



Clinical and Laboratory Diagnosis of Raktapitta: An Update

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Introduction:

Rakta dhanush visited by pitta dosha has been termed as rakta pitta. Excessive indulgence in grief, fright or anger, excessive physical labour, exposure to sun and fire, constant use of pungent, acidic, saline and alkaline food or articles of food which are heat making in potency or incompatible in combination or followed by deficient gastric or intestinal digestion are the factors which tend to aggravate the pitta.

The aggravated pitta thus imperfectly assimilated affects or in virtue of its own essence the blood which finds an outlet through the upper or lower channels of body or through both. The deranged blood accumulated in both amashaya and Pakvashaya. The disease raktapitta can be correlated with disseminated intravascular coagulation and haemorrhage owing to similarities in clinical manifestation.

Aim & objectives:

- 1-To study rakta pitta vyadhi and it's correlation with DIC
- 2-TO study clinical examination and laboratory investigations pertaining to diagnosis of raktapitta.

Material&Method:

- 1-Compilation of literature related to raktapitta from classical and modern text
- 2-Study of laboratory investigation for DIC
- 3-Analysis and correlation of data with clinical and practical approach

OBSERVATION&RESULTS:

Clinical the diseases is diagnosed on bases sign and symptoms as described

1-Colour of blood :-

- a) Vataj: Blood vitiated by the Vataj becomes thin, frothy, transparent, quick coursing and expansive, assumes a vermilion or black hue and is devoid of its slimy characteristics.
- b) Pittaj: Blood vitiated through a deranged condition of a pitta, assumes a blue yellow green or brown color, emits a fishy smell, becomes thin in its consistency and is shun by flies and ants.
- c) Kaphaj: Blood vitiated by the deranged Kaphaj becomes cold, glossy and thick, assumes color like that of washings of gairik or that of flesh tendon, takes time in secreting or running down and is marked by increase in slimy character.
- d) Sannipataj- Blood vitiated through a concerted derangement of three dosha is marked by features peculiar to each of them and assumes a color of kanjika and emits a fetid smell.

2-As per source of bleeding:-

- a) Urdhvag raktapitta: Bleeding through upper orifices i.e eyes, nose, mouth, ears
- b) Tiryak raktapitta- bleeding spots on skin
- c) Adhog raktapitta- bleeding through urethra, vagina and anus

3-DIC score- advocated by International society on thrombosis and haemostasis

Platelet count >100000 -0

50000-100000 - 1

<50000 - 2

Prothrombin time prolongation

<3 sec - 0

>3 sec to < 6 sec -1

>6 sec – 2

Fibrinogen-

>1gm/dl -0

<1 gm/dl-1

D-dimer –

no increase -0

Moderate increase -2

Marked increase -3

Total score of ≥ 5 is diagnostic of DIC.

4-D-Dimer:-

D- dimers are generated when cross linked fibrin is degraded and so they are not generated if non cross linked fibrin or Fibrinogen is broken down .they are therefore different fundamentally from Fibrinogen degradation products.

5-Coagulation profile:-

Coagulation profile includes IN, SPOT, Platelets and Fibrinogen. It is a screening test for abnormal blood clotting because it examines factors most often associated with bleeding disorder.

a) APTT-Activated partial thromboplastin time

It measures factors of intrinsic pathway of clotting system

b) INR-INTERNATIONAL normalised ratio

It measures extrinsic pathway of clotting system

c) Platelet count- Reduced Platelet count increases bleeding tendency

d) Fibrinogen- it is a protein and precursor to fibrin a mesh forming factor of clotting system.

DISCUSSION:

In an appropriate clinical setting rakta pitta can concretely be diagnosed with help of clinical symptoms as mentioned in ayurvedic texts and laboratory investigations as explained

DIC is diagnosed with an elevated PT,APTT,Low Platelets and Elevated D-dimer levels

However PT and APTT are not always elevated and both normal and shortened times have been reported and as such have been found to be unreliable in previous research work.The D-dimer appears to be most reliable test along with clinical symptoms.

ACKNOWLEDGEMENT :

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