

**CLINICAL EVALUATION OF TRIPHALA KASHAYA IN THE MANAGEMENT OF  
VATAJA PANDU - A SINGLE CASE STUDY****\*<sup>1</sup>Dr. Akshatha Desai, <sup>2</sup>Dr. Archana C. P.**<sup>1</sup>PG Scholar, Department of Kayachikitsa, Ramakrishna Ayurveda Medical College and Hospital, Bangalore, Karnataka.<sup>2</sup>Professor & Head, Department of Kayachikitsa, Ramakrishna Ayurveda Medical College and Hospital, Bangalore, Karnataka.**\*Corresponding Author: Dr. Akshatha Desai**

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**ABSTRACT**

**Background:** Pandu Roga causes due to vitiation of pitta pradhana tridoshas, rasa and rakta dhatus and produces symptoms like fatigue, pallor and anorexia etc. Classical texts describe Vataja Pandu as having prominent Vata aggravation, leading to symptoms such as vaivarnya, kshaya and shotha etc. Triphala Kashaya classically indicated in management of pandu roga. **Materials & Methods:** A 32-year-old married female, self-employed professional with graduate education and middle-class socioeconomic status, presented with an 8-month history of progressive pallor, fatigue, dyspnea, and muscular cramping. The patient was administered with freshly prepared Triphala Kashaya, 24 mL twice daily before meals for 30 days. Subjective symptoms and objective hematological indices were recorded before and after treatment. **Results:** Treated subject showed improvement in subjective parameters including pallor reduction, fatigue and relieved dyspnea also showed improvement in objective hematological parameters. **Conclusion:** In this case, Triphala Kashaya demonstrates its action on vataja pandu, which was evident in both symptomatology and haematological restoration. This supports the use of Triphala Kashaya as a safe and effective in the management of vataja pandu. Further research on patient-specific factors and combination therapies is warranted.

**KEYWORDS:** Vataja Pandu, Triphala Kashaya, vaivarnya, shotha, kshaya.**INTRODUCTION**

Pandu roga is classified among the *varnopalakṣita rogas* in Ayurveda, marked by *vaivarnya* (abnormal discoloration of the body) such as *shwetha* (whitish), *peeta* (yellowish) (pīta), or *harita* (greenish). Ācārya Caraka<sup>[3]</sup> and Vāgbhāta have described pandu roga as a disorder primarily affecting the *rasavaha Srotas*, whereas Ācārya Suśruta<sup>[4]</sup> considers it a disease originating in the *Raktavaha Srotas*. Detailed descriptions regarding its *nidana* (etiology), *Samprapti* (pathogenesis), and *chikitsa* (management) are available in both the *Bṛhatrayī* and *Laghutrayī*.

In this condition, Rakta Dhātu in associated with vitiated Pitta dosha, it also gets vitiated and leading to the manifestation of Pandu Roga. Hence, Pandu Roga is regarded as a Pitta-pradhāna Vyādhi. Continuous

indulgence in *nidana sevana* like Excessive intake of *kshara*, *amla*, *lavana*, *ati ushna anna*, *virruddha bhojana* & *asatmya bhojana*. And *viharaja nidanas* Excessive *diwaswapan*, *vyayama* and *maithuna*, results in the aggravation of *Pitta-pradhāna Tridoṣa*, which circulates throughout the body and induces *dhatu shaitilya*. There by it leads to depletion of *rasa*, *rakta* and *meda Dhātu*, contributing to the pathogenesis of Pandu Roga.

*Triphala Kashaya*<sup>[5]</sup> is a classical polyherbal decoction described in *Bhaiṣajya Ratnāvali* under *Pāṇḍuroga Cikitsā*. It is prepared using equal proportions of *Harītakī*, *Āmalakī*, and *Vibhītakī*. The formulation is specifically indicated in *Vātaja Pāṇḍu* and is administered along with *Ghṛita* and *Sharkarā*.

**MATERIALS AND METHODS****CASE PROFILE**

A 32-year-old married female, self-employed professional with graduate education and middle-class socioeconomic status, presented with following complaints.

- Progressive facial and conjunctival pallor (8 months)
- Severe fatigue limiting occupational capacity
- Dyspnea on exertion (climbing stairs, walking >500 meters)
- Bilateral nocturnal calf muscle cramping (4-5 episodes weekly)
- Loss of appetite with early satiation
- Periorbital puffiness, especially on mornings.

**PAST HISTORY**

Not known case of hypertension/diabetes mellitus/thyroid dysfunction.

**FAMILY HISTORY**

All family members were said to be healthy. no familial history of anemia.

**PERSONAL HISTORY**

**Diet** - mixed, likes more spicy foods

**Appetite** - reduced

**Bowel** - 1 to 2 times, soft in consistency

**Micturition** - 3 to 4 times in a day.

**Sleep** - sound sleep (7 to 8 hours)

**Habits/addiction** - no any habits /addiction

**GENERAL /PHYSICAL EXAMINATION**

**Built** - normosthenic

**Pallor**- present; icterus, clubbing, cyanosis, lymphadenopathy and edema are absent.

**Vitals** - Blood pressure - 110/70 mm of Hg

Pulse rate - 82 /minute

Respiratory rate - 18/ minute

Temperature - 98.7<sup>0</sup>F

**Weight** - 56 kgs

**Height** - 168cms

**BMI** - 19.8 kg/m<sup>2</sup>

**INVESTIGATIONS**

**Table 1: Pre treatment haematological report.**

Parameter	Value	Normal Range	Impression
<b>Hemoglobin</b>	8.5 gm/dL	12-14 gm/dL	Reduced
<b>RBC Count</b>	$3.2 \times 10^6/\mu\text{L}$	$4.5-5.0 \times 10^6/\mu\text{L}$	Reduced
<b>PCV</b>	28.34%	36-46%	Reduced
<b>MCH</b>	25.1 pg	27-31 pg	Reduced
<b>MCHC</b>	29.8 g/dL	32-36 g/dL	Reduced
<b>Serum Iron</b>	28 $\mu\text{g}/\text{dL}$	60-170 $\mu\text{g}/\text{dL}$	Reduced

**PROBABLE DIAGNOSIS**

*Vataja Pandu*

Iron Deficiency Anemia<sup>[6]</sup>

**SYSTEMIC EXAMINATION****RESPIRATORY SYSTEM**

- Breathlessness present after walking (>500meters).
- Chest clear, normal vesicular breath sounds heard, no added sounds.

**CARDIOVASCULAR SYSTEM**

- S<sub>1</sub> and S<sub>2</sub> heard.
- No murmur/ added sounds.

**GASTROINTESTINAL SYSTEM**

- Tongue- coated, bald
- Per abdomen - Soft, non tender and no organomegaly.

**CENTRAL NERVOUS SYSTEM**

- Conscious.
- Well oriented with the time, person and place.

**ASTASTHANA PARIKSHA**

1. *Naadi*: 82/min (*Vata -pittaja*)
2. *Mala*: *Prakruta*, 1 to 2 times
3. *Mutra*: *Prakruta* 3-4 times/day
4. *Jihva*: *Lipta*
5. *Sparsha*: *Sheeta and Ruksha*
6. *Shabda*: *Prakruta*
7. *Akruti*: *Madhyama*
8. *Drik*: *Pandu varna*.

**SAMPRAPTI GHATAKA**

1. *Dosha*- *Vata Pradhana Tridosha*
2. *Dushya*- *Rasa and Rakta*
3. *Agni*- *Jathragni and dhatvagni( rasa and rakta)*
4. *Agnidushti*- *Mandagni*
5. *Srotasa*- *Rasavaha and Raktavaha*
6. *Srotodushti*- *Sanga and Vimargagamana*
7. *Udbhava Sthana*- *Aamashaya*
8. *Sanchara Sthana*- *Sarva shareera, vyana vata*
9. *Vyakta Sthana*- *Twaka, Nakha, Netra*
10. *Adhisthana*- *Sarva Shareera*
11. *Swabhava*- *Chirkari*

**INTERVENTION**

Following ethical consent, the patient was given *Triphala Kashaya*. *Triphala Kashaya* was freshly prepared. 24 grams of this *Triphala chūrṇa* were boiled in 192 mL water, reduced to 48 mL, and filtered. The patient took 24 mL of the decoction orally twice daily on an empty

stomach for 30 days. No iron supplements or other hematinic agents were used. The patient was advised strictly to follow *pathya* and *apathya*.

### ASSESSMENT CRITERIA

**Table no 2: Grading of subjective parameter.**

Sl. No.	Criteria	Grade / Clinical Presentation	Score	Assessed score
1	<i>Vaivarnya</i> (Pallor of conjunctiva, nails, tongue, skin, palms & soles)	No pallor	0	
		Pallor of conjunctiva	1	
		Pallor of conjunctiva, nails & tongue	2	
		Pallor of conjunctiva, nails, tongue & skin	3	3
		Pallor of conjunctiva, nails, tongue, skin, palms & soles	4	
2	<i>Daurbalya</i> (General weakness)	No weakness during daily activities	0	
		Occasional weakness, activities possible	1	
		Frequent weakness hampering daily activities	2	2
		Always weak, unable to perform daily activities	3	
		Extreme weakness	4	
3	<i>Shrama</i> (Fatigue)	Fatigue only after hard work	0	
		Fatigue after moderate work	1	1
		Fatigue after light work for certain time	2	
		Fatigue even after routine activities	3	
4	<i>Shwasa</i> (Dyspnoea)	No dyspnoea	0	
		Dyspnoea after heavy work, tolerable	1	
		Dyspnoea after moderate work, tolerable	2	2
		Dyspnoea after light work, tolerable	3	
		Dyspnoea on exertion, intolerable	4	
5	<i>Hritdrava</i> (Palpitation)	No palpitation	0	
		On very heavy exertion	1	
		On heavy exertion	2	2
		On moderate exertion	3	
		On mild exertion	4	
6	<i>Shotha</i> (Oedema)	No oedema	0	
		Pedal or orbital oedema	1	1
		Pedal and orbital oedema	2	
		Generalized oedema	3	
7	<i>Pindikodweshtana</i> (Leg cramps)	No cramps	0	
		Mild cramps at night	1	
		Cramps at night or on exertion	2	2
		Cramps requiring medication	3	
		Cramps throughout the day	4	
8	<i>Aruchi</i> (Anorexia)	Normal appetite	0	
		Delayed appetite	1	
		Reduced appetite	2	2
		Severe anorexia	3	

Table no 3: Grading of objective parameter.

Sl.No	Criteria	Range	Score	Assessed score
1	Hb% (gm/dL)	12 to 14 gm%	0	
		10 to 12 gm%	1	
		8 to 10 gm%	2	2
		6 to 8 gm%	3	
2	RBC ( $\times 10^6/\mu\text{L}$ )	4.6 to 5.0	0	
		4.0 to 4.5	1	
		3.0 to 3.99	2	2
		2.5 to 2.99	3	

## RESULTS

The patient reported progressive improvement in symptoms over the treatment course. By day 30, she had markedly less generalized weakness and breathlessness and improved appetite. On examination, conjunctival pallor was much reduced. Quantitatively, her hemoglobin increased from ~8.5 g/dL to 10.18 g/dL (approximately a 1.4 g/dL rise).

Subjectively, the patient's symptom score assessed by mentioned criteria and gradings. It showed improved by about 65–70%. She achieved near-complete resolution of fatigue and anorexia; pallor was much improved. This aligns with the study's finding that *Triphala Kashaya* produced significant subjective relief in *Pandu* symptoms. Subjective assessment score after 30 days of treatment as follows.

Table no 3: Showing results in gradings of subjective parameter pre and post treatment.

SL NO	Criteria	Before treatment score	After treatment score
1	Vaivarnya	3	1
2	Dourbalya	2	1
3	Shrama	1	0
4	Shwasa	2	1
5	Hridrava	2	1
6	Shoatha	1	0
7	Pindikodwestana	2	1
8	Aruchi	2	0

## DISCUSSION

The observed clinical and laboratory improvements can be explained by *Triphala's* known pharmacological actions. Each ingredient contributes uniquely: *haritaki* balances *vāta* and has *anulomana* property (downward movement), thereby regulates gut motility and nutrient assimilation. *Amalaki*, high in vitamin C, enhances non-heme iron absorption and acts as *Raktaprasadhana*. *Vibhitaki* pacifies *kapha* and acts as *rakta shodhaka* and stimulates *yakrut* (liver), which is *moola* of *raktavaha* srotas. *Triphala* as a whole acts as *Deepana* and *amapaachana*, thus enhances nutrient absorption. It also possesses *shothahara*, *srotoshodhana karma*, by this it reduces periorbital swelling. As it is having *Rasayana* and *Raktaprasadhana* properties, does *Dhatu poshana*. Finally, this case highlights the importance of individualized care. The patient also adopted dietary improvements and lifestyle measures (balanced diet, rest) that likely synergized with *Triphala*. There is future scope for Randomized controlled trials with larger cohorts.

## CONCLUSION

This single case study documents the clinical efficacy and safety of *Triphala Kashaya* in managing *Vataja Pandu*. After a month of treatment, showed improvements in both subjective parameters like

improved appetite, reduced generalized weakness and breathlessness and objective parameters.

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