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AYURVEDIC APPROACH TO OLIGOHYDRAMNIOS: A CASE-BASED STUDY ON KSHEERANDA MATRA BASTI AND PIPPLAYADI GHRITA

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ABSTRACT

Pregnancy is a dynamic physiological state characterized by complex hormonal, emotional, and metabolic changes that support fetal development. Oligohydramnios—defined as a pathological reduction in amniotic fluid volume, typically diagnosed when the amniotic fluid index (AFI) is less than 5 cm or the maximum vertical pocket measures less than 2 cm—poses significant risks to maternal and fetal outcomes. This case report presents the Ayurvedic management of oligohydramnios in a 25-year-old woman (G2P1L1A1D0) diagnosed at 33–34 weeks of gestation with an AFI of 6.2 cm during routine antenatal evaluation. The therapeutic intervention included Ksheeranda Matra Basti administered once daily for 16 days, along with oral administration of Pippalyadi Ghrita twice daily. Post-treatment ultrasound findings demonstrated a significant improvement in AFI, suggesting the potential role of Ayurvedic therapies in managing oligohydramnios. This case highlights the integrative approach of Ayurveda in addressing obstetric complications, warranting further investigation through controlled clinical studies.

KEYWORDS: Grabhodaka kshaya, oligohydramnios, AFI, Ksheeranda basti, pippalyadi ghrita.

INTRODUCTION

The concept of Garbhodaka is discussed in classical Ayurvedic texts in the context of prasava (labor). Acharya Kashyapa, in particular, describes clinical features indicative of fetal descent, including the leakage of intrauterine fluid accompanied by labor pain and other associated symptoms.

In modern obstetrics, this intrauterine fluid is identified as amniotic fluid, which plays a vital role in fetal development. It provides cushioning to the fetus, permits free movement for musculoskeletal development, maintains a consistent thermal environment, and acts as a protective medium against external trauma.

A deficiency in amniotic fluid volume, clinically referred to as oligohydramnios, is diagnosed when the maximum vertical pocket (MVP) measures less than 2 cm or the amniotic fluid index (AFI) is less than 5 cm on ultrasonography. This condition poses significant risks to both the fetus and the mother.

Fetal complications include

1. Spontaneous abortion
2. Congenital deformities due to intra-amniotic adhesions or compressive forces, such as skull molding, torticollis (wry neck), clubfoot, or even limb amputation
3. Pulmonary hypoplasia, which may be either a cause or consequence of oligohydramnios
4. Umbilical cord compression, leading to compromised fetal circulation
5. High fetal morbidity and mortality

Maternal complications may involve

1. Prolonged labor due to uterine inertia

2. Increased operative interventions, including cesarean sections, due to malpresentation or fetal distress In summary, oligohydramnios is a condition with multifactorial etiology and substantial implications for perinatal outcomes, necessitating timely diagnosis and appropriate management to reduce maternal and fetal morbidity.

CASE STUDY

A female patient aged about 25 years, belongs to hindu religion and middle class family with married life of 7 years visited OPD of PTSR dept, SKAMC&HRC with a history of 8 months of amenorrhea with obstetric history of G2P1LIA1DO for regular ANC check up and USG scan revealed AFI – 6.2 cm. She is not a known case of GDM/PIH/thyroid dysfunction/systemic dysfunction. Her obstetric scan on 18/12/24 revealed AFI-6.2 cm at 33 weeks 2 days of gestation.

Diet – mixed

Appetite – good

Bowel – once per day

Mictuirition – 4-5 times per day

Sleep – sound

Habits – Nothing specific

Built – moderate

Nourishment – good

Pallor – absent

Edema – absent

Clubbing – absent

Cyanosis – absent

Icterus – absent

Lymphadenopathy – absent

Height – 160cm

Weight -50 kg

BMI- 19.5

Pulse rate – 78/min

BP- 110/70 mmhg

Respiratory rate – 18 / min

Heart rate – 80/min

Temperature- 98.2 F

Tongue – uncoated

ASHTA STHANA PARIKSHA

Nadi – 78/ min

Mala – once per day

Mutra – 4-5 times per day

Jihwa – alipta

Shabda - prakruta

Sparsha – prakruta

Drika - prakruta

Aakriti – madhyama

DASHAVIDHA PARIKSHA

Prakriti – vp

Hetu – akala bhojana, katu, ruksha ahara

Dosha – vata kapha

Dushya- rasa, meda

Desha – sadharana

Kaala – 3rd trimester of garbhini avastha

Bala – madhyama

Sara – madhyama

Samhana – madhyama

Pramana – madhyama

Satmya – madhyama

Satva - madhyama

Ahara shakti – madhyama

Vyayama shakti – madhyama

Abhyavarana shakti – madhyama

Jarana shakti- madhyama

Vaya – youvana

ATURABHUMI DESHA PRIKSHA

Samruddhataha – sadharana

Vyaditaha - sadharana

Jataha - sadharana

PER ABDOMEN EXAMINATION

Fundal height – 33-34 weeks (GA according to LMP is 34 weeks 0 days)

Fetal movement – present

Fetal heart rate –132-140 bpm

Diagnosis – garbhodaka kshaya

COUSRE OF THE TREATMENT

18/12/24

Ksheeranda matra basti 100 ml for 16 days

Pippalayadi ghrita 2tsp with milk BD for 20 days

OBSERVATION

After the course of the treatment there was significant improvement in the AFI as shown in the repeated scan.

DATE	USG FINDINGS	TREATMENT GIVEN	OBSERVATION
18/12/24	Scan (18/12/24) AFI- 6.2cm BPP- 6/8 EFW- 2192gms	Ksheeranda matra basti 100 ml Pippalayadi ghrita 2tsp bd with godudha for 20 days	Repeat scan (21/12/24) AFI -7.4cm BPP -6/8 EFW – 2250 gms Repeat scan 26/12/24 AFI – 8.5 cm BPP- 8/8 EFW- 2300gms Repeat scan 6/1/25 AFI – 10.4 cm BPP- 8/8 EFW- 2600gms

DISCUSSION

The administration of Ksheera anda basti, as mentioned in Charaka Samhita, a medicated enema prepared with milk and egg, played a synergistic role in improving amniotic fluid volume. Milk, known for its nourishing and cooling properties, acted as a vital component in the treatment regimen. The addition of an egg, rich in essential nutrients such as phosphorus, calcium, potassium, protein, and moderate amounts of sodium, further nourished the mother and potentially influenced the amniotic fluid volume.

Pippalyadi Gritha mentioned in Bhaishajya Ratnavali contains Shunthi (Zingiber officinale Rosc.), Kushtha (Saussurea lappa C.B. clarke), Pippali (Piper longum Linn.), Bilwa (Aegle marmelos Correa ex Roxb.) and Munakka (Vitis vinifera Linn.). The ingredients of the Pippalyadi Gritha are having the properties like Vatashamaka, Kaphanashaka, Srotoshodhana, Rasayana, anti-inflammatory and antibacterial.

CONCLUSION

Oligohydramnios is a condition that requires careful evaluation and management to ensure the health and safety of both mother and fetus. Understanding the causes, risks, and treatment options for oligohydramnios can help expectant mothers and their healthcare providers navigate this challenging condition. Hence, early diagnosis of oligohyramnios will make it easy to treat combating its complications. And by right intervention at right time we can manage the condition of oligohydramnios with ayurvedic management with minimum side effects.

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