

Management of Anemia in Pregnancy through Ayurvedic Intervention: A Case Report

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Abstract

Background: Pandu (anemia) in pregnancy is a significant clinical challenge, often resulting from nutritional deficiencies and increased physiological demands. Ayurvedic interventions offer potential therapeutic strategies to improve hematological parameters and maternal well-being.

Objective: To evaluate the efficacy of Hutabhogadi churna in the management of Pandu (anemia) in a pregnant patient. **Methods:** A 38-year-old History of G4P3L3 patient at 4 ½ months of gestation presented with symptoms of fatigue, cough, and calf muscle pain. Laboratory investigations confirmed iron-deficiency anemia (Hemoglobin: 8.5 gm%). The patient was treated with Hutabhogadi churna (2gm BD) with milk. The treatment outcome was assessed through serial hematological investigations over two months.

Results: Following the Ayurvedic intervention, the patient showed significant clinical improvement in general health. Hemoglobin levels demonstrated a progressive increase from 8.5 gm% (baseline) to 10.3 gm% at one month and 11.9 gm% after approximately two months of consistent treatment. Other hematological parameters also showed corresponding improvements.

Conclusion: The findings suggest that Hutabhogadi churna is effective in improving hemoglobin levels and alleviating associated symptoms of Pandu in pregnancy. Further studies with larger cohorts are recommended to validate these observations.

characteristics.

1. INTRODUCTION

Pandu (anemia) is a prevalent clinical condition encountered during pregnancy, characterized by a deficiency in hemoglobin levels and the presence of Daurbalya (weakness), Panduta (pallor), and Shrama (fatigue) [3, 4]. In modern clinical practice, iron-deficiency anemia remains one of the most common hematological disorders complicating pregnancy, primarily due to the increased physiological demand for iron and folate to support both maternal and fetal growth [5].

From an Ayurvedic perspective, Pandu is classified as a Raktapradoshaja Vikara (disorder of the blood tissue) resulting from the vitiation of Pitta dosha, which subsequently impacts Rasa and Rakta dhatu [7, 13]. The pathophysiology involves the Agnimandya (impaired digestive fire) leading to the formation of Ama (metabolic toxins), which further hinders the production of healthy Raktadhatu.

Management of Pandu in pregnancy requires a strategic approach that addresses the nutritional requirements while simultaneously correcting the underlying Agni imbalance. Hutabhogadi churna is traditionally indicated in Ayurvedic literature for its Deepana (appetite-stimulating) and Pachana

(digestive) properties, which are essential in treating the root cause of Pandu [4, 15].

While conventional supplementation is the standard of care, there is an increasing demand for evidence-based integrative approach to manage anemia safely throughout the gestational period [2, 12]. This case report documents the clinical application of Hutabhogadi churna in a pregnant patient, highlighting its role in improving hematological markers and overall maternal wellness. This report also serves to evaluate the safety and clinical efficacy of integrating traditional formulations into standard antenatal care protocols [1, 8].

2. CASE PRESENTATION

Information

A 38-year-old married female, of G4P3L3 at 4 ½ months of gestation, reported to the outpatient department on 19/06/2025. She presented with chief complaints of Mild dyspnea on exertion and generalized body pain lasting from three days, with occasional calf muscle pain. The patient reported no significant past medical, surgical or family history.

Clinical Findings

Upon general examination, the patient was conscious and oriented. Her vital signs included a blood pressure of 123/83 mmHg and pulse rate of 73 bpm. Antenatal examination revealed a palpable uterus size with 18 weeks of gestation, with fetal heart sounds (FHS) measured at 133 bpm. Dashvidha Pareeksha indicated a Pitta-Kapha Prakruti with Madhyama(moderate)Satva,Satmya,Sara,Samhanana,Jaranashakti, and Vyayam shakti, whileAbhyavarana shakti was noted as Avara (low).

Diagnostic Assessment

Blood investigations conducted on 19/06/2025 confirmed anemia, with a hemoglobin level of 8.5 gm%.

Other findings included:

- RBC count: 3.1 million/cumm
- PCV: 26%
- MCV: 81.7 fL

• MCH: 26.6 fL

• USG (dated 19/06/2025) confirmed a single live intra-uterine pregnancy of 19 weeks of gestational age.

Therapeutic Intervention

The patient was prescribed Hutabhogadi churna at a dosage of 2g BID after food, administered with milk, initiated on 19/06/2025.

Follow-up and Outcomes

- 19/07/2025: The patient reported a reduction in Weakness, dyponia and calf muscle pain; treatment was continued for an additional 30 days. Blood tests showed a slight increase in hemoglobin to 10.3 gm%.
- 22/08/2025: Final follow-up investigations showed significant improvement, with hemoglobin rising to 11.9 gm%. Other parameters also improved:
 - RBC count: 4.0 million/cumm
 - PCV: 32%
 - MCV: 92.3 fL
 - MCH: 32.2 pg
 - MCHC: 33.8 pg

Table No.1: Hematological Progress during Treatment

Parameter	Baseline (19/06/2025)	Follow-up1 (19/07/2025)	Follow-up2 (22/08/2025)
Hemoglobin(Hb)	8.5 gm%	10.3 gm%	11.9 gm%
RBC Count	3.3 million/cumm	3.40 million/cumm	4.0 million/cumm
PCV	26%	30.6%	32%
MCV	81.7 fL	90.0 fL	92.3 fL
MCH	26.6 pg	30.2 pg	32.2 pg
MCHC	32.5 pg	33.5 pg	33.8 pg
Platelet Count	2,57,000 cells/cumm	2,69,000 cells/cumm	2,75,000 cells/cumm

4. DISCUSSION

The clinical improvement observed in this patient, particularly the increase in hemoglobin levels from 8.5 gm% to 11.9 gm% over two months, underscores the potential therapeutic value of Hutabhogadi churna in managing Pandu during pregnancy [3, 4].

From an Ayurvedic perspective, Pandu is characterized by Pitta-Kapha involvement, where Agnimandya (impaired digestive fire) leads to Rasa-Rakta Dhatu deficiency [7, 13]. The therapeutic intervention utilized, Hutabhogadi churna, acts primarily through its Deepana (appetite-stimulating) and Pachana (digestive) properties [7, 15]. By correcting the underlying metabolic imbalance, the formulation facilitates improved nutrient absorption and Raktadhatu formation, addressing the root cause of the patient's symptoms.

The patient's initial presentation included Daurbalya (weakness) and calf muscle pain, which are classic clinical manifestations of Pandu [3, 15]. The observed reduction in these symptoms, alongside the upward trend in hematological markers, suggests that the restorative properties of the churna are effective in mitigating the physiological stress of pregnancy. The increase in RBC, PCV, and MCH indices indicates a meaningful correction in erythropoiesis, which is consistent with the drug's potential to improve the systemic quality of blood tissue.

This case report contributes to the growing body of evidence supporting

integrative ante natal care [2, 5, 12]. While conventional iron supplementation is often the primary intervention for pregnancy-associated anemia, this case highlights how Ayurveda can offer a safe, effective, and patient-centered alternative that promotes overall maternal wellness. Future research, ideally through randomized controlled trials, is necessary to further elucidate the pharmacological mechanisms and clinical efficacy of Hutabhogadi churna in diverse populations [1, 9, 11].

5. CONCLUSION

The findings from this case study demonstrate that the administration of Hutabhogadi churna significantly improves hemoglobin levels and alleviates clinical symptoms of Pandu (anemia) in a pregnant patient [3, 4]. The treatment effectively addressed the underlying Agnimandya (impaired digestive fire), facilitating improved nutrient absorption and hematological recovery throughout the gestation period.

This report highlights the therapeutic potential of integrating traditional Ayurvedic formulations into ante natal care to support maternal health and address nutritional deficiencies safely [5, 12]. While the results are encouraging, they represent the experience of a single clinical case. Consequently, further research, including larger-scale controlled studies, is recommended to validate these findings and to establish standardized protocols for the use of Hutabhogadi churna in the clinical management of pregnancy-associated anemia [1, 14, 15].

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