

MANAGEMENT OF PANDU WITH PATHYAPUNRVADI CHOORNA – A CASE STUDY

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ABSTRACT

Pandu is described in almost all authentic *Ayurvedic* literatures. Anaemia is one of the most common nutritional problems in the world today. WHO has estimated that around 2 billion people across the world is suffering from anaemia. So here case report is presented of a patient diagnosed as anaemia (*Pandu*) having symptoms of pallor skin, *Karanshevdh* (tinnitus), *Hatanal* (loss of appetite), *Shawas* (breathlessness), *Gatarshool* (bodyache). Patient was treated with the integrated approach of *Ayurveda*. As in *Ayurveda Pandu* is treated on the basis of *Tridoshas*. So according to *Ayurveda Pathyapunrvadi chooran* has an appreciable result in the form of increasing appetite, decreased palloriness of the skin, decreasing bodyaches and complaints of breathlessness.

KEYWORDS: Pandu, Shawas, Hatanal, Tridoshas, Gatarshool.**INTRODUCTION**

Anaemia is a disease characterized by pallor of body which strikingly resembles with 'Anaemia' of modern science, disease to reduction in number of Rbcs per cumm of Blood and quantity of Hb resulting in pallor like other symptoms. Anaemia (*Pandu*) is defined as reduction in haemoglobin mass below the critical level.^[4,5] Usual symptoms of anaemia are fatigue, giddiness and breathlessness on exertion, sleeplessness, palpitation, loss of appetite. In severe anaemia, the nails of the fingers and toe become brittle and spoon shaped, B12 or folic acid deficiency (poor dietary intake or excessive bleeding), chronic diseases (rheumatoid arthritis, kidney disease), bone marrow failure (aplastic anaemia), loss of blood through heavy menstruation or persistent infections such as malaria and hookworm infestations. It also increases the maternal morbidity, fetal and neonatal mortality and morbidity significantly. Anaemia is the most common nutritional problem in the world and mainly affects women of child-bearing age (especially during pregnancy and lactation) and young children. Globally 30% of the total world population is anaemic and half of them are suffering from Iron Deficiency Anaemia. Anaemia in pregnancy is present in very high percentage of pregnant women in India. ¹Ayurveda mentioned excessive intake of alkaline, sour, salty, too hot, incompatible diet, excessive use of black gram, Sesame oil, excessive exercise, day sleep,

suppression of natural urges as the causes of Anaemia. *Ayurvedic* management of this diseases includes many oral drugs for specific treatment to reduce its symptoms.

CASE REPORT

A 52 years female patient came to us with chief complaints of

- 1) Pallor skin
- 2) Breathlessness
- 3) Loss of appetite
- 4) *Karanshvedh* (tinnitus)
- 5) *Gatrashool* (bodyache)

Patient had above complaints since 3 months.

History of personal illness: According to the patient, she was asymptomatic before 3 months. Then patient have been suffering from loss of appetite, *Gatrashool*. Gradually increases the complaints of breathlessness, tinnitus. Patient is also having complaints of general weakness, dizziness. She was already taking modern medication but got no relief, then she decided to take *Ayurvedic* management.

Personal history**Occupation:** Housewife**Bad habits:** No addictions**Treatment Plan**

Pathyapunarvadi choorna – 2 to 6 gm two times in a day, Anupan:- *Takr* Duration-45 days (follow up after 15 days).

OBSERVATION AND RESULT**Objective Criteria****Table No. 1: Routine haematological investigation.**

Investigations	BT	AT
Hb%	8.0g/dl	9.4g/dl
TLC (/mm ³)	7400mm ³	8600mm ³
DLC (%)	P (45%), L (40%) E (02%), M (03), B (00%)	P (59%), L (36%), E (03%), M (02%), B (00%).
ESR (mm fall in 1 st hour)	52	26
PBF	RBC's-Anisocytosis, Hypochromic WBC'S-WNL, No significant abnormal form seen. Platelet- appear adequate on smear.	RBC's-Normochromic, Mild Hypochromic WBC'S-WNL, No significant abnormal form seen. Platelet- appear adequate on smear.
PCV	32%	38%
TRBC	3.28 million/mm ³	4.24million/mm ³
MCV	68fl	74fl
MCH	20.2pg	24.5pg
MCHC	30.5g/dl	34.5g/dl

Table No. 2: Bio chemical investigation.

F B S (mg/dl)	91mg/dl	82mg/dl
B. Urea (mg/dl)	20mg/dl	14mg/dl
S. Creatinine (mg/dl)	0.8mg/dl	0.5mg/dl
SGOT	37IU/L	35IU/L
SGPT	15IU/L	12IU/L
Urine		
Routine	COLOUR- Pale yellow Specific gravity-1.018 PH-6.2 Reaction- acidic Alb-nil Glucose-nil	COLOUR- Pale yellow Specific gravity-1.018 PH-6.2 Reaction- acidic Alb-nil Glucose-nil
Microscopic	Pus cells, RBC'S, Crystals, EPC-NAD	Puscells, RBC'S, Crystals, EPC-NAD

Table No. 3: Subjective Criteria.

Sr. No.	Subjective Criteria	Grade	BT	AT
1.	Daurbalyata			
	Not present	0		
	After heavy work relieved soon and patient tolerates	1		1
	After moderate work relieved later and patient tolerates	2		
	After little work relieved later	3	3	
	After little work relieved later but beyond tolerance	4		
	Daurbalyata even in resting condition	5		
2.	Hridspandanam			
	Not present	0		
	After heavy work relieved soon and patient tolerates	1		1
	After moderate work relieved later and patient tolerates	2	2	
	After little work relieved later	3		
	After little work relieved later but beyond tolerance	4		
	Hridspandanam even in resting condition	5		
	After little work relieved later but beyond tolerance	4		
	Bhrama even in resting condition	5		
3	Rukshata			

	In twaka, nakha, netravartma, jivha, hastapada			
	Absent	0		
	In any two of these	1		1
	In any three of these	2	2	
	In any four of these	3		
	In all	4		
	Shawas			
	Not present	0		0
	After heavy work relieved soon and patient tolerates	1		
	After moderate work relieved later and patient tolerates	2	2	
	After little work relieved later	3		
	After little work relieved later but beyond tolerance	4		
	Shwas even in resting condition	5		
	Hatanaal			
	Good appetite	0		
	Patient takes meals 3 times/day with little desire	1		1
	Patient takes meals 2 times/day with little desire but not associated with nausea and vomiting	2	2	
	Patient takes meals 2 times/day with little desire but associated with nausea and vomiting	3		
	No desire to take meals	4		
	Gatrashoola			
	Absent	0		
	Mild and Occasional	1		1
	Moderate and often	2	2	
	Severe and constant	3		
	Karana kshweda (tinnitus)			
	No abnormal sounds in ear	0		0
	Occasional low frequency sound in ears	1	1	
	Occasional high frequency sound in ears	2		
	Constant low frequency sound in ears	3		
	Constant high frequency sound in ears	4		
	Twaka Panduta			
	Not present	0		0
	Mild pallor	1	1	
	Moderate Pallor	2		
	Whitish Pallor	3		

O/E

1. General condition of patient is moderate
2. Pulse rate: 64/min
3. B.P. 90/60
4. Pallor++icterus+
5. Weight-52kg, Height-156cm
6. R/S: AE=BE Clear

CVS-S1 S2 normal, no abnormal sound

CNS- well conscious, oriented place, person, time

Srotodushti: Rasvahasrotas, Raktvahstotas

Investigations

1. CBC
2. ESR
3. LFT
4. PBF
5. URINE
6. RFT

Patient doesn't have any concomitant illness.

DISCUSSION

Patient was treated with Ayurvedic approach. According to Ayurveda there are many Ayurvedic drugs to treat *Pandu* by increasing appetite, decreasing *Daurbalyta*, decreasing *Twak Panduta*, decreasing difficulty in breathing, *Hridyasapandan*, and dryness of skin. Appreciable results were observed in subjective and objective criteria. As per the drug it contains *Haritaki*, *Punarnava*, *Sunthi*, *Bhringaraja*, *Karkandu*, *Tila*, *Ajmoda*, *Chitraka* which all are *Tikt Daravy* which act on liver, who is the organ for the metabolism of every product and will increase the appetite, decrease *Daurbalyta* and drugs like *Sunthi*, *Chitraka* is also used in *Shawas Roga* which helps in decreasing problem of breathlessness. The drug another part contains *Sakala Bhavita Kitta Choorna (Gomutra Bhavita Mandura Bhasma)* which increase the iron binding capacity and absorption of iron. *Anupan* of the drug is *Takr* which also

increase the capacity of digestion. Therefore it is useful in *Pandu* and act as a good drug for the *Pandu*.

CONCLUSION

The pathological factors responsible for *Pandu* are *Tridoshas* and *Agnimandta*. The *Pathya Punarnavadi Chooran* contains *Mandura Bhasam* and herbal ingredients. Herbal ingredients present in the trail drug may decrease the chances of *Pandu* in the patients. The results suggest that *Pathya Punarnavadi Chooran* shows appreciable response in the treatment of *Pandu*.

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