IMPORTANCE OF RAKTAVADA SROTAS IN MANAGEMENT OF SKIN DISEASES

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ABSTRACT

The Nidan described regarding Kushtha can be divided into sharirik (mainly Pitta Vardhak Ahar, Vihar) and Manasik (Bhaya, Krodha, Santap) leading to formation of Sama Pitta which ultimately leads to formation of Sama Rasa Dhatu alongwith Kapha and Vata. Pitta is Saman Guna Bhuista (similar in nature) to Rakta Dhatu so it is vitiated more. Due to vitiated Pitta there is altered Ranjan karma (Colouration) of Rasa Dhatu in Yakrit & Pleeha leading to formation Dusta Rakta Dhatu. The Dusta Rakta circulates all over the body through Raktavaha Srotas (involving Mansavaha & Ambuvaha also) leading to production of Kushtha (skin disorder). As Yakrit (liver) and Pleeha (Spleen) are the Mulas (root) of Raktavaha srotas (Blood circulatory channels), medicines which mainly acts on Yakrit gives good results in skin diseases. Since the period of our samhitas it is being adapted by Ayurvedic Physicians. Patient of Facial melanosis, leucoderma and psoriasis treated successfully by following the same concept are presented in this study.

Key words: Skin diseases, kushtha, bhrajak pitta, raktavaha srotas

INTRODUCTION

The prevalence of skin disease in India is 10 to 12 percent of the total population with Eczema, leucoderma and Psoriasis being the major contributors. Due to pollution, ultraviolet light, and global warming, photosensitive skin disorders like tanning, pigment darkening, sunburn, skin cancers, and infectious diseases are increasing at a faster pace. A one percent reduction in ozone leads to a two to four percent increase in the incidence of tumors. Healthy and glowing skin increases beauty of a person and also gives self confidence. There is many reasons which causes Skin Diseases. These diseases can be considered as kushtha in Ayurved. The main dhatu involved is Rakta dhatu and dosha is Pitta (bhrajak pitta). Due to hetu sevan (including ahara and vihara) function of bhrajak pitta i.e. giving normal colour to the skin get disturbed. This results in vitiation of Rakta dhatu because of Ashray-Ashrayee bhav. Such diseases usually treated with varnya dravya which shows action on brajak pitta. But drugs which act on raktavaha srotas (mainly on yakrit), also shows effective results in skin diseases. Patient of Facial melanosis, leucoderma and psoriasis treated successfully by following the same concept are presented in this study.

AIMS AND OBJECTIVES

- To prove the importance of Raktavaha Srotas in the management of skin diseases
- To see the effect of tikta,kashaya Rasa dravya(pittahar) on Raktavaha srotas in skin diseases

MATERIAL AND METHODS: There are many cases of skin diseases which has been treated by using kalpa containing tikta, Kashaya rasa dravya which shows pittahar property. Pitta and Rakta shows Ashray-Ashrayee bhav, so the same dravya are used in skin diseases which shows
**dushti of Rakta dhatu.** Major cases are selected for today's topic.

**Case 1:** Female Patient of Facial Melanosis, Age – 44 yr
C/O: Dark Black colored patches on face since 15 yrs.
No itching, no Burning
Modern Medicines taken for 2 yrs for the same. Due to No significant results and side effect like hyperacidity, constipation etc came in the clinic.
H/O: Acidity, Constipation since 1 yr.
No H/O OF B.P., Diabetes
Menstrual History: Regular
Obs /H: 2 male children L.S.C.S
No H/O Abortions
- Treated with  
  1) *Arogyavardhini* 1 tab TDS after food with warm water  
  2) *Kaishor Guggul* 2 tab BD after food with warm water  
  3) *Laghu Manjishthadi Kwath* 2TSF + 4 Ts f worm water BD after food.

**Case 2:** Female Patient of Leucoderma, Age – 38 yrs
C/O: white coloured patches on back of neck, back region since 1 yr, itching.  
  1) *Raktapachak Yog* 2 tab BD with worm water after food  
  2) *AragvadhKapilla* vati 2 tab after food at bed time  
  3) *Mahatikta ghrita* 1 tsf BD after food with warm water

**OBSERVATIONS AND RESULTS:**

**Case 1:** Facial Melanosis

![Fig.1: Before treatment- Dark patches on face](image1)

![Fig.2: After 30 day’s treatment- No patches](image2)

H/O: Acidity, Constipation since 6 months
No H/O OF B.P., Diabetes
Menstrual History: Regular
No H/O Abortions
- Treated with  
  1) *Arogyavardhini* 1 tab TDS after food with warm water  
  2) *khadiradi kashaya* 2TSF + 4 Tsf worm water BD after food.
  3) *Gandharva haritaki* 2 tab at bed time with warm water  
  4) *Swayambhu guggul* 1 tab TDS after food with warm water.  
  5) *Gandhak Rasayan* 1 tab TDS after food with warm water.  
  6) *Mahatikta ghrit* 1 tsf in morning with warm water

**Case 3:** Male Patient of Psoriasis, Age – 35yrs
H/o- constipation, anorexia, mental stress
No h/o: any addiction, or hereditary
C/o : red small patches on face and back, dandruff, scalp itching for 7-8 months
Treated with *Vaman ,Virechana* using *Mahatiktak ghrita* as a *sneha pan* followed by 6 months medicines as below :
Case 2: Leucoderma

Fig. 3: Before Treatment - white patches on back and back of neck

Fig. 4: After Treatment - patches shows normal skin colour

Case 3: Psoriasis

Fig. 5: Before treatment - red small patches on face, itching

Fig. 6: After treatment - no patches on face, no itching

DISCUSSION:

1) Ayurvedic perspective: Due to vitiated Pitta, Ranjan karma of bhrjak pitta get disturbed, leading to formation Dushta Rakta Dhatu. The Dushta Rakta through Raktavaha Srotas causes production of Kushtha. Hence, to correct the function of vikrut pitta, various drugs are used which are madhura, tikta and kashaya rasa having pittahara properties. These shows positive effect in skin diseases i.e. Raktashodhan, Raktaprasadan. It normalize the function of Bhrjak pitta, corrects vikruti in Raktavaha srotas and produces normal Rakta Dhatu. Also, it avoids reoccurrence of symptoms if treated in early stage of disease. So, one should not think only about varnya dravyas while treating skin disease but also concentrate on Raktapachak, raktashodhak and raktaprasadak dravya. Kalpa (Arogyavardhini, raspachak yog, mahatiktak ghrut etc) used in treatment contains mainly tikta dravya like kutaki, guduchi, patha, patol etc. are hepatoprotective. (mulashtana of Raktavaha Srotas)

2) Liver and skin diseases: Liver X-receptors (LXRs) are members of the nuclear receptors family such as PPAR
(Peroxisome proliferator-activated receptors), RXR (Retinoid X receptor).

There are two isoforms of LXR (LXR a, LXR b); LXR a was first identified in the liver (hence the name liver X receptor). Also, it is expressed in other metabolically active tissues such as kidney, intestine, adipose tissue and in all layers of the epidermis within the skin. Activation of LXRs stimulates keratinocyte differentiation, decrease proliferation and increased cell death. LXR is a member of the nuclear hormone receptor superfamily of ligand-activated transcription factors. It can be speculated that LXRs might play an important role in the pathogenesis of abnormal keratinisation as well as pigmentary disorders, this may be through target genes involved in regulation of keratinocytes, melanocytes and sebocytes of LXRs.

In case of psoriasis: The primary pathogenic mechanism for psoriasis is still unknown. It is likely to be due to abnormal regulation of T cell-keratinocyte associated with complex cytokine network. Many cytokines form a complex and multi-dimensional network in the pathogenesis of psoriasis, none of which alone can be considered to be the causative mechanism. The importance of T cell activation has been demonstrated in psoriasis. Liver X receptor activators display anti-inflammatory activity in irritant and allergic contact dermatitis models and primary cytokine production. Abnormal keratinocyte differentiation has been found to be caused by a number of markers in psoriasis. Several possible biochemical causes for the overproduction of the keratinocytes have been found in psoriatic skin. It was proposed that restoration of LXR a expression/function within psoriatic lesions may help to switch the transition from psoriatic to symptomless skin.

In case of Leucoderma: The precise pathogenesis of vitiligo has remained elusive. Theories regarding loss of melanocytes are based on autoimmune, cytotoxic, oxidant antioxidant and neural mechanisms. Cell-mediated autoimmunity has been suggested to be involved in the melanocyte apoptosis that occurs in vitiligo. The expression of LXR a in perilesional melanocytes of vitiligo is significantly higher than normal skin.

CONCLUSION: Skin Diseases can be successfully treated by using Tikta,kashay rasa,pittahar dravyas which also corrects raktavaha srotas dhushki producing normal Rakta dhatu by normalizing the function of Bhrajak pitta in turn. So, Raktavaha srotas plays important role in the skin diseases.

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Hartalkar Jayant Subhash et al: Importance of Raktavaha Srotas in Management of Skin Diseases

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