

ROLE OF GOKSHURADI GUGGULU AND VARUNADI KASHAYA IN POLYHYDRAMNIOS - A CASE STUDY

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ABSTRACT

Polyhydramnios or Hydramnios is defined as a pathological increase of amniotic fluid volume in pregnancy and is associated with increased perinatal morbidity and mortality because of different criteria used in the definition of polyhydramnios, the incidence varies from 1-2% of cases. Hydramnios is suspected clinically if the uterine size exceeds that expected for gestational age, uterus may feel tense and palpating fetal parts or auscultating fetal heart rate may be difficult and with symptoms of maternal dyspnea and orthopnea and confirmed with ultrasonography. Common causes of hydramnios include gestational diabetes, fetal anomalies with disturbed fetal swallowing of amniotic fluid, fetal infections and other rarer causes. The prognosis depends on its cause and severity, can be associated with preterm labor, premature rupture of membranes, abnormal fetal presentations, cord prolapse and post partum haemorrhage. In our classics, no direct reference is available pertaining to amniotic fluid disorders. *Acharya Sushruta* has explained *Garbha vriddhi* in which *ativriddhi* of *garbha* causes *ativriddhi* of *udara*, an indirect reference to polyhydramnios which is often associated with fetal macrosomia. In the contemporary science, amnioreduction and NSAIDs are the two methods of prenatal treatment which have their own side effects. Thus, a patient diagnosed as having polyhydramnios was selected and was administered *Gokshuradi guggulu* and *Varunadi kashaya* for 10days and has been found to be effective in this condition.

Keywords: Hydramnios, *Garbha vriddhi*, *gokshuradi guggulu*, *varunadi kashaya*.

INTRODUCTION

Polyhydramnios is one among the amniotic fluid disorders. The normal levels of amniotic fluid between 20 and 35 weeks of gestation are 8-18cm and

a value above 18cm is termed as polyhydramnios¹. This clinical condition is associated with a high risk of poor pregnancy outcomes. An underlying disease

is only found in 17% of cases in mild polyhydramnios. In contrast, an underlying disease is detected in 91% of cases in moderate to severe polyhydramnios. Other causes include viral infections, Bartter syndrome, neuromuscular disorders, and maternal hypercalcemia². As this condition results due to impairment in the equilibrium between the production and resorption of amniotic fluid, *guggulu*³, *varuna*⁴, *gokshura*⁵ are very effective in bringing about *srotoshodhana*, *lekhana*, *mootrala* karma thereby helps in excretion of excessive retention of urine and balance in the amniotic fluid levels and good pregnancy outcome.

Case Study:

A patient with obstetric history G3P2A0L2 visited the OPD of *Prasuti tantra evam stree roga*, SKAMCH&RC, on 17/2/18 with complaints of dif-

ficulty in breathing while walking, climbing stairs with history of 8 months of amenorrhoea and her USG-OBG revealed AFI 21.6cm at 35 to 36 weeks of gestation. Her LMP was 7/6/17 and SEDD was 14/3/18.

Course of treatment:

Gokshuradi guggulu 1tid after food was given and *Varunadi kashaya* 2tsp tid after food with equal quantity of water was given for 10 days.

After 10 days of treatment(17/2/18 to 26/2/18), AFI was 14.2 cm. Patient was relieved of her complaints of difficulty in breathing, continued with regular antenatal visits and delivered a single live male baby on 15/3/18 by LSCS with baby weight of 2.8kg without any congenital anomaly.

Mode of action of *shamana aushadhis*:

Table 1: *Gokshuradi guggulu*

Drug	Botanical name	Rasa	Guna	Veerya	vipaka	Dosha Karma	Vishishta karma
<i>Gokshura</i>	<i>Tribulus terrestris</i>	<i>Madhura</i>	<i>Guru, Snigdha,</i>	<i>Sheeta</i>	<i>Madhura</i>	<i>Vata-pittahara</i>	<i>Mootrala, shothahara, rasayana</i>
<i>Guggulu</i>	<i>Commiphora mukul</i>	<i>Tikta, katu</i>	<i>Laghu, Ruksha, Sara, sukshma</i>	<i>Ushna</i>	<i>Katu</i>	<i>tridosahara</i>	<i>Lekhana, rasayana</i>
<i>Haritaki</i>	<i>Terminalia chebula</i>	<i>Kashaya pradhana Pancharasa alavana</i>	<i>Laghu, ruksha</i>	<i>ushna</i>	<i>madhura</i>	<i>tridosahara</i>	<i>Prajasthapana, Anulomana, Rasayana, Lekhana.</i>
<i>Vibhitaki</i>	<i>Terminalia belerica</i>	<i>Kashaya</i>	<i>Laghu, ruksha</i>	<i>ushna</i>	<i>madhura</i>	<i>Kapha-pittahara</i>	<i>bhedana</i>
<i>Amalaki</i>	<i>Terminalia officinalis</i>	<i>Amlapradhana pancharasa</i>	<i>laghu</i>	<i>sheeta</i>	<i>madhura</i>	<i>tridosahara</i>	<i>rasayana</i>
<i>Pippali</i>	<i>Piper longum</i>	<i>katu</i>	<i>Laghu, snigdha</i>	<i>ushna</i>	<i>madhura</i>	<i>Vata-kaphahara</i>	<i>Deepana, rasayana</i>
<i>Maricha</i>	<i>Piper nigrum</i>	<i>katu</i>	<i>Laghu, teekshna</i>	<i>ushna</i>	<i>katu</i>	<i>Kapha-vatahara</i>	<i>Pramathi, deepana</i>
<i>Shunti</i>	<i>Zinziber officinalis</i>	<i>katu</i>	<i>Guru, Ruksha, tikshna</i>	<i>ushna</i>	<i>madhura</i>	<i>Vata-kaphahara</i>	<i>Deepana, bhedana</i>
<i>Musta</i>	<i>Cyperus rotundus</i>	<i>Tikta, Katu, kashaya</i>	<i>Laghu, ruksha</i>	<i>sheeta</i>	<i>katu</i>	<i>Kapha-pittahara</i>	<i>Deepana, Pachana, lekhana</i>

Table 2: Ingredients of *Varunadi kashaya*

Drug	Botanical name	Rasa	Guna	Veerya	vipaka	Dosha Karma	Vishishta karma
<i>Varuna</i>	<i>Crataeva religiosa</i>	Tikta, ka-shaya	Laghu, Ruksha	ushna	Katu	Kapha-vatahara	Deepana, krimighna
<i>Kasisa</i>	Green vitriol	Amla, Tikta, kashaya	Guru, Ruksha	ushna	katu	Vata-kaphahara	vishaghna
<i>Saindhava</i>	Rock salt	madhura	laghu	anushna	madhura	tridosahara	Pathya, agnideepana
<i>Shilajitu</i>	Asphaltum pun-jabinum	Tikta	snigdha	sheeta	katu	tridosahara	Mootrala, balya, Yogavahi, rasayana
<i>Hingu</i>	<i>Ferula northax</i>	Katu	Laghu, snigdha, tikshna	Ushna	Katu	Kapha-vatahara	Anulomaniya, Artavajanana, Balya,hrdya

Gokshuradi guggulu helped in the removal of excess foetal urine thereby normalising the amniotic fluid levels. It is said to have anti-inflammatory activity. *Srotoshodhana karma* of *guggulu* helps to clear the *srotas* which are obstructed, thereby *srotoshuddhi* is also achieved. Drugs like *trikatu are agni deepaka* and *vatahara* thereby *agnimandya* is corrected and proper circulation of *rasa dhatu* to the *garbha* and proper expulsion of *mala* in the form of *mootra* occurs. *Varunadi kashaya* does *lekhana karma* which arrests excessive secretion of fluids from cells producing it. Presence of *kasisa, saindhava, shilajitu, hingu* helps in *vatashamana*. Thus, it maintains the physiology and balance in amniotic fluid level.

CONCLUSION

Polyhydramnios is the term used to describe an excess accumulation of amniotic fluid. Under physiological conditions, there is a dynamic equilibrium between the production and resorption of amniotic fluid. Fluid levels are influenced by fetal urination and fetal lung liquid absorption and amniotic fluid is reabsorbed by fetal swallowing and intramembranous and intravascular absorption. Hence, the selection of *yogas* like *gokshuradi guggulu* and *varunadi kashaya* is very apt owing to the presence of *dravyas* which are *shothahara, agnideepaka, pachaka, sroto-*

shodhaka and *mootrala* and has been very effective in polyhydramnios.

REFERENCES

1. [^http://www.gynob.com/biopamfl.html](http://www.gynob.com/biopamfl.html)
2. Polyhydramnios-Causes, Diagnosis and Therapy by A.Hamza, D. Herr & G. Meyberg Solomayer
3. Dravya Guna Vijnana by J.L.N.Shastry, volume 2, Chaukhamba orientalia,2008,pp-117,pg-835
4. Dravya Guna Vijnana by J.L.N.Shastry, volume 2,Chaukhamba orientalia 2008,pp-84,pg-835
5. Dravya Guna Vijnana by J.L.N.Shastry, volume 2, Chaukhamba orientalia 2008,pp-254,pg-835.

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