

Unit 4. Raktapitta- Teevra Raktasrava (Acute Hemorrhage)

Unit 4: Raktapitta—Tivrā Raktasrāva (Acute Haemorrhage)

महागदं महावेगमग्निवच्च शीघ्रकारी च । हेतुलक्षणविच्छिन्नं रक्तपित्तमुपाचरेत् ॥
— Charaka Saṃhitā, Cikitsāsthāna 4/5

1) Orientation: what “Raktapitta” means in the emergency bay

Raktapitta is a classical umbrella for **spontaneous or precipitated bleeding** when **Pitta (heat, sharpness)** vitiates **Rakta (blood)** so that it **overflows through body orifices**. In the emergency lens, think: **acute blood loss, risk to prāṇa (vitality)**, and **time-sensitive haemostasis**.

Classics emphasise the **rapidity** of course (see śloka above), which mirrors modern risks of **hypovolaemic shock, airway compromise**, and **end-organ ischaemia**. Your immediate tasks are the same across noses, mouths, rectum, or skin: **A-B-C, stop the bleed, resuscitate**, and **identify source**—while using **Āyurvedic haemostatic measures (stambhana)** rationally and safely.

2) Types you must sort quickly

2.1 Swatantra vs Paratantra Raktapitta

- **Swatantra Raktapitta (स्वतन्त्र)**: Primary **doṣa-driven** bleeding (pitta-pradhāna with rakta), often following **uṣṇa (heat), amla-lavaṇa-kaṭu** diet excess, alcohol, sun/anger, or fever aftermath. Systemic signs of pitta (burning, thirst, yellow hue) are conspicuous.
- **Paratantra Raktapitta (परतन्त्र)**: Secondary to another dominant pathology—**trauma, piles/fissure, ulcer/IBD, liver disease, anticoagulants, platelet disorders**, etc. Treat **the parent disease** urgently while arresting haemorrhage.

2.2 Directional expression (tri-mārga)

- **Ūrdhvaga (ऊर्ध्वग)**: Upward—**nose, mouth, ears, eyes** (epistaxis, haematemesis, haemoptysis).
- **Adhoga (अधोग)**: Downward—**guda (rectum/anus), yoni (uterus), mūtramārga (urine)**.
- **Ubhaya/Tiryak (उभय/तिर्यक्)**: Mixed or **through skin/pores** (petechiae, ecchymoses, diffuse oozing).

Principle of diet and local care in Raktapitta:

“...मधुर शिशिर तिक्त कषायैरभ्यवहार्यैः प्रदेह परिषेकावगाह संस्पर्शनिर्वमनाद्यैर्वा तत्रावहितेन...” — Charaka Saṃhitā, Nidānasthāna 2/11

(Use **madhura**—sweet/nourishing, **śīśira**—cool measures; prefer **tikta-kaṣāya** tastes; employ appropriate local applications.)

Route-reversal guidance:

“प्रतिमार्गं च हरणं रक्तपित्ते विधीयते ॥” — Charaka Saṃhitā, Nidānasthāna 2/19

(“Treatment works **against the route** of bleeding”—thus **Ūrdhvaga** often needs tarpana [nourishing/cooling], **Adhoga** benefits from peya [thin gruel], etc.)

3) The four classical haemostatic strategies (map to your bedside acts)

“...रक्तस्थम्भने चतुर्विधोपायाः— स्कन्दनं सन्धानं दहनं पाचनम् ...”
— *Suśruta Saṃhitā, Sūtrasthāna 14/44*

- **Skandana (स्कन्दन): Cooling/vasoconstriction** → cold compresses, ice-packs around (not inside) wounds, **cold parisheka** (cool affusions/decoction pours).
- **Sandhāna (सन्धान): Approximation/ligation/pressure** → **pīḍana (direct pressure), bandha (pressure bandage), suturing/ligature**, astringent powders/pastes.
- **Dahana (दहन): Thermal cautery** (only in controlled facility; last-resort).
- **Pācana (पाचन): Chemical cauterisation/astringent/alkaline agents** (strict indications—e.g., selected ano-rectal bleeding states, under supervision).

In the field or OPD emergency, you primarily use **Skandana + Sandhāna**, reserving **Pācana/Dahana** for specialist settings.

4) Clinical assessment of acute haemorrhage

Triage (1 minute):

- **A - Airway:** blood pooling? gurgling? risk of aspiration (mouth/nose bleeds).
- **B - Breathing:** rate, oxygenation, chest asymmetry if haemoptysis/trauma.
- **C - Circulation:** pulse (rate/volume), capillary refill, **SBP < 90 mmHg, postural drop, pallor, cold clammy skin, urine output.**
- **D - Disability:** agitation, syncope, collapse.

Estimate severity (adults):

- **Mild:** < 500 ml; stable vitals.
- **Moderate:** 500-1000 ml; tachycardia, postural symptoms.
- **Severe:** > 1000 ml **or** hypotension/altered sensorium → **activate transfer** after first aid.

Bedside labs (if available quickly, without delaying care): Hct/Hb baseline, platelet count, INR if on anticoagulants.

5) Nasāgata Raktapitta (Epistaxis) — examine and act

5.1 Identify the bleed

- **Look:** Lean forward; suction if available; inspect **Kiesselbach's area** (anterior) vs features of **posterior bleed** (blood into throat, older/hypertensive patients).
- **Ask exposures:** trauma/nose-picking, hot weather, URTI, aspirin/anticoagulant, hypertension spikes.

5.2 Immediate management (combine modern and Āyurvedic)

Step 1: Position & pressure (Sandhāna-Pīḍana).

- Sit up, **lean forward**, spit blood. **Pinch soft nose** (alae) **for 10-15 minutes** uninterrupted.
- **Bandha:** Apply a **firm external compression bandage** across nasal cartilages if hands-free compression needed.

**Step 2: Cooling (Skandana).**

- **Cold compress** on nasal bridge/cheeks/neck.
- **Parisheka:** If available, **cool decoction pour** over nasal bridge and forehead: **Pañcavalkala** (bark group), **Lodhra** (Symplocos), **Uśīra** (Vetiver) → **room-cold**, not ice-burn cold.

Step 3: Topical astringents (Sandhāna with dravyas).

- Insert **small sterile gauze pledget** in anterior nostril soaked in **Lodhra-Yaṣṭimadhu** (licorice) **decoction**, or **Sphatika (alum) light solution**; maintain pressure.
- **Lepa (thin paste)** over the **nasal bridge: Lodhra + Priyaṅgu + Nāgakeśara** with a few drops of cool water; thin layer only (non-occlusive).

Step 4: Adjunct modern measures.

- If accessible and trained: **topical vasoconstrictor** spray (e.g., oxymetazoline) to the bleeding side before re-compressing.
- **Anterior nasal packing** (facility/ENT). **Posterior bleed** → **urgent ENT referral**.

Step 5: Abhyantara auśadhi (when patient is alert, swallow safe).

- **Durvā svarasa** (Cynodon dactylon juice) **10-20 ml** once, may repeat **BD** for a day.
- **Vasa svarasa** (Adhatoda) **10-15 ml BD** (cough-bleed interface).
- **Nāgakeśara cūrṇa 1-2 g** with honey **BD** for 1-3 days.
- **Pravāla/Mukta piṣṭi 125 mg BD** with cool water.
- **Peya (thin rice gruel)** cooled; avoid hot/spicy.
(Avoid oils/ghee nasally during active fresh bleed; avoid forceful sniffing/swallowing.)

Red flags for transfer: persistent bleeding > 20-30 min despite proper compression and topical astringent; suspected **posterior epistaxis; anticoagulants, coagulopathy, syncope, recurrent large bleeds, very high BP, children <5, frail elderly.**

6) Gudāgata Raktapitta (Rectal bleeding) — examine and act

6.1 Differentiate quickly

- **Bright red coating**, blood on tissue: likely **distal source** (haemorrhoids/fissure).
- **Maroon/melaena**, mixed with stool, clots: could be **more proximal**—needs facility evaluation.
- **Associated symptoms:** diarrhoea/tenesmus (**raktātisāra/IBD**), painful defecation (**fissure/piles**), painless gush (**internal piles**), fever/abdomen pain (**infective colitis**).

6.2 Immediate measures

A-B-C first. If dizzy/hypotensive → **supine**, legs elevated, **IV line at facility**.

Local stambhana (Skandana + Sandhāna).

- **Cold sitz:** **Pañcavalkala** or **Triphala** decoction cooled to room temperature, **5-10 min**, repeat.
- **Parisheka:** Gentle **cool pour** over anal region using **Lodhra-Arjuna** or **Pañcavalkala** decoction.
- **Bandha/packing:** For active anorectal ooze, **apply sterile gauze roll** pressed at the anal verge (patient lateral), **10-15 minutes**; replace if soaked.
- **Lepa (perianal skin):** **Lodhra + Saindhava-free Yaṣṭimadhu** with cool water, **thinly**; keep away from canal lumen.

Abhyantara auśadhi (selected, if stable and swallowing safe).

- **Kutaja ghana 250-500 mg BD** (bleeding with diarrhoea).
- **Musta cūrṇa 1-2 g BD** for gut calming.
- **Nāgakeśara cūrṇa 1-2 g BD** with honey for 2-3 days.
- **Gairika (red ochre) 500 mg BD** with honey (short course).
- **Isabgol 1-2 tsp** at night with cool water to prevent straining in piles/fissure.
(Avoid strong virecana, strong abhyanga, or hot fomentation during active bleeding.)

When to move to hospital immediately: tachycardia+hypotension, ongoing heavy bleed, maroon stool/clots, bleeding in pregnancy, anticoagulants, known liver disease, elderly/frail, high fever/abdominal pain, anaemia symptoms.

Facility integrations: IV fluids, **tranexamic acid** (where indicated), cross-match, endoscopic therapy or banding/sclerotherapy for haemorrhoids, management of colitis/ulcer bleed, surgical consult if needed.

7) Matching classical guidance to routes (what to feed first)

“ऊर्ध्वगे तर्पणं योज्यं प्राक् पेया त्वभोगते ...” — *Aṣṭāṅga Hrdayam, Cikitsāsthāna 2*
(In **Ūrdhvaga**, begin with **tarpana**—nourishing, cool, soothing feeds; in **Adhoga**, start with **peya**—thin, easy gruels.)

Safe examples you can use once the active bleed abates and gag reflex is intact:

Setting	First mouth-feeds (small, frequent, cool)	Notes
Ūrdhvaga (post-epistaxis)	Śarkarā-jalam (sugar-water sips), Godhūma-māṇḍa (wheat/rice starch), Dhānyaka-Uśīra-cool infusion	Avoid sour, hot, spicy; avoid heavy fats initially
Adhoga (post-rectal ooze)	Peaya (rice gruel), Bilva-māṇḍa , Drākṣā-panaka (thin raisin drink)	Add Yaṣṭimadhu lightly if heartburn

8) Procedures: Bandha, Piḍana, Pariśeka, Lepa — how to do them well

Bandha (बन्ध): Apply **broad, firm, clean bandage** to maintain pressure after initial haemostasis. In nose: a U-shaped external band over soft cartilages; in perianal: circular gauze with stretch bandage around buttocks (temporary).

Piḍana (पीडन): **Direct pressure** with gauze or fingers **on the bleeding point**. Teach attendants the **full 10-15 minute rule** without peeking.

Pariśeka (परिषेक): **Gentle pouring** of **cool** medicated decoction **over** the area (never forced into cavities). *Common dravyas:* **Pañcavalka, Lodhra, Arjuna, Uśīra**. Prepare **light, clear, cooled** decoction; test temperature on your wrist.

Lepa (लेप): **Thin paste**—not occlusive cake. Indicated **around** rather than **into** the lumen. Choose **kaṣāya-tikta** dravyas (**Lodhra-Priyaṅgu-Nāgakeśara-Yaṣṭimadhu**). Remove gently once dry; re-inspect.

9) Internal formulations (adult, typical ranges)

Doses are general; adjust to age/weight/comorbidities and institutional pharmacopeia. Avoid during **pregnancy** unless clearly indicated and supervised.

Scenario	Formulation (examples)	Typical adult dose & timing
Active Ūrdhvaga epistaxis (after compression)	Durvā svarasa; Pravāla/Mukta piṣṭi; Nāgakeśara cūrṇa	10-20 ml once then BD ; 125 mg BD ; 1-2 g BD with honey
Cough-bleed interface	Vasa svarasa; Yaṣṭimadhu phāṇṭa	10-15 ml BD ; 50-100 ml TDS (cool-warm, not hot)
Adhoga bleed with diarrhoea/tenesmus	Kutaja ghana; Musta cūrṇa; Peya	250-500 mg BD ; 1-2 g BD ; frequent small feeds
General stambhana support	Gairika (red ochre) with honey (short course); Sphatika solution topically; Amalaka	Gairika 500 mg BD × 3-5 days

10) What not to do during active bleed

- **No head-back posture** in epistaxis (risk of aspiration).
- **No hot fomentation/svedana**, vigorous massage, or hot spicy foods.
- **No deep nasya** oils during fresh bleed.
- **No delay** of transfer when **red flags** exist.
- **Avoid NSAIDs** (worsen bleeding); prefer **paracetamol** for pain/fever.

11) Putting it together: a rapid algorithm

1. **Assess A-B-C**, position safely (lean forward for nose; side-lying for rectal).
2. **Pīḍana + Bandha** (10-15 min continuous).
3. **Skandana**: cold compress/parisheka with **kaṣāya** dravyas.
4. **Topical astringent** pledget/paste (not occlusive).
5. **If controlled** → **small cool feeds (tarpana/peya** as route dictates) + **short stambhana** internal supports.
6. **If uncontrolled** or **systemic compromise** → **urgent referral**; document vitals, estimated loss, measures performed, drugs given, allergies.
7. **Address cause** (piles, colitis, coagulopathy, hypertension spikes, medicines).

12) Case snapshots (apply the steps)

A. Teen with sudden nosebleed after playing in hot sun.

Lean forward, **pīḍana 15 min**, cold compress; **Lodhra-Yaṣṭimadhu** pledget; **Durvā svarasa 10 ml**; observe 30 min. Advice: avoid nose picking/blowing 48 h, keep room cooled, **tarpana** sips.

B. 55-year-old on aspirin, bleeds into throat, BP high.

Suspect **posterior epistaxis**. Do first-aid compression and cooling, **topical vasoconstrictor** if trained, **urgent ENT referral**. Withhold aspirin pending evaluation; monitor for syncope.

C. 30-year-old with bright red bleed on stool, painful defecation.

Likely **fissure/haemorrhoids**. **Cold sitz + parisheka (Pañcavalkala)**; **anal verge compression** with gauze; **Isabgol** at night; **Nāgakeśara** short course; avoid straining; review/proctology referral if recurrent.

D. 68-year-old with maroon stools, dizziness, hypotension.

Severe Adhoga bleed → **supine, oxygen if available, transfer immediately** after starting **cool oral restriction** (NPO en route), alert centre for resuscitation/endoscopy. Do not attempt local pācana/dahana outside facility.

13) Classical anchors for memory

- **Four haemostatic pillars: Skandana-Sandhāna-Dahana-Pācana** (*Suśruta Sūtra 14/44*).
- **Diet & local rasa: madhura-śīta-tikta-kaṣāya** choices; **cool applications** (*Caraka Nidāna 2/11*).
- **Route logic: Ūrdhvaga → tarpana first; Adhoga → peya first** (*Aṣṭāṅga Hṛdayam Cikitsā 2*).
- **Urgency mantra: “Mahāgadam mahāvegam...”**—treat **fast** (*Caraka Cikitsā 4/5*).

14) Student drill (quick check)

1. In **nasāgata raktapitta**, why must the patient **lean forward** and not backward?
2. Name **two dravyas** to make a simple **cool parisheka** for rectal bleed.
3. List the **four** haemostatic strategies and **one bedside act** that corresponds to each.
4. In **Adhoga** bleed with diarrhoea, which internal supports and diet will you start once stable?
5. What are **three red flags** that mandate immediate referral?

15) Appendix: ready-to-use quick table

Measure	What you'll actually do	Where it fits
Piḍana (Pressure)	Pinch soft nose 10–15 min; press gauze at anal verge	Sandhāna
Bandha (Binding)	Secure pressure with external bandage	Sandhāna
Parisheka (Affusion)	Pour cool Lodhra/Pañcavalkala/Arjuna decoction over area	Skandana + Sandhāna
Lepa (Paste)	Thin Lodhra-Priyaṅgu-Yaśṭimadhu paste around site	Sandhāna
Topical vasoconstrictor	Oxymetazoline spray (trained use)	Modern adjunct
Packing/Cautery	Anterior pack/cautery at facility	Sandhāna/Dahana
Diet	Tarpana/peya as per route; cool, non-spicy	<i>Caraka/AH guidance</i>

Final reminders

- **Document** vitals, estimated blood loss, measures, response, drugs.
- **Educate** on triggers (heat, nose-picking, straining), **avoid NSAIDs**, and **hydration** once safe.
- **Integrate**, don't choose: life-preserving modern steps with rational **Āyurvedic stambhana** is the standard of care.

References for quoted ślokas:

Charaka Saṃhitā, Cikitsāsthāna 4/5; Charaka Saṃhitā, Nidānasthāna 2/11 & 2/19; Suśruta Saṃhitā, Sūtrasthāna 14/44; Aṣṭāṅga Hṛdayam, Cikitsāsthāna 2.