



Ayurvedic Management of Haematohidrosis - A Case Report

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ABSTRACT:

Introduction: Haematohidrosis is a very rare disease in which bleeding occurs from the surface of the body and through intact skin and the external orifices without any physical stress or trauma.

Methods - Case presentation: A 21-year-old male patient reported with a history of recurrent episodes of bleeding from the eyes, nose, mouth and occasionally from the scalp. There was no fever or pain and the bleeding was self-limited. The disease was diagnosed as haematohidrosis as per the symptoms. The disease is similar to *Raktapita* described in Ayurveda. Ayurvedic medicines along with counseling were given in different periods within one year. Drugs with *Rakta sthambana*, *Seeta veerya* and *Medya* property were selected for treatment. Follow-up was done for four years.

Results & discussion: Specific treatment protocol for the treatment of haematohidrosis is not available. Ayurvedic drugs selected based on symptoms of *Raktapita* along with counseling were found very effective. The patient has not had any episodes of bleeding for the last four years and he is leading a peaceful life.

Key Words: Ayurveda; Haematohidrosis; *Raktapita*

INTRODUCTION

Hematohidrosis is an uncommon disease characterized by spontaneous discharge of blood through intact skin. In Hematohidrosis bleeding occurs from the surface of the body and also through the external orifices of the body. The blood is mixed with sweat and is considered to be due to abnormal constriction and expansion of blood vessels around the sweat glands under the influence of the sympathetic nervous system.¹ But it was also reported that bleeding occurs through some areas that do not contain sweat glands.² Hematohidrosis has been reported for many centuries throughout the world. The Bible mentions Jesus Christ experienced sweating of blood while praying before the crucifixion. Leonardo Da Vinci, the prominent Renaissance artist and writer, described a soldier sweating

blood before going to battle. Specific treatment for haematohidrosis is not available in the literature.³

Trials were reported with Propranolol. But long-term follow-ups were not conducted to make ensure that the disease is cured. Ayurvedic management for haematohidrosis is not reported till now. Symptoms of haematohidrosis are similar to *Ubhayaga rektapita*. Bleeding through hair follicles, nose, eyes, mouth, ear, vagina and urethra are the symptoms of *Ubhayaga rektapita* and haematohidrosis. The cause of *Rektapita* is mentioned as excessive usage of hot, spicy, sour, salty and *vidhahi* food. Treatment of *Rektapita* is adopted for the treatment of haematohidrosis.⁴ The patient had bleeding from the eyes nose, mouth, and scalp on different occasions



without any warning symptoms. There was no fever or pain at the site of the bleeding. Bleeding lasted for 5-10 minutes and stopped without any medication. Based on the symptoms the disease was diagnosed as Haematohidrosis. The symptoms of Haematohidrosis are similar to *Raktapita* described in Ayurveda. Unique Ayurvedic therapeutic approaches were done along with counseling in the different periods within one year. Drugs with *Rakta sthambana*, *Seeta Veerya* and *Medya* property were selected for the treatment. Specific treatment protocol for the treatment of haematohidrosis is not available. Ayurvedic drugs selected based on symptoms of *Raktapita* along with counseling were found very effective. The patient is not having any episodes of bleeding for the last four years and he is now leading a peaceful marital life. This case is reported for the unique treatment of Haematohidrosis.

METHODS

Chief complaint and present medical history

A 21-year-old male person reported on 15-05-2016 with recurrent episodes of bleeding from the eyes, nose, and mouth. Occasional bleeding from the scalp was also noticed. Bleeding was spontaneous and self-limited. The bleeding stops within 3-4 minutes. The disease was not associated with fever and pain. There were no warning signs for bleeding. The patient was not having any other diseases and was not taking any medicine. The first episode of bleeding happened during the day of the picnic at the school. He was with his friends and teachers. It was his first experience of an outing at the age of 15. He felt severe anxiety during that occasion. Recurrent episodes occurred during his college years also. He underwent psychiatric treatment in Medical College hospital, Thrissur and NIMHANS, India, but there was no recovery. No apparent damage to the brain was noted in the CT scan. There was no family history of bleeding disorders or psychiatric diseases.

The patient had several social issue in college due to his symptoms, as he was accused of malingering to seek attention.. He was anxious and afraid of the disease and other's attitudes towards him.

On examination, he was attentive, cheerful and his memory was intact. He had insight and no abnormal palpable visceral organs were found. The skin over the bleeding spot was intact. Recurrent, spontaneous, painless and self-limited bleeding episodes without any abrasions or break

over the skin at the site of bleeding were noted during his hospital stay period. The clotting time, hemoglobin level, ESR and blood counts were normal. Renal function tests and liver function tests were within limits. Both pharmacological (Ayurvedic) and non-pharmacological (counseling) managements was given in different periods for one year. . Drugs used for *Rakta pita* and those acting in the limbic system and brain were selected.

Table 1 Medicines and treatment procedures used during hospital stay:

The patient was admitted twice to the hospital for a duration of 10 days. After discharge, he was advised to continue the internal medicines for one year in repeated intervals. Psychological counseling was also done every month during the first eight months of treatment. The patient did not take any other medicines during the intervention period.

RESULTS

Outcome of the intervention

In the first period of treatment, the bleeding episodes increased markedly but reduced after 7 days. The bleeding episodes were reduced to 1 or 2 per month during the first six months after the initial IP treatment. Thereafter no bleeding episode was noticed. Table 2 Timeline for the administration of the interventions, duration of treatment and relationship of result

Follow up period was decided as four years to observe recurrence if any. All the internal medicines were stopped during the follow-up period. There was no recurrence during the follow-up period.

DISCUSSION

No specific diagnostic tests are currently available to diagnose haematohidrosis. The diagnosis was done depending upon the symptoms. Bleeding time and clotting time was within the normal range. Other bleeding disorders are excluded based on symptoms and lab investigations.

Etiopathogenesis of haematohidrosis is not well known. It is said that sympathetic activation due to extreme physical or emotional stress causes constriction of capillary vessels of the sweat glands. Later the blood vessels dilate resulting in extravasations of blood which may pass externally through the duct of sweat glands.¹ Haematohidrosis is very similar to *Raktapita* described in Ayurveda classics. In *Ubhayaga Raktapita* bleeding occur through the nose, eye, ear, mouth penis, vagina, anus and hair follicles. The

patient of this case report had bled through the nose, eye, ear, mouth and hair follicles on different occasions. Specific treatment for haematohidrosis is not available and hence *Raktapita* treatment was applied to the patient along with repeated counseling. *Takradhara* is used for stimulating the limbic system. Nasal and rectal absorption of *Medhya* (brain stimulant) drugs is attained through *Pratimarsa nasya* and *Matravasti* respectively. Follow up period was decided as four years to assess the influence of the treatment. During this period symptoms did not appear.

Earlier published case reports;

A case report of a 13-year-old boy was published with the symptoms of oozing of blood-stained fluid from the face. The patient was given Alprazolam (0.25 mg) once daily for 10 days, which was then stopped. The patient then decided to opt for an alternative medicinal system along with breathing exercises and reported no recurrence until he was on that treatment. However, it recurred as soon as he stopped that treatment.⁵

Another case of a 12-year-old girl was reported with bleeding from the intact skin over the forehead, scalp, cheek, nose, and trunk. The patient was given atropine transdermal patch over the involved sites and after 1 month, the patient stopped getting similar episodes. During the follow-up period, the patient did not have any more episodes.⁶ But here the follow-up period was too short for assessment.

A case of an 11-year-old female child with a history of episodic bleeding from the intact skin over her left side of the face was reported.⁷ In this case, interventions done and the episodes of the disease are not mentioned

CONCLUSION

The disease was diagnosed based on clinical symptoms. No diagnostic test was available. As the symptoms are very similar to *Ubhayaga Raktapita* the treatment of *Raktapita* was done. Etiological factors such as hot and spicy foods are considered as the cause of *Raktapita*. A hypothesis is to be generated for research to find out the association of

food, habits and mental stress in the development of haematohidrosis. The drugs used for *Ubhayaga raktapita* can also be studied for their effect on haematohidrosis.

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Fig 1 Bleeding from scalp



Fig 2 Bleeding from chest

Table 1 Medicines and treatment procedures used during hospital stay:

S.No	Medication	Mode of application	Time
1.	<i>Vasaguluchyadi kashayam</i>	15 ml + 45 ml boiled water	6 am & 6 pm
2.	<i>Varavisaladi kashayam</i>	15 ml + 45 ml boiled water	10 am & 4 pm
3.	<i>Saraswatharishtam</i>	10 ml	7 am & 5 pm
4.	<i>Useerasavam</i>	10 ml	11 am & 8 pm
5.	<i>Mahapaishachika gritha</i>	10gm	10 pm
6.	<i>Himasagarathailam + kachooradi choornam</i>	for head application	
7.	<i>Dhanwantharan thailam</i>	for application on the body before bath	
8.	<i>Varanaadi ksheera gritham + medha choornam</i>	10 drops <i>Pratimarsa nasyam</i> 2 gm	
9.	<i>Dhanwantharam anuvasana thailam + medha choornam</i>	50 ml <i>Matra vasti</i> 5 gm	
10.	<i>Rasathailam + medhachooram</i>	<i>Thalam</i>	
11.	<i>Medicated buttermilk + Panchagandha churnam</i>	<i>Thakra dhara</i>	

Table 2 Timeline for the administration of the interventions, duration of treatment and relationship of result

Administration of intervention With duration	Treatments	Observation	Result
19-05-2016 to 30-05-2016 10 days	<i>Internal medicine</i> <i>Pratimarsanasyam</i> <i>Matra vasti</i> <i>Thalam</i> <i>Takradhara</i>	Bleeding episodes observed 19-05-2016 4 times through eyes and nose 20-05-2016 2 times through eyes and nose 21-05-2016 7 times through eyes and nose 22-05-2016 5 times through nail beds 23-05-2016 3 times through nail beds and nose 24-05-2016 4 times through left eye and nose 25-05-2016 one time through left eye and nose 29-05-2021 2 times vomited blood	
31-05-2016 6 months	Internal medicines only	bleeding limited to two times only	Good prognosis
24-12-2016 to 31-12-2016 8 days	<i>Internal medicine</i> <i>Pratimarsanasyam</i> <i>Matra vasti</i> <i>Thalam</i> <i>Takradhara</i>	Bleeding not occurred during the period of treatment	Good prognosis
01-01-2017 to 30-04-2017 4 months	Internal medicines only	Bleeding not occurred	Good prognosis
01-05-2017 to 01-01-2021 4 years	No medications	Bleeding not occurred	Recovered from bleeding episodes