

# A REVIEW ON RANJAKA PITTA WITH SPECIAL REFERENCE TO ERYTHROPOIESIS

#### Rudragoudar Mrinal Nandakumar<sup>1</sup>,KS Chaithra Rani<sup>2</sup>, Kulkarni Pratiba<sup>3</sup>, Rudragoudar Nandakumar M<sup>4</sup>

<sup>1</sup>PG Scholar,<sup>2</sup>PG Scholar,<sup>3</sup>Professor, Department of Kriya Sharir, SDM College of Ayurveda & Hospital, Hassan, Karnataka, India,<sup>4</sup>Professor, Department of Rachana Sharir, Governament Ayurvedic Medical College, Shivamogga, Karnataka, India

**Abstract:** Body is made up of three basic elements that is *vata*, pitta and *kapha* they remains constant from birth till death. Among these three *doshas*, pitta *dosha* is the entity which is mainly responsible for transformation. *Ranjaka* pitta one of the subtypes of pitta which is mainly located in stomach, liver and spleen with respect to its function related to coloring the rasa and also takes part in *Raktothpatti. Haritha* clearly explains the seven stages of *Raktotpatti* and color changes during the stage of transformation of rasa to *Rakta*. Erythropoiesis is a stage where uncommitted pluripotent hematopoietic stem cells get origin development and maturation. the factors responsible for erythropoiesis are presented in stomach liver like intrinsic factor of castle, vitamin B12, iron etc. Hence here we can establish the relationship between the function of *Ranjaka* pitta and the factors responsible for erythropoiesis.

Keywords: pitta, Ranjaka pitta, Erythropoiesis, Transformation,

#### Introduction:

Ayurveda the ancient science which is mainly based on *Tridosha Siddhantha* . The

*Tridosha* that is *Vata*, *Pitta*, and *Kapha* are associated with the human body right from the time of fertilization of the ovum till the death<sup>1</sup>. All physiological functions are performed

by *Tridosha* when they are in normal state. In the vitiated state they pollute the whole body and responsible for disease production<sup>2</sup>. *vata pitta* and direct responsible *kapha* are for causation of *vyadhi* and also for swasthya, are the of causes production, preservation and destruction of the body. They pervade

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the whole body, but their special seats in the normal state are lower, middle and upper portions of the body respectively<sup>3</sup>. like how the pillars support the house similarly these *Tridoshas* supports the *Sharira*, The second among the *Dosha* triad, i.e. Pitta, represents all the agents that are responsible for the transformations taking place in the living system. Changes taking place during digestion, metabolism, maturation and the homeostasis – all these are under the control of Pitta *dosha*.

Pitta dosha: The word "Pitta" is derived from the word "*Tapa*" indicated the meaning "heat". Hence it represents heat (agni) in the body. Pitta is originated from the combination of "Teja" and "apa" mahabhuta. Pitta because of this combination acts as active energy element in the body which brings about physio-chemical action in the cell or tissue and facilities the process of digestion in the body in the G.I.T. and in the tissue level is governed by *Pitta* itself<sup>4</sup>.

*Guna karma* of *Pitta*: *Pitta* is having *tiksna, ushna, sara, drava,laghu, snigdha,* etc. properties which are responsible for biochemical changes at the level of cells and tissue. Teja mahabhuta is dominant it leads to upward movement, if ap mahabhuta is dominant it move down wards in Pitta maintains digestion, direction. thirst, appetite energy production and body temperature, color, complexion.<sup>5</sup> There are 5 types of *pitta*, Pachaka, Brajaka, Alochaka and Ranjaka. Sadhaka pitta, subtypes of pitta gives a direction of view towards distribution of its functions , pitta has its representation in different places of the *shareera*, classification can be understood in terms of functional distribution of *pitta* .one among such is ranjaka pitta.

# Ranjaka pitta :

*Nirukti Sthana* And Karma of *ranjaka pitta* :

रंजयति इति रंजकः । (शब्दकल्पद्रुम) Derived from the root word "रञ्ज्, the one which imparts colour is called ranjaka, *yakruth* and *pleha* are the *sthana* according to *sushrutha* and *vagbata* and *sharangadhara* opines amashaya<sup>6</sup>. The major function of *Ranjaka* pitta is to impart red colour to the rasa to form *Rakta*.According to *Kedarakulyanyaya* of *Dhatuparinama*, the nutrients specific to *Raktadhatu* are transported to the liver and spleen, synthesized by the *Raktadathvagni* to form the *Raktadhatu*. Hence, *Raktadathvagni* and *Ranjakapitta* are two entites responsible for the formation of *Raktadhatu*<sup>7</sup>.

**Rakta Datu Nirukthi and Guna :** root *raja ranjane* means to stain, since the *datus* is red colour it is called *rakta*, if white cloth is stained with this *rakta* it becomes red *colour*, *rakta* is *raga kruth*.

**Rakta Pramana** : that is 8 *anjali* pramana<sup>8</sup>

**Raktadara Kala:** kala is a thin membrane, which lining the internal cavity of the ashayas, organs, blood vessels and fibrous capsule of the joints. The kala seperates datu and ashayas. Among saptadara kala raktadara kala is explained in the second hierarchy. Raktadara kala is the linening internally of the blood vessels, internal aspects of the liver and spleen, the thin membrane lies in between the lobule of the spleen and liver. The tunic intima of the blood kala<sup>9</sup>. vessels is raktadara Sharangadhara mentioned Pleeha and Yakrut as 4<sup>th</sup> kala

**Utpatti of Raktha:** Rakta is produced in the *raktavaha strotas*, it get generated in intrauterine life, growth and nourishment by food just like other dathu's. When some amount of rasa dathu reaches the next strotas that is *raktavaha strotas*, there rasa is converted to *rakta* with the help of ranjaka pitta. Rakta is formed from rasa Dathu, Rasa while travelling through the *Sthana* i.e. *Yakrit* and Pleeha imparts red color and Rakta is formed, Charaka observed that from Ahara Rasa, Rakta Dhatwagni absorb more Agneya Amsa and transform into *Rakta.* it is clearly mentioned that *Rakta* is formed by the *Usma* of the Pitta which renders the Rasa into a colored state. This is a general view put forward for the Rakta formation. After the period of Caraka, Sushruta says the *Rakta* is formed in *Yakrt* and *Pleeha* with the help of *Ranjakagni*. that apa Rasa when circulates through Yakrt and Pleeha it becomes coloured there and thus Rakta is formed, Astanga Hridaya, vagbatta has mentioned that *Rakta* forming factor i.e. Ranjaka Pitta is also formed in Amasaya, From this all information's and references it is inferred that Usma

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of the *Pitta* and *Rasa* are the main factors by which *Rakta* is formed and secondary *Yakrt*, *Pleeha* and *Amasaya* are the organs in which this process is taking place<sup>10</sup>.

# Factors which play major role in the formation of *Raktha dhatu*:

Poshaka dravya of rakta dhatu, rakta vaha srotas, raktadhara kala, sarakta meda, ranjaka pitta, rakta dhatwagni.

#### Method of *Rakta* Formation:

- 1. Suksma Bhaga
- 2. Sthula Bhaga
- 3. Mala Bhaga<sup>11</sup>

Sargadhara Samhita (Deepika commentary) says Varnaparivartana, stages of formation of Rakta Dhatu, Rakta is formed in seven days by gradual change taking place in its color Varnaparivartana

- 1. Sweta
- 2. Kapota
- 3. *Ha<mark>ridra</mark>*
- 4. *Padma*
- 5. *Kimsuka*
- 6. *Alaktaka*
- 7. Rasaprakhyal indragopa

**Erythropoiesis:** Erythropoiesis is the process of origin, development and maturation of erythrocytes<sup>12</sup>.

#### Site of Erythropoiesis:

- <u>During intrauterine life</u>
- ✓ Mesoblastic stage (3<sup>rd</sup> week to 3 months)
- ✓ Hepatic stage (after 3 months)

- ✓ Myeloid stage (3rd trimester)
- <u>In children</u>
- $\checkmark~$  All bones with red bone marrow
- ✓ Liver & spleen
- In adults (after 20yrs)
- ✓ Ends of long bones like femur, humerus
- ✓ Skull
- ✓ Vertebrae
- ✓ Ribs
- ✓ Sternum
- ✓ pelvis

#### Stages of Erythropoiesis<sup>13</sup>:

- 1. Pronormoblast
- 2. Early normoblast (Basophilic)
- 3. Intermediate normoblast
- (Polychromatic)
- Late normoblast (orthochromatic)
- 5. Reticulocyte.
- 6. Matured RBC
- Stem Cells<sup>14</sup>

These cells have extensive proliferative capacity, Ability to give rise to new stem cells (**Self Renewal**), Ability to differentiate into any blood cells lines (**Pluripotency**), Hematopoietic stem cells (HSCs) are bone marrow cells that are capable of producing all types of blood cells. They differentiate into one or another type of committed stem cells (progenitor cells).

#### • Progenitor cells

Committed stem cells lose their capacity for self-renewal. They become irreversibly committed. These cells are termed as "Progenitor cells". They form CFU-E

#### Proerythroblast

The first cell derived from CFU-E, It is very large in size 20 µ, Larger nucleus, Two or more nucleoli and a reticular network, Cytoplasm is basophilic in nature

#### Early Normoblast

Slight reduction in size 14-17µ,Large nucleus, nucleoli reduce in number, Basophilic cytoplasm, Active mitosis.

Intermediate Normoblast
 Cell size 10-15µ size ,Nucleus is still present. <u>POLYCHROMASIA',Nucleus condenses Chromatin lumps,Hb starts appearing,Reduced mitoses</u>

#### Late Normoblast

cell diameter decreases to 8-10 µ,nucleus becomes ink spot nucleus, cytoplasam becomes almost acidophilic ,the process by which nucleus disappears is called pyknosis

# Reticulocyte

Young erythrocytes with granular or reticular filamentous structures. Makes up 0.5-2% of all erythrocytes,Vital staining required make this to visible.Has no nucleus, has no organelles, is larger than the mature RBC, is not concave, has many polyribosomes. In severe anemia, many of these are released into the blood prematurely  $\rightarrow$  Reticulocyte response. Normally 1% of circulating blood, are reticulocytes.

#### Mature erythrocyte

Reddish, circular, biconcave cells,Cell size 7-8 µ.No visible internal structure. High Hb content, Bright at center due to biconcave shape changes during erythropoiesis, decrease in size,loss of mitotic activity (later part of intermediate

#### normoblast).Hemoglobinization

(intermediate normoblast), change of cell shape (from globular to biconcave) disappearance of nucleus, mitochondria, RNA, etc change of staining (basophilic – eosinophilic)

# Factors Necessary for Erythropoiesis<sup>15</sup>

- General factors.
- Special maturation factors.
- Haemoglobinization factors.

#### **General Factors:**

- Optimum levels Erythropoietin
- Mechanism controlling erythropoietin.

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#### **Special Maturation Factors:**

- Vit B 12 (extrinsic factor)
- Folic acid
- Intrinsic factor of Castle.

# Vit B 12 (Extrinsic Factor)

- Daily need 1-2  $\mu$ g.
- Sources Milk, Meat, Liver of Animals
- Also synthesized by bacterial Flora.
- Absorption need Intrinsic Factor Of Castle , a glycoprotein secreted by parietal cells of gastric mucosa.
- With it form Intrinsic Factor-Cyanocobalamin complex
- Bound to sp receptors in ileum & absorbed by Endocytosis.
- Storage In liver & Muscle
- Role required for synthesis of DNA & maturation of nucleus & cell.

# Folic Acid:

- Daily requirement –
- 100 μg.
- Sources leafy veg, pulses, yeasts, liver.
- From breakdown of Polyglutamate to Monoglutamates<sup>16</sup>.

# Intrinsic Factor of Castle:

- Intrinsic factor of Castle is formed by Gastric Cells.
- Deficiency if intrinsic factor occurs in autoimmune cause of failure of secretion of IF. ( Pernicious Anemia)

**Fate of RBC:** After 120 days the membrane of RBC becomes fragile and gets rupture in spleen, then it gets divided into heme and globin, globin is reused and from heme iron is reused and bilirubin pigment is formed, this bilirubin is released in to blood as free bilirubin, with in few hours after entering in to circulation it is taken up by the liver cells. In liver it is conjugated excreted in to intestine through bile<sup>17</sup>.

Discussion: Ranjaka Pitta and Rakta Dhatwagni are the two entities essential for the formation of Rakta. Rakta Dhatwagni synthesizes cellular components other than what imparts red colour to blood. Ranjaka Pitta supply coloring materials simultaneously in it and thus formation of Rakta is completed. This can be related to heme synthesis in particular.So Ranjaka Pitta involves the activity of *Pitta* necessary for the formation of RBC. The quality of rasa depends on the Ahara i.e -Proteins, metals and vitamins. Iron and its metabolism should be specifically considered (factors essential for Hb synthesis). Function of Ranjaka Pitta is to absorb iron i e, in GIT (Amasayaintrinsic factor of castle), transport and storage of iron (liver & reticulo endothelial cells) The areas Amasaya, Yakrit and *Pleeha* thus became predominant areas of activity of Ranjaka Pitta. But when it comes to Raktagni it synthesizes cellular components other than what imparts red colour to blood. This includes formation of WBC's, platelets, etc. All these don't contribute to 'Ragatvam' in Raktha. They have dissimilar functions When Raktha Dhathu too. is considered 'Jeevana' is given as its important function. This function is solely attributed to RBC's and to Hb. But WBC function includes protective and defensive function whereas in case of platelets it is clotting mechanism. So it is related more to Bala, Vyadikshamatva.Even if we notice the changes during erythropoiesis, four important changes are noticed as Reduction in size of cell, Disappearances of nucleoli & nucleus, Appearances of hemoglobin, Change in the staining property of cytoplasm.

# **Conclusion:**

The prominent seats for the functioning of *Ranjaka Pitta* are *Yakrit*,

Pleeha and Amasaya. Ranjaka Pitta and Rakta Dhatvagni function with mutual assistance .Since Ranjaka Pitta encompasses a wide range of bodily function, the factors that influence Ranjaka Pitta is also not single. Steps and duration in *Raktotpatti* and steps and duration of formation of RBC (erytropiosis) can be correlated, Ranjaka pitta status can be assumed by Hb % and RBC count. The Ranjaka *pitta* function could be summarized as transformative principle necessary for haemoglobin formation, erythropoiesis influencing and factors iron metabolism.With the aid of contemporary science the Sthanas of *Ranjaka pitta* as *Amashaya*, *Yakrit* and *Pleeha* can be substantiated.

# **Reference:**

- Dhargalkar Nadini dilip . sharira kriya vignana, 2 ed. Varanasi: Chowkhamba sanskrit series office; 2010.p.10.
- Dhargalkar Nadini dilip . sharira kriya vignana, 2 ed. Varanasi: Chowkhamba sanskrit series office; 2010.p.245.
- Kulkarni Pratibha. Kriya Shareeram, 1 ed. Varanasi: Chowkhamba orientalia; 2016.Vol 1 p.40.
- Raja Radhakant Deva;
   Shabdakalpadruma,thritiya

#### A REVIEW ON RANJAKA PITTA WITH SPECIAL REFERENCE TO ERYTHROPOIESIS

khand,reprint 1 ed. Delhi: Naga Publishers; 2002.p.147.

- Prof. Shrikanta Murthy K.R. Astanga Hridaya, 3 ed. Varanasi: Chaukhamba Orientalia; 1996. Vol 1 p.154.
- Kaviraj Ambikadatta Shastri., Sushruta Samhita, Reprint ed. Varanasi: Chaukhambha Publications; 2007. Part 1 p.89.
- Sastri Subrahmanya VV. Tridosha theory, 4 ed. Kottakal: Arya vaidyasala; 2002.p.115.
- Dhargalkar Nadini dilip . sharira kriya vignana, 2 ed. Varanasi: Chowkhamba sanskrit series office; 2010.p.403.
- Kanthi M giridhar. A text book of Ayurvedic human anatomy, 1 ed. Varanasi: Chaukhambha orientalia ; 2008.p.289.
- Dhargalkar Nadini dilip . sharira kriya vignana, 2 ed. Varanasi: Chowkhamba sanskrit series office; 2010.p.398.
- 11. Nandabasappa bijapur.Conceptual study on pitta dosha wsr to ranjaka

pitta and its role in raktotpatti. dr. b.n.m.e.t's shri mallikarjuna swamiji post graduate and research centre, bijapur;2011.

- 12. Sembulingam K. Essentials of Medical Physiology, 6 ed. New delhi: Jaypee brothers Medical pulishers ; 2013.p.71.
- Sembulingam K. Essentials of Medical Physiology, 6 ed. New delhi: Jaypee brothers Medical pulishers; 2013.p.73.
- Sembulingam K. Essentials of Medical Physiology, 6 ed. New delhi: Jaypee brothers Medical pulishers; 2013.p.72.
- Sembulingam K. Essentials of Medical Physiology, 6 ed. New delhi: Jaypee brothers Medical pulishers; 2013.p.74.
- Sembulingam K. Essentials of Medical Physiology, 6 ed. New delhi: Jaypee brothers Medical pulishers; 2013.p.75.
- 17. Sembulingam K. Essentials of Medical Physiology, 6 ed. New delhi: Jaypee brothers Medical pulishers;
  2013.p.254.

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# Corresponding author: Rudragoudar Mrinal Nandakumar

PG Scholar Final Year ,Department of Kriya sharir Sri Dharmasthala Manjunatheshwara college of Ayurveda and hospital.hassan Email: <u>drmnr1991@gmail.com</u>