

Ayurvedic Management of Oligohydromnios with kshirbasti and kshirpana: case report

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Abstract: Oligohydroamnios is a serious complication of pregnancy. That is associated with poor perinatal outcome. An accurate and reproducible method of determining abnormality is amniotic fluid index (AFI). An effective medical therapy for oligo is very important for the fetus to grow normally to near term. Though some allopathic treatment modalities such as Amino Drip Infusion and maternal hydration have been suggested, none work well or resolve the primary cause. In ayurveda, oligohydroamnios can be considered under Upvishtakanagodara. Here, Garbhakshaya^[1] as stated by Acharya Sushruta where Garbhaaspadana i.e. ksheenaspandana and annatatkukshitta which is due to reduced liquor. Acharya Sushruta has mentioned the usage of ksheerbasti from 8 month onwards to nourish the fetus in garbhakshaya. So one patient has been selected having moderate AFI for the use of ksheerbasti. So here Shatavary, Ashwagandha, Phalaghrutasidhhaksheerbasti is selected which is very effective treatment modality to increase the amniotic fluid.

Key Words: oligohydroamnios^[2], garbhakshaya, shatavary, ashwagandha, ksheerbasti.

INTRODUCTION

Oligohydroamnios is defined as an amniotic fluid index less than 5 th percentile (at term <5cm or at preterm <8 cm) has an influence of 8.55 to 15.5% (Rutherford et al 1987, sarno et al 1989, moor et al 1990). Around 1% of pregnancies are affected by mid trimester oligohydroamnios, it is associated with a poor perinatal outcome. increases risk for small for gestational age, meconium stained liquor, low appgar score and NICU admissions. Oligohydroamnios is may be result of uteroplacental insufficiency, drugs induced, fetal abnormalities or prom. It generally leads to IUGR. So potential identification of modifiable risk factor for successful prolongation of pregnancy is needed. In ayurveda oligohydroamnios can be consider under upavishtaka and nagothara as stated by sushrutagarbhakshaya i.e. kshinspadana and annatatkukshittawhich are mainly due to reduced

amniotic fluid. Sushruta has mentioned the usage of ksheerbasti from 8 months onward to nourish fetus. So that a patient is selected for use of shatavari, ashwagandha ksheerbasti as shatavai^[3] (asperagous racemosa) is known to produce anti oxytocic and ADH activity. And ashwagandha (withnia somnifra) is bruhaniyaya vrushya and increases muscle tone of uterus. It is an adaptogenic herb. Emphysis of ksheera in garbhini is well known with properties such as jeevniya, rasayana, medhya, balya and brihana. All these drug being anabolic act as dhatuvardhakand have definite action on iugr and ksheerbasti results in increase afi and birth of healthy baby.

AIMS AND OBJECTIVES

Aim = To study efficacy Of shatavari, ashwagandha, guduchi Phalaghrutsiddhakshirbastiin oligohydromnios

Objective = 1) To Study The Oligohydroamnios and it's effect on IntraUterine Fetus.

2) To Study The Action of KsheerBasti Drugs on Oligohydroamnios

CASE STUDY

25yr Female Patient with 31 Weeks of Gestational Age with Oligohydroamnios.

O/E

BP- 130/80 mm/Hg, PR- 82/ min, SpO₂- 99%, FHS -148 Bpm

S/E

CNS- Conscious, Oriented, CVS-S1S2 (Normal)

RS- ABBE (Clear), M/H – Regular with Painless 3 Day of Flow

LMP- 09/04/2024, EDD- 23/01/2024, O/H- Primi

P/A :- Uterus Height in Weeks = 28 Weeks, Uterus Height in Cm = 28 cm, F.M +

P/V: - Os- Closed , Cx- Firm, Posterior

Hb-10.2gm/dL, WBC- 1680/cumm, Plt- 303000/cumm, Bld. Group :- B positive.

P/S – No leaking or Bleeding

USG REPORT

INVESTIGATION

USG(22/11/24)	SLIU Of GA 31wks 1 day With Cephalic presentation. FHS:150BPM. Rate and rhythm are regular. PLACENTA: Fundal posterior wall Grade 3 Maturity No evidence of any Obvious Retroplacental / Subchorionic hemorrhage. No loop of cord is seen in the region of neck. →liquor is lower limit(6.2) of normal.
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Management Protocol

From 22 Nov 2024 onwards patient was advised to take:

- High protein diet
- Rest in left lateral position
- Masha & Mudgaryusha
- Narayan TailGhritaMatrabasti
- Phalaghrita 1 TSF BD
- Iron and Calcium Medicine

- *Ashv gandha, Guduchi, Phalghrut Siddha Ksheerpak*
- 25ml Orally BD shatavari
- Daily Agni ,Dosh, Dushya, MalaMutra Assignment

All Treatment Was Given by 7Days With NST Twice Daily.

MATERIAL AND METHODS

Drug review:-

Drug name]	Latin name	Rasa	Guna	Virya	Vipak	Doshkarma	Pradhan Karma
Shatavari ^[3]	Asparagus recemosus	Madhur tikta	Guru Snigdha	Sheeta	Madhur	Vaat Pitta shamak	Vrushya, Pushtikar, Balya, StanyaJanan
Ashwagandha ^[4]	Withania somnifera	Tiktakatu Madhur	Laghu Snigdha	Ushna	Madhur	Vaatkaph Shamak	Bruhan Rasayan Dipaniya Vrishya
Guduchi ^[5]	Tinospor acordifolia	Tikta Kashaya	Laghu	Ushna	Madhur	Tridosh Shamak	Jwarhar, Dipaniya Rasayan
Phalaghruta ^[6]			Snigdha	Shita		Tridoshaghna	Yoni doshahar Garbha sthapak

As this a single case study we gave following course of treatment.

Patient was admitted in IPD for 16 days. During this period daily assessment of pulse, blood pressure, fetal heart sound monitoring, urine analysis done and which was normal, no Pregnancy was there

KSHEERPAK BASTI PREPARATION

Ksheerpakbasti^[7] for each day is done with 25 gm of shatavari powder, 25 gm of ashwagandha powder, 25

gm of guduchid 600ml of water heat until it becomes 1/8 of kwath which is 75 ml then add 75 ml of milk to 75 ml of kwath heat up together till it becomes 75 ml of ksheerpak then add 25 ml of phalaghruta that becomes 100 ml of total basti

Course of treatment:- A) SHODHAN CHIKITSA(STHANIK)

KsheerpakBasti Protocol With Retention Time

	Procedure	Drug	Form	Dose	Duration	Route	Method	Time	Pratyaga mankal

Day of T/t									
1 st day	Matrabasti	Narayan tail[7]	taila	60ml	1 day	Gudmarg	Catheter	Morning for 10 min	2hrs
2 nd to 7 th	Basti	Shatavari, ashvgandha, guduchi, falghrut	Kshirpak	100 ml	7 days	Gudda Marg	Catheter	Morning slowly for 1 hour	3hrs
8th	Matrabasti	Narayan tail	Taila	60 ml	1 day	Guda Marg	Catheter	Morning for 10 min.	4 hrs
9 th to 15 th	Basti	Shatavari, ashvgandha, guduchi, falghrut	Kahirpak	100ml	7 days	Guda Marg	Catheter	Morning slowly for 1 hour	3hrs
16 th	Matra	Narayan tail	Taila	60ml	1 day	Gudda Marg	Catheter	Morning for 10 min.	6 hrs

USG obstetrics (02/12/24)	<p>PRESENTATION:Cephalic PLACENTA: Fundalposterior. LIQUOR: Lower limit of normal AFI: 9.6 cms. CERVIX: 33 mm. INTERNAL OS: Closed HEART RATE: 150 BPM. Rate and rhythm are regular. No loop of cord is seen in the region of neck.</p>
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RESULT

Ksheerpak treatment of 15 days AFI increases from 6.2 to 9.6 with good fetal weight gain without iugr.

DISCUSSION

Shtavari(asparagus racemosus)is known to produce anti oxytotic and anti adh activity. Shatavari also produces a state of reduced adrenocortical activity in adrenal weight and plasma cortisol in experimental study. As shatavri is jivaniya, garbbhaprada. By its shita, madurguna it acts as bruhaniya and tarpak for jalamahabhuta and helps in improvement of amniotic fluid.

Ashwagandha possess gunas as bruhaniya ,rasayana, deepniya, vrushya, and garbhastapaka.

While Guduchi due to Madhurvipak, it act as balya, bruhana, for garbhashay also act as vatanulomak,Phalaghruta act as yonidoshahar. By its snigdha guna helps in improvement of garbhodakajala. Act as balya to uterus.Narayan taila matrabasti helps in vatanuloman thus decreases vatavrodh of garbhashaya. It helps in anulomana of vata. 6. Probable mode of action of basti .Acharya parashara has opined that guda(anus) is the principle route of body and bears rich blood supply in it. Basti nourishes all extimities and organ of body. Basti

eliminates viateddosha via rectal route. Medicines. Administered through rectal route readily absorbed through rectum and large intestine. Rectum has rich blood supply and lymphatic drainage hence drug can transverse through rectal mucosa like other lipid membranes. Drug absorbed through upper rectal mucosa carried by superior haemorrhoidal veins in portal circulation. Drug absorbed by lower rectal mucosa crried by middle and inferior haemorrhoidal veins in systemic circulation.rectum with its rich vascularity and venous plexux provides a good absorption surface and many soluble substances produce their effect more quickly without passing the liver. According to charakabasti retains in pakwashaya and dwells doshas from all over body and basti is only thearapy which pacifies the provacated vatadosha . All these drugs act as anabolic and dhatuvardhak and thus may have definite action on iugr and oligohydroamnios. In this case after use of these drugs there is good fetal weight gain also achieved.

CONCLUSION

Oligohydroamnios has frequent accurnce and demands intensive fetal surellience and proper ante partum and intrapartum care. Timely intervention can reduce perinatal morbidity and mortality. Risk factors regarding oligohydroamnios are iugr, pre term birth, pih. To increase birth expectancy we have to assess

AFI by USG timely and proper intervention should be done. Shatavari, ashwagandha, guduchi phalaghurutasidhha ksheerPak has proven very effective modality to increase amniotic fluid and good nourishment of fetus in this case. Which decreases poor perinatal outcome and helps in preventing maternal and fetal morbidity and mortality rate

REFERENCES

[1] Dravyagunvigyana, Acharya Priyavat Sharma volume2, 7th chapter, rug no. 234, ChaukhambaBharati academy, Varanasi, Reprint 2006, 562pp.

[2] Agnivesha-charakasamhita with Ayurveddeepikavyakhya, by panditkashinathpandey, ChaukhambabharatiAcademyVaransi Reprint 2008, Cha. Su. 27/218, 5501023

[3] D.C. Dutta's Textbook of obstetrics, New Central Book Agency (P) Ltd. London, 2011, 2013: 7: 115

[4] Sushruta: Sushruta Samhita with Nibandhasangraha commentary of Dalhanaa Edited by JadavjiTrikamji Acharya.

ChaukhambhaOrientalia, Varanasi. Uttarantra 38:18. Page.

[5] Caraka Samhita, of Agnivesa, elaborated by Caraka and Dridhabala, Edited with Caraka-Candrika Hindi commentary along with special deliberation by Dr. Brahmanand/Tripathi, ChaukhambhaSurbharatiPrakashan, Varanasi, 3 Edition 1994.

[6] Vaghhatacharys, AshtangaHridayam with Sarvangasundhara of Arunadatta and Ayurveda Rasayans of Hemade, collatend by Dr.AnsMoreshwarKunte and Krishna Ramachandra.

[7] Yogaratakara with Vidyotini Hindi Commentary by Vaidya LaksmipatiSastri, edited by BhisagratnaBrahmasankarSastri, ChaukhambhaPrakashan, Varanasi, edition 2010, Pp 504

[8] Vd. YadavjiTrikamji Acharya, Charak Samhita, Choukhamba Prakashan.4 edition, 1994. Page No.378-37

[9] Vd GangadharShastriSathe, SarthaSharangdharsamhita, RaghuvanshiPrakashan. 4th Edition, 1983, Page No. 180-



