

A CLINICAL STUDY IN THE MANAGEMENT OF GARBHINI PANDU WITH
DRAKSHA GHRUTA IN IRON DEFICIENCY ANEMIA IN PREGNANCYDr. Sridevi Swami¹ and Dr. Archana Vastrad^{2*}Professor and Head of Department¹, P.G Scholar², Department of Prasuti Tantra And Stree Roga, N. K. Jabshetty
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ABSTRACT

Pregnancy is beautiful phase because it gives a woman the joy and fulfillment which comes from bringing a new life in to the world. pregnancy is a physiological condition where a women requires more nutrition. when compared to non-pregnant women, a pregnant women need 2-3 times the amount of iron. During pregnancy plasma volume expands maximum around 32 weeks, resulting in haemoglobin level below 10.0gms/dl at any time during pregnancy is considered as anemia. pandu means pallor of body which can be correlated with 'anemia' of modern science, 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, acharya charaka in sharira sthana has explained about bala varnahani of garbhini in 6 th month of pregnancy, it can be considered as reference for garbhini pandu. draksha has got vatapitta shamaka, raktha prasadana, garbha sthapaka, jeevaniya, balya and brahmana properties. ghrita is vatapittahara, it also shows sanskaramanuvartate (संस्कारमनुवर्तते) property hence ghrita and draksha both are suitable drugs for garbhini pandu (anemia in pregnancy).so Draksha Ghrita is treatment of choice. Margret Bafour was credited as the first to draw the attention on anemia in pregnancy in india. **Objective:** This study was carried out to know the efficacy of Draksha Ghrita in Garbhini pandu (Anemia in pregnancy). **Methods:** 15 ml of Draksha Grita twice daily (morning and evening) on empty stomach orally along with anupana of sukoshana dughda for 60 days continuously.

KEYWORDS: Pandu, Garbhini Pandu, Draksha Grita, Anemia In Pregnancy, Sodhana.

INTRODUCTION

Pregnancy is a physiological process some physiological and hormonal changes occurs for positive preparation and adaptation of mother to accommodate and support the fetus though out the pregnancy. anemia is the commonest hematological disorder that may occur in pregnancy. Haemoglobin level below 10.0 gm/dl at anytime during pregnancy is considered as anemia.^[1] Acharya kashyapa explained that like other disorders pandu is also common disease in garbhini.^[2] So all narration mentioned in ayurvedic classics regarding pandu is same as described in garbhini pandu. acharya haritha has described, ashta garbhopradrava in harita samhita. among this eight garbhopradrava^[3] "varnatva" is used to describe garbhini pandu. pandu is a rasa pradoshaja vikara^[4] It is transformation of rasa, raktadi dhatu. if there is any impairment in the formation of dhatu it will lead to pandu. According to charak, tridashas are involved in pandu roga, so shodhana is the first line of treatment in pandu roga but it is contraindicated in garbhini.^[5] draksha grita is selected for study from chakradatta.^[6] and bhaishajya ratnavali^[7], which is

having properties like chakshushya, guru, swarya, vrushya, kaphapusthi, ruchikara, trushna, jwara, swasa, vata, vatarakta, kamala, raktapita, moha, daha, shosa, madatyaya rogahara. Mutral, jeevaniya, balya, brahmana, pustiprada, shothahara.^[8] and puraana ghrita is tridoshaghna.^[9]

If garbhini pandu is not treated properly it will leads dhatu kshaya, dhatu shaitihya and intra-natal complications such as prolong labour stage, postpartum haemorrhage and death.

CASE REPORT

A female patient 26 years age, history of six month amenorrhoea complaint of general weakness, came to Sri Shiddharudha Charitable Hospital Bidar for further treatment.

ATHUR VIVARNA

Name Of Patient :-***

Age:- 26 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 15 days.
Anubandh vedana (associated complaints)
Giddiness since 2-3 days

Poorva vyadi vrittant (H/O Past Illness)

H/O DM

Kula vrittant

Mother - DM since last 8 yrs Father HTN since last 10 yrs

Vedana vrittant (H/O present illness)

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(usb):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:- 98⁰ F
Pallor :- Present

DASHVIDHA PAREEKSHA

Prakruti -Vata Pitta Vikruti- Vata & Pitta Satva- avar
Satmya- madhyam
Sara-pravar
Samhanana-pravar
Ahar shakti- madhyam Vyayam shakti- avar Pramana-
madhyam Vaya: 26 yrs

SYSTEMIC EXAMINATION

Cvs-S1 S2 heard
RS - BLAE clear CNS- conscious

ANTENATAL EXAMINATION (Obstetric examination)

P/A: 22-24 weeks
Inspection-
linea nigra, striae gravida- present
Palpation-
22-24 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

OBSERVATION

Before Hb is 7gm, After 2 month 9gm

RESULT

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

CONCLUSION

The present trial treatment considered as a better therapy for garbhini pandu.

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