

# IMPORTANCE OF RAKTAVAHA SROTAS IN MANAGEMENT OF SKIN DISEASES

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## INTRODUCTION

Healthy and glowing skin increases beauty of a person and also gives self confidence. 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. A one percent reduction in ozone leads to a two to four percent increase in the incidence of tumors.<sup>1</sup> There are many reasons like pollution, ultraviolet light, and global warming, photosensitive skin disorders like tanning, pigment darkening, sunburn, skin cancers, and infectious 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*.<sup>2</sup> 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 showing *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 vati* 1 tab TDS after food with worm water

2) *Kaishor Guggul*<sup>3</sup> 2 tab BD after food with worm 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.

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*<sup>4</sup> 1 tab TDS after food with warm water
- 2) *Khadiradi kashaya*<sup>5</sup> 2 tsf + 4 tsf worm water BD after food.
- 3) *Gandharva haritaki* 2 tab at bed time with warm water
- 4) *Swayambhu guggul*<sup>6</sup> 1 tab TDS after food with warm water.
- 5) *Gandhak Rasayan*<sup>7</sup> 1 tab TDS after food with warm water.
- 6) *Mahatiktka ghrīt*<sup>8</sup> 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 factor

C/o : red small patches on face and back, dandruff, scalp itching for 7-8 months

Treated with *Vaman*, *Virechana* using *Mahatiktak ghrīta* as a *sneha pan* followed by 6 months medicines as below :

- 1) *Raktapachak Yog* 2 tab BD with worm water after food
- 2) *AragvadhKapilla vati* 2 tab after food at bed time
- 3) *Mahatiktak ghrīta* 1 tsf BD after food with warm water

**All patients are advised to follow *Pathya* ( *Ahara and Vihar* )**

## OBSERVATIONS AND RESULTS:

### Case 1: Facial Melanosis



Fig.1: Before treatment- Dark patches on face



Fig.2: After 30 day's treatment- No patches

### 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

## DISCUSSION

### 1) Ayurvedic perspective:

Due to vitiated *Pitta*, *Ranjan karma* of *bhrajak pitta* get disturbed, leading to formation *Dushta Rakta Dhatu*. The *Dushta Rakta* through *Raktavaha Srotas* causes production of *Kushtha*.<sup>9</sup> Hence, to correct the function of *vikrut pitta*, various drugs are used which are *madhura, tikta and kashaya* rasa having *pittahara* properties.<sup>10</sup> These shows positive effect in skin diseases i.e. *Raktashodhan, Raktaprasadan*. It normalize the function of *Bhrajak 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.<sup>11,12</sup> (*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 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<sup>13</sup> and in all layers of the epidermis within the skin.<sup>14</sup> Activation of LXRs stimulates keratinocyte differentiation, decrease proliferation and increased cell death.<sup>15</sup> 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 LXR.

In case of psoriasis: The primary pathogenic mechanism for psoriasis is likely to be due to abnormal regulation of T cell-keratinocyte associated with complex cytokine network.<sup>16</sup> 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.<sup>17</sup>

Liver X receptor activators display anti-inflammatory activity in irritant and allergic contact dermatitis models and primary cytokine production.<sup>18</sup> 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 expression/function within psoriatic lesions may help to switch the transition from psoriatic to symptomless skin.<sup>19</sup>

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.<sup>20</sup>

## CONCLUSION

Skin Diseases can be successfully treated by using *Tikta, kashay rasa, pittahar dravyas* which also corrects *raktavaha srotas dhushti* 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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