

## ROLE OF SHATAVARI KSHEERAPAKA AND KSHEERA ANDA BASTI IN THE MANAGEMENT OF GARBHODAKA KSHAYA VIS A VIS OLIGOHYDROMNIOS- A CASE STUDY

Dr. Shafiqul Aziz Khan<sup>1\*</sup> and Dr. Papiya Jana<sup>2</sup>

<sup>1</sup>PG Scholar, Department of PTSR, Shri Kalabhyraveshwara Swamy Ayurvedic Medical College, Hospital and Research Center Vijayanagar, Bangalore, Karnataka India.

<sup>2</sup>Professor, Department of PTSR, Shri Kalabhyraveshwara Swamy Ayurvedic Medical College, Hospital and Research Center Vijayanagar, Bangalore, Karnataka India.

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\*Corresponding Author

Dr. Shafiqul Aziz Khan

PG Scholar, Department of  
PTSR, Shri Kalabhyraveshwara  
Swamy Ayurvedic Medical  
College, Hospital and  
Research Center Vijayanagar,  
Bangalore, Karnataka India.

### ABSTRACT

*Garbhodaka* is one entity on the basis of which the foetus sustain its survival. The quantity of *Garbhodaka* can decide the wellbeing of *Garbha* and when it reduces drastically it affects the growth and development of the foetus and hinders movement of the fetus. Oligohydromnios is a condition of abnormal low amniotic fluid volume that has been associated with poor pregnancy outcome. This is a case study on a patient with mild oligohydramnios diagnosed at 33 weeks of gestation complaining of reduced foetal movements. Abdominal examination was suggestive of oligohydramnios as fundal height was lesser corresponding to the period of gestation and was confirmed by USG where AFI was 7.0 cm. In this case, *Shatavari ksheerapaka* was given orally and *ksheera anda basti* was administered. *Shatavari* has *madhura rasa, sheetaveerya, balya, brihmana* properties. It is also a *rasayana* and *garbha sthapaka dravya*. *Goksheera* is *ajanma satmya, madhura rasa yukta, sheeta veerya, balya, brihmana* and a *nitya rasayana*. Egg is rich in phosphorus, calcium, potassium and contains moderate amount of sodium. It also contains protein, carbohydrate and fat. *Shatavari Ksheerapaka* and *Ksheera anda basti* (milk and egg) helped in the improvement of the amniotic fluid volume which were evident after 17 days of treatment.

**KEYWORDS:** *Garbhodaka*, Oligohydromnios, *shatavari Ksheerapaka*.

### INTRODUCTION

The amniotic fluid that surrounds the foetus consists of major portion of water. It also contains important nutrients, hormones and antibodies that helps in protecting the foetus. With the period of gestation the volume of the amniotic fluid varies and are the indicator of foetal well being. USG is the common modality of choice of assessing amniotic fluid volume. In this case the amniotic fluid index (AFI) was found to be 7.0 cm at 33 weeks of gestation. AFI is one of the major and deciding components of fetal biophysical profile and by itself it can predict pregnancy outcome. The values between 8-25 are considered to be normal. We do not find a direct reference of *Garbhodaka kshaya* in Ayurvedic classics but there is a reference of *garbha kshaya*. *Garbhodaka kshaya* and *garbhakshya*<sup>[1]</sup> are associated simultaneously as studies have shown very low values of amniotic fluid are associated with intra uterine growth restriction (IUGR).<sup>[2]</sup> This is a case study diagnosed with *garbhodaka kshaya* which is known as Oligohydromnios<sup>[3]</sup> in modern science managed with *Shatavari Ksheerapaka* and *Ksheera anda Basti*.

### CASE STUDY

A female patient aged about 25 years, belongs to Hindu religion and middle class family with married life of 6 years visited the OPD of PTSR dept, SKAMC&HRC with history of 7 months of amenorrhea, complaints of reduced fetal movement since 2 days. She is not a k/c/o GDM, PIH or thyroid dysfunction. Her OBG scan on 3/9/22 revealed AFI 7.0cm (mild oligohydromnios) at 33 weeks of gestation.

Diet – Non-Vegetarian

Appetite – Good

Bowel – Once or twice a day, Regular

Micturition – 4-5 times/day

Sleep – Normal

Habits – Carbonated drinks, chips daily

Built – Obese

Nourishment – Good

Pallor – Absent

Edema – Absent

Clubbing – Absent

Cyanosis – Absent

Icterus – Absent

Lymphadenopathy – Absent

Height – 157 cm

Weight – 125 kg (125 Kgs at 30 weeks) Before pregnancy- 85kg

BMI – 47.0 kg/m<sup>2</sup>  
 Pulse Rate – 86 beats/minute  
 BP – 120/80 mm Hg  
 Respiratory Rate – 18 cycles/minute  
 Heart Rate – 86/minute  
 Temperature – 98°F  
 Tongue – Uncoated

**ASHTA STHANA PAREEKSHA**

Nadi- 86/min  
 Mala- 1 or 2 times/day  
 Mutra- 4-5times/day  
 Jihwa- Alipta  
 Shabda- Prakrita  
 Sparsha- Prakrita  
 Drik- Prakrita  
 Akriti- Sthula

**DASHAVIDHA PAREEKSHA**

**PRAKRITI: VATAKAPHA**

**PERABDOMEN EXAMINATION**

Uterus

Fundal height-Approx 26-28 weeks size ( GA A/c LMP is 30 Weeks )

Fetal Movements – Present, but not well appreciated

Fetal Heart Rate – 140-144 bpm

**Diagnosis:** *Garbhodaka kshaya*

*Hetu: Akala bhojana, katu, ruksha ahara.*

*Dosha: Vata, kapha*

*Dushaya: Rasa, Meda*

*Desha: Sadharana*

*Kala: 3rd trimester of Garbhini avastha Bala: Madhyama*

*Sara: Madhyama*

*Samhanana: Madhyama*

*Pramana: Madhyama*

*Satmya: Vyamishra*

*Satwa: Madhyama*

*Ahara shakti: Pravara*

*Abhyavarana Shakti: Pravara*

*Jarana Shakti: Pravara*

*Vyayama Shakti: Avara*

*Vaya: Vivardhamana, Yovana*

**ATURABHUMI DESHAPAREEKSHA**

**JATAH: SADHARANA**

**SAMRUDDHATAH: SADHARANA**

**VYADHITAH: SADHARANA**

**Course of treatment**

3/9/22 *Shatavari Ksheerapaka* 20mL BD (A/F)

*Ksheera anda basti* 200 ml OD for 10 days.

Method of preparation of *Ksheera anda basti* : fresh cow milk about 200 ml was taken and boiled, allowed it to cool. After cooling an egg was added to the milk and stirred well till homogeneous mixture noted.

Date	USG findings	Treatment given	Observations
3/9/22	Mild oligohydromnios (AFI-7.0 cm)	<i>Shatavari Ksheerapaka</i> 20mL BD (A/F) <i>Ksheera anda basti</i> 200 ml OD or 10days.	Repeat scan(13/9/22): AFI-13cm BPP-8/8 EFW-2285+/- 10% Patient started feeling normal fetal movements.

**OBSERVATION**

After the course of treatment the patient had an uneventful pregnancy and at 37 weeks of gestation patient came with the complaints of intermittent pain abdomen and leaking per vaginum, later she delivered a single live healthy male baby with birth weight of 2.3kg through LSCS.

**DISCUSSION**

The management of *Garbhodaka kshaya* and oligohydramnios in a pregnant patient is a crucial aspect of Ayurvedic care. In this case study, the patient presented with mild oligohydramnios at 33 weeks of gestation, experiencing reduced fetal movements. The treatment approach involved the administration of *Shatavari Ksheerapaka* orally and *Ksheera anda basti*, resulting in positive outcome.

*Shatavari*, known for its *brimhana*, *balya*, *pushtidayaka* and *rasayana* properties.<sup>[4]</sup> With its *madhura* rasa and *sheetaveerya*<sup>[5]</sup>, *Shatavari* aids in balancing the aggravated *doshas* and maintaining amniotic fluid stability. The *balya* and *brihmana* properties of *Shatavari* contribute to the overall well-being of the mother and the developing fetus.

The administration of *Ksheera anda basti*, a medicated enema prepared with milk and egg, played a synergistic role in improving amniotic fluid volume. Milk, known for its nourishing and cooling properties, acted as a vital component in the treatment regimen. The addition of an egg, rich in essential nutrients such as phosphorus, calcium, potassium, protein, and moderate amounts of sodium, further nourished the mother and potentially influenced the amniotic fluid volume.

**CONCLUSION**

The management of *Garbhodaka kshaya* and oligohydramnios through the administration of *Shatavari Ksheerapaka* and *Ksheera anda basti* shows promising results. Ayurvedic treatments, tailored to individual needs, can contribute to the restoration of amniotic fluid balance and support the well-being of both the mother and the developing fetus. However, further research is necessary to establish the efficacy and safety of these interventions, ensuring comprehensive care for pregnant patients.

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