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# A Clinical Study on *Kaphaja Pandu* to revalidate it's *Chikitsa Sutra* w.s.r to *Gomutra Klinna Haritaki*

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## ABSTRACT

*Kaphaja Pandu* is a type of *Pandu* where *Lakshana* of *Kapha Dosh*a is predominant. *Pandu* is a *Pitta Pradhana Vyadhi*, in all types of *Pandu Pitta Dosh*a is involved and it is the main contributing factor in *Samprapti* of *Pandu*, but according to symptoms of disease it is further divided into *Vataja*, *Pittaja*, *Kaphaja*, *Sannipataja* and *Mridbaksahana Janya Pandu*. In case of *Kaphaja Pandu*, with *Pitta*, *Kapha Dosh*a also gets involved in producing this particular condition. Here along with '*Pandu Bhava*' the symptoms like *Tandra*, *Alasya*, *Gaurava*, *Praseka*, *Sweta Varnata* of *Twak*, *Mukha* and *Mutra* are seen which indicates *Kaphadushti*. In general *Pandu* is compared with Anaemia and diagnosed with less concentration of Hb in blood. Ayurveda has different *Chikitsa Sutra/Siddhanta* based on dominance of *Dosh*a. Classical text says *Katu*, *Tikta Rasa* and *Ushna Guna Pradhana Dravya* should be used in *Kaphaja Vikara*. Hence this research is undertaken to study the clinical efficacy of *Chikitsa Sutra "Shlaishmike Katu Tiktoshnam"* w.s.r to *Gomutra Klinna Haritaki* in *Kaphaja Pandu*. In this study *Gomutra Klinna Haritaki* was administered to 30 subjects for 30 days, the level of Haemoglobin and changes in *Lakshana* of *Kaphaja Pandu* has assessed before and after completion of study.

**Key words:** *Kaphaja Pandu*, *Anemia*, *Gomutra Klinna Haritaki*, *Terminalia Chebula*.

## INTRODUCTION

The disease *Pandu* has been correlated to anemia in modern science. This is evident from previous researches. As of today lot of organizations have been working on this issue, but still it remains a burning nutritional problem in india. Unlike Ayurveda, the approach of other contemporary sciences for treating anemia is through conservative measures to correct nutritional deficiency with iron supplement which

frequently depends upon the HB levels in an individual.

In Ayurveda, pathogenesis changes as per the involvement of cause and *Dosh*a thus, the treatment principle also varies. We have the reference of 5 types of *Pandu* i.e *Vataja*, *Pittaja*, *Kaphaja*, *Sannipataja* and *Mridbhakshanjanya*.<sup>[1]</sup> Though all 5 are types of *Pandu*, but each type has its specific line of treatment.

So here an effort is made to see and understand *Pandu* from a different perspective other than nutritional deficiency and to identify *Kaphaja Pandu* and provide a cost effective safe treatment according to predominance of *Dosh*a and its specific *Chikitsa Sutra*.

## KAPHAJA PANDU

It is a special type of *Pandu* where *Kapha Dosh*a along with *Pitta Dosh*a plays an important role to manifest it. Here due to *Nidana Sevana Vridha Kapha* does *Dushana* of *Rakatdi Dhatu* and *Pitta Dosh*a, this *Dushita Raktadi Dhatu*, and *Vridha Kapha* taken by

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Vata in different part of body and ultimately leads to *Kaphaja Pandu*.<sup>[2]</sup> Its classical feature are *Praseka, Tandra, Alasya, Ati Gaurava, Sukla Varnata of Tvak, Sukla Varnata of Mutra, Sukla Varnata of Netra*.<sup>[3]</sup>

Acharya Charaka says *Shlaishmike Katu Tiktoshnam*<sup>[4]</sup> as a *Chikitsa Sutra* of *Kaphaja Pandu*, where other Acharyas says *Shlaishmike Katu Rukshoshnam*<sup>[5]</sup> as *Chikitsa Sutra* for *Kaphaja Pandu*. *Gomutra Klinna Yuktam Haritaki*<sup>[6]</sup> is specially said as treatment for *Kaphaja Pandu*.

## AIM

To revalidate the *Chikitsa Sutra* of *Kaphaja Pandu*

## OBJECTIVES OF THE STUDY

1. To clinically assess the *Sutra "Shlaishmike Katu Tiktoshnam"* on "*Kaphaja Pandu*" with special reference to *Gomutra Klinna Haritaki*.

## Inclusion criteria

1. Diagnosed case of *Kaphaja Pandu* on the basis of presence of minimum 50% classical sign and symptoms of *Kaphaja Pandu*.
2. Patient having Hb% for female 8-12 gm%, for male 8-13 gm%.
3. Patients aged between 18 to 40 years of either gender.

## Exclusion criteria

1. Patient suffering with any other acute or systemic disorder.
2. Anaemia due to blood loss, both traumatic and chronic illness.
3. Anaemia of genetic origin.
4. Patient age below 18 years and above 40 years.
5. Patient having Hb% below 8gm%.
6. Pregnant and lactating women

## Subjective Parameter<sup>[7]</sup>

1. *Praseka* (excessive salivation)
2. *Shotha* (oedema)

3. *Tandra* (fatigue)
4. *Alasya* (laziness)
5. *Gaurava* (heaviness)
6. *Sweta Varnata of Tvak* (paleness of skin)
7. *Sweta Varnata of Mukha* (paleness of face)
8. *Sweta Varnata of Mutra* (paleness of urine)
9. *Sweta Varnata of Netra* (paleness of eyes)

## Objective Parameters<sup>[8]</sup>

1. HB%, PCV, MCV, MCH, MCHC

## Sampling Method

For the clinical trial 30 patients were selected with 'judgemental random sampling method' from OPD of Sri Sri college of Ayurvedic Science and Research Hospital, Bengaluru.

## Research Design

Diagnosis is done based on presence of minimum 50% of classical sign and symptoms of *Kaphaja Pandu*.

This is open labelled clinical study.

All patients were treated on O.P.D basis only, pre-treatment and post-treatment readings were recorded to assess various parameter of this study.

Statistical Analysis was done using paired t-test. Analysis was done by SPSS for windows.

## Intervention

**Single Group** : 30 Patients

**Yoga** : *Gomutra Klinna Haritaki* (in capsule form)

**Anupana** : *Sukhoshna Jala*

**Dose** : 1 gm twice a day

**Time** : After food

**Study duration** : 1 month

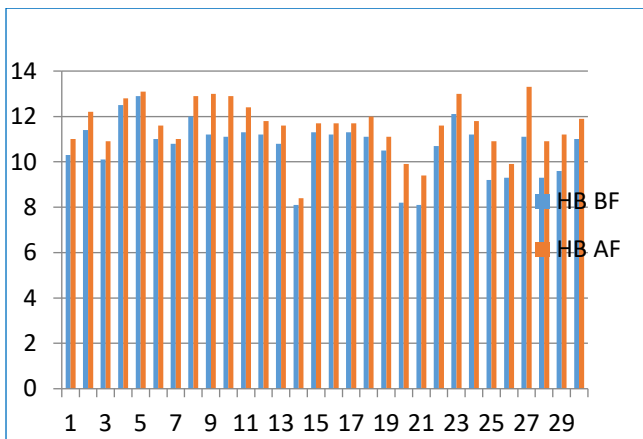
## OBSERVATIONS AND RESULTS

Table 1: Distribution of data based on HB, PCV, MCV, MCH, MCHC (Before and after treatment)

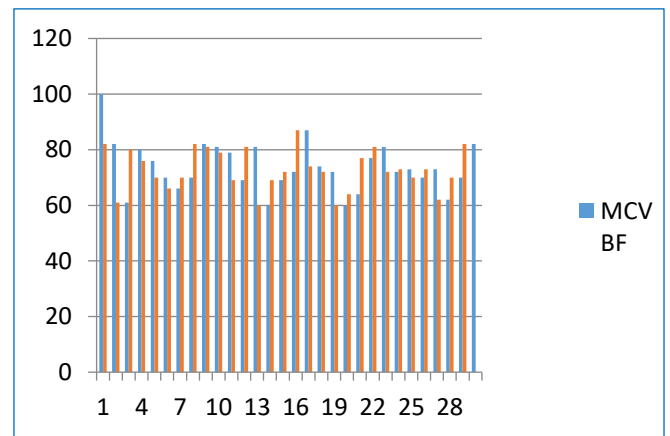
SN	Hb (BT)	Hb (AT)	PCV (BT)	PCV (AT)	MCV (BT)	MCV (AT)	MCH (BT)	MCH (AT)	MCHC (BT)	MCHC (AT)
1	10.3	11	32	30	100	103	33	33	32	32
2	11.4	12.2	36	35	82	83	25	26	31	31
3	10.1	10.9	32	32	61	61	19	20	31	31
4	12.5	12.8	40	39	80	82	24	25	30	31
5	12.9	13.1	39	37	76	76	24	24	32	32
6	11	11.6	32	36	70	76	24	24	32	32
7	10.8	11	33	34	66	68	20	21	31	31
8	12	12.9	36	40	70	72	20	23	31	32
9	11.2	13	36	39	82	81	29	27	32	33
10	11.1	12.9	36	39	81	86	29	28	32	32
11	11.3	12.4	37	38	79	84	24	27	30	32
12	11.2	11.8	36	35	69	85	21	28	30	33
13	10.8	11.6	34	38	81	73	25	22	31	30
14	8.1	8.4	29	29	60	59	15	15	25	25
15	11.3	11.7	37	37	69	68	21	21	30	31
16	11.2	11.7	36	37	72	71	22	22	31	31
17	11.3	11.7	34	38	87	73	28	22	33	30
18	11.1	12	36	35	74	94	22	31	30	33
19	10.5	11.1	34	34	72	83	22	27	30	32
20	8.2	9.9	29	32	60	69	17	21	18	30
21	8.1	9.4	28	32	64	72	18	21	28	29
22	10.7	11.6	34	36	77	77	24	24	31	32

23	12.1	13	38	40	81	88	26	28	32	32				
24	11.2	11.8	36	34	72	74	22	25	30	34				
25	9.2	10.9	32	35	73	73	21	23	28	31				
26	9.3	9.9	31	33	70	69	21	20	29	29				
27	11.1	13.3	35	39	73	86	22	29	30	34				
28	9.3	10.9	34	34	62	90	17	28	27	31				
29	9.6	11.2	32	36	70	72	20	22	29	30				
30	11	11.9	34	35	82	83	26	26	31	31				
Paired T-Test: Sig. (2-tailed) = 0.000 Very highly Significant			0.002 Very Highly significant		0.013 significant		Highly		0.011 significant		Highly		0.008 Very highly significant	

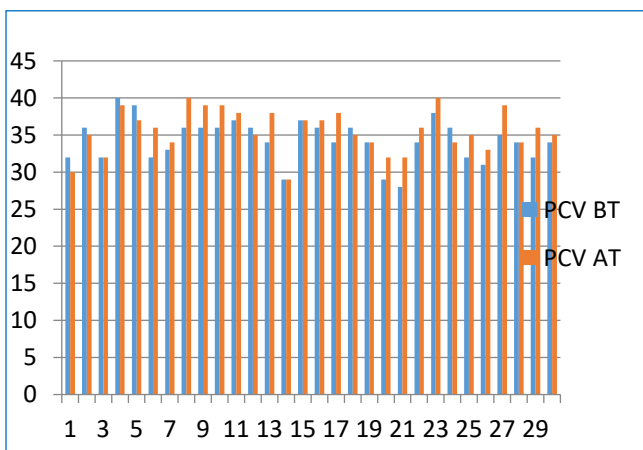
Graph 1: Distribution of data based on Hb



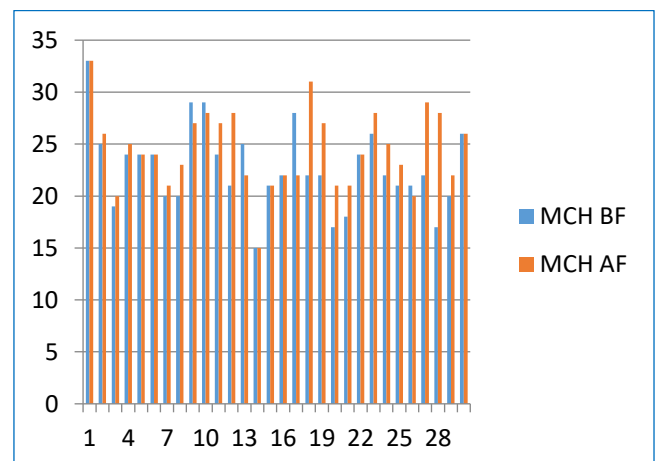
Graph 3: Distribution of data based on MCV



Graph 2: Distribution of data based on PCV



Graph 4: Distribution of data based on MCH



Graph 5: Distribution of data based on MCHC

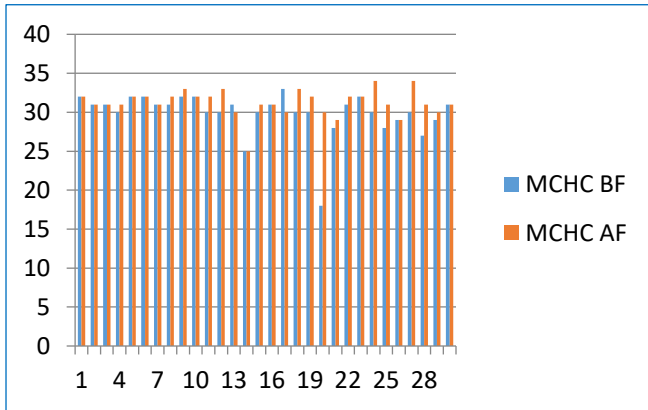
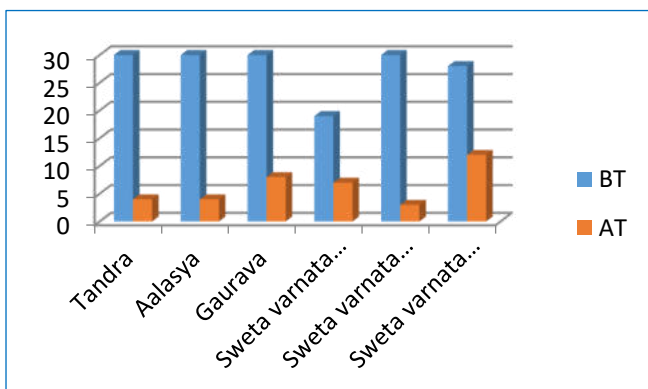


Table 6: Distribution of data based on Subjective parameter

SN	Lakshana	BT	AT	Change in %	Remarks
1	Praseka	00	00	00	No change
2	Shotha	00	00	00	No change
3	Tandra	30	04	86.66	Improved
4	Aalasya	30	04	86.66	Improved
5	Gaurava	30	08	73.33	Improved
6	Sweta Varnata Of Twak	19	07	63.33	Improved
7	Sweta Varnata Of Mukha	26	08	69.33	Improved
8	Sweta Varnata Of Mutra	00	00	00	No change
9	Sweta Varnata Of Netra	28	12	57	Improved



Overall improvement in symptoms of *Tandra* and *Alasya* are 86.66%, *Gaurava* and *Shweta Varnata* of *Mukha* are 73.33%, *Shweta Varnata* of *Twak* is 63.33% and *Shweta Varnata* of *Netra* are 57% found.

## DISCUSSION

### Probable mode of action of drug *Gomutra Klinaa Haritaki* in *Samprapti Vighatana* of *Kaphaja Pandu*

*Haritaki*<sup>[9]</sup> because of its *Ushna*, *Ruksha*, *Laghu Guna* it pacifies the *Kapha Dosha*. It is *Dosha Anulomaka*, because of its *Prabhava* it does not aggravates *Pitta*.

*Gomutra*<sup>[10]</sup> is having *Teekshna*, *Ushna* and *Laghu Guna*, because of these *Guna* it pacifies *Kapha* and because of *Ushna Guna* it increaseses the *Pitta Dosha*. *Gomutra* is used for *Virechana* also because of its *Rechka Guna*.

*Haritaki* is having five *Rasa* except *Lavana Rasa* and it is *Kashaya Rasa Pradhana*, where as *Gomutra* is *Katu Rasa Pradhana*, When we soak the *Haritaki* in *Gomutra* and dry and make the powder of it, because of *Samskara* whole product becomes *Katu Rasa Pradhana*.

So if we analyze the probable mode of action of *Gomutra Klinna Haritaki*, we reach to a conclusion that *Gomutra* acts as a *Hetu* and *Vyadhi Veeparita Chikitsa* for *Kapha Dosha* and *Veeparita Arthakaari Chikitsa* for *Pitta* in *Kaphaja Pandu*.

*Haritaki* acts as *Hetu* and *Vyadhi Veeprita Chikitsa* for *Kapha* and *Pitta* both in *Kaphaja Pandu* (because of its *Prabhava* it does not aggravate *Pitta*).

वृद्ध्या विष्यन्दनात् पाकात् स्रोतोमुखविशोधनात् ।

शाखा मुक्त्वा मलाः कोष्ठं यान्ति वायोश्च निग्रहात् ॥

(च.सू.२८/३३)

As a summary, because of *Ushna*, *Teekshna*, *Laghu* and *Ruksha Guna* it pacifies the *Kapha Dosha* and because of the same *Guna* it increases *Pitta Dosha*. Once it increases the *Pitta Dosha* in quantity and both drug are having property of *Srotoshodhana* and *Ama Pachana*. These *Gunas* helps the *Dosha* to move from *Shakha* to *Koshtha*. Once the *Dosha* moves from

*Shakha* to *Koshtha* then, because of its *Anulomana* and *Sara Guna* it expels the *Dosha* out of the body.

#### Discussion on haemoglobin<sup>[11]</sup>

After one month of medication, the average increase of haemoglobin was 0.9 gm% found. Paired t - test is done the value found was 0.000 which shows its highly significance. But if we see clinically the drug has not given the same effect in every patient. The average increase of 1.5gm% is considered as clinically significant increase in case of haemoglobin.

But we cannot totally depend on haemoglobin level to reach a conclusion whether our medicine is working properly or not.

In Ayurveda we give equal importance to subjective symptoms, if patient is free from symptoms and *Dosha*, *Dhatu*, *Agni* and *Mala* reach to equilibrium it's indicative of good health for us.

Oral iron therapy takes 8 weeks for haemoglobin to reach its normal value, irrespective of the initial haemoglobin level. Replenishment of iron stores begins only after haemoglobin level is normalised and this take 4 months. Hence iron therapy should be continued for 6 months.

The common side effect of oral iron therapy is Nausea, Vomiting, Epigastric pain, Constipation or diarrhoea.

So if we compare *Gomutra Klinna Haritaki* with oral iron therapy we can infer that in 4-week treatment, average increase of 0.9gm% without any major side effect can be considered very good.

#### Discussion on PCV<sup>[12]</sup>

Packed cell volume (PCV) is the proportion of blood occupied by RBCs expressed in percentage. It is the volume of RBCs packed at the bottom of a hematocrit tube when the blood is centrifuged. In this present study the value we got after paired t-test is 0.002 which is highly significant. Once the Hb concentration increases, PCV raise automatically, it shows the increase in quality of blood.

#### Discussion on MCV<sup>[13]</sup>

Mean corpuscular volume (MCV) is the average volume of a single RBC and it is expressed in cubic

microns. The normal MCV is 90 microns. In this present study out of 30 sample, in 5 samples MCV was decreased with 1 or 2 microns, in 1 sample it same and in rest 24 sample it was increased. The paired T value for this parameter is 0.013 which indicates its significance. So we can infer that this particular medicine is good in case of microcytic hypochromic Anemia also.

#### Discussion on MCH<sup>[14]</sup>

Mean corpuscular haemoglobin (MCH), it is the quantity or amount of haemoglobin present in one RBC. It is expressed in micro microgram or pictogram (pg). In this present study paired T value is 0.011, which indicates its significance. Significance value of paired t- test indicates that number of haemoglobin in each RBC has increased.

#### Discussion on MCHC<sup>[15]</sup>

Mean corpuscular haemoglobin concentration (MCHC) is the concentration of haemoglobin in one RBC. It is the amount of haemoglobin expressed in relation to the volume of one RBC. So the unit of expression is percentage. This is the most important absolute value in the diagnosis of anemia.

T value for this test is 0.008 which indicates it is highly significant that means with present medication haemoglobin concentration increased in RBC. So again we can infer that it may increase the volume of RBC.

## CONCLUSION

*Gomutra* and *Haritaki* both are *Ushna Guna Pradhana Dravya*, *Gomutra* acts as a *Vipareeta* on *Kapha* and *Vipareeta Arthakaari* on *Pitta Dosha* where as *Haritaki* act as a *Vipareeta* on both *Kapha* and *Pitta Dosha*. *Gomutra Klinna Haritaki* increases the absorption of *Aahara* because of proper co-ordination of *Katu*, *Tikta Rasa* and *Ushna Guna* thus helps in enhancing the Haemoglobin concentration. *Gomutra Klinna Haritaki* is proven to be effective in reducing the symptoms like *Tandra*, *Alasya*, *Gaurava*, *Sweta Varnta* of *Mukha*, *Twak* and *Netra*. *Gomutra Klinna Haritaki* is found to be effective in increasing HB% which indicates that *Gomutra Klinna Haritaki* can be given in iron deficiency Anemia, significant improvement in PCV

indicates its significance in improving the quality of blood, significant improvement in MCV indicates that it may increase the volume of RBC, so can be indicated in Microcytic Anemia, significance improvement in value of MCH and MCHC indicates that *Gomutra Klinna Haritaki* is capable of increasing the concentration of HB in each RBC and with respect to volume of RBC in total blood component. Study has done exclusively on *Kaphaja Pandu* and *Gomutra Klinna Haritaki* is found to be effective in treating *Kaphaja Pandu*.

### REFERENCES

1. Acharya Y. T., Charaka Samhita of Agnivesha with the Ayurveda Dipika commentary by Sri Cakrapanidatta, Varanasi, Chaukhamba Surabharati Prakashan, Reprint edition 2018;523
2. Acharya Y. T., Charaka-Samhita of Agnivesha with the Ayurveda Dipika commentary by Sri Cakrapanidatta, Varanasi, Chaukhamba Surabharati Prakashan, Reprint edition 2018;523
3. Acharya JT, 6th Edition, Vijayaraksita & Srikanthadatta, Madhavanidanam of sri Madhavakara with Sanskrit commentary Madhukosa, reprint edition2007;p314
4. Acharya Y. T., Charaka-Samhita of Agnivesha with the Ayurveda Dipika commentary by Sri Cakrapanidatta, Varanasi,Chaukhamba Surabharati Prakashan, Reprint edition 2018;531
5. Upadhyaya Yadunandana 11<sup>th</sup> edition, Astanga Hrdayam of Vagbhata edited with the 'Vidyotani' hindi commentary by Gupta Atridev, Varanasi: Chaukhamba Sanskrit Sansthan;1993;p367
6. Acharya Y. T., Charaka-Samhita of Agnivesha with the Ayurveda Dipika commentary by Sri Cakrapanidatta,

Varanasi,Chaukhamba Surabharati Prakashan, Reprint edition 2018;529

7. Acharya JT, 6th Edition, Vijayaraksita & Srikanthadatta, Madhavanidanam of sri Madhavakara with Sanskrit commentary Madhukosa, reprint edition2007;p314
8. Robbins & Cotran, 7<sup>th</sup> Edition, Pathologic Basis of Disease, Elsevier Publication, 2004,p623.
9. Prof Chunekar Krishnachandra, Bhavprakash Nighantu of Bhavmisra , Varanasi, Chaukhamba Bharti Academy, reprint 2013;p23
10. Prof. Chunekar Krishnachandra, Bhavprakash Nighantu of Bhavamisra, Varanasi, Chaukhamba Bharti Academy, reprint 2013;p761
11. K Sembulingam, Prema sembulingam, Essentials of Medical Physiology, JAYPEE Publication; 5<sup>th</sup> edition;p74
12. K Sembulingam, Prema sembulingam, Essentials of Medical Physiology, JAYPEE Publication; 5<sup>th</sup> edition;p82
13. K Sembulingam, Prema sembulingam, Essentials of Medical Physiology, JAYPEE Publication; 5<sup>th</sup> edition;p83
14. K Sembulingam, Prema sembulingam, Essentials of Medical Physiology, JAYPEE Publication; 5<sup>th</sup> edition;p83
15. K Sembulingam, Prema sembulingam, Essentials of Medical Physiology, JAYPEE Publication; 5<sup>th</sup> edition;p83

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