

INTEGRATED APPROACH OF GARBHA SOSHA WITH PRAMEHA W.R.T IUGR WITH GDM – A CASE REPORT

PROF.V.VINAY KRISHNA

1 Assistant professor in Department of Prasooti Tantra and Stree Roga, FIMS SGT university
Gurugram

2 Professor in Department of Prasooti Tantra and Stree Roga , Sri Dharamsthala Manjunatheshwara
college of ayurveda and Hospital, hassan

3 Professor and Head of Department in Prasooti Tantra and Stree Roga, FIMS SGT university
Gurugram

ABSTRACT-

INTRODUCTION-

Pregnancy is very precious emotion for a female .A pregnancy is considered high risk when there are complication that could affect the mother or baby or both. In India 20-30% pregnancy belongs to high risk category. Early diagnosed and management can reduce morbidity and mortality. Intrauterine growth retardation is also one ailment in high risk pregnancy. Foetal growth retardation is said to be present in those babies whose birth weight is below the 10th percentile of the average for the gestational age

METHODOLOGY-

One garbhini came for ANC (POG- 28Wks 2 days)complaints of reduced foetal movement with USG reports diagnosed with IUGR with Oligohydrominos with GDM in out patient department of Prasooti Tantra and StreeRoga of SDM ayurveda college and hospital Hassan treated with ayurvedic formulations and hambalu preparation (coconut inflorescence).

RESULTS-

Ayurvedic formulation like *asnadiganakashaya* and *nishaaamalaki* tablets will be given for madhumeha along with *hambalupayasa* will be given for 15days .There was marked elevation in AFI (Amniotic fluid index)and severe oligohydrominos came to mild oligohydrominos.

DISCUSSION-

In pregnancy aacharya told samtarpanachikitsa but sampartanachikitsa is contraindicated in madhumeha,So continuation of samtarpanachikitsa for garbha in madhumeha patient is very challenging task. So we choose chikitsa very wisely that it should not Detroute any condition and which is not contraindicate in madhumeha. Asnadiganakashaya and nishaaamalaki help in madhumeha and hambalupayasam help in garbhaphoshana as well as not contraindicated in other conditions .

Key words- Garbhasosha , Intra uterine growth retardation, Hambalu.

Introduction -

A pregnancy is considered high risk when there are complications that could affect the mother or baby or both. Early diagnosis and management can reduce morbidity and mortality. Foetal growth retardation is said to be present in those babies whose birth weight is below the 10th percentile of the average for the gestational age. Gestational diabetes mellitus is defined as carbohydrate intolerance of variability severity with onset or first recognition during pregnancy because of exaggerated physiological changes in glucose metabolism in pregnancy.²

Aims of the study –

Management of Garbhasosha (IUGR) with

- Shamanachikitsa ,
- Aahara (pathyaapathya)
- Vihara

Objectives of the study -

- Increase in amniotic fluid index
- Improve in estimated fetal weight
- Control in blood sugar

Material and methodology -

- Garbhini with amenorrhoea since 7months (POG 26wks 5days) having per vaginal spotting and reduced fetal movements since 2-3days and Pt is diagnosed with GDM and severe oligohyrominos.
- Shamanaaushdhi and pathya apathyaahara and vihara was given for 26 days.

History of past illness

- known case of GDM since 4 months under insulin therapy

Family history

- No diabetes mellitus and hypertension in family

Personal history	Asthavidhastanapariksha	Dasha vidhasthanapariksha
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Appetite- Good(mainly Rice and Sweet)	Nadi – 68bpm Jihwa- Lipta Mala- Prakrutha	Prakruti- Kaphavata Vikruthi- Vatakapha Sara- Madhyama
Bowl – Regular Once per day	Mutra- Vikrutha Shabda- Prakrutha	Samhana – Madhyama Satmaya- Ek rasa
Sleep – Good (day and night)	Drik – Prakrutha Sparsha –Prakrutha	Satwa- Madhyama Pramana- Madhyama
Micturition –10-12 times (day) 4-5times (night)	Aakruthi- Madhyama	Aahara shakti- Madhyama Vyayama shakti-Avyayam Vaya- Madhymaa

Obstetrics history-

Marital life – 4yrs

Non canganious marriage

Primi gravidae

Menstrual history –

LMP - 15/2/2020

EDD -22/11/2020

POG -26Wks 5D

Examination- Genral examination

Blood pressure	120/70 mm of hg
Pulse rate	84/min
Respiration rate	18/min
Temp .	98.4c
Built	Normal
Nourishment	Average
Cyanosis	Absent
Pallor	Absent
Icterus	Absent
JVP	Absent
Lymphadonapathy	Absent
Clubbing	Absent

Systemic examination

CNS- Well oriented to person ,palce and time

CVS- s1s2heard ,no added sound

RS – normal vesicular breathing

OBSTETRICAL EXAMINATION

- B/L Breast- soft & symmetrical,
 - B/L Nipples – normal, no discharge
 - P/A- Uterine fundal height at 24wks
(almost 3wks less than normal gestation)
- FHS – present, regular
- FM – present
- NST- reactive

Investigation –**Ultrasound scan report (10/8/2020)**

Imp- single live intrauterine fetus of 24wks seen in vertex presentation ,LOA, IUGR with severe oligohydrominos

AFI- 6cm

Estimated fetal weight- 660grams

Bio physical profile – 6/8

Bio chemistry-(20/5/20)

FBS – 135mg/dl

PPBS- 309mg/dl

OGTT- 310mg/dl

Nidana³-

आहारा ंोित दानगभः शोषम् समांोित प र ुित ा।

त[™]ी सुतेसुिचरे tगभः पुोयदावष रिप4ात् ॥ (ch.sa.2/15)

Due to un availability of proper diet to the fetus and also by vaginal discharges fetusdont get proper nutriton and leads to garbhasosha .

Samprapti ghataka and samprapti of garbhashosha

Dosha – Vatapradhana

Dhatu – Rasa, Rakta

Aama – Saama

Agni – Vishmagni

Srotas- Rasavahastrotas

Srotasdushtiprakara- Sangha

Udhabhavasthana – Garbhasaya

Vyaktasthana – Garbha

Vatalaahara vihar or vaginal

discharge



Decreased rasa (nutrients) in rasa

vahastrotas



Decreased rasa in garbhanabhinadi



Decrease rasa in garbha

And it leads to garbhashosha

Samprapthighataka and samprapthi of madhumeha

Dosha	Kaphapradhanavata pitta
Dhatu	Rasadisukhra dhatu
Aama	Saama
Agni	Dhatwagnimandhya
Strotas	Mutra and medovahastrotas
Strotasdushtiprakara	Sangha
Udhabhavasthana	Anthakoshtha
Vyaktasthana	Sarva sarira

Excessive sevana of madhuraahara

↓
Kaphaprakopa

↓
Medovridhi

↓
medoagnimandya



Stahulaya
↓
Margavrana
↓
Vataprokopaka
↓
Ojo dhushti
↓
Oja ksharana
↓
Madhumeha

Treatment given –Treatment modalities is divided into three parts

- a) Aushadha
- b) Aahara
- c) Vihara

a) Aushadha –

- Tb nishaamalaki 2tb (16mg) (B/F)
- Tb kumarabhrana rasa (8mg) 1 od
- Cap ksheerbala 1 bd 4 WEEKS
- Asanadiganakashaya 10ml bd(B/F)
- Calcium and iron supplements

b) Aahara –

Diabetic diet

Mudga yusha

Ragi peya

Narikelaphushpampayasam

Vihara –

Bed rest

Foot end elevation

Relaxation therapy

Result

- Estimated fetal weight increased from 660 grams – 1344grams
 - AFI increased from 4cm to 8cm .
 - Hb1ac findings from 8.1% to 7.7%
- FBS and PPBS previously was 135 & 309mg/dl came to 126.4 mg/dl & 260mg/dl respectively

Discussion –

- As we know garbhinisamtarpanachikitsa is indicated and for madhumehaaptarpana chikitsa is indicated so we have to choose chikitsa which should not deteriorate any condition of mother as well as fetus .
- *AsnadiGanakashaya* and *Nisha Aamalaki* and specific planned diet helped in controlling madhumeha (Nisha Aamalaki having anti diabetic property article published by Rohit Arun Wasker ISSN: 1001-1749)
- *Kumara Bharana rasa* and *Narikelapushpa payasam* help in garbhaphoshana . (Narikelapushpa are rich in protein (published in Article in current science .june 2019 by R.sudha et al)which help in provide essential nutrients to developing fetus
- *Ksheerbala is Vatahara ,Balya*

Conclusion -

- IUGR is an important condition seen in india due to poor socioeconomic status .
- The integrative approach in the management of garbhashosha with madhumeha are shows effective results
- गभासमायो शेमाहिगिभणी ेत् (kaashyapa) that means pregnant women should have such type of aahara and vihara which is suitable for baby

Garbhashosha and any other garbhavyapada can be prevented by following mansanumasikaparicharya as explained in classics.

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