An Enlightenment On Diagnosis Of Pandu Vyadhi By Clinical Presentation & Its Management By Combination Of Aarogyavardhini Vati With Mandur Bhasm And Punarnavadi Mandur – A Single Case Study

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Abstract: There are many diseases which commonly occurs in all age groups, one of which is Pandu Vyadhi. In all Ayurveda samhita Pandu Vyadhi is described as a condition in which skin becomes pallor or yellowish white in color. This disease comes under Raktdhatu Kshaya & Rasvaha Strotas dushti. It is correlated with anemia, evaluation of its severity is done by hemoglobin percentage. Every disease can be diagnosed by two ways, one by clinical presentation & another way by the pathological investigation. Pandu Vyadhi has Vishishtha lakshanatmak presentation by this, primary diagnosis can be done & by haemoglobin percentage diagnosis can be confirmed on opd basis.

The Proper diagnosis helps in proper drug management. Aacharya Charak explained Mandur Bhasm & Punarnavadi Mandur as drug management for Pandu vyadhi. Aacharya Vagbhat suggests the use of Aarogyavardhini Vati. In this paper, a single case study is presented. A male patient is diagnosed by clinical presentation & signs which further confirmed by Hb% evaluation which was 5.9gm%. Drug management is given in combination, after a follow-up of one month there is a subjective improvement in patient & Hb% was 9.9gm% is noticed. Which enlightens the importance of diagnosis & effect of drug management given.

Keywords: Pandu Vyadhi, Aarogyavardhini Vati, Punarnavadi Mandur, Mandur Bhasm.

INTRODUCTION

Pandu Vyadhi is varnopalakshit vyadhi wherein paleness is a pathognomonic feature. This disease is mainly concerned with vitiation of Pitta Dosha. This vitiated Pitta gets circulated in the body and causes vitiation of raktdhatu and other dhatus. The important role of raktdhatu is jeevanam(life), prinan(provide nutrient to other dhatus) dharan,poshan. That’s why ayurveda emphasizes its as Rakturn jeev iiti shith. The vitiation of this raktdhatu in Pandu Vyadhi is of its both quality & quantity. Prodromal signs of Pandu Vyadhi are Hrudspandan(palpitation), twakrukshata(dry skin) & swedabhav. Clinical signs are Karnshwed, hatanal, dourbalya, shramshwas, bhran, gatrashtool, jwar, aaruchi, shoonakshikoot-shoth, niraluta, pindikodweshatn. As chronicity of disease occurs there is the development of shwasa, shotha lakshana gets involved which shows bad prognosis. In this paper, a single case study is presented. In Opd of Rognidan, a male patient presented with shrhamshwas, dourbalya, pindikodweshatan, hrususpendan, aaruchi, ubhay paadshoth since 20 days. By clinical examination pallor noted, there was bipedal pitting oedema, slightly tachycardia was there as pulse was 98 per minute. On these symptoms & signs, the primary diagnosis made as Pandu Vyadhi.
Hb% evaluation done as it is the only primary investigation available at less cost, less time consuming and can be done for opd basis patient.Hb% was 5.9gm%, so a combination of Aarogyavardhini vati with Mandur bhasm & Punarnavadi Mandur is given for one month.Punarnavadi mandur is given as patient is having bipedal oedema,aarogyavardhini vati as patient has a history of stravi arsha,malvibhanda,aaruchi and other symptoms of Pandu. Mandur bhasm because haemoglobin percentage was low.After one month follow up patient improved clinically and Hb % was increased to 9.9gm%,this proved the importance of diagnosis on clinical presentation and proper treatment for its effective cure.

**Aim**

To assess the diagnosis by clinical presentation & to study the effect of Aarogyavardhini vati with a combination of Mandur Bhasm and Punarnavadi Mandur.

**Objective:**
1) A conceptual study of Pandu Vyadhi & Anaemia
2) Evaluation of Hb% with signs & Clinical Presentation of Pandu Vyadhi.

**MATERIALS & METHODS**

a)Case Report : A 50 yrs old male patient came to GAC , Nagpur Rognidan OPD with Chief complaints of Weakness, dyspnoea on exertion, swelling on both feet, heaviness of body, poor appetite, palpitation since 20 days.

b) On Examination: General condition of patient was moderate with vitals as follows, P-98/min, BP-140/70 mm of Hg, RS-Basal crepts present at both lower zone CVS- S1S2 Normal, Stool-Vibandh++  Urine-Samyak,jivha- aalp saam

c) Past History- H/O Stravi Arsha(bleeding piles) 2yrs back,t/t taken .

No H/O DM, HTN, TB, Bronchial Asthma
No H/O any major surgery
No H/O any major trauma

d) Signs found- Pallor++, Bipedal pitting oedema, Tachycardia, RS- crepts present at both basal zone

e) Investigations advised –Hb% , Urine- routine & microscopic examination

f) Prescribed medication - Aarogyavardhini vati 60 tab. Mandur bhasm 10gms, Punarnavadi mandur 20 tab, Gulvel Satva 10 gms all these four drugs combined & made equal 42 packets, Dose 1 packet BD for Consecutive 21 days.

g) Follow up- after 1 month.

**Assessment Criteria:** 1) Subjective- symptoms like palpitation, dyspnoea on exertion, appetite2) Objectives- 1)CBC with ESR.

**OBSERVATION & RESULTS:** This is tabulated as follows

<table>
<thead>
<tr>
<th>Serial no</th>
<th>Assessment criteria</th>
<th>Before Treatment</th>
<th>After treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Hb%</td>
<td>5.9 gm%</td>
<td>9.9gm%</td>
</tr>
<tr>
<td>2.</td>
<td>RBC Count</td>
<td>3.14/mm</td>
<td>4.56mm</td>
</tr>
<tr>
<td>3.</td>
<td>Pallor(pandu varn)</td>
<td>+++</td>
<td>+</td>
</tr>
<tr>
<td>4.</td>
<td>Oedema on feet(shoth)</td>
<td>++,bipedal &amp;pitting</td>
<td>No edema</td>
</tr>
<tr>
<td>5.</td>
<td>Dyspnoea on exertion(shramshwas)</td>
<td>++</td>
<td>No Dyspnoea</td>
</tr>
<tr>
<td>6.</td>
<td>Weakness(dourbalya)</td>
<td>+++</td>
<td>+</td>
</tr>
<tr>
<td>7.</td>
<td>Appetite(aaruchi)</td>
<td>Poor appetite</td>
<td>Appetite incresead</td>
</tr>
<tr>
<td>8.</td>
<td>Palpitation(hrutspandan)</td>
<td>+++</td>
<td>+</td>
</tr>
<tr>
<td>9.</td>
<td>Bodyache(gaatrashool)</td>
<td>+++</td>
<td>+</td>
</tr>
<tr>
<td>10.</td>
<td>Stool</td>
<td>Constipation</td>
<td>Regular bowel motion.</td>
</tr>
</tbody>
</table>
This is the single case study, in which diagnosis is done on clinical presentation and confirmed by an investigation that showed diagnosis was in right direction. In our patient before treatment & after treatment, we found there is a significant reduction in all subjective parameter i.e. in Pallor ,bipedal oedema, dyspnoea, weakness , palpitation ,body ache .Appetite got increased , as before treatment patient is having aaruchi .Constipation relieved & regular bowel motion occurred. After one month follow-up investigations of complete blood count done which shows the significant result of Hb% and RBC Count. The Hb % was 5.9gms% before treatment and after treatment, it increased in 9.9gm% that means there is an increase of 3 gm %.RBC count also increased from 3.14 to 4.56 cubic mm. By this we definitely comment the overall improvement of patient is seen with proper diagnosis & with proper drug combination.

DISCUSSION

Pandu vyadhi clinical features are paleness of skin, shramshwas, shoth, pindikodveshtan, hrudspandan, nidraluta. In our patient almost all lakshanas of pandu were present. He had given history of bleeding piles that means there is raktdhatu kshay has been occurred. Considering the lakshanatmak presentation of patient with past history, a thorough examination done by this getting proper findings (signs) are noted and primary diagnosis of disease done. After getting investigation report of CBC patient dignosed as Pandu Vyadhi. This enlightens the importance of proper diagnosis. We treated our patient with aarogyavardhini vati, in combination with Punarnavadi Mandur, Mandur Bhasm, on follow up after one month we found there is significant changes in subjective & objective parameters. Decreased in palpitation,dyspnoea,bipdal pitting type oedema,weakness and there is significant increase in Hb% by given treatment. By this, it shows if proper diagnosis is done by clinical presentation with evaluating relevant investigations done treatment given gives good results in improving the patient’s condition in short duration.

CONCLUSION

The primary diagnosis done in this case by lakshanatmak presentation that is on clinical presentation of signs & symptoms was correct and it was in a proper direction, then diagnosis is confirmed by evaluating Hb%. After that medication is prescribed, given drug management in combination also was in right direction which showed very much effective in treating Pandu Vyadhi. This shows importance of diagnosis on clinical presentation & Importance of proper treatment.

REFERENCES


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