



BRIDGING AYURVEDA AND MODERN OBSTETRICS IN GARBHINI PANDU: A CASE-BASED CLINICAL EVALUATION

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ABSTRACT

Garbhini Pandu (anemia in pregnancy) is a common nutritional disorder that adversely affects maternal and fetal health. It mainly arises due to increased demand for Rasa and Rakta Dhatu during pregnancy, inadequate nutrition, and impaired Agni. Severe anemia can lead to complications such as fatigue, weakness, preterm delivery, and low birth weight. This case report presents a 33-year-old pregnant woman at 18 weeks of gestation with severe anemia (hemoglobin level of 4.2 g/dl), who presented with complaints of giddiness, loss of appetite, fatigue, and generalized weakness. She was managed with a combined approach of Ayurvedic formulations—Dadimavleha and Madiphala Rasayana—along with Inj. Orofer-S. Following treatment, the patient showed significant improvement in appetite, reduction in weakness and giddiness, and overall well-being. This case highlights the effectiveness of integrating Ayurvedic therapies with modern parenteral iron supplementation in the management of Garbhini Pandu. The combined regimen improved Agni, enhanced Rasa–Rakta Dhatu formation, and ensured rapid correction of iron deficiency, leading to better maternal and fetal health outcomes.

KEYWORDS: Garbhini pandu, Ayurveda management, iron deficiency.

INTRODUCTION

Pregnancy is a physiological state associated with increased metabolic and nutritional demands to support fetal growth and maternal adaptation. Among the nutritional disorders affecting pregnant women, anemia is one of the most prevalent conditions, particularly in developing countries. Woman who has got sufficient iron reserve and is on a balanced diet, is unlikely to develop anemia during pregnancy in spite of an increased demand of iron.

According to Ayurveda, anemia in pregnancy is correlated with Garbhini Pandu, which occurs due to Rasa and Rakta Dhatu Kshaya, Agnimandya, and improper nourishment of dhatus. Acharya Kashyapa, Charaka, and Harita have emphasized the importance of adequate nutrition and balanced Doshas during pregnancy. Acharya Charaka states that Ahara Rasa of

the mother nourishes her own body, the fetus, and breast milk simultaneously. Any disturbance in this process may result in Dhatukshaya and Pandu Roga. Harita Samhita describes Vivarnatva under Ashta Garbhopadrava, which corresponds to Garbhini Pandu.

In modern, anemia in pregnancy is commonly caused by iron deficiency due to increased fetal demands, hemodilution, and inadequate dietary intake. Severe anemia increases the risk of maternal morbidity, poor fetal growth, preterm birth, and perinatal mortality.

Ayurvedic management focuses on improving Agni, enhancing Rasa and Rakta Dhatu, and correcting the underlying Dosha imbalance. Drugs having Deepana, Pachana, Raktavardhaka, and Rasayana properties play an important role in treatment. In cases of severe anemia, parenteral iron therapy is often required for rapid

correction.

CASE STUDY

A 33-year-old female with history of amenorrhea of four and a half months (18 weeks of gestation) with O/H – G3P1L1A1 who was a regular ANC patient, attended in the OPD of *Prasuti Tantra Evam Stri Roga*, SKAMCH & RC, Bengaluru, on 27-06-2025 for regular antenatal care.

She was a regular ANC patient, underwent Hb test, her Hb level showed 4.2gm/dl. She had complaint of mild giddiness, loss of appetite, fatigue and generalized weakness.

There was no history of fever, bleeding per vaginum, UTI or any other infections that might interfere with the normal pregnancy.

Diet – mixed.

Appetite- Reduced.

Bowel Habits – Once per day.

Micturation- Clear (4-5 times/day)

Sleep- Disturbed (2am – 5 am she used to be awake)

Habits – Tea (2 times/day)

Height-157 Cm

Weight- 47 kg

BMI- 19.1 kg/meter square

Pulse rate-98/min

BP- 110/70mmhg

Respiratory rate-18/min

Temperature-97 degree Fahrenheit

Tongue- Coated

Pallor- Present

Icterus- Present

Cyanosis- Absent

Clubbing- Absent

Lymphadenopathy- Absent

ASHTA STHANA PARIKSHA

Nadi	98 bpm
Mala	Regular
Mutra	4-5 times a day
Jiwha	<i>Lipta</i>
Shabdha	<i>Prakritha</i>
Sparsha	<i>Prakritha</i>
Drik	<i>Pallor</i>
Akriti	Madhyama

DASHAVIDHA PARIKSHA

Prakriti – Vata-pitta

Vikarti -

Hetu – Amla, lavana rasa, ushna ahara, Garbhini awastha, aruchi

Dosha – Pitta pradhana tridosha

Dushya- Rasa, Rakta

Desha – sadharana

Kaala – Garbhini Avastha, madyama garbhavastha

Bala – Rogi bala- Madhyama Vyadhi bala –Madhyama bala

Sara – Rasa sara heena, rakta sara heena

Samhana – Madhyama

Pramana – Sama

Satmya – vyamishra rasa

Satva - Madhyama

Ahara shakti – Madhyama

Vyayama shakti – Madhyama

Abhyavarana shakti – Madhyama

Jarana shakti- Madhyama

Vaya – Youvana

ATURABHUMI DESHA PARIKSHA

Samruddhataha – sadharana

Vyaditaha - sadharana

Jataha – sadharana

MENSTRUAL (RAJO) VRITTANTA

■ Menarche: 14 years

■ Cycle: Regular

■ Interval: 28 days

■ Duration: 4-5 days

■ Flow: Moderate

■ Pain: Absent

■ LMP- 4/3/2025

PRASAVA VRITTANTA

Married life- 13 years

Obstetric History -

G3P1L1A1 with previous LSCS

LMP: 4-03-2025

Period of gestation: 18 weeks

EDD: 9-12-2025

PRADHANA VEDANA

Patient with history of 4 and a half months of amenorrhea, with Hb reports with 4.2gm/dl.

C/o – giddiness since, loss of appetite, fatigue since 1-2 weeks

ANUBANDHA VEDANA

Generalized weakness since 1-2 weeks.

HISTORY OF PAST ILLNESS

Nothing significant

SHASTRA KARMA VRUTTANTA

LSCS (12 years back)

CHIKITSA VRUTTANTA

Tab Folvite 5mg 1 OD

Tab Leptadine 1 OD

SAMPRAPTI GHATAKA

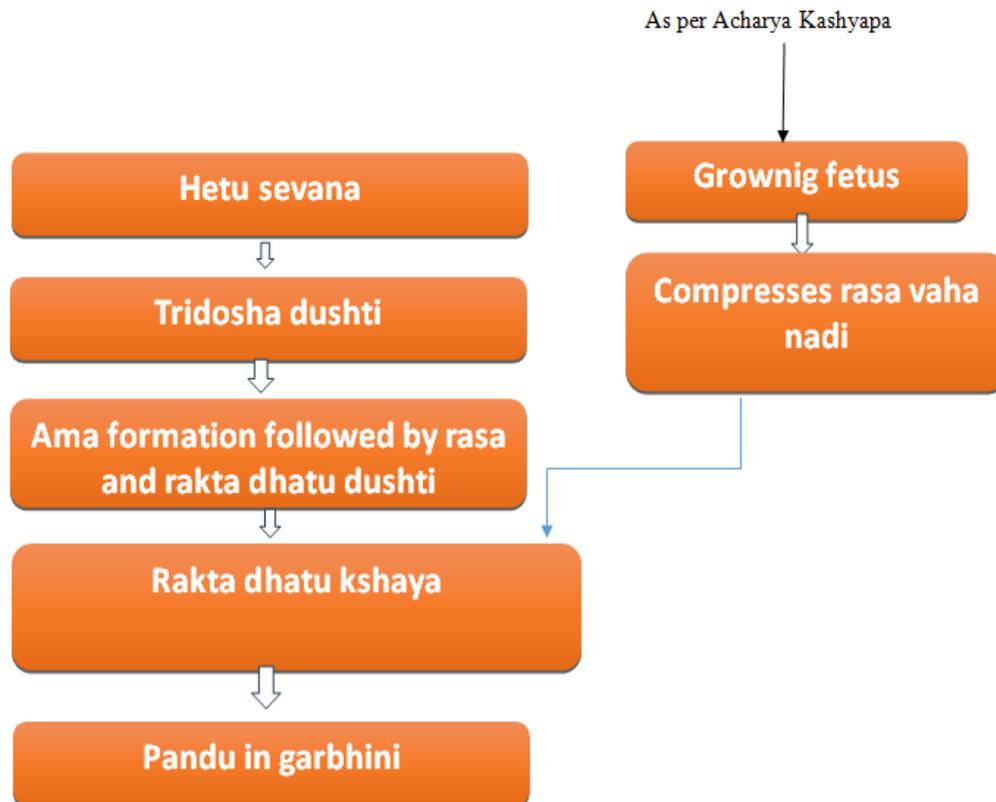
1.Dosha	Pitta pradhana tridosha
2.Dushya	Rasa, Rakta
3.Agni	Mandagni
4.Agni dushti	Amavastha
5.Srotas	Rasa vaha, rakta vaha
6.Sroto dushti	Sanga
7.Udbhava Sthana	Amashaya ,Pakwashaya
8.Sanchara Sthana	Hridaya , Rasavaha, Raktavaha
9. Vyakta sthana	Twak , netra, nakha, sarva shareera
10. Adhishthana	Sarva sharira
11. Roga marga	Abhyantara
12.Sadhya Sadhyata	Sadhya

KAUTUMBIKA VRUTANTA

All family members are said to be healthy

No history of similar complaints in her family.

SAMPRAPTI



INVESTIGATION

INVESTIGATION	
Blood group and rh factor	A +
VDRL	Non reactive
HIV	Negative
HbsAg	Negative
RBS	81 mg/dl
BT	1 min 50 sec
CT	4 min 51 sec
27/6/25	Hb – 4.2 gm/dl

TREATMENT GIVEN

Date	Investigation	Therapy
27/6/25 (18 weeks)	Hb – 4.2 gm/dl	Inj Orofer S in 100ml NS * 3 days Dadimavleha 20ml TID * till delivery Madiphala rasayana 20 ml TID * till delivery S2 life powder 2 tsp BD with milk* 3 months Tab Leptadine 1 OD * till delivery Tab Folvite 1 OD * 3 months Tab Calcimax 1 OD * till delivery
22/8/25 (25weeks 2 days)	Hb – 7.1 gm/dl	Inj Orofer S in 100ml NS for 5 days Dadimavleha 20ml TID * till delivery Madiphala rasayana 20 ml TID* till delivery S2 life powder 2 tsp BD with milk* 3 months Tab Leptadine 1 OD * till delivery Tab Folvite 1 OD * 3 months Tab Calcimax 1 OD * till delivery
12/9/25 (27weeks 6day)	Hb – 8.9 gm/dl Urine test- Pus cell- 4-6/hpf Epithelial cells- 8-10/hpf	c/o cold and cough and burning micturition Samshamni vati 2 TID * 7 days Tab niftran 1 TID * 5 days Syp citralka 2 tsp TID with water *7 days Dadimavleha 20ml TID * till delivery Madiphala rasayana 20 ml TID * till delivery Tab Leptadine 1 OD * till delivery Tab Calcimax 1 OD * till delivery
21/9/25 (29weeks 1days)	Repeated Urine test- Puscell – 2-3/hpf Epithelial cells – 4-5/hpf	C/o – intermittent nature of pain in abdomen And burning sensation in the chest region Tab duvadilan retard 1 BD *10 days Syp gasex 2ts TID * 10 days Dadimavleha 20ml TID * till delivery Madiphala rasayana 20 ml TID* till delivery Tab Leptadine 1 OD * till delivery Tab Calcimax 1 OD * till delivery
17/10/25 (32weeks 5days)	Hb – 10.5 gm/dl SLIUG of 32 weeks, EFW- 1.6kg, AFI- 13.9cm	C/o persistent burning micturition Tab niftran 1 BD *5 days Syp citralka 2 tsp TID * 7 days Tab duvadilan retard 1 BD *7days Dadimavleha 20ml TID * till delivery Madiphala rasayana 20 ml TID* till delivery Tab Leptadine 1 OD * till delivery Tab Calcimax 1 OD * till delivery
31/10/25 (34weeks 5days)	SLIUG of 34 weeks 3days, EFW- 2kg, BPP- 8/8, FL is further reduced and is on 2nd centile.	Amlaki rasayana 1 tsp BD * till delivery Phala sarpi 1 tsp BD with milk * till delivery Dadimavleha 20ml TID * till delivery Madiphala rasayana 20 ml TID* till delivery Tab Leptadine 1 OD * till delivery Tab Calcimax 1 OD * till delivery
25/11/25 (37weeks 6days)	21/11/25- SLIUG of 37 weeks 3 days, EFW – 2.29 kg, AFI – 11.3cm, EDD- 9/12/25	Inj betnasole 3 amp IM in 2 divided dose 48 hours Apart
29/11/25 (38weeks 3days)	Hb – 11 gm/dl	LSCS with B/L Tubectomy (a single live male baby was extracted at 1:51pm with birth weight of 2.5 kg) Baby cried immediately after the birth with no signs of RDS

OBSERVATIONS AND RESULTS

DATE	Hb
27/6/25	4.2 gm/dl
22/8/25	7.1 gm/dl
12/9/25	8.9 gm/dl
17/10/25	10.5 gm/dl
21/11/25	11 gm/dl

DISCUSSION

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. Acharya Harita has described. Ashta Garbhopadrava in Harita Samhita. Among these eight Garbhopadravas - 'Vivarnatva' word is used to describe Garbhini Pandu. 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 and Dhatu Shaithilya. The abnormality of Rasavaha Strotas will affect the generation and nutrition of remaining Dhatus, will be affected. Acharya Charaka, Kashyapa and Harita clearly states that Ahara Rasa of the mother serves a triple purpose — nourishing her own body, the fetus, and the breasts for lactation. During pregnancy, the increased demand for Rasa and Rakta Dhatu for the growing fetus may result in Dhatukshaya if the mother's nutrition is inadequate.

Dadima is Raktavardhaka and Pittahara in nature, Madhura, Amla Rasa acts as Sadyo Santarpana and increases Ruchi.

Drugs like Chitraka, Pippali, Shunthi are having the property of Deepana-Pachana, and Rochana which helps in increasing agni. Pippali, Chitraka and Shunthi are straight away acting on Rasavaha and Raktavaha Strotas.

The bioavailability of the drug is enhanced by the Pippali which is also Rasayana.

Inj Orofer S is a parenteral iron preparation, which bypasses intestinal absorption. The main advantage of parenteral therapy is the certainty of its administration to correct the hemoglobin deficit and to fix up the iron store.

Madiphala rasayana which has Matulunga (Citrus medica) – Provides a mild acidic yet cooling effect that soothes the stomach lining. Ginger (Zingiber officinale) – helps in improving digestion and reducing nausea. Rock salt (Saindhava lavana) – Stimulates appetite and aids enzymatic activity. Honey – Balances the taste and supports the absorption of herbal components.

Collectively, these components are said to balance Pitta dosha.

Moreover, Vitamin C enhances iron absorption due to its ability to reduce ferric to ferrous iron due to its anti-oxidant property.

CONCLUSION

The present study concludes that, blood transfusion is mentioned as one of the line of treatment during pregnancy but its indication is very much limited and has its own drawbacks. Even though in this case severe anemia is ruled out but patient does not have any recurrent infectious condition or any underlying medical

conditions like PIH, GDM, Cardiac issues, so in present case treated with only parenteral and oral route.

Dadimavaleha and Madiphala Rasayana, when used along with Inj. Orofer-S, provide an effective and safe therapeutic approach in the management of Garbhini Pandu. This combined regimen showed significant improvement in hemoglobin levels, clinical symptoms such as weakness, giddiness, and fatigue, and overall maternal and fetal well-being.

Dadimavaleha and Madiphala Rasayana enhance Agni, improve Rasa–Rakta dhatu formation and acts as hridaya which can improve the oxygen carrying capacity, by this it reduces the cardiac load, and support better iron absorption and utilization.

Thus, ayurvedic management proves to be a effective, holistic, and clinically beneficial treatment for Garbhini Pandu, contributing to improved maternal health and favorable pregnancy outcomes.

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