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A Comprehensive Review of Vyanga with Special Reference to Melasma: An Ayurvedic and Contemporary Perspective

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ABSTRACT

Vyanga is a commonly encountered facial pigmentary disorder described under *Kshudra Roga* in classical Ayurvedic literature. The condition is characterized by painless, thin, bluish-black or brownish facial patches that cause cosmetic concern and psychological distress. In contemporary dermatology, a comparable condition is recognized as melasma, an acquired hyperpigmentation disorder affecting sun-exposed areas of the face. Ultraviolet radiation, hormonal influences, genetic predisposition, and emotional stress are considered important contributing factors in its development.

According to Ayurveda, *Vyanga* occurs due to the vitiation of *Vata* and *Pitta Dosha* along with the involvement of *Rakta Dhatu* and *Twak*. Mental factors such as *Krodha* (anger), *Shoka* (grief), and excessive physical exertion are described among the major etiological factors. Clinically, the disease is characterized by *Niruja*, *Tanuka*, and *Shyava Varna Mandala* over the facial region. Classical Ayurvedic texts including *Sushruta Samhita*, *Ashtanga Hridaya*, *Ashtanga Sangraha*, *Yogaratanakara*, and *Chakradatta* provide detailed descriptions of its etiology, pathogenesis, and management.

Management of *Vyanga* includes both *Shodhana* and *Shamana Chikitsa*. Therapeutic modalities such as *Raktamokshana*, *Nasya*, *Abhyanga*, and various *Lepa* formulations are advocated for restoring normal complexion and promoting skin health. Drugs possessing *Varnya*, *Rakta Shodhaka*, *Twak Prasadaka*, and *Kushthaghna* properties are considered beneficial. The present review critically analyzes the classical and contemporary literature on *Vyanga*, its *Panchanidana*, correlation with melasma, and various Ayurvedic treatment approaches.

Key Words *Vyanga*, Melasma, *Kshudra Roga*, Hyperpigmentation, *Rakta Dushti*, *Bhrajaka Pitta*, Ayurvedic Management, *Raktamokshana*

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INTRODUCTION

The primary objective of *Ayurveda* is to preserve the health of a healthy individual and alleviate disease in the affected person. Skin plays a vital role in maintaining physical appearance,

confidence and social acceptance. Disorders affecting facial complexion often create emotional and psychological disturbances despite not being life threatening.

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Among various dermatological disorders described in *Ayurveda*, *Vyanga* occupies an important place due to its effect on facial appearance. It is categorized under *Kshudra Roga* and is characterized by painless, thin and discoloured patches over the face. Classical texts describe the disease as a result of aggravated *Vata* and *Pitta Dosha* along with vitiation of *Rakta*¹.

Melasma is considered the closest modern counterpart of *Vyanga*. It is a chronic acquired disorder of hyperpigmentation presenting as symmetrical brown patches over sun-exposed areas of the face. The condition is commonly observed in women and is associated with multiple factors such as hormonal changes, ultraviolet radiation, genetic predisposition and emotional stress.

The management of melasma remains challenging due to frequent recurrence and unsatisfactory outcomes with available therapies. In contrast, *Ayurveda* offers a holistic approach aimed at correcting the underlying pathology rather than merely suppressing symptoms. Therefore, understanding the classical concepts of *Vyanga* may provide valuable insights for effective management of facial hyperpigmentation disorders.

AIMS AND OBJECTIVES

To review the concept of *Vyanga* described in classical *Ayurvedic* texts.

To establish the correlation between *Vyanga* and melasma.

To study the etiology, pathogenesis and clinical features of *Vyanga*.

To review various *Ayurvedic* treatment modalities described for its management.

MATERIALS AND METHODS

The present review is based on a comprehensive study of classical *Ayurvedic* texts including *Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Hridaya*, *Ashtanga Sangraha*, *Yogaratanakara*, *Chakradatta*, *Bhavaprakasha* and other relevant literature. Information related to melasma was collected from modern dermatology textbooks, peer-reviewed journals and published research articles. The collected material was critically analyzed and compiled systematically.

CONCEPTUAL STUDY

Ayurvedic Review of Vyanga

According to *Ayurveda*, *Vyanga* is considered a *Raktapradoshaja Vikara*² and is described under *Kshudra Roga* by various *Acharyas*. References to *Vyanga* are available in both *Brihatrayi* and *Laghutrayi*, although the description is brief. The disease is primarily associated with factors such as *Krodha* (anger)³, mental stress and excessive physical exertion. The pathogenesis mainly involves *Vata* and *Pitta Dosha*, particularly *Udana Vayu* and *Bhrajaka Pitta*, along with the vitiation of *Rasa* and *Rakta Dhatu*, resulting in facial discoloration and pigmentation.

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Table 1 *Samhita Kala*: Description of the Vyanga from *Samhita*

Charaka Samhita	Vyanga is not described as a separate disease entity, as Acharya Charaka did not dedicate an exclusive chapter to <i>Kshudraroga</i> . Instead, Vyanga is considered a type of <i>Raktaja Vikara</i> . Acharya Charaka collectively explains conditions such as <i>Tilakalaka</i> , <i>Piplu</i> , <i>Vyanga</i> , and <i>Nilika</i> , along with <i>Ekadeshiya Shotha</i> (localized swelling of different body parts), stating that they share a common <i>Samprapti</i> . According to this description, when aggravated <i>Pitta Dosha</i> associates with <i>Rakta Dhatu</i> , it leads to the manifestation of various skin disorders including <i>Tilakalaka</i> (dark pigmented spots), <i>Piplu</i> , <i>Vyanga</i> , and <i>Nilika</i> ⁴ .
Sushruta Samhita	Acharya Sushruta was the first to present Vyanga as a distinct disease entity under the <i>Kshudrarogadhikara</i> . He provided a comprehensive and independent description of the condition, detailing its <i>Nidana</i> (etiology), <i>Samprapti</i> (pathogenesis), <i>Lakshana</i> (clinical features), <i>Chikitsa</i> (management), and <i>Vyavacchedaka Nidana</i> (differential diagnosis) ⁵ .
Ashtanga Hridaya	In the <i>Kshudraroga Adhyaya</i> of <i>Uttaratantra</i> , Vagbhatta mentions <i>Lakshana</i> of the Vyanga according to <i>Dosha</i> ⁶ .
Bhela Samhita	Vyanga is not described in the <i>Bhela Samhita</i> . <i>Ghruta</i> , <i>Ksheera</i> , <i>Madhya</i> , and other dietary regimens that affect the colour and complexion are listed in the <i>Bhela Samhita</i> .
Harita Samhita	vyanga does not have a description. Drugs with complexion-enhancing characteristics are mentioned ⁷ .
Kashyapa Samhita	Vyanga does not have a description. <i>Savarnikarana Lepa</i> is mentioned in the chapter <i>Dvivraniya Chikitsa</i> of <i>Chikitsa Sthana</i> ⁸ .

Table 2 Description of the Vyanga from *Samgraha Kala*

Madhava Nidana	Vyanga is explained in <i>Kshudraroga Nidana</i> 55th <i>Adhyaya</i>, similar to that of Acharya Sushruta⁹.
Sarngadhara Samhita	<i>Rakta Chandanaadi Lepa</i> , <i>Siddharthakadi Lepa</i> , <i>Vatapatradi Lepa</i> are told as <i>Varnya Lepa</i> , in <i>Lepa – Murdhataila Karnapurana Vidhi Adhyaya</i> of <i>Uttarakhanda</i> ¹⁰ .
Chakradatta	Describes various formulations for Vyanga, in the 55th <i>Adhyaya Kshudraroga Chikitsa Adhyaya</i> ¹¹ .
Vangasen Samhita	Vyanga is described in <i>Kshudrarogadhikara</i> , similar to Acharya Sushruta. <i>Sastrakarma</i> , <i>Ksharakarma</i> , <i>Lepa</i> , <i>Raktamokshana</i> and <i>Agni Karma</i> should be adopted for <i>Samanya Chikitsa</i> of <i>Kshudraroga</i> ¹² .
Bhavaprakash Samhita	Similar to Acharya Sushruta, Vyanga is further explained in <i>Madhyama Khanda Kshudrarogadhikara</i> . <i>Chikitsa</i> are told like <i>Siravyadha</i> , <i>Pralepa</i> , <i>Abhyanga</i> ¹³ .
Yogaratanakara	At <i>Kshudrarogadhikara</i> in <i>Uttarardha</i> , Vyanga is detailed. Define <i>Pathya</i> and <i>Apathya</i> for <i>Kshudraroga</i> while also taking into account <i>Rogi</i> , <i>Dosha</i> , <i>Dushya</i> , and <i>Avastha</i> ¹⁴ .
Bhasavarajiya	In the 22nd chapter, <i>Nidana</i> , <i>Lakshana</i> , and <i>Chikitsa</i> of Vyanga are described ¹⁵ .
Nighantu Ratnakara	Vyanga is one of the <i>Rakta Vriddhi Lakshanas</i> , as explained ¹⁶ .

Table 3 Classification of Vyanga by different *Samhita*

S. No.	Samhita	Category	Name of chapter	Reference
1.	Charaka	<i>Raktapradosajavikara</i>	<i>Trishothiya Adhyaya</i>	Ch.Su.18/25
2.	Sushruta	<i>Kshudraroga/ Raktaja Vikara</i>	<i>Kshudraroganidana</i>	Su.Ni.13/34
3.	Ashtanga Hridayam	<i>Kshudraroga</i>	<i>Kshudrarogavigyanam</i>	A.H.U. 31/28, 29
4.	Bhavprakash	<i>Kshudraroga</i>	<i>Kshudrarogadhikara</i>	B. P. 61/37
5.	Madhava Nidana	<i>Kshudraroga</i>	<i>Kshudraroganidana</i>	M.N.55
6.	Sharnghadhara	<i>Kshudraroga</i>	<i>Rogaganana</i>	Sh.S.P.7/95

Nidana¹⁷

The important etiological factors responsible for Vyanga include:

Excessive consumption of *Vata* and *Pitta* aggravating foods

Intake of incompatible and unhealthy diet

Krodha (anger)

Shoka (grief)

Mental stress

Excessive physical exertion

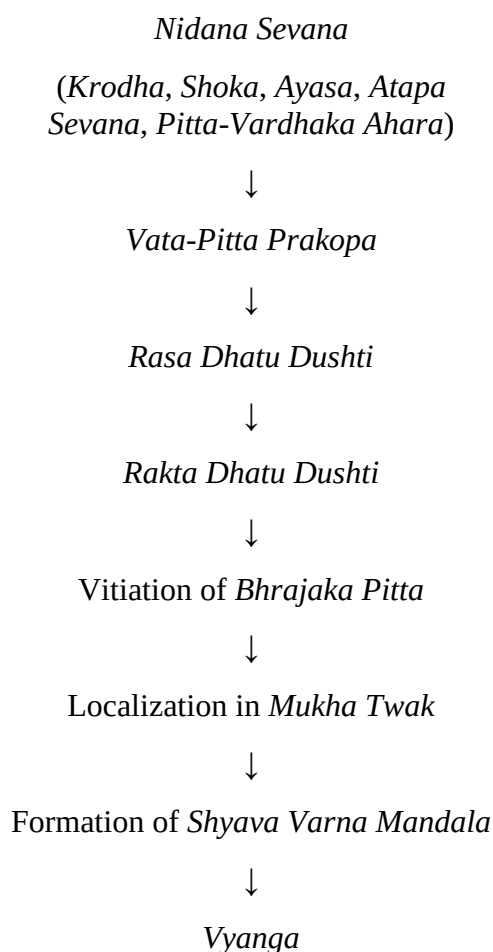
Suppression of natural urges

Exposure to excessive heat and sunlight

Samprapti¹⁸ -The pathogenesis (*Samprapti*) of Vyanga is only briefly mentioned and has not

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been elaborated upon in the classical Ayurvedic texts.



Samprapti Ghatakas -

Table 6 Dosha-wise Classification and Clinical Features of Vyanga According to Vagbhata

S. No.	Dosha	Symptoms
1.	Vataja	Shyava, Ruksha, Parusha (Rough and dark lesions)
2.	Pittaja	Tamra, Rakta-Anta (Coppery or bluish discoloration)
3.	Kaphaja	Shweta Partanta, Snigdha (Whitish lesions associated with itching)
4.	Raktaja	Tamra Rakta, Daha (Reddish lesions accompanied by burning sensation)

Modern Review of Melasma

Melasma is a common acquired hyperpigmentation disorder characterized by symmetrical brown to dark brown macules and patches on the face. It predominantly affects women during reproductive age but may also occur in men.

Epidemiology

Table 4 Pathogenetic Components (*Samprapti Ghatakas*) of Vyanga

Dosha	Vata and Pitta
Dushya	Rasa and Rakta
Srotas	Rasavaha and Raktavaha Srotas
Adhithana	Facial skin (<i>Mukha Twak</i>)
Vyadhi Marga	Bahya Roga Marga
Agni	Vishamagni
Sadhyasadhya	Sadhya

Rupa¹⁹

Sudden appearance of facial pigmentation.

Table 5 Classical Clinical Features of Vyanga

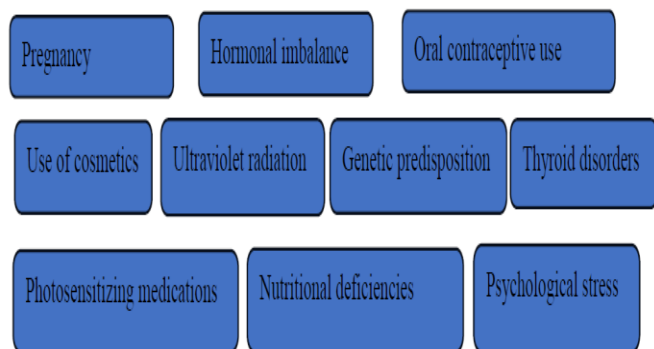
Niruja	(absence of pain)
Tanu	(Thin)
Shyava Varna Mandala	(Bluish Black Patches)



Figure 1 Symptoms of Vyanga
Vagbhata has further classified Vyanga according to Dosha²⁰ predominance.

Melasma is more common in women, with a prevalence of approximately 50–70% during pregnancy and 8–29% among oral contraceptive users. In men²¹, it accounts for about 20.5–25.38% of cases, with the malar pattern being the most frequently observed. Reduced testosterone levels have also been reported in some male patients, suggesting a possible hormonal role in the development of melasma.

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Etiology of Melasma²²

Important causative factors include:

Clinical Features²³

1. Symmetrical hyperpigmented facial patches
2. Predominantly affects cheeks, forehead and nose
3. Absence of pain
4. Gradual progression
5. Cosmetic concern and emotional distress

Classification and Clinical Features of Melasma

Melasma is classified into histological and clinical types.

Histological Classification²⁴

Epidermal Melasma: Characterized by dark brown patches with well-defined borders due to increased melanin in the epidermis. It responds well to treatment.

1. **Dermal Melasma:** Presents as light brown to bluish patches with ill-defined borders. Melanin is deposited in the dermis and treatment response is usually poor.
2. **Mixed Melasma:** The most common type, showing features of both epidermal and dermal melasma. It presents with mixed pigmentation and shows partial response to treatment.

Clinical Classification²⁵

Centrofacial Pattern: Pigmentation mainly involves the forehead, cheeks, nose and upper lip.

1. **Malar Pattern:** Pigmentation is confined primarily to the cheeks and nose.

2. **Mandibular Pattern:** Pigmentation is present along the jawline and chin region.

Treatment

Conventional treatment of melasma often shows variable results and recurrence is common after discontinuation of therapy. In *Ayurveda*, the management of *Vyanga* focuses on correcting the underlying *Dosha* imbalance and improving skin health. Drugs possessing *Kushthaghna*, *Rakta Shodhaka*, *Twak Prasadaka* and *Varnya* properties are considered beneficial in reducing pigmentation and enhancing complexion.

Ayurvedic Management of Vyanga

Line of Treatment as per *Ayurveda* is as follows:

1. *Nidana Parivarjana*

Avoidance of etiological factors is considered the first step in the management of *Vyanga*. Excessive exposure to sunlight, mental stress, anger, incompatible diet, spicy foods and irregular lifestyle should be avoided to prevent further aggravation of *Dosha*.

2. *Shodhana Chikitsa*

Shodhana therapies play an important role in eliminating vitiated *Dosha* and purifying the body. Since *Pitta* and *Rakta* are predominantly involved in the pathogenesis of *Vyanga*, purification therapies are considered beneficial.

A) *Virechana Karma* -is indicated for the elimination of aggravated *Pitta Dosha* and helps in the purification of *Rakta*²⁶. It contributes to the

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correction of internal pathological processes responsible for pigmentation disorders.

B) *Raktamokshana*²⁷- has been specifically advocated in *Vyanga* by classical *Acharyas*. The disease is characterized by the involvement of *Rakta Dushti*, which is evident from the discoloration of facial skin and the disturbance of normal complexion. Therefore, removal of vitiated blood helps in breaking the disease process and restoring normal skin color.

Among the various methods of *Raktamokshana*, *Jalaukavacharana*²⁸ is considered particularly suitable in conditions associated with *Pitta* and *Rakta Dushti*. *Acharya Sushruta* has described leech therapy as a gentle and effective procedure for delicate patients and disorders involving vitiated blood. The procedure improves local circulation, facilitates removal of impure blood and promotes healthy skin metabolism. Due to these properties, *Jalaukavacharana* has been widely utilized in the management of pigmentary disorders including *Vyanga*.

C) *Nasya Karma*- is another useful therapeutic measure, especially in diseases affecting the facial region. It nourishes tissues of the head and neck region and supports normal skin function.

Classical formulations such as :

Bhringaraja Swarasa

medicated milk preparations

Siddha Ghrita

3. *Shamana Chikitsa*

Shamana Chikitsa includes the use of drugs possessing *Rakta Shodhaka*, *Varnya*, *Twak Prasadaka* and *Kushthaghna* properties²⁹.

These medications help reduce pigmentation, improve complexion and prevent recurrence.

A) For Internal use:- Commonly used drugs include:

Various herbal and herbo-mineral formulations described in classical *Ayurvedic* texts are used in the management of *Vyanga*. Commonly mentioned preparations include *Gandhapashana Churna*, *Somaraji Churna*, *Avalgujadi Gutika* and *Khadirodaka*. In clinical practice, formulations such as *Kaishora Guggulu*, *Kanchanara Guggulu*, *Manjishthadi Kwatha*, *Gandhaka Rasayana*, *Arogyavardhini Vati*, *Panchatikta Ghrita Guggulu*, *Neem*, *Manjistha*, *Ashwagandha Ghan Vati* and *Shatavari* are frequently prescribed due to their *Rakta Shodhaka* and *Varnya* properties³⁰.

B) For External Use:-

a) *Lepa Chikitsa*

External therapies play an important role in improving complexion and reducing pigmentation. Various *Lepa* formulations described in classical literature include *Varnya Mahakashaya Lepa*³¹, *Eladi Lepa*, *Arjunatvakadi Lepa*, *Manjishthadi Lepa*, *Ayorajadi Lepa*, *Kumkumadi Taila*, *Masura Lepa*, *Jatiphaladi Lepa*, *Raktachandanadi Lepa* and *Utpaladi Lepa*³². These formulations help enhance skin tone, reduce discoloration and promote healthy skin.

b) *Udvartana*

Udvartana using herbal powders is also recommended in certain cases of *Vyanga*.

Classical combinations containing :-

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Shirisha, Nagakesara, Lodhra, Haritaki, Nimba Patra, Karanja and *Dadima Twak* are described for improving skin complexion and supporting the management of pigmentation disorders.

4. *Pathya* and *Apathya*³³

a) *Pathya*

- *Shastika Shali, Yava, Godhuma Mudga, Masura*
- Green vegetables, Fresh fruits
- Adequate water intake
- Yoga and meditation
- Stress management
- Sun protection

b) *Apathya*

- Excessively spicy food
- Oily and fried food
- Fermented food
- Alcohol
- Day sleep
- Night awakening
- Excessive sun exposure
- *Krodha* and mental stress

DISCUSSION

The classical description of *Vyanga* shows a remarkable resemblance to melasma. Both conditions primarily affect facial skin and present with painless hyperpigmented patches. The role of emotional factors described in *Ayurveda* correlates with the modern understanding of stress-related hormonal influences in melasma³⁴. The involvement of *Bhrajaka Pitta, Rakta* and *Twak* explains the pathogenesis of pigmentation changes. *Ayurvedic* therapies not only target the

visible lesions but also address the underlying *Dosha* imbalance, making the treatment approach holistic and comprehensive. Furthermore, the increasing evidence regarding oxidative stress and photo-induced melanogenesis in melasma supports the *Ayurvedic* concept of *Pitta* and *Rakta Dushti* involvement in *Vyanga*.

CONCLUSION

Vyanga is an important pigmentary disorder described under *Kshudra Roga* in *Ayurvedic* literature. The disease develops due to the vitiation of *Vata* and *Pitta Dosha* along with the involvement of *Rakta* and *Twak*. The clinical features closely resemble melasma described in modern medicine. Various *Ayurvedic* therapeutic modalities such as *Raktamokshana, Nasya, Abhyanga, Lepa Chikitsa* and internal medications help in correcting the underlying pathology and improving skin complexion. Thus, *Ayurvedic* management offers a safe, holistic and potentially effective approach for the management of melasma by addressing the underlying pathogenesis rather than merely suppressing the visible lesions. Further clinical and experimental studies are warranted to validate these therapeutic principles.

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