ROLE OF MANAS BHAVAS IN VYANGA W.S.R TO MELASMA- A REVIEW

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ABSTRACT
Beautiful and crystal-clear skin is a delight and also a dream for everyone. However when appearance gets disfigured due to altered pigmentation it results in a psychological trauma. Vyanga is a type of kshudra roga characterized by shayya, tanu, niruja mandal especially on face. Apart from its multifactorial origin like prolonged sun exposure, hormonal imbalance, pregnancy etc. vitiation of vata, pittadosha and its raktrpradoshaj nature, “KRODH, SHOKA” have also been considered as hetus in Ayurvedic samhitas which definitely indicates impact of psychological factors in this vyadhi. This nijdosh prakopaj Vyanga can be alleviated by shodhan, lepa application, nasya but role of manas bhavas cannot be denied. The quality of life in patients of Vyanga can be significantly improved with the psychosomatic approach of treatment rather than just focussing on its shariraj nature. The pivotal role of considering psyche in the management of Vyanga should yield more fruitful results.

KEYWORDS: Vyanga, Kshudra roga, Manas bhavas, Melasma.

INTRODUCTION
Smooth glowing uniformly pigmented skin adds to the personality of any individual. The beauty and attraction of any individual is reflected in skin health. However when appearance gets disfigured due to altered pigmentation it results in a psychological trauma.

Vyanga is a type of Kshudra roga characterized by niruja, tanu, shyava mandal especially on the face. Vata getting aggravated due to Krodha (anger), Ayasa (exertion) combine with pitta reaching the face quickly, gives rise to a patch on the skin, which is painless, thin, and blue.[1]

Krodhayasa prakupito vayupitienam sayuntah
Mukhamagata sahasa mandalam visrujyatah
Nirujam tanukam shyavam mukhe vyangam
Tamaadisheva Su.Ni.14/36

The clinical features of Vyanga correlates with Melasma which is a chronic acquired symmetrical hypermelanosis of the face presenting as light brown to dark muddy brown macules on the face.

Melasma is the most common pigmenatry disorder in India with incidence of approximately 10%. Most common in women of reproductive age, with 10% cases occurring in men, it has become a universal, across the gender disorder.

Melasma is a notoriously recidivist condition with yet unclear etiopathogenesis. With multifactorial origin like sun exposure, pregnancy, sexual hormones, inflammatory process of skin, use of cosmetics, steroids and photodermatizing drugs and genetic predisposition, it has a significant negative impact on patients quality of life.[2]

The treatment modalities at present for management of hyperpigmentation are usually unsatisfactory as it shows exacerbation and remission. Relapse is invariable despite optimum preventive measures.

Manas hetus like krodha, shoka, ayaasa have been described by acharyas in the etiopathogenesis of Vyanga. Though Vyanga reflects on facial skin, but it has significant negative impact on quality of life of affected patients too.

The objective of the present review article is to study the role of manas bhavas in Vyanga both as hetu and outcome of the disease.

AIM AND OBJECTIVE
- To study the etiopathogenesis of Vyanga w.s.r to manas bhavas.
- To study the importance of psychosomatic approach in treatment of Vyanga.
MATERIALS AND METHODS
The presented review article is based on review of Ayurvedic samhitas along with various research articles (modern as well as Ayurvedic).

Vyanga and Ayurveda
Ayurveda has described various skin diseases under the broad umbrella of kushtha roga and kshudra vyadhi. Vyanga is a type of kshudra roga with niruja, tanu, shyava mandal especially on the skin of the face.

Etio-pathogenesis of Vyanga points towards vitiation of vata, pitta which gets lodged into twak of mukha producing niruja, shyava, tanu mandalas called as Vyanga.

Vyanga has been mentioned as one of the Rakpradoshaj vikara,[2] as a symptom of Chardri vegrodh janya vyadhi.[3] The Adishth of Vyanga is lohit layer of skin as depicted in Sushruta Samhita.[4] In Kashtha chikitsa adhyaya while describing various lepa, by means of Gobalivarda Nyaya, twakdosh shabda also includes Kilasa, Vyanga etc.[5]

Manas bhavas and Vyanga
Raj and tama are two manas doshas. imbalance in them causes vikaras like kaam, krodh, lobh, shok, chinta etc.[6]

Chintyanaam ati chintanatai i.e excessive worrying is the causative factor for Rasvaha stroto dushti. Similarly krodh, bhaya, shokka causes Swedwaha stroto dushti.[7]
Krodha is responsible for vitiation of raktaka. This vitiation of rasa raktaka may manifest in the form of Vyanga eventually.

Hrudya has been mentioned as adhishthan of manas along with prana, apana mahabhuta, dash dharmi etc. in Ayurveda. Destruction of substratum leads to destruction of the dependent.[8] Continuous indulging in chinta, shoka, bhaya, krodha etc leads to diminished rasa dhatu in hrudya, this ruksha rasa is continuously thrown away in to the circulation and gets lodged into the site of kha vaigunya leading to various diseases.[9]

Krodha
Krodha is one of the cause for direct vitiation of Raktaka.[10]

Krodha is responsible for vitiation of pitta which eventually because of Ashraya Ashrayee bhava causes Raktta dushti.[11]

Shoka
Getting separated from things or people close to the heart results in shoka. Shoka causes shoshan of body by its ruksha guna, vata gets aggravated because of increased raukshya. Acharya Charak has mentioned in Jwara chikitsaadhyaya that shoka results in vata prakopa.[12]

Shoka also results in pitta prakopa.

Harsha
It is exhilaration or feeling pleasure without any apparent cause or by finding fault with others. Excessive harsha results in vata prakopa.[13]

Aayasa
Indulging in excessive activity may it be physical or mental, it results in vitiation of both vata and pitta.[14]
Thus eventual vitiation of vata and pitta leads to their lodging in the skin of face and Vyanga.

Mama and Aahara
Aahara is the basis of Bala, Varna and Ojas.[15]
Mama and aahara are totally dependent on each other. As per Chandogya upnishad the upatti of mama is annamaya. The food taken is divided into shhoel, madhyam and anu portion. This anu bhag is responsible for upatti of mama.
Any factor not pleasing while eating food serve as manovighatak bhava.

The intake of matravat aahar helps in preenan of indriyas along with mama.[16]
Thus aahara has very important role in maintaining balance of mama. Dushit anna or improperly taken anna leads to vitiation of mama similarly dushit mama makes aahar useless to body causing number of diseases.

Mama and Twacha
Twacha, the organ which covers the entire body, seat of the sense organ touch is dominated, controlled by Vata dosha. As mentioned in Charak Samhita, Mama and Twacha are inter linked. Twacha is the reflection or we can call it as mirror of mind.

Twacha is a basis for sparshnendriya. There is a samavaya sambandh of twacha and mama. Mama stays with sparshnendriya and help in pursuing knowledge by collaborating with other indriyas and hence any abnormality in mind affects skin and vice versa.[17]

Stress and Skin
Psychological stress arises when people are under mental, physical, or emotional pressure. It is perceived by the brain and stress hormones such as corticosterone releasing hormone, glucocorticoids and epinephrine are released. This triggers a wide range of physiological and behaviour changes and responses that try to adapt the body to the stress.
Recent research has confirmed skin both as an immediate stress perceiver and as a target of stress response.\(^{20}\)

**Melasma And Stress**

The challenging management of melasma because of its chronicity and common recurrences, provokes significant emotional and psychological effects in affected patients.

ACTH, because it contains an MSH sequence, has about 1/30 as much melanocyte-stimulating effect as MSH. Furthermore, because the quantities of pure MSH secreted in the human being are extremely small, whereas those of ACTH are large, it is likely that ACTH normally is more important than MSH in determining the amount of melanin in the skin.\(^{21}\)

Mental stress can cause a rapid increase in ACTH secretion. This is believed to result from increased activity in the limbic system, especially in the region of amygdala and hippocampus, both of which then transmit signals to the posterior hypothalamic nucleus.

Some patients report onset of Melasma after stressful episodes/affective disorders. ACTH/MSH proviormelanocortins hormones related to stress can activate melanocortin receptors in melanocyte including melanogenesis. There is also evidence that melanocytes present individualized response to stress hormone with same hierarchy of hypothalamus pituitary axis.  

Case study of two patients who developed Melasma that was probably related to emotional stress. The appearance of melasma following sudden emotional stress was not coincidental. The release of MSH is controlled by hypothalamus which is known to be influenced by emotions.\(^{22}\)

Swapna et al. have reported in their study that precipitating stress caused or exacerbated melasma in 54% of patients in their study. Second, depressive disorders were more common in patients suffering from melasma for more than 2 years. These observations would recommend further research to confirm the bidirectional relationship between melasma and adjustment disorders as well as major depressive disorder.\(^{23}\)

**Melasma and Quality of life**

The concept of QOL is becoming increasingly important in medicine, particularly in dermatology where many cutaneous diseases have the potential to effect quality rather than the length of life. Health status QOL measures captures the impact of disease on various dimensions of QOL such as cognitive, social, emotional aspects as well as physical discomfort and limitations.

This study in 156 patients was done where H MELASQOOL was used as a tool for assessment of impact of melasma on patient’s emotional and psychological wellbeing. Patient with melasma felt frustrated, embarrassed. Melasma has effect on interpersonal interactions.\(^{24}\)

This impact is independent of MASI, sex, age of onset and duration of disease. Hence QOL should be assessed in every patient of melasma and treatment plan should be devised taking into account the psychological and emotional stress.

**RESULTS AND DISCUSSION**

Though Vyanga reflects on the skin of face, it has a deep major impact on the mind of the individual. Acharyas have given krodhadi as hetu of Vyanga. Stress is responsible as both hetu and outcome of the Vyanga.

Nidaan parivarjan - Prime treatment modality must be done by Vaidya. Similarly disease induced manas bhavas must be treated accordingly.

**CONCLUSION**

- This Nijdos prakopaj Vyanga can be alleviated by Shodhan, Lepa application, Nasya but role of Manas bhavas cannot be denied.
- Stress has important participation in inducing Vyanga. After its manifestation, disease evokes emotional distress. This vicious cycle goes on until it is broken down.
- The quality of life in patients of Vyanga can be significantly improved with the Psychosomatic approach of treatment rather than just focussing on its Shariraj nature. The pivotal role of considering psyche in the management of Vyanga should yield more fruitful results.

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