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STUDY ON RAKTAPITTA W.S.R TO HAEMATEMESIS

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ABSTRACT

Acute Upper Gastrointestinal bleeding or Haemorrhage is a common medical emergency and carries a significant mortality. Peptic ulcer disease remains the most common aetiology, but varices are an important cause. The patient's history, physiology and blood results guide the timing of endoscopy and can disclose underlying liver disease Resuscitation and risk assessment scoring are the main priorities in acute presentations. Haematemesis refers to vomiting of fresh red blood where as Melena refers to the dark black tarry feces both are included in Upper gastro intestinal bleeding which can be co-related to disease *Raktapitta* in *Ayurveda*. This is called as *Ashukari* (an acute disease). It spreads like forest fire; it should be treated immediately and carefully. When this disease changes the course (direction) it is indicative of incurability (*Asaadhyatva*). It is a serious disease (*Mahaagada*), having grave consequences. It afflicts the patient very fast (*Mahaavega* – greatly agitated), It is like fire and affects instantaneously (*Agnivat Sheeghrakaaree)*[1].

Keywords*:* *Raktapitta, Pitta, Rakta,* Gastrointestinal bleeding**,** Haematemesis**.**

INTRODUCTION

Raktapitta is a bleeding disorder where in the blood (*Rakta*) vitiated by *Pitta* flows out of the orifices (openings) of the body. Bleeding occurs due to some internal cause or as an effect of some chronic disease and importantly in the absence of injury.

Charakacharya has described it in the chapter immediately after *Jwara* as it arises due to the *Santapa* caused as a result of *Jwara*, whereas *Sushruthacharya* has described it after discussing *Pandu* as they have common causative factors.

The disease *Raktapitta* is called by that name because of the below mentioned causes[2] -

* *Samyogaat* - *Samyoga* means association or combination. The *Pitta* always stays associated with *Rakta*. This association causes vitiated *Pitta* to contaminate *Rakta*.
* *Dooshanaat* - *Dooshanaath* means tendency to contaminate or vitiate. The *Pitta* having *Samyoga* with *Rakta* tends to vitiate the *Rakta*.
* *Saamaanyaad gandha varnayoho* - *Pitta* attains similarity with *Rakta* in terms of *Gandha* (smell) and *Varna* (colour) i.e. in *Raktapitta*, the *Pitta* or colour and smell of *Pitta* is not identified separately since it gets blended with increased *Rakta*

in totality gaining the form of *Rakta*, the vitiated *Pitta* and *Rakta* gets homologues.

* Since *Pitta* (not being identified or isolated) is being blended with *Rakta* seems to belong to *Rakta* inseparably (*Raktasya pittam*), the disease is called as *Raktapitta*.

NIDANA (Causes) [3]

▶ *Ahara*

- *Rasa* - Excessive consumption of Diet that are *Amla* (sour), *Katu* (pungent), *Lavana* (saline)
- *Guna* - Intake of excessive *Vidahi* (Improper digestion leading to burning sensation of food), *Tikshna* (Sharp), *Ushna* (Hot), *Kshara* (Alkalis)

▶ *Vihara*

- *Aatapa* - Excessive exposure to heat of sun
- *Vaayama* - Excessive physical exercise
- *Vyavaaya* - Excessive indulgence in sexual activities
- *Adhwa* - Excessive walking

▶ *Manas*

- *Shoka* - Excessive grief
- *Kopa* - Anger

▶ Other

- Excessive of *Virechana*

SAMPRAPTI (Pathogenesis)[4]

The disease *Raktapitta* develops and manifests as the pathogenesis runs through the below mentioned steps in that order -

* *Pitta* aggravated by the above said *nidanas* and leaves its site and reaches *Rakta* (blood).
* Being a *mala* (waste product) of *Rakta*, the *Pitta* on getting mixed with *Rakta* attains quantitative increase.
* The *Pitta* in turn vitiates the *Rakta*. Due to the heat of *Pitta*, the *drava dhatu* or the liquid portion (fluid) of other tissues like *Mamsa* (muscles), *Meda* (fat) etc oozes out of their respective tissues and gets mixed with *Rakta*.
* This further enhances the quantity of blood flowing in the blood vessels creating immense pressure in the blood vessels.
* Due to the pressure of the blood and heat of *Pitta*, the walls of the blood vessels get damaged and the blood starts flowing through various openings of the body.
* Bleeding occurs through mouth, nose, ears, skin, anus, penis and vagina.
* This bleeding of blood vitiated by *Pitta* through various orifices of the body is called *Raktapitta*.

POORVAROOPA

- *Anannabhilasha* - Loss of interest in food
- *Bhuktasya vidahata* - Burning/very quick digestion of consumed food
- *Sukta Amla Udgara* - Sour belching or belching having taste of fermented liquid
- *Swarabheda* - Hoarseness of voice
- *Paridaha* - Feeling of burning sensation in the body
- *Klama* - Fatigue
- *Shiro gowrava* - Heaviness of head
- *Kasa* - Cough
- *Swasa* - Dyspnoea
- *Bhrama* - Giddiness

BHEDA (Types)

1. **Based on the *Dosha* predominance:**
   1 Vataja 2 Pittaja 3 Kaphaja 4 Sannipataja 5 Vatapittaja 6 Pittakahaja 7 Kaphavataja
2. **Based on direction of bleeding:**

a. *Urdhvaga* - *Raktapitta* in which the bleeding of contaminated or vitiated blood takes place in the upward directions and from upward passages or orifices i.e. from *Mukha (*mouth), *Karna (*ears), *Akshi* (eyes), *Nasa* (nostrils). Here the causative attributes are *Snigdha* and *Ushna guna* which vitiate the combination of *Kapha* and *Pitta*.

b. *Adhoga* - *Raktapitta* in which the bleeding of contaminated or vitiated blood takes place in the downward directions and from downward passages or orifices i.e. from *Guda, Yoni, Mootramarga.* Here the attributes are *Rooksha* and *Ushna guna* which causes vitiation of *Vata* and *Pitta*.

c. *Ubhaya* or *Tiryak* - When all the *Doshas* are vitiated and are circulating in the blood stream, the manifestation is subcutaneous here.

LAKSHANAS (Signs and Symptoms)

❖ ***Vataja Raktapitta*** **:** When it is associated with *Vata* dominance, the blood will be

→ *Shyava-Aruna* - Brownish red
→ *Saphena* - Frothy
→ *Tanu* - Thin
→ *Rooksha* - Dry

❖ ***Pittaja Raktapitta*****:** When it is associated with *Pitta* dominance, the blood will be

→ *Kashaya* or Pink red, like the colour of the *Patala* flower
→ Black like *Go mutra* (Cow's urine)
→ *Mechaka* (Greasy-black)
→ *Agara dhuma* - Horse soot
→ *Anjana* - Black collyrium

❖ ***Kaphaja Raktapitta*** **:** When it is associated with *Kapha* dominance, the blood will be

→ *Sandra* - Dense, Viscous
→ *Sa pandu* - Whitish discolouration
→ *Sa sneha* - Oiliness, unctuousness
→ *Picchila* - Sticky, Slimy

❖ ***Sannipataja Raktapitta*****:** When vitiated by all the 3 *Doshas* then the signs and symptoms of all the 3 *Doshas* are manifested in the blood.

❖ ***Samsargaja Raktapitta*****:** When vitiated by 2 *Doshas*, the signs and symptoms of the aggressive two *Doshas* are manifested in the blood[5].

SADHYA ASADHYATVA

The *Raktapitta* is associated with [6]:

➢ One *Dosha* - *Sadhya* (Curable)
➢ Two *Doshas*- Its *Krichrasadhya* (Palliable) or *Yapya*
➢ All the 3 *Doshas* - *Asadhya* (Incurable)

- *Urdhvaga* which is *Kaphaanubandhee* is *Saadhya.*
- *Adhoga* which is *Vaataanubandhee* is *Yaapya.*
- *Ubhaya* which is *Vatakaphaanubandhee* is *Asaadhya.*

➢ It also becomes *Asadhya* in following conditions:

* If patient is having *Mandagni* (less power of digestion and metabolism).
* *Ativegavat* - if the disease has an acute attack
* If the patient is emaciated by diseases
* *Ksheena Deha* - if the patient is debilitated
* *Vruddha* - if the patient is aged
* *Anashna* - If the patient is not able to eat
* When bleeding takes place in excess through either of *Urdhva* or *Adho marga*
* *Kunapa gandhi* - When blood has a smell like that of dead body
* *Krishnavarna* - when it is exceedingly black
* When it gets obstructed in throat
* *Upadrava sahita* - when its associated with all complications

CHIKITSA - LINE OF TREATMENT

- *Santarpana / Apatarpana Chikitsa*
- *Mrudu, Sheetala, guna Ahara*
- *Madhura, Tikta, Kashaya Rasa Ahara*
- *Pradeha, Parisheka, Avagaha, Samsparshana* etc, external coolants
- *Pratimargaharana Chikitsa*[7]

1) "***Pratimarga cha haranam Raktapitte vidheyathe*** "*Pratimaarga* (*Viruddha) Maarga Harana (Shodhana)*: Eliminating the causative, vitiated *Dosha* from the opposite direction of its manifestation is the key to management of *Rakta Pitta*.
2) For *Urdhvaga Raktapitta Kashaaya* and *Tikta Rasa* are criteria. *Virechana* should be given (using *Nishottara, Haritaki, Aragvadha, Indrayana* etc. For *Adhoga Raktapitta Shamana Dravya* and *Madhura Rasa* is to be used. *Vamana* should be done using *Indrayav, Musta, Madana, Yashti* etc.
3) In *Urdhvaga Raktapitta* - *Tarpana* should be given in the beginning
4) In *Adhoga Raktapitta* - *Peya* should be given in the begining[8].
5) *Bahya prayoga*: *Abhyanga, Lepa, Parishechana, Seka, Avagaha, Sheeta Upachara*.
6) *Ksheera prayoga (in vataanubandha)*:
   * *Chaga Dugdga*
   * *Go Dugdha* boiled with *Draksha* or *Nagaraka* or *Bala* or *Gokshura*

* *Go Dugdha* with *Jeevaka, Rushabaka* added with *Gritha* and *Shakara*.

7) *Kshara Prayoga*: The *Ksharas* should be prepared of *Neela* (stalk) of *Utpala, Mrunala, Keshara* of *Padma* and *Utpala, Palasha, Madhuka* and *Asana* should be administered.
8) *Shamana Chikitsa* -

- In all patients with *Raktapitta, Sheeta - Upachara* by all means are *Shodhanarha* patients. Advised in *Granthas*. In case of patients eligible for *Shamana*; *Stambhan, Langhan* and *Brumhana* should be followed by oral medication as well as medicine.
- Internally - Diet should be *Mrudhu* (soft), *Madhura* (sweet), *Sheeta* (cold), *Tikta* (bitter) & *Kashaya* (astringent).
- *Aushadhi Yoga - Bolabaddha Rasa, Kamadugha Rasa, Chandrakala Rasa Palasha Ghrita, Kshiri Ghrita, Vasa Ghrita, Vasavaleha.*

PATHYA

- *Rasa - Kashaya*
- *Dhanya - Jeerna Shashtika Shali, Priyangu, Nivara, Yava, Godhuma.*
- *Shimbi - Mudga, Masoora, Chanaka, Adhaki, Makushta, Koradoosha, Shyamaka*
- *Mamsa - Aja, Pakshi, Harina, Kukkuta*
- *Dugdha - Godugdha, Ksheeranavaneet, Ghrita, Aja Dugdha, Santanika*
- *Drava - Sheeta Jala, Narikel Jala, Varuni, Audbhid Jala, Shrutasheeta Jala, Madhu + Jala, Laghu Panchamoola Siddha Jala.*
- *Phala - Kadali, Talaphala, Dadima, Amalaki, Narikela, Kapittha, Draksha, Ikshu, Pakva Amra Phala, Shrungataka, Kamalgadda, Gambhari, Kharjura, Panasa, Mocharasa, Karkati, Taruni, Vidarikanda, Shatavari, Kasheruk, Shrungataka etc*
- *Krutanna - Utpaladi Siddha Ksheera, Peya, Yoosha, Yavagu, Mamsa Rasa.*
- *Other - Mishreya, Laja, Saktu, Madhu, Shrakara, Gajapippali, Guda, Vasa-Meda-Majja.*

APATHYA

- *Rasa - Katu, Amla, Lavana*
- *Guna - Vidahi*
- *Drava - Kaupa Jala, Madya*

HAEMATEMESIS

"Hematemesis or Haematemesis is vomiting of red blood or coffee-ground materials[9]." It is the most common presentation of the Upper Gastro Intestinal bleeding. Melena develops after as little as 50-100ml of blood loss in UGIT bleeding. Hematochezia requires more than 1000ml it suggest lower bleeding source. Upper gastro intestinal bleeding presents with Hematochezia in 10% of the cases. It has a wide range of possible causes, depending on the site of blood loss and the tissue that is actively bleeding. Indeed, patients with haematemesis can present in a number of clinical states.

SIGNIFICANCE

Patients with Haematemesis and melaena require admission to hospital. The condition has a high mortality and demands a systematic approach to the initial resuscitation process, the diagnostic method and the therapeutic program. The overall management of this condition has been revolutionised by the introduction of new endoscopic techniques to control bleeding.

CAUSES

1. Oesophageal causes :

- Oesophageal varices
- Mallory –Weiss tear
- Erosive oesophagitis
- Oesophageal Carcinoma

Oesophageal varices [10]

- Oesophageal varices refer to dilations of the **Porto-systemic venous anastomoses** in the oesophagus. These dilated veins are swollen, thin-walled and hence prone to rupture, with the potential to cause a catastrophic haemorrhage.
- The most common underlying cause for oesophageal varices is Portal hypertension resulting from alcoholic liver disease. Any Haematemesis in a patient with known history of alcohol abuse

should be investigated with an urgent OGD. (oesophago-gastroduodenoscopy - **OGD**)

- Dilated sub mucosal veins commonly occur in the distal 5cms of the oesophagus.

Mallory –Weiss Tear

- A Mallory-Weiss tear is a relatively common phenomenon, typified by episodes of severe or recurrent vomiting, then followed by minor Haematemesis. Such forceful vomiting causes a tear in the epithelial lining of the oesophagus, resulting in a small bleed.
- Most cases are benign and will resolve spontaneously, therefore providing the patient reassurance and monitoring is usually all that is required. Any prolonged or worsening haematemesis warrants investigation with an OGD.
- Mucosal laceration of the Gastroesophageal junction
- Alcoholism is the strong pre-disposing factor

2. Gastric causes:

- Peptic ulcers
- Acute gastric erosions
- Gastric carcinoma
- Gastric polyp
- Gastric cancer

3. Duodenal causes:

- Duodenal ulcer
- Duodenal carcinoma
- Aortoduodenal fistula diverticulae
- Arteriovenous malformation

4. Other causes:

* Coagulation disorders: Any disorder that disrupts normal clotting may result in GI bleeding and moderate to severe Haematemesis.
* Eating contaminated meat from an animal infected with gram positive, spore forming bacterium bacillus anthracis may progress to Haematemesis.
* Marburg virus diseases and Ebola virus disease Haematemesis occur between seventh and sixteenth day.
* Malaria, Yellow fever also causes Haematemesis, but it's most characteristic effects are chills, fever, headache, muscle pain, and Spleenomegaly as well as Bradycardia, Jaundice, and severe prostration.
* When acute diverticulitis affects the duodenum, GI bleeding and resultant Haematemesis occur with abdominal pain and a fever.
* In elderly patients Haematemesis may be caused by vascular anomaly, an aortoentric fistula or upper GI cancer. With GI involvement, secondary syphilis can cause Hematemesis; more characteristic signs and symptoms include a primary chancre, a rash, a fever, weight loss, Malaise, Anorexia, and a headache.
* In addition chronic obstructive pulmonary diseases chronic liver or renal failure or chronic NSAID are all predisposing factors for Haematemesis in elderly people.

DIAGNOSTIC EVALUATION

- ❖ Liver function test
- ❖ Bleeding time, urea and Electrolyte
- ❖ Hemoglobin concentration.
- ❖ Upper Endoscopy

Glassgow-Blatchford Bleeding Score[11]

The Glassgow-Blatchford Bleeding score (GBS) is a scoring system used to risk stratify patients admitted with an Upper GI bleed, based purely on clinical and biochemical parameters. This allows for appropriate management of further investigations, especially as the score can be calculated prior to any OGD

Glassgow-Blatchford Bleeding Score

	1	2	3	4	5	6
Urea (mmol/L)		6.5-8.0	8.0-10.0	10.0-25.0		>25
Hb (g/L)	12.0-12.9		10.0-11.9			<10.0
Systolic BP	100-109	90-99	<90			
Pulse (bpm)	>100					

Melena	Present					
Syncope		Present				
Known Hepatic Failure		Present				
Cardiac Failure		Present				

Interpretation will vary across endoscopy departments, but scores ≥6 have been associated with a >50% risk of needing an intervention. Other risk scores are used in the clinical setting, such as the AIMS65 Score (risk score for in-hospital mortality from upper GI bleeding) or Rockall Score (severity score for GI bleeding post-endoscopy)

MANAGEMENT

- Resuscitation
- Airway and oxygen
- Correct clotting abnormalities
- Blood Transfusion
- Monitor
- Insert urinary catheter and monitor hourly urine output if shocked.
- Consider a CVP line to monitor CVP and guide fluid replacement.
- Organize a CXR, ECG, and check arterial blood gases in high-risk patient.
- Arrange an urgent endoscopy.
- Endotracheal intubation frequently needed
- Band ligation is preferred method.

DISCUSSION

Raktapitta is a *Mahagada* (dreadful disease) which has *Mahavega* (having severe intensity in terms of heavy bleeding which if life threatening) and is *Sheegrakari* (that which destroys the body quickly just as a small spark of fire destroys a big heap of grass i.e. quickly brings about death of an individual). Therefore a wise physician who has a clear-cut knowledge of the *Hetu* and *Lakshanas* of *Raktapitta* i.e. a physician who has skills of diagnosing this condition as quickly as possible should treat it immediately, without any delay.

Bleeding from the upper gastrointestinal (GI) tract is a common medical emergency, with an incidence of between 50-150 cases per 1,00,000 per year[12].The commonest cause is from a chronic ulcer of the stomach to life threatening diseases like Malignancy, Oesophageal varices. Approximately 85% of patient stop bleeding spontaneously within 48hrs. Emergency resuscitation is required in patients with large bleeds and the clinical signs of shock. Early endoscopy helps to make diagnosis and make decision regarding the treatment.

Hematemesis and Melena occurs in gastric ulcers in the ratio of 60:40. In Duodenal ulcers in the ratio of 40:60, both may occur together in duodenal ulcer than in Gastric ulcer. Bleeding from the stomach unless in slight usually accompanied by nausea and vomiting.

CONCLUSION

Raktapitta (Internal haemorrhage) having excess vitiated *Dosha* in person who is not emaciated or weak and takes normal diet should not be checked. *Shodhana* type of *Langhana* is advised in patients who are strong with excess *Kapha, Pitta, Rakta and Mala*. Though the blood expelling out of the body is not *Shuddha Jeeva Rakta*, but due to the nature of the disease *Rakta* - the *Pranaashraya* itself gets vitiated. Thus, this *Ashukari* (acute), *Raktapradoshaja* disease can be considered as one of the life threatening disorders.

Severity depends upon the cause and the blood loss, it can be judged by the degree of shock and pallor, rapid thready pulse, low blood pressure, repeated vomiting of blood. Prognosis from this condition will depend upon the underlying cause and the clinical state of the patient.

Decisions as to correct treatment of the patient with haematemesis most often depend on clinical judgment and there is need for a method of investigation that will yield reliable diagnostic information in the acute stages of illness.

Overall, Haematemesis and melaena patients have a high mortality and morbidity rate, varying from 5% to 20% in most series. This is because most patients with haematemesis and melaena are elderly, often with cardiac and pulmonary disease. These patients tolerate surgery poorly. Thus, the balance between surgical intervention and persisting with medical management in the face of continuing haemorrhage is often very fine and the best results are obtained in dedicated units for the management of this condition.

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