

<https://doi.org/10.46344/JBINO.2022.v11i06.03>

TO STUDY THE ROLE OF SHADANGODAKA FORMULATION IN TREATMENT OF RAKTAPITTA

Dr.Anupama Shimpi & Dr.S.V. Deshpande

Associate Professor., Department of Kayachikitsa, Tilak Ayurved Mahavidyalaya,Pune

Professor, Department of Kayachikitsa , Tilak Ayurved Mahavidyalaya.Pune.

Email id : dranupamaj.shimpi@gmail.com

ABSTRACT

In rakt-pitta, there is the pitta dosha that vitiates the teekshan guna which increases the rakt dhatu being its ashrya sthan and the rakt dhatu that vitiates the **pitta dosha** due to ushan guna of pitta. These both are inseparable.It is an acute raktpradoshaj vyadhi.In the present experiment we are discussing the role of Shadanagodaka Formulation in treatment of Raktapitta.



INTRODUCTION

Raktapitta is a serious disease caused due to vitiation of *rakta* by aggravated *pitta*. This chapter is placed after *jwara*, because *raktapitta* can occur due to the increased heat in the body produced after *jwara*. Prompt management is necessary for this dreadful disease. This disease develops due to *pitta* aggravation as a result of consumption of *ushna*, *teekshna*, *agneya dravya* and excessive exposure to sunlight.

Because of similarity in constitution of *pitta* with *rakta*, *rakta dhatu* is also vitiated by the etiological factors and has similarity in its smell and color, and is therefore called *raktapitta*.

It originates in the spleen and liver which play pivotal roles in the blood physiology, including clotting. Manifestations of *raktapitta* depend upon vitiation and predominance of a particular *doshā*. There may be a combination of one, two or all the three *doshā*. Based on *doshā* specific features, the blood of the patient of *raktapitta* may appear pale, unctuous and slimy in *kapha*, frothy, blackish red in *vata* and cane sugar like cow urine, shiny black, smoky and coarse-like collerium in *pitta*. *Raktapitta* associated with one *doshā* is curable, with two *doshā* is difficult to cure and incurable if all three *doshā* are involved.

Movement of *raktapitta* may be upward or downward meaning bleeding from upper and/or lower external orifices. This manifestation depends on etiological factors, unctuous hot factors associated

with *kapha* has upward *raktapitta* however rough hot associated with *vata* has downward *raktapitta*.

Upward *raktapitta*, associated with *kapha dosha* is treated with *tarpana* (nourishment therapy) and downwards *raktapitta* is associated with *vata* and *peya* (liquid gruel) should be used.

Their drugs mainly have *madhura*, *tikta* and *sheeta guna* which pacify *pitta* and *rakta*. One herb which is very important in *raktapitta* is *vasa*, which alone can check the bleeding quickly.

NIDANA (Causes) 3 ∪ Ahara • Rasa - Excessive consumption of Diet that are Amla (sour), Katu (pungent), Lavana (saline) • Guna - Intake of excessive Vidahi (Improper digestion leading to burning sensation of food), Tikshna (Sharp), Ushna (Hot), Kshara (Alkalis) ∪ Vihara • Aatapa - Excessive exposure to heat of sun • Vaayama - Excessive physical exercise • Vyavaaya - Excessive indulgence in sexual activities • Adhwa - Excessive walking ∪ Manas • Shoka - Excessive grief • Kopa - Anger ∪ Other • Excessive of Virechana SAMPRAPTI (Pathogenesis)⁴ The disease *Raktapitta* develops and manifests as the pathogenesis runs through the below mentioned steps in that order - * Pitta aggravated by the above said nidanas and leaves its site and reaches Rakta (blood). * Being a mala (waste product) of Rakta, the Pitta on getting mixed with Rakta attains quantitative increase. * The Pitta in turn vitiates the Rakta. Due to the heat of Pitta, the drava dhatu or the liquid portion (fluid) of other tissues like Mamsa (muscles), Meda (fat) etc oozes out of their

respective tissues and gets mixed with Rakta. * This further enhances the quantity of blood flowing in the blood vessels creating immense pressure in the blood vessels. * Due to the 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. * Bleeding occurs through mouth, nose, ears, skin, anus, penis and vagina. * This bleeding of blood vitiated by Pitta through various orifices of the body is called Raktapitta. POORVAROOPA • Anannabhilasha - Loss of interest in food • Bhuktasya vidahata - Burning/very quick digestion of consumed food • Sukta Amla Udgara - Sour belching or belching having taste of fermented liquid • Swarabheda - Hoarseness of voice • Paridaha - Feeling of burning sensation in the body • Klama - Fatigue • Shiro gowrava - Heaviness of head • Kasa - Cough • Swasa - Dyspnoea • Bhrama - Giddiness BHEDA (Types) 1. Based on the Dosha predominance: 1 Vataja 2 Pittaja 3 Kaphaja 4 Sannipataja 5 Vatapittaja 6 Pittakahaja 7 Kaphavataja 2. 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. 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. c. Ubhaya or Tiryak - When all the Doshas are vitiated and are circulating in the blood stream, the manifestation is subcutaneous here. LAKSHANAS (Signs and Symptoms) ∞ Vataja Raktapitta : When it is associated with Vata dominance, the blood will be γ Shyava-Aruna - Brownish red γ Saphena - Frothy γ Tanu - Thin γ Rooksha - Dry ∞ Pittaja Raktapitta: When it is associated with Pitta dominance, the blood will be γ Kashaya or Pink red, like the colour of the Patala flower γ Black like Go mutra (Cow's urine) γ Mechaka (Greasy-black) γ Agara dhuma - Horse soot γ Anjana - Black collyrium ∞ Kaphaja Raktapitta : When it is associated with Kapha dominance, the blood will be γ Sandra - Dense, Viscous γ Sa pandu - Whitish discolouration γ Sa sneha - Oiliness, unctuousness γ 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 blood⁵ . SADHYA ASADHYATVA The Raktapitta is associated with 6 : → One Dosha - Sadhya (Curable) → Two Doshas- Its Krichrasadhya (Palliable) or Yapya → All the 3 Doshas - Asadhya (Incurable) • Urdhvaga which is Kaphaanubandhee is Saadhya. • Adhoga which is Vaataanubandhee is Yaapya. • Ubhaya which is Vatakaphaanubandhee is Asadhya. → It also becomes Asadhya in following conditions: * If patient is having Mandagni (less power of digestion and

metabolism). * Ativegavat - if the disease has an acute attack * If the patient is emaciated by diseases * Ksheena Deha - if the patient is debilitated * Vruddha - if the patient is aged * Anashna - If the patient is not able to eat * When bleeding takes place in excess through either of Urdhva or Adho marga * Kunapa gandhi - When blood has a smell like that of dead body * Krishnavarna - when it is exceedingly black * When it gets obstructed in throat * Upadrava sahita - when its associated with all complications

CHIKITSA - LINE OF TREATMENT

- Santarpana / Apatarpana Chikitsa
- Mrudu, Sheetala, guna Ahara
- Madhura, Tikta, Kashaya Rasa Ahara
- Pradeha, Parisheka, Avagaha, Samsparshana etc, external coolants
- Pratimargaharana Chikitsa

1) "Pratimarga cha haranam Raktapitte vidheyathe "Pratimaarga (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 is 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 8 . 5) Bahya prayoga: Abhyanga, Lepa, Parishechana, Seka, Avagaha, Sheeta Upachara. 6) Ksheera prayoga (in vataanubandha): * Chaga

Dugdga * Go Dugdha boiled with Draksha or Nagaraka or Bala or Gokshura

Urdhav Raktapitta

- When it is associated with Kapha dosha the blood started expelled out from amashaya in an upward direction from mouth, nose, ear, and eyes that is caused by Snigdha-ushan sevan (consumption of cold and hot foods together).

Adho Raktapitta

When it is associated with Vata dosha the blood started expelled out from pakvashya in the downward direction from rectum and vagina and this is caused by ruskha-ushan sevan (Consumption of dry and hot products together).

- As described by Gananath Sen: The injury without any trauma or injury due to any external object.
- Charakacharya has described it after jwara because it is arisen due to the santap caused due to jwara. He described it as Mahagad (dreadful Disease), MahaVeg (rapid onset).
- Sushrutacharaya has described it after Pandu because these both have common causative factors.

WHAT ARE THE HETU (CAUSES) OF RAKT-PITTA?

- Regular and excessive consumption of Amla, Lavan and katu dravyas.

- Excessive intake of kshar, ushan, vidahi, teekshan, and viruddaahar.
- Intake of reddish, mustard, garlic, dry green vegetables, and starchy food.
- Excess use of virechana.

Other causes are anger, exertion, and grief.

- All these factors result in excessive vitiation of vidahi of rakta and pitta, as being the site of pitta these both have the same origin. I.e., both of them have Agni mahabhoota dominance power.
- Though the rakta pitta is pitta doshaj pradhan vyadhi it has solitary Vata, pitta, and kapha that combines and gets involved in the development of raktapitta.

WHAT ARE THE LAKSHAN (SYMPTOMS) OF RAKT-PITTA?

Symptoms Include:

- Vomit and fetor of blood in breath
- Indigestion
- Lassitude in the limbs
- A desire for cool things
- A sense of rising fumes in the throat
- Weakness
- Cough
- Fever
- Mental aberration
- Yellowish complexion
- Burning sensation the body
- Epileptic fit
- Acidity and thirst
- Absence of Sexual desire
- Restlessness

- Fetid expectoration
- Blood may be blackish blue or dark blackish in color.
- The blood has a very fetid smell.

ANY AYURVEDIC MANAGEMENT FOR RAKT-PITTA?

- Trishna (Thirst) is the most common complaint and this is mainly occurred due to severe blood loss and fluid loss and it should be managed with the topmost priority.
- After analyzing the Prakriti and strength of dosha, and Bala (strength) and ahara shakti (capacity to intake food) of the patient water should be given until the patient gets relief from thirst and starts feeling better. Small Quantity of water should be given to the patient at regular intervals.

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. Bleeding from the upper gastrointestinal (GI) tract is a common medical emergency, with an incidence of between 50-150 cases per 1,00,000 per year¹². The

commonest cause is from a chronic ulcer of the stomach to life threatening diseases like Malignancy, Oesophageal varices. Approximately 85% of patient stop bleeding spontaneously within 48hrs. Emergency resuscitation is required in patients with large bleeds and the clinical signs of shock. Early endoscopy helps to make diagnosis and make decision regarding the treatment. Hematemesis and Melena occurs in gastric ulcers in the ratio of 60:40. In Duodenal ulcers in the ratio of 40:60, both may occur together in duodenal ulcer than in Gastric ulcer. Bleeding from the stomach unless in slight usually accompanied by nausea and vomiting.

CONCLUSION Raktapitta (Internal haemorrhage) having excess vitiated Dosha in person who is not emaciated or weak and takes normal diet should not be checked. Shodhana type of Langhana is advised in patients who are strong with excess Kapha, Pitta, Rakta and Mala. Though the blood expelling out of the body is not Shuddha Jeeva Rakta, 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. Decisions as to correct treatment of the patient with

haematemesis most often depend on clinical judgment and there is need for a method of investigation that will yield reliable diagnostic information in the acute stages of illness.

REFERENCES

1. Agnivesha, Charaka samhita of Charaka and Drdhabala with Vaidyamanorama commentary edited by Acharya Vidyadhar Shukla, Ravi Dutt Tripathi, Chaukhamba Sanskrit Pratishthan Delhi, Reprint 2011. p122

2. Agnivesha, Charaka samhita of Charaka and Drdhabala with Vaidyamanorama commentary edited by Acharya Vidyadhar Shukla, Ravi Dutt Tripathi, Chaukhamba Sanskrit Pratishthan Delhi, Reprint 2011. p485

3. Sushruthacharya, Sushrutha Samhita with NibandhaSangraha commentary of Sri Dalhanacharya and Nyayachandrika panjika of Gayadasa on nidanastana. Edited by Vaidya Jadavaji Trikamji Acharya, Varanasi: Chaukhamba Sanskrit Sansthan; reprint 2010. p734

4. Agnivesha, Charaka samhita of Charaka and Drdhabala with Vaidyamanorama commentary edited by Acharya Vidyadhar Shukla, Ravi Dutt Tripathi, Chaukhamba Sanskrit Pratishthan Delhi, Reprint 2011. p122

5. Agnivesha, Charaka samhita of Charaka and Drdhabala with Vaidyamanorama commentary edited by Acharya Vidyadhar Shukla, Ravi Dutt Tripathi,

Chaukhamba Sanskrit Pratishthan Delhi,
Reprint 2011. p123-124

6. Agnivesha, Charaka samhita of Charaka and Drdhabala with Vaidyamanorama commentary edited by Acharya Vidyadhar Shukla, Ravi Dutt Tripathi, Chaukhamba Sanskrit Pratishthan Delhi, Reprint 2011. p124

7. Agnivesha, Charaka samhita of Charaka and Drdhabala with Vaidyamanorama commentary edited by Acharya Vidyadhar Shukla, Ravi Dutt Tripathi, Chaukhamba Sanskrit Pratishthan Delhi, Reprint 2011. p488

8. Agnivesha, Charaka samhita of Charaka and Drdhabala with Vaidyamanorama commentary edited by Acharya Vidyadhar Shukla, Ravi Dutt Tripathi,

Chaukhamba Sanskrit Pratishthan Delhi,
Reprint 2011. p127

9. Anthony S Fauci, Harrison's Principles of internal medicine 17th Edition, volume 1, p257 .

10. Harsh Mohan, Textbook of Pathology, 6th edition 2010, Jaypee Brothers Medical Publishers. p539-540. 11.

<http://teachmesurgery.com/general/presentations/haematemesis/> 12.
<https://www.ncbi.nlm.nih.gov/pubmed/21573267>