

MANJISHTHADI TAILA IN THE MANAGEMENT OF VYANGA- A CASE STUDY

Dr. Vaishnavi Gautam^{1*}, Prof. Sanjay Kumar Pandey², Dr. Richa Pathak³

¹PG Scholar, Department of Rasa Shastra & Bhaishajya Kalpana, Government Ayurvedic College & Hospital, Varanasi, Uttar Pradesh, India.

²MD(Ayurveda), Professor, Head of Department of Rasa Shastra & Bhaishajya Kalpana, Government Ayurvedic College & Hospital, Varanasi, Uttar Pradesh, India.

³MD (Ayurveda), PhD, Lecturer, Department of Rasa Shastra & Bhaishajya Kalpana, Government Ayurvedic College & Hospital, Varanasi, Uttar Pradesh, India.

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*Corresponding Author

Dr. Vaishnavi Gautam

PG Scholar, Department of Rasa Shastra & Bhaishajya Kalpana, Government Ayurvedic College & Hospital, Varanasi, Uttar Pradesh, India.



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ABSTRACT

Vyanga, an Ayurvedic dermatological condition, is clinically comparable to melasma and presents as hyperpigmented, asymptomatic patches predominantly over the facial region. It is primarily caused by the vitiation of *Vata* and *Pitta* Doshas along with *Rakta Dushti*. The present study aims to evaluate the therapeutic efficacy of *Manjishthadi Taila* in the management of *Vyanga*. A 35-year-old female patient with a one-year history of facial pigmentation over both cheeks was selected for this clinical trial. Detailed clinical assessment was carried out using *Dashavidha* and *Ashtavidha Atura Pariksha*, revealing *Vataja-Pittaja* Prakriti and *Pittaja-Raktaja* Vikriti. The patient was treated with topical application of *Manjishthadi Taila* twice daily for a duration of 8 weeks. The assessment of therapeutic response was based on classical Ayurvedic parameters, namely *Mukhamaagatya Mandalam* (extent of

patches), *Tanukam* (flatness of pigmentation), and *Shyavama* (intensity of discoloration), each graded on a 0–3 scale. The observed results may be attributed to the combined pharmacological properties of the formulation's ingredients like *Manjishtha*, *Yastimadhu*, *Laksha*, *Matulunga*, *Tila Taila* and *Aja Dugdha*, which exhibit *Rakta-shodhana* (blood purification), *Pitta-shamana* (pacification of Pitta), and *Varnya* (complexion-enhancing)

effects. These actions help in correcting the underlying pathophysiology and restoring normal skin tone.

KEYWORDS: Vyanga, Manjishthadi Taila, Kshudra Roga, Melasma.

INTRODUCTION

In the contemporary era, beauty and personal appearance have gained significant importance, influencing both social interactions and psychological well-being. In Ayurveda, beauty is closely associated with the balance of Doshas, proper nourishment of Dhatus, and overall health of the body. Skin disorders that affect complexion are described under various conditions, among which *Vyanga* is a prominent *Kshudra Roga*. *Vyanga* is characterized by painless, bluish-black or brownish discoloration over the face, especially on the cheeks and nasal region. It primarily occurs due to the vitiation of *Vata* and *Pitta* Doshas along with *Rakta Dushti*, leading to impaired skin complexion. *Vata*, *pitta* dosha are mainly involved along with physiological factors like; *Krodha* and *Shoka*. The common feature of disease is *Niruja* and *Shyavavarnamandals* on Face. Though it does not produce severe physical discomfort, it significantly affects the aesthetic appearance and mental well-being of an individual.

From a modern perspective, *Vyanga* can be correlated with melasma, a common acquired hyperpigmentation disorder with multifactorial etiology, including genetic predisposition, hormonal influences, sun exposure, and environmental factors. Despite the availability of various modern treatments such as topical depigmenting agents, chemical peels, and laser therapies, these approaches often provide temporary relief and may be associated with side effects or recurrence. This necessitates the exploration of safer and more holistic treatment modalities.

Ayurveda offers a comprehensive approach to skin care by addressing the root cause of the disease through Dosha balancing, *Rakta Shodhana* (blood purification), and enhancement of skin health (*Varna*). Among the various classical formulations, *Manjishthadi Taila* holds significant importance due to its *Varnya* (complexion-enhancing), *Pitta-shamaka*, and *Raktashodhaka* properties. The ingredients of this formulation work synergistically to improve skin tone, reduce pigmentation, and restore the natural glow of the skin.

Considering the increasing importance of cosmetics and the limitations of modern treatments, the present case study aims to evaluate the efficacy of *Manjishthadi Taila* in the management of *Vyanga*, providing a safe and holistic approach to enhance both skin health and beauty.

HISTORICAL REVIEW: The formulation of *Manjishthadi Taila* has been adopted from the classical Ayurvedic text *Chakradutta*.^[1] *Acharya Charaka*^[2], in the *Trishothiya Adhyaya* of the *Charaka Samhita*, has described a common etiopathogenesis (*Samprapti*) for conditions such as *Tilakalaka*, *Pippalu*, *Vyanga*, and *Neelika*. A detailed and independent description of *Vyanga* as a *Kshudra Roga* (minor disease) was first systematically presented by *Acharya Sushruta*^[3] in the *Nidana Sthana*, particularly in the 13th chapter known as *Kshudra Rogadhikara*. Further elaboration and a more refined understanding of *Vyanga* can be found in the *Ashtanga Hridaya*, where it is discussed in the Uttara Tantra under the section dealing with *Kshudra Roga*.

AIMS AND OBJECTIVES

- To evaluate the clinical efficacy in the management of *Vyanga*.
- To observe any adverse effects or skin reactions.

MATERIAL AND METHOD

A 35-year-old female presented to the Department of Rasashastra and Bhaishajya Kalpana at Government Ayurvedic College and Hospital, Varanasi, with complaints of pigmentation on both cheeks persisting for the past one year. As part of a dedicated research study, a comprehensive clinical history was recorded, without consideration of the patient's caste, religion, occupation, or socio-economic background.

History of past illness: No significant past medical history was reported.

Family history: No relevant family history of illness was reported.

Personal History

- Bowel: Irregular
- Appetite: Medium
- Micturition: Normal
- Sleep: Normal
- Ahara: Veg and Non- veg both
- Vyayama: No

- Nature of work: Manual
- Addiction: No any addiction
- Menstrual History: Regular (The menstrual cycle is 28 days long, and menstruation lasts for 5 days)
- Treatment History: No treatment

General Examination

- Built: Well developed
- Nourishment: Well
- Lymphadenopathy, Icterus, Edema, Clubbing, Cyanosis: Absent
- Gait, Joints: Normal
- Blood Pressure: 130/80 mmHg
- Pulse: 76/min
- Respiration: 20/min
- Temperature: Afebrile
- Height: 155 cm
- Weight: 65 kg

Dash Vidha Atura Pariksha

- Prakriti: Vataja - Kaphaja
- Vikruti: Pittaja- Raktaja
- Satva: Madhyama
- Satmya: Madhyama
- Sara: Madhyama
- Samhanana: Madhyama
- Pramana: 155 cm
- Ahara Shakti: Madhyama
- Vyayama Shakti: Avara
- Vaya: Madhyavastha

Ashta Vidha Atura Pariksha

- Nadi: Vataja- Kaphaja
- Mutra: Prakruta

- Mala: Baddha
- Jihwaha: Prakruta
- Shabda: Prakruta
- Sparsha: Mridu
- Druk: Prakruta
- Akruiti: Madhyama

Systemic Examination

Respiratory System, Cardiovascular System, Gastrointestinal System, Neurological System:
NAD

Assessment of Signs & Symptoms

The patient's signs and symptoms were evaluated in accordance with the principles described by Acharya Sushruta. Each symptom was graded on a scale of 0 to 3 based on its intensity and severity, as reported by the patient and verified through clinical examination.

Circumscribed patches over face (*Mukhamaagatya mandalam*)^[4]

Symptoms	Grade
No Patches.	00
Small Sized Patch (present on one Malar region).	01
Medium Sized Patch (present on one Malar region).	02
Large Sized Patch (present on one Malar region + other parts of the face).	03

Unelevated pigmentation of the facial skin (*Tanukam*).^[5]

Symptoms	Grade
No Patches.	00
Small Sized unelevated Patch.	01
Medium Sized unelevated Patch.	02
Large Sized unelevated Patch.	03

Dark brown pigmentation of the facial skin (*Shyavam*).^[6]

Symptoms	Grade
No pigmentation.	00
Light brown pigmentation.	01
Dark brown pigmentation	02
Very dark pigmentation.	03

Samprapti**Ayurvedic View**

Vyanga is considered by *Acharya Sushruta* to result from the disturbance of *Vata* and *Pitta* doshas. In the absence of a detailed *Samprapti*, the general etiopathogenesis of *Kushtha Roga* may be used as a reference framework to interpret its development.

Dosha: *Vata (Udana, Vyana), Pitta (Bhrajaka)*

Dushya: *Rasa, Rakta*

Srotus: *Rasavaha, Raktavaha*

Srotodushti: *Sanga*

Agni: *Jathragni, Dhatvagni*

Marga: *Shakhagata*

Adhishthana: *Twaka*

Modern View

Melasma is primarily triggered by ultraviolet (UV) radiation, which stimulates melanocytes to produce excess melanin. Genetic predisposition plays a role, as it often runs in families. Hormonal influences, particularly estrogen and progesterone during pregnancy or with oral contraceptive use, further increase melanogenesis. There is also melanocyte hyperactivity with increased tyrosinase activity leading to excess melanin synthesis. In addition, dermal factors such as increased vascularity and inflammation contribute to the condition, while skin barrier dysfunction enhances sensitivity to UV and other external triggers. Certain drugs and cosmetics, especially photosensitizing agents, can further aggravate melasma.

Ingredients of Manjishthadi Taila^[7]

S. N	Drugs	Rasa	Guna	Virya	Vipaka	Karma
1.	Manjishtha	Madhura, Tikta, Kaşaya	Guru	Ushna	Katu	Svaṛya, Vṛaṣya, Varnya, etc.
2.	Matulunga	Madhura, Amla	Laghu, Snigdha	Ushna	Amla	Pittahara, Vatahara, Varnanashaka etc.
3.	Yastimadhu	Madhura	Guru, Snigdha	Sheeta	Madhura	Chakshusya, Vrasya, Varnya etc.
4.	Laksha	Tikta, Kasaya	Laghu, Snigdha	Anushna, Sheeta,	-	Varnya, Raktadoshanuta etc.
5.	Tila Taila	Madhura	Snigdha, Guru, Suksma, Vyavayi, Visada, Sara, Vikasi	Ushna	Madhura	Tvak prasdana, Vatahara, Vranaropana, etc.

6.	Aja Dugdha	Madhura, Kasaya	Laghu, Kinchit Grahi	Sheeta	Madhura	Kasaghna, Kshayaghna, Raktapittanashaka etc.
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Duration of Treatment

Treatment/Medication	Dosage	Time	Duration
Manjishthadi Taila	8 drops	Twice a day	8 weeks

OBSERVATION AND RESULTS

Sign & Symptoms	Before treatment	After 8 weeks of Trial
<i>Mukhamaagatya Mandalam</i>	2	1
<i>Tanukam</i>	1	0
<i>Shyavama</i>	2	1



Before

After

Result

At the end of 8 weeks, all signs and symptoms showed significant improvement. *Mukhamaagatya Mandalam* improved markedly, and *Tanukam* and *Shyavama* also showed noticeable changes. The reduction in total scores reflects the efficacy of the intervention.

DISCUSSION

The reduction in symptom scores indicates the potential effectiveness of the trial treatment in managing the disease. Ayurvedically, this may be attributed to Dosha balance and improved Dhatu function. The uniform improvement across parameters suggests a systemic effect. However, the presence of mild residual symptoms highlights the need for longer treatment or additional support. Larger and long-term studies are required to validate these results.

CONCLUSION

The clinical findings indicate that *Manjishthadi Taila* is effective in reducing the signs and symptoms of *Vyanga* (melasma) over an 8-week period. Significant improvement was observed in all assessed parameters, suggesting its beneficial role in improving facial pigmentation. The therapeutic effect may be due to its ability to balance vitiated *Vata* and *Pitta* Doshas and enhance *Rasa–Rakta Dhatu* function. The formulation's *Varnya* and *Rakta Shodhaka* properties likely contributed to the observed outcomes. Despite improvement, mild symptoms persisted, indicating that extended therapy may be required for complete remission. The study supports its potential clinical usefulness, though further research is recommended.

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