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CASE REPORT

Clinical Efficacy of *Panchakarma* and *Tapyadi Lauha* in Management of *Pandu Roga*: A Case Study

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ABSTRACT
Pandu Roga, a classical Ayurvedic disorder analogous to anemia, is characterized by pallor, fatigue, and general debility. It primarily affects the Rasavaha and Raktavaha Srotas, leading to Dhatu Kshaya (tissue depletion) and impaired Preenana (nourishment). Among Ayurvedic formulations, Tapyadi Lauha *is a significant herbo-mineral preparation traditionally used in its management. To evaluate the clinical efficacy of Panchakarma procedures and Tapyadi Lauha along with supportive Ayurvedic formulations in the management of Pandu Roga. A 27-year-old female from Chikhli, Navsari presented with generalized weakness (Daurbalya), vertigo (Bhrama), headache (Shirashoola), chest discomfort (Hritshoola), and anorexia (Aruchi) for six months. She had a prior diagnosis of anemia (Hb: 7.9 g/dL) and did not respond to conventional treatment. Clinical and hematological parameters confirmed Pandu Roga. The patient underwent Snehana (internal oleation) with Panchagavya* Ghrita *and Dadimadya Ghrita followed by Sadhyo* Vamana *and Virechana with Ksheera and Eranda Sneha. Oral medications included Tapyadi* Lauha *(250 mg TDS), Drakshasava (15 ml) mixed with Dashamularishta (15 ml) after meals, for two months. Significant symptomatic relief was observed post-treatment. Weakness and anorexia reduced notably. Hemoglobin and RBC indices improved. The symptom score for Daurbalya, Bhrama, and Aruchi decreased from severe to mild or resolved. The patient reported better energy, digestion, and appetite. No adverse reactions were observed. This case demonstrates the holistic efficacy of classical Ayurvedic management, including Panchakarma and herbo-mineral therapy, in treating Pandu Roga. Early intervention, individualized treatment, and strict adherence to Pathya-Apathya (dietary regimen) can significantly reverse symptomatology and restore systemic balance in anemia.*
Keywords: *Pandu Roga, Anemia, Tapyadi Lauha,, Rasavaha Srotas, Dhatu Kshaya.*

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INTRODUCTION:

Pandu Roga, as the term denotes, is a clinical condition characterized by pallor or a yellowish-white discoloration of the skin, reflecting underlying disturbances in bodily constituents [1]. This disorder has been comprehensively described in the Vedas as well as in classical Ayurvedic texts, where it is recognized either as an independent disease entity or as a manifestation associated with other pathological conditions [2]. It predominantly involves the Rasavaha Srotas and is categorized as a Rasadoshaja Vikara by Acharya Sushruta. Acharya Charaka further elaborates its involvement with both Rasavaha and Raktavaha Srotas, which are essential for nourishment (Preenana) and maintenance of life (Jeevana) [3-5].

The earliest references to Pandu are found in the Rigveda and Atharvaveda, where it is described under terms such as Vilohita, Haribha, and Halim. In the Charaka Samhita, Pandu is discussed subsequent to Grahani Roga due to the predominance of Pitta Dosha vitiation at the level of Grahani (duodenum), whereas Acharya Sushruta addresses it after Hridroga, indicating a similarity in the underlying pathogenesis (Samprapti). The disease primarily involves Pitta and Kapha Doshas and ultimately results in systemic nutritional depletion, affecting all Dhatus from Rasa to Shukra [6-9]].

Among the therapeutic formulations indicated for Pandu Roga, Tapyadi Loha holds significant importance as a classical Loha Kalpa described in both the Charaka Samhita and Ashtanga Hridaya. This formulation contains key ingredients such as Loha Bhasma, Mandura, Suvarna Makshika, Shilajatu, Devadaru, and Sharkara. It is recognized for its Raktaposhaka (hematinic) properties and its ability to balance all three Doshas. The Ushna (hot), Tikshna (sharp), and Dipana (digestive stimulant) attributes of Tapyadi Loha aid in the elimination of Kleda associated with Kapha, facilitate the proper movement of Vata, and pacify aggravated Pitta. Furthermore, by enhancing Agni, improving digestion and assimilation, and promoting Dhatu nourishment, this formulation plays a crucial role in the comprehensive management of Pandu Roga [10, 11].

CASE PRESENTATION

A 27-year-old female patient, housemaker by profession, presented with primary complaints of *Daurbalya* (generalized weakness), *Bhrama* (light-headedness/fatigue), *Shirashoola* (headache), *Hritshoola* (chest discomfort), and *Aruchi* (loss of appetite).

History of Present Illness:

The patient was reportedly in good health up until six months ago. Subsequently, she began experiencing the gradual onset of the aforementioned symptoms. She was clinically diagnosed with *Pandu Roga* (anemia) and underwent conventional allopathic treatment including multivitamins, iron, calcium, and Vitamin B12 supplementation at various health facilities. Despite this, she noted minimal symptomatic relief. Two months prior to her visit to ADGH, her symptoms had worsened, prompting her to seek Ayurvedic care.

Past History and Family History:

There is no significant family history of similar complaints. The patient had a history of consuming iron and nutritional supplements. However, she admitted to practicing several lifestyle habits considered *Vatakaraka Nidanas*, such as *Vega Vidharana* (suppressing natural urges), *Asatmya Bhojana* (incompatible diet), and excessive intake of *Gramya Ahara* (unwholesome, non-fresh or processed food).

General and Systemic Examination:

The patient appeared thin, with a height of 5 feet 3 inches and a body weight of 38 kilograms. On clinical examination, most vital signs were within normal limits: temperature, respiratory rate, urine output, and bowel movements were normal. However, she had a pulse rate of 105/min, indicating tachycardia, and her blood pressure was 100/70 mmHg, slightly on the lower side. She reported reduced appetite, but normal sleep patterns and no abnormalities in micturition. On systemic examination, no abnormalities were detected in the respiratory, cardiovascular, or central nervous systems. However, pallor was evident in areas such as the nail beds and conjunctiva, suggestive of anaemia. There was no tenderness or pain in the gastrointestinal tract.

Table 1: Patent General and Systemic Examination

Parameter	Findings
General Appearance	Thin build
Height	5 feet 3 inches
Weight	36 kilograms
Temperature	Normal
Respiratory Rate	Normal
Urine Output	Normal
Bowel Movements	Normal
Pulse Rate	105/min (Tachycardia)
Blood Pressure	100/70 mmHg (slightly low)
Appetite	Reduced
Sleep	Normal
Micturition	Normal
Respiratory System	No abnormality detected
Cardiovascular System	No abnormality detected
Central Nervous System	No abnormality detected
Pallor	Present in nail beds and conjunctiva (suggestive of anemia)
Gastrointestinal Tract	No tenderness or pain

Table 2: Haematological Investigations

Parameter	Result	Interpretation
Hemoglobin	7.9 g/dL	Low (Anemia)
RBC Count	3.6 million/cmm	Low
Packed Cell Volume (PCV)	26.2%	Low
Mean Corpuscular Volume (MCV)	67.18 fL	Low (Microcytic)
Mean Corpuscular Hemoglobin (MCH)	22.5 pg	Low
Total WBC Count	Within normal limits	Normal
Platelet Count	Within normal limits	Normal
Differential Leukocyte Count (DLC)	Within normal limits	Normal

Table 3: Panchakarma Treatment

Procedure		Dose	Duration
Snehana	*Panchagavya Ghrita,*	10 ml	7 days
	Mahatikta Ghrita	10 ml	
Vamana (Therapeutic emesis) with *Yashtimadhu Phanta*		—	*Sadhyo Vamana* (instant emesis)
Virechana with Ksheera and Eranda Sneha		20 ml	10 days

Table 4: Oral Medication

Medicine	Dosage	Duration
Tapyadi Lauha	250 mg, 2 tablets TDS after food	2 Months
Drakshasava	2 tsp (approx. ml) after food	2 Months
Dashamularishta	2 tsp (approx. 10 ml) after food	2 Months

Method of Administration:

As per *Acharya Charaka*, in patients with *Sadhya Pandu* (recently developed or acute *Pandu Roga*), *Teekshna Vamana* (strong emesis) and *Virechana* (purgation) therapies are advised due to the depletion of *Sneha Guna* (unctuousness) in the body. For the purpose of *Snehana* (internal oleation), medicated ghee preparations such as *Dadimadi Ghrita* and *Panchagavya Ghrita* are recommended. Following proper oleation, *Vamana* and *Virechana* are administered to eliminate the vitiated *Doshas*. *Vamana* effectively removes *Kapha Dosha* from the upper gastrointestinal tract, while Virechana expels *Pitta* ***Dosha*** through the lower tract. In *Pandu Roga*, both these procedures are necessary to eliminate the involvement of all three Doshas—*Vata, Pitta***,** and *Kapha***.** *Acharya Sushruta* also emphasizes that the expulsion of *doshas* should be done gently and in smaller quantities, but repeatedly, for better efficacy and safety. After detoxification, internal medication was initiated. *Tapyadi Lauha*, administered as 250 mg tablets thrice daily after meals, was prescribed. This formulation is widely used in the Ayurvedic management of conditions like *jaundice, anemia, amenorrhea***, a**nd *diabetes*. It helps in balancing *Vata, Pitta***,** and *Kapha Doshas*. The ingredients of *Tapyadi Lauha* include *Chitraka, Haritaki, Vidanga, Shilajatu, Rajat Bhasma, Triphala, Mandura Bhasma*, and *Lauha Bhasma*. Notably, *Rajat Bhasma* supports liver function and prevents hepatic damage, while *Mandura Bhasma* enhances the production of hemoglobin and red blood cells, thus aiding in the treatment of anemia. Additionally, *Drakshasava* was prescribed in a dose of 3 teaspoons (15 ml) after food. It is beneficial in conditions like *piles*, aids digestion, promotes intestinal health, and supports wound healing. Furthermore, Dashamularishta was given in a dose of 3 teaspoons (15 ml) after meals. This classical formulation helps in maintaining *Pachaka Agni* (digestive fire) and promotes the nourishment of all body tissues (*Dhatu Poshan*), thereby aiding in the recovery and strengthening of the patient.

RESULT

After a thorough clinical examination and detailed history taking during the patient's initial visit to the outpatient department, she was admitted to the Inpatient Department (IPD) for intensive care and treatment over a span of ten days. A combination of *Panchakarma* therapies and oral medications was administered according to the planned schedule. Following 15 days of treatment, the patient showed significant reduction in *daurbalya* (weakness), shirashoola (Headache) and *hritshoola* (Chest Discomfort), improved appetite and no sign of *Bhrama* (Vertigo) were noted. Consequently, she was discharged with instructions to continue only oral medications along with appropriate *Anupana* (adjuvants) and adherence to *Pathya-Apathya* (dietary guidelines). A follow-up was advised after 7 days, during which she was reassessed and found to be stable. The same medicines were continued as per earlier prescription to maintain therapeutic benefit.

DISCUSSION

Pandu Roga, extensively described in classical Ayurvedic literature, closely parallels the clinical presentation of anemia in modern medicine, particularly in terms of pallor, fatigue, and reduced functional efficiency. The involvement of Rasavaha Srotas, as described in the Charaka Samhita, reflects impairment in nutrient transport and assimilation, which corresponds to defective hematopoiesis and micronutrient deficiencies in contemporary biomedical understanding. Acharya Sushruta's classification of Pandu under Rasadoshaja Vikara further supports the concept of systemic metabolic disturbance affecting tissue nourishment [12].

In the present case, the predominance of Vata Dosha was evident through symptoms such as generalized weakness, fatigue, and dizziness. Similar clinical observations have been reported in earlier studies, where Vata-dominant Pandu cases showed improvement following therapies aimed at Vata Shamana and Dhatu Poshana. Ayurvedic management strategies targeting Dosha balance and tissue nourishment have demonstrated favorable outcomes in anemia-like conditions [1, 2, 13].

The administration of Snehana therapy using Panchagavya Ghrita and Dadimadi Ghrita contributed significantly to the therapeutic outcome. Oleation therapy has been shown to improve tissue receptivity, enhance metabolic activity, and correct internal dryness associated with Vata aggravation. Such preparatory measures are essential for optimizing the efficacy of subsequent interventions.

Tapyadi Lauha served as the primary therapeutic agent in this study. Lauha-based formulations are well-established in Ayurveda for their hematinic properties. Experimental and clinical evidence suggests that Mandura Bhasma acts as a bioavailable iron source, promoting erythropoiesis and improving hemoglobin levels. Comparative clinical studies have demonstrated that Ayurvedic iron preparations yield significant hematological improvements with better tolerability compared to conventional iron supplements [9, 14].

The adjunct use of Drakshasava and Dashamularishta further enhanced treatment efficacy by improving digestion and systemic metabolism. Drakshasava, known for its Deepana-Pachana and Rasayana properties, supports nutrient absorption and tissue repair. Similarly, Dashamularishta contributes to Agni enhancement and exhibits anti-inflammatory and adaptogenic effects, facilitating Dhatu Poshana. Studies evaluating formulations such as Punarnavadi Mandura and Draksha-based preparations have reported significant improvement in hemoglobin levels and reduction in fatigue-related symptoms [15].

The clinical improvement observed after one month of treatment in this case aligns with findings from previous Ayurvedic studies, where integrated therapeutic approaches addressing Dosha imbalance, Agni correction, and Dhatu nourishment resulted in significant symptomatic and hematological improvement. In contrast to conventional treatment, which primarily focuses on iron supplementation, the Ayurvedic approach offers a multidimensional strategy that enhances digestion, improves bioavailability, and corrects the root cause of the disorder [16].

Overall, the present case demonstrates that a comprehensive Ayurvedic regimen, including Snehana, herbo-mineral formulations, and digestive tonics, provides a synergistic effect in the management of Pandu Roga. The observed clinical outcomes highlight its potential as an effective and well-tolerated therapeutic approach. However, further randomized controlled trials with larger sample sizes and detailed hematological parameters are required to validate these findings and establish standardized treatment protocols.

CONCLUSION

The present case study highlights the efficacy of a classical Ayurvedic approach in the management of *Pandu Roga* (anemia). The integration of *Shodhana* therapies like *Snehana*, *Vamana*, and *Virechana*, followed by *Shamana* treatment with herbo-mineral formulations such as *Tapyadi Lauha*, *Drakshasava*, and *Dashamularishta*, produced significant symptomatic relief and clinical improvement in the patient. The structured treatment protocol effectively corrected the *Dosha* imbalance, enhanced *Agni* (digestive strength), and promoted *Dhatu Poshan* (tissue nourishment). Within a span of one month, the patient demonstrated marked improvement in general health, energy levels, and appetite, along with reduction in cardinal symptoms like *Daurbalya*, *Bhrama*, and *Aruchi*. This case reinforces the therapeutic potential of Ayurvedic interventions in chronic nutritional disorders such as anemia and underscores the importance of a holistic, individualized treatment plan rooted in classical principles. Thus, early diagnosis and appropriate Ayurvedic management can play a pivotal role in reversing the pathological progression and restoring systemic balance in *Pandu Roga*.

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