

AN AYURVEDIC APPROACH IN MELASMA W.S.R TO VYANGA

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ABSTRACT

Melasma is a common pigmentary disorder that manifests as symmetrical hyper pigmented macules and patches on the face. Genetic predisposition, ultraviolet rays, pregnancy, hormonal factors and phenytoine are known risk factors. Melasma can occur in males, though less common with 4:1 female to male ratio. The prevalence rate of melasma is 1.5% to 33% and during pregnancy is around 50-70%. In Ayurveda the signs and symptoms of melasma resemble vyanga, a type of kshudra roga which is characterised by niruja (painless) shyava varna mandalas (bluish black patches) occurring on the face. The treatment in contemporary science include hydroquinone, corticosteroids and tretinoin which have their own side effects, there is a need for safe alternate treatment to this condition. Hence an attempt is made to to analyse the disease and its management through Ayurveda.

Keywords: vyanga, melasma, chikitsa.

INTRODUCTION

Melasma is a common acquired pigmentary skin disorder characterized by a symmetrical macular pigmentation of sun-exposed areas. It typically affects women of reproductive age with Fitzpatrick skin type IV and VI, though the condition can occur in men also. Areas that receive excessive sun exposure, including the cheeks, the upper lip, the chin, and the forehead, are the most common locations; however, melasma can occasionally occur in other sun-exposed locations¹.

EPIDEMIOLOGY

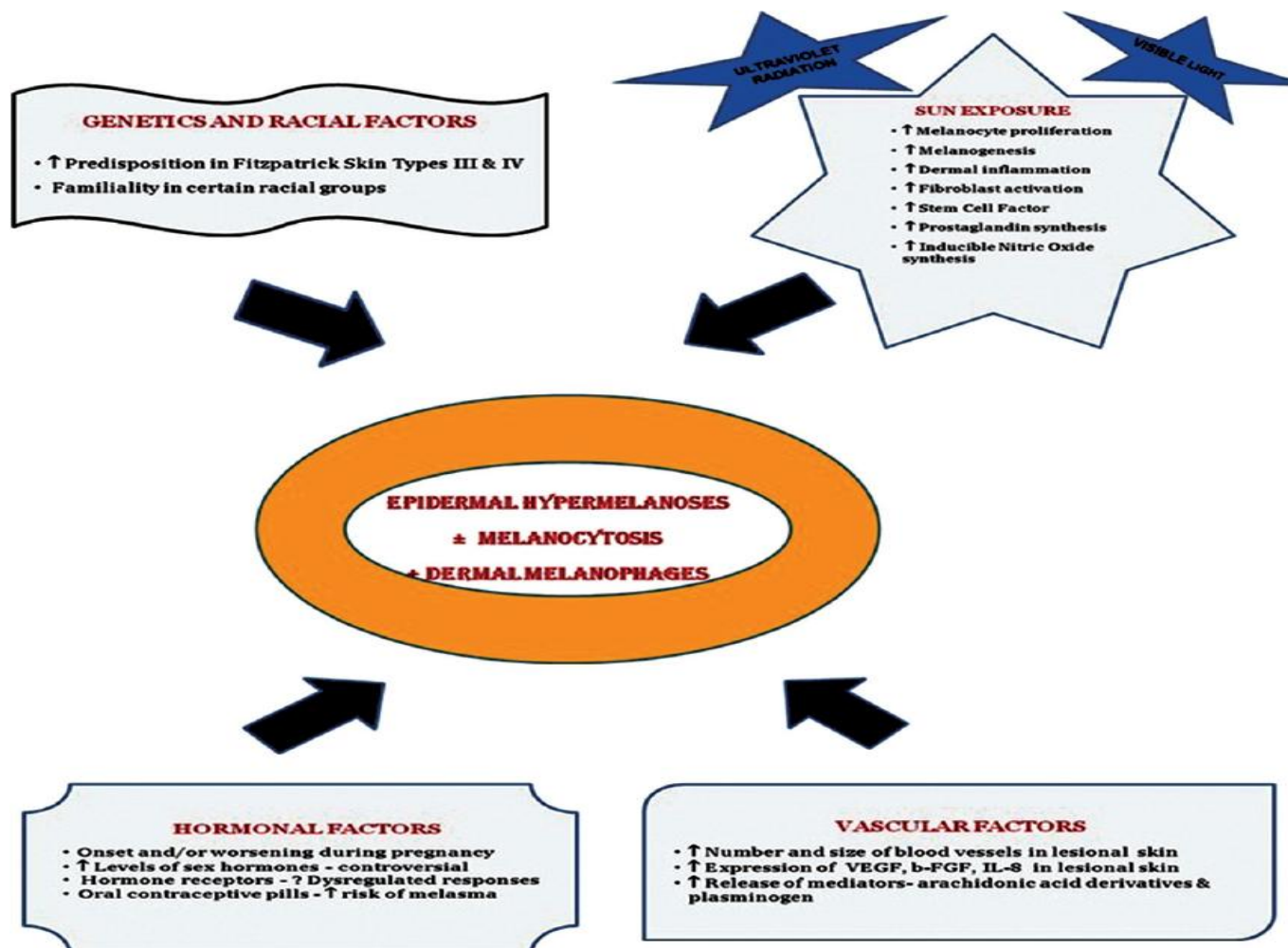
- The prevalence of melasma varies between 1.5% and 33.3% depending on the population.
- Its prevalence in pregnancy is around 50-70%.
- Melasma can also occur in men, though less common

- Female to male ratio is 9:1

RISK FACTORS

The exact cause of melasma is still unknown, even though many factors have been implicated in the disease's pathogenesis. The factors involved as etiologic include genetic influences and predisposition, exposure to UV radiation, darker skin colors ((Fitzpatrick skin types III and V), hormonal changes during pregnancy or hormonal therapies, phototoxic drugs, chemicals and cosmetics and antiepileptic therapy or the use of steroids. Anxiety traits and psychotropics are closely linked to the development of melasma. All the above factors are believed to lead to both an increase in melanogenesis and melanocytosis, the basic histological abnormalities seen in melasma. Even though pathogenesis is still unknown, the factors mentioned above are believed to trigger this disorder in people with genetic predisposition.

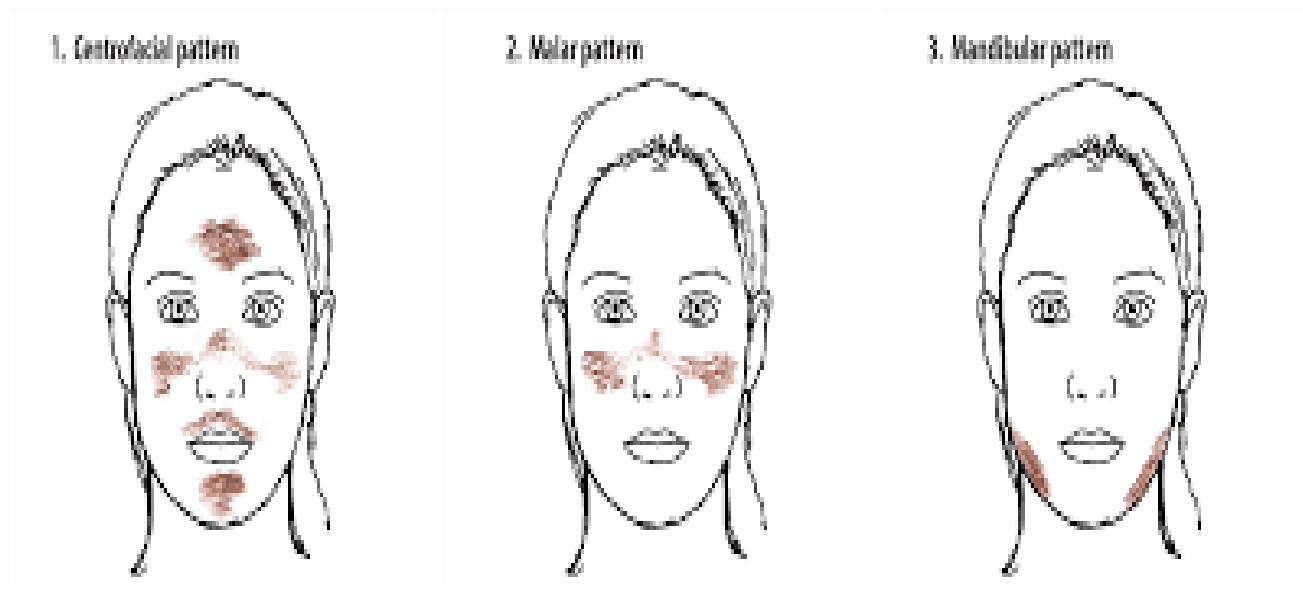
PATHOPHYSIOLOGY



THREE PREDOMINANT FACIAL PATTERNS

Melasma consists of symmetric reticulated hypermelanosis in three predominant facial patterns: centrofacial, malar, and mandibular. The major clinical pattern in 50–80% of cases is the centrofacial pattern, which affects the forehead, nose, and upper lip, excluding the philtrum, cheeks, and chin. The malar pattern is restricted to the malar cheeks on the face, while mandibular melasma is present on the jawline and chin.

A newer pattern termed extra-facial melasma can occur on non-facial body parts, including the neck, sternum, forearms, and upper extremities.



Type of melasma classified with wood's lamp

Epidermal: The spots are usually light brown with well-defined margins.

Dermal: The colour of the spot's ranges from grey brown to light blue

Mixed: The spots are dark brown and less uniform with pigmented areas

Investigations

- Diagnosis is clinically: pattern +risk factors
- Wood lamps: intensification of epidermal type
- TFT: to exclude hypothyroidism
- Dermoscopy
- Biopsy: rarely

TREATMENT

Treatments for melasma include topical, oral, procedural, and combination treatments. These are aimed at various aspects of the pathogenesis of melasma including photodamage, inflammation, vascularity, and pigmentation which has its own side effects.

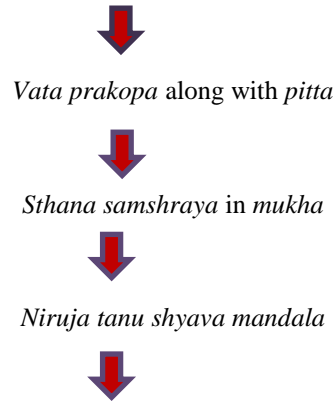
Ayurvedic approach

Based on clinical features, it can be compared with *vyanga*.

Etymology

- ❖ *Vi + Anga*, where 'vi' means *vikrutha, vigata, vikala*
- ❖ The word *Vyanga* literally means - Spotted, speckled, freckles on the face, a blot or blemish
- ❖ *Vyanga* is one among the *Kshudra roga* and *Raktha pradoshaja vikara* where
- ❖ *Vata* and *Pitta dosha* is mainly involved⁶

Due to *krodha* , *aayasa*



Vyanga

Bhedha⁷

Vataja – *parusham* , *parusha sparsham* , *shyavam*

Pittaja – *taamrantam* , *Neelam*

Kaphaja – *shwetanta* , *kanduyuktam*

Raktaja -*raktantam* , *taamram* , *sosham* , *chimichimayanam*

Chikitsa^{8,9,10}

Yogas which can used are

Vataja	<p><i>Adhobhakta paana</i> , <i>Abyanga</i> , <i>naavana (evening)</i> by <i>gritha</i> prepared from <i>devadaru</i> , <i>duralabha</i> , <i>brihati</i> , <i>manjista</i> , <i>moorva</i> , <i>apamarga</i> , <i>traayanti</i> , <i>traayamana</i> , <i>bala</i> , <i>vidari</i> , <i>yava</i> , <i>bilva</i> , <i>utpala</i> , <i>darbhamaoola</i> <i>Kashaya +vidanga choorna</i></p> <p><i>Pralepa</i> with <i>nyagrodha</i> , <i>devadaaru</i> , <i>haritaki</i> , <i>pootikaranja</i> , <i>madanaphala</i> , <i>gritha</i> or <i>badara majja</i> , <i>kodrava</i> , <i>laaja</i> , <i>gritha</i></p> <p><i>Taala patri +gritha</i></p>
Pittaja	<p><i>Gritha</i> prepared with <i>bala</i> , <i>madhuka</i> , <i>magadhika</i> , <i>kshira kakoli</i> . <i>Atmagupta</i> , <i>kakamachi</i> , <i>ksheera</i></p> <p><i>Gritha</i> prepared from <i>mridvika</i> , <i>svetapaaki</i> , <i>kharjura</i> , <i>parushaka</i> , <i>badara</i> , <i>meda</i> , <i>punarnava</i> , <i>kasheruka</i> , <i>pravaala</i> , <i>mrinala+ksheera</i></p> <p><i>Snehana</i> , <i>vamana</i> , <i>virechana</i></p> <p><i>Raktha mokshana</i> followed by application of paste of <i>madhuka</i> , <i>saariva</i> , <i>bala</i> , <i>chandhana</i> , <i>Lodhra</i> , <i>utpala</i> , with <i>gritha</i> or <i>prapoundarika</i> , <i>madhuka</i> , <i>padmaka</i> , <i>neelotphala</i> , <i>padmaka</i> , <i>saariva</i></p>
Kaphaja	<p><i>Gritha</i> prepared with <i>Kashaya</i> of <i>dashamoola</i> , <i>devadaaru</i> , <i>haritaki</i> , <i>shvadamstra</i> , <i>aamalaki</i> , and <i>kalka</i> of <i>musta</i> , <i>kusta</i> , <i>haridra</i> ,</p> <p><i>Pralepa</i> –</p> <p><i>Tutta</i> , <i>gorochana</i> , <i>lodhra</i> , <i>priyangu</i> , <i>kaaleyaka</i> , +<i>honey +gritha</i></p> <p><i>Devadaru</i> , <i>Sarala</i> , <i>bala</i> , <i>shigru moola</i> ,</p> <p><i>Manashila</i> , <i>tuttha</i> , <i>rasanjana</i></p> <p><i>Mrudu kshara</i>- 10 <i>matra kaala</i></p>

<i>Rakthaja</i>	<i>Ksheera sarpi</i> <i>Sira vyadha, vamana, virechana</i> <i>Pralepa –</i> <i>Chandana, madhuka, gritha</i> <i>Sarja rasa, neelotpala, shankha, vetasa, kadali moola, moorva, madhuka gritha</i>
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- ❖ *Udwartana - Utpala + priyangu +kaaliyaka +badara majja*
- ❖ *Mukhabyanga - with oil prepared from above drugs or katu taila*
- ❖ *Nasya – swarasa of markava with jala /ksheera*

Lepa –

- ❖ *Raktha chandanadi lepa –raktha Chandana, manjista, kusta, lodhra, priyangu, vatankura,masura*
- ❖ *Jeeraka dve + karihna tila +sarshapa + ksheera*
- ❖ *Masura + ksheera/gritha / kshoudra*
- ❖ *shalmali kantaka + guda*
- ❖ *Jambu pallava+ amra pallava +haridra2 +nava guda +mastu*
- ❖ *Yava + sarja rasa +lodhra + usira + madana + gritha + guda*
- ❖ *Kumkumadhi taila*
- ❖ *Manjistadhi taila*

DISCUSSION

Vyanga is explained as a *Kshudra Roga* in Ayurveda. While describing the etiological factors of *Vyanga*, *Acharya* has given special emphasis towards psychological factors like *Krodha* (anger), *Shoka* (grief) and *Shrama* (exhaustion), which are commonly found in most of the patients. In *Samprapti* of *Vyanga*, *Acharya Charaka* has mentioned that the aggravation of *Pitta* along with *Rakta* is the chief culprit for initiation of the pathology. *Ranjaka Pitta* is responsible for the conversion of *Rasa Dhatu* into *Rakta 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 in turn affects normal functioning of *Ranjaka Pitta* i.e., *Varnotpatti*. Based on *Ashraya-Ashrayee Bhavas*, the derangement of *Pitta Dosha* leads to abnormality of *Rakta Dhatu*. *Shrama* and *Shoka* will lead to *Udana Vata* vitiation. Thus vitiated *Ranjaka Pitta*, *Rakta Dhatu* as well as *Udana Vata* travel in body through *Dhamanis* and get *Sthana Samshraya* in *Mukhagata Twacha* and causes vitiation of *Bhrajaka Pitta* giving rise to discoloration of the skin. The line of treatment include *Shodhan*, *Shaman chikitsa* and various numbers of *Lepa*, medicated oil and ointment for external application which possess properties of *pitta shamaka*, *rakta prasadana*, *sheetha veerya* and *varnya* so that it does *samprapti vighatana* in *vyanga*.

CONCLUSION

Melasma is a common pigmentary disorder with significant psychosocial implications. Treatment efficacy can vary due to several factors including variability in clinical presentation and response to treatment amongst different genders, skin phototypes, and ethnicities. *Vyanga* is a disease mentioned in *Kshudrarogadhikar*. Single and compound drugs which are able to breakdown the *Samprapti* of *Vyanga* should be selected.

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