



A critical review on VYANGA Vyadhi w. s. r. to *melasma*

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ABSTRACT

Ayurveda has explained VYANGA vyadhi under *kshudra Rogas*. *Vyaṅga* could be a infection which has a place to *Swalpa* assortment of *Kṣudra Roga*. *Vata* aggravated by *krodha* and *ayasa*, get related with *pitta* and all of a sudden produces a lean, dark colored circular fix when comes to the confront. Both cutting edge and Ayurveda have considered the utilize of topical as well as verbal medicines and their combinations for the treatment of VYANGA. In Ayurveda, VYANGA has been treated both by internal and external *chikitsa*. In spite of the fact that, a few *Ayurvedic* writings such as *Sushruta Samhita*, *Ashtanga Samgraha* & *Hridaya*, etc., have expounded the patho-physiology and treatment of VYANGA, the accessible

references are scattered. In this way, there's require of in-depth survey and compilation of Ayurvedic writings and literary works. This review may be supportive in way better understanding of comparative *pathophysiology* and administration of VYANGA w. s. r. to *Melasma*. *Melasma* is a brown gray mottled discoloration most prominent on the forehead, malar eminences, and cheeks anterior to the ears.

Key words: *Melasma*, VYANGA, *Kshudra Roga*, Internal and external *Chikitsa*

INTRODUCTION:

Melasma may be a common, procured and Symmetrical *hypermelanosis* characterized with the aid of using greater or less dim brownish maculae, with unpredictable form, It is Mottled macular

pigmentation, usually on the face. It is Painless skin level hyper pigmentation. Numerous internal and external factors are responsible for a development of pathology in melanosome formation and distribution under different types of stress. *Cutaneous* pigmentation is the out-come of two critical occasions: the blend of melanin by *melanocytes* and the exchange of *melanosomes* to encompassing keratinocytes⁽⁶⁾umber of melanocytes in human skin of all sorts is basically steady. But the number, estimate, and way in which *melanosomes* are conveyed inside *keratinocytes* change. The melanin substance of human *melanocytes* is heterogeneous not as it were between diverse skin sorts but too between distinctive destinations of the skin from the same person. Other than for the foremost self-evident and completely examined angle its part in characterizing ethnicity, melanin plays an basic part in protecting the body against destructive UV beams and other environmental challenges. Minor changes within the physiological status of one's body or introduction to destructive outside variables can influence pigmentation designs either in passing (such as in pregnancy) or lasting (e.g., age spots) conduct.

MECHANISM OF MELASMA FORMATION:

Darkening of the pores and skin because of the over-manufacturing of melanin with the aid of using overactive colour cells known as *melanocytes*. In any case, different variables can incite *melanocytes* to go into overdrive, and these distinctive root causes are what recognize the diverse sorts of brown spots.. Epidermal melanin statement causes a brownish appearance, and dermal melanin shows up pale blue. Combined epidermal and dermal melanin statement shows up gray.

It could be a dermatological malady effectively analyzed by clinical examination, regularly unremitting, with visit repeats, awesome refractoriness to existing treatments, and with numerous obscure *physiopathological* viewpoints.

There's no agreement as to the clinical classification of *Melasma* .Two designs of facial *Melasma* are recognized: **central-facial**, which influences the central locale of the temple, mouth, lips, supra labial region, and chin; and **malar**, which influences the *zygomatic* locale.⁽⁷⁾

There are endless components included within the etiology of *Melasma*, but none of them can be specified as the as it were figure

driving to its advancement. They incorporate: hereditary impacts, introduction to UVR, pregnancy, hormone treatment, makeup, phototoxic drugs, *endocrinopathies*, enthusiastic variables, anti-convulsive drugs, and others with memorable esteem.

Be that as it may, it appears that hereditary inclination and introduction to sun radiation play an critical part, considering that *Melasma* injuries are more apparent amid or straight away after periods of presentation to the sun. Together, comparative ponders on skin influenced by *Melasma* and typical adjoining skin found that this condition is characterized by epidermal *hyperpigmentation* without increment within the number of *melanocytes*, increment within the amount of melanin in all layers of the epidermis, increment within the number of *melanosomes*, and increased dermal *elastosis*.

In Ayurveda, *Melasma* has been expounded as one of the *Kshudra rogas* (minor afflictions). *Melasma* is called as *VYANGA* in Ayurveda. The scholarly meaning of *VYANGA* is “*vi + aṅga*” i.e. (‘*vi*’ implies *vikṛta*, *vigata*, *vikala*) *vikṛta aṅga*. Before describing *VYANGA Vyadhi* it is essential to have a view on *Kshudra Rogas*

because *VYANGA Vyadhi* is described by *Acharya Vagbhatta in Uttar Sthana 39* under *Kshudra rogas*. Likewise *Acharya Madhava* and *Sushruta* have described *VYANGA Vyadhi* under *Kshudra Rogas*. *Acharya Sushruta* has said 44, *Acharya Vagbhatta 36* and *Acharya Madhava* has cited 43 *Kshudra Rogas*.⁽¹⁾

According to *Bhavaprakash*, the diseases whose *Nidana*, *Lakshana*, treatment and *Bheda* are described less with respect to *Jwaradi Rogas* or the diseases which are comparatively less threatening, than other diseases, are called *Kshudra Rogas*. In the *Adhyaya, Kshudraroga Vidnyaniya* (Diagnosis of minor disease) *Indu* the commentator explains that the term ‘*Kshudra*’ has been used in three meanings. Viz.

1. *Svalp* – Small, minor, insignificant.
2. *Adhama* – mean, unholy, sinful, and low.
3. *Krura* – Cruel, horrible, unbearable, malignant, dreaded.

He mentions *Mashaka*, *VYANGA*, *Tilkalka* etc. As example of *Svalpa* (minor disease)⁽⁴⁾

FACTORS RESPONSIBLE FOR VYANGA

Acharya Charaka has not explained the causes of *VYANGA*. According to *charaka*

pitta vitiated causes are mindful of *VYANGA*. As per *Sushruta*, *krodha* and *aayasa* are the causes of *VYANGA*. *Madhava nidan* and *Yogaratanakara* moreover bolster *Sushruta's* point of view. Concurring to *Astanga Samgraha* and *Astanga Hridaya*, *shoka* and *krodha* are the most causes for *VYANGA*

SIGN & SYMPTOMS OF VYANGA:

As per the classics, *VYANGA* could be a lean, dim coloured circular fix which happens in confront. *Sushruta* and his supporters gave an extra point with respect to *rupa* of *VYANGA*. Concurring to them *VYANGA* is effortless. *Charaka* did not particularly specify the *rupa* of *VYANGA*. *VYANGA* gets to be difficult, harsh and dark due to *vayu*; encompassing gets to be ruddy or blue due to *pitta*; gets to be white with tingling due to *kapha*; gets to be ruddy or coppery coloured in encompassing and has burning and pricking due to *rakta*.⁽³⁾

SAMPRAPTI OF VYANGA:

Samprapti of *VYANGA* *Acharyas* clearly indicate that Vitiated *Pitta* gets dried up in *Rakta Dhatu* and develops *VYANGA*. Here *Vata* and *Kapha* are not mentioned directly but for *Shoshan* of *Pitta* in *Rakta Ruksha Guna* is important. *Ruksha Guna* is property

of *Vata*. Also *Vagbhat* mentioned types of *VYANGA* according *Doshas*, this clearly indicates that though *VYANGA Samprapti* primarily indicates involvement of *Pitta*, it definitely has involvement of *Kapha* and *Vata* also. Another striking feature of *VYANGA* is indication of *Krodhadi Manas Hetu* as chief etiological factor of *VYANGA*. It helps us to understand *Abhivyakti* of *VYANGA* on skin. Because there is no direct reference of *Twak* in *Samprapti*, *Krodha Shokadi Manas Bhavas* affect *Rasadhatu* and *Rasasara* is indicated as *Twaka Sara* hence it can be assumed that *Krodha Shokadi Manas Hetu* act as *Dosha Virudha Hetu* as well as *Dhatu Dushti Hetu* providing *Sthana Sanshraya* for *VYANGA*.⁽²⁾

TREATMENT OF VYANGA:

As per Ayurvedic classics, *yuktivyapashraya chikitsa* is performed in *VYANGA*. Here at to begin with, *raktamokshana* was advised within the affected part. At that point after rubbing the influenced portion *lepa* ought to be given as said in classics (Table.1). *Samsamana chikitsa* is additionally given with a few classical details orally. *Samshodhana chikitsa* was moreover prompted in classics, as *vaman*, *virechana*, *nasya*. In *Samsaman chikitsa* *Vagbhatta* in *Astanga Samgraha Uttara sthana* in

‘*Khudraroga pratisedhiya adhyaya*’ specified almost four sorts of sedated *ghrita* arrangements to have orally for the treatment of VYANGA in *Samsamana chikitsa*. Many

formulations are described in numerous Ayurvedic classics within the frame of powder, glue, *Ghrit*, *Taila* for the *chikitsa* of VYANGA⁽⁵⁾

TREATMENT FOR VYANGA AS ILLUSTRATED BY VARIOUS ACHARYAS IN THEIR CLASSICS:

SL. NO.	CLASSICS	PROCEDURE RECOMMENDED	CHAPTER
1	<i>Sushruta Samhita</i>	<i>Siravedha, Pralepa</i>	<i>Chikitsa Sthan Kshudraroga Chikitsa (20/33-36)</i>
2	<i>Astanga Hridaya</i>	<i>Siravedha, Lepa</i>	<i>Uttar Sthan Kshudraroga Pratishedha (32/15-32)</i>
3	<i>Astang Sangraha</i>	Vataj VYANGA - <i>Sneha Pana, Abhyanga, Navan Nasya, Pralepa.</i> Pittaj VYANGA - <i>Abhyanga, Navan Nasya , Virechana, Rudhiravsechan.</i> Kaphaj VYANGA - <i>Pana, Navan, Abhyanga, Pralepa.</i> Raktaj VYANGA - <i>Siravishravan, Vaman, Virechana.</i>	<i>Uttar Sthan, Kshudraroga Pratishedha (37/23-33)</i>
4	<i>Bhava Prakash</i>	<i>Siravedha, Pralepa, Abhyanga</i>	<i>Chikitsa Prakarana Madhyam Khanda Kshudraroga Adhikar (61/39)</i>
5	<i>Yoga Ratnakara</i>	<i>Siravedha, Pralepa, Abhyanga</i>	<i>Uttar Sthan</i>

			<i>Kshudraroga Chikitsa/ (1-12),14</i>
6	<i>Chakradatta</i>	<i>Siravedha, Pralepa, Abhyanga</i>	<i>Kshudraroga Chikitsa Prakarana 55/40,43,44,48,49</i>
7	<i>Bhayashajya Ratnawali</i>	<i>Siravedha, Pralepa, Lepa, Abhyanga</i>	<i>Kshudraroga Chikitsa adhyaya, 60/37,(40-43), (46-48),(90-92),</i>

DISCUSSION:

It is worth highlighting that *Melasma* is one of the unaesthetic dermatoses that lead to extraordinary request for specialized dermatological care, indeed in spite of the fact that they are fair a common and generous pigmentation anomaly. This can be clarified by its cosmetically compromising nature and the related passionate and mental impacts in people influenced by this issue, who frequently, since of disappointment with their appearance, in the long run diminish their social lives, indeed with cases of suicide reported. *VYANGA* is foremost common skin issues in all over the world treated by dermatologists. A few Ayurvedic writings counting *Sushruta Samhita, Astanga Hridaya, Bhavaprakash, Chakradatta, Yogaratnakar, Charaka Samhita, Sharangadhara Samhita* and present day literary works have been looked into concerning with *Melasma*. After survey,

it has been watched that both sciences have shown extraordinary similitude within the understanding of *Melasma* in terms of causative components, onset of indications, age components, pathophysiology and strategy of treatment of *Melasma*.

In *Ayurveda* *VYANGA* is explained as a *Kshudra roga* (minor sickness), because it isn't a genuine or life undermining clutter but it genuinely affect quality of life of person. *VYANGA* is utilized in *Ayurveda* to characterize *Melasma*. In *Samprapti* (Pathophysiological) prepare of *VYANGA*, components expressed by *acharya's* has given extraordinary accentuation towards mental variables like *Krodha* (outrage), *Shoka* (melancholy) and *Shrama* (weariness), which are commonly found in most of the patients.

In *Samprapti* of *VYANGA*, *acharya Charaka* has specified that the exacerbation of *Pitta* at the side *Rakta dhatu* is the mainly

guilty party for start of the pathology. VYANGA may be a *Rakta Pradoshaja Vyadhi*, subsequently the exceptionally to begin with *Dosha* influenced is *Rakta Dhatu*. *Dosha Prakopaka Hetus* like *Krodha*, *Shoka* and *Shrama* are basically *Tama* (*Manasika Dosha*), *Pitta* and *Vata* (*Shareerika Dosha*) dominance, vitiates the *Agni* (*Pitta Dosha*) which dwells in *Rasa* and starts the *pathogenesis* of VYANGA. Here *Ranjaka Pitta* is mindful for the change of *Rasa Dhatu* into *Rakta Dhatu* which comes about within the arrangement of ordinary skin color. Be that as it may due to etiological variables like *Krodha* and *Shoka* primarily *Pitta* vitiation takes put which in turn influences the *Jatharagni* and ordinary working of *Ranjaka Pitta* i.e., *Varnotpatti*. Based on *Ashraya-Ashrayee Bhavas*, the unsettling of *Pitta Dosha* leads to anomaly of *Rakta Dhatu*. *Shrama* and *Shoka* will lead to increase in *Udana Vata*. Consequently increased *Ranjaka Pitta*, *Rakta Dhatu* as well as *Udana Vata* flow in body through *Dhamanis* and get *Sthana Samshraya* in *Mukhagata Twacha* and causes increase of *Bhrajaka Pitta* giving rise to discoloration of the skin. As distant as the *chikitsa* of VYANGA is concerned, both the sciences exhort the utilize of tropical as well as verbal medicines. Present day science depicts the

treatment as per the seriousness of VYANGA, essentially *Ayurveda* has too prompted *Raktamokshana* for serious cases of *vyaga*. *Ayurveda* believes in removing the root causes of VYANGA by giving *Sodhana Chikitsa*. Present day science moreover points at disposing of one of the most variables of VYANGA by exhorting verbal as well as neighborhood anti-microbials. Compelling treatment modalities are accessible in both the sciences, but now and then unfavorable impacts of cutting edge medicines limit their utilize. Within the show audit, an exertion is made to compile scattered references of VYANGA beneath one roof conjointly a comparison is made between *Ayurveda* and advanced drugs with respects to understanding of VYANGA. Looking at in-depth information, *Ayurveda* can certainly contribute within the improvement of more up to date viable and secure cures for the *chikitsa* of VYANGA. Therefore as distant as the treatment of VYANGA is concerned it is most vital for the drugs to have *Kapha-Pitta Shamaka*, *RaktaPrasadaka* and *Varnya* property.

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