



E-ISSN: 2321-2187

P-ISSN: 2394-0514

www.florajournal.com

IJHM 2023; 11(5): 191-194

Received: 03-06-2023

Accepted: 04-07-2023

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Management of *Pandu* with *Darvyadi leha*: A case study

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Abstract

Pandu roga is explained by almost all of our *Acharyas*. *Pandu* widely described in various vedas and ayurvedic texts as an independent disease. It is called *Pandu roga* because of predominance of *pandu bhava* (paleness) all over the body. *Pandu rogi* suffers from decreased blood count, *Bala* (strength), *Varna* (complexion), *Sneha*, *Meda* and *Oja*. Patient becomes *Nihsara* (loss of natural integrity, tone and strength) and *shithilendriya*. In this there is vitiation of *pitta pradhana vatadi dosha* and *raktadhatu* in the body. *Pandu* is described under *rasapradoshaja vikara*. In modern it can be closely related with iron deficiency anemia on the basis of symptoms and causative factors. In a recent estimate, about 8.8% of global population is affected includes all age groups. It is most common form of anaemia in India with root cause of nutritional deficiency. In this case study 40 yr old male patient suffering from *Hridispandan*, *Gatrashoola*, *Shwasa*, *Dourbalya*, *Pandutva*, *Bhrama*, *Hatanala*, *Bhaktadvesha*. Patient diagnosed as a *pandu vyadhi* and treated with *darvyadi leha* as *Acharya charak* mentioned the one of the best medicine to treat *pandu vyadhi*.

Keywords: Ayurveda, pandu, darvyadi leha, chikitsa, pathya, anemia

Introduction

Ayurveda is the science which mentioned various principles for prevention and treatment of disease. 'Prevention is better than cure' is the basic concept of Ayurveda^[1]. Now a day, the lifestyle is gradually shifting away from healthy living and therefore people fall victim of various diseases. In high and middle economy class, due to busy and stressful lifestyle many people are not paying attention towards nutritional value in diet and their timing of taking meal is also irregular and in low economy class, due to poverty, illiteracy & lack of health services most people having nutritional deficiencies like iron deficiency and facing to a disease like anemia. A prominent diagnostic feature of *Pandu roga* is the pallor of the skin which occurs due to the quantitative and qualitative deficiency of *rakta dhatu* caused either in the form of deficiency of hemoglobin and/ or red blood cells (RBCs). Considering *panduta* (Pallor) as the predominant sign, the disease is termed as *pandu roga*. The nearest correlation of iron deficiency anaemia (IDA) can be made with *pandu roga*, because of the predominance of *panduta* or pallor in the whole body. Iron deficiency is a very common nutritional disorder worldwide and is known to affect approximately one third of the global population. While its incidence in affluent countries is low, the incidence of IDA in India is very high^[2]. Iron deficiency is thought to be the most common cause of anemia globally, although other conditions, such as Folic acid, Vitamin B12 and Vitamin A deficiencies, chronic inflammation, parasitic infections, and inherited disorders can all cause anemias. The word *Pandu* has been derived from "*Padi Nashne Dhatu*" by adding "*Ku*" *Pratyaya* in it, the meaning of which is always taken in sense of "*Nashan*" i.e the loss. As *Pandu* has been kept under the group which is classified and named according to the change of color, therefore "*Nashan*" should be considered in the sense of "*Varna*" or color, which is further clarified by *Charak* with the word *Vaivarna*. Thus, *pandu* is a disease in which there is *vaivarna* or change of normal color of body. A detail explanation of *pandu roga* is found in almost all ayurved *samhitas*. *Pandu Roga* is known from the Vedic period. This disease was described in ancient Hindu treaties like in Ramayana, Mahabharata, Agnipurana, etc. *Acharya Charaka* described *Pandu* after *Grahani Dosha Chikitsa* due to aggravation of *Pitta* in *Grahani* and the aggravation of *Pitta* constitutes a predominant factor in the causation of *Pandu*^[3]. *Acharya Sushruta* has mentioned after *Hridaroga* due to same *sankhya*, *samprapti* and *chikitsa* of *hridaroga* like *tikshna*, *amla*, *katu* etc may cause for development of *Pandu*. *Acharya Vagbhata* mentioned *pandu roga* after *udaroga* due to same *doshanghnata*. All *acharyas* explain the word "*Pandu*" as *shwet*, *dhusara*, *shwetavabhasa*, *pitavabhasa*. *Pandurogi* suffers from decreased blood count, *Bala* (strength), *Varna* (complexion), *Sneha*, *Meda* and *Oja*. Patient becomes *nissar* (Loss of natural integrity, tone and strength) and *shithilindriya*.

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In this there is vitiation of *pitta pradhana vatadidosha* and *rakta dhatu* in the body. *Rakta* gets vitiated by doshas, mainly by *bhrajaka pittadosha* and create *pandu roga*. *Pandu* is described under *rasapradoshaja vikara*. *Utpatti* of *pandu* according to *Vachaspathyam* [4]. *Pandu* is like whitish yellow color of pollen grain of *Ketaki* flower. *Acharya Gangadhara* [5] describes *Pandu varna* as *Malana Varna*. *Nirukti* of *panduroga* according to our *Acharyas*, among the different kinds of colours such a *Pandu*, *Harita*, and *Haridra*, *Pandu* being more common among this so, disease is called as *pandu roga* itself. *Pandu* is one of the *santarpanajanya vyadhi* [6]. *Acharya Charaka* mentioned this in *Rasapradoshaja vyadhi* [7]. While *Acharya Sushruta* mentioned it as *Raktavahastratodushti vyadhi* [8]. *Iron deficiency* results when demand outstrips supply and that may occur due to blood or hemoglobin loss, increased physiological demands as in pregnancy, lactation and adolescence, decreased dietary intake or impaired absorption. *Anemia* is a major public health problem in India. *Anemia* is a disease which affects physical as well as mental health also affects daily routine work in many cases. Due to consumption of etiological factors doshas aggravates with predominance of *pitta dosha* and afflicts dhatus mainly *raktadhatu*, further it produces laxity and heaviness in the dhatus. Heaviness of *dhatus* manifest due to the disturbance of normal function of *dhatus*. Patients of *pandu roga* lose their vitality, complexion, strength and other properties of *Ojas* due to morbidity of *dosha* and *dushya*. Aggravated *Pitta* expelled from *hrudaya* via ten blood vessels by powerful *vata*, circulates all over the body. It reaches the space between *twak* and *mamsa* and leading to abnormal complexion like pale yellow, deep yellow and greenish discolouration. Aggravated *Pitta* is responsible for the less production of *poshaka* (nutrient portion) from the *rasa dhatu* as a result depletion of *rakta* takes place [9]. In modern medicine, *Iron deficiency anemia* is treated with dietary management and iron therapy, which is having some adverse effects like gastric irritation and allergic rashes. So safe, economic and effective drugs are needed to manage *panduroga*. Excessive intake of alkaline, sour, salty, too hot, incompatible diet, excessive use of black gram, Sesame oil, excessive exercise, day sleep are the causes for *pandu*. *Darvyadi leha* [10] is one such unique ayurvedic formulation useful to treat *pandu* (*Anaemia*) as it contains both herbals, herbomineral formulations in it 1-*DarviTvak* 2-*Triphala* 3-*Vyosha*, 4-*Vidanga*, 5-*Lohabhasma*, 6-*Madhu* & *Ghrita* in *asaman Matra* as *anupana*.

Aim and objective

The main aim of this study is to documentation the effect of the drug *Darvyadi leha* in management of *panduroga*.

Material & Methods

Darvyadi leha [10] contains- 1-*Darvi Tvak*, 2-*Triphala*, 3 -*Vyosha*, 4-*Vidanga*, 5-*Lohabhasma* 6-*Madhu* & *Ghrita* (In *as amanmatra* as *Anupana*) which are herbal and herbomineral drugs. Study was done on *panduroga* w.s.r to iron deficiency anaemia patient and Result was observed.

Method of preparation

Drug will be prepared as per *Sharangdhara samhita* madhyam khanda under the guidance of *rasashastra* and *bhaishajya kalpana* department.

Ingredients Quantity [11]: *Daruharidra* -1 part, *Amalaki* -1 part, *Haritaki*-1 part, *Bibhitaki*-1 part, *Shunthi*-1 part,

Maricha-1 part, *Pippali*-1 part, *vidanga* -1 part, *Lohabhasma* -1 part. Drug Form: *Leha*, Dose- 2 gm divided in two dose daily, *Sevana Kala*- After meal, *Anupana*- *Madhu* + *Ghrita*, (*Asamana Matra*). Study duration- 45 days. Follow up-15th, 30th, 45th day.

In *Darvyadi leha*, there are nine ingredients will be taken in dry form & crush into fine powder which will be filtered through the cloth separately and then mixed.

Case report

40 yrs. male patient presented with chief complaints of *Hridspandan*, *gatrashoola*, *shwasa*, *dourbalya*, *pandutva*, *bhrama*, *hatanala*, *bhaktadvesha* and with hemoglobin range of 8.6 gm %.

General examination

Occupation: Worker

General condition: moderate, afebrile.

BP: 110/80 mmhg

PR: 70/min

Systemic examination

RS: AEBE Clear

CVS: S1, S2 Normal, no cardiac murmur.

CNS: Conscious, orientated to time, place, person

Table 1: Criteria for assessment

<i>Hridspandana (Palpitations)</i>	Grade
Palpitation even during rest	3
Palpitations during daily activities	2
Palpitations not so often with normal activities	1
No palpitations	0
<i>Gatra Shoola (Bodyaches)</i>	Grade
Body ache affecting daily activities	3
Body ache affects daily activities frequently	2
Body ache not affecting daily activities	1
No bodyache	0
<i>Shwasa (Dyspnoea)</i>	
Dyspnoea disturbing patients daily activities frequently	3
Dyspnoea disturbing patients daily activities intermittently	2
Dyspnoea not affecting normal activities	1
No dyspnoea on exertion	0
<i>Dourbalya (General weakness)</i>	
Activities reduced due to weakness	3
Weakness affecting the daily activities	2
Weakness not affecting the daily activities	1
No weakness	0
<i>Pandutva (Pallor)</i>	
Conjunctiva, mucous membrane, nail are pale	3
Conjunctiva pale, nail & mucous membrane slightly pale	2
Conjunctiva slightly pale, mucous membrane not pale	1
Not pallor	0
<i>Bhrama (Giddiness)</i>	
The patient feels dizzy on resting	3
The patient feels dizzy during daily activities	2
The patient sometimes feels dizzy	1
No giddiness	0
<i>Hatanala (Dyspepsia)</i>	
The patients feels indigestion even not taking food	3
The patient feels indigestion after taking even a soft & small quantity of food	2
The patient feels indigestion after taking food	1
No dyspepsia	0

Bhaktadvesha (Anorexia)	
The patient doesn't like to eat	3
The patient feels eating but doesn't want to eat	2
Patient feel like eating but are not sure to eat	1
No anorexia	0

Investigation: 1.CBC 2.ESR 3. LFT 4. URINE.

Table 2: Treatment Plan

Sr. no.	Treatment plan	Anupana	Follow up	Duration	Pathyaahara
1	<i>Darvyadi leha</i>	<i>Madhu+ Ghritha (Asamanmatra)</i>	15 days	45 days	Rice, wheat (old), barley, pea, green gram, spinach, green vegetables, pomegranate <i>Munga</i> (Green gram), Masura (Lens esculenta), meat, Manukka (raisin), banana, Takra.

For every 15 days follow up I have observed an improvement of 1.1 gm in HB%.

Observation & Result

Table 3: Objective Criteria

Investigations	BT	AT
HB%	8.6gms	11.7 gms
TLC	6700mm ³	7000mm ³
DLC	P 45%, L 40%, E 03%, M 03%, B 0%	P 50%, L 39%, E 03%, M 02%, B 0%.
ESR	45	35
PBF	RBCS-anisocytosis, hypochromic, WBC-WNL	RBCs-Normochromic, mild hypochromic, WBC-WNL
PCF	30%	32%
TRBC	3.30million/mm ³	4.25 Million/MM ³
MCV	60fl	75fl
MCH	20pg	26pg
MCHC	31g/dl	35g/dl
RBSL	90 mg/dl	94 mg/dl
B.UREA (mg/dl)	20	17
Screatinine (mg/dl)	0.9	0.8
SGOT (IU/L)	35	32
SGPT (IU/L)	16	15

Discussion

Darvyadi leha is a unique drug based on its herbal and herbomineral Formulation in it and unique method of preparation selected this drug For the *Panduroga* and it is having *tridoshahara* property in it. In *pandu roga* pitta is a predominant *dosha* and most of the drugs of *Darvyadi leha* are, *madhura rasa*, *kashaya tikta rasa* and *madhura vipaka* which helps to decrease vitiated *pitta*. *Darvyadi leha* contains *darvi*, *triphala*, *vidanga*, *loha bhasma*, *amalaki* these having *rasayana* property which improves circulation of *rasa* and *rakta dhatu* in body. *Darvi*, *haritaki* is indicated in *panduroga*. *Mandagni* is the root cause of all the disease. *Haritaki* is having *Raktavridhdikara* property, *loha* having *balya* property. So it improves the quantity and quality of *rakta*. *Bibhitika*, *Sunthi*, *Maricha*, *Pimpali*, *Vidanga* have *pachan* and *deepana* property, so the use of *darvyadi leha* improves vitiated *agni* and breaks down the pathogenesis of *panduroga*. *Darvi* and *haritaki* has *yakrututtejaka* action so it improves digestive fire and subsides *panduroga*. Most of the drugs have *Srotovisodhana* properties. *Haritaki* and *bibhitika* is having *anuloman* property as it increases intestinal absorption and subsequently, other drugs absorption also improved in the patient. The combined action of all these drugs improves *jatharagni* as well as *dhatwagni*. After this quality and quantity of *rasa* and *rakta dhatu* improved. Due to *rasayan* and *balya* property, *dhatuposhana* is effectively improved in the the patient body and patient was fully satisfied with the treatment as symptoms of *pandu* have significantly reduced.

Conclusion

The pathological factors responsible for *pandu* are *tridoshas* and *agnimandya*. *Darvyadi leha* contains *loha bhasma* and herbal ingredients. Herbal ingredients present in the drug will treat *pandu* in the patients as this formulation is most effective with least or no side effects. So this preparation can be preferred for treating *Pandu*. The results suggest that *Darvyadi leha* shows a moderately significant response in the patient by improving Hb count and decreasing anemic symptoms.

References

1. Tripathi B, Samhita C, Sutrasthan. 30th adhyaya, shlok no.26, Choukhamba prakashan Varanasi, 2010, 548.
2. Kumar A. A clinical study on *pandu roga*, iron deficiency anemia with *trikatravadi lauha* suspension in children, j-aim, Oct.-Dec; c2012.
3. Shastri A. Sushruta samhita uttatantra, Choukhamba prakashana, Varanasi.su.utt.44.
4. Bhattacharya ST. Vachaspatyam Tkra Vachaspati, Choukhamba series office, 1962, 1-5.
5. Tripathi SI. Gagnigraha-written by Shree vaidya shodhala with the Vidyatini, Hindi Commentary, Choukhamba Prakashan, Varanasi 3rd Edition; c1999.
6. Bramhanand Tripathi, Charak Smhita, Sutrasthan, 23rd adhyay, shlok no.5, Chaukhamba Prakashan, Varanasi; c2013.
7. Bramhanand T. Charak Smhita, Sutrasthan, 28th Adhyay, shlok no.9-10, Chaukhamba prakashan, Varanasi, 2013, 548.
8. Sushruta, Shastri KA. Sushruta samhita, Uttatantra, 44th

- Adhyay, Shlok no. 3, Choukhamba Prakashan, Varanasi, 2018, 364.
9. Sharma P, Smhita C. Chikitsasthana 16th Adhyay, shlok no.4-16, Chaukhamba prakashan, Varanasi, 2010, 272-273.
 10. Chakrapani. Charak Samhita by Agnivesh edited by vaidya yadavji trikamji acharya, Chikitsasthana, 16th adhyay, shlok no.97, Chaukhamba prakashan, Varanasi, 2017, 531.
 11. Samhita S. Madhyam Khanda, Adhyay 6th, Shlok no.1-2. Shri Baidyanath Ayurved Bhawan, Kolkata, Zansi, 1994, 238.