Probable Mode of Action of Taramandoor Guda in the Management of Pandu W. S. R to Iron Deficiency Anaemia

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Abstract: In Ayurveda, Pandu Roga is a considered as a specific disease with its own specific etiology, pathogenesis, clinical features and management. It is Pitaj dominant TridoshaVyadhi. Pandu can be correlated with Anaemia. Among several types of Anaemia Iron deficiency Anaemia is very common in india. Use of Taramandoorguda in pandu is very well described by chakradutta. Taramandoorguda having deepan, pachan, anulomak, ratvardhak, raktashodhak properties and having vit c, iron etc which is increase of iron absorption and increases hemoglobin and cure pandu (iron deficiency anaemia)

Keywords: Pandu, Anaemia, Iron Deficiency Anaemia, Taramandoor Guda

1. Introduction

Pandu is one of the most important and very common dietary deficiency entity described in Ayurveda.1 In Sanskrit Pandu word means Pale or Shwet Peet Varna² hence the disease in which due to Rakta Alpata (deficiency of blood) whole body became Pale (skin, nails, and eyes) is called Pandu Roga. It is Pittaj dominant TridoshajVyadhi and its causative factors are related to AharajViharaj and Mansik. It may develop as NidanarthakVyaadhi. Pandu can be correlated with Anaemia in modern medical science. Anaemia refers to a state in which the level of haemoglobin (Hb) in the blood is below the reference range appropriate for age and sex. Other factors, including pregnancy and altitude, also affect Hb levels. Among several type of Anaemia: Iron deficiency Anaemia is the most common micronutrients deficiency. Iron Deficiency Anaemia is a condition, when there is inadequate iron for hemoglobin synthesis. Iron deficiency may cause skin, mucosal and gastrointestinal abnormalities, low weight for age, reduced capacity for work and reduced immune response³.

Value Changes in Iron Deficiency Anaemia

Blood examination
• Hb% Below 13 gm/dl in men
• Below 11.5 gm/dl in women
• MCV – Below 77 fl
• MCH – Below 27 Pg
• MCHC: – Below 30 g/dL⁴

In Ayurveda, Pandu Roga is considered as a specific disease with its own specific etiology, pathogenesis, clinical features and management. Rakta (Blood) is well described in our context. The Poshakansha of Rasa Dhatu gets converted into Rakta Dhatu with the action of Raktagni and Ranjak Pitta. Varnaprasadhhan, Mamsa Pushthi is function of rakta⁵. Sushruta said thatKshaya or Vridhhi of all the Dhatu is dependent on Prakrta Rakta⁶. It has been considered as the key factor for the Jeevana, Preenam, Dharana and Poshana karma of the Body.

Use of taramandoor in pandu is very well described by chakradutta⁷. Content of Taramandoorguda having deepan, pachan, anulomak, ratvardhak, raktashodhak properties and having vit c, iron etc which is increase of iron absorption and increases hemoglobin and cure pandu (iron deficiency anaemia).

2. Materials and Methods

To describe the probable mode of action of Taramandoor Guda in Pandu (Iron Deficiency Anaemia)

The Ingredients of Taramandura Guda:
• Amalaki (Emblica officialis) – 1 Part
• Bibhitaki (Terminalia bellerica) – 1 Part
• Haritaki (Terminalia chebula) – 1 Part
• Long Pepper (Piper longum) – 1 Part
• Black Pepper (Piper nigrum) – 1 Part
• Ginger (Zingiber officinale) – 1 Part
• Chavya (Piper retrofractum) – 1 Part
• Chitraka (Plumbago zeylanica) – 1 Part
• Vidanga (Embeliariabes) – 1 Part
• Mandura – 9 Part
• Guda (Jaggery) – 18 Part
• Gomutra – 36 Part

Preparation of Taramandoor Avaleh

Haritaki, Bibhitaki, Amalaki, Pippali, Maricha, Shunthi, Chavya, Chitrak, and Vidanga were taken in equal quantity in powder form. Nine times Mandura Bhasma were mixed together and 18 times Gomutra were added and mixture was boiled on low flame to make its decoction. Cleaned Guda was added in the decoction. Continue heating was done with a constant stir in between to avoid charring Process continued till it attains the Avaleha Siddha Lakshanas⁸.
3. Discussion

In Sanskrit Pandu word means Pale or Swet Peet Varna. hence the disease in which due to Rakta Alpata (deficiency of blood) whole body became Pale (skin, nails and eyes) is called Pandu Roga. It is Pittaj dominant TridoshaVyadhi. Pandu can be correlated with Anaemia in modern medical science; Anaemia refers to a state in which the level of haemoglobin (Hb) in the blood is below the reference range appropriate for age and sex. Other factors, including pregnancy and altitude, also affect Hb levels\(^\text{10}\). The clinical features of anaemia reflect diminished oxygen supply to the tissues. Iron deficiency Anaemia (IDA) is the most common micronutrients deficiency. it develops due to inadequate supply of Iron needed to synthesis. Haemoglobin characterized by Pallor, Palpitation, Weakness, Debility etc.

TaramandoorGuda (ChakraduttaParinamashhula 27/36 – 40) is unique formulation which may be helpful to increase iron level and its absorption. In Taramandoor Guda, Amalaki, Haritaki, Bibhitaki, Pippali, Maricha, Shunthi, Mandoor and Guda are main ingredients. Amalaki, Haritaki, Bibhitaki, Pippali, Maricha, Shunthi are having Deepan and Panchan properties, thus helpful in Digestion and increase absorption in form of Iron. Mandura Bhasma & Guda (Jaggery) might help to increase Iron level in the body without creating any side effects. It is Ideal preparationIn which all ingredients have properties, which correct the metabolism, by which absorption and bioavailability of nutrients can be increased with Hematinc agents.

4. Conclusion

As Ayurveda is an evolutionary science and keeping the strengths of Ayurveda in mind, Taramandoor Guda can play a major role in management of Iron deficiency Anaemia. This will be a safe, easier, effective approach to treat anaemia. Taramandooraguda has no side effects as it contains Amalaki, Bibhitaki, Haritaki, Pippali, Maricha, Shunthi, Chavya, Chitraka, Vidanga, Mandura, Guda and Gomutra. Maximum drugs of this formulation is Deepan, Panchan, Rasayana, Vatanulomak, raktavardhak and raktashodhakproperty. So, it can be that the probable mode of action of Taramandoor Guda will gives very good result in pandu (iron deficiency anaemia)

References

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