



“A Comprehensive Analysis of Vyanga(Melasma): An Ayurvedic and Modern Medical Perspective”

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ABSTRACT

INTRODUCTION: *Vyanga* or melasma is a skin condition characterized by the presence of hyperpigmented patches on the face. While it may not be considered a severe medical issue, it can significantly impact an individual's confidence and self-esteem. In today's globalized and highly competitive world, the emphasis on presenting oneself well is crucial for success. The skin, being the most visible part of the body, plays a vital role in this presentation. Many people seek a magical solution for flawless skin, driven by the desire to look and feel their best. Modern medical treatments for melasma often come with side effects, and recurrences are common. In contrast, Ayurvedic treatment for melasma is highly effective, free from side effects, and offers the promise of preventing recurrence. Ayurvedic texts provide detailed insights into the causative factors (*Hetu*), prognosis (*Samprapti*), and both local and internal treatments for melasma. This holistic approach in Ayurveda aims to not only address the symptoms but also treat the root causes, making it a valuable and comprehensive option for managing melasma.

AIMS AND OBJECTIVES: This research aims to provide an in-depth understanding of *Vyanga* and melasma by analyzing information from Ayurvedic texts and modern sources. It seeks to comprehend *Vyanga*'s causative factors, pathophysiology, and treatment modalities. Additionally, the research aims to offer a comprehensive overview of various treatment methods, specifically addressing melasma within the Ayurvedic context.

MATERIALS AND METHODS: Information regarding signs, symptoms and treatment about *Vyanga* have been collected from different Ayurvedic books including *Brihatriyi*, *Laghutriyi* and other contemporary books. Modern texts, journals, and various websites were explored and consulted to gather information on the relevant subject.

CONCLUSION: In conclusion, this article bridges the gap between Ayurvedic and modern medical perspectives on *Vyanga*, shedding light on their similarities and differences. It underscores the potential for Ayurveda to contribute significantly to more efficient, safe, and holistic remedies for managing melasma and offers hope for improving the quality of life for those affected by this distressing condition.

Keywords: *Vyanga*, *Kshudra Rog*, Melasma, Hyperpigmentation, *Lepa*

INTRODUCTION

In today's highly competitive and fast-paced world, beauty and personality hold significant importance in various aspects of life. There is a growing focus on skincare and maintaining beautiful and healthy skin. In Ayurveda, the skin disease known as *Vyanga* is categorized under "*Kshudra Rogas*," which means "minor ailments" by all the *Acharyas*. While *Vyanga* may not be a severe or life-threatening disorder, it is a prevalent and noteworthy health issue. *Vyanga* is predominantly observed in the *Mukhapradesha* (facial area) with etiopathogenesis suggesting an imbalance of *Vata & Pitta dosha*. It is categorized as a *Raktapradoshaja vyadhi*, which manifests with distinct characteristics such as *Niruja* (absence of pain), *Tanu* (thinness), and *Shyava* (dark discoloration) mandala (circular lesions) over the facial skin area. In Ayurveda, various *Varnya Prasadana Dravya*, (herbal drugs) that can enhance skin complexion and beauty, are described including *Manjistha*, *Lodhra*, *Priyangu*, *Raktachandan*, *Kustha*, *Jatiphala*, *Arjun*, *Vatankura*, *Masura*, and more. These can be applied locally to the skin or taken orally as part of medicinal treatments to improve skin health and appearance.

Vyanga can be correlated with Melasma in modern medicine. Melasma is identified by the presence of hyperpigmented patches on areas like the cheeks, upper lip, chin, nose, and forehead. This condition is more commonly observed in individuals with darker skin types. Furthermore, melasma predominantly affects females, with a ratio of approximately 4:1, making it more prevalent in women compared to men. The dark discoloration of the skin on the face caused by melasma often leads to significant distress and unhappiness for those affected, resulting in a sense of misery. The etiopathogenesis of melasma involves various factors, including genetic predisposition, exposure to ultraviolet (UV) radiation, hormonal fluctuations, certain medications like phenytoin, and the use of cosmetics, among other influences. The limited availability of research articles on this topic has led to a focus on discussing, evaluating, and elaborating upon the etiology, pathology, and the treatment of melasma, with a particular emphasis on *Vyanga*. Hence this research article aims to provide a comprehensive understanding of the condition and explore both Ayurvedic and Modern perspectives for its management.

CONCEPTUAL STUDY

Disease Review (Ayurvedic concept)

Description about *Vyanga* is found in almost all the Ayurvedic classic. It has been elaborated as *Kshudrarog* (minor ailments) in both *Brihattaryee* and *Laghuttaryee*. *Kshudrarogas* refer to a category of disorders primarily characterized by *alpa rupa*. These conditions are also known as *Alpa Vyadhi*, *Swalpa*, *Adhama*, or *Krura Vyadhi*. A detailed and separate description of *Vyanga* is described in the chapter of "*Kshudra Roga*" in *Sushruta samhita* which includes *Nidana*, *Laksana*, *Samprapti* and *Sapeksha nidana*¹. In *Charak Samhita* *Vyanga* is considered as a "*Raktaja Roga*" and a common *Samprapti* for *Tilkalaka*, *Piplu*, *Vyanga* and *Neelika* in *Trisothiya Adhyaya*² has been given. More elaborate description is available in *Astanga Hrdaya Uttaratantira*, in the '*Ksudra Roga prakarana*' where in the *Doshanusara Laksanas* of the disease are explained in detail³.

NIRUKTI

Vyanga is derived from two words *Vi + Anga*. "*Vi*" means *Vikruti*, *Vighatan*, and "*Anga*" means body/part. In the present context, *Vyanga* refers to dark patches or spots on the face.

CAUSATIVE FACTOR OF VYANGA (NIDANA)

Acharya Charaka did not provide explicit details about the factors that lead to *Vyanga*. But according to him *Pitta* vitiating causes are accountable for *Vyanga*. As per *Acharya Susruta*, *Krodha* (anger) and *Aayasa* (exhaustion) are the underlying factors contributing to *Vyanga*⁴.

According to *Astanga Sangraha* and *Astanga Hridaya*, *Vyanga* primarily stems from *Shoka* (grief) and *Krodha* (anger)⁵. In *Madhyakala*, *Madhava Nidan* and *Yogaratanakara* also align with *Susruta's* perspective on this matter^{6 7}.

Table 1: The causative factor for *Vyanga*

ACHARYA	NIDANA		
	KRODHA	SHOKA	AYASA
SUSHRUTA	+	-	+
VAGHBHATA	+	+	-
MADHAVNIDANA	+	-	+
YOGRATNAKAR	+	-	+

PATHOPHYSIOLOGY OF VYANGA (SAMPRAPTI)

Samprapti refers to the process through which a disease develops as a result of imbalanced *Doshas* that are constantly circulating within the body. *Acharya Charaka* described that when imbalanced *Pitta*, due to its causative factors, undergoes desiccation (drying) within the blood vessels of the skin, it leads to the development of skin conditions *Tilakalaka*, *Piplu*, *Vyanga*, and *Neelika*.⁸ According to *Acharya Susruta*, when *Vayu* becomes aggravated due to factors like anger (*Krodha*) and strenuous physical activity (*Ayasa*), it combines with *Pitta dosha* and swiftly gives rise to a small, pale gray circular lesion in the facial area.⁹ *Acharya Sushruta* believed that this skin condition, known as *Vyanga*, primarily affects the second layer of the skin called *Lohita*, which is responsible for its manifestation.¹⁰ As per *Acharya Vagbhata*, when *Vayu* becomes aggravated due to emotions like grief (*Shoka*) and anger (*Krodha*), and combines with *Pitta*, it leads to the formation of a light gray circular patch on the face. This condition is referred to as *Vyanga*.¹¹

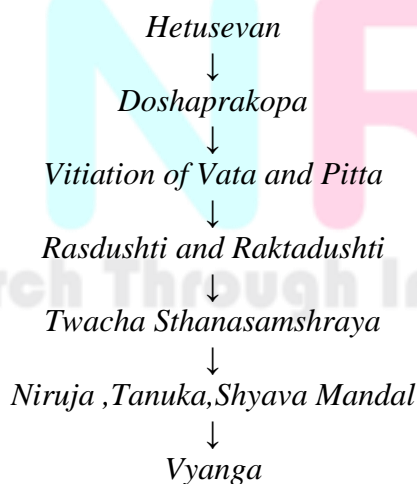


Table 2: Samprapti ghatak of vyanga

DOSHA	<i>Vata, Pitta</i>
DUSHYA	<i>Dhatu-Rasa, Rakta Updhatu- Twaka</i>
STROTAS	<i>Rasavaha , Raktavaha</i>
STROTO DUSHTI	<i>Sang</i>
MARG	<i>Shakhagat</i>
ADHISHTHAN	<i>Mukhagat Twak</i>

SIGNS AND SYMPTOMS OF *VYANGA (RUPA)*

The characteristics or symptoms of Vyanga vary among different Ayurvedic scholars^{12 13 14 15}

Table 3: Lakshana of Vyanga

<i>Acharya</i>	<i>Lakshanas</i>			
	<i>Shyava varna</i>	<i>Niruja</i>	<i>Tanu</i>	<i>Mandala</i>
Sushruta	+	+	+	+
Vagbhatta	+	-	+	+
Madhvakara	+	+	+	+
Yogratnakara	+	+	+	+

TYPES OF *VYANGA*:

According to Vagbhatta, *Vyanga* can be categorized into four subtypes based on the predominance of the *Doshas*:¹⁶¹⁶

- VATIKA**- Blackish coloured (*Shayva Varna*) and Rough (*Khara or Parush*) in nature.
- PAITTIKA**- Blue coloured in centre (*Nila*) and copper (*Tamra Varna*) coloured in periphery.
- KAPHAJA**- Whitish in colour (*Shweta Varna*) and may be associated with Itching (*Kandu*)
- RAKTAJA**- In centre copper (*Tamra*) and on periphery blood (*Rakta varna*) coloured may be associated with burning (*Daha*) sensation.

AYURVEDIC MANAGEMENT OF *VYANGA*:

Line of treatment mentioned by various Ayurvedic scholars in their ancient texts for management of *Vyanga*:

Table 4. Procedures recommended for *Vyanga* in Ayurveda Classics

S.NO	Ayurveda Classics	Procedures Recommended	Chapter
1.	Sushruta Samhita ¹⁷	Siravedha, Pralepa	Chikitsa Sthan Kshudraroga Chikitsa (20/33-36)

2.	Ashtang Hridya ¹⁸	Siravedha, Lepa	Uttar Sthan Kshudraroga Pratishedha (32/15-32)
3.	Ashtang Sangraha ¹⁹	Vataj Vyanga – Pana, Abhyanga, Navan, Pralepa. Pittaj Vyanga - Pana, Abhyanga, Navan, Vaman, Virechana, Rudhiravsechan, Lepa. Kaphaj Vyanga - Pana, Navan, Abhyanga, Pralepa. Raktaj Vyanga – Abhyanga, Siravishravan, Vaman, Virechana.	Uttar Sthan Kshudraroga Pratishedha (37/24-33)
4.	Bhavprakash ²⁰	Siravedha, Pralepa, Abhyanga.	Chikitsa Prakarana Madhyam Khanda Kshudraroga Adhikar (61/39)
5.	Yogratnakar ²¹	Siravedha, Pralepa, Abhyanga.	Uttar Sthan Kshudraroga Chikitsa (1-12),14
6.	Chakradutta ²²	Siravedha, Pralepa, Abhyanga	Kshudraroga Chikitsa Prakarana 55/40,43,44,48,49
7.	Bhaisajya Ratnawali ²³	Siravedha, Pralepa, Abhyanga	Kshudraroga Chikitsa adhyaya, 60/37, (40-43), (46-48), (90-92), (107-124), (155- 157)

Table 5: Mukhalepa (Facepack) and Taila for Bahya Prayog (External Application) in Vyanga in Ayurvedic Contemporaries.

S.no	Mukhalepa / Oil	Reference
1.	<i>Arjuna</i> stem bark with Milk ^{24 25 26}	Ashtang sangrah Uttar Sthan -37/24 Ashtanga Hridaya- Uttarasthana - 32/16 Chakradatta, Kshudraroga Chikitsa Prakarana - 55/44
2.	<i>Manjishtha</i> with <i>madhu</i> ^{24 26 27}	Ashtang sangrah Uttar Sthan- 37/24 Chakradatta, Kshudraroga Chikitsa Prakarana - 55/44 Bhavprakash Samhita, Chikitsa Prakarana, Madhyam Khanda Kshudraroga Adhikar - 61/40

3.	Moist bark of <i>Dadima</i> with goat's milk ²⁴	Ashtang sangrah Uttar Sthan ,Kshudraroga Pratisheha -37/24
4.	<i>Raktachandanadi (Rakta chandana, Manjishta, Kushta, Lodhra, Priyangu, Vatankura, Masura) Lepa</i> ²⁵	Ashtanga Hridaya- Uttarasthana - 32/17
5.	<i>Jeerakadi lepa (Jeerak (Krishna or shweta), Krishna til, sarshap)</i> ²⁵	Ashtanga Hridaya- Uttarasthana - 32/18
6.	<i>Masoor with Milk, ghee & madhu</i> ²⁵	Ashtanga Hridaya- Uttarasthana - 32/19
7.	<i>Shalmali kantik with guda.</i> ²⁵	Ashtanga Hridaya- Uttarasthana - 32/19
8.	<i>Mausiljata (roots of shalmali) with goat's milk</i> ²⁵	Ashtanga Hridaya- Uttarasthana - 32/21
9.	Fried & dehusked <i>Masura</i> with milk ²⁵	Ashtanga Hridaya- Uttarasthana - 32/19
10.	Tender leaves of <i>Jambu & Amra Haridra dwaya, Mastu</i> with fresh jaggery ²⁵	Ashtanga Hridaya- Uttarasthana - 32/22
11.	Paste of <i>Tinduka</i> mixed with its own juice ²⁵	Ashtanga Hridaya- Uttarasthana - 32/22
12.	<i>Kumkumadi tail</i> ^{25 27} <i>Kumkumadi tail Pratham, Dwitya, Tritiya</i> ⁱⁱⁱ	Ashtanga Hridaya- Uttarasthana - 32/27-30 Bhavpraksh Samhita ,Chikitsa Prakarana, Madhyam Khanda Kshudraroga Adhikar - 61/46-51 Chakradatta, Kshudraroga Chikitsa Prakarana - 55/63-76
13.	Paste of <i>Vatankur</i> and <i>Masura</i> ²⁷	Bhavpraksh Samhita, Chikitsa Prakarana, Madhyam Khanda Kshudraroga Adhikar - 61/40
14.	<i>Varuna twak</i> with goat's milk ²⁷ <i>Varuna twak</i> with goat's urine ²⁶	Bhavpraksh Samhita, Chikitsa Prakarana, Madhyam Khanda Kshudraroga Adhikar - 61/41 Chakradatta, Kshudraroga Chikitsa Prakarana - 55/41
15.	Paste of <i>Jatiphala</i> ^{26 27}	Chakradatta, Kshudraroga Chikitsa Prakarana - 55/50 Bhavpraksh Samhita, Chikitsa Prakarana, Madhyam Khanda Kshudraroga Adhikar - 61/42
16.	<i>Kola phala beeja majja & jaggery</i> with butter, honey ²⁶	Chakradatta, Kshudraroga Chikitsa Prakarana - 55/49
17.	<i>Sarshapa Tail</i> <i>Haridradya Tail</i> <i>Kanaka Tail</i>	Chakradatta, Kshudraroga Chikitsa Prakarana - 55/50,55-57, 58-59, 60-62,

	<i>Manjishthadi Tail</i> ²⁶	
18.	Paste of <i>Vata pandu patra, malti patra, raktachandana, kutha, kaliyaka and lodhra</i> ²⁷²⁸	Bhavpraksh Samhita, Chikitsa Prakarana, Madhyam Khanda Kshudraroga Adhikar - 61/44
19.	Paste of <i>Kaliyak, nilotpala, kushtha</i> , supernatant layer of curd, <i>badar, priyangu</i> . ²⁹	Bhaishajjya ratnawali , Khudrarogchikitsa prakaran 60/48

Table 6: Medications For Abhyantar Prayog (Internal administration)

S.No	Procedures Recommended	References
1.	<i>Nasya</i> : Fresh juice of <i>Bhringraj</i> mixed with milk or water, <i>Kumkumadi Tail</i> ³⁰	Ashtanga Hridaya- Uttarasthana - 32/33
2.	<i>Paan and Nasya</i> ³¹ : <i>Vataj Vyanga: Devdaryadi Sneha</i> <i>Pittaj Vyanga: Baladi Sneha</i> <i>Kaphaj Vyanga: Dashmooladi Sneha</i>	Ashtang sangrah Uttar Sthan -37/25, 27, 31.

DISEASE REVIEW (MODERN CONCEPT)

Melasma is a common pigmentary disorder marked by abnormal melanin production, primarily affecting sun-exposed areas of the face. It appears as irregularly shaped, light to dark brown patches and derives its name from the Greek word “mélas,” meaning black. The condition, first described by Hippocrates, is characterized by increased melanin, melanocytes, and tyrosinase synthesis in the skin. Despite its impact on emotional and psychological well-being, melasma is often mistaken for a cosmetic issue, leading to underdiagnosis and inadequate treatment.³²

Epidemiology

Studies show that melasma prevalence varies widely, from 1% in the general population to 9%–50% in higher-risk groups³³. It is more common among women with darker skin (Fitzpatrick types III–V) in their 30s and 40s.³⁴ Additionally, 76% of melasma patients are diagnosed with psychiatric conditions like depression and stress disorders.³⁵

Etiology and Pathogenesis

Experts believe factors like pregnancy, birth control pills, hormone replacement therapy, family history, race, and certain medications can trigger melasma.³⁶ Women with melasma often report menstrual

irregularities, potentially linked to polycystic ovarian syndrome and insulin resistance. Additionally, higher rates of thyroid dysfunction and depression have been observed in those with melasma.³⁷

▪ **UV radiation**

UVA and UVB significantly contribute to hyperpigmentation by stimulating keratinocytes to produce growth factors that induce melanogenesis. Histamine, released in response to UV radiation, activates the tyrosinase pathway, further promoting melanogenesis. This mechanism links inflammation from sun exposure to skin discoloration.³⁸

▪ **Genetic Predisposition**

Melasma is more common in individuals with darker skin tones and has a strong genetic link. An international survey found that 48% of women treated for melasma had a family history, with 97% of cases in a first-degree relative³⁹. A Brazilian study reported familial occurrence in 56.3% of melasma patients.⁴⁰

▪ **Hormonal factors**

Hormonal imbalances from pregnancy, ovarian tumors, hormone replacement therapy, and contraceptive use can trigger melanogenesis. Melasma is linked to pregnancy in 14.5% to 56% of cases and to hormonal contraceptives in 11% to 46% of cases.⁴¹ Estrogens activate melanogenesis by binding to ER2 receptors in melanocytes, increasing MC1R expression and upregulating MITF, TRP1, and TRP2 by inhibiting PKA. Conversely, ER2 antagonists reduce melanin production⁴²

▪ **Role of Drugs**

The use of phenytoin has been associated with melasma-like pigmentation due to its role in dispersing melanin granules and triggering pigmentation in the basal epidermis. However, this drug-induced pigmentation is reversible upon discontinuing the medication⁴³

▪ **Role of Pollution**

Environmental factors like airborne particulate matter and polycyclic aromatic hydrocarbons (PAHs) in polluted areas generate Reactive Oxygen Species (ROS), which activate metalloproteinases and contribute to extrinsic aging. Consequently, high pollution levels are linked to a higher incidence of melasma.⁴⁴

▪ **Cosmetics**

Products like perfumes, soaps, creams, and shampoos containing photodynamic substances such as psoralen, tar derivatives, or hexachlorophene can induce facial pigmentation.⁴⁵

▪ **Idiopathic**

In most instances, melasma in males and approximately one-third of female cases is considered idiopathic, meaning that the exact cause remains unknown.⁴⁶

Clinical Features of Melasma

Melasma typically appears on sun-exposed areas of the skin, where it manifests as symmetrical, well-defined patches or spots in varying shades of light to dark brown. These patches are most commonly found on the cheeks, forehead, chin, and upper lip.

There are three kinds of melasma lesions⁴⁷:

1. **Centro facial:** Implicates cheek, forehead, upper lip, nose and chin.

2. **Malar:** Localized to nose and cheeks
3. **Mandibular:** Over the ramus of mandible.

Extra-facial melasma includes many features such as irregular, hyperchromic, symmetrical discolorations at the neck, cervical, sternal areas, arms, forearms, and eventually at the back. It affects the upper limbs predominantly among old adults, menopausal women, and those receiving hormonal replacement therapy⁴⁸.

Classification Of Melasma

Melasma can be categorized into three types based on the depth of melanin pigments within the skin⁴⁹:

- **Epidermal Melasma:** This type appears light brown in color and is primarily deposited in the basal and supra-basal layers of the epidermis. When examined under a Wood's light, it exhibits enhanced contrast. It generally responds well to treatment.
- **Dermal Melasma:** Dermal melasma presents as a bluish-gray pigmentation, characterized by the presence of melanin-laden melanophages in the superficial and mid-dermis layers. Under Wood's light, dermal melasma does not show contrast enhancement and tends to respond poorly to treatment.
- **Mixed Melasma:** Mixed melasma has a dark brown coloration and exhibits melanin deposition in both the epidermis and dermis. When examined with a Wood's light, some areas may display contrast enhancement. It typically shows a partial response to treatment.

Treatment of Melasma

- **Sun Protection:**

The utmost priority in managing melasma is sun protection, including regular use of broad-spectrum sunscreen with SPF 30 or higher, and wearing protective clothing, hats, and sunglasses. These measures prevent melasma worsening and protect the skin from UV radiation.⁵⁰

- **Topical Bleaching Agents:**

Topical treatments containing ingredients like hydroquinone, tretinoin, corticosteroids, kojic acid, or azelaic acid are commonly used to lighten melasma patches.⁵¹

- **Chemical Peels:**

Chemical peels, such as glycolic acid, trichloroacetic acid (TCA), or salicylic acid peels, can help improve melasma by exfoliating the top layers of skin.⁵²

- **Laser and Intense Pulsed Light (IPL) Therapy:**

Laser and IPL treatments can target pigmented areas and break down melanin, leading to a reduction in melasma.⁵³

- **Oral Medications:**

In some cases, dermatologists may prescribe oral medications like tranexamic acid or certain types of birth control pills to help manage melasma, especially in cases related to hormonal factors.⁵⁴

- **Combination Therapy:**

Combining different treatment modalities, such as topical agents, chemical peels, and laser therapy, can be more effective in treating melasma than using a single approach.

Discussion:

Melasma, though benign, drives significant demand for specialized skincare due to its impact on appearance and emotional well-being. It can affect social, family, and work life, leading to severe distress in some cases. *Vyanga*, a common skin condition also known as melasma, is discussed in both Ayurvedic and modern texts. Ancient Ayurvedic classics, like *Sushruta Samhita* and *Astanga Hridaya*, and more recent medical sources, uncovers striking similarities in how both systems of medicine reveal similar views on its causes, symptoms, and treatments. In Ayurveda, *Vyanga* is considered a minor ailment *Kshudra Rog* (minor ailment) but is recognized for its significant impact on quality of life, with psychological factors such *Krodha* (anger), *Shoka* (grief), and *Shrama* (exhaustion), often contributing to its development. Ayurvedic scholars, notably *Acharya Charaka*, attribute the pathophysiology of *Vyanga* (melasma) to aggravated *Pitta and Rakta* (blood). *Vyanga* is classified as a *Rakta Pradoshaja Vyadhi*, with *Rakta Dhatu* being primarily affected. Psychological factors like *Krodha*, *Shoka*, and *Shrama* (mostly Tamasic and related to the mind) along with dominant *Pitta* and *Vata*, disturb the *agni* residing in *Rasa Dhatu*. This leads to vitiation of *Ranjaka Pitta*, responsible for converting *Rasa Dhatu* into *Rakta Dhatu* and maintaining normal skin color which affects the *Jatharagni* and the proper functioning of *Ranjaka Pitta (Varnotpatti)*. Simultaneously, *Shrama and Shoka* lead to the vitiation of *Udana Vata*, which further contributes to the pathology. As a result of these factors, the vitiated *Ranjaka Pitta, Rakta Dhatu, and Udana Vata* circulate through *Dhamanis* and accumulate in the facial skin, impacting *Bhrajaka Pitta* and causing melasma.

Both modern medicine and Ayurveda offer treatments for *Vyanga* (melasma). Modern medicine typically uses oral and topical antibiotics based on severity, while Ayurveda employs holistic methods such as *Raktamokshana* and *Sodhana Chikitsa* to address underlying imbalances. While effective, modern medicines can have side effects and limitations. Ayurvedic treatments, with their focus on natural and holistic remedies, offer a valuable complement to modern medicine. They can be used in conjunction with modern medicine to provide a more comprehensive and individualized approach for managing *Vyanga*. In this effort to understand and address *Vyanga*, compiling Ayurvedic texts provides a holistic view of *Vyanga* and allows for comparison with modern medical perspectives, revealing similarities and differences in treatment approaches. Ayurvedic insights suggest that it has the potential to significantly contribute to the development of new, efficient, and safe remedies for treating *Vyanga*. Effective remedies for *Vyanga* should balance *Kapha* and *Pitta doshas*, improve blood quality, and restore natural skin color (*Varnya* property). Treatments with these attributes could advance management of *Vyanga* by addressing both physical and emotional aspects, ultimately improving patients' quality of life.

Conclusion

Melasma, a common skin condition characterized by the emergence of dark patches, can significantly impact an individual's well-being. Within the ancient and holistic realm of Ayurveda, a corresponding condition known as "*Vyanga*" is acknowledged in the *Kshudrarogadhikar* of Ayurvedic texts. Ayurveda offers many remedies for *Vyanga*, including single and combined herbal treatments that can help slow its progression. These treatments are designed to address the root causes of *Vyanga*, providing a complete and holistic approach to skin healing and rejuvenation.

¹ Kaviraj Shastri Ambikadatta; Sushruta Samhita, Vol 1; Reprint 2010; Varanasi, Chaukhamba Sanskrit Sansthan; Nidan Sthan 13/45-46 Pg No 372-373

² Chaturvedi Gorakhnath, Pdt Shastri Kashinath; Charak Samhita Part 1; Vidyotini Hindi Commentary; Reprint 2008; Varanasi, Chaukhambha Vishwabharti ; Sutra Sthan 18/25 Pg No 379

³ Dr Tripathi Brahmananda; Ashtang Hridayam ; Nirmala Hindi Commentary; Reprint 2022; Delhi, Chaukhambha Sanskrit Pratishthan; Uttarsthan 31/28 Pg No1117

- ⁴ Kaviraj Shastri Ambikadatta; Sushruta Samhita, Vol 1; Reprint 2010; Varanasi, Chaukhamba Sanskrit Sansthan; Nidan Sthan 13/45-46 Pg No 372-373
- ⁵ Dr Tripathi Brahmananda; Ashtang Hridayam ; Nirmala Hindi Commentary; Reprint 2022; Delhi, Chaukhambha Sanskrit Pratishthan; Uttarsthan 31/28
- ⁶ Prof Upadhyaya Yadunandana; Madhav Nidana; Madhukosha Sanskrit commentary; Part II; Varanasi; Chaukhambha Prakashan; Uttarardha 55/39 pg no 249.
- ⁷ Shastri Brahms Shankar, Yogratnakar Vidyotini Hindi Commentary, Edition 4; Varanasi Chaukhambha Sanskrit Sansthan; Kshurarogadhikar Shloka no. 42 pg 273
- ⁸ Chaturvedi Gorakhnath, Pdt Shastri Kashinath; Charak Samhita Part 1; Vidyotini Hindi Commentary; Reprint 2008; Varanasi, Chaukhambha Vishwabharti ; Sutra Sthan 18/25 Pg No 379
- ⁹ Kaviraj Shastri Ambikadatta, Sushruta Samhita, Vol 1; Reprint 2010; Varanasi Chaukhamba Sanskrit Sansthan,; Nidan Sthan 13/45-46 Pg No 372-373
- ¹⁰ Kaviraj Ambikadatta Shastri; Sushruta Samhita, Vol 1; Reprint 2010; Varanasi, Chaukhamba Sanskrit Sansthan,; Sharir Sthan 04/04
- ¹¹ Dr Tripathi Brahmananda; Ashtang Hridayam ; Nirmala Hindi Commentary; Reprint 2022; Delhi, Chaukhambha Sanskrit Pratishthan; Uttarsthan 31/28
- ¹² Kaviraj Shastri Ambikadatta; Sushruta Samhita, Vol 1; Reprint 2010; Varanasi, Chaukhamba Sanskrit Sansthan; Nidan Sthan 13/45-46 Pg No 372-373
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