

MANAGEMENT OF GARBHINI PANDU WITH DHATRI-AVALEHA: A CASE STUDY

Arsheen G. A. W. Shaikh^{1*}, Hridaynath Lad² and Jayashri R. Patil³

¹PG Scholar, Department of Prasutitantra and Streerog, Dr. D.Y.Patil College of Ayurveda & Research Centre Pimpri, Pune. Maharashtra, India.

²Asso. Prof. Department of Prasutitantra and Streerog, Dr. D.Y.Patil College of Ayurveda & Research Centre Pimpri, Pune. Maharashtra, India.

³Professor and Head, Department of Prasutitantra and Streerog, Dr. D.Y.Patil College of Ayurveda & Research Centre Pimpri, Pune, Maharashtra, India.

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*Corresponding Author

Dr. Arsheen G. A. W.
Shaikh

PG Scholar, Department of
Prasutitantra and Streerog,
Dr. D.Y.Patil College of
Ayurveda & Research
Centre Pimpri, Pune.
Maharashtra, India.

ABSTRACT

“The woman is the origin of the progeny.”^[1] Therefore every woman has desire to experience the joys of motherhood. Most of the responsibility to carry out pregnancy successfully is held by the female. She has to protect, nourish and care for each and every need of growing foetus. The growing foetus is nourished by maternal *Rasa* and *Rakta*. *Garbhavasthajanya Pandu* occurs due to the foetal demands & improper functioning of the *Rasa Dhatu* leading to malnourishment of the body. In today's era due to decreased nutritional value of food and hectic lifestyle mother will not be able to meet the extra demand of nutrients by diet alone. This leads to certain disease condition in mother. Among them anaemia is the commonest haematological disorder that may occur in pregnancy.^[2] In the present study Dhatri-avleha is used in the management of *Garbhini Pandu*.

KEYWORDS:- *Garbh, Dhatri-avleha, Garbhavasthajanya Pandu.*

INTRODUCTION

Pregnancy and child birth are nature's gift. Everyone wishes to have a healthy baby. Health of the in the womb of mother, is totally depend on mother health. *Acharya Kashyap* has described that *Ahara Rasa* of mother is divided into 3 parts. First part nourishes her own body, second part nourishes the *Garbha* and the third part is utilised for the nourishment of

Stana.^[3] So, mother needs a better and more nourishing diet to fulfill these demands. But due to improper dietary habits, mother body unable to fulfill the nutrients, which leads certain deficiencies in mother's body. Among them iron deficiency anaemia is the most common haematological disorder that may occur in pregnancy.

According to the standard laid down by WHO in 1972, a pregnant woman with haemoglobin level below 11gm% should be considered anaemic while in developing countries such as India, the level is brought down up to haemoglobin 10gm%. However, during pregnancy plasma volume expands resulting in haemoglobin dilution for this reason, Haemoglobin level below 10gm% at any time during pregnancy is considered anemia (WHO, 1993; CDC, 1990).^[2]

Kashyapa has described *Pandu* is a symptom of *Garbhini* when he explains *Rakta Gulma*.^[4] *Acharya Harita* has described *Vaivarnatva* as out of eight *Garbhopadravas*.^[5] *Vaivarnatva* may be taken as *Pandu*.^[6]

Pandu also associate with the symptoms such as *Alparakta* (deficiency of blood), *Vaivarnya* (abnormality of complexion), *Hridya-Spandana* (palpitation), *Shrama* (exhaustion),^[7] *daurbalya* (general weakness), *Aruchi*(anorexia).

Prevalence and Need of study

In India, incident of anaemia in pregnancy ranges widely from 40% to 80% and in developed countries 10-20%.^[2] Anemia is an indirect cause of death and about 50% of pregnant women worldwide suffer from anemia.^[8] Anemia is responsible for 20% of maternal deaths in the third world countries.^[2] There is marked demand of extra iron and vitamins during pregnancy specially in 2nd half. Even an adequate diet cannot provide this extra demand. Thus, there always remains a physiological deficiency state during pregnancy.^[9] which if not fulfilled will lead to complications.

MATERIAL AND METHODS

Case study

Patient profile: A 27 years old female, married from 2 years, primi with history of 22 wks + 1day amenorrhea.

C/O – general weakness, fatigue, anorexia, giddiness

O/E- G.C.- fair, P- 76/min, B.P. 110/70 mm of Hg, temp.-afeb.

Pallor of conjunctiva present

S/E- R.S.- AEBE clear, CVS- S1S2 normal, CNS- conscious & oriented

P/A- F.H.- 20-22wks, F.M- present, FHS- 138 regular,

Bowel and micturition pattern were regular.

Haematological study – Hb 8.8 gm%. USG- A single live intra uterine fetus with average gestational age of 20 weeks, liquor adequate.

Treatment given

Drug- *Dhatryavleha*^[10] (Ayurvedic herbal formulation, reference from *Charak Samhita – Pandu rog chikitsa*)

Dose- 10gms in two divided doses per day

Anupan – normal water

Route – orally

Time – after meal

Duration – 45days

Follow-ups – each of 15 days interval

Final assessment done after the completion of 45 days and the result analyzed.

OBSERVATION

Table 1: Showing sign and symptoms before and after the treatment.

Sings & symptoms	Before treatment	After treatment
General weakness	Often feeling <i>daurbalya</i> (weakness), hamper to perform daily activities	No feeling of <i>daurbalya</i> during daily activities
Giddiness	Frequently pesent	Absent
Palpitation	Present	Absent
Anorexia	Dislike to have a food	Normal instinct to have a food
Pallor	Moderate	Mild
Hb%	8.8gm%	10gm%

Result: after the treating with *Dhatryavleha* the Hb% level of the patient is increased and she also get relief from the above sign and symptoms.

DISCUSSION

There is no direct reference of Pandu or its treatment during the state of pregnancy in our classics. However, many indirect references are available in ancient texts, so there is no doubt that the ancient teachers were very well aware of the importance of Pandu during pregnancy.

Acharya Harita has described eight *Garbhopadravas* in *Harit Samhita*.^[6]

Among this important disease likely to occur during pregnancy Acharya includes *Vivarnatva* also, Here the mentioned '*Vivarnatva*' is an indication of pallor that accompanies the anaemia. While explaining *Rakta Gulma*, Kashyapa has described symptoms as like *Garbhavstha* among them *Pandu* is one of them. It states that *Rasa Nadi* are situated around *Nabhi*. These are compressed by the growing foetus. Due to this compression *Rasa* does not flow freely in the body resulting in *Pandu* in the *Garbhini*.^[5] There may be no difference between *Pandu* and *Garbhavasthajanya Pandu*.

When *Pandu* occurs during pregnancy, is known as *Garbhavasthajanya Pandu*. Thus, the difference between these two is only due to *Avasthavishesha* or specific condition, which is *Garbhavastha*, so the factors of *Nidana Panchaka* may be same in both. On describing the '*Avasthavishesha*' we can see that the foetus is only nourished by the maternal *Rasa* and *Rakta*.

Content of *dhatryavleha*- *Dhatri* (*embilica officinalis*) is the major content, which is one of the richest sources of ascorbic acid. Ascorbic acid plays a very important role in converting ferric iron to ferrous iron and helps its absorption in the body.^[11] *Dhatri* also improves the quality of *Rasa dhatu* and act as *pittashamak*. Other ingredients also have antioxidant and nutrient values. *Shunthi* (*zingiber officinale rosc*), *Pipalli* (*piper longum*) help in *aagani deepan*, *pachan*- act as appetizers. *Yashtimadhu* (*glycyrrhiza glabra*) have specific role of *raktprasadana*, *balya*, *varnya*. *Garbhini pandu* can be co-related with iron deficiency anemia in pregnancy, which is more due to nutritional deficiency, poor absorption, and utilization.

CONCLUSION

It is clear that *Garbhavasthajanya Pandu* occurs due to the foetal demands & improper functioning of the *Rasa Dhatu* leading to malnourishment of the body. *Acharya Charak* has also described "*Pandutva*" as a *Rasa Pradoshaja Vikara*^[12] and it is a *Santarpanotha Vikara*. According to *Acharya Charaka*^[13] & *Kashyapa*,^[14] 5th month onwards *Garbhini* becomes emaciated and suffers from *Balavarnahani* due to lack of nourishment of maternal *Dhatus* as the *Rasa* is driven to nourish more and more the flesh and blood of fetus.

The above preparation – *dhatryavleha* helps to improve the *rasa dhatu* qualitatively and quantitatively, do *raktadhatu prasadana*. Helps to increase absorption of dietary iron, improves metabolism and appetite as *deepana* and *pachana*.

With all these *Dhatyavleha* helps to relieve the cardinal symptoms of *garbhini pandu* i.e. general weakness, giddiness, anorexia, pallor, iron deficiency, etc. thus *Dhatryavleha* is effective in the management of *Garbhini Pandu*.

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