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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*,^[1] which literally mean spotted, a blot or blemish. *Acharya Vagbhatta* in *Sutrasthan* has

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mentioned *Vyanga* as *Raktavidhi janya Vikara*.^[2] 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.^[3]

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 erythematosus 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 1: Assessment criteria for colour of *Mandala*

Colour of <i>Mandala</i>	Grade	Score
	Grade 1	1
	Grade 2	2
	Grade 3	3
	Grade 4	4
	Grade 5	5
	Grade 6	6
	Grade 7	7

2. Size of *Mandalas*

Size of *Mandala* were measured using Graph paper

Table 2: Assessment criteria for Size of *Mandala*

G1	Total disappearance of the <i>Mandalas</i>
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*

Table 3: Assessment criteria for Number of *Mandala*

G1	Absence of <i>Mandalas</i>
G2	1 to 2
G3	2 to 5
G4	> 5

4. *Daha* (Burning Sensation)

Table 4: Assessment criteria for *Daha*

	Score
No burning sensation	0
Mild burning sensation - Occasional burning sensation mostly when patient undergoes to sun exposure	1
Moderate Burning sensation - Frequent burning sensation which increases when patient undergoes to sun exposure	2
Severe Burning sensation - Continuous burning sensation with or without sun exposure	3

5. *Kandu* (Itching)

Table 5: Assessment criteria for *Kandu*

	Score
No Itching	0
Mild Itching - Occasional itching but does not disturb routine activity	1

Moderate Itching - Frequent itching, disturbs routine activity but does not disturb sleep	2
Severe Itching - Frequent itching that disturbs activity as well as sleep	3

6. Snigdhatā (Oily skin)

Table 6: Assessment criteria for Snigdhatā

	Score
Normal	0
Mild Oiliness - Not seen with naked eye, Oiliness feel by touch no need to wash face frequently (only 1-2 times a day)	1
Moderate Oiliness - Oiliness is visible on skin, need to wash face frequently (3-4 times a day)	2
Severe Oiliness - Excessive Oiliness, formation of Acne, need to wash face more frequently (>4 times a day)	3

7. Rukshatā (Dry skin)

Table 7: Assessment criteria for Rukshatā

	Score
Normal	0
Mild Dryness - Not seen but felt by touch	1
Moderate Dryness - Stretching of the skin that person feels	2
Severe Dryness - Visible dryness (Chapping of the skin) & hardness of the Skin	3

Objective Parameter

Hb%

Procedure for Asriksravnam (Pracchana)

Procedure was done after

- Detailed explanation of procedure to patients.
- After taking Consent from patients.

Poorva Karma^[4]

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 *Marmasthalas*, *Snayu*, *Sandhis* as it may cause fatal outcomes if done on such site.^[5]
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.

- Classical reference of *Doshaghna Lepa* as per *Acharya Sharangdhara* states its 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]
- 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.

Subjective Parameter	Mean		d	%	SD		t	p-value
	BT	AT			BT	AT		
Colour of Mandala	4.07	2.33	1.74	42.75	0.94	0.66	5.53	<0.05(S)
Size of Mandala	3.27	1.27	2	61.11	0.45	0.00	3.87	<0.05(S)
Number of	3.44	2.23	1.21	35.17	0.56	0.43	3.11	<0.05(S)

Mandala	BT	AT	d	%	SD	t	P-Value
Daha	0.30	0.00	0.30	100	0.46	0.00	3.11 (<0.001(HS))
Kandu	0.40	0.00	0.40	100	0.47	0.00	3.76 (<0.001(HS))
Snigdhta	1.73	1.63	0.10	5.78	0.66	0.12	1.93 (0.25(NS))
Rukshata	2.57	0.20	2.37	92.21	0.61	0.10	8.93 (<0.05(S))

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

Mean		d	%	S.D		t	P-Value
BT	AT			BT	AT		
11.75	11.13	0.62	5.27	1.693	1.692	1.03	<0.05(S)

Table 10: Shows overall effect of treatment

SN	Assessment Criteria	Percentage Improvement	Statistical Significance
1.	Colour of Mandala	42.75%	S
2.	Size of Mandala	61.11%	S
3.	Number of Mandala	35.11%	S
4.	Daha	100%	HS
5.	Kandu	100%	HS
6.	Snigdhta	5.78%	NS
7.	Rukshata	92.21%	S
8.	HB%	5.27%	S

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*, *Pittaprakopaka* and *Raktaprakopaka 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.^[7] 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 Guna* of *Pitta Dosha* leads to abnormality of *Teekshna*, *Ushna*, *Laghu*, *Visra*, *Sara*, *Drava Guna* of *Rakta Dhatu* which leads to *Rakta Vridhi*. *Shrama* and *Shoka* will lead to *Udana Vata* vitiation.

Thus, vitiated *Udana Vata* as well as *Vridhd Rakta Dhatu* travel in body through *Dhamanis* and get *Sthana Samshraya* in *Mukhagata Twacha* and due to *Ashraya-Ashrayee Bhavas Vridhd Rakta Dhatu* causes vitiation of *Mukhagata Bhrajaka Pitta* giving rise to discoloration of the skin.^[9]

The effect of *Asriksravnam Purva Baladi 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 Snigdhatta

Mean score for *Snigdhatta* 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 Dosh*, 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 *Pracchana* was carried out on 30 subjects. Here in this study *Prachhana Karma* was done for bloodletting as *Pracchana 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 *Dusth 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 Dosh Pachana*. In this way, it helps to purify *Rakta Dhatu*. All this clears *Dosha-Dushya Sammurchhana* 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 Rasa* subsides the *Pitta Dosh* which is the main cause of *Vyanga*.
- *Snigdha Guna* alleviates the *Vata Dosh* 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 *Varṇa Utkarsha*.^[11]
- *Haridra* is described as *Tikta Rasatmaka*, *Laghu*, *Ruksha Gunatmaka* and *Ushna Viryatmaka*.
- *Tikta Rasa* of *Haridra* encounters *Pitta* and *Rakta Dosh*.
- *Ushna Virya* pacifies *Vata* and *Kapha Dosh*. It is also having the properties of *Raktadoshahara* which help to pacify *Sanchita Dosh* 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

1. Sushruta Samhita of Maharishi Sushruta, edited with Ayurveda Tattva Sandipika by Kaviraja Ambikadutta Shastri, Reprint edition 2016, Chaukhambha Sanskrit Sansthan, Varanasi, Nidana Sthana 13/45/46, pg. no. 373.
2. Ashtanga Samgraha, with Sarvanga Sundry commentary Sutra Sthanam, vyakhyakar shri Lal Chander Shashtri Vaid, published by Vaidyanath Ayurveda Bhavan pvt It, Nag road, Nagpur, Sutra Sthana 19/7, pg. no. 591.
3. P.N Behl, A. Aggarwal, Govind Srivastav, Practice of Dermatology, 9th Edition New Delhi CBS Publishers and Distributors 2002 PP-1.
4. Sushruta. Sushruta Samhita, Sutra Sthana, Shonit Varniye Adhyaya, 14/27 page no. 70, edited by Kaviraj Ambikadatta Shastri, 14th ed., Chaukhamba Sanskrit Sansthan, Varanasi, reprint edition 2016.
5. Sushruta. Sushruta Samhita, Sutra Sthana, Shonit Varniye Adhyaya, 14/26 page no. 70, edited by Kaviraj Ambikadatta Shastri, 14th ed., Chaukhamba Sanskrit Sansthan, Varanasi, reprint edition 2016.
6. Acharya Sharangdhara, Sharangdhara samhita, Murthy KR. 2nd edition, Varanasi: Chaukhamba Orientalia; 1995. Uttar Khanda 11/1 pg. no.424.
7. Sushruta Samhita of Maharishi Sushruta, edited with Ayurveda Tattva Sandipika by Kaviraja Ambikadutta Shastri, Reprint edition 2016, Chaukhambha Sanskrit Sansthan, Varanasi, Sushruta Sutra Sthana 14/26.
8. Agnivesha, Charaka, Dridhabala. Charaka Samhita, Sutra Sthana, Trishothiya Adhyaya, 18/25, edited by Acharya VJ, Reprint ed. Chaukhamba Prakashan, Varanasi, 2009;107.
9. Management of Vyanga (facial melanosis) with Arjuna Twak Lepa and Panchanimba Churna Savita S. Angadi, Sumitra T. Gowda.
10. Dravy Guna Vijnana Vol II Prof PV Sharma, Chaukhamba Bharti Academy Gokul Bhawan, K.37/109. Varanasi.
11. Pallavi G., Virupaksha Gupta K.L., Shreevathsa M., Vasudev A. Chate, Balakrishna D. L., Clinical evaluation of Varnya Gana Lepa in *Vyanga* (melasma)
12. Tripathi Ravidatta, Ashtanga Sangraha, Su 1/36, Choukhambha Sanskrut Pratishthan, Varanasi, reprint 2005, p-15, D.N. 2008 Edition.

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