RESEARCH PAPER

A Clinical Study of Masoor Ksheerpista Lepa in the Management of Vyanga

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ABSTRACT

Background: Vyanga is a non-communicable pigmentary disorder predominantly affecting the facial region. It is described in Ayurveda under the category of Kshudra Roga and is primarily associated with the vitiation of Vata and Pitta Doshas along with Rakta Dushti. In modern medicine, Melasma is considered a complex dermatological condition influenced by factors such as hormonal imbalance, pregnancy, ultraviolet (UV) radiation exposure and psychological factors. The condition adversely affects cosmetic appearance and self-confidence.

Aim: To Study the Clinical Effect of Masoor Ksheerpista Lepa in Vyanga

Materials and Methods: A total of 40 registered patients of Vyanga were divided into two groups. Group A was treated with Masoor Jala Lepa and Group B was treated with Masoor Ksheerpista Lepa, applied once daily for a period of two months as part of the treatment regimen. The assessment was conducted based on clinical symptoms and statistical analysis. All participants in both groups were instructed to adhere to the Nidana–Parihara regimen and follow a daily routine throughout the study period.

Results: Treatment Outcomes after 2 Months: **Group A** - 4 patients (20%) showed moderate improvement, 8 patients (40%) showed mild improvement and 8 patients (40%) remained unchanged. **Group B** - 10 patients (50%) showed marked improvement, 9 patients (45%) showed moderate improvement, and 1 patient (5%) showed mild improvement.

Conclusion: Both Masoor Ksheerpista Lepa and Masoor Jala Lepa were found to be effective; however, Masoor Ksheerpista Lepa demonstrated superior efficacy in reducing Rukshata, Shyava Varna, Snigdhata and Mandala Swaroopa. The findings of this study indicate that adherence to the daily regimen and Nidana-Parihara plays a significant role in preventing both the manifestation and progression of Vyanga. Therefore, the Null Hypothesis is rejected and the Alternate Hypothesis is accepted.

Keywords: Vyanga, Melasma, Masoor Ksheerpista Lepa, Masoor Jala Lepa, Hyperpigmentation, Ayurveda

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INTRODUCTION

Vyanga is a non-contagious pigmentary disorder described in classical Ayurvedic texts and is clinically comparable to melasma in contemporary dermatology. It is primarily considered a Vata–Pitta predominant disorder associated with Rakta Dushti and Manasika Nidana such as anger, grief, stress, and excessive exertion.[1,2] Clinically, Vyanga presents as painless bluish-black or dark brown discoloration over the facial region, significantly affecting cosmetic appearance and psychological well-being. According to modern medicine, melasma is associated with multiple etiological factors, including hormonal imbalance, pregnancy, oral contraceptive use, ultraviolet radiation exposure, excessive cosmetic application, and psychological stress. These factors were also prominently observed among the patients included in the present study.

Ayurveda emphasizes the importance of external therapeutic measures in skin disorders, among which Lepa Chikitsa holds a significant place due to its local action, ease of application, safety, and effectiveness in Dosha pacification. Classical texts describe several formulations for improving complexion and reducing pigmentation. In the present study, Masoor Ksheerpista Lepa was selected based on its Varnya, Rasayana and Rakta-Prasadana properties. Masoor possesses Kashaya–Madhura Rasa and Sheeta Virya, which help pacify aggravated Pitta and improve skin complexion. [3] Its Ruksha and Laghu properties assist in reducing excessive oiliness and clearing obstructed microchannels.

Dugdha provides nourishment, hydration, and cooling effects because of its Snigdha and Sheeta properties, while Ghrita acts as a Rasayana and bio-enhancing agent that facilitates deeper penetration of the formulation into the skin. Madhu possesses Yogavahi, antimicrobial, and antioxidant properties, enhancing transdermal absorption and tissue repair.[4] Additionally, Masoor contains polyphenols, flavonoids, vitamin C, and niacin, which exhibit antioxidant, anti-inflammatory, exfoliative, and skin-rejuvenating activities that may help reduce hyperpigmentation and improve overall skin texture.

The present clinical study demonstrated that Masoor Ksheerpista Lepa produced superior improvement in pigmentation, dryness, oiliness, and lesion size compared to Masoor–Jala Lepa, without producing adverse effects. These findings suggest that Masoor Ksheerpista Lepa is a safe, effective, economical, and clinically beneficial topical formulation for the management of Vyanga. Thus, the selection of the formulation is firmly based on Ayurvedic principles.

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Drug Profile:

Table No. 1: Properties of *Masoor Ksheerpista*

PROPERTY	DESCRIPTION
Form	*Lepa kalpa*/external application
Main ingredients	*Masoor, Ksheera, Ghrita, Madhu*
Ras	*Madhura, kashaya*
Guna	*Snigdha, Ishat Guru*
Virya	*Sheeta*
Vipaka	*Madhura*
Prabhava	*Varnya, Raktaprshadaka, Kantiprada, Rasayana*
Guna Karma	*Twcha Shodhana, Varnya Prasadana, Pitta-Vata Shamana, Twacha Dhatu Poshana, Jeevaniya*

MATERIALS AND METHODS:

This prospective interventional, open-label, non-randomized clinical study was conducted at Shri Khudadad Dungaji Government Ayurved Hospital to evaluate the clinical effect of Masoor Ksheerpista Lepa in Vyanga. A total of 40 patients fulfilling inclusion criteria were selected from the OPD and divided into two groups of 20 each. Group A received Bhrishta Masoor Churna with Jala, while Group B received Bhrishta Masoor Churna with Dugdha, Ghrita, and Madhu. Treatment was administered once daily in the morning for 2 months with follow-up every 15 days. Patients aged 18–60 years of either gender presenting classical symptoms of Vyanga were included. Patients with severe skin disorders,

allergies, infections, endocrine disorders, or hypersensitivity were excluded. Assessment was based on grading of colour, size, dryness, and oiliness of lesions using standard criteria. Statistical analysis was performed using mean, standard deviation, standard error, and p-value.

OBSERVATION AND RESULTS:

The present clinical study demonstrated significant improvement in patients of both treatment groups; however, the therapeutic efficacy of Masoor Ksheerpista Lepa (Group B) was markedly superior to that of Masoor–Jala Lepa (Group A). In Group B, 50% of patients achieved maximum improvement, whereas no patient in Group A attained this level of recovery. Moderate improvement was observed in 45% of patients in Group B compared to only 20% in Group A. Mild improvement was more common in Group A (40%) than in Group B (5%), suggesting comparatively limited therapeutic action of the water-based formulation. Furthermore, 40% of patients in Group A showed no significant improvement, while all patients in Group B demonstrated positive clinical response.

The superior results observed in Group B may be attributed to the synergistic action of Dugdha, Ghrita, and Madhu used along with Masoor. These ingredients possess Varnya, Snigdha, Rasayana, and Yogavahi properties, which enhance transdermal absorption, improve skin nourishment, and facilitate deeper therapeutic action. Statistically significant improvement was noted in parameters such as dryness, oiliness, pigmentation, and lesion size in Group B when compared to Group A.

Overall, the findings indicate that Masoor Ksheerpista Lepa provides more effective, rapid, and comprehensive clinical improvement in Vyanga than Masoor–Jala Lepa, without producing any adverse effects during the study period.

DISCUSSION:

Vyanga is described in Ayurveda as a Vata–Pitta predominant disorder associated with Rakta Dushti and Manasika Nidana such as stress, anger, and grief. In the present study, Masoor Ksheerpista Lepa showed superior therapeutic efficacy compared to Masoor–Jala Lepa in the management of Vyanga. The observed clinical improvement may be attributed to the combined synergistic action of Masoor, Dugdha, Ghrita, and Madhu, which possess Varnya, Rasayana, Rakta-Prasadana, and Vata–Pitta Shamaka properties.

Masoor, having Kashaya–Madhura Rasa and Laghu–Ruksha Guna, helps in reducing excessive oiliness, clearing obstructed channels, and improving skin complexion. Dugdha provides nourishment, hydration, and cooling effects due to its Madhura Rasa and Sheeta Virya, thereby reducing dryness and pigmentation. Ghrita acts as a Snigdha and bio-enhancing agent that facilitates deeper penetration of the active constituents and supports tissue regeneration. Madhu, owing to its Yogavahi, antimicrobial, and antioxidant properties, enhances transdermal absorption and promotes tissue repair.

Statistically significant improvement was observed in Group B with respect to dryness, oiliness, pigmentation, and lesion size when compared to Group A. The formulation also demonstrated antioxidant, anti-inflammatory, moisturizing, and rejuvenating activities, which may have contributed to reduction in hyperpigmentation and improvement in overall skin texture. In contrast, Masoor–Jala Lepa mainly produced superficial cleansing and mild exfoliative effects because water lacks Yogavahi and penetrative properties.

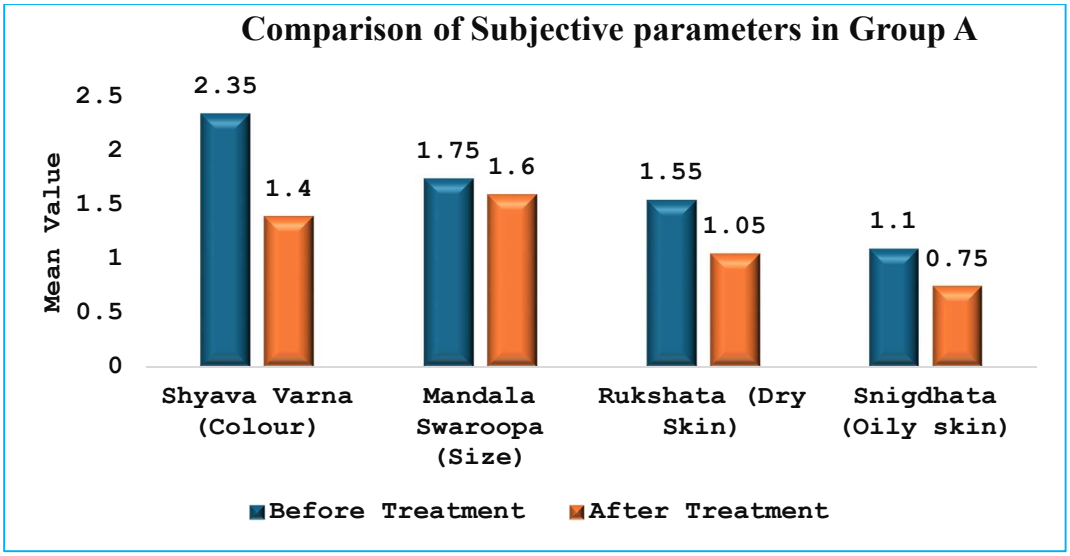
The demographic observations of the study indicated a higher prevalence of Vyanga among females, urban residents, and individuals exposed to stress, irregular lifestyle, and excessive cosmetic use. These findings support the classical Ayurvedic understanding that dietary, psychological, and environmental factors play an important role in the pathogenesis of Vyanga. Overall, Masoor Ksheerpista Lepa proved to be a safe, effective, and clinically beneficial therapy for the management of Vyanga.

CONCLUSION:

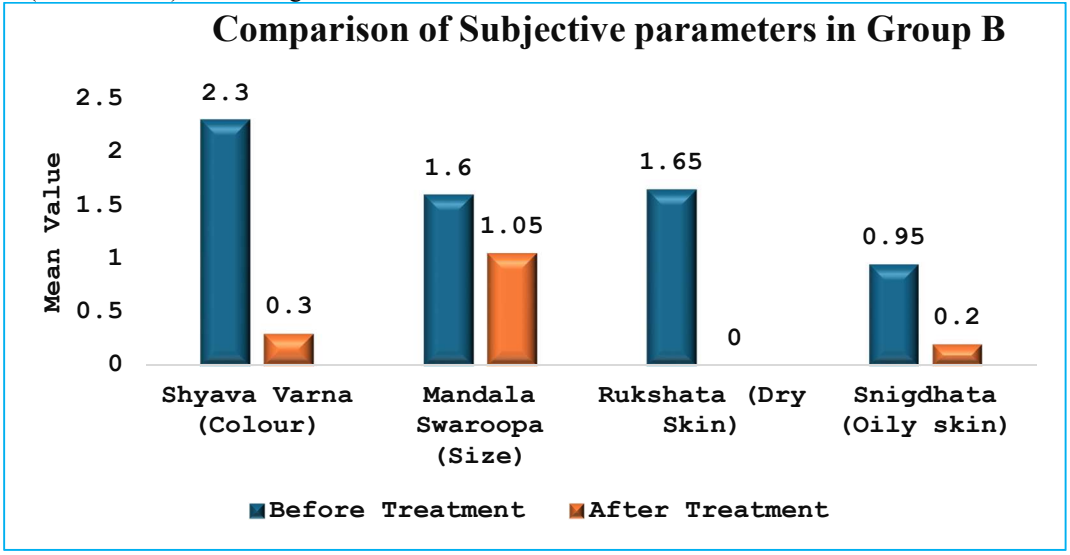
Based on classical references, clinical observations, and statistical analysis, Vyanga can be considered a non-contagious Vata–Pitta predominant disorder associated with Rakta Dushti and psychological stress factors. The clinical features of Vyanga closely resemble Melasma described in modern medicine. Lifestyle disturbances, stress, irregular diet, excessive cosmetic use, hormonal factors, and UV exposure were identified as major contributory factors in the present study.

Both Masoor Ksheerpista Lepa and Masoor–Jala Lepa showed beneficial effects in the management of Vyanga. However, Masoor Ksheerpista Lepa demonstrated superior efficacy in reducing dryness, pigmentation, oiliness, and lesion size. The enhanced therapeutic response may be attributed to the synergistic action of Masoor with Dugdha, Ghrita, and Madhu, which possess Varnya, Rasayana, Yogavahi, antioxidant, and moisturizing properties. The formulation also promotes deeper transdermal absorption and improves skin nourishment and complexion.

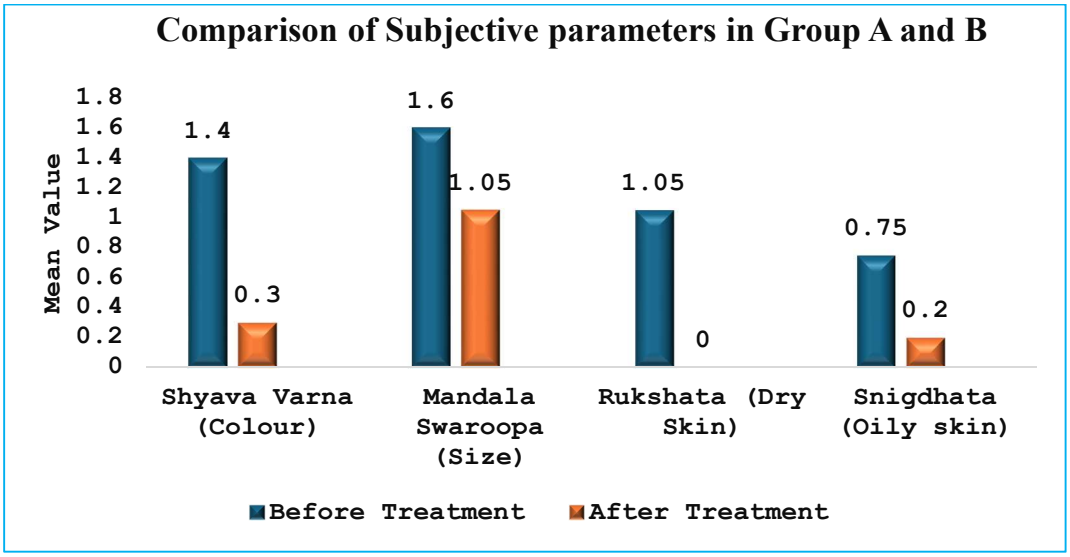
Statistical analysis confirmed significant clinical improvement in both groups, with comparatively better outcomes in Group B. No adverse effects were observed during the study, indicating the safety of the therapy. Therefore, Masoor Ksheerpista Lepa may be considered a safe, effective, and economical topical formulation for the management of Vyanga. Further studies with larger sample sizes and long-term follow-up are recommended for additional validation.



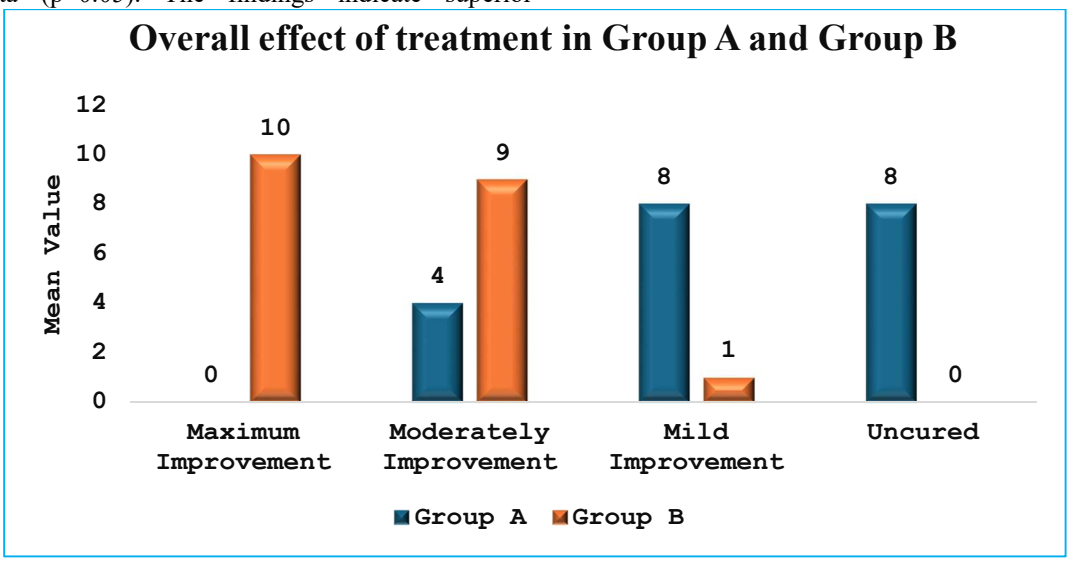
The treatment in Group A produced statistically significant improvements in key subjective parameters, particularly Shyava Varna (40.4% relief), Rukshata (32.3% relief), and Snigdhata (31.8% relief), indicating beneficial effects on skin pigmentation and texture. However, only minimal improvement was observed in Mandala Swaroopa (8.5% relief), suggesting a negligible effect on lesion size.



Group B demonstrated highly significant improvement in all subjective parameters, with marked reductions in Shyava Varna (86.9% relief), complete resolution of Rukshata (100% relief), and substantial improvement in Snigdhata (78.9% relief). Significant improvement was also observed in Mandala Swaroopa (34.4% relief), indicating the overall superior efficacy of the treatment across all assessed clinical features.



Intergroup comparison revealed statistically significant improvements in all subjective parameters, including Shyava Varna, Mandala Swaroopa, Rukshata, and Snigdhata ($p<0.05$). The findings indicate superior therapeutic efficacy, with marked relief in pigmentation, lesion size, skin dryness, and oiliness across the study groups.



Group B demonstrated markedly superior clinical outcomes, with 50% of patients achieving maximum improvement and no uncured cases, whereas Group A showed no cases of maximum improvement and 40% remained uncured. The higher rates of moderate-to-maximum improvement in Group B indicate significantly greater therapeutic efficacy compared to Group A.

Before and after treatment of masoor Ksheerpista lepa

Before and after treatment of masoor Ksheerpista lepa

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