TITLE- A CLINICAL STUDY OF KAUTAJADI SHILAJATU IN PANDU IN THE

CONTEXT OF IRON DEFICIENCY ANAEMIA- A SINGLE CASE STUDY

Dr. Meenakshi Thakur<sup>1</sup>, Dr. Minaj Kulkarni<sup>2</sup>, Dr. R. P. Mishra<sup>3</sup>

1. Professor & Head, Ph.D. Scholar - Dept. of Kayachikitsa, Mandsaur Institute of Ayurved

Education and Research, Mandsaur - 458001 (M.P.)

2. Supervisor, Professor & Head - Dept. of Panchakarma, Mandsaur Institute of Ayurved

Education and Research, Mandsaur - 458001 (M.P.)

3.Co-Supervisor, Professor & Head - Dept. of Kayachikitsa, Shubhdeep Ayurved Medical

College & Hospital, Indore - 452003 (M.P.)

Corresponding Author: Dr. Meenakshi Thakur

**ABSTRACT-**

Introduction: Nutritional iron deficiency is a predominant cause of anaemia in India, often

correlated with Pandu Roga in Ayurveda. This study explores the efficacy of Kautajadi Shilajatu

in treating iron deficiency anaemia (IDA). **Methods**: A 33-year-old female with fatigue, weakness,

and a haemoglobin level of 8.2 g/dL was treated with Kautajadi Shilajatu over three months. The

treatment regimen included 250 mg tablets administered twice daily post meals. Clinical features

and hematological parameters were documented pre- and post-treatment. Results: Post-treatment,

the patient exhibited significant symptomatic relief, including reduced pallor, increased energy

levels, and decreased hair fall. Hemoglobin levels improved to 9.1 g/dL. No adverse effects were

reported during the study. **Discussion:** Kautajadi Shilajatu, containing Deepan and Pachan herbs

like Musta and Shunthi, enhances digestion and nutrient absorption, promoting the formation of

high-quality Rasadhatu. Its Rasayana and Balya properties improve overall vitality and

hemoglobin levels by boosting iron metabolism and balancing doshas. Conclusion: Kautajadi

Shilajatu demonstrates significant efficacy in managing IDA by improving clinical symptoms and

hemoglobin levels. It offers a cost-effective, well-tolerated alternative to conventional treatments,

warranting further research for broader clinical application.

Keywords: Iron Deficiency Anaemia, Pandu Roga, Ayurvedic Medicine, Kautajadi Shilajatu.

**INTRODUCTION** 

Pandu Roga, characterized by a yellowish-white discoloration of the skin, is extensively discussed

in Vedic and Ayurvedic literature. It can be considered both a distinct illness and a symptom of

other diseases. In Ayurveda, Panduroga closely resembles the clinical picture of anaemia,

particularly iron deficiency anaemia (IDA). Individuals suffering from Panduroga exhibit

decreased strength (Bala), complexion (Varna), and vital elements like Sneha, Meda, and Oja. The

condition leads to a loss of natural integrity, tone, and strength (Nihsara) and results in weakened

sensory organs (Shithilendriya). The primary pathogenesis involves the vitiation of Pitta Pradhana

Vatadi Dosha and Raktadhatu, with the predominant role of Bhrajaka Pitta Dosha leading to Pandu

Roga. 2-5

Prevalence:

Anaemia, characterized by low blood haemoglobin concentration, is a global public health

problem affecting all economic strata and has severe health, social, and economic consequences.

According to the World Health Organization (WHO), anaemia affects 33% of the global

population. It is particularly prevalent among children aged 6-59 months (40%), pregnant women

(37%), and women aged 15-49 years (30%).<sup>6,7</sup> Anaemia can lead to symptoms such as tiredness,

weakness, dizziness, drowsiness, and shortness of breath, especially upon exertion. Iron deficiency

anaemia (IDA) significantly impacts cognitive and motor development, productivity, and, in

pregnancy, can result in low birth weight and increased maternal and perinatal mortality.<sup>8,9,10</sup>

The Importance of Treatment:

The high cost and side effects of modern medical treatments for anaemia make them inaccessible

to the economically disadvantaged, who are the most affected by the condition. Traditional

Ayurvedic treatments offer cost-effective alternatives with fewer side effects. Classical Ayurvedic

texts list numerous formulations for the treatment of Pandu Roga. Among these, Kautajadi

Shilajatu (as mentioned in Charaka Samhita, Chikitsa Sthana 16/87-92) is significant and have

been used successfully since ancient times. This study aims to see the efficacy of Kautajadi

Shilajatu formulations to determine the more effective treatment for IDA.

**CASE REPORT** 

A 33-year-old female patient, non-diabetic and non-hypertensive, presented to Mandsaur Institute

of Ayurved Education and Research (M.I.A.E.R), Hospital, Mandsaur, Madhya Pradesh, with

complaints of fatigue and weakness after doing daily work and walking from last 1 year, cramps

in the calf region specially in nights from 3 months and sometimes dyspnoea. Her menses were

consistent. Her body was slender with a prominent bone structure, and her skin was dry and

colorless. Her medical history was otherwise unremarkable.

**History Of Past Illness**- No such relevant past history found.

Past Surgical History- No such relevant past surgical history found.

Family History- No any family member having same complaint.

**Personal History** 

- Ahara: Mixed diet.
- **Appetite**: loss of appetite.
- Kostha: madhyam.
- Nidra: Alpa.
- Addiction: no addiction.

## **GENERAL EXAMINATION**

- **Built:** Thin
- **BP:** 110/70 mm of Hg.
- **Pulse:** 70/min.
- **Temperature:** 98.7 °F
- Tongue: Coated.
- **Pallor:** ++.
- **Icterus:** Absent.
- Cyanosis: Absent.
- Weight- 45 kg
- **Height** 140 cm
- CVS- S1 and S2 normal
- RS- Breathlessness present after walking, Bilateral symmetrical
- CNS- conscious, oriented

#### INVESTIGATIONS-

On her complete blood count, following values were found.

Haemoglobin level- 8.2 gm %

The case was examined thoroughly and with the patient's written consent, she decided to undergo Ayurvedic Shaman Aushadhi for a period of 3 months.

#### **ASSESSMENT CRITERIA:**

## 1/2023/ICD-11-3A00 11,12

The **ICD-11** is the eleventh revision of the International Classification of Diseases (ICD)

Assessment will be done on Subjective and objective parameters observed before and after completion of treatment. For this purpose, the gradations have been made as per the absence, intensity of the subjective and objective criteria. Gradation will be done as

 $G_0$  – Absent

 $G_1 - Mild$ 

 $G_2$  – Moderate

 $G_3$  – Severe

#### **SUBJECTIVE PARAMETERS**<sup>13</sup>

1) Panduta present in Twak, Nakha, Netra, Jivha and Hastapadtal [Table 1]

Table I- Gradation for Panduta present in Twak, Nakha, Netra, Jivha and Hastapadta

Criteria	Grading
None	0
Present at one site (0-1)	1

Present at 1 – 3 site (0-1)	2
Present at all the 5 sites	3

# 2) Daurbalya [Table II]

**Table II**- Gradation for Daurbalya

Criteria	Grading
None	0
Sits up and down in 3 min more than 15 times	1
Sits up and down in 3 min 10-15 times	2
Sits up and down in 3 min less than 8 times	3

# 3) Aarohanaayas Vishesh Shwas (Dyspnoea) [Table III]

Table III- Gradation for Aarohanaayas Vishesh Shwas (Dyspnoea)

Criteria	Grading
None	0
Dyspnoea stepping upto >20 steps	1
Dyspnoea stepping between 10 – 20 steps	2
Dyspnoea stepping upto < 10 steps	3

# 4) Pindikodweshtan [Table IV]

**Table IV**- Gradation for Pindikodweshtan

Criteria	Grading
None	0
Only during heavy work like exercise, running etc.	1
During normal routine light work like walking etc.	2
Continuously throughout day even during resting condition.	3

# 5) Sadana (Fatigue) [Table V]

**Table V-** Gradation for Sadan (Fatigue)

Criteria	Grading
None	0
Little fatigue in doing hard work.	1
Moderate fatigue in doing routine work	2
Excessive fatigue even in doing little work	3

# 6) Gaurav (Heaviness) [Table VI]

**Table VI-** Gradation for Gaurav (Heaviness)

Criteria	Grading
None	0
Occasionally feeling of heaviness for sometimes in head region.	1
Feeling of heaviness for sometimes in head region not	2
affecting activities of daily living.	
Daily feeling of heaviness all over head region.	3

## **OBJECTIVE PARAMETERS**

Hb% [Table VII]

Table VII- Gradation for Hemoglobin Percentage-

Criteria	Grading
For Male Hb% - 13gm/Above 13gm, For female Hb% - 12gm/ Above 12gm	0
For Male Hb% - 11gm -12.9gm, For female Hb% - 11gm - 11.9gm	1
For Male Hb% - 8gm -10.9gm, For female Hb% - 8gm - 10.9gm	2
For Male Hb% - < 8gm, For Female Hb% - < 8gm	3

## LABORATORY INVESTIGATIONS

#### 1. Hb%

## TREATMENT PLAN- -

After the Samyaka Pariksha of Roga and Rogi, the treatment schedule of 3 months was planned. No specific dietary regimen was advised during the whole treatment procedure.

Treatment given to the patient along with dose and mode of administration [Table VIII]

Table VIII- Treatment given to the patient along with dose and mode of administration

	Dose	Time Of	Route of	Anupana
		Administration	Administration	
Kautajadi	250mg × 2Tab	Morning evening after	Oral	Lukewarm
Shilajatu		meals		water

## **DURATION OF THE STUDY-** 3 months

**FOLLOW UP** - On  $30^{th}$ ,  $60^{th}$  &  $90^{th}$  days of treatment.

# CONTENT OF KAUTAJADI SHILAJATU $^{14}$ -

Each Kautajadi Shilajatu (250mg) tab contains: - [Table IX]

Table IX- Kautajadi Shilajatu (250mg) tab content with quantity

Sr. No.	Content	Quantity	
1	Shilajit (Asphaltum)	50mg	
2	Khadisakhar (Rock Candy Sugar)	50mg	
3	Vansha Lochan(Bambusa Arun Dinacea)	7mg	
4	Ringani Fal (Solanum Surattense)	7mg	
5	Pimpali (Piper Longum)	7mg	
6	Awla (Embica Officinalis)	7mg	
7	Karkatshrungi (Pistacia Chinensis)	7mg	
8	Tamalpatra (Cinnamumum Tamala)	7mg	
9	Dalchini (Cinnamomum Zeylanicum)	17mg	
10	Vilaichi (Elettaria Cardamomum)	17mg	
11	Excipients	74mg	
Bhavana Dravya			
12	Indrajav Kadha (Holarrhena Antidysenterica)	100ml	
13	Musta Kadha (Cyprus Rotundus)	100ml	

14	Nimsal Kadha (Azadirachta Indica)	100ml
15	Hirda Kadha (Terminalia Chebula)	33ml
16	Behada Kadha (Terminalia Belerica)	33ml
17	Awala Kadha (Embilica Officinalis)	33ml
18	Suntha Kadha (Zingiber Officinale)	100ml

# **OBSERVATION AND RESULT-**

Grading of subjective and objective criteria before and after treatment: [Table X]

Table X- Grading of subjective and objective criteria before and after treatment

		Before Treatment	After Treatment		
	SUBJECTIVE CRITERIA				
1	Panduta presenr in Twak, akha, Netra,	Grade 2	Garde 1		
	Jivha and hastapadtal				
2	Daurbalya	Grade 3	Grade 1		
3	Aarohanaayas	Grade 2	Grade 1		
4	Pindikodweshtan	Grade 2	Grade 1		
5	Sadan	Grade 2	Grade 1		
6	Gaurav	Grade 1	Grade 1		
	OBJECTIVE CRITERIA				
1	Hb%	8.2 gm%	9.1 gm%		

#### **DISCUSSION-**

Pandu Roga and Anaemia:

Pandu Roga, as described in Ayurveda, shows a clinical picture similar to Anaemia, including symptoms like pale or yellowish-white skin discoloration and decreased strength. Anaemia, defined by low blood haemoglobin levels, is a significant global health issue with adverse health, social, and economic impacts.

Ayurvedic Pathophysiology:

In Ayurveda, Pandu Roga is caused by the vitiation of Pitta Pradhana Vatadi Dosha and Raktadhatu. This leads to symptoms due to imbalances in the body's systems, particularly affecting the blood and skin.

Challenges with Modern Medicine:

Modern treatments for Anaemia, like iron supplements, can be costly and have side effects (e.g., nausea, constipation, diarrhoea), making them less accessible and tolerable for low-income populations.

Kautajadi Shilajatu

There are other dravyas of Katu-Katu-Ushna in Kautajadi Shilajatu, with Deepan and Pachan leading to Aganivardhan. For example, Musta, Shunthi, Pippali mul, and Kutaj. Rasayan and balya are in operation when more dravyas, such Shilajatu, Amalaki, and others, have Deepan and Pachan karma, which results in qualitative rasadhatu nirman. Just as the pachan causes rasdhatu nirman and poshan, so does balvruddhi, which in turn causes dhatu shaithilya nashan. As Pachan, Vat-Pitt

shaman with Rasayan and Bruhan, Kutajadi Shilajatu might have demonstrated greater efficacy in relieving Bhram.

Kautajadi Shilajatu is an effective Ayurvedic formulation for treating Pandu Roga (Anaemia). Its blend of Deepan and Pachan herbs, along with Rasayana and Balya properties, enhances digestion, nutrient absorption, and haemoglobin levels. This holistic approach addresses both the symptoms and underlying causes of anaemia, making it a valuable treatment option. Further research and clinical trials could support its integration into broader healthcare practices, providing a cost-effective alternative for managing anaemia, especially in low-income populations.

#### **CONCLUSION:**

This study supports the use of Kautajadi Shilajatu as a viable, cost-effective alternative to conventional iron supplements for treating IDA. The formulation's holistic approach, focusing on improving digestion and nutrient absorption through its Deepan and Pachan properties, along with its Rasayana and Balya effects, makes it a promising option, particularly for populations that are economically disadvantaged and prone to the side effects of allopathic iron treatments.

Kautajadi Shilajatu shows significant potential in the management of Pandu Roga (IDA), with improvements in clinical features and haemoglobin levels without adverse effects. Further research and larger clinical trials are recommended to confirm these findings and explore the broader applicability of this Ayurvedic formulation in treating anaemia.

#### **REFERENCES-**

- 1) Rai, Shalini & Kar, Anukul. (2015). A comparative study on the assessment of clinical features of Pandu roga and its subtypes vis a vis various types of anemia. Indian journal of traditional knowledge. 14. 525-530.
- 2) Stevens GA, Finucane MM, De-Regil LM, Paciorek CJ, Flaxman SR, Branca F et al. Global, regional, and national trends in haemoglobin concentration and prevalence of total and severe anaemia in children and pregnant and non-pregnant women for 1995–2011: a systematic analysis of population-representative data. Lancet Glob Health. 2013;1:E16–E25. doi:10.1016/S2214-109X(13)70001-9.
- 3) Alcázar, L. (2013). The economic impact of anaemia in Peru. Lima: GRADE Group for the Analysis of Development. https://nbn-resolving.org/urn:nbn:de:0168-ssoar-51440-4.
- 4) Khan ZA, Khan T, Bhardwaj A, Aziz SJ, Sharma S. Underweight as a Risk Factor for Nutritional Anaemia A Cross- sectional Study among Undergraduate Students of a Medical College of Haryana. Indian J Comm Health. 2018; 30, 1: 63-69.
- 5) Horton, S. and Ross, J. (2003) The Economics of Iron Deficiency. Food Policy, 28, 51-75. http://dx.doi.org/10.1016/S0306-9192(02)00070-2
- 6) Kozuki N, Lee AC, Katz J, Child Health Epidemiology Reference Group. Moderate to severe, but not mild, maternal Anaemia is associated with increased risk of small-forgestational-age outcomes. J Nutr. 2012; 142:358–62. doi:10.3945/jn.111.149237.
- 7) Steer PJ. Maternal hemoglobin concentration and birth weight. Am J Clin Nutr. 2000 May;71(5 Suppl):1285S-7S. doi: 10.1093/ajcn/71.5.1285s. PMID: 10799403
- 8) Ezzati, Majid, Lopez, Alan D, Rodgers, Anthony A & Murray, Christopher J. L. (2004). Comparative quantification of health risks: global and regional burden of disease

- attributable to selected major risk factors / edited by Majid Ezzati ... [et al.]. World Health Organization. https://iris.who.int/handle/10665/42770
- 9) Balarajan Y, Ramakrishnan U, Ozaltin E, Shankar AH, Subramanian SV. Anaemia in low-income and middle-income countries. Lancet. 2011 Dec 17;378(9809):2123-35. doi: 10.1016/S0140-6736(10)62304-5. Epub 2011 Aug 1. PMID: 21813172.
- **10**) Haas JD, Brownlie T 4th. Iron deficiency and reduced work capacity: a critical review of the research to determine a causal relationship. J Nutr. 2001 Feb;131(2S-2):676S-688S; discussion 688S-690S. doi: 10.1093/jn/131.2.676S. PMID: 11160598
- 11) https://icd.who.int/ct11/icd11\_mms/en/release
- 12) https://icd.who.int/browse11/l-m/en#/http://id.who.int/icd/entity/1577750667
- 13) Agnivesh, Charaka, Dradhabala, Pt. Kashinatha Shastri and G. Pandeya; Charaka Samhita, Vidhyotini Hindi commentary, Chikitsa Sthana,16/13-16, Chaukhamba Sanskrit Sansthan, 6th edition 2000, p.416.
- 14) Vaidya Yadavaji Trikamji Acharya, Charak Samhita– Chakrapani Commentary, Chikitsa 16/87-92, Ed 2004, Chaukhambha Orientalia A House of Ayurvedic & Indological Books Dehli110007, Pg.no. 530