THE ROLE OF AYURVEDA IN THE MANAGEMENT OF VYANG W.S.R. TO MELASMA
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ABSTRACT
In Ayurvedic literature all skin ailments are mostly concludes in the title under Kushtha and Kshudra Roga. The primary meaning of Kushtha is Twak vaivarnta (discolouration of skin). Vyanga is Kshudraroga with Painless, small and blackish in colour features. Melasma is an acquired pigmentary disorder characterized by common clinical finding like hyper-pigmented macules on face. In its pathogenesis various factors like genetic predisposition, UV rays, cosmetics and hormonal drugs are play important role. In Ayurveda this condition is similar to Vyanga which is mentioned in Kshudra rogadhikar. According to Ayurveda it occur due to excessive anger and hard work. So as the results vitiated Doshas mainly Pitta along with Vaata produce blakish patches on face which is called Vyanga. Vyanga is a Rakta pradoshja vikar and in its probably Doshas involved are Udaan vaayu, Bharajak pitta and Dushya Ras and Rakta dhatu. As this condition disturbed our mental and physical state. A good physical appearance and natural colour show us healthy. So for this purpose in Ayurveda line of treatment like Shodhan (purification), Shaman chikitsa and various numbers of Lepa, medicated oil and ointment for external application are also mentioned. All accessory factors are also important during management of disease e.g. psychological condition, cosmetics, OCP, some drugs etc. This article review attempts to understand the Vyanga with modern view of Melasma and to help in treatment of it.

Aims and objectives
1. To search and re-evaluate the Vyanga in various Ayurvedic literatures with special references to melasma.
2. To evaluate and elaborate the aetiology, pathophysiology of Vyanga.
3. To elaborate and discuss the management of Vyanga w.s.r. to melasma.

MATERIALS AND METHODS
The article is based on review of Ayurvedic texts and research papers. Materials related to Vyanga and melasma have been collected from Ayurvedic brihatriyi, laghutriyi and other Ayurvedic books. We have also referred modern texts, journals and search various websites to collect information on the relevant topics.

Conceptual Study
Ayurvedic Disease review
According to Ayurveda Vyanga is a Rakta pradoshja vikar1. The proper references for it found in both Brihatriyi and Laghutriyi, but it is given in shortly. All Acharyas mentioned it in Kshudrarog. Main causative factor for Vyanga is Angar and excessive Hard work8. In it probably Doshas involved are Udaanvaayu, Bharajak pitta and Dushya Ras and Raktadhatu.
**Samprapti**

Samprapti is defined as the process involved in the pathogenesis of a disease by vitiated Doshas which are constantly circulating in the body. As Acharyas says, Prakupitavata due to Anger and hard work (Krodhayas) along with Pitta dosha in combined form suddenly came to facial region (Sahasamukhamagatayam) and produce blackish (Shayav) colour’s thin (Tanukam) patches.

**Causative Factors**
Mainly anger and excessive hard work.

**Samprapti Ghatak**
Dosh-Vata-pitta
Dushya- Ras, Rakta
Adhishtan-Mukhagat Tavak
Vyadimarg-Bahya
Srotas-Rasvah, Raktaavah
Srotodushtraprakar-Sang
Agni-Vishamagni
Sadhya-Asadhayata-Sadhaya

**SYMPTOMS (RUPA)**
1. Sudden onset on face region.
2. Painless, small and blackish in colour.

**CLINICAL TYPES OF DISEASE**
According to the Doshas predominance disease may be categorised into 4 sub types.
1. VATIKA-Blackish coloured and rough in nature.
2. PAITTIKA-Blue coloured in centre and copper coloured in periphery.
3. KAPHAJA-Whitish in colour and itchy nature.
4. RAKTAJA-In centre copper and on periphery blood coloured associate with burning and tingling sensation.

**MODERN DESCRIPTION OF MELASMA**
Melasma is a most common acquired pigmented disorder that manifests as symmetric hyperpigmented macules and patches that mainly affects the face. It is of brownish coloured appearance.

This form of facial pigmentation is sometimes called chloasma, but its mean green coloured skin, so for this condition term melasma is preferred. melasma has a deleterious impact on patient’s life quality. This disorder is most common in women. But it can occur in men also.

**EPIDEMIOLOGY**
The prevalence of melasma varies between 1.5% and 33.3% depending on the population, melanin 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 o.c.pills. In men its prevalence between 20.5%-25.38% of the cases. In men malar pattern is more common than the centrofacial and mandibular patterns. A study conducted in male patients with melasma has shown that the levels of testosterone were low indicating a role of subtle testicular resistance in the pathogenesis of melasma. In men with melasma include the use of vegetable oils especially mustard oil on face and diethylstilboestrol therapy for prostate cancer also a etiological factors.

**Etiology and Pathogenesis**
There are many factors implicated in etiology. These are genetic backgrounds, UV radiation, pregnancy, OCPs, cosmetics and drugs such as phenytoin.

**Genetic Factors**
Racial and familial predisposition suggests that genetic factors contribute to pathogenesis of melasma. It is common in Hispanic and Asian racial groups with Fitzpatrick skin types 3/4. Without limitations of participants, familial occurrence is as high as 56.3% of 302 patients from brazil. The rate of occurrence from different countries and even from same country shows a wide range of differences. family history is associated with melasma on epidemiologic study.

**UV RADIATION**
Sun exposure is generally one of the important cause of melasma. Repeated exposure to a sub-erythermal dose of UV radiation stimulates melanogenesis which increasing skin melanin content. UV induced melanogenesis is mediated by direct effects of UV photons on DNA and on melanocyte membranes. Prolonged UV-B radiation exposure causes acute inflammation and elevation of histamine levels, leading to UV-B induced pigmentation.

**SEX HORMONES**
A female preponderance suggests a role for the female sex hormones in the pathogenesis of melasma. It is a un-desirable cutaneous effect of oral contraceptives. In relation to pregnancy, melasma is generally considered as a common physiologic skin change due to hormonal alterations. Estrogens have a significant role in both physiological and pathological skin conditions including pigmentation. A few studies suggest that estrogen increase the mRNA expression of tyrosinase, tyrosinase related protein and the activity of tyrosinase in cultured normal human melanocytes.

**PHENYTOIN**
Pigmentation resembling melasma develops in 10% of patients receiving phenytoin. The drug exerts direct action on melanocytes causing dispersion of melanin granules and also induces increased pigmentation in the basal epidermis. But pigmentation disappears in a few months after withdrawal of drugs.

**COSMETICS**
Tar, hydrocarbon derivatives like benzene, xylene and poor quality of mineral oil containing cosmetics play an important role by photo-toxic mechanism.

**OTHERS FACTORS**
Cell to cell interactions play an important role in homeostasis of adult tissues. paracrine factors derived from dermal fibroblasts, abnormalities in dermal vasculature and factors regulating melanosomeph and ion transport in skin pigmentation may also be involved.
CLASSIFICATION OF MELASMA

On the depth of melanin pigments it classify into 3 types.28

1. Epidermal-It appears light brown in colour. In this type melanin deposit in basal and supra-basal layers of epidermis. In wood’s light examination it show enhancement to contrast. It show good response to treatment.

2. Dermal-It is bluish gray in colour. In it melanin loaded melanophages seen in superficial and mid dermis. In wood’s light examination it shows no enhancement. It responds poor to treatment.

3. Mixed-It is of dark brown coloured. There melanin deposition found in the epidermis and dermis. In woods light examination some area shows contrast enhancement. It shows partial response to treatment.

CLINICAL FEATURES
Sanche et al classified melasma into three groups. 26

1. Centro facial:63% cheek, forehead, upper lip, nose and chin.
2. Malar: 21% malar area on face
3. Mandibular: 16% ramus of mandible.

AYURVEDIC MANAGEMENT
Ayurvedic management mainly comprises of the followings.

1. Removal of cause (Nidanparivarjan)29
2. Shodan chikitsa30
   - Bloodletting process (shiravedan)
   - Massage (Abhayangam)–Manjishthadisaneha31, Kumkumadi Tailam32, Kassadighrita33, Sarshap oil34
   - Nasya –Bhringrajpraras35
3. Shamanchikitsa

For Internal use
A. Gandhpashan churan36
B. Somraji churan37
C. Avalgujaadi gutika38
D. Khadiroudak39

For external use (lepa)
- Varnay Mahakashaya40
- Eladi Gana41
- Arjuntvaqadi lepa42
- Savarnkarlepa43
- Ingudi majja44
- Manjishthadi lepa45
- Ayorajadi lepa46
- Kanak tailam47
- Aagardhoom tail48
- Aragsheradi lepa49
- Kaliyakadi lepa50
- Shalmali lepa51
- Yavchurnadi lepa52
- Masoor lepa53
- Jaatiphaladi lepa54
- Navneetadi lepa54
- Dadhisaardadi lepa55
- Jeerakadi lepa56
- Dvihiridraadi lepa58
- Varnak lepa59
- Rakshoghan lepa60
- Rakta Chandanadi lepa61
- Utpalaadi lepa62
- Varuntavkchuran with Ajaadudh (Goat milk)63
- Antrag lepa66

Udvartan
- Shirish, Lamajjak, Naagkeasr, Lodhra64
- Haritaki+Lodhra+Neempatra+Karanj+Daadim bark65

CONCLUSION

Melasma is a common pigmentary disorder having deleterious impact on patient’s life quality. As per Ayurveda Vyang is a disease mentioned in Kshudraroagadhikar. In Ayurvedic therapies there is a good answer to this disease because it has great treasure of single and compound drugs able to breakdown the Samprapti of Vyang.

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