



A Case Report On The Management Of Oligohydroamnios In Nine Month Of G.A With Ksheerpana And Shatavari Taila Matrabasti.

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ABSTRACT –

An Effective Medical Therapy For Oligohydroamniosis Very Important For The Fetus To Grow Normally To Near Term. In Ayurveda Oligohydroamnios Can Be Considered Under Upvishataka Nagodara. Here , Garbhashaya As Stated By Acharya Sushruta Where Garbhaspandana I.E. Ksheena Spandana And Annunat Kukshita Which Is Due To Reduced Liquor.Acharya Sushruta Has Mentioned The Usage Of Basti From 8 Months Onwards To Nourish The Fetus In Garbha Kshaya.

Aim- To Study The Effect Of Ksheerpana And Shatavari Taila Matra Basti In Treating Oligohydroamnios At Term.

Materials And Methods - A Female Patient 25 Years Old , Primigravida,37 Weeks Came To OPD With USG Reports In Which Liquor Is Reduced. AFI Is 7 Cm With No History Of Labour Pain, PV Leaking And Bleeding Is Selected For Study Purpose.Here Ksheerpana And Shatavari Taila Matrabasti Is Given To Which Is Effective To Increase Amniotic Fluid And Sukhad Prakrut Prasav.

Result – There Was A Significant Improvement Found In Amniotic Fluid Volume.The Patient Delivered Normally At 39 Weeks Of Gestation With Healthy Female Baby.

KEYWORDS- Garbhashosh, Oligohydroamnios, Ksheerpana , Shatavari Taila Matrabasti.

INTRODUCTION –

Amniotic fluid index (AFI) of less than 8 cm is considered as oligohydramnios. It is associated with an increased risk of fetal distress, meconium stained liquor, umbilical cord inclusion, operative deliveries, and stillbirth at term. The symptoms of oligohydramnios like decreased fetal movement ,easily palpable but difficult to ballot fetal parts per abdominally relates with Manda Spandana or Asapandana, Anunatakukshita like symptoms of Garbhashosha and Gabhakshya by Acharya Sushruta. An effective management is very necessary for the fetus to grow without any fetal distress at term and to deliver normally. naturally. In modern medicine administration of arginine has been suggested to improve amniotic fluid index (AFI) in oligohydramnios as it is a precursor of nitric oxide and may play a role in local vasodilatation thus increases the volume and viscosity of blood in the fetomaternal circulation¹ . But arginine also have some side effects when administered intravenously like nausea, vomiting, diarrhoea, dizziness, headache, flushing, sweating, abdominal pain, muscle and joints pain, , irregular heartbeat, trouble breathing etc. In Ayurveda, to manage oligohydramnios at term line of treatment of Garbhakshya and Garbhashosha plays an effective role with no adverse effect and give good as well quick result. Acharya Charaka's ninth month regimen for Garbhini i.e.

madhura aushadha sidha taila matrabasti reduces the incidence of cesarean section prescribed for severe oligohydramnios condition and helps in achieving the goal of Sukhprasava without any maternal and fetal complications. Rationality of selection of trial drug Acharya Sushruta mentioned the use of Medhyaanna in the treatment of Garbhakshya² and Brimhaniyapaya (milk) in the treatment of Garbhashosha³. Shatavari (*Asparagus racemosus*) kand (tuberous root) is said to be Medha agnibalvardhini⁴. It is madhura rasa, madhuravipaka, sheetavirya, guru and snigdha guna⁵. Shatavari is Rasayana, Garbhaposhaka, Balya and Pushtidayaka⁶. Acharyas has mentioned milk in almost every month of pregnancy as it is well known for its Jeevaniya, Rasayana, Medhya, Balya and Bruhaniya⁷. Acharya Charaka mentioned Madhura Aushadha Sidha Taila Matrabasti at ninth month for achieving Sukhprasava⁸. For the formulation of oil shatavari (*Sidacordifolia*) used as madhura dravya and Tila (*Sesamum indicum*) Taila used as base oil. Tila has got madhura rasa, madhura vipaka, snigdha guna, sukshma and vyavayi in property⁹. Shatavari contains steroidal saponins, known as shatvarins, amino acid - asparagine, isoflavones, racemosol, flavanoids, sterols, trace minerals, etc¹⁰. Milk contains omega-3 essential fats, calcium, selenium, phosphorus, potassium, B-complex vitamins, amino acids like lysine, histidine, leucine, valine, tryptophan and more¹¹. Tila mainly contains fatty oils (palmitic acid stearic acid, oleic acid, linoleic acid), sesamin, sesamol, vitamin E, B-complex, phytosterols, amino acids like lysine, leucine, glutamic acid, arginine and aspartic acid, sucrose, saccharides, etc¹².

AIM- To study the effect of Ksheerpana and Shatavari taila Matrabasti and Shatavari in treating oligohydramnios at term.

OBJECTIVES -To reduce the incidence of cesarean section due to oligohydramnios at term.

CASE STUDY -Chief complaint Amenorrhea since 37 weeks with reduced amniotic fluid no history of labor pain, leaking and bleeding per vaginal History of Present Illness A 25 year old primi patient came to Prasutitantra outpatient door. The patient first visited on OPD on 15th September 2020 with 6 month of amenorrhea with ultrasonography containing single live intrauterine pregnancy with all parameters normal. Patient was advised to visit regularly for routine follow up and to take appropriate diet rich in fluids, iron, calcium etc. also advised ultrasonography as a routine antenatal work up. Amniotic fluid volume was found adequate and all other parameters were also found normal. But due to faulty dietary habits and irregular antenatal visit by the patient she having reduced liquor volume. According to patient, she had developed diarrhoea prior few days due to faulty diet and she also reduced fluid intake from past few days. Ultrasonography was done there in which Amniotic fluid index was found 7cm. She was examined properly for maternal and fetal condition and written consent signed by patient and her attendant for Ayurvedic management and moderate oligohydroamnios.

Personal history-

Appetite- Normal

Sleep- Disturbed

Bowel- Constipated

Micturition- Clear

Addiction- No any

Allergic history- No any

Diet- Mixed

Past Medical / Surgical / Family History- Not significant

Menstrual History -Last menstrual period – 23/10/2021 Expected date of delivery – 30/07/2021 Period of gestation – 37 weeks + 00 days (on 08/07/2022)

Obstetric History

O/H- G1 P0 L0 A0 (G1- Present pregnancy)

Married life: 3 years

On General Examination:

General Condition: fair

Blood Pressure: 120/60 mm of Hg

Pulse Rate: 76/ min

Temperature: 98.3°F

Height: 5'4"

Weight: 64 kg

Pallor: Absent

Pedal Edema: Mild

On Systemic Examination: Digestive System, Cardiovascular System, Respiratory System, Central Nervous System appears normal.

Per Abdominal Examination: On palpation fundal height was found less than the period of gestation, lie was longitudinal with cephalic presentation. Fetal parts were easily felt but failure to ballot into the uterus. On auscultation fetus heart sound was present. frequency of 120 beat per minute. No contractions were found.

Per Vaginal Examination: Pelvis was found adequate with no dilatation and effacement. No leaking and bleeding per vagina seen. Antenatal investigations: All blood and urine investigations found normal.

MANAGEMENT PROTOCOL From 08-07-2022 onwards patient was advised to take Shatavari matrabasti 50ml daily, 200ml of milk twice daily. Patient was instructed to take a light diet (neither too snigdha nor too ruksha, and not more than three fourth of their usual diet) then 50ml shatavari taila Matrabasti was applied per anal in knee elbow position.

Table 1 Ultrasonography findings before treatment

DATE	ULTRASONOGRAPHY FINDING
25/12/2021	Single live intrauterine fetus with G.A 9 weeks 0 days
27/01/2022	NT-1.1MM NB-SEEN Single live intrauterine fetus with G.A 13 weeks 2 days
14/03/2022	D=22+1 E=19+4 PLACENTA- FP, FHR-PRESENT AFI-11.8 ANOMALY-NIL
8/7/2022	D=37+0 WEEKS E=35+6 FHR- PRESENT CEPHALIC ,PLACENTA- FP AFI= 7CM

Table 2 Schedule of Shatavaritaila Matrabasti

DATE	GESTATIONAL AGE	PRATYAGAMAN KAAL
08-07-2022	D=37+0 E=35+6	2 HOURS
09-07-2022	D=37+1 E=36	3 HOURS
10-07-2022	D=37+2 E=36+1	3 HOURS
11-07-2022	D=37+3 E=36+2	3 HOURS 30 MIN
12-07-2022	D=37+4 E=36+3	2 HOURS
13-07-2022	D=37+5 E=36+4	4-5 HOURS
14-07-2022	D=37+6 E=36+5	2 HOURS

OBSERVATIONS AND RESULTS

Full term pregnant patient came to Prasutitantra department with decreased amniotic fluid with no contractions no pv leaking and bleeding at 37 weeks of gestation. After giving ksheerpana daily twice a day and shatavari taila matra basti daily for 7 days.

On per abdomen examination with each visit fundal height was improving and after 3rd Matrabasti it was corresponding to the period of amenorrhea i.e. nearly term size, fetal parts were not palpable so easily and ballotment was found positive. Ultrasonography report was done which mentioned that there was single live fetus of 37-38 weeks of gestation with Amniotic fluid index 8 cm, Fetal Heart Rate 140/min, normal fetal movement present. Patient was advised for rest and she was kept under observation in hospital with continuous fetal monitoring.

Patients start labour pains naturally on 16-07-2022 and there was no fetal distress or any complications. Patient delivered female baby with vertex presentation with 2.6 kg baby weight vaginally at 38 weeks 1 days of gestational age. At the time of birth baby was found active and cried well. APGAR score was found normal. Third stage of labor also completed in 20 min without any complications.

DISCUSSION- Oligohydramnios is a condition arises due to the kshaya of Jaliya Mahabhuta. Shatavari and milk having madhura rasa, maduravipaka, sheeta and guru guna can increases Jaliyatatva. With the consumption of Ksheerapana twice daily amount of liquor increases so fetal can freely move in uterus without any restriction. So patient perceived proper fetal movement and sonographical evaluation also proved marked increment in amniotic fluid index from 7cm to 8.4 cm .Shatavari taila matra basti helps in proper functioning of Apan vayu so that labour process starts and patient delivered vaginally without any complications.

CONCLUSION- In present days oligohydramnios develops very frequently at term and increases the incidence of operative intervention. If Ayurvedic regimen for garbhini is well followed it reduces its risk. Ksheerapana and Shatavari taila Matrabasti are found effective in managing oligohydramnios at term by increasing amniotic fluid, well nourishment of fetus and reducing the risk of operative deliveries. Thus prevents maternal and fetal morbidity and mortality rate.

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