

CONCEPTUAL STUDY OF GOKSHURSIDDHA GHRUT IN 6TH MONTHS OF PREGNANCY

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ABSTRACT

Now a day Garbhini paricharya is very successful to maintain the health of pregnant women. Almost every woman is working women and unable to take proper care of her during pregnancy. So, it is need of the hour to follow an Ayurvedic antenatal care. So, Gokshursiddha ghrut to be given in 6th month of pregnancy. This helps pregnant women and foetus to get enough nourishment and development. Women are bases of reproduction. She is responsible to bear a foetus to give nourishment and birth to it. Therefore, pregnancy and parturition has greater importance in the life of women. So, I have chosen this topic.

Keywords- 6th month of pregnancy, *Gokshursiddha ghrut*

INTRODUCTION

Ayurvedic antenatal care is very useful to protect both mother and foetus from any hazards, to complete the gestational period and to help normal delivery. In Garbhini Paricharya every month there are different types of *ahara* (diet) and *vihara* (mode of life) which helps *garbhini* (pregnant women) to get a healthy progeny. During the study of *Garbhini Paricharya* it is found that there is resemblance in the description of *garbhini paricharya* told by *charak*, *sushrut* & *Ashtang sangraha*. But *Garbhini Paricharya* described by *sushrutacharya* is little but different form *charak* and *Ashtang sangraha*. In 6th month

of pregnancy it is said by *shushrut* to take *gokshur siddha ghrut* or *yavagu*. The growth of the fetus is almost getting completed at the end of 6th month. Also in 6th month according to Ayurveda, there is a development of *Nakha*, *Roma*, and *Kesha* etc. these all are called as 'Mala'. All these malas get formed in to the body of the fetus by the process of '*Sukshmapachan*' & these malas get transferred in to mother via fetus. So, if they all not get excreted from the mother body then they will produce '*Garbhodrava*' in the fetus. *Gokshur* is the 'Diuretic drug' so by its action all the malas which get produced are get excreted from the

body of the mother, so subsequently extra “Kleda” get removed & avoids “Garbhodrava”. Gokshur having *Madhur rasa* (sweet taste), *Madhur vipaka* (sweet post digestive effect) and *Sheet virya* (cold potential principal) so it is *balya* (strength giving) for *Garbhashay* (uterus) and *Garbha* (foetus). Gokshur is also readily available in market & its method of preparation is also very simple. So, I have chosen this drug in *garbhini shashtam* mas.

Table 1: Material

No	Dravya	Botanical Name	Rasa	Vipaka	Virya	Guna
1.	Gokshur	Tribulus terrestries	Madhur	Madhur	sheeta	Snigdha, sheeta
2.	Goghrit (cow's ghee)	Bsutyrum deparatu	Madhur	Madhur	Sheet	Balya, Snigdha, Vataghna, Pittaghna

Method -

PREPARATION OF DRUG –

One *bhaag* (part) *kalk* (paste) of medicine, *ghruta* (ghee)/tail (oil) four *patt* (times) of medicine Kalka, four *patt* (times) *drav dravya* (additional drug) of *Sneha* (*gruta* or tail). 1:4:16. Essential components for the preparation of *Gokshur ghrut* was collected from genuine recourses and taken as follows.

- 1) *Gokshur* (1part)
- 2) *Goghrit* (1/ 4th)

METHODS:

1. 30 Patients will be selected to treat with *Gokshursiddha Ghrut*.
2. *Garbhini* who has completed their fifth month will be selected for study from.
3. Proper case history will be taken. Systemic examination of the patient will be done. For this purpose, a special case record form will be prepared.

Clinical Study:

AIM- TO evaluate the effect of Gokshursiddha Ghrut in 6th month of pregnancy.

OBJECTIVE-

1. To review *Garbhini Paricharya* from Ayurved literature.
2. To evaluate the effect of Gokshursiddha Ghrut in *Garbhini* from 6th month to till delivery.
3. To collect and study necessary information about Gokshur and Goghrit.

Material and method-

1. According to selection criteria, 30 patient were selected.
3. Written information consent was taken from every patient.
4. Case paper format was taken and case record perform was field.
5. Clinical finding & observation were recorded as per case proforma.

According to criteria-

1. No. of patient 30.
2. *Gokshursiddha Ghrut* with iron, calcium and protein in 6th month of pregnancy by oral rout.
3. Duration – Whole 6th month.

DOSE AND DURATION OF DRUG

Dose – 1 tola (10 ml).

Route- orally

Time- B.D (Morning & Evening)

Anupan- Lukewarm water.

FOLLOW UP: 1. weekly in 6th month.

2. Then every 15 days till delivery.

INCLUSION CRITERIA:

1. Patients completing their 5th month of pregnancy.
2. Pregnancy with B.O.H, Preeclampsia in previous pregnancy, PIH, Anaemia, Malnourished women, IUGR foetus and oligo-hydramnios will be preferred.
3. Patient willing for regular follows up.

EXCLUSION CRITERIA:

1. Pregnancy complicated by placenta praevia, abruptio placentae, coexisting Fibroid and malignancy.
2. Systemic diseases such as Bronchial Asthma, Hepatitis B, HIV

3. Pregnancy with G.D.M, Obesity.

WITHDRAWAL CRITERIA:

Patients showing any pregnancy complications.

ASSESSMENT CRITERIA:

Observation was drawn from patient’s clinical examination, and findings during her ANC period.

- Findings were tabulated for proper assessment.
- Statistical analysis is done using Prism software.
- During study, following parameters were assessed.

Table 2: SUBJECTIVE CRITERIA

symptom	Grade 0	Grade 1	Grade 2	Grade 3
Pedal oedema	Clear	mild	Moderate	Severe
Heart burn	Clear	mild	Moderate	Severe
Leg cramps	Clear	mild	Moderate	Severe
dizziness	Clear	mild	Moderate	Severe
General weakness	Clear	mild	Moderate	Severe

Table 3: OBJECTIVE CRITERIA

Objective	Parameter
Pulse	72/min
Blood pressure	12-/88 mm of Hg
Weight	45-65
Fundal height	As per month

Observation and results-

Table 4: 1. Age wise distribution-

Age in yrs	Garbhini	%
<20	2	5
20 -	12	33.3
25 -	14	50
30 +	2	11.7
Total	30	100

In the study, all the patients were categories into 4 age groups. The observation made in the expect lead to the conclusion that maximum no. of *Garbhini* (50%) were from age group 20 – 25 years. While 33.3% *Garbhini* were from the age group of 20 years. 11.7 were from the age group 25 – 30 years. 5% *garbhini* were from the age group below 20 years.

3) Religion:

Religion	Garbhini	%
Hindus	27	90
Muslims	3	10
Total	30	100

Observation-in this distribution 90% *Garbhini* were Hindu and 10% were Muslim.

4) Parity:

Parity	<i>Garbhini</i>	%
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Primi	14	41.7
Multi	16	58.3
Total	30	100

Observation- 58.3% was multy parity and 41.7% were primi.

STATISTICAL ANALYSIS

Table 5: Pulse-

Pulse	6 Month		9 Month		Paired t	P
	Mean	Sd	Mean	Sd		
	79.87	2.285	80.73	1.530	1.783	0.085 NS

Mean score of trial group before treatment was 79.87 & after treatment mean score has become 80.73. it is significant.

Table 6: Blood pressure- Systolic blood pressure-

SBP	6 Month		9 Month		Paired t	P
	Mean	Sd	Mean	Sd		
<i>Garbhini</i>	113.33	5.467	115.33	5.074	1.649	0.110 NS

Changes in systolic blood pressure-

Mean score of trial group before treatment was 113.33 & after treatment was 115.33 which is significant.

Table 7: Diastolic blood pressure-

DBP	6 Month		9 Month		Paired t	P
	Mean	Sd	Mean	Sd		
<i>Garbhini</i>	71.67	5.307	72.00	4.068	0.328	0.745 NS

Changes in diastolic blood pressure-

Mean score of trial group before treatment was 71.67 & after treatment it has become 72 which are significant.

Table 8: Weight-

Weight	6 Month		9 Month		Paired t	P
	Mean	Sd	Mean	Sd		
	52.073	6.119	59.287	5.826	34.328	<0.001 HS

Changes in weight- Mean score of trial group before treatment was 52.073 & after treatment it become 59.287 which is highly significant.

Table 9: Fundal hight-

Fundal Hight	6 Month		9 Month		Paired t	P
	Mean	Sd	Mean	Sd		
	20.00	0.000	35.93	.365	239.0	<0.001 HS

Mean score of fundal height before treatment was 20 & after treatment it become 35.93 this is highly significant.

Table 10: Pedal oedema-

Pedal Oedema	6 Month		9 Month		Wilcoxon Signed Ranks Test Z	P
	Mean score	Sd	Mean score	Sd		
Group-A	.90	.845	0.00	0.000	3.834	<0.001 HS

Changes in pedal oedema-

Mean score of trial group before treatment was 0.90 & after treatment which is become 0.001 this is highly significant.

Table 11: Heart burn-

Heart Burn	6 Month		9 Month		Wilcoxon Signed Ranks Test Z	P
	Mean score	Sd	Mean score	Sd		
	1.20	.761	.03	.183	4.326	<0.001 HS

changes in heart burn-

Mean score of heart burn before treatment was 1.20 & after treatment it becomes 0.03 which is highly significant.

Table 12: Backache-

Backache	6 Month		9 Month		Wilcoxon Signed Ranks Test Z	P
	Mean score	Sd	Mean score	Sd		
	.40	.724	.47	.507	0.500	0.617 NS

Changes in backache-

Mean score of trial group before treatment was 0.40 which has become to 0.47 after treatment this is significant.

Table 13: Leg cramps-

Leg Cramps	6 Month		9 Month		Wilcoxon Signed Ranks Test Z	P
	Mean score	Sd	Mean score	Sd		
	.43	.679	0.00	0.000	2.919	0.004 Sig

Changes in Leg cramps-

Mean score of trial group before treatment was 0.43 & after treatment it become 0.0 which is highly significant.

Table 14: Dizziness-

Dizzines	6 Month		9 Month		Wilcoxon Signed Ranks Test Z	P
	Mean score	Sd	Mean score	Sd		
	.13	.346	0.00	0.000	2.0	0.046 Sig

Changes in Dizziness-

Mean score of dizziness before treatment was 0.13 it becomes after treatment 0.0 which is highly significant.

Table 15: General weakness

General Weakness	6 Month		9 Month		Wilcoxon Signed Ranks Tests Z	P
	Mean score	Sd	Mean score	Sd		
	.70	.702	0.00	0.000	3'827	<0.001 HS

Changes in general weakness-

Mean score of general weakness before treatment was 0.70 & after treatment it becomes 0.0 which is highly significant.

Table 16: Mode of delivery-

Mode of delivery	Patient	%
LSCS	7	33.3
Normal	23	66.7
Total	30	100

Normal delivery more than LSCS

Table 17: Birth weight-

BWT	Mean	Sd	Unpaired T	P
	2900.00	276.680	0.072	0.942 NS

Birth weight with mean score 2900, Occurring to this the birth weight of Neonatal was highly significant.

DISCUSSION

'Shoth' is *raktashrit* and *tridosh* is a prime factor for production of the disease. In pregnancy, there is a development of physiological *edema*. The components of drug therapy include *tridosh shaman*, *agnidipan*, *aampachak*, *lekhan*, and *medhya rasayan*. *Gokshur* is having the properties of best diuretic and *vatahar*. By virtue of these properties *Gokshur* may antagonize the etiopathogenetic of HTN, by reducing the intravascular volume, thus prevent further accumulation of fluid and ultimately influence the other blood pressure controlling mechanism like renal, cardiac, endocrine and CNS. *Garbhini* is said to be *bruhanarha*. She should consume *hrudya*, *dipaniya* and *madhurpraya ahara*. In *garbhini paricharya*, it is advised to give *ghrita* medicated with *madhur* drugs and *vatahar ahara*. *Gokshur ghrut* has *tridoshshamak* properties. It acts on *rasavaha strtas* and carry out *rasadhatu poshan*. *Gokshur* and *goghruta* is *rasayan*. and enhance the quality of *rasa*, *rakta* and *mansa dhatu*. It provides *bala* to both *garbha* and *garbhini*. *Gokshur ghrut* contains *pit-tashamak*, *varnaprasadan dravyas*. *Gokshur ghrut* helps in formation of qualitative and quantitative *rasa dhatu* and in turn helps to form well-nourished *saptadhatu*. According to *guna*

samanya siddhant, the drug contains specific *guna* which helps to nourish *dhatu* of that particular *guna*. *Dravya* of *Gokshur ghrut* nourishes *mansdhatu* more specifically. Also, *Gokshur* is a *prithvi mahabhuta pradhan dravya* hence it promotes *mansdhatu vardhan* of *garbha* and *garbhini*. Hence the drug *Gokshur* provides nourishment more specifically to *rakta* and *mans dhatu* of and *garbhini*, which is reflected in increased symphysis, fundal height, maternal and fetal weight, placental weight and reduced pedal oedema, heart burn, general weakness, hypertension.

CONCLUSION

- 1) The drug *Gokshur ghrut* is proved to be useful in increasing Symphysis Fundal Height, Abdominal girth, weight of the patient and birth weight. Hence, *Gokshur ghrut* has a significant role in *Garbhavridhi*.
- 2) *Gokshur ghrut* is useful drug for prevention of *Garbhini Karshya*.
- 3) It maintains pulse rate status throughout pregnancy.
- 4) *Gokshur ghrut* has a significant role in improving fetal weight.
- 5) *Gokshur ghrut* have quality to control blood pressure.

- 6) *Gokshur ghrut* are *mutral* which shows reduction in *edema*.
- 7) Also to some extent due to *anuloman* property of *ghrit* and *snehan* we can say that there are more chances of normal delivery in trial group but there is need of further study with more sample size.
- 8) No side effect of drug is seen during the clinical trial.

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