

MANAGEMENT OF GARBHODAKAVRIDDI W.S.R. TO POLYHYDRAMNIOS  
THROUGH AYURVEDA - A CASE REPORT

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<https://doi.org/10.46607/iamj4009072021>

(Published Online: July 2021)

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Article Received: 12/06//2021 - Peer Reviewed: 15/06/2021 - Accepted for Publication: 18/06/2021



## ABSTRACT

**Introduction:** Polyhydramnios is a relatively common clinical presentation in pregnancy with a varying incidence of 1-2% of cases. There is yet no data suggestive of improvement in perinatal outcome with antenatal fetal surveillance. Since it is associated with significant perinatal morbidity and mortality, fixing up a standard treatment protocol for its management is needed. **Case Description:** A 28-year-old female patient consulted *Prasutitantra* and *Streeroga* OPD, NIA Hospital, Jaipur complaining of difficulty in breathing, palpitations, hyperacidity for 15 days with 8 months of amenorrhea. **Diagnosis:** Based on abdominal examination and radiological findings, the case was diagnosed with polyhydramnios. On the correlation of symptoms as stated by Acharya Sushruta, Ayurvedic diagnosis of *Garbhavridhi* was made. **Intervention:** As in the management of *garbhavridhi*, practices involving appropriate *samshodhana* (purifying) and *sanshamana* (suppressive) yet *kshaya-avirodhi karma* (not causing loss of *dosha* or *dhatu* below optimal range) are prescribed. Hence, an intervention of *Ksheerabasti* with *Punar-navashtaka Kwatha* was done along with the oral medication in the present study. **Outcome:** USG done after 7 days of treatment course showed significant correction in AFI as well relief from clinical symptoms. **Conclusion:** This

case illustrates that Polyhydramnios can be managed effectively and safely with *Punarnavashtaka kwatha ksheera basti*. *Mutrajanana*, *Srotoshodhana*, *Kledapachana*, and *Shothaghna* are the main actions essential in its management.

**Keywords:** *Garbhavridhii*, Polyhydramnios, *Punarnavashtaka kwatha*, *Ksheera basti*

## INTRODUCTION

Polyhydramnios is one of the common complications in pregnancy which is associated with an increased risk of perinatal morbidity and mortality. It is an amniotic fluid disorder wherein there is excessive accumulation of liquor amnii causing discomfort to the patient.<sup>1</sup> Factors thought to be involved in the regulation of amniotic fluid involve fetal micturition, deglutition, uterine placental blood flow, fetal respiratory movements. Impairment in the equilibrium of formation and absorption of amniotic fluid due to any of the factors causes excessive amniotic fluid retention called Polyhydramnios. Polyhydramnios sufficient to produce clinical symptoms is reported to occur in one in 1000 pregnancies. Its major causes include GDM, structural and chromosomal fetal anomalies, multiple pregnancies, placental anomalies, and Idiopathic causes<sup>2</sup>. It may lead to preterm birth, maternal compromise, fetal compromise, and increased operative delivery.<sup>3</sup> In modern science, therapies generally adopted for the management of Polyhydramnios are Indomethacin therapy and Serial amniocentesis<sup>4</sup> Serial amniocentesis is an invasive procedure whereas Indomethacin therapy has potential hazards on fetal ductus arteriosus. Therefore, alternative management for polyhydramnios is desired for womankind. In Ayurveda, though there is no direct reference to polyhydramnios, Acharya Sushruta stated *Garbhavridhii lakshana* as an excessive increase in the size of abdomen and perpiration<sup>5</sup> which can be correlated as follows:

1. Increased size of the fetus – Macrosomia
2. Excessive amniotic fluid – *Garbhodakavridhii*
3. Multiple Pregnancy - *Yugma Garbha*

In the present case, *Garbhavridhii* can be interpreted as *Garbhodakavridhii* i.e., polyhydramnios wherein the uterine size is found greater than corresponding

gestational age on examination. Considering the specific management of *Garbhavridhii*, *Samshodhana* with *Punarnavashtaka kwatha Ksheera Basti* is planned in this case along with oral medication which found to be effective in treating this condition.

## CASE REPORT

A 28-year female patient with obstetric history G2P2A0L1D0, G1 being FTCS 2.5-year FCH visited Prasutitantra and Streeroga O.P.D., NIA, Jaipur on 10/12/2020 complaining of difficulty in breathing, palpitations, burning sensation in the chest for 15 days along with 8 months of amenorrhea. Her LMP was 17/04/2020 with a gestation age of 33 weeks 6 days and EDD was on 24/01/2021. This was her first visit as she has visited the local private hospital for routine ANC check-ups before.

## CLINICAL FINDINGS

The patient's general condition was healthy with mild pitting edema over bilateral feet. Her vitals were stable, BP being 130/70 mmHg, PR 76/minute, RR 26/minute with temperature 97.6<sup>0</sup>F. Her height was 157 cm and her weight was 78 kg. Per abdominal examination revealed tensed-shiny abdomen with fundal height corresponding to 34-36 weeks of gestation which is more than the period of amenorrhea. FHR was 148/bpm with Doppler. There were no uterine contractions as well as no tenderness over the abdomen. The patient was admitted to I.P.D., *Prasutitantra* and *Streeroga* department, NIA, Jaipur for further management.

**DIAGNOSTIC ASSESSMENT:** Routine investigations were advised to the patient after admission which was within normal limit. The patient already had a USG report with details as follow:

**Table 1:** USG investigation on 1<sup>st</sup> visit before treatment.

Date: 02/09/2020	
Single live intrauterine pregnancy is seen.	
Fetal cardiac pulsation	- Present, Regular (FHR: 152/min)
Fetal movements	- Present
Amniotic fluid	- <b>Increased (Largest pocket – 7 cm)</b>
Umbilical cord	- 3 vessels with normal placental and fetal abdominal insertion
Placenta	- Anterior, Grade-1
Cervical length	- 3.9cm
Internal os	- closed.
<b>Impression: Live intrauterine pregnancy of approx. 20 weeks 2 days with polyhydramnios and normal fetoplacental blood flow pattern.</b>	

Based on the patient's complaints of difficulty in breathing, Per-abdominal findings and USG findings i.e. increased amniotic fluid with 7 cm DVP, a diagnosis of *Garbhodakavridhi* ie. Mild Polyhydramnios is made.

### THERAPEUTIC INTERVENTION

While prescribing specific management of *Garbhavridhi* Acharya Sushruta suggested the use of *Sanshodhana* (purifying) and *Kshaya avirodhi kriya* (suppressing the increased *dosha* not causing loss of that *dosha*). *Basti* is the *Sanshodhana* suggested by Acharya Sushruta in the 8<sup>th</sup> month of pregnancy. Also, being the route of drug administration allowing extensive drug absorption it is planned in this case. Considering imbalance in the equilibrium of formation and absorption of liquor amnii, the drug with *kledapachaka* (Absorbing excessive moisture) *mootrala* (diuretic) and *shothaghna karma* (Anti-inflammatory) must be thought of for the intervention. *Punarnavashtaka Kwatha* is a polyherbal formulation mentioned in *Bhaishajya ratnavali*<sup>6</sup>. It has an established diuretic, anti-inflammatory properties and is indicated in diseases like *Sarvanga Shotha* (Generalized Edema), *Udara roga* (Abdominal Disorders). It is comprised of the ingredients mostly dominated by *tikshna* (penetrating), *Ushna* (hot in potency), *Ruksha*

(dry) properties. As *Tikshna* and *Ushna* drugs are contraindicated in *garbhini* (pregnant lady), *Ksheerapaka* is the formulation of choice to combat *tikshna ushna* and *ruksha* properties of *punarnavasthaka kwatha*. An associated symptom like a burning sensation in the chest was also present in this case. An oral combination of *avipattikara churna*, *Pittantaka yoga*, *Pravala pishti* and *Kapardika bhasma* has been effective in treating hyperacidity symptoms. Therefore, in the present case, Ayurveda treatment modality including *Ksheera basti prayoga* with *Punarnavashtaka Kwatha* along with an oral combination of *avipattikara churna adi* has been adopted.

### COURSE OF TREATMENT

The patient was given *Punarnavashtaka kwatha ksheera basti* once a day for 7 days without any prior *snehana* and *swedana karma*. *Basti* was prepared as per standard procedure of *ksheerapaka* mentioned by Yadavji Trikamji Acharya<sup>7</sup>, Luke warmed and was administered rectally in *nyubjavastha* ie. Hunchbacked with knee flexed position.

**Table 2:** *Punarnavashtaka Kwatha Ksheera Basti*

Drug	Part	Dose	Position	Route of Administration	Duration
<i>Punarnavashtaka Kwatha Choorna</i> (30 gm) + <i>Gavya ksheera</i> (500ml) + Water (500ml)	1 Part 15 Parts 15 Parts	500 ml of <i>Ksheera paka</i> of <i>Punarnavashtaka Choorna</i>	Bent or Hunchbacked Position ( <i>Nyubjavastha</i> )	Per rectal ( <i>Guda marga</i> )	For 7 consecutive days in the morning after breakfast

A combination of drugs containing *Avipattikara churna*, *Pittantaka churna*, *Kapardika bhasma* and *Pravala pishti*, each manufactured at Pharmacy, NIA, Jaipur was given orally for 7 days to relieve the hyperacidity symptoms.

**Table 3:** Internal Medication<sup>8</sup>

Sr. No.	Drug	Dose	Time of administration	Vehicle (Anupaana)	Duration	
1.	<i>Avipattikara Choorna</i>	3gm	Before Meal (Apaanakala)	Water	For 7 days	Reduction in acid secretion Anti-ulcer activity
2.	<i>Pittantaka Choorna</i>	1gm				Gastric antiulcer Anti-secretary activity
3.	<i>Kapardika Bhasma</i>	500mg				<i>Kshareeya (Alkaline)</i> <i>Deepana, Pachana, Amlapiita, Agnimandya</i>
4.	<i>Pravala Pishti</i>	500mg				<b>Anti-ulcer activity</b>

### TREATMENT OUTCOME

The patient was observed for 7 days during *Bastikarma*. There was no occurrence of any unwanted signs or symptoms during treatment. There was not any burning sensation in the abdomen by 4<sup>th</sup> day of

treatment. Pedal edema was relieved by the 6<sup>th</sup> day of the treatment course. Difficulty in breathing was completely relieved by the end of the course. USG carried out after completion of treatment showed Amniotic fluid inadequate amount with **AFI- 17.4 cm**.

**Table 4:** USG Findings After Course of Treatment

Date: 23/12/2020	
Single live intrauterine pregnancy is seen with a cephalic presentation in the LOA position.	
Fetal cardiac pulsation	- Present, Regular (FHR: 130/bpm)
Fetal movements	- Present
Amniotic fluid	- <b>Adequate (AFI- 17.4 cm)</b>
Placenta	- Anterior, mid uterine, mostly right-sided, Normal Placental perfusion was seen on color Doppler.
Cervix	- Normal
<b>Impression: single live intrauterine pregnancy with G.A. 35 weeks 2 days is seen with a cephalic presentation in LOA position.</b>	

**MODE OF ACTION****Table 5:** Ingredients of *Punarnavashtaka Kwatha Churna* formulated at Pharmacy, NIA, Jaipur along with Properties<sup>9</sup>

Sr. N.	Drug	Latin Name	Family	Part Used	Quantity	Rasa/Veerya/Vipaka	Properties
1	<i>Punarnava</i>	<i>Boerhavia diffusa</i> Linn.	<i>Nyctaginaceae</i>	Root	1 Part	<i>Katu, Katu, Sheeta</i>	<i>Tridosahara</i> (Corrects vitiated doshas), <b>Shothaghna</b> , Anulomana <b>Diuretic by increasing renal blood flow</b>
2	<i>Abhaya</i>	<i>Terminalia chebula</i> Retz.	<i>Combretaceae</i>	Fruit	1 Part	<i>Lavanavarjita Pancharasa, Madhura, Ushna</i>	<i>Laghu, Rukhsa, Tridosahara, Prajasthapana, Anulomana, Rasayana, Lekhana</i>
3	<i>Nimba</i>	<i>Azadirachta indica</i> Linn.	<i>Meliaceae</i>	Bark	1 Part	<i>Tikta, Katu, Sheeta</i>	<b>Laghu</b> , <i>Kaphapittashamaka</i> <b>Yakrut Uttejaka</b> , <b>Diuretic, Astringent</b> , Immuno-protective
4	<i>Darvi</i>	<i>Berberis aristata</i> DC.	<i>Berberidaceae</i>	Rhizome	1 Part	<i>Tikta, Katu, Ushna</i>	<b>Laghu, Ruksha</b> <i>Kapha-pittahara</i> Inhibits water retention, Anti-inflammatory, Relieves Edema.
5	<i>Tikta</i>	<i>Picrorhiza kurroa</i> Royle ex Benth.	<i>Scrophulariaceae</i>	Root	1 Part	<i>Tikta Katu Sheeta</i>	<b>Laghu, Ruksha</b> <i>Kaphapittashamaka</i> Mild Purgative, <b>Diuretic</b> Prevents UTIs, Reduces Edema Appetizer in small doses
6	<i>Patola</i>	<i>Trichosanthes dioica</i> Roxb.	<i>Cucurbitaceae</i>	Leaves	1 Part	<i>Tikta Katu Ushna</i>	<b>Laghu, Ruksha</b> <i>Tridoshashamaka</i> , Mild Purgative, <b>Anti-inflammatory</b>
7	<i>Guduchi</i>	<i>Tinospora cordifolia</i> (Willd.) Meirs	<i>Menispermaceae</i>	Stem	1 Part	<i>Tikta Madhura Ushna</i>	<i>Laghu, Snigdha</i> <i>Tridoshashamaka, Vishaghna</i> <b>Anti-secretary</b> Digestive, Anti-inflammatory, <b>Diuretic</b> , Immunostimulant
8	<i>Nagara</i>	<i>Zingiber officinale</i> Roscoe.	<i>Zinziberaceae</i>	Rhizome	1 Part	<i>Katu, Ushna, Madhura</i>	<b>Laghu, Snigdha</b> <i>Vatakaphahara</i> , Antiflatulent <i>Deepana, bhedana</i>

**DISCUSSION**

*Punarnavashtaka Kwatha* is a polyherbal formulation. A polyherbal formulation is known to have greater therapeutic efficacy due to the synergism of its components. Most of its ingredients possess *laghu-ruksha*

*guna, tikta-katu rasa, Katu-vipaka* and *ushna veerya* which acts probably as follows<sup>10</sup>.

It consists of *Punarnava* which has been depicted as the best *mootrala* and *shothahara* drug effectively excreting excessive fluid through urine and reducing

edema. The rest of its constituents have *srotovishodhaka* and *kleda-pachaka* property which reduces fluid retention in the body. *Guduchi* shows anti secretory property preventing the excessive formation of liquor amnii. *Rasayana* property of *punarnava*, *shunthi* and *guduchi* enhanced immunity of mother as well as fetus against diseases. *Ksheerpaka* formulation has a nutritive effect on the fetus as well as on the mother. Thus, *Punarnavashtaka Kwatha Ksheerapaka* maintains optimal fetal growth so that fetal weight was not reduced with a reduction in the amount of liquor amnii. Administration of drugs in *basti* form helps in *samshodhana karma* as well as enhances bioavailability of drug leading to its maximum absorption. *Basti* also causes *anulomana* of *vayu* thereby relieving breathing difficulty. Considering the burning sensation in the chest, a combination of *Avipattikara Churna*, *Pittantaka Churna*, *Praval Pishti* and *Kapardika Bhasma* is given to the patient for oral administration along with *bastikarma* modality. Gastroprotective, as well as the mild laxative property of the combination, subsides a burning sensation in the chest. *Pittantaka choorna* is *ayurvedic* proprietary medicine prepared in Pharmacy, NIA, Jaipur. It contains *Swarna gairika* which by its *madhura kashaya* rasa and *sheeta veerya* balances vitiated pitta along with *sita*. *Pravala pishti* and *kapardika bhasma* are calcium-containing *ayurvedic* preparation. *Pravala Pishti* by its *madhura* rasa and *sheeta guna* pacifies *amlaguna* of pitta relieving *amlapitta* symptoms. *Kapardika bhasma* neutralizes pitta (Gastric acid) by its *kshareeya* property. Also, it potentiates the effects of other drugs in the combination. Calcium ions released from these two enhances protective mechanism of gastric mucosa against acid<sup>11</sup>. Endowed with a diuretic, anti-inflammatory, immune-modulatory, and acid-neutralizing property, the treatment modality works well against polyhydramnios without harming fetal health.

## CONCLUSION

Based on the outcome of the treatment and discussion, it is concluded that *ksheerabasti* with *Punarnavashtaka kwatha* merely for 7 days holds a signifi-

cant role in maintaining physiological equilibrium between production and excretion of liquor amnii. Also, *bastikarma* relieves pressure symptoms like difficulty in breathing caused due to polyhydramnios. A combination of *Avipattikara churna*, *Pittantaka churna*, *Pravala pishti* and *Kapardika bhasma* is amazingly effective in treating hyperacidity symptoms. Hence, the selection of *Punarnavashtaka Kwatha Ksheera Basti* along with some oral drug administration as per secondary complaints is apt to treat polyhydramnios. As this is a single case report, more such case studies are needed for fixing up the standard treatment protocol in this condition.

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**Source of Support: Nil**

**Conflict of Interest: None Declared**

How to cite this URL: Divya Deepak Patil et al: Management Of Garbhodakavridhhi W.S.R. To Polyhydramnios Through Ayurveda - A Case Report. International Ayurvedic Medical Journal {online} 2021 {cited July 2021} Available from: [http://www.iamj.in/posts/images/upload/1564\\_1570.pdf](http://www.iamj.in/posts/images/upload/1564_1570.pdf)