

## Unit 6.1. Chikitsa of Rasa pradoshaja vikara - Pandu roga

# Pāṇḍu Roga (Anaemia spectrum)

## 1) Classical foundations

### 1.1 Definition & types (Caraka)

“पाण्डुरोगाः स्मृताः पञ्च वातपित्तकफैस्त्रयः ।  
चतुर्थः सन्निपातेन पञ्चमो भक्षणान्मृदः ॥३॥”

*Pāṇḍu has five types—Vātaja, Pittaja, Kaphaja, Sannipātaja, and that due to clay-eating.*

**Ref:** Caraka Saṃhitā, Cikitsā-sthāna 16/3

### Key takeaways

- Classical recognition of **nutritional/behavioral etiology** via *mṛd-bhakṣaṇa* (pica).
- The cluster includes presentations overlapping with **kamala** conditions later in the same chapter.

### 1.2 Core pathogenesis (Caraka)

“दोषाः पित्तप्रधानास्तु यस्य कुप्यन्ति धातुषु ।  
शैथिल्यं तस्य धातूनां गौरवं चोपजायते ॥४॥ ... ॥६॥”

*Predominantly pitta-led doṣas vitiāte dhātus → laxity/heaviness → loss of varṇa, bala, sneha.*

**Ref:** Caraka Saṃhitā, Cikitsā-sthāna 16/4-6

### 1.3 Nidāna highlights (Suśruta)

“व्यवायमम्लं लवणानि मद्यं मूदं दिवास्वप्नमतीव तीक्ष्णम् ।  
निषेवमाणस्य विदूष्य रक्तं कुर्वन्ति दोषास्त्वचि पाण्डुभावम् ॥३॥”

*Excess intercourse, sour/salty foods, alcohol, clay-eating, day-sleep, very sharp foods → doṣa vitiātion of blood → pallor.*

**Ref:** Suśruta Saṃhitā, Uttara-tantra 44/3

### 1.4 Doṣa-wise treatment compass (Caraka—memorize)

“विकल्प्यमेतद्भिषजा पृथग्दोषबलं प्रति ।  
वातिके स्निग्धभूयिष्ठं, पित्तिके तिक्तशीतलम् ।  
श्लैष्मिके कटुतिक्तोष्णं, विमिश्रं सन्निपातिके ॥११६-११७॥”

*Tailor to doṣa strength: Vāta → sneha-dominant; Pitta → bitter/cooling; Kapha → pungent-bitter-hot; Sannipāta → mixed.*

**Ref:** Caraka Saṃhitā, Cikitsā-sthāna 16/116-117

### 1.5 “Ghṛta-first” therapeutic cue (Vāgbhaṭa)

“पाण्डुवामयी पिबेत्सर्पिरादौ कल्याणकाह्वयम्  
पञ्चगव्यं महातिक्तं शृतं वाऽऽरगवधादिना ॥१॥”

*Begin with ghṛta—Kalyānaka, Pañcagavya, Mahātikta, or Āragvadhādi-siddha ghṛta.*

Ref: Aṣṭāṅga-hṛdayam, Cikitsā-sthāna 16/1

## 2) Nidāna-pañcaka (viva-ready)

- **Nidāna:** sour/salty excess, alcohol, **mṛd-bhakṣaṇa**, day-sleep, teekṣṇa āhāra, incompatible food, over-exertion/sex; psychological triggers (krodha, śoka, bhaya).  
**Refs:** Suśruta Uttara-tantra 44/3; Caraka Cikitsā-sthāna 16 (nidāna passages)
- **Pūrvārūpa:** tandra, ālasya, aruci, early daurbalya/hṛd-spandana (Caraka narrative).  
**Ref:** Caraka Cikitsā-sthāna 16
- **Rūpa (samānya + viśeṣa):** pāṇḍutā (pallor), daurbalya, bhrama, śvāsa, hṛd-drava, śīta-priyatā; doṣa-specific patterns described in the chapter.  
**Ref:** Caraka Cikitsā-sthāna 16/13-16
- **Samprāpti (concise):** pitta-pradhāna doṣa deranges rasa-rakta ( $\pm$  other dhātus) with **agni-māndya** and **kṣaya/āvaraṇa**—rasavaha & raktavaha srotas primarily involved.  
**Ref:** Caraka Cikitsā-sthāna 16 (tattva/vidhi vimarśa portions)

## 3) Differential clustering (classical neighbors)

- **Kamala, Kumbhakamala, Hālimaka**—therapeutic emphasis shifts (mild **virecana** for pitta overflow; **rukṣa-kapha-hara** where obstruction predominates).  
**Ref:** Caraka Saṃhitā, Cikitsā-sthāna 16 (adjacent sections)

## 4) Investigations (integrative OPD)

- **Ayurveda:** doṣa-dominance; āma vs nirāma; bheda including **mṛd-bhakṣaṇa**.
- **Contemporary:** CBC with indices; ferritin $\pm$ CRP; B12/folate; peripheral smear; haemolysis screen if jaundice/splenomegaly; HPLC for hemoglobinopathies (thalassemia/sickle).

(Modern labs are for triage and follow-up; classical therapy logic remains per texts.)

## 5) Samprāpti-vighaṭana (break the chain → the ladder)

**Step 1 — Āma/Āvaraṇa check:** heaviness, tongue-coat, kapha signs → **Lañghana + Dīpana-Pācana** (Pañcakola/Trikatu, low dose) + gentle **rukṣa-sweda**.

**Step 2 — Anulomana/Śodhana:** pitta-leaning or *kamala* features → **Mṛdu Virecana** (as tolerated).

**Step 3 — Bṛmhaṇa:** after nirāma → **snigdha-bṛmhaṇa** diet; judicious ghṛta per doṣa.

**Step 4 — Rasāyana:** Āmalakī/Guḍūcī-based long-tail support to stabilize rasa-rakta.

**Classical basis:** Caraka's flow—**sneha** → **śodhana** → **bṛmhaṇa/rasāyana**, with doṣa-wise tailoring.

**Ref:** Caraka Saṃhitā, Cikitsā-sthāna 16 (treatment framework)

## 6) Chikitsā-sūtra (doṣa-wise “handles”)



Doṣa-bheda	Canonical cue	Practical emphasis
Vātaja	“वातिके स्निग्धभूयिष्ठम्” (Ci.16/116)	Sneha-dominant regimen; warm, unctuous pathya; start with small-dose ghrta.
Pittaja	“पैत्तिके तिक्तशीतलम्” (Ci.16/116)	Tikta-śītaḷa plan—e.g., <b>Mahātikta-ghṛta</b> ; pitta-śamana āhāra.
Kaphaja	“श्लैष्मिके कटुतिक्तोष्णम्” (Ci.16/117)	Kaṭu-tikta-uṣṇa; Pañcakola/Trikatu; early rukṣa measures (then nourish).
Sannipātaja	“विमिश्रं सन्निपातिके” (Ci.16/117)	Mixed but <b>staged</b> —low/slow combinations per presentation.
Mṛd-bhakṣaṇa-janya	Type recognized (Ci.16/3)	Stop pica; correct agni; classical śamana + br̥mhaṇa.

## 7) Auśadha-yoga (classical only)

**Ghrta-based start (Vāgbhaṭa):** “पाण्डुवामयी पिबेत्सपिरादौ ...”

**Ref:** Aṣṭāṅga-hṛdayam, Cikitsā-sthāna 16/1

**From Caraka Cikitsā-16 (names appearing in the chapter):**

- Navāyasa Cūrṇa
- Maṇḍūra-Vaṭaka / Punarnavā-Maṇḍūra (*Maṇḍūra preparations are expressly praised for Pāṇḍu in the text body*)
- Tapayādi Lauha
- Dhātryāvaleha
- Dāḍimādyā-Ghrta, Dārvyādi-Ghrta
- Mahātikta-Ghrta (when pitta predominates, paralleling AH’s opening cue)

**Matra • Sevana-kāla • Anupāna:** always align with **doṣa-rule (Ci.16/116-117)** and patient **bala/agni**; step-up gradually; review fortnightly.

## 8) Pathyā-Apathyā (text-derived)

**Pathyā (Do)**

- **Mudga-yūṣa, yavāgu** (slightly ghrta-siddha); **drākṣā/āmalakī** preparations; warm, freshly cooked meals; early dinner; gentle post-meal walk; regular sleep.

**Refs:** Caraka Cikitsā-sthāna 16 (diet lines)

**Apathyā (Don’t)**

- Sour-salty excess, alcohol, **mṛd-bhakṣaṇa**, day-sleep, very teekṣṇa items, incompatible/stale/cold foods.

**Refs:** Suśruta Uttara-tantra 44/3; Caraka Cikitsā-sthāna 16

## 9) Case-based Chikitsā-Yojanā (de-identified, OPD-style)

**Case**

28-year-old female, fatigue, exertional dyspnea, pallor, coated tongue; menorrhagia; craving for chalk/soil (**mṛd-bhakṣaṇa**). Ayurveda: **kaphānubandha with pitta-pradhāna**, mild **āma**.

**Plan (3 weeks → extend per response)**



### Days 1-3 — Āma-hara

- *Lañghana*, uṣṇa-jala sips; **Pañcakola kvātha** (low dose) for **dīpana-pācana**; gentle **rukṣa-sweda** if heaviness.

### Night 3-4 — Mṛdu Śodhana

- Gentle **virecana** for pitta-anulomana (kamala-leaning states in this chapter favor this), next morning **yavāgu**.

### Days 5-14 — Bṛmhaṇa + Śamana

- **Navāyasa Cūrṇa** or **Punarnavā-Manḍūra** as tolerated;
- **Dhātryāvāleha** at bedtime;
- Diet: **mudga-yūṣa**, **drākṣā/āmalakī** preps; avoid day-sleep and āma-kara food.

### Days 10-21 — Rasāyana & consolidation

- If pitta signs persist: small-dose **Mahātikta-Ghṛta**; otherwise **Dāḍimādya/Dārvyādi-Ghṛta**;
- Counsel to stop **mṛd-bhakṣaṇa**; address menstrual blood loss (co-management as needed).

**Review at 4-6 weeks:** symptom score, pallor, appetite; labs as needed; taper iron-bearing yogas after stabilization; continue diet-rasāyana.