



MANAGEMENT OF PANDU WITH PANDU HAARIHARITAKI – A CASE STUDY

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ABSTRACT

Prevalence of Anaemia in India is high because of low dietary intake, poor Availability of iron, chronic blood loss due to hook worm infestation, and malaria. A prominent diagnostic feature of *Panduroga* is the pallor on the skin which occurs due to the quantitative and qualitative deficiency of raktadhatu. The nearest correlation of Iron deficiency anemia (IDA) can be made with *Panduroga* because of the predominance of Panduta or pallor in the whole Body. In modern medicine, Iron deficiency Anaemia is treated with dietary management and iron therapy, which is having some adverse effects like aversion to food, gastric irritation, and allergic rashes. So safe, economic, and effective drugs are needed to manage *Panduroga* i.e., Iron deficiency Anaemia. *PANDUHAARI HARITAKI*³ is one such Unique Ayurvedic formulation useful for Treat Anaemia.

MATERIAL AND METHODS: *Panduhaaritaki*³ contains 1) Sh. *Parada* 2) Sh. *Gandhaka* 3) *Haritaki* 4) *Guduchi* 5) *Saireyaka* 6) *Bringaraja* 7) *Shatavari* 8) *Punarnava* 9) *Godugdha* which are herbal and herbomineral drugs (rasaparpati) study was done on Panduroga W.s.r to Iron deficiency anaemia patient and Result was observed . **Aim:** The Main Aim of this study is to Document the Effects of the drug Panduhaaritaki in management of *Panduroga* in a Patient. **Case report:** A 35 years female patient Presented with chief complaints of Pallor skin, Breathlessness, Loss of appetite and with Hemoglobin range of 8 grams and how she got treated with the drug in 45 days with a follow up for every 15 days and her report came after treatment with Hemoglobin range of 12gms. **Discussion:** This is a case study, based on the management of *Panduroga*. The role of Ayurvedic herbal and herbo-mineral drugs in the treatment of *Panduroga* has been well established in this study. **Conclusion:** The management of the patient of *Panduroga* through Ayurveda is categorically analyzed and

mentioned here and also step steps of her improvements are also presented here. It's an Ayurvedic preparation that consists of Herbal, herbomineral drugs used in this treatment according as mentioned in the Ayurvedic text RasaratnaSamucchaya. The drugs in the present formulation are possessing Heametic properties.

Keywords: Pandu, Shwasa, Tridoshas, Gatrashoola, Panduhaariharitaki, Anaemia.

INTRODUCTION

Prevalence of Anaemia in India is high because of low dietary intake, poor Availability of iron, chronic blood loss due to hook worm infestation and malaria. A prominent diagnostic feature of *Panduroga* is the pallor on the skin which occurs due to the quantitative and qualitative deficiency of *raktadhatu*. The nearest correlation of Iron deficiency anemia (IDA) can be made with *Panduroga* because of the predominance of *Panduta* or pallor on the whole Body. In modern medicine, Iron deficiency Anaemia is treated with dietary management and iron therapy, which is having some adverse effects like aversion to food, gastric irritation, and allergic rashes. So safe, economic and effective drugs are needed to manage *Panduroga* i.e., Iron deficiency Anaemia as many are the Victims of this disease Ayurveda mentioned² 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*. **PANDUHAARI HARITAKI**³ is

one such Unique Ayurvedic formulation useful to Treat *Pandu* (Anaemia) as it contains both herbals, herbomineral formulations in it³ 1) *Sh. Parada* 2) *Sh. Gandhaka* 3) *Haritaki* 4) *Guduchi* 5) *Saireyaka* 6) *Bringaraja* 7) *Shatavari* 8) *Punarnava* 9) *Godugdha* according to reference *Rasaratnasamucchaya* 21/74-79

METHOD OF PREPARATION:

I) *Kajjali* is prepared with *Sh. Parada* and *Gandaka*

II)⁴ *RasaParpati* Is prepared with *Kajjali*

III)⁵ *Guduchisatwa* is prepared

IV) *Saireyadikashaya* is prepared (*Kashaya* method V) *Saireyaka*, *BringarajuShatavari*, *Punarnava*. In this *Haritaki* are boiled and after half reduction, these are boiled again in *Godugdha*

VI) *Haritaki* fruits are dried, and tablets are prepared by adding *Rasaparpati*, *Guduchisatwa*.

CASE REPORT

A 35-year female patient

History of personal illness:

Criteria for assessment

Table 01:

SRAMA (FATIGUE)	Grade
Activities reduced due to weakness	3
Weakness affecting the patients' daily activities	2
Weakness not affecting the daily activities	1
No weakness	0

Table 02:

HRIDSPANDANA (PALPITATIONS)	Grade
Palpitations even during rest	3
Palpitations during daily activities	2
Palpitations not so often with normal activities	1
No palpitations	0

Table 03:

SWASA (DYSPNOEA)	
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

Table 04:

GATRA SHULA (BODYACHES)	
Body ache affecting daily activities	3
Body ache affects daily activities frequently	2
Body ache not affecting daily activities	1
No bodyache	0

Table 05:

DOURBALYA (G. WEAKNESS)	
Activities reduced due to weakness	3
Weakness affecting the daily activities	2
Weakness not affecting the daily activities	1
No weakness	0

Table 06:

PANDUTVA (PALLOR)	
Conjunctiva, mucus membrane & nails are pale	3
Conjunctiva pale, nail & mucus membrane slightly pale	2
Conjunctiva slightly pale, mucus membrane not pale	1
No pallor	0

Table 07:

BHRAMA (GIDDINESS)	
The patient feels dizzy on resting	3
The patient feels dizzy during daily activities	2
The patient sometimes feels dizzy	1
No giddiness	0

Table 08:

HATANALA (DYSPEPSIA)	
The patient 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

Table 09:

BHAKTA DVESHA (ANOREXIA)	
The patient doesn't like to eat	3
The patient feels like eating but doesn't want to eat	2
Patients feel like eating but are not sure to eat	1
No anorexia	0

Table 10: Personal history

Personal history	Occupation	General examination	CVS CNS
	Housewife	Condition-Moderate Pulse: 64/mt B.p90/60 mm hg	Normal

Investigations 1: CBC 2. ESR3.LFT4. URINE.

Treatment Plan

S.no.	Treatment plan	Anupana	Follow-up	Duration	Pathyaahara
1	<i>Panduhaaritaki</i> – 2 tabs TID	Godugda	Every 15 days	45 days	Rice, wheat (old), barley, pea, green gram, spinach, green vegetables, pomegranate Munga (Green gram), Masura (Lens esculenta), meat, Munakka (Raisin), banana, Mango, Papaya, Cow milk, Ghee, Guda(jaggery), Takra(buttermilk), etc. and light exercise.

For every 15 days) follow-up I have observed an improvement of 1 gm in HB%.

OBSERVATION AND RESULT

Objective Criteria

Table 1: Routine Haematological investigation.

Investigations	BT	AT
HB%	8.0gms	11.2gms
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	47	33
PBF	RBC's-Anisocytosis, Hypochromic WBC'S-WNL, no significant abnormal form seen. Platelet- appears adequate on smear.	RBC's-Normochromic, Mild Hypochromic WBC'S-WNL, no significant abnormal form seen. Platelet- appears adequate on smear.
PCF	31%	38%
TRBC	3.28 million/mm ³	4.24million/mm ³
MCV	68fl	74fl
MCH	20.5pg	24.7pg
MCHC	31.5g/dl	34.5g/dl

Table 2: Biochemical investigation.

F B S (mg/dl)	91mg/dl	81mg/dl
B. Urea (mg/dl)	211mg/dl	13mg/dl
S. Creatinine (mg/dl)	0.8mg/dl	0.5mg/d
SGOT	37IU/L	35IU/L
SGPT	15IU/L	12IU/L
URINE: Routine	COLOUR- Pale yellow Specific gravity-1. O18 PH-6.2 Reaction- acidic Alb-nil Glucose-nil	COLOUR- Pale yellow Specific gravity-1. O18 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**DISCUSSION**

PANDUHAARI HARITAKI 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 *Tridosahara* property in it. In *Pandu roga Pitta* is a predominant Dosha and most of the drugs of *PANDUHAARIHARITAKI* are, *Madhura Rasa, Kashya tikta Rasa, and Madhura vipaka* which helps to decrease vitiated *Pitta*.

PANDUHAARI HARITAKI contains *Haritaki*⁶, *Shatavari*⁷, *Punarnava*⁸, these having *Rasayana* property which improves circulation of *Rasa* and *RaktaDhatu* in body. *Rasaparpati* is indicated in Panduroga. *Mandagni* is the root cause of all the disease⁹. *Rasaparpati* is having *Raktavridhikara* property as it is prepared in *loha darvi* it reacts with *loha* and forms FeS^{12} . so it improves the quantity and quality of *Rakta*. *Gandhaka*¹⁰ and *Bringiraju*¹¹ have *Deepana* property, so the use of *Panduhaaritaki* improves vitiated *agni* and breaks down the pathogenesis of *PanduRoga*. *Bhringaraja* has *Hepatoprotective*¹³ action so it improves digestive fire and subsides *Panduroga*. Most of the drugs have *Srotovisodhana* properties. *Parada* is having *Yogavahi*¹⁴ 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 *Srotovisodhana*

property, *Srotosanga* is Relieved and *Dhatuposhana* is effectively improved in the the patient body and Patient was Fully Satisfied with the treatment as her Symptoms of Pandu have significantly reduced.

CONCLUSION

The pathological factors responsible for *Pandu* are *Tridoshas* and *Agnimandya*. The *Panduhaari haritaki* contains *Rasa parpati* and herbal ingredients. Herbal ingredients present in the drug will Treat *Pandu* in the patients as this formulation is costeffective with least or no side effects so this preparation can be preferred for treating *Pandu*. The results suggest that *Panduhaaritaki* shows a moderately significant response in the patient by improving Hb count and decreasing Anaemic Symptoms and patient informed consent has been taken.

REFERENCES

1. Sharma RK, Bhagwan Dash editors, CharakaSamhita of Agnivesha, Chikitsasthana (2/4) Chowkhambha Sanskrit Series, Varanasi, Reprint 2014. Chapter 16.
2. Ayurveda Acharyash. Sudershan Shastri Utrardh Madhav Nidana Madhukosh Vyakhya Chaukhambha Sanskrit sansthan, Edition Fifth, chapter, 8: 8-10.
3. Vagbhatacharya, Rasaratnasamucchaya published by Meharchand, New Delhi, 1998. Chapter 21-74.
4. Vaidya Sri Sadananda Sharma, Rasatarangini published by Choukhambhaprakashana Varanasi Chapter 6/12.
5. Vaidya Sreelakshmi pathi sastri, Commentator, Brahmasankar Sastri editor, Yogaratnakara, Choukhambha prakashan varanasi, Reprint 2003 Page no.461-466.

6. Mahendra Bhautik, Dhanvantari nighantu edited by Prof. P. V. Sharma, Published by Chaukambha Orientalia, 2009, Haritakyadivarga, page no 53.
7. Mahendra Bhaugik, Dhanvantari nighantu edited by Prof. P.V. Sharma, Published by Chaukambha Orientalia, 2009, Haritakyadivarga, page no 68.
8. Mahendra Bhaugik, Dhanvantari nighantu edited by Prof. P.V. Sharma, Published by Chaukambha Orientalia, 2009, Haritakyadivarga, page no 65.
9. Sharma RK, Bhagwan Dash editors, CharakaSamhita of Agnivesha, Chikitsasthana (2/4) Chowkhamba Sanskrit Series, Varanasi, Reprint 2014. Chapter 16/7-9.
10. Vagbhatacharya, Rasa Ratna Samucchaya published by Meharchand, New Delhi, 1998. Chapter 3- 12.
11. Prof. P.V Sharma Dravyaguna Vignana Vol 2 Chaukhamba Bharati Academy, Varanasi 123-1236.
12. Bharat Bhaisajya Ratnakara Vol. I to II compiled by Vaidya Nagin das Chhagan Lal Shah with Bhavaprakasa commentary in Hindi by Vaidya Gopinath Bhishagratna and others. Edi. 1995, Pub. B. Jain publishers (p) Ltd., Delhi.
13. Sunitha Dalal et.al Phytochemical Screening of Methanolic Extract and Antibacterial Activity of Active Principles of Hepatoprotective Herb, *Eclipta alba* from *Ethnobotanical Leaflets* 14: 248-58, 2010. Issued March 01.2010.
14. Vaidya Sri Sadananda Sharma, Rasatarangini published by Choukambhaprakashana Varanasi Chapter 5/5.

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