

RAKTAPITTA - A CASE STUDY

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ABSTRACT

Background: *Raktapitta* a disease mentioned in *Charaka Samhita*, in both *Nidana* and *Chikitsa Sthana* immediately after describing a very important disease *Jwara*. This clearly indicates the seriousness of the disease same as that of *Jwara*. When *Jwara* is not treated well, the *Agni* gets vitiated (*Teja Mahabhoota*), “*Jwara Santapat Raktapitta Mudiryate*” is responsible for this disease. As its nomenclature states, a disease caused by the vitiation of *Rakta* and *Pitta* (*Ashray – Ashraye Bhava*)¹. The disease shows its features via two pathways mainly, *Urdhva Evam Adhoga Marga*, *Ubhaya* (both ways) can also be seen². As per *Sushruta Samhita*, this *Roga* is described after discussing *Pandu roga* (having common *Nidana*)³. **Aim:** The aim of the present study was to evaluate the efficacy of *Ayurvedic* management in the acute *Raktapitta*. **Materials and Methods:** Here, *Shaman Aushadha* is selected for the management of *Raktapitta*, in 33 years old married female patient for 3 ½ months. **Results:** The patient started feeling improvement in the symptoms from the 18th day and by the end of 45 days she reported a marked reduction in her symptoms. She recovered completely after 3 months of continuous intervention.

Conclusion: *Shamana Aushadha* showed good results in managing the *Raktapitta*.

Keywords: *Raktapitta*, *Jwara*, *Ashray-Ashraye bhava*,

INTRODUCTION

Raktapitta is a disease manifested by the vitiated *Pitta Dosha* (with increased *Ushna*, *Tikshna guna* by excessive *hetu sevana*) causing the vitiation of *Rakta Dhatu* being its *Ashrya sthana*. This *Pitta dooshita Rakta dhatu* increases in amount (due to *Ushna guna* of *Pitta*) and starts flowing out of the body (*Urdhva* and *Adho marga*). The blood expelling out in this *Roga* is not *Shuddha Jeeva Rakta*, though, but due to the nature of the disease, *Rakta* gets vitiated itself. Thus, being *Ashukari Raktapradoshaja Vyadhi* is considered one of the life-threatening disorders and must be handled early.⁴

Case Report:

Aim: To evaluate the efficacy of *Shamana Aushadha* in the management of *Raktapitta*.

Type of Study: A case report (Interventional Study)

Study Centre: *Ayurvedic Clinic*, *Trikuta Nagar*, *Jammu*, (J&K)- *India*.

Study Details: A 33-year-old Hindu married female patient with no issues, came to *Ayurvedic Clinic*, in *November 2020*.

Chief Complaint: Bleeding gums, *atyartava*, since 3 months. Burning and itchy eyes, the smell of iron (blood) orally, for 1 ½ month.

A BRIEF HISTORY OF PRESENT ILLNESS:

A female patient came to *Ayurvedic Clinic*, with the complaint of bleeding gums and *atyartava* (menorrhagia) along with the whole day staining after every 10-12 days of her menstrual cycles, since 3 months. Burning and itchy eyes, the smell of iron (blood) orally, occasional blood-stained mucous from nose, many small red moles over the body, since 1 ½ month.

History: Incomplete evacuation of night soil, since few months.

Family History: Nothing contributory

Treatment History: Nothing significant. The patient just had Syrup Eves Care (*Himalaya Pharmacy*) for 2 months, on her own.

Personal History: Appetite – Good; Bowel – Once a day (feeling of incomplete evacuation).

Micturition – 6-7 times/day normal; Sleep – Sound; Diet – Veg. Addiction – nil.

Menstrual History: 7days duration/12th day starts staining again, *mechaka varna* (greasy black), *Sandra*, *Pichila*, *Saphena* (occ.), the stain does not clean after washing.

General Examination: All vital parameters were within normal limits. Nasal and Dental examination normal with minor upper gum swelling, the patient was a little restless.

Laboratory Findings: Hb- 10.3 mg%, TLC-DLC, ESR, CBC, Platelets, Urine (regular, microscopic examination) normal, RBS-86 mg/dl, USG per abdomen and pelvic area findings were normal.

Ashtasthana Pareeksha: *Nadi* – 76 bpm, *Mala* – *nirama*, *Mootra* – *prakruta*, *Jihva* – *prakruta*, *Shabda* – *prakruta*, *Sparsha* – *prakruta*, *Drika* – *prakruta* (*daha yukta netrata*), *Akruti* – *prakruta*

Dashavidha Pareeksha: *Pakruti* – *kaphapitaja*, *Vikruti* – *raktapitta*, *Sara* – *madhyama*, *Samhanana* – *madhyama*, *Satwa* – *pravara*, *Pramana* – *madhyama*, *Aahara Shakti* – *madhyama*, *Vyayama Shakti* – *mahyama*, *Vaya*- *madyama*, *Satmaya* – *madhyama*

Nidana Panchaka: *Hetu* – *katu*, *amla rasa aahara* (spicy meals) *adhika sevana*, *Poorvaroop* – occasional *ajeerna*, *swarabheda*, *raktadhatu mukhagandhi*, *pimples over jaw line* *Roopa* – *atyartava*, *bleeding gums*, *burning and itchy eyes*,

Samprapti – *nidana sevana* → *pitta prakupita* (*ushana*, *drava*, *teekshna*

guna adhikya) → *rakta adhikya in pramana* → *kupita pitta*

deha prasarna → *raktavaha srotorodha in yakruta-pleeha*

(*Pitta vitiates rakta*) → *rakta dushti* → *raktapitta*

Vyavachedaka Nidana: *Raktaja Arsha*, *Raktaja Atisara*, *Raktaja Pradara*

Diagnosis: *Raktapitta*

Intervention: Internally – Tablet *Kamadugha rasa*, 2BD, with 1 tsf liquefied *ghruta*, before meals -- *Shivakshara pachana choorna*, ½ tsf (*Vyas Pharmacy*)

Punarnavasava, 15ml, with equal water} BD, after meals

Dashamooladi kwatha, 15ml, with equal water

Haritaki choorna 3gms, at bedtime with 1 cup lukewarm water

Duration – 3 ½ months.

Externally – Eyewash with *Triphala Jala*, twice, for the first few weeks. Later, *Gulab Jala* was recommended, till the burning of eyes persisted.

Aahara – *Katu-Amla-Lavana Rasa* were strictly contraindicated, and little amount of salt was allowed during the treatment period. *Kashaya-Madura Rasa dravya* was recommended, including all the *Pathya* (as per classics).

Assessment: The patient was assessed before and after treatment with clinical symptoms.

Observation and Results: After the completion of 18 days of treatment, results were assessed, which showed a reduction in the symptoms of the disease and improvement in the general and mental health condition, as stated by the patient. After 30 days of treatment, the patient felt energetic, her appetite was increased, bowel evacuation and digestion improved. By the end of 45 days, she reported a marked reduction in her symptoms. She recovered completely after 3 months of continuous intervention. Follow up after a month was suggested, where the patient reported minor occasional gum bleeding whenever she is stressed. So, some counselling was also given for a few sittings with the administration of **Medha Vati, 2-0-2 with 1 glass milk** empty stomach, for a month. Positive changes she reported on her last visit in the first week of May 2021.

DISCUSSION

Raktapitta is considered as a *Mahagada* (dreadful disease), having *Mahavega* (severe bleeding intensity) need to be handled as early as possible. So, the *Aushadha* having *Deepana-Pachana*, *Pitta Shamaka* and *Tridosha* balancing properties were selected for the present case management.

Kamadugha Rasa, recommended in *Pitta Vikara, Daha, Raktapitta*⁵ (rasatantra saar evam siddhayoga sangraha, khalaviya rasayana-80). *Anupana- Ghruta*, is *Pitta Shamaka (Madura, Sheeta Virya)*, *Vata Shamaka (Guru, Snighdha guna)*⁶. **Shivakshara Choorna**, composed of *Trikatu*, *Ajamoda*, *Shweta-*

Krishna Jeeraka, *Hingu*, *Harada*, *Haritaki*, *Saindhava lavana*, *Sarjikshara. Saindhava lavana (shreshtha in all lavana)* having- *sheeta virya, tridosha shamaka, deepniya, avidahi, hrudaya* properties and *Sarjikshara* having- *katu, teekshana, ushna virya, deepana-pachana, anulomaka* properties. *Trikatu* (detoxifies *Pitta*, regulates *Vata*, stimulates *Agni*, reduces *Ama*)⁶. As per *Acharya Sushruta*, *Kshara* has *tridoshaghana, soumya guna*, it expels out *Ama-* morbid *Kapha-Meda*. According to *Ashtanga Hrudaya*, *naati teekshana-mrudu, Sheeghraga* (spreads quickly), *na vishyandi* (As.Hr.Su.30/24-26). Rest, all the ingredients are *deepniya-pachaniya-vata anulomaka guna yukta. Punarnavasava* having *Laghu, rooksh, Madhura-Tikta-Kashaya Rasa (Pitta shamaka), Madhura Vipaka, Ushna Veerya (KaphaVata shamaka)*, rejuvenating property. *Tridoshahara, Shothahara, Lekhna* (in case of *ama*), *Rechaka, Deepaka, Anulomaka, Raktavardhaka*⁷. **Dashamoolarishta**, comprised of 10 drugs- [5 *Bruhata panchamoola* have *laghu, tikta-kashaya rasa, kinchitta madhura rasa, katu vipaka, ushna veerya, deepana, KaphaVata shamaka*. 5 *laghu panchamoola* are *kashaya-tikta-madhura rasa yukta, laghu, anushna, brimhana, balya, grahi, VataPitta shamaka*]. Jointly, its *Dashamoola* has *Tridosha Ghana, Amapachaka, Shotha-Anaha-Aruchi hara* qualities, therefore, having a positive effect on various *Dhatu*⁸. **Haritaki Choorna** is *Kashaay pradhana, katu, tikta, amla rasa yukta, laghu-rooksha, ushna veerya, Madhura Vipaka, Tridoshahara, Vatashamaka*, useful in *Raktavikara, Raktapitta, Malashodhana*⁹ [Chakradutta *Raktapitta Chikitsa* 26-27 *Abhaya prayoga*].

CONCLUSION

Raktapitta, a *Mahagada*, its severity depends upon the cause and the amount of blood loss; assessed clinically (pallor pulse, BP, blood loss, etc.). When this disease changes its *Marga* (direction), it turns *Asadhya* (incurable), having grave consequences. So, it should be treated immediately, before it spreads like a forest fire.

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