

## A COMPREHENSIVE APPROACH TOWARDS UNDERSTANDING VYANGA – A REVIEW

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### ABSTRACT

In *Ayurveda* all *twak Vikaras* are mention under *kshudra roga* and *kushta*. *Vyanga* is one among them. *Vyanga* is hyper pigmentation condition of the skin which is usually seen in females of middle age group and during pregnancy. *Vyanga* usually occurs over the face and sun exposed areas. In *Ayurveda* *Vyanga* is mentioned under *kshudra roga* according to and *raktha pradoshaja vyadhi*. Even though it is a very simple condition it can shatter the confidence of the person and isolate them from the society and does day to day life gets hampered. *Vyanga* can be correlated to facial melasma which is hyperpigmentation patch over the face, which affects most of the population in present era thus affecting the psychology of the person. Here is an attempt to explain cause , symptoms, pathology of *Vyanga* in *Ayurvedic* perspective.

**KEYWORDS:** *Vyanga*, *Kshudra roga*, *Rakta pradosaja vyadhi*,  
Facial melasma.

### 1. INTRODUCTION

Healthy skin is not luxury it is an necessity, be good to your skin you will wear it everyday for rest of one's life. Skin is the largest organ of our body. Skin is first layer of defence to outside world. It gives clue to one's overall health. A number of social and psychologic studies have demonstrated that facial and body consonance have a highly important role in our social life. Beautiful people are more considered successful in their professional and personal life, and it

is associated with well being. Physical appearance majorly impact self esteem, help foster social connections and lead to oppurtunities.

According to *Ayurveda* face is one among *upanaga*. Any physical disease reflects on skin and decreases the complexion, *vyanga* is one among them. *Vyanga* is most common *twak vikara* known so far which is characterized by *neeruja* (painless) *tanu* (thin) *shyava* (bluish black) *mukhagata mandala* (circular patches over the face) *Acharya charaka* mentioned *vyanga* under *rakta pradoshaja vikara*<sup>[1]</sup> and *Acharya sushruta* mentioned *vyanga* under *kshudra roga*.<sup>[2]</sup>

In contemporary science it can be correlated to facial melasma also called as chloasma, mask of pregnancy. It is a common pigmentary condition particularly among Asians. The prevalence of Melasma varies between 1.5% and 33% depending on population. It is defined as irregular macular hyperpigmentation confined to the face and specially prominent on forehead, upper lips and cheeks. The condition is also seen in some women who are on contraceptive pills and rarely on anticonvulsant therapy.<sup>[3]</sup> Facial melanosis may be due to psorelens in perfumes, or tar or other hydrocarbons in cheap cosmetics. It is more common in females especially in reproductive age group and during pregnancy. The causative factor for which is unknown till date. It is usually seen more in females than men specially over sun exposed areas and face.

## 2. Disease literature review

### 2.1 Vyutpatti(Etymology)

According to *shabdakalapadruma* *Vyanga* is defined as '*vikrutani angani yasya*' which means some deformity in any of the body part which affects appearance of the person.

### 2.2 Definition

'*nirujam tanukam shyavam mukhe vyangam tamaadishet*' (*su ni 13/46*)

According to *Acharya Sushruta* patches over the face are painless, not elevated or thin, brownish balck in colour is known as *vyanga*.<sup>[4]</sup>

*Madhukosha* and *Atankadarpana* described *shyava varna* as *shuklanuvidhakrishna varna*.

### 2.3 Vyanga according to different Acharyas

- *Acharya charaka* mentioned *vyanga* under *raktapradoshaja vyadhi*.
- *Acharya Sushruta* mentioned *vyanga* under *kshudra roga*. *Madhavakara*<sup>[5]</sup> and

*yogaratanakara*<sup>[6]</sup> also quoted the same as *Acharya Sushruta*.

- *Acharya vagbhata*<sup>[7]</sup> mentioned *vyanga* with same *samprapti* as *Acharya Sushruta* and is the one who mentioned about types of *vyanga* as *vataja*, *pittaja*, *kaphaja* and *raktaja*.
- *Bhavaprakasha*<sup>[8]</sup> mentioned *Vyanga* under *kshudraroga*.

## 2.4 Nidana of Vyanga

*Nidanas* for a *vyadhi* are like natural history and keys to identify particular cause for development of disease proper. The main causative factor of *vyanga* as per *Acharya sushruta* is *krodha*(anger) and *aayasa*(heavy work) due to which there will be aggravation of *vata* and *pitta dosha*. *Acharya vagbhata* mentioned *krodha*(anger) and *shoka*(sadness) as causitive factor.

To summarise some of the food articles can be quoted as

*Aharaja nidana*- *Mudga*, *Adaki*, *harenu*, *Maricha*, *Haritashaaka*, *Kulatta*.

*Viharaja nidana*- *Atapa sevana*, *Raja sevana*, *Agni santapa*.

*Manasika nidana*-*Chinta*, *Krodha*.

## 2.5 Poorvarupa of Vyanga

As *vyanga* is described under *kshudra roga* there is no specific description in *Ayurveda* classics. It usually occurs in *sthana samshraya avastha* of *vyadhi*.

## 2.6 Rupa of Vyanga

*Acharya Sushruta* describes *Vyanga* as *tanu*, *niruja*, *shyava mukhagata mandala* which occurs due to vitiation of *vata* and *pitta dosha* vitiation.

## 2.7 Samprapti of vyanga

According to *Acharya sushruta*-

*Krodha* (anger), *Aayasa* (excessive exercise)



*Vata prakopa*



*Prakupita Vata* + *Pitta* Reaches *Mukha Pradesha*



Forms *Niruja* (painless) *Mandala* in *Mukha Pradesha*, which are *Shyava* (bluish black) and *Tanu* (thin) in nature.

### According to Acharya charaka

*Prakupita Pitta* Reaches *Twak* Mixes with *Shonita (Rakta + Pitta)* Leads to *Shoshana* (dryness) in *Twak* Further leading to diseases such as *Tilakalaka, Piplava, Vyanga, Nilika*

Seeing all these we can conclude that due to *nidana* there will be vitiation of *vata* and *pitta dosha* inturn vitiates *rasa* and *rakta dhatu* along with *manovaha sroto dushti* due to *chinta* afflicts *dhatvagni* and *brajaka pitta* which is mainly responsible for *varna of twacha* after *dosha dushyasamurchana* and causes *tanu niruja shyava mandala* over *mukha*.

### 2.8 Samprapti ghataka

1. *Dosha: vata, pitta*
2. *Dusya: rasa, rakta*
3. *Srotas: Rasavaha, Raktavaha*
4. *Mala: Twak sneha*
5. *Srotodusti: Atipravrutti, vimargagamana*
6. *Ama: dhatvagnimandyajanya*
7. *Vyaktasthana: Twak(Mukha)*
8. *Udbhavasthana: Amashaya*
9. *Marga: Bahya rogamarga*

### 2.9 Bheda of Vyanga

A) Acharya Vagbhata mentioned 4 types of *vyanga* based on predominant *dosa*-

- *Vataja*- It is characterized by *parusha, parushasparsha, shyava varna*.
- *Pittaja*- It is characterized by *tamra, neela varna*.
- *Kaphaja*- It is characterized by *shweta varna*.
- *Raktaja*- It is characterized by *mandalas* which are *rakta varna, ushnata, chimchimayana*.

B) Acharya Sushruta<sup>[9]</sup> divided *twak* into 7 layers and mentioned *tilakalaka, nyaccha* and *Vyanga* under *Lohita* layer which measures sixteenth part of *Vreehi*. He also stated that *twak* is *panchabauthika* in nature with predominance of *vata dosha*.

### 3.0 Vyanga and melasma

In contemporary science *vyanga* can be co related to *Melasma* which is even called as *chloasma, mask of pregnancy*. *Melasma* is an increase in epidermal or dermal pigmentation that occurs during pregnancy. The hyperpigmentation affects cheeks, forehead, chin, The

term “Melasma” has been derived from the Greek word “Melas” which means black. Melasma affects all races but is commonly seen in Hispanics and Asians.

causative factors include.

- pregnancy
- hormonal contraceptives
- sun exposure
- stress
- idiopathic

### **Types of Melasma<sup>[10]</sup>**

#### **A) Based on location**

1. Centro facial pattern- The most prevalent clinical pattern accounting for around 76% of all melasma variants. The forehead, upper lip, chin, cheeks and nose are all affected by hyperpigmented macules.
2. Malar pattern- The malar pattern on face is limited to malar cheeks.
3. Mandibular pattern- usually found on jawline and chin . More common in older people and linked with more photo damage.
4. Mixed- It is combination of presence of patches in two or more regions of the above.

#### **B) Based on Histological or Traditional**

1. Epidermal
2. Dermal
3. Mixed

### **3.1 MELASQOL Scale Description<sup>[11]</sup>**

Melasma is a disease which not only affects body but mainly mind so scale to access quality of life has been developed.

On a scale of 1 (not bothered at all) to 7 ( bothered all the time), the subject rates how he/she feels about.

1. The appearance of your skin condition.
2. Frustration about your skin condition.
3. embarrassment about your skin condition.
4. Feeling depressed about your skin condition.

5. The effects of your skin condition on your interactions with other people.
6. The effect of your skin condition on your desire to be with people.
7. Skin condition making it hard to show affection.
8. Skin discoloration making you feel unattractive to others.
9. Skin discoloration making you feel less vital or productive.
10. Skin discoloration affecting your sense of freedom.

Score from 7-70, with higher score indicating a worse melasma related health related quality of life.

### 3.2 DIAGNOSTIC TECHNIQUES

- A) Wood's light Wood's light lamp emits long-wave ultraviolet light at a peak of 360nm.
- B) Patch testing this is an important and valuable tool for diagnosis of suspected allergic dermatitis due to contact.
- C) Skin biopsy Biopsy is used to identify the nature of expanding or inflammatory lesions, in diagnosis and in assessing the progress of skin diseases.

### CONCLUSION

Vyanga is a most common disorder that affects most of the population .It is not a life threatening disease but shatters the confidence of person. By scrutinizing compiled data from different samhitas and modern books we can understand exact cause of vyanga according to Ayurveda. Several factors like genetics, sunlight exposure, female sex hormones, some cosmetic products are responsible for development of mealsma yet proper pathogenesis should be understood. Melasma is usually seen in reproductive age group and mainly females thus affecting their mind and leads to lower the confidence and inferiority complex as which will keep brownish black patch over the face hampering the skin quality and appearance of skin for life. Hence proper assessment and analysis of causative factor should be taken care of.

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