



INTEGRATIVE MANAGEMENT OF SEVERE CASE OF ANAEMIA (PITTAJ PANDU) WITH AYURVEDA AND CONTEMPORARY MEDICINE - A CASE REPORT

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ABSTRACT:

Anemia is described as a reduction in the proportion of the red blood cells and Hemoglobin. Anemia is an extremely common disease affecting up to one-third of the global population. In many cases, it is asymptomatic and requires no management but, if it undiagnosed or left untreated for a prolonged period of time can lead to multiorgan failure and can even death. Anaemia in Ayurveda is correlated with *Pandu Roga*. *Pandu Roga* is said to be *Rasa Pradoshaja*. *Vyadhi*. *Pandutha* means Pallor which is the characteristic feature of all five varieties of *Pandu Roga*. The general symptoms of *Pandu Roga* are *Pandutha* (Pallor), *Shrama* (Fatigue), *Shwasa* (Breathlessness), *Arohana Ayasa* (Exertional Dyspnea), *Hridrava* (Palpitations) etc. All these symptoms closely resembles with Anaemia. In this present case study, a 49 year male patient presented with the symptoms of *Pandu* and was treated successfully with the help of Ayurvedic Medications. The signs and symptoms along with Haemoglobin, MCV, MCH, MCHC, were assessed before and after treatment. There was significant improvement observed after the treatment.

KEYWORDS: Ayurveda, Haemoglobin, Anaemia, *Pittaj Pandu*, *Rasa-Pradoshaj*.

INTRODUCTION:

Anemia is a major public health problem in India. The Overall prevalence of Anaemia in India is 53.2% out of which 45.1% were males and 54.9% females.[1] Anemia is a reduction in hemoglobin (Hb) or hematocrit (HCT) or RBC count.[2] The most common nutritional cause of Anaemia is iron deficiency, although deficiencies in folate, vitamins B12 and vitamin A are also important causes. Based on the morphology of RBCs and blood cell indices, anaemia is classified into normocytic normochromic, microcytic hypochromic, macrocytic and dimorphic Anaemia. Macrocytic anemia refers to macrocytosis (MCV > 100 fL) in the setting of Anemia (Hemoglobin <13 g/dL or Hct < 41% in males).[3]

Patients with Anemia typically presents with lethargy, weakness, tiredness, pallor. Severe anemia may present with syncope, shortness of breath, and reduced exercise tolerance. Most patients experience symptoms when the hemoglobin drops below 7.0 g/dL.[2] Anemia, if undiagnosed or left untreated for a prolonged period of time can lead to multiorgan failure and can even death. With early identification and treatment of underlying cause, the prognosis for anemia is excellent.

In Ayurveda Anaemia correlates with *Pandu Roga*. *Pitta* is said to be the main *Dosha* involved in the manifestation of the *Pandu Roga*. [4] Consumption of excessive sour and salty, hot & spicy, incompatible diet, alcohol abuse, stress and excessive anger are the common causative

factors for *Pandu*. [5] The Clinical features of *Pandu* includes *Pandutha* of *Netra-twak-anan*, *Shrama*, *Brahma*, *Shwasa*, *Aarohanayasa*, *Durbalata*, *Shishira Dwesha* etc., out of which a prominent diagnostic feature is *Twak Panduta* which occurs due to the deficiency of *Raktu Dhātu*. Shusruta has said that *Jeeva*(life) of a person resides in *Rakta*(Blood) and any severe impairment or loss of *Rakta* can lead to Death.[6] Hence *Pandu Roga* is of major concern regarding its prevention and cure.

As per modern science management includes Iron & Vitamin b12, folic acid, Vitamin-C supplements, Antihelminthics and Diet therapy. But still permanent cure is not seen in many cases and recurrence is high.

In Ayurveda, for the management of *Pandu Roga* both *Shodana* and *Shaman Chikitsa* has been told which has the combined actions micronutrient supplementation, *Rasayana*, *Krimighna*, *Deepana* and *Vatanulomana* which helps to combat the underlying pathology. Present case study was carried out to study the effect of Ayurvedic treatment on Anaemia.

CASE REPORT:

A Male patient aged 49 years, came to the OPD-6 (Swasthakshan) with the complaints of Generalized weakness, Breathlessness on doing minimal physical activities, loss of appetite, nausea, constipation since 2 months.

No history of DM, HTN or any other systemic illness.

Addiction – Alcohol drinking for 5 years.

Clinical Findings

- General Appearance: Pale
- Pallor: +++
- Icterus: mild
- Built: Moderate
- Height: 156 cms
- BMI: 20.5 kg/m²
- Clubbing: Absent
- Cyanosis: Absent
- Appetite: Reduced

- Oedema: Periorbital swelling and mild bilateral pedal oedema

- Bowel: Constipated

- Micturition: 4-5 times/day

Vitals:

- B.P.: 100/70mmhg
- Pulse: 112 bpm, (Tachycardia)
- R.R.: 22 /min (Tachypnoea)
- Temp: 98.4 F
- SPO2: 97%

INTERVENTION:

Table 1: Ayurvedic

Sr. No.	Management	Drugs	Dose	Duration
1.	Shaman Chikitsa	<i>Lavan-Bhaskar Churna</i>	3gm -----3gm Before meal with <i>Goghrit</i>	8 days
		<i>Kutaki Churna</i>	0 -----5gm At night with warm water	15days
		<i>Aarogyvardhini Vati</i> <i>Punarnava mandur</i> <i>Mandur Bhasm</i> <i>Triphala Churna</i>	2-----2 Tb 1-----1 Tb 125mg -----125mg 3gm-----3gm	21 days
		<i>Kumari Aasav</i> <i>Punarnava Aasav</i>	10ml+10ml-----10ml+10ml	21 days
2.	Panchkarma <i>Panchtikta Ksheer Basti</i>	Kashay - <i>Guduchi</i> <i>Nimba, Vasa,</i> <i>Kantakari, Patol</i> Sneha - Dadimadi Ghrit (30ml)	150ml	15 days

Table No. 3 : Modern

Sr. No.	Drug	Dose	Duration
1.	Inj. Vitcofol	2ml/IM	For 5 days (on alternate Day)

Follow up and Outcome:

Table No. 4: Subjective Parameters

Sr. No.	Symptoms	Before Treatment Day -0	After Treatment Day-40
1.	<i>Pandutha</i> (Pallor)	3+	0
2.	<i>Akshikoota Shota</i> (Periorbital oedema)	3+	1
3.	<i>Agnimandya</i> (Appetite)	3+	0
4.	<i>Daurbalya</i> (Fatigue)	3+	1
5.	<i>Shwasa</i> (Dyspnoea)	3+	0
6.	<i>Pindikodwestana</i> (Leg Cramps)	2+	0

Table No. 5: Objective Parameters

Sr. No.	Investigations	Before Treatment	After Treatment	
		0 th Day	21 th Day	40 th Day
1.	Hb	4.5 gm%	10.7 gm%	12.5 gm%
	RBCs	1.15*10⁶	4.11*10 ⁶	4.20*10⁶
	MCV	136.3 fl	88.6 fl	88.7 fl
	MCH	44.4 pg	26 pg	26 pg
	MCHC	32.7 g/dl	29.3 g/dl	29.3 g/dl
	HCT	12.2 %	32.1 %	32.1 %
	TLC	6600	7900	9000
2.	Total Billurubin	2.98 mg/dl	--	1.00 mg/dl
	Direct Billurubin	0.86	--	0.36 mg/dl
	Indirect Billurubin	2.12	--	0.36 mg/dl
	Albumin	3	--	3.55
	Total Protein	6.89	--	5

DISCUSSION

According Ayurveda, every disease is treated by balancing all the vitiated Doshas. In present case *Pitta Prakopaka* diet and alcohol consumption leads to *Raktvah Strotas Dushti*

and development of *Pittaj Pandu Roga*. The drugs chosen for study strikes at the etio-pathogenesis of the disease which pacify *Pitta Dosha*, removes *Vikrutta Pitta* by *Mrudu*

Virechan and simulate the liver which fasten the from body.
formation of *Shuddha Rakta* and removes toxins

Table No. 6 : Showing properties of drugs given

Sr. No.	Drugs Name	Pharmacological Action	Properties
1.	Lavan Bhaskar Choorna	Katu -Tikta Rasa, Laghu Ruksha } Guna Tikshna	Carminative, Digestive.
2.	Kutaki Choorn	Tikta – Rasa Sheeta Ruksha } Guna Laghu	Strong purgative (<i>Pittvirechak</i>) <i>Hepatostimulative</i> , , Hepato-protective, Anti-inflammatory in action
3.	Arogyavardhini Vati	Tikta - Rasa, Ushna, Ruksha, } Guna Tikshna	<i>Deepan-Pachan</i> , <i>Vikrut pitta Virechak</i> , <i>Yakrutottejana</i> , <i>Raktashuddhikar</i> ,
4.	Mandoor Bhasm	Kashay - Rasa Sheeta – Guna	Digestive , Hepatoprotective, Hepatostimulative Lipolytic, Carminative
5.	Poonarnava Mandoor	Rasayana	Appetizer, Digestive and carminative, Pacifies aggravated <i>Pitta</i>
6.	Triphala Choorna	Madhur, Amla, Katu, Tikta, Kashya – Rasa	Digestive, Mild laxative (<i>Sarak</i>)
7.	Kumari Aasava	Tikta - Rasa, Sheeta Ruksha } Guna Tikshna	Stimulates the function of liver, Clears chronic constipated bowel , normalize the secretion of liver. Detoxifier and Antitoxin, Anti- inflammatory, Antioxidant, mild laxative.
8.	Poonarnavasav	Ushna – guna	Diuretic, Reduces odema, inflammation,

Panchtikta Ksheer Basti - In *Pandu Roga*, there is diminution of *Rakta*, *Meda*, *Oja* etc. and the body becomes dehydrated, emaciated, which provoke Vata causing further deterioration of the condition. *Snehan* before *Shodhna* was indicated by Charaka in *Pandu Rog Chikitsa*. For *Snehana*, various preparations have been mentioned, *Dadimadi ghris* is one of them.[7] In present case study *Panchtikta ksheer basti* with *Dadimadi Ghris* (*Sneha*) was used. Thinking the predominance of *Pitta Dosha* *Panchtikta Ksheerbasti* was chosen and for *Snehan* *Dadimadi Ghris* was chosen. In this study *Snehan* is done with anal route instead of oral route, which shows good improvement in patient's condition. Though, *Panchtikta Ksheer Basti* is the new treatment modality but it showed good improvement in subjective as well as in objective Parameters in case of severe anaemia.

Inj. Vitcofol - A high MCV can be used to make the diagnosis of B12 deficiency, which is due to alcohol consumption in present case. So fulfill this deficiency the Inj. Vitcofol was given to rapid recovery for vitamin b12 deficiency.

CONCLUSION:

The present case study of severe Anemia having alcohol consumption history was treated with Ayurvedic (*Shaman Chikitsa* & *Basti Karma*) and contemporary (Inj. Vitcofol) medicine. The combination provides an efficient, effective, safe, and practical option to treat severely anaemic patients. However, more studies with

robust study design are required to evaluate effectiveness.

Declaration of patient consent

The authors confirm that they have acquired a patient consent form, in which the patient or caregiver has granted permission for the publication of the case, including accompanying images and other clinical details, in the journal. The patient or caregiver acknowledges that their name and initials will not be disclosed, and sincere attempts will be undertaken to safeguard their identity. However, complete anonymity cannot be assured.

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