

STUDY OF TOLERANCE TO NAVAYAS LAUH IN THE PATIENTS OF INTOLERANT TO IRON PREPARATIONS PANDU ROG (W.S.R TO ANAEMIA) --- A CASE STUDY.**Dr. Anil Badhoria^{1*}, Ramesh Koundal² and Anil Sharma³**¹Reader, Government Ayurvedic Medical College Jammu, JK UT, India.²Lecturer, Deptt. of Shalya Tantra, Govt. Ayurvedic College, Patiala, Punjab, India.³Lecturer, Government Ayurvedic Medical College, Jammu. JK UT, India.***Corresponding Author: Dr. Anil Badhoria**

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ABSTRACT

Anaemia is one of the common manageable problems and roughly one-third world population is affected by it. Half of this total population of Anaemia is suffering from Iron Deficiency (IDA). The management of Anaemia according to modern medicine includes several iron preparations but the side effect of gastric intolerance like nausea, vomiting, epigastric pain; heart burn and constipation are very frequently occurred with these preparations. To overcome from adverse effects caused by these drugs, attempts are being made to explore the ayurvedic literature to develop a suitable remedy for the management of Anaemia. In this series it was decided to use Navayas Lauh 100mg bid for one month with Luke Warm Water in the case of intolerance to Iron preparation of modern medicine. Navayas Lauh contains equal parts of the nine ingredients of Trikatu, Trimada and Triphala with nine parts of lauh churan. The Trikatu, Triphala and Trimada are well known for their properties of correcting the gastric troubles like Nausea, Loss of Appetite, Constipation and Heart Burn. This case study demonstrates that the ayurvedic drug named Navayas Lauh is effective, safer and well tolerable to the patients of Anaemia.

KEYWORDS: Anaemia, Pandu, Navayas Lauh. Trimad, triphala, trikatu.**INTRODUCTION**

Pandu Roga is a disease which is characterized by Pandu Varna. The Pandu Varna is like the color of pollen grains of Ketki flower which is whitish yellow.^[1] Whereas Anaemia is defined as reduced haemoglobin concentration in blood below the lower limit of the normal range for the age and sex of the individual.^[2] It has very close resemblance with Anaemia available in modern text in term of Pandu Trisutra. Hetu (etiology), Linga (clinical features) and Aushadha (drug).^[3] Anaemia is most common ailment which is encountered in OPD worldwide. Iron Deficiency Anaemia is common among it. the global prevalence of Anaemia in 2010 was 33% and it was responsible for 68 million years lived with disability. Iron deficiency was the top cause of Anaemia, with children below 5 years and women having the highest burden. In addition to iron deficiency, which was the most common aetiology globally, other leading causes of Anaemia vary widely by geography, age, and sex.^[4] As per ICMR 2010, 87% of pregnant women are Anaemic of which 10% have severe Anaemic. As per NFH2 46% of urban women are Anaemic.^[5] Management of Anaemia according to modern medicine includes several Iron preparations both orally and parenterally. But side effects at therapeutic dose and also with relation to elemental Iron content are

encountered i.e. like epigastric pain, nausea, vomiting, bloating, staining of teeth, metallic taste, constipation, pain at site of intramuscular injection, pigmentation, sterile abscess, Fever, headache, and joint pain.^[6] To overcome from these adverse effects caused by these drugs, attempts are being made to find out better remedies from the treasure of Ayurveda. In the present casestudy, it was decided to use the Herbomineral compound Navayas Lauh as trial drug. Navayas Lauh is mixture of Trikatu, Trimada, Triphala and Lauh churna described by Acharaya Charaka in the management of Pandu just after the Lauh churan.^[7]

CASE REPORT

A 32-year female attended the OPD of the Kayachikitsa department with presenting complaint of Loss of Appetite, Weakness, Chakkar (Giddiness) and Shortness of breath, which were gradual in nature. On examination there was marked palpebral and bulbar conjunctival pallor, B.P 110/72mmhg, Pulse 84bpm, Cardiovascular and Respiratory System were in within normal limits. On further enquiry she was not suffered from jaundice, fever or any other ailment at that time.

History of Past Illness:- she had also visited the allopathic hospital for the same complaint for which she

was advised to take allopathic Iron preparation but she didn't tolerated the side effects of the drugs so she left her treatment and visited ayurvedic hospital for alternative treatment for her complaints. After thorough examination and investigation, the patient was put up on

tab Navayas Lauh 100mg bid with luke warm water for 30 days with follow up advice after every 7 days. The patient was on under observation for 1 more month after the completion of treatment for any other delayed effects. The whole period of trail was uneventful.

Table 1: Routine haematological investigation.

Investigations	BT	AT
HB	7.8g/dl	9.5g/dl
TLC	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	36	26
PBF	RBC's-Anisocytosis, Hypochromic WBC'S-WNL, No significant abnormal form Platelet- appears adequate on smear.	RBC's-Anisocytosis, Hypochromic WBC'S-WNL, No significant abnormal form Platelet- appears adequate on smear.
PCV	36%	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 2: Bio chemical investigation.

INVESTIGATIONS	BT	AT
F B S (mg/dl)	88mg/dl	82mg/dl
B. Urea (mg/dl)	18mg/dl	14mg/dl
S. Creatinine (mg/dl)	0.6mg/dl	0.5mg/dl
SGOT	37IU/L	35IU/L
Urine		
Routine Colour- Pale yellow Specific gravity-1.018 Reaction- acidic ALBUMIN	Routine Colour- Pale yellow Specific gravity-1.018 Reaction- acidic ALBUMIN -NIL GLUCOSE- NIL	Routine Colour- Pale yellow Specific gravity-1.018 Reaction- acidic ALBUMIN-NIL GLUCOSE-NIL
Microscopic	Pus cells, RBC'S, Crystals, EPC-NAD	Puss cells, RBC'S, Crystals, EPC-NAD

DISCUSSION AND CONCLUSION

IDA, the Iron Deficiency Anaemia (Pandu) is associated with lower economic status. For the treatment of Anaemia, Iron preparations are the drugs of choice but their side effects like gastric intolerance is biggest drawback. To overcome from these side effects, the modern practitioners switch their Anaemic patients on intramuscular and parenteral route of drug administrations, which are not cost effective and require more expertise which leads to rise in withdraw cases of the Anaemic treatment in between. Navayas Lauh lower the gastric side effects and increases the tolerability to the Anaemic patients through its contents i.e. Triphala, Trikatu and Trimada. From the above discussion it is concluded that Navayas Lauh has a very good hematinic effects and has better tolerable to the Anaemic patients with no immediate or delayed side effects. But it is only a single case. A large-scale clinical trial should be done to establish it as general treatment for Anaemia.

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