



ROLE OF VARDHAMANA PIPPALI RASAYANA IN PANDU ROGA: A CASE REPORT

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ABSTRACT :

Pandu Roga is an Ayurvedic disease characterized by pallor and associated symptoms such as weakness, fatigue, loss of appetite and dizziness. The present case report describes the clinical management of a 25-year-old female diagnosed with Pandu Roga on the basis of clinical presentation. The patient complained of Daurbalya (weakness), Pindikodveshtana (calf muscle discomfort/cramps), Aruchi (loss of appetite), Bhrama (giddiness) and Shrama (fatigue). The patient was initially managed with Mridu Virechana using Eranda Bhrishta Haritaki Churna, followed by Vardhamana Pippali Rasayana. Pippali was administered with honey in an increasing and decreasing schedule, beginning with one Pippali and gradually increasing up to seven Pippali, followed by a gradual reduction. Hemoglobin was recorded as 9.4 g/dL before treatment and 13 g/dL after the treatment period. Improvement was also observed in the reported clinical symptoms. This case suggests that the described Ayurvedic treatment protocol was associated with clinical and hematological improvement in this patient. Further systematic clinical studies are required to evaluate its efficacy and safety.

KEYWORDS : Pandu Roga, Vardhamana Pippali Rasayana, Pippali, Mridu Virechana, Eranda Bhrishta Haritaki, Hemoglobin, Ayurveda.

INTRODUCTION

Pandu Roga is described in the classical Ayurvedic texts as a disorder in which pallor of the body is a prominent feature. It may be associated with symptoms such as Daurbalya, Aruchi, Shrama and Bhrama. From a contemporary clinical perspective, pallor, fatigue, weakness and reduced appetite may be seen in various conditions associated with anemia; however, Ayurvedic Pandu Roga should be understood according to its own clinical framework.

Ayurveda emphasizes correction of Agni, appropriate elimination of accumulated Doshas and subsequent Rasayana therapy according to the patient's condition. Pippali is described in Ayurveda as a drug having Deepana and Pachana properties and is also used in Rasayana preparations. Vardhamana Pippali Rasayana is administered in an increasing and decreasing dosage pattern. The present case report describes the clinical course of a young female with Pandu Roga who received Mridu Virechana followed by Vardhamana Pippali Rasayana.

CASE REPORT

A 25-year-old female patient presented with complaints of Daurbalya (general weakness), Pindikodveshtana (discomfort/cramping in the calf region), Aruchi (loss of appetite), Bhrama (giddiness) and Shrama (fatigue). Based on the clinical presentation and Ayurvedic assessment, the patient was diagnosed with Pandu Roga.

The baseline hemoglobin level was 9.4 g/dL. The patient was planned for Ayurvedic management consisting of Mridu Virechana followed by Vardhamana Pippali Rasayana.

TREATMENT PROTOCOL

1. Mridu Virechana

The patient was first administered Mridu Virechana using Eranda Bhrishta Haritaki Churna in a dose of 5 g. The purpose of this step was to facilitate appropriate bowel evacuation before initiating Rasayana therapy.

2. Vardhamana Pippali Rasayana

After Mridu Virechana, Vardhamana Pippali Rasayana was initiated. Pippali was administered in the form of paste with honey. The dose was started with 1 Pippali and was increased on alternate days in a sequential manner up to 7 Pippali. Thereafter, the dose was reduced gradually in the same manner.

The treatment schedule was followed according to the planned Vardhamana pattern. The patient was observed for changes in clinical symptoms and hemoglobin level.

OBSERVATION AND RESULTS

At the beginning of treatment, the patient's hemoglobin was 9.4 g/dL. Following completion of the treatment protocol, the hemoglobin increased to 13 g/dL. The patient also reported improvement in the presenting complaints, including weakness, calf discomfort, loss of appetite, giddiness and fatigue.

The observed change in hemoglobin was 3.6 g/dL from baseline. The improvement in this individual case was documented following the treatment protocol of Mridu Virechana followed by Vardhamana Pippali Rasayana.

Table 1. Clinical and Hematological Observation

Parameter	Before treatment	After treatment
Hemoglobin	9.4 g/dL	13 g/dL
Daurbalya	Present	Improved
Pindikodveshtana	Present	Improved
Aruchi	Present	Improved
Bhrama	Present	Improved
Shrama	Present	Improved

DISCUSSION

Pandu Roga is associated with impairment of normal physiological functions and clinical features such as pallor, weakness, fatigue, loss of appetite and dizziness. In the present case, the patient showed several of these features along with a reduced hemoglobin level.

The treatment was planned in two stages. Mridu Virechana was performed first, followed by Vardhamana Pippali Rasayana. In Ayurvedic practice, appropriate Shodhana may be used before Rasayana therapy when indicated. Pippali is traditionally described with Deepana and Pachana actions and is widely used in Ayurvedic therapeutics.

In the present case, the hemoglobin increased from 9.4 g/dL to 13 g/dL after the treatment protocol, accompanied by improvement in the reported symptoms. However, as this is a single case report without a control group, the observed improvement cannot establish a causal relationship between the treatment and the hematological change. Other factors that may influence hemoglobin, including diet, menstrual status, nutritional intake, underlying causes of anemia and concurrent interventions, should also be considered. Therefore, controlled clinical studies with appropriate laboratory and follow-up parameters are needed to evaluate the role of Vardhamana Pippali Rasayana in Pandu Roga.

CONCLUSION

The present case report describes improvement in clinical symptoms and hemoglobin level following Mridu Virechana with Eranda Bhrishta Haritaki Churna followed by Vardhamana Pippali Rasayana in a 25-year-old female diagnosed with Pandu Roga. Hemoglobin increased from 9.4 g/dL to 13 g/dL during the documented treatment course. Although the outcome was encouraging in this individual case, further systematic studies are required to establish the efficacy, safety and therapeutic role of this treatment protocol in Pandu Roga.

PATIENT CONSENT

Written informed consent should be obtained from the patient before publication of the case report, including publication of relevant clinical information. Patient-identifying information should not be disclosed.

LIMITATION

This report describes a single patient and therefore cannot establish the efficacy of the intervention. The duration of follow-up, complete hematological investigations, dietary details and other potentially relevant clinical variables should be included in the final manuscript if available.

CORRECTED ENGLISH OF YOUR CASE DESCRIPTION

A 25-year-old female patient complained of weakness, calf muscle discomfort, loss of appetite, giddiness and fatigue. She was diagnosed with Pandu Roga and was treated with Mridu Virechana followed by Vardhamana Pippali Rasayana. Mridu Virechana was administered using Eranda Bhrishta Haritaki Churna at a dose of 5 g. Thereafter, Vardhamana Pippali Rasayana was started with one Pippali fruit paste mixed with honey. The dose was increased on alternate days from 1 to 7 Pippali and was then reduced gradually in the same manner. The patient showed marked improvement in her clinical symptoms. Her hemoglobin level increased from 9.4 g/dL to 13 g/dL.

REFERENCES

1. Charaka Samhita. Classical Ayurvedic text; relevant sections on Pandu Roga and Rasayana therapy.
2. Sushruta Samhita. Classical Ayurvedic text; relevant sections on Pandu Roga.
3. Ashtanga Hridaya. Classical Ayurvedic text; relevant sections on Pandu Roga and Rasayana.
4. Add the exact edition, commentator, publisher, publication year and page number of the Ayurvedic texts used in the original case documentation.
5. Add the original source/reference for the Vardhamana Pippali Rasayana dosage schedule used in this case.