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Vyanga Roga in Ayurveda: Significance in Swatantra vs Partantra Vyadhi and Modern Correlation with Melasma

Jamwal N[1*], Deeksha[2]

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[1*] Neha Jamwal, Post Graduate Final Year, PG Dept of Samhita Siddhant and Sanskrit, Rajiv Gandhi Government Post Graduate Ayurvedic College and Hospital, Paprola, Kangra, Himachal Pradesh, India.

[2] Deeksha, Post Graduate Final Year, PG Dept of Samhita Siddhant and Sanskrit, Rajiv Gandhi Government Post Graduate Ayurvedic College and Hospital, Paprola, Kangra, Himachal Pradesh, India.

Vyanga Roga is an Ayurvedic cutaneous disorder characterized classically by painless, dark. (Śyāva) circular patches on the face. It is described in the classics (e.g., Sushruta Samhita and Charaka Saṃhitā) as a Kṣudra (minor) disease of predominantly Rakta-Pradoṣaja (blood-influenced) nature, often linked with aggravated Pitta and Vāta. This paper examines Vyanga in the context of Swatantra (independent) and Partantra (dependent) Vyādhi classifications. A Swatantra Vyādhi is an independent disorder with its own Nidāna (etiology) and Lakṣaṇa (symptoms), whereas a Partantra Vyādhi arises secondary to another primary disease. Classical texts and modern authors (e.g., Charaka, Sushruta, Vagbhata, and contemporary scholars like Pandey) are reviewed to clarify whether Vyanga is primarily a Swatantra Vyādhi or an Upadrava (complication). Ayurvedic pathogenesis (Samprāpti) of Vyanga – involving Pitta–Rakta vitiation in the Bhrajaka Pitta channel due to stressors (e.g., Krodha/Śoka) and Śleṣhmika factors – is outlined. A comparative analysis then correlates Vyanga with modern melasma (Facial Hyperpigmentation). Melasma is an acquired hyperpigmentation of sun-exposed facial areas, disproportionately affecting women (often hormonal/pregnancy-related). Both conditions present with facial hyperchromic macules; however, their etiological models differ. In Ayurveda, Vyanga may be viewed as Swatantra (Śuddha Raktaja dyschromia) yet can occur as a Partantra (e.g., in pregnant women as an Upadrava of Garbhini Roga). This review highlights convergences (e.g., facial pigment dys-homeostasis) and divergences (Dosha-based vs. melanin-centric pathogenesis) between Vyanga and melasma, drawing on classical passages and recent studies. It underscores the importance of integrating Ayurvedic wisdom (Charaka, Sushruta) with modern dermatology to refine the understanding and management of facial hyperpigmentation.

Keywords: Vyanga Roga, Swatantra Vyadhi, Partantra Vyadhi, Ayurveda, Charaka Samhita, Melasma, Hyperpigmentation, Comparative analysis

Corresponding Author

Neha Jamwal, Post Graduate Final Year, PG Dept of Samhita Siddhant and Sanskrit, Rajiv Gandhi Government Post Graduate Ayurvedic College and Hospital, Paprola, Kangra, Himachal Pradesh, India.
Email: nehajamwal1995@gmail.com

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Introduction

Vyanga Roga is recognized in *Ayurvedic* texts as a disorder of skin complexion, manifesting as *Śyāva* (dark-colored) circular patches on the *Mukha* (face). Both *Sushruta* and *Charaka* classify it under *Kṣudra Roga* (minor ailments) and *Raktaja* (blood-related) disorders, indicating that it chiefly involves vitiation of *Rakta Dhātu* and *Pitta Dosha*. In contemporary dermatology, *Vyanga* is often equated with melasma (facial melanosis) - a common chronic hyperpigmentation disorder. Melasma presents as symmetric brownish macules on sun-exposed facial areas (cheeks, forehead, upper lip and disproportionately affects women, especially during pregnancy or with hormonal contraceptive use.

Ayurveda's binary classification of diseases into *Swatantra Vyādhi* (independent disorders) and *Partantra Vyādhi* (dependent disorders or complications) provides a useful lens for understanding *Vyanga*'s status. A *Swatantra Vyādhi* has a self-contained etiology and symptom complex; for example, epilepsy or *Gudapravṛtti* (anal lesions) arising from their own *Āgantu* (aggravating factors).

In contrast, a *Partantra Vyādhi* (*Upadrava*) manifests only in the presence of another primary disease - e.g., *Nirāma* (residual) cough after fever, or mental disturbances that occur only with chronic pain. This paper explores whether *Vyanga* is primarily a *Swatantra Vyādhi* with its own *Nidāna* (such as *Pitta–Rakta* aggravation) and treatment, or whether it should be considered an *Upadrava* of other conditions (e.g., aggravated *Garbhini Roga* in pregnancy).

The aim is twofold: first, to review classical and modern Ayurvedic perspectives on *Vyanga*'s *Samprāpti* (pathogenesis) and classification; second, to compare these with the biomedical understanding of melasma. By juxtaposing Ayurvedic definitions with contemporary dermatological insights, we seek to clarify *Vyanga*'s conceptual significance and its correlation with modern hyperpigmentation disorders. Major Ayurvedic authorities (*Charaka, Sushruta, Vagbhata*) and current scholars (e.g., Pandey) are cited to support the discussion, along with dermatology sources for melasma. The comparative approach may inform integrated therapeutic strategies for pigmentary disorders.

Review of Literature

Ayurvedic Definition and *Samprāpti* of *Vyanga*:

Classical texts uniformly describe *Vyanga* as a painless (*Nirūjā*), thin (*Tanu*), dark-colored (*Śyāva*) patch on the face. It is listed under *Kṣudra Roga* (minor skin diseases) in both *Caraka Saṃhitā* and *Aṣṭāṅga Hṛdaya*. Notably, *Acharya Caraka* includes *Vyanga* among "*Raktaja Vyādhi*" (diseases of blood), implying a *Pitta–Rakta* etiology. *Acharya Sushruta's Uttaratantra* also has a dedicated chapter on *Kṣudra Roga* that mentions *Vyanga's Nidāna, Lakṣaṇa,* and *Saṃprāpti* (pathology). According to modern summaries of these texts, *Vyanga* results from *Rakta* vitiation primarily by *Pitta*, often precipitated by emotional stressors. *Acharya Charaka* states that aggravated *Pitta* mixed with *Rakta* is the chief cause of *Vyanga*. *Acharya Sushruta* enumerates *Krodha* (anger) and *Āyāsa* (exertion) as key *Nidāna* factors. Likewise, *Acharya Vagbhata* notes both *Krodha* and *Śoka* (grief) with *Pitta* as precipitating factors. The resulting vitiated *Pitta* and *Rakta Dhātu* (especially the "*Ranjaka Pitta*" responsible for skin colour) are said to migrate to the face via *Dvārvāha Vimāna* channels (skin circulation), leading to discoloration of the *Bhrajaka Pitta* layer. A schematic *Samprāpti* (disease mechanism) can be summarized as: *Nidāna* (anger, grief, exertion) → *Dosha Prakopa* (*Vāta–Pitta* aggravation) → *Rakta* and *Rasadushti* (blood and nutrient/fluid vitiation) → *Sthāna-saṃśraya* in facial Skin → Manifestation of *Nirūjā, Tanu, Śyāva Mandalas* (*Vyanga*). Table 2 (next section) presents classical *Samprāpaka* elements of *Vyanga*. Thus, Ayurveda conceptualizes *Vyanga* as a *Dosha–Dhātu* dyscrasia: predominantly *Pittaja* and *Kaphaja* in manifestation, with blood (*Rakta*) as the prime *Dūṣya* (afflicted tissue).

***Swatantra* vs *Partantra* Classification:**

Charaka's aphorism "*Svatantro Vyādhir… Anubandhyāh*" defines an independent (*Swatantra*) disease as one with its own cause and clinical presentation. Pandey (2019) explains that *Swatantra Vyādhi* arises directly from a primary *Dosha* vitiation (*Ekadoṣaja, Sannipāta,* etc.) without secondary influence. In contrast, *Partantra Vyādhi* (*Anubandha* or *Upadrava*) has "*Lakṣaṇa* opposite to *Anubandhya*" and its symptoms, etiology, and treatment depend on the primary disorder. For example, *Viṣama Jvara* with cough or delirium.

Vagbhata further divides *Partantra Vyādhi* into *Pūrvaja* (premonitory, occurring before the main disease) and *Paścātaja* (complication arising later). Applying this to *Vyanga*, classical sources do not clearly label it as dependent on another disease. *Vyanga* is treated as a distinct entity under *Kṣudra Roga*. *Charaka* prescribes *Shodhana-Nasya* and *Varṇya* therapies specifically for *Vyanga*, suggesting it is managed on its own merits. However, modern parallels (melasma during pregnancy or thyroid dysfunction) hint that *Vyanga*-like discoloration may sometimes be an *Upadrava*.

The concept of *Vyanga* overlapping with *Garbhāṇi Vyanga* (gestational pigmentation) or *Pūrvarūpa* (prodrome) of other conditions is not explicit in the classics. Some commentators imply that any skin discoloration in pregnancy could be treated as *Vyanga* with special caution. In essence, *Ayurvedic* literature treats *Vyanga* mainly as *Swatantra* (*Ekātmika*) but acknowledges that the underlying *Dosha* disturbance (e.g., pregnancy-associated *Pitta*) can be the root cause.

Correlative Treatments

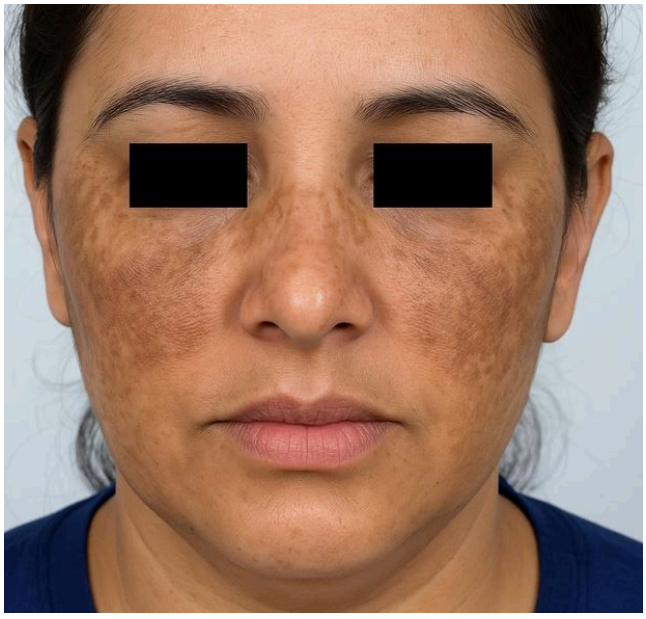

Figure 1: Clinical melasma (facial hyperpigmented macules). The dark, patchy discolorations reflect the *"Śyāva Varṇa Mandalas"* of *Vyanga.* (Image: DermNet NZ)

Ayurvedic management of *Vyanga* emphasizes *Śodhana* (purificatory) and *Śamana* (pacifying) measures. *Nasya* (nasal administration of medicated oils) is considered the prime therapy, as the nasal routes target head and facial doshas.

Texts mention formulations like *Elādi Gana* and *Varnya Gana Lepas* (pastes) to restore skin color. *Raktamokṣaṇa* (bloodletting, including *Jalaukā-Vacchana* /leeches) is recommended for *Pitta*-dominated cases. Contemporary Ayurvedic trials (e.g. Pallavi et al. 2015) report clinical improvement in *Vyanga* (melasma) with *Varṇya Lepa* therapies. These treatments underscore that *Vyanga*, in classical terms, has distinct *Nidana Panchakas* (causes) and *Chikitsa Vidhi* (treatment protocols), consistent with a *Swatantra Vyādhi* profile.

Discussion

Ayurvedic and modern views on pathogenesis show both parallels and contrasts. Both acknowledge a multifactorial etiology. Ayurveda attributes *Vyanga* to internal *Dosha* imbalances: primarily Pitta–Rakta aggravation due to emotional or physiological stress. Modern medicine emphasizes external and hormonal factors. Ultraviolet (UV) radiation is a major trigger in melasma, stimulating melanocyte activity. Hormonal influences (e.g., estrogen, progesterone) and genetic predisposition also play key roles. In Ayurvedic terms, chronic sun exposure (UV) may be seen as *Viṣadharaahara* (poisonous diet) aggravating *Pitta*. Likewise, estrogenic hormones could be interpreted as *Bhrajaka-Pitta* stimulants. Both systems thus implicate *Pitta*-like elements: *Ayurveda* through *Dosha* theory, dermatology through physiology of melanin (melanin production is mediated by hormones and UV, akin to *Pitta* heat responses).

Table 1 below compares key features of *Vyanga* (Ayurveda) and melasma/hyperpigmentation (modern dermatology). Notably, locus (*Mukhapradeśa* – face) and symptomatology (brown/blue-black macules, chronic course, cosmetic concern) align closely. Demographically, both emphasize female predominance: in Ayurveda, aggravating emotional factors (*Harṣa, Śoka) are often seen in context of women's life events, and classical cases often cite pregnant or stressed women. Modern epidemiology reports 4:1 to 19:1 female: male ratio in melasma. However, critical distinction is conceptual: Ayurveda views Vyanga as Dosha–Dhātu Vyadhi (Raktaja Roga), while dermatology identifies it as melanocyte dysregulation.* In Ayurvedic *Samprāpti*, vitiated *Ranjaka Pitta* cannot properly nourish skin color, leading to *Varṇotpatti* (abnormal pigmentation).

Modern studies explain melasma by increased melanogenic factors (e.g., MSH) and dysfunctional dermal capillaries. Another difference lies in classification: *Ayurveda* considers the underlying disturbance (*Pitta-Kapha*) as causative, whereas dermatology classifies melasma by depth of pigment (epidermal vs. dermal) and patterns (centro-facial, malar, mandibular). The *Swatantra* vs *Partantra* question is subtle. All evidence suggests classical *Vyanga* is treated as an independent condition. *Charaka*'s *Viṣabhakṣaṭa Kṣudra Roga* chapter on dermatoses treats *Vyanga* with its own therapy, not as a mere symptom of another disease.

This implies *Swatantra* status. Nonetheless, the modern counterpart (melasma) is often described as "mask of pregnancy," indicating it frequently occurs as a complication of gestation. In *Ayurveda*, pregnancy (*Garbhini Roga*) itself is a state of heightened *Pitta* (and *Kapha*), and *Ayurvedic* authors might consider gestational hyperpigmentation as an *Upadrava* of *Garbhini Roga*. For instance, if a pregnant woman develops facial patches, a clinician might view it as *Pitta–Rakta Dushti* due to *Garbhādhāna* (fetal nourishment), requiring judicious treatment. Thus, *Vyanga* can appear as *Partantra* in such contexts. The significance, however, is that even in secondary settings, the pathogenesis (*Pitta–Rakta* imbalance) remains central, and the therapy (*Nasya, Varṇya Dravyas*) is directed at that imbalance. The comparative analysis underscores that *Vyanga* (Ayurvedic) and melasma (modern) share the final manifestation of facial dyspigmentation, yet have different explanatory models. Nevertheless, these models are complementary. For example, Ayurvedic emphasis on *Rakta Pradoṣa* resonates with the observation that melasma can accompany systemic diseases (thyroid, hepatorenal, etc.) involving blood health. Meanwhile, awareness of UV/hormonal triggers can enrich the understanding of *Nidāna* in *Vyanga* cases (e.g., advising avoidance of sun or estrogenic exposures as part of *Niyama-Chikitsa*).

The table highlights that, conceptually, both systems deal with pigmentary change but approach it from different angles. Importantly, Ayurveda's classification of *Vyanga* as *Rakta-Pradoṣaja* implies focusing on blood purification (e.g., *Pitta-Shamana*, blood-cleansing herbs). In modern dermatology, emphasis is on blocking melanogenesis (retinoids, depigmenting agents) and photoprotection.

Recognizing *Vyanga's Swatantra* status suggests, we treat it directly as a distinct disorder, whereas the *Partantra* perspective reminds clinicians to check for systemic or physiological triggers (thyroid disease, pregnancy, stress) that might be "feeding" the pigmentation.

Table 1: Comparative features of *Vyanga Roga* (Ayurveda) and melasma (modern). See text for sources (Ayurvedic: Modern).

Feature	Vyanga Roga (Ayurvedic)	Melasma/Hyperpigmentation (Modern)
Definition	Kṣudra Roga with Śyāva-Varṇa Mandalas on face; painless dark macules of Rakta-Pitta origin.	Acquired symmetric hyperpigmented macules/patches on sun-exposed facial areas.
Etiology	Pitta–Rakta aggravation due to Krodha, Śoka, Āyāsa, or Usṇa.	UV exposure, genetic predisposition, hormonal factors (pregnancy, contraceptives), thyroid, and medications.
Dosha–Dhātu	Predominantly Pitta with Rakta; often some Vāta (Udāna) as an accomplice.	Not in Dosha terms; involves melanocyte (epidermal keratinocytes) and dermal melanophages; deep and superficial pigment.
Pathogenesis	Vitiated Ranjaka Pitta (digestive-effector Pitta) leads to abnormal Rakta Dhātu and Śuddhi (imperfection) of skin color.	UV and hormones cause melanocytes to overproduce melanin; dermal vessel dilation leads to permanent pigment deposition.
Clinical Features/ Lakṣaṇa	Nirūjā (painless), Tanu (thin), Shyāva (dark) circular patches on cheeks/forehead.	Light-to-dark brown macules, centrofacial distribution (forehead, cheeks, upper lip), variable intensity.
Demographics	More common in females (especially stressed or pregnant), in Pitta-dominant constitutions.	Women ≫ men (up to 9–19:1); peak in 30–50 years; highly prevalent in darker skin types (Fitzpatrick IV–VI).
Swatantra/ Partantra	Treated as a Swatantra Vyādhi (independent) with its own Nidāna (Pitta–Rakta) and Chikitsa; can appear as Upadrava in pregnancy.	Often idiopathic (Swatantra); also considered an endocrine/photodermal Upadrava (e.g., during pregnancy or thyroid disease).
Treatment (Ayurveda vs Modern)	Nasya with Varnya (complexion-restoring) oils, Raktamokṣaṇa (leech therapy), and Varnya herbals (e.g., Manjishṭhā, Haridrā).	Sunscreen, topical agents (hydroquinone, retinoids), lasers, and chemical peels in modern practice.

Comparative Analysis

Analysing *Vyanga* as *Swatantra* versus *Partantra* has both theoretical and practical importance.

As a *Swatantra Vyādhi, Vyanga* has clear etiological factors (*Pitta–Rakta*-dominant *Nidānas*) and a well-defined treatment protocol in the classics. For example, *Charaka's* prescription of *Shamana-Nasya* (nasal pacification) and *Sushruta's* recommendation of *Jalaukāvacharana* (leeches) imply that *Vyanga* is not merely a skin sign but a systemic imbalance requiring targeted therapy. Conversely, the *Partantra* viewpoint alerts physicians that *Vyanga* may emerge secondary to other diseases. In practice, if *Vyanga* appears in conjunction with another ailment (e.g., psoriasis, hepatitis, or pregnancy), the clinician must treat both the underlying condition and the skin manifestation. From a research standpoint, classifying *Vyanga* appropriately guides study design. A *Swatantra Vyanga* trial (like those investigating *Varṇya* formulations) would enroll patients with idiopathic facial pigmentation, while a *Partantra* approach would study melasma in specific cohorts (pregnant women, endocrine disorders). Our review of the literature suggests that classical practitioners considered the majority of *Vyanga* cases to be *Swatantra*, but they were aware that severe systemic *Pitta* aggravation (as in pregnancy or liver derangement) could exacerbate or present as *Vyanga*-like lesions. Thus, the significance is that *Vyanga* straddles both categories: it *is* a primary skin disease in *Ayurveda*, yet it can also signal deeper imbalances. Moreover, correlating *Vyanga* with melasma encourages cross-disciplinary insights. For instance, modern findings that antioxidants and anti-inflammatory agents improve melasma hint at an underlying oxidative stress in pigmentation. This resonates with Ayurveda's attention to *Ama* (toxins) and *Rakta Shodhaka* (blood-purifying) measures in pigmentary disorders. Likewise, Ayurvedic practice of *Virecana* (purgation) for *Pitta-Roga* has a counterpart in recommending dietary and lifestyle *Pitta*-balancing (cooling diets, stress management) for melasma patients. In summary, *Vyanga* as *Swatantra Vyādhi* underlines its identity as a distinct clinical entity (supporting use of dedicated Ayurvedic therapies), whereas understanding its *Partantra* potential ensures comprehensive patient care (screening for pregnancy, endocrine issues, etc.).

The integration of these perspectives enriches both Ayurvedic and modern understanding of facial hyperpigmentation.

Conclusion

Vyanga Roga occupies notable place in *Ayurvedic* dermatology as *Rakta-Pradoṣaja Kṣudra Vyādhi* manifesting as facial hyperpigmentation. Its classical description **-** dark, painless patches caused by aggravated *Pitta* & *Rakta* **-** maps remarkably onto the modern concept of melasma (an acquired dyschromia). Viewing *Vyanga* through lens of Swatantra versus *Partantra Vyādhi* clarifies its management strategy: as *Swatantra* disease, it has intrinsic *Nidāna* & can be treated with specific detoxifying & complexion-restoring therapies; as *Partantra* condition, it may occur about systemic factors (hormonal, metabolic), alerting clinicians to address underlying causes. This comparative study, anchored in classical *Saṃhitās* & contemporary research, finds that while etiology models differ (*Doshas* vs. melanocytes), therapeutic goal – restoring natural skin tone - is shared. By synthesizing *Acharya Charaka's* & *Sushruta's* insights (e.g., on *Pitta–Rakta* involvement) with evidence from dermatology (e.g., epidemiology of melasma), we gain a more holistic picture. Future work could include clinical trials of Ayurvedic interventions for melasma & deeper study of *Agantu* (external) factors in *Vyanga*. Ultimately, dialogue between Ayurvedic & modern medicine enriches our approach to hyperpigmentation: respecting ancient wisdom on *Dosha* equilibrium while applying contemporary scientific tools to improve outcomes.

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