

Ayurvedic approach to Nasagata Raktapitta: Role of Nasya and Oral medications

Dr. Pravesh Kumar Verma,¹ Dr. Mahima Choudhary,² Dr. Avadhesh Kumar Mahapatra,³ Dr. Rajendra Kumar Soni,⁴ Prof. Gulab Chand Pamnani⁵

1. P.G. Scholar, Department of Shalakya Tantra, National Institute of Ayurveda Deemed to be University, Jaipur.

2. Ph.D. Scholar, Department of Shalakya Tantra, National Institute of Ayurveda Deemed to be University, Jaipur).

3. P.G. Scholar, Department of Shalakya Tantra, National Institute of Ayurveda Deemed to be University, Jaipur).

4. Assistant Professor, Department of Shalakya Tantra, National Institute of Ayurveda Deemed to be University, Jaipur).

5. Professor, Department of Shalakya Tantra, National Institute of Ayurveda Deemed to be University, Jaipur).

Date of Submission: 10-07-2025

Date of Acceptance: 20-07-2025

ABSTRACT

Introduction: Raktapitta is a hemorrhagic condition characterized by the expulsion of blood, tainted by Pitta, from the body's orifices. In Ayurvedic medicine, Nasagata Raktapitta (Nasagata refers to the Nose and Raktapitta denotes a bleeding disorder caused by the imbalance of Pitta Dosha in the blood) is comparable to Epistaxis which is a prevalent Nasal issue affecting individuals across all age demographics, it may necessitate emergency intervention. It is estimated that approximately 60% of the global population will experience Epistaxis (Nosebleeds) at some stage in their lives.

Objective: This case study aimed to evaluate the effectiveness of Nasya and Ayurvedic Oral Medications in treating Nasagata Raktapitta (Epistaxis).

Materials and Methods: The study involved a 19-year-old male patient who presented with Epistaxis at the OPD of Shalakya Tantra, National Institute of Ayurveda Jaipur. He reported experiencing Nosebleeds for a duration of 4-5 years, occurring 3 to 4 times every month. The treatment included Nasya alongside the oral administration. The treatment regimen included combination of Avipattikar Churna, Pittantaka Churna, Shankha Bhasma and Chanadanasava, Steam inhalation, Durva Ghrita Pratimarsha Nasya, Haridra Khand.

Results: Ayurvedic texts provide various remedies for Nasagata Raktapitta including Ghrita-Pana, Nasya, Pradeha, Parichechana and oral medicines.

Significant improvement was noted in the patient's complaints of Epistaxis.

Conclusion: Ayurvedic medicines are safe and effective in management of Nasagata Raktapitta (Epistaxis).

Keywords: Nasagata Raktapitta, Epistaxis, Nasya.

I. INTRODUCTION

The Ayurvedic texts known as Brihatrayi which include the Charaka Samhita,¹ Sushruta Samhita, and Ashtanga Hridaya provide a comprehensive description of the condition Raktapitta, characterized by bleeding from external orifices. Nasagata Raktapitta is classified as a type of Urdhvaga Raktapitta (bleeding disorders from upper orifices) and correlated to Epistaxis in Allopathy Science. Epistaxis refers to Nasal bleeding is a relatively common condition that affects individuals across all age groups, including children, adults and the elderly. However, it can escalate into a serious medical or surgical emergency due to factors such as the volume of blood loss, recurrent occurrences, or the patient's pre-existing health conditions (for instance, individuals with coronary artery disease). Epistaxis can be classified as either primary or as an indication of an underlying health issue. Nasal bleeding, known as epistaxis, has been documented to affect as much as 60 percent of the general population.² Epistaxis can be attributed to three categories of causes: local, systemic, and idiopathic. Local causes encompass four primary factors: inflammatory, structural, traumatic, and tumors or vascular malformations. The most

notable systemic causes of epistaxis include the use of anticoagulants, coagulopathy, hemophilia, leukemia, liver disorders, thrombocytopenia, and deficiencies in vitamins A, C, D, E, and K. Additionally, hereditary factors have been identified, including the genetic platelet disorder known as Hereditary Hemorrhagic Telangiectasia (HHT). Idiopathic epistaxis may arise in certain conditions, such as Eales disease. While it is seldom life-threatening, it can lead to considerable anxiety due to potential blood loss. Although Epistaxis can arise from either anterior or posterior sources, it predominantly originates in the anterior Nasal cavity. The Nasal mucosa exhibits limited local wound healing capabilities, making it more prone to bleeding.³ The blood vessels that supply the nasal cavity consist of the anterior ethmoid artery, posterior ethmoid artery, sphenopalatine artery, greater palatine artery, and superior labial artery.⁴

The vessels located in the anterior nasal septum, known as the watershed area, encompass Kiesselbach's plexus, situated at the entrance of the nasal cavity. In rare cases, posterior nosebleeds may arise from the posterior vessels, typically in individuals with coagulation disorders, hypertension, or vascular issues.⁵ Little's Area is the most frequent site for Epistaxis in children and young adults. In Ayurvedic medicine, NasagataRaktapitta (where 'Nasagata' refers to the Nose and 'Raktapitta' denotes a bleeding disorder caused by the imbalance of PittaDosha in the blood) is comparable to Epistaxis. This condition is classified as a type of UrdhvagaRaktapitta (bleeding disorders from upper orifices), where the associated Dosha is Kapha, and it is considered to be easily treatable. AcharyaSushruta identifies 31 types of Nasarogas,⁶ one of which is NasagataRaktapitta. UrdhwagaRaktapitta refers to the condition where bleeding occurs from the upper orifices, with Pitta being the predominant Dosha and Kapha playing a secondary role as AnubandhiDosha. Various Ayurvedic texts provide numerous formulations for the treatment of NasagataRaktapitta; therefore, some readily available and effective Ayurvedic remedies are utilized here. As per AcharyaCharaka, UrdhwagaRaktapitta is classified as an AstaMahagada, highlighting its serious nature. Numerous formulations and methods are outlined in various Ayurvedic texts for the treatment of NasagataRaktapitta. These include both purification and pacification of the Dosha through techniques such as Langhana,

PathyaKalpana, SamshamanaAushada, Virechana, and Nasya. In cases where initial first aid interventions are ineffective, anterior nasal packing may be utilized. Tranexamic acid is commonly administered to ensure the stability of blood clots⁷ in Allopathy Science and also they have multiple treatments, including the use of anticoagulants, antihistamine nasal spray but not a complete treatment with recurrence of symptoms.

CASE DESCRIPTION

A 19-year-old male patient, identifying as Hindu and a Student, visited the Shalakyatantra outpatient department at the National Institute of Ayurveda in Jaipur. The patient reported experiencing recurrent Nasal bleeding, primarily bilateral but more from the right nostril, for the past 4-5 years. He noted episodes of Nasal bleeding occurring 3 to 4 times every month, accompanied by symptoms of dizziness, confusion, and lightheadedness. The duration of each bleeding episode varies from several minutes, and the application of Nasal pinching along with anticoagulant drops was not been much effective in managing the bleeding. Episodes are often triggered by sneezing and blowing the Nose. Despite a history of multiple treatments in Allopathy Science his symptoms have persisted. Consequently, he decided to explore alternative treatment options, specifically Ayurveda, for the management of his condition. The patient has no significant comorbidities, such as Diabetes, Hypertension, Tuberculosis, or Thyroid disorders, and there is no notable family medical history. Furthermore, he has no history of tobacco use, smoking, or alcohol consumption. Before starting therapy, he provided signed informed consent.

CLINICAL FINDINGS

Upon examination, the external Nose and Nasal Cavity appeared to be normal. Anterior Rhinoscopy revealed Anterior nasal bleeding (few drops), Congested Nasal Mucosa with blood stained crusting in both Nostrils. During Nasal endoscopy of the Nostrils, mild abrasions were observed on the anterior section of the Nasal Septum along with congestion; however, the posterior section exhibited slight congestion without any notable abrasions or bleeding. All vital signs were within normal limits, indicating no signs of hypovolemia. Ear Examination and Throat Examination showed normal appearances.

TIMELINE OF THERAPEUTIC INTERVENTIONS

Table 1: Depicts the timeline of events for the case as following

Date	Treatment
1 Feb 2024 – 1 Jan 2025	Initial starting of the disease and treated with Allopathic medications.
28 Mar 2025	✓ AvipattikarChurna (3gm), PittantakaChurna(1gm), ShankhaBhasma (500 mg), adequately mixed and given with Luke Warm Water twice daily (BF). ✓ Chanadanasava 20ml given twice daily (AF). ✓ Steam inhalation through Mouth and Nose and later DurvaGhritaPratimarshaNasya (2-2 drops) twice daily. ✓ HaridraKhand (5gm) with milk twice daily (AF).
11 Apr 2025	Same treatment was repeated as given on 28/3/2025.
25 Apr 2025	Same treatment was repeated as given on 28/3/2025.
9 May 2025	Same treatment was repeated as given on 28/3/2025.
23 May 2025	Same treatment was repeated as given on 28/3/2025 for 5 days and later stopped.
6 June 2025	Follow Up of patient was done
20 June 2025	Follow Up of patient was done

PATHYA-APATHYA

The patient was instructed to refrain from consuming spicy foods and to incorporate Go-Ghrita, Butter, Dadim, and Amalaki into his diet. Additionally, it is recommended to avoid forceful Nose blowing, and nails should be trimmed as a precautionary measure.

OUTCOMES

Following two months of treatment regimen and one month of follow up there was a notable improvement in condition was observed in the patient. The patient exhibited signs of improvement in NasagataRaktapitta (Epistaxis) following Ayurveda treatment. The frequency of bleeding episodes markedly decreased following two months of therapy, with no side effects noted during the treatment and also on Anterior Rhinoscopy Nasal Mucosa of both Nostrils appear Normal. Additionally, the volume of blood loss was diminished. By the conclusion of the treatment, the patient reported a significant improvement in symptoms such as increased alertness, dizziness, and confusion. The patient was subsequently monitored for one month, with follow-up appointments every 14 days. No side effects or recurrence of nasal bleeding were observed during the follow-up period.

II. DISCUSSION

Avipattikar Churnais note dincases of Agnimandya (digestive dysfunction), Vibandha (constipation), Amlapitta(excess acidity), Arsha(hemorrhoids), Mutraghata(urinary

retention),and Prameha(diabetes mellitus).⁸The primary component of AvipattikaraChurna is KhandaSharkara, which constitutes 50% of the formulation. This ingredient possesses a sweet taste (MadhuraRasa), a soothing quality (SnigdhaGuna), a cooling potency (SheetaVirya), and a sweet post-digestive effect (MadhuraVipaka) so helpful in calming the vitiated DoshasRakta and Pitta which are the main causative factor of disease NasagataRaktapitta(Epistaxis) and helpful in alleviating the disease. It is also effective in alleviating symptoms associated with aggravated Pitta, such as Heartburn (Hrutkantadaha), bitter vomiting (Tiktaamlodgara), Nausea (Hrillasa), excessive salivation (Praseka), and Vomiting (Chhardi), as noted in Bhavaprakasha, where it is referred to as 'Vantiharamparam'.⁹The second significant quantity is provided by Trivrit (Nishotha), which primarily possesses Katu Rasa, Laghu, Ruksha, TikshnaGuna, UshnaVirya, And KatuVipaka. It exhibits Rechana and Shothahara properties, resulting in an increase in PittaVirechana (Sukhavirechaka-a mild laxative), thereby aiding in the SampraptiVighatana of NasagataRaktapitta(Epistaxis).The cytoprotective effects of Maricha and Pippali have been studied and confirmed on the gastric mucosa.¹⁰Drugs like Trivrut, Triphala, Shunthi, Lavanga,etc are Ushna, Laghu which help to increase Agni which is cause of all diseases including NasagataRaktapitta(Epistaxis) in Ayurveda.The consumption of AvipattikaraChurna may assist in alleviating the symptoms of indigestion owing to its properties as an appetizer (Deepan) and a

digestive aid (Pachan).¹¹The use of AvipattikaraChurna can alleviate the discomfort associated with painful piles, owing to its analgesic properties and its ability to balance Vata and PittaDoshas.

PittantakaChurna, which contains SwarnaGairika, alleviates burning sensations in NasagataRaktapitta(Epistaxis) due to its sweet astringent taste and cooling potency.¹²ShankhaBhasma is utilized in the treatment of conditions such as Amlapitta, Agnimandhya, Atisara, Parinaamshula, Grahni, Ajirna, and Visha¹³so helpful in NasagataRaktapitta(Epistaxis) associated causes. In a separate study, ShankhaBhasma demonstrated effective in vitro anti-inflammatory activity associated with the inhibition of protein denaturation.¹⁴Chandanasava is a powerful liquid formulation composed of various herbs, utilized for alleviating Pitta imbalance in NasagataRaktapitta(Epistaxis). Chandanasava is given as it also have Dipana(Appetizer), Pachana(Digestive), RaktaShodhaka(Blood purifier), Rasayana(Rejuvenation),Pittahara,Urinary antiseptic, Anti-infective, Bactericidal,Antibacterial,Antistress,Apoptogenic,Immunomodulator,Pittahara,Pooyahara, Anti-inflammatory, Dahahara(pacifying burning sensation),Pakahara,Ropana(wound healing), Ulcer-healer, Jwarahara(anti-febrile) properties¹⁵ and also helpful in PittajaBhrama (Confusion).¹⁶Inhaling steam is a home remedy often utilized to alleviate Nasal Congestion and may help in preventing Nosebleeds (Epistaxis) by hydrating and warming the Nasal passages.

DurvaGhritaPratimarshaNasya is given as 'NasahiSirasoDwaram' according to Ayurveda so it is helpful in both local and systemic effect in NasagataRaktapitta(Epistaxis). Also Durva¹⁷is havingKashayaand MadhuraRasaas well as MadhuraVipaka. Therefore, it provides nourishment to skin and all Dhatusand helpful in NasagataRaktapitta(Epistaxis). It also possesses VranaRopanaand Vishaghnproperties; therefore, it helps to remove microbes and cleans the wound. It has the properties of DahanPrashamana, hence it creates cool effect in burning sensation and checks it. It is Stambhanaand Raktashodhaka also therefore it checks bleeding and discharge from wounds and shows Hemostatic action very well. The properties of Ghrita are to alleviate Vata and Pitta without increasing Kapha much. It enhances the digestive

fire, improves eyesight, intelligence, memory, vitalizes the body and gives luster. It improves Ojus-the ultimate end product of assimilation. Ghrita has SheetaVirya properties and has Madhura Rasa which helps to decrease vitiated Pitta in NasagataRaktapitta(Epistaxis). Ghrita is Rasayana, Brimhana and Param Yogavahi.¹⁸The primary component of the formulation Haridrakhanda is Haridra that is Curcumin longa. Haridra, due to its Shothaharaproperty, aids in alleviating Shotha (inflammation) in the Nasal Turbinates and Respiratory Tract so useful in NasagataRaktapitta(Epistaxis). Haridra serves as a remedy that mitigates Vata-KaphaDosha through its Katu-Tikta Rasa and UshnaGuna, thus assisting in the management of NasaRogas including NasagataRaktapitta(Epistaxis). Additionally, Haridra enhances Vyadhikshamatva (immunity) through its Rasayana,Ojovardhana, Balya, andDhatuPoshaka properties. The Curcuminoids found in Turmeric act as natural antioxidants, bolstering immunity and preventing disease recurrence. They also possess the capability to inhibit both non-specific and specific mast cell-dependent allergic reactions. Furthermore, Haridra exhibits anti-histaminic properties, which help alleviate symptoms caused by histamine released upon allergen inhalation. The principal ingredients of Haridrakhanda include Katu-Tikta Rasa, UshnaVeerya, KatuVipaka, And Laghu-RukshaGuna, which work together to pacify both Vata and KaphaDosha, thereby alleviating symptoms such as Nasakandu (nasal itching) and Srava (nasal discharge) in the patient. The TeekshnaGuna facilitates the penetration of the drug into SukshmaSrotas, effectively clearing Srotovararodhain NasagataRaktapitta (Epistaxis). The Rooksha and TeekshnaGunacontribute to the reduction of Srava. Other components of Haridrakhandasuch as Twak, Ela, and Patra possess Teekshna properties that act as Srotoshodaka. Pippali, Vidanga, and Trivrttaexhibit Teekshna, KrimighnaandKandughna properties, aiding in the reduction of Nasal itching and preventing secondary infections. Additionally, ingredients like Go-Ghrita and Go-Dugdhapossess Ojo-vardhaka, Rasayanaand Balya properties, further enhancing immunity. Haridrakhanda helps in blood purification with good anti-allergic and anti-histaminic action¹⁹ in patient of NasagataRaktapitta(Epistaxis).

III. CONCLUSION

The findings of this case study indicate that the combination of AvipattikarChurna, PittantakaChurna, ShankhaBhasma also Chanadanasava, Steam inhalation, DurvaGhruta PratimarshaNasya and HaridraKhand administered orally has proven to be highly effective in this instance. This treatment approach may serve as a viable intervention for managing NasagataRaktapitta(Epistaxis)within the framework of Ayurveda.

REFERENCES

- [1]. Pt.Kashinathshastri, Dr.Gorakhchaturvedi, AgniveshakritaCharaka Samhita Vidyotini-hindivvyakhya, Varanasi: Chaukhambha academy.Ch. 4/5-109,Pg: 195-226 .
- [2]. Pollice PA, Yoder MG. Epistaxis: a retrospective review of hospitalized patients. Otolaryngol Head Neck Surg. 1997;117:49-53.
- [3]. Bailey B. J. Head and Neck Surgery–Otolaryngology. 4th ed. Philadelphia, PA: Lippincott Williams & Wilkins; 2006.
- [4]. Thangavelu, Kruthika, et al. "Epistaxis-Overview and current aspects." HNO. Vol. 69, No. 11, 2021, pp. 931-42.
- [5]. Womack, Jason P., Jill Kropa, and Marissa Jimenez Stabile. "Epistaxis: Outpatient management." American Family Physician, Vol. 98, No. 4, 2018, pp. 240-45.
- [6]. Kaviraj Dr. AmbikaduttShastri,Sushrutasamhita,Chaukhambha Sanskrit sansthan Reprint 2015,Varanasi,Su.U-22/5 Pg-135.
- [7]. Reuben, Adam, et al. "The use of tranexamic acid to reduce the need for nasal packing in epistaxis (NoPAC): Randomized controlled trial." Annals of Emergency Medicine, Vol. 77, No. 6, 2021, pp. 631-40.
- [8]. Govind Das, BhaishajyaRatnavali, Edition Reprint 3rd, ChaukhambhaPrakashan,Varanasi 2013, chapter 56 verse 25-29 Pg. no. 922.
- [9]. Sri Bhavamishra, BhavaprakashNighantu, Commentary by K C Chuneekar, edited by G S Pandey, ChoukambaBharati Academy, Varanasi: Revised & Enlarged ed. 2010; p.776-780.
- [10]. Selvendiran K, Singh JP, Krishnan KB, Sakthisekaran D. Cytoprotective effect 2003 Feb; 74:109-15. doi: 10.1016/s0367-326x(02)00304-0. PMID: 12628402.
- [11]. Shri Baidyanath. ChurnaPrakarana. Ayurveda SarSangraha/Shri Baidyanath Ayurveda Bhawan Ltd, 2018; 661.
- [12]. https://www.researchgate.net/publication/386285492_Ayurvedic_perspective_and_management_of_Tundikeri_Tonsillitis_A_Case_Study
- [13]. Sharma Sadanand, RasaTaringini, Shankhadivigyanityotara, 12/21, Delhi: MotilalBanarasi Das, Delhi, 11 edition, 2009; 288.
- [14]. Dr. Chand Deep. Pharmaceutico-analytical standardization of ShankhaBhasmaw.s.r. to Puta, Department ofRasashastra and BhaishajyaKapana, Uttarakhand Ayurveda University, Rishikul campus, Haridwar, 2015.
- [15]. Acharya S, Researches in Ayurveda, Shripathi Acharya Manipal 2010, PP 127.
- [16]. Acharya K G, Agraushadhigalu, Shripathi Acharya, Manipal, 2012, PP 160.
- [17]. Central Council for Research in Ayurveda & Siddha. Database on medicinal plants used in Ayurveda. Vol. 5. New Delhi: Central Council for Research in Ayurveda & Siddha; 2008.
- [18]. Vagbhata: AshtangaHridaya with the SarvangaSundari commentary of Indu, edited by Vaidya B.H.P, reprint ed. Chaukambaorientalia. 1995, Uttara Sthana 16/2.
- [19]. www.wjpr.net Vol 6, Issue 14, 2017. 805 Wagh et al. (last assessed 10.6.2025).