

A Clinical Study on ‘Shunthyadi Loha Churana and Vishaladi Fant’ in the Management of Pandu W.S.R. to Anemia

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ABSTRACT

In recent years, the shifting notions of life and modernity, urbanization, and industrial development in the modern world have completely changed medicine's concepts and approach. The medical industry is grappling with the increasing emergence of emerging illnesses, the root of which can be found in society and modern lifestyles. This has far-reaching consequences in developing countries like India, which are beset not only by poverty but also by a recent turn toward fast food culture and sedentarism. Furthermore, the green vegetables on the market are planted with excessive fertilizer concentrations solely to boost the yield of vegetation. All vegetables are now available throughout the year because to technological advancements. As a result, the percentage of nutritional components (carbohydrates, proteins, vitamins, and minerals) has reduced significantly. All of the aforementioned factors contribute to malnutrition.

The most common causes of anaemia include nutritional deficiencies, particularly iron deficiency, though deficiencies in foliate, vitamins B12 and vit. C is also important causes; hemoglobinopathies; and infectious diseases, such as malaria, tuberculosis, HIV and parasitic infections [1]. Normal Hb%- in adult males 13.5-18 g/dl, in adult females 12-16 g/dl, in children 11-16 g/dl. If the percentage reduced beyond this level the condition is referred to as anaemia. Pandu symptoms are similar to those of Anaemia. The dissertation work's conceptual component on disease review includes a full review of the disease in both Ayurvedic and modern terms.

Aims and Objectives

- 1) To evaluate the role of *Shunthyadi Loha Churna* in the management of *Pandu Roga*.
- 2) To evaluate the role of *Vishaladi Fant* along with *Shunthyadi Loha Churna* in the management of *Pandu Roga*.
- 3) To study the etiopathogenesis of *Pandu Roga* with special reference to Anaemia.

Material and Method

Minimum 40 & above well diagnosed & confirmed case of *Pandu* (Anaemia) were selected randomly from OPD & IPD of University college of Ayurveda, Jodhpur,

Group A- 20 well diagnosed and confirmed patients of *Pandu Roga* were administered with *Shunthyadi Loha Churna* 5gm twice a day after meal with *Anupana* of *Madhu* and *Gau Ghrita* in unequal quantity for 45 days.

Group B – 20 well diagnosed and confirmed patients of *Pandu Roga* were administered with *Virechana karma* first with *Vishaladi Fant* 80 ml dose followed by *Samyaka Snehana* and then given *Shunthyadi Loha Churna* 5 gm twice a day after meal with *Anupana* of *Madhu* and *Gau Ghrita* in unequal quantity for 45 days.

Result: The results revealed that overall clinical improvement was better in Group B when compared to Group A. Hemoglobin was increased in patients of both Groups, which was statistically extremely significant. No adverse drug reaction was observed during the treatment period.

Key Words: *Vishaladi Fant, Pandu Roga, Shunthyadi Loha Churna, Virechana karma, Anupana, Anaemia.*

INTRODUCTION

The rapid growth of technology in every part of life has made life exceedingly fast, frantic, and stressful. In such an outfit, everyone is obliged to make his life rapid and mechanical in order to adjust. This is why people have less time for themselves and have altered their eating habits to fast food, which has a low nutritional value. This description provides a link between *Pandu* and Anemia in modern science [1].

Iron insufficiency is the most frequent nutritional deficit worldwide, with the highest prevalence among Indians. Anemia affects 30% of adult males, 45 percent of adult females, 80% of pregnant women, and 60% of children in India, according to a survey [2]. It can be concluded from the above that it is almost epidemic proportions in Indian youngsters and Antenatal women—a PUBLIC HEALTH PROBLEM INDEED. As a result, one of the major goals in the Government of India's health-care strategy is illness control. *Pandu* eradication is a challenge for all underdeveloped countries where malnutrition is widespread. It has also been included in one of the World Health Organization's initiatives.

NEED OF THE STUDY

Anaemia is a serious global public health problem that particularly affects young children and pregnant women. WHO estimates that 42% of children less than 5 years of age and 40% of pregnant are anaemic. At the country level, anemia among WRA and children under 5 years of age is a moderate-to-severe public health problem (20% or greater as defined by

WHO) in the majority of WHO member states. The WHO Global Nutrition Target 2025 on anemia aims to reduce anemia in WRA by 50% by 2025. Based on a global prevalence of 29–38% anemia among WRA (non pregnant and pregnant, respectively) as of 2011, a reduction of 1.8–2.4 percentage points per year would be required to meet this target [3].

Modern medicine therapy has produced good success in the treatment of Anemia, but only for acute deficiency Anemia. However, there is no effective treatment for chronic Anemia caused by metabolic problems. Anemia can be effectively treated with *Ayurveda*.

AIMS AND OBJECTIVES

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LITERARY REVIEW

Ayurveda is such a science which has specific beliefs. Its diagnosis approach is completely based on the sign and symptoms present in the patient.

Pandu Roga literally means that a disease condition is recognized with pallor or paleness or yellowish white colouration of the body. *Chakrapani* commentator of *Charaka Samhita* described in his commentary that there may be various

manifestations of the skin colours like yellow, green, black but in *Pandu Roga* the condition marked by pallor. On the basis of *Panduta* as predominant sign, the disease is named as *Pandu Roga* [4].

SAMPRAPTI GHATAKA- Udbhava – Hridaya, Adhithana - All Dhatus including Oja (Mainly Rasa Dhatu), Vyaktisthan - Sampurnasharira (mainly twak), Sanchara – Rasayani, Dosha - Pittapardhana Tridosha (Sadhaka Pachaka, Ranjaka, Alochaka Pitta, vyana, Samana Vayu, Keldaka Kapha), Dushaya - Rasa, Rakta, Mamsa, Meda Srotas - Rasavaha, Raktavaha, Srotaduhsti – Sanga, Agni - Jatharagnimandhya, Dhatvagnimandhya, Roga marga - Madhyama Roga Marga, Pratyatma linga – Panduta. According to sign and symptoms the *Pandu* can be compared with Anemia in modern medical science.

MODERN REVIEW

It is a condition of reduction in the haemoglobin concentration of the peripheral blood below the normal level in relation of age and sex. However, it should be remembered that Anemia is not a disease by itself but an expression or sign of underlying diseases [5]

Anemia is present in adults if the haemoglobin < 13.5g/dl in males and haemoglobin < 12 g/dl in females [6]. Newborn infants have higher haemoglobin level and, therefore, 15g/dl is taken as the lower limit at birth, whereas at 3 months the lower level is 9.5g/dl [7].

MATERIALS AND METHODS

Design of Study

Single Centre, Open label, Randomized, Interventional Type, Efficacy Study.

1. Selection Of The Patients

20 well diagnosed & confirmed case of Anaemia were selected randomly in each group and totally 40 patients were selected

for this trial from OPD & IPD of University College of Ayurveda, Jodhpur, on the basis of WHO criteria for diagnosis of Anaemia and symptoms described in Ayurvedic classical text.

(A) Inclusion Criteria

- 1) Patients were diagnosed and assessed thoroughly on the basis of Ayurvedic classical signs and symptoms of *Pandu Roga* and examined on the basis of specially prepared Performa.
- 2) Patients between the age group 16 and 60 years of either sex having cardinal symptoms of *Pandu Roga*.
- 3) Patients presenting with sign and symptoms of *Pandu Roga* as per Ayurvedic and modern science, *Panduta* (pallor), *Shrama* (fatigue), *Bhrama* (vertigo), *Pindikodveshtana* (calf muscle cramps), *Daurbalya* (general weakness), *Ayasaja Shwasa* (exertional dyspnoea), etc.
- 4) Patients having Hb% below the normal range (in men: 7–13 g/dl and in female: 7–12 g/dl). It is a common perception that Hb level lower than reference values are acceptable in older individuals.

(B) Exclusion Criteria

- 1) Patients suffering from systemic diseases like diabetes mellitus (DM), renal disorders, heart disease, cancer, acquired immune-deficiency syndrome, tuberculosis., hypertension, and having bleeding disorders.
- 2) Patients having Anemia due to chronic diseases, including inflammatory disease, malignancy and chronic infection.
- 3) Patient with age below 16 yr. and above 60yrs.
- 4) Hb% level-below 7 g/dl.
- 5) Anemia in a case of defective absorption due to gastrectomy, spur syndrome etc.

(C) Criteria for Withdrawal

- 1) During the course of trial if any serious adverse effect occurs which require urgent treatment.
- 2) Patient he/she want to withdrawal from the clinical trial.
- 3) Any other acute illness during the trial.

2. GROUPING & ADMINISTRATION OF DRUG

After the completed examination and investigations, all the patients were divided randomly into two group details as below.

1. **Group A-** 20 well diagnosed and confirmed patients of *Pandu Roga* will be given *Shunthyadi Loha Churna* 5gm twice a day after meal with *Anupana* of *Madhu* and lukewarm water for 45 days.
2. **Group B** – 20 well diagnosed and confirmed patients of *Pandu Roga* will be given *Virechana karma* first with

Vishaladi Fant 80 ml dose followed by *Samyaka Snehana* and then given *Shunthyadi Loha Churna* 5 gm twice a day after meal with *Anupana* of *Madhu* and lukewarm water for 45 days.

STUDY DURATION & FOLLOW UP

1. Total duration of clinical trial was 45 days for both groups.
2. Patients will be followed up on, every 15 day.
3. Improvement and other effect will be noted.
4. Laboratorial investigations repeated for the assessment.

3. CRITERIA FOR ASSESSMENT

The diagnosis assessment of treatment was passed for the patients following symptoms and signs.

Subjective Symptoms

(1) **PANDUTA** in - *Twaka, Nakha, Netravartma, Jihva, Hastapadatala*

S.NO	PANDUTA	GRADE
1.	Absent	0
2.	In any 2 of these	1
3.	In any 3 of these	2
4.	In any 4 of these	3
5.	In all	4

(2) **DAURBALYTA**

S.NO	DAURBALYTA	GRADE
1.	Not present	0
2.	After heavy work relived soon	1
3.	After Moderate work relieved later	2
4.	After little work relived later	3
5.	After little work relived later but beyond tolerate	4

(3) **HRIDSPANDAN**

S.NO	HRIDSPANDAN	GRADE
1.	Not present	0
2.	After heavy work, relived soon & tolerate	1
3.	After Moderate work relived later & tolerate	2
4.	After little work relived later	3
5.	After little work later but beyond tolerate	4

(4) BHRAM

S. No.	BHRAM	GRADE
1.	Not present	0
2.	After heavy work , relieved soon & tolerate	1
3.	After Moderate work relieved later & tolerate	2
4.	After little work relieved later	3
5.	Bhram even resting condition	4

(5) AKSHIKUTA SHOTHA

S. No.	SHUNKHIKUTA SHOTHA	GRADE
1.	Absent	0
2.	Mild	1
3.	Moderate	2
4.	Severe	3

(6) RUKSHATA –Twaka, Nakha , Netravartma ,Jihva ,Hastapadatala

S. No.	RUKSHATA	GRADE
1.	Absent	0
2.	In any 2 of these	1
3.	In any 3 of these	2
4.	In any 4 of these	3
5.	In all	4

(7) SWASHA

S.NO	SWASHA	GRADE
1.	Not present	0
2.	After heavy work, relieved soon &tolerate	1
3.	After Moderate work relieved later &tolerate	2
4.	After little work relieved later but beyond tolerate	3
5.	Swasha even in resting condition	4

(8) ARUCHI

S.NO	ARUCHI	GRADE
1.	Normal instinct of taking food	0
2.	Person even dislikes the touch or smell of food	1
3.	Though the person is hungry he had dislike for food due to fear ,anger etc	2
4.	Person does not like to take food due to <i>Sharira/Manas doshas</i>	3

(9) PINDIKODWESHTANAM

S.NO	PINDIKODWESHTANAM	GRADE
1.	Absent	0
2.	After heavy work	1

3.	After Moderate work	2
4.	Only at night but beyond tolerate	3
5.	Whole day, severe, require medicine	4

(10) JWARA

S.NO	JWARA	GRADE
1.	Absent	0
2.	Occasional	1
3.	Daily once	2
4.	Constant	3

LABORATORY ASSESSMENT

- CBC (Complete Blood Count)
- PBF (Peripheral Blood Film) (Optional)

Hematological Examination

(Normal Range)

1. Hb

- Childern (6-14) - 12gm/dl
- Adult Males - 13gm/dl
- Adult Females (Non Pregnant) - 12gm/dl
- Adult Females (Pregnant) - 11 gm/dl

2. ESR

- Male - 0-5mm in 1st hr.
- Female - 0-7mm in 1st hr.

SELECTION OF DRUGS

Group A: SHUNTHYADI LOHA CHURNA

त्र्युषणं त्रिफला मुस्ता विडंग चित्रकं समं ।
भागमेकं लोहचूर्णं रसेनेक्षौविर्भावायेत ॥
सप्ताहं खल्वितं लौह मालमेस्मिन्पुनवरं ।
शिलितं तु मधुना घृतेन वा हृद्यामयापाहं ॥

अर्शसामपहरं हालीमकं कामला च किल नाशयत्यहो । [8](हा. स. 8/16-17)

Table 1: Contents of Shunthyadi Loha Churna

S.no	Constituents	Latin Name	Used part	Ratio
1.	<i>Shunthi</i>	<i>Zingiber officinale</i>	Rhizome	1 Part
2.	<i>Marich</i>	<i>Piper nigrum</i>	Fruit	1 Part
3.	<i>Pippali</i>	<i>Piper longum</i>	Fruit	1 part
4.	<i>Haritaki</i>	<i>Terminalia chebula</i>	Fruit	1 part

5.	<i>Vibhitaki</i>	<i>Terminalia bellirica</i>	Fruit	1 part
6.	<i>Amalaki</i>	<i>Emblica officinalis</i>	Fruit	1 part
7.	<i>Nagarmotha</i>	<i>Cypers rotundus</i>	Fruit	1 part
8.	<i>Chitraka</i>	<i>Plumbago zeylanica</i>	Fruit	1 part
9.	<i>Vidanga</i>	<i>Embelia ribes</i>	Fruit	1 part
10.	<i>Loha churna</i>			1 part
11.	<i>Ikshu Rasa</i>	<i>Saccharum officinarum</i>	Juice	As per need

GROUP B – VISHALADI FANT

Vishaladi Fant will be administered in patients for *Virechana* purpose along with *Shunthayadi Loha Churna*.

स्नेहेभिरुपक्रम्य स्निग्ध मत्वा वितरेचयेत्
विशालात्रिफलामुस्तकुष्ठदारुकलिकान
कर्षिकान धर्कर्षाशा कुर्यादतिविषा तथा
कर्षो मधुरसाया दवो सर्व मेतत सुखाम्बुनाम
मदितं तं रसं पूतं पीत्वा लिहयच्य मध्वनु
कास श्वास ज्वरं दाह पाण्डुरोगअरोचकम
गुल्मानाहामवाताश्च रक्तपित्तं च नाशयेत् [9] (च. चि. 16/60-62)

Table 2: Content of Vishaladi Fant

S.NO.	Constituents	Latin name	Used part	Ratio
1.	<i>Vishala</i>	<i>Citrullus colocynthis</i>	Root	1 karsh (11gm)
2.	<i>Haritaki</i>	<i>Terminalia chebula</i>	Fruit	1 Karsh
3.	<i>Vibhitaki</i>	<i>Terminalia bellirica</i>	Fruit	1 karsh
4.	<i>Amalaki</i>	<i>Emblica officinalis</i>	Fruit	1 Karsh
5.	<i>Musta</i>	<i>Cyperus rotundus</i>	Tuber	1 karsh
6.	<i>Kuth</i>	<i>Saussurea lappa</i>	Root	1 Karsh
7.	<i>Devdaru</i>	<i>Cedrus deodara</i>	Bark	1 karsh
8.	<i>Kutaj</i>	<i>Holarrehena antidysenterica</i>	Bark	1 karsh
9.	<i>Atis</i>	<i>Aconitum heterophyllum</i>	Root	½ karsh
10.	<i>Murva</i>	<i>Marsdenia tenacissima</i>	Root	2 karsh

FORMULATION OF DRUG

The drug “*Shunthyadi loha churna*” was prepared in the pharmacy of Dr. S. R. Rajasthan Ayurveda University Jodhpur.

Method of Preparation

In “*Shunthyadi Loha Churna*”, *Loha Bhashma* in 1 part will be taken separately and will be deep in *Ikshu Rasa* for 7 days. Remaining all drugs will be taken in equal quantity and made in fine powder form. After this, all above *Churna* will be well mixed in *loha Churna*. Thus, the *Shunthyadi Loha Churna* is prepared.

MODE OF ADMINISTRATION

- 1) *Shunthyadi Loha Churna* 5gm twice a day after meal with *Anupana* of *Madhu* and lukewarm water for 45 days.
- 2) *Virechana karma* first with *Vishaladi Fant* 80 ml dose followed by *Samyaka Snehana* and then given *Shunthyadi Loha Churna* 5 gm twice a day after meal with *Anupana* of *Madhu* and lukewarm water for 45 days.

OBSERVATIONS

In demographic profile we found that maximum no. of patients the highest number of patients (55%) were found in the 3rd decade (20 -30 yrs), 36 (90%), were female, Hindu, 38 (95%), 70 % of patients were literate, 28, (70%) were non-addicts, 55 % of patients have a mixed diet, 47.5% patients were from Rural Pradesh, (50%) were from the middle class, patients 19 (47.5%) were in the

group of students, 62.5% of patients were married.

In constitutional profile we found that maximum no. of patients 57.5% were of *Madhyama Koshtha*, *Madagni*, patients (42.5%), 37.5% were of *Madhyama Aahara Abhyaharana Shakti*, (67.5 %), were *Raajasika*, 45% *Madhyama Vyayama Shakti*, (50%) had *Vata-Pittaja Prakriti*, (45%) had *Madhyama Vyayama Shakti*, 50% of *Mahayama Sara*, 75% patients have *Samyaka Nindra*, 70% patients have *Saam Mala*, (67.5%) were in *Madhayama Sharir Prakurti*, (65%) have *Mamsa Sara*, patients (67.5%) had *Madhyama Samhanana*,.

In clinical profile we found maximum no. of patients (75%) have *Ushana Ahara*, (65%) have *Amala –Lavana Atisevana Ahara*, (67.5%) have *Divaswapana*, 26 patients (65%) have 1-2 years chronicity. In study of clinical feature wise distribution we got that all the patients were suffering with *Panduta* (97.5% patients), and both groups of 62.5% patients had the same symptom of *Daurbalyata*, 75% Group (A) have *Hridspandana* and 45% have *Bhrama*, whereas 90% Group (B) have *Hridspandana* and 39% have *Bhrama*. 20.75% Group (A) had *Shunakshikuta shotha*, while 24.28% Group (B) had *Shunakshikuta Shotha*. *Aruchi* 55% Group (A), 75% Group (B). 60% Group (A) had *Pindikodweshtana*, while 80% Group (B) had *Pindikodweshtana* complaints.

Table 3: Showing Effect of Therapeutic Trial on Subjective Parameters (clinical symptomatology) in 40 patients with *Pandu* (Anaemia).

Variable	Group	Mean		Mean Diff	% Relief	SD	SE	P-Value	Result
		BT	AT						
PANDUTA	Group A	2.40	1.20	1.20	50.00	0.41	0.09	<0.0001	ES
	Group B	2.35	0.90	1.45	61.70	0.51	0.11	<0.0001	ES
DAURBALYTA	Group A	1.15	0.65	0.50	43.48	0.51	0.11	0.001	ES
	Group B	1.35	0.65	0.70	51.85	0.73	0.16	0.0005	ES
HRIDSPANDAN	Group A	1.10	0.65	0.45	40.91	0.51	0.11	0.002	VS

	Group B	1.60	0.80	0.80	50.00	0.41	0.09	<0.0001	ES
BHRAMA	Group A	0.60	0.30	0.30	50.00	0.41	0.09	0.0625	NS
	Group B	1.00	0.45	0.55	55.00	0.51	0.11	0.002	VS
AKSHIKUTA SHOTHA	Group A	0.60	0.35	0.25	41.67	0.44	0.10	0.0313	Sig
	Group B	1.25	0.60	0.65	52.00	0.65	0.15	0.0001	ES
SHIRO RUKA	Group A	1.45	0.75	0.70	48.28	0.48	0.11	0.0001	ES
	Group B	1.05	0.50	0.55	52.38	0.55	0.12	0.0005	ES
SWASA	Group A	1.20	0.65	0.55	45.83	0.51	0.11	0.001	VS
	Group B	1.55	0.75	0.80	51.61	0.80	0.18	<0.0001	ES
ARUCHI	Group A	1.25	0.60	0.65	52.00	0.51	0.11	0.0005	ES
	Group B	1.25	0.55	0.70	56.00	0.47	0.11	<0.0001	ES
PINDIKODWEST ANAM	Group A	0.80	0.40	0.40	50.00	0.35	0.08	0.0078	VS
	Group B	1.35	0.60	0.75	55.56	0.55	0.12	<0.0001	ES
JWARA	Group A	0.90	0.45	0.45	50.00	0.11	0.02	0.0039	VS
	Group B	1.05	0.50	0.55	52.38	0.51	0.11	<0.0001	ES

(Gr: Group; BT: Before Treatment; AT: After Treatment; %: Percentage; S.D: Standard Deviation; SE: Standard Error; p: P Value; ES: Extremely Significant; VS; Very Significant; S: Significant)

Table 4: Showing Effect of therapeutic trial on Objective Parameters in 40 patients of Pandu (Anaemia) using Paired 't' test.

Variable	Group	Mean		Mean Diff	% Relief	SD	SE	t-Value	P-Value	Result
		BT	AT							
Hb%	Group A	9.65	10.42	0.78	8.04	0.19	0.04	17.52	<0.0001	ES
	Group B	9.89	11.09	1.20	12.13	0.26	0.06	20.06	<0.0001	ES
TLC	Group A	11642.45	11539.15	103.30	0.89	931.66	208.33	0.50	0.3128	NS
	Group B	12136.20	11079.90	1056.30	8.70	4980.70	1113.72	0.95	0.1774	NS
ESR	Group A	42.95	40.40	2.55	5.94	20.82	4.66	0.55	0.2951	NS
	Group B	55.70	54.30	1.40	2.51	17.68	3.95	0.35	0.3636	NS
MCV	Group A	70.27	72.78	2.52	3.58	1.83	0.41	6.14	<0.0001	ES
	Group B	61.21	64.90	3.69	6.03	2.25	0.50	7.34	<0.0001	ES

Inter Group Study

Variable	Mann Whitney U Value	P-Value	Result
PANDUTA	150.00	0.0490	Sig
DAURBALYTA	140.00	0.0420	Sig
HRIDSPANDAN	135.00	0.0390	Sig
BHRAMA	130.00	0.0350	Sig
AKSHIKUTA SHOTHA	125.00	0.0163	Sig
SHIRO RUKA	175.00	0.1870	NS
SWASA	150.00	0.0490	Sig

<i>ARUCHI</i>	170.00	0.1780	NS
<i>PINDIKODWESTANAM</i>	125.00	0.0163	Sig
<i>JWARA</i>	175.00	0.1780	NS

Table 5: Showing Effect of therapeutic trial on Objective Parameters in 40 patients of *Pandu* using Unpaired ‘t’ test.

Variable	t-Value	P-Value	Result
Hb	5.75	<0.0001	ES
TLC	0.84	0.2028	NS
ESR	0.19	0.4258	NS
MCV	1.81	0.0389	Sig

Overall Effect of Clinical Trial

Table 6: Showing the % relief of clinical trial on Subjective Parameters (both groups).

Parameter	% Relief	
	Group A	Group B
<i>PANDUTA</i>	50.00	61.70
<i>DAURBALYTA</i>	43.48	51.85
<i>HRIDSPANDAN</i>	40.91	50.00
<i>BHRAMA</i>	50.00	55.00
<i>AKSHIKUTA SHOTHA</i>	41.67	52.00
<i>SHIRO RUKA</i>	48.28	52.38
<i>SWASA</i>	45.83	51.61
<i>ARUCHI</i>	52.00	56.00
<i>PINDIKODWESTANM</i>	50.00	55.56
<i>JWARA</i>	50.00	52.38
Total	47.22%	53.85%

According to Table No., Group A experienced 47.22percent symptomatic alleviation, whereas Group B experienced 53.85 percent relief. As a result, it is possible to conclude that group A experienced mild significant relief and group B found significant relief.

Table 7: Showing the % relief of clinical trial on Objective Parameters (both groups).

Objective Parameters	% Relief	
	Group A	Group B
Hb	8.04	12.13
TLC	0.89	8.70
ESR	5.94	2.51
MCV	3.58	6.03

Effect of Treatment

Group A experienced 47.22percent symptomatic alleviation, whereas Group B experienced 53.85 percent relief. As a result, it is possible to conclude that group A experienced mild significant relief and group B found significant relief.

In Present Study- Overall Effect Of Therapy As Follow

Overall Effect	Group A		Group B	
	N	%	N	%
Excellent	0	0	0	0
Significant/Marked Improvement	4	20%	6	30%
Moderate Improvement	10	50%	12	60%
Mild Improvement	5	25%	1	5%
No Change	1	5%	1	5%
TOTAL	20	100	20	100

In Group A, 20% of patients experienced significant/ marked relief, 50% experienced moderate relief, 25% experienced mild relief, and 5% experienced no change.

In Group B, 30% of patients reported significant/marked relief, 60% reported moderate relief, and 5% reported mild relief, and 5% experienced no change.

DISCUSSION AND SUMMARY

Probable Mode Of Action Of Shunthayadi Loha Churna

- 1) *Shunthayadi Loha Churana* was chosen for therapy in both groups. *Triphala*, *Trikatu*, *Vidanga*, *Chitraka*, *Mushtaka*, and *Lauha Bhasma* are among the ingredients.
- 2) *Kapha-Pittahar*, *Deepana*, *Ruchikar*, *Rasayana*, and *Ropana* are the components of *Triphala* [10,11,12].
- 3) *Ruchikar* and *Kapha Vata Har* are *Trikatu*, [13,14,15] while *Tikshana*, *Ushana*, *Agni Vardhaka*, *Krimihar*, and *Vibandhanuta* are *Vidanga* [16].
- 4) *Vahanikrita*, *Pachana*, *Kriminuta*, *Vataaghana*, *Kapha-Pitta Har* is all properties found in *Chitraka* [17].
- 5) *Mushtaka* is *Agnidipaka*, *Pachaka*, *Lauha Bhasma* is *Krimihar*, *Pandu nashaka* is *Rasayana*, *Vrishya*, and *Tridosahara* [18].

PROBABLE MODE OF ACTION OF VIRECHANA KRMA

In *Pandu* were investigated *Vishaladi Fant* using in this study. *Triphala* contains *Sara Guna*, which aids in the elimination of *Dosha*. *Triphala* has a number of health benefits. *Mandagni* is aided by *Agnidipana Guna*. *Virechana* medication reaches the heart through the *Ushna*, *Tikshna*, and *Sukshma Guna*. Because of their potency, they circulate throughout the body.

They liquefy the morbid *Dosha* and transport it to the *Amashaya*, from where the morbid ingredients are ejected to *Virechana* via an anal canal route. It has a direct effect on *Agnisthana*, making it useful for boosting *Agni* [19]. Because *Virechana* possesses *Srotovishodhana* properties, it clears *Srotorodha*, which is present in *Pandu*.

CONCLUSION

- 1) *Vata* and *Kapha* have an impact on the *Rakta*. The majority of “*Shunthayadi Loha Churna*” drugs contain *Katu Rasa* and *Ushna Virya*, which increase *Agni* and reduce *Vata* and *Kapha*, breaking the pathogenesis of *Pandu Roga*.
- 2) *Shunthyadi Loha Churna*, which contains *Deepana* and *Pachana Dravya*, is one of the experimental compounds. The *Ushna* and *Tikshna*

Gunas serve to maintain gastric pH, and the *Ushna Virya* nature helps to remove the *Srotorodha*. As a result, metabolism improves. Finally, digestion improves, resulting in good *Dhatu Poshana*.

- 3) *Shunthyadi Loha Churna* in *Panduta*, *Daurbalyata*, and *Aruchi*, statistically extremely significant results are demonstrated.
- 4) There was no significant improvement in Objective parameters ESR & TLC and mild improvement in MCV in both groups.
- 5) Except for *Bhrama*, all ailments in *Virechana* group showed extremely improvement.
- 6) Significant results were observed on objective measures in both groups Group A Hb (8.04%) and Group B (12.13%).

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