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Effect Of Vidaryadi Kshirpan In IUGR W.S.R To Garbhshosh :Case Study

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ABSTRACT-

Intrauterine growth restriction has been defined as babies with birth weight below the tenth percentile for a given gestational age for a given population as a result of pathological restriction in their ability to grow. While going through Ayurved Classics it is revealed that garbhshosh is one of the diseases which can be comparable to intrauterine growth restriction in modern medicine. Nowadays people of present era are looking forward for Ayurveda treatment modalities for safe and effective management, hence here is an attempt to expand the concept of IUGR according to Ayurveda and its management by using vidaryadi Kshirpan. Present case study found to be effective in correcting intrauterine growth Restriction and oligohydroamnios

The present case study of 28 years primi diagnosed with IUGR, we have started Vidaryadi Kshirpan along with diet modification her Amniotic fluid index improved and the pregnancy continued till term. She underwent lower uterine caesarean section due to failed induction at 39 weeks, delivered a healthy female baby of birth weight 2.97 kg with APGAR score of 9 at 1 minute.

KEYWORDS- IUGR, Garbhshosh, Vidaryadi Kshirpan, oligohydroamnios, Pregnancy

INTRODUCTION-

Antenatal care is most precious to maintain good health both for mother and developing foetus during pregnancy. Proper weight gain is a symbol of healthy pregnancy. Apart from prematurity, intrauterine growth restriction (IUGR) is a major public health problem in most developing countries. Intrauterine growth restriction has been defined as babies with birth weight below the tenth percentile for a given gestational age for a given population as a result of pathological restriction in their ability to grow⁽¹⁾. Fetal growth restriction is the second leading cause of perinatal morbidity and mortality, followed only by prematurity. The incidence of IUGR is estimated to be approximately 5% in the general obstetric population⁽²⁾. The causes of IUGR can be maternal, fetal, placental and unknown causes, in most cases of IUGR blood flow to the fetus

is compromised either through vasoconstriction or loss of blood. there is no cure for the condition, and the management is based on structured antepartum fetal surveillance program with proper timing of delivery⁽¹⁾ the main antepartum complications of IUGR fetus is an increased incidence of oligohydroamnios, fetal distress and still birth, Intrapartum complications are fetal hypoxia, acidosis and high rate of caesarean delivery. Neonatal complications include hypoglycemia, hyperbilirubinemia, meconium aspiration, persistent fetal circulation.

While going through Ayurved Classics it is revealed that garbhshosh is one of the diseases which can be comparable to intrauterine growth restriction in modern medicine. In Ayurveda text, Garbhshosh is also stated as vatabhipanna garbh in term, it can be defined as underdevelopment or undernourishment of part or whole body of the fetus in utero⁽¹⁾ also these symptoms are described in garbhvyapad as “Upavishtak Garbhvyapad” during pregnancy sometimes due to mithyaahar vihar (faulty food behaviour and lifestyle), over exertion, stress and malnutrition, women suffer from various problems. these are yonigatstrav, udarshoola and growth of foetus get retarded. etc. Acharya Sushrut explained in “Jatisutriya Adhyay” chapter 8 about Garbhshosh, its etiopathology and treatment while describing “Garbhdosh”, while describing specific management of Garbhshosh, Sushruta suggested use of kshirbasti, also Acharya Kashyapa has described Garbhshosh in khilstan chapter 22 as “Garbhshosh cha vatanam kshiram paramucchate” ka. Khi Bhojankalpadhay. In Garbhshosh Vata is predominant Dosha involved and Bhrimhana (nourishing therapy) is the line of treatment adopted for pacification of Vata(i) so Vidaryadigan ingredients are selected for kshirpan as it is indicated for Hridya (Cardiac Tonic), Bhrimhana (nourishing), VataPitta hara, cures Shosh (emaciation) and Swasa kasa Hara (pacifying cough and wheezing).

Nowadays people of present era are looking forward for Ayurveda treatment modalities for safe and effective management, hence here is an attempt to expand the concept of IUGR according to Ayurveda and its management by using vidaryadi Kshirpan. Present case study found to be effective in correcting intrauterine growth Restriction and oligohydroamnios

AIM- To study the efficacy of Vidaryadi Kshirpan on the Foetal growth and development.

METHODOLOGY-

CASE REPORT-

A 28 year old primigravida who was under regular antenatal check up at OPD, was detected to have reduced fundal height of growth corresponding to 26 weeks when she came for antenatal checkup at 29 weeks. On further investigations, she was detected with reduced liquor volume of 8 cm and reduced abdominal circumference of the foetus. She was managed with allopathy initially and advised to take high protein diet, but her condition deteriorated and her AFI reduced to 5-6 cm after 4 weeks, since she was not responding to allopathic medicine, I have started Vidaryadi Kshirpan along with diet modification her Amniotic fluid index improved and the pregnancy continued till term. She underwent lower uterine caesarean section due to failed induction at 39 weeks, delivered a healthy female baby of birth weight 2.97 kg with APGAR score of 9 at 1 minute.

PERSONAL HISTORY OF PATIENT-

LMP- 16-8-2020

EDD- 23-05-2021

Menstrual History-

Menarche- at the age of 13 years

Interval- 28-30 days

Duration-4-5 days

Amount of bleeding- 2-3 pads per day

Associated complaints- mild dysmenorrhoea

Obstetric History-

G1P1L0A0D0

G – present gravida

MARITAL HISTORY-

Married since

25/02/2020

,no dyspareunia

CONTRACEPTIVE HISTORY-

Barrier method used by husband for 3 months just after marriage

OBSTRETIC EXAMINATION-

DATE	POG	WEIGHT	B.P	FUNDAL HEIGHT	PRESENTATION	FETAL HEART RATE	FETAL MOVEMENTS
16.03.2021	29 weeks	74 kg	120/70 mmhg	26 weeks	Unstable lie	+	+
13.04.2021	34 weeks	77 kg	130/80 mmhg	28 weeks	Oblique breech	+	+
27.04.2021	36 weeks	76 kg	120/80 mmhg	32 weeks	Breech	+	+
1.05.2021	36 weeks	76 kg	130/80 mmhg	32 weeks	Breech	+	+

ULTRASOUND FINDINGS-

DATE	FINDINGS	ESTIMATED FETAL WEIGHT
11/11/2020	SLIUG FOETUS OF 11 WEEKS 3 DAYS,NT-1.2MM ,NB- SEEN	
11/01/2021	SLIUG pregnancy of 20.2 weeks .foetal structures grossly appear normal	330+/-40 GMS
18/03/2021	SLIUG gestation of 30.2 weeks ,AFI- 8,less liquor, AC- 247 mm, corresponding to 29 weeks	1498+/- 224 gms
11/04/2021	SLIUG foetus in oblique lie with breech ,in left lower quadrant corresponding to 33 weeks Abdominal circumference less thsn 2.3 percentile	1940+/-283 gms
27/04/2021	SLIUG pregnancy corresponding to 35 weeks 5 days of gestation. Oligohydramnios(AFI-5-6 CM) Doppler study is within normal limits.	2698+/-394 gms
11/05/2021	SLIUG gestation corresponding to 37 weeks 4 days.AFI- 9	3168+/- 478 gms
14/05/2021	SLIUG Foetus corresponding to 37 weeks 6 days in cephalic presentation, liquor is borderline less.colour Doppler study is within normal limits	3215+/-469 gms

MANAGEMENT-

DATE	MEDICINE	DOSE	DURATION
1/05/2021	Vidaryadi Kshirpan	40 ml BD	15 DAYS

INGREDIENTS OF VIDARYADI KSHIRPAAN-

Vidari(Ipomea paniculata),Panchangula(Ricinus communis),Vrichikali(Helitropium indicum),Punarnava(Boerhaavia diffusa),Devahvya (Cedrus Deodara),Mudgparni(Vigna Pilosa),Mashparni (Vigna radiata), Kandukari(Mucuna puriens)

METHOD OF PREPARATION OF VIDARYADI KSHEERAPAKA:

Ksheerapaka is prepared by following classical guidelines (As per *sharangadhara samhita*), Fine powder of *Vidarikanda*, *sariva*, *ashwagandha*, *bala*, *guduchi*, *shatavari* each 2gm ratio taken (total 12gm) with 8 part of cow milk (96ml) and cow milk's 4 part of water (384ml) are boiled on *mandagni* (mild flame) till only milk part remains.⁽⁷⁾

DOSE AND ANUPANA:

Patient was treated with *Vidaryadi ksheerapaka*.

Matra – 40 ML twice a day

Kal - *Paschatbhukta*.

Anupana - *Goghruta*

Duration - Till Delivery.

Follow up –After 1 month

DISCUSSION:

Upavishataka i.e IUGR is one of the *garbhavyapada*. It is most common disorder in pregnant women and it carries increased risk of morbidity and mortality. After completion of clinical trial on this patient it was observed that there was considerable improvement in all the features of *Upavishtaka*

PROBABLE MODE OF ACTION OF VIDARYADI KSHEERPAKA :

ERPAKA :

Ÿ *Vidarikanda* has *vata pitta shamak*, *vrishya*, *varnya*, *balya*, *brihana* and *rasayana* properties.(8)

Ÿ *Sariva* possesses *garbhasthapak*, *deepana*, *pachana*, *kaphaghna* and *rasayana* properties. (9)Ÿ *Ashwagandha* has properties as *vata kapha shamak*, *brih aniya*, *rasayana*, *deepaniya*, *vrishya* and *garbha sthapaka* because of its good nutritive value. It helps to maintain muscle strength and muscle tone of *garbhashaya* and also helps to gain muscle mass of developing fetus. It has an antioxidant properties which helps to cure oxidative damage by neutralizing the free radicals. It also helps to improve microcirculation which is the main cause of

(10) IUGR.Ÿ *Bala* has *prajasthapana*, *balya*, *brihan*, and *ojovardhaka* properties therefore it helps to gain muscle mass of fetus and it also helps to gives strength to *garbhashaya*.

(11)

Ÿ *Guduchi* acts as an appetizer hence it reduces *angima ndhya*, and also acts an *rasayana* by decreasing *dhatvag nimandhya*. (12)

Ÿ *Shatavari* is well known drug for women health, it has *balya*, *rasayana*, *garbhaposhak* properties.

(13)

Ÿ These drugs along with *ksheer* by making its *ksheerpaka* has good impact on the growing fetus and is found to be effective in development of fetus also. The contents of *vidaryadi ksheerpaka* are having *garbhaposhak* and *garbhasthapak* properties as mentioned above hence, it can be the useful formulation to treat IUGR (*Upavishtaka*).

CONCLUSION:

On the basis of etiology and clinical features of Intra Uterine Growth Restriction (*Upavishtaka*), it is associated with nourishment of fetus. Development of fetus is dependent on mother. The drugs included in *vidaryadi ksheerpaka* not only effects on fetal development but also on mother's health and wellbeing. There was good response of *vidaryadi ksheerpaka* in *Upavishtaka* and it is safe, without any adverse effects. It is economical and effective formulation for the management of *Upvishtaka* (IUGR). Therefore it can be concluded that *vidaryadi ksheerpaka* can be used effectively in the management of *Upvishtaka* (IUGR).

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