A STUDY TO EVALUATE THE USE OF BOTANICAL HERBS DURING PREGNANCY

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Abstract:-

Objectives:-The objective of the study was to investigate and describe the use of medicinal plants during pregnancy among primigravida women.

Design:- The Quantitative cross-sectional study was used.

Setting:- OBG and Gynecology ward at SDM tertiary teaching hospital.

Participants:- 60 hospitalized primigravida women.

Results:- Most of the 23.4% women were using herbal medicine. In age majority of the samples 33% were belongs to the 21 – 25 years. In religion majority of the samples 58% belong to the Hindu religion. In educational status 67% have completed their secondary education. Majority of the women's were housewife (53%). Most of the women's 25% were from the rural area. In gestational age in weeks majority of women's belongs to 45% in 28 weeks to 32 weeks. In chronic illness majority 80% of women's belong to no chronic illness. Most of the women were using conventional medicine of 58% in yes categories. In alcohol consumption majority of the samples 88% women's were not consuming alcohol.

Conclusion:- Almost one third of the women were using herbal medicine during pregnancy as a treatment. Increasing the potential or risk of use of medicinal plants during pregnancy for medical experts and patients, and increasing access to childbirth, which provides medical facilities, is a women and a fetal pregnancy. It is important to promote better health results for children.

INTRODUCTION

Herbal medicines were used to prevent and treat illnesses around the world. We used herbal medicine as a major form of medical use between 65 and 85% of the world population. The prevalence of the use of herbal agents during pregnancy changes from 12 to 82.3%. Ginger, garlic, green tea, raspberry, blueberries,chamomile, mint fengolik is often used for plant based medicine during pregnancy.

The herbal medicines during pregnancy is used to treat nausea and vomiting, reduce the risk of pre-eclampsia, shorten the workforce and treat common infections and urinary tract infection. Herbal medicine occurs from time to time. Chest performance, pre-mature workforce, abortion, increased blood flow; allergic reaction is a common problem using chinese medicine during pregnancy.

NEED FOR THE STUDY

Globally about 80% of consumers use herbal medications (HMS) or other natural products, so researcher felt need for study.

REVIEW OF LITERATURE

A cross-sectional survey was conducted at Bangladesh, (2021) regarding use of herbal medicines during pregnancy. Total 450 samples were selected. The data was collected by using questionnaire. The findings of the revealed that 275 women (71.80%) out of 383 used herbs during their pregnancy. Only 27.42%) of women who used herb informed their doctors, and 91.03% of users reported no side effects. The study concluded that the usage of herbs appears to be safe when used during pregnancy.

PROBLEM STATEMENT

A study to evaluate the effectiveness of botanical herbs use during pregnancy among primigravida women admitted in tertiary level teaching hospital, Dharwad, Karnataka.

OBJECTIVES

1) The aim of the study was to investigate and describe the use of medicinal plants during pregnancy among women admitted in Maternity ward of SDM tertiary level teaching hospital, Dharwad.

METHODOLOGY

- **Research Approach:** Quantitative research approach was used to conduct the study.

- **Research Design:** A cross-sectional study design was used.

Duration of study: The study was conducted for 6 week.

Research Study Setting: The study was conducted in OBG ward of Tertiary level teaching Hospital, Dharwad.

Samples: Hospitalized primigravida women were selected as study sample.

Sampling procedure: Non-Probability Purposive Sampling Technique was used for the study.

Sample size: The total sample size in this study was 60.

Inclusion Criteria:-

Primigravida Women

1) Who are willing participate in the study.
2) Who are above 18 years.

Exclusion Crieria:-

Primigravida Women

1. Who are having medical problems.
2. Who are too ill to participate.
3. Who are admitted for less than 5 hrs.

Study Instrument:-

The tool is constructed and consists of following parts-

- **PART-I: Sociodemographic Variables -** It consists of selected demographic variables (age, religion, education, occupation, place of residence, gestational age, chronic illness, conventional medicine, alcohol consumption) related to the women participating in the study.

- **PART-II: Structured questionnaire –** women's background, pregnancy-related illness and use of medicinal plants.

Data Collection Procedure:-

- The investigator had taken prior permission and ethical consent from the Institutional Ethical committee and the Obstetrics and Gynaecological Department of ShriDharmasthalaManjunatheshwara College of medical sciences and Hospital, Dharwad.

- The participants were selected based on selection criteria and was assured confidentiality of the data.

- The purpose of the study was explained to the samples.

- The informed and written consent was taken from the participant who will participate in the study.

- Samples were selected by using purposive sampling technique.

- A pretest interview guided structured questionnaire, based on interviews and data extraction form were used for data collection.

- Nine trained pharmacists and nurses from the study area, with close supervision of one of the investigators, conducted all interviews and data extractions.

- The questionnaire contains questions about the women's background, pregnancy-related illness and use of medicinal plants were collected from the samples.

RESULTS:-

In age majority of the samples 33% were belongsto the 21 – 25 years and 30% were belongs to 26 – 30 years. In religion majority of the samples 58% belong to the Hindu religion and 21% belong to Christian religion. In educational status 67% have completed their secondary education. Majority of the women's were housewife (53%). Most of the women's 25% were from the rural area.

In gestational age in weeks majority of women's belongs to 45% in 28 weeks to 32 weeks. In chronic illness majority 80% of women's belong to no chronic illness. Most of the women were using conventional medicine of 58% in yes categories. In alcohol consumption majority of the samples 88% women's were not consuming alcohol.

Table 1.1 : Frequency and percentage distribution of demographic variables and clinical variable

S.NO	DEMOGRAPHIC VARIABLES	EXPERIMENTAL GROUP	
		F	**%**
1	**Age**		
	a. Below 20 years	12	20%
	b. 21-25 years	20	33%
	c. 26-30 years	18	30%
	c. Above 31 years	10	17%
2	**Religion**		
	a. Hindu	35	58%
	b. Muslim	7	11%
	c. Christian	13	21%
	d. Others	5	8%
3	**Educational Status**		
	a. Primary education	16	27%
	b. Secondary education	40	67%
	c.Graduation and above	4	7%

4	**Occupation**		
	a. Housewife	32	53%
	b. Farmer	11	18%
	C.Trader/Merchant	9	15%
	d.Goverment employee	6	10%
	e.Others	3	5%
5	**Place of Residence**		
	a. Urban	15	25%
	b. Rural	45	75%
6	**Gestational age in weeks**		
	a. 28 wks to 32 wks	27	45%
	b. 33 wks to 36 wks	19	32%
	c. 37 wks to 40 wks	14	23%
7.	**Chronic illness**		
	a. No	48	80%
	b. Yes	12	25%
8.	**Conventional medicine**		
	a. No	25	42%
	b. Yes	35	58%
9.	**Alcohol consumption**		
	a. No	53	88%
	b. Yes	7	12%

About 23.4% of the women were using Ginger and 20% women were using mint as the herbal medicine during pregnancy.

DISCUSSION

Awareness; both secular and experts in the use of medicinal plants during pregnancy are essential to provide infant/fetal growth care. As far as we know, this article first uses the use of medicinal plants during women in aDharwad hospital. This study provides a detailed description of medicinal plants, the reasons for the use safety of women and precautionary measures for the medicinal plants used during pregnancy. These results are important for health professionals, researchers, political decision making and pregnant women themselves. Almost a third (29.5%) of women used at least one medicinal herb during pregnancy. Previous studies show that the overall disease rate of pregnancy medicinal plants has changed from 0.8% to 95%. Dharwad). Fluctuations in the disease can be described by several factors, especially the differences between groups and research environments, the inclusion and exclusion criteria, and data collection methods

and definitions. A medicated plant in some studies, the preparation of flour in all forms based on plants and nutrition is counted by supplements, but uses more restrictions of the use of other plants, such as our research rice field. Furthermore, the difference in conviction on traditional practices, culture, and health can contribute to the important difference in the use of medicinal plants.

Despite the collection of broad and extended data, there are restrictions to consider this research. First, JUMC is the following tertiary introductory hospital. The majority of women who suffer from pregnancy are the same. The data is collected according to the self-assessment of pregnant women, and depends on the precision, reports and will to reveal use. The use of medicated plants may have reduced the moment for bad reminders or lower statements. This is especially important in interviews with a particular herb, recreation or face of illegal drugs. Depending on the use of real medicinal plants, real life may be greater during pregnancy or in other groups and regions in Dharwad.

SUMMARY:-

- The data was collected according to the procedure and systematically arranged.

- The reliability of the tool was computed by test-retest method using Karl Pearson's correlation coefficient formula.

- The analysis and interpretation of data was done by using descriptive and inferential statistics.

- Descriptive statistics included frequency and percentage distribution table, mean and standard deviation and diagrams.

CONCLUSION:-

- The structured questionnaires were used to collect the data.

- The results of data analysis signified that most the women's uses botanical herbs for their treatment.

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