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Role of Rakta Dusți (Blood Vitiation) in Disease Pathophysiology: A Review

Abstract

Rakta dusți (blood vitiation) is a concept in Ayurveda describing pathological changes in the blood (*raktadhātu*). Classical sources enlist numerous etiological factors (dietary, seasonal, emotional) that vitiate blood[1], and enumerate *raktapradoșajavikaras* (blood-borne disorders) such as *kușțha* (skin disease), *raktapitta* (bleeding), and *vātārakta* (gouty arthritis)[2]. Modern parallels include systemic inflammation, immune dysregulation, oxidative stress and vascular dysfunction. This article reviews classical Ayurveda and biomedical literature on *raktadușți*, focusing on a chronic inflammatory arthritis (RA-like *āmāvāta*). We discuss classical definitions (with authoritative translations), diagnostic criteria, and proposed mechanisms correlating *raktadușți* to pathology. Blood purifying interventions– *raktamokșaṇa* (bloodletting), *rakta-śodhana* formulations, and pañcakarma – are reviewed. This article presents future scope for the Researches in this direction. This scholarly synthesis integrates classical insight and contemporary research on blood pathology, aiming to stimulate interdisciplinary study.

Keywords: Rakta Dușți, Blood Vitiation, Pathophysiology in Ayurveda, Srotodușți, Inflamatory disorders, Integrative medicine.

Research Article

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Introduction

The term *Rakta dusți* literally means Blood Vitiation. Classical texts portray *rakta* as the second Dhātu (tissue) which is related to Pitta (bile) for nourishment and color. According to Charaka, many common factors – spoiled, sour or stale foods; excessive salt or alcohol; fermented curds; heat, anger or trauma – directly vitiate *rakta*[1]. Such vitiated blood becomes *doșhāhata* (affected by doshas) and gives rise to *raktapradoșajavikāras*[2]. Sushruta similarly classifies *raktadușți* into Vātaja, Pittaja, Kaphaja or Saṃnipāta types, each with specific features[3]. In classical understanding, *raktadușți* manifests as skin eruptions, mucosal lesions, bleeding and systemic toxicity[2,4]. For example, Charaka states that if a disease is incurable by ordinary measures, it may be *rakta-jāta* and requires *śodhana* (purification)[2]. In short, *raktadușți* underlies conditions like *kușțha* (leucoderma, psoriasis), *raktapitta* (hemorrhages), *vātārakta* (gout/arthritis), *gulma* (abscess) and others[2,5].

Modern pathophysiology corresponds to systemic inflammatory and hematologic disorders. Vitiated *rakta* can be seen as analogous to abnormal blood chemistry – e.g. elevated cytokines, immune complexes, oxidative products and dysfunctional cells – that initiate disease. Indeed, chronic inflammatory diseases involve precisely these blood-borne mechanisms. For instance, rheumatoid arthritis features autoantibodies and high TNF/IL-6 levels

in blood [5]. Thus, we explore how *raktaduṣṭi* correlates with modern blood pathology, reviewing both classical texts and current biomedical studies.

Materials & Methods

A structured literature search has made to compile information on *raktaduṣṭi*. Classical references were obtained from critical editions of Charaka Saṃhitā, SuśrutaSaṃhitā and AṣṭāṅgaHṛdaya. Modern literature searches were run in PubMed, Google Scholar, and Ayurveda journals (JAIM, AYUSHDHARA) up to 2025. Search terms included “Rakta duṣṭi”, “Rakta vitiation”, “blood Ayurveda inflammation”, “raktamokṣaṇa clinical trial”, and disease-specific terms (e.g. “Amavata”). Both English translations of Sanskrit verses and peer-reviewed articles were collected. Inclusion criteria: sources providing definitions, etiologies, symptoms of *rakta* disorders; mechanistic hypotheses corresponding blood pathology to disease; and clinical studies of blood-purifying interventions (case reports, RCTs, animal studies). Non-English articles were excluded unless validated translations were available. We noted author, year, study design, sample, interventions and outcomes. Data synthesis involved mapping classical concepts to biomedical concepts (inflammation, oxidative stress, etc.). Quality assessment followed standard review methodology: classical sources were taken as primary data; modern trials were evaluated for controls and bias.

Discussion

Concept of Rakta Duṣṭi

Classical Definitions and Types: According to Charaka (Sutra Sthāna 24/5–10), *raktaduṣṭi* arises from various *nidānas* (causes) including vitiated food/drink, extremes of taste, vegetable poisons, overexertion, seasonal factors, and suppression of natural urges[1]. The quoted Charaka translation explains: “The blood is vitiated by habitual intake of spoiled or unsuitable food and liquids, overeating, acidic or pungent liquor, too much salty or alkaline substance, sour and pungent food… excessive curds, fermented liquors, decomposed food… Autumn season…”[1]. Sushruta lists analogous factors and emphasizes that unwholesome diet and emotions spoil *rasa* and *rakta*. He classifies *raktajavikāras* by dosha dominance (Vātaja, Pittaja, Kaphaja, Dvidoṣha, Saṃnipāta) [3]. For example, Pittaja*rakta-duṣṭi* produces burning heat and bleeding, whereas Kaphaja yields heaviness and discoloration.

Symptoms/Signs (Lakṣaṇas): Charaka (Sutra 24/11–17) enumerates diseases arising from *raktaduṣṭi*: *mukhapāka* (mouth ulcers), *akṣirāga* (red eyes), *gulma* (abdominal tumor), *upaḍāra* (gum bleeding), *visarpa* (erysipelas-like spread), *raktapitta* (hemorrhage), *vidrādhi* (abscess), *raktameha* (blood in urine), *pradara* (vaginal discharge), and *vātarakta* (gout)[2]. He adds constitutional symptoms: “vaivarṇyam (skin discoloration), agnisāda (loss of appetite), pipāsa (thirst), gurugatrata (heaviness), santapā (fever), āruci (anorexia), śīrṣaśoola (headache)…”[2]. Note that *tandra* (lethargy), *nidrā-atiyoga* (excessive sleep), mental dullness, and skin rashes (*kotha, pidaka, kuṣṭha*, etc.) also appear[2]. Ayurvedic diagnosis of *raktaduṣṭi* therefore rests on these pitta/kapha symptoms plus persistent disease: Charaka explicitly states that ailments refractory to normal treatments should be considered of *raktaduṣṭi* origin[2]. In practice, clinicians examine pulse, urine, and local signs to identify *rakta-vikāras*.

RaktavāhaSrotas and Srotodushti: The *raktavāhasrotas* (blood channels) carry and nourish blood. Texts states *srotodushti* (channel blockage) occurs when *doshas* intoxicate *rasa/ rakta*, leading to tissue hypoxia and debris accumulation. In chronic venous ulcers, for example, Suśruta notes that vitiated doshas and *raktaduṣṭi* cause loss of vessel tone, stasis and ulceration[5]. This aligns with modern recognition that impaired microcirculation and inflammation worsen ulcer healing.

Analogues in Biomedicine: Contemporary medicine lacks a direct equivalent of *raktaduṣṭi*, but similar ideas appear in blood toxicology or systemic inflammation. Correlation of *raktaduṣṭi* to conditions of altered blood chemistry: elevated acute-phase reactants (CRP, ESR), inflammatory cytokines (TNF, IL-6, IL-17), oxidative metabolites, and immune complexes[5].

Correlation of *raktaduṣṭi*with molecular abnormalities

In modern terms, *raktaduṣṭi* implicates multiple pathophysiological pathways:

- Inflammation: Classic blood-vitiated diseases often

involve immune activation. Psoriasis, linked with *kuṣṭha*, is a Th17/TNF-driven chronic inflammation. Rheumatoid-like arthritis (*āmāvāta*) features cytokine storms (TNFα, IL-1, IL-6) and autoantibodies[6,7]. In both cases, blood contains elevated inflammatory mediators – an analogue of *raktadoṣa*. Studies have noted that psoriatic patients exhibit systemic oxidative stress and a high IL-17/IL-23 pathway[7]. Likewise, diabetics exhibit chronic low-grade inflammation: a cohort study found significantly higher C-reactive protein, IL-6 and TNF in diabetics vs controls[8], reflecting persistent blood inflammation. Ayurvedic "pitta-ushnata" (blood heat) symptoms correspond well to these findings.

- Immune Dysregulation: *Rakta duṣṭi* also involves aberrant immune blood components. Rajanish et al. report that rheumatoid arthritis alters RBC membranes and hemoglobin, affecting oxygen delivery and immune complex clearance[9,10]. RBCs themselves can bind immune signals – in RA, they may perpetuate inflammation by carrying cytokines[10]. This supports viewing *raktaduṣṭi* as involving dysfunctional blood cells and immune complexes. Psoriasis and diabetes also involve immune dysregulation: autoantibodies (in bullous pemphigoid, alopecia) and adipokines (in metabolic syndrome) illustrate how blood constituents modulate disease.
- Hematologic Abnormalities: Classical texts note changes in blood itself (color, consistency). Modern medicine likewise finds that chronic disease alters blood: RA and lupus often produce anemia of chronic disease (low iron, high ferritin) and thrombocytosis. These are objective correlates of "impure blood." For example, in RA, decreased hemoglobin and altered platelet function have been tied to inflammatory burden[6].
- Endothelial Dysfunction & Coagulation: *Rakta duṣṭi* implies that circulating impurities affect vessels. Contemporary studies show that autoimmune and metabolic diseases provoke endothelial activation, clotting cascades and microthrombi. *Raktapitta* (bleeding disorders) could relate to platelet or coagulation abnormalities. Ayurvedic bloodletting (*siravedha*) can be seen as decongesting this hypercoagulable state, and indeed modern research on leech therapy finds anticoagulant and anti-inflammatory salivary factors.

Representative Disease Mappings

We consider one disease each from inflammatory, dermatological, and metabolic categories:

Inflammatory Disease – Rheumatoid-like Arthritis (*Āmāvāta/Vātārakṭa*): Ayurvedic *āmāvāta* (rheumatism) involves *āmala* (undigested toxins) lodged in *śleṣhmikāsṛṣṭsu* (joints), with Vāta predominance. Some *vātārakta* presentations (gout) also implicate *Rakta duṣṭi*. Pathophysiologically, RA features synovial inflammation driven by autoantibodies and cytokines. In analogy, *raktaduṣṭi* could represent circulating immune complexes and cytokine-rich plasma fueling joint damage. Studies show that RA patients have higher ESR, CRP and serum IL-6[6], and that their RBCs can adhere to inflammatory mediators[10]. Clinically, RA patients often benefit from leech therapy or bloodletting as adjuncts in Ayurvedic practice, reflecting the idea of removing "toxic blood." Leech saliva contains hirudin and eglins (anti-coagulant, anti-inflammatory) which may alleviate synovitis and microvascular stasis. Although robust trials are sparse, small studies (e.g. Rajkumar et al., 2021) report symptomatic improvement after *siravedha* or *jalaukāvacaraṇa* in arthritic. Mechanistically, this that drawing even small volumes of blood lowers systemic cytokine load. In summary, *raktaduṣṭi* in *āmāvāta* maps to systemic autoimmunity and vascular inflammation (TNF-α, IL-6 elevation, endothelial activation) [11,15].

Interventions for Rakta Duṣṭi

Raktamokṣaṇa (Bloodletting): Classical surgery of blood includes Jalaukāvacaraṇa (leech therapy) and Śiravedha (venesection). Sushruta states *siravedha* is the foremost remedy for *rakta-jāta* diseases[16]. Jalaukāvacaraṇa is specifically indicated in kuṣṭha and *tvak-doṣa*, as leech saliva releases *hirudin, eglins* etc. Evidence: A small open-label trial in chronic eczema found 4 leech sessions (weekly) significantly reduced Eczema Area and SCORAD scores (54–55% decline) and improved quality of life[17]. In psoriasis, multiple case reports highlight rapid improvement with just a few leech applications[14,18]. Biomedicine attributes such effects to anticoagulant and anti-inflammatory factors in leech saliva[19]. RCTs are limited, but one Iranian trial in diabetic neuropathy (40 patients) showed leech therapy provided greater symptom relief than gabapentin[15]. In summary, these data, though preliminary, support *raktamokṣaṇa* as reducing systemic inflammatory burden.

Blood Purifiers: Ayurveda prescribes formulations like *Raktashodhaka herbs*, *Shankhpushpi* etc, containing bitter-cooling herbs (Manjiṣṭhā, Daruharidrā, Nīm, Triphala, etc) for *raktaśodhana*. A case of chronic venous ulcer used Raktashodhaka Vati (Anantamūla, Daruharidrā, etc) with medicinal powders, achieving complete healing in a month[20]. These herbs have documented anti-inflammatory, antioxidant and microcirculatory effects (e.g. Manjiṣṭhā's alizarin pigment scavenges ROS). No large trials exist, but small studies (e.g. Jain et al., 2022) report *Kuṣṭhaghna* herbals improving psoriasis scores. Future research should involve controlled trials of blood-purifying formulations with endpoints like serum TNF-α, IL-6, CRP, or biopsy markers (e.g. reduction in neutrophils in skin).

Pañcakarma (Purification Therapies): Panchakarma regimens aim to dosha-balance systemically. For *raktaduṣṭi*, Virechana (purgation) is often used to eliminate Pitta-Rakta toxins via the gut[4]. *Nasyam* (nasal drops) and external therapies (medicated oils) may be employed to pacify *shiro-roga* due to blood impurities. Clinical evidence is sparse, but trans-disciplinary integration studies (Ayurveda + rheumatology) often include Panchakarma. Well-controlled research should measure biochemical outcomes (cytokines, oxidative stress) alongside clinical scales in conditions like psoriasis or arthritis after Panchakarma.

Ayurvedic vs. Biomedical Classifications (Table 1)

Ayurvedic Entity	Dosha / Dhātu	Example Condition	Biomedical Correlate
Kuṣṭha (Skin disease)	Tridoṣa (↑Pitta, Rakta)	Eczema, Psoriasis	Immune-mediated dermatitis (IL-17/TNF↑)[7], oxidative stress
Vātārakṭa (Gouty arthritis)	Vāta+Pitta (Rakta dhātu)	Gout, RA-like arthritis	Crystal/inflammatory arthritis (IL-1, TNF)
Āmāvāta (Autoimmune rheum.)	Vāta+Kapha with Āma	Rheumatoid arthritis analogue	Autoimmune synovitis (auto-Ab, IL-6, TNF)[6]
Raktapitta (Hemorrhage)	Pitta (Rakta dhātu)	Epistaxis, GIT bleeding	Coagulopathy/vascular fragility
Sannipātaja Rakta Duṣṭi	Vāta+Pitta+Kapha (Tri-doṣa)	Multi-system illness	Sepsis-like syndrome (cytokine storm)

Table 1. Comparison of Ayurvedic categories involving blood (Rakta) with modern biomedical syndromes and pathophysiology.

Summary of Key Studies (Table 2)

Study (Ref)	Design	Population/Condition	Intervention	Outcome	Comments
Thappa et al. (2015) [17]	Open-label (n=27)	Chronic eczema (*vicharchikā*)	Leech therapy (4 weekly sittings)	EASI↓54.4%, SCORAD↓55%, DLQI↑62% (p<0.01)	Uncontrolled trial – suggests leech efficacy
Bhatted et al. (2023) [14]	Case report (1)	Palmoplantar psoriasis (*vipādika*)	Ayurvedic medicines + 3 leech applications	Marked improvement in itch, scaling, erythema in ~3 weeks	Single case – rapid effect
Sisodia et al. (2025) [20]	Case report (1)	Chronic venous ulcer	Raktashodhaka Vati (oral) + herbal dusting	Complete ulcer healing (4 weeks)	Single case – suggests herb efficacy
Chugh et al. (2018) – reference only	Review	Various *raktaja* conditions	Various (*jalauka*, *virechana*, herbs)	Reported symptomatic relief (anecdotal)	Narrative Ayurveda review

Table 2. Summary of key studies on interventions targetingraktaduṣṭi. (EASI=Eczema Area Severity Index; SCORAD=SCORing Atopic Dermatitis; DLQI=Dermatology Life QOL Index; NDS/NSS=Neuropathy scores.) Quality varies from case reports (low) to small trials (low–moderate).

Research Gaps and Future Directions

Despite plentiful theoretical claims, high-quality evidence is scarce. Few RCTs have tested *raktamokṣaṇa* or *rakta-śodhaka* herbs against control. Future research should include: Clinical Trials *jalaukāvacaraṇa* or *siravedha* in psoriasis, arthritis or diabetic complications, with proper controls. Outcome measures must include both clinical scales and laboratory markers. Also, biomarker Studies: Pre/post intervention studies measuring cytokines (TNF-α, IL-1β, IL-6, IL-17), acute-phase proteins, antioxidant status (glutathione, SOD activity), endothelial markers (NO, adhesion molecules) and rheological parameters (blood viscosity, RBC deformability). This would quantify blood purification. Standardization: Developing standardized *rakta-śodhaka* formulations (with known phytochemical profiles) and protocols for leech therapy (dose, frequency) to allow reproducibility. Integrative Trials: Combining Ayurvedic treatments with conventional therapy (e.g. methotrexate + *siravedha* in RA) and comparing outcomes, to bridge traditional and biomedical approaches.

In summary, *raktaduṣṭi* likely underlies a spectrum of inflammatory disorders by mediating blood-borne toxicity. Classical descriptions align with modern concepts of systemic inflammation and hematological dysfunction. There is promising preliminary evidence (especially with bloodletting) but rigorous studies are needed. Clarifying the biomedical correlates of *raktaduṣṭi* (cytokine profiles, oxidative stress) will enable testing Ayurvedic interventions in scientific trials.

Conclusion

Ayurvedic texts richly describe *raktaduṣṭi* as a root of many diseases, from skin conditions to metabolic syndrome[1,2]. Modern research confirms that abnormal blood constituents (inflammation, autoimmunity, oxidative damage) are central to conditions like arthritis, psoriasis and diabetes[6- 8]. Interventions such as *raktamokṣaṇa* and blood-purifying herbs aim to remove these pathogenic factors. Although classical wisdom and some clinical reports support their use, well-designed trials with biochemical endpoints are needed. Bridging Ayurvedic theory with biomedical evidence offers a rich avenue for future research – for example, measuring how leech therapy or herbal *raktaśodhana* changes cytokine levels or endothelial function. Our review provides a comprehensive survey of the concept of *raktaduṣṭi*, illustrating its relevance to modern pathophysiology and highlighting opportunities for integrative studies.

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