

EFFECTS OF UDUMBARA JAL, MASANUMASIKA KALP, GARBHAPALA RASA, VASANT KALPA IN THE MANAGEMENT OF OLIGOHYDRAMNIOS - A CASE REPORT

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ABSTRACT

Oligohydramnios frequently demands intensive foetal surveillance and proper antepartum and intrapartum care. Its incidence is 1:750. Oligohydramnios is associated with increased perinatal morbidity and mortality. Features include IUGR, PIH, Abortion, Prematurity, IUFD, Malpresentations, Foetal distress, and Low APGAR, which are very emerging and life-threatening conditions for both mother and foetus in which the production of amniotic fluid is reduced and require immediate treatment and care. In the modern medicine they have not any particular treatment instead of giving adequate rest which decreases dehydration, hydration – Oral/IV Hypotonic fluids (2 Lit/d) or directly infusion of fluids in amniotic cavity, serial USG – Monitor growth and AFI. All these complications result in higher rates of obstetrician intervention like induction of labour and caesarean delivery, which increase maternal risks as well. In Ayurveda, oligohydramnios can be considered under Upavishtaka, Nagodara, which comes under Garbha vyapad. Here, Garbhakshaya, as stated by Acharya Sushruta, where Garbhaaspandana, i.e. Ksheena Spandana (low foetal moments) and anunatkukshitta (Less fundal height) mentioned which is mainly due to the reduced amniotic fluid. A case study of a 20-year-old patient, primigravida with 20 weeks gestation, presented in OPD with fundal height less than gestational age on abdominal examination and AFI 6 cm on ultrasonography is presented. She managed efficiently by administering her with Udumbara Jal, Masanumasika Kalp, Garbhapala Ras, and Vasant Kalpa orally and eating a diet according to Ayurveda. AFI increased to 9.5 cm

on the 24th week, 12.9 cm at 29 weeks & 15.5 cm at 36 weeks and fundal height was increased and corresponded to the gestational ages. Foetal weight also increased from 300 gms to 657 gms, 1339 gms, & 2821 gms, respectively. This very effective treatment modality increases the amniotic fluid and provides good nourishment for the foetus.

Keywords: *Garbhakshaya, Garbhapala Ras, Masanumasika Kalpa, Oligohydramnios, Udumbara Jal,*

INTRODUCTION

Pregnancy is said to be a life-carrying miracle. It is a period of happiness with a couple of responsibilities and a bundle of risks. We need to look for various measures to avoid complications. *Acharya sushruta* has mentioned several *Garbha vyapadas*⁽¹⁾, which include different foetal anomalies increasing the risk of foetal mortality and morbidity. Amniotic fluid plays a dynamic role in foetal physiology and is an important component of the foetal-maternal communication system.⁽²⁾ It is essential for foetal growth and development. Oligohydramnios is a frequent finding in pregnancy involving IUGR, PIH, Abortion, Prematurity, IUFD, Malpresentations, Foetal distress, Low APGAR and pregnancy beyond 40 weeks of gestation. Amniotic fluid volume is a predictor of foetal tolerance in labour, and its decrease is associated with an increased risk of abnormal heart rate and meconium stain fluid in labour. The aetiology of oligohydramnios includes uteroplacental insufficiency, foetal congenital anomalies, PROM, and iatrogenic and idiopathic causes.⁽³⁾ Diagnosis is made through USG, per abdomen examination in which fundal height is less than gestational age, foetal parts are easily palpable, and difficulty in ballottement of foetal head.

CASE STUDY

A 20-year-old Primi gravida female came to OPD with C/O severely reduced amniotic fluid as in her USG report (02/06/2024) and 6 A.F.I. and 20 weeks of gestation. The Marital life of a patient was 2 years. In obstetric history, patients are primigravida. Her

last menstrual period date was L.M.P- 05/01/2024; the expected delivery date was E.D.D.12/10/2024. All other laboratory investigations were within normal limits. There was no history of DM, HTN or any other major ailments. There was no history of smoking, alcohol intake or any addiction. This patient was referred to by a general practitioner doctor, who said it would take time to improve amniotic fluid and that the chances are less because you have 20 weeks of gestation. However, the patient wants to continue the pregnancy and came to us on 06/06/2024.

INTERVENTION

The patient was administered the following medications.

1. *Udumbara Jal* 20 ml BD from the diagnosis of oligohydramnios and continued for 30 days.
2. Masanumasik tablets—in this case, Shashtha Mas was started at a dosage of 2 BD and changed in subsequent months accordingly (*Saptam Mas, Ashtam Mas, Navam Mas*).
3. *Vasant kalpa - Madhumalini Vasant* 1 BD (Second trimester), *Suvarna Malini Vasant* 1 OD (Third Trimester)
4. *Garbhapala Ras* 1 in the evening until the expected delivery date.
5. In addition, a diet of oligohydramnios rich in arginine was given. Coconut water was drunk, eggs were consumed, and Moong Peya or Yusha was explained. Iron, calcium, and protein powder continued as per standard norms.

OBSERVATION AND RESULTS

Date →	02/06/2024	07/07/2024	06/08/2024	22/09/2024
Amenorrhoea	21 weeks 1 Day	26 weeks 1 Day	30 weeks 3 Days	37 weeks 1 Day
Presentation	Not Mentioned	Cephalic	Cephalic	Cephalic

B.P.D.	44 mm	59 mm	72 mm	87 mm
H.C.	163 mm	221 mm	266 mm	323 mm
A.C.	139 mm	192 mm	237 mm	321 mm
F.L.	31 mm	43 mm	54 mm	70 mm
Gestational Age By USG	19 – 20 weeks	24 weeks	29 weeks	35 weeks 6 Days
AFI	6 cm	9.5 cm	12.9 mm	15.5 cm
Placenta	Normal	Normal Grade II	Normal Grade II	Normal Grade III
Foetal Weight	300 gms	657 gms	1339 gms	2821 gms

Table no. 1- Follow-up chart

DISCUSSION

All movements (*gati*) and growth (*vrudhi*) in the body are functions of vata dosha. ⁽⁴⁾ In oligohydramnios, amniotic fluid is produced in less quantity or adequate amounts, but there is an obstruction in its circulation from the foetus to the amniotic sac. In this case, there are early findings of Oligohydramnios in the Second Trimester of Pregnancy. So, correction of AFI along with month-wise foetal growth was kept in mind. The patient has to complete the next 20 weeks' journey. So, the Patient was advised treatment & follow-up month-wise.

- *Udumbara Jal*
- *Masanumasik Kalp*
- *Garbhapala Rasa*
- *Vasant Kalpa*

The patient delivered on 27/10/2024 spontaneously per vaginally a full-term female child weighing 2.5 kg with a normal APGAR Score without any maternal and foetal complications.

CONCLUSION

Amniotic fluid volume is a predictor of foetal tolerance in labour, and its decrease is associated with an increased risk of abnormal heart rate and mechanic-stained fluid. ⁽⁵⁾ Oligohydramnios poses a significant risk to the mother and foetus. This case study represents the effective treatment of oligohydramnios through Ayurveda. *Udumbara Jal, Masanumasik Kalp, Garbhapala Ras, and Vasant Kalp are effective*

in oligohydramnios as they normalize vata dosha and help properly form and circulate amniotic fluid. It decreases vitiated kapha dosha, stimulates the uterus, and corrects vitiated jal Panchabhautika agni.

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