



Research Article

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ELABORATION OF TWAK SHARIR IN VYANGA (MELASMA) AND ITS MANAGEMENT BY VYANGAHAR LEPA

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ABSTRACT

As beauty manifests through the appearance of the complexion of the skin, the colour of the skin is important biologically, cosmetically and socially. Skin diseases though afflict bodily but give a lot of psychological disturbances. Acharya Sushruta explained seven layers of Twacha and mentioned their respective diseases and their function. Out of which, the second layer is named 'Lohita' which is location of Vyanga disease which causes discoloration of skin. Vyanga is correlated with melasma and for treating melasma in modern science Hydroquinone, corticosteroids, tretinoin, azelaic acid or kojic acid are used. But some of these treatment options have many side effects or may cause additional skin problems. So Ayurvedic treatment is helpful to treat the melasma. The topical application of Lepas on skin is more effective and have quick results than internal medicine in Vyanga. Aim- To study Twak Sharir in Vyanga and clinical effect of Vyangahar Lepa on Vyanga. Objective- To review available literature on Twak Sharir and Vyanga. Materials- Vyangahar Lepa, Wood's Lamp, Methods- Clinical study done on 30 patients based on inclusive criteria. Results- Results were concluded on the basis of observation before and after treatment.

Keywords: Vyanga, Melasma, Vyangahar Lepa**INTRODUCTION**

Ayurveda is not only curative but also preventive science of life. According to Acharya Sushruta, good clinical practice knowledge of Sharir Rachana is essential. Twacha (skin) is one of the Dnyanendriya among the five Dnyanendriyas (sensory organ) having its perception as Sparshdnyan. Acharya Sushruta explained seven layers of Twacha and mentioned their respective diseases and functions. These layers are Avabhasini, Lohita, Shweta, Tamra, Vedini, Rohini and Mansadhara. Each layer has specific importance as it is location for specific Vyadhi. Out of which, the second layer named as 'Lohita' which is location of Vyanga.¹ Vyanga is one of the Kshudra Roga explained by Acharya Sushruta. In Vyanga, Shyav Varn Mandala (dark brown coloured circular lesion) present over skin of face.²

Skin is the largest organ in the body both by weight and surface area. Skin is composed of three distinct layers named epidermis, dermis and hypodermis. Epidermis is the keratinising stratified squamous epithelium that covers the body. Dermis is inner thick connective tissue layer made up of collagen fibres, fibroblasts and histiocytes. Hypodermis is arranged as fat lobules that contains individual fat cells (adipocytes).³

Melasma which is similar to Vyanga is nothing but hypermelanosis characterized by more or less dark brownish maculae, with irregular outlines but clear limits on photo exposed area especially malar, forehead, temporal and rarely on the nose, eyelids, chin and upper lips.⁴ This hypermelanosis is caused due to number of reasons such as exposure to sun, hormones, genetics, etc.

In skin diseases local application of drugs plays a vital role as they are directly in contact with the affected part of the body and absorbed and gives result quickly. In Ayurveda local application is considered as a Lepa Kalpana for the treatment of various skin diseases and beauty therapy. Acharya Sharangdhara has mentioned different Vyangahar Lepa for Vyanga.⁵ Vyangahar Lepa which is made up of Arjuna Twak and Manjishtha Churn and is applied with Madhu (Honey) for treating Vyanga (Melasma).

Aim and Objective: Elaboration of Twak Sharir in Vyanga and its management by Vyangahar Lepa.

MATERIALS AND METHODS

It is Open Prospective clinical study.

Drug: Vyangahar Lepa (Sha.Utt.11/12)⁵**Table 1: Content of Vyangahar Lepa**

Drug	Botanical name	Parts used	Form	Quantity
Arjuna	<i>Terminalia arjuna</i>	Twak	Churna	1 part
Manjishtha	<i>Rubia cordifolia</i>	Mool	Churna	1 part
Madhu	<i>Apis mellifera</i>			

Selection of patients

The study was conducted on 30 patients of Vyanga the basis of inclusion and exclusion criteria in the OPD of Government Ayurved College, Dharashiv-413501 Maharashtra, India. The study was carried out as per ICMR National Ethical Guidelines

for Biomedical and Health Research Involving Human Participants.

Inclusion Criteria

Patients with signs and symptoms of Vyanga are taken.

Exclusion Criteria

1. Hyperpigmentation caused since birth like Nevus of Ota.
2. Hyperpigmentation caused by tumour like malignant melanoma.
3. Vyanga along with Kushtha Roga to be excluded.

4. Patients suffering from other systemic disorders like renal failure, hepatic disorders and endocrine system related disorders.
5. Pregnant women were excluded.

Duration of treatment

Overall duration of treatment per patient was done in 3 months. Follow up- after every 1 month.

When the patient was examining on day 1 (zero follow up) the next follow up was taken on 30th day, 60th day and 90th day.

Vyangahar Lepa application time

Pratahkala and Sandhyakala for 15-20 minutes.

Assessment Criteria

Table 2: Subjective Criteria

Score	Kandu (Itching)	Daha (Burning sensation)	Colour of lesions	Number of lesions	Size of lesions	Dry skin	Oily skin
0	No itching	No burning sensation	Light brown	1-2	0-1 cm	Normal	Normal
1	Mild (occasional but does not disturb routine activity)	Mild (occasional mostly when patient undergoes to sun exposure)	Brown	3-4	1-3 cm	Mild (not seen but felt by touch)	Mild (feel by touch, need to wash face 1-2 times a day)
2	Moderate (frequent, disturb routine activity but does not disturb sleep)	Moderate (frequent increases when patient undergoes to sun exposure)	Dark brown	5-6	3-6 cm	Moderate (stretching of skin that person feels)	Moderate (visible on skin, need to wash face 3-4 times)
3	Severe (frequent that disturbs routine activity as well as sleep)	Severe (continue with or without sun exposure)	black	More than 6	More than 6 cm	Severe (visible dryness i.e. chapping and hardness of skin)	Severe (formation of acne, need to wash face more than 4 times)

Table 3: Total Score and Condition

Score	Condition
0-7	Mild
8-14	Moderate
15-21	Severe

Objective Criteria

1. Wood’s lamp examination

By doing Wood’s lamp examination, melasma have been classified as follows⁶

1. Epidermal type- In this type, pigmentation is intensified under Wood’s light.
2. Dermal type- In this type, pigmentation is not intensified under Wood’s light.
3. Mixed type- Presence of both the epidermal and dermal patterns noted.



2. Melasma Area Severity Index Score (MASI)

The formula for calculating MASI score is:⁷

Forehead 0.3 (D + H) A + Right malar region 0.3(D + H) A + Left malar region 0.3 (D + H) A + Chin 0.1(D + H) A.

Table 4: Melasma Area Severity Index Score and Score details

Score	Area of involvement (%)	Darkness	Homogeneity
0	0-20	Normal skin colour	Normal without evidence of hyperpigmentation
1	21-40	Barely visible hyperpigmentation	Specks of hyperpigmentation
2	41-60	Mild hyperpigmentation	Small patchy areas of involvement < 1.5 cm diameter
3	61-80	Moderate hyperpigmentation	Patches of involvement > 2 cm diameter
4	81-100	Severe hyperpigmentation	Uniform skin involvement without any clear areas

Table 5: Total Score and Condition

Score	Condition
0-10	Mild
11-21	Moderate
22-32	Severe

Instrument used in the study

Fairness Meter Scale: This scale is used to measure the colour and darkness of lesion in melasma. For this the Fairness Meter of Fair and Lovely Fairness Cream Packet was used.

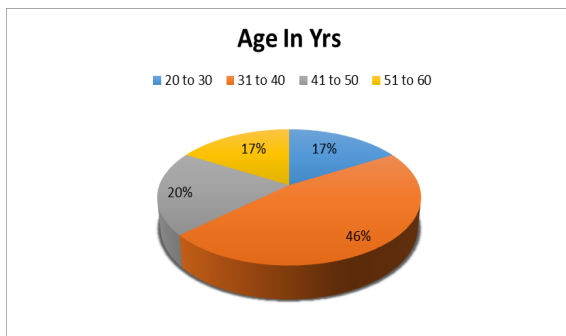
Measurement Scale: It is used to measure the area of involvement in melasma.

OBSERVATION AND RESULTS

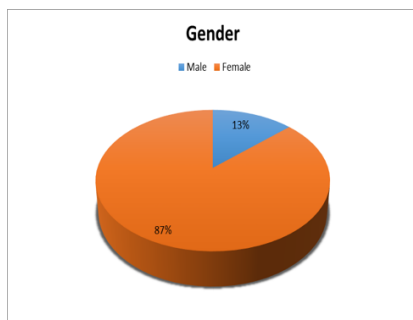
All the observations were statistically analysed and results obtained are presented as follows

Demographic Observations

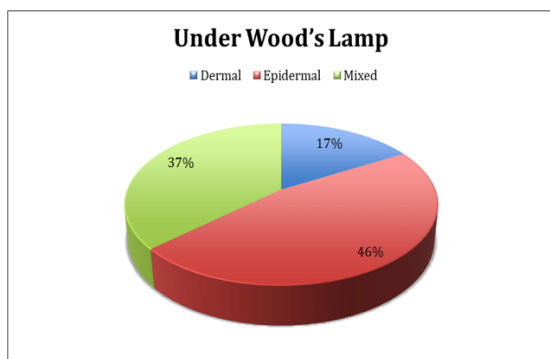
Age wise distribution



Gender wise distribution

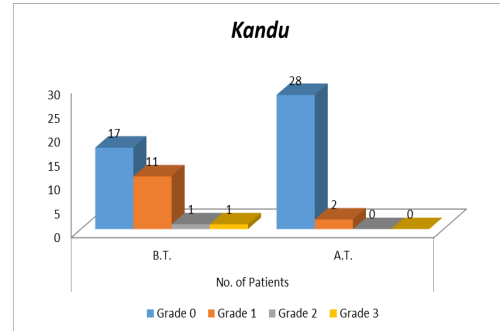


Under Wood's Lamp Examination types of melasma



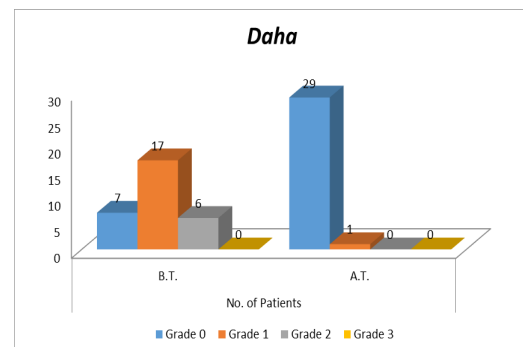
Gradation of Subjective Criteria

Kandu (Itching)



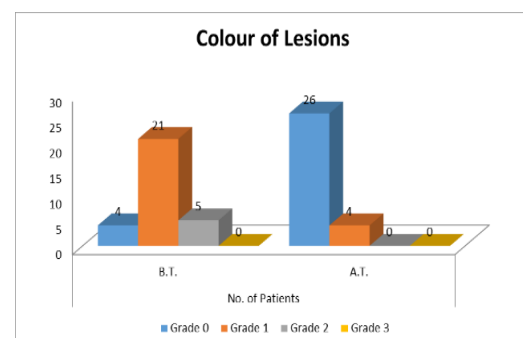
Out of 30 patients, before treatment 17 patients (56.67%) were with grade 0, 11 patients (36.67%) were with grade 1, 1 patient (3.33%) was with grade 2 and 1 patient (3.33%) was with grade 3. After treatment 28 patients (93.33%) had grade 0 and 2 patients (6.67%) had grade 1.

Daha (Burning sensation)



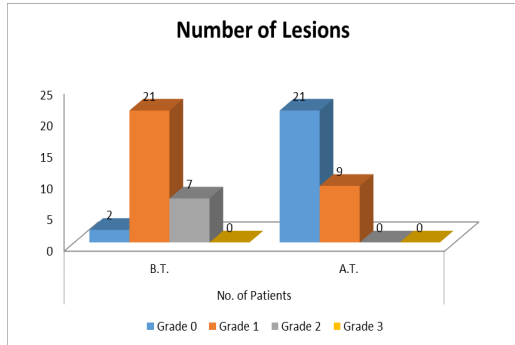
Out of 30 patients, before treatment 7 patients (23.33%) were with grade 0, 17 patients (56.67%) were with grade 1, 6 patients (20%) were with grade 2. After treatment 29 patients (96.67%) had grade 0 and 1 patient (3.33%) had grade 1.

Colour of Lesions



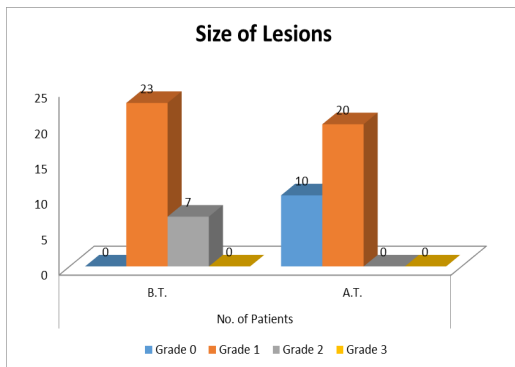
Out of 30 patients, before treatment 4 patients (13.33%) were with grade 0, 21 patients (70%) were with grade 1 and 5 patients (16.67%) were with grade 2. After treatment 26 patients (86.67%) had grade 0 and 4 patients (13.33%) had grade 1.

Number of Lesions



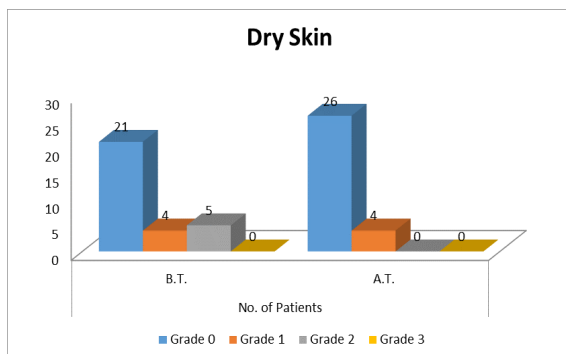
Out of 30 patients, before treatment 2 patients (6.67%) were with grade 0, 21 patients (70%) were with grade 1, 7 patients (23.33%) were with grade 2. After treatment 21 patients (70%) had grade 0 and 9 patients (30%) had grade 1.

Size of Lesions



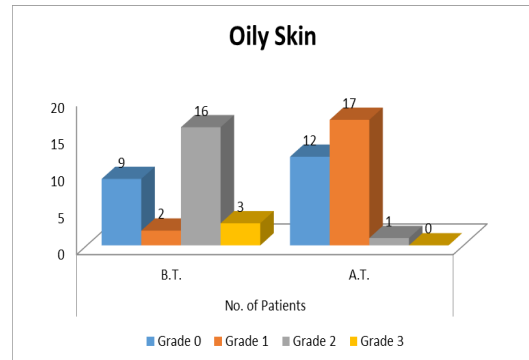
Out of 30 patients, before treatment 23 patients (76.67%) were with grade 1 and 7 patients (23.33%) were with grade 2. After treatment 10 patients (33.33%) had grade 0 and 20 patients (66.67%) had grade 1.

Dry Skin



Out of 30 patients, before treatment 21 patients (70%) were with grade 0, 4 patients (13.33%) were with grade 1 and 5 patients (16.67%) were with grade 2. After treatment 26 patients (86.67%) had grade 0 and 4 patients (13.33%) had grade 1.

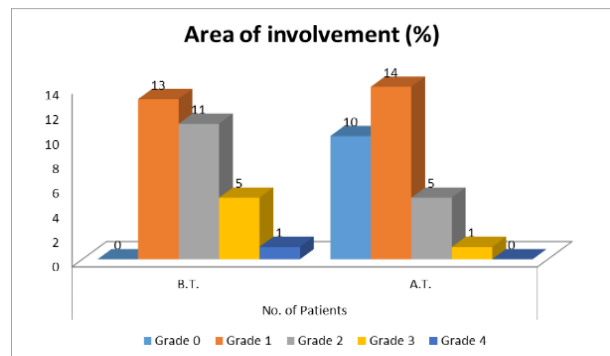
Oily Skin



Out of 30 patients, before treatment 9 patients (30%) were with grade 0, 2 patients (6.67%) were with grade 1, 16 patients (53.33%) were with grade 2 and 3 patients with grade 3. After treatment 12 patients (40%) had grade 0, 17 patients (56.67%) had grade 1 and 1 patient (3.33%) had grade 2.

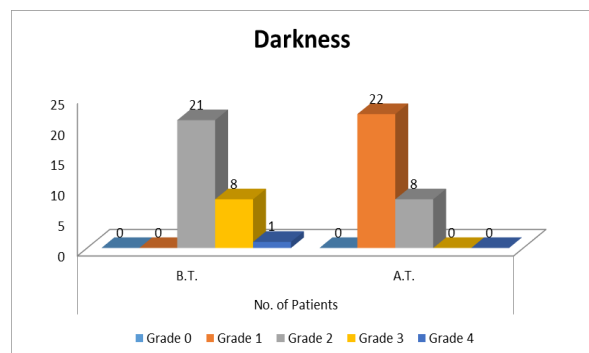
Gradation of Melasma Area Severity Index Score

Area of involvement (%)



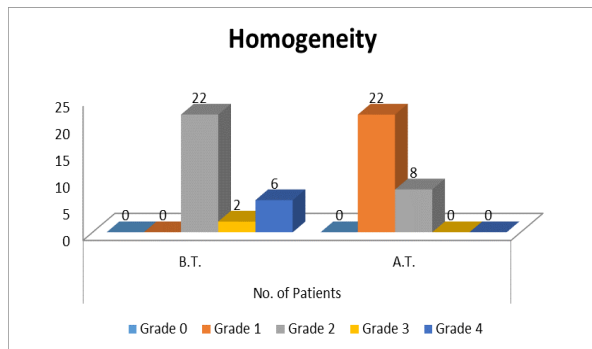
Out of 30 patients 13 patients (43.33%) were with grade 1, 11 patients (36.67%) were with grade 2, 5 patients (16.67%) were with grade 3 and 1 patient (3.33%) was with grade 4. After treatment 10 patients (33.33%) had grade 0, 14 patients (46.67%) had grade 1, 5 patients (16.67%) had grade 2 and 1 patient (3.33%) had grade 3.

Darkness



Out of 30 patients, before treatment 21 patients (70%) were with grade 2, 8 patients (26.67%) were with grade 3 and 1 patient (3.33%) was with grade 4. After treatment 22 patients (73.33%) had grade 1, 8 patients (26.67%) had grade 2.

Homogeneity



Out of 30 patients, before treatment 22 patients (73.33%) were with grade 2, 2 patients (6.67%) were with grade 3 and 6 patients (20%) were with grade 4. After treatment 22 patients (73.33%) had grade 1 and 8 patients (26.67%) had grade 2.

Statistical Analysis of Subjective and Objective Parameters: In BT and AT

As p value is less than 0.05, significant difference was observed between mean of Before treatment and After treatment score in Subjective parameter and Objective parameter hence it is concluded that Vyangahar Lepa is significantly effective to decrease Subjective parameter and Objective parameter.

Table 6: Effect of therapy According to percentage (%) Relief in Subjective and Objective parameters

Subjective parameters	% Relief	Objective parameters	% Relief
Kandu	87.5	Area of involvement (%)	50
Daha	96.55	Darkness	45.71
Colour of Lesions	87.09	Homogeneity	48.65
Number of Lesions	74.28	Total MASI Score	71.81
Size of Lesions	45.94		
Dry Skin	71.43		
Oily Skin	55.81		
Avg. % Relief	74.09		

DISCUSSION

On correlation between layers of skin as per Ayurveda and modern

Stratum corneum, Stratum lucidum and Stratum granulosum are first three layers of epidermis which contains mostly keratinocytes but Stratum lucidum is thicker in sole and palms. Above three layers are not involved in formation of melanocytes but contain melanocyte which is transferred from Malpighian layer (Stratum spinosum and Stratum germinativum) which is abundant in melanocytes who secretes melanin. This melanin is transferred to Stratum corneum which plays a role in reflecting colour of skin due to melanin because these three layers are translucent. Papillary layer and reticular layer of dermis contains blood vessels, nerve fibres and chromatophores. According to Ayurvedic text there are 7 layers of skin. Name of skin layers denote its characteristic. Avabhasini reflect the skin colour and Lohita, Shweta and Tamra indicate its own colour. Vedini and Rohini layer denote its content and its function. Last seventh layer of skin i.e. Mansadhara is the deeper layer, so it is closest to muscle layer of body hence the name mansadhara. So, after reviewing ayurvedic and modern text, it can be correlate that Avabhasini, Lohita, Shweta and Tamra these four layers of skin can be correlated with Epidermis i.e. Avabhasini layer can be

correlated with stratum corneum. Lohita layer can be correlated with stratum lucidum. Shweta layer can be correlated with stratum granulosum and Tamra layer can be correlated with Malpighian layer (stratum spinosum and stratum germinativum). Vedini and Rohini these two layers of skin can be correlated with dermis. Mansadhara layer of skin can be correlated with hypodermis.

On Mode of action of Vyangahar Lepa

Vyangahar Lepa contains Arjuna, Manjishtha and Madhu. Rasa of Arjuna is Kashaya, Laghu and Ruksh Guna and it is Sheeta in Veerya. Arjuna Mainly has Raktaprasadak and Pittashamak property. Pitta and Rakta Dosha will be encountered by its Kashaya Rasa and will remove Twak Vaivarnyata so as to attain normal skin colour.

Guna of Manjishtha is Madhura, Tikta and Kashaya Rasa, Katu Vipaka, Ushna Veerya, Guru, Ruksha may pacifies Vata, Pitta and purify Rakta, nourishes the skin. Thus, it may do Varna Prasadana as well as Twak Prasadana as overall lustre softness of skin was also improved. Kandu (Itching) is caused by vitiated Kapha. Arjuna and Manjishtha both possess Kashaya Rasa and Ruksha Guna by which they subside the vitiated Kapha Doshas and relief in symptom is obtained.

Madhu with its Tridosha Prashamana property may affect Doshas which are vitiated in Vyanga (Vata, Pitta). Honey contains a tiny amount of hydrogen peroxide. This gives it mild lightening properties, which helps to reduce hyperpigmentation. Madhu contains Kashaya Anurasa so Pitta and Rakta Dosha will be encountered by its Kashaya Rasa and will remove Twak Vaivarnyata so as to attain normal skin colour.

On percentage result according to different under Wood's lamp observations

Patients having dermal type of melasma average percentage result was 59.99 ± 6.56 . Patients having epidermal type of melasma average percentage result was 77.947 ± 7.16 . Patients having mixed type of melasma average percentage result was 69.2 ± 14.26 . By comparing these three means by Anova Test, as a p value observed was less than 0.05; hence it is concluded that patients having epidermal type of melasma has more significant result as compared to other type of melasma in treatment duration of 3 months.

Epidermal melasma involves excess melanin pigment in the top layer of the skin (epidermis). Since the pigment is closer to the surface, it is more accessible to treatment such as topical application i.e. application of Lepa.

On the other hand, dermal and mixed types of melasma involve pigment that is located deeper in the skin (dermis). This makes it more challenging for treatments to reach and effectively target the pigment. As a result, dermal and mixed type of melasma requires longer time to achieve noticeable results than epidermal type of melasma

CONCLUSION

After appropriate and logical discussion based on literature study, observations and result of treatment following fruitful conclusions have been drawn:

Twak is one of the five Dnyanendriyas which contain seven layers. Among seven layers, the Lohita layer of Twacha is said to be seat of Vyanga. According to modern science skin is composed of three distinct layers i.e. Epidermis, dermis and hypodermis. Avabhasini, Lohita, Shweta and Tamra these four layers of skin

can be correlated with Epidermis. Vediti and Rohini these two layers of skin can be correlated with dermis. Mansadhara layer of skin can be correlated with hypodermis. Depending upon the depth of pigment deposition under Wood's lamp examination melasma is classified into 4 types, Epidermal, Dermal, Mixed and Indeterminate type of melasma. Vyanga affects women more commonly than men. In the present study, the disease Vyanga is most commonly found in middle age group (31-50) years and in those patients who are students and doing job. Epidermal type of melasma is most commonly found as compared to dermal and mixed type of melasma. Application of Vyangahar Lepa is effective in reducing symptoms like Kandu and Daha. Vyangahar Lepa is effective in reducing Melasma Area Severity Index Score i.e. area of involvement, darkness and homogeneity. Patients having epidermal type of melasma have more significant result as compared to patients having dermal and mixed type of melasma in treatment duration of 3 months. Dermal and mixed type of melasma requires longer time to achieve noticeable results than epidermal type of melasma as pigment is located deeper in the skin (dermis). This makes it more challenging for treatments to reach and effectively target the pigment. After completing data statistically, it can be concluded that there is regain in normal anatomy of Twak in Vyanga with its management by Vyangahar Lepa.

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