

ITP W.S.R TO TIRYAKA RAKTAPITTA- AN AYURVEDA CASE STUDY

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ABSTRACT

The study was done on a 41 years old female who presented with diagnosed case of ITP with clinical symptoms as bluish black spots over upper and lower limbs which appears and subside by its own and again appears on the limbs which continued for 2 months and 2 episodes of nasal bleeding along with continuous menstrual bleeding for approx. 4 months for which she came to the OPD of *Kayachikitsa* at Patanjali Ayurveda hospital and the focus was done on balancing the *Tridoshas* involved in *Tiryaka Raktapitta* as per *Ayurveda*, since the aim is to balance the same by increasing quality of life by giving *Aushadhis* like *Saptamrit lauh*, *Kaumaryasava*, *Punarnavadi mandoor*, *Immunogrit etc.*

KEYWORDS:- *Raktapitta*, ITP, *Immunogrit*, *Punarnavadi Mandoor*, *Saptamrit lauh*.

INTRODUCTION

ITP has an incidence of up to 6.4 per 100000 children and 3.3 per 100000 adults per year.^[1]

ITP is a condition having a low platelet count of no known cause i.e, idiopathic on the basis of duration, it is classified into acute and chronic forms in which the chronic form commonly occurs in adults and specially in women with which acute form is a self-limiting disorder which manifests mainly in children with sudden onset and severe thrombocytopenia, formation of immune complexes resulting in formation of antibodies which further cross

reacts with platelets and results in immunologic destruction of the same but recovers within weeks to approximately 6 months.

In chronic ITP formation of anti-platelet autoantibodies, usually by platelet associated IgG humoral antibodies synthesized mainly in the spleen directed against target antigens on the platelet glycoproteins, Gp IIb-IIIa and Gp Ib-IX complex. Some of the antibodies directed against platelet surface also interfere in their function. Sensitized platelets are destroyed mainly in the spleen and rendered susceptible to phagocytosis by cells of the reticulo-endothelial system.^[2]

In Ayurveda texts, ITP can be taken under as *tiryaka raktpitta*, which is manifested due to excessive intake of *ushna*, *tikta* and *amla rasa*, resulting in subcutaneous manifestations.

As per *Acharya Charaka*, described *raktpitta* in three categories as-*Urdhvaga*, *Adhoga* and *Tiryaka Raktapitta*^[3]

- A. *Urdhvaga raktapitta* is due to vitiation of *kapha* and *pitta dosha*, caused by *snigdha* and *ushna gunas* which leads to oozing of *dushit* (Contaminated) *Rakta* from orifices which lies in upper parts of the body i.e, *akshi*, *nasa*, *mukha*, *karna*
- B. *Adhoga raktapitta* is due to vitiation of *pitta* and *vata doshas*, caused by *ruksha* and *ushna gunas* leading to oozing of *dushit rakta* from lower orifices i.e, *mutramarga*, *guda*, *yoni*
- C. *Tiryaka raktpitta*-causes when all the *doshas* are vitiated and the oozing of blood becomes subcutaneous.

Through this, we can just correlate the condition of ITP as a *Tiryaka Raktapitta* in *Ayurveda*.

MATERIALS AND METHODS

A female Pt. of 41 years came to OPD in Department of *Kayachikitsa*, Patanjali Ayurveda hospital, Haridwar on 30/8/23 with the following complaints –

| S. No. | Complaints | Duration |
|--------|---|----------|
| 1. | Bluish-black patches over upper and lower limbs | 2 months |
| 2. | Nasal bleeding | 2 times |
| 3. | Menorrhagia | 4 months |

Patient was non-smoker, non-alcoholic and doesn't have positive family history for any autoimmune disease. Patient is not having any drug or food allergy. Patient consulted to an

allopathic doctor who advised her blood investigations and USG in which she got thrombocytopenia with splenomegaly for which she was advised for bone marrow transplantation and oral corticosteroids which she denied and was afraid of its side effects. So, she came to Patanjali Ayurveda hospital for Ayurveda treatment.

For this, the patient was given *Pittashamak*, *Raktshamaka* and *Raktstambhak* oral medications for 1.5 months which showed marked relief in hematological reports.

The medications given are mentioned below

| S. No. | Aushadh | Matra | Anupana | Sewan kaal |
|--------|---|---|------------------|--------------|
| 1 | <i>Immunogrit</i> tablet | 1 X BD | With water | Before meals |
| 2 | <i>Kaishore guggulu</i> | 1 X BD | With water | After meals |
| 3 | <i>Lohasava+kumaryasava</i> | 4 tsf each twice daily | With equal water | After meals |
| 4 | Powdered combination of – <i>Saptamrit lauh</i> (10g) + <i>Kasis bhasma</i> (10g) + <i>Punarnavadi mandoor</i> (20g) | Mixture was divided into 60 doses – 1 dose X BD | With water/honey | Before meals |

Due to extreme loss of blood during menorrhagia (Continuously 4 months) the patient was given *rasa-aushadhis* containing mainly iron compounds like *kasis bhasma*, *punarnavadi mandoor*, *saptamrit lauh*-

Kasis bhasma-Ferrous sulphate- (Active ingredient)

Kasis is *Kandughna*, *Vishaghna*, *Mutrakricchahara*, *Ashmarihara*, *Svitra – nashak*, *Kshayaghna*, *Vranaghna*, *Pandu nashak*, *Jvaraghna*, *Pleeha – roga nashak*, *Gudabhransha*, *Visarpa nashak*, *VataKaphahara*, *Mutrala* and its regular administration improves the haemoglobin percentage in the blood. *Kasis Bhasma* is a clinically proven cure for anaemia, liver disorders and spleen enlargement. *Kasis Bhasma* also eliminates toxins from the body thus rejuvenating the liver and spleen. It fortifies your liver and spleen against further bacterial or viral infections. *Kasis Bhasma* yields guaranteed results even in long-lingering problems.

Saptamrit lauh

Saptamrita Lauha formulation is also known as *Sarvachurnasamm Loham* or *Saptamrut Gutti*. Most of the references of *Saptamrita Lauha* having five ingredients i.e. *Haritaki*, *Bibhitaki*, *Amalaki*, *Yastimadhu*, *Lauha Bhasma* with *Anupana/Sahapana* of Honey and Ghee.^[4]

The Sapta means seven and Amrita means nectar, it means a formulation which is act like seven nectar and given a long life. It is also used in Pandu, Kamala, Arsha, Shula Roga, Rakta Roga, Kapha Roga, Jwara Netra Roga etc. Iron is necessary to the elementary metabolic process in the cell. In respiratory chain iron works as an electron carrier. Iron is also responsible for the transport of molecular oxygen. Iron is found in blood as haemoglobin as well as plasma while in tissues iron bound as functional iron and store iron in the body.^[5]

Punarnavadi mandoor

Punarnava Mandura a classical Herbo mineral formulation is available on the market either in tablet form or in *Churna* form and is frequently used for Anemia, Low Platelet count, Low RBC count, swelling around Joints, Generalized Swelling, Gout and other end toxins accumulation.^[6]

Lohasava + Kumaryasava- best combination seen effective for liver disorders, fever, splenomegaly, anaemia.

Kumaryasava has been proved to have the potential as hepatoprotective medicine, also helps in conditions with unhealthy red blood cells. It's also a good digestive stimulant. It is helpful in balancing *vata* and *kapha dosha*.^[7]

Kaishore guggulu

Kaishore guggulu is mainly used as antiallergic, antibacterial and blood purifying properties. It acts as aging skin health promoter, natural blood cleanser, useful as supportive dietary herbal supplement in many health conditions such as diabetes, skin diseases etc.^[8]

Immunogrit

Contains *Vidharikand (Purena Tuberosa)*, *Meda (polygonatum airrhifolium)* *Shatavar (Asparagus racemosus)* *Kakoli (Roscoea procera)* *Kshirkakoli (Lilium polyphyllum)* *Riddhi (Habenaria infermedia)* *Varahikand (Dioscorea bulbifera)* *Tuberus Bala (Sida cordifolia)*, *Safed Musli (Chlorophyllum borivillanum)* *Shudhha Konch (Mucuna pruriens)* *Ashwagandha (Withania Somnifera)* as its prime contents which overall helped in boosting up the immune power of the patient by balancing *pitta* and *vata doshas* majorly. It also helps to strengthen up the body by boosting up the general weakness.

RESULT

Following blood investigation changes were seen before and after treatment of 1.5 months

| Date | Platelet count (lakh/cumm) |
|----------|----------------------------|
| 30/8/23 | 1.26 |
| 14/9/23 | 1.83 |
| 14/10/23 | 1.51 |

Before treatment

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KG Hospital (Kashipur)

ISO 9001:2015 Certified
Certificate No. MC-1527

Patient Name [REDACTED]
Age/Gender 41 Yrs Female
Referred By SELF
Report Dt/Time 30/08/2023 16:39:16

Regis. Date/Time 30/08/2023 15:02:50
Collec. Date/Time 30/08/2023 15:04:11
Specimen EDTA

Test Name **Value** **Unit** **Biological Ref Interval**

COMPLETE HAEMOGRAM

HAEMOGLOBIN (HB)
Cokinetic Method Cell counter
10.9 gm/dl 11.0 - 15.0

P.C.V / HAEMATOCRIT
Electrical Impedance
34.9 % 35.0 - 47.0

TOTAL LEUCOCYTIC COUNT (TLC)
Laser Flowcytometry
4040 /cmm 4000 - 11000

DIFFERENTIAL LEUCOCYTE COUNT
% Flow cytometry / # (Absolute) Calculated

NEUTROPHIL 79.6 % 40.0 - 70.0

LYMPHOCYTE 17.1 % 20.0 - 40.0

EOSINOPHIL 0.5 % 0.0 - 8.0

MONOCYTE 2.4 % 0.0 - 10.0

BASOPHIL 0.4 % 0.0 - 2.0

NEU# 3.2 1000cells/uL 2.0 - 7.5

LYM# 0.7 1000cells/uL 1.0 - 4.0

EOS# 0.0 1000cells/uL 0.0 - 0.6

MON# 0.1 1000cells/uL 0.0 - 1.1

BASO# 0.0 1000cells/uL 0.0 - 0.2

R B C (Red Blood Cells)
Electrical Impedance
4.30 Millions/cmm 3.80 - 5.80

M C V
Calculated
81.1 cubic micron 78.0 - 98.0

M C H C
Calculated
31.3 % 32.0 - 36.0

M C H
Calculated
25.4 picogram 27.0 - 31.0

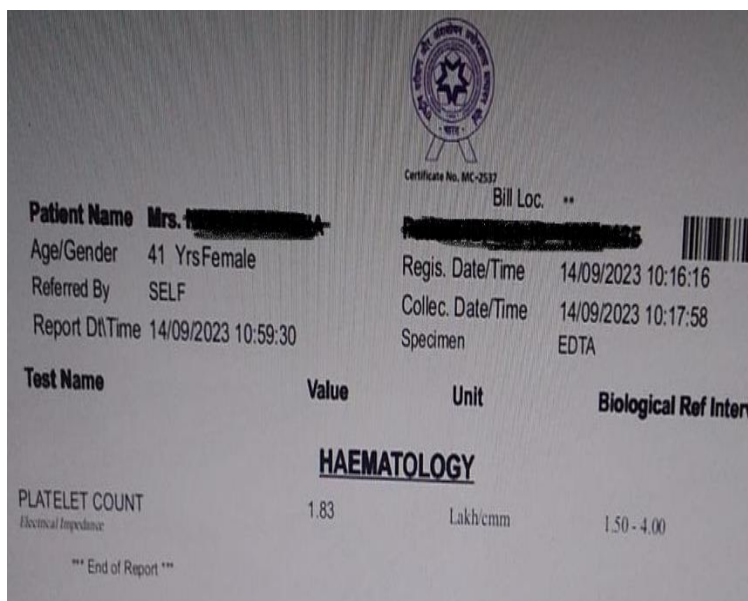
PLATELET COUNT
Electrical Impedance
1.26 Lakh/cmm 1.50 - 4.00

RED CELL DISTRIBUTION WIDTH
14.6 CV% 10.5 - 15.0

**Interpretation : Normal 13.4 +/- 1.2%, Iron deficiency 16.3 +/- 1.8%, Thalassemia 13.6 +/- 1.6%.
An increased RDW appears to be 90 - 100% sensitive for iron deficiency. This increase is a prominent finding in iron deficiency detectable even before significant microcytosis, hypochromia or even anaemia are apparent.**

*** End of Report ***

After treatment



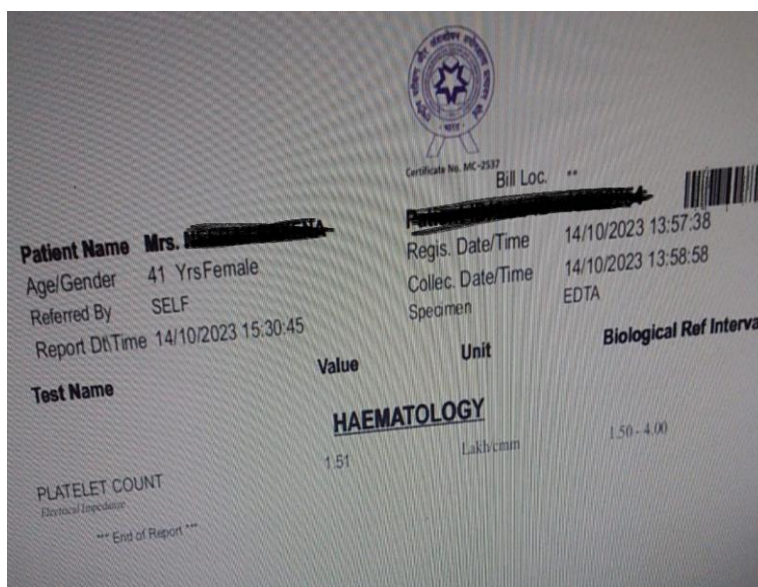
Certificate No. MC-2537
 Bill Loc. **

Patient Name Mrs. [REDACTED]
 Age/Gender 41 Yrs Female
 Referred By SELF
 Report Dt/Time 14/09/2023 10:59:30

Regis. Date/Time 14/09/2023 10:16:16
 Collec. Date/Time 14/09/2023 10:17:58
 Specimen EDTA

| Test Name | Value | Unit | Biological Ref Interval |
|---|-------|----------|-------------------------|
| HAEMATOLOGY | | | |
| PLATELET COUNT <small>Electrical Impedance</small> | 1.83 | Lakh/cmm | 1.50 - 4.00 |

*** End of Report ***



Certificate No. MC-2537
 Bill Loc. **

Patient Name Mrs. [REDACTED]
 Age/Gender 41 Yrs Female
 Referred By SELF
 Report Dt/Time 14/10/2023 15:30:45

Regis. Date/Time 14/10/2023 13:57:38
 Collec. Date/Time 14/10/2023 13:58:58
 Specimen EDTA

| Test Name | Value | Unit | Biological Ref Interval |
|---|-------|----------|-------------------------|
| HAEMATOLOGY | | | |
| PLATELET COUNT <small>Electrical Impedance</small> | 1.51 | Lakh/cmm | 1.50 - 4.00 |

*** End of Report ***

There was a significant relief in the black patches over limbs and the platelet count came to normal after 1 month of treatment but the treatment was continued for another month too, to see any drop of platelet count seen or not, but this is a successful case of maintained platelet count of ITP patient for 1.5 consecutive months of treatment.

CONCLUSION

Since, as per Ayurveda, Tiryaka Raktpitta is considered as *asasdhya vyadhi*, but here by giving *ras aushadhis* and other medications which promoted proper *rakta dhatu* formation, this case study gives us a confidence that ITP can also be a case of successful treatment in

Ayurveda. Since here, the focus was done on the drop of platelet count of the patient, there was a significant relief seen in 1.5 months of treatment as per *Ayurveda* siddhantas.

REFERENCES

1. Agrawal S, Bhakuni H, Joshi RK, Ayurvedic management of Idiopathic Thrombocytopenic Purpura: A Case Study, Journal of Drug Delivery and Therapeutics, 2019; 9(2-s): 508-510.
2. Agrawal S, Bhakuni H, Joshi RK, Ayurvedic management of Idiopathic Thrombocytopenic Purpura: A Case Study, Journal of Drug Delivery and Therapeutics, 2019; 9(2-s): 508-510.
3. Dr. Rajshekar N. Shettar, Dr. Manjula Karlwad. Understanding the concept of Raktapitta as Idiopathic Thrombocytopenic Purpura (ITP) and vice versa. J Ayurveda Integr Med Sci, 2020; 5: 374-378.
4. The Ayurvedic formulary of India, govt. of India ministry of health and family welfare department of India system of medicine & homoeopathy new Delhi, 1: 287.
5. Shubha, Standardization and Analytical Aspects of Saptamrita Lauha-An Ayurvedic Formulation, 2005.
6. Chhaya Gupta & Sushma Tiwari A Scientific Drug Review Onpunarnava Mandur. International Ayurvedic Medical Journal {online}, 2021.
7. Khan MA, Gupta A, Sastry JL, Ahmad S. Hepatoprotective potential of kumaryasava and its concentrate against CCl₄-induced hepatic toxicity in Wistar rats. J Pharm Bioallied Sci, 2015; 7(4): 297-9. doi: 10.4103/0975-7406.168029. PMID: 26681887; PMCID: PMC4678989.
8. Lather, Dr Amit & Gupta, Verruchi & Bansal, Parveen & Sahu, M. & Sachdeva, K. & Ghaiye, P. An ayurvedic polyherbal formulation Kaishore Guggulu. Int J Pharm Biol Archiv, 2011; 2: 497-503.