Indian J. Applied & Pure Bio. Vol. 41(3), 1658-1662 (2026). **ISSN: 0970-2091**

Ayurvedic Management of *Nasagata Raktapitta* (Recurrent Epistaxis): A Case Report

Dipak Ajalsonde[1*], Khemchandra Mahajan[2] and Prasenjit K. More[3]

[1,2]Department of Shalakya Tantra, Parul Institute of Ayurved and Research, Vadodara - 391760 (India) (Corresponding author)
[1*]Contact No. - 7588351243
[1*]Email ID- deepak.ajalsonde@gmail.com
[2]Contact No.- 9763443730
[2]Email ID- drklmahajan64@gmail.com
[3]Department of Dravyaguna Vigyan, Parul Institute of Ayurved and Research, Vadodara - 391760 (India)
[3]Contact No. - 8850913707
[3]Email ID- prasenjit1999more@gmail.com
***Corresponding Author** : Dr. Dipak Ajalsonde
Contact No.- 7588351243
Email ID- deepak.ajalsonde@gmail.com

Abstract

Epistaxis is a common clinical problem, and recurrence of epistaxis can significantly affect the quality of life when there is no identifiable systemic pathology. Nasagata Raktapitta is the term used in Ayurveda to describe nasal bleeding, which is caused by the vitiation of Pitta and Rakta. This case report describes the Ayurvedic management of a 42-year-old male patient with recurrent spontaneous nasal bleeding for the past six months. The patient was treated with Kamdudha Rasa, Usheerasava, Praval Pishti, and Shatadhauta Ghrita Nasya with modifications in diet and lifestyle. Bleeding episodes were less frequent and severe during treatment, and there was no recurrence during follow-up. The case highlights the possible role of management of ayurvedic management in recurrent epistaxis.

Key words : *Nasagata Raktapitta,* Epistaxis, *Nasya, Durva Swaras*, Case report.

Epistaxis is one of the most common emergencies encountered in the practice of otorhinolaryngology and affects a large percentage of the population at some time in their life. Most episodes arise from the anterior nasal septum, particularly Kiesselbach's plexus,

[1]P.G Scholar, [2]Professor, [3]P.G Scholar

because of its rich vascular supply and increased susceptibility to trauma, dryness, and mucosal irritation. Most episodes are self-limiting, but recurrent nosebleeds can significantly impact a patient's quality of life and often require medical intervention. Common precipitating factors are excessive heat exposure, dry climate, mucosa inflammation, stress, hypertension, local irritation, and vascular fragility. Conventional management includes nasal compression, cauterization, topical vasoconstrictors, nasal packing, and supportive care, but recurrence is frequent in chronic cases.[9,10,11,12]

Bleeding disorders are described in Ayurveda as Raktapitta, which is mainly caused by the vitiation of *Pitta Dosha* and *Rakta Dhatu.* When the bleeding is through the nasal route, it is called *Nasagata Raktapitta or Urdhwaga Raktapitta.* Classical Ayurvedic texts describe that excess intake of *Ushna, Tikshna, Amla, Lavana,* and *Vidahi Ahara,* along with exposure to sunlight, anger, stress, irregular dietary habits, and disturbed lifestyle, vitiate *Pitta Dosha.* The *Ashraya-Ashrayee* relationship of *Pitta* and *Rakta* causes vitiation of Rakta and an increase in its *Drava* and *Sara* properties by aggravated *Pitta,* resulting in bleeding manifestations through the upper channels.[2,3,13] Aggravated *Pitta* produces *Ushna* and *Tikshna* qualities in *Rakta,* leading to increased vascular sensitivity and fragility of the nasal mucosa, while *Kapha* association may contribute to local congestion and mucosal irritation.

Ayurvedic management is mainly oriented towards Pitta shamana, *Rakta sthapana, Rakta prasadana,* and strengthening of the nasal mucosa. Recurrent bleeding disorders are benefited by the drugs having *Sheeta, Madhura, Kashaya,* and *Raktastambhaka* properties. Nasya therapy is relevant in diseases of the nasa srotas because of its direct local effect on the nasal mucosa and its ability to promote healing of the tissues. *Kamdudha Rasa, Praval Pishti,* and cooling preparations are traditionally indicated in Pitta-Rakta predominant disorders as they are *Pittashamaka* and haemostatic in nature.[1,5,8]

Epistaxis is a common condition, and there is a need for safer long-term management approaches. Ayurveda may offer a beneficial therapeutic option through systemic as well as local interventions. This case report illustrates the clinical outcome of Ayurvedic management in a case of recurrent epistaxis.

Aim and objective :

To assess the clinical outcome of Ayurvedic management in recurrent epistaxis (*Nasagata Raktapitta*).

This is a single-patient observational case report.

Case Report :

Patient Information :

A 42-year-old male patient presented to OPD with complaints of recurrent spontaneous bleeding from the right nostril, 2-3 times per week for the last 6 months. Each episode of bleeding lasted about 3 to 5 minutes and usually stopped on its own, without any need for medical treatment. The episodes occurred more frequently during the day and were exacerbated by excessive heat exposure, prolonged outdoor work, stress, and fatigue.

The patient also gave a history of burning sensation in palms and soles, hyperacidity, excessive thirst, occasional headache, and irritability.

No history of nasal trauma, upper respiratory tract infection, allergic rhinitis, hypertension, diabetes mellitus, bleeding disorders, anticoagulant therapy, or any significant chronic systemic illness was present. There was no significant past medical or surgical history, and the family history was non-contributory. The patient had a mixed diet pattern with consumption of spicy, oily, and fried food items, with irregular times of meals and inadequate water intake. Stress and late-night working habits sometimes disturb sleep. There was no history of smoking, alcohol intake, or drug allergy.

Clinical Findings :

General examination was unremarkable. Anterior rhinoscopy showed mild congestion and superficial erosion of the mucosa over the anterior nasal septum.

Table-1. *Ashta Sthana Pariksha*

Ashtavidha Pariksha	
Nadi (Pulse)	*Pitta-Vata*
Mala (Stool)	*Samyak*
Mutra (Urine)	Yellowish
Jivha (Tongue)	*Saam*
Shabda (Speech)	*Spashtha*
Sparsha (Touch)	*Samshitoshna*
Drik (Eyes)	Prakrit
Akriti (Build)	*Madhyama*

Table 2 - *Dashavidha Pariksha*

Dashavidha Pariksha	
Prakriti	*Pitta-pradhana vataja*
Vikriti	*Pitta-Rakta dushti*
Sara	*Madhyama*
Samhanana	*Madhyama*
Pramana	*Madhyama*
Satmya	*Madhyama*
Satva	*Madhyama*
Ahara Shakti	*Avara*
Vyayama Shakti	*Madhyama*
Vaya	*Madhyama*

Samprapti :

Nidana sevana → Pitta prakopa → Rakta dushti → Urdhwaga gati of Rakta → Sthanasamshraya in nasa srotas → Nasagata Raktapitta

Diagnosis :

Ayurvedic Diagnosis: *Nasagata Raktapitta*

Modern Diagnosis: Recurrent anterior epistaxis

Final Diagnosis - *Nasagata Raktapitt*a

Treatment Protocol :

Details of treatment are explained in Table-3.

Pathya – Apathya :

Pathya :

Cooling and easily digestible food items like Amalaki, Draksha, Goghrita, coconut water, Mudga Yusha, and adequate hydration were advised.[7]

Table-3. Treatment Protocol

Sr. No.	Name of Procedure / Drugs	Dosage	Route of Administration	Duration
1.	*Kamdudha Vati*	250 mg with lukewarm water	Oral	15 Days
2.	*Usheerasava*	20 ml twice a day with 20 ml of water	Oral	15 Days
3.	Praval Pishti	250 mg twice daily with Honey	Oral	15 days
4.	*Durva Swarasa Nasya*	4 drops in both nostrils	Nasal Route	7 days per session × 3 sessions with 3-day intervals

Apathya :

They avoided spicy, sour, salty, and fried foods, as well as excessive heat, anger, sleeplessness, and overexertion.

Assessment Criteria :

Clinical assessment was done considering frequency, duration, and severity of epistaxis episodes along with the Epistaxis Severity Score (ESS).[6]

Observations and Outcome :

The patient's episodes of nasal bleeding gradually decreased during treatment. By the end of treatment, complete cessation of epistaxis was observed. The burning sensation and acidity were also greatly reduced. No recurrences were seen during follow-up.

Table-4. Epistaxis Severity Score during study

Sr No.	Day of Study	ESS Score
1.	Baseline	6.8
2.	15th Day	2.9
3.	30th Day	1.2

In the present case, recurrent bleeding from the nose may be taken as the expression of increased *Pitta* leading to *Rakta dushti* and increased fragility of nasal blood vessels. Exposure to heat and irregular dietary habits are likely to have contributed to the aggravation of *Pitta.*

Kamdudha Rasa and *Praval Pishti* were helpful in *Pitta shamana* and the reduction of burning sensation. *Usheerasava was Rakta-prasadaka* and had a haemostatic effect. *Durva Swaras Nasya* had a local soothing and healing effect on the nasal mucosa, which helped in the reduction of irritation and recurrence.[4]

The treatment was targeted against systemic and local factors responsible for recurrent epistaxis with sustained clinical improvement.

This case report indicates the possible benefit of Ayurvedic management in recurrent idiopathic epistaxis. The observed decrease in severity and absence of recurrence are suggestive of the possible role of Ayurvedic therapy in Nasagata Raktapitta. These findings

need to be confirmed in larger-scale clinical studies.

Declaration of Conflicting interest - No conflict of interest to declare.

Sources of funding - No funding

Author's contribution

Dr. Dipak Ajalsonde conceived the case, performed clinical examination, treatment protocol, and wrote the manuscript. Dr. Khemchandra Mahajan did the clinical management and critical revision of the manuscript and Ayurvedic interpretation. Dr. K Prasenjit Assisted more with literature review, reference formatting, and manuscript edits. All authors read and approved the final manuscript.

Acknowledgements - Nil.

Declaration of Generative AI in Scientific writing -

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

References :

1. Baunthiyal M, P Semwal, and S. Dwivedi (2021). *J Mountain Res. 16*(2): 155–163.
2. Chakrapani Datta. (2014). Ayurveda Deepika Commentary on Charaka Samhita. Reprint edition. Varanasi: Chaukhamba.
3. Gandhi J. (2020). *Int J Ayurveda Med Health. 7*(2): 18–24.
4. Katsanis E, KH Luke, E Hsu, M Li, and D. Lillicrap (1988). *J Pediatr. 113*(Pt 1): 73–76.
5. Pandey A, and HS. Mishra (2019). *International Journal of Life Sciences Research. 5*(9): 1–10.
6. Pollice PA, and MG. Yoder (1997). *Otolaryngol Head Neck Surg. 117*(1): 49–53.
7. Pope LE, and CG. Hobbs (2005). *Postgrad Med J. 81*(955): 309–314.
8. Premila MS (2006). Ayurvedic Herbs: A Clinical Guide to the Healing Plants of Traditional Indian Medicine. Boca Raton: CRC Press.
9. Schlosser RJ. (2009). *N Engl J Med. 360*(8): 784–789.
10. Sharma PV. (2014). Charaka Samhita. Vol. 2. Varanasi: Chaukhambha Orientalia.
11. Srikantha Murthy KR. (2012). Sushruta Samhita. Varanasi: Chaukhamba Orientalia.
12. Tripathi R. (2015). Ashtanga Hridaya. Varanasi: Chaukhamba Sanskrit Pratishthan.
13. Walker TW, TV Macfarlane, and GW. McGarry (2007). *Clin Otolaryngol. 32*(5): 361–365.