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AN AYURVEDIC MANAGEMENT OF MURDBHAKSHANJANYA PANDU ROGA (ANAEMIA) – CASE REPORT

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ABSTRACT

Pandu Rog or anemia is one of the most important and common disease prevalent in India today. In poor socio-economic group anemia is common disease due to having malnutrition and bad habits of sanitation. *Ayurveda* plays important role in anemia cases that are not cured even though by taking nutritional diet and iron supplementation as per modern medicines. This paper aims to present clinical case study presentation of *Mrudbhakshanjanya Pandu* cured with help of *Ayurvedic* treatment along with *pathyapathya*.

Keywords: *Mrudbhakshanjanya Pandu, Ayurveda, loha, Shilajit*

INTRODUCTION

Pandu Rog or anemia is one of the most important and common disease prevalent in India today. Prevalence of anemia is 53.2% in India. It shows that anemia is a major public health problem [1].

Pandu is a Varna i.e. color indicating name. Thus, *Pandu* is a disease in which there is *vaivarnya* or change of normal color of body [2]. *Murdbhakshanjanya Pandu* is a type of *Pandurog* mentioned in *Ayurveda*. It has been described by *Acharya Charak* [3], *Vagbhat* [4], *Madhava* [5] and *Harita* [6]. *Acharya Sushrut* excluded *Murdbhakshanjanya Pandu*.

The disease is most commonly seen in children, adolescent girls, pregnant women and lactating mothers due to habit of eating clay.

According to **Niti Aayog's first Multidimensional Poverty Index (MPI)** report released in **November 2021**, **7%** of the Indian populations is living in extreme poverty [7]. In poor socio-economic group anemia is common disease due to having malnutrition and bad habits of sanitation.

Ayurveda plays important role in anemia cases that are not cured even though by taking nutritional diet and iron supplementation as per modern medicines.

Case History

21year old female patient was diagnosed with anemia with symptoms of pallor++, edema on foot, anorexia, loss of appetite, fatigue, and weight loss, and approached to OPD of *Swasthavritta and Yoga* of Dr D Y Patil College of *Ayurved* and Research centre, Pimpri, Pune having Lower middle class socio-economic status. Patient had been treated with iron supplement previously. Written consent of patient was taken

History of past illness

Nothing significant

Personal History

Aharaja- Poor quantity of vegetarian diet, habit of eating clay since 1 year

Viharaja- Sedentary lifestyle

Examination - Cardiovascular system and respiratory system are normal. Weight was 39 kg and height was 4.5 feet.

Ashtavidha pariksha

- *Nadi* (pulse) - 76/min
- *Mala* (stool)- *Sama*, constipated and consistency was semi solid
- *Mutra* (urine) - Normal
- *Jihva* (tongue) - *Sama* (coated)
- *Shabda* (speech) - Normal.
- *Sparsha* (touch) - *Ruksha*. (Body Temperature -98.2⁰c)
- *Drik* (eyes) - pallor in conjunctiva

- *Akriti* (appearance) was lean and thin due to loss of appetite

Dasvidha pariksha

- *Prakriti* was *Vattaja-Pittaja*
- *Sara - Avar*
- *Samhanana, - Avar*
- *Satva - Avar*
- *Pramana - Avar*
- *Satmya - Madhyam*
- *Aahar Shakti - Avar*
- *Vyayama Shakti - Avar*

Samprapti

Three *doshas* gets aggravated due to habitual indulgence of eating clay. Due to dryness of clay it causes dryness in *rasadhātu*. It is not getting digested. Thus, channels (*Srotas*) blocked due to undigested clay. Thus affects senses, luster and *Agni* means digestion power and metabolism [8].

Investigations

1. Blood Investigations

complete blood count (CBC) of patients reveals hemoglobin of 4.9g/dL, MCV 80 Fl, PCV 15 % MCH 26 Pg, MCHC 33 %, RDW 13 %, RBC count 1.9 millions/cu-mm, WBC count 15500/ cmm, Platelets 257000/cmm, Neutrophils 74 %, Lymphocytes 22 %, Eosinophils 02 %, Monocytes 02 %, Basophils 00 %, Platelet count 559,000/cmm.

RBC Morphology – Reduced Erythron, Macrocytosis+++ , Anisopoikilocytosis+++ , Polychromatophilic Cells seen

WBC Morphology – Leucocytosis with absolute Neutrophilia

Platelet on smear – Adequate and Normal in morphology

Parasites – Absent

2. Renal Investigations

Blood Urea - 98.05mgs%

Sr. Creatinine – 9.47 mgs%

Grading of clinical features

G0 (grade point 0)—No clinical feature/symptom

G1 (grade point 1)—Mild clinical feature/symptom

G2 (grade point 2)—Moderate clinical feature/symptom

G3 (grade point 3)—Severe clinical feature/symptom

Treatment protocol

- Duration - 60 days
- Drug Administration
 1. *Vyoshadi Ghrut* 5 ML at morning
 2. Tab *Arogyavardhini* 125 mg OD at morning
 3. Tab *Kautajadi Shilajit* (*Agasti Pharmaceuticals*) 125 mg OD at Morning
 4. Tab *Wakeri loh* (*Seamco*)1 BD after meal

Drug Contents

1. *Vyoshadi Ghrut – Trikatu, Bilva, Haridra, Daruharidra, Triphala, Punarnava, Nagarmotha, Loh bhasma, Patha, Vidang, Devdaru, Kaknasa, Bharangi* [9]
2. Tab *Arogyavardhini - Parada, Gandhaka, Loha Bhasma, Abhraka bhasma* 1 part each, *Haritaki, Bibhitaki, Amalaki* 2 part each, *Shilajita* 3 part, *Shuddha Guggulu* 4 part, *Chitrakamula churna* 4 parts, *Kutaki* equal quantity of all above. *Bhavana - Nimba Swarasa* [10].
3. Tab *Kautajadi Shilajit – Kutaj, Haritaki, Vibhitaki, Amalaki, Nimba, Patole, Nagarmotha,*

Suntha, hilajituSugar, Vanshalochan, Pipplali, Karkati, Nidigdha, Trisugandha, Honey [11]

4. Tab *Wakeri loh (Seamco) – Wakeri, Vekhand, Sharpunkha, Kutti, Ashwagandha, Amalaki, Daruharidra, Yashtimadhu, Suvarna Makshik Bhasma, Mandur Bhasma, Loha Bhasma*

- **Diet Advice**

Do's - Barley, wheat, Green gram, Lentils, *Patola*, butter milk, Cow ghee, Butter [12].

Don'ts - Asafoetida, black gram, betel leaves, red chilies, salt, sour edibles, indulgence of clay [12].

RESULT AND DISCUSSION**Table 1: Effect of Therapy**

Complain	Before Treatment	After Treatment	% of Relief
Pallor	4	1	75 %
Edema on foot	2	0	100 %
Anorexia	2	0	100 %
Fatigue	2	0	100 %
Loss of appetite	3	0	100 %
Weight	39 Kg	41 Kg	--

Table 2: Effect of Therapy

	Before Treatment	After Treatment
Hematological Parameters		
HB	4.9 gm/dl	8.5 gm/dl
PCV	15 %	19.3 %
MCV	80 fL	82.13 fL
MCH	26 Pg	26.38 Pg
MCHC	33 %	32.12 %
RBC	1.9 millions/cu-mm	2.35 millions/cu-mm
WBC	15500 /cmm	6000 /cmm
PLATELET	257000 /cmm	166000 /cmm

Treatment shows decrease in severity of pallor, edema on foot, anorexia, and fatigue, loss of appetite and weight gain by 2 kg. Due to this treatment HB was increased by 3.6 mg/dl, increase in PCV, MCV, MCH and RBC count. WBC count was decreased by this treatment.

The fulvic acid in *Kautajadi Shilajit* (a herbomineral drug) stimulates blood formation and helping in the transportation of nutrients into deep tissues which minimizes tiredness, lethargy, and chronic fatigue. *Arogyavardhini Vati* has *Tridosha* (mainly *Pitta*) balancing property. It improves digestion because of *Deepan* (appetizer) and *Pachan* (digestive) properties, and minimizing the symptoms of Anemia. As *Pandu* is disease due to *raktalpata* (low hemoglobin concentration). *Tapyadi loh* and *Wakeri loh* are mainly acts on *rakta dhatu*. It also acts as *raktadhatwagni wardhak* (Improving metabolism in blood) & *balya* (providing energy to body tissues) and thus accelerates blood circulation and giving nutrition to blood components.

CONCLUSION

Ayurvedic treatment opens *Srotas* due *Deepan*, *Pachan* activity and stimulates blood formation and thus helping in minimizing symptoms of anaemia.

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Conflict of Interest

There are no conflicts of interest.

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