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AYURVEDIC MANAGEMENT OF OLIGOHYDROMNIOS WITH *KSHIRBASTI* AND *KSHIRPANA*: CASE REPORT

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ABSTRACT

Oligohydramnios – It is an extremely rare condition where deficiency of amniotic Fluid is less Than 200ml, Amniotic fluid index is less than 5 cm, and maximum vertical pocket of liquor is less than 2 cm. It is associated with an increased risk of umbilical cord occlusion, foetal Distress, meconium-stained liquor, operative deliveries, & stillbirth at term. Oligohydromnios[1] 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 trans abdominal amniocentesis and maternal hydration have been suggested, none work well or resolve the primary cause. In Ayurveda, oligohydroamnios can be considered under *Upvishtakanagodara*. Here, *Garbhakshaya*[2] as stated by Acharya Sushruta where *Garbhaaspandana* i.e. *ksheenaspandana* and *anunnatkukshitta* which is due to reduced liquor. Acharya Sushruta has mentioned the usage of *ksheerbasti*[3] 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 *Gokshur*[4] *Shatavari*[5] *Ashwagandha*,[6] *Phalaghruta*[7] *sidhhaksheerbasti* is selected which is very effective treatment modality to increase the amniotic fluid.

KEYWORDS: Oligohydroamnios, *garbhakshaya, shatavari, ashwagandha, ksheerbasti.*

INTRODUCTION

Oligohydroamnios is defined as an amniotic fluid index less than 5th percentile (at term <5cmor 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 apgar 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 nagotheraas stated by *sushrutagarbhakshaya* i.e. *kshinspandana* and *annunatkukshita* which 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* (asperagous racemosa)is known to produce anti oxytocic and ADH activity. And *ashwagandha* (withnia somnifra) is *bruhaniya 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

To study efficacy Of *shatavari, ashvgandha, gokshur, falghrut siddha kshirbasti* in oligohydromnios.

OBJECTIVE

1) To Study the oligohydroamniosand its effect on intrauterine foetus.
2) To study the action of *Kshirbasti* Drugs on Oligohydroamnios.

CASE STUDY

Background – A Primigravida female patient of 25yrs old of age came to Prasutitantra outpatient door(OPD) of Aarogyashala Rugnalaya of Ayurveda, Nashik on date 1st August 2024 with chief complaints of Amenorrhea since 8 month and decreased fetal movement since night with no history of labour pain, leaking and bleeding per vaginal.

HISTORY OF PRESENT ILLNESS

The patient first visited OPD on 12th of June 2024for Routine Antinatal Check up. Her ultrasonography was done as a part of Routine Antenatal investigations in which no any fault was seen and adequate amniotic fluid volume was found. Thereafter she was irregularly visiting OPD for her routine checkup, even though she was advised for proper fluid intake, iron and calcium rich diet and advised to look out daily fetal movement. But due to some faulty dietary habits and negligence, during her 35th week of gestation patient perceives decreased fetal movement since the night of 1st August 2024 then she consulted in an allopathic hospital where an ultrasonography was performed in which severe oligohydramnios and decreased fetal heart rate was found. She was advised for emergency Caesarean section as soon as possible but she refused and again visited Prasutitantra department of Aarogyashala for the same. Then she was advised for *Ksheerbasti* on alternate days.

Personal History

Appetite-Good Sleep – Distrubed Bowel – Clear Micturition-Clear Addiction –NA

Allergy- NA

Diet -Mixed

Past medical/ surgical/ family history -Not significant

Obstetrics history – Primi with 31wks

LMP-07/12/2023

EDD-06/09/2024

Menstrual History :-Regular painless with 3days of flow

On general Examination

Blood pressure – 110/80mmHg

Pulse pressure – 80/min

Temperature – 98.6*F

Height – 5’’5ft

Weight – 48.5 kg

Pallor – Absent

Pedal edema - Absent

On Systemic Examination

Cardiovascular, Respiratory, Digestive, Central nervous system appears normal.

Per abdominal examination

On palpation, fundal height was found less than period of gestation of 31 weeks, cephalic presentation, FHS 136 bpm. Fetal parts were easily felt but failure to ballot into uterus, no contractions were observed.

Antenatal investigation – All blood & urine investigations found normal

Antenatal Examination

Hb-14.2gm/dL

WBC- 6200/cumm

Platelate- 1, 46000/cumm

Blood. Group :- B positive.

USG report before treatment :- 04/7/24

S/O Single live intrauterine gestation corresponding to a gestational age of 31 Weeks 4 Days

Amniotic fluid index -7 cm, Fetal heart rate – 155 bpm, Est. Foetal weightt- 1795 gms, placenta : anterior, Gestational age assigned as per biometry (BPD,HC,AC,FL)

MATERIAL AND METHODS

Drug review

Drug name	**Latin name**	***Rasa***	***Guna***	***Virya***	***Vipak***	***Doshkarma***	***Pradhan Karma***
Shatavari	*Asparagus recemosa*	*Madhur tikta*	*Guru Snigdha*	*Sheeta*	*Madhur*	*Vaat Pitta shamak*	*Vrushya, Pushtikar, Balya, StanyaJanan*
Ashwagandha	*Withaniasomnifera*	*Tiktakatu Madhur*	*Laghu Snigdha*	*Ushna*	*Madhur*	*Vaatkaph Shamak*	*Bruhan Rasayan Dipaniya Vrishya*
Gokshur	*Tribulus Teristris*	*Madhur*	*Laghu*	*Shita*	*Madhur*	*Tridosh Shamak*	*Rasayan,Mutral Dipan,vrushya, Tridoshshamak*
Phalaghruta			*Snigdha*	*Shita*		*Tridoshaghna*	*Yoni doshahar Garbha sthapak*

गोक्षुरः शीतलः स्वादुः बलकृत् बस्तिशोधनः ।

मधुरो दीपनो वृष्यः हृष्टिदच अश्मरीहरः प्रमेहश्वासकासार्थ, कृच्छ हृद्रोगवातनुत् || भावप्रकाश

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

Patient was admitted in IPD for 16 days. During this period daily asissment of **P, BP, FHS** monitoring, urine analysis done.

***KSHEERPAK BASTI* PREPARATION**

Ksheerpakbasti for each day is done with 25 gm of *shatavari* powder, 25 gm of *ashwagandha* powder, 25 gm of *Gokshur* and add 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 treatmen t:- A) *SHODHAN CHIKITSA(STHANIK)*

Kshirpak Basti **Prototcol with Retention Time**

of Day T/t	Procedure	Drug	Form	Dose	Duration	Route	Method	Time	basti kaal kaal kaal
1st day	*Matrabasti*	*Narayan tail*	*Taila*	*60ml*	*1 day*	*Gudmarg*	*Catheter*	*Morning for 10 min*	*5 Hours*
2nd to 7th	*Basti*	*Shatavari, ashvgandha, guduchi, falghrut*	*Kshirpak*	*100 ml*	*7 days*	*Gudda Marg*	*Catheter*	*Morning slowly for 1 hour*	*3-4 Hours*
8th	*Matrabasti*	*Narayan tail*	*Taila*	*60 ml*	*1 day*	*Guda Marg*	*Catheter*	*Morning for 10 min.*	*6 hours*
9th to 15th	*Basti*	*Shatavari, ashvgandha, guduchi, falghrut*	*Kshirpak*	*100ml*	*7 days*	*Guda Marg*	*Catheter*	*Morning slowly for 1 hour*	*5 hours*
16th	*Matra*	*Narayan tail*	*Taila*	*60ml*	*1 day*	*Gudda Marg*	*Catheter*	*Morning for 10 min.*	*6 hours*

B) *SHAMAN CHIKITSA* –With regular ANC medicine with Iron and Calcium

Medicine	Time	Dose	Duration	Anupan	Kal
Madhumalinivasnt	2BID	500mg	15days	Luke warm water	Vyan and Udan kala
Shatavarighrut	BID	2tsf	15days	Cow milk	Apan kala

Patient discharged on 17th day after all good clinical findings on discharge there was no signs of any pre term labour after 10 days of last basti usg (obs) with colour doppler done

USG (28 /8 /2024)

Single live intrauterine fetus with longitudinal lie, vertex Presentation of gestation 36Wks & 5day) AFI :- 10 2cm with normal Doppler flow, EFBW:- 2982 grms.

RESULTS

After *kshirbasti* treatment of 15 days AFI increases from 7 to 10 with good fetal weight gain without iugr.

DISCUSSION

Oligohydromnios considered as *upavishtak* is *kshaya of jala tatwa, prinan of ras*, milk *shatavari, ashwagandha, guduchi* help as *rasayana* and as having *madhur rasa pradhyana* help in increasing *jaliya tatwa*.

Shtavari (asparagus racemosus) is known to produce anti oxytocic 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 fluids. *Ashwagandha* possess gunas as *bruhaniya, rasayana, deepniya, vrushya, and garbhastapaka* and good nutritive value with helpful in improving muscle tone of Uterus. *Phalaghruta* act as *yonidoshahar*. By its *snigdhaguna* 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*. *Gokshur*:- due to *Madhurvipak*, it act as *balya, bruhana, for garbhashay also act as vatanulomanAcharya parashara* has opined that *guda*(anus0 is the principle route of body and bears rich blood supply in it. *Basti* nourishes all extimities and organ of body. *Basti* eliminates *vat ddosha* 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 carried by middle and inferior haemorrhoidal veins in systemic circulation. rectum with its rich vascularity and venous plexu 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 *provacatedvatadosha* like cyclonic strom is sustained by the waves of sea. *ShatavariGhrita* was selected for internal administration. In *Garbhasosha*, *Vata* is the predominant Dosha involved and *Brimhana* (nourishing therapy) is the line of treatment adopted for pacification of *Vata* In IGUR if the Delivery is preterm there can be delayed fetal lung maturity and hence steroids are administered to mother before. Planning delivery. *Shatavari* may help in the lung maturity of the fetus as well through Utero placental circulation. In this Study *shatavarighrita* was given along with dietary advises for duration of 16 days before delivery which was found. To be effective as the baby was delivered at term with normal birth weigh.

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.

Patients start labour pains naturally on 16-07-2022 and there was no fetal distress or any complications. Patient delivered female baby with vertex presentation with 3.1kg haby weight vaginally at 38 works 1 days of gestational age. At the time of birth baby was found active and cried well. APGAR sore was found normal. Third stage of labor also completed in 20 min without any complications.

CONCLUSION

Oligohydroamnios has frequent occurrence and demands intensive fetal surveillance 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 was done. *Shatavari, ashwagandha, guduchiphalaghrutasidhha ksheerbasti* 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.

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