**Article Title**

**An Ayurvedic Review Of Garbhini Pandu with Special Reference To Anemia In Pregnancy**

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**Abstract-**

Anemia is one of the frequent complications related to pregnancy. Normal physiologic changes in pregnancy affect the haemoglobin. Anemia is the condition in which percentage of Haemoglobin decreases. Decrease in amount of red blood cells which produces similar sign and symptoms as Pandu. According to WHO, prevalence rate is 40-80%.

In today’s competitive life, women are unable to follow Ayurvedic way of life and proper diet in pregnancy. Due to ApathyakarAahar-Vihar , abnormal Rasa Dhatu gets formed. It causes UttarottarDhatunirmiti Hani or Vikrut Dhatu Utpatti and all this leads in pathogenesis of GARBHINI PANDU.

So, one has to study and treat ‘Garbhini Pandu’.

**Key Words** - Pandu, Haemoglobin, Garbhopdrava, Anemia in pregnancy.

**Introduction**-

Ayurvedic way of life is very important and good for pregnant woman. Woman is the centre of ‘suprajanirmiti’, as fetus depends on mother for nutrition.

‘Garbhini Pandu’ is the most common disease in pregnancy. Aacharya Harita has described Ashta-Garbhopadrava in Harita Samhita. Among these eight Garbhopadravas- ‘Vivarnatva’ word is used to describe Garbhini Pandu. There is no direct reference of ‘Garbhini Pandu’ in ayurvedic samhitas. ‘Garbhopadrava’ means, the diseases caused by fetus in pregnant women. In pandu roga symptoms described like pallor of sclera, tongue, nail, lip, skin. Pandu is described as disease of Rasavaha and Raktavaha Srotasas. Panduta is the main prominent feature of ‘PanduRoga’. Panduta means pallor of skin which occurs due to qualitative and quantitative deficiency of Rasadhatu and Raktadhatu.

**Samprapti of garbhavasthajanya pandu–**

As pregnancy progresses, fetal needs increase due to its developmental necessities.

Due to increased demand of Garbha, Rasa dhatu of Garbhini has to work extra

To fulfill these demands, Garbhini needs healthy food but due to unavailability of this healthy diet, Dravatva of Rasa Dhatu increases to fulfill this demand.

Garbhaj Kleda causes Malaroopa vriddhi in Garbhini sharir. Drava Guna and Kleda cause Agnimandya. Garbhinisharir dhatuposhan gets disturbed

For compensation, Garbhini Hruday and Dasha Dhamanya works under stress

Dravatva of Garbhini Rasa dhatu gets increased

Pitta dushti occurs due to increased dravtva

Ranjaka and Bhrajak Pitta cannot work properly

Panduta of Tvaka, Nakha,Netra, Jivha

Garbhini- Pandu

**Physiological anemia -**

Mostly occurs in second trimester with normal pregnancy, Blood volume increases which results into incidential hemodilution. This results in physiologically lowered heamoglobin level (Hb), Hematocrit value (HCT) and RBC count, but it has no effect on Mean Corpuscular Volume (MCV).

**Criteria of Physiological Anemia**-

1) HB less than 10 gm%

2) PCV = 32%

3) RBC morphology and Normal Morphology on peripheral smear

4) RBC count 3.2 million/cumm

**Clinical Features According Saptadhatu**-

* Features due to Rasa DhatuKshaya-

Raktalpata,Karshya,Shrama,Hridspandana.

* Features due to RaktaDhatuKshaya-

Twaksphutana(roughness of skin),

Bhrama,Shwasa(breathlessness),Varnakshaya(pallor).

* Features due to MamsaDhatuKshaya- Karshya,gatrasad(prostration).
* Features due to Medakshaya- Karshya,Twakrukshata,Swedabhav(absence of sweating).
* Features due to Asthikshaya-Shirnlomata,Shrama,Gatraparushata.
* Features due to MajjaDhatuKshaya–Bhrama,Tama(fainting),Balakshaya

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* Features due to ShukraDhatuKshaya- Panduta,Daurbalya,Gatrasada.

**CLINICAL FEATURES OF ANAEMIA-**

* In mild cases- Onset is insidious and most patients are asymptomatic.

- Fatigue

- Lethargy

- Anorexia

* In Severe cases-

-Breathlessness

-Palpitation on light exertion

-Edema over feet, face, anasarca

-Anginal pain

-Headache

-Paraesthesia

-Burning sensation of tongue

**Discussion-**

The samprapti of Garbhavasthajanya Pandu is slightly different than samprapti of Pandu. Fetus gets nourishment from maternal blood. Main cause or reason of Garbhini

Pandu is Pitta dosha. In pregnancy there is Pitta dosha pradhanya, mainly in

Second Trimester means in 4th, 5th, 6th months of pregnancy. In pregnancy,

Rasa dhatu gets quantitatively increased because Rasa dhatu has to do

following functions –

1) To nourish the fetus

2) To nourish her own body

3) Stanyaposhana

Rasa dhatu does more work and as Garbha vrudhhi occurs, the Drava Guna of Rasa Dhatu increases. Rasa Dhatu gets increased quantitatively and not qualitatively. Pitta dosha gets increased by its Drava and Sara Guna. According to Masanumasuk Garbhvrudhhi, Garbhasya mamsashonit upachaya occurs in 5th month of pregnancy and increases in 6th month of pregnancy. So there is more Bala-Varna hani in 2nd trimester and effect of this Bala-varna hani shows symptoms of mainly ̀Rakta-mamsa dhatu daurbalya ́. Iron deficiency anemia is the most common anemia in pregnancy. If not treated properly within time, it may cause

* Antenately- Pregnancy Induced Hypertension (PIH) ,Abruptio placentae, Intra Uterine Death (IUD), Intra Uterine Growth Retardation(IUGR), Cardiac failure.
* Intranately- prolonged labor, post-partum hemorrhage (PPH), retention of placenta and still birth.
* Postnataly- period sepsis, decrease in milk secretion, affects the formation of milk ,which is updhatu of Rasa dhatu

**Refference-**

1. Vaidya YadavjiTrikamjiAcharya.Charak Samhita with Ayurved Deepika-Commentry by Chakradatta.4thedition.Varanasi-221001: Chukhambha Sanskrit Bhavan;1994. Page no.166-167,526-528.
2. KavirajAmbikadutta Shastri.Sushrut Samhita. Varanasi-221001(India): ChaukhambaSanskrit SanthanPrakashan; 2010.Sharirsthan, Page no.26-35.
3. Dr.D.C.Dutta, HiralalKonar. Textbook of Obstetrics. 9th edition. New Delhi:JYPEE The Central Science Publisher; 2010. Page no.245-249.
4. Dr.Bramhanand Tripathi. AshtangHridayam of Shrimad vagbhata. Revised Enlarged edition. Delhi 110007: Chaukhamba Sanskrit Pratishthan; 2013. Page.no.71, 75, 341-343,518-520.
5. Prof. (Km)Premvati Tevari. Ayurvediya Prasuti tantra EvumStrirog.2nd ed. Varanasi: Chaukhambha Orientalia; 2017. Page no.105-234.
6. Vaidya Yadavji Tikramji Acharya.Charak Samhita with Ayurved Dipika Commentary Chakradatta.Varanasi-221001: ChaukhambhaPrakashan; 2009. Page no.316, 317
7. Vaidya YadavjiTrikamji,Acharya Sushrut Samhita with Commentary by Dalhanacharya. Varanasi-221001(India): ChoukhambaSurbharatiPrakashan; Year 1994. Page no. 350-354., 603,604.
8. Bramhanand Tripathi. Charak Samhita. 4th Edition.Varanasi 221001: Choukhamba SurbharatiPrakashan; 1996.Page no.528.590, 591,592,597.
9. Dr. Ravi DuttaTripathi, Acharya Vidyadhar Shukla. Charak Samhita.Revised. Varanasi:Chaukhamba Surbharati Prakashan; Year 2010.Page no.405,495-399
10. Ramavalamba Shastri.Harita Samhita.1st Edition. Varanasi 221002(India): Prachya Prakashan; 1985. Page no. 231-235.
11. Pandit Hemraj Sharma. Kashyapa Samhita or VruddhaJivakiya Tantra.Revised edition. Varanasi: Chaukhambha Sanskrit Sansthan; 2009. Page no-72, 73.