

AYURVEDIC MANAGEMENT OF GARBHINI PANDU

Dr Madhuri Tope[1], Dr Chetana Kulkarni [2]

1]Post Graduate Scholar, Dept. of Stree Roga and Prasuti Tantra, S.V.N.H Ayurved Mahavidyalaya Rahuri,

Ahmednagar, Maharashtra, India.

2] Professor, Dept. of Stree Roga and Prasuti Tantra, S.V.N.H Ayurved Mahavidyalaya Rahuri, Ahmednagar, Maharashtra, India.

ABSTRACT

Anaemia during pregnancy is a major public health problem throughout the world, particularly in the developing countries. According to WHO, prevalence of anaemia in pregnant women is estimated as 14 per cent in developed and 51 percent in developing countries. In India the prevalence is 65-75 percent. Acharya Kashyapa explained that like other disorders Samprapti of Pandu is also similar in Garbhini. So all narration mentioned in Ayurvedic classics regarding Pandu is applicable to Garbhini- Pandu. WHO defines anaemia as presence of haemoglobin of less than 11g/dl and haemtocrit of less than 0.33g/dl. According to a study by WHO on anaemia during 1993-2005, worldwide prevalence of anaemia was 25%. Iron containing drugs are widely used in modern medicine as haematinics

KEYWORDS: Garbhini pandu, Iron deficiency Anaemia, lauha

INTRODUCTION

Anemia is the most common nutritional deficiency disorder in the world. WHO has estimated that prevalence of anemia in pregnant women is 14% in developed and 51% in developing countries and among them, 65–75% are in India.[1] The prevalence of anemia in all the age groups is higher in India as compared to other developing countries.[1] India contributes to about 80% of the maternal deaths due to anemia in South Asia.[2] The high prevalence of anemia in pregnancy and serious adverse consequences in both mother and baby, the management of anemia in pregnancy was accorded a very high priority both in obstetric and public health practice. There are no direct references of *Garbhini Pandu* (anemia in pregnancy) in Ayurveda, except *Acharya Kashyapa* has described *Pandu* as a symptom of *Garbhini* in the description of *Rakta Gulma*,[3] *Acharya Harita* has also described *Vivarnatva* as one of the eight complications of *Garbha*.[4]

Empirical use of different preparations of iron in the treatment of anemia from ancient times is evident. Lauha Bhasma and Mandura Bhasma are effective in Pandu Roga. On the basis of Pandughna (antianemic), Prinana (nourishing), Raktaprasadana (blood toner) properties and previous reports in Garbhini Pandu, [5] Dhatri Lauha was selected in this study. Punarnava Mandura is successfully used by Ayurvedic physicians for the management of all types of Pandu. Government of India has included it in ASHA drug kit for National Reproductive Health Care Programme. [6]

Concept of Pandu

The word Pandu is derived from Dhatu Padi Gatou and Ku Pratyaya. The word literally means Pandurta that is paleness. In literature this discoloration is described as Ketakidhulisannibha which means pale core of Kewada. Nidaan of Pandu[7] Ahar- Kshar, Amla, Ushna, Teekshna, Viruddha and Asatmya, Vidahi ahar sevana Vihar-Divaswap, Ativyayam, Maithun, Vegvidharana Manas- Kaam, Chinta, Bhaya, Krodh, Shoka Types of Pandu -Vaataj, pittaj, Kaphaj, Saannipataj and Mridbhakshanjanya Pandu. There is no direct citation available about Garbhini pandu in Ayurvedic classics. By studying basic concepts of Dosha and Dhatu and its implementation in Garbhini awastha, we can collaborate the concept of Garbhini Pandu. In pregnancy Rasa Dhatu is increased its role at Garbha, Garbhini and Stanyotpatti[8]. Due to Rasadushti it causes Dushti of subsequent Dhatus as Rakta, Mansa, Meda etc. which leads to Dhatukshaya and Dhatushaithilya. According to Sushrutacharya, Pandu is related to Raktavaha Strotas. Due to Agnimandya there is Pittadushti, particularly Ranjak pitta dushti, which leads to enability of Rasadhatu to transform into Raktadhatu which results in Raktakshaya. Due to this there is Bhekavarna and Dhatushaithilya which are the features of Pandu. According to Kashyapacharya, Rasavaha strotas are scattered around umbilicus. As the fetus grows, it compresses these Strotas which obstructs flow of Rasa. It results in pale discoloration. We can implement this as a Samprapti of Garbhini Pandu. According to Haarita, some diseases arise due to pregnancy and hence called as Garbhopdrava. Among these he includes Vivarnata. As Vivarnata is the main symptom of Pandu, this can be considered as Garbhini Pandu. In Garbhini, Pandu manifests in Rasavaha Strotas, but shows catastrophic effects on succeeding Dhatus and ultimately on whole body. From 5th month onwards, there is increased growth of fetus while mother becomes emaciated. Bala and Varna increases in fetus while Garbhini suffers from BalaVarna Haani[9]. In modern medicine[10]-In pregnancy, there is disproportionate increase in plasma volume, RBC volume and haemoglobin mass and there is marked demand of extra iron in the need of growing fetus. Only diet could not fulfill it. As a result haemoglobin level falls and haematocrit value also. It is due to haemodilution and increased rate of iron absorption. Thus, this condition is known as physiological anaemia which is normocytic and normochromic in nature. Though Garbhini Pandu is a common Updrava, it may results in threatful complications like preterm labour, postpartum haemorrhage, cardiac failure, shock etc. To avoid these complications, proper treatment should be started as early as possible. In modern science, there are limited treatment principles to raise the haemoglobin concentration by proper diet, dietary supplements like Vit.B12, Folate, ferrous molecules, intravenous iron infusion and in severe cases by giving blood transfusion

CASE REPORT

A female patient 28 years age, history of six month amenorrhea complaint of general weakness, came to Ayurvedic Hospital for further treatment.

ATHUR VIVARNA

Name Of Patient :-*** Age:- 28 yrs Gender :- Female Religion:-Hindu Occupation:-Teacher Socio-economic status:- Middle class Address:- Bidar, Karnataka. Vedana vishesha Pradhana vedana (chief complaints) Patient complaints of general weakness since 20 days. Anubandh vedana (associated complaints) Giddiness since 5-7 days

Poorva vyadi vrittant (H/O Past Illness) H/O DM Kula vrittant Mother - DM since last 8 yrsFather HTN since last 10 yrs Vedana vrittant (H/O present illeness) Patient was apparently normal before, later she developed general weakness, body pain, anorexia, since from last 15 days. Vayaktika vrittanta Appetite :-Good Bowel habit:- Regular Diet:- mix Maturation:-Normal Sleep:- disturbed Rajo vrittant (menstrual history) Age of menarche:14 yrs Regularity of cycle: Irregular Duration: 7-8 days Pain during menses: Present ++ Interval b/w menses: 40-45 Days Amount of bleeding: 4-5 pads/day LMP:04.10.2019 EDD(usg):12.07.2020 Contraceptive history: NAD PAREEKSHA (EXAMINATION) Height-153 Cm Weight-70 Kg Blood pressure -130/90 mm of Hg Pulse rate -103 bpm Respiratory rate:- 80/min Temperature:- 98 0 F Pallor:- Present

DASHVIDHA PAREEKSHA Prakruti –Vata Pitta Vikruti- Vata & PittaSatva- avar Satmya- madhyam Sara-pravar Samhanana-pravar Ahar shakti- madhyam Vyayam shakti- avar Pramanamadhyam Vaya: 26 yrs

SYSTEMIC EXAMINATION Cvs-S1 S2 heard RS – BLAE clear CNS- conscious ANTENATAL EXAMNITION (Obstetric examination) P/A: 22-24 weeks Inspectionlinea nigra, striae gravida- present Palpation22-24 weeks fetal part palpable Auscultation- FHS 143 b/m Breast examination- engorgement

PRAYOGASHALA PAREEKSHA (laboratory investigation) Blood examination Haemoglobin %: 7 gm/dl Platelet count: 274 103 /ul BG &RH typing: O+ve RBS:160 HIV:Non reactive HBSAG: Non reactive Urine Examination UPT: Positive Appearance: Clear Pus cells: Occasional Epith. Cells: 2-3/hpf USG: Single live intra-Uterine pregnancy of 22 weeks and 5days.

IMMUNIZATION: 2 Dose of Inj. TT taken. Chikitsa Duration of treatment 60 days Quantity:- 15ml with sukoshana dugdha

TREATMENT GIVEN

- 1) Draksha Ghrita 2 tsf bd for 2 months
- 2) Punarnava Mandur 250 mg bd for 2 months

OBSERVATION

Before Hb is 7.4 gm, After 2 month 9 gm

RESULT

The study revealed a substantial efficacy of Draksha Grita and Punarnava mandura in Garbhini Pandu with respect to subjective parameters. Draksha Ghrita And Punarnava mandura has got a vital role in the pregnancy which has shown successful result in symptomatic relief.

CONCLUSIO

Punarnava Mandura with Draksha Ghrita provided better results against the symptoms of Garbhini Pandu. The present trial treatment considered as a better therapy for garbhini pandu

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