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Review article on melasma with reference to Ayurved

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Abstract:

Melasma is defined as an acquired hypermelanosis which characterized by the development of light to dark brown coloured macules that are symmetrically distributed on the sun exposed areas. We can compare this situation with vyanga vyadhi. Vyanga is a pathological situation of the facial skin which is produced due to the vitiation of Vata, Pitta and Rakta producing cardinal features such as Niruja, Tanu, Shyava mandala on the face. Detailed and separate description of the disease Vyanga in the chapter of 'KshudraRoga'. Vyanga vyadhi also comes under the heading raktapradoshaja.

Keywords: Vyanga, hypermelanosis, melasma

Introduction:

Melasma is defined as an acquired hypermelanosis which characterized by the development of light to dark brown coloured macules that are symmetrically distributed on the sun exposed areas.

Aim and objectives:-

To compile references about vyanga vyadhi in ayurvedic and modern texts.

Materials and methods:

Ayurvedic texts (sushruta samhita, charak samhita, vagbhat samhita), medical journals and magazines.

Literature review:

Nidanpanchak according to ayurved and modern science:-

Etiology:-

Exposure to the sunlight appears to be most important factor associated with this condition.

Other predisposing factors that have been reported include childbirth, intake of oral contraceptive pills, endocrine problems including thyroid abnormalities, use of cosmetics, drugs specially anticonvulsants and photosensitizing and genetic influences. Various studies have shown an increase in the levels of luteinizing hormone in both women and men who suffer from melasma and a decrease in serum levels of estradiol and testosterone in women and men respectively.

Clinical features:-

This condition is common in women who account for 90% of all cases. It is common especially in the women of the childbearing age group. It is rare in men; only about 10% are affected.

Morphology:-

Melasma is characterized by irregular, sharply demarked brown macules that have a polycyclic or arciform border and appear on sun exposed skin. The arrangement of these macules can be guttate, confetti-like, linear or in the form of large circles.

Sites:-

Forehead, temples, cheeks, upper lip, nose, chin.

Classification:-

Melasma can be classified clinically as well as histologically.

Clinically it shows three main patterns:-

1. Centrofacial
2. Malar
3. Mandibular pattern

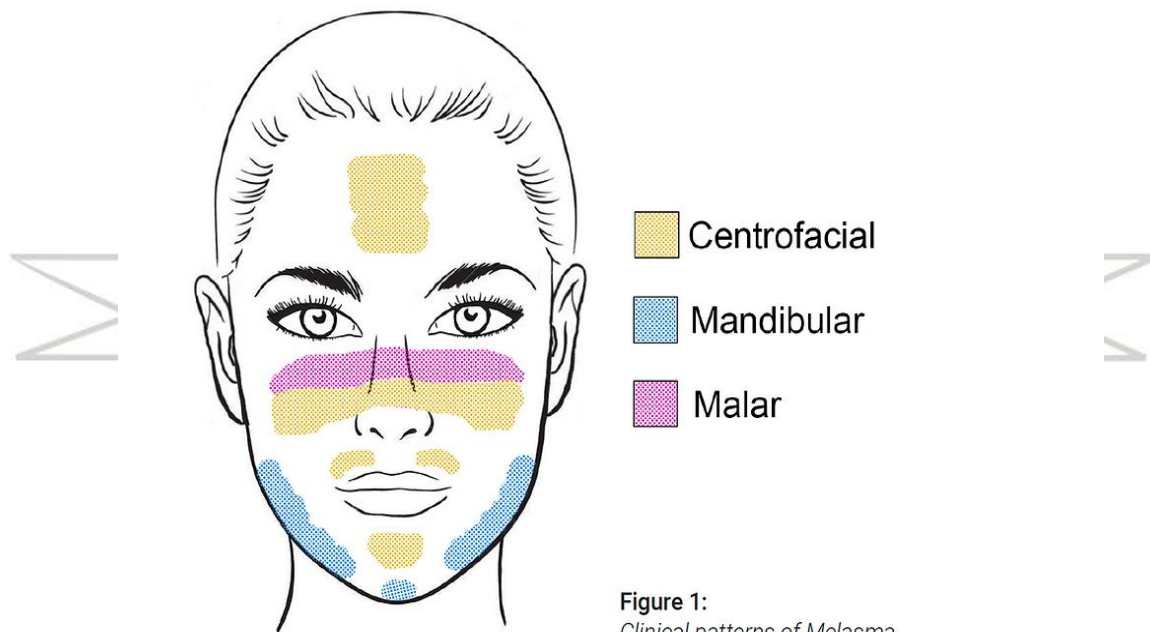
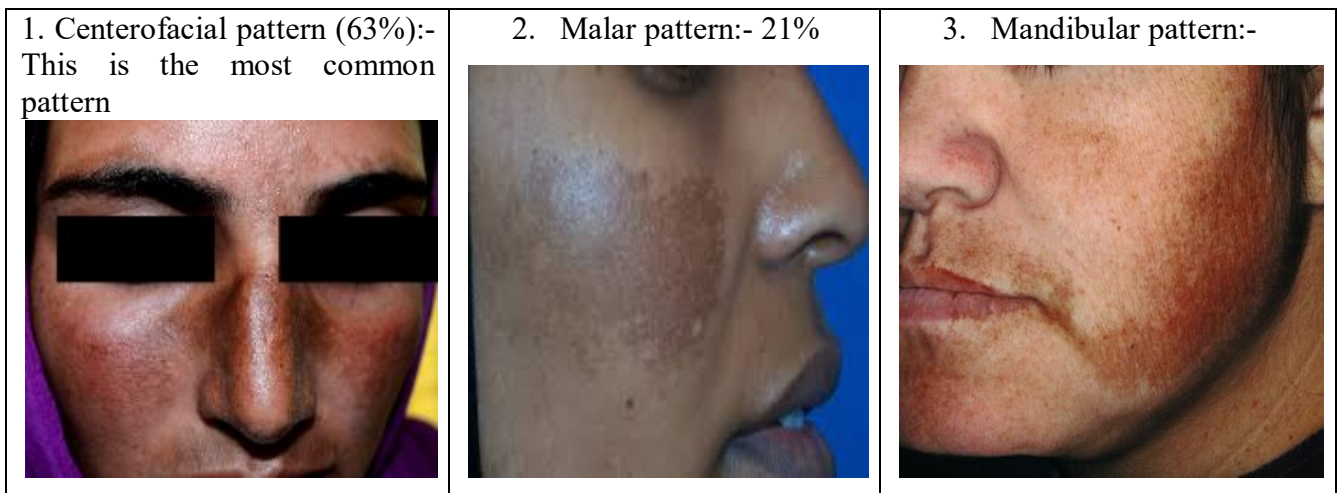


Figure 1:
Clinical patterns of Melasma



Histological patterns:-

1. Epidermal
2. Dermal
3. Mixed

Type	Normal light	Woods light Enhancement of colour contrast	Histology of Site of melanin deposition
Epidermal	Light brown	Yes	Basal and suprabasal layer of epidermis
Dermal	Ashen/bluish grey	No	Melanin laden macrophage in a perivascular location found in superficial and mid-dermis
Mixed	Deep brown	Variable	Epidermis and dermis
Dark skin types	Ashen grey or unrecognized	No	Dermis

Differential diagnosis:-

This includes post inflammatory hyperpigmentation, Riehl's melanosis, lichen planus pigmentosus, exogenous ochronosis, poikiloderma of Civatte.

In the world of Ayurveda, these skin problems are compared to "vyanga vyadhi". The great minds of Ayurveda like Acharya Sushruta and Vagbhata talked about vyanga vyadhi as a kshudra roga. They detailed all this in ancient texts Sushruta Nidansthan and Ashtanga Hridaya Uttarantra. Acharya Sushruta and Vagbhata explained vyanga vyadhi under the heading kshudra roga. Acharya

sushruta has mentioned details of vyanga vyadhi in sushrut nidansthan 13th adhyaya kshudrarog nidan and acharya vagbhata mentioned in the ashtang hridaya uttaratantra kshudrarogvidnyan. Acharya charak and sushrut stated that vyanga vyadhi comes under the heading raktapradoshaja vikara.

Causes of vyanga vyadhi (hetu):-

Sushruta Madhavnidan point out that krodha, Ayas can lead to Vyanga Vyadhi. On the other hand, Ashtang Sangraha and Ashtanga Hrudaya suggest that Shoka and Krodha are the culprits behind Vyanga Vyadhi.

Clinical features of vyanga (rupa):-

When it comes to Vyanga, the clinical signs include light (tanu), greyish-brown colored (shyava), and painless (niruja) patches on the face. Interestingly, Charaka didn't specify the exact appearance of Vyanga. It can turn dark due to vayu, reddish or bluish because of pitta, white with tingling due to kapha, coppery in hue with burning sensations due to rakta.

Pathophysiology of vyanga vyadhi (samprapti):-

Now, let's see how Vyanga Vyadhi develops. The emotional factors such as krodha, ayasa, and shoka can disturb both vata and pitta doshas. When any dosha is imbalanced, it leads to weak digestion (jatharagnimandya). This disorder primarily affects skin pigmentation or color changes in simple terms. Since it involves color or varna, ranjak pitta is implicated. Pitta aggravation disturbs ranjak pitta's normal function (varnotpatti) leading to improper blood formation from plasma. Exhaustion (*shrama*) and sorrow (*shoka*) worsen vata dosha (especially udan vayu). Ranjak pitta and udan vayu settle in facial skin (mukha pradesha), affecting bhrajak pitta and causing hyperpigmentation - leading to Vyanga Vyadhi. So, it all boils down to imbalanced doshas affecting facial skin resulting in Vyanga Vyadhi.

Discussion:

Face is the index of mind'. The clean and clear face plays an important role in the individual's personal, emotional, and social well-being. Acharya Sushruta has given a detail and separate description of the disease Vyanga in the chapter of 'KshudraRoga'. Vyanga is a pathological situation of the facial skin which is produced due to the vitiation of Vata, Pitta and Rakta producing cardinal features such as Niruja, Tanu, Shyava mandala. Acharya Charaka and Acharya Sushruta mentioned vyanga vyadhi as raktapradoshaja roga.

According to modern science Melasma is a common pigmentary disorder. It is a form of acquired hypermelanosis and occurs in sun exposed parts. It develops mostly on the face but occasionally it can also develop on the neck. Rarely, it can also appear on the forearms as well. It affects both males and females but predominantly seen in females.

Hyperpigmentation (melanosis) is a group of disorders characterized by abnormally darker

skin that results from increase in the concentration of pigment, which occurs either due to increase the number of melanocytes or increase activity of melanocytes. Melanosis most commonly results from exposure to sunlight, due to air pollution, different cosmetic using habits, stressful life, dietary changes, inclination towards junk or fast food. Nowadays Vyanga becomes one of the biggest problems of the society. Many people are suffering from Vyanga today.

Acquired hyperpigmentation disorders of the skin are among the most common complaint in a general dermatology clinic. Large community prevalence studies have demonstrated that between 20-30% of the population have various skin problems requiring attention. Most of the skin diseases are mentally agonizing and have negative impact on social life. Melasma is very common cutaneous disorder, accounting for 0.25 to 4% of the patients seen in dermatology clinics. It is Very common pigment disorder among the Indians. The female to male ratio is 4:1.

References:

1. Kaviraj Atrideva Gupta, Chaukhamba Krishnadas Academy, Varanas Astanga Samgraha of Vagbhatta with Hindi Commentary (A.S./U./36/31), (A.S./U./37/23, 25, 27, 28,29,31).
2. Kaviraj Atridev Gupta, Chaukhamba Prakashan, Varanasi Astanga Hridaya of Vagbhatta with Hindi Commentary. (A.H./U./31/29), (A.H./U./32/15, 33).
3. Vaidya Yadavji Trikamji Acharya and Narayan Ram Acharya, Chaukhamba Orientalia, Varanasi. Susruta Samhita of Susruta: with Nibandha Samgraha Commentary of Shri Dalhanacharya, (Su.S./Ni./13/45, 46), (Su.S./Chi./20/33, 34), (Su.S./Sa./4/4).
4. Vd. Anant Damodar Athavale: Ashtanga Sangraha. Published by Choukhamba Orientalia, Varanasi: Reprint 2000: 8th Edition 2000.
5. Kaviraj Shri Ambikadatta Shastri, 16th Edition, Chaukhamba Sanskrit Sangsthan, Varanasi Bhaisajya Ratnawali with Elaborated Vidyotini Hindi Commentary.
6. Kabirsardana, vijay k garg, supriyamahajan. Diagnosis and management of skin disorders Wolter Kluwer (India) Pvt Ltd:2013
7. John Verrinder Veasey, Bárbara Arruda Fraletti Miguel, Roberta Buense Bedrikow Wood's lamp in dermatology: applications in the daily practiceSurg Cosmet Dermatol 2017;9 (4):324-6.
8. Acharya Yadavaji Trikamaji Suśrta Samhitā with Dallaṇa Tikā, (ed), Chaukhamba Prakashana, Varanasi; 2004. Chapter no.13, Nidansthana, Verse no.43-45.
9. Acharya Yadavaji Trikamaji Suśrta Samhitā with Dallaṇa Tikā, (ed), Chaukhamba Prakashana, Varanasi; 2004. Chapter no.20, Chikitsa sthana, Verse no.33-36
10. Dr. Brahmanand Tripathi, Ashtang Hridayam of Shrimad Vagbhata edited with 'Nirmala' Hindi Commentary, Reprintedition-2009, Delhi,Chaukhamba Sanskrit pratishthan, Chapter no.17, Sutrasthana, Verse no.1, page no-213