

Unit 4. Raktapitta- Teevra Raktasrava (Acute Hemorrhage)

Unit 4: Raktapitta—Tīvrā Raktasrāva (Acute Haemorrhage)

महागदं महावेगमग्निवच्च श्रीघ्रकारी च ।हेतुलक्षणिवच्छीघ्रं रक्तपित्तमुपाचरेत् ॥ — Charaka Samhitā, 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 (কর্ম্বাণ): 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 संस्पर्शनैर्वमनाद्यैर्वा तत्राविहतेन..." — Charaka Saṃhitā, Nidānasthāna 2/11

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

Route-reversal guidance:

"प्रतिमार्गं च हरणं रक्तिपत्ते विधीयते ॥" — Charaka Saṃhitā, Nidānasthāna 2/19

("Treatment works against the route of bleeding"—thus $\bar{U}rdhvaga$ often needs tarpana [nourishing/cooling], Adhoga benefits from peya [thin gruel], etc.)

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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 anorectal 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 Ayurvedic)

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.

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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-Yasţimadhu (licorice) decoction, or Sphatika (alum) light solution; maintain pressure.
- Lepa (thin paste) over the nasal bridge: Lodhra + Priyangu + 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 recompressing.
- Anterior nasal packing (facility/ENT). Posterior bleed → urgent ENT referral.

Step 5: Abhyantara auṣadhi (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 Yastimadhu with cool water, thinly; keep away from canal lumen.

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

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- 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.

WHERE CLASSICAL WISDOM MEETS INTELLIGENT LEARNING

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)

"कर्ष्वर्गे तर्पणं योज्यं प्राक् पेया त्वधोगते ..." — Aṣṭāṅga Hṛdayam, 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)	Peya (rice gruel), Bilva-māṇḍa, Drākṣā-panaka (thin raisin drink)	Add Yasṭimadhu lightly if heartburn

8) Procedures: Bandha, Pidana, 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: Pañcavalkala, 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.

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Scenario

Active **Ūrdhvaga** epistaxis (after compression)

Cough-bleed interface

Adhoga bleed with diarrhoea/tenesmus

General stambhana support

Formulation (examples)

Durvā svarasa; Pravāla/Mukta piṣṭi; Nāgakeśara cūrṇa

Vasa svarasa; Yastimadhu phāṇṭa

Kutaja ghana; Musta cūrņa; Peya

Gairika (red ochre) with honey (short course); **Sphatika** solution topically;

Amalaka

Typical adult dose & timing

10-20 ml once then **BD**; 125 mg **BD**;

1-2 g **BD** with honey

10-15 ml **BD**; 50-100 ml **TDS** (cool-

warm, not hot)

250-500 mg **BD**; 1-2 g **BD**; frequent

small feeds

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. Pīdana + 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-Yasṭimadhu 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.

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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
Pīḍana (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-Priyangu-Yastimadhu 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	Caraka/AH guidance
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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 Ayurvedic 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.

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