

Scientific Overview of Raktapitta: An Ayurvedic Perspective on Hemorrhagic Disorders

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Raktapitta, as delineated in Ayurvedic texts, is a hemorrhagic disorder characterized by the spontaneous outflow of blood from natural orifices without any apparent trauma. The condition is primarily attributed to the vitiation of Pitta Dosha, which, when aggravated, contaminates the Rakta (blood) Dhatu, leading to its abnormal flow. This disorder manifests through various clinical presentations, including epistaxis (nosebleeds), hematemesis (vomiting of blood), and hemoptysis (coughing up blood), and is often exacerbated by factors such as excessive heat exposure, physical exertion, emotional stress, and consumption of pungent, sour, salty, and hot foods. The pathophysiology of Raktapitta involves the upward movement of vitiated blood, a phenomenon termed Urdhvaga Raktapitta, which predominantly affects the nasal passages. Ayurvedic management emphasizes a holistic approach, integrating dietary modifications, lifestyle adjustments, and specific therapeutic interventions. This paper aims to provide a comprehensive overview of Raktapitta, correlating its Ayurvedic understanding with contemporary medical perspectives, and highlighting effective Ayurvedic treatments for managing epistaxis.

Keywords: Raktapitta, Epistaxis, Doshas Dinacharya, Ritucharya

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Introduction

Raktapitta is recognized in *Ayurveda* as a severe & acute disorder, where vitiated *Pitta* contaminates *Rakta*, leading to abnormal bleeding from the body's natural orifices without trauma. Ancient texts highlight its rapid progression & life-threatening potential, classifying it as *Mahagada* (major disease).

Modern medicine, in contrast, attributes haemorrhagic disorders to specific deficiencies such as clotting factor defects (e.g., hemophilia), platelet dysfunction, or vessel wall abnormalities, resulting in conditions like epistaxis, hematuria, and gastrointestinal bleeding. While the pathophysiological frameworks differ, both systems emphasize early recognition and prompt intervention to prevent severe outcomes.

Raktapitta Overview

Definition

संसर्गाल्लोहितप्रदूषणाल्लोहितगन्धवर्णानुविधानाच्चपित्तं
लोहितपित्तमित्याचक्षते | (च.नि.2/5)

संयोगाद्दूषणात्तत्तु सामान्याद्गन्धवर्णयोः।

रक्तस्य पित्तमाख्यातं रक्तपित्तं मनीषिभिः॥ (च.चि.4/9)

Etiopathogenesis

Raktapitta is a serious and it afflicts the patient with a great speed like fire, it manifests itself and affects instantaneously.[1] Because of the causative factor taken by the patient, *Pitta* gets excited and reaches *Rakta* (blood). *Pitta* takes origin from the *Rakta*. Therefore, when it reaches *Rakta* and vitiates the latter *Pitta* got further aggravated. Because of the heating of *Pitta*, the liquid fraction of *Rakta* pervades one of the *Dhatu*. [2]

Location

प्लीहानं च यकृच्चैव तदधिष्ठाय वर्तते |

स्रोतांसि रक्तवाहीनि तन्मूलानि हि देहिनाम् || (च.चि.4/10)

Being located in the *Plihan* and *Yakrit* spread to different part of the body. In living beings, the channel of circulation of blood are controlled by these two viscera.

Classification[3]

- On the basis of the *Marga* (tracks/channels)

The disease manifests itself in two ways either in upper tracks and lower tracks.

Kapha Upper tracks disease dominance of and lower tracks the dominance of the *vata doshas* respectively.

- On the basis of the *Dosha* (etiological factors)

Vata: It becomes the *Syava*, *Arun* foamy, thin, and unctuous (resemble with haematemeses)

Pitta: It becomes *Kasya* (pink red), like the color of the *Patala* flower, black, like cow urine, *Mechak* (black collyrium), *Agardhuma*, and the *Anjana* (resemble with dark color blood, melena)

Kapha: When associated with the *Kapha*, it becomes dense, *Pandu*, unctuous and slime (resemble with haemoptysis)

Sansarga: When it is associated with more than one *Dosha* then the symptom with all the *Doshas* (infectious state of blood).

Sannipata: when it is associated with all the *Dosha* then symptom arise from all the *Doshas* (infectious state of blood).

Prognosis[4]

If patient is associated with only single *Dosha* and the upper tracks disease then it is curable.

If associated with any of two *Dosha* and lower tracks disease then it is palliable.

Patient is incurable in following condition i.e., it is associated with all the three *Doshas*, both the tracks were involved, having *Madnagni* (Power of digestion and the metabolism), patient is old, and if patient is emaciated by diseases.

As we discussed above, these symptoms are closely related with the external haemorrhagic condition of the body i.e. epistaxis, haematemeses, haematptysis etc. all of these the epistaxis attack is more common to the other.

Treatment[5]

This acute disease which spreads like forest fire should be treated immediately and carefully keeping in view the locality and time with such diet as are nourishing or depleting: soft, sweet cold, bitter, bath, and also with such therapies like an ointment, affusion, bath, touch, or emesis

Epistaxis

Bleeding from the nasal opening termed as the epistaxis.

Anatomy of the nasal cavity shown that there is a large number of plexuses that are more prone to the external bleed.

Factors

Trauma, age, sex, season dietary habit and the lack of proper exercise.

Anatomy of nasal area[6]

Kiesselbach plexus also called as the little's area present anterior

Little's area are 5 vessels

Anterior ethmoidal artery

Greater palatine artery

Superior labial artery

Posterior ethmoidal artery

Sphenopalatine artery

These different arteries are branches of major artery as follows-

Anterior and Posterior Ethmoid arteries (branches of the Internal Carotid artery)

The Superior Labial, Sphenopalatine, and Nasopalatine arteries (External Carotid artery branches).

A second plexus called Woodruff plexus present posteriorly.

All these the minute channels and easily dry moisture less that induce the frequent attack of the epistaxis.

Materials and Methods

By reviewing literature, *Brihatrayi* (*Charaka Samhita*, *Shushruta Samhita*, *Astanga Hridayam*, *Laghutrayi* (*Madhava Nidana*, *Sharangdhar Samhita*, and *Bhavprakash*) many commentaries it is found that *Raktapitta* cause serious illness of the patient and can be cured by simply following the regime discussed by the authors in their respective *Samhitas*.

Also, in contemporary science of medicine the bleeding from the external opening are mentioned very briefly

1. On the basis of nature of bleeding i.e., external and internal bleeding.

2. On the basis of source of bleeding i.e., artery, vein, and capillary.

3. On the basis of the amount of bleeding i.e., mild, moderate, and severe.

4. On the basis of the reactionary tie i.e., primary, secondary, and the reactionary.

Many research journals, and dissertation had been published on various scientific platform *Shodhaganga*, *Shodhagangotri*, JAIMS.

Results

The study of *Raktapitta* reveals two primary forms: pathological and physiological. Pathological form is extensively detailed across *Ayurvedic* texts, while physiological aspect is less explicitly defined, necessitating comprehensive understanding from various sources. Key factors influencing *Raktapitta* include:

There are mainly four main factors that affect the physiology of the *Raktapitta*.

1. Grishma Ritu

A) *Ushnata* (This high temperature causes the dilation of vessels, and with high temp the *Pitta* gets excited too, because the *Pitta* takes the origin from the *Rakta* it will vitiate the *Rakta* on latter stage of prognosis and finally the *Rakta* spread in minutes channels which is latter pervade into

B) *Vata Sanchaya* (As we know that the *Vayu* having qualities of the movement so as the *Vata* increase the movement also increase through the channels.

C) *Hinbala* (In the high temperature state all the *Ayurvedic* authors quoted that in *Ritucharya Bala* is minimum at that particular *Ritu*, this minimum *Bala* shown that the mucous membrane of that particular region is shed off.

D) *Mandagni* (Digestive fire & metabolism of the body is decreased)

2. Balyakaal

A) *Hinbala* (Naturally the kid having the minimum *Bala*)

B) *Sukumarta* (fragile/prone)

C) *Krida Karma* (causes *Vata Kopa*)

3. Vridhakaal

A) *Hinbala* (naturally body is weak)

B) *Vata Vridhi* (*Vayu Antahe*)

C) *Rukshata* (dryness in the body, shed off the mucous membrane of the little's area)

4. Rukshata

As the winter month approach, dryness becomes more prominent so it will shed off the mucous membrane in old age the *Raktapitta* is seen less frequently than that of the kids because in the old age the person *Dhatu* also decreased to their minimal value (so the *Rakta* also at their minimal value) other than this some factors also play an important role in *Raktapitta*.

- Seasonal Variations: Extreme temperatures, particularly heat, can exacerbate *Pitta Dosha*, leading to vitiation of
- Dietary Habits: Consumption of hot, spicy, sour, salty, and pungent foods can aggravate *Pitta*, thereby affecting
- Lifestyle Factors: Excessive physical exertion, stress, and lack of proper rest can contribute to the development of *Raktapitta*.

These factors lead to the vitiation of *Pitta*, which in turn affects *Rakta*, resulting in bleeding disorders manifesting through various orifices of the body.

Discussion

Understanding *Raktapitta* from an *Ayurvedic* perspective provides holistic approach to hemorrhagic disorders. Correlation between lifestyle, diet, & seasonal changes with onset of bleeding disorders underscores importance of preventive measures. *Ayurvedic* treatments focus on balancing *doshas*, particularly *Pitta*, & restoring harmony within body. Interventions such as dietary modifications, stress management, & specific herbal formulations play crucial role in managing *Raktapitta*.

Conclusion

Raktapitta offers valuable insights into *Ayurvedic* understanding of hemorrhagic disorders. By integrating *Ayurvedic* principles with modern medical practices, more comprehensive appr. to treatment can be achieved. Further research & clinical studies are essential to validate *Ayurvedic* treatments & their efficacy in managing bleeding disorders.

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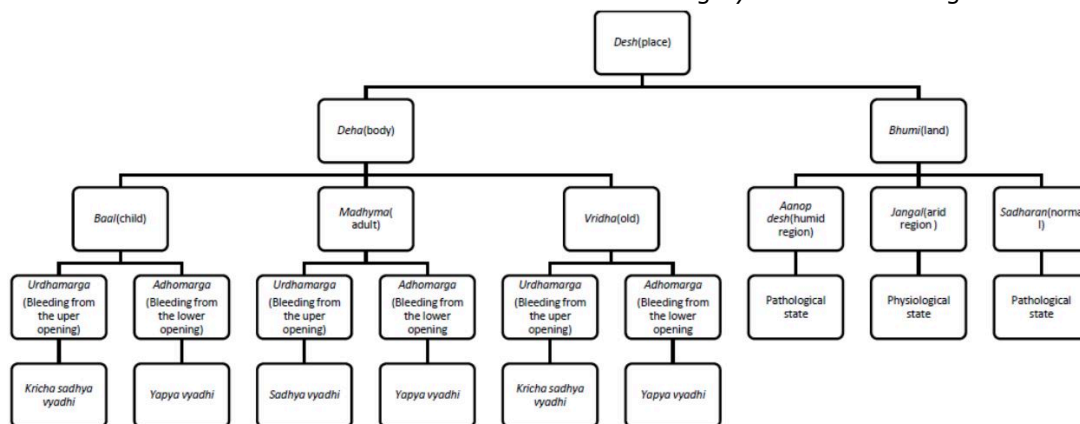


Figure 1: *Raktapitta* relation with the *Desha* (place), age, sex, prognosis

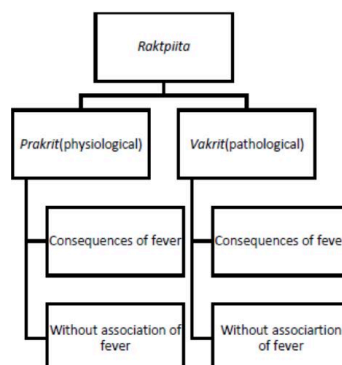


Figure 2: *Raktapitta* association with the fever

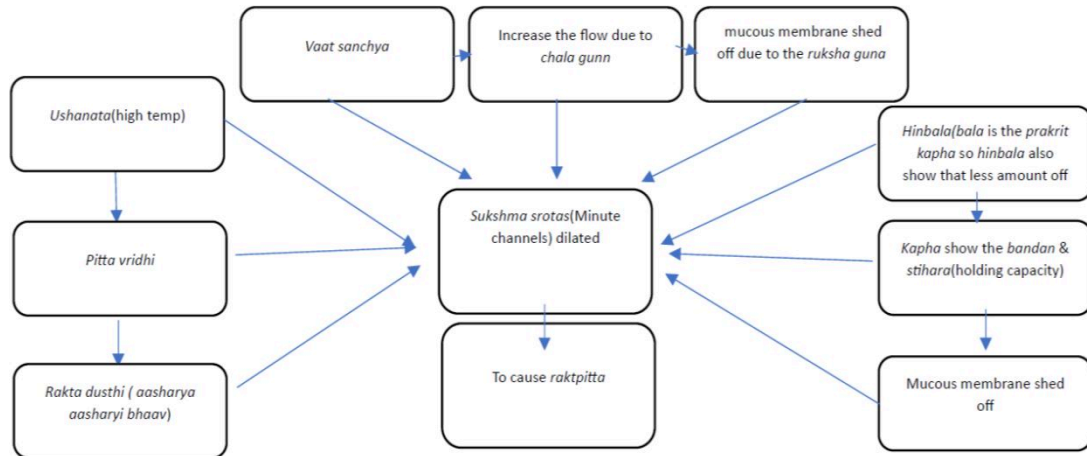


Figure 3: Grishma Ritu (temp) relation with Raktapiita

References

1. Divadi L, Divadi BK, Goswami PK. Charaka Samhita of Agnivesha: Ayurveda Deepika commentary of Chakrapanidatta. Vol. 2. 4th ed. Varanasi: Chaukhamba Krishna Das Academy; 2023. Nidansthana, Chapter 2, Shloka 5, p.680 [Crossref][PubMed][Google Scholar]
2. Divadi L, Divadi BK, Goswami PK. Charaka Samhita of Agnivesha: Ayurveda Deepika commentary of Chakrapanidatta. Vol. 3. 4th ed. Varanasi: Chaukhamba Krishna Das Academy; 2023. Chikitsasthana, Chapter 4, Shloka 9, p.198 [Crossref][PubMed][Google Scholar]
3. Divadi L, Divadi BK, Goswami PK. Charaka Samhita of Agnivesha: Ayurveda Deepika commentary of Chakrapanidatta. Vol. 3. 4th ed. Varanasi: Chaukhamba Krishna Das Academy; 2023. Chikitsasthana, Chapter 4, Shloka 10, p.199 [Crossref][PubMed][Google Scholar]
4. Sharma RK, Dash B. Charaka Samhita of Agnivesha: Ayurveda Dipika commentary of Chakrapanidatta. English Translation. Vol. 3. Varanasi: Chaukhamba Sanskrit Series Office; Chikitsasthana, Chapter 4, Shlokas 13–14, p.225 [Crossref][PubMed][Google Scholar]
5. Sharma RK, Dash B. Charaka Samhita of Agnivesha: Ayurveda Dipika commentary of Chakrapanidatta. English Translation. Vol. 2. Varanasi: Chaukhamba Sanskrit Series Office; Nidansthana, Chapter 2, Shloka 11, p.38 [Crossref][PubMed][Google Scholar]
6. Chaurasia BD. Human Anatomy. Vol. 3. New Delhi: CBS Publishers & Distributors Pvt. Ltd.; Chapter 15, p.269 [Crossref][PubMed][Google Scholar]

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