



ORIGINAL RESEARCH PAPER

Ayurveda

RANDOMIZED STUDY ON ETIOLOGY OF RAKTA-DHATU DUSTI IN 200 PATIENTS OF RAKTA-DHATU PRADOŠAJA VIKĀRAS

KEY WORDS: Rakta, Raktapradošaja Vikāras, Rakta Duṣṭi Nidanas

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ABSTRACT

In Āyurveda, Rakta is considered as an important component i.e. 'Mūla' of the body. In living beings, the strength, complexion, happiness and longevity is due to Śuddha Rakta. When this Śuddha Rakta becomes vitiated due to duṣita doṣas alongwith collection of toxins in the Rakta, it is termed as Duṣṭa Rakta. The Duṣṭa Rakta produces many diseases which come under the Rakta Pradošaja Vikāras. About 38 diseases are mentioned under the Rakta Pradošaja Vikāras, in different classics. An attempt has been made to study the aetiopathogenesis of some random diseases which comes under the Rakta Pradošaja Vikāras and to find the common nidānas which are most commonly responsible for the causation of these diseases. For this purpose, a study has been made in 200 patients suffering from diseases which come under Rakta Pradošaja Vikāras. 200 patients were randomly selected from OPD, IPD of Govt. Ayurvedic College and Hospital, Ghy. Proper history was taken in specialized proforma, to evaluate the most common Nidānas. From the study, it was found that most of the nidānas were Pitta-Kapha Prakopa Āhāra-Vihāra. In the study the different types of Nidanas are categorized and summarized, which will help to prevent these Rakta Pradošaja Vikāras, when proper Nidān Parivarjana is done.

INTRODUCTION

Dehasya Rudhiraṃ Mūlaṃ Rudhiraṇaiva Dharyate Tasmadyatnena Saramksya Raktam Jīva Iti Sthiti¹

In Āyurveda, Rakta is considered as an important component i.e. the Mūla of the body. In sentient beings, the strength, complexion, happiness and longevity is due to Śuddha Rakta. It also plays an important role in sustenance of life, thus it is called Jīva.¹

The morbidity (doṣana) of Rakta, (in the classics) has been analysed on the basis of Vriddhi and Kṣaya lakṣaṇas. These are the two abnormal conditions of the rakta dhātu which is brought by the influence of doṣas. This morbidity of Rakta (Rakta duṣṭi) leads to a group of diseases. Ācārya Caraka opines that, the diseases can be manifested by the abnormal states of the dhātus other than vriddhi and kṣaya. That is the reason why, even after elaborating the symptomatology of Vriddhi and Kṣaya lakṣaṇas, the concept of 'Pradoša' was described by Ācārya Caraka (in Vidhiṣṇitīyādhyaya of Sūtra Sthana); that the dhātus will be another state of duṣṭi other than Vriddhi and Kṣaya. The pradošana is caused by abnormal formation of the dhātu, due to intake of viruddha āhāra vihāra. This Praduṣṭa Rakta results in the manifestation of various diseases, which is dealt under the Rakta-Pradošaja Vikāras. Ācārya Caraka has mentioned 22 types of Rakta-pradošaja Vikāras; Ācārya Śusruta has mentioned 20 & Ācārya Vagbhāta has mentioned 17 Rakta-pradošaja Vikāras. So, combining the vikāras mentioned by the 3 Ācāryas, a total no. of 38 Rakta pradošaja Vikāras has been found. Such diseases i.e. Raktaja roga should be treated by Raktapitta naśak cikitsā like Virecana, Upavaśa and Raktamokṣaṇa or Viśravaṇ karma.²

PURPOSE OF THE STUDY

To study the aetiopathogenesis of some diseases which comes under raktapradošaja vikāras and to find out the common nidānas which are most commonly responsible for the causation of these diseases.

MATERIALS AND METHOD

A study was conducted in 200 patients who were suffering from diseases that come under the raktapradošaja vikāras. 200 patients were randomly selected from the OPD and IPD of Govt. Ayurvedic College and Hospital, Guwahati-14. Proper history was taken in a specially designed proforma to evaluate the most common nidānas. Data were collected and statistically analysed.

ANALYSIS AND RESULT

1. Incidence of Age

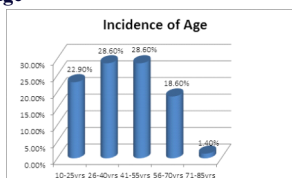


Fig.1: Age incidence observed in 200 patients of Raktapradošaja Vikāras.

In the present study, it is found that maximum number of patients i.e. 57 (28.6%) belonged to the age group between 26yrs to 40yrs and 41yrs to 55 yrs of age respectively; followed by 46 patients i.e. 22.9% belonged to the age group between 10yrs to 25yrs of age; and 37 patients i.e. 18.6% belonged to the age group between 56yrs to 70yrs of age.

2. Incidence of Gender

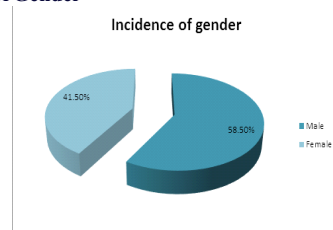


Fig.2: Incidence of gender in 200 patients of Raktapradošaja Vikāras

In the study, it has been observed that, maximum numbers of patients i.e. 117 were male comprising 58.5 % of the total population; while 83 patients (41.5%) belonged to the female group.

3. Incidence of Religion

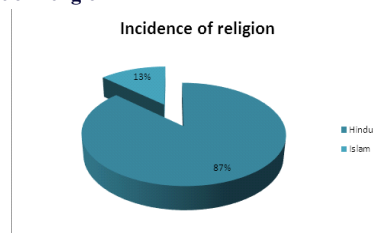


Fig.3: Incidence of religion in 200 patients of Raktapradošaja Vikāras

In the present study, maximum patients i.e. 174 in number belonged to Hindu community, comprising 87% of the total population, while patients belonging to Muslim community comprised of 13%; 26 of the total population.

4. Occupation trends



Fig.4: Occupation trends in 200 patients of Raktapradošaja Vikāras

Vikāras

In the study, maximum patients i.e. 57 patients were servicepersons comprising 28.5%, followed by businessperson, 40 patients comprising 20% of the total population and 37 patients (18.5%) were housewives.

5. Socioeconomic status

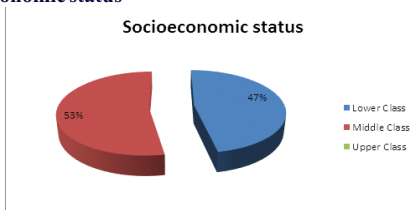


Fig. 5: Socioeconomic status observed in 200 patients of Raktapradoṣaja Vikāras

The present study shows maximum numbers of patients were belonging to middle class comprising 53% (106 patients); followed by 47% (94 patients) of patients belonging to lower class. There were no recorded patients of upper class in the study.

6. Marital Status

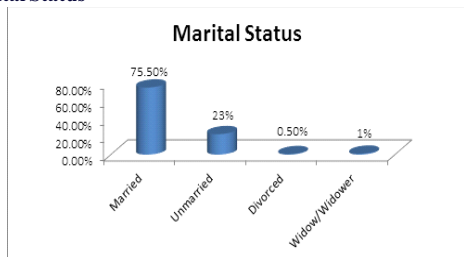


Fig.6: Incidence of Marital Status in 200 patients of Rakta pradoṣaja Vikāras

In the present study, it was found that, 75.5% of the total population was married, while 23% of the patients were unmarried.

7. Incidence of Habitat

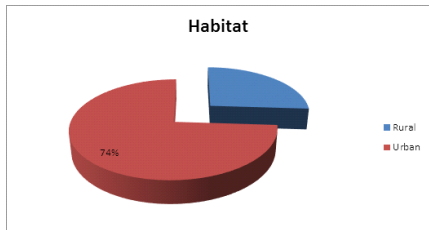


Fig.7: Habitat Observed in 200 patients of Raktapradoṣaja Vikāras

Majority of the patients i.e. 74% belonged to urban habitat; and 26% belonged to rural habitat.

8. Incidence of Addiction

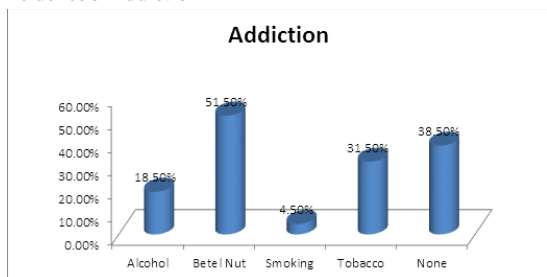


Fig.8: Incidence of Addiction observed in 200 patients of Raktapradoṣaja Vikāras

The present study showed maximum incidence addiction towards betel nut in 103 patients (51.5%); 63 patients (31.5%) were addicted to chewing Tobacco and 77 patients (38.5%) were addiction free.

9. Dietary incidence



Fig.9: Dietary Incidence observed in 200 patients of Raktapradoṣaja Vikāras

In the present study, majority of patients i.e. 194 (97%) were following Non-Vegetarian dietary habits, while 6 patients (3%) were Vegetarian.

10. Distribution of Raktapradoṣaja Vikāras

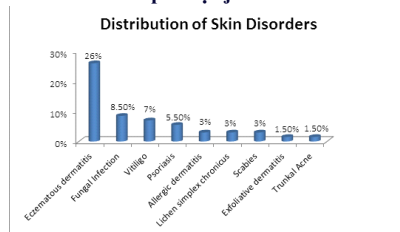


Fig. 10: Distrbution of Raktapradoṣaja Vikāras

In the present studies, maximum patients, 87 in total, comprising of 43.5% were recorded of Kuṣṭha, followed by 21 patients (10.5 %) of Asrgdara, and 17 patients (8.5%) of Dadru.

11. Distribution of Skin Disorders

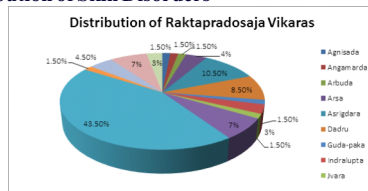


Fig. 11: Distribution of Skin disorders

In the present study 52 patients of Eczematous dermatitis were recorded comprising 26%, followed by Fungal infection of 17 patients (8.5%) and 14 patients (7%) of Vitiligo.

12. Incidence of Ahara sakti

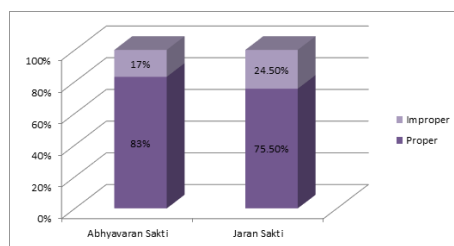


Fig. 12: Incidence of Āhāra-Sakti in 200 patients of Rakta-pradoṣaja Vikāras

The present study showed that 83% and 75.5% of the total population had proper i.e. normal Abhyavaran Sakti and Jāran Sakti respectively, while the rest of the patients were having improper i.e. diminished Abhyavaran Sakti and Jāran Sakti respectively.

13. Status of Sleeping habit

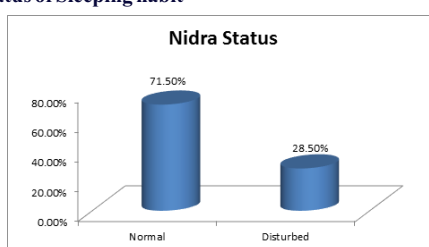


Fig. 13: Incidence of the status of Nidra (Sleep) in 200 patients of Raktapradoṣaja Vikāras

The present study showed that maximum number of patients, 143 in number (71.5%) had normal sleep habits, while the rest had disturbed sleep habits.

14. Distribution of Aharaja Nidānas

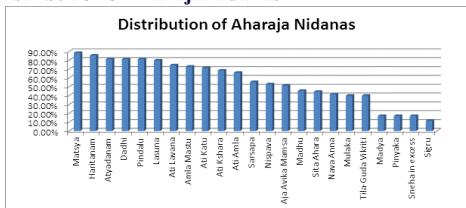


Fig. 14: Distribution of Positive Aharaja Nidānas

From the study it results that, the leading Āhāraja Nidānas were excessive intake of Matsya i.e. fish (88.5%), followed by excessive intake of Haritānam i.e. green leafy vegetables (85.5%) and Atyadanam i.e. intake of rice and any other food in excessive quantity), Dadhi i.e. curd, pindalu i.e. tubers like potato (81.5%).

15. Distribution of Viharaja and Manasik Nidānas

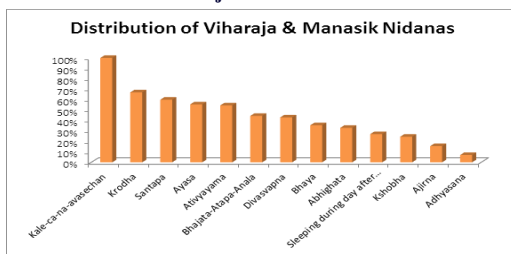


Fig.15: Distribution of Positive Viharaja and Manasik Nidānas

From the study it results that, the leading Vihāraja Nidānas were Kale-ca-na-avasechan i.e. not performing Raktamok a according to ritucharya (sarad rtu) as mentioned in the classics (100%), followed by Ayasa i.e. very hardworking (55.5%) and Ativayama i.e performing heavy exercise regularly (54.5%) respectively. While the leading Mansik Nidānas were Krodha i.e. anger or short temperedness (67%) followed by Santapa i.e. anxiousness or sadness (60%) and Bhaya i.e. afflicted by fear (35.5%).

DISCUSSION

Rakta-dhātu prado aja vikāra are mainly caused by pitta-kapha prakopa Āhāra-Vihāra. Our Ācārya(s)- Caraka, Vāgbha a and Suśruta have mentioned numerous Rakta-dhātu prado aja vikāras. Among them Kuṣṭha, Visarpa, Raktapitta, Plīharoga, Gulma, Vidradhi are common i.e. mentioned in all three Bṛhatrayī(s).

Below have been enumerated the different types of Raktapradoṣaja Vikāras as mentioned in the bṛihatrayees:

Rakta Pradoṣaja Vikāra	Caraka ³	Suśruta ⁴	Vāgbhaṭa ⁵
KUṢṬHA	+	+	+
VĪSARPA	+	+	+
PIḌAKĀ	+	+	
RAKTA-PITTA/PITTA-ASRA	+	+	+
ASRGDARA	+	+	
PLĪHĀ ROGA	+	+	+
GUDA-MEDHRA-ASYA PĀKA	+	+	
GULMA	+	+	+
VIDRADHI	+	+	+
NĪLIKĀ	+	+	
KĀMALĀ	+		
VYAN GA	+	+	
PIPLU	+		
TĪLAKĀLAKA	+	+	
DADRU	+		
CHARMADALA	+		
ŚVITRA	+		
PĀMĀ	+		
KOṬHA	+		

ASRAMANĀLA	+		
NYACCHA		+	
INDRALUPTA		+	
VĀTA-ŚONITA/VATA-ASRA		+	+
ARŚA		+	
ARBUDA		+	
AN GAMARDA		+	
AGNISADAN			+
JWARĀ			+
MUKHA-NETRA-ŚIRĀ-ROGA			+
MADA			+
TRŚĀ			+
LAVAṆA-ASYATĀ			+
KATU-AMLĀDI-UDGARA			+
BHRAMĀ			+

Ācārya Caraka has mentioned an additional 25 numbers of symptoms and diseases under the heading of Śonitāśrayā Vikāras in Vidhiṣonitīyamadhyaṅgam like Pūtiḡharaṇa, Asyagandhita, Upakuṣa, Pramīlaka, Raktameha, Vaivarṇyaṃ, Gurūgātrātā, Santāpa, Atidourbalyaṃ, Śīrarūka, Vidāhaścānnapānasya, Tiktāmlodgara, Kṛama, Krodhapracuratā, Buddheh-Saṃmoha, Sveda, Śārīradourgandha, Kampa, Svarakṣaya, Tandrānidrātiyoga, Tamadarānaṃ, Kaṇḍu, Avarū, Koṭha, etc.⁶

The following results have been observed from my study:

200 patients of Raktapradoṣaja Vikāras were selected randomly from the OPD & IPD of Govt. Ayurvedic College and Hospital, Ghy-14 in a specially designed proforma.

All the patients were observed for demographic and clinical profile.

Among the patients of Raktapradoṣaja Vikāras number of patients belonged to the age group between 26yrs- 55yrs of age respectively. This may be due to the fact that pitta is predominant in the madhyama vaya and people during these age groups remain focused in their career, economic status and family, they may get exposed to various etiologies, which may lead to the aggravation of pitta, followed by rakta vitiation.

Male patients (58.5%) were comparatively higher than the female patients (41.5%). As majority of patients of the male group has to work outdoors, this may lead to more exposure to sun and heat, thus causing rakta prado ana, which leads to various raktapradoṣaja vikāras.

Maximum patients were from Hindu Community (87%), followed by Islam Community (13%).

Maximum patients were servicepersons (28.5%), followed by businesspersons (20%). People belonging to these group of profession are mainly indulged in the daily routine, and they donot follow a proper dietary habit or behavioral habit, which may result into rakta prado ana followed by rakta-prado aja vikāras.

Maximum patients belonged to the middle class (53%) group of socio-economic status, followed by lower class section (47%).

Majority of the patients recorded were married (75.5%), the rest were either unmarried or separated. This may be due to the easy availability of betel nut and tobacco in this region.

Majority of the patients belonged to the urban area (74%).

Majority of the registered patients were addicted to chewing betel nut and tobacco. This may be due to the easy availability of betel nut and tobacco in this region.

Maximum patients (97%) were following non-vegetariaian dietary habit, while the rest (3%) were following vegetarian dietary habits. This may be due to the geographical location and food habits of the people surrounding the area where Govt. Ayurvedic College is located.

Maximum patients, 87 in total, comprising of 43.5% were recorded of Kuṣṭha, followed by 21 patients (10.5 %) of Asrgdara, and 17 patients (8.5%) of Dadru. The fact that most of the patients having having diseases related to the skin are attracted to Roga Nidan OPD, so patients of Kuṣṭha were recorded more in the study.

The present study showed that 83% and 75.5% of the total population had proper i.e. normal Abhyavaran Sakti and Jaran Sakti respectively, while the rest of the patients were having improper i.e. diminished Abhyavaran Sakti and Jaran Sakti respectively.

Maximum number of patients, 143 in number (71.5%) had normal sleep habits, while the rest had disturbed sleep habits. 57 patients i.e. 28.5% of the total population showed disturbed sleep habits may be due to increasing stress related insomnia in this era.

The leading Aharaja Nidānas were excessive intake of Matsya i.e. fish (88.5%), followed by excessive intake of Haritanam i.e. green leafy vegetables (85.5%) and Atyadanam i.e. intake of rice and any other food in excessive quantity), Dadhi i.e. curd, pindalu i.e. tubers like potato (81.5%). The leading Viharaja Nidānas were Kale-ca-na-avasechan i.e. not performing Raktamokṣaṇa according to ritucharya (sarad rtu) as mentioned in the classics (100%), followed by Ayasa i.e. very hardworking (55.5%) and Ativyayama i.e. performing heavy exercise regularly (54.5%) respectively. The leading Manasik Nidānas were Krodha i.e. anger or short temperedness (67%) followed by Santapa i.e. anxiousness or sadness (60%) and Bhaya i.e. afflicted by fear (35.5%).

Conclusion

Rakta is the base of living body. It plays a very important role in the sustenance of life. So, rakta should always be preserved. But when the rakta becomes praḍuṣṭa, it exhibits various symptoms and results in different types of diseases known as rakta pradosaja Vikāras. Such diseases should be treated by Raktapitta naśak cikitsā like Virechana, Upavasa and Raktamokṣaṇa or Viśravan karma.

Aetiological factors of Rakta-dhātu pradosaja Vikāras are grossly related to Āhāraja, Vihāraja and Manasik Nidānas i.e. dietary and food habits, behavioral habits and psychological factors respectively. Abnormal dietary habits, mainly the diets which lead to kapha and pitta vriddhi are mainly responsible for manifestation of Raktapradoṣaja Vikāras. People who do not undergo Raktamokṣaṇa as mentioned in the ritucharya, i.e. in śarad rtu, and the ones who indulge in pitta vriddhikara vihāraja nidānas may suffer from Raktapradoṣaja Vikāras. So, it is necessary to follow all the dietic rules properly, as excessive of everything acts as poison and also one should undergo Raktamokṣaṇa regularly in the śarad rtu, as mentioned to prevent rakta dhātu pradoṣana.

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