

## A COMPARATIVE STUDY OF GUDUCHYADI VATI IN THE MANAGEMENT OF GARBHASRAVA PURVARUPAVASTHA/THREATENED ABORTION

Priyanka Pawankumar<sup>1</sup>, Rahul J. Garudkar<sup>2</sup>

<sup>1</sup>P.G. Scholar, <sup>2</sup>Reader and Guide

Prasuti Tantra Evum Stree Roga Department, Tilak Ayurved Mahavidyalya, Pune, Maharashtra 411011, India

Corresponding Author: [pkaushik545@gmail.com](mailto:pkaushik545@gmail.com)

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### ABSTRACT

Pregnancy bring a new meaning to the concept of beauty. It is the period of immense joy coupled with excitements. Threatened abortion is the most common complication which occurs during pregnancy particularly in first trimester. Present data suggests that 30-60% of fertilized embryos fails to implant and out of implanted embryos 25% suffers early pregnancy loss mostly in first 6 weeks of pregnancy. In threatened abortion bleeding occurs through closed cervical OS. Further if bleeding continues it may land up in incomplete or complete abortion. And if pregnancy continues it may cause intra uterine growth retardation and other complications. Every system of medicine work to cure disease but *Ayurveda* helps to improve complete health both physically and mentally as well as helps to get rid of various diseases. So, *Ayurveda* maintain a respectable status among all system of medicine for conserving good health. **Aim and Objective:** To compare the efficacy of *Guduchyadi vati* with micronized progesterone in management of *Garbhasrava/* threatened abortion. **Material and Methods:** Total 72 patients of *Garbhasrava Purvarupavastha* were studied by dividing randomly in two groups who are fulfilling the inclusive criteria. Selection of patients was done from Department of *Stree Roga and Prasuti Tantra* OPD.

**Results:** The efficacy of the drug was evaluated according to the relief in signs and symptoms after the treatment was completed. In trial group, in all the symptoms like PV bleeding, size of sub chorionic hematoma, abdominal pain, back pain, generalized weakness and fatigue statistical analysis showed highly significant difference between before and after treatment. Size of sub chorionic hematoma was observed sonographically BT and AT. Also, in another group, in which progesterone was given showed significant improvement in signs and symptoms of

threatened abortion. **Discussion and Conclusion:** The symptomatic parameters were compared and analyzed statistically by Mann Whitney's U test in both the groups which concluded that *Guduchyadi Vati* and progesterone both are effective in prevention of threatened abortion but *Guduchyadi Vati* is more effective in reducing associated symptoms than progesterone.

**Keywords:** *Garbhasrava*, threatened abortion, micronized progesterone, *Guduchyadi Vati*.

## INTRODUCTION

Having pregnancy and giving birth to a healthy progeny fulfills the beauty of women's life. In pregnancy female adapts her lifestyle to suit the needs of developing fetus but during this period if anything goes wrong then it may lead to some complications like abortion, ectopic pregnancy, IUGR, APH, PPRM etc. out of which abortion is the most common complication which occurs during first trimester mostly before 6 weeks of pregnancy. *Acharya Charaka* has mentioned that for a healthy progeny a man with perfect health should approach a woman who belongs to different *Gotra*, who is physically and mentally healthy, who has taken post menstrual bath etc<sup>[1]</sup>. All these factors affect the phenomena pregnancy and giving birth to a healthy fetus. All *Acharyas* like *Acharya Charak*, *Sushruta*, *Vagbhatta*, *Yogratnakar*, *Bhaisajya Ratnawali* has explained that *Garbhini* should consume *Madhur*, *Sheetal*, *Dravya Pradhan Ahara*<sup>[2]</sup>. Also, it is explained that if due to consumption of *Apathya Ahara* and inappropriate lifestyle *Doshas* gets vitiated and if bleeding per vaginum occurs during first trimester of pregnancy. As upto 4 month of pregnancy fetus is in

*Ajatsaar* form<sup>[3]</sup>. Vitiates *Doshas* will hamper normal function and physiology resulting in expulsion of conceptus before the viability period or even death inside the *Garbhashya*. In present clinical study '*Guduchyadi Vati*' has been selected which is explained in *Gadanigraha* part III by *Vaidya Shodala* in *Garbhasravaadhikar*<sup>[4]</sup>. This clinical study is systematically elaborated under following points:

### Selection and preparation of drug:

Main objective of present study was to find the efficacy and safety of *Guduchyadi Vati* an *Ayurvedic* formulation for prevention of *Garbhasrava*. All the contents of *Guduchyadi vati* have property like *Tridoshshamak*, *Sheetviryatmak*, *Garbhashthapak* (anti abortive), *Stambhak*, antioxidant, immunomodulator, *Vednashamak*, and *Raktastambhak* etc. The ingredients of the formulation were purchased and prepared according to the Standard operative procedure (SOP) of preparation of *Vati Kalpana* explained in *Sharangdhar samhita*.

The contents of the formulation are listed below:

**Table 1**

Dravya	Latin Name and Family	Rasa	Guna	Veerya	Vipaka	Part used	Doshagh- nata And karmukta
<i>Guduchi</i>	<i>Tinospora Cordifolia (willd) Menispermaceae</i>	<i>Tikta, Kasaya</i>	<i>Guru, Snigdha</i>	<i>Ushna</i>	<i>Madhur</i>	Kaand (stem)	<i>Tridoshshamak</i>
<i>Aativisha</i>	<i>Aconitum Hetrophyllum wall. Ranunculaceae</i>	<i>Tikta, Katu</i>	<i>Laghu Ruksha</i>	<i>Ushna</i>	<i>Katu</i>	<i>Mool or kanda</i>	<i>Tridoshshamak</i>
<i>Ushir</i>	<i>Vetiveria Zizanioidis (Linn.) Graminae</i>	<i>Tikta, Madhur</i>	<i>Laghu Ruksha</i>	<i>Sheeta</i>	<i>Katu</i>	Root	<i>Kaphapitta – shamak</i>
<i>Bala</i>	<i>Sida Cordifolia Linn.</i>	<i>Madhur</i>	<i>Laghu, Snigdha</i>	<i>Sheeta</i>	<i>Madhur</i>	<i>Moola Beeja</i>	<i>Vaatpittahara</i>

	Malvaceae		Pichilla				
Katwag	Ailanthus Excela Roxb. Simaroubaceae	Tikta Kashaya	Ruksha	Sheeta	Katu	Bark	Kaphapitta shamak
Dhanyak	Coriandrum Sativum Linn. Umblliferi	Kashya, Tikta, Madhur, Katu	Laghu, Snigdha	Ushna	Madhur	Panchang	Tridoshshamak

**Method of Data Collection:** 72 clinically diagnosed patients of *Garbhasravapurvroopavastha/* threatened abortion were selected who are fulfilling the inclusive criteria. Then divided randomly into two groups one is trial group in which *Guduchyadi vati* was given in 500 mg BD dose with milk or water up to 12 weeks of pregnancy/ in 1<sup>st</sup> trimester. In 2<sup>nd</sup> group i.e. control group micronized progesterone 200 mg HS or 500 mg in injectable form intramuscularly weekly. The patients were assessed by presence or relief in signs and symptoms BT and AT. The patients were called for regular follow ups after the treatment has started in every 15 days for assessment up to 12 weeks of pregnancy then patients followed up till full term to see any adverse effect/ complication of the drug.

**Inclusion and Exclusion Criteria:**

➤ **Inclusion Criteria:**

- USG pelvis for fetal viability before starting the treatment.
- Previous H/O abortion before 12 weeks.
- ANC with PV bleeding with closed cervical OS before 12 weeks of pregnancy.
- ANC with 18-35 years age irrespective of parity.
- USG with sub chorionic hemorrhage if any.

➤ **Exclusion Criteria:**

- H/O recurrent abortion >3 or BOH.
- Missed, incomplete or complete abortion.
- PV bleeding with cervical dilatation.
- PV bleeding after 12 weeks and PV bleeding due to other cause like cervical polyp or erosion.
- Nonviable pregnancy.
- Extra uterine pregnancy or molar pregnancy.
- Patient already on HCG or progesterone.

**Ethical Clearance:** Ethical clearance for conducting clinical trial involving human subjects was taken from

the IEC before the commencement of clinical trial (Ref. no. – PG/224/2019 dated 03/07/2019)

**Patient’s Consent:** The details of the research work to be conducted along with their role in the same were explained to each and every patient in their local language and then a written informed consent was taken from each one of them before enrolling them for the study.

**Withdrawal Criteria:**

- If patient wants to discontinue the treatment or patient does not come for regular follow up.
- If PV bleeding and other symptoms worsen.

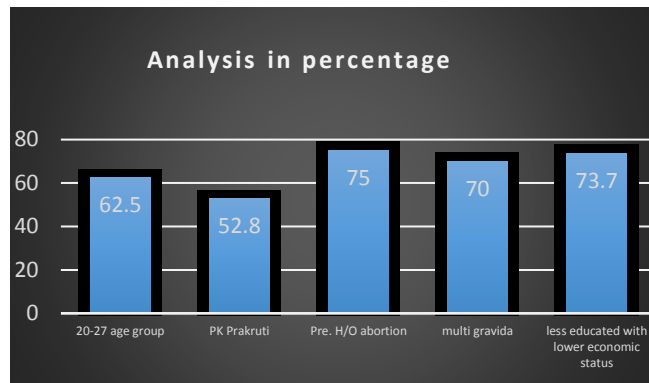
**Statistical Analysis:** Statistical analysis of subjective parameters between both the groups were assessed by Mann Whitney’s U test ‘P’ p> 0.05- insignificant, p<0.01 significant and p<0.001 highly significant.

**Criteria of Assessment:**

- **Subjective Parameters-** Presence or absence of the symptoms of threatened abortion/ *Garbhasrava* formed subjective criteria. To make an assessment rational and scientific the symptoms were given grades. According to their severity and presence in the body like abdominal pain, generalized weakness back pain etc.
- **Objective Parameters-** Assessed on the basis of sonographic findings like GA, Fetal viability before starting the treatment, presence of cardiac activity during and after the treatment, size of sub chorionic hematoma and cervical dilatation. So, USG was carried out BT and AT to observe the parameters of *Garbhasrava*.

**Methodology:** Randomized clinical control trial was carried out. In present study total 72 patients were registered and divided into two group trial and control group. All the patients had completed their treatment up to 12 weeks/1<sup>st</sup> trimester.

## RESULTS AND DISCUSSION



Maximum no. of patients (62.5%) were in 20-27 age group this may be due to more stress level, *Ratrijagrana*, junk food consumption which cause *Vataprakopa*. This age group comes under *Madhyama Vaya* and *Pitta* dominance is present in this *Vaya* and both *Vata-pitta Prakopa* is the reason for *Garbhasrava*. And this is the most fertile age so maximum patients were found in this age group. In both the groups maximum no. of patients were non-vegetarian which cause *Pitta Prakopa* which ultimately cause *Rakta Dushti* and leads to *Garbhasrava*. If we look *Prakriti*

wise maximum patients were of *PK Prakriti* (52.8%) and *VP Prakriti* (31.9%) and with this *Prakriti* if *Garbhini* consumes *Vatapitta Pradhan Ahara* then it will cause *Apana Vayu Dushti* which leads to displacement of *Garbha* from its own place and *Dushit Pitta* will cause *Rakta Dushti* which will cause bleeding per vaginum. In both the groups 75% patients had previous H/O spontaneous abortion which may precipitate the abortion. 70% patients in both the groups were multigravida. In both the groups maximum no of patients were uneducated or minimal educated (73.7%) and it may be due to unplanned pregnancies, poor nutrition, heavy household work and less severity of pregnancy. In *Ayurveda Masanumasik* dietary regimen for pregnant women has been mentioned and it is explained in classics that during first trimester *Garbhini* should consume *Madhur, Sheetal* and *Dravya Ahara*<sup>[5]</sup>. In *Guduchyadi Vati* most of the ingredients have property like *Garbhasthapak, Vednashamak, Stambhak, Sheetviryatmak, Madhur Rasa Pradhana*, antioxidant, antispasmodic, immunomodulator property which helps in prevention of *Garbhasrava*.

**Table 2:** Subjective Parameters

	Group	Mean Rank	Sum of Ranks	P Value
Pv Bleeding	Trial	40.40	1454.5	0.059
	Control	32.60	1173.5	
Abdominal Pain	Trial	42.33	1524	0.001
	Control	29.49	1032	
Fatigue	Trial	46.38	1669.5	<0.001
	Control	25.33	886.5	
Back Pain	Trial	44.46	1600.5	<0.001
	Control	28.54	1027.5	
Generalized Weakness	Trial	45.29	1630.5	<0.001
	Control	26.44	925.5	
Sub Chorionic Bleed	Trial	40.40	1454.5	0.059
	control	32.60	1173.5	

**Table 3:** Objective parameters:

Symptoms	Trial group after treatment	Control group after treatment
Presence of fetal cardiac activity	97.2%	94.4%
Reduction/complete regression of sub chorionic hematoma	95%	66.6%
Cervical dilatation and abortion	5.55%	8.33%

By comparing overall effect of therapy between two groups on symptoms abdominal pain, fatigue, back pain, generalized weakness highly significant results were observed whereas on PV bleeding, size of sub chorionic hematoma significant difference seen before and after treatment but by comparing between the groups result seemed to be equally effective in both the groups.

## CONCLUSION

In trial group with *Guduchyadi Vati* there was reduction in symptoms like PV bleeding, decreased in size of sub chorionic hematoma or complete regression seen. Corresponding growth of the fetus was observed sonographically. As well as the associated symptoms like abdominal pain, back pain, fatigue, generalized weakness also decreased in trial group. No adverse effect observed during and after treatment. So, giving *Ayurvedic* formulation i.e. *Guduchyadi Vati* is safe and beneficial during first trimester pregnancy. It provides nourishment and strength to the mother as well as help in appropriate growth of fetus and it will be more cost effective to the patient. So, it is concluded that *Guduchyadi Vati* and Progesterone both are effective in prevention of *Garbhasrava* but *Guduchyadi Vati* helps in reduction of associated symptoms.

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