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ROLE OF PANCHNIMBATAIL NASYA IN THE MANGEMENT OF VYANGA (MELASMA) W.S.R TO MASI SCORE-A SINGLE CASE REPORT

¹Dr. Sarita Dhole and ^{2*}Dr. Sonal D. Wankhede

¹Associate Professor, Dept. of Sharir Kriya, SKRPAC&H, Nagpur. ²Assistant Professor, Dept. of Swasthavritta and Yoga, Govt. Ayurved College, Nagpur.

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*Corresponding Author: Dr. Sonal D. Wankhede

Assistant Professor, Dept. of Swasthavritta and Yoga, Govt. Ayurved College, Nagpur.

ABSTRACT

In present trending era of twenty first century, each and every individual desires to have healthy and beautiful skin. Hyperpigmentation or melasma is one of the such raised problem in our country as it has significant impact on beauty and appearance. It is more prevalent in women, in an estimated 9:1 ratio compared to men. In addition, there are high expenditures related to medical treatments and procedures whose results do not always meet the expectations of patients. Hence, it is need of an hour to provide safe and cost effective treatment for the skin disease like melasma Materials & Methods: A 38 year old female, known case of melasma since last 6 months attended OPD of rognidaan dept. of Shri K R Pandav College and Hospital, Nagpur. After assessment of the nidan and samprapti, the case was planned for external panchkarma theraupies including nasya and vaman along with internal shaman aushadhis. Allopathic medication which she had been taking for the same problem was reduced in tapering dose and after 1 week she was completely shifted on Ayurvedic management. During the total study period 2 months (60 days) the patient was assessed for five times(including day 0 and day 60). Subjective and Objective parameters of the study were observed and assessed with the criteria as per the modern cosmetology on the basis of significant change in MASI(Melasma area and severityindex)score and quality of life (melas Qol) Observation & Results: Observation was done before treatment after treatment and during follow up The changes computed in MASI score in which degree of pigmentation decline from 10 to 6, quality of life improve 60 to 48. Conclusion: The computed data from the present study shows that Vamana Karma along with Ayurvedic oral Ayurveda medication is effective in the treatment of melasma (Vyanga).

INTRODUCTION

External beauty of human being is mainly dependent upon the quality of skin. Melasma is common hyperpigmentation disorder in the facial skin of the Indian women. It is the cause of common socio-cosmetic stigma along with hindrance to the success of more or less all professions. Allopathic management of melasma is having higher recurrence rate with mild to moderate adverse effect. This case study is to establish a scientific data to the Ayurvedic cosmetology in the management of melisma.^[2] Melasma is a common acquired condition of symmetric hyperpigmentation, typically occurring on the face, with higher prevalence in females and darker skin types. Its pathology is not yet completely understood, although there are some known triggering factors such as exposure, pregnancy, sexual hormones, sun inflammatory processes of the skin, use of cosmetics, steroids, and photosensitizing drugs. There is also a clear genetic predisposition. Histologically, it can display

epidermal and/or dermal pigmentation, increased enlarged melanocytes, increased melanosomes, so dermal blood vessels, occasionally perivascular lymphohistiocytic infiltrates. Its clinical diagnosis consisting of symmetric reticulated hypermelanosis in three predominant facial patterns: centrofacial, malar, and mandibular.^[1] A newer pattern termed extra-facial melasma can occur on non-facial body parts, including the neck, sternum, forearms, and upper extremities.^[2] Various topical, oral, and procedural therapies are in use to treat melasma. But yet it be a therapeutically challenging condition. According to Ayurveda, There are 6 different layers of skin formed. Vyanga manifests in second layer of skin. It is one of the Kshudra Roga as described by Acharyas Shushruta and occurs in the Urdhva Jatrugata Bhagas which mainly affects the skin. Vata and Pitta gets vitiated by which produce "Shayava Varna" (Blackish discolouration) over the facial skin. Ayurveda mentioned importance of Shodhana procedure

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which eliminates the Doshas from the body for cleansing five major procedure such As Vaman, Virechana, Nasya, Anuvasana Basti, Niruha Basti are described as Panchakarma. This study is mainly for the effect of Vamana Karma along with oral Ayurveda medication in the management of Vyanga.

CASE REPORT

Hereby presenting a case of A 38 years old Female patient who visited the OPD of Shri K R Pandav ayurved college and Hospital, Nagpur with main complaints of itching, dryness and small irregular hyper pigmented patches over the nasal, frontal and maxillary surfaces of the face. The pigmentation was homogenously distributed over both the sides of the malar region along with some part of the chin. After successful assessment of the Nidaan and Samprapti of the patient, she was diagnosed as a chronic case of Vyanga (Melasma) since 1 year who had approached allopathic treatment protocol since 6 months but failed to gain any sought of results and improvement in the disease. Hence, she was planned for a proper Ayurvedic treatment Protocol consisting of shodhan chikitsa with internal shaman aushadhis adjuvant with diet and lifestyle module for a duration of two consevutive months, relevant to the disorder.

METHODOLOGY

The case report was diagnosed on the basis of the presentation of vyanga on the facial area of the skin. On the basis of the factors such as darkness, homogenicity and area of the face involved, the known case of vyanga(melasma) was considered for the ayurvedic treatment strategy. Patient was Planned for shodhan karma in the urdhwa jatrugat area (shodhan nasya) and sthanik swedan(aushadi siddha swedan through nadi sweda) along with shaman aushadhis for a period of 2

Table 1: Percentage of total area involved.

months(60 days) with proper diet and lifestyle. Follow up was planned every fifteen days i.e upto the period of 2 consecutive months. Any complications or changes in the facial area of the skin or metabolic symptoms if observed during the study, the patient will be discontinued from the study. A Written consent in the best understandable language was signed from the patient before commencement of the study.

Treatment Protocol

Sthanik Shodhan Chikitsa

1. Nasya (nasal oil drops installation-)-panchnimba tail nasya

Poorvakarma or pre purificatory measures- This is a primary step that includes facial oil massage or application of oil to the forehead, face, ears, head and neck. This step is required to loosen the adhesive dosha.

Pradhanakarma or main procedure of Nasya- This is known as the main step in the therapy that includes instillation of luke warm medicated oil(PANCHNIMBA TAIL) in both the nostrils.In addition, neck, sole, shoulder, ear and palm are messaged once the drug is administered.

Paschatkarma or post-therapeutic measures- This therapy is used to clean the mouth of the patient with lukewarm water.

2. Internal Medications

Intervention and Assessment

The assessment was done on the basis of the subjectives and the objectives criteria, i.e

- 1. MASI SCORE (Melasma area and sensitivity index) score
- 2. Fitspatrick scale for fairness.

| Sr.no | SCORE | INTERPRETATUION | | | |
|-------|-------|---------------------|--|--|--|
| 0 | 0 | No Involvement | | | |
| 1 | 1 | <10% Involvement | | | |
| 2 | 2 | 10-29% Involvement | | | |
| 3 | 3 | 30-49%Involvement | | | |
| 4 | 4 | 50-695 Involvement | | | |
| 5 | 5 | 70-89% Involvement | | | |
| 6 | 6 | 90-100% involvement | | | |

Table 2: Homogenicity (h).

| 0 | NORMAL SKIN COLOUR WITHOUT EVIDENCE OF HYPER PIGMENTATION |
|---|---|
| 1 | SPECKS OF INVOLVEMENT |
| 2 | SMALL PATCHY AREAS OF INVOLVEMENT <1.5 CM IN DIAMETER |
| 3 | PATCHES OF INVOLVEMENT >2 CM DIAMETER |
| 4 | UNIFORM SKIN INVOLVEMENT WITHOUT ANY CLEAR AREAS. |

Table 3: Darkness(D).

| 0 | NORMAL SKIN COLOUR WITHOUT EVIDENCE OF HYPER PIGMENTATION |
|---|---|
| 1 | BARELY VISIBLE HYPER PIGMENTATION |
| 2 | MILD HYPERPIGMENTATION |
| 3 | MODERATE HYPERPIGMENTATION |
| 4 | SEVERE HYPERPIGMENTATION |

The Total MASI SCORE of the FOREHEAD (0.5 H+D)+Right Malar (0.4 D+H)+Left Malar(0.3 H+D)

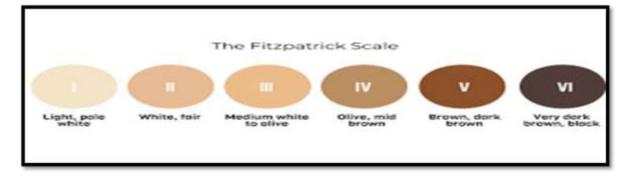
The total result of the assessment criteria of the MASI SCORE is tabulated as follows:

Assessment Through Masi Score

| Duration-2 Mpnths(60 | | Scores (0 = absent,1 = slight, 2 = mild,3= marked,4 = | | | | | |
|----------------------|------------------|---|---------------|--------|---------|--------|--|
| Days) | maximum) | | | | | | |
| | | DAY 01 | DAY 15 | DAY 30 | DAY 45 | DAY 60 | |
| MASI-SCORE | Area Involvement | | | | | | |
| PIGMENTATION | 1.Forehead | 4 | 3 | 3 | 3 | 2 | |
| (DARKNESS)-D | 2.Left malar | 3 | 3 | 2 | 2 | 2 | |
| | 3.Right malar | 3 = 11 | 3 = 10 | 2 =8 | 2 =7 | 1 =5 | |
| | 4.Chin | 1 | 1 | 1 | 0 | 0 | |
| HOMOGENECITY | 1.Forehead | 3 | 3 | 3 | 3 | 3 | |
| (H) | 2.Left malar | 3 | 2 | 2 | 2 | 1 | |
| | 3.Right malar | 2 =10 | 2=9 | 1=8 | 1=8 | 1=6 | |
| | 4.Chin | 2 | 2 | 1 | 1 | 1 | |
| TOTAL SCORE | | 1.Pigmentation | B/T =11 | | A/T =05 | | |
| | | 2.Homogenicity | B/T=10 | | A/T 06 | | |

2. Fitspatrick Fairness Scale (Meter)

Fitspatrick Fairness meter is a tool for assessment of pigmentation in your skin.it rates two things. First is the amount of pigment present in your skin and second is hoe your skin reacts to the sunlight.in the present study, the scale was used was also used for the asseessment of The Changes Observed In The Colour, Pigmentation Darkness And Homogenecity of The Skin. The Assessment Was Done According To The Pictoral Representation Of The Meter.



| DAYS | DAY 01 | DAY 15 | DAY 30 | DAY 45 | DAY 60 |
|-----------------------------|---------|---------|---------|---------|---------|
| Fitanotrial, Fairmaga Saala | TYPE 5 | TYPE 5 | TYPE 5 | TYPE 4 | TYPE 4 |
| Fitspatrick Fairness Scale | (BROWN) | (BROWN) | (BROWN) | (OLIVE) | (OLIVE) |

Subjective Assessment

| SR.NO | PARAMETERS | DAY 01 | DAY 15 | DAY 30 | DAY 45 | DAY 60 |
|-------|---|---------|---------|-----------------|----------|---------|
| 1 | DARKNESS | PRESENT | REDUCED | REDUCED | ABSENT | ABSENT |
| 2 | PIGMENTED SPOTS | PRESENT | REDUCED | REDUCED | REDUCED | ABSENT |
| 3 | ITCHING | PRESENT | REDUCED | ABSENT | ABSENT | ABSENT |
| 4 | DRYNESS | PRESENT | REDUCED | ABSENT | RELAPSED | REDUCED |
| 5 | BURNING SENSATION ON EXPOSURE -HEAT(UV RAYS) | PRESENT | REDUCED | MILD REDUCED | REDUCED | REDUCED |

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DISCUSSION

In Ayurveda Vyanga is explained under the heading of Kshudra Roga. Psychological factors like Krodha (anger), Shoka (grief) and Shrama (exhaustion) plays a very important role in the Samprapti of Vyanga that's why while describing the etiological factors of Vyanga, Acharya has given special emphasis towards psychological factors. Acharya Charaka has mentioned that the aggravation of Pitta along with Rakta is the chief culprit for initiation of the pathology. However due to etiological factors like Krodha and Shoka mainly Pitta vitiation takes place which in turn affects the Jatharagni and normal functioning of Ranjaka Pitta. Here Ranjaka Pitta is responsible for the conversion of Rasa Dhatu into Rakta Dhatu which results in the formation of normal skin color. But, the Derangement of Pitta Dosha leads to abnormality of Rakta Dhatu.i.e., Varnotpatti. Shrama and Shoka will lead to Udana Vata vitiation. Thus, these vitiated Dosha (Ranjaka Pitta, Rakta Dhatu as well as UdanaVata) travel in the body through Dhamanis and get Sthana Samshraya in Mukhagata Twacha and causes vitiation of Bhrajaka Pitta giving rise to discoloration of the skin.

In this case, patient has been habituated to irregular food habit, taking too much oily food, late night sleeping, sun exposure, over thinking and too some extent worried in nature. These all nidanas in long term caused prakopa of vata dosha which in turn vitiated bhrajak pitta on face region. Patient was advised to modify her lifestyle correction and simultaneously treatment was planned.Even though it cannot be proven through physiology but nasa is the pharmacological gateway to brain and its accompanying urdwajatrugat areas for sure. The drugs of Nasya which are in Teekshna for increases the permeability of vessels and the assimilation of drugs become easier through the nasal route.

Probable mode of action of Nasya-On cribriform palate of ethamoid bone, nerve endings are located, on administration of Nasya Dravyas, these nerve endings are triggered and a message is sent to the CNS which precedes the normal physiological functions of the body. The drain from the brain and venous circulation of nose drains in the cavernous sinus, hence it justifies that "Nasa hi shirasodwaram" that it acts on brain through the cavernous sinus. Also Shringatak marma, a place where Ghrana, Shrota and AkshiTarpan Shiras are united is located in Nasa, so the drugs administered thrugh the nasal cavity stimulates the Shringatak Marma, hence enhancing the functions of Ghrana, Shrota and Akshi Tarpan Shiras. Vyanga (melasma) is characterized by blackish discoloration of facial skin which involves vitiation of vata and pitta dosha. Nasya of pitta and kapha shamak dravyas in the patient of vyanga will reduce the effect of vitiated pitta and vata dosha in the facial rgion improving the level of pigmentation. It will also give soothning effect to the affected area causing regeneration of the new skin tissue and removal of dead cells from the facial area. After the instillation of Nasya

Dravya in nostrils, the lipidsoluble substances diffuse through the plasma membrane of nasal mucosa due to greater affinity of passive absorption and reaches to olfactory receptor cells and finally reaches to Shringatakmarma From there the medicine gets distributed into Murdha, Siramukha of netra, karna, kantha. Panchnimba tail has sheet sheeta virya, madhurvipak and act on rasavaha, rakta vaha shrotas. It is Kusthaghna, Kandughna, Raktashodhaka and has Twak Prasadaka and Varnyakara properties.

Bashpa swedan –swedan and Abhyanga is detoxifying and benefits both the skin and the deeper tissues of the body. It calms and lubricates the skin, penetrates and cleanses the sweat glands, settles the nervous system. Also promotes healthy circulation, and rejuvenate all of the tissues. It effectively reduce stress and other emotional disturbances, minimizing their negative impacts on the skin. Responsible for the movement of Doshas From Shakha to Kostha . *Nirgundi Patra* was used for bashpa sweda which Possess Kandu, Pidika, Kothnashaka and Varnaprasadak properties and helps in promoting the health of skin.

CONCLUSION

Melasma is skin disease with dark pigmentation having psychosocial impact which is difficult to treat .In this study OF NASYA Karma followed by Raktaprasadaka like Mahamanjisthadi Kwatha, Shamana dugs GANDHAK RASAYANA found to be effective for treatment of Vyanga (Melasma). There is also need to provide treatment protocols for optimum results and prevent relapses. To eliminate morbid Doshas from the root and balancing the equilibrium of Dosha and Dhatus in their natural state is the main aim of Shodhan karma, which signifies the inner purification and detoxification of body. Nasya is one such procedure of Panchakarma, which helps in achieving a body free from ailments and also enhances the appearance as its mode of action is urdhwajatrugat vikaras (supra clavicular). On administration ofnasya dravyas, sense organs become clean, mouth emits good smell, bestows strength to the lower jaw, teeth, head, neck, upper back, arms and chest and non appearance of wrinkles of the skin grey has baldness and disc coloured patches on the face. The cosmetological treatments offered by the Ayurveda, especially nasya karma is cost effective, easy to administer on regular basis and even non hazardous. The essence of Ayurveda is that the ailments are uprooted deeply and do not reoccur giving a long lasting or permanent effect.

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