



## CASE REPORT

### AYURVEDIC MANAGEMENT OF *MRIDD-BHAKSHAN JANYA PANDU* (SEVERE ANAEMIA) WITH MASSIVE SPLENOMEGALY: A CASE STUDY

RICHA SHARMA<sup>1</sup> RAMAKANT SHARMA<sup>2</sup> SHARAD PORTE<sup>3</sup>

#### Summary:

A 33- year-old married female patient came to outdoor-patient department (OPD) of Agadtantra NIA, having complained of anorexia, indigestion, nausea, fatigue, vertigo, periorbital & periumbilical swelling with USG report of massive splenomegaly and haematological report of anemia, having long standing history of ingesting mud and brick in large quantity. According to ayurveda it can be considered as *Mridd-Bhakshan Janya Pandu*. Hence patient was treated as per line of treatment of *Mridd-Bhakshan Janya Pandu*.

**Key words:** splenomegaly, *Mridd-Bhakshan Janya Pandu*, periorbital & periumbilical swelling

<sup>1</sup> Ph.D scholar, <sup>3</sup> Lecturer, department of Agad Tantra NIA, Jaipur

<sup>2</sup> Professor, department of Panchkarma NIA, Jaipur

Corresponding Email id: [richa15bhu@gmail.com](mailto:richa15bhu@gmail.com)

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## INTRODUCTION

*Massive splenomegaly* is usually defined as a spleen extending well into the left lower quadrant or pelvis or which has crossed the midline of the abdomen. Massive spleens weigh at least 500 to 1000 g.<sup>[1]</sup>

For variety of reasons patients with splenomegaly may come to medical attention. A detailed history taking, appropriate clinical examination and relevant investigations is tool for a diagnosis of splenomegaly. In one study, Swaroop, et al<sup>[2]</sup> studied 317 patients with splenomegaly over a period of 8 years and analyzed the association of several clinical and laboratory features with different diagnostic groups. Hematological diseases had significant positive associations with massive splenomegaly. In another retrospective study evaluating splenomegaly the most common disorders associated with splenomegaly 31% had a hematologic disorder.<sup>[3]</sup>

**CASE REPORT-** A 33- year-old married female patient visited the out-patient department (OPD) of Agadtantra NIA, during the month of july, 2010 presenting with symptom anorexia, indigestion, nausea, fatigue, lassitude, ,dizziness, tinnitus, vertigo, periorbital & periumblical swelling since 3 years. On physical examination of patient pallor, odema,

tachycardia, added heart sound (murmur), genito urinary bleeding was found and tourniquet test was positive. Patient having no past history of any major illness like hypertension, DM, pulmonary TB. She is a housewife of low socio-economic community person, having long-standing history of ingesting mud and brick on regular basis of quantity of approximately 200 gm daily since childhood.

Patient had already taken treatment from SMS Hospital Jaipur (Rajasthan) and also consultated to All India Institute of Medical Sciences, Delhi, where she had advised splenectomy but as she had not physically fit at that time, hence she came here for Ayurvedic management.

### **Ayurvedic Management-**

Patient was advised to omit the habit of ingestion of mud & bricks and psychological counseling was done to withdraw the non-edible food and advised herbal medication orally. On regular basis, the follow-up was taken regularly and changed in medication was done accordingly to the condition of patients and pathology. Patient was also advised to take Luke warm water on regular basis daily.

**Table 1: Showing the treatment given**

Sr.	Drug	1st	2nd	3rd	4th	5 <sup>th</sup>	6th	7th
1	<i>Rohitkarishta</i> <sup>[4]</sup>	✓						
2	<i>Ykrittaplehari lauh</i> <sup>[5]</sup> + <i>Vidangadi kshara</i> <sup>[6]</sup> + <i>muktashukti bhasma</i>	✓	✓					
3	<i>Rohitka ghrita</i> <sup>[7]</sup>	✓	✓					
4	<i>Shankha bhasma</i>	✓	✓					
5	<i>Avipattikara churna</i> <sup>[8]</sup>	✓						
6	<i>Panchasakar churna</i> <sup>[9]</sup>	✓						
7	<i>Kumaryasava</i> <sup>[10]</sup> + <i>Lauhasava</i> <sup>[11]</sup>		✓		✓			
8	<i>Ykrittaplehari lauh</i>	✓	✓	✓	✓			✓
9	<i>Shankha bhasma</i> + <i>muktashukti bhasma</i>	✓	✓	✓				
10	<i>Kansaharitki</i> <sup>[12]</sup>			✓	✓	✓	✓	
11	<i>Jwarhar mahakshaya</i>			✓	✓	✓	✓	✓
12	<i>Jwarhar capsule</i>			✓		✓	✓	✓
13	<i>Sudarshan ghana vati</i> <sup>[13]</sup>			✓	✓			
14	<i>Hiptone</i>			✓		✓	✓	
15	<i>Kutaki vati</i>				✓	✓	✓	✓
16	<i>Syp. M- liv</i>				✓			
17	<i>Apamarg kshaar</i> <sup>[14]</sup>					✓		

18	<i>Punarnavastak Kwatha</i> <sup>[15]</sup>							✓	✓
19	<i>Shoth hara Mahakashaya</i> <sup>[16]</sup> + <i>Madhu</i>								✓

**1<sup>st</sup>Visit** - Ayurvedic Management Dated On 11/08/2010 ( IPD No.- 1800 ) , **2<sup>nd</sup>Visit**- Ayurvedic Management Dated On 24/08/2010 (OPD NO. -38252 ), **3<sup>rd</sup>Visit**- Ayurvedic Management Dated On 18/11/2011 (OPD No.16018112011), **4<sup>th</sup>Visit**- Ayurvedic Management Dated On 22/11/2011 (IPD No.

2685), **5<sup>th</sup>Visit**- Ayurvedic Management Dated On 30/01/2013 (OPD No.14630012013), **6<sup>th</sup>Visit**- Ayurvedic Management Dated On 31/3/2013 (OPD No. 24160812013), **7<sup>th</sup>Visit**- Ayurvedic Management Dated On 22/08/2014 (OPD No.16822082014)

**RESULT & OBSERVATION-**

**Table No. 2 Shows the Symptom-wise Clinical Assessment of Severe Anaemia (*Mridhabhksan Janya Pandu*) with Massive Splenomegaly**

Sr.	Symptom	Before Treatment	Follow up						
			1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>	
1	Anorexia	3+	3+	2+	2+	2+	2+	2+	1+
2	Indigestion	3+	3+	2+	2+	2+	2+	2+	1+
3	Nausea	3+	2+	2+	2+	1+	1+	1+	0
4	Fatigue	3+	2+	2+	2+	1+	1+	1+	+1
5	Lassitude	3+	2+	2+	2+	1+	1+	1+	0
6	Dyspnoea	3+	2+	2+	2+	1+	1+	1+	1+
7	Dizziness	2+	2+	2+	2+	1+	1+	1+	0
8	Tinnitus	3+	2+	2+	2+	1+	1+	1+	0

9	Vertigo	3+	2+	2+	2+	1+	1+	0
10	Periorbita Swelling	2+	2+	1+	1+	1+	1+	0
11	Periumblical Swelling	3+	4+	3+	3+	2+	1+	1+

**Table No. 3 Shows the Sign-wise Clinical Assessment of Severe Anaemia (*Mridabhkshan Janya Pandu*) with Massive Splenomegaly**

Sr.	Sign	Before Treatment	Follow up					
			1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>
1	Pallor	4+	4+	3+	2+	2+	2+	1+
2	Odema	3+	2+	2+	2+	1+	1+	0
3	Tachycardia	3+	2+	2+	2+	1+	1+	0
4	Murmur	2+	2+	2+	2+	2+	2+	2+
5	Tourniquet Test	2+	2+	2+	2+	1+	1+	0

**B.T.- Before Treatment (11/08/10 )**

**Follow up-** 1<sup>st</sup>Visit- 24/08/10, 2<sup>nd</sup>Visit-18/11/11, 3<sup>rd</sup>Visit-22/11/11, 4<sup>th</sup>Visit-30/01/13, 5<sup>th</sup>Visit-31/03/13, 6<sup>th</sup>Visit-22/08/13

**Table No. 4 shows the haematological assessment of severe anaemia (*Mridabhkshan janya pandu*) with massive splenomegaly**

Sr.	Sign	Before Treatment	Follow up			
			1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>

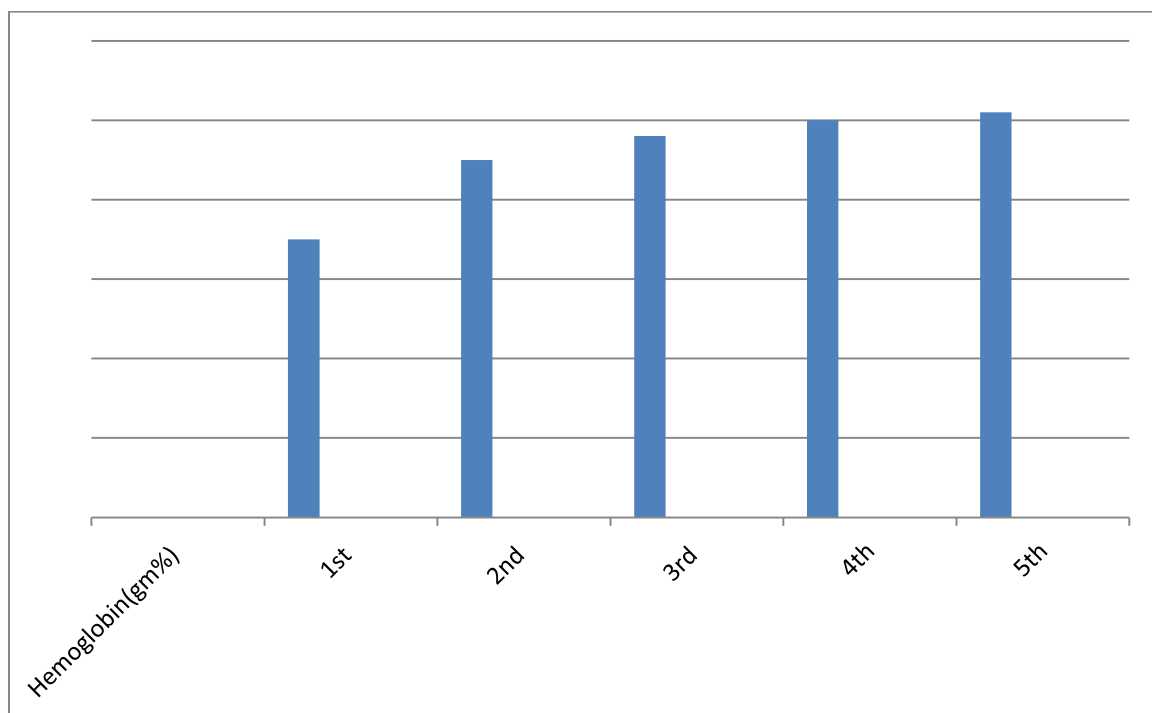
1	Hemoglobin (gm%)	7.0	9.0	9.6	10	11
2	TLC (th/ $\mu$ L)	1800	1600	1300	2000	
3	PCV (%)	24.0	29.5	21.7	15.2	
4	MCV(fl)	70.3	66.5	71.9	67.2	
5	MCH(pg)	20.4	20.2	20.1	20.7	
6	MCHC(g/dl)	29.1	30.5	28.1	30.9	
7	ESR(mm/hr)	13		21		30

**(Note the Abbreviation for Table No. 4)**

**B.T. - Before Treatment (17/08/10),**

**Follow up- 1<sup>st</sup>Visit-06/09/10, 2<sup>nd</sup>Visit-07/12/10, 3<sup>rd</sup>Visit -23/11/11, and 4<sup>th</sup> Visit-11/09/13**

**Graph No. 1. Shows Hemoglobin (gm %) Before and After Treatment**



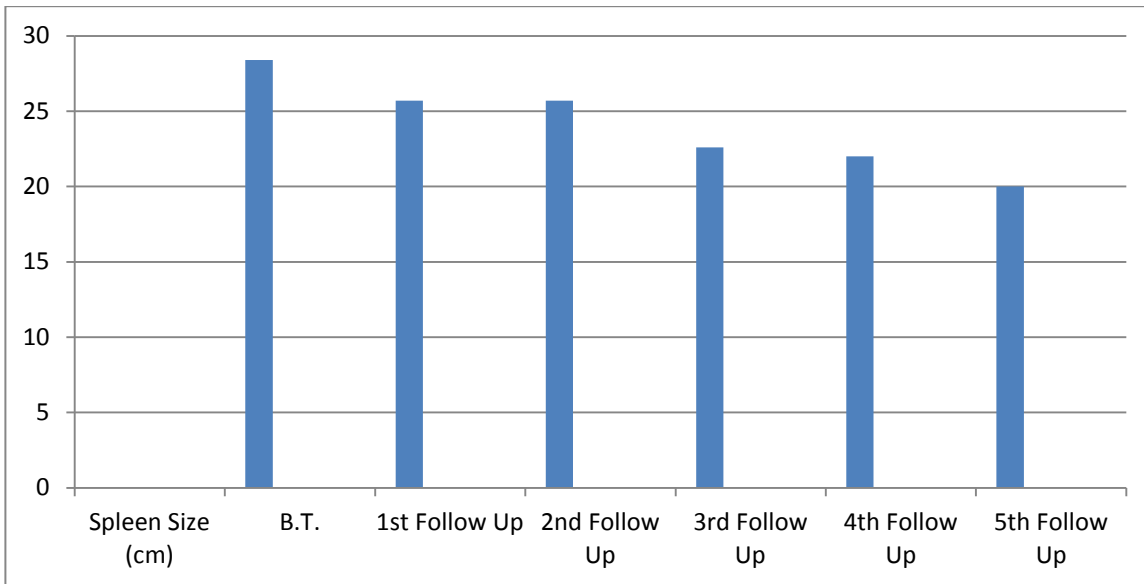
**Table No. 5 Shows the Radiological assessment (USG) of severe anaemia (*Mridabhkshan janya pandu*) with massive Splenomegaly:**

S r		Before Treatment	Follow up				
			1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>
1	Spleen (cm)	28.4	25.7	25.7	22.6	22	20
2	Splenic vein diameter (mm)	14,dilated		13.8			
3	Liver(cm)	13.1	Coarse nodular,moderately enlarge	Coarse nodular,moderately enlarge	14.1, coarse echotexture		Small & coarse echotexture
4	Portal vein diameter (mm)	14.8,dilated	18	18	19,dilated	09	25-27 , partially occluding thrombosis

**B.T.- Before Treatment (01/07/10),**

**Follow up-** 1<sup>st</sup>Visit-07/08/10, 2<sup>nd</sup>Visit -04/09/10, 3<sup>rd</sup>Visit-24/11/11, 4<sup>th</sup>Visit-26/12/12, 5<sup>th</sup>Visit-17/07/14

**Graph No. 2. Shows Spleen Size (cm) Before and After Treatment**



## DISCUSSION

Patient was eating mud and bricks in high quantity regularly since childhood hence she was developed indigestion, anorexia, nausea due to inhibition of *Agni* (Bio fire). The lack of proper quantitative & qualitative Diet (*Ahaar Rasa*), the *Rasa kshaya* and ultimately anaemia (*Pandu*) was produced. *Acharya Charak* has mentioned that due to eating of mud regularly the *Ras-raktadi Shrotas Vikirita* will be produced due to obstruction within the *Shrotas*.<sup>[17]</sup> As the spleen & liver is *Mool Sthaan* of *Raktavaha Shrotas* <sup>[18]</sup> the splenomegaly was found in this patient. Again *acharya sushruta* suggested the eating of *Vidahi Anna* as a factor responsible for *Plehodar*.<sup>[19]</sup> The mud which the patient eating was *Vidahi Property (usar mitti)*.

As *Acharya Charak* suggested the induce purgative (*virechana*) is beneficial for the patient of *mriddabhkshan janya pandu* before

oral medication <sup>[20]</sup> as patient was so weak here mild purgative like *Avipattikar churna* & *Panchsakar churna* was given to expel out the vitiated dosha for *kostha shudhhi*. *Rohitaka Ghrit* was added as *Ghirtpan* is best in the management of anemia (*Pandu*) and *Rohitaka* best for disease of spleen. The *Ykrittaplehari lauh* along with *Loha-asava* and *Kumarya-asava* was prescribed to enhance the level of iron and metabolism respectively. *Shankha* and *Muktashukti bhasma* was added to inhibit the craving of mud. The *Shothar Yoga* (like *Kansharitaki* and *Punarnavashtak quatha*), *Jwaraghn Yoga* (Like *Jwarhar Mahakshaya*, Capsule and *Sudarsan Ghanvati*) were added time to time to reduce the *Anasarca*, chronic fever. The drugs like *Kutaki* and hepatose syrup was also added to improve the hepatic function. The result concern with the anemia has overall good though there fluctuation was present in the hemoglobin level and the shape and size of the spleen has decreased

consistently along with gross improvement clinically.

## CONCLUSION

It can be concluded from the present single case study that the Ayurvedic management had been effective in severe Anaemia (*Mridd-Bhakshan Janya Pandu*) with Massive Splenomegaly which was in critical condition and give quality of life .

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