

RAKTAPITTA

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AYURVEDIC ASPECT

Definition

संयोगाद् दूषणा तत्तू सामान्याद्गन्धवर्णयोः |
रक्तस्यपित्तमाख्यातं रक्तपित्तं मनीषिभिः ॥

Pitta is called Raktapitta because of the following :

- ❖ Its combination with rakta
- ❖ Vitiation of rakta
- ❖ Its similarity in respect of smell & colour with rakta .

Nirukti

रक्तश्च पित्तश्च इति रक्तपित्तम् ।

रक्तयुक्तं पित्तं रक्तपित्तम् ।

रक्ते दूष्ये पित्तम् ।

रक्तवत् पित्तं रक्तपित्तम् ।

■ Nidan(Causative factors)

तस्योष्णं तीक्ष्णमम्लं च कटूनि लवणानि च ।
धर्मश्चान्नविदाहश्च हेतुः पूर्व निदर्शितः ।

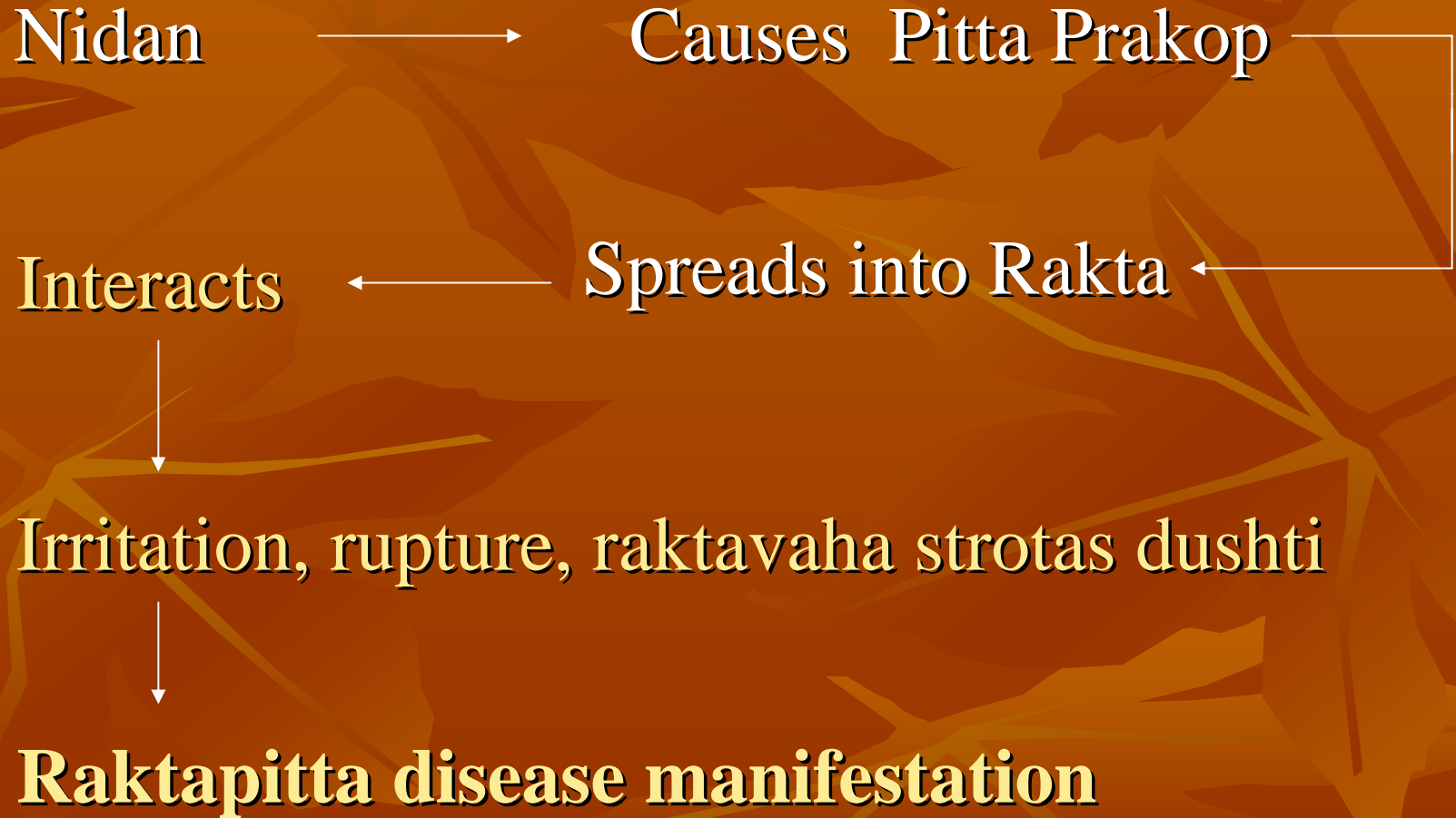
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■ Samprapti (Pathogenesis)

तैर्हेतुभिः समुत्कलिष्टं पित्तं रक्तं प्रपद्यते ।
तद्योनित्वात् प्रपन्नं च वर्धते तत् प्रदूषयत् ॥७॥
तस्योष्मणा द्रवो धातुर्धातोर्धातोः प्रसिच्यते ।
स्विद्यतस्तेन संवृद्धिं भूयस्तदधिगच्छति ॥८॥

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Samprapti



Disease Profile

- ❖ Dosha – Pitta
- ❖ Dushya – Raktadhatu
- ❖ Strotas – Raktavaha strotas
- ❖ Adhishtan – Yakrut , Pliha, Raktavahini
- ❖ Strotodushti Prakar – Sanga / Vimarga gaman
- ❖ Samutthana – Ama- Pakwashaya
- ❖ Swabhava – Daruna

Types of Raktapitta According to Dosha

Raktapitta

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graph TD; Raktapitta --> Vataj_Raktapitta[Vataj Raktapitta]; Raktapitta --> Pittaj_Raktapitta[Pittaj Raktapitta]; Raktapitta --> Kaphaj_Raktapitta[Kaphaj Raktapitta]; Raktapitta --> Samsargaj_Raktapitta[Samsargaj Raktapitta]; Raktapitta --> Tridoshaj_Raktapitta[Tridoshaj Raktapitta];
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Vataj Raktapitta

Pittaj Raktapitta

Kaphaj Raktapitta

Samsargaj Raktapitta

Tridoshaj Raktapitta

Types of Raktapitta According To Gati

Raktapitta

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graph TD; Raktapitta --> Urdhwag_Raktapitta[Urdhwag Raktapitta]; Raktapitta --> Adhog_Raktapitta[Adhog Raktapitta]; Raktapitta --> Ubhaya_gati_Raktapitta[Ubhaya gati Raktapitta]; Raktapitta --> Tiryak_Raktapitta[Tiryak Raktapitta];
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Urdhwag Raktapitta

Adhog Raktapitta

Ubhaya gati Raktapitta

Tiryak Raktapitta

■ Rupa (Signs & symptoms)

सान्द्रं सपाण्डू सस्नेहं पिच्छिलं च कफान्वितम् ।
श्यावारूणं सफेनं च तनु रूक्षं च वातिकम् ॥११॥
रक्तपित्तं कषायाभं कृष्णं गोमूत्रसंनिभम् ।
मेचकागारधूमाभमअनाभं च पैत्तिकम् ॥१२॥
संसृष्टलिङ्गं संसर्गात्रिलिङ्गं सात्रिपातिकम् ।

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■ Prognosis:

- ❖ Ekdoshaj - curable.
- ❖ Dwidoshas - palliable or yapya.
- ❖ Tridoshas- incurable.
- ❖ Urdhwag – curable.
- ❖ Adhog – palliable
- ❖ Ubhay gati – incurable
- ❖ Tiryak – Leads to death

Ayurvedic Treatment

Urdhwag Raktapitta –

Virechan- shreshtha for pitta nirharan &
anubandhi kaphanashak

Virechan – madhur , kashay rasatmak
aushadhi are used.

Madhur , kashay rasa- pittashamak &
kaphashamak

Therefore Urdhwag Raktpitta is Sadhya .

Adhog Raktapitta –

Vaman- is shreshtha for kaphanirharan &
anubandhi pittanashak

Vaman – is not shreshtha for pitta &
vata

Kashay rasa- pittashamak , but causes
vatavriddhi

Madhur rasa- pittashamak &
vatashamak.

Vamak dravya of madhur rasa are rare.

Therefore Adhog Raktpitta is Yapya .

CHIKITSA SUTRA

अक्षीणबलमांसस्य रक्तपित्तं यदश्रतः |
तद्योषदुष्टमुत्क्लिष्टं नादौ स्तम्भनमर्हति ॥२५॥

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If there is no marked loss of strength, muscle tissue & blood, then firstly langhana therapy should be initiated.

CHIKITSA

- In **akshin bala rugna**, i.e. **balawan rugna** & in **Urdhwag Raktapitta** , sam pitta & kapha are present , so **langhan** & **tarpan** should be advised.
- In **kshin bala rugna** & in **Adhog Raktapitta** , due to **vatanubandh**, **langhan** should not be given. **Peya** can be given.

Tarpan- Kharjuradi Tarpan

Laja Tarpan

Peya – Chandan+Ushir+Lodhra+Sunthi

Mudga+Shaliparni

Masur+Prushniparni

Kiratatikta+Ushir+Musta

Yavagu- Bala+ Ghrut = Yavagu

Kapot mansarasayukta Yavagu

Virechan-

Nishottar +Haritaki+Madhu+Sharkara

Aragvadh+Madhu+Sharkara

Amlaki Swaras+Madhu+Sharkara

Vaman-

Madanphal churna + Ikshu rasa
Indrajava+Musta+Madanphala+
Yastimadhu+Madhu

Mutramargagat Raktapitta-

Shatavari+Gokshur siddha dugdha
Shaliparni+Prushniparni+Mudgaparni
+Mashaparni siddha dugdha

Gudamargagat Raktapitta-

Mochras kalka siddha dugdha
Vatashruna kalak siddha dugdha

Nasagat Raktapitta –

Nasya of – Durva Swaras
Palandu Swaras
Ikshuras
Godugdha

Samanya Chikitsa –

Pravalpanchamrut

Laghusutshekhar

Chandrakala

Sarivadyasav

Dadimavaleha

MODERN ASPECT

A) Haemoptysis – Expectoration of blood

Two types –

a) True Haemorrhage – bleeding from the Lungs, Trachea, Bronchial tree

b) Pseudo- Haemorrhage – Bleeding from the Nose, Mouth, Pharynx & Larynx.

TREATMENT

- Usually Haemoptysis is scanty & stops spontaneously.
- If Haemoptysis is massive , the following Rx should be given.
 - 1) Tranquilizer- Diazepam 5-10 mg may be given.
 - 2) If massive Haemoptysis is present, then
 - a) Hb, PCV, Grouping & Cross matching is done.

- b) IV Normal Saline is started.
 - c) Blood Transfusion if Hb & PCV are falling & if tachycardia & hypotension occur.
 - d) Head low position is given.
 - e) Intermittent oxygen is given.
- 3) Rx of the cause – T.B., Pneumonia , Pulmonary oedema etc. should be treated.

- B) Haematemesis– Vomitting of Blood

TREATMENT –

1) Conservative Rx –

A) Maintenance of Adequate Blood Volume – Blood Transfusion

B) Gastric lavage- with ice cold water

- 2) Intravenous Ranitidine 50 mg 12 hrly. Then ranitidine 150 mg or famotidine 20 mg twice a day, orally.
- 3) Antacids – Aluminium hydroxide or magnesium trisilicate are useful.
- 4) Diet- Food of less residue should be given.
- 5) Vitamins & Haematinics

C) Haemophilia – Deficiency of coagulation factor VIII

TREATMENT –

- 1) When bleeding is in muscles or joints, the affected part should be padded & immobilized in a position of maximum utility.
- 2) Ant. & post. Nasal pads should be given for epistaxis .

3) Firm local pressure may stop bleeding from superficial cuts, wounds.

4) Replacement therapy – Fresh blood transfusion . Factor VIII levels should be raised to atleast 25% of normal by injecting 10-15 units of factor VIII / kg body weight.

5) Miscellaneous –

a) Analgesics – Paracetamol 500mg BD

Aspirin should be avoided.

b) Antibiotics – Ampicillin 1-15 gm / day

c) Haematinics like iron & vitamin B complex may be required if blood loss is severe.