

Herbal Therapy and the Skin

The skin forms an important physical barrier to microbial infection, and also protects the tissues from the oxidizing effects of the atmosphere. The skin is the metabolically active organ in the body, and undergoes changes that are dependent upon the underlying factors that support its activities. As in Ayurvedic medicine, the skin in Western herbal medicine is seen to maintain an important relationship with blood, and hence the importance of alterative remedies that enhance the processes of intermediate metabolism and the discharge of cellular wastes into the blood. One common mistake in treating skin conditions however is to do nothing more than promote alterative changes, without at the same time upregulating the function of the eliminatory organs such as the liver, bowels and kidneys which cleanse and purify the blood.

Using alterative herbs is an important tool to mobilize wastes and toxins in the body, but if attention is not also directed to the organs of elimination the end result is to simply aggravate the blood, and in turn, aggravate the skin. Thus, alterative changes must be accompanied by upregulating the eliminatory function, such as using cholagogues, aperients, and diuretics simultaneously with alteratives. While some alteratives such as Yellowdock (*Rumex*) and Barberry (*Berberis*) do upregulate eliminatory function (i.e. the function of the liver, which may be insufficient), other herbs such as Burdock (*Arctium*) and Cleavers (*Galium*) lack this activity, and are notorious for worsening skin conditions when used in physiologic doses without the proper eliminatory support.

Despite its role as a physical barrier to protect the underlying tissues and as an eliminatory organ (sweat, sebum), the skin is also an important sensory organ, housing receptors of touch but also temperature, pressure and pain. During the third week of development in a process called gastrulation the embryo differentiates into three primary germ layers called the endoderm, mesoderm and ectoderm. Both the skin and nervous system arise from the embryonic ectoderm and thus these tissues maintain a strong embryonic link. Similar to the Ayurvedic concept of the skin, Western herbalists also recognize a link between the skin and nervous system such that the skin can reflect dysfunction within the nervous system. For example, during a period of emotional stress, such as that experienced by a student during a week of exams, the skin may manifest a transient rash or wheals. In this case, traditional alterative remedies directed to removing an obstruction to elimination will invariably fail, or can even make it worse by further irritating the nervous system (which is essentially how alteratives and eliminatory agents act, by promoting an immunological response appropriate to a toxic exposure, albeit with a benign agent, i.e. the herb). Thus it is important that the underlying cause of the skin disorder be accurately ascertained before treatment is implemented. In some cases the worsening of skin condition during the initial phases of treatment may be referred to as a kind of healing crisis, but this should only be reserved for chronic, poorly manifested conditions. Despite the fact that the skin is an eliminatory organ, it is relatively inefficient and generally speaking toxins and wastes are best eliminated via the liver, bowels and kidneys. In most cases any worsening or aggravation of a skin condition during treatment is indication to stop or change the strategy.

Based on the constitutional model presented by Michael Moore in his *Herbal Energetics in Clinical Practice* (2002), the skin can manifest symptoms of deficiency or excess. With this model Moore builds a correlation between the skin and mucosa, which are continuous structures (although derived from different embryonic tissues), inferring that a derangement in one is often manifested in the other:

Skin/mucosa deficiency

Moore states that skin and mucosal deficiency symptoms are often caused by a liver deficiency. Commensurate with a liver deficiency, the circulation of blood and glandular

secretions in these tissues is deficient, manifesting as dry flaking skin, with cracking and fissures, in focal areas or more or less systemically. In many cases the mucosa of the mouth, rectum and vagina are irritated and sore. Often the entire pattern of skin and mucus membrane deficiency plays into the dynamic of neuroendocrinal stress, with excessive sympatheticotonia ('fight and flight' responses), and thus needs to be addressed as well.

Botanicals that are used to stimulate deficient skin conditions act to enhance blood circulation to the periphery and support liver function, promoting the anabolism of nutrients that supply and nourish the skin. Given the need for trophorestoration botanicals that promote anabolic processes generally can also be used, as well as those targeted towards the neuroendocrinal system to support the adrenals and downregulate sympathetic stress:

- e.g. vascular stimulants: Pleurisy root (*Asclepius*), Cayenne (*Capsicum*), Prickly Ash (*Zanthoxylum*)
- e.g. cholagogues, portal stimulants: Barberry (*Berberis*), Yellowdock (*Rumex*), Celandine (*Chelidonium*), Blue Flag (*Iris*), *Leptandra*, Oregon Grape (*Mahonia*), Bogbean (*Menyanthes*), Milk Thistle (*Silybum*), Yellowdock (*Rumex*)
- e.g. trophorestoratives, anabolics: Ginseng (*Panax*), Wild Sarsaparilla (*Aralia*), Milky Oats (*Avena*), Damiana (*Turnera*), Licorice (*Glycyrrhiza*), Horsetail (*Equisetum*), Bladderwrack (*Fucus*), He Shou Wu (*Polygonum*), Bhringaraj (*Eclipta*)
- e.g. parasympathetics, sympatholytics: Skullcap (*Scutellaria*), Passionflower (*Passiflora*), Valerian (*Valeriana*), Catmint (*Nepeta*), Vervain (*Verbena*)

In addition to the above, topical therapies such as wet sauna and oil massage can be useful adjuncts. In regard to dietary therapies, it is important to look for potential deficiencies in fat-soluble nutrients (i.e. vitamins A, E, D, EFAs etc.).

Skin/mucosa excess

Symptoms of skin and mucosa excess are moist, greasy and oily skin, not too dissimilar from what most people experience during puberty, but equally distributed all over the body. There may be a tendency towards acne, boils, ingrown hairs, and sebaceous cysts, and generally speaking, the skin is warm and moist to the touch, sweating is easy and profuse and the body odor is strong and pungent.

Skin and mucosa excess is usually related to liver and reproductive excess, and a tendency towards excessive anabolism. In most cases the patient has a tendency to excessive weight gain, and/or is directly related to dietary factors such as excessive animal products and an avoidance of alkalizing, high fiber foods (e.g. leafy green vegetables), and nutrient chelating foods such as legumes and grains. Moore states that this is a difficult condition to treat directly, and apart from dietary changes, is treated by treating liver and reproductive excess.

Ayurvedic perspectives on skin diseases

Ayurvedic medicine states that the skin is formed by the metabolic activity of blood just as a layer of scum forms on the surface of milk when it is heated. Thus the skin is intimately connected to the activity of the blood in every respect, and can be seen to represent a grosser, more stable phase of blood, in which changes to it occur much more slowly. According to Ayurvedic theory, 'blood' or rakta, is formed by the processes of digestion, of which the first component formed is 'plasma' (rasa), which in turn gives rise to blood. As an extension of blood the skin records upon itself the health of the blood, which in turn is reflective of digestion, and thus the skin forms a useful and easily accessible indicator of both the blood and digestive health. When digestion is poor the result is ama or 'toxins,' which are transferred to the blood, and if these toxins overwhelm the body's capacity to immediately process and eliminate them, the 'toxins' remain in the blood and eventually manifest in the skin. Unlike the blood, which undergoes constant filtering and purification by the liver and spleen, the skin is only cleansed or purified by the activities of blood. Thus it is something of a primary tenet in Ayurveda that in order for a skin

condition to improve the blood must first be purified, after which the toxins present in the skin can be received by the blood and returned to the koshta (digestive tract, via the liver) to be eliminated.

Although the skin is intimately connect to the blood, and thus pitta (and the functions of the liver and spleen), it is also the repository of the sense of touch (sparsha), the tanmatra (subtle matter) that gives rise to the element of wind (vayu). In turn, wind is a primary component of vata, and thus the skin can also be seen to have an intimate connection with the activities of the nervous system (i.e. vata).

Ayurvedic medicine recognizes six or seven layers to the skin, according to Charaka and Sushruta, respectively. When ama or 'toxins' are deposited in the skin by the blood they can promote the local vitiation of the doshas (i.e. vata, pitta or kapha), and depending in which layer the toxins are present, the doshas will manifest in that same layer, and give rise to a class of disease called kushta (skin disease). In many of the more severe skin conditions all three doshas are manifest, even though one particular dosha may dominate.

The term 'kushta' is generally used in Ayurvedic medicine to describe skin disease, but has also used specifically to describe what has since been described as leprosy. Although Ayurveda recognizes other skin conditions, such as visarpa (erysipelas) and udara (allergic dermatitis), the etiology and pathogenesis of kushta describes the basic idea or concept of skin disease. The term 'kushta' is derived from two words: 'kush' and 'dhatu,' referring to that which manifests on the outside of the body (i.e. the bahya rogayana, or 'external pathway' of disease), but whose origin is derived from within the body (i.e. the antarmarga, the 'inner pathway' of disease). Kushta manifests when the doshas are provoked and reflect their disturbed state in blood (rakta), skin (tvak), lymph (ambu) and muscles (mamsa). A number of factors indirectly or directly promote the vitiation of the doshas to produce skin disease, including:

- overeating, or eating before the previous meal has been digested
- eating contradictory foods (see Appendix I)
- eating improperly cooked or prepared foods
- eating excessively heavy or greasy foods
- eating excessively acidic, salty or spicy foods
- eating excessive amounts of foods such as freshly harvested grains, curd, fish, masa (*Phaseolus mungo*), radish, pastries, sesame seed, milk, and jaggery
- uppression of bodily urges such as vomiting
- excessive fear, anxiety or worry
- excessive exposure to heat
- excessive exercise in hot weather
- exercise after a heavy meal
- sleeping during the day or immediately after eating
- application of cold water immediately after exposure to extreme heat
- improper administration of pancha karma
- suddenly implementing a fasting regimen, or eating a large meal immediately after a fast

The etiology of kushta traditionally includes ethical breaches such as insulting venerable people, stealing, lying, and committing other unethical acts. Ascribing such factors to kushta however is not unique, as they are also listed in the etiology of many other diseases, as well as the disease process more generally (i.e. pragnaparadha, 'crimes against wisdom'). Nonetheless, the particular emphasis of these factors in skin disease were perhaps reserved more to diseases such as leprosy, which can have an insidious onset and may be difficult to recognize until the condition has progressed significantly, when significant disfiguration occurs. It is likely from the accounts that sufferers of leprosy were to some extent ostracized by the general population, and often lived in poverty. Although leprosy has been of particular concern in developing countries such as India, it is not a reflection of the efficacy of traditional treatments, but rather, a lack of access to proper treatment (whether medical or Ayurveda).

Apart from the causative factors mentioned above, the Ashtanga Hridaya specifically states that krimi (infection) is another prominent cause of kushta, including bacteria, fungi, helminthes, maggots, etc. These invade the skin or infect the blood by other routes (e.g. respiratory, oral), and manifest in the skin. Nonetheless these infectious agents can

be seen as secondary factors, in which changes to the body's ecology (through dosha vitiation) weaken immunity and allow for infection.

Ayurveda suggests that skin diseases should be addressed in their incipient stage, to halt their progression and prevent a worsening of the condition. The longer a skin condition remains without treatment, the worse the prognosis. The premonitory symptoms of kushta include:

1. excessive roughness or smoothness of the skin
2. burning sensations
3. itching
4. loss of sensation
5. swelling
6. recurrent manifestation
7. blackish colored blood

Traditional therapies are based upon recognizing the causative factor, and balancing the activity of the doshas. Less severe conditions are treatment generally, such as using ghee in vataja conditions, purgation in pittaja conditions, and emesis in kaphaja conditions.

Ayurvedic medicine describes seven major forms of kushta, each according to the *Ashtanga Hridaya* caused by the doshas either singly or in combination (Nidana 14:6-10). Each combination is given specific diagnostic features by the *Madhava nidanam* (49:10-16)

1. **Kapala:** caused by vata; spreads quickly, skin is brownish-red (like "potshards"), rough, and coarse, with painful, intractable symptoms
2. **Udumbara:** caused by pitta; skin lesions are dusky-red, the color of udumbara fruit (*Ficus infectoria*), with painful burning sensations, swelling of the follicles, and serous exudate
3. **Mandala:** caused by kapha; skin is pinkish, tight, thick, itching, and smooth with round, elevated interconnecting patches that erupt slowly
4. **Rishyajivha:** caused by vata and pitta; skin lesion is toughened, red on the edges but appearing darker within (like the tongue of "black deer"), with constant pricking pain, burning sensations, and serous exudate
5. **Pundarika:** caused by kapha and pitta; skin lesions are white in color with reddish edges, the surface almost appearing to be speckled with a reddish powder, exuding a thickish fluid
6. **Sidhma:** caused by vata and kapha; the lesions are pale coppery like the fruit of alabu (*Euphorbia thymifolia*), dry and flaking, but sticky and moist within
7. **Kakana:** caused by all three doshas; with severe pain, the lesions red and black resembling the seeds of gunja (*Abrus precatorius*)

The successful treatment of kushta largely depends upon the doshas involved, the duration of the condition, and severity of symptoms. The *Ashtanga Hridaya* recommends three basic treatment regimens for each doshas involved:

- Vataja symptoms are addressed by having the patient ingest fat (snehapana), taken along with a decoction of Dashamula ('ten roots'), Amrita vine (*Tinospora cordifolia*), and Eranda root (*Ricinus communis*)
- Pittaja symptoms can be treated by Mahatiktaka ghrita, a complex ghee-based ointment containing Amalaki and several other herbs, used internally and externally
- Kaphaja symptoms are treated by using herbs such as Nimba (*Azadirachta indica*), Chitraka (*Plumbago zeylanica*), Kushta (*Saussurea lappa*) and Shala (*Shorea robusta*), decocted in ghee, taken internally (Chikitsa 19:1-12).




Other important remedies to consider in kushta more generally include Kaishora guggulu and Amritabhallataka avaleha, recommended by the *Bhavaprakasha* (54).

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