

## ROLE OF SHATAVARI KSHEERAPAKA IN GARBHODAKA VRIDDHI – A CASE STUDY

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### ABSTRACT

This is a case study on a patient with oligohydramnios diagnosed at 32 weeks of gestation complaining of reduced foetal movements. Abdominal examination was suggestive of oligohydramnios as fundal height was lesser for the period of amenorrhoea and foetal parts could easily be palpated and was confirmed by Ultrasonography. USG showed AFI to be 9.8cm. It occurs when the foetus shows renal agenesis, following PROM and chronic leakage of the amniotic fluid, placental insufficiency as seen in PIH or post maturity syndrome when the period of gestation is beyond 42 weeks. In this case, the drug of choice was *Shatavari* and was given orally in the form of *ksheerapaka*. *Shatavari* has *madhura rasa*, *sheetaveerya*, *balya*, *brihmana* properties. It is also a *rasayana* and *garbha sthapaka dravya*. *Goksheera* is *ajanmasatmya*, *madhura rasatmaka*, has *sheetaveerya* and *balya*, *brihmana* and a *nityarasayana*. Thus, *shatavari ksheerapaka* administered orally helped in the growth of foetus as it nourishes the foetus and helped improve the amniotic fluid levels which were evident after administering for 10 days.

**Keywords:** *Shatavari ksheerapaka*, *garbhodaka vriddhi*, *garbha kshaya*, oligohydramnios.

### INTRODUCTION

The levels of amniotic fluid vary with the period of gestation and are an indicator of foetal well being. The abnormal levels of amniotic fluid will be diagnosed as polyhydramnios or oligohydramnios, both the conditions are pathological and need to be treated. For the present case study, my topic of interest is oligohydramnios. It is a rare condition where the liquor amnii is deficient in amount to the extent of less than 200mL at term. Sonographically, it is

defined when the maximum vertical pocket of liquor is less than 2cm or when amniotic fluid index (AFI) is less than 5cm and considered abnormal from 28-40 weeks and occurs in 4% of pregnancies. It is suspected clinically when the uterine size is smaller than that expected for gestational age and the foetus is relatively immobile<sup>1</sup>. We do not find a direct reference of *Garbhodaka kshaya* in *Ayurvedic* classics but *garbha kshaya*<sup>2</sup> can be an indirect reference to

oligohydramnios where *Acharya Sushruta* mentions clinical presentation of *garbhaaspandana* (lack of foetal movements) and *anunnatakukshita* (uterine size smaller than the period of amenorrhoea). Also, etiology of oligohydramnios include foetal conditions such as foetal chromosomal anomalies, renal agenesis and Intra Uterine Growth Retardation(IUGR)<sup>3</sup>. There is high foetal mortality, abortion, prolonged labour or increases operative interference due to malpresentation associated with Oligohydramnios<sup>4</sup>. Thus, a case on oligohydramnios treated by administering *shatavari ksheerapaka* orally has been discussed in detail.

**Case study:**

A primigravida with history of 8months of amenorrhoea (not a k/c/o HTN, GDM or Thyroid dysfunction) visited the OPD of *Prasuti tantra evam stree roga*, SKAMCH&RC, on 25/1/18 with reduced foetal movements and her USG-OBG revealed AFI

9.8cm at 35 weeks of gestation. Her LMP was 16/5/17 and EDD was 25/2/18.

**Course of treatment:-**

*Shatavari ksheerapaka* orally 24 mL twice daily after food was given for 10 days.

**Method of preparation:**

3gms of *shatavari choorna* was boiled with 24mL of *goksheera* and 96 mL of *jala* and reduced to *ksheeravashesha*, filtered and 24mL of freshly prepared *ksheerapaka* was advised in the morning and night after food.

After 10 days of treatment (25/1/18 to 5/2/18), sonography revealed AFI to be 11.5 cm. Patient began to perceive the foetal movements from the 5<sup>th</sup> day of treatment (at least 1 movement in one hour), continued with regular antenatal visits and delivered a single live female baby on 20/2/18 vaginally with baby weight of 3.2 kg without any congenital anomaly.

Mode of action of *shatavari ksheerapaka*:-

**Table 1:** Drugs of *Shatavari ksheerapaka*

Drug	Botanical name	Rasa	Guna	Veerya	Vipaka	Dosha karma	Vishishta karma
<i>Shatavari</i>	<i>Asperagus racemosa</i>	<i>Madhura, Tikta</i>	<i>Guru, Snigdha</i>	<i>Sheeta</i>	<i>Madhura</i>	<i>Vata-Pittahara</i>	<i>Medhya, Garbhaposhaka Rasayana</i>
<i>Ksheera</i> (cow's milk)		<i>Madhura</i>	<i>Guru, Snigdha</i>	<i>Sheeta</i>	<i>Madhura</i>	<i>Vata-Pittahara</i>	<i>Jeevaniya, Rasayana, Kshata-Ksheenahara, Balya</i>

*Garbhakshaya* is a condition that occurs due to *vatavriddhi*. Hence, there is a requirement for *vata-shamana*. *Shatavari* not only has *vatahara karma* but also *madhura rasa, sheetaveerya, balya, brihmana* and *rasayana karma*. This helps in providing optimum nourishment to the *garbha* via the *rasavahanadis*. Thus, by *sanskara* of *shatavari* with *goksheera* having almost similar properties was effective in improving amniotic fluid levels.

Cow's milk is rich in protein-Casein and remaining is serum, whey protein. The casein family of protein consists of several types of caseins ( $\alpha$ -s1,  $\alpha$ -s2,  $\beta$  and

6) and each has its own amino acid composition which naturally improves the level of amino acids in the body, an alternative to amnioinfusion.

**CONCLUSION**

Oligohydramnios is one of the threatening conditions to foetal health. It often increases the risk of small for gestational age (SGA) and incidence of caesarean section, meconium stained, low APGAR and neonatal intensive care (NICU) admission. *Shatavari ksheerapaka* having the properties of *madhura rasa, balya, rasayana, ojaskara* along with

*vatahara karma* is an apt line of treatment nourishing the foetus, increase amniotic fluid levels and good pregnancy outcome.

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