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A Comprehensive Ayurvedic Review on Pandu Roga

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Abstract

Pandu Roga is extensively described in Ayurvedic classics as a *Varnopalakshita Vyadhi*, chiefly manifested by pallor and loss of normal body complexion. It is primarily characterized by pallor, diminished complexion, weakness, and impaired physiological functions. Classical texts attribute its pathogenesis mainly to aggravated Pitta, which disrupts the integrity of *Rasa* and *Rakta Dhatu*, resulting in qualitative and quantitative depletion. Dietary incompatibilities, improper lifestyle practices, and psychological stress further contribute to Dosha aggravation and Dhatu Kshaya. The clinical manifestations of Pandu closely parallel those of anemia in contemporary medicine, particularly due to fatigue, breathlessness, anorexia, and loss of vitality. Ayurveda outlines comprehensive diagnostic, preventive, and therapeutic principles including Shodhana, Shamana, Pathya–Apathya, and Rasayana approaches for effective management. This review consolidates classical concepts, historical references, etiopathogenesis, clinical features, and treatment guidelines described across major Ayurvedic texts, while correlating them with modern hematological understanding. The integrative approach highlights Pandu Roga as a clinically significant disorder requiring timely and holistic management.

Keywords: Pandu Roga, Rasa Dhatu, Rakta Dhatu, Pitta Dosha, Anemia, Srotodushti.

Introduction

Ayurveda emphasizes the maintenance of health through equilibrium of Doshas, Dhatus, and Srotas. Pandu Roga, a widely prevalent disorder, presents predominantly with loss of complexion and systemic debility^[1]. According to Charaka, Pandu originates from Rasavaha Srotas dysfunction^[1], while Sushruta attributes it to Raktavaha Srotas impairment^[2]. Aggravated Pitta, due to improper diet, lifestyle or mental disturbances, leads to *Dhatu Shaithilya*, *Agnimandya*, and depletion of Rakta Dhatu^[3]. The pallor, fatigue, dyspnoea, and anorexia described in Pandu correspond strikingly with anaemia recognized in contemporary hematology^[13].

Materials and Methods

This review uses information from *Charaka Samhita*^[1], *Sushruta Samhita*^[2], *Bhaisajya Ratnavali*^[3], *Madhava Nidana*, *Ashtāṅga Hridaya*^[12], *Harita Samhita*^[11]

Literature Review

Historical Perspective

Vedic texts identify Pandu under names such as *Vilohita*, *Haribha*, and *Halima*^[6]. Garuda Purana recommends *Takra* mixed with *Loha Churna* as a remedy^[5]. Charaka^[1], Sushruta^[2], Vaghbata^[12], and Madhavkar^[6, 7] provide detailed explanations of Pandu Roga, confirming its

ancient clinical significance.

A) Pandu

- i). **Vyutpatti & Nirukti:** The term *Pandu* is derived from “*Padi – Nasane*”, meaning loss or destruction^[3]. It signifies loss of natural complexion. Vachaspatyam states Pandu resembles the pale-yellow colour of *Ketaki* pollen^[3].
- ii). **Definitions:** Sushruta defines Pandu as pronounced pallor throughout the body^[2]. Charaka includes Pandu among *Rasavaha Srotas* disorders^[1].

B) Types of Pandu Roga

As Per Charaka^[1]

- i). Vataja Pandu
- ii). Pittaja Pandu
- iii). Kaphaja Pandu
- iv). Sannipatata Pandu
- v). Mrudhabhakshanjanya Pandu

As Per Sushruta^[2]

- Kamala
- Kumbhakamala
- Halimaka

As Per Harita Samhita [11]

- Eight varieties with Kamala and Halimaka as related conditions

C) Nidana (Etiology)

- Aharaja Nidana:** Excess use of *Amla*, *Lavana*, *Kshara*, hot foods, incompatible foods, *Masha*, *Nishpava*, *Pinyaka*, and oily foods increases Pitta and vitiates *Rasa* *Dhatu* [13].
- Viharaja Nidana:** Day sleep, excessive exertion, indulgence in sex, suppression of urges, and improper Panchakarma procedures aggravate Dosha [1].
- Manasika Nidana:** Mental stressors like anger, grief, and fear disturb *Sadhaka Pitta* [12].
- Nidanarthakara Roga:** Conditions such as *Rakta**pitta*, *Arsha*, *Rajayakshma*, recurrent fever may secondarily cause *Pandu*.

D) Purvarupa (Prodromal Symptoms)**Charaka** [1]

- Palpitations
- Dryness
- Lack of sweating
- Fatigue

Sushruta [2]

- Cracked skin
- Hypersalivation
- Orbital swelling
- Yellowish stool/urine
- Indigestion

E) Rupa (Clinical Features)

Classical signs include:

- Pallor (*Panduta*) [13]
- Weakness
- Giddiness
- Dyspnoea
- Body ache
- Anorexia
- Fever
- Oedema

Vataja Pandu [1]

Dryness, pricking pain, constipation.

Pittaja Pandu [1]

Yellow/green tint, burning, thirst, sweating, foul smell.

Kaphaja Pandu [1]

Heaviness, drowsiness, white discoloration, excess saliva.

Mrudhabhakshanjanya Pandu [1]

Oedema, worms, blood-mucus diarrhea.

F) Samprapti (Pathogenesis)

Charaka explains that Pitta aggravated in *Hridaya*, propelled by *Vata*, spreads through *Dasha Dhamanis* resulting in vitiation of *Rasa*, *Rakta*, *Mamsa*, *Meda*, and *Twak* producing discoloration [13].

Samprapti Ghataka-

- Dosha:** Pitta ↑, *Vata* & *Kapha* involvement [1]
- Dushya:** *Rasa*, *Rakta*, *Mamsa*, *Meda*

- Agni:** *Mandagni*
- Srotas:** *Rasavaha* & *Raktavaha* [12]
- Udbhavasthana:** *Aamashaya* [1]
- Srotodushti:** *Sanga* & *Vimaragagmana*
- Vyaktasthana:** *Twaka*
- Sancharisthana:** *Twaka* & *Mamsa*
- Swabhava:** *Chirkari*

G) Sadhya-Asadhyata

Chronic *Pandu* with persistent *Dhatu* depletion, edema, or *Ama* accumulation carries a poor prognosis [2].

H) Chikitsa Siddhanta**i). Shodhana Therapy**

Charaka recommends:

- Teekshna Vamana* in *Kapha* involvement
- Virechana* in *Pittaja Pandu* [1]

ii). Shamana Therapy

Important formulations include:

- Panchagavya Ghrita* [1]
- Mahatiktaka Ghrita* [1]
- Kalyanaka Ghrita* [1]
- Punarnava Mandura* [3]
- Navayasa Lauha* [3]
- Draksharista* & *Lohasava* [3]

I) Pathya-Apathya in Pandu Roga-Pathyahara

As per Charaka & Sushruta [12]:

- Shali*, *Yava*, *Godhuma*
- Mudga* *Yusha*
- Jangala Mamsa Rasa*
- Amalakaswarasa*

ApathyaharaAccording to *Bhaisajya Ratnayali* [3]:

- Avoid *Shimbi* *Dhanya*, *Masha*, sour foods, *Viruddha Ahara*, excessive *Lavana* *Amla*.

J) Modern Correlation (Anemia)*Pandu* correlates with anaemia due to similar symptoms:

- Pallor → Low Hb
- Weakness → Reduced oxygen carrying capacity
- Dyspnoea → Anemia-induced hypoxia
- Anorexia → Poor nutrient assimilation
- Oedema → Hypoproteinemia

WHO reports anemia as the most common nutritional disorder globally, aligning with Ayurvedic descriptions of poor digestion, blood loss, and Pitta aggravation.

Discussion

Pandu Roga results from prolonged Pitta aggravation leading to defective *Ahara-Rasa* formation and impaired *Rakta Dhatu* synthesis [13]. *Dhatu Shaithilya* and *Agni Vaishamya* contribute to tissue depletion, producing classical symptoms & involvement of *Rasa*, *Rakta*, *Mamsa*, and *Meda Dhatu*, *Mandagni*, *Rasavaha* *Srotas* *Dushti*, and Pitta dominance in *Pandu* pathogenesis [13].

Ayurvedic management emphasizes correction of *Agni*, elimination of vitiated *Doshas*, improvement of *Dhatu Poshana* and *Rasayana* therapy.

Conclusion

Pandu Roga stands as one of the most extensively described systemic disorders in classical Ayurvedic literature. Its resemblance to anemia underscores the relevance of Ayurvedic diagnostics in modern medicine. Proper identification of Nidana, early intervention, strengthening Agni, purification when required, and long-term Rasayana support from the cornerstone of effective management.

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