



## Research Article

# Vyanga Rog Me Manjishtadi Thailam Ke Prabhava Ka Chikitsiya Adhyayana

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## Abstract

Ayurveda, one of the most ancient systems of holistic medicine, continues to offer therapeutic relevance in addressing modern dermatological issues such as melasma. Melasma is a non-infectious hyperpigmentation disorder that often affects the face symmetrically and can cause significant emotional distress, especially among the younger population. In Ayurvedic texts, this condition is identified as Vyanga, categorized under Kshudra Roga, and is marked by painless, bluish-black patches predominantly seen on the facial region. The condition is believed to arise due to aggravated Vata, triggered by emotional stress or physical exhaustion, which then combines with Pitta to cause discoloration. From a modern perspective, melasma results from increased melanin synthesis and its distribution in the skin. Both systems of medicine utilize internal and external treatment modalities. Ayurveda describes internal purification (Antah Parimarjan) and external applications (Bahya Parimarjan) as treatment principles, with references found in classical texts like Sushruta Samhita and Ashtanga Hridaya. However, these references are often scattered, highlighting the need for clinical validation. This study aims to evaluate the therapeutic efficacy of Manjishtadi Thailam, a traditional Ayurvedic formulation, in managing Vyanga and contributing to evidence-based Ayurvedic dermatology.

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**KEYWORDS:** Vyanga, Melasma, Manjishtadi Thailam, Kshudra Roga, Ayurveda, Vata-Pitta, External Therapy, Internal Purification

## 1. INTRODUCTION

Ayurveda is one of the most enduring and widely accepted traditional systems of medicine (TSMs) in the world. This ancient science of life integrates natural elements, bodily constitutions, and holistic healing methods to promote well-being. Despite its origins thousands of years ago, Ayurveda continues to remain relevant in the treatment of various chronic and lifestyle disorders. The system's emphasis on the balance between body, mind, and nature makes it particularly effective in skin conditions such as Vyanga—a minor but cosmetically distressing ailment. In today's context, integrating Ayurvedic principles with modern dermatological understanding can offer effective and safer alternatives to chemical-based treatments, especially in pigmentary disorders like melasma [1].

### 1.1 Ayurveda and Vyanga

Vyanga is categorized under Kshudra Roga in Ayurvedic texts and is described as a condition involving painless, thin, bluish-black circular discolorations predominantly affecting the face [2]. The pathogenesis of Vyanga is linked to the vitiation of Vata and Pitta doshas, which become aggravated due to emotional stress such as anger (Krodha) and physical exhaustion (Ayasa) [3]. These vitiated doshas affect Rakta Dhatu, leading to the formation of dark patches on the skin [4]. Although it is termed a minor disease, Vyanga holds major cosmetic significance, especially due to its impact on facial appearance and self-esteem [5]. Ayurvedic classics, including Sushruta Samhita and Ashtanga Hridaya, have documented treatments involving both internal (Antah Parimarjan) and external (Bahya Parimarjan) methods for managing Vyanga [6].

### 1.2 Melasma: Modern Perspective

Melasma is a common pigmentary condition seen primarily in women, especially during their reproductive years, with a female-to-male prevalence ratio of approximately 4:1 in India [7]. It is characterized by symmetric, brownish macules with irregular but well-defined borders, commonly located on the face, including the cheeks, forehead, temples, and upper lip [8]. The condition is influenced by several factors, including ultraviolet (UV) radiation, hormonal changes, genetic predisposition, medications like phenytoin, and cosmetic products [9]. On a cellular level, melasma results from increased melanin production by melanocytes and abnormal transfer of melanosomes to keratinocytes [10]. Although topical agents such as steroids and hydroquinone are commonly prescribed, they are associated with side effects like skin thinning and irritation, and are often cost-prohibitive for many patients [11].

### 1.3 Need for the Study

Despite the clear description of Vyanga in classical Ayurvedic literature and its close resemblance to melasma, there is a dearth of comprehensive scientific evaluation of Ayurvedic therapies for its treatment [12]. Modern dermatological therapies offer temporary relief, but they fail to address the root causes and often result in recurrence or adverse effects [13].

Ayurvedic oils like Manjishtadi Taila, referenced in Chakradatta Kshudraroga Chikitsa Adhyaya, contain herbs with properties such as Raktashodhaka (blood purifying), Twak Prasadaka (skin rejuvenating), and Varnyakara (complexion enhancing), which may be beneficial in treating pigmentary conditions like Vyanga. This study seeks to scientifically assess the efficacy of Manjishtadi Taila in Mukha Abhyanga (facial massage therapy), thereby providing an effective, natural, and affordable treatment alternative for melasma or Vyanga.

## 2. LITERATURE REVIEW

### Ayurvedic Characteristics and Therapeutic Actions of Goat Milk (Aja Ksheera)

Goat milk, or *Aja Ksheera*, is described in Ayurveda with *Kashaya* (astringent) and *Madhura* (sweet) tastes, *Sheeta Veerya* (cold potency), and *Laghu Guna* (light quality). These characteristics support easy digestion and are useful in managing conditions like *Raktapitta* (bleeding disorders) and *Kshaya* (wasting diseases), enhancing strength and balancing all three doshas (Bhavaprakasha Nighantu, 2011).

### Nutritional Benefits and Digestive Advantage of Goat Milk

Scientific studies highlight goat milk's rich nutritional profile—vitamins, minerals, and proteins—along with its similarity to human milk in oligosaccharides. Its digestion time is much faster (around 20 minutes), making it suitable for those with sensitive digestion (Daddaoua et al., 2006).

### Mineral Content and Fatty Acid Profile of Goat Milk

Goat milk has higher calcium and potassium than cow milk and contains more short- and medium-chain fatty acids, aiding metabolism and quick energy release. This makes it helpful for cardiovascular and metabolic health (Haenlein, 2002).

### Therapeutic Properties of Sesame Oil (Tila Taila) in Ayurveda

*Til Taila* is a key Ayurvedic oil known for pacifying *Vata dosha*. It has *Ushna Veerya* (hot potency) and is used both externally and internally for strength, wound healing, and sensory enhancement. It is commonly used in Panchakarma treatments like *Abhyanga* and *Shirodhara* (Ashtanga Hridaya, 2011).

### Chemical Composition and Health Effects of Sesame Oil

Modern research shows sesame oil is rich in oleic and linoleic acids, along with minerals like copper and zinc. Its bioactive compounds—flavonoids, tannins, and phenols—offer antioxidant and anti-inflammatory effects, supporting cholesterol control and reducing oxidative stress (Pengelly, 2006).

## 3. METHODOLOGY

### 3.1 Source of Data

Required genuine raw materials for the preparation of Manjishtadya Tailam were collected from recognized

authentic sources. The processing and preparation of the tailam were carried out in the pharmacy section of the Department of Rasashastra at Pt. Shiv Shakti Lal Sharma Ayurvedic Medical College and Hospital, Ratlam. A total of 60 patients diagnosed with Vyanga (Melasma) were selected from the outpatient and inpatient departments of Kayachikitsa at the same institute.

### 3.2 Study Design

This study was a single-group observational design involving 60 patients. Participants who met the diagnostic and inclusion criteria were enrolled irrespective of sex, caste, or religion.

### 3.3 Diagnostic Criteria

Patients exhibiting Shyava Varna (brown to dark brown) patches on the face and suitable for Mukha Abhyanga were clinically diagnosed with Vyanga (Melasma).

### 3.4 Inclusion Criteria

- Patients presenting with brown to dark brown facial patches without other symptoms.
- Both male and female patients, regardless of occupation, religion, or socio-economic status.
- Age range: 20-50 years.
- Patients are deemed eligible for Abhyanga according to classical Ayurvedic texts.

### 3.5 Exclusion Criteria

- Patients with known systemic disorders.
- Patients contraindicated for Abhyanga.

### 3.6 Investigations

Baseline investigations included complete blood count (Hb, TC, DLC, ESR) and liver function tests to assess the general health status of the patients.

### 3.7 Treatment Intervention

Sixty patients with Vyanga were enrolled and treated as a single group. Mukha Abhyanga was performed daily at 10 AM using warm Manjishthadya Tailam. Initially, 3 ml of oil was applied with pre-oiled hands on the face and massaged until fully absorbed. If absorption occurred, an additional 2 ml was applied, continuing the massage until Samyak Snigdha Lakshana—indicating appropriate skin softness and oiliness—was achieved. After the massage, mild steam therapy (Mrudu Sweda) was given using an electric vaporizer until Samyak Sweda Lakshanas appeared. The procedure was carried out for seven consecutive days.

### 3.8 Preparation of Manjishthadya Tailam

The tailam was prepared according to classical Ayurvedic guidelines using the following ingredients in parts:

- Manjishtha: 1
- Chandan: 1
- Laksha: 1
- Matulunga: 1

- Yashathimadhu: 1
- Tila Taila: 16
- Aja Ksheera: 32

### 3.9 Study Duration and Follow-up

The treatment period lasted for 7 days, with clinical assessments conducted on the 7th day of treatment and again 7 days post-treatment.

### 3.10 Assessment Criteria

Clinical improvements were evaluated based on two parameters:

- Area of facial involvement
- Severity of pigmentation

These parameters were graded as follows:

**Table 3.1:** Gradation of Area Involved

Grade	Area Involvement
0	<10% area involved
1	11-30% area involved
2	31-60% area involved
3	> 60% area involved

**Table 3.2:** Gradation of Severity of Pigmentation

Grade	Pigmentation
0	No visible pigmentation
1	Barely visible
2	Mild pigmentation
3	Moderate pigmentation

Scores based on these gradations were assigned before and after treatment to objectively assess therapeutic effects.

### 3.11 Statistical Analysis

The collected data were subjected to appropriate statistical analysis to evaluate the efficacy of the treatment based on symptom relief and changes in clinical parameters.

## 4. RESULT AND ANALYSIS

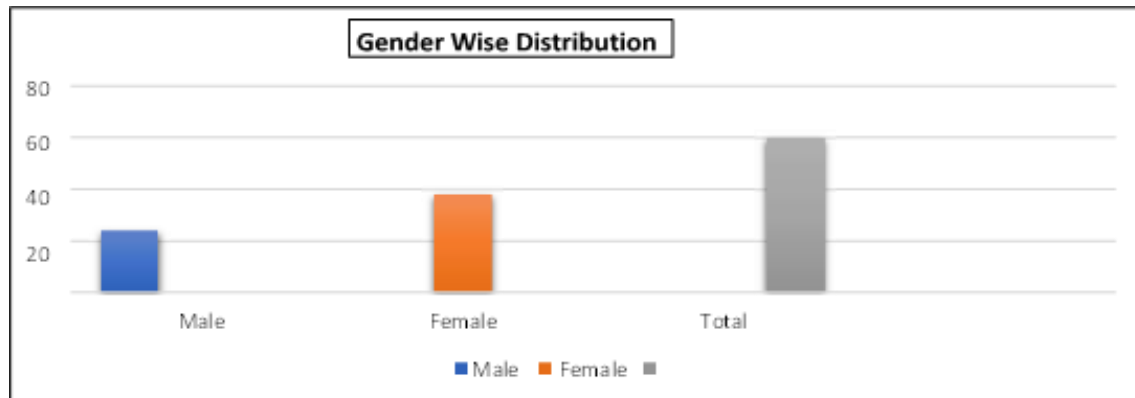
The present study included a total of 60 patients diagnosed with Vyanga, selected based on specific diagnostic and inclusion criteria irrespective of gender, religion, diet, age, family history, socio-economic status, and Ayurvedic classifications such as Agni, Koshtha, and Prakriti. Observations were recorded before, during, and after the treatment period. The detailed demographic distribution, clinical characteristics, and treatment outcomes are discussed as follows.

### 4.1 Demographic and Baseline Characteristics

Out of the 60 patients, 40% (24) were male and 60% (38) were female, indicating a higher prevalence among females

**Table No. 4.1:** Showing Gender wise Distribution of the Patients

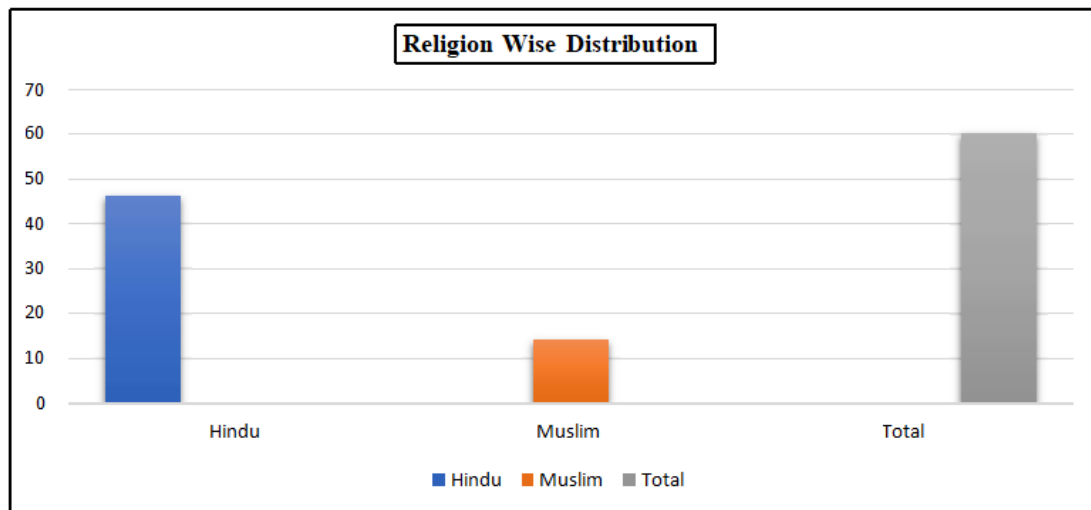
Gender	No. of Patients	Percentage
Male	24	40%
Female	38	60%

**Graph No. 4.1:** Showing Gender wise Distribution of the Patients

In these 60 groups of patients, 46 (76.66%) patients belonged to the Hindu community, and 14 (23.33%) patients belonged to the Muslim community, as shown in Table No. 8 and Graph No. 2.

**Table No. 4.2:** Showing Religion-wise Distribution of the Patients

Religion	No. of Patients	Percentage
Hindu	46	76.66%
Muslim	14	23.33%

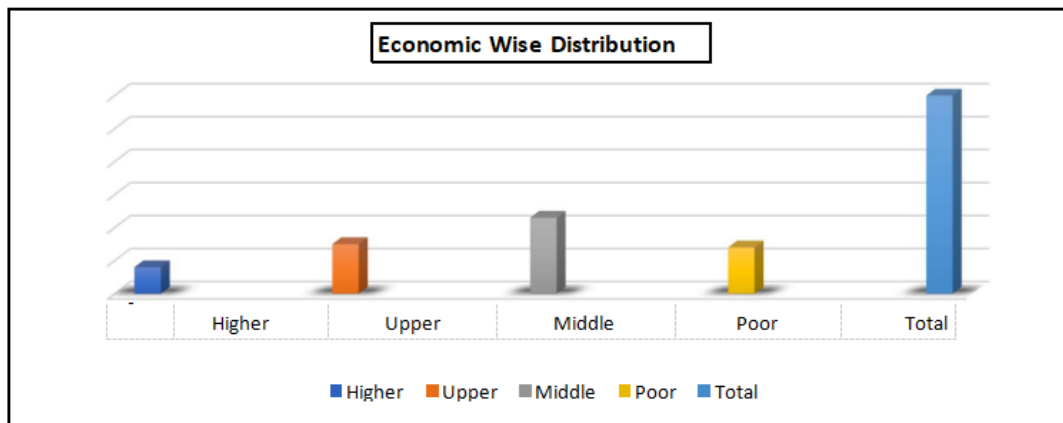
**Graph No. 4.2:** Showing Religion-wise Distribution of the Patients.

The age group 20 to 30 contains 18 (30%) patients, the 30 to 40 age group contains 29 (48.33%) patients, and the 40 to 50 age group contains 13 (21.66%) patients, which are shown in Table No. 9 and Graph No. 3.

**Table No. 4.3:** Showing Age-wise Distribution of the Patients

Age	No. of Patients	Percentage
20-30	18	30%
30-40	29	48.33%
40-50	13	21.66%

Graph No. 4.4: Showing Economic-wise Distribution of the Patients



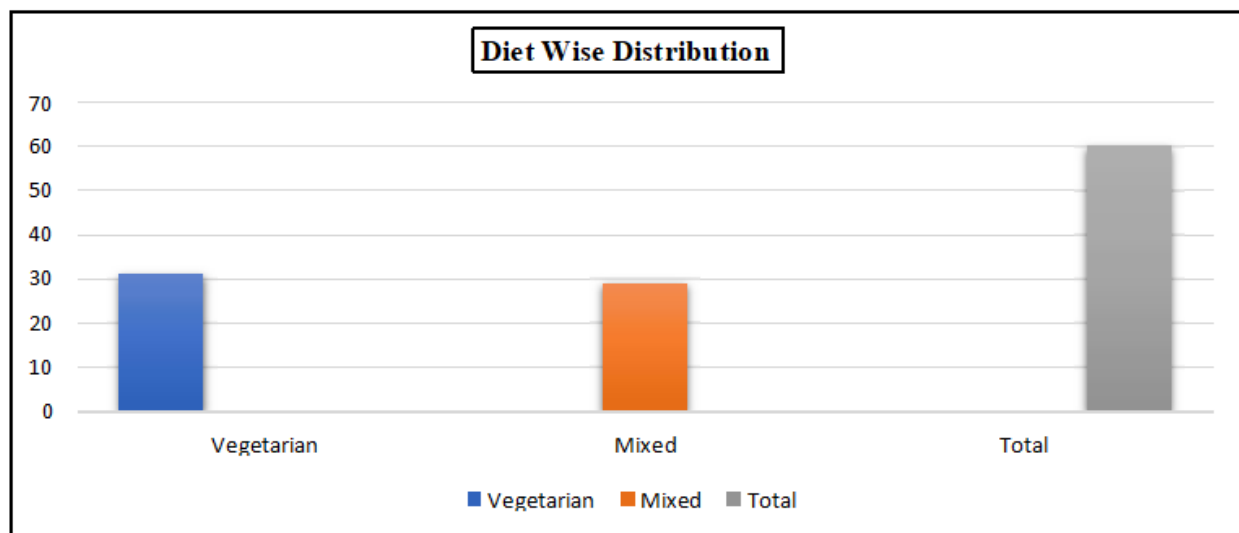
In these groups of 60 patients, 31 (52%) were taking a vegetarian diet and 29 (48%)

Patients were taking a mixed diet, which is shown in Table No. 11 and Graph No. 5.

Table No. 4.5: Showing Diet-wise Distribution of the Patients

Diet	No. of Patients	Percentage
Vegetarian	31	52%
Mixed	29	48%

Graph No. 4.5: Showing Diet-wise Distribution of the Patients



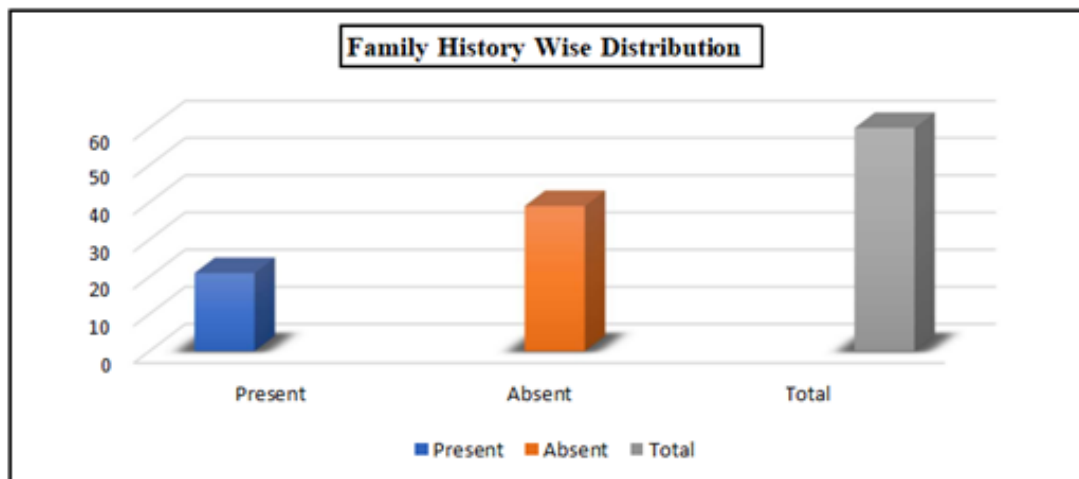
In these 60 groups of patients the family history of Vyanga was found in 21 (35%) patients and

not found in 39 (65%) patients, which is shown in table no. 12 and Graph no. 6.

Table No. 4.6: Showing Distribution of the Patients on Family History

Family History	No. of Patients	Percentage
Present	21	35%
Absent	39	65%

Graph No. 4.6: Showing Distribution of the Patients on Family History.



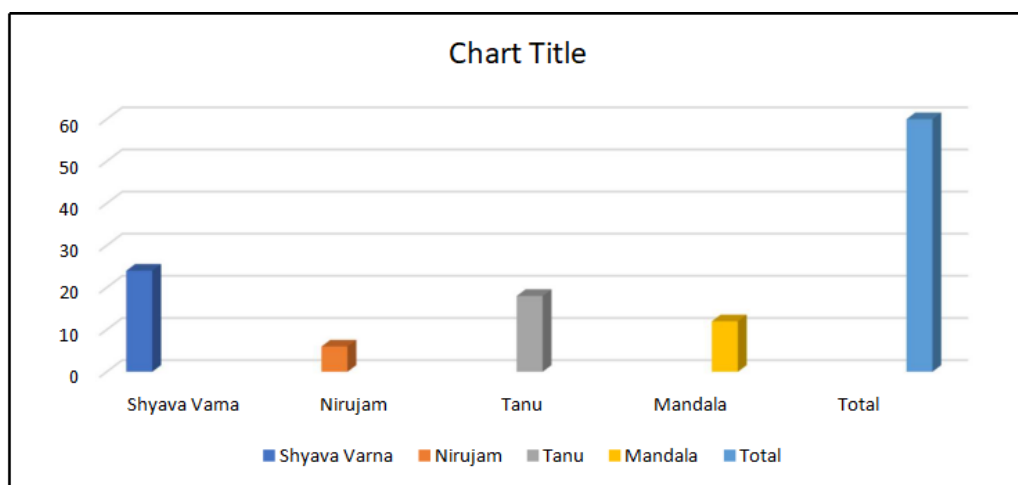
In this group of 60 patients, 24 (40%) patients were having Lakshana of Shyava Varna, 6 (10%) patients were having Lakshana of Nirujam, 18 (30%) patients were having

Lakshana of Tanu, 12 (20%) patients were having Lakshana of Mandala which is shown in table no. 13 and Graph no. 7.

Table No. 4.7: Showing Distribution of Patients according to Lakshana

Lakshana	No. of Patients	Percentage
Shyava Varna	24	40%
Nirujam	6	10%
Tanu	18	30%
Mandala	12	20%

Graph No. 4.7: Showing Distribution of Patients according to Lakshana



#### 4.2 Effect of Manjishathadya Tailam in Vyanga

The therapeutic effect of Manjishathadya Tailam was evaluated based on changes in symptom scores before treatment (BT) and after treatment (AT), demonstrating significant improvement across all major clinical parameters.

**Shyava Varna:** The mean score reduced from 3.40 to 0.45, reflecting an 86.76% reduction in pigmentation.

**Nirujam:** A reduction from 3.35 to 0.52 was recorded, indicating an 84.47% improvement in this symptom.

**Tanu:** The average score decreased from 3.56 to 0.54, signifying an 84.83% level of relief.

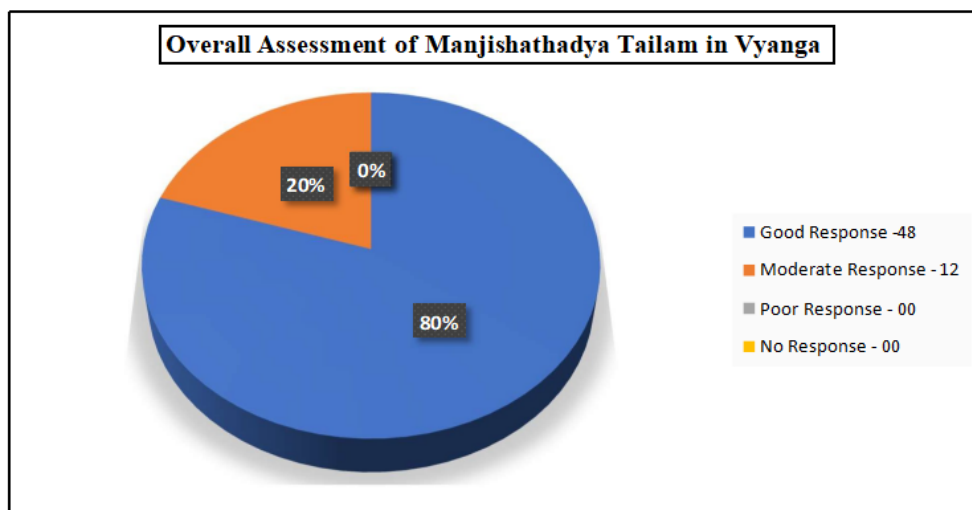
**Mandala:** A change from 3.48 to 0.44 was observed, resulting in 87.35% relief.

The cumulative effect assessment revealed that 80% of patients experienced a good therapeutic response, while 20% had a moderate response. No cases of poor or no response were recorded.



**Table No. 4.8:** Overall Assessment of Manjishathadya Tailam in Vyanga

S.N.	Assessment	No. of Patients	%
1.	Good Response	48	80%
2.	Moderate Response	12	20%
3.	Poor Response	00	00%
4.	No Response	00	00%

**Graph No. 4.8:** Overall Assessment of Manjishathadya Tailam in Vyanga.

This graph illustrates the comprehensive treatment response among the 60 patients, highlighting the high efficacy of Manjishathadya Tailam in the management of Vyanga.

#### 4.3 Interpretation and Analysis

The results demonstrate that Manjishathadya Tailam provides significant symptomatic relief in patients with Vyanga, particularly in reducing the discoloration (Shyava Varna) and other associated symptoms such as Nirujam (lack of shine), Tanu (texture), and Mandala (pattern or shape). The highest percentage of relief was noted in Mandala, followed closely by Shyava Varna.

Despite these encouraging outcomes, not all patients achieved complete (100%) relief, which indicates variability in individual responses possibly due to differences in constitution (Prakriti), Agni, Koshtha, and adherence to treatment and lifestyle recommendations.

#### 4.4 Visual Evidence

The demographic characteristics of the study population are reflected in earlier statistical data. To visually reinforce the clinical effectiveness of Manjishathadya Tailam, a key clinical photograph has been included:

**Picture No. 4.1:** Before and After Treatment

This before-and-after image illustrates a significant reduction in pigmentation and lesion size, clearly demonstrating the therapeutic benefit observed during the treatment period.

This selected image offers strong visual validation of the symptomatic relief and cosmetic improvement achieved in patients with Vyanga, complementing the statistical findings presented earlier.

## 5. CONCLUSION

Vyanga, classified under Kshudra Roga in Ayurveda, is mainly caused by the vitiation of Vata and Pitta Doshas along with Rakta Dhatu. Though not physically painful, its visible nature causes mental distress. Modern science relates Vyanga to Melasma, a pigmentary disorder affecting facial skin and overall appearance.

The treatment approach using Shodhana and Shamana Chikitsa, especially with Manjishthadya Tailam, showed effective management of symptoms. Most patients experienced good to moderate improvement, with no reported side effects. Symptoms like Shyava Varna, Nirujam, and Tanu were reduced, and recurrence was minimal during follow-up.

Compared to steroid-based modern treatments, this Ayurvedic method proved to be safer and well-tolerated. Thus, Manjishthadya Tailam and Sthanika Snehana offer a valuable contribution to managing Vyanga, and further research can help establish its broader clinical application.

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