



A REVIEW OF RAKTAPITTA IN RELATION WITH VASCULITIS

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ABSTRACT

In *Ayurveda* the bleeding disorder is considered under the *raktapitta vyadhi*. It is a disease entity wherein the bleeding occurs within the body without any evidence of injury or trauma. It is caused by the vitiation of *rakta* by *pitta*. As *Acharya Charak* says *pitta* is a byproduct of *rakta* formed in the form of its *mala*. When *pitta* is disturbed it causes vitiation of *rakta* and both vitiated *rakta* and *pitta* cause bleeding from various orifices in the body. According to modern science vasculitis is approximately similar condition to *raktapitta*. Vasculitis is an auto immune disorder, in this condition our immune system attacks our blood vessels by mistake that results inflammation of vessel walls. Vasculitis can affect specific organ and body systems.

Keywords: *Raktapitta, Rakta, Vasculitis,*

INTRODUCTION:As the name itself suggests that the disease *raktapitta* is caused by *rakta* and *pitta* together due to their *ashraya-ashrayee* relationship. *Pitta* itself is called *lohitpitta (Raktapitta)* because it contacts with blood, affects it and acquires its smell and colour.¹ In this condition bleeding occurs through seven orifices in head (mouth, nose, ears, eyes) and two orifices below (anus, penis/vagina) of the body.² Thus *raktapitta* covers 'Hemorrhagic disorders' similarly vasculitis is a group of disorder characterized by inflammation of blood vessel walls without external trauma.

LOCATION OF RAKTAPITTA: Disease *raktapitta* located in spleen and liver, and from there it goes upwards and downwards. Liver and spleen are the root for the *raktavaha srotas* and blood vessels originate from them.³

CAUSES: Excess consumption of *Yavaka, Uddalaka, Koradusa*, intake of hot and

irritating foods added with *Nispava, Masa, Kulattha, Ksara*, or with curd, curd water, butter milk, sour butter milk or sour gruel. Excess intake of meat of Pig, Buffalaw, Sheep, Fish and Cow, Oil cake, *Pindalu* and dried herbs or dry vegetables. Salad or pickles comprising of Radish, Mustard, Garlic, *Karanja, Sigru, Madhu Sigru, Khadayusa, Bhustrna, Sumukha, Surasa, Kutheraka, Gandira, Kala malaka, Parnasa, Ksavaka, Phanijhaka* or followed by *Sura, Sauvira, Tusodaka, Mairey medaka, Madhulaka, Sukta*, Sour preparations of *Kuvala* and *Badara*; intake of excess pastries after food; frequent or excess intake of milk after exposure to heat; intake of milk with *Rohinika* vegetable; *Kanakapota* (a type of pigeon) boiled with mustard oil or alkalies; consumption of milk with *Kulattha, Oil cake, fruits of Jambu and Lakuca*.⁴

Excessive indulgence in anger, sorrow, fear, exertion, incompatible foods,

excessive exposure to sunlight and fire; excess intake of pungent, sour, salt, alkaline, penetrating, hot, and food substances which induce burning sensation during digestion.⁵

Pitta aggravated by these causes reaches *rakta* and because of similarity in constitution develops further at the same time affecting it (*rakta*). Due to heat of *pitta* the fluid portion from all the fermented *dhatu*s oozes out which again leads to aggravation of *pitta*.⁶

PREMONITORY SIGNS AND SYMPTOMS: Aversion to food, maldigestion of food, eructation having smell and taste of sour gruel, frequent urge for vomiting, disgusting vomit, hoarseness of voice, malaise, spreading burning sensation, as if emittance of smoke from mouth, smell of metal, blood, fish and mucus in the mouth, appearance of red, green or yellow colour in body parts, faeces, urine, sweat, saliva, nose-secretion, excreta from mouth and ear, and boils; body-ache, frequent vision of red, blue, yellow, blackish and brilliant objects in dreams (these are the prodromal symptoms of *lohitapitta* (internal haemorrhage)⁷

Weakness, desire for cold things (food, drink, places, etc.,) feeling as though hot fumes are coming out of the throat,

vomiting, smell of iron in the breath are the premonitory symptoms.⁸

SIGN AND SYMPTOMS AS PER THE INVOLVEMENT OF PATHWAYS:

Raktapitta has two paths upwards and downwards. In persons having abundance of *kapha*, *rakta* and *pitta* going upward comes in contact with *kapha*, it bleeds through ear, nose, eyes and mouth; in those having abundant *vata*, *rakta* and *pitta* going downwards comes in contact with *vata*, it bleeds through the passages of urine and faeces and in those having abundance of both *kapha* and *vata*, in contact of both of them, it follows both the paths and thus bleeds through all the aforesaid orifices.⁹

SYMPTOMS OF VITIATED RAKTA DUE TO DOSAS:

If *kapha* is associated, the blood coming out will be thick, yellowish, white, greasy and sticky.

If *vata* is associated, the blood will be blackish red, frothy, thin and viscid.

If *pitta* alone is the cause, the blood coming out will be black resembling a decoction of drugs, cow's urine, black pigment of a cymbal, chimneysoot or antimony.

If combination of two or three dosas their specific symptoms are also found together.¹⁰

PATHOPHYSIOLOGY OF RAKTAPITTA:

Due to consumption of etiological factors



Pitta gets aggravated (*rakta* exceeds its normal quantity)



Being a *mala* (waste product) of *rakta*, the *pitta* getting mixed with *rakta* attains quantitative increase



Liquid fraction of *pitta* pervades one *dhatu* after other



Due to the effect of heat of *pitta* excessive liquid exudates from all the *dhatu*s



This further enhances the quantity of *rakta*, beyond the limits of normal quantity



This also enhances the quantity of blood flowing in the blood vessels creating immense pressure in the blood vessels



Due to pressure of the blood and heat of *pitta* the walls of the blood vessels get damaged and the blood starts flowing through various openings of the body



The bleeding of blood vitiated by *pitta* through various orifices (either upper or lower or both together) of the body is called *Raktapitta*.¹¹

SADHYASADHYATA: *Raktapitta* which comes out upwards is curable because of applicability of purgation and abundance of useful drugs. Purgation is the best remedy for alleviation of *pitta* and also not ineffective for *kapha* which is associated with it, Sweet drugs are also applicable there. Hence haemorrhage coming out from the upper part is *Sadhya* (curable).¹²

Haemorrhage from the lower parts is decidedly palliable because emesis is slightly applicable here and useful drugs are also a few. Emesis is not so efficacious for elimination of *pitta* and it is also ineffective in alleviation of *vata* which is associated with *pitta*. Moreover, astringent and bitter drugs are not applicable there. Hence haemorrhage from the lower parts is regarded as *Yapya* (palliable).¹³

Raktapitta which comes out from both the parts should be known as *Asadhya* (incurable) from the aforesaid reasons. Here no evacuative measure is applicable which goes out from the path opposite to that of haemorrhage. In *raktapitta*, elimination of *dosa* from the opposite path is recommended. Likewise, there is no around pacificatory measure for this while in combined *dosas* the pacificatory measure should be able to pacify all the *dosas*. Thus three types of *rakta* (*pitta*) have been described according to different paths.¹⁴

Raktapitta is curable in the following patients-

- Only one track is involved.
- Physically strong, mild attacks, recent onset, favourable environment for management and patient is free from complications.¹⁵

Raktapitta becomes incurable if patient suffers from *Mandagni*, having an episode of acute attacks, emaciation, old and one who is not able to eat.

Raktapitta is curable if it associates with single *Dosa*, it is palliable if it associates with two *Dosas*; it is incurable if it associates with all the three *Dosas*.¹⁶

VASCULITIS: These are a Heterogeneous group of diseases. In this disorder there is multi-organ involvement. But due to rich vasculature skin is prone to be frequently affected. Vasculitis is characterized by- inflammation and necrosis of blood-vessel walls, with associated damage to skin, kidney, lung, heart, brain and GIT.

There is a wide spectrum of involvement and disease severity, ranging from mild and transient disease affecting only the skin, to life threatening fulminant disease with multiple organ failure.

The clinical features result from a combination of local tissue ischaemia (due to vessel inflammation and narrowing) and

the systemic effects of widespread inflammation.¹⁷

CLINICAL FEATURES OF SYSTEMIC VASCULITIS:

- **Systemic** - Malaise, Fever, Night sweats, Weight loss with arthralgia and myalgia.
- **Rashes** – Palpable purpura, Ulceration, Pulp infarct, Livedo reticularis.
- **Ear, nose and throat-** Epistaxis, Deafness, Recurrent sinusitis.
- **Respiratory-** Haemoptysis, Cough, Poorly controlled asthma.
- **GIT-** Mouth ulcers, Diarrhoea, Abdominal pain (due to mucosal inflammation or enteric ischaemia)
- **Neurological-** Sensory or motor neuropathy.¹⁸

TYPES OF VASCULITIS:

- 1) **Takayasu's disease-** Predominantly affects the aorta, its major branches and occasionally the pulmonary arteries.
- 2) **Kawasaki disease-** Mostly affects the coronary vessels.
- 3) **Polyarteritis nodosa-** The most common skin lesions are palpable purpura, ulceration, infarction and livedo reticularis.
- 4) **Giant cell arteritis and polymyalgia rheumatic-** Predominantly affects medium-sized arteries in the head and neck.
- 5) **Antineutrophil cytoplasmic antibody-** It is a life threatening disorder characterized by inflammatory infiltration of small blood vessels, fibrinoid necrosis and the presence of circulating antibodies to ANCA.
- 6) **Churg-strauss syndrome (css)-** It is a small vessel vasculitis

associated with eosinophilia. The typical acute presentation is with a triad of skin lesions (purpura or nodules) asymmetric mononeuritis multiplex and eosinophilia.

- 7) **Henoch-schonlein purpura-** It is a small vessel vasculitis caused by immune complex deposition following an infectious trigger.
- 8) **Cryoglobulinaemic vasculitis-** It is a small vessel vasculitis that can develop in some patients with circulating cryoglobulins, which are immunoglobulins that precipitate out in the cold.
- 9) **Behcet's syndrome-** This is a vasculitis of unknown aetiology that characteristically targets small arteries and venules.¹⁹

CAUSES: Drugs, Infection, Connective tissue disease, Malignancy etc.²⁰

DIAGNOSIS: It is confirmed by skin biopsy, with histology and immunofluorescence examination. Investigation should seek systemic involvement (particularly renal).²¹

DISCUSSION: As we all know that the *Raktapitta vyadhi* is difficult to diagnose easily on early stage. In case of *Raktapitta* sign, symptoms and *sadhyasadyata* all are different on the bases of *dosa* involvement. From the pathway of bleeding we can understand the involvement of *dosa* either *vata* or *kapha*. We can notice the characteristic feature of blood for find the *dosic* involvement. And on the other hand according to modern science Vasculitis is a bleeding disorder. In both cases *Raktapitta* and Vasculitis, bleeding occur by internal causes. Only difference is in the modern science they give the different names or type of vasculitis on the bases of affected part of body and its diagnose by various laboratory and radiological investigations.

CONCLUSION: As *Gananath Sen* has described *Raktapitta* disease as bleeding without any trauma or external injury; hence *nija hetujanya* and vasculitis also occur without external injury. Bleeding path and symptoms are also have various similarities. So we can correlate vasculitis a bleeding disorder to *Raktapitta*. And a physician can treat a patient of vasculitis by understanding the concept of *nidana panchak*.

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