

## AYURVEDIC MANAGEMENT OF *MRIDD-BHAKSHAN JANYA PANDU* WITH *SHAMANA CHIKITSA & KRUMIGHNA BASTI*: A CASE REPORT

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Article Received on  
11 Nov. 2022,

Revised on 02 Dec. 2022,  
Accepted on 23 Dec. 2022

DOI: 10.20959/wjpr20231-26760

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### ABSTRACT

*Pandu* is described in all *Ayurvedic* classical text. *Ayurveda* gives equal importance to both preventive & curative aspects. Skin of person with *Pandu* gets whitish and pallor (*Pandu Varna*).<sup>[1]</sup> It is a disease entity which has some physical as well as psychological clinical features similar to that of various type of anaemia. Pallor skin and decrease the level of Haemoglobin is the basic diagnostic criteria of anaemia. In present scenario according to WHO, anaemia is very common in general population and around 2 billion people are suffering from anaemia across the world.<sup>[2]</sup> It affects all group of population. A 19-year-old girl who had a history of consuming large amounts of mud and brick presented to our hospital's outdoor-patient department (OPD) with complaints of anorexia, indigestion, nausea,

fatigue, vertigo, periorbital and periumbilical swelling as well as a USG report of massive splenomegaly and a haematological report of anaemia. It can be regarded as *Mridd-BhakshanJanya Pandu* in terms of ayurveda. Therefore, the patient was treated in accordance with *Mridd-Bhakshan Janya Shamana chikitsa & Krumighna basti*.

## INTRODUCTION

Anaemia is a disease characterized by pallor of body which strikingly resembles with 'Anaemia' of modern science, disease to reduction in number of Rbcs per cumm of Blood and quantity of Hb resulting in pallor like other symptoms. Anaemia (*Pandu*) is defined as reduction in haemoglobin mass below the critical level.<sup>[3,4]</sup> According to *Ayurveda*, *Pandu* (Anaemia) is described as *Pitta Dosha Pradhan Vyadhi* associated with *Rasa* and *Rakta Dhatu* (Lymph and blood tissue). *Bhrajaka Pitta* is responsible for the Normal *Varna* of *Twak*(skin). The changing lifestyle of human being by means of *Ahara* and *Vihara* (Diet and lifestyle) plays an important role in the manifestation of *Pandu*. *Pandu* having symptoms of *Panduta* (Pallor of skin), *Karnachhweda* (tinnitus), *Hatanala* (loss of appetite), *Shwasa* (breathlessness) and *Gatrashoola* (Bodyache), *Hrid-drava* (palpitation), *Gauravata* (heaviness in the body). *Ayurvedic* medicines and *panchkarma* are of great importance for treatment of disease like *Pandu* and increase lifestyle interventions to regain a balance between body, mind, spirit and environment.

## CASE STUDY

A 19-year-old female who had a history of consuming large amounts of mud and brick presented to our hospital's outdoor-patient department (OPD) with complaints of anorexia, indigestion, nausea, fatigue, vertigo, periorbital and periumbilical swelling as well as a USG report of massive splenomegaly and a haematological report of anaemia. It can be regarded as *Mridd-BhakshanJanya Pandu* in terms of *ayurveda*.

Family history: All family members have no history of any severe disease.

Personal history: BP-110/70 mm of Hg, Pulse- 90/min., R.R. –26 Appetite- Loss of appetite, Sleep- Normal, Bowel habit Clear, Urine- Clear Menstrual history- scanty and regular Obstetric history- Nulligravida

## DASHVIDH PARIKSHA

1) *Nadi (Pulse)* 88/ min 2) *Mala (Stool)* Constipated-3-4 in a week 3) *Mutra (Urine)* Normal 4) *Jivha (Tongue)* Coated 5) *Shabda (Speech)* Normal 6) *Sparsha (Skin)* Ruksh (Dry) 7) *Dreek (Eyes)* Normal 8) *Akruti (Built)* Madhyam (Medium) 9) *Agni (Digestion)* Visham (Irregular) 10) *Bala (Power)* Madhyam (Medium)

**ASHTAVIDH PARIKSHA**

1) Nadi (Pulse) 80/min, 2) Mala (Stool) Niram, 3) Mutra (Urine) Niram, 4) Jivha (Tongue) Saam, 5) Shabda (Speech) Spashth, 6) Sparsha (Touch) Anushnasheet, 7) Drika (Eye) Pallor+, 8) Akriti (Built) Madhyam

**Investigations**

1. CBC
2. ESR
3. LFT
4. PBF
5. URINE
6. RFT

**Treatment Plan**

*Avipattikar churna* & *Panchsakar churna* each 250 mg Hs with *koshnaja*

*Rohitaka Ghrit* 10 ml BD

*Ykrittaplehari loush* 250 mg BD

*Loha-osavo* 10 ml BD

*Kumaryo asava* 10 ml BD

*Shankha* and *Muktashukti bhasma* 250 mg each with *gruta* for 15 days

*Krumighna basti* for 7 days

Investigation	Before Treatment	After Treatment
HB%	7.8 gm%	11 gm%
MCV	66	74
MCH	21 pg	24pg
MCHC	28 gram	35gram
RDW	12.5%	14.5%
Plateletscount	267,000	287,000
Sicklecellanemiatest	Negative	Notdone
Usg Abdomen and pelvis	Mild to moderate splenomegaly	Spleen is normal In size

**DISCUSSION**

Since she began eating mud and bricks frequently as a toddler, the patient eventually experienced indigestion, anorexia, and sickness due to *Agni's* suppression (Bio fire) *Rasa kshaya*, *pandu* (anaemia), and lack of a proper diet (*Ahaar Rosa*) were all results of improper diet, both quantitatively and qualitatively. According to *Acharya Charak*, constant mud

consumption will cause the *Shrotas* to become obstructed, resulting in the production of *Ras-roktadi Shrotas Vikiriti*. Splenomegaly was discovered in this patient because their liver and spleen are *Raktavaha Shrotos*.<sup>[5]</sup> *Mool Sthan* organs. Once more, *Acharya Sushruta* put forth *Vidohi Anna's* consumption as a contributing element to *Plehodar* The mud that the patient consumed belonged to *Vidahi Property (usar mitti)*.<sup>[6]</sup>

As *Acharya Charak* suggested mild purgative like *Avipattikar churna & Panchsakar churna* was given to expel out the *vitiated dosha* for *kostha shudhhi Rohitaka Ghrit* was added as *Ghirtpan* is best in the management of anemia (*Pandu*)<sup>[7]</sup> and *Rohitka* best for disease of spleen. The *Ykrittaplehari lough* along with *Loha-osavo and Kumaryo asava* was prescribed to enhance the level of iron and metabolism respectively. *Shankha* and *Muktashukti bhasma* was added to inhibit the craving of mud. The drugs like *Kutaki* was added to improve the hepatic function. The result concern with the anemia has overall good though there fluctuation was present in the hemoglobin level and the shape and size of the spleen has decreased *Basti* is a technique of eliminating the *Krimi* from large intestine. *Acharya* has given importance to *Asthapana Basti (Krimighna Basti)* in *Krimi* then *Anuvasana Basti* because the oleative preparation favour the *Krimi* where as contents of *Asthapana Basti(Krimighna Basti)* i.e. *Kashaya Dravya* which has the *Karshan Guna* and they inhibit the growth of *Krimi* and its activities. The drug which is used in *Krimighna Basti* is *Katu, Tikta* and *Kashayarasa, Ushana guna, Ushana virya* and *Katu vipaka*. This promotes digestive capacity and metabolic activity of the cells and facilitates the easy digestion.

## CONCLUSION

It can be concluded from the present single case study that the *Ayurvedic* management and *krumighna basti chikitsa* had been effective in severe Anaemia (*Mridd Bhakshan Janya Pandu*).

## REFERENCE

1. *Charaka samhita, chikitsasthan, pandurogchikitsitam*, 16/6.
2. *Dr. S. Sujan, Dr. Sunil P. Changle, Dr. Swapnil C. R., A critical review of PanduRoga in childrens w.s.r. to iron deficiency anaemia, World journal of pharmaceutical and medical research, www.wjpmr.com*, 2017; 3(9).
3. *Robbins & Cortan pathological basis of diseases*, south asia edition, 1.
4. *Textbook of Pathology, Harsh Mohan, Sixth Edition, Section, II: 298-299.*

5. Shastri Kashinath, Chaturvedi Gorakhnath (editor). *Charaka Samhita of Agnivesa, Chikitsa Sthana*, chapter 16, verse no. 28, Reprint edition, Varanasi: Chaukhamba bharati academy; 2009, 490.
6. Shastri Kashinath, Chaturvedi Gorakhnath (editor). *Charaka Samhita of Agnivesa, Viman Sthana*, chapter 5, verse no. 7, Reprint edition, Varanasi: Chaukhamba bharati academy, 2005; 711.
7. Ambikadatta Shastri (editor). *Commentary: Ayurveda Tattva Sandipika on Susruta Samhita of Susruta, Nidan Sthana, chapter 7, verse no. 14, Reprint edition, Varanasi: Chaukhamba Sanskrit Sansthan Prakashan, 2009; 334.*