESR and PH in Urine was **not significant (P>0.10)**.

✓ The observed value of Specific gravity of Urine was **Not quite significant (P>0.05)**.

➤ **Group B:**

- ✓ The observed value of haemoglobin gm%, TLC, ESR, PH of urine, and specific gravity of urine were all determined to be **Not-significant (P>0.10)**.

**Table 04:**

S. No.	Variable	U (Mann-Whitney)	P-value	Significance
1.	Kandu	75	0.0267	S
2.	Daha	90	0.1253	NS
3.	Snigadha	90	0.1066	NS
4.	Rukshata	67.50	0.0149	S
5.	Parimaap	6.50	< 0.0001	ES
6.	Varna	4.00	< 0.0001	ES

c) The **Mann-Whitney test** was used to analyse the **Inter-group** study of **Subjective parameters**, which revealed that:

- ✓ In the observed symptoms of *Parimaap* and *Varna*, an **Extremely significant (P<0.001)** difference was observed.

- ✓ In the observed symptoms of *Kandu* and *Rukshata*, a **Significant (P<0.05)** difference was observed.
- ✓ The observed symptoms of *Daha* and *Snigadha* were **Not significant (P>0.10)** different.

**Table 05:**

S. No.	Variable	t-value	P-value	Significance
1.	Hb%	1.330	0.0972	NQS
2.	TLC	1.804	0.0410	S
3.	ESR	0.3630	0.3597	NS
4.	PH of Urine	0.5641	0.2886	NS
5.	Sp. Gr. of Urine	0.6424	0.2629	NS

d) The **Unpaired 't' test** was used to analyse the **Inter-group** Study of **Objective Parameters**, revealing that:

- ✓ In the TLC, a **Significant (P<0.05)** difference was observed.

- ✓ ESR, PH of urine, and Specific gravity of urine all showed **Not significant (P>0.10)** differences.
- ✓ Haemoglobin gm% showed **Not quite a significant (P>0.05)** difference.

**Table 06:**

S. No.	Subjective Parameters	% Relief	
		Group A	Group B
1.	<i>Kandu</i> (Itching)	22.21%	77.78%
2.	<i>Daha</i> (Burning sensation)	37.50%	75%
3.	<i>Snigadha</i> (Oily skin)	39.99%	83.25%
4.	<i>Rukshata/Kharata/Parushata</i> (Dry skin)	25%	89.99%
5.	<i>Parimaap</i> (Dimension/Measurement in cm)	3.70%	44.72%
6.	<i>Varna</i> (Color)	5.11%	61.11%
<b>Total</b>		22.25%	71.97%

**Table 07:**

S. No.	Objective Parameters	% Relief	
		Group A	Group B
1.	Haemoglobin	4.71%	0.74%
2.	Total Leucocyte Count (TLC)	12.10%	1.30%
3.	Erythrocyte Sedimentation Rate (ESR)	2.56%	1.01%
4.	PH of Urine	0.55%	0%
5.	Specific Gravity of Urine	0.19%	0.03%
<b>Total</b>		4.02%	0.61%

e) The overall effect of therapy:

- ✓ On the basis of percentage alleviation on subjective research parameters, Group A received 22.25% relief, whereas Group B received 71.97% relief.
- ✓ On the basis of percentage alleviation on the study's objective parameters, Group A received 4.02% respite, whereas Group B received 0.61% relief.

## DISCUSSION

Every aspect of life requires discussion in order to add new perspectives and improve knowledge. The majority of *Acharyas* consider *Vyanga Roga* as a "Kshudra Roga" [9] [10] [11] [12]. It is considered a *Rakta-ja Roga* by *Acharya Charaka* and *Sushruta*, *Vagbhata* [13] [14] [15]. Classical sources point to the *dushti* of the *Vata* and *Pitta doshas*, as well as the *Rasa- Rakta dhatu*, in the development of the disease *Vyanga*. The scriptures do not identify any particular etiological variables (besides *Krodha* and *Aayasa*), but the *Vataprakopaka*, *Pittaprakopaka*, and *Raktadushtikara (Dushivisha) nidanas* play a role in illness manifestation [16] [17] [18]. In today's time, *Dushivisha* accumulated in the body due to *Viruddhahara* (Junk food, etc.), use of cosmetics, overexposed to sunlight, stress, pollution, etc. *Dushivisha* causes the *Raktadushti*, leading to skin problems like *Vyanga*. In *Ayurveda*, medication action is governed by pharmacodynamic aspects such as *Rasa*, *Guna*, *Veerya*, and *Vipaka*, as well as certain unique qualities known as

*Prabhava*, which cannot be explained by the medicines' hereditary principles. These aspects in combination act as an antagonist to the major pathological factors, i.e. *Samprapti Vighatana* is caused by *Dosha* and *Dushya* and affects all illness symptoms. When we analyzed the *Samprapti* of *Vyanga* (Hyperpigmentation) as per *Ayurveda*, *Pitta* and *Rakta* are the primary causes. *Manasika Dosha (Krodha, Aayasa)* and *Shareerika Dosha (Vata & Pitta)* vitiates the *Agni (Pitta Dosha)*, leading to *Rasa Dhatu* and *Rakta Dhatu dushti* [19]. *Dushivisha* contaminates the *Rakta dhatu* because he is coated with *Kapha*; hence, the drugs which have *Vata-Pitta-Kaphahara* properties and *Vishghna*, *Raktaprasadaka*, *Varnaprasadana*, *Twakprasadaka*, and *Raktashodhaka* along with *Deepana-Paachana Karma* are required for *Samprapti Vighatana* of *Vyanga* as well as the pathophysiology of Hyperpigmentation.

### Probable Mode of Action of *Dushivishari Agad Churna* [20] [21] [22]:

*Tikta*, *Kashaya*, *Katu & Madhura Rasa*; *Laghu*, *Ruksha Guna*; and *Katu Vipaka* make up the full list of components used in this composition. *Dushivishari Agad Churna* uses these attributes to execute pharmaceutical actions such as *Raktavikarhara*, *Vishaghna*, *Deepana*, *Paachana*, *Twakdoshahara*, *Raktaprasadaka*, etc.

### Probable Mode of Action of *Varnya Mahakashaya Cream*:

In this study, *Varnya Mahakashaya Cream* was chosen for local application. External applications (*Bahi parimarjana chikitsa*) play an important part in the treatment of *Vyanga*. *Varnya Maha-*

*kashaya Cream* is primarily intended for the purpose of restoring the body's natural color and complexion. *Madhura, Tikta, Kashaya Rasa; Laghu, Ruksha Guna; Sheeta Veerya, and Madhura Vipaka* make up the full list of components used in this composition. *Varnya Mahakashaya Cream* uses these attributes to execute pharmaceutical actions such as *Varnya, Vishaghna, Kushthaghna, Twakdoshahara, Rakta-shodaka, etc* [23] [24] [25].

All of the findings from this study strongly show that when *Dushivishari Agad Churna* is taken as internal medication along with *Varnya Mahakashaya Cream* for external application, they produce symptomatic relief, particularly in terms of *Mandal* size and color.

## CONCLUSION

The purpose of this dissertation is to demonstrate the importance of *Ayurvedic* therapy of *Vyanga* (Hyperpigmentation). The effectiveness of '*Dushivishari Agad Churna*' and '*Varnya Mahakashaya Cream*' may therefore encourage future studies. All of these data suggest that the trial medicines '*Dushivishari Agad Churna*' and '*Varnya Mahakashaya Cream*' had a favourable response on different clinical parameters, indicating that when taken together, they had a good '*Vishaghna*' and '*Varnya*' effect.

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