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A Clinical Study in the management of *Garbhini Pandu* with *Draksha Ghrita* w.s.r. to Iron Deficiency Anaemia in Pregnancy

Dr. Laxmi Singh¹, Dr. Rachana HV²

¹Post Graduate Scholar, ²Associate Professor, Department of Prasooti Tantra and Stree Roga, Sri Sri College of Ayurvedic Science and Research, Bengaluru, Karnataka, INDIA.

ABSTRACT

Background: Pregnancy is a beautiful phase because it gives a woman the joy and fulfilment which comes from bringing a new life in to the world. It is a state, where there is progressive anatomical, physiological and biochemical change not only confined to the genital organs but also to all the system of body. In underdeveloped countries due to nutrient deficiency anaemia has become major contributing factor for mortality and morbidity. In Pregnancy if anaemia is not treated in time may lead to complications like Preterm labor, Low birth weight, Infection, PPH, Growth retardation, Pregnancy Anaemia cause high maternal and pre-natal, morbidity and mortality. **Objective:** This study was carried out to know the efficacy of *Draksha Ghrita* in *Garbhini Pandu* (Anaemia in Pregnancy). **Methods:** A Randomized clinical study of two groups consisting of 15 patients each in control and trial group. Group A was administered with *Draksha Ghrita* in the dose of 15ml BD with hot water before food daily for the period of 60 days. Group B was administered with *Dadimadi Ghrita*, 15ml BD with hot water before food daily for the period of 60 days. **Results:** The study revealed a substantial efficacy of *Draksha Ghrita* in *Garbhini Pandu* (Anaemia in Pregnancy) with respect to subjective parameters and also with objective parameter. *Draksha Ghrita* has got a vital role in the pregnancy which has shown successful result in symptomatic relief. **Conclusion:** The drug is proved to be safe, easily available and cost effective and no adverse effect has seen.

Key words: *Garbhini Pandu*, *Draksha Ghrita*, *Anaemia*.

INTRODUCTION

Pregnancy is a beautiful phase because it gives a woman the joy and fulfilment which comes from bringing a new life in to the world. In pregnancy nutrition is used for nourishment of mother and

foetus. Nutritional requirements in pregnancy are high, which if not fulfilled will lead to deficiency disorders like (Iron Deficiency) Anemia. 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. Woman is the centre of '*Suprajanirmiti*', as fetus depends on mother for nutrition '*Garbhini Pandu*' is the most Common disease in pregnancy. *Acharya Harita* has described. *Ashta Garbhopadrava* in *Harita Samhita*. Among these eight *Garbhopadravas*^[1] - '*Vivarnatva*' word is used to describe *Garbhini Pandu*. According to WHO^[2] Anaemia in pregnancy is defined as haemoglobin concentration in peripheral blood less than

Address for correspondence:

Dr. Laxmi Singh

Post Graduate Scholar, Department of Prasooti Tantra and Stree Roga, Sri Sri College of Ayurvedic Science and Research, Bengaluru, Karnataka, INDIA.

E-mail: laxmisingh681@gmail.com

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10g/100ml. The incidence of anaemia in pregnancy widely ranges from 40-80% in developing countries compared to 10-20% in developed countries. Increased incidence of Anaemia in pregnancy in developing countries is mainly due to Endemic Malaria and Hookworm Infestation. In Pregnancy if anaemia is not treated in time may lead to complications like Preterm labor, Low birth weight, Infection, PPH, Growth retardation, Pregnancy Anaemia cause high maternal and pre-natal, morbidity and mortality. There is marked demand of extra iron and vitamins during pregnancy specially in 2nd 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 and every pregnant woman, which may or may not have adverse effects on body.

In Ayurveda, direct reference regarding *Garbhini Pandu* is not available, however *Panduta* in *Garbhini* is mentioned emphasizing that any disease can manifest during pregnancy and the general line of treatment of that particular disease can be adopted.^[3] Hence the appropriate line of treatment, which is safe and beneficial for pregnant women can be considered. According to world Health Organization estimates, up to 56% of all women living in developing countries are anemic.

Due to more stress on *Rasa Dhatu* during pregnancy, there are more chances of formation of *Garbhini Pandu* (anaemia in pregnancy). If it is not treated properly it will lead to serious complications such as *Dhatu Kshaya* (diminution of tissues) and *Dhatu Shaithilya*. The abnormality of *Rasavaha Strotas* (system related with *Rasa* tissue) will affect the generation and nutrition of remaining six *Dhatu*s (blood, muscle etc. tissues), due to this *Saratva* of *Dhatu*s will be affected. The disease condition is characterized by pallor as the predominant sign, the disease is termed as *Panduroga*. So *Pandu* or Pallor of skin is first observe on the most superficial portion of body and that is skin. But pallor should also be

examined in other parts of body described by *Acharyas*, as per them pallor should be also observe in Eyes, Palate, Tongue, Nose, Lips, Palms, Soles, Nails, Feacus and also in urine.^[4] These are the important sites to be well examined, complete clinically observations or examine the patients for *Panduroga*.

It will affect her general condition, labour phase as well postpartum phase. *Garbhini Pandu* (anaemia in pregnancy) will lead to intra-natal complications such as prolong labour stage, postpartum haemorrhage and death. In postnatal phase, anaemia in pregnancy will affect the formation of breast milk, as it is *Upadhatu* of *Rasa Dhatu* and *Rasa Dhatu* is already affected. In antenatal phase will lead to serious diseases and she may suffer from chronic diseases. Hence *Garbhini Pandu* (anaemia in pregnancy) should be treated in time.

"*Draksha Ghrita*^[5] mentioned in Charak Samhita, *Panduroga Chikitsa Adhyaya* has been taken up for the study as its key ingredient *Draksha* has been indicated for *Rakta Kshaya*. It also has *Brimhana* and *Pushtiprada* property. *Acharya Bhavaprakasha* has mention *Draksha* is *Pushti Prada*, *Bruhmana* and *Ruchikara*,^[6] and *Purana Ghrita* is *Tridoshanut*.^[6]

OBJECTIVES OF THE STUDY

1. To evaluate the efficacy of *Draksha Ghrita* in *Garbhini Pandu*.
2. To re-evaluate the efficacy of *Dadimadi Ghrita*.
3. To compare the efficacy of *Draksha Ghrita* and *Dadimadi Ghrita* in *Garbhini Pandu*.

MATERIALS AND METHODS

Since the present study was a controlled study two drugs i.e. a standard and test drug were selected, they are:

1. *Draksha Ghrita*
2. *Dadimadi Ghrita*
 - *Draksha Ghrita* ingredients of *Draksha Ghrita Yoga* includes *Draksha* and *Purana Ghrita*, which is prepared in the RSBK lab of Sri Sri college of

Ayurvedic science and Research Hospital, Bangalore.

- *Dadimadi Ghrita* is an Ayurvedic classical preparation marketed by Sri Sri Ayurveda, acquired from GMP (Good Manufacturing Practice) and HACCP (Hazard Analysis and Critical Control Point) certified pharmacy Sri Sri Tattva, which is also associated with the institute of Sri Sri college of Ayurvedic science and Research Hospital, Bangalore.

Sampling Method and Research Design

Source of data

A series of 30 patients of *Garbhini Pandu* were selected randomly, from the OPD, IPD in Sri Sri College of Ayurvedic Science and Research Hospital, Bengaluru. The patients were registered for the study with the help of a proforma prepared for the purpose of study (case sheet) and informed consent was taken from all the enrolled patients.

Research design

It is a randomized open label controlled clinical study with pre and post test design. 30 patients diagnosed with *Garbhini Pandu* were randomly selected in the age group of 20 to 40 years irrespective of religion, economic status and occupation and were divided in to 2 groups of 15 patients each.

Diagnostic Criteria

The diagnosis was made on the value of the Hb% and on subjective criteria, *Durbalya* (weakness), *Shrama* (tiredness), *Panduta* (paleness), *Shwasa* (dysnoea), *Aruchi* (anorexia), *Bhrama* (giddiness).

Lab Investigations: HB%.

Inclusion Criteria

- Patients fulfilling the diagnostic criteria.
- Patients between the age group of 20-40 years.
- Patients in between 12 weeks to 30 weeks of pregnancy.
- Primi-gravida and multi-gravida.

- Patients having *Daurbalya* (weakness), *Ruja* (pain), *Sandhishotha* (swelling), *Sparshaasahashnuta* (tenderness), in different joints of the body.

Exclusion Criteria

- Anaemia due to Thalessemia, Sickle cell Anaemia, Pernicious anaemia.
- Hb % below 8gm%
- Haemolytic anaemia, Aplastic anaemia and other complications like bleeding piles, multiple pregnancy.
- Any other obstetrics complications like Pre-eclampsia, Gestational diabetes.
- Pregnant women coming with more than 30 weeks of gestational age for the first ANC visit.

Intervention

Group A - 15 diagnosed patients of *Garbhini Pandu* will be given *Draksha Ghrita* in the dose of 15 ml twice daily before food with hot water for 60 days.

Group B - 15 diagnosed patients of *Garbhini Pandu* will be given *Dadimadi Ghrita* in the dose of 15 ml twice daily before food with hot water for 60 days.

Assesment Criteria

Subjective Criteria

- *Daurbalya* (weakness)
- *Shrama* (tiredness)
- *Panduta* (pale)
- *Shwasa* (dyspnea)
- *Bhrama* (giddiness)
- *Aruchi* (anorexia)
- *Shotha* (swelling)
- *Jhiwa Panduta*

Grading was done in the according to the following tables.

Table 1: Grading of *Daurbalyata*

Grade	Symptoms
0	Absent
1	Sometimes feeling weakness but performs daily activities.
2	Often feeling light work for a certain time.
3	Daily activities reduced due to weakness.

Table 2: Grading of *Shrama*

Grade	Symptoms
0	No <i>Shrama</i> except hard work.
1	<i>Shrama</i> after moderate work for a certain time.
2	<i>Shrama</i> after light work for a certain time.
3	<i>Shrama</i> after routine activities for a certain time.

Table 3: Grading of *Panduta*

Grade	Symptoms
0	Absent
1	<i>Panduta</i> at <i>Netra</i>
2	<i>Nakha</i> and <i>Netra</i>
3	All over the body

Table 4: Grading of *Bhrama*

Grade	Symptoms
0	Absent
1	Ocassionally present (1 or 2 per week)
2	Frequently present (1 or 2 times in a day)
3	Persistent throughout the day

Table 5: Grading of *Aruchi*

Grade	Symptoms
0	Normal urge to have food
1	Dislike to have food
2	Dislike to have food even though hungry and takes food
3	Pt dislike and takes a little bit food

Table 6: Grading of *Shotha*

Grade	Symptoms
0	Absent
1	Swelling in <i>Ganda Pradesh</i>
2	Swelling on <i>Ganda Pradesh</i> and cheek
3	Swelling all over the body

Table 7: Grading of *Shwasa*

Grade	Symptoms
0	No exertional dyspnea
1	Mild dyspnea with normal activities
2	Dyspnoea stops her daily activities intermittently hungry and takes food
3	Dyspnoea stops her daily activities frequently

Table 8: Grading of *Jihwa Panduta*

Grade	Symptoms
0	Absent
1	Present

Objective Criteria

The assessment will be done with respect to the change in the Hb%. Assessments will be made on 30th and 60th day.

OBSERVATIONS

All the 30 patients who approached the OPD of Sri Sri College of Ayurveda Science and Research, hospital, Bangalore. Among these patients all were the fresh cases and were not initiated on any allopathic medicine. Among 30 patients who completed the study, maximum patients 25 in number i.e. 83.30% belonged to the age group 20-29 years, followed by the age group 30-39 years i.e. 16.60% patients were registered. The observation on the distribution of occupation revealed out of 30 patients, 27 patients were homemaker which constitute 90%, 3 patients were employee 10%. Among 30 patients all belonged to Hindu religion. In the present study, observation on education revealed that maximum patients were higher secondary i.e. 20 (66.6%), followed by graduate with 8 i.e. 26.6% and 2 i.e. 6.6 % illiterate.

The Socio-economic status in patients of *Garbhini Pandu* - Out of 30 patients 24 patients (80%) were from lower middle class followed by 3 patients constituting 10% were upper middle class, 2 (6.6%) belonged to poor class and 1 (3.3 %) from middle. Incidence of Habitat - In the patients of *Garbhini Pandu* out of 30 patients the study revealed that 14 i.e. 46.6% patients were from sub urban locality and also 14 (46.6%) were from rural area, 2 pt i.e 6.6% from urban area. The incidence of *Pradhana Rasa* intake in patients of *Garbhini Pandu* - Out of 30 patients 11 i.e 36.6% patients had a history of *Amla* intake and 10 patients had history of *Madhura* intake constituting to 33.3% and 9 pt had a history of *Katu Rasa* intake i.e. 33%. The incidence of *Prakriti* in Patients of *Garbhini Pandu* - The observation on *Prakriti* revealed that out of 30 patients 16 i.e 46.6% were from *Vatapitta Prakriti* and 10 *Kaphapittaja Prakriti*. Patients of *Kaphavataja* were 6 and constituting 20% each. The dietary pattern in patients of *Garbhini Pandu* - Observation revealed that maximum no of patients are 18 in number constituting 60% and 12 patients constituting 40%. The status of Bowel in patients of *Garbhini Pandu* - Out of 30 patients 23 patients i.e. 76.6% had regular *Mala* and 7 patients i.e. 23.3% had irregular bowel. The incidence of *Nidra* in patients of *Garbhini Pandu* -

Out of 30 patients, 26 (86.6%) patients had sound sleep and in 4 patients constituting 13.3% had disturbed sleep. The incidence of gravida - in patients of *Garbhini Pandu* The study included 30 patients, 18 patient (60%) were primigravida and 12 patients (40%) were multigravida. The incidence of parity in patients of *Garbhini Pandu* - The study includes 30 patients, 18 patients i.e. 60% were nulli para and 12 patient i.e. 12 patients were multipara. The incidence of Spacing in patients of *Garbhini Pandu* - >6 months 1 (8.3 %), >1 year 4 (30 %), >2 years 11 (91 %).

Table 9: The socioeconomic status in patients of *Garbhini Pandu*.

Socio-Economic Status	Group A	Group B	Total
Poor	1	12	2 (6.6%)
Lower middle class	13	12	24 (80%)
Middle class	0	1	1 (3.3%)
Upper middle class	1	2	3 (10%)

Table 10: Showing *Pradhana Rasa* intake in patients of *Garbhini Pandu*.

Rasa	Group A	Group B	Total
<i>Madhura</i>	5	5	10 (33.3%)
<i>Amla</i>	6	5	11 (36.6%)
<i>Lavana</i>	0	0	0
<i>Katu</i>	4	5	9 (33%)
<i>tikta</i>	0	0	0
<i>Kashaya</i>	0	0	0

Table 11: The incidence of Spacing in patients of *Garbhini Pandu*.

Spacing	No. of pt	Total %
>6	months 1	8.3 %
>1	year 4	30 %
>2	years 11	91 %

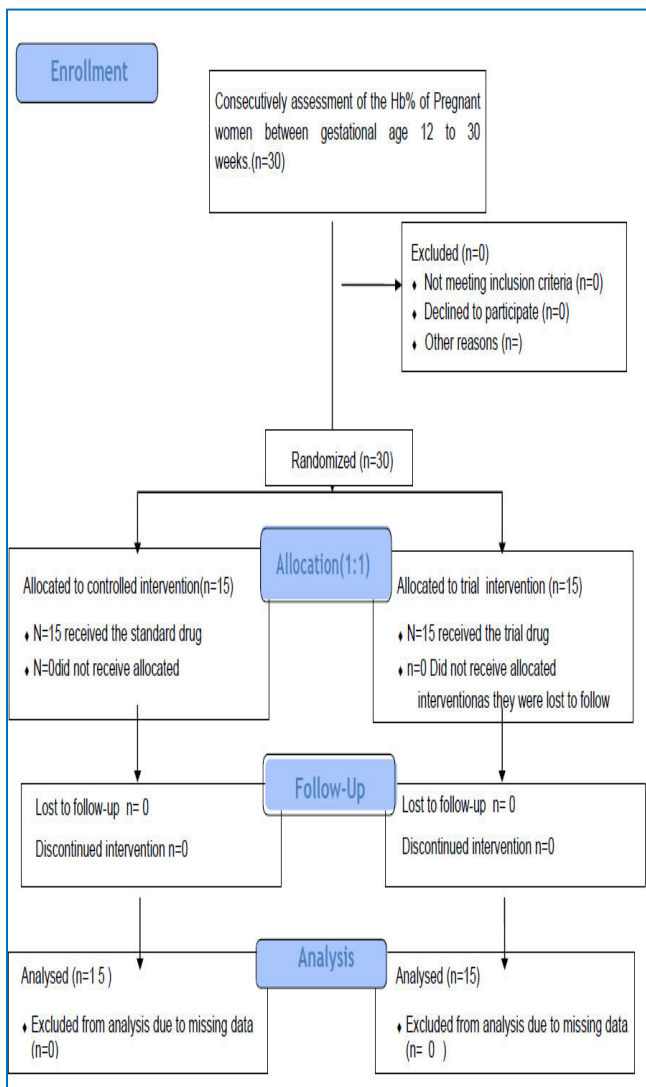
Table 12: The incidence of gravida in patients of Garbhini Pandu.

Gravida	Group A	Group B	Total
Primigravida	9	9	18 (60%)
Multigravida	6	6	12 (40%)

Table 13: The status of Mala in patients of Garbhini Pandu.

Mala	Group A	Group B	Total
Regular	13	10	23 (76.6%)
Irregular	2	5	7 (23.3%)

RESULTS



Consort Diagram

The efficacy of the study can be appreciated when the result is statistically analysed using the parameters taken for the study. The data collected for the assessment were the HB%, *Daurbalyata*, *Shrama*, *Panduta*, *Bhrama*, *Aruchi*, *Shohta*, *Jihwa*. The data was collected on the 0th day and the following 30th and 60th day. The efficacy of the intervention can be appreciated when the results are analysed statistically, using the parameters taken for this study. The data were analysed by following stastical tests:

Table 14: Comparing the unpaired test for HB % between the group after the treatment.

Group	N	Mean	SD	SEM	P Value
Group A	15	12.0067	0.80575	0.20804	0.703
Group B	15	11.9067	0.59817	0.15445	

Table 15: Comparing the subjective parameter between the group.

Symptoms	Group	No of pt	Mean rank	P value
<i>Daurbalyata</i>	Group A	15	15.50	1.00
	Group B	15	15.50	
<i>Shrama</i>	Group A	15	15.50	1.00
	Group B	15	15.50	
<i>Panduta</i>	Group A	15	15.50	1.00
	Group B	15	15.50	
<i>Shwasa</i>	Group A	15	15.50	1.00
	Group B	15	15.50	
<i>Bhrama</i>	Group A	15	15.50	1.00
	Group B	15	15.50	
<i>Aruchi</i>	Group A	15	15.50	1.00

	Group B	15	15.50	
Shotha	Group A	15	15.50	1.00
	Group B	15	15.50	
Jihwa Panduta	Group A	15	15.50	1.00
	Group B	15	15.50	

DISCUSSION

The drug *Draksha* is *Madhura* (sweet) in *Rasa* (taste), *Snigdha* (soft), *Guru* (heavy), *Mrudu* (smooth) *Guna* (property), *Sheeta* (cold) *Veerya* and the drug acts as *Pittashamaka* (reduces *Pitta*). The drug acts on *Dushita Pitta* (vitiating *Pitta*) and is effectively capable of bringing back *Pitta* to its normalcy. The chemical composition of the drug *Draksha* (*Vitis vinifera*) fruit contains 70 to 80% water and numerous organic and inorganic compounds. These are sugars, organic acids, phenolic compounds, nitrogenous compounds, aroma compounds, minerals, pectin substances. It also contains arginine and alanine. They are also good source of bioflavonoids. catechin, epicatechin, beta-sitosterol, ergosterol, jasmonic acid, glucose, fructose, galactose, it also contains tannic, malic, tartaric and racemic acid along with 0.05% of ash. Raisins contain calcium, magnesium, potassium, phosphorous and dehydro ascorbic acid i.e., oxidised form of ascorbic acid, which helps in the absorption of the available iron. The Trial drug might have improved the absorption rate of nutrients, which is having *Madhura Rasa* (sweet in taste) and *Madhura Vipaka* (final stage of drug is sweet) could have contributed to highly significant cure rate for *Balahani* (weakness) by promoting the strength of *Dhatu*s (tissues) and increasing the *Bala* (strength) of the patient. As the drug is having *Balya* (that gives strength), *Jeevaniya* (supporting life), *Brmhana* (nutritive) property, *Shrama* (weakness) has got extremely significant result. Though *Daurbalyata* (weakness) has decreased during the study, the symptom again appeared due to advancing gestational age. 100% of the patients were relieved from Giddiness this might be due to *Pitta Shamaka* property of *Draksha*. The drug contains

Arginine II which improves the circulation and oxygen supply of the coronary and peripheral vessels through the release of nitric oxide. This Nitric oxide relaxes the walls of the blood vessels and thereby improves the circulation in the whole body. Hence marked result is seen in Palpitation. Though vitamin C, B present in *Draksha* enhances iron absorption from the food, haemoglobin percentage is found to be maintained throughout the study.

Daurbalyata / Weakness

Dhatu Kshaya, *Oja Kshaya* as well as *Raktalpata* which causes the debility to do anything or in other words *Daurbalya*. If we consider it from Modern point of view, the cells in the Blood are responsible for supplying oxygen to body tissues. The oxygen is very necessary for the normal metabolic activities. When there is condition in which there is decrease in number of RBCs, metabolic activity is reduced, if this condition persists for a long period, debility appears. Regarding the effect of therapy, 100 % relief was observed and results were highly significant symptomatically and statistically (p 0.000 group A) and in group B (p 0.001). **Group A:** There were 14 patients complained of *Daurbalyata* before treatment. There are 2 ingredients in the formulation of the *Draksha Ghrita*, the ingredients of the drug are *Rasayana* when individually considered and *Rakatavardhaka* in nature. The drug *Draksha* possesses iron property which helps to increase the *Rakta* and also helps in fulfilling the demand of oxygen. The drug *Draksha* of *Madhura Rasa*; *Sheeta Virya* and *Madhura Vipaka* hence help in pacifying vitiating *Rakta* and also helps in formation of *Rasa Dhatu*. *Purana Ghrita* of *Katu Tikta Rasa* helps as *Amahara* and hence facilitating the formation of *Uttarottara Dhatu*s. **Group B:** There were 14 patients complained of *Daurbalyata* before treatment. There 6 ingredients of *Dadimadi Ghrita* in the formulation, drug *Dadima* is *Raktavardhaka* and *Pittahara* in nature, *Madhura*, *Amla Rasa* acts as *Sadyo Santarpana* and increases *Ruchi*. *Dhanyaka* acts as *Tridosahara*. *Pippali*, *Shunthi*, *Chitraka*, *Amahara* and increases the bioavailability of drug.

Panduta / Pallor

The most important presenting sign of *Pandu Roga* is *Panduta* or Pallor where luster of the skin is lost. This sign is the most conclusive sign of the disease because whenever any patient comes across, the first thing observed is the appearance. *Varna* and *Prabha* are the properties of *Rakta Dhatu* and *Pitta Dosha*, particularly the *Bhrajaka* and *Ranjaka Pitta*. It is also the property of *Ojas*, as *Oja Kshaya*, *Rakta Kshaya* and *Pitta Prakopa* occur, the patients become *Hatprabha* or *Panduta* appears. Regarding the effect of therapy, 100 % relief was found, the results were found to be highly significant ($P < 0.001$). **Group A:** There were 14 patients with *Panduta* before the treatment. The drug *Draksha* having the property of *Raktavardhaka*, once the *Rakta Dhatu* increases *Panduta* decreases. *Draksha* is having Alanine chemical component which process Vitamin B5 and B6 which helps in the metabolism. **Group B:** There were 11 patients with *Panduta* before the treatment. The drug *Dadima* acts as *Raktavardhaka* property which helps in reducing *Panduta*.

Shrama / Tiredness

Tiredness after minimal work followed by mild difficulty in breathing is seen in Anaemia. This feature is explained in Ayurveda as *Arohanayasa*. Some Acharyas are explained it as '*Shramaswasa*'. In the present study it was observed that 70% of patients complain of *Arohanayasa*. After the treatment it was reduced significantly. *Shrama* was complained by 11 pt in group A patients among whom all patients were completely relieved from *Shrama* by the end of the study. The reduction in the symptoms with the 'p' value < 0.002 showing a significant result. In group B *Shrama* was present in 10 patients p value < 0.004 which was also significant. *Draksha* and *Dadima* fruits also increased Hb levels, so oxygen carrying capacity of RBCs is increased. **Group A:** Drug *Draksha* and *Ghrita* act as *Rasayana* and *Balya* in nature, hence gives strength to the body. **Group B:** *Dadima* and *Shunthi* acts as a *Rasayana* and gives strength to the body tissues and helps to nourish the various *Dhatu*s. The main properties of the *Dadima* and *Shunthi*

includes anti-oxidant, anti-stress and is known to have immunomodulatory action. The bioavailability of the drug is enhanced by the *Pippali* which is also *Rasayana*.

Shwasha / Dyspnoea

Dyspnoea on exertion or *Shwasha* in *Pandu* is due to lack of proper nourishment and *Raktalpata* due to which Respiratory organs have to work quickly so as to provide rapid blood flow to body tissues and that is the reason of *Shwasha*. *Shwasha* was in 3 patients in group A. All patients were relieved from the symptom. 'p' value of < 0.002 which showed a significant result. Group B - 4 patient were reported with *shwasa* all patient were relieved from symptoms.

Bhrama

Group A: There were no patient related with *Bhrama* in group A. Only one patient was reported with *Bhrama* in group B which was completely cured after treatment. This may be due to the improvement in tissue oxygen level brought about by increase in Hb%.

Group B: There was only 1 patient who complained of Giddiness before the treatment, the symptom was reduced by first follow up. The main dosha playing role in *Bhrama* is *Vata* and *Pitta*, the drug *Dadima* and *Dhanyaka*, *Ghrita* is *Pitta* and *Vata* hara which helped in reducing *Bhrama*.

Aruchi / Anorexia

It was present in 8 patients in group A and 7 patients in group B. At the end of treatment in both the groups patients were completely cured. Score and the 'p' value obtained as < 0.009 showed a significant result in group A. and in group B 'p' value obtained as < 0.008 showed a significant result. Anorexia may reflect the deficiency in tissue iron, in which the drug might have acted by enhancing assimilation of iron by correcting dhatwagnimandya. **Group A:** *Draksa* is a *Ruchya* drug and *Purana Ghrita* is having the property like *Katu*, *Tikta Rasa*, *Katu Vipaka* acts as *Agnivardhaka*. **Group B:** Drugs like *Chitraka*, *Pippali*, *Shunthi* are having the property of *Deepana-Pachana*, and *Rochana* which helps in increasing agni. *Dadima* is *Ruchikara*.

Effect of treatment on Hb%

Group A: Haemoglobin was increased up to 0.5- 1.0 % in 6 patients, 1.2-1.7 g % in 5 patients and more than 2 gms in 4 patients in group A. The ingredients like *Draksha* act on the increasing Hb%. *Draksha* constituent Arginine, Alanine. Arginine improves circulation and oxygen supply of the coronary and peripheral vessels through the increase of Nitric oxide. *Draksha* and *Ghrita* may increase the iron absorption and helps in the increasing Hb%.

Group B: In group B 0.5-1.0 % 7 patients, 6 patient 1.2-1.7g% and 3 patients more than 2g% It acts as *Raktavardhak*, *Balavardhak*, *Hrudya*, *Agnideepka*. In *Dadimadi Ghrita*, the main content is *Dadima* which is *Hrudya*. *Dhanyaka* is *Sugandhi Dravya* which will improve psychological status of woman. *Pippali*, *Chitraka* and *Shunti* are straight away acting on *Rasavaha* and *Raktavaha Strotas*. *Ghrita* is *Rasayan* and *Agnvridhika*. Basically all the contents of *Dadimadi Ghrita* are *Pachak*, *Raktawardhak* and *Raktaprasadak*.

CONCLUSION

Nutritional requirements in pregnancy are high, which if not fulfilled will lead to deficiency disorders like Iron Deficiency Anaemia. The study revealed a substantial efficacy of *Draksha Ghrita* and *Dadimadi Ghrita* in *Garbhini Pandu* with respect to a highly significant cure rate seen in most of the subjective parameters. Therapeutically, the *Lakshanika Chikitsa* has got a vital role to play during pregnancy; this was successfully achieved by the trial drug and also by control drug by relieving most of the symptoms within the duration of two months. The drug *Draksha Ghrita* is proved to be a safe formulation during pregnancy without any adverse effect. The medicine was well tolerated by pregnant women. The *Jivaniya*, *Bhruhaniya*, *Balya*, *Ayushya*, *Ojasya*, *Deepana* and *Varnya Gunas* of the *Ghrita* are very much ideal during this stage of pregnancy to take care of the special needs. Haemoglobin level has been maintained throughout the treatment. The medication well tolerated by pregnant women with respect to palatability, *Draksha Ghrita* is more palatable than *Dadimadi Ghrita*. The

subjective parameters *Daurbalyata*, *Shrama*, *Panduta*, *Aruchi*, *Shotha*, *Bhrama*, *Shwasa* and *Jihwa Panduta* were taken for the study. In group A and Group B 93 % of patients complained of *Daurbalyata* which was 100% reduced after the 2 months of treatment in both the groups. *Shrama* was present in 73% patients in group A and 66.6% patients in group B which was 100% reduced after the 2 months of treatment in both the groups. *Panduta* was present in 93.3% of patients in group A and 73.0% of patients in group B which was reduced after 2 months of treatment in both groups. *Shwasa* was present in 20% of patients in group A and 33.3% of patients in group B which was reduced after 2 months of treatment in both groups. *Aruchi* was present in 53.3% of patients in group A and 46.6% of patients in group B which was reduced after 2 months of treatment in both groups. *Shotha* was present in 20% of patients in both the groups which was reduced after 2 months of treatment in both groups. Both the groups were highly significant in objective parameter (Hb%) with p value 0.00. In group A 26.6 % of patients shown improvement of Hb% between 1-1.9 and in group B 13.3% patients. Improvement between 2-2.9% in Hb group A shown 53% and in group B 60%. Improvement between 3-3.9 in group A 20% and in group B 26.6%. The study reveals *Draksha Ghrita* and *Dadimadi Ghrita* provided better result against the symptoms of *Garbhini Pandu* and also on subjective parameter. In present study Null hypothesis accepted.

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