AN INTEGRATED APPROACH IN THE MANAGEMENT OF GARBHA SHOSHA -A CASE STUDY

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ABSTRACT: Intra uterine growth retardation refers to a rate of growth of a fetus that is less than normal for the growth potential of a fetus. Growth restriction can occur in preterm, term or post term babies with incidence rate 2 -8%. In Ayurveda it is correlated to Garbha Shosha caused due to obstruction in the Rasavaha Srotas. The upward moving Vayu dries Rasavaha Nadi leaving the fetus in growth restriction condition. Hence it is corrected with Vata Shamana and Brimhana Dravyas and Santarpana Chikitsa. A 30 years female, married for 10 years with H/O 7 months amenorrhea diagnosed as IUGR with placental insufficiency with fetal weight 631 grams (USG report) came to Prasothi & Streeroga OPD, Sri Dharmasthala Manjunatheshwara Ayurveda & Hospital, Hassan, so advised for admission and treated with Yastimadhuksheerapaka, Kumara Bharanarasa, Bala Choornakashaya with Mudga Yusha, argipregsachet, hermin infusion for 10 days. After 10 days of admission fetal weight was 1023 grams. So there was a considerable improvement in fetal weight. Intra uterine growth restriction is a complex condition which needs Santarpana and Vata Hara Chikitsa can be treated with integration along with other system of medicine. Hence Brimhana and Vata Hara Chikitsa along with amino acid supplements found beneficial in increasing the weight of fetus in the management of Garbha Shosha.

Key Words: Garbha Shosha, Intra uterine growth retardation, Vata, Rasavaha Srotas

INTRODUCTION
The growth of fetus is influenced by many factors such as mother’s health, life style, food habits, nutritional status, and genetic abnormalities.

Garbha Shosha: Is a condition in which there will be growth restriction because of non-availability of proper nourishment aggravated by Vata Doshacauased due to the Vata Kara Ahara Vihara of mother1. It can be compared with Intra uterine growth restriction (IUGR) caused by many factors. On physical examination and ultrasound scanning the weight of fetus will be below the 10th percentile of the average for gestational age2. IUGR incidence is six times higher in under developed / developing countries. It also differs among populations, race, and decreased gestational age3. The prevalence in Asia’s 75% and in developing countries 14 to 20 million infants have been affected and IUGR incidence in India is 28%-4. The fetal growth restrictions is caused due to maternal factors, fetal, placental and unknown factor5.

Maternal factor: As the fetus is like a parasite it drains all the required nutrition’s from mother leaving her in deficient state. If the reserved nutrition in host body is not adequate the fetus will not have average weight. In the present case the mother was of Vata Pitta Prakruti and lean body. She was belonged to low socioeconomically group and had Dhatu Kshaya. Hence due to Heena Prakruti and Balakshya the fetus within her could not grow with normal weight.

Placental Insufficiency is a condition where placenta is unable to deliver an adequate supply of nutrients & oxygen to fetus, thus which cannot fully support the developing fetus. The fetal weight is determined by mother’s health and the capacity of the mother to supply adequate quality and quantity of substance which is required for growth and ability of placenta to transport the nutritional substance to the fetus. The abnormal placental conditions like placental insufficiency diminished utero placental blood flow will disturb this transportation system and leads to reduce the growth of fetus6. Hence IUGR treatment modalities should be in time by improving maternal nutrition status by proper planned diet along with supplementation of amino acids. Considering this integrated approach is adapted. So Santarpana Chikitsa was implemented.

AIMS & OBJECTIVE
Management of Garbha Shosha by an integrated approach.
MATERIALS & METHOD

CASE REPORT
Women aged 30 years, married for 10 years visited to PTSR OPD, SDM college of Ayurveda and Hospital, Hassan, Karnataka on 10/12/2018, complaining of H/O Amenorrhea since 7 months, associated with giddiness, General weakness since 2 weeks.

History of present illness:
Patient was healthy 2 weeks back. History of amenorrhea since 7 months naturally conceived. She was in regular antenatal checkup in nearby hospital. Two weeks back, she developed with her complaints which were troubling her. So she visited to OPD of PTSR department in SDM College of Ayurveda and hospital, Hassan and diagnosed with IUGR and advised admission for the Ayurvedic line of management.

History of past history:
N/K/C/O - Diabetes mellitus, Hypertension, Thyroid dysfunction, HIV, tuberculosis, HBsAG, VDRL, other systemic illness.

Family history: Nothing significant

Personal history:
Diet - mixed, not in regular intake of food
Appetite – regular
Sleep – sound
Habits - coffee/ tea- 2 times in a day, no alcohol intake, tobacco chewing
MH- Regular, 2 pad/day

Obstetric history:
- Married life- 10 years
- G1P0A0LO(PrimI)
- LMP-25/05/2018
- POG-28 weeks 3 days
- EDD-4/03/2019

EXAMINATION OF THE PATIENT

<table>
<thead>
<tr>
<th>Table 01: Showing DashaVidhaPareekshain subject</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prakruthi</td>
</tr>
<tr>
<td>Vikruthi</td>
</tr>
<tr>
<td>Sara</td>
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<tr>
<td>Samhana</td>
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<td>Pramana</td>
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<tr>
<td>Satmya</td>
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<tr>
<td>Satva</td>
</tr>
<tr>
<td>AharaShakti</td>
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<tr>
<td>VyamaShakti</td>
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<tr>
<td>Vaya</td>
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</tbody>
</table>

Personal History
Diet- mixed,
Appetite- reduced
Bowel- 1/day,
Micturition - 4-5 /day
Sleep- disturbed

General examination
General condition- Fair
Weight- 54 kg
Height- 5.6 feet
BMI- 18.6
Pallor - present
Tongue – dear
Oedema – absent
Cyanosis- absent
**Vitals**
- BP-120/80 mmhg
- P-86 b/min
- Temperature- afebrile

**SYSTEMIC EXAMINATION**
- **CVS**- S1 S2 heard
- **CNS**- well oriented to place, time
- **R.S**- no any added sound

**Local examination:**
Inspection- Striae gravidarum, linea alba present, Umbilicus inverted, no scar mark

**Table 02: Showing palpation and auscultation findings of subject**

<table>
<thead>
<tr>
<th>ON ADMISSION</th>
<th>P/A EXAMINATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/12/2018</td>
<td>P/a- uterus at 26 weeks, Fetal heart sound(fhs) - regular, fetal movement- present</td>
</tr>
<tr>
<td>Pog-28 weeks 3 days</td>
<td></td>
</tr>
<tr>
<td>16/12/2018</td>
<td>P/a- uterus at 26-28 weeks, Fhs- Regular fetal movement- present</td>
</tr>
</tbody>
</table>

**LAB INVESTIGATION:** Dated on 12/12/2019
- Blood group- B positive
- Hb- 11.2 gm%
- Total WBC count-6,100 cells/CMM
- ESR- 94 mm 1st hour
- Serum creatinine- 0.9 mg/dl
- FBS- 100 mg/dl
- HIV, HbsAg, VDRL – negative

**USG REPORT (Before admission)**

**Table 03: USG impression before treatment**

<table>
<thead>
<tr>
<th>DATE</th>
<th>TYPE OF SCAN</th>
<th>IMPRESSION</th>
</tr>
</thead>
<tbody>
<tr>
<td>31/08/18</td>
<td>Early pregnancy scan</td>
<td>SLIUG of 13 weeks 3 days BPD- 21MM, CRL-72MM</td>
</tr>
<tr>
<td>5/11/18</td>
<td>Anomaly scan</td>
<td>SLIUF 23 weeks 3 days G.A is 3 weeks less than period of amenorrhrea, I.U.G.R EFW-308 grams, Placenta- upper segment, anterior grade 2, Liquor-adequate</td>
</tr>
<tr>
<td>6/12/18</td>
<td>Growth scan</td>
<td>IMP-SLF of 23 weeks, vertex presentation, Calculated G.A is 4 weeks less than a period of amenorrhrea, I.U.G.R, Shows decreased blood flow and both placental and fetal Insufficiency EFW-631 grams, liquor- Adequate</td>
</tr>
</tbody>
</table>

**Figure:** 1. Early Pregnancy Scan  2. Anomaly Scan  3. Growth Scan
Diagnosis:
GarbhaShosha – IUGR with placental insufficiency

Nidana: Consumption more Aharas like Katu, RukshaDravyas, more pulses, improper food habits, RatriJagarana, along with ManasikaBhasas like Chinta, Shoka were elicited in the patient.

Samprapti: Due to NidanaSevana there will be VataPrakopa, mainly Vrudhi in Ruksha and Kharaguna which leads to Sangha (obstruction) in Rasa Vahini Srotas. So Rasa doesn’t reach to Garbha, due to which Rasa Kshaya seen in mother and there will be no Poshana by AharaRasato fetus which leads to GarbhaShosha.

INTERVENTION (general principles)
AYURVEDA: SantarpanaChikitsa, Madhura RasaSevana, Guru Ahara, BrimhaniyaDravyas, Ksheera, Gritha, Mamsa Rasa with Sneha, avoiding Rukshadravyas.

MODERN: Adequate bed rest, Correct mal nutrition by balanced diet, Quit smoking, alcohol, tobacco, Maternal hyper alimentation by amino acids, Maternal volume expansion (increase of fluid in blood).

TREATMENT PLAN:
Ayurveda treatment:
YastiMadhuChoornaKsheeraPaka, 50 ml twice in a day after food (A/F) for 10 days
BalaChoornaKashayaSidha Yavagu, 100 ml with MudgaYusha, twice in a day, A/F for 10 days
Tab Kumara Bhara Rasa, 1 tab, once in a day, A/F x 2 months
Mamsa Rasa 100 ml every day x 1 month
Pranayama for 15 min, morning and evening time throughout ANC period

Modern treatment:
Hermin Infusion – 100 ml, one bottle, alternate days, (4 bottle)
Argipreg Sachets 1 BD with half glass of water x 1 month

RESULT:

<table>
<thead>
<tr>
<th>ADMISSION</th>
<th>FETAL WEIGHT</th>
<th>USG IMRESSION</th>
</tr>
</thead>
<tbody>
<tr>
<td>On admission Pog-28 weeks 3 days</td>
<td>631 grams (growth scan report)</td>
<td>SLIUG of 23 weeks+- 1 week in vertex presentation, gestational age is 4 weeks lesser than period of amenorrhea, fetal and Placental insufficiency noticed</td>
</tr>
<tr>
<td>After 6 days of treatment (16/12/2018)</td>
<td>766 grams</td>
<td>SLIUG of 24 weeks days +-1 week in vertex presentation, Placental and fetal insufficiency noticed</td>
</tr>
<tr>
<td>On 10th day of treatment (20/12/2018)</td>
<td>1023 grams</td>
<td>SLIUG of 26 weeks 5 days+- 2 weeks in cephalic presentation with Increased utero placental resistance noted</td>
</tr>
</tbody>
</table>

Gradual increase in fetal weight which is approximately 392 grams is increased after 10 days of treatment. But could not reverse the placental insufficiency.

BEFORE TREATMENT REPORT

AFTER TREATMENT REPORT
DISCUSSION:
Pregnancy is a special event in every woman’s life. She should be taken care from conception till she completes postnatal period. The fetus is completely depending on mother for nourishment. In practice of improper food habits by mother it affects the Garbha (fetus) and end up in Shosha⁹. Modern science also explains this condition under intra uterine growth restriction; it is because of improper nourishment, deficiency of glucose, amino acids, oxygen. Placenta is also a cause, in cases of poor uterine blood flow to placental site for long time it leads to fetal death¹⁰
In GarbhaSosha During pregnancy SantarpanaChikitsa to be adopted and follow Month wise GarbhiniParicharya to avoid Garbha Vapath¹¹

Mode of action: Dravyas-AbyantaraChikitsa:
- BalaChoornaKashaya with MudgaYusa acts as Balya, Brimhniya, Vata Hara¹³.
- Ksheera , Go- Grita and Mamsa Rasa having Snigdha, Guru Guna and which is rich in fat, protein which helps in developing the bulkness of Mamsain the fetus and does Dhatu Poshana,¹³
- Pranayama- Reduce stress, & anxiety, improves fetal growth, proper sleep¹⁵.

MODERN TREATMENT (mode of action): Amino acids like leucine, isoleucine, threonine etc helps to improve fetal nourishment, anti-oxidant, develops the placenta and maintain maternal health. Protein supplements - promotes fetal growth, maternal tissue expansion, placental growth¹⁶.

CONCLUSION:
IUGR is an important condition which is seen due to many reasons like poor socio economic status, medical and obstetrical abnormal conditions and fetal disorders. Timely examination and investigation along with good measure can avoid the consequences. IUGR can be prevented by following the GarbhiniParicharya. Hence need to adopt early ante natal supervision and care with Rasayana, Brimhana diet to prevent this condition and management of the same. As there was severe placental insufficiency integrated approach has adopted to get added effect and to prevent fetal demise.

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