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Review Article

CONCEPTUAL UNDERSTANDING OF *RASAVAHA SROTODUSHTI* AND IMPACT OF *RASAPACHAKA YOGA* IN DYSLIPIDEMIA: A CRITICAL APPRAISAL

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ABSTRACT

In Ayurveda, disturbances of *Rasavaha Srotas*, particularly *Rasavaha Srotodushti* associated with *Agnimandya*, *Ama Sanchaya*, *Srotorodha* and impaired *Rasa Dhatu* metabolism, provide a conceptual framework that may be correlated with metabolic disturbances such as dyslipidemia. **Aim:** To critically evaluate the concept of *Rasavaha Srotodushti* and assess the therapeutic potential of *Rasapachaka Yoga* in the management of dyslipidemia. **Materials and Methods:** Review was undertaken using classical Ayurvedic texts, including *Charaka Samhita, Sushruta Samhita* and *Ashtanga Hridaya*, literature on *Srotas*, dyslipidemia and the pharmacological properties of the constituent drugs of *Rasapachaka*. The pharmaceutical standardisation of the related formulation *Raktapachaka Vati* was also examined. **Results:** The review identified a plausible conceptual correlation between *Rasavaha Srotodushti* and dyslipidemia through the Ayurvedic sequence of *Agnimandya*, *Ama* formation, impaired *Rasa Dhatu Poshana* and *Medo Dhatu Vriddhi*. *Rasapachaka Yoga*, comprising *Kalingaka, Patola* and *Katukarohini*, is classically described in *Charaka Samhita, Chikitsa Sthana* 3/200–203 as a *Pachaka Kashaya* indicated for *Santata Jwara*. Its classical actions include *Deepana, Pachana, Agnivardhana* and *Rasagata Ama-pachana*. Pharmacological evidence, particularly for *Katukarohini*, indicates hepatoprotective and lipid-modulating potential. Standardisation of the sibling formulation *Raktapachaka Vati* further demonstrates the feasibility of translating a classical *Kashaya* into a standardized tablet dosage form. **Conclusion:** *Rasapachaka Yoga* represents a pharmacologically plausible candidate for investigation in dyslipidemia based on its classical *Rasa Dhatu*-level actions and the available evidence on its constituents. Pharmaceutical standardisation followed by well-designed preclinical and clinical studies is required to establish its safety, efficacy and therapeutic relevance in dyslipidemia.

INTRODUCTION

Ayurveda places central importance on *Srotas,* channels of circulation that sustain physiological homeostasis; *Charaka* describes 13 *Srotas*[1], while *Sushruta* describes 11 pairs.[2] *Rasavaha Srotas* are the principal conduits for *Rasa Dhatu*, the first tissue formed after digestion, essential to the nourishment of every subsequent *Dhatu*. Disturbance of this system, *Rasavaha Srotodushti*, disrupts systemic nutrition and predisposes to metabolic disorders, lipid imbalance being prominent among them.

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From a modern biomedical standpoint, dyslipidemia denotes abnormal blood lipid levels, including raised total cholesterol, LDL and triglycerides, with or without reduced HDL and is an established risk factor for cardiovascular disease and metabolic syndrome[3]. Long-term statin therapy carries a recognised adverse-effect burden, sustaining interest in integrative approaches.[4,5]

The pathophysiology of *Rasavaha Srotodushti Agnimandya*, *Ama sanchaya*, *Srotorodha* and *Medo Dushti* parallels the sequence by which lipid metabolism is disrupted through faulty *Ahara* and *Vihara*[6]. This review examines *Rasapachaka Yoga*, a *Deepana-Pachana* formulation whose classical seat is *Charaka*'s *Jwara Chikitsa* (*Chikitsa Sthana* 3/200-203), where it is the first of five *Pachaka Kashayas Rasapachaka*, *Raktapachaka*, *Manspachaka*,

Medopachaka and *Astimajjapachaka* prescribed respectively for *Jwara* as it progresses through the *Rasa*, *Rakta*, *Mamsa*, *Meda* and *Asthi-Majja Dhatus*[5,6] Because *Rasapachaka*'s classical action is digesting *Rasagata Ama* and restoring *Rasagni* it targets precisely the *Dhatu*-level pathology implicated above in *Medoroga*, this review appraises whether that principle offers a rational basis for its evaluation in dyslipidemia [7,8].

AIM AND OBJECTIVES

Aim

To critically evaluate the concept of *Rasavaha Srotodushti* and assess the therapeutic potential of *Rasapachaka Yoga* in managing dyslipidemia.

Objectives

- To explore classical Ayurvedic literature on *Rasavaha Srotas*, its *Moolasthana* and *Dushti Lakshana*.
- To analyse the pathophysiological correlation between *Rasavaha Srotodushti* and dyslipidemia.
- To trace the classical reference of *Rasapachaka* as a *Pachaka Kashaya* in *Santata Jwara* (Charaka Samhita, Chikitsa Sthana 3/200-203) and review the pharmacology of its constituents.
- To examine the pharmaceutical-standardisation precedent set by the sibling formulation *Raktapachaka Vati* as a model for future dosage-form development of *Rasapachaka*.
- To assess the potential of this Ayurvedic intervention in modern metabolic disease through an integrative approach.

MATERIAL AND METHODOLOGY

This study is a critical literature and analytical review. We reviewed primary Ayurvedic sources, *Charaka Samhita, Sushruta Samhita*, and *Ashtanga Hridaya*, alongside two recent peer-reviewed articles on *Srotas* anatomy and physiology[9,10] to construct the conceptual framework of *Rasavaha Srotodushti* and establish the classical origin, indication, and composition of *Rasapachaka* (*Chikitsa Sthana* 3/200-203). A published pharmaceutical standardisation study of *Raktapachaka Vati*[11] was reviewed as a methodological precedent for converting a sibling classical *Kashaya* into a modern tablet dosage form. Contemporary data on dyslipidemia and on the pharmacology of *Kalingaka*, *Patola* and *Katukarohini* were collected from PubMed, the AYUSH Research Portal, Scopus and Google Scholar (2000-2025). Findings were synthesised to correlate Ayurvedic pathophysiology with modern biomedical evidence.

Conceptual Understanding of *Rasavaha Srotodushti*

Rasavaha Srotas are the channels transporting *Rasa Dhatu*, the first *Dhatu* formed after *Ahara Paka*, vital to the sequential nourishment of every subsequent tissue. *Charaka* lists their synonyms as *Srotamsi, Sira, Dhamani, Rasayani, Rasavahini, Nadi, Panth, Marga, Shariracchidra, Samvrit, Asamvrita, Sthana, Ashaya* and *Niketa.*[12]

Moolasthana

According to *Charaka*, the *Moola* of *Rasavaha Srotas* is the *Hridaya* and the *Dasha Dhamani* (ten great vessels); according to *Sushruta*, it is the *Hridaya* and *Rasavahi Dhamani*. A recent anatomical review correlates these *Dhamanis* with the coronary arteries, superior and inferior venae cava, the pulmonary trunk and the aorta the major vessels through which lipid-bearing blood circulates lending direct cardiovascular relevance to *Rasavaha Srotodushti*. *Hridaya* is understood here as both the organ heart and the wider cardiac/thoracic region[10].

Types of *Srotodushti*

Charaka describes four kinds of general *Srotodushti* [13]

- *Atipravritti* - Excessive flow
- *Sanga* - Obstruction
- *Siragranthi* - Nodular swelling in the vessel
- *Vimargagamana* - Displacement of contents into a wrong channel.

When these arise in *Rasavaha Srotas*, transport and transformation of *Rasa Dhatu* are impaired, producing systemic imbalance.

Rasavaha Srotodushti Hetu

Per *Charaka*, *Rasavaha Srotas* are specifically vitiated by

- *Guru* (heavy) and *Sheeta* (cold) food
- *Atisnigdha* (excessively unctuous) and *Atimatra* (excessive quantity) intake.
- *Samshana* (improper food combinations)
- *Atichinta* (excessive mental strain/worry)

These generate *Ama* (toxic metabolites), obstructing the *Srotas* and disturbing *Dhatu Poshana* a pattern with direct parallels to modern dietary and psychosocial risk factors for dyslipidemia.

Clinical Manifestations *(Rasavaha Srotodushti Lakshana)*

On vitiation, *Rasavaha Srotas* classically produce:

- *Ashraddha*- Aversion to food, *Aruchi* - loss of taste
- *Aasyavairasya*- Bad taste in mouth, *Aarasagyata*- impaired taste perception
- *Hallasa*- Nausea, *Gaurava*- heaviness, *Tandra*- drowsiness
- *Angamarda*- Body ache, *Jwara*- fever, *Tamah*- mental clouding
- *Klaivya*- Debility, *Krishangata* - emaciation, *Balya* (loss of) strength, *Palitya* - premature greying

Several of these- *Gaurava*, *Tandra*, *Aruchi* and *Angamarda*- correspond closely to the fatigue, heaviness and poor appetite regulation seen in early dyslipidemia and associated insulin resistance.

On *Viddha* (injury) to *Rasavaha Srotas*, *Charaka* describes *Shosha* (wasting), features similar to *Pranavaha Srotas Viddha*, and, in severe cases, *Marana*. The classical treatment principle for *Rasaja Vikara* is *Langhana* (lightening/reducing therapy), the same broad therapeutic direction - reducing metabolic load - that underlies *Deepana-Pachana* formulations such as *Rasapachaka*.

Correlation with Dyslipidemia

Dyslipidemia- elevated total cholesterol, triglycerides and LDL with reduced HDL parallels *Rasavaha Srotodushti*, where faulty *Rasa Dhatu* formation and impaired *Rasagni* allow accumulation of unprocessed lipid, equivalent to *Ama* and *Medo Dhatu Vriddhi*. Because the *Moola* of *Rasavaha Srotas,* the *Hridaya* and its great vessels, is anatomically continuous with the coronary and systemic circulation[10], obstruction and sluggishness at this level (*Strotorodha*) maps onto the vascular lipid deposition central to dyslipidemia's cardiovascular risk, making *Rasavaha Srotodushti* a coherent Ayurvedic framework for understanding it.

***Rasapachaka Yoga*: Classical Basis**

The term *Rasapachaka* derives from *Rasa* and *Pachaka* ("that which digests/ metabolizes *Rasa*"). Its classical reference occurs in *Charaka Samhita*, *Chikitsa Sthana* 3 (*Jwara Chikitsa Adhyaya*, verses 200-203), which enumerates five *Pachaka Kashayas*- *Rasapachaka, Raktapachaka, Manspachaka, Medopachaka* and *Astimajjapachaka*. One for each stage of *Vishama Jwara* as it involves successive *Dhatus*. *Rasapachaka*, indicated for *Santata Jwara* arising from *Rasagata Dosha*, is prepared from *Kalingaka*, *Patola-patra* and *Katukarohini*[14]. This five-fold classification is independently confirmed in a 2017 pharmaceutical study, which identifies the same five *Pachaka Yogas* and notes that *Raktapachaka* (for *Raktagata*/*Satata Jwara*) is composed of *Patola, Sariva, Musta, Patha* and *Kutki.* [11]

The classical *Karma* of *Rasapachaka* is *Deepana* and *Pachana;* it digests *Rasagata Ama* and pacifies *Sama Doshas* through the *Tikta Rasa* of its ingredients, correcting vitiation specifically at the level of *Rasa Dhatu*[14]. Because this is precisely the *Dhatu*-level pathology proposed above for dyslipidemia, this review treats the classical *Rasapachaka Kashaya* as a conceptually and pharmacologically plausible candidate for evaluation in *Medoroga*/dyslipidemia- an extrapolation from its classical *Jwara*-specific indication, offered as a testable hypothesis rather than a literal classical prescription for *Medoroga.* [15,16]

Precedent for a Standardized Dosage Form[11]

A direct methodological precedent exists in the sibling formulation *Raktapachaka*. Pawar et al. (2017) transformed the classical *Raktapachaka Kashaya* into a tablet (*Vati*) using the original ingredients and *Bhavana Dravya*, and validated three batches against both classical parameters (*Shabda, Sparsha, Rupa, Rasa, Gandha*) and modern pharmaceutical parameters (weight uniformity, diameter, thickness, hardness, friability, disintegration time, HPTLC fingerprinting), obtaining consistent results across batches with no significant inter-batch variation. This demonstrates that *Pachaka Kashaya*, from the same *Charaka* chapter as *Rasapachaka*, can be reliably standardised into a patient-convenient, pharmacopoeially validated dosage form that future work on *Rasapachaka* Vati can follow to improve long-term compliance in the management of dyslipidemia.

Table 1*:* Constituents of the Classical *Rasapachaka Kashaya*

Herb Name	Botanical Name	Properties (Rasa, Guna, Veerya)	Pharmacological Actions
Kalingaka	*Holarrhena anti-dysenterica*	*Tikta, Kashaya Rasa, Laghu, Ruksha Guna, Ushna Veerya*	*Deepana, Pachana, Grahi,* anti-amoebic, digests *Rasagata Ama*
Patola (Patra)	*Trichosanthes dioica*	*Tikta Rasa, Laghu, Ruksha Guna, Ushna Veerya*	*Jwaraghna, Kaphapittahara, Krimighna,* hepatoprotective
Katukarohini (Katuki)	*Picrorhiza kurroa*	*Tikta Rasa, Laghu, Ruksha Guna, Sheeta Veerya*	Hepatoprotective, lipid-regulating, digests *Sama Dosha,* anti-inflammatory

Ayurvedic Pharmacodynamics (*Karma)*

- *Deepana*- Enhances *Jatharagni* to improve primary digestion.
- *Pachana*- Digests *Ama* accumulated from impaired *Agni*, the classical action described for *Rasapachaka* in *Santata Jwara.*[14]
- *Agnivardhana*- Promotes *Jatharagni* and *Dhatvagni*, central to transforming *Rasa* into subsequent *Dhatus.*
- *Rasagata Ama-pachana*- Clears toxic metabolic load specifically at the *Rasa Dhatu* level, the shared root proposed here between *Jwara* and dyslipidemia.
- Hepatoprotective/lipid-regulating action- Contributed principally by *Katukarohini*, supporting hepatic lipid handling.

- *Rasapachaka* (core action)- Assists proper *Rasa Dhatu* formation, preventing *Rasa Dushti* and its improper conversion into *Meda.*[17]

Probable Mechanism of Action in Dyslipidemia

1. Improves digestion and absorption: correcting *Agnimandya* reduces endogenous *Ama* formation, the proposed root cause of metabolic blockage.
2. Digests *Rasagata Ama*: the classical action of *Kalingaka*, *Patola* and *Katukarohini* clears toxic load at the *Rasa Dhatu* level.
3. Supports hepatic lipid handling: *Katukarohini (Kutki)* has documented hepatoprotective and lipid-modulating activity in the pharmacological literature [18,19,20].
4. Enhances tissue nutrition: improved *Rasa Dhatu* quality supports nourishment and limits excessive conversion to *Meda Dhatu*.
5. Supports vascular *Srotas*: since the *Moola* of *Rasavaha Srotas* corresponds to the *Hridaya* and its great vessels, *Srotoshodhana* at this level is directly relevant to lipid-associated cardiovascular risk

Clinical Evidence and Research Scope

- Preclinical studies on *Katukarohini* (Kutki) individually report hepatoprotective activity and favourable effects on serum lipid parameters[19,20,21]. A 2024 randomised controlled trial reported efficacy of *Kutaki* comparable to atorvastatin in dyslipidemia. [20]
- The classical *Rasapachaka Kashaya* itself has not, to date, been clinically tested in dyslipidemia; the present rationale rests on its constituents' individual pharmacology and on its shared *Dhatu*-level target with the disease.
- Its sibling formulation *Raktapachaka* has undergone rigorous pharmaceutical standardization as a tablet, with reproducible physico-chemical and HPTLC profiles across batches, a validated process that could be directly applied to *Rasapachaka* [11].
- Future work should include pharmaceutical standardization of a *Rasapachaka Vati*, followed by randomized controlled trials against standard care or placebo in well-defined dyslipidemic cohorts.

Dosage and Administration (Indicative)

- Classical form: *Kashaya* (decoction), administered per general *Kashaya Kalpana* convention.
- *Anupana* (vehicle): Warm water, post-meal
- Modern equivalent: A standardised tablet (*Vati*) is feasible, as demonstrated for *Raktapachaka,*[11] improving palatability and compliance over the bitter *Kashaya* form.

These are indicative extrapolations from general Ayurvedic dosing convention and from the *Raktapachaka Vati* precedent; they are not prescriptive and require dedicated pharmaceutical and pharmacokinetic validation for *Rasapachaka* specifically.[11]

Flowchart: Proposed Impact of *Rasapachaka Yoga* in Dyslipidemia

Unwholesome *Ahara* (diet) and sedentary *Vihara* (lifestyle)

↓

Agnimandya - Diminished *Jatharagni* and *Dhatvagni*

↓

Ama formation - Accumulation of undigested metabolic toxins

↓

Rasavaha Srotodushti - *Sanga* and *Vimargagamana* in the channels rooted at *Hridaya* and *Dasha Dhamani*

↓

Faulty *Rasa Dhatu Poshana* and abnormal *Medo Dhatu Vriddhi*

↓

Dyslipidemia manifests: raised LDL, triglycerides and total cholesterol; reduced HDL

↓

Administration of *Rasapachaka Yoga*

↓

Deepana, Pachana, Agnivardhana and *Rasagata-Ama-pachana* actions

↓

Restoration of *Rasagni* and *Dhatvagni; Srotoshuddhi*; balanced lipid profile; reduced cardiovascular risk

RESULTS AND FINDINGS

- *Rasavaha Srotodushti* was conceptually correlated with dyslipidemia, characterised by *Agnimandya*, *Ama* and *Medo Dhatu Vriddhi*, with its *Moolasthana* (*Hridaya* and *Dasha Dhamani*) anatomically corresponding to the coronary and great vessels[9,10]
- The classical seat of *Rasapachaka* was traced to *Charaka Samhita*, *Chikitsa Sthana* 3/200-203 (*Santata Jwara*), composed of *Kalingaka*, *Patola* and *Katukarohini*, within a five-Yoga framework independently confirmed by Pawar et al. (2017).[11]
- Pharmacological literature on *Katukarohini* is consistent with hepatoprotective and lipid-modulating activity [19,20,21].
- The sibling formulation *Raktapachaka Vati* showed consistent classical and physico-chemical parameters across three batches, with matching HPTLC spot profiles, confirming that this class of formulation can be standardized without batch variation [11].

DISCUSSION

The concept of *Rasavaha Srotas* occupies a pivotal place in understanding the earliest stages of tissue nourishment and metabolic integrity. When these channels are vitiated *Rasavaha Srotodushti* - the quality and quantity of *Rasa Dhatu* are disturbed, attributed by *Charaka* to specific dietary and psychological causes (*Guru, Sheeta, Atisnigdha, Atimatra, Samshana, Atichinta*) that closely parallel modern risk factors for dyslipidemia

The classical clinical picture of *Rasavaha Srotodushti*, *Gaurava*, *Tandra*, *Aruchi*, *Angamarda* corresponds to early presentations of lipid disorders in modern medicine, and the anatomical correlation of its *Moolasthana* with the coronary and great vessels gives the framework direct cardiovascular plausibility rather than a purely metaphorical one.

The classical *Rasapachaka Kashaya* was designed for a *Jwara*, not a metabolic, indication; its extension to dyslipidemia rests on the shared *Rasa Dhatu*-level pathology and on the documented hepatoprotective and lipid-modulating activity of *Katukarohini*. This is a reasoned hypothesis built by analogy (*Yukti Pramana*), not a literal classical prescription for *Medoroga*, and the distinction should be preserved in further work on this formulation.

Separately, the pharmaceutical standardization of *Raktapachaka Vati* a formulation from the very same *Charaka* chapter, treated by the same class of process shows that the translational step from bitter classical *Kashaya* to a validated, patient-friendly tablet is achievable without loss of batch consistency. This strengthens, on process grounds, the feasibility of eventually developing and testing a *Rasapachaka Vati* for chronic conditions such as dyslipidemia, where long-term compliance with a decoction is impractical.

CONCLUSION

The Ayurvedic concept of *Rasavaha Srotodushti* with a *Moolasthana* anatomically continuous with the coronary and great vessels provides a coherent framework for understanding the pathogenesis of dyslipidemia through *Agnimandya*, *Ama* formation and impaired *Rasa Dhatu* metabolism. *Rasapachaka*, classically a *Pachaka Kashaya* for *Santata Jwara* (*Charaka Samhita*, *Chikitsa Sthana* 3/200-203), offers, through its *Deepana-Pachana* action on *Rasa Dhatu*, a pharmacologically plausible candidate for evaluation in dyslipidemia, and the successful standardisation of its sibling *Raktapachaka Vati* shows this translation into a modern dosage form is achievable. This remains a conceptual and pharmacological extrapolation rather than an established classical indication, and requires dedicated preclinical and clinical validation before any claim of efficacy in *Medoroga* can be made.

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