

GARBHINI PANDU AND MANAGEMENT.

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INTRODUCTION

Garbhini Pandu is an important clinical condition described in Ayurveda that occurs during pregnancy and closely resembles anemia in modern medicine. Pregnancy is a state of increased physiological demand where proper nourishment of both mother and fetus is essential. In Ayurveda, the health of a pregnant woman depends on the equilibrium of Dosha, proper functioning of Agni, and adequate formation of Dhatu, especially Rasa and Rakta Dhatu. When this balance is disturbed due to improper diet or lifestyle, symptoms like pallor, fatigue, and weakness arise, which are collectively described under Pandu Roga. According to classical Ayurvedic texts, Pandu is primarily a disorder of Pitta Dosha, along with involvement of Vata and Kapha. In the context of pregnancy, the growing fetus depends on maternal nutrition, leading to increased consumption of Rasa Dhatu. If the mother's intake is insufficient or digestion (Agni) is impaired, it results in Rasa and subsequently Rakta Dhatu Kshaya, ultimately manifesting as Garbhini Pandu. Acharyas have emphasized that the condition not only affects the mother but also has a direct impact on fetal growth and development.

Ancient Ayurvedic literature, including Charaka Samhita, Sushruta Samhita, and Ashtanga Hridaya, provides a detailed understanding of Pandu Roga, its causes (Nidana), pathogenesis (Samprapti¹²), and management (Chikitsa¹³). Special importance is given to Garbhini Paricharya, which includes month-wise dietary and lifestyle guidelines to maintain maternal health and prevent complications like Pandu. These classical guidelines highlight the preventive aspect of Ayurveda

and the importance of maintaining proper nutrition during pregnancy. In the present era, anemia during pregnancy remains a major public health problem, especially in developing countries like India. Despite advances in modern medicine, its prevalence is still high due to nutritional deficiencies and poor antenatal care. The Ayurvedic

Aetiology and Pathogenesis (Nidana And Samprapti) In developing countries, the causes of anemia are multifold, including deficiencies of iron, folate, and vitamins A and B12, etc., micronutrient deficiencies, anaemia due to malaria and hookworm, etc., parasitic infections, and anemia due to chronic infections like TB and HIV. Aetiology may also vary based on the dietary practices, seasonal variations, and geographical location.

During pregnancy, the overall iron requirement is significantly higher than in a woman's life despite the losses incurred during menstruation. In pregnancy, there is greater production of red blood cells, an increase in the iron needs to expand the plasma volume to compensate for the iron loss at delivery, and for the support and growth of the fetal-placental unit. [In a pregnant woman with an average weight of 55kg, the physiological iron demand roughly corresponds to 1000–1200mg, about 500mg associated with expansion in red cell mass, 350mg associated with fetal and placental growth, and around 250mg associated with blood loss at delivery. In the process of gestation, the requirement for iron varies in different trimesters, with lower iron necessity in the first trimester (0.8mg/day) and a much higher need in the third trimester (3.0–7.5mg/day). Iron deficiency anaemia, if undiagnosed and untreated, can affect both the maternal and fetal health to a greater extent. Chronic iron deficiency, being very dangerous, leads to fatigue, reduced working capacity, and disturbs the quality of life. In addition, palpitations, headaches, dizziness, pallor, breathlessness, and irritability are also seen. Evidence shows a significant correlation between premature birth and low birth weight, intrauterine growth restriction, low neonatal iron status, preeclampsia, and post-partum haemorrhage and the severity of anemia.

In the current situation, women are playing a multi-tasking role and are therefore unable to follow proper diet and lifestyle practices during pregnancy. These Apathyakara Aaharavihara lead to the vitiation of Rasa Dhatu and cause Uttarottaara Dhatunirmiti Hani or Vikrut Dhatu Utpatti and manifestation of

Garbhini Pandu. For pregnant women, the Ayurvedic way of life will be very good and plays a significant role in the birth of a healthy progeny. A woman is said to be the centre of 'Suprajanirmiti' due to the dependency of the fetus on the mother for nutrition. According to Acharya Haritha, 'Garbhini Pandu' is one among the Ashta Garbhopadravas and the most common disease occurring in pregnancy, which means the diseases caused by the fetus in pregnant women. Ayurvedic science enlists the causes of such disease as consumption of excessive Amla (sour), Lavana (salty), and Katu (pungent) Rasa (taste) Aahara, indulging in Diwaswapa (daytime sleep), Vishamashana (improper dietary habits), Vegavidharana (suppression of urges), and afflicted with Manasika Bhava (psychological effects). This, in turn, leads to the vitiation of Rasavaha and Raktavaha Srotas and to Pandutva in Garbhini.

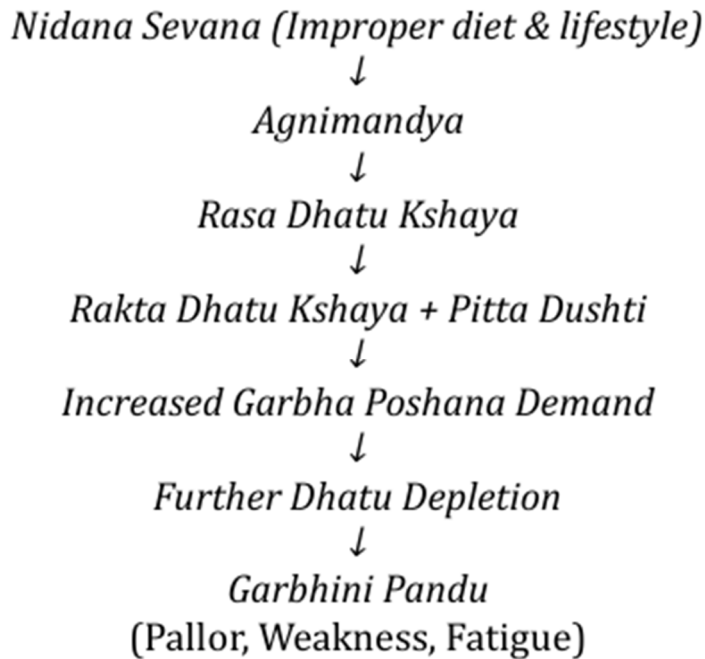
(Roopa)

During pregnancy, it is very crucial to screen for anemia as it is one of the commonest problems faced in the developing countries. Guidelines recommend that the anemia screening should be initiated in the first trimester, second at 24–28 weeks and third at 36th week of gestation. While defining the physiologic anemia of pregnancy, in addition to the haemoglobin values given by World Health Organisation and Centre of Disease Prevention for anemia in pregnant women, pallor with peripheral smear showing normal morphology of RBC is taken as criteria and any deviation from this is considered as pathologic. Biochemically iron deficiency anemia is characterized by hypochromia where the mean corpuscular hemoglobin is less and microcytosis where mean corpuscular volume is less than 80 fl. Established bio-markers of iron deficient anemia or the erythropoiesis includes the reticulocyte hemoglobin content, percentage hypochromic reticulocytes and percentage circulating microcytes that are measured using modern automated analysers. Ayurveda does not speak about Garbhini Pandu separately.

Pathogenesis (Samprapti)

The pathogenesis begins with Agnimandya, which leads to improper digestion and formation of Ama. Due to this, proper formation of Rasa Dhatu is affected, which in turn hampers the formation of Rakta Dhatu. During pregnancy, a major

portion of Rasa Dhatu is utilized for fetal nourishment, resulting in further depletion. Simultaneously, vitiated Pitta Dosha affects the quality of Rakta, leading to discoloration and reduced oxygen-carrying capacity. Thus, Rasa Kshaya and Rakta Kshaya along with Pitta Dushti collectively produce the clinical features of Garbhini Pandu. This process reflects a chain of impaired Dhatu Poshana.



Clinical Features (Lakshana)

The symptoms of Garbhini Pandu are similar to those described in Pandu Roga but are more pronounced due to pregnancy.

Pandu Varna (pale skin, nails, conjunctiva)

Daurbalya (general weakness)

Shrama (easy fatigability)

Hridaya Spandana (palpitations)

Bhrama (giddiness)

Shwasa (breathlessness on exertion)

Loss of appetite (Aruchi)

Edema in severe cases

These symptoms indicate poor nourishment and reduced vitality in the mother.

Types and Dosha Involvement Although Garbhini Pandu is not separately classified in classical texts, it follows the same Dosha predominance as Pandu Roga:

Pittaja Pandu – predominant in pregnancy due to involvement of Rakta and Pitta

Vataja Pandu – associated with dryness, fatigue, and weakness

Kaphaja Pandu – associated with heaviness and sluggishness Among these,

Pittaja type is most common in Garbhini Pandu due to direct relation with Rakta Dhatu.

Diagnosis (Roga Pariksha)

Diagnosis of Garbhini Pandu is mainly clinical and based on classical Lakshana. Examination includes:

Observation of Varna (pallor)

- Assessment of Bala (strength)
- Evaluation of Agni and Ahara Shakt
- i • Examination of Nadi, Mala, and Mutra
- Modern correlation includes checking hemoglobin levels, RBC count, and other hematological parameters.

MANAGEMENT

In the ancient Ayurvedic era, management of Garbhini Pandu was not limited to treating disease alone, but focused on maintaining overall maternal and fetal health. Acharyas emphasized a holistic approach including Ahara (diet), Vihara (lifestyle), and Aushadhi (medications). Since pregnancy is a delicate condition, only Mridu (mild), Brimhana (nourishing), and Rasayana therapies were advised. The primary aim was to restore Rakta Dhatu, maintain Agni, and ensure proper nourishment of the fetus.

Nidana Parivarjana

(Avoidance of Causative Factors) The first line of management described in classical texts is removal of causative factors.

- Avoidance of Alpa Ahara (inadequate diet)
- Avoidance of Ruksha, Viruddha, and Ati Ushna Ahara
- Prevention of excessive physical exertion and stress
- Correction of Agnimandya
- This step is considered essential to stop further progression of Rakta Dhatu Kshaya.
- Regular intake of Ksheera (milk) and Ghrita for nourishment
- Use of Madhura Rasa Pradhana Ahara for Dhatu Poshana
- Easily digestible and nutrient-rich diet
- Proper rest and mental calmness
- This regimen ensures proper formation of Rasa and Rakta Dhatu and supports fetal development.

Ahara Chikitsa (Dietary Management)

Diet was considered the most important therapy in ancient Ayurveda

Use of Raktavardhaka Ahara such as Draksha, Dadima, Amalaki

- Inclusion of Ksheera, Ghrita, Yavagu, and Manda
- Consumption of green leafy vegetables and iron-rich natural foods
- Intake of sweet, unctuous, and nourishing diet (Snigdha Ahara) Diet helps in correcting Dhatu Kshaya and improving overall strength.

Aushadhi Chikitsa (Drug Therapy) Ancient Acharyas advised safe and mild herbal formulations for pregnant women.

- Use of Raktavardhaka Dravya like Mandura, Lauha Kalpa (in mild form)
- Herbal drugs such as Shatavari, Guduchi, Yashtimadhu

- Use of medicated Ghrita preparations for nourishment
- Draksha Avaleha and similar formulations
- All medicines were selected carefully to avoid any harm to the fetus.

Rasayana Chikitsa

Rasayana therapy was emphasized to improve vitality and immunity.

- Use of mild Rasayana drugs for strengthening Dhatu
- Enhancement of Ojas and overall maternal health
- Prevention of complications during pregnancy
- This approach ensures long-term benefits for both mother and child.

Lifestyle Management (Vihara)

Proper lifestyle was considered equally important.

- Adequate rest and sleep
- Avoidance of stress, anger, and mental strain
- Gentle physical activity
- Maintenance of positive mental state (Satvika Avastha)
- These measures help in maintaining Dosha balance and proper fetal growth.

DISCUSSION

The present study highlights that Garbhini Pandu is primarily a result of increased physiological demand during pregnancy combined with inadequate nutritional intake and impaired Agni. From an Ayurvedic perspective, improper digestion leads to deficient formation of Rasa and Rakta Dhatu, while modern science explains it as reduced hemoglobin synthesis due to iron and nutrient deficiency. Both viewpoints clearly indicate that pregnancy is a vulnerable period where even slight imbalance in nutrition can lead to significant clinical manifestations like pallor, fatigue, and weakness. The findings also emphasize the importance of diet and lifestyle in the development and management of the condition. Factors such as Alpa Ahara, Ruksha Ahara, and stress contribute to Agnimandya and subsequent Dhatu Kshaya. On the other hand, adherence to Garbhini Paricharya,

proper intake of Snigdha and Poshaka Ahara, and use of Raktavardhaka Dravya showed noticeable improvement in symptoms. This supports the classical Ayurvedic principle that correction of root cause (Nidana Parivarjana) along with nourishment plays a key role in management. Furthermore, both Ayurvedic and modern approaches agree that untreated anemia during pregnancy can lead to serious maternal and fetal complications. While modern medicine focuses mainly on supplementation and correction of deficiencies, Ayurveda provides a more holistic approach by improving digestion, enhancing Dhatu Poshana, and maintaining overall balance. Therefore, an integrative approach combining dietary regulation, lifestyle modification, and safe therapeutic interventions can be highly effective in managing Garbhini Pandu and improving pregnancy outcomes.

CONCLUSION

Garbhini Pandu is a common yet significant condition during pregnancy resulting from increased nutritional demand, impaired Agni, and depletion of Rakta Dhatu. Both Ayurvedic and modern perspectives highlight the importance of early identification and proper management to prevent maternal and fetal complications. The ancient Ayurvedic approach, with emphasis on Nidana Parivarjana, Garbhini Paricharya, and use of Raktavardhaka and nourishing therapies, provides a safe and holistic management strategy. When combined with modern nutritional supplementation and antenatal care, it can effectively improve maternal health, support fetal development, and reduce the overall burden of anemia in pregnancy.

CONFLICT OF INTEREST -NIL

SOURCE OF SUPPORT -NONE

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