

AYURVEDIC MANAGEMENT OF *UPAVISHTAKA GARBHA* DUE TO PIH AN INTEGRATED APPROACH - A SINGLE CASE STUDYAswathi R S¹, Sathish Jalihal²

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**ABSTRACT**

At present era it is observed that the incidence of normal pregnancy and delivery has been diminished. In childbirth weight is one of the most important factors affecting neonatal mortality and morbidity. Pregnancy induced hypertension is a global complication, approximately 10-17% of pregnancies are affected, and IUGR is one among the complications of PIH. In *Ayurveda Samhithas*, various *Garbhavyapat* are described and one among those are *Upavishtaka Garbha*. *Acharya Charaka* stated, as if bleeding per vagina or other types of discharges occur in pregnant woman, then the foetus will not grow properly in the uterus, and *Acharyas* mentioned many *Chikitsas* for the same. If IUGR is occurred due to PIH then most of the *Chikitsas* are to reduce PIH and to increase the weight of the baby. Hence can enlighten the treatment procedures in medical practice. Here is a single case study which reduces the PIH and promote the Foetal weight with *Ksheerabasti* with *Gokshura* and *Yashtimadhu*. Here both the drugs are having Vasodilatation property which reduces the hypertension in pregnant lady and increases the foetal blood flow. *Ksheera* is having *Balya* property which in turns the foetal growth, which gave significant action in the PIH and IUGR.

Keywords: *Ayurveda Samhita, Garbha Vyapat, Upavishtaka Garbha, Gokshura Basti, Ksheera Basti*

INTRODUCTION

Being pregnant and ultimately being able to give birth to a life is a fulfilling experience for a woman. But complications associated with it may make it difficult experience for both mother and the child. PIH is one of such complication and they are responsible for 8-9% of maternal death in India. Overall, they complicate 5-10% of pregnancies in India. In PIH, Oedema, Hypertension and Proteinuria are the cardinal symptoms whereas presence of headache, disturbed sleep, visual disturbances, Oliguria and Epigastric pain are considered as alarming features. IUGR is considered as one among the complications of PIH. On looking into the Ayurvedic classics we find clear description of symptoms related to severe PIH like pathological Oedema (*Garbhini Shotha*)¹, convulsions (*Akshepaka*)², Oliguria (*Garbhini Mutragraha*)³, IUGR (*Garbha sosa*)⁴ etc. *Acharyas* had described these factors under the heading of *Garbhopadrava*. In classics, during pregnancy *Masanumasika Garbhini Paricharya* are described in detail which is very efficient in preventing the development of PIH.

Materials and Methods

Place of study: SJG Ayurvedic Medical College, Koppal

Case Report:

The present case study is successful Ayurvedic management of a case of *Upavishtaka Garbha* due to PIH. A 26 yrs old female patient came to the *Ayurvedic* hospital with chief complaint of;

1. Headache
2. Epigastric pain
3. Massive all over body Oedema

Associated symptoms: 1. Oliguria, 2. Decreased Fetal movements

Patient had above complaints for one week

History of present illness: 26 years old female patient with Primi Gravida of 27 weeks of gestation developed all over body Oedema gradually and her BP shows 180/120 mm of hg, and also her urine albumin was 4+. For this she consulted modern gynecologist. He convinced them to terminate the pregnancy and prophylactic Magnesium Sulphate was given (4g IV and 10g IM). But patient did not willing to terminate the pregnancy. So, she visited Ayurvedic hospital.

Past History: Nothing significant

Table 1: Personal History

Name: XYZ	Habits: None	Prakruti: Pitta vata
Age: 26 yrs	Bowel: Regular	BP: 180/120 mm hg
Sex: Female	Appetite: Reduced	Height: 160 cm
Occupation: Housewife	Micturition: Reduced(once/day)	Weight: 50 kg
<i>Bala: Madhyama</i>	Sleep: Disturbed	

Table 2: *Ashtavidha Pareeksha*

Nadi :114bpm	Sabda: Clear
Mutra: once a day	Sparsha: Normal
Mala: Avibadha	Drik: Normal
Jihwa: Lipta	Akruthi: Madhyama

Systemic Examination: CVS: S1 S2 heard, NAD, CNS: Conscious, well oriented, NAD, R.S.: NAD, GIT : NAD

Table 3: Local examination:

❖ P/A		
Inspection	Palpation	Auscultation
Swelling: ++	Fundal Height: 24-26 weeks (lesser than the age of gestation)	FHR :136 beats/mint
Linea Nigra: present	Foetal parts are easily palpable due to Oligohydramnios	
Striae Gravidarum: ++ (due to distention of abdomen)	Left longitudinal lie and Cephalic presentation	
❖ P/V		
Inspection	Bimanual Examination	
Vulval oedema: present: (++++)	Cervix: Healthy, posteriorly located, Oss closed	
Superficial Varicosities: Present	Discharge: Absent	

Investigations:

1) USG: IUGR and EFW, FHR:133bpm, EFW:695g
Doppler Study findings are: Cerebro placental ratio-Reduced

- B/L uterine artery showing increased resistance flow & early diagnostic notch, there is the symptoms of severe uteroplacental & placento foetal insufficiency

Table 4: Doppler findings before treatment

	PI	RI	S/D Ratio
MCA	1.5	0.7	4.1
Umbilical artery	2.1	1.0	0.0
Right Artery	2.4	0.8	6.7
Left UTA	1.2	0.6	2.7

- SLIUP OF 28 weeks 4 days (calculated from LMP) showing a growth of 23 weeks 2 days +/- 2 weeks size.
 - Growth lag of >5 weeks with severe fetoplacental & uteroplacental insufficiency- early onset of IUGR (severe)
 - Mild-moderate maternal ascites
- 2) Urine albumin: 4+
3) CBC: Hb: 13.10 g%, Bl. urea: 20.80 mg%, WBC:8,100cells/cumm

Final diagnosis:

Primi with severe pre-eclampsia with IUGR, As the *pratyatma Lakshanas* of *Upavistaka Garbha* like *Vrid-dhim Aprapnuvan* (Growth Retardation), *Sasphura* (Fetal Movements Appreciable) and *Vardhate Na Udaram* (Fundal Height Less than the period of Amenorrhoea) were present in this case, so *Upavishtaka Chikitsa* was followed.

Treatment Plan: Patient was treated in IPD basis

Treatment

- *Upavishtaka Garbha* chikitsa
- *Ksheerabasti* with *yashtimadhu-gokshura ksheerapaka* 100ml daily for 8 days

Orally:

- Modern Gynecologist referred.
- ✓ Tab. Labetelol 100 mg 1TID
- ✓ Tab. Nicardia 20 mg 1 OD
- ✓ Tab. Ecospirin 75 mg 1 OD
- Ayurvedic medications.
- ✓ Tab. Limiron 1 TID
- ✓ *Yashtimadhu Gokshura Ksheerapaka* 50 ml BD (B/F)
- ✓ Cap. Sujat 1BD After Food X 10 Days

Results

- Vulval oedema completely resolved

- Abdominal oedema relieved
- Pedal oedema reduced
- Urine albumin reduced to 3+
- Her BP reduced to 130/90 mm of hg
- After 10 days USG repeated. Findings are; FHR:140bom, EFW:908g

Table 5: Doppler finding after treatment

	PI	RI	S/D Ratio
MCA	1.3	0.71	3.46
Umbilical Artery	2.0	1.0	0.0
Right UTA	2.0	0.79	4.86
Left UTA	1.2	0.6	2.7

- SLIUP of 29 weeks 5 days (calculated from LMP) showing a growth of 25 weeks 5 days+/- 2 weeks size
- Growth lag of >4 weeks with moderate fetoplacental & uteroplacental insufficiency-Early onset of IUGR
- Mild to moderate maternal ascitis.

DISCUSSION

Gokshura has *Mutragna*, *Balya*, *Sulaghna*, *Vatahara* and *Hridhya* properties. *Yashtimadhu* is endowed with *Raktashodhaka*, *Balya*, *Vata shamaka*, and *Kledahara* properties. Emphasis of *Ksheera* in *Garbhini* is well known with properties such as *Jeevaniya*, *Rasayana*, *Medhya*, *Balya*, and *Brahmana*. All these two drugs along with *Ksheera* have good impact on growing fetus. *Ksheera Basti* with these drugs is found to increase fetal weight by *Bruhmana*, *Balya*, *Pushtidayaka*, *Rasayana* etc. properties by rejuvenating the *Dhatu*. *Basti* expels morbid wastes present in the intestines thereby it boosts the absorption of *Ksheerabasti* ingredients. It acting as *Dhatuwardhaka* increases *Rasa Dhatu* and increases the amniotic fluid. *Gokshura* will helps to increase the urine output which will reduces the oedema and it is lowering the hypertension. *Yashtimadhu* is act as *Kledahara* which will supply proper blood supply to the fetus which will manage the fetal growth and the *Rasayana* and *Brahmana* property of *Ksheera* will nourishes the fetus which inturn nourishes

Doppler findings are.

- Cerebroplacental ratio is reduced 0.66
- Uterine artery showing increased resistance flow
- Umbilical artery shows absent diastolic s/o moderate uteroplacental & fetoplacental insufficiency

the foetus. *Basti* does the *Vatanulomana* and also normalizes the *Vata*, relieve pain abdomen also. And *Gudha* is considered as the *Siramarma*, if the medicine is reaches there it will supply to all over body and whole body will get the nourishment.

CONCLUSION

Gokshura Yashtimadhu Ksheerapaka drugs act as *Mutrala*, *Kledahara*, *Rasayana* and *Dhatuwardhaka* by constructive metabolism and thus have definite action on fetal growth-related disorders. It also improves the amniotic fluid, fetal growth, maternal wellbeing and relieves oliguria, odema, bodyache etc. Therefore, the present case series focusing to use of *Gokshura Yashtimadhu Ksheerabasti*, these drugs will be more effective in counteracting IUGR with its anabolic properties without any side effect. This study also throws light on the future scope of management of IUGR in *Prasuti Tantra* practice. Because every time, termination of pregnancy is not an option. We can use alternative ways to save the child. Being a mother will be a wonderful feeling and being a mother of a healthiest baby will be a bliss.

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