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Raktapitta as a Hemorrhagic Emergency: Classical Ayurvedic Principles of *Sadyah Chikitsa*.

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Abstract

Haemorrhage is a critical medical emergency that is characterised by rapid blood loss volume and systemic instability. In Ayurveda, such uncontrolled bleeding is described under the heading of *Raktapitta*, a disorder caused by aggravated *Pitta Dosha* leading to *Rakta dushti* and subsequent *srtrava* of *Rakta*. Classical texts, including *Charaka Samhita, Sushruta Samhita,* and *Ashtanga Hridaya*, describe emergency principles under *Sadyah Chikitsa*. A focused textual review of classical Ayurvedic literature was conducted to extract references for the management of acute *Raktapitta*. Manage like *Sheeta Upachara, Rakta-Stambhaka Dravya, Rasa Ausadhi*, and surgical procedures such as *Sandhana* and *Dahana* were described. Standard adult dosage (*Matra*) was compiled from traditional pharmacological sources.

Emergency management is done with cooling therapy (*Sheeta Karma*), induction of haemostasis (*Rakta-Stambhana*), and preservation of vitality (*Oja Rakshana*). Formulations such as *Vasa Swarasa* (10–20 ml*), Lodhra Churna* (3–6 g), and *Praval Pishti* (125–250 mg) give in acute bleeding. Surgical management described by Sushruta shows conceptual similarity to modern ligation and cauterisation techniques. The classical Ayurvedic framework recommends a pathogenesis-oriented approach to haemorrhage, emphasising *Pitta shamana* and vascular stabilisation. Although modern resuscitative care is essential in severe cases, these principles may also be relevant in integrative emergency care.

Key words : *Raktapitta, Rakta Srava, Pitta Prakopa, Rakta-Stambhana, Sheeta Upachara, Sadyah Chikitsa*

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Haemorrhage is a serious medical condition involving rapid blood loss, which can lead to poor blood flow and possibly shock[4]. In Ayurveda, this type of bleeding is referred to as *Raktapitta*[1]. This condition occurs when the *Pitta dosha*, which has qualities of *Ushna* (heat), *Tikshana* (sharpness), *Drava* (fluidity), and *Sara* (mobility), becomes imbalanced. This imbalance affects the *Rakta dhatu*, leading to the escape of blood from its normal pathways.[17]

Acharya Charaka explains that when *Pitta* is increased, it causes the *Rakta* (blood) to become liquified and move out of its normal channels (*srotas*).[19] *Raktapitta* can present in three different forms- *Urdhvaga, Adhoga,* and *Tiryakagami*. Based on the direction in which bleeding occurs.[18]

Table-1. Classical classification of *Raktapitta*

Type	Route of Bleeding	Clinical Correlation
Urdhvaga	Upper orifices	Epistaxis, Hematemesis
Adhoga	Lower passages	Melena, Hematuria
Tiryakgami	Skin pores	Subcutaneous bleeding

As shown in Table-1, the classical categorisation reflects anatomical patterns of haemorrhage similar to modern classification.

Acute symptoms such as *Ati pravritta Rakta strava, Daha, Trishna, Bhrama,* and *Murchha* indicate a progression towards *Oja Kshaya*.[9] These conditions require urgent medical attention under the principle of *Sadhyah Chikitsa.*

A classical text review was conducted from *Charaka Samhita(Raktapitta Nidana and Chikitsa)*[16,19], *Sushruta Samhita (Shonita Sthapana)*[13], and *Ashtanga Hridaya (Raktapitta Nidana-Chikitsa)*[21]. The study included references related to emergency treatments, *Rakta-Stambhaka Dravya*[12], mineral-based formulations[8], and surgical methods for controlling bleeding. The standard adult dosage of the drugs is as follows.

Table-2. Classical dosage (*Matra*) standards

Preparation	Dose
Swarasa	10–20 ml
Churna	3–6 g
Pishti	125–250 mg
Ghrita	10–15 ml

The *Samprapti* of *Raktapitta* given in Figure 1:

Fig. 1: *Samprapti* of Acute *Raktapitta*

Figure 1 represents the process of *Dosha* imbalance leading to overall body changes. Emergency treatment focuses *on Sheeta upachara*[7] and *Rakta stambhana*. the drug of that are as follows.

Table-3. Internal *Rakta-stambhaka* drugs with mechanism

Drug	Dose	Ayurvedic Karma	Mechanism
Vasa Swarasa	10–20 ml	*Rakta-Stambhana*	Vasomodulation
Lodhra Churna	3–6 gm	*Kashaya, Sangrahana*	Endothelial contraction
Nagakeshara	1–3 gm	*Styptic*	Platelet support
Praval Pishti	125–250 mg	*Pitta Shamana*	Calcium-dependent coagulation
Mukta Pishti	125 mg	*Sheeta*	Anti-inflammatory

According to *Acharya Sushruta*, the management of *Rakta strava* is as follows :

Table-4. According to Sushruta *Rakta strava* management

Procedure	Action	Modern Equivalent
Sandhana	Suturing	Ligation
Skandana	Clot formation	Coagulation
Pachana	Chemical cautery	Topical haemostatic
Dahana	Thermal cautery	Electrocautery
Bandhana	Compression	Pressure dressing

A classical analysis of *Raktapitta* reveals a structured pathophysiological progression beginning with exposure to ethiological factors such as excessive intake of *Ushna Ahara*, prolonged heat exposure (*Atapa*), and psychological triggers like *krodha*. These factors increase *pitta dosha*, whose qualities of *ushna*, *tikshana*, and *drava* disturb the *rakta dhatu*. The aggravated *pitta* vitiates the *rakta dhatu*, leading to increased fluidity and instability within the vascular channels, described as *dhamani prasara*. This pathological dilation facilitates abnormal extravasation of blood, clinically manifesting as *rakta strava*. If not treated, persistent blood loss leads to dhatu *kshaya* and ultimately *oja kshaya*.

Classical texts categorise *raktapitta* into three clinical patterns based on the direction of bleeding. *Urdhvaga raktapita* involves bleeding through upper body orifices such as the nose, mouth, ears, and eyes, while *adhogata raktapitta* manifests through lower passages, including rectal and urinary bladder bleeding. *Ubhayagami raktapitta* involves both the *urdhava* and *adhoga* parts of the body bleeding. *acharya charak* describes *antiki gati* of *raktapitta, which* represents cutaneous bleeding through skin pores. This classification reflects anatomical patterns comparable to modern localisation of haemorrhage.

Emergency management described

under *sadyah chikitsa* emphasises immediate thermal moderation and hemostasis. *Sheeta upachara* is recommended to counteract the excessive heat aggravated *pitta* and stabilise vascular tone. Internal administration of *rakta stambhaka dravya,* such as *vasa swarasa* (10-20 ml), *lodhra churna*(3-6 g), and *nagakesara* (1-3 g), is indicated to arrest active bleeding. Mineral preparations such as *praval pishti* (125-120 mg) and *mukta pishti* (125 mg) are prescribed in pitta-dominant states to support systemic stabilisation. In case of trauma or uncontrolled bleeding, procedures described by *Sushruta* like *sandhana* (suturing), *dahana* (thermal cauterisation), *pachana* (chemical cautery), and *skandana* are applied to mechanically arrest haemorrhage.

Collectively, the classical findings indicate that the ayurvedic approach to acute *raktapitta* integrates pathogenesis- oriented pharmacological therapy with procedural hemostasis measures and systemic vitality preservation.

The Ayurvedic approach to managing *Raktapitta* focuses on balancing the *Pitta dosha* by counteracting its aggravated *Ushna* (hot) and *Drava* (liquid) qualities. These traits contribute to increased vascular permeability and excessive blood loss, which are key features of these conditions. The principle of *Sheeta upachara* acts as a thermal countermeasure, possibly causing vasoconstriction and reducing local blood circulation, thereby helping control bleeding.[3] In pharmacology, traditional *Rakta stambhaka* medicines are believed to have effective haemostatic properties.[14] *Vasa* contains alkaloids such as vasicine and vasicinone, which regulate blood vessel tone and decrease inflammation, potentially minimising vascular expansion and capillary fluid leakage.[5] *Lodhra* is rich in tannins, which produce a strong astringent effect. This leads to protein precipitation, contraction of the blood vessel inner lining, and mechanical sealing of small blood vessels.[15] *Nagkesara* contains flavonoids and xanthones, which may improve blood clot formation and help maintain the integrity of blood vessel linings through their antioxidant properties.[11]

Table-5. Mechanistic Correlation

Sheeta Upachara	-	Vasoconstriction
Kashaya Rasa	-	Endothelial tightening
Calcium Pishti	-	Coagulation support
Sandhana/ Dahana	-	Mechanical sealing

Mineral-based preparations like *praval pishti* and *mukta pishti*, which mainly consist of bioavailable calcium carbonate, may support the coagulation process[6]. This is because calcium ions play a crucial role as cofactors in the activation of clotting factors II, VII, IX, and X, as well as in the stabilisation of fibrin[10]. Furthermore, *Durva* has shown procoagulant and wound-healing effects in experimental research, potentially aiding fibrin formation and strengthening blood clots.[2] Surgical methods described by *Sushruta*, such as *Sandhana* and *Dahana*, provide techniques to control bleeding, similar to methods like tying blood vessels or using heat to seal them[9]. Together, these approaches indicate a comprehensive strategy for managing bleeding that involves vasoconstriction, stabilisation of the blood vessel lining, activation of platelets, and enhancement of the coagulation process.

Figure 2: Mechanism of treatment of *Raktapitta*

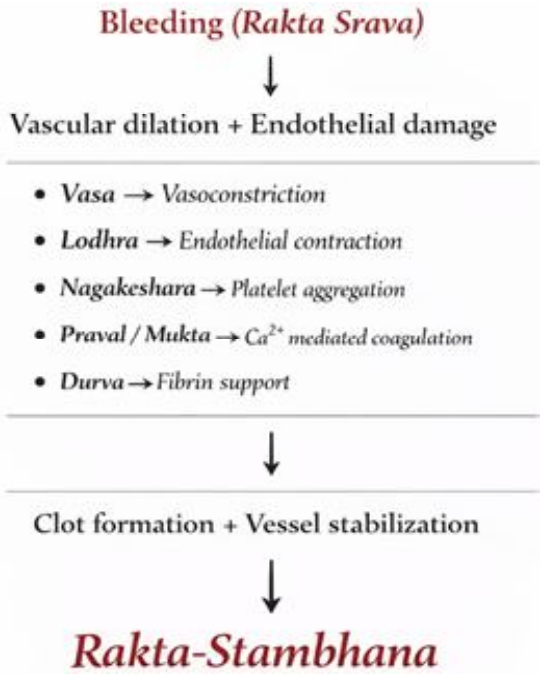

Figure 2 describes the mechanism of treatment of *raktapitta*.

The classical Ayurvedic management of *Raktapitt*a presents a comprehensive emergency framework integrating thermal regulation, pharmacological hemostasis, mineral support of coagulation, and mechanical vessel control. The combined actions of *Vasa, Lodhra, Nagakeshara, Praval Pishti, Mukta Pishti, and Durva* suggest mechanisms including vasoconstriction, capillary contraction, platelet aggregation, calcium-mediated coagulation cascade activation, and fibrin stabilisation. Although advanced resuscitative measures remain indispensable in severe hemorrhagic shock, the classical principles of *Rakta-stambhana* and *Oja rakshana* demonstrate meaningful mechanistic alignment with modern hemostatic science and may serve as complementary strategies in integrative emergency care.

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Conflict of interest :

The author declares that there is no conflict of interest regarding the publication of this manuscript. The study was conducted independently, without any commercial or financial relationships that could be construed as a potential conflict of interest.

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