IJCRT.ORG ISSN : 2320-2882

INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

The Role Of Dushivisha In Allergic Skin Disorders: A Modern And Classical Perspective

Dr. Qazi sana khalid[1], Dr. Bhawana Mittal[2], Dr. Ramesh Chandra Tiwari[3],

Dr. Manisha Dikshit[4], Dr. Ved Bhushan Sharma[5]

1. P.G Scholar, 2. Assistant Professor, 3. Professor and HOD, 4. Associate Professor 5. Assistant Professor

P.G.Department of Agadtantra Evum Vidhivaidyaka, Rishikul Campus, Uttarakhand Ayurved University

Haridwar, Uttarakhand, India

Abstract

Modern lifestyles expose individuals to various environmental and chemical toxins through processed foods, intoxicating beverages, food adulterants, preservatives, pesticides, and synthetic drugs. Combined with irregular dietary and sleep patterns, these factors contribute to declining immunity and the rise of chronic diseases. If not efficiently eliminated, these toxins accumulate in the body, transforming into *Dushivisha*-a latent form of toxicity that disrupts physiological balance. Allergic skin diseases are a significant health concern affecting individuals across all age groups, primarily resulting from hypersensitivity of the immune system to specific physical or chemical agents. Classical medical texts, including the *Charaka Samhita* and *Sushruta Samhita*, provide detailed insights into the role of *Dushivisha* in the pathogenesis of allergic skin disorders. Various dermatological conditions attributed to *Dushivisha* are documented in these texts, including *Kustha* (a broad category of skin diseases), *Mandal* (raised circular lesions), *Visharpa* (erysipelas-like eruptions), *Bhinna Varna* (skin discoloration), *Shonit Dushti* (vitiation of blood), *Kitibha* (psoriasis-like conditions), and *Kotha* (urticaria or hives).The manifestation and progression of these conditions are influenced by aggravating factors such as exposure to eastern winds, indigestion, cold temperatures, daytime sleep, and the consumption of unwholesome or incompatible foods. These factors contribute to the persistence and exacerbation of *Dushivisha*, leading to chronic skin hypersensitivity and inflammation. Understanding the role of *Dushivisha* in allergic skin disorders underscores the importance of detoxification, dietary regulation, and holistic interventions. This review explores the classical perspective of *Dushivisha* and its relevance to modern dermatological conditions.

Key words: *Ayurveda*, *Dushivisha*, *Allergic Skin Diseases, Cumulative poison, toxins*

INTRODUCTION:

Allergic skin diseases impact individuals across all age groups, stemming from an unusual immune response to allergens encountered through skin contact, inhalation, or ingestion. Conditions such as urticaria (hives), allergic contact dermatitis, eczema, and angioedema are prevalent, with their severity varying based on individual susceptibility and aggravating factors. In the modern era, rapid advancements in science and technology have led to an unprecedented increase in exposure to synthetic substances. Our daily lives are inundated with various toxins, including food adulterants, preservatives, additives, fruit ripening agents, pesticides, synthetic drugs, and environmental pollutants in air and water. These harmful substances accumulate in the body from birth, embedding themselves at the cellular and organ level. Over time, they disrupt natural biochemical processes, gradually weakening immunity and making individuals more prone to allergic skin conditions. Classical Ayurvedic texts have long recognized the detrimental effects of chronic toxin accumulation on skin health. References to describe various skin disorders that closely resemble modern allergic conditions, such as *Kustha* (skin diseases), *Mandal* (raised patches), *Visharpa* (inflammatory lesions), *Bhinna Varna* (skin discoloration)[1], *Shonit Dushti* (blood impurities), *Kitibha* (scaly skin disorders) and *Kotha* (hives)[2]. These ancient insights highlight the importance of addressing long-term toxin exposure to maintain skin health and overall well-being. By bridging this classical wisdom with modern scientific understanding, we can develop a more comprehensive approach to managing and preventing allergic skin diseases in today's toxin-laden world.

AIM: To explore and analyse the role of *Dushi Visha* in the etiology and progression of skin disorders through classical references and contemporary interpretations.

Ayurvedic Concept of *Dushi Visha*:

According to *Acharya Sushruta*, *Dushi Visha* is a specific type of toxin that, due to its chronic and accumulative nature, cannot be completely eliminated from the body. It may lose its immediate potency through partial digestion or counteraction by antidotes, yet persists in the body for extended periods, gradually disturbing physiological functions. These toxins may originate from inanimate (*Sthavara*), animate (*Jangama*), or artificial (*Kritrima*) sources. Due to its inherently low potency (*Alpa Veerya*), *Dushi Visha* does not cause acute or fatal effects. Instead, it becomes masked within the body by *Kapha* (suggested as a form of lipophilic binding), forming a protective layer (*Avrita*) that conceals the toxin and allows it to remain latent over long durations. Over time, this latent toxin disrupts the balance of Doshas, tissues, and metabolic pathways.[3]

Aggravating Factors of *Dushi Visha:*

The manifestation and activation of *Dushi Visha* can be triggered by several internal and external factors. These include polluted environments (*Dushita Desha*), seasonal and climatic variations (*Kala*), inappropriate dietary habits (*Dushita Anna*), and unhealthy lifestyle practices such as daytime sleep (*Divaswapna*).[4] Regions with humid, cold, and wet conditions classified as *Anupa Desha* are known to influence *Kapha* and *Vata Doshas*, which can promote the retention and activation of latent toxins. Similarly, climatic conditions like overcast weather (*Durdina*) and exposure to cold winds (*Sheet Anila*) may weaken digestive capacity (*Pachakagni*), disrupt metabolic homeostasis, and intensify the toxic effects of *Dushi Visha*. Additionally,

factors such as consumption of incompatible foods, emotional disturbances like anger, and irregular routines may further aggravate the condition.

Samprapti of Dushivisha Janya Twakvikara:

Nidan Sevan (Prior ingestion of toxins into the body)

⇩

Intake of Antidotes, Medicines

⇩

Decrease in the potency of the poison,

⇩

The envelope by Kapha remains in the body.

⇩

Exposure to aggravating factors

⇩

Dhatudushti (Mainly *Rakta Dhatudushti*)

⇩

Emerging Lakshana of Skin diseases *Vaivarnya*, *Kustha*, *Mandal*, *Kotha*, *Aruh*, etc.

Modern concept of Allergy and its role in manifestation of Allergic skin diseases:

Allergy refers to an exaggerated immune response or hypersensitivity to a physical, chemical, or biological agent. It is defined as an immune reaction triggered by an otherwise harmless antigen in genetically predisposed individuals, leading to clinical manifestations and disease. Among the different types of hypersensitivity reactions, allergic skin diseases are primarily associated with Type I hypersensitivity, which is immunoglobulin E (IgE)-mediated.[5,6]

Allergens Involved in Allergic Skin Diseases

An allergen is any substance capable of inducing an allergic response. These can include antigens, proteins, or other compounds, and even physical stimuli may act as allergens in certain cases. The following are common categories of allergens implicated in allergic skin conditions:[7]

Environmental allergens – Pollen, dust mites, mold spores, pet dander

Food allergens – Nuts, dairy, shellfish, gluten, certain preservatives

Chemical allergens – Fragrances, preservatives, dyes, metals (e.g.nickel)

Drug-induced allergens – Antibiotics, NSAIDs, anesthetics

Physical factors – Temperature changes, sunlight, friction, pressure

Pathophysiology of Allergic Skin Diseases:

Allergic skin reactions are mediated by a complex interplay between allergens, IgE antibodies, and immune cells such as mast cells and basophils. Upon initial exposure to an allergen, the immune system produces IgE antibodies, which bind to high-affinity receptors on mast cells and basophils. These cells remain sensitized until re-exposure to the same allergen, at which point the allergen cross-links IgE molecules, triggering degranulation. This process releases preformed mediators such as histamine, as well as newly synthesized molecules like prostaglandins and leukotrienes. Histamine, in particular, plays a central role in the clinical manifestations of allergic reactions, including itching, vasodilation, and wheal formation.[8]

Allergic Skin Disorders: Types and Associated Symptoms:

Allergic skin disorders encompass a range of conditions characterized by inflammation, itching, and visible skin changes such as redness, swelling, or rashes. These conditions arise due to hypersensitivity reactions triggered by allergens or irritants. Below are some common allergic skin disorders and their associated symptoms:

1. Atopic Dermatitis (Eczema): Atopic dermatitis is a chronic inflammatory skin condition often linked to genetic predisposition and a history of allergies. Symptoms include dry, red, and intensely itchy skin, often accompanied by rashes. These rashes typically appear on the face, inside the elbows, behind the knees, and on the hands. It is more frequently observed in infants and individuals with a personal or family history of allergic conditions such as asthma or hay fever.

2. Contact Dermatitis: Contact dermatitis occurs when the skin reacts to direct contact with an allergen or irritant. Common triggers include cosmetics, hair dyes, metals (e.g., nickel), topical medications, and dental materials. The rash, which may resemble eczema, is usually localized to the area of contact. Symptoms include redness, itching, and sometimes blistering. Common affected areas include the face (particularly the eyelids), neck, hands, and feet.

3. Urticaria (Hives): Urticaria, commonly known as hives, is characterized by the sudden appearance of raised, red, and itchy welts on the skin. These welts can vary in size and shape and may appear anywhere on the body. Hives are often transient, with individual lesions typically resolving within 24 hours, though new ones may continue to appear. The condition is usually triggered by allergens, medications, or environmental factors.

4. Angioedema: Angioedema involves swelling of the deeper layers of the skin and is often associated with hives. Unlike hives, angioedema is typically not red or itchy. It commonly affects areas with loose connective tissue, such as the eyelids, lips, tongue, hands, and feet. In severe cases, angioedema can lead to difficulty breathing if the airways are involved, requiring immediate medical attention.[9]

These allergic skin disorders can significantly impact quality of life due to their chronic nature and associated discomfort. Accurate diagnosis and management are essential to alleviate symptoms and prevent recurrence.

Mechanism of *Dushivisha* in Allergic Skin Disease

1.Rakta Dhatu Involvement: Based on *Charaka* and *Sushruta*, *Dushivisha* disrupts *Rakta Dhatu*, leading to *Raktapradoshaja Vikara*—a group of disorders characterized by inflammatory skin lesions such as *Mandal*, *Kotha*, *Vaivarnya*, and various types of *Kushta*.

2.Immune Compromise and Dhatu Dushti:[10]

Impaired *Mamsa*, *Rakta*, and *Asthi Dhatus* contribute to reduced *Vyadhikshamatva* (disease resistance). The relationship between *Rakta* and *Pitta* suggests mutual vitiation, further promoting inflammatory skin manifestations.

3.Immunological Correlates (*Avyadhisahatva*):[11]

Dushivisha has antagonistic properties to *Ojas* (vital essence) and is said to cause *Ojovyapad* conditions reflecting immune dysfunction.

Initial vitiation occurs in *Rasa Dhatu*, extending to its *Mala* (*Kapha*), and ultimately impacting *Ojas*, indicating systemic immunological compromise.

DISCUSSION:

The intake of incompatible diets and substances that exhibit properties contradictory to the natural characteristics of bodily tissues can lead to the development of toxicity, primarily within the circulatory system. When such incompatible substances, often termed *Viruddhahara*, undergo metabolic transformation due to weakened digestive capacity (*Agnimandya*) or indigestion (*Ajirna*), they can acquire toxic potential. Although this toxicity is generally mild, it begins to disturb the quality of *Rakta Dhatu* (blood tissue), gradually impairing its physiological functions. In individuals with adequate immune resistance (*Vyadhikshamatva*), the toxicity may be partially neutralized or remain latent. However, when the immune system fails to completely eliminate it, this low-grade toxin becomes encapsulated by *Kapha* and remains dormant as *Dushivisha* a suppressed form of toxin. Over time, this latent toxicity can become active when triggered by factors such as heavy, obstructive foods (*Abhisyandi Ahara*), continued indigestion, daytime sleep, consumption of stale or contaminated food, and exposure to unfavourable environments such as cold weather or polluted surroundings. Traditional commentaries, such as those by *Acharya Dalhana*, suggest that physical exertion and psychological stress can also potentiate the effects of *Dushivisha*, leading to imbalances in *Kapha*, *Pitta*, and *Rakta*. This imbalance can impair *Ojas*, the essence of vitality and immunity, predisposing the individual to hypersensitivity reactions, particularly allergic skin conditions. From a contemporary biomedical perspective, these unwholesome substances can be understood as antigens foreign molecules that trigger immune responses. Upon entering the bloodstream, they interact with the immune system, stimulating cytokine release and immunoglobulin production. In a healthy immune system, these antigens are effectively neutralized. However, in individuals with hypersensitive immune profiles (Avyadhisahatva), there is an exaggerated response involving the overproduction of Immunoglobulin E (IgE). Rather than neutralizing the antigen, IgE binds to mast cells and basophils, sensitizing them for future encounters. During subsequent exposure to the same antigen, these sensitized immune cells undergo degranulation, releasing a cascade of chemical mediators, including histamine, cytokines, leukotrienes, and prostaglandins. These mediators contribute to the pathophysiology of allergic skin disorders, leading to symptoms such as increased vascular permeability, smooth muscle contraction, nerve irritation, edema, and the formation of itchy wheals.

CONCLUSION:

The high prevalence of allergic skin diseases highlights the need for a deeper understanding of their underlying causes. Continuous exposure to various environmental and chemical toxins plays a significant role in the pathogenesis of these conditions. Among these, the concept of *Dushivisha* offers a valuable perspective on chronic toxin accumulation and its impact on skin health. Therapeutic approaches aimed at the elimination of such toxins such as *Vamana*, *Virechana*, and the use of formulations like *Dushivishari Agad*, along with agents possessing *Vishaghna* and *Kushtaghna* properties may offer promising outcomes in the management of allergic skin disorders.

REFERENCES

1-Kaviraj Ambika Dutta Shashtri, Sushrut Samhita, Published by Chaukhamba Sanskrit Sansthan Varanasi. 2017, Kalpasthan, 2/ 30-31.

2-Charaka Samhita of Agnivesha elaborated by Charak and Drudhabala with the Ayurveda Dipika commentary Published by Chaukhamba Sanskrit Sansthan Varanasi. 2016, Chikitsa Sthana 23/31.

3-Kaviraj Ambika Dutta Shashtri, Sushrut Samhita, Published by Chaukhamba Sanskrit Sansthan Varanasi. 2017, Kalpasthan, 2/25-26

4-Kaviraj Ambika Dutta Shashtri, Sushrut Samhita, Published by Chaukhamba Sanskrit Sansthan Varanasi. 2017, Kalpasthan, 2/ 33.

5- Abbas AK, Lichtman AH, Pillai S. Basic Immunology: Functions and Disorders of the Immune System. 6th ed. Philadelphia: Elsevier; 2020.

6-Kumar V, Abbas AK, Aster JC. Robbins and Cotran Pathologic Basis of Disease. 10th ed. Philadelphia: Elsevier; 2020.

7- Kang S, Amagai M, Bruckner AL, Enk AH, Margolis DJ, McMichael AJ, Orringer JS, editors. Fitzpatrick's Dermatology in General Medicine. 9th ed. New York: McGraw-Hill Education; 2019.

8- Gould, H. J., & Sutton, B. J. (2008). IgE in allergy and asthma today. Nature Reviews Immunology, 8(3), 205–217.https://doi.org/10.1038/nri2273.

9-Bolognia, J. L., Schaffer, J. V., & Cerroni, L. (2021). Dermatology (4th ed.). Elsevier.

10- Charaka Samhita of Agnivesha elaborated by Charak and Drudhabala with the Ayurveda Dipika commentary Published by Chaukhamba Sanskrit Sansthan Varanasi. 2016, sutra sthana,28/7.

11- Kaviraj Atridev Gupta, Ashtanghridayam by Chaukhamba Prakashan. Varanasi, 2011. Uttarsthana,35/8.