

## An Ayurvedic Approach To *Nasagata Raktapitta* (Recurrent Epistaxis): A *Kriya Sharir* – Based Case Report

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### Abstract

Recurrent epistaxis is a common clinical problem, especially when no definite systemic or local cause is identified. In Ayurveda, recurrent nasal bleeding is described under *Nasagata Raktapitta* and is attributed to vitiation of *Pitta* and *Rakta* with upward movement of *Rakta*. This case report describes the Ayurvedic management of a patient with recurrent idiopathic epistaxis using internal medications and *Nasya* therapy. A 39-year-old male presented with repeated episodes of spontaneous nasal bleeding for 4–5 months. Treatment was planned based on *Kriya Sharir* principles and included *Sarivadi Vati*, *Vasa-Guduchyadi Kashaya*, and *Durva Swarasa Nasya*. Complete cessation of epistaxis was observed during treatment, and the *Epistaxis Severity Score* showed marked improvement. No recurrence or adverse effects were noted during follow-up. This case suggests a potential role of Ayurvedic intervention in the management of recurrent epistaxis.

**Key words :** Epistaxis, *Nasagata Raktapitta*, Traditional medicine, Evidence-based medicine.

**E**pistaxis is one of the most common recurrent epistaxis without identifiable systemic ENT emergencies, with the majority of cases pathology remains a therapeutic challenge. originating from the anterior nasal septum. Conventional management often provides Although many episodes are self-limiting, temporary relief, and recurrence is common

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in chronic cases<sup>7,9,10,12,17</sup>.

In Ayurveda, nasal bleeding is described under Raktapitta. When bleeding occurs through the nasal route, it is termed Nasagata Raktapitta and is classified as Urdhwaga Raktapitta. From a Kriya Sharir perspective, vitiated Pitta imparts Ushna and Tikshna qualities to Rakta, leading to vascular fragility, while Kapha anubandha contributes to local congestion. Understanding this pathophysiology helps in planning rational Ayurvedic management. This case report documents the clinical outcome of such an approach<sup>13-16</sup>.

#### *Aim and Objective :*

To document the clinical outcome of Ayurvedic management in a case of recurrent epistaxis (Nasagata Raktapitta).

This is a single-patient observational case report.

#### *Case Report :*

#### *Patient Information :*

A 39-year-old male presented with recurrent spontaneous nasal bleeding occurring 2–3 times per week for the past 4–5 months. Each episode lasted 2–3 minutes, commonly during daytime hours, and was precipitated by heat or sun exposure. The episodes were associated with severe acidity and burning sensation in the palms and soles, along with irritability.

There was no history of nasal trauma, recent upper respiratory infection, allergic rhinitis, hypertension, coagulopathy, anticoagulant

use, or chronic systemic illness. Past medical and surgical history was unremarkable, and family history was non-contributory.

The patient followed a vegetarian diet with irregular meal timings and frequent intake of spicy, heat-aggravating foods. There was no history of smoking, alcohol intake, or drug allergy.

#### *Clinical Findings :*

General examination was within normal limits. The external nose appeared normal. Anterior rhinoscopy revealed mild mucosal abrasions over the anterior one-third of the right nasal septum with pinkish nasal mucosa; the left nasal cavity was normal, and no gross structural abnormality was noted.

Table-1. *Ashta Sthana Pariksha*

<i>Ashtavidha Pariksha</i>	
<i>Nadi</i> (Pulse)	<i>Pitta-kapha</i> predominance
<i>Mala</i> (Stool)	<i>Samyak</i>
<i>Mutra</i> (Urine)	Yellowish, slightly increased frequency
<i>Jivha</i> (Tongue)	<i>Saam</i>
<i>Shabda</i> (Speech)	<i>Spashtha</i>
<i>Sparsha</i> (Touch)	<i>Samshitoshna</i>
<i>Drik</i> (Eyes)	Prakrit
<i>Akriti</i> (Build)	<i>Madhyama</i>

Table-2. *Dashavidha Pariksha*

<i>Dashavidha Pariksha</i>	
<i>Prakriti</i>	<i>Pitta-pradhana vataja</i>
<i>Vikriti</i>	<i>Pitta-Rakta dushti</i>
<i>Sara</i>	<i>Madhyama</i>

<i>Samhanana</i>	<i>Madhyama</i>
<i>Pramana</i>	<i>Madhyama</i>
<i>Satmya</i>	<i>Madhyama</i>
<i>Satva</i>	<i>Madhyama</i>
<i>Ahara Shakti</i>	<i>Avara</i> (irregular digestion)
<i>Vyayama Shakti</i>	<i>Madhyama</i>
<i>Vaya</i>	<i>Madhyama</i> (39 yrs)

*Diagnosis :*

**Ayurvedic Diagnosis:** Nasagata Raktapitta

**Modern Diagnosis:** Recurrent idiopathic anterior epistaxis

**Final Diagnosis -** Nasagata Raktapitta

**Treatment Protocol**

Details of treatment are explained in table-3

*Samprapti :*

Nidana sevana → Pitta prakopa → Rakta dushti (Ashraya-Ashrayee bhava) → Kapha anubandha → Urdhwaga gati of Rakta → Sthanamsaraya in nasal srotas → Nasagata Raktapitta (epistaxis)<sup>13,15,16</sup>.

*Durva Swaras* was administered as Nasya therapy, with four drops instilled into each nostril daily for seven days per session. The procedure was conducted in three sessions, each separated by a three-day interval to ensure optimal therapeutic response and mucosal recovery<sup>5,13,15</sup>.

Table-3. Treatment Protocol

Sr no	Name of Procedure/ Drugs	Dosage	Route of Administration	Duration
1.	<i>Sarivadi Vati</i>	2 tab twice a day with lukewarm water	Oral	15 Days
2.	<i>Vasaguduchyadi Kwatha</i>	20 ml twice a day with 20 ml of water	Oral	15 Days
3.	<i>Durva Swarasa Nasya</i>	4 drops in both nostrils	Nasal Route	7 days per session × 3 sessions with 3-day intervals

*Pathya – Apathya :*

*Pathya:*

Cooling, Pitta-pacifying foods such as Goghrita, Dadima, Amalaki, leafy vegetables, Shali–Shashtika rice, Yavagu, and Mudga Yusha were advised along with light, easily digestible meals, and adequate hydration.

Patients were instructed to avoid forceful nose blowing and nasal trauma.

*Apathya :*

Hot, spicy, salty, and sour foods, Vidahi substances, Kulattha, Guda, Tila, Masha, and Sarshapa were restricted. Activities causing heat or strain, including excessive exertion, sun

exposure, suppression of natural urges, and anger, were avoided to prevent Pitta aggravation and recurrence<sup>13,15</sup>.

*Assessment Criteria :*

Clinical assessment was done using the Epistaxis Severity Score, which evaluates frequency, duration, and severity of epistaxis<sup>7,9</sup>.

*Observations and results :*

The patient showed marked improvement post the course of treatment. The epistaxis severity score (ESS) of the patient came down from 6.34 to 3.3 within the first follow up. The ESS further remained stable, in the subsequent follow-ups. The patient was then followed for two months, once in every 15 days. No adverse effects or recurrence of nasal bleeding was observed during follow-up

Table-4. Epistaxis Severity Score during study

Sr no.	Day of Study	ESS Score
1.	1 <sup>st</sup> (Baseline)	6.34
2.	15 <sup>th</sup> (1 <sup>st</sup> Follow-up)	3.3
3.	30 <sup>th</sup> (2 <sup>nd</sup> Follow-up)	3.3

Recurrent epistaxis in this case can be explained by Pitta-induced Rakta dushti leading to increased vascular fragility of the nasal mucosa. Kapha anubandha may have contributed to turbinate hypertrophy and local congestion, predisposing the patient to repeated bleeding episodes<sup>12,13,17</sup>.

Nasya therapy provided direct local action on the nasal mucosa, helping in haemostasis and mucosal stabilization. Internal medications

supported systemic Pitta-Rakta balance and addressed the underlying pathology rather than offering symptomatic relief alone<sup>1,4,58,11</sup>.

The absence of recurrence during follow-up suggests that correcting the underlying Kriya Sharir imbalance played a key role in sustained clinical improvement<sup>13,15</sup>.

This case suggests a potential role of Ayurvedic management based on Kriya Sharir principles in recurrent idiopathic epistaxis. The observed clinical improvement and absence of recurrence highlight the need for further studies to evaluate this approach on a larger scale.

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**Author's Contribution**

Dr. Bhaskar Gomtiwal conceptualised the case, conducted clinical assessment, and drafted the manuscript. Dr. Mariya Husain supervised the clinical interpretation and revised the manuscript. Both authors reviewed and approved the final version.

**Declaration of Generative AI in Scientific writing** -

Generative AI and AI-assisted technologies were not used in writing this manuscript.

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