



Effect of kumkumadi cream on Melasma - a case study

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ABSTRACT: The importance of beauty and personality is increasing now a day as it is a competitive era. Along with increased demand of beautification, the problems are also increasing which cause damage to beauty or personality due to changed life style and polluted atmosphere. Among the personality damaging disorder or dis-beautifying conditions, melasma (Vyanga) is such a condition which affects the beauty as well as personality. Many people are suffering from melasma today, among them women are commonly found due to changes occurring during pregnancy and use of cosmetics supplements. Vyanga is a 'KshudraRoga' (skin disorder) affecting the skin for which many internal medicine and external applications are suggested in texts. Local application is more useful in skin disorders as it directly act on lesion. In the context of Vyanga, KumkumadiTaila has been strongly suggested as it directly acts on the site of lesion and all its contents possess colouring and depigmentation properties. Kumkumadi cream was given to patient for duration of one month. The cream was found significantly effective on improving moisture content of skin, size of lesion, colour of lesion, itching and burning sensation of lesion.

KEYWORDS: Vyanga, Kumkumadi Tail, Kshudraroga, melasma.

I. INTRODUCTION

Vyanga is a 'KshudraRoga' which affects the skin. In Ayurvedic texts, so many remedies are described as internal medicine and external application for skin disorders. Local application is more useful in skin disorders as it directly act on lesion.

Maharshi Charaka has grouped different herbs according to their effects such as Varnya, Keshya, and Vayasthapana etc. which add to the beauty of an individual. Many hygienic performances like Abhyanga, Snana, and Lepa etc.

are stated to have beautification of the physique and the psyche also. There are reference of some processes like Avaghatanam (constant stirring with ladle) and Samalodan (thorough mixing) which are used till date for cream preparation. Even in Sushruta Samhita, Acharya has emphasized the importance of cosmetics and perfumes in the daily routine for persons who are meticulous about their sound health. He also mentioned various Lepas under Kshudrarogachikitsa. In Chakradatta some MukhaKantikara, MukhaSaundaryakara etc. Lepas, various Oil and Ghrita for better complexion and to treat the KshudraRogas are prescribed. Sharangadhara Samhita refers certain special Lepas useful in Arunshika, Indralupta, Darunaka, Palita etc., Snanas and Udvartana are for the purpose of improving the beauty.

In the context of Vyanga, KumkumadiTaila has been strongly suggested in Ayurvedic classics. KumkumadiTaila is one such preparation which is attracting a lot of attention now a day. It is an effective Tailakalpana and now being utilized by cosmetic companies. But it is quite difficult to apply oil on the face. So considering this point, in present study Kumkumadi Cream for local massage is selected for the management of the disease Vyanga.

KumkumadiTaila was mostly given in Kshudrarogachikitsa. Its common Rogadhikar is Vyanga, Nilika, Vaivarnya, Palita, Vali, Tilakalaka, Pidika, Mukhakarshya, Dushchaya etc. The first textual reference by the name KumkumadiTaila is quoted in AshtangHriduya^[7]. Later many Acharya quoted this Taila in there texts. Chakradutta describes 3 types^[8]. For Vyangaherkarma, Lepana Karma (in the form cream) is selected here as per the indication by Acharya Sushruta^[9]. Acharya Charak has described Lepana as "SadyahSiddhi Karaka" because external application plays a key role in the skin regime.

Table 1: Showing Main Ingredients of Formulations

S.No.	Sanskrit Name	Latin Name	Part Used	Quantity
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1.	Kumkuma	Crocus sativus	Stigma	200gms
2.	Manjishta	Rubia cordifolia	Root	200 gms
3.	Yashtimadhu	Glycirriza glabra	Root	200 gms
4.	Rakta Chandana	Pterocarpus santalinus	Heartwood	200 gms
5.	Laksha	Tachardialacca	Resin	200 gms

Table 2: Classification of Drugs According to Skin Caring Property

Sr. No.	Drug	Chemical composition	Action
1.	Kumkuma	Linoleic acid, palmitic acid, oleic acid	Depigmenting emollient
2.	Laksha	laccirrin	Depigmenting emollient
3.	Raktachandan	Glycine, palmitic acid	Depigmenting emollient
4.	Majishtha	Manjishthin, purpin, xanthopurine	Root
5.	Yashtimadhu	Glycyrrhizine	Depigmenting emollient

In order to produce quality herbal formulations, it is essential to do validation of herbal materials and documentation. A standard is the numerical value which quantifies the parameters and thus quality and purity of a material. Kumkumadi creams made in a semisolid creamy consistency had rose odour and bitter taste.

II. CASE REPORT :

A 40 years female came to our hospital with complain of melasma since 3yrs. There was history of pigmentation over cheeks, there was no any aggravating and elevating factors. Patient was treated with famous triple cream, retinoic acid & steroids but no improvement was seen and even if there was any improvement, it was just for time being. There was no history of diabetes, hypertension, malignancies and metabolic disorder. There was no any significant family history. All routine investigations were normal.

AIMS AND OBJECTIVES :

1. To ensure the preparation of safe and efficacious Kumkumadi creams using contents of Kumkumadi Tailam.
2. To explore and compare clinically the effect of various Kumkumadi creams on the disease Vyanga.

III. MATERIALS AND METHODS:

Kumkumadi cream was given to patient to apply after facewash over affected area 3 times in a day. Total duration of the therapy was 30 days. Discontinuation of the creams was recommended if there is any sort of irritation or allergy caused by

the drug or the individual is unable to follow the trial schedule due to ignorance or busy routine.

The improvement provided by the therapy was assessed on the basis of classical signs & Symptoms. All the signs & Symptoms were assigned score depending upon their severity to assess the effect of the drugs objectively.

1. Colour Score

- ❖ Light Brown 1
- ❖ Brown 2
- ❖ Dark brown 3
- ❖ Black 4
- ❖ Dark black 5

2. Size Score

- ❖ 0-1 cm 1
- ❖ 1-3 cm 2
- ❖ 3-6 cm 3
- ❖ >6 cm 4

When lesions or patches are multiple, the size of the largest lesion is taken into consideration.

3. Dry Skin (Rukshata/Kharata/Parushata) Score

- ❖ Normal 0
- ❖ Mild (Not seen but felt by touch) 1
- ❖ Moderate (Stretching of the skin that person feels) 2
- ❖ Severe (Visible dryness Chapping & hardness of the skin) 3

4. Oily Skin (Snigdghata) Score

- ❖ Normal 0
- ❖ Mild (Not seen but felt by touch) 1
No need to wash face frequently (only 1-2 times a day)
- ❖ Moderate (Oiliness is visible on skin) 2
Need to wash face frequently (3-4 times a day)
- ❖ Severe (Excessive Oiliness) 3



Formation of Acne

Need to wash face more frequently (>4 times a day)

5. Kandu (Itching) Score

- ❖ No Itching 0
- ❖ Mild (Occasional itching but doesn't disturb routine activity) 1
- ❖ Moderate (frequent itching, disturbs routine activity) 2

Does not disturb sleep

- ❖ Severe (Frequent itching that disturbs routine activity) 3

Disturbs sleep

6. Daha (Burning sensation) Score

- ❖ No Burning sensation 0
- ❖ Mild Burning sensation (Occasional burning sensation) 1
- ❖ Mostly when patient undergoes to Sun exposure
- ❖ Moderate Burning sensation (Frequent burning sensation) 2

This increases when patient undergoes to Sun exposure

- ❖ Severe Burning sensation (Continuous burning sensation) 3

With or without sun exposure

MODE OF ACTION :

The drugs of Kumkumadi Taila are Pittashamaka, Guru, Snigdha, Madhura, Tikatarasa and almost pacifying Virya and Vipaka, thus making this combination ideal one.

Text Rasarnava has included four drugs of Kumkumadi Taila in Raktashamakvarga.

Among the five drugs; Kumkum, Laksha and Rakta Chandana are having Varnya effect (Depigmenting action).

Among the ingredients of Kumkumadi cream, four drugs i.e. Kumkum, Laksha, Rakta Chandana and Yashtimadhu are having emollient property.

Two drugs i.e. Manjistha and Laksha contains colouring agent. Thus Kumkumadi creams were selected as a Depigmenting agent, Emollient and enhancing beauty therapy.

IV. DISCUSSION :

Kumkumadi cream was given to patient to apply after facewash over affected area 3 times in a day. Total duration of the therapy was 30 days. The volunteer were asked to apply the cream after washing their face with clean water and mild cleanser at every facewash. They were directed to massage it on face until it is absorbed with upward and outwards strokes.

Regarding Moisture content of the skin, Relief was found in was statistically highly significant upto 85% restoration of moisture content. According to Ayurveda, it acts on Bhrajaka Pitta and Bhrajakagni. The normal status of Bhrajakagni keeps the skin in normal condition.

The size & colour of the lesion was reduced up to 55% which is again statistically highly significant.

Patient had least complaint of Kandu and Daha. The drug was very much effective and 100% relief was obtained within a week.

As facial cream it is useful in improving complexion. Other contents of Kumkumadi creams were Depigmenting agent, Emollient and enhancing beauty therapy. Thus it was found in the study that Kumkumadi creams have significant effect on melasma. But larger sample size is necessary to prove the above mentioned fact.

V. CONCLUSIONS :

Among the personality damaging disorder or dis-beautifying conditions, melasma (Vyanga) is such a condition which affects the beauty as well as personality, mainly it snatches all the confidence from a person suffering from it.

In the context of Vyanga, Kumkumadi Taila has been strongly suggested as it directly acts on the site of lesion and all its contents possess colouring and depigmentation properties.

As facial cream it is useful in improving complexion. Other contents of Kumkumadi creams were Depigmenting agent, Emollient and enhancing beauty therapy. Thus it was found in the study that Kumkumadi creams have significant effect on melasma.

Though understanding of any concept and observing the facts in volunteer comprise the main part of any presentation, the critical analysis and interpretation of the clinical data available with the textual references is also important. So the data available can be reutilized for further studies, and to arrive at some definite conclusions.

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