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CONCEPTUAL UNDERSTANDING OF SHEERYATE ANNENA ITI SHAREERAM W. R. T FACIAL AGEING

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ABSTRACT

The human face undergoes consistent and predictable morphological changes with ageing, which align with the Ayurvedic conceptualization of *Sharira*—defined as *Sheeryate annena iti*, meaning that which undergoes decay. This article explores facial ageing from the Ayurvedic perspective, integrating modern anatomical insights with ancient descriptions. Special emphasis is placed on the relationship between tissue degeneration, skeletal changes, and the concept of constant bodily transformation in the facial musculature, as indicated by *Cheyate pratikshanam*. This study offers a conceptual revaluation of defining the term *Sharira* in the context of facial ageing and may help aesthetic physicians in the interpretation of the aging process and in prioritizing and rationalizing treatment decisions.

KEYWORDS: Sharira, Sheeryate, Cheyate pratikshanam, Facial ageing, Ayurveda, Anatomy.

INTRODUCTION

In Ayurveda, the term *Sharira* is described as "Sheeryate annena iti Shariram"-that which undergoes degeneration due to metabolic processes. Another definition, *Cheyate pratikshanam apachiyate iti Shariram*, suggests that the human body is in a state of decaying at every moment. These definitions emphasize a catabolic perspective that aligns with the physiological and structural changes observed in ageing. Facial ageing can be considered as an example of this degeneration. The face changes in a consistent and predictable pattern, with features such as wrinkles, volume loss and tissue sagging providing visible markers of

age. These changes occur due to a combination of soft tissue, skeletal and ligamentous alterations, and they align with Ayurvedic concepts of Cheyate pratikshanam (constant transformation and decay).

OBJECTIVES

To conceptually understand *Sheeryate Annena Iti Shareeram* w. r. t Facial Ageing according to the definition of shareera. To explore the clinical application of process of facial ageing.

METHODOLOGY

This is a conceptual study that involve references from classical Ayurvedic texts and integrates it with contemporary sciences. This approach includes analysis of Ayurvedic descriptions of *Sharira*, ageing processes and relevant modern anatomical references.

Structural Correlations: Correlation of Ayurvedic concepts with changes in soft tissue, skeletal structure, subcutaneous layers, and ligaments in facial anatomy.

Analysis: Identification of consistent ageing patterns and their alignment with Ayurvedic physiology and pathology. Sources include anatomical literature and classical Ayurvedic texts for foundational definitions and principles.

Ayurvedic understanding of the term Shareera

Sharira is defined in Ayurveda as "Sheeryate annena iti Shariram"—that which degenerates as a result of metabolic processes. According to a different concept, Cheyate Pratikshanam Apachiyate Iti Shariram, the human body is constantly deteriorating. These definitions place a strong emphasis on a catabolic viewpoint that is consistent with the structural and physiological alterations that come with aging. The human face undergoes dramatic change of appearance with ageing. When we understand the definition of the term shareera it can be looked into the metabolic process taking place in our body and these changes are happening every second.

The general pattern with ageing is a progressive loss of facial volume with increasing laxity and possibly expansion of the outer layers with descent. The smooth, taut surface of a full and uniformly rounded youthful face deteriorates with ageing to form a series of individual segments that are separated by surface grooves located where internal ligaments attach to the dermis, and that progress to form skin creases or wrinkles as the dermis weakens. The multiple structures of the face are interconnected at several levels. Changes in one structure

will have an impact on the others and, in more advanced ageing, simultaneous changes in more than one component will produce a cumulative effect. The extent to which these changes are attributable primarily to ageing, e.g. whether laxity arises secondary to volume loss or from intrinsic weakening of ligament strength or is a combination of both effects, is not clear.

Tissue planes, sub-SMAS spaces and facial ageing-The facial soft tissues are organized in concentric tissue layers. The superficial muscles are in the middle layer (layer three), although muscle is not present in all areas of the face. The layer is fibroaponeurotic where muscle is not present; hence the name, superficial musculo-aponeurotic system (SMAS). The SMAS is muscular where movement happens (frontalis, orbital part of orbicularis oculi and platysma) and is also mobile, with a looser deep attachment as well as less tight subcutaneous connections; laxity develops in these areas with ageing. With ageing, weakness of the lower masseteric ligaments allows distension of its anterior and inferior boundaries and the roof formed by platysma, resulting in the formation of the jowl.

The facial skeleton and its ageing-The facial skeleton is not only the foundation of a person's individual appearance but also a key determinant of how that person ages, because the projection of the skeleton provides support for the overlying soft tissues. The most significant change is retrusion of the maxilla, which contributes directly to the loss of mid-cheek support and affects the inferiororbital rim, piriform and oral cavities, leading to 'sagging' of the soft tissues of the medial suborbital region. The dimensions of the orbital aperture increase slightly but are significant in periorbital ageing. Recession of the inferolateral rim (by more than 10%) causes the greatest alteration of orbital shape. Soft tissue laxity of the lower face accompanies the reduction in size of the mandible.

Retaining ligaments and ageing-The attachment of ligaments to the dermis is responsible for the cutaneous grooves that appear with ageing, e.g. the palpebromalar, nasojugal, mid-cheek and nasolabial grooves.

Subcutaneous layer and ageing-The fat and fibrous components in the subcutaneous tissue are not uniform but arranged in discrete compartments that are delimited byseptal boundaries related to the dermal extensions of the retaining ligaments. In youth, the boundaries between compartments are not discernible on the surface with ageing, a series of contour changes occur in which concavities separate the convexities that reflect these compartments. It is now

believed that fat descent with ageing is less than it appears; distinct compartmentalization by the retaining ligaments holds the fat in its relative positions, and it is likely that the reduction of internal volumes deep to the subcutaneous fat accounts for the major part of the appearance of descent, especially of the mid-cheek.

RESULTS AND DISCUSSION

The Ayurvedic definition of the term *Sharira* as "*Sheeryate annena iti shareeram"* is understood in this study by contemporary anatomical understanding of facial ageing. While ageing is traditionally associated with the presence of wrinkles, in reality the earliest onset of ageing probably results from a reduction of skeletal volume. Facial skeletal changes are inevitable and appear early because they are a consequence of the reshaping of the maxilla and mandible that follows the eruption of the secondary dentition. While the changes of the deeper skeleton are not immediately apparent, they contribute to a cascade of secondary changes due to the interlinking of the tissue layers. Accordingly, the deep fat, preperiosteal and buccal, also has less projection; with the reduction of tissue tone, there is an effect on the ligaments, producing early laxity and sagging.

The reduction of skeletal support places strain on the ligamentous boundaries, such as the orbicularis retaining ligament and the lateral canthal tendon, and this leads to the onset of weakening and eventual lengthening, and bulging of the deeper structures they previously supported. Dynamic expression lines develop with muscle contraction: while not present in youth, they increase with the reduction of ligamentous tissue resistance. With age, muscle contraction produces an increased amplitude of tissue displacement, e.g. movement of the eyebrows and cheeks when they are elevated from a sagged position results in the frontalis lines of the forehead and periorbital crow's feet lines, respectively. As the quality of the dermis deteriorates, the lines deepen, especially perioral wrinkles. Small reductions of facial volume, whether of bone or fat (deeper supraperiosteal fat, as well as subcutaneous fat), contribute to loss of tone in the composite outer layers and laxity of the finer ligaments.

Ayurvedic definitions of *Sharira* provide a profound philosophical and physiological framework to understand these changes. By integrating traditional Ayurvedic knowledge with modern anatomical insights, we can enhance our understanding of ageing and potentially inform both preventative and restorative approaches to facial rejuvenation.

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