

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 *shayva*, *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 *raktpradoshaj* 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 vayupittena sayuntah
Mukhamagatya 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 pigmentation 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 photosensitizing 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.

Etiopathogenesis 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 *Raktpradoshaj vikara*,^[3] as a symptom of *Chardi vegrodh janya vyadhi*.^[4] The *Adisthan* of *Vyanga* is *lohita* layer of skin as depicted in *Sushruta Samhita*.^[5] In *Kushtha chikitsa adhyaya* while describing various *lepa*, by means of *Gobalivarda Nyaya*, *twakdosh shabda* also includes *Kilasa*, *Vyanga* etc.^[6]

Manas bhavas and Vyanga

Raj and *tama* are two *manas doshas*. imbalance in them causes *vikaras* like *kaam*, *krodh*, *lobh*, *shok*, *chinta* etc.^[7]

Chintyanaam ati chintanaat i.e excessive worrying is the causative factor for *Rasvaha stroto dushiti*. Similarly *krodh*, *bhaya*, *shoka* causes *Swedwaha stroto dushiti*.^[8] *Krodha* is responsible for vitiation of *rakta*. This vitiation of *rasa rakta* may manifest in the form of *Vyanga* eventually.

Hrudya has been mentioned as *adhistan* of *mana* along with *prana*, *apana mahabhuta*, *dash dhamni* etc. in *Ayurveda*. Destruction of substratum leads to destruction of the dependent.^[9] 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.^[10]

Krodha

Krodha is one of the cause for direct vitiation of *Rakta*.^[11]

Krodha is responsible for vitiation of *pitta* which eventually because of *Ashraya Ashrayee bhava* causes *Rakta dushiti*.^[12]

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*.^[13]

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*.^[14]

Aayasa

Indulging in excessive activity may it be physical or mental, it results in vitiation of both *vata* and *pitta*.^[15]

Thus eventual vitiation of *vata* and *pitta* leads to their lodging in the skin of face and *Vyanga*.

Mana and Aahara

Aahara is the basis of *Bala*, *Varna* and *Ojas*.^[16]

Mana and *aahara* are totally dependent on each other.

As per *Chandogya upnishad* the *utpatti* of *mana* is *annamaya*. The food taken is divided into *sthool*, *madhyam* and *anu* portion. This *anu bhag* is responsible for *utpatti* of *mana*.

Any factor not pleasing while eating food serve as *manovighatkar bhava*.

Ishtadeshe ishta sarvaupkarne

Anishtabhojanaad manovighato bhavati Cha.vi.1/6

Inspite of eating *pathya* and *matravat aahar*, if *manas vikaar* like *chinta*, *shok* etc are present then the food is not properly digested, it may lead to *aam* formation or *aparipakwa dhatu* formation.^[17]

Kamadibhimanasa upghatah prabhavaadevannam dushayti | Evum ashuchi api annam shuchitwena dnyatam manasa upghataktwadamdushakam bhavati

The intake of *matravat aahar* helps in *preenan* of *indriyas* along with *mana*.^[18]

Thus *aahara* has very important role in maintaining balance of *mana*. *Dushit anna* or improperly taken *anna* leads to vitiation of *mana* similarly *dushit mana* makes *aahar* useless to body causing number of diseases.

Mana 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*, *Mana* 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 *mana*. *Mana* stays with *sparshnendriya* and help in pursuing knowledge by collaborating with other *indriyas* and hence any abnormality in mind affects skin and vice versa.^[19]

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 corticotropin 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 medial hypothalamus.

Some patients report onset of Melasma after stressful episodes/affective disorders. ACTH/MSH propriomelanocortins 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 *Nijdosh 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 Pshychosomatic 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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