EFFECT OF HARITAKYADI CHURNA IN PANDU (ANAEMIA) WITH REFERENCE TO HAEMOGLOBIN – A CASE STUDY.

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ABSTRACT

Sushruta has emphasized as ‘Raktak Jiva iti Sthiti’, that means death can occur in case of impairment or loss of blood. Hence Pandu is a major concern regarding its prevention and cure. Pandu closely resembles with Anaemia mentioned in modern medicine. Iron deficiency is most common cause of anaemia globally. Pathogenesis of Pandu includes vitiation of Pitta and impairment of dhatus especially Rakta and Meda. Due to strotavarodha in Rasavaha strotas, shaithilya (impairment) occurs in further dhatus. In Ayurveda large number of medicinal modalities are mentioned in classical texts. Loha bhasma (Iron) containing kalpas are preferred commonly by various vaidyas. Herbal drugs don’t cause constipation and are comparatively cost effective. Present case reflects a case of 38 years old female suffering from Pandu (Iron deficiency anaemia) and treated with herbal preparation Amalakyadi Churna. Panduta (pallor), Akshikuta shotha, Agnimandya, Daurbalya, Hb, MCV and RBC were parameters to assess effect of treatment. All contains of Haritakyadi churna Ruksa, Laghu, Sukshma, Katu, Tikta, Dipana, Pachana, Avarodha nashaka, Anulomana and hence effective to improve dhatvagni. Herbal drugs without Loha bhasma also relieve symptoms of Pandu and increase Haemoglobin level. Authors hope that present study will surely help for researchers to carry out further study.

Keywords: Pandu, Iron deficiency anaemia, Haritakyadi churna, Haemoglobin.

1. INTRODUCTION

Ayurveda is world’s oldest medical science. Its origin is in India approximately 3000 years ago. There are drastic changes in lifestyle in present era. Enormous stress and strain are affecting quality of life. Also, poor nutritional quality has deteriorated health of individuals. Due to known or unknown factors people subject to various diseases. Pandu (Anaemia) is also one amongst them and its incidence is increasing day by day. Sushruta has emphasized as ‘Raktak Jiva iti Sthiti’, that means death can occur in case of impairment or loss of blood.1 Hence Pandu is a major concern regarding its prevention and cure.

Pallor is the cardinal symptom of Pandu which is present almost all over the body. It closely resembles with Anaemia mentioned in modern medicine. Reduction of RBC and quantity of Haemoglobin pallor occurs.2 Ati amla-lavana sevana (consumption of excessive sour and salty food), Tikshna ahara (spicy food), Kulattha sevana (Horse gram), Viruddha ahara (improper diet with opposite properties). Kshara vidahi ahara (spicy diet), Ati vyayam (excessive exercise/work), Ati vyavaya (excessive sex), Diwaswapa (sleeping at day time), Chinta (Stress-strain) and Krodha (excessive anger) are causative factors for Pandu.3 Pathogenesis includes vitiation of Pitta and impairment of dhatus especially Rakta and...
Bhosale NJ, Bedake VS. Role of Haritakyadi Churna in Pandu (Anaemia) with reference to Haemoglobin – A Case Study.

Meda. Due to strotavarodha in Rasavaha strotas, shaithilya (impairment) occurs in further dhatus. Charakacharya advocated Snehapana (consumption of medicated ghee/oil), Mrudu swedana (mild hot fomentation), Snehayukta virechana (medicated purgation with drugs along with ghee/oil) and various Herbal/Herbomineral formulations in the treatment of Pandu.

Iron deficiency is most common cause of anaemia globally. Approximately 500 million i.e., 30% of world's population is affected by Iron deficiency anaemia. Pandu is present in most of Indian women and children. Malnutrition, poverty, worm infestation, increased population are the major possible reasons. As per modern science management includes to find out underlying cause of Iron deficiency and to treat it. But still permanent cure is not observed in many cases as recurrence is found. In Ayurveda large number of medicinal modalities are mentioned in classical texts. Loha bhasma (Iron) containing kalpas are preferred commonly by various vaidyas. Such kalpas are costly and cause constipation hence anuloman chikitsa is required side by side. Herbal drugs don’t cause constipation and are comparatively cost effective. Present case reflects a case of Pandu (Iron deficiency anaemia) treated with herbal preparation Amalakyadi Churna. This case proved that a drug which don’t contain Loha bhasma can also increase Haemoglobin level.

2. CASE STUDY

2.1. Case history

A 38 years old female patient, teacher by occupation suffering from Pandu (Iron deficiency anaemia) for last 3 years came to OPD. She reported Panduta (pallor), Akshikoot Shotha, Agnimandya and Daurbalya complaints.

2.2. Physical examination

Physical and clinical examination was done. Pulse, Blood pressure, Temperature were within normal limit. No significant past illness history and family history was found. CBC was carried out. Haemoglobin, RBC and MCV level were found less than normal limits.

2.3. General Examination

- **Nadi**: Pittapradhan, Laghu
- **Mala**: Ruksha, Alpa, Baddhata
- **Agni**: Manda
- **Koshtha**: Krura
- **Prakrtuti**: Pittapradhan, Kaphanubandhi

2.4. Plan of Treatment

- **Haritakyadi churna**, 3 gm twice a day after meal for 30 days. Koshna jala was given as Anupana.
- **Haritakyadi churna** contains Haritaki (Terminalia chebula), Punarnava (Boerhavia difussa), Ajavayan (Trachyspernum ammi), Shunthi (Zinziber officinale), Bhiragaraja (Eclipta alba), Bala (Cida cordifolia), Karkandhu patra (Ziziphus mauritiana), and Tila (Sesamum indicum).
- Original text has mentioned Loha bhasma as a contain but Haritakyadi churna in present case prepared excluding Loha bhasma purposefully.

2.5. Criteria for assessment

2.5.1. Subjective parameters Gradations

1. **Panduta**
   - 0: Absent
   - 1: Mild (Alpa shwetpita)
   - 2: Moderate (Shwetpita)
   - 3: Severe (Shwetpita)

2. **Akshikoot Shotha**
   - 0: Absent
   - 1: Mild (Morning one to two hour)
   - 2: Moderate (Morning two to four hour)
   - 3: Severe (More than four hour/whole day)

3. **Agnimandya**
   - 0: Absent
   - 1: Mild
   - 2: Moderate
   - 3: Severe
4. Daurbalya

- 0: Absent
- 1: Mild (Feels fatigue after routine work less than 6 hour -8 hours/day)
- 2: Moderate (Feels fatigue after routine work less than 4 hour -6 hours/day)
- 3: Severe (Feels fatigue after routine work less than 4 hours/day)

2.5.2. Objective parameters

Haemoglobin, RBC, MCV.

3. RESULTS AND DISCUSSION

After drug administration Panduta, Akshikuta shotha, Mandagni and Daurbalya symptoms were relieved as expected. Improvement in symptoms is illustrated in Table No. 1. Patient was not prescribed any shodhan chikitsa because she was showing Virechana anarha (contraindication) lakshananas.

Pandu is Santarpan janya vyadhi. Rasavaha strotas is impaired. Sushruta opines the impairment of Raktavaha Strotas. Dhatwagnimandya of Rasadhatu further results in dhatvagnimandya of next dhatus. It results in impairment of next dhatu, especially Rakta and Meda. Samprapti type is Avarodha. Due to santarpanjanya hetus, strotavardha occurs, which further leads to dhatukshaya and dhatutvaathitya. Though dhatukshaya is present initially Ushna, Tikshna, Avarodhanashaka, Ruksha drugs are to be used. Then Rasayan, Brihan chikitsa should be administered to cure dhatukshaya. All contains of Haritakyadi churna Ruksha, Laghu, Sukshma, Katu, Tikta, Dipana, Pachana, Avarodha nashaka, Anulomana and hence effective to improve dhatvagni. Hence Haritakyadi churna is effective to reduce symptoms of Pandu and increase Hb, RBC and MCV. In present case this treatment was given for only one month. After this stage patient was prescribed Siddha Ghruta (Medicated ghee) and Brihan chikitsa but not mentioned details as it was out of scope of article.

Previous Randomized Control Study has shown comparative effect of Herbal and Herbo mineral (containing Loha bhasma) drugs in Pandu. This study has shown effect of Herbo-mineral drug is slightly better. Another study was related with effect of Tapyadi Loha and Arogya Vardhini on Haemoglobin in Pandu. Both these drugs contain Loha bhasma. It showed significant effect of these drugs to increase Haemoglobin. It shows that there is trend in Ayurvedic practice to use metal containing (Loha bhasma) Herbo-mineral drugs to treat Pandu and to increase Haemoglobin level. But it is also proved that, the drugs those don’t contain Loha bhasma are also effective to increase Haemoglobin levels in Pandu. Present study also reflects effect of herbal drug which don’t contain Loha bhasma in Pandu vyadhi.

The case study article always open new doors for further research though it has limitations. Case study is always useful for betterment of any science as it expands new dimensions and suggests new hypothesis for researchers. Authors hope that present study will surely help for researchers to carry out further study.

4. CONCLUSION

Pandu is santarpan janya vyadhi. Though santarpanjanya vyadhi, dhatukshaya is observed due to dhatvagnimandya and strotavardha. Hence instead of Brihan chikitsa initially Ushna, Tikshna drugs are essential to normalize dhatvagni and to remove avarodha. After this stage when jatharagni and dhatvagni become normal Vaidya should prescribe Brihan, Rasayan chikitsa. Herbal drugs without Loha bhasma also relieve symptoms of Pandu and increase Haemoglobin level.

REFERENCES

1. Anant Ram Sharma Editor(s), (Reprint ed.). Sushruta Samhita (Vol 1) of Sushruta, Sutrasthana; Shonitavarnaniya Adyaya: Chapter 14, Verse 45. Varanasi: Chaukhamba Sanskrit Pratishthana, 2008; p. 112.
28/10/2019.

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