# IAMJ

**Research** Article

International Ayurvedic Medical Journal

# A CLINICAL STUDY OF *PANDUROGA* WSR TO IRON DEFICIENCY ANEMIA AND ITS MANAGEMENT WITH *DHATRIYARIHTA* AND *PANDUGHNA VATI*

Urvi R Dave<sup>1</sup>, Anup Thakar<sup>2</sup>

<sup>1</sup>Asso.Prof. in Department of Roga Nidan Vikriti Vigyan,Parul Institute of Ayurved, Baroda Gujarat, India <sup>2</sup>Asso.Prof & HOD in Department of Panchkarma, IPGT & RA Jamnagar, Gujarat Ayurved University, Gujarat, India

#### ABSTRACT

Acharya Charaka has described Panduroga under Rasa Kshayajanya Vyadhi, which may cause malnourishment and deficiency of next Dhatu Rakta (Blood). Classically it can be compared with the Panduroga by their similar signs and symptoms. Panduroga is a disease characterized by pallor of body which resembles with 'Anemia' of modern science, disease to reduction of Hemoglobin. Iron Deficiency Anemia (IDA) is the most common type of Anemia overall, and is caused when the dietary intake or absorption of Iron is insufficient. Here 35 patients were selected in the study and randomly divided into two groups. Group A received Dhariyarista, Group B Pandughna Vati received. At the end of 45 days symptomatic improvement and increase in Hb% in Group A and Group B were noticed. No significant therapy is there for chronic Anemia in Modern science which is often due to metabolic defect, so an attempt has been made to evaluate the efficacy of both drugs on Iron Deficiency Anemia.

Keywords: Panduroga, Iron Deficiency Anemia, Dhatriyarishta, PandughnaVati.

#### **INTRODUCTION**

*Pandu*, is a disease characterized by pallor of body which resembles with 'Anemia' of modern science, disease to reduction of Hemoglobin and Pallor of Skin appears. The person with this disease suffers from decreased blood amount, strength and complexion. He becomes Nihsara (loss of natural integrity, tone and strength) <sup>(1)</sup> Rasa and Rakta has been considered as a key factor for the Prirana and Jeevana, Dharana and Poshana karma of the body. Many a times it is seen that Rakta gets vitiated by Doshas, mainly by Pitta dosha as Rakta is Pittavargiya and disease like Pandu appear. In Ayurveda, Pandu is considered as a specific disease with its own pathogenesis and treatment And describing under Rasa pradoshaj

Vikara<sup>(2)</sup>due to Agni mandya (Reduced Metabolism) and other chronic diseases (nidanarthkar roga).Rasa dhatvagni mandya leads to Raktakshya (Malnourishment of Rakta, which cause Pandu roga and symptoms like Panduta, Rukshta, Hrid dravtva. Shwasa Shotha etc were developed<sup>(3)</sup>. The word Anemia in Greek means a lack of blood. Actually it is a deficiency of hemoglobin and there are various grades of this deficiency. Anemia can result from a large number of causes, including nutritional deficiencies, acute or slow loss of blood due to trauma or diseases. Iron deficiency, is the most prevalent nutritional deficiency in the world <sup>(4)</sup>. In modern medicine, there is good treatment for Anemia with considerable result but that is only for acute deficiencies No significant therapy is there for chronic Anemias which occur due to metabolic defects reported that these drugs has useful role in preventing *Pandu roga* (IDA) due to its Rejuvenating and Metabolic effect.

Aims and Objective: The aim of study was to clinically assess *Pandu roga* and to evaluate the efficacy of '*Dhatriyarishta*' and *Pandughna Vati* in its management.

**Materials and Methods:** A total of 35 patients randomly selected from outpatients and inpatients department of *Roganidan* and *Kayachikitsa*, IPGT&RA, Jamnagar in the year 2006. 6 patients are discontinued during the treatment and 29 patients are treated completely.

## **Criteria for Selection of the Patients**

**Inclusion Criteria:** 1. Primarily the Patients were selected on the basis of the presence of classical symptomatology along with some Modern parameters of *Panduroga*. 2. Patients having Hb%

For Female: Below 12 %

For Male: Below 13 %

Specific Investigation like Serum Iron level and TIBC were also carried out.

## Serum iron

In Male Below 65–177  $\mu$ g/dL (11.6–31.7  $\mu$ mol/L);

In Female 50–170 µg/dL (9.0–30.4 µmol/L)

**Total Iron Bounding Capacity:** Below  $250-370 \mu \text{g/dL}$  (45-66  $\mu \text{mol/L}$ ) were selected. Patients between the age group of 15-50 years were selected for the study.

## **Exclusion Criteria**

- Patients suffering from AIDS, Cancer, Tuberculosis, Diabetes Mellitus and other disease Disorders.
- Pregnancy
- Age below 15 years and more than 50 years.

## Investigations

- Hb %
- TC
- DC
- ESR

- Blood Indices: MCV, MCH, MCHC.
- Serum Iron Level
- Total Iron Binding Capacity
- Routine and Microscopic Urine and Biochemical examinations have excluded.

**Preparation of Drugs:** Both the drugs were prepared in the Pharmacy of IPGT & RA,Gujarat Ayuveda University, Jamnagar. **Group A:** *Dhatriyarishta* 

## Ingredients:

- 1. Amalaki Svarasa
- 2. Sharakara (sugar)
- 3. Madhu (honey)

#### Prakshepa Dravya

1. Pippali churna

Method of Preparation of Drug: First *Dhupana karma* was done in porcelain jar, than *Amalaki Svarasa* was added in it, than *Sharkara* and *Madhu*, and in last *Pippali churna* was added as *Prakshepa dravyas*. *Sandhana* was done properly and after 45 days *Arishta* was carried out from the jar, filtered well and packed in brown bottle.

Group B: Pandughna vati (Anubhut yoga)

## Ingredients

## Churna Dravyas:

- 1. Amlaki Fruit 1 part
- 2. Bibhitaki Fruit 1 part
- 3. Shunthi Rhizome 1 part
- 4. Maricha fruits 1 part
- 5. *Pippali* fruits 1 part
- 6. Punarnava -Root 1 part
- 7. Vidanga Seed 1 part
- 8. Katuki Rhizome 1 part

## **Bhavana Drvyas**:

- 1. Gomutra 1 Bhavana
- 2. Kumari Swarasa 1 Bhavana
- 3. Punarnavamool 2 Bhavana
- 4. Amlaki 2 Bhavana

## **Method of Preparation of Drug:**

All the above drugs were taken in equal quantities and powdered was made of first eight drugs then *Bhavana* of above four drugs had given with different quantity, and-*vati* of (150 mg) has prepared.

#### **Drug, Dose and Duration**

Dhairiyarinta Ana C	
Group A: Dhatriyarishta- Dose: 20ml twice	After Moderate work relieved later and tole-
a day, Time of administration: Before meal	rate - 2
Duration: 45 days, Anupana: Water	After little work relieved later - 3
Group B: Pandughna Vati- Dose: 150mg	After little work relieved later but beyond
thrice daily, Time of administration: After	tolerate - 4
meal, Duration 45 days, <i>Anupana</i> : water	Bhrama even in resting condition - 5
Changes in patient's status were noted and following points were taken into considera-	5. Shunakshikuta Shotha (Oedema around
tion or assessment of results. To assess the	Eyes)
effect of therapy objectively, all the signs	Absent - 0
and symptoms were given scoring pattern	Mild - 1
depending upon their severity as below:	Moderate - 2
1. Panduta (Paleness)	Severe - 3
In - Tvaka, Nakha, Netravartma, Jihva, Hasta-	6. Rukshata (Dryness)
padatala	In - Twaka, Nakha, Netravartma, Jihva,
Absent - 0	Hastapadatala
In any 2 of these - 1	Absent - 0
In any 3 of these - 2	In any 2 of these - 1
In any 4 of these - 3	In any 3 of these - 2
In all - 4	In any 4 of these - 3
2. Daurbalyta (Weakness)	In all - 4
Not Present - 0	7. Shvasa (Dysponea)
After heavy work, relieved soon and tole-	Not Present - 0
rate - 1	After heavy work, relieved soon and tole-
After Moderate work relieved later and	rate - 1
tolerate - 2	After Moderate work relieved later and
After little work relieved later - 3	tolerate - 2
After little work relieved later but beyond	After little work relieved later - 3
tolerate - 4	After little work relieved later but beyond
3. Hridspandanam (Palpitation)	tolerate - 4
Not Present - 0	Shvasa even in resting condition - 5
After heavy work, relieved soon and tole-	8. Aruchi (Loss of Appetite)
rate - 1	Normal instinct of taking food - 0
After Modrate work relieved later and to-	Person even dislikes the touch or smell of
lrate - 2	food - 1
After little work relieved later – 3	Though the person is hungry he had dislike
After little work relieved later but beyond	for food
tolrate - 4	Due to fear, anger etc - 2
Hridaspandanam even in resting condition	Person doesn't like to take food due to
- 5	Sharira/Manas doshas - 3
4. Bharma (Vertigo)	9. Pindikodveshtanam (Leg Cramps)
Not Present - 0	Absent - 0
After heavy work, relieved soon and tolerate - 1	After heavy work - 1

After moderate work - 2

Only at night but beyond tolerate - 3

Whole day, severe, require medicine - 4

#### 10. Jvara (Fever)

No - 0

- Occasional 1
- Daily once 2
- Constant-3

**Follow up**: The follow up study of patients were conducted for one month after completion of the treatment.

**Criteria for Assessment**: The improvement in the patient was assessed mainly on the basis of points that given below:

- Increasing percentage of the Hemoglobin.
- Improvement in the sign and symptoms of the disease.

• Improvement in the General Health and other Biological parameters.

• The outdoor patients were examined weekly.

Changes in patient's status were noted.

**Statistically Analyzed:** The obtained data were analyzed statistically. The values were expressed as Mean  $\pm$  SEM. The data were analyzed by paired't' test. The level of P<0.05 and (P<0.01, P<0.001) was consi-

dered as statistically significant and highly significant respectively. Level of significance was noted and interpreted accordingly

**Criteria for Assessing the Total Effect:** Considering the overall improvement shown by the patient in sign and symptoms, the total effect of the therapy has been assessed as below. It is assessed on the basis of percentage of relief obtained.

**Criteria for Assessment of Results: Cured:** When the sign and symptoms are improved about 75% and above.

**Markedly improved:** When the sign and symptoms are improved about 51% to 75%

**Improved:** When the sign and symptoms are improved about 25% to 50%

**No improvement:** When the sign and symptoms are below 25%

**Observation and Results:** The Effect of *Dhatriyarishta* on Chief Complaints is shown in Table 1. The Improvement in Haematological Investigations is shown in Table 2 and Improvement in Serum Iron level and in Total Iron Binding Capacity (TIBC) is shown in Table no 3.

Table 1: Effect of Dhatriyaishta on Signsand Symptoms of IDA.

Sign and Symptoms	N(Total	Mean		% Re-	S.D.	S.E.	't'	р
	13 pa-	B.T.	A.T.	lief				
	tients							
Panduta	13	2.15	1	56.73	0.55	0.15	7.5	< 0.001
Daurbalyta	13	2.07	0.92	55.55	0.69	0.20	6.04	< 0.001
Hridaspandanama	06	1.83	0.83	54.65	0.89	0.36	2.73	< 0.05
Bhrama	08	1.75	0.5	71.42	0.46	0.16	7.63	< 0.001
Shunakshikut shotha	05	1.4	0.6	57.14	0.44	0.20	4	< 0.01
Rukshata	10	2.4	1.6	33.33	0.63	0.20	4	< 0.01
Shvasa	06	1.66	0.83	50	0.75	0.30	2.71	< 0.05
Aruchi	09	1.66	0.44	33.33	0.72	0.24	2.29	< 0.01
Pindikodweshnama	12	2.16	1	53.84	0.57	0.16	7	< 0.001
Jvara	05	2.4	1.2	14.86	0.44	0.2	6	< 0.001

#### Table 2: Effect of Dhariyarishta on Haematological Investigations of IDA

Investigations	Ν	Mean		% Re-	S.D.	S.E.	't'	Р
		B.T.	A.T.	lief				
Hb%	13	10.77	11.30	4.8	1.17	0.32	1.7	< 0.01

Urvi R Dave LAnup Thakar: A Clinical Study Of Panduroga WSR To Iron Deficiency Anemia And Its Management With Dhatriyarihta And Pandughna Vati

TRBC	13	4.22	4.34	2.77	0.22	0.06	2.21	< 0.05
MCV	13	80.55	81.4	1.04	3.60	1	0.76	< 0.01
MCH	13	25.33	26.2	3.36	1.87	0.57	1.64	< 0.1
MCHC	13	31.73	31.8	0.19	1.44	0.4	0.15	< 0.1
ESR	13	22.30	20.46	8.17	10.14	2.81	0.65	< 0.1

#### Table 3: Effect of Dhatriyashta on Serum Iron level and TIBC on IDA

Investigations	Ν	Mean		% Relief	S.D.	S.E.	<b>'t'</b>	Р
		B.T.	A.T.					
Serum Iron /dl	5	34	35	2.94	2.00	0.89	1.11	<0.1
TIBC	5	378	395.8	4.6	9.3	4.15	4.18	< 0.05

The Effect of *Pandughna vati* on Chief Complaints is shown in Table 4.The Improvement in Haematological Investigations is shown in Table 5 and Improvement in Serum Iron level and Total Iron Binding Capacity (TIBC) is shown in Table no 6.

Table 4: Effect of Pandughna vati onSignsandSymptomsofIDA

Sign and Symptoms	N(Total	Mean	Mean		S.D.	S.E.	't'	р
	16 pa-	B.T.	A.T.	lief				
Panduta	<b>tient</b> ) 11	2.27	0.81	64	0.52	0.13	9.6	< 0.001
Daurbalyta	11	2.29	1	65.5	0.45	0.13	14.07	< 0.001
Hridaspandanama	09	1.90	1	43.30	0.78	0.26	4.26	< 0.01
Bhrama	08	1.87	0.36	80.70	0.5	0.17	7.74	< 0.001
Shunakshikut shotha	08	1.87	1	46.50	0.9	0.32	3.56	< 0.001
Rukshata	09	3.44	2.44	29.10	0.5	0.16	6.25	< 0.01
Shvasa	09	2.1	0.44	79.05	0.52	0.18	8	< 0.01
Aruchi	08	6.7	1	63.0	0.7	0.24	7.2	< 0.001
Pindikodweshnama	11	2.63	0.81	69.20	0.53	0.16	11.3	< 0.001
Jvara	07	1.71	0.57	66.7	0.37	0.14	8.4	< 0.001

Table 5: Effect of Pandughna vati on Haematological Investigations of IDA

Investigations	Ν	Mean		% Re-	S.D.	S.E.	't'	Р
		B.T.	A.T.	lief				
Hb%	16	10.63	10.91	2.70	4.31	1.07	2.4	< 0.05
TRBC	16	4.34	4.41	1.60	4.40	0.12	0.15	< 0.1
MCV	16	76.85	86.03	10.7	6.33	1.58	2.93	< 0.01
MCH	16	24.9	25.8	3.5	3.18	0.85	1.18	< 0.1
MCHC	16	30.7	33.8	9.0	2.11	0.52	2.38	< 0.05
ESR	16	28.5	18.75	34.2	18.7	4.67	2.2	< 0.05

#### Table 6: Effect of Pandughna vati on Serum Iron level and TIBC on IDA

Investigations	Ν	Mean		% Re-	S.D.	S.E.	<b>'t'</b>	Р
		B.T.	A.T.	lief				
Serum Iron	5	35.33	31.33	13.20	5.50	2.46	1.59	< 0.05
TIBC	5	352	390	10.80	27.70	12.40	3.06	< 0.05

#### **DISCUSSION AND CONCLUSION**

Pandu roga is Pitta pradhana vyadhi, Pitta is responsible for the normal colour of the

body but when it get vitiated,loss *Panduta* (Pallor) occurs. Though *Pitta* is *pradhana dosha* in *Pand roga*, *Vata dosha* also plays crucial role in manifestation of *Pandu roga*, mainly *Vyana vayu* has a relation with *Samprapti* of *Pandu roga*.

Pandu roga can be effectively compared with Anemia on the grounds of its similar signs and symptoms the modern medicine provides good treatment for Anemia with considerable result but that is only for acute deficiency Anemia, no significant therapy is there for chronic Anemia which occurs due to metabolic defects. So Ayurveda can provide better management of this. It is obvious that Anemia is most common among females due to menstruation, poor general health, improper and inadequate diet which leads to malnutrition leading to Iron Deficiency Anemia. Cause of Iron deficiency is improper Iron absorption in the GIT. Ferrous iron can absorb better than Inorganic ferrous and ferric salts. Hemoglobin iron is absorbed intact as Haem, even at neutral pH, and is not affected by dietary maintains the phosphate and phytate. Here in these trial compounds, Pandughna vati which contains Deepana, Pachana dravya? Which increase Gastric acidity through their Ushna and Tikshna guna, and Ushna virya nature helps to destroy the srotorodha. So, metabolism improves, ultimately digestion was improves leads to proper Dhatu poshana. Secound trial compound is Dhatriyarista contains mainly Amalaki, which is best Rasayana, Tridosha hara, Vatanulomak and pitta shamaka.<sup>(6),</sup> and it is a well known fact that due to its Ashukari and Vyvayi properties of Dhatriyarishta). it get easily absorbed in the body channels (Srotasa) and thus exhibit the properties of applied drugs at a much faster level Amalaki is main in both trial compound, but in different forms and it contains high amount of Vitamin C, which reduces ferric iron to ferrous iron which remains soluble even at neutral pH and is better absorbed.<sup>(7)</sup> Even when the diet is poor in iron, Vitamin C supplement with each meal enhance iron absorption. Vitamin C taken in divided doses with each meal will increase iron absorption to a greater extent. Hence *Dhatriyarishta* and *Pandughna vati* both compound showed highly significant respond in *Panduroga* due to metabolic effect. **REFERENCES**:

- 1. Charaka Samhita (Vol II) Prof P.V. Sharma, Chikitsa Sthana Panduroga Chikitsitam 7<sup>th</sup> edi., Chuakhambha Orientalia,273(2005).
- Charak Samhita (Vol I) Prof P V Sharma, Vividhasheetpitiyadhyay, Sutra Sthana,9<sup>th</sup> edition, Chaukhambha orientalia, Varanasi 226(2005)
- Ashtang Hridaya (Vol II) Prof K.R.Srikantha Murthy, Pandurogashophavisarpanidanam-Nidana sthana, 5<sup>th</sup> edition. Chuakhmbha Krishnadas Academy Varanasi 122(2003) A.D.
- 4. Savill's System of Clinical Medicine 14 edition, LONDON Edward Arnold Publishers 813)1964.
- Charaka Samhita (Vol II) Prof P V Sharma, Chikitsa Sthana Panduroga Chikitsitam 7<sup>th</sup> edi. Chaukhambha Orientalia, 283(2005).
- 6. Dravyaguna Vijnan (Vol II) Prof.P V Sharma, Chaukhambha Bharti academi758(2006)
- Davidson: Blood disorders, Principles & Practice of medicine 20<sup>th</sup> edition, Charchil living stone ELSEVIER UK 1025(2006)

## CORRESPONDING AUTHOR Dr. Urvi R Dave

Asso.Professor, Department of Roga Nidan Vikriti Vigyan, Parul Institute of Ayurved, Baroda Gujarat, India

Email: daveurvi29@rediffmail.com

Source of support: Nil Conflict of interest: None Declared