

## A CLINICAL STUDY ON IRON DEFICIENCY ANEMIA IN PREGNANCY WITH DARVYADILOHA

<sup>1</sup>Archana Singh, <sup>2</sup>Pramoda Kumar Majhi

<sup>1</sup>P G Scholar, VYDS Ayurveda Mahavidyalaya Khurja

<sup>2</sup> MS (Ay), Ph.D., Professor, P.G. Dept of PTSR, VYDS Ayurveda Mahavidyalaya, Khurja

Corresponding Author: [professormajhi2016@gmail.com](mailto:professormajhi2016@gmail.com)

<https://doi.org/10.46607/iamj04p7032023>

(Published Online: March 2023)

Open Access

© International Ayurvedic Medical Journal, India 2023

Article Received: 01/04/2023 - Peer Reviewed: 15/04/2023 - Accepted for Publication: 20/04/2023.



### ABSTRACT

A pre-diagnosed case of a 35-year-old female patient suffering from iron deficiency anemia in pregnancy for the last 4 months. Their hemoglobin level was 7 g/dL. She was experiencing the following symptoms: Tiredness, Skin looking paler than usual, Breathing difficulties, Dizziness, Headache, and Brittle nails. After getting an iron supplement, she did not get relief because she was not able to get/take the iron supplement regularly as they cause many side effects like bloating, indigestion, vomiting, loss of appetite. Therefore, the patient visited the OPD of PTSR Ayurvedic College, Khurja, Bulandshahr. The patient was examined as per routine procedure and advised for specific ayurvedic medicine Darvyadiloha. This medicine was given orally at the dose of 250 mg along with an unequal amount of honey and ghee twice a day for 60 days. During this period the patient was under medical supervision with strict diet control and had taken the medicine at home with every month follow-up to the hospital. After 1 month of therapy, her hemoglobin was compared before and after the treatment. The patient responded well to the above treatment and observed a significant increase in hemoglobin from 7 gm/dL to 9 gm/dL in one month and from 9 gm/dL to 12 gm/dL in the next month.

**Key words:** Iron, Deficiency, Anemia, Pregnancy, Darvyadiloha

### INTRODUCTION

Anemia during pregnancy is defined as a hemoglobin concentration below 11 grams per deciliter. Dur-

ing pregnancy, the body produces more blood to support the growing fetus and supply organs. With

iron deficiency anemia in pregnancy, the body does not have enough iron to meet these needs. The body needs iron to produce a protein in red blood cells called hemoglobin that carries oxygen from the lungs throughout the body. If a person has iron deficiency anemia, their blood cannot carry enough oxygen to tissues around the body and they may become tired and weak. Iron deficiency anemia in pregnancy can have a negative impact on both the pregnant person and the developing fetus. Pregnant people may experience the following symptoms of iron deficiency anemia-

- Tiredness
- Weakness Skin that looks paler than usual
- Skin that appears yellowish ● Irregular heartbeats
- Heart palpitations
- Breathing difficulties
- Sleep problems
- Dizziness
- Fainting
- Brittle nails
- Hair loss
- Pounding in the ears
- Headache

Complication of Iron Deficiency Anemia in Pregnancy: <sup>[17]</sup><sub>[SEP]</sub>Pregnant women may have a greater risk of-

- Infection
- Pre-eclampsia
- Bleeding
- Hospitalization

After giving birth, a person may also experience cognitive impairment, behavioral difficulties, and problems with their milk supply.

Babies born to people with anemia have an increased risk of dying and experiencing health complications such as-

- Spontaneous abortion
- Premature delivery
- Stillbirth
- Low birth weight (LBW)
- Small for gestational age
- High blood pressure
- Neurological problems

Iron deficiency anemia occurs during pregnancy because a person's overall iron needs are significantly greater than when they are not pregnant. The body must compensate for iron losses during the baby's birth. Pregnant people require approximately 1000-1200 mg of iron throughout the pregnancy, assuming an average weight of 55 kilograms. Almost 350 mg of amount is for fetal and placental growth and around 500 mg is for red blood cell mass increase. In addition, blood loss during birth is responsible for roughly 250 mg of iron loss. Treatment depends on a person's symptoms and overall health. Oral iron supplementation is the first-line treatment for iron deficiency anemia. These supplements should contain 40-100 mg of elemental iron. A person usually takes iron supplements daily or several times each day. Although sustained-release iron supplements exist, the body does not absorb them well. Iron deficiency anemia in pregnancy occurs when a person's iron intake fails to meet their needs.

History of present illness

A 35-year-old female came to PTSR ayurvedic College Khurja with symptoms of tiredness, pallor skin, difficulty in breathing, dizziness, headache, and brittle nails, and her hemoglobin level was 7g/ dL. She was advised to take oral iron supplements, but she could not continue to take them regularly because of their side effects and came to the PTSR department at PLRD hospital Khurja Bulandshahr for proper treatment.

History of past illness

The patient was physically fit and healthy before getting pregnant. She has not any history of headache tiredness or pallor skin, or dizziness.

Family history

No evidence of this type of anemia in the family.

Physical examination

General condition fair

PR - 78 per minute regular

BP - 120/ 80 mmhg

RR - 16 per minute, regular

Body temperature - 98.4-degree Fahrenheit Systematic examination-per abdomen [N]

Investigation

Table 1 summaries the blood profile before and after treatment

parameter	Before treatment	After one month of treatment	After two-month treatment
Hb in gm/dl	7	9	12
RBC (millions cells/ mm)	4.1	4.5	4.6
TLC (Cells/cumm)	6800	6700	6500
ESR (mm/hr)	11	10	10

**Treatment**

The patient was given Darvyadiloha orally at the dose of 250 mg along with an unequal amount of honey and ghee twice a day after a meal for 60 days. The test was done every month.

**DISCUSSION**

In iron deficiency anemia in pregnancy, the blood cannot carry enough oxygen to tissues throughout the body. Iron deficiency is the most common cause of anemia in pregnancy. Untreated iron deficiency anemia during pregnancy can increase the risk of having.

- Pre-term or lbw baby
- a blood transfusion
- postpartum depression
- a baby with anemia
- a child with a developmental delay

It is an herbal drug containing Berberis Aristata, Terminalia Chebula, Terminalia Bellirica, Phyllanthus Emblica, Zingiber Officinale, Piper nigrum, Piper longum, and Embelica ribes. Each of these drugs has been mixed in equal amounts in powder form. Loh Bhasma is mixed with these drugs in an amount equal to all of these herbal drugs. The use of Darvyadiloha increases the hemoglobin in the required amount.

**CONCLUSION**

From the present study it may be concluded that the effect of Darvyadiloha in the management of IDA in pregnancy has shown encouraging results by increasing the hemoglobin from 7 gm/dL to 9 gm/dL in one month and from 9 gm/dL to 12 gm in two months, There was no adverse effect during and after the whole procedure in this case. Hence the pre-

pared formulation can be taken for the multi-center trial in a larger population to infer its therapeutic efficacy and safety.

**REFERENCES**

1. Guideline for the management of iron deficiency anemia, British society of guest radiology (March 2011)
2. Harper, JL Marcel, EC and Immanuel, CB 2015, iron deficiency anemia: practice essentials, pathophysiology, and Etiology. Medscape.
3. Kilbride, J, Bakea, T.G, L A Parapia, S A Khoury, S W Shugaidef, D Jerwood: Anaemia during pregnancy as a risk factor for iron-deficiency anemia in infancy
4. Prema K. Anaemia in pregnancy. In: Ratnam SS, Rao KB, Arulkumaran S, editors. Obstetrics and Gynecology. Vol. 1. Madras: Orient Longman; 1992. pp. 42–53
5. Dutta, D.C. (1998) Textbook of Obstetrics, Kolkata: New Central Book Agency (P) Ltd.,1998, p.282.
6. Nazmul Huda MD, Mishra, D.S., and Singh J.P.: Clinical Evaluation of an Ayurvedic Preparation for the Treatment of Iron Deficiency Anemia in Patients. Journal of Homeopathy & Ayurvedic Medicine (2014), 3, 162.
7. Anemia from Wikipedia, the free Encyclopedia.
8. Shastri A, editor. Panduroga Chikitsa. 16th ed. 38-43. Vol. 12. Varanasi: Chaukhambha Sanskrit Sansthan; 2002. Bhaisajya Ratnavali with Vidyotini hindi explanation; pp. 270–71.
9. Bhaisajya Ratnavali of Kaviraj Shri Govind Das Sen; Dr. G. Prabhakara Rao; Chaukhambha Orientalia, Varanasi

**Source of Support: Nil**

**Conflict of Interest: None Declared**

How to cite this URL: Archana Singh & Pramoda Kumar Majhi: A clinical study on Iron Deficiency Anemia in Pregnancy with Darvyadiloha. International Ayurvedic Medical Journal {online} 2023 {cited March 2023} Available from:

[http://www.iamj.in/posts/images/upload/224\\_226.pdf](http://www.iamj.in/posts/images/upload/224_226.pdf)