

## THERAPEUTIC EFFECT OF *SHASTIKA SHALI PINDA SWEDA* (POTTALI FACIAL) IN A DISEASE OF *VYANGA* - A CASE STUDY

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### ABSTRACT

**Introduction:** *Vyanga* is a *Kshudra Roga* characterized by the appearance of painless, thin, bluish-black or brownish hyperpigmented patches on the face, resulting in cosmetic concern and psychological distress. Modern management often provides temporary relief with frequent recurrence. Ayurvedic therapies aimed at improving skin complexion and correcting underlying *Dosha* imbalance may offer a safe and effective alternative. **Main Clinical Finding:** A 28-year-old male presented with gradually progressive brownish-black hyperpigmented patches over the bilateral malar region of the face for one year. The condition was associated with mild dryness and cosmetic disfigurement. The patient reported prolonged sun exposure and irregular dietary habits. Previous topical allopathic treatment provided only temporary improvement, with recurrence after discontinuation. **Diagnosis:**

The patient was diagnosed with *Vyange*. According to Ayurvedic principles, the condition was assessed as both *Sararik Vata-Pitta* dosha, *Rakta dhatu*, and *Mansika nidan* (psychological etiological factor), specifically *Krodha* (anger), *Shoka* (sorrow) and *Ayas* (physical and mental exertion). **Interventions:** The patient was treated with *Shastika Shali Pinda Sweda* (Pottali Facial) using a medicated preparation of *Yashtimadhu*, *Lodhra*, *Shastika Shali rice*, and cow milk. Ten treatment sessions were administered over one month at an interval of three days. **Outcome:** Significant improvement was observed in pigmentation, lesion

characteristics, and facial involvement. Assessment scores showed reduction in *Mandalakara* from 3 to 2, *Shyava Krishna Varna* from 4 to 2, *Niruja Tanuka* from 3 to 1, and *Vyanga* present on *Mukha* from 4 to 1. Clinical photographs demonstrated visible improvement in facial complexion and reduction in hyperpigmentation. **Conclusion:** *Shastika Shali Pinda Sweda* demonstrated encouraging results in the management of *Vyanga*, producing noticeable cosmetic improvement without adverse effects. Further clinical studies involving larger sample sizes are required to establish its efficacy.

**KEYWORDS:** *Vyanga*, Melasma, *Shastika Shali Pinda Sweda*, Pottali Facial, Ayurveda, Hyperpigmentation.

## INTRODUCTION

*Vyanga* is described in Ayurvedic classics as a *Kshudra Roga* characterized by the appearance of painless, thin, dark-colored patches on the face.<sup>[1]</sup> The condition primarily affects facial aesthetics and may significantly influence an individual's self-esteem and quality of life. According to Ayurveda, *Vyanga* develops due to vitiation of *Vata* and *Pitta Dosha*, often precipitated by factors such as excessive exposure to sunlight, emotional stress, improper dietary habits, and disturbed lifestyle practices.<sup>[2]</sup>

In contemporary medicine, *Vyanga* can be correlated with facial hyperpigmentation disorders such as melasma.<sup>[3]</sup> Although various topical agents and cosmetic procedures are available, recurrence remains common. Therefore, there is a need for safe and effective therapeutic approaches. *Shastika Shali Pinda Sweda*, a nourishing form of *Swedana* therapy, is traditionally indicated for enhancing skin texture, complexion, and tissue nourishment. The present case report evaluates the therapeutic effect of *Shastika Shali Pinda Sweda* (Pottali Facial) in a patient suffering from *Vyanga*.

## CASE REPORT

A 28-year-old male patient presented to the Outpatient Department (OPD) of All India Institute of Ayurveda with complaints of gradually developing brownish-black hyperpigmented patches over the bilateral malar region of the face associated with mild dryness and cosmetic disfigurement since 1 year. (Table no. 2) The lesions were initially asymptomatic but gradually increased in size and pigmentation, leading to aesthetic concern and psychological distress. The patient also gave a history of prolonged sun exposure and

irregular dietary habits. He had previously used topical allopathic medications with temporary relief; however, recurrence was observed after discontinuation of treatment.

### Personal history

The patient had a satisfactory appetite and thirst, with normal bowel and bladder functions. He was working as a field worker in the marketing sector. Past medical history was non-contributory, with no evidence of major systemic illness, trauma, surgical procedures, or known allergies. No history of addiction was reported. Family history was insignificant. On detailed interrogation, a history of exposure to *Kustha Nidana* factors was elicited for the last three years.

### Clinical finding

#### General examination

The patient was moderately built and adequately nourished. Vital parameters were within normal physiological limits at the time of examination. No pallor, icterus, cyanosis, clubbing, lymphadenopathy, or pedal edema was observed. Assessment of *Prakriti* revealed a *Vata-Pitta* predominance. On mental status evaluation, the patient exhibited features of anger and illness-related psychological stress.

#### Diet plan

The patient was advised to follow appropriate dietary and lifestyle measures, including avoidance of spicy, fermented, stale, and processed foods. He was instructed to minimize excessive sun exposure, avoid daytime sleep and curd at night, and refrain from using harsh soaps or cosmetic products on the face.

### Assessment Criteria

**Table no. 1: Arbitrary Grading on Various classical symptoms of *Vyanga*.**

Features	Grading
<b>Grading for <i>Mandalakara</i></b>	
More than five circular lesion present whole over face	4
B. 4 to 5 circular lesion present whole over face	3
3 to 4 circular lesion present whole over face	2
3 to 2 circular lesion present whole over face	1
No such circular lesion present on face	0
<b>Grading for <i>Shyava krishna Varnah</i></b>	
Deep dark brown colour lesion over skin of face	4
Moderate dark brown colour lesion over skin of face	3
Light dark brown colour lesion over skin of face	2

Faint dark brown colour lesion over skin of face	1
Normal skin	0
<b>Grading for Niruja tanuka</b>	
Painless thin lesion present in entire face, sever hardness on touch	4
Painless thin lesion present in cheek, nose & moderate hardness on touch	3
Painless thin lesion present cheek, nose mild hardness on touch.	2
Painless thin lesion present,smoothness on touch	1
Not present	0
<b>Grading for Vyanga present on mukha</b>	
Present in entire face	4
Present in cheek with nose and forehead	3
Present in cheek with nose	2
Present in cheek.	1
Not present	0

**Table no. 2: Therapeutic interventions.**

Medicine	Dose	Time Duration
<i>Yashtimadhu Churna</i>	50 gm	10 treatment sessions over one month, with sessions every 3 days.
<i>Lodhra Churna</i>	50 gm	
<i>Shastikashali Rice</i>	50 gm	
Cow milk	100 ml	

### Preparation of medicine

*Lodhra Yashtimadhu Kwatha* was prepared by taking 50 gm of *Lodhra Churna* and 50 gm of *Yashtimadhu Churna* in a clean stainless-steel vessel. To this, 300 ml of water was added and the mixture was heated over mild flame. The contents were boiled continuously with gentle stirring until the volume was reduced to half of the initial quantity. Thereafter, 100 ml of cow milk was added to the reduced decoction and again boiled on low flame until the *Kwatha* consistency was obtained properly. After completion of the boiling process, the prepared *Kwatha* was filtered through a clean muslin cloth to obtain a clear filtrate. The final preparation was allowed to cool and then stored in a clean, airtight container for therapeutic use.

In a separate container, *Shastika Shali rice* was boiled properly and kept aside for further use.

### Procedure of *Pottali* Facial

First, the individual was instructed to wash the face thoroughly with clean water. The face was then gently wiped dry using a clean napkin. After that, boiled *Shastika Shali rice* was placed in a clean cotton cloth and tied properly to prepare the *Pottali*. The prepared *Pottali* was then dipped into the prepared *Kwatha*.

Thereafter, the warm *Pottali* was gently applied over all areas of the face with mild pressure and circular movements approximately 20 times. The entire procedure was carried out for about 40–45 minutes. After completion of the procedure and once the face became dry, it was washed with normal water. The individual was advised not to apply any cosmetic or other substance to the face throughout the day.

**Table no. 3: Follow-up.**

Symptoms	Before treatment	After Treatment
Grading for <i>Mandalakara</i>	3	2
Grading for <i>Shyava krishna Varnah</i>	4	2
Grading for <i>Niruja tanuka</i>	3	1
Grading for <i>Vyanga</i> present on <i>mukha</i>	4	1

**Figure: Before treatment and After treatment**



## DISCUSSION

According to Ayurveda, *Vyanga* is predominantly associated with vitiation of *Vata* and *Pitta* Dosha affecting the facial skin. The therapeutic approach adopted in this case aimed at pacifying these *Doshas* while improving skin nourishment and complexion.

*Yashtimadhu* possesses *Twachya* (Skin Nourishing), *Varnya* (complexion-enhancing),<sup>[4]</sup> *Ropana* (healing), *Vranaropana*, *Rasayana* Properties (Rejuvenation) and *Pittashamaka* properties, which help reduce pigmentation and improve skin texture.<sup>[5]</sup>

*Lodhra* is well known for its *Varnya* (complexion-enhancing), *Rakta Prasadana* (blood-purifying), *Twachya* (Skin Nourishing), and *Kaphapitta Shamaka* properties. It is frequently

used in both internal and external therapies for facial pigmentation disorders and cosmetic skin conditions.<sup>[6]</sup> Its cooling, complexion-enhancing, and skin-protective actions help reduce hyperpigmentation and improve overall facial appearance, making it highly suitable for inclusion in *Shastika Shali Pinda Sweda* (Pottali Facial) therapy.

Cow milk acts as a nourishing medium and contributes to skin softness and hydration. It was selected in the management of *Vyanga* due to its *Varnya*, *Rasayana*, *Twak-Poshaka*, and *Pitta-Shamaka* properties.<sup>[7]</sup> Its nourishing and cooling nature helps improve skin complexion, reduce pigmentation, and enhance the therapeutic efficacy of the herbal ingredients used in *Shastika Shali Pinda Sweda* (Pottali Facial).

*Shastika Shali Pinda Sweda* provides mild sudation and nourishment simultaneously. The warm medicated bolus improves local circulation, enhances tissue nutrition, promotes exfoliation of superficial pigmented layers, and facilitates better absorption of therapeutic principles.<sup>[8]</sup> The combined effect of *Swedana*, nourishment, and complexion-enhancing herbs may have contributed to the observed clinical improvement.

## CONCLUSION

The present case demonstrated that *Shastika Shali Pinda Sweda* (Pottali Facial) may be an effective and safe therapeutic modality for the management of *Vyanga*. Significant improvement was observed in facial hyperpigmentation, lesion characteristics, and cosmetic appearance following ten treatment sessions. No adverse effects were reported during the study period. Although the findings are encouraging, larger clinical studies are required to validate the efficacy and establish the role of this therapy in the management of *Vyanga*.

## Informed consent

Written informed consent was obtained from the patient for the publication of this case report and the associated images.

## Declaration of patient consent

The authors certify that informed consent was obtained from the patient for publication of clinical details and accompanying images. The patient has provided permission for the use of relevant medical information for academic and scientific purposes. Efforts have been made to ensure confidentiality by withholding personal identifiers such as the patient's name and

initials. While every reasonable measure has been taken to protect the patient's privacy and identity, complete anonymity cannot be guaranteed.

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### **Author's contribution**

Dr. Monika Jat contributed to the manuscript preparation, data collection from the patient, clinical photography, data analysis, and literature search. Dr. Devendra Singh, Dr. Rupashree Nath and Prof. Anand More, contributed to manuscript editing, critical review, and provided overall supervision throughout the study.

### **Data availability statement**

All collected data, including recorded measurements, are securely stored electronically. The corresponding author retains custody of these records and will make them available under appropriate circumstances.

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Nil.

### **Conflicts of interest**

There are no conflicts of interest.

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