MANAGEMENT OF GARBHINI PANDU WITH AYORAJOVYOSHAVIDANGA CHURNA: A CASE STUDY

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Abstract

Since the evolution of life on this universe, woman has been placed in utmost worshipping place due to her power of “janani”. Acharya Harita has described Garbhini vivarnata while Charaka mentioned Garbhini Balavarnahani during 6th month of pregnancy and Kashyapa has described Ashita sati (paleness during pregnancy) which if not treated may lead to maternal death. Some physiological changes occur during the period of pregnancy. Physiological anaemia is one among them. There is marked demand of extra iron and vitamins during pregnancy, specially in later half. Even an adequate diet cannot provide this extra demand. Thus there always remains a physiological deficiency stage during pregnancy, which if not fulfilled will lead to pregnancy complications. Prophylactic supplemental of iron and other compounds are given to each & every pregnant woman, which may have adverse effects on body. So, to prevent adverse effects, safe herbal preparation i.e “Ayorajovyosha Vidanga Churna” is selected for study, which is useful in treatment of pandu. It is said to increase bala, varna, ojas of pregnant woman and subsides other pregnancy complications of Anemia.

Key words- Garbhini Vivarnata, Garbhini Balavarnahani, Ashita sati (pale woman).

Introduction

Motherhood is ambrosial bless. It is the privilege of every woman. Pregnancy is a unique experience in every woman’s life. The thought of a growing foetus in the mother’s womb indeed is nature’s way of expressing the attribute of motherhood. A woman is root cause of progeny. Maintenance
of health is foremost aim of Ayurveda. Pregnancy is always demanding. Fetus is dependent on mother for its nutrition, it is necessary for its growth and development. This requirement increases in IIInd trimester, because of excessive increase of Bala and Varna of foetus. So, health of fetus depends on mother’s health. To achieve this goal, in the oldest medical science of the world i.e. Ayurveda all aspect of safety, healthy and happy motherhood are described in detail.

Our Acharya’s have discussed various aspects of antenatal care that includes, diet for pregnant women, disease, complications and minor ailments during pregnancy. Pregnancy is a physiological process, some physiological and hormonal changes occur for positive preparation and adaptation of mother to accommodate and support the foetus throughout the pregnancy.

According to the standard laid down by WHO in 1972, a pregnant woman with haemoglobin level below 11gm% should be considered anaemic. However, because of prevailing socioeconomic deprivation in the developing countries like India, the level is brought down to 10gm %\(^1\). Adopting to this lower level, the incidence of anaemia in pregnancy ranges widely from 40% to 90%. It contributes directly to 20% of maternal deaths and indirectly to a further 20%\(^2\).

There is marked demand of extra iron and vitamins during pregnancy specially in 2\(^{nd}\) half. Even an adequate diet cannot provide this extra demand. Thus there always remains a physiological deficiency state during pregnancy, which if not fulfilled will lead to complication. So, prophylactic supplement of iron therapy and other compounds are given to each & every pregnant woman, which may or may not have adverse effects on body.

So, to prevent adverse effects, safe herbal preparation i.e “Ayorajvyosha Vidanga Churna” is selected for this study, which is useful in treatment of pandu. It is said to increase bala, varna, immunity of pregnant woman and subsides other pregnancy complications due to Anemia.

**Case Study:**
A 22 years old Female patient with marital life of 5 years, G\textsubscript{3} P\textsubscript{2} L\textsubscript{2} with history of 6 month amenorrhea having LMP on 27.12.15. & EDD on 03.10.16. The patient visited to Shri Shiddharudha Charitable Hospital Bidar, Karnataka for regular anti-natal checkup associated with general weakness and mild giddiness for better management. Patient belongs to middle socio-economic class with veg dietary habits. On clinical examination, pallor of conjunctiva present, per-abdomen uterus 22-24 wks, FHS-Regular, bowel and micturation pattern was regular.

Haematological study reveals Hb 8.4gm%. USG- A single live intra-uterine fetus with average gestational age of 20 -22 wks,

**Treatment**

In context to Pandu Roga, an indigenous compound\textsuperscript{3}, given in Sushruta Samhita chikitsa sthana in panduroga pratishedha adhyaya, Lohabhasma\textsuperscript{4} is taken as one forth of Shunthi\textsuperscript{5}, where as Maricha\textsuperscript{5}, Pippal\textsuperscript{6}, Vayavidanga\textsuperscript{6} is taken in equal quantity in churna form.

Dose – 6 gms in two divided doses per day

Sahapana: Ghrita & Madhu(honey).

Anupana – Jala

Route: Orally

Duration: 3 months

Follow up: Monthly once

**OBSERVATION TABLE NO 1**

<table>
<thead>
<tr>
<th>Sings &amp; symptoms</th>
<th>Before treatment</th>
<th>After treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>General weakness</td>
<td>Present</td>
<td>Absent</td>
</tr>
<tr>
<td>Giddiness</td>
<td>Present</td>
<td>Absent</td>
</tr>
<tr>
<td>Pallor</td>
<td>Moderate</td>
<td>Mild</td>
</tr>
<tr>
<td>Hb%</td>
<td>8.4gm%</td>
<td>10.6gm%</td>
</tr>
</tbody>
</table>

**Result**

After complete management, her Hb% level is increased & got relief from above signs and symptoms.

**Discussion**

Pandu Roga is caused due to vitiation of Pitta dosha. Loha Bhasma has Tikta,
Madhura & Kashaya rasa, Sara, Ruksha, Guru guna, Sheeta veerya, Tridoshahara and Pittashamaka properties. So intake of Loha Bhamsa helps to correct Pandu Roga, also it acts as Rasayana, Raktavardhaka, Tridoshashamaka, Varnya, Madumehahara etc. Mandagni is also a factor causing Pandu Roga. Due to properties of Ayorajovyosha Vidanga Churna i.e dipaniya in karma helps in cleaning the obstruction of srotas and there by clearing the minute channels within the body and increases the function of Dhatawagni, Pachakagni and ranjaka pitta thus increasing the absorption and assimilation of iron along with better utilization in rakta dhatu and increases haemoglobin percentage.

**Conclusion**

Pandu is predominance of Pandu bhava, occurring due to Dhatukshaya. Decrease of Hb% is called as Anaemia. Garbhini Pandu can be correlated with iron deficiency anaemia of modern science. Pallor as cardinal symptom and Hb % as main investigation is the core of diagnosis of Garbhini Pandu. Generally Garbhini Pandu occurs due to malnutrition and Dauhridyapoorti. It is more common in multigravida due to repeated pregnancy. Pallor, anorexia, weakness, giddiness, breathlessness, headache, palpitation, oedema were noted as the common symptoms in the patients of Garbhini Pandu. In Ayurvedic classical medication mainly herbal drug is advocated during Garbhini Paricharya. During this study it is noted that effect of Ayorajovyosha vidanga churna is highly significant and improvement in the symptoms and parameters of blood is noted.

**References.**

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