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Vyanga And It's Management In Ayurveda

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Abstract

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Beauty is a subject of Socio-medical importance. Healthy and glowing skin of face increases the beauty of a personand also gives self-confidence. There are many causes which disturb complexion and texture of the facial skin such as acne, hyper pigmentation etc.

In Ayurveda, all skin ailments are mostly concludes in the title under Kushtha and Kshudra roga, Vyanga is Kshudra roga with painless, small and blackish in colour feature. It is an acquired pigmentary disorder caused by over production of pigments in the skin known as melanin. Melasma often caused a significant psychological impact with a negative effect on quality of life and emotional well-being. In Ayurveda for this condition so many remedies are describe as internal medicine and external applications for skin disorder. All accessory factors are also important during management of diseases eg.Psychological conditions, cosmetics, OCP, some drugs etc.

In this paper there is a review attempted to understand Vyanga and its management in Ayurveda.

Introduction

In Ayurvedic literature all skin aliments are mostly concludes in the title under meaning of Kushtha and Kshrudra Roga. The primary meaning of Kushtha is Twak Vaivarna.

Ayurveda mentioned the Vyanga (Melasma) in Kshudraroga by all acharyas. It is also considered as Raktpradoshja vikar. Vyanga is a diease which decreases the glowing complexion of face and affect the skin. It is characterized by the presence of Niruja (painless), Tanu (thin) and Shavavarna Mandalas (bluish-black patches) on face. It mainly affects women particularly of reproductive age. This condition can occure in men also. This disorder is the epidemiological data for female and male ratio shows 4:1 in India.

The etiological factors like krodha, shoka, shrama etc. and pathogenesis of Vyanga are explained in Ayurveda. In Ayurveda vata and pitta dosha is mainly involved. They along with each others due to causative factors suddenly produce Vyanga on face region. Because there are not many research articles found in it. Hence the research article discussed about etiology, pathology and persepective Ayurvedic treatment of melasma with special reference to Vyanga.

Ayurveda mentioned a good number of medicines for skin care. Massage with oils, application of paste of medicine etc makes the face smooth, soft and glowing. Bloodletting is also described for skin diseases.

Probable etiopathology of Vyanga

In Vyanga, the dosha prakopaka hetus like Krodha, Shoka and Shrama are mainly Tama (Manas Dosha), Pitta and Vata(Shareerika Dosha) dominance, vitiates the Agni(Pitta Dosha) which resides in Rasa and initiates the pathogenesis of Vyanga. Here Ranjak Pitta is responsible for the conversation of Rasa Dathu into Rakta Dhatu Which results in the formation of normal skin colour.

However due to etiological factors like Krodha and Shoka mainly Pitta vitiation takes place which in affects the Jatharagni and 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 leads to 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.

Clinical Types

According to the Doshas predominance disease may be catgorised into 4 sub types.

1)Vataja- Blakish coloured and rough in nature

2)Pittaja- Blue colour in center and copper coloured in periphery

3)Kaphaja-Whitish in colour and itchy nature

4)Raktaja-In center copper and on periphery blood coloured associated with burning and tingling sensation.

Modern view

Melasma is common pigmentary disorder, characterized by symmetrical hyper pigmented macules on face, due to excessive melanine secretion.

It occure primirarly on the cheeks, bridage on nose, forehead, lips and occasionally elsewhere on the face. It may be at epidermal and dermal layer (according to Acharya Sushrut it may be at lohita 2nd layer of skin).

The aetiopathogenesis of Melasma includes,

<u>A) Genetic Factors -</u>

Racial and familiar predisposition suggests that genetic factors contribute to pathogenesis of melasama.

B) UV Exposure -

It is the most important triggering factor for melasma. UVradiation directly induces the increase of melanogenic activity, causing the development of epidermal pigmentation and occurring more intensely in region with melasma than the adjacent skin.

C) Sex Hormones -

A female preponderance suggests a role for the female sex hormones in the pathogenesis of melasma. It is an undesirable cutaneous effect of oral contraceptive. In relation to pregnancy, melasma is considered as a common physiologic. Skin change due to hormonal alterations. Estrogens have a significant role in both physiological and pathological skin condition including pigmentation.

D)Drugs such as Phenytoin -

Pigmentation resembles melasma develops in 10% of patients receiving phenytoin. The drug exerts direct action on melanocytes causing dispersion of melanin granules and also induces increased pigmentation in the basal epidermis but pigmentation disappears in few months after withdrawal of drug.

E) Cosmetics -

Tar, hydrocarbon derivatives like benzene, xylene and poor quality of mineral oil containing cosmetics play and important role by photo-toxic mechanism.

Clinical Feature

On the basis of clinical feature melasma is classified into three group-

- 1)Centro facial- 63% cheek, forehead, upper lip, nose and chin.
- 2)Malar- 21% malar area on face.
- 3) Mandibular- 16% ramus of mandible.

In modern science, topical steroid have been described in the management of facial melanosis. However the topical steroid is not comparatively free from adverse effects such as irritation, rash. Hence there is a need to search better method of management of Vyanga.

Ayuvedic management

In Ayurvedic texts, so many remedies are described as internal medicine and external application for skin disorder. Local application is more useful in skin disorder as it directly acts on lesion.

Drugs having Twak prasadak, Varnyakara, Raktashodhak properties are useful in the management. This can produce cutaneous depigmentation that remove the blackish discoloration of skin.

Ayurvedic Managements Mainly Comparises of the following.

<u>1)Removal of causes (Nidanparvarjan)</u>

2)Shodhan Chikitsa

- Blood letting process(Shiravedan)-According to Acharya Sushrut blood letting from the veins of forehead.
- Abhyang-Kumkumadi tailam Manjishathadi tailam Kanak tailam
- Nasya-Bhrungraj ras Dugdha

Jal

3)Shaman Chikitsa-

A. For internal use-

1.Amrutankur vati

2.Panchtiktghrut guggule

3.Gandhapashan churna

Kumkumadi ghrutm Sarsotailam Yavadi abhyang

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4.Khadiradi vati 5.Mahamanjishtadi kwath.

B. For external use-

For the external use we can used the drugs from,

- Varnaya Mahakashaya
- Eladi gana
- Rodharadi gana

And some lepa are also given in the text,

- Arjuntvagadi lepa (Arjun twak, Manjishta and arusa mix with madhu)
- Varuntvak churna with aaja dugdha
- Manjishthadi lepa
- Paste of Vatankur and Masur
- Jaatiphaladi lepa

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- Paste of Ark-ksheer and haridra
- Masur lepa with ghrit
- Raktachandanadi lepa
- Ingudiphal majja lepa
- Mukhakantikar lepa (Rakta) chandan, Manjishta, kuth, Lodhra, Priyangu, vatankur and masur)
- Shalmali lepa
- Navneet lepa

- Krushatiladi lepa (Krushna Til, Krushna Jeera, Shwet Jeera, Shwet Sarsopowder mixwith dughda)
- Kanakadi lepa
- Aranyatulsile lepa (Paste of Bala, Atibala, Yashtimadhu, Haridra)
- Sidharthakadi Lepa (Sidharthka, Vacha, Lodhra, Saindhav namak)
- Vyangadiharo Lepa (Navneet, Gud, Madhu, Karkandhu beeja)

Shushka gomay churna

Karanja + Daadim bark.

Haritaki + Lodhra + Neempatra +

C) Udvartan-

Udvartana is also important part of chikitsa after Abhyanga, in vyanga for this purpose we can use, nal Interdisci

- Samudraphen churna •
- Lodhra churna
- Masur dal churna

Conclusion

Melasma is a common pigmentary disorder having deleterious impact on patient's life quality.As per Ayurveda Vyanga is a disease mentioned in Kshudraroga. In Ayurveda treaties there is a good answer to this disease because it has great treasure of single and compound drugs able to breakdown the samprapti of Vyanga.

References

- 1) Sushruta Samhita, Nidan Sthana, Kshudraroga Nidan Adhyaya, 13/45-46< edited by Kaviraj Ambikadatta Shastri, 14th edition Chaukhamba Sanskrit Sansthan, Varanasi,2003,288
- 2) Charak Samhita, Sutra Sthana, Trishothiya Adhyaya. 18/25, edited by Aacharya Yadavji Trikaji Reprint edition Chaukhamba Prakashan, Varanasi, 2009,107
- 3) Yogaratnkar, Kshudra Roga Chikitsa., edited by Bhishagratna Brahmashankar Shastri, 8th edition, Chaukhamba Sanskrit Sansthan, Varanasi 2003,94
- 4) Sushruta Samhita, Chikitsa Sthana, Kshudraroga Chikitsa Adhyaya, 20/33 ediated by Kaviraj Ambikadatta Shastri, 14th edition Chaukhamba Sanskrit Sansthan, Varanasi,2003,94
- Bhaishajya Ratnavali, kshudraroga Chikitsa, 60/40, edited by Kaviraj Shree Ambikadatta Shastri, 4th 5) edition, Chaukhamba Sanskrit Sansthan, Varanasi, 2002,663
- 6) Ashtang Hrudyam Uttar Stahna 32/16 to 32,editated by Vaidya Indradev Tripathi, 1st edition Chaukhamba Sanskrit Sansthan, Varanasi 1994,573
- 7) Sharngadhara Samhita, Madhyam Khanda, Churna kalpana, 6/148-153, Subhodhini Hindi commentary by Prayag Datta Sharma, 7th edition, Chaukhamba Amar Bharati Prakashan, Varanasi, 1987,197
- Chakrdutta edited by Dr. Indradev Tripathi, Chaukhamba Sanskrit Bhavan, Varanasi, reprint 2014, 8) chapter 55, verse no.49, p. 315
- 9) Bharat Bhaisajya Ratnakar edited by Shri Nageendas chhagan lal shah Rasavaidhen, part-1,B.Jain publishers limited, New Delhi, reprint 1999,2005,2012,Akaaraadiprakarna,p 199
- 10) Bhavmishra, Bhav Prakasha, Mishra Prakaranama/193, edited by Bhrama Shankar Shastri, 9th edition, Chaukhamba Sanskrit Bhavan, Varanasi1999,187