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Understanding the concept of *Raktapitta* as Idiopathic Thrombocytopenic Purpura (ITP) and vice versa

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ABSTRACT

Bleeding disorders can occur due to one of these factors, either due to decrease in coagulation factor in blood or due to increase in bleeding factor. When patient complaining of bleeding disorder from anus (*Guda*), vagina (*Yoni*), is encountered in OPD'S, then it is difficult to differentiate whether the disease is *Adhoga Raktapitta*, *Raktarsha*, *Raktatisara* or *Pradara*. Acute Upper Gastro-intestinal bleeding or Haemorrhage is a common medical emergency and carries a significant mortality. Peptic ulcer disease remains the most common aetiology, but esophageal varices is also a important cause. Haematemesis refers to vomiting of fresh red blood where as Melena refers to the dark black tarry feces both are included in Upper gastro intestinal bleeding. In lower gastro intestinal bleeding we can include ulcerative colitis, Crohn's disease, internal hemorrhoids, colonic diverticulitis and irritable bowel syndrome etc. but raktapitta is a very broad term if we consider its third type i.e. *Teeryakgata Raktapitta*. *Teeryakgata Raktapitta* can almost be correlated to Idiopathic Thrombocytopenic Purpura (ITP).

Key words: *Raktapitta*, *Idiopathic Thrombocytopenic Purpura*, *ITP*, *Avapeedaka Nasya*.

INTRODUCTION

Raktapitta is a bleeding disorder where in the blood (*Rakta*) vitiated by *Pitta* flows out of the orifices (openings) of the body.^[1] Bleeding occurs due to some internal cause or as an effect of some chronic disease and importantly in the absence of injury. *Charakacharya* has described it in the chapter immediately 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.

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The disease *Raktapitta* is called by that name because of the below mentioned *Karana*.^[2]

Samyogaat

Samyoga means association or combination. The *Pitta* always stays associated with *Rakta*. This association causes vitiated *Pitta* to contaminate *Rakta*.

Dooshanaat

Dooshanaat means tendency to contaminate or vitiate. The *Pitta* having *Samyoga* with *Rakta* tends to vitiate the *Rakta*.

Saamaanyaad Gandha Varnayoho

Pitta attains similarity with *Rakta* in terms of *Gandha* (smell) and *Varna* (colour). i.e. in *Raktapitta*, the colour and smell of *Pitta* is not identified separately since it gets blended with increased *Rakta* in totality gaining the form of *Rakta*. So the vitiated *Pitta* and *Rakta* gets homologues. Since *Pitta* (not being identified or isolated) is being blended with *Rakta* seems to belong to *Rakta* inseparably (*Raktasya Pittam*), the disease is called as *Raktapitta*.

Idiopathic thrombocytopenic purpura (ITP) is defined as a hematologic disorder, characterized by isolated thrombocytopenia without a clinically apparent cause. The major causes of accelerated platelet consumption include immune thrombocytopenia, decreased bone marrow production, and increased splenic sequestration. The clinical presentation may be acute with severe bleeding, or insidious with slow development with mild or no symptoms. Idiopathic thrombocytopenic purpura (ITP) is the condition of having a low platelet count (thrombocytopenia) of no known cause (idiopathic). As most causes appear to be related to antibodies against platelets, it is also known as immune thrombocytopenic purpura. Although most cases are asymptomatic, very low platelet counts can lead to a bleeding diathesis and purpura. ITP is a disorder that affects the overall number of blood platelets rather than their function. The normal platelet level in adults is between 150,000 and 450,000/mm³. Platelet counts below 50,000 mm³ increase the risk of dangerous bleeding from trauma; counts below 20,000/mm³ increase the risk of spontaneous bleeding.^[3]

Nidana

Nidana of any disease always includes 3 ways of its contribution to its pathology. *Aharaja Nidana* of *Raktapitta* includes, Excessive consumption of Diet that are rich in *Amla Rasa* (sour), *Katu Rasa* (pungent), *Lavana Rasa* (saline) and *Gunas* of food like *Vidahi* (Improper digestion leading to burning sensation of food), *Tikshna* (Sharp), *Ushna* (Hot), *Kshara* (Alkalis). *Viharaja Nidanas* like *Aatapasevana* (Excessive exposure to heat of sun), *Ativyayama* (Excessive physical exercise), *Ativyavaaya* (Excessive indulgence in sexual activities), *Adhwa* (Excessive walking). Along with *Aharaja* and *Viharaja Nidanas* persons who suffer with *Raktapitta* may also undergo *Manasika Nidans* like *Shoka* (Excessive grief) and *Kopa* (Anger).^[4] Even in Ayurveda there are some iatrogenic diseases like *Gulma*, *Grahani*, *Mutrashmari* etc. *Raktapitta* also lies under iatrogenic disease as excessive *Virechana* leads to *Raktapitta*. If we see the causes of ITP all the immune compromised conditions and auto immune diseases like SLE, HIV and autoimmune Thyroiditis are

present.^[5] This immunity is reduced due to increased intake of above said *Nidanas*.

Samprapti (Pathogenesis)

The pathogenesis of disease *Raktapitta* develops and manifests step by step as mentioned below:

By the above said *Nidanas*, *Pitta Dosha* gets aggravate, leaves its site and reaches *Rakta Dhatu* (blood). Being a *Mala* (waste product) of *Rakta Dhatu*, the *Pitta Dosha* on getting mixed with *Rakta Dhatu* attains increase in its quantity. The *Pitta Dosha* in turn vitiates the *Rakta*. Due to the *Ushnatva* of *Pitta*, the *Drava Bhaga* of other *Dhatus* (the liquid portion) like *Mamsa* (muscles), *Meda* (fat) etc. oozes out of their respective tissues and gets mixed with *Rakta Dhatu*. So This further enhances the quantity of blood flowing in the blood vessels creating immense pressure. Due to the pressure of the blood and *Ushnatva* of *Pitta*, the walls of the blood vessels get damaged and the blood starts flowing through various openings of the body like mouth, nose, ears, skin, anus, penis and vagina. This bleeding of blood vitiates by *Pitta* through various orifices of the body is called *Raktapitta*.^[6] Here the vitiates *Pitta* can be correlated with antibodies related to the thrombocytes. Which is responsible for the destruction of the platelets in the body leading to hemorrhagic diathesis. In ITP, the antibodies against platelets are produced in the spleen and the sequestration of platelets also at the same place.^[7] According to Ayurveda, *Yakrut* and *Pleeha* are considered as the *Moola* of *Raktavaha Srotus*. So as they are considered as the *Roga Samuthana* a physician should not forget to treat its *Moola Samuthana*. Even the involvement of other *Dhatus* like *Majjadhatu* where there will be hypertrophy of megakaryocytes can be taken as the *Tasyoshmanat Dravam Dhaturdhaturdhato Prasicchyate*.

Lakshanas (Signs and Symptoms)

Vataja Raktapitta: When it is associated with *Vata* dominance, the blood will be *Shyava-Aruna* (Brownish red), *Saphena* (Frothy), *Tanu* (Thin), *Rooksha* (Dry).

Pittaja Raktapitta: When it is associated with *Pitta* dominance, the blood will be *Kashaya* or Pink red, like the colour of the *Patola* flower, Black like *Go mutra* (Cow's urine), *Mechaka* (Greasy-black), *Agara Dhuma* (Horse soot), *Anjana* (Black collyrium).

Kaphaja Raktapitta: When it is associated with *Kapha* dominance, the blood will be *Sandra* (Dense, Viscous), *Sa pandu* (Whitish discolouration), *Sa sneha* (Oiliness, unctuousness), *Picchila* (Sticky, Slimy).

Sannipataja Raktapitta: When vitiated by all the 3 *Doshas* then the signs and symptoms of all the 3 *Doshas* are manifested in the blood.

Samsargaja Raktapitta: When vitiated by 2 *Doshas*, the signs and symptoms of the aggressive two *Doshas* are manifested in the blood.^[8]

Based on direction of bleeding

A. 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 ITP as involvement of *Kapha* in its pathology.

B. 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 ITP like Menorrhagia, Hemorrhagic ovarian cyst, Ulcerative colitis, Hemorrhagic Diarrhea, Proctitis and Crohn's disease indicates the involvement of *Vata Dosh* in *Raktapitta*.

C. Ubhaya or Tiryak - When all the *Doshas* are vitiated and are circulating in the blood stream, the manifestation is subcutaneous, above said *Urdwaga* and *Adhoga* here.^[8] Easy Bruising,

petechiaeal hemorrhage and hematoma in the subject of ITP, can be considered under this category due to involvement of all *Tridoshas*. Along with this, as there is involvement of spleen here in ITP, due to excess sequestration and production of antibodies against platelets there will be splenomegaly.^[10]

Chikitsa - Line of Treatment

As we have considered the *Teeryakgata Raktapitta* as ITP, where the involvement of all *Tridoshas* are expected in the formation of its pathophysiology. We have to concentrate over the site of bleeding, involved *Dosha* and *Lakshanas*. Because in ITP the subject may experience bleeding from any orifice or any part of the body. So pacification of *Dhatugata Dosh* is very important along with the *Atyayika Chikitsa*. So the use of following different type treatment modalities can be kept in mind to counteract the pathology.

- *Santarpana / Apararpana Chikitsa*
 - *Mrudu, Sheetala, Guna Ahara (Laja Prayoga and Tarpana)*
 - *Madhura, Tikta, Kashaya Rasa Ahara*
 - *Pradeha, Parisheka, Avagaha, Samsparshana etc., external coolants*
 - *Pratimargaharana Chikitsa*^[11]
1. "*Pratimarga Cha Haranam Raktapitte Vidheyathe*" *Pratimarga (Viruddha) Maarga Harana (Shodhana)*: Eliminating the causative, vitiated *Dosha* from the opposite direction of its manifestation is the key to management of *Rakta Pitta*.
 2. For *Urdhvaga Raktapitta*, *Kashaaya* and *Tikta Rasa* are criteria. *Virechana* should be given using *Nishottara, Haritaki, Aragvadha, Indrayana* etc. For *Adhoga Raktapitta* *Shamana Dravya* and *Madhura Rasa* has to be used. *Vamana* should be done using *Indrayav, Musta, Madana, Yashti* etc.
 3. In *Urdhvaga Raktapitta - Tarpana* should be given in the beginning

4. In *Adhoga Raktapitta* - *Peya* should be given in the beginning.
5. *Bahya Prayoga*: *Abhyanga, Lepa, Parishechana, Seka, Avagaha, Sheeta Upachara*.
6. *Ksheera Prayoga* (in *Vataanubandha*): *Chaga Dugdga, Go Dugdha* boiled with *Draksha* or *Nagaraka*.
7. *Avapeedaka Nasya*: In case of *Urdhva Raktapitta* flowing out through either of the paths - *Mukha, Nasa, Karna* or *Akshi*; following prove effective when administered along with other oral medicines *Avapeeda Nasyas* of *Raktapitta*. According to the *Sootra*, the medicines used instantly pacifies the *Sthanik Doshas* with the help of their *Sheeta Veerya* and *Stambhan Karma*. Thus, the life of patient is saved by arresting this excessive bleeding. *Avapida Nasya* of *Raktapitta Nashak drugs* is the procedure of choice using either of following *Dravya - Stanya, Godugdha, Ikshurasa, Draksha, Ghrut, Trapusmoola Rasa, Sharkara Jal, Dadimpushpa, Amrapatra, Doorva, Palandumoola Rasa, Yavasamoola Rasa*.^[12]
8. If we consider the modern pathology, considering the splenomegaly use of *Sharaphunka* can be helpful as it is called as the *Pleehashatru*.

DISCUSSION

Raktapitta is a *Mahagada* (dreadful disease) which has *Mahavega* (having severe intensity in terms of heavy bleeding which if life threatening) and is *Sheegrakari* (that which destroys the body quickly just as a small spark of fire destroys a big heap of grass i.e. quickly brings about death of an individual). Therefore a wise physician who has a clear-cut knowledge of the *Hetu* and *Lakshanas* of *Raktapitta* i.e. a physician who has skills of diagnosing this condition as quickly as possible should treat it immediately, without any delay.

CONCLUSION

Raktapitta having excess vitiated *Dosha* in person who is emaciated or weak and takes normal diet should be checked properly. *Shodhana* type of *Langhana* is

advised in patients who are strong with excess *Kapha, Pitta, Rakta* and *Mala*. In case of *Raktapitta* as ITP we should think of protecting the *Raktadhatu*, but due to the nature of the disease *Rakta* - the *Pranaashraya* itself gets vitiated. Thus, this *Ashukari* (acute), *Raktapradoshaja* disease can be considered as one of the life threatening disorders. Severity depends upon the cause and the blood loss, it can be judged 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. Hence this study can be taken as a basic step to explore various strategies in *Raktapitta* as per *Ayurveda*.

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