WORLD JOURNAL OF PHARMACEUTICAL RESEARCH
Coden USA: WJPRAP Impact Factor 8.63
Volume 15, Issue 21, 1374-1379. Case Study ISSN 2277–7105

AN AYURVEDIC MANAGEMENT OF MELASMA (*VYANGA*): A CASE REPORT

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Article Received on 05 Oct. 2026,
Article Revised on 25 Oct. 2026,
Article Published on 01 Nov. 2026,

https://doi.org/10.5281/zenodo.23793725

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How to cite this Article: [1*]Dr. Prajakta Patil, [2]Dr. Rajesh Shah (2026). An Ayurvedic Management Of Melasma (Vyanga): A Case Report. World Journal of Pharmaceutical Research, 15(21), 1374–1379.

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ABSTRACT

Introduction: Melasma is a chronic, acquired cutaneous, relapsing hypermelanosis characterized by hyperpigmented patches on sun-exposed areas of the face, neck, and forearms. Exposure to ultraviolet (UV) radiation is believed to be the leading factor in its development. It is a major cosmetological issue that can also affect a person's psychological well being. **Patient Information:** A 48-year-old female patient came to OPD with clinical features of *Niruja* ~(painless), *Tanu* ~(thin), and *Shavyavarna Mandalas*~(bluish-black patches) on the face. since the last 1 year. **Therapeutic intervention:** This patient was managed with external application of *Manjishtha churna lepa*, instillation of *Anu taila nasya*, *Arogyavardhini vati* and *Mahamanjishthadi kwath* were given orally. **Result:** This patient attained satisfactory relief from associated symptoms such as painless black patches within period of 21days. **Conclusion:** This is single case report through a multidisciplinary approach and shared decision-making effective treatment strategies can be tailored to individual patient needs, ultimately leading to improved outcomes and enhanced quality of life.

KEYWORDS: *Vyanga, Melasma.*

INTRODUCTION

Skin is the largest organ of the human body and plays an important role in protection, thermoregulation, sensation, and maintenance of physical appearance. Facial skin significantly contributes to an individual's personality and self-confidence. It is characterized by symmetrical light to dark brown macules and patches distributed over the cheeks, forehead, upper lip, nose, and chin. The condition is chronic, recurrent, and cosmetically disfiguring, adversely affecting the quality of life of affected individuals. The global prevalence of melasma ranges from 1% to 10% in the general population and may reach up to 40% among high-risk groups residing in tropical regions. Females constitute approximately 90% of affected patients. Ayurveda describes Vyanga as one among the Kshudra Rogas. According to Acharya Sushruta, aggravated Vata Dosha, precipitated by Krodha ~(anger) and Ayasa ~(physical or mental exertion) and associated with Pitta, produces Niruja ~(painless), Tanu ~(thin), Shyava Mandala over the face. Acharya Charaka has included Vyanga among Rakta Pradoshaja Vikaras, indicating the involvement of Rakta Dhatu in its pathogenesis. Vagbhata has further described the doshic varieties of Vyanga and emphasized appropriate therapeutic measures.[7] Thus, the clinical presentation and etiopathogenesis of Vyanga closely resemble those of melasma. Modern management of melasma includes photoprotection, topical depigmenting agents such as hydroquinone, tretinoin, corticosteroids, azelaic acid, kojic acid, tranexamic acid, chemical peels, microneedling, and laser therapy. Although these therapeutic modalities provide symptomatic improvement, their long-term use is associated with adverse effects such as irritation, erythema, post-inflammatory hyperpigmentation, steroid-induced skin atrophy, photosensitivity, and a high rate of recurrence following discontinuation of treatment. Among the various Panchakarma procedures, Nasya Karma occupies a special place in the management of diseases affecting the region above the clavicle. Among the external therapies, Manjishta Lepa has been selected because the majority of its ingredients possess Varnya, Rakta Shodhaka, Kushtaghna, Twachya, Kandughna, and Pittahara properties. Manjistha kwath is well known for its Raktaprasadana, Varnya, Vishaghna, and Kushtaghna actions described in the classical Nighantus. Experimental studies have also demonstrated antioxidant, anti-inflammatory, and melanogenesis-modulating activities of Manjistha, supporting its therapeutic potential in pigmentary disorders. Aarogyavardhini vati remove Ama and clear strotas of the body thus improve normal circulation and normalize rasa and rakta dhatu.

CASE REPORT

A 48-year-old female patient came with complaints of *Niruja* ~(painless), *Tanu* ~(thin), and *Shavyavarna Mandalas*~(bluish-black patches) on the face. since the last 1 year. The patient was further evaluated using Ayurvedic clinical parameters. Assessment of *Prakriti* indicated a *Vata-Pittaja* constitution, while *Satva* was assessed as *Madhyama* (moderate mental strength). *Agni* was found to be *Manda*, suggestive of diminished digestive capacity. *Nadi Pariksha* indicated a *Vata-Pittaja* predominance, and the tongue was coated (*Saama Jivha*), reflecting the presence of *Ama*. Examination of *Koshtha* revealed a *Krura Koshtha*. Urination was reported to be normal, occurring four to five times daily, with pale yellow urine and no associated burning sensation. There was no family history of any skin disease. The lesions gradually increased in size and darkened in colour. She was stressed due to cosmetic concerns and therefore requested immediate intervention. On dermatological examination, there were moderately dark brown lesions on the bilateral malar region, nose, forehead, and chin, which were symmetrically distributed, irregular in shape, but clearly defined, leading to the diagnosis of Vyanga (Melasma).

Timeline: Timeline of events mentioned in Table No. 1

Therapeutic intervention

An external application of *Manjishtha churna lepa* once in a day at morning was given daily for 21 days.

Anu Taila Nasya involves instilling a medicated oil into the nostrils. here we instilled 4 drops of anu tail nasya in each nostril daily for 21 days.

Patient had taken internal medicines for a period of 21 days. The prescribed medications included *Arogyavardhii vati*, administered as 2 tablets twice daily after meals with warm water. *Mahamanjishthadi kwath* was prescribed at a dose of 20ml twice daily after meals. during the treatment period. as details mentioned in Table No. 2.

OBSERVATION AND RESULT

Assessment was done on the basis of key parameters. Arbitrary grading on the symptom, Shyava (Shyavam iti shuklanuviddha krishna varna) = Dark brown color lesion over skin. Where grade 4 is more severe and 0 is normal. The severity of the facial skin lesion was assessed based on the intensity of dark-brown coloration. A score of 4 was assigned when a deep dark-brown colored lesion was present over the facial skin, indicating very severe severity. A score of 3 was given for a moderate dark-brown colored lesion, indicating severe

severity. A score of 2 represented a light dark-brown colored lesion and was classified as moderate severity. A score of 1 was assigned to a faint dark-brown colored lesion, indicating mild severity. A score of 0 indicated normal skin, with no visible dark-brown lesion. All details mentioned in table no. 3. A progressive improvement was observed in the patient's clinical symptoms over the 21 day treatment period. The facial lesion was assessed on the 0th, 10th, and 21th days. The grade improved from Grade 4 on Day 0 to Grade 3 on Day 10 and Grade 1 on Day 21, indicating progressive improvement. All details mentioned in table no.4.

DISCUSSION

The patient experienced satisfactory symptom resolution from the melasma with *Ayurvedic chikitsa.* Anu Taila is one of the most extensively described medicated oils for Nasya. Owing to its Tridoshahara, Vata-Pittahara, Rasayana, Balya, Indriyaprasadana, and Varnya properties, it improves nourishment of the facial tissues and promotes healthy complexion. In Manjishtha lepa Manjistha (Rubia cordifolia), the chief ingredient, is well known for its Raktaprasadana, Varnya, Vishaghna, and Kushtaghna actions described in the classical Nighantus. Aarogyavardhini vati remove Ama and clear strotas of the body thus improve normal circulation and normalize rasa and rakta dhatu.Mahamanjishthadi kwath is antioxidant, anti-inflammatory, and melanogenesis-modulating activities of Manjistha, supporting its therapeutic potential in pigmentary disorders.

CONCLUSION

This single-case study demonstrates excellent outcomes from this ayurvedic intervention. The treatment provided satisfactory relief from melasma and its symptoms.

Table No 1: Timeline of events.

12 january 2026	patient came to OPD with clinical features of *Niruja* ~(painless), *Tanu* ~(thin), and *Shavyavarna Mandalas*~(bluish-black patches) on the face.
12 january-2 february	Patient was treated with ayurvedic intervention
9 february	Patient had satisfactory relief on follow up.

Table No 2: Internal Medicine.

SR NO	Medicine	Dose and time of administration	Anupana	Duration
1	*Arogyavardhini vati*	2 Tab twice daily after meal	Warm Water	21 Days
2	*Mahamanjishthadi kwath*	20ml twice daily after meal	Warm Water	21 Days

Table No 3: Assessment Criteria.

	FEATURES	SCORE	SEVERITY
A	Deep dark brown color lesion over skin of face.	4	VERY SEVERE
B	Moderate dark brown color lesion over skin of face	3	SEVERE
C	Light dark brown color lesion over skin of face	2	MODERATE
D	Faint dark brown color lesion over skin of face	1	MILD
E	Normal skin	0	NORMAL

Table No 4: assessment before and after treatment.

DAY	DAY 0	DAY 10	DAY 21
GRADE	3	2	1



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