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THERAPEUTIC POTENTIAL OF YASHTIMADVADI KSHEERAPAKA BASTI IN MANAGING OLIGOHYDROMNIOS - A CASE REPORT

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ABSTRACT

The fetus is surrounded by *Garbhodaka* (amniotic fluid), essential for musculoskeletal development, gastrointestinal and lung maturation, and protection from umbilical cord compression. Abnormalities in its volume, especially oligohydramnios, are associated with adverse pregnancy outcomes and may indicate placental or fetal complications. Ayurveda describes therapeutic interventions to manage such pathological conditions effectively. The oligohydramnios case discussed here correlates with *Upavishtaka*, it is a condition in which there is reduced abdominal girth and fetus suffers from *shoṣha*, failing to reach its expected biological potential and weight gain. In this case, a 30-year-old patient at 32 weeks and 1 day of gestation presented with mild oligohydramnios (AFI of 7.3 cm) and two loose loops of cord around fetal neck. To address this depletion of *Garbhodaka* (amniotic fluid), Ayurvedic management was initiated using *Brimhana*principles. Treatment focused on *Ksheerapaka basti* (medicated milk enema) containing *Soumya* and *Sheeta dravya*, specifically *Yashtimadhu*, *Bala*, *Shatawari* and *Gokshura*. This intervention resulted in a significant improvement within 14 days, increasing the AFI to an adequate 11.5 cm and the

patient delivered a healthy baby vaginally with spontaneous labour pains at POG 39 weeks (by LMP). No sign of fetal distress was seen during labour.

KEYWORDS: Oligohydramnios, *Garbhodaka kshaya, Ksheerapaka basti*, Amniotic Fluid index.

INTRODUCTION

Amniotic fluid, referred to as *Garbhodaka* in Ayurveda, plays a vital role in maintaining a healthy intrauterine environment for the developing fetus. It facilitates fetal movement, supports musculoskeletal development, aids in lung maturation, and acts as a protective cushion against external pressure and umbilical cord compression. Any deviation in its volume can significantly impact fetal growth and pregnancy outcomes. Among such conditions, oligohydramnios—characterized by reduced amniotic fluid index (AFI)—is a clinically important complication, especially in the third trimester. It is associated with increased risks such as intrauterine growth restriction, fetal distress, cord compression, and higher rates of operative deliveries.

In modern obstetrics, management options for oligohydramnios are often limited to hydration therapy, close monitoring, or early induction of labor depending on severity. However, these approaches may not always address the underlying physiological imbalance. Ayurveda offers a holistic perspective, correlating oligohydramnios with *Upavishtaka*[1], a condition marked by inadequate nourishment and growth of the fetus due to depletion of essential bodily elements, particularly the fluid component (Jala Mahabhuta). The Ayurvedic approach emphasizes *Brihmana* (nourishing therapy) to restore balance and promote fetal well-being.

This case study highlights the application of *Ksheerapaka Basti*—a medicated milk enema prepared with herbs such as *Yashtimadhu*, *Bala*, *Shatavari*, and *Gokshura*—in the management of mild oligohydramnios. These drugs possess *Madhura Rasa*, *Sheeta Veerya*, and *Brihmana* properties, which help in improving fluid balance and supporting fetal growth. By utilizing the rectal route, the therapy ensures better absorption and rapid systemic action. The study aims to evaluate the effectiveness of this Ayurvedic intervention in improving amniotic fluid volume and promoting a favorable pregnancy outcome.

CASE STUDY

Patient information

A 30-year-old primigravida woman attended a routine antenatal check-up on December 05, 2025. She reported amenorrhea for the past eight months, confirming pregnancy. Her last menstrual period (LMP) was April 25, 2025, and the expected date of delivery (EDD) was calculated as January 30, 2026. On examination there was no labour pain, vaginal leakage, or vaginal bleeding. The antenatal course was uneventful, and the patient sought routine monitoring and reassurance regarding her pregnancy status. This clinical profile is consistent with a third-trimester gestation.

She came for follow-up with an ultrasound showing Single live intrauterine fetus of 32weeks 5 days (by USG) with reduced amniotic fluid index 0f 7.3cm, which is diagnostic of mild oligohydramnios and estimated fetal weight of 1966+/-287 grams.

Clinical Findings

General Examination

General Condition: Good

Height: 5’3″feet

Weight: 69 kg

BMI: 25.7 kg/m²

Pallor: Absent

Pedal Edema: Absent

Vitals -

Blood Pressure: 100/70 mm Hg

Pulse Rate: 76/min

Temperature: 98.3°F

Systemic Examination

Digestive System: NAD

Cardiovascular System: normal

Respiratory System: AEBE

Central Nervous System: Conscious and oriented

Abdominal Examination:

Fundal Height: 30 weeks of gestation

Foetal Lie: Longitudinal

Foetal Presentation: Cephalic

Foetal Heart Rate: 155 bpm

Uterus: Relaxed

Personal History

Appetite: Normal

Sleep: Disturbed

Bowel Movements: Once a day

Bladder: 7-8 times/day

Addiction: None

Diet: Vegetarian

Past Medical History: Nil

Past Surgical History: Nil

Family History: Not significant

Allergic History: None

Menstrual History

Age of Menarche: 13 years

Duration of Menses: 3-4 days

Interval of Menses: 28-30 days

Last Menstrual Period: 25/04/2025

Expected Date of Delivery: 30/01/2026

Obstetric History: Gravida 1, Para 0, Live Birth 0, Abortion 0 (G1 P0 L0 A0)

Married Life: 1 year

Antenatal Investigation: All blood and urine investigations normal

USG: The first scan before treatment, dated 06/12/2025, revealed a gestational age of 32 weeks and 5 days. The amniotic fluid index measured 7.3 cm, indicating mild oligohydramnios. The estimated fetal weight was 1966 ± 287 grams, corresponding to the 47.2nd percentile, which is within the expected range for this gestational age. Additionally, the Doppler index was recorded at 0.9, which falls within normal limits.

Final diagnosis: Mild oligohydramnios

Treatment plan

The patient was advised a course of *Yashtimadvadi Ksheerapaka basti* (*Yashtimadhu, Bala, Shatavari and Gokshura*) for ten days. After the course, another ultrasound was recommended to assess changes in amniotic fluid volume.

Administration

Treatment –*Yashtimadvadi Ksheerabasti*

Dosage- 120 ml

Duration- 10 days

Route- Rectal

Time of administration- after Food

Method of preparation and route of administration of Yashtimadvadi Ksheerabasti[2]

To prepare *Ksheerbasti*, a fine powder of *Yashtimadhu (5grams), Bala(5grams), Shatavari (5grams) and Gokshura(3grams*) (totaling 15 grams), is boiled with 120 ml of milk (G*oksheera*) and 480 ml of water over mild heat (*Mandagni*) until only the milk remains. The preparation is then filtered through a fine sieve to remove any solid particles. The resulting lukewarm mixture (120 ml) is administered rectally in the *Nyubja Avastha* with the help of an enema can.

Table No. I: Schedule of Yashtimadvadi Ksheerpaka basti Administration.

DATE	GESTATIONAL AGE (BY LMP)		RETAINED TIME
6/12/2025	31 weeeks 4 days	Day-1	4 hours
7/12/2025	31 weeeks 5 days	Day-2	7 hours
8/12/2025	32 weeks 0 day	Day-3	6 hours
9/12/2025	32 weeks 1 day	Day-4	9 hours
10/12/2025	32 weeks 2 days	Day-5	5 hours
11/12/2025	32 weeks 3 days	Day-6	7 hours
12/12/2025	32 weeks 4 days	Day-7	6 hours
13/12/2025	32 weeks 5 days	Day-8	8 hours
14/12/2025	33 weeks 0 days	Day-9	6 hours
15/12/2025	33 weeks 1 day	Day-10	7 hours

RESULTS

Following the administration of Yashtimadvadi Ksheerapaka basti, the patient reported a Gradual improvement in fundal height observed during each abdominal examination.

Investigational report

Parameter	First Scan before treatment (06/12/2025)	Second scan after treatment (20/12/2025)
Gestational Age (by USG)	32 weeks 5 days	34 weeks 2 days
Amiotic Fluid Index (AFI)	7.3 cm Mild Oligohydramnios	11.5 cm Adequate
Estimated Fetal Weight (EFW)	1966+/-287 grams (47.2nd percentile)	2264+/-331 grams (31.6th percentile)
Umbilical Artery PI	0.9 (Within normal limits)	0.83 (Within normal limits)

DISCUSSION

Compared to oral route, the rectal route allows medicines to be absorbed directly into the bloodstream, avoiding digestive degradation and first pass metabolism. This provides higher bioavailability and more potent action on fluid dynamics. Which, as noted in ayurveda texts for *Garbha vyapad* and *Garbhini Paricharya* especially during 8 and 9th month by *Acharya Sushruta*[3], is key for increasing amniotic fluid volume.

Goksheera have properties like *swadupaka, ojovardhaka, dhatuvardhaka* and *jeevaniya*. *Ksheerapaka* is a lipid-based drug, for lipid-based drugs crossing the placental barrier, the advantage is that their fat-soluble nature allows them to diffuse directly through the cell membranes of the placenta.

Yashtimadhu, bala, shatavari and *gokshura* have *Madhura rasa, Madhura vipaka* and *Sheeta veerya*, which mainly have *vatapittahara, brihmana* and *rasayana* effects. These drugs are dominant in *Prithvi* and *Jala Mahabhoota* which helps in enhancing depleted *jala mahabhoota*(amniotic fluid) and also enhances *parthivata* (fetal weight) by *Samanya-vishesha Siddhanta* line of management.

As said in ayurveda classics *Yashtimadhu*[4] has quality of *Kshyapaha* and *Vata-pittahara* along with *rasayana, jeenaniya, brihmana* action which focus on ayurveda line of *samprapti vighatana*. Regarding *Yashtimadhu*, it is well established that *licorice*-induced pseudoaldosteronism[5] causes generalized water retention and sodium reabsorption, and that high cortisol levels can pass to the fetus.

Acoording to ayurveda classics, *Bala*[6] has '*mutratisara harati'* and *kshayahara* action which will lead to fluid retetion in the maternal body. The active ingredient in Bala (*Sida cordifolia), ephedrine*[7], functions as a potent sympathomimetic that triggers systemic vasoconstriction

and elevates blood pressure. This physiological shift activates the Renin-Angiotensin-Aldosterone System (RAAS) as the kidneys respond to changes in renal perfusion and pressure. Consequently, the adrenal glands increase the production of aldosterone and cortisol, both of which signal the kidneys to reabsorb sodium. Because water follows sodium osmotically, this hormonal cascade results in significant fluid retention and increased blood volume.

Shatavari[8] has *Vatapittahara, kshayajit, pushtida* and *garbhapradha* actions. While *cortisol* regulates water balance through stress responses, adaptogens like *shatavarins*[9] generally aim to bring the body back to homeostasis, potentially influencing fluid balance indirectly rather than directly mimicking cortisol's actions.

Based on *Arthapatti Pramana*, it suggests a two-part strategy to manage amniotic fluid levels: *Yashtimadhu, Bala,* and *Shatavari* may work to improve overall maternal and fetal fluid dynamics, while subsequently, on the basis of *Yukti, Gokshura's* diuretic[10] action stimulates fetal urine production, thereby increasing the amniotic fluid index. This speculative combination could represent a comprehensive approach to maintaining optimal fluid balance during pregnancy.

CONCLUSION

Oligohydramnios is a significant obstetric concern that can lead to adverse maternal and fetal outcomes if not managed appropriately. This case study demonstrates that Ayurvedic intervention, particularly *Yashtimadvadi Ksheerapaka Basti*, can play an effective role in improving amniotic fluid volume and supporting fetal development. The observed increase in AFI from 7.3 cm to 11.5 cm within a short duration highlights the potential of *Brimhana* and *Vatahara Chikitsa* in addressing fluid depletion conditions.

The combination of *Yashtimadhu, Bala, Shatavari,* and *Gokshura* appears to work synergistically to regulate fluid dynamics, enhance maternal nourishment, and indirectly support fetal urine production, which contributes to amniotic fluid volume. The rectal administration route further enhances the bioavailability and rapid action of the drugs, making it a practical therapeutic option in time-sensitive conditions.

Importantly, the patient achieved a full-term normal vaginal delivery without complications, indicating not only symptomatic improvement but also overall pregnancy success. This

suggests that structured Ayurvedic management can serve as a safe, rapid, non-invasive alternative approach to conventional care where, despite technological advancements, it lacks a definitive treatment. Management is often limited to L-arginine, hydration, invasive approaches like amnioinfusion and deciding on the optimal timing of delivery, rather than addressing the root cause. Further large-scale studies are needed to validate these findings and establish standardized treatment protocols for broader clinical application.

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