

Raktapitta with Reference to Thrombocytopenia - A Conceptual Study

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INTRODUCTION

Raktapitta is a bleeding disorder where in the blood (Rakta) vitiated by Pitta flows out of the orifices (openings) of the body.^[1] This disease entity is included in fourty nanatmaj vyadhis of pitta dosha. It is also included in the list of Raktaj Vyadhis. This disease is catagorised as Mahagada or Maharoga as its attacks are severe and acute like that of fire. Charakacharya has described it in the chapter imediately after Jwara as it arises due to the result of Santapa, which is Pratyatma Lakshana of Jwara. But Sushruta Acharya has described it after discussing Pandu Roga due to their common causative factors.

Thrombocytopenia is a clinical entity in which the platelet count in blood decreases below normal level, consequently manifesting bleeding disorders like spontaneous haemorrhages. The manifestations further include petechiae, bruises, malaise, fatigue, generalized weakness etc. The normal platelet level in adults is between 150,000 and 450,000/mm³. Platelet counts below 50,000mm³ increase the risk of dangerous bleeding from trauma; counts below 20,000/mm³ increase the risk of spontaneous bleeding.^[2]

All the signs and symptoms of thrombocytopenia can be equated with those of Raktapitta, which is vividly elaborated in Ayurvedic texts. The lakshanas of Urdhwaga, Adhoga and Ubhaymargag Raktapitta show a close resemblance to the symptoms developed by thrombocytopenia.

Nidan

All hetus described in classical books are divided into following groups-

- Aaharjanya Hetu (Dietary factors)
- Viharjanya Hetu (Behavioral factors)

- Manas Hetu (Factors dependent on mental condition)
- Nidanarthkar roga (sequelae of other disease)

Aaharjanya hetu

- Rasapradhanya (Amla, Lavan, Katu ras)
- Gunapradhanya (Tikshna, Ushna)
- Karmapradhanya (Vidahi, Abhishyandi)
- Viruddhannasevan

Viharaj hetu

Atapsevan, Ativyayam, Ativyavyaa, Adhwa.

Manasik hetu:

Mental conditions like krodha(Anger), shoka(sorrow), bhaya(fear) etc

are responsible for vitiation of Rajadosha which in turn vitiates Pitta and Rakta both.

Nidanarthakar rog:^[3]

Disease conditions which are capable of initiating a disease and subsequently subsiding themselves or might continue alongwith are called Nidanarthakar rog. Jwar is said to be the Nidanarthakar rog of Raktapitta.

Purvarupa^[4]

- Anorexia (Anannabhilasha)
- Burning in stomach after ingestion(bhuktasya vidaha)
- Amlodgar, Tiktodgar
- Vomiting after ingestion
- Mental irritation of vomiting
- Swarbheda
- Burning sensation
- Generalised bodyache
- Smog from mouth

10. Breath smells of iron, blood or meat
11. Reddish, greenish or yellowish occurrence of organs, stool, urine, sweat, saliva, mucous coming out of mouth nose and ear.
12. Vertigo
13. Exhausting sensation
14. Cannot differentiate between blue, red and yellow colour
15. Dreams of aricles with blue, yellow, gray colour

Rupa

Bleeding from natural orifices is symptom of Raktapitta. Symptoms

according to doshas by Charakacharya are

- **Vatik-** Color of blood coming from natural orifices are blakish and red with increase in fluidity.
- **Paittik-** In this colour of blood is like reddish black decotion or gomutra or like smoke in the Indian kitchen, like anjana or mechak i.e rainy frog- yellowish in colour.
- **Kaphaj-** Blood is viscous, sticky, oilish with white tinge.

When Rakta is vitiated with two doshas the mixed symptoms are noted

i.e. **sanshrishta** & when Rakta is vitiated by all 3 doshas i.e. **sannipatik** symptoms of all doshas are seen.

Based on direction of bleeding

- **Urdhvaga-Raktapitta** - in which the bleeding of contaminated or vitiated blood takes place in the upward directions and from upward passages or orifices i.e. from Mukha (mouth), Karna (ears), Akshi (eyes), Nasa (nostrils). Here the causative attributes are Snigdha and Ushna guna which vitiate the combination of Kapha and Pitta. We can correlate the Nose bleeds, bleeding from the gums, Heametemesis and Hemoptysis which are present in Thrombocytopenia as involvement of Kapha in its pathology.
- **Adhoga-Raktapitta** - in which the bleeding of contaminated or vitiated blood takes place in the downward directions and from downward passages or orifices i.e. from Guda, Yoni, Mootramarga. Here the attributes are Rooksha and Ushna Guna which causes vitiation of Vata and Pitta. In Adhoga Raktapitta, symptoms of Thrombocytopenia like Menorrhagia, Heamorrhagic ovarian cyst, Ulcerative colitis, Hemorrhagic Diarrhea, Proctitis and Crohn's disease indicates the involvement of Vata Dosha in Raktapitta.

➤ **Ubhaya or Tiryak** - When all the Doshas are vitiated and are circulating in the blood stream, the manifestation is subcutaneous. Easy Bruising, petechiaeal hemorrhage and hematoma in the subject of Thrombocytopenia, can be considered under this category due to involvement of all Tridoshas. Along with this, as there is involvement of spleen here in Thrombocytopenia, due to excess sequestration and production of antibodies against platelets there will be splenomegaly.^[5]

➤ Chikitsa^[6]

Three fold management advocated by acharyas.

1. Nidan Parivarjan

If the etiological factors of Raktapitta are properly traced, they should strictly be avoided as they are capable of worsening the disease.

2. Shaman

The patients who have lost physical strength are to be treated by suitable shaman modalities, which are

A. Santarpan / Apararpan

In Urdhvaga Raktapitta - Tarpana should be given in the beginning

In Adhoga Raktapitta - Peya should be given in the beginning.

3. Shodhan

A. Vaman - best treatment modality for Adhoga Raktapitta.

B. Virechan - best treatment modality for Urdhwaga Raktapitta

C. Basti - when the patient of Raktapitta is bleeding per rectum Ashthapana & AnuVasan basti can be given. Basti should be prepared with madhur and sheeta dravyas; kshir mixed with Ghruta & tail (siddha tail) basti can be given as Asthapan & AnuVasan respectively.

D. Nasya - In case of Urdhvaga Raktapitta flowing out through either of the paths - Mukha, Nasa, Karna or Akshi Avapeedak nasya is used. Following drugs are mention in grantha for avapeedak nasya-Stanya, Godugdha, Ikshurasa, Draksha, Ghrut, Trapusmoola Rasa, Sharkara Jal, Dadimpushpa, Amrapatra, Doorva, Palandumoola Rasa, Yavasamoola Rasa.^[8]

E. Raktamokshan - Acharya Sharangdhara has given a list of diseases when Raktamokshana should be done. It includes yakrutdosha, pleehadosha, visarpa, vidradhi, pitika, pak in ears, lips, nose and mouth, shiroruja, upadansha & Raktapitta.

F. Bahya Prayoga - Abhyanga, Lepa, Parishechana, Seka, Avagaha, Sheeta Upachara.

Thrombocytopenia:

As already discussed platelet count below 1,50,000 mm³ is designated as thrombocytopenia. At this level mild bleeding tendency may start but bleeding becomes pronounced when the platelet count falls below 50,000/mm³. Severe bleeding occurs when platelets fall below 20,000/mm³.

Causes of Thrombocytopenia:

A. Impaired Platelet Production

1. Aplastic anaemia
2. Selective hypoplasia of megakaryocytes or inhibition of platelet production by antibodies.
3. Dyshaemopoietic states like Megaloblastic Anaemia, Myelodysplasia.
4. Myelophthisic conditions eg. Acute and chronic leukaemia, lymphoma, myelofibrosis, disseminated carcinoma and multiple myeloma.
5. Alcohol consumption.

B. Accelerated platelet destruction

1. Idiopathic (immune) Thrombocytopenic Purpura.
2. Chronic or acute secondary immune Thrombocytopenia following viral infections,

systemic lupus erythematosus, lymphoma, chronic lymphatic lymphoma, acquired hemolytic anaemia, HIV infections and others.

3. Drugs: Sedormide, quinine, quinidine, para-amino salicylic acid, sulphonamides, rifampicin, digoxin, streptomycin, alpha methyl dopa, heroin, carbimazole, chloramphenicol, tetracycline, phenylbutazone, cyclosporine.
4. Sequestration of platelets: Splenomegaly, giant haemangioma, arteriovenous fistulae.
5. Excessive consumption of platelets: Disseminated intravascular coagulation.

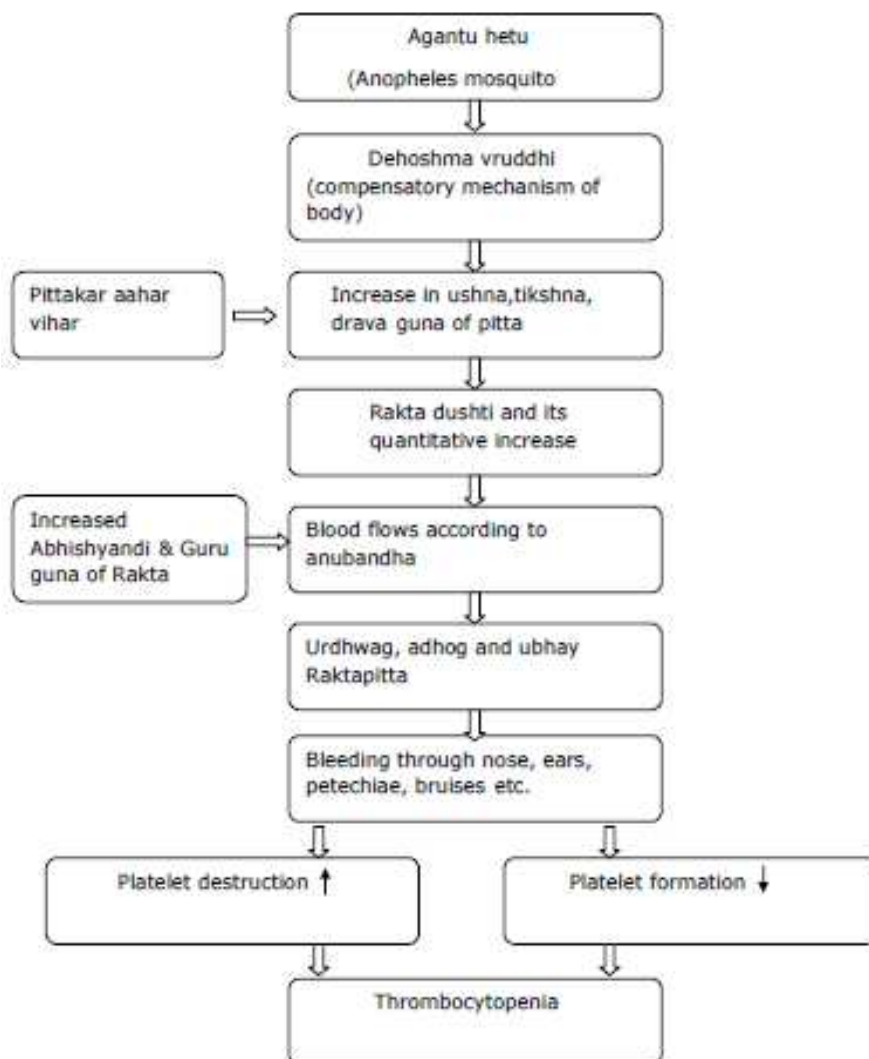
C. Dilutional Thrombocytopenia –

Transfusion of massive quantities of stored blood poor in platelets, exchange transfusion, cardiopulmonary surgery.

D. Rare causes of thrombocytopenia are

1. Thrombotic thrombocytopenic purpura.
2. Haemangioma
3. Idiopathic cryoglobulinaemia
4. Food Allergy
5. Post Transfusion Thrombocytopenia
6. Post partum thrombocytopenia

The signs and symptoms of thrombocytopenia can be correlated with those of Raktapitta



Discussion

The importance of blood is described in our ancient texts. Blood disorders have to be focused upon primarily to reduce further complications. Great care should be taken to maintain its quality and quantity. Raktapitta is Mahagada or Maharoga as its attacks are severe and acute. So as discussed above Raktapitta should be diagnosed and treated as quickly as possible without any delay.

Conclusion

Proper assessment should be done of Raktapitta patient having excess dosha who is weak and on normal diet. Shodhan and langhan are advised in patients who are strong with excess Kapha, Pitta, Rakta and Mala. In case of Raktapitta as any form of Thrombocytopenia Raktadhatu should be protected to every extent. Severity depends upon the cause and the blood loss, it can be assessed by the degree of shock and pallor, rapid thready pulse, low blood pressure, repeated vomiting of blood. Prognosis from this condition will depend upon the underlying cause and the clinical state of the patient.

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