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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

Dr. Vinita Bhayekar

PG Scholar

Rognidan & Vikruti Vigyan Department
Government Ayurved College, Nagpur

Dr. Meera Aurangabadkar

Associate Prof & HOD

Rognidan & Vikruti Vigyan Department
Government Ayurved College, Nagpur

Dr. G. H. Kodvani

Associate Professor

Rognidan & Vikruti Vigyan Department
Government Ayurved College, Nagpur

Dr. G. G. Asati

Guide & Associate Professor

Rognidan & Vikruti Vigyan Department
Government Ayurved College, Nagpur

Dr. Pranali Bhende

Assistant Professor

Rognidan & Vikruti Vigyan Department

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 Rakt dhātu 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 Vishishta lakshana 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. Acharya Charak explained Mandur Bhasm & Punarnavadi Mandur as drug management for Pandu vyadhi. Acharya 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 varnoplakshit vyadhi wherein paleness is a pathognomic feature. This disease is mainly concerned with vitiation of Pitta Dosha. This vitiated pitta gets circulated in the body and causes vitiation of rakt dhātu and other dhatus. The important role of rakt dhātu is jeevanam (life), pranan (provide nutrient to other dhatus) dharan, poshan. That's why ayurveda emphasizes its as Raktam jeev iti sthiti. The vitiation of this rakt dhātu in Pandu Vyadhi is of its both quality & quantity. Prodromal signs of Pandu Vyadhi are Hrudspanan (palpitation), twakrukshata (dry skin) & swedabhav. Clinical features are Karnshwed, hatanal, dourbalya, shramshwas, bhram, gatrashool, jwar, aaruchi, shoonakshikoot-shoth, nidraluta, pindikodhweshatan. 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 shramshwas, dourbalya, pindikodhweshatan, hrutspanan, 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

Serial no	Assessment criteria	Before Treatment	After treatment
1.	Hb%	5.9 gm%	9.9gm%
2.	RBC Count	3.14/mm	4.56mm
3.	Pallor(<i>pandu varn</i>)	+++	+
4.	Oedema on feet(<i>shoth</i>)	++,bipedal &pitting	No edema
5.	Dyspnoea on exertion(<i>shramshwas</i>)	++	No Dyspnoea
6.	Weakness(<i>dourbalya</i>)	+++	+
7.	Appetite(<i>aaruchi</i>)	Poor appetite	Appetite increas
8	Palpitation(<i>hrutspandan</i>)	+++	+
9	Bodyache(<i>gaatrashool</i>)	+++	+
10	Stool	Constipation	Regular bowel motion.

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*, *pindikodweshtan*, *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 *lakshnatmak* 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 diagnosed 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 odema,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 *lakshnatmak* 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

1. Charaka Samhita (Vol II) Prof P.V.Sharma, Chikitsa Sthana Chapter 16 Pandurog Chikitsitam 7th edition, Choukhamba Orientalia,2005.
2. Susruta Samhita – Ambikadutta Shastri,Ayurved Tattva Sandipika Sutra Sthana chp 14 ,Choukhamba Publication,2005.
- 3.Susruta Samhita – Ambikadutta Shastri, Ayurved Tattva Sandipika,Uttar tantra chp 44/30,Chaoukhamba Publication,2005.
4. Charaka Samhita (Vol I) Prof P.V.Sharma,Sutra Sthana Chp 4, 7th edition, Choukhamba Orientalia,2005
5. Davidson: Blood Disorders, Principles & Practice of medicine 20th edition, Charchil living stone ELSEVIER UK 1025 (2006).
- 6.Shastri Rajeshwara Dutta, Bhaishajya Ratnavali – Vidyotini hindi commentary by Kaviraj Shri Ambika datta Shastri, Choukhamba Sanskrit Sansthan, Varanasi, Edition 2004.
7. Dr. Tripathi Ravi Dutta, Madhav Nidana by Acharya Madhavkara, Choukhamba Sanskrit Sansthana, Delhi Edition 1993.

Corresponding Author
Dr Vinita Bhayekar
Mobile number 9096254327
Email -vinitahanks6@gmail.com