Sharir Kriyatamak study of role of Rakta Vridhi in Vyanga and its treatment with Asriksravnam Purva Baladi Lepam

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ABSTRACT

Background: In Ayurveda all skin ailments are mostly mentioned in Kustha and Kshudra Roga. The disease Vyanga is a type of Kshudra Roga. It may manifest with various sign and symptoms like Mandalam Visrijati, Niruja, Tanu, Shyava lesion over face. In the pathogenesis various Nidanas like Krodha, Shoka, Shrama etc. are responsible for disease Vyanga. In Ayurveda, for the treatment of this disease so many remedies as internal and external applications, Shodhana therapy like Raktamokshana are described. Aim: Sharir Kriyatamak study of role of Rakta Vridhi in Vyanga and its treatment with Asriksravnam Purva Baladi Lepam. Study design: The Study was single arm, open clinical trial. Sample size: Total number of patients taken for the study was 30 excluding dropouts. Intervention: Asriksravnam followed by local application of Lepa consisting Bala, Atibala, Madhuka, Haridra. Procedure was repeated after every 7 days for 10 sittings. Duration: 70 days Follow up: After every 7 days following procedure. Observations and Results: The observations recorded in the clinical trials were assessed and results were drawn which shows the treatment given to the patients. Overall response is found to be significant for some parameters. Conclusion: Clinical response of the treatment Asriksravnam Purva Baladi Lepam have given best results for parameters like Daha, Kandu, Shyava Varna.

Key words: Vyanga, Kshudra Roga, Melasma, Asriksravnam, Baladi Lepa.

INTRODUCTION

Ayurveda i.e., the knowledge of life is one of the world’s oldest systems of health care and healing. Ayurveda not only compiles the remedial measures but also the preventive regime of healthy living.

Among the personality damaging disorder or disbeautifying conditions, Vyanga is such a condition which affects the beauty as well as personality, and has a great cosmetic importance. Now-a-days, Vyanga has become a common problem of the society and many people are suffering from Vyanga today. Among them women are commonly found due to changes occurring during pregnancy and use of cosmetics supplements. Men are also suffering due to occupational hazards. Vyanga harms beauty of the face so person may suffer from inferiority complex, anxiety, isolation etc. Thus, Vyanga is a painless condition for body but it is painful for mind. It requires a proper treatment and therapy.

Vyanga is a skin disease which has been mentioned under Kshudra Rogas. Acharya Sushruta has given a detailed and separate description of the disease Vyanga in the 13th chapter Kshudra Roga Nidana in Sushruta Samhita Nidana Sthana. According to Acharya Sushruta, the Nidana like Krodha, Ayasa lead to vitiation of Vata and Pitta, which lodge in the Tvacha of Mukha Pradesha i.e. skin of the face, producing Niruja, Tanu, and Shyava mandalas which is termed as Vyanga,[4] which literally mean spotted, a blot or blemish. Acharya Vagbhatta in Sutrasthan has
mentioned Vyanga as Raktavridhi janya Vikara. According to Acharya Vagbhatta, Vridhi in Rakta Dhatu is the root cause for many diseases including Vyanga.

According to modern science it can be correlated with Melasma. Melasma is a common acquired, Symmetrical hypermelanosis characterized by grey/dark, brownish maculae on sun exposed areas especially the face, forehead and more rarely on the nose, eyelids, chin, and upper lips.

**AIM AND OBJECTIVES**

This study Asriksravnam Purva Baladi Lepam was undertaken to evaluate the efficacy of the above mentioned treatment with the following Aim and Objectives:

**Aim**

Sharir Kriyatamak study of role of Rakta Vridhi in Vyanga and its treatment with Asriksravnam Purva Baladi Lepam

**Objectives**

1. To study about Ayurvedic approach in the field of Cosmetology.
2. To study the disease Vyanga with its Etiopathology according to Ayurvedic and modern literature.
3. To assess the role of Rakta Vridhi in Vyanga.
4. To assess the effect of Asriksravnam Purva Baladi Lepam in Vyanga.

**Hypothesis**

Null Hypothesis (H0) - There is no significant effect of Asriksravnam Purva Baladi Lepam on Vyanga.

Alternate Hypothesis (H1) - There is a significant effect of Asriksravnam Purva Baladi Lepam on Vyanga.

**MATERIALS AND METHODS**

**Plan of study**

For the present study, 30 patients having the classical signs and symptoms of Vyanga more than normal limit were selected from OPD of Jammu Institute of Ayurveda and Research Hospital, Jammu and Shri Sain Charitable Trust and Hospital, Urban Wing, Janipur. Medical Camps were conducted for the study. The patients were taken on the basis of inclusion criteria.

**Inclusion Criteria**

1. Patients in the age group of 10-40 years.
2. Chronicity less than 5 years.
3. Shyava Varna Yukta, Niruja, Tanu Mandalas present over the face.

**Exclusion Criteria**

1. Age less than 10 years and more than 40 years.
2. Vyanga caused due to any systematic disease like Addison's disease, Cushing's syndrome, Systemic lupus erythematos etc.
3. Vyanga caused since birth like Nevus of ota etc.
4. Vyanga caused by tumour like malignant melanoma.
5. Inflammatory pigmentation.
6. Acne vulgaris.
7. Patients having abnormality regarding CT, BT and Diabetes.

**Treatment Protocol**

Study : Single group study

Sample size : 30 patients

Procedure : Raktavisravana (Pracchanna) followed by local application of Bala, Atibala, Madhuka, Haridra Lepa

Procedure was repeated after every 7 days for 10 sittings

Duration : 70 days

Follow up : After every 7 days following procedure.

**Assessment Criteria**

The effect of therapy would be assessed on the basis of:

1. Subjective criteria before and after treatment
2. Objective criteria i.e., Hb% before and after treatment
Subjective Parameters

It includes the area of the patches, no. of Shyamvarni Mandala, skin texture (dry or oily), size of the patches. Surface area of face was calculated using graph paper. Chart containing skin colour shades was prepared to know the change in the discolouration present in the patients having Vyanga. A grading system would be adopted for assessment:

- Colour of Mandala
- Size of Mandala
- Number of Mandala
- Daha
- Kandu
- Snigdhta
- Rukshata

Grading of Assessment Criteria

1. **Colour of Mandala**

Colour of the lesion was graded from 1 to 7 by using self prepared colour grading scale.

<table>
<thead>
<tr>
<th>Colour of Mandala</th>
<th>Grade</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Grade 1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Grade 2</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Grade 3</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Grade 4</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Grade 5</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Grade 6</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Grade 7</td>
<td>7</td>
</tr>
</tbody>
</table>

2. **Size of Mandalas**

Size of Mandala were measured using Graph paper

| G1 | Total disappearance of the Mandalas |
| G2 | ½ to 2 sq.cm. |
| G3 | 2 to 5 sq.cm. |
| G4 | > 5 sq. cm. |

When the lesions are multiple, the size of the largest lesion is taken into consideration.

3. **Number of Mandalas**

4. **Daha (Burning Sensation)**

5. **Kandu (Itching)**

Table 1: Assessment criteria for colour of Mandala

<table>
<thead>
<tr>
<th>Colour of Mandala</th>
<th>Grade</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Grade 1</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Grade 2</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Grade 3</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Grade 4</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Grade 5</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Grade 6</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Grade 7</td>
<td>7</td>
</tr>
</tbody>
</table>

Table 2: Assessment criteria for Size of Mandala

Table 3: Assessment criteria for Number of Mandala

Table 4: Assessment criteria for Daha

Table 5: Assessment criteria for Kandu

<table>
<thead>
<tr>
<th>No burning sensation</th>
<th>0</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild burning sensation - Occasional burning sensation mostly when patient undergoes to sun exposure</td>
<td>1</td>
</tr>
<tr>
<td>Moderate Burning sensation - Frequent burning sensation which increases when patient undergoes to sun exposure</td>
<td>2</td>
</tr>
<tr>
<td>Severe Burning sensation - Continuous burning sensation with or without sun exposure</td>
<td>3</td>
</tr>
<tr>
<td>No Itching</td>
<td>0</td>
</tr>
<tr>
<td>Mild Itching - Occasional itching but does not disturb routine activity</td>
<td>1</td>
</tr>
</tbody>
</table>
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6. **Snidhata (Oily skin)**

Table 6: Assessment criteria for **Snidhata**

<table>
<thead>
<tr>
<th>Score</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Normal</td>
</tr>
<tr>
<td>1</td>
<td>Mild Oiliness - Not seen with naked eye, Oiliness feel by touch no need to wash face frequently (only 1-2 times a day)</td>
</tr>
<tr>
<td>2</td>
<td>Moderate Oiliness - Oiliness is visible on skin, need to wash face frequently (3-4 times a day)</td>
</tr>
<tr>
<td>3</td>
<td>Severe Oiliness - Excessive Oiliness, formation of Acne, need to wash face more frequently (&gt;4 times a day)</td>
</tr>
</tbody>
</table>

7. **Rukshata (Dry skin)**

Table 7: Assessment criteria for **Rukshata**

<table>
<thead>
<tr>
<th>Score</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Normal</td>
</tr>
<tr>
<td>1</td>
<td>Mild Dryness - Not seen but felt by touch</td>
</tr>
<tr>
<td>2</td>
<td>Moderate Dryness - Stretching of the skin that person feels</td>
</tr>
<tr>
<td>3</td>
<td>Severe Dryness - Visible dryness (Chapping of the skin) &amp; hardness of the Skin</td>
</tr>
</tbody>
</table>

Objective Parameter

Hb%

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**Procedure for Asriksravnam (Pracchana)**

Procedure was done after
- Detailed explanation of procedure to patients.
- After taking Consent from patients.

**Poorva Karma**

1. All the equipment’s required for procedure like spirit swab, cotton, 26-G needle, betadine solution, gloves etc. were collected.
2. Vitals were checked and found to be stable.
3. CT, BT were checked and found to be in normal limit.
4. Mild *Snehan* and *Svedan* of the affected area was done.

**Pradhana Karma**

1. The patient was made to lie down on table in comfortable supine position.
2. Hands were properly cleaned after washing with soap and water and dried with single use towel.
3. The site or affected area on the face of patient was identified and cleaned with betadine solution.
4. Under all aseptic conditions multiple, small, superficial pricks using fine needle were made in such a pattern of neither too deep nor too superficial, so that the whole affected area should be covered.
5. Precautions should be taken to avoid the procedure over *Marmassthalas, Snayu, Sandhis* as it may cause fatal outcomes if done on such site.[8]
6. The blood oozed out of the incisions and stopped on its own after few minutes.

**Paschata Karma**

After the stoppage of bleeding, the area was cleaned with sterile cotton balls, and then *Lepa* was applied.

**Methods of Application of Lepa**

1. Patients were advised to mix the above prepared drug with sufficient amount of water to obtain it in a paste (*Lepa*) form at the time of application.
2. Classical reference of Doshaghna Lepa as per Acharya Sharangdhara states it thickness to be $\frac{1}{4}$ Angula which roughly corresponds to 4.5 mm. However, it was not clinically feasible to apply such a thick Lepa. Therefore, Patients were advised to apply Lepa on face in a sufficient quantity, so as to cover the affected areas (moderate thickness i.e 1 mm) effectively.\(^6\)

3. Patients were advised to always apply freshly prepared Lepa, twice daily (morning and evening) and not at night time and wash the face with water and were instructed not to go to sun light during the period of treatment.

**Statistical Analysis**

The clinical data gathered from the patients was subjected for statistical analysis. The data was analyzed statistically in terms of Mean score, Percentage of relief, Standard Deviation (S.D), Standard Error (S.E) and ‘t’ test. The Paired ‘t’ test was carried out at the level of 0.05, 0.01, 0.001 of ‘p’ value. P values of < 0.05 was considered as statistically significant and P value < 0.01 and < 0.001 were considered as highly significant. Level of significance was noted and interpreted accordingly.

**RESULTS**

**Table 8: Effect of Asriksravnam Purva Baladi Lepam on Subjective Parameters.**

<table>
<thead>
<tr>
<th>Subjective Parameter</th>
<th>Mean BT</th>
<th>Mean AT</th>
<th>d</th>
<th>%</th>
<th>SD BT</th>
<th>SD AT</th>
<th>t</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colour of Mandala</td>
<td>4.07</td>
<td>2.33</td>
<td>1.74</td>
<td>42.75</td>
<td>0.9</td>
<td>0.6</td>
<td>5.53</td>
<td>&lt;0.05(S)</td>
</tr>
<tr>
<td>Size of Mandala</td>
<td>3.27</td>
<td>1.27</td>
<td>2</td>
<td>61.11</td>
<td>0.4</td>
<td>0.0</td>
<td>3.87</td>
<td>&lt;0.05(S)</td>
</tr>
<tr>
<td>Number of</td>
<td>3.44</td>
<td>2.23</td>
<td>1.21</td>
<td>35.17</td>
<td>0.5</td>
<td>0.4</td>
<td>3.11</td>
<td>&lt;0.05(S)</td>
</tr>
</tbody>
</table>

**Table 9: Effect of Asriksravnam Purva Baladi Lepam on Hb%**

<table>
<thead>
<tr>
<th>Mean</th>
<th>d</th>
<th>%</th>
<th>S.D</th>
<th>t</th>
<th>P-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>BT</td>
<td>AT</td>
<td>0.6</td>
<td>5.2</td>
<td>1.69</td>
<td>1.69</td>
</tr>
<tr>
<td>11.75</td>
<td>11.13</td>
<td>1.69</td>
<td>1.69</td>
<td>&lt;0.05(S)</td>
<td></td>
</tr>
</tbody>
</table>

**Table 10: Shows overall effect of treatment**

<table>
<thead>
<tr>
<th>SN</th>
<th>Assessment Criteria</th>
<th>Percentage Improvement</th>
<th>Statistical Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Colour of Mandala</td>
<td>42.75%</td>
<td>S</td>
</tr>
<tr>
<td>2.</td>
<td>Size of Mandala</td>
<td>61.11%</td>
<td>S</td>
</tr>
<tr>
<td>3.</td>
<td>Number of Mandala</td>
<td>35.11%</td>
<td>S</td>
</tr>
<tr>
<td>4.</td>
<td>Daha</td>
<td>100%</td>
<td>HS</td>
</tr>
<tr>
<td>5.</td>
<td>Kandu</td>
<td>100%</td>
<td>HS</td>
</tr>
<tr>
<td>6.</td>
<td>Snigdhta</td>
<td>5.78%</td>
<td>NS</td>
</tr>
<tr>
<td>7.</td>
<td>Rukshata</td>
<td>92.21%</td>
<td>S</td>
</tr>
<tr>
<td>8.</td>
<td>Hb%</td>
<td>5.27%</td>
<td>S</td>
</tr>
</tbody>
</table>

S - Significant, HS - Highly Significant, NS - Non Significant.

**DISCUSSION**

This present research work aimed at Sharir Kriyatmak study of role of Rakta Vridhi in Vyanga and its
treatment with Asriksravnam Purva Balaadi Lepam. Acharya Sushruta has described Nidana like Krodha, Shoka, Aayasa, Shrama etc. which act as the causative or aggravating factors for the disease. No any other particular Nidana has been mentioned in the text but all the factors like Vataprakopaka, Pitta Prakopaka and Rakta Prakopaka Nidana are the causative factors for the disease Vyanga.

The clinical features of Vyanga are Mandala (shape of the lesion), Tanutva (thickness of the lesion), Nila, Shyava, Krishna Varna (colour of the lesion) and Niruja (painless). While describing the etiological factors of Vyanga, Acharya has given special emphasis towards psychological factors like Krodha, Shoka and Shrama, which are commonly found in most of the patients.\(^9\)

In Samprapti of Vyanga, Acharya Charaka has mentioned that the aggravation of Pitta along with Rakta is the chief culprit for initiation of the pathology. Vyanga is a Rakta Pradoshaja Vyadhi, hence the very first Dosha affected is Rakta Dhatu.\(^8\)

Dosha Prakopaka Hetus like Krodha, Shoka and Shrama are mainly Tama (Manasika Dosha), Pitta and Vata (Shareerika Dosha) dominant which vitiate Agni. Agni resides in Rasa and initiates the pathogenesis of Vyanga. Here Ranjaka Pitta is responsible for the conversion of Rasa Dhatu into Rakta Dhatu which results in the formation of normal skin colour.

However due to Krodha and Shoka, Pitta & Rakta Prakopaka Nidana mainly Pitta vitiation takes place which in turn affects the Jatharagni and normal functioning of Ranjaka Pitta i.e., Varnotpatti. Based on Ashraya-Ashrayee Bhavas, the derangement of Teekshna, Ushna, Laghu, Visra, Sara, Drava Gunas of Pitta Dosha leads to abnormality of Teekshna, Ushna, Laghu, Visra, Sara, Drava Gunas of Rakta Dhatu which leads to Rakta Vridhi. Shrama and Shoka will lead to Udana Vata vitiation.

Thus, vitiated Udana Vata as well as Vriddh Rakta Dhatu travel in body through Dhamanis and get Sthana Samshraya in Mukhagata Twacha and due to Ashraya-Ashrayee Bhavas Vriddh Rakta Dhatu causes vitiation of Mukhagata Bhrjajaka Pitta giving rise to discoloration of the skin.\(^9\)

The effect of Asriksravnam Purva Balaadi Lepam on the selective parameters was assessed. After the trial period of 70 days, the following results were noticed.

**Effect of therapy on colour of Mandala**

Mean score for the colour of Mandala before treatment was 4.07, which reduced to 2.33 after treatment with mean difference 1.74, showing 42.75% improvement. Statistical analysis shows that the improvement was significant at P < 0.05.

**Effect of therapy on size of Mandala**

Mean score for the Size of Mandala before treatment was 3.27, which reduced to 1.27 after treatment with mean difference 2, showing 61.11% improvement. Statistical analysis shows that the improvement was significant at P < 0.05.

**Effect of therapy on number of Mandala**

Mean score for the Number of Mandala before treatment was 3.44, which reduced to 2.23 after treatment with mean difference 1.2, showing 35.17% improvement. Statistical analysis shows that the improvement was significant at P < 0.05.

**Effect of therapy on Daha**

Mean score for Daha before treatment was 0.30, which reduced to 0.00 after treatment with mean difference 0.30, showing 100% improvement. Statistical analysis shows that the improvement was highly significant at P < 0.001.

**Effect of therapy on Kandu**

Mean score for Kandu before treatment was 0.40, which reduced to 0.00 after treatment with mean difference 0.40 showing 100% improvement. Statistical analysis shows that the improvement was highly significant at P < 0.001.

**Effect of therapy on Snigdhata**

Mean score for Snigdhata before treatment was 1.73, which reduced to 1.63 with mean difference 0.10, showing 5.78 % improvement. Statistical analysis shows that the improvement was non-significant at P > 0.05.
Effect of therapy on **Rukshata**

Mean score for *Rukshata* before treatment was 2.57, which reduced to 0.20 after treatment with mean difference 2.37, showing 92.21% improvement. Statistical analysis shows that the improvement was significant at *P* < 0.05

**Effect of therapy on Hb%**

Mean score for the Hb% before treatment was 11.75, which reduced to 11.13 after treatment with mean difference 0.62, showing 5.27% improvement. Statistical analysis shows that the improvement was significant at *P* < 0.05.

**Probable mode of action of Raktamokshana**

*Raktamokshana* is one of the essential procedures among five Penta-bio purificatory procedures as per *Acharya Sushruta*. It is the important non-pharmacological intervention through which vitiated *Rakta Dosha*, along with *Pitta*, is eliminated through the body by using different techniques such as *Sira Vedha*, *Jaloukavacharna*, *Shringa*, or *Prachhana*.

In this study *Raktamokshana* via *Prachhana* was carried out on 30 subjects. Here in this study *Prachhana Karma* was done for bloodletting as *Prachhana Karma* is very simple method of bloodletting among other procedures for *Raktamokshana*.

*Pitta* resides in *Rakta* as *Ashrayi* (dependent). When *Pitta* is vitiated, it causes vitiation of *Rakta* that leads to *Rakta Vridhi*. *Raktamokshana* removes vitiated *Pitta* together with *Vridh Rakta* assisting in the development of *Shudha Rakta* and may be helpful in curing the *Paitika* and *Dushth Rakta* symptoms like *Daha*, *Shyava Varna* of *Mandala* in disease *Vyanga*.

The *Sanga* (obstruction) of *Srotasa*, which is the *Dushti Prakara* in *Vyanga*, is relieved by *Rakta Mokshana* which may help to cure the overall symptoms of *Vyanga*.

**Probable mode of action of Lepa**

When *Bala*, *Atibala*, *Madhuka*, *Haridra* is applied as *Lepa* on the skin, it enters the *Romakupa*, reaches the *Swedavaha Srotasa* and *Siramukha*, and thus, the *Rasa Tarpana* occurs and the applied drug is metabolized by the *Ushnata* of *Bhrajaka Pitta* present in the skin. Thereafter, it is subjected for *Pachana* by *Bhrajakagni* which pacifies the provocative *Doshas* locally and this breaks the pathogenesis cycle leading to the alleviation in the symptoms. Drugs having *Ushna Virya* create an adding effect on *Bhrajaka Pitta* and cause *Sthanika Dosa Pachana*. In this way, it helps to purify *Rakta Dhatu*. All this clears *Dosha-Dushya Sammrichhana* and thus helps in breaking the pathology of *Vyanga*.

Most of the ingredients of *Balaadi Lepa* are *Madhura Ras*, *Sheeta Virya*, *Madura Vipaka* and have *Vata-Pitta Shamaka* properties. As the *Samprapti* is suggestive of local prominent pathology, the local application in proper medium and method is also necessary.

- *Bala, Atibala, Madhuka* are *Madhura Rasatmaka*, *Laghu, Snigdha Gunatmaka* and *Sheeta Viryatmaka*.[10]
- *Madhura Rosa* subsides the *Pitta Dosha* which is the main cause of *Vyanga*.
- *Snigdha Guna* alleviates the *Vata Dosha* and it is also responsible for *Mardava* and *Varna Prasadana*.
- *Laghu, Ruksha* are the properties of *Agneya Dravya*, which in turn are responsible for *Prabha*, *Prakasa*, and *Varna*.
- *Bala, Atibala, Madhuka* are of *Sheeta Virya* and *Sheeta Virya Dravyas* are endowed with *Rakta Prasadana Karma* and also act as *Pittashamaka*.
- The selected drugs mainly are of *Madhura Vipaka*. *Madhura Vipaka* by virtue of its *Snigdha Guna* and *Kapha Vardhana Karma* is responsible for *Varna Utkarsha*.\[11\]
- *Haridra* is described as *Tikta Rasatmaka*, *Laghu, Ruksha Gunatmaka* and *Ushna Viryatmaka*.
- *Tikta Rasa* of *Haridra* encounters *Pitta* and *Rakta Dosha*.
- *Ushna Virya* pacifies *Vata* and *Kapha Dosha*. It is also having the properties of *Raktadoshahara* which help to pacify *Sanchita Dosa* locally.[12]
**CONCLUSION**

In the present study, *Baladi Lepa* was found more effective in relieving the signs and symptoms of the disease and during the follow up the signs were seen to reduce further. The healthy lifestyle measures both in the form of dietary and other lifestyle modifications such as eating healthy and nutritional food, regular exercises, sufficient sleep, avoidance and proper management of stress and anxiety are also important. Therefore, on the basis of results it can be concluded that *Raktamokshana* is very effective in *Rakta Vikara* like *Vyanga* and local application of *Baladi Lepa* is also found to be safe and effective and can be prescribed in disease *Vyanga*.

**REFERENCES**


---

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