Role of Garbhachalana Chikitsa In Case Of Bad Obstetric History – A Case Study

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Abstract:
Every year, an estimated 13 million babies are born preterm and about 2-3% of pregnancies will be lost in the second trimester, a rate that is much lower than in the first trimester according to WHO1. Bad obstetric history is applied to mothers in whom a previous poor pregnancy outcome is likely to have a bearing on the prognosis of her present pregnancy. Acharyas have emphasized on garbha vriddhi and the garbha chalana chikitsa which helps in preventing the chyuti of garbha before prakrutha prasava kala by enhancing all the gunas of garbha. In this regard, A detail case study was done and treated successfully with Garbhachalana chikitsa discussed further in this paper.

Keywords: Bad obstetric history/BOH, garbha chalana chikitsa

Introduction:
Every pregnancy is precious and it is a boon to the couple. In a year, it is estimated 13 million babies are born preterm and about 2-3% of pregnancies will be lost in the second trimester, a rate that is much lower than in the first trimester according to WHO. Repeated loss of pregnancy is a frustrating and challenging problem for couples and obstetricians alike, it affects around 1% of pregnancies. Miscarriage is associated with guilt, embarrassment and depressive status. Bad obstetric history is applied to mothers in whom a previous poor pregnancy outcome is likely to have a bearing on the prognosis of her present pregnancy. This is particularly true when the subsequent pregnancy with added concerns of primary or secondary infertility and a bad obstetric history. Classics have mentioned about garbha chalana chikitsa from 1st to 8th month with importance of garbhavakranti, garbhaparivriddhi and prakrutha kala of prasava and aiming healthy foetus to healthy mother. Acharyas have emphasized on garbha vridhdi and the garbha chalana chikitsa2 which helps in preventing the chyuti of garbha before prakrutha prasava kala by enhancing all the gunas of
garbha. In this regard, a detail case study was done and treated successfully with Garbhachalana chikitsa discussed further in this paper.

Aims and objectives:

1. To analyse the Bad obstetric history
2. To study the effect of garbhachalana chikitsa in Bad Obstetric History

Medical history:

A Female Patient of aged 35 years considered as elderly multipara visited to Prasooti Tantra department on March 2018 with a pregnancy of 1½ month and history of 2 Abortions, 1 Neonatal death due to preterm delivery. She is a known case of hypertension and was on medication for the same from past 2 years. She wanted to terminate the pregnancy due to repeat complications occurred in previous pregnancies.

Detailed previous obstetric history as follows;

- D1 - Pre term delivery (Premature rupture of membranes on 6th month gestation) – single live female baby was delivered by caesarian section – weighing 700 grams was in NICU, later died on 5th day (2014).
- L1 - 32 weeks - Gestational hypertension - LSCS - single live female baby which weighed about 1.5kg was delivered, presently the baby is healthy (2015).
- A2 - Spontaneous Miscarriage - 40days (2017).

Diagnosis & assessment:

Garbhini with B.O.H

Prakriti: kapha pradhana vatanubandhi

Examination: the examination was carried out using Ayurvedic clinical methods including vital signs, BP, Pulse, HR, PR, weight and abdominal examinations like palpation fundal height, auscultation of FHS, shuffle.

Therapeutic focus:

It was mainly classified like

- Samanya garbhini paricharya
- Garbhini rasayana
- Manasika chikitsa
- Vatahara chikitsa
- Garbha chalana chikitsa

The medicines arranged accordingly:

- Samanya garbhini paricharya³-masaanumasika garbhini paricharya which is explained in the classics from 2nd month to till term.
  2nd & 3rd month: ksheera, madhuroushadha
  4th month: navaneetha 1 aksha
  5th & 6th month- ksheera, sarpi
  7th month- ksheera, sarpi, madhuroushadha
  8th month- asthapana basti
  9th month- anuvasana basti and c pichu with dhanwantara taila.
- Garbhini rasayana: aswagandha, shatavari rasayana.
- Manasika chikitsa – satvavajayachikitsa
- Vatahara chikitsa: Bruhat vata chintamani rasa with gold 1-0-0
- Garbha chalana chikitsa⁴ which is explained in classics from 3rd month to 8th month:
  3rd month- nagakeshara churna with sugar
  4th month- kadali mula with ksheera
  5th month-dadima patra churna with madhu
  6th month- Krishna mruttika, gomaya bhasma
  7th month- gokshura, nagakeshara with madhu
  8th month- lodhra & pippali

Management during pregnancy:

As she visited with her pregnancy of 1 ½ month, the management was done as follows:

<table>
<thead>
<tr>
<th>No</th>
<th>Complaint</th>
<th>Dietary regimen</th>
<th>Medicines</th>
<th>Garbha chalana chikitsa</th>
<th>Investigations</th>
</tr>
</thead>
<tbody>
<tr>
<td>First trimester</td>
<td>Weakness</td>
<td>According to masanumasika garbhini</td>
<td>● BVC with gold 1-0-0</td>
<td>1. Yestimadhu draksha + chandana</td>
<td>Early pregnancy scan single live</td>
</tr>
</tbody>
</table>
Outcome:

She was advised to undergo elective caesarean section at 38 weeks due to precious pregnancy, previous caesarean section and B.O.H. At 37 weeks 3 days she came with leaking per vagina, with written consent elective caesarean section was done and she delivered a healthy female baby with low birth weight of 2.1 kgs on 9/2/2019. APGAR score was normal. After the delivery, baby was shifted to higher centre as it was a precious baby and LBW for detail evaluation like fever, cold, cough

<table>
<thead>
<tr>
<th>Second trimester</th>
<th>Hypertension</th>
<th>According to masanumasika garbhini paricharya</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>BVC with gold (1 tab - OID)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dhanvantara vati (1 tab - TID)</td>
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<td></td>
<td></td>
<td>Brahmi vati (1 tab - QID)</td>
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<tr>
<td></td>
<td></td>
<td>Shathavari granules (2tsf - QID)</td>
</tr>
</tbody>
</table>

1. Ushira + Chandana + Nagakesara + Dhataki Pushpa + Sugar + Gritha + Milk
2. Leaves of Dadima + Chandana + Honey
3. Krishna Mrithika + Chandana + Sugar + Milk

Anomaly scan - single live intrauterine pregnancy with gestational age of 18 weeks 6 days. No obvious congenital abnormalities.

Maternal screening (Quadruple Markers test) - Normal

<table>
<thead>
<tr>
<th>Third trimester</th>
<th>Edema Hypertension</th>
<th>According to Masanumasika Garbhini Paricharya</th>
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<td>Shathavari granules (2tsf - QID)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Kalyanakagritha (2tsf – BID)- From 32 weeks</td>
</tr>
</tbody>
</table>

1. Yestimadhu + Draksha + Chandana Dwaya + Milk
2. Nagakesara + Tagara + Bilva + Karpura + Milk
3. Nagakesara Sugar + Milk

Thyroid profile - within normal range.

Term scan: Single live intrauterine pregnancy with gestational age of 35 weeks 2 days.

Liquor: adequate

Placenta: grade 2 maturity

Estimated fetal weight 1.78±200grms

Fetal heart rate: 146bpm
physical examination, cardiac monitoring, ultrasound, echocardiography, CBC, albumin, protein levels. All were said to be normal. Baby was on antibiotics for 3 days and was discharged from higher centre. Baby and mother both were healthy, discharged on 16/2/2019.

**Discussion:**

**Garbhini paricharya and rasayana:** Garbhini paricharya plays a vital role in maintain a healthy pregnancy. Classics have explained in detail about month wise garbhini paricharya to avoid the untoward effect to the mother and foetus. Vomiting and nausea are the two main symptoms during the 1st trimester of the pregnancy due to which the pregnant women is not able to consume food in proper quantity. Dehydration which is caused due to this can be prevented with sheeta and madhura rasa dravyas and thus supply nutrition. Being anabolic in its activity madhura rasa dravya helps in maintaining health of both mother and foetus. In 2nd trimester growth of muscular tissue is observed in foetus; hence the mother will need protein in larger quantity which is supplied by using mamsa rasa and navaneetha. In the beginning of 3rd trimester most of the women suffer from oedema of the feet and other complications of water retention which can be prevented with gokshura which is a natural diuretic. Other drugs of vidarigandhadi gana help to maintain the health of mother and foetus due to its multiple properties like diuresis, anabolic nature and relieves emaciation, and is kapha pittaghna. Constipation is one more complication observed during this time due to presence of gravid uterus over the bowels, it is relieved by enema which helps to maintain the autonomous nervous system to govern the myometrium and help in proper labour. In pregnancy by following the garbhini paricharya and rasayana will help to prevent the complications occurring during pregnancy and minimise the intake of medicines.

**Manasika chikitsa – satvavajayachikitsa:**

Ayurveda advocates that female should remain happy throughout the pregnancy as the type of psychic status of mother has an influence over the development of psychic state of foetus General counselling about fear of complications during the present pregnancy and listening to music like Vishnu sahasranama, gayathri mantra or any other spiritual music plays a vital role in pregnant women. Ayurveda states that if the parents are religious, spiritual, vitreous and theistic they produce children of the same qualities. Researches have concluded that the cortisone appears to cross the placenta and thus may affect the foetus and disturb the ongoing developmental process. They found that the development of the H-P-A Axis, limbic system and prefrontal cortex are likely to be affected by antenatal maternal stress and anxiety. Hence forth the role of Stavavajaya chikitsa plays an important role during the stages of pregnancy.

**Vata hara:**

Maintaining the prakruta avastha of vata dosha is important to avoid the complications like garbha vyapad or garbhini vyapad. bruhat vata Chintamani rasa with gold is one such preparation which helps to maintain the normalcy of vata dosha, even does give the rasayana effect and it’s an balya.

**Garbha chalana chikitsa:**

Classics have mentioned garbha chalana chikitsa in order to prevent early expulsion of foetus and preventing loss of pregnancy. Acharyas have explained month wise treatment of this condition including maximum of madhura rasa, vipaka and sheetha virya dravyas which provides proper nourishment and stability to foetus and preventing early expulsion.

<table>
<thead>
<tr>
<th>Month</th>
<th>Drugs</th>
<th>Features</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st month</td>
<td>Madhuka, Mridwika, Chandana dwaya</td>
<td>Brmhana, Shonithasthapana</td>
</tr>
<tr>
<td>2nd &amp; 3rd month</td>
<td>Nagakesara, Tagara, Bilva, Karpura</td>
<td>Shonithasthapana, Chardinigraha, Sangrahi</td>
</tr>
<tr>
<td>4th month</td>
<td>Ushira, Chandana, Nagakesara, Dhatakipushpa</td>
<td>Angamardaprashamana, Garbhashapaka, Chardinigraha</td>
</tr>
</tbody>
</table>
5th month | Leaves of Dadima, Chandana | Laghu, Brmhana
---|---|---
6th month | Krishna Mrithika (black Soil) | Essential Minerals - Iron, Calcium, Etc Prevent Parasites Within Gut
7th month | Ushira, Gokshura, Nagakesara, Lajjalu | Kapha Vata Hara, Balya, Brmhana
8th month | Pippali, Lodhra | Sthambhana (sheeta Guna), Shoola Prashamana

**Conclusion:**

Result of this study shows that *garbha chalana chikitsa* from 1st to 8th month of pregnancy plays a vital role in preventing Bad Obstetric History, preterm labour & other complications of pregnancy. *Garbhachalana chikitsa* mainly helps in *garbha vridhdi* and preventing *chyuti* of *garbha* before *prakrutha prasava kala* by enhancing all *gunas* of *garbha* like *ayu, bala, Varna*, etc and aiming at healthy foetus to healthy mother. The treatment did not show any type of adverse effects during her antenatal, Intranatal and post-natal period and to the baby.

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