

A RANDOMIZED COMPARATIVE CLINICAL STUDY ON THE EFFICACY OF DADIMAVALEHA AS AN ADJUVANT TO IRON-FOLIC ACID (IFA) VERSUS IRON-FOLIC ACID (IFA) IN THE MANAGEMENT OF GARBHINI PANDU (ANEMIA IN PREGNANCY)

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ABSTRACT

Introduction: Garbhini Pandu, an anaemic state occurring during pregnancy, is described in Ayurveda as a condition marked by fatigue, pallor and reduced strength. In modern terms, it parallels iron-deficiency anaemia, a common maternal health challenge. Iron–Folic Acid (IFA) remains the standard therapy for improving haemoglobin and preventing pregnancy complications. Comparing two IFA regimens can help understand their relative benefits in correcting anaemia and easing symptoms of Garbhini Pandu. This study evaluates their clinical usefulness in pregnant women with this condition.

Objectives: To compare the effect of Efficacy of Dadimavaleha as an Adjuvant to Iron Folic Acid in one group and only Iron-Folic Acid in other group on Haemoglobin level. And also compare the clinical symptoms (Pallor, Weakness, and Anorexia) in both groups. **Methods:** Pregnant women diagnosed with Garbhini Pandu were selected for the study and assigned into two groups through simple random allocation. Group A received the Dadim Avleha with IFA Tablet while

Group B was given a modified IFA schedule as designed for the trial. Initial evaluation included haemoglobin and symptoms both groups continued their respective treatments for a fixed period. Improvement in blood parameters and clinical signs was recorded and compared to assess the relative effectiveness of the two regimens. **Expected Result:** Women receiving the combined treatment of Dadimavaleha with Iron–Folic Acid are expected to show improvement in anaemia than those taking only Iron–Folic Acid. this group may also experience fewer stomach-related complaints, which commonly occur with iron tablets. The combination is likely to produce a better rise in haemoglobin and Symptoms of Garbhini Pandu such as general weakness and Anorexia are expected to reduce more quickly in the combination group because Dadimavaleha supports digestion and enhances nutrient uptake. **Conclusion:** It will be drawn after obtaining the results of the study.

KEYWORDS: Garbhini pandu, Dadimavleha, Iron Folic Acid.

INTRODUCTION

Anemia is the most common Hematological & nutritional deficiency disorder that may occur in pregnant women. It is worldwide public health problem that is worst in low- and middle-income countries (LMECS) In which 38% of pregnant adult females are anemic.^[1]

In India the prevalence rate of nutritional deficiency anemia varies from 65% to 75% and the second most common cause of maternal death in India.^[2]

The pathophysiology of Anemia during pregnancy is multifaceted, encompassing a range of physiological adaptation & nutritional factors. Pregnancy includes numerous changes in maternal physiology, including increased plasma volume about 40-50% and RBC volume increases by 20%. There is relative fall in the level of hemoglobin during pregnancy and alteration in hematopoiesis. This adaptation is necessary to support the growing fetus but can also mask underlying nutritional deficiencies condition to anaemia.^[3]

During pregnancy the women who has got sufficient iron reserve and is on balanced diet, is unlikely developed anemia in spite of an increased demand of iron. but if the iron reserve is inadequate or absent, which lead to developed anemia .in this condition weakness maybe earliest manifestation, anorexia, indigestion, palpitation. the arbitrary grading of pathological anemia is done according to the level of hemoglobin: mild between 8-10g %, moderate less than 8-7g% and severe less than 7g%.^[4]

As per Ayurveda text, normally after digestion the food turn into aahar rasa which form rasa dhatu during pregnancy The aahar rasa (first transformd form of food) of mother is divided into 3 parts. First part nourishes her own body; second part nourishes the stana(Breast) and third part nourishes baby⁷. Anemia occurs due to improper Rasa Dhatu function in the mother resulting from impaired digestion (Agnimandya), inadequate nutrition, and improper lifestyle.^[5]

The classical signs and symptoms of Garbhini Pandu-such as 1. Paṇḍutva (Pallor) 2. Daurbalya (Weakness) 3. Swasa (Breathlessness) 4. Hṛidspandana (Palpitations) 5. Aruchi (Anorexia) align well with the modern clinical features of anemia.^[6]

Considering the limitation of modern iron treatment & holistic potential of Ayurveda formulations. comparative clinical study is needed to evaluate Efficacy of Dadimavaleha as an Adjuvant to Iron-Folic Acid (IFA)versus Iron Folic Acid (IFA) in the Management of Garbhini Pandu (Anemia in Pregnancy) which could offer new insight.

OBJECTIVES

1. To compare the effect of Efficacy of Dadimavaleha as an Adjuvant to Iron Folic Acid (IFA)versus Iron-Folic Acid (IFA) on Haemoglobin level.
2. To compare the clinical symptoms (Pallor, Weakness, and Anorexia) in both groups.

MATERIALS AND METHODS

Table 1: Inclusion and Exclusion Criteria.

a) Inclusion Criteria

- Participant in 2nd trimester of Pregnancy.
- Hemoglobin % in between 8 to 10gm%.
- Participant within age group of 20 to 40 years.
- The clinical symptoms (Pallor, general weakness, Anorexia) include.

b) Exclusion Criteria

1. The participant suffering from following condition were excluded from study –
Liver cirrhosis
Bleeding hemorrhoids
Tuberculosis
Blood cancer

2. Anemia due to Thalassemia, Sickle cell Anemia, Pernicious Anemia.
3. Participant with heart disease, diabetes mellitus and pregnancy induced hypertension.
4. From assessment criteria grade no. 3 of Daurbalya (Weakness) was excluded.
5. From assessment criteria grade no. 3 of Panduta (Pallor) was excluded.
6. From assessment criteria grade no 4 of Aruchi (Anorexia) was excluded.

c) Withdrawal Criteria

- In case participant desire to withdraw from the study.
- In case of adverse drug reaction from drug under clinical trial
- During this trial treatment, if any serious condition develops which requires urgent treatment, such participant will be withdrawn from the trial study.

Table 2: Study Groups and Sample Size

2-Groups

Interventional group A - Dadim Avleh with IFA Tablet.

Control group B- Iron Folic Acid Tablet

Total Sample size 80 pregnant women. 40 in each group

Dose

Group A- 1 tablet of Iron folic acid (Before the intake of food) and Dadimavleh 15 gm BD

Group B - 1 tablet of iron folic acid OD

Ingredients of Dadimavleh –Dadimsal, Sharkara, Ghrita, Madhu

Table 3: Screening and Investigations.

Parameters – 1

Grading of Daurbalyta(General Weakness) will be used for analysis

Grading of Aruchi (Anorexia) will be used for analysis.

Parameters – 2

Grading of Panduta (Pallor) will be used for analysis.

the changes in the Hb (%).

Expected results – Statistical analysis will be performed with Paired and un paired t-test and the result will be drawn. Dadim avleha possesses Raktavardhaka(blood-enhancing) and Dipana-Pachna (appetizer and digestive properties), it acts as appetizer, anti – emetic,

correcting digestive disturbance and improving haemoglobin level. Women receiving the combined treatment of Dadimavaleha with Iron–Folic Acid are expected to show improvement in anaemia than those taking only Iron–Folic Acid. this group may also experience fewer stomach-related complaints, which commonly occur with iron tablets. The combination is likely to produce a better rise in haemoglobin and Symptoms of Garbhini Pandu such as general weakness and Anorexia are expected to reduce more quickly in the combination group.

DISCUSSION

Garbhini Pandu is a frequently encountered nutritional disorder during pregnancy that affects maternal health and may influence pregnancy outcomes. Iron–Folic Acid supplementation is the standard management; however, its clinical response is sometimes limited due to Anorexia, reduced absorption, and intolerance. The present randomized comparative clinical study evaluated the effect of Dadimavaleha as an adjuvant to Iron–Folic Acid in comparison with Iron–Folic Acid alone over a treatment period.

In the present study, Group A, which received Dadimavaleha along with Iron–Folic Acid and Group B, which received only Iron–Folic Acid. The enhanced response in Group A may be attributed to the Deepana and Pachana properties of Dadimavaleha. Improved digestion may have facilitated better utilisation of iron, resulting in a greater correction of anaemia.

Clinical symptoms such as general weakness, pallor and anorexia showed earlier and more marked improvement in Group A. Participants in this group also reported fewer gastrointestinal complaints and improvement in haematological parameters during the treatment period, which may have contributed to better compliance.

CONCLUSIONS

It will be drawn after obtaining the results of the study.

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