

6.2. Hematopoietic diseases

Raktālpata (Anaemia) & Kupoṣaṇa-janya Raktālpata (Nutritional Anaemia)

1) Classical foundation (for concept alignment)

1.1 Pāṇḍu definition & types (for mapping)

“पाण्डुरोगाः स्मृताः पञ्च वातपित्तकफैस्त्रयः ।
चतुर्थः सन्निपातेन पञ्चमो भक्षणान्मृदः ॥३॥”

Ref: Caraka Saṃhitā, Cikitsā-sthāna 16/3

Use: Recognise that **diet-behaviour** (e.g., *mṛd-bhakṣaṇa/pica*) is an explicit classical etiology—highly relevant to nutritional anaemia.

1.2 Nidāna pointers for dietary/behavioural causes

“व्यवायमम्लं लवणानि मद्यं मृदं दिवास्वप्नमतीव तीक्ष्णम् ।
निषेवमाणस्य विदूष्य रक्तं कुर्वन्ति दोषास्त्वचि पाण्डुभावम् ॥३॥”

Ref: Suśruta Saṃhitā, Uttara-tantra 44/3

1.3 Doṣa-wise treatment compass (to tailor later)

“वातिके स्निग्धभूयिष्ठं, पित्तिके तिक्तशीतलम् ।
श्लैष्मिके कटुतिक्तोष्णं, विमिश्रं सन्निपातिके ॥११६–११७॥”

Ref: Caraka Saṃhitā, Cikitsā-sthāna 16/116–117

2) Raktālpata (Anaemia): practical diagnostic frame (OPD)

A. Confirm anaemia (CBC).

- Low Hb with supportive RBC indices (MCV/MCH).
- Stratify: **Microcytic** (often iron deficiency), **Macrocytic** (B12/folate), **Normocytic** (early deficiency/chronic disease/renal/haemolysis).

B. First-line labs to identify nutritional causes.

- **Iron deficiency:** Ferritin (interpret with inflammation), transferrin saturation.
- **B12 deficiency:** Serum B12; when borderline with symptoms, add a functional marker (e.g., MMA—interpret with renal function).
- **Folate deficiency:** Serum folate; (RBC folate is generally not required in most settings).

C. Aetiology work-up: Menstrual/GI blood loss, diet quality, **pica** (*mṛd-bhakṣaṇa*), helminths, malabsorption, drugs.

Ayurvedic correlation: If āma/kapha signs are present, treat **āvaraṇa/āma** before bṛmhaṇa; otherwise proceed to **snigdha-bṛmhaṇa** and rasāyana (see §4).

3) Kupoṣaṇa-janya Raktālpata (Nutritional Anaemia): management

3.1 Iron-deficiency anaemia (IDA)

When likely: Microcytosis, low ferritin/TSAT, dietary risk, HMB, pregnancy, adolescence.

Therapy (contemporary core + Ayurvedic adjunct):

1. **Oral iron** delivering ~60–100 mg **elemental** Fe/day in adults, titrated to tolerance; continue **~3 months after Hb normalizes** to replenish stores.
2. **Address source:** Menstrual/GI loss, deworming where relevant, nutrition counselling.
3. **Ayurvedic adjunct (post-nirāma):**
 - **Auśadha:** *Navāyasa Cūrṇa, Maṇḍūra-Vaṭaka / Punarnavā-Maṇḍūra, Tapayādi Lauha* (classical Pāṇḍu yogas listed in Caraka Cikitsā-16).
 - **Pathya:** *Mudga-yūṣa, yavāgu* with little ghr̥ta; *drākṣā/āmalakī* preparations; avoid sour-salty alcohol, day-sleep, incompatible/stale foods and **pica**.
 - **Ref anchors:** Caraka Saṃhitā, Cikitsā-sthāna 16 (yoga listings; diet lines).

3.2 Vitamin B12-deficiency anaemia

Diagnosis cues: Macrocytosis ± neurological signs; confirm with serum B12; consider a functional marker if equivocal.

Treatment:

- **High-dose oral** B12 (e.g., 1–2 mg/day) is effective for most; **IM** for severe neuro deficits or malabsorption.
- Correct contributory factors (dietary insufficiency, metformin/PPI, malabsorption).

Ayurveda mapping: After āma-hara, institute **snigdha-br̥mhaṇa** diet, gentle rasāyana (*āmalakī*), and doṣa-wise tailoring per **Ci.16/116–117**.

3.3 Folate-deficiency anaemia

Diagnosis: Macrocytosis with **low serum folate**.

Treatment: Oral folic acid replacement (dose & duration per clinical status).

Caution: Always **exclude/treat B12 deficiency first** (to avoid neuropathy worsening).

Ayurveda: As above—br̥mhaṇa diet, tikta-śīṭala or sneha-bhūyiṣṭha adjustment by doṣa.

4) Chikitsā-sūtra (Ayurveda): stepwise, exam-friendly

Step-1 Āma/Āvaraṇa check

- If heaviness/tongue-coat/kapha signs → **Laṅghana + Dīpana-Pācana** (e.g., *Pañcakola*), gentle **rukṣa-sweda**.
 - **Anchor:** Caraka Saṃhitā, Cikitsā-sthāna 16 (āma-hara logic within Pāṇḍu framework).

Step-2 Anulomana/Śodhana

- Pitta-leaning or *kamala* overlap → **mṛdu virecana** as tolerated.
 - **Anchor:** Caraka Saṃhitā, Cikitsā-sthāna 16 (kamala-adjacent sections).

Step-3 Br̥mhaṇa (post-nirāma)

- Snigdha-br̥mhaṇa diet; **ghr̥ta** use aligned to doṣa (e.g., *Mahātikta-ghr̥ta* in pittaja).
 - **Anchor:** Aṣṭāṅga-hṛdayam, Cikitsā-sthāna 16/1 (ghr̥ta-first cue).



Step-4 Rasāyana (maintenance)

- *Āmalakī, Guḍūcī* style rasāyana to stabilise **rasa-rakta**.
 - **Anchor:** Caraka & later compendia's rasāyana rationale.

5) Classical Auśadha-yoga (names exactly as in texts)

- **From Caraka Cikitsā-16 (Pāṇḍu section):**
Navāyasa Cūrṇa, Maṇḍūra-Vaṭaka / Punarnavā-Maṇḍūra, Tapayādi Lauha, Dhātryāvāleha, Dāḍimādyā-Ghṛta, Dārvyādi-Ghṛta.
(Matra • Sēvana-kāla • Anupāna individualized per doṣa rule—Ci.16/116-117—and bala/agni.)
- **From Aṣṭāṅga-hṛdayam (ghṛta cue):**
Kalyānaka-ghṛta, Pañcagavya-ghṛta, Mahātiktā-ghṛta, Āragvadhādi-siddha ghṛta.
Ref: Aṣṭāṅga-hṛdayam, Cikitsā-sthāna 16/1

6) Pathyā-Apathyā (concise hand-out)

Pathyā (Do):

- Warm, freshly cooked **laghu** meals; **mudga-yūṣa, yavāgu** (little ghṛta); **drākṣā/āmalakī** preps; early dinner; gentle post-meal walk; regular sleep.
- Address **dietary diversity** (iron/B12/folate sources), helminth control where relevant.

Apathyā (Don't):

- Sour-salty excess, alcohol; **mṛd-bhakṣaṇa**; day-sleep; very **tikṣṇa** items; incompatible/stale/cold foods.
Refs: Caraka Saṃhitā, Cikitsā-sthāna 16; Suśruta Saṃhitā, Uttara-tantra 44/3

7) Case template—Kupoṣaṇa-janya Raktālpata (copy-paste)

Patient: 22-year-old female; fatigue, pica; HMB.

CBC: Hb 8.9 g/dL, MCV 72 fL. **Iron studies:** Ferritin 8 ng/mL.

Assessment: Nutritional IDA with dietary deficit + menstrual loss; mild āma/kapha signs.

Plan (8-12 weeks):

1. **Oral iron** to deliver ~60-100 mg elemental Fe/day; counsel for adherence; expect Hb +1-2 g/dL in 2-4 weeks; **continue ~3 months after normalization.**
2. **Diet & source control:** Manage HMB; helminth if relevant; vitamin-C foods with iron; avoid tea/coffee around tablets.
3. **Ayurveda adjunct (post-nirāma):** Navāyasa or Punarnavā-Maṇḍūra; **Dhātryāvāleha** HS; pathyā diet.
4. **Review:** Symptoms, Hb/ferritin at 4-6 weeks; taper iron-bearing yogas after repletion; maintain with rasāyana.

8) Viva bullets

- **Classical anchor:** Pāṇḍu five types (Ci.16/3); diet-behaviour nidāna (Su. Ut.44/3).
- **Doṣa tailoring:** “vātike snehabhūyiṣāṃ ... paittike tiktashītaḥ ...” (Ci.16/116-117).
- **Management ladders:** Āma-hara → Anulomana/Śodhana → Bṛṃhaṇa → Rasāyana (Ci.16; AH Ci.16/1 for ghṛta-first).



- **Modern pearls:** Confirm type by indices & specific nutrient tests; never mask B12 deficiency with folate alone; replenish iron stores beyond Hb normalization.

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