



AN AYURVEDIC REVIEW OF *GARBHINI PANDU* WITH SPECIAL REFERENCE TO ANAEMIA IN PREGNANCY

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ABSTRACT

Anaemia is one of the commonest medical disorder of high incidence in developing and underdeveloped countries with increased maternal and fetal mortality, morbidity. There are different types of anaemia explained. Deficiency anaemias have a very high global incidence affecting approximately 20% of the world's population. Nearly of the individual with iron deficiency progress to iron deficiency anaemia. *Garbhini pandu* is one which is caused mainly due to the increase demand of nutrition by the *garbhini* which is not being supplemented by adequate nutrition diet. As the disease is characterised by *pandutwa* in the body which is caused by *alparaktata* where *rakta* is known to be one among the *saptadhatu* which has got *jeevana* karma hence *raktavardhaka chikitsa* becomes important in pregnant woman.

Keywords. *Garbhini Pandu, Anaemia, Pregnancy, Alparaktata, Pandutva, Haemodilution.*

INTRODUCTION: Pregnancy is a state in which all the physiological functions are hyper stimulated in order to meet the demands of growing fetus. Good prenatal care is essential to ensure not only the health of the mother, but also the wellbeing of the baby. Nutrition requirements are very high in pregnancy. Among the various diet factors; iron is one which is in increased demand by the mother, fetus & placenta. Extra demand if not fulfilled will lead to disease Anemia.

In *Ayurveda* this condition is considered as *Garbhini Pandu*. The *rasa* and *rakta* of the mother are carried to the fetus for its proper growth and development. If not, it leads to *Rasa dhatu kshaya* in *Garbhini* finally leads to *Garbhini Pandu*. *Garbhini-Pandu* (anemia in pregnancy) has been described in classical text (*Kashyapa Samhita*)¹. It explains that if a pregnant woman become weak and pale, her fetus gets troubled². This condition can be correlated to anemia in pregnancy and its complications.

As there is no separate chapter regarding *garbhini pandu*, it can be considered under *Pandu roga* which elaborately explained in our classics. So, in *garbhini pandu nidana, lakshana, samprapti*, *chikitsa* of *Pandu Roga* is considered.

Samprapti :

The state of equilibrium is health any disturbances in the equilibrium of *dhatu* is known as disease. Health and disease are also defined as pleasure and pain respectively.

Rakta is one among the *sapthadhatu* and the *dasha pranayatanani*. *Rasa* is formed by *ahara rasa*. *Rasa dhatu* is transferred to *rakta* by virtue of *ranjaka pitta*. The karma of *rakta* are *varna prasadana, mamsa pusti, jeevana vyapara, bala, sukha* and *ayushya*. Due to *rasa* and *rakta kshaya* there will be *twak rukshata, shrama, shosha, glani, shabda, asahishnuta*, etc., But in *garbhini* the *lakshanas* like *shrama, balahani, gurugatrata, shota, brama, panduta* etc., due to lack of nourishment of maternal *dhatu*s since the

rasa formed in the mother is utilized to nourish the *mamsa* and *rakta* of the fetus which leads to *mamsa* and *rakta kshaya* in the mother and will lead to *pandu roga*.

Physiological changes during pregnancy³:

During pregnancy, there is disproportionate increase in plasma volume, RBC volume, and Hb. The increase in plasma volume is much greater than the RBC volume. This results in haemodilution. It is common that during pregnancy there is high demand of extra iron. Even adequate dietary intake also cannot full fill the extra demand, which gives a physiological iron deficiency state in pregnancy. Due to haemodilution and marked demand of extra iron, there is fall in haemoglobin concentration in pregnancy leading to physiological anaemia in pregnancy. The anaemia is normocytic and normochromic type.

Iron deficiency is a very common cause of anaemia in pregnancy worldwide. It is a consequence primarily of expansion of plasma volume without normal expansion of maternal haemoglobin mass.

Some of the etiological factors of *pandu* which are more relevant in *garbhini* are as follows^{4,5,6}:

1.Asatmya ahara: Due to *douhruda iccha* the *garbhini stree* may indulge in *asatmya* and *ahitakara ahara* which leads to *agni mandhya* and *dosha prakopa*.

2.Guru ahara atisevana: It leads to *Agnimandhya*.

3.Hrullasa: It is one of the common symptoms seen in *garbhini*. Due to nausea the lady will not be able to take nourishing diet, instead she takes light and monotonous food. She will take *alpa ahara*. By these there will be *dhatu kshaya* leading to *Pandu*.

4.Chardi: The *garbhini* will not be able to take adequate quantity of food which is required for the nourishment, as the output will be more than the intake which leads to dehydration and malnutrition. In these condition, iron supplementation can't be given as it increases the frequency of nausea and vomiting.

5.Ati amla sevana: Excessive intake of *Amla rasa* leads to *shoshana* of the *dhatu* and *ojakshaya*. *Amla atiyoga* causes *pitta vrudhi*, *rakta dushti*, *anga shaitilyata* and other *pitta vikaras*.

6.Vegadharana: it produces *dosha prakopa* and *chardi veganigrahana* which leads to *pandu* and many other disorders.

7.Bhaya, Krodha, Kama, Shoka, Chinta: all these lead to *dosha prakopa* which can lead to *pandu*.

Some of the main symptoms of *pandu* in *garbhini* are : *shrama*, *balahani*, *gurugatrata*, *shota*, *brama*, *panduta* etc....

Causes of Anaemia During Pregnancy :

1. Reduced intake or absorption of iron due to faulty dietetic habits, loss of appetite, vomiting in pregnancy and due to low socioeconomic status.
2. Excess demand of iron due to multiple pregnancy, recurrent pregnancies.
3. Pre-pregnant health status is poor due to low iron reserve as majority of the women in the tropics actually start pregnancy on pre-existing anaemia state.
4. Blood loss due to worm infestation, bleeding haemorrhoids, pre-pregnancy menorrhagia etc.causes iron deficiency.

Clinical Features of Anaemia During Pregnancy⁷:

Clinical symptoms and signs of iron deficiency anaemia in pregnancy are usually nonspecific, unless the anaemia is severe. Fatigue is the most common symptom. Patients may complain of pallor,

weakness, headache, palpitations, dizziness, dyspnoea and irritability

DISCUSSION

Anaemia is one of the commonest medical disorder of high incidence in developing and underdeveloped countries with increased maternal and fetal mortality, morbidity. There are different types of anaemia explained. Deficiency anaemias have a very high global incidence affecting approximately 20% of the world's population. Nearly of the individual with iron deficiency progress to iron deficiency anaemia.

Samprapti :

In general, the causes that have been explained earlier under the heading of *nidana* will give rise to vitiation of three *doshas*, it is up held by *charaka* that all three *doshas* are involved in *pandu roga*, however *pitta* is the dominant *dosha* that is greatly involved irrespective of the type of *pandu*. Such being the case the vitiated *pitta* along with other *doshas* result in *dhatu pradooshana* principally of *rasa* and *rakta*. Thus, invariably resulting in *rakta kshaya*. It is very well established in *samhitas* that when *rakta kshaya* is there the consecutive *dhatu* generally manifests *kshaya lakshanas*. It is in fact that the *dhatu poshana* and *stiratha* basically depends upon *prakruta rakta* circulating all over the body. The *rakta kshaya* apparently leads to *nissara*^{8,9}.

Nissara refers to the lack of essence from the *dhatu*s. The ancient authors like *Charaka*, *Sushruta* and *Vagbhata* have commented that *pitta vrddhi* and *rakta kshaya* are the predominant entities that gives rise to *dhatu shaithilya* which is referred to as *kshaya* as in the *dhatu kshaya* is predominant out come of *panduroga samprapti*. The *pitta* so vitiated and the *rakta* that has undergone *kshaya*,

along with other *doshas* when being circulated all over the body, the normal complexion of the body is notably altered. This condition is stressed in *samhitas* as *hata prabha* or loss of complexion associated with *vivarnata* that is whitish yellow colouration of the *skin, netra, jiwha, nakha* etc.

In *garbhini* due to lack of nourishment of maternal *dhatu*s since the *rasa* formed in the mother is utilized to nourish the fetus which leads to *rakta kshaya* in the mother and will lead to *pandu roga*.

Pregnancy is associated with physiological changes that results in increased plasma volume and red blood cells and leads to the reduction in concentration of circulating nutrient-binding proteins and micronutrients. These changes which occur in the body physiology become associated with malnutrition in many developing countries of the world, leading to micronutrient deficiency states, such as Anaemia. Pregnancy is a time period in which requirement of iron is greater than normal as compare to absorbable iron intake hence iron deficiency takes place which leads to anaemia. Most of the women start their pregnancy with moderately or completely depleted iron reserves and the severity of the anaemia is co-related with the amount of iron reserves.

Pregnancy is the time when, there is a great demand for iron to meet the requirement of increasing red blood cells and other quickly developing cells mass expansion in the mother. The fetal and placental blood and blood loss at delivery is another indication for providing extra iron in the second and third trimester of pregnancy some times in association with folic acid.

Chikista:

*Acharya Charaka*¹⁰ says that pregnant woman is to be treated cautiously as if one is walking with a pot full of oil in hand without letting a drop to fall. As vitiated *doshas* can result in various undesirable effect over herself and the growing fetus. Eventhough in *pandu roga* the principle line of treatment is *shodhana* and *shaman*, *shodhana* is contraindicated *Garbhini* should be treated like *annada*¹¹. Our treatment should not harm the health of the *garbhini* as well as growing fetus. It should be *mrudu*, *madhura rasatmaka dravyas*. *Shaman chikitsa* is ideal while treating *garbhini pandu*.

CONCLUSION:

Probably for this reason, the concept of *Garbhini Paricharya*¹² in *Ayurveda* followed by all pregnant women is also an essential factor for the well being of both mother and fetus. It is confirmed by the *paricharya* of nine months of pregnancy that more emphasis is given on intake of *Madhura, Sheeta guna ahara*. All through pregnancy she is advised to consume milk and ghee. *Dravyas* which are from *madhura varga* are recommended during this period. *Brumhana* property of drugs are beneficial during pregnancy. *Madhura, sheeta dravyas* are having *brumhana* properties which gives good health benefits to the woman during pregnancy^{13,14}.

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