

## REVIEW ARTICLE

## Critical analysis of *vyanga* with *melasma* -A review article

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### ABSTRACT

*Kshudra roga* refers to minor skin diseases. *Kshudra roga* is made up of two words i.e. *kshudra* and *roga*. *Kshudra* means alpa or short/small /minor and *roga* means Disease Acharya Sushruta has mentioned 44 *kshudra rogas*, out of which *Vyanga* is a common *kshudra roga* affecting the face concerned with the beauty and personality of a person. *Melasma* is a common acquired and symmetrical hypermelanosis characterized by more or less dark brownish maculae with irregular contour, but clear limits, on photo-exposed areas especially the face, forehead, temples and more rarely on the nose, eyelids, chin and upper lips. *Vyanga* aggravates by *krodha* and *aayasa*, gets associated with *pitta* and produces *Niruja* (painless) and *Shyav varna Mandalas* (bluish-black patches) on face. On the basis of clinical features it can be perceived as facial melanosis, one of the hyperpigmented disorders. This review may be helpful in better understanding of comparative pathophysiology and management of *Vyanga* and *Melasma*.

**Keywords :** *Kshudra roga, Vyanga, Melasma, Ayurveda*

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### Introduction:

Beautiful and flawless skin is everyone's dream and is demand of today's world. As the crystal clear and smooth skin reflects the personality of a person and is right of every woman. Beauty is power and a smile is its sword. Beauty is being the best possible version of yourself on the inside and out. Physical beauty and skin care are the two sides of the same coin and are intertwined with each other.

“Beautiful Women and Intellectual Men are always Praised”

Healthy and glowing complexion of the skin makes the person attractive, beautiful, and also gives self-confidence. Face is the most exposed part of the body and a prime organ of individual personality. Importance of beauty and personality is at its bloom in the aesthetics era

determines the social perception, value judgements and interpersonal relationships. The skin would reflect any unhealthy state of the physique or the psyche, as beauty manifests through the appearance of the complexion of the skin. Skin diseases though afflicts bodily but gives a lot of psychological disturbances, whether we admit it or not, society places a high value on appearance.

In Ayurvedic literature all skin ailments are mostly concludes in the title under Kushtha or Kshudra rogas. Among many diseases concerned with cosmetic values, VYANGA is a common disease known to us from thousands of years as it decreases the complexion and affects the skin. Though it is considered as Kshudra roga (minor disease), has got a major importance as a cosmetic problem in the Society. Vyanga is characterized by the presence of Niruja (painless), Tanu (thin) and Shyavavarna mandalas (bluish – black patches) on face, occurs due to vitiation of Vata, Pitta followed by Rakta dosha<sup>[1]</sup>. Vyanga has been mentioned as one of the Raktapradoshaj vikara<sup>[2]</sup>, as a symptom of Chardi vegrodh janya vyadhi<sup>[3]</sup>. The adhistan of Vyanga is lohita layer of skin as depicted in Sushruta Samhita<sup>[4]</sup>.

**Causative factors of Vyanga:** Acharya Charaka did not specify the causes of Vyanga. Overall according to him, causes of pitta vitiation are responsible for Vyanga. As per Acharya Sushruta, krodha and aayasa are the main culprits of Vyanga. Madhava Nidan and Yogratakhar also support Sushruta's point of view. According to Ashtanga Samgraha and Ashtanga Hridaya , shoka and krodha are the main causes for Vyanga.

**Samprapti:** Prakupitavata due to krodha and aayasa along with Pitta dosha, vitiates the Agni which resides in Rasa and initiates the pathogenesis of Vyanga. Ranjak pitta is responsible for the conversion of Rasa dhatu which results in the formation of normal skin color. However due to etiological factors like Krodha and Shoka mainly Pitta vitiation takes place which affects the Jatharagni and normal functioning of Ranjak pitta i.e. Varnopatti. Based on Ashraya –Ashrayee Bhavas, the derangement of Pitta Doshas lead to abnormality of Rakta Dhatu. Shrama and Shoka will leads to vitiation of Udana vata, which travels

in body through Dhamanis and get Sthana Samshraya in mukhagata Twacha and causes vitiation of Bhrajaka Pitta giving rise to discoloration of skin<sup>[5]</sup>.

According to Vagbhata on the basis of doshik predominance it appears as5:

1. Vata Doshaj Vyanga: Parusha sparsha (rough on touch), shyava varna (dark brown color)
2. Pitta Doshaj Vyanga: Tamra varna (coppery color), nila varna (bluish color).
3. Kapha doshaj Vyanga: Shveta varna (whitish color) with kandu (itching sensation)

### **MELASMA:**

Acquired Hyper-pigmentation disorders of the skin are among the most common complaints in a general dermatology clinic. Among those, Melasma is known for causing significant impact on Quality of life, including a negative effect on the patient's emotional as well as social life.

**Epidemiology:** The prevalence of melasma is varies between 1.5% and 33.3 % depending on the population<sup>[6]</sup><sup>[7]</sup>. Melasma is more common in women than in men. Its prevalence in women is around 50-70% in pregnancy stage and 8%-29% of women on contraceptive pills<sup>[8]</sup><sup>[9]</sup>. In men its prevalence between 20.5% - 25.38% of the cases. In men malar pattern is more common than the centro facial and mandibular patterns<sup>[10]</sup><sup>[11]</sup>.

**Melasma** - a common dyschromia is a chronic, acquired cutaneous, relapsing hypermelanosis characterized by hyperpigmented patches on sun-exposed areas of the face, neck and forearms<sup>[12]</sup>. Pregnant women often get melasma or chloasma known as mask of pregnancy. Birth control pills and hormone replacement medicines also can trigger melasma. Even minor changes in the cellular environment effects of melanosomes and pigmentation. The major color determinant is melanin, and racial and ethnic differences in skin color are related to the number, size, shape and distribution of melanosomes. Melanocyte Stimulating Hormone (MSH) is the major hormone controlling pigmentation. The peptide is derived from a large precursor protein produced by the pituitary. Thus,

pituitary and ovarian hormones are potent stimulators of melanogenesis<sup>[13]</sup>.

The Aetiopathogenesis of Melasma includes

- **Genetic factors:** Racial and familiar predisposition suggests that genetic factors contribute to pathogenesis of melasma.
- **UV exposure:** It is the most important triggering factor the melasma. UV radiations, directly induces the increase of melanogenic activity causing the development of epidermal pigmentation and occurring more intensity in region with melasma than the adjacent skin.
- **Sex hormones:** A female prevalence suggests a role for the female sex hormones in the pathogenesis of melasma. It is an undesirable cutaneous effect of oral contraceptives. In relation to pregnancy, melasma is considered as a common physiologic skin change due to hormonal alterations<sup>[14]</sup>. Estrogens have a significant role in both physiological and pathological skin condition including pigmentation.
- **Drugs such as phenytoin:** About 10% of the patients receiving phenytoin develops pigmentation resembles melasma. The drug exerts direct action on melanocytes causing dispersion of melanin granules and also includes increased pigmentation in the basal epidermis but pigmentation disappears in few months after withdrawal of drug<sup>[15]</sup>.
- **Cosmetics:** Tar, hydrocarbon derivatives like benzene, xylene and poor quality of mineral oil containing cosmetics play an important role by photo toxic mechanism<sup>[16]</sup>.

### Types of Melasma:

- 1) **Epidermal Melasma:** Melasma occurs on outermost layers of cells of skin .It is brown in color.
- 2) **Dermal Melasma:** Melasma occurs in the layer that lies between epidermis and subcutaneous layer. It is greyish in color.
- 3) **Mixed Melasma:** Presence of Melasma in epidermis

and dermis. It is dark brown in color.

Patterns of Melasma

- 1) Centrofacial pattern – Forehead , cheek , nose , upper lips
- 2) Malar pattern – Cheek and nose.
- 3) Lateral cheek pattern
- 4) Mandibular pattern – Jawline.

Photoprotection, bleaching agents (topical hydroquinone, azelaic acid or kojic acid), retinoid, chemical peels etc are used in various combinations for its treatment. However the topical steroids are not comparatively free from adverse effects such as irritation, rash etc. Hence there is need for better and suitable method of management<sup>17</sup>.  
Ayurvedic Management of Vyanga: In Ayurvedic literature, many much remedies such as both internal and external medicines are described for skin diseases. Topical application is more useful in skin disorders as it directly absorbs and acts on the lesion. Drugs such as Varnyakara, Raktashodhak, Prasadak properties are useful in the management.

1.) Nidanparivarjan<sup>[18]</sup>

2.) Shodhan Chikitsa<sup>[19]</sup>

- Siravedhan/ Bloodletting procedure - According to Acharya Sushrut bloodletting is done from the veins of forehead according to the proximity of the affected part, after rubbing the part, the paste of the bark of the milky trees mixed with milk should be applied, or and Bala, atibala, madhuyasti haridra or payasya , aguru and kaliyaka mixed with red ochre should be applied.
  - Abhayanga- Manjishthadisneha<sup>[20]</sup> , Kumkumadi Tailam<sup>[21]</sup> , Kasisadighrita<sup>[22]</sup> , sarshap tail<sup>[23]</sup>
  - Nasya- Bhringrajsvaras<sup>[24]</sup>
- 3.) Shaman chikitsa:
    1. For internal use –
      - A. Gandhpashan churan<sup>[25]</sup>
      - B. Somraji churan<sup>[26]</sup>

C. Avalgujaadi gutika<sup>[27]</sup>

D. Khadiroudak<sup>[28]</sup>

2. For external use – we can use the drugs of

- *Varnya Mahakashaya*<sup>[29]</sup>
- *Eladi gana*<sup>[30]</sup>
- *Arjuntvagadi lepa*<sup>[31]</sup>
- *Savarnkarlepa*<sup>[32]</sup>
- *Ingudi Majja*<sup>[333]</sup>
- *Manjishthadi lepa*<sup>[34]</sup>
- *Ayorajadi lepa*<sup>[35]</sup>
- *Kanak tailam*<sup>[36]</sup>
- *Aagardhoom tail*<sup>[37]</sup>
- *Aragsherdi lepa*<sup>[38]</sup>
- *Kaliyakadi lepa*<sup>[39]</sup>
- *Shalmali lepa*<sup>[40]</sup>
- *Masoor lepa*<sup>[41]</sup>
- *Shalmali lepa*<sup>[42]</sup>
- *Jaatiphaladi lepa*<sup>[43]</sup>
- *Navneetadi lepa*<sup>[44]</sup>
- *Dadhisaraadi lepa*<sup>[45]</sup>
- *Yavchurnadi lepa*<sup>[46]</sup>
- *Jeerakadi lepa*<sup>[47]</sup>
- *Dviharidraadi lepa*<sup>[48]</sup>
- *Varnak lepa*<sup>[49]</sup>
- *Rakshoghan lepa*<sup>[50]</sup>
- *Raktachandanaadi lepa*<sup>[51]</sup>
- *Utpalaadi lepa*<sup>[52]</sup>
- Varuntavakchuran with Ajaadudh(Goat milk)<sup>[53]</sup>

3. Udvartan-Shirish, Lamajjak, Naagkeasr, Lodhra<sup>[54]</sup>  
Haritaki+Lodhra+Neempatra+Karanj+Daadim bark<sup>[55]</sup>

## CONCLUSION:

Being a common pigmentary disorder, Melasma has a very deteriorious impact on patients, quality of life as a psychological trauma. Vyanga is described in ayurvedic texts in kshudra roga. In Ayurveda treatices there is a good answer to this disease because it has a great treasure of single and compound drugs able to breakdown the samprapti of Vyanga.

## References

1. Sushruta. Sushruta Samhita Nidana sthana. Kshudra roga Nidana Adhyaya , 13/45-46, edited by Kaviraj Ambikadatta Shastri , 14th ed. , Chaukhamba Sanskrit Sansthan , Varanasi , 2003;288.
2. Agnivesha Chraka Samhita with Ayurveda Deepika Commentary of Chakrapanidatta , Revised by Charaka and Dridhbala Edited by Vaidya Yadavji Trikamji Acharya Chaukhmba Prakashan , Edition Reprint , Sutrasthan , 2016-18/11-12:179.
3. Agnivesha Chraka Samhita with Ayurveda Deepika Commentary of Chakrapanidatta , Revised by Charaka and Dridhbala Edited by Vaidya Yadavji Trikamji Acharya Chaukhmba Prakashan , Edition Reprint , Sutrasthan , 2016; 7/ 14: 50 .
4. Sushrut . Sushruta Samhita with Nibandhsangrah Commentary of Dalhanacharya , Revised by Sushruta , Edited by Vaidya Yadavji Trikamji Acharya Chaukhmba Prakashan , Edition Reprint , Sharirasthan , 2017; 4/4: 355.
5. Ashtang Hridayam Edited by Dr Brahmanand Tripathi , Chaukhmba Sanskrit Pratisthan , Delhi Reprint , 2014 , Uttarsthana , Chapter -31 , verse no. -28-29 page 1117.
6. Pichardo R, Vallejos Q , Feldman SR, Schulz MR, Verma A , Quandt SA , et al . The prevalence of melasma and its association with quality of life in adult male Latino migrant workers. Int J Dermatol . 2009 , 48 : 22-6.
7. Werlinger KD, Guevara IL , Gonzalez CM , Rinon ET , Caetano R , Haley RW et al . Prevalence of self diagnosed melasma among premenopausal Latino Women in Dallas and Fort Worth , Tex . Arch Dermatol 2007 ; 143 : 424-5.
8. Rathore SP , Gupta S, Gupta V. Pattern and prevalence of physiological cutaneous changes in pregnancy : A study of 2000 antenatal women . Indian J Dermatol Venereol Leprol 2011 ; 77: 402.
9. Wong RC , Ellis CN , Physiologic skin changes in pregnancy . J Am Acad Dermatol. 1984; 10: 929-40.
10. Sarkar R , Jain RK , Puri P . Melasma in Indian males . Dermatol Surg . 2003;29:204.
11. Sarkar R , Puri P , Jain RK , Singh A, Desai A. Melasma in men : A clinical , aetiological and histological study . J EurAcad Dermatol Venereol. 2010; 24:768-72.
12. Paul K. Taylor SC. New York . Mc Graw Hill Companies 2009. Dermatology for skin of color : p-332.
13. Mohan Thappa- Textbook of Dermatology Venereology & Leprology . 3rd edition , p-193.
14. Muallem MM, Rubeiz NG. Physiological and biological skin changes in pregnancy. Clin Dermatol 2006;24:80e3
15. Melasma update by Rashmisarkar, Poojaarora, Vijay kumargarg,

- Sidharthsomhalia, Narendergokhale, Indian dermatology online journal-OctoberDecember 2014-volume 5-issue 4 26.
16. www.melasmas.com/types-symptoms-diagnosis.html.
17. Mohan Thappa – Textbook of Dermatology Venereology & Leprology . 3rd Edition ; p-193. 18. Sushrut samhita edited by Kaviraj Ambikadutta shastri, Chaukambha Sanskrit sansthan, varanasi, part-1, reprint 2014;uttartantra, chapter 1, verse 25
18. Sushrut samhita edited by kaviraj Ambikadutta shastri, Chaukambha Sanskrit sansthan, Varanasi, part-1, reprint 2014;chikitsasthan, chapter- 20, p.118, verse 33.
19. Chakradutt edited by Dr. Indradev tripathi, chaukhambha Sanskrit bhavan, Varanasi, reprint 2014; chapter- 55, verse no. 60-62, p.316.
20. Chakradutt edited by Dr. Iindradev Tripathi, chaukhambha Sanskrit bhavan, Varanasi, reprint 2014;chapter- 55, verse no.63-68, p.317.
21. Bharat Bhaisajya Ratnakar edited by Shri Nageendaschhaganlal shah Rasavaidhen, part-1, B. Jain publishers (pvt.) limited, New Delhi, reprint1999, 2005, 2012, Kakaaraadighrit prakarnam, p. 254, verse 832.
22. Chakradutt edited by Dr. Indradevtriplathi, chaukhambha Sanskrit bhavan, Varanasi, reprint 2014;chapter 55, verse no. 50, p. 315.
23. AstangHridyam edited by Dr. Brahmanand Tripathi, chaukhamba Sanskrit pratishthan, Dehli, reprint 2014, Uttara sthana, chapter 32, verse no-33, page 1123.
24. Chakradutt edited by Dr. Indradev Tripathi, chaukhambha Sanskrit bhavan, Varanasi, reprint 2014; chapter 50, verse no. 46, p.283.
25. Chakrdutt edited by Dr. Indradev tripathi, chaukhambha Sanskrit Bhavan, Varanasi, reprint 2014; chapter 50, verse no.54, p. 284.
26. Chakrdutt edited by dr. Indradev Tripathi, chaukhambha Sanskrit Bhavan, Varanasi, reprint 2014;chapter 50, verse no. 71-72, p. 286.
27. Chakrdutt edited by Dr. Indradev tripathi, chaukhambha Sanskrit bhavan, Varanasi, reprint 2014; chapter 50.
28. Charak samhita edited by Pandit Kashinathshastri, Dr Gorakhanath chaturvedi, chaukhambha Sanskrit sansthan, Varanasi, reprint; 2012, Sutrashsthan, chapter 4, verse no.8, p.61.
29. Sushrut samhita edited by Kaviraj Ambikadutta shastri, chaukhambha Sanskrit sansthan, Varanasi, part-1, reprint 2014; sutra sthan, chapter 38, p.185, verse 25.
30. Astang Hridyam edited by Dr. Brahmanand Tripathi, Chaukhamba Sanskrit Pratishthan, Delhi, reprint 2014, Uttarasthana, chapter- 32, verse no16, page 1121.
31. Astang Hridyam edited by Dr. Brahmanand Tripathi, Chaukhamba Sanskrit Pratishthan, Delhi, reprint 2014, Uttara sthana, chapter 32, verse no-22 page 1122.
32. Rasratna samuchachaya edited by Indradev Tripathi, chaukhambha Sanskrit Sansthan, Varanasi, reprint 2013;Chapter 25, Verse no.5, p.333.
33. Astang Hridyam edited by Dr. Brahmanand Tripathi, chaukhamba Sanskrit pratishthan, Delhi, reprint 2014, Uttara sthana, chapter 32, page 1123.
34. Bharat Bhaisajya Ratnakar edited by Shri Nageendas chhaganlal shah Rasavaidhen, part- 1, Jain publishers (pvt.) limited, New Delhi, reprint 1999, 2005, 2012, Akaaraadilepa prakarnam, p.74, verse 204.
35. Chakradutt edited by Dr. Indradev Tripathi, chaukhambha Sanskrit bhavan, Varanasi, reprint 2014;chapter 55, verse no.58-59, p.316
36. Bharat Bhaisajya Ratnakar edited by Shri Nageendas chhaganlal shah Rasavaidhen, part-1, B. jain publishers (pvt.) limited, New Delhi, reprint 1999, 2005, 2012, Akaaraadi tail prakarnam, p.149, verse 423.
37. Bhaisajya Ratnavali edited by Prof. Siddinandan mishra, Chaukhamba Surbharati Prakashan, Varanasi, first edition 2005;chapter 60, verse no. 52, p. 937.
38. Chakrdutt edited by Dr.Indradev Tripathi, chaukhambha Sanskrit bhavan, Varanasi, reprint 2014;chapter 55, verse no.51, p. 315.
39. Astang Hridyam edited by Dr. Brahmanand Tripathi, chaukhamba Sanskrit pratishthan, Delhi, reprint 2014, Uttara sthana chapter 32, verse no-19, page 1121.
40. Astang Hridyam edited by Dr. Brahmanand Tripathi, chaukhamba Sanskrit pratishthan, Delhi, reprint 2014, Uttara sthana, chapter 32, verse no19, page 1121.
41. Rasratna samuchachaya edited by Indradev Tripathi, chaukhambha Sanskrit sansthan, Varanasi, reprint 2013; Chapter 25, Verse 4, p. 333.
42. Bhaisajya Ratnavali edited by Prof. Siddinandan mishra, chaukhamba surbharati prakashan, Varanasi, first edition 2005; chapter 60, verse no. 50, p. 937.
43. Bhaisajya Ratnavali edited by Prof. Siddinandan mishra, Chaukhamba surbharati prakashan, Varanasi, first edition 2005; chapter 60, verse no. 48, p. 936
44. AstangHridyam edited by Dr. Brahmanand Tripathi, chaukhamba Sanskrit pratishthan, Delhi, reprint 2014, Uttarasthana, chapter 32, verse no-25-26, page 1122.
45. Astang Hridyam edited by Dr. Brahmanand Tripathi, chaukhamba Sanskrit pratishthan, Delhi, reprint 2014, Uttara sthana, chapter 32, verse no18, p. 1121.
46. Chakrdutt edited by Dr. Indradev Tripathi, chaukhambha Sanskrit bhavan, Varanasi, reprint 2014;chapter 55, verse no. 55-57, p. 316
47. Chakrdutt edited by Dr. Indradev Tripathi, chaukhambha Sanskrit bhavan, Varanasi, reprint 2014; chapter 55, verse no. 77-80, p. 318.

48. Bhaisajya Ratnavali edited by Prof. Siddinandan mishra, chaukhamba surbharati prakashan, Varanasi, first edition 2005; chapter 60, verse no. 47, p. 936.
49. Astang Hridayam edited by Dr. Brahmanand Tripathi, chaukhamba Sanskrit pratishthan, Delhi, reprint 2014, Uttara sthana, chapter 32, verse no17, p. 1121.
50. Astang Hridayam edited by Dr. Brahmanand Tripathi, chaukhamba Sanskrit pratishthan, Delhi, reprint 2014, Uttara sthana, chapter 32, verse no26, p. 1122.
51. Chakrdutt edited by Dr. Indradev Tripathi, chaukhamba Sanskrit bhavan, Varanasi, reprint 2014;chapter 55, verse no. 49, p. 315.
52. Charak samhita edited by Pandit Kashinathshastri, Dr Gorakhanath chaturvedi, chaukhamba Sanskrit sansthan, Varanasi, reprint 2012; sutrasthan, chapter 3, verse no.29, p.53.
53. Bharat Bhaisajya Ratnakar edited by Shri Nageendas chhagan lal shah Rasavaidhen, part-1, B. jain publishers (pvt.) limited, New Delhi, reprint 1999, 2005, 2012, Ukaaraadiprakarnam, verse no. 506, p. 171

### सारांशः

क्षुद्र रोग मामूली त्वचा रोगों को संदर्भित करता है। क्षुद्र रोग दो शब्दों से मिलकर बना है यानि क्षुद्र और रोग। क्षुद्र का अर्थ है अल्प और रो का अर्थ है रोग। अतः क्षुद्र छोटे रोग हैं। आचार्य सुश्रुत ने 44 क्षुद्र रोग का उल्लेख किया है। जिसमें से व्यंगा एक आम क्षुद्र रोग है जैसा कि चेहरे का संबंध किसी व्यक्ति की सुंदरता और व्यक्तित्व को प्रभावित करता है। मेल्स्मा एक सामान्य अधिग्रहीत और सममित हाइपरमेलानोसिस है जो अनियमित समोच्च के साथ कम या ज्यादा गहरे भूरे रंग के मैक्युले की विशेषता है, लेकिन स्पष्ट रूप से फोटो-उजागर क्षेत्रों पर विशेष रूप से चेहरे, माथे, मंदिरों और अधिक शायद ही कभी नाक, पलकें, टोड़ी और ऊपरी होंठ पर। क्रोध और आवेश से व्याकुल, पित्त के साथ जुड़ जाते हैं और चेहरे पर निरुजा (दर्द रहित) और शयवर्ण मंडलों (नीले-काले पैच) का निर्माण करते हैं। नैदानिक सुविधाओं के आधार पर इसकी तुलना चेहरे के मेलानोसिस के साथ की जा सकती है, जो हाइपरपिगमेंटेड विकारों में से एक है। यह समीक्षा तुलनात्मक पैथोफिजियोलॉजी और व्यंगा और मेल्स्मा के प्रबंधन की बेहतर समझ में सहायक हो सकती है।