

ROLE OF SHATAVARI KSHEERABASTI IN THE MANAGEMENT OF OLIGOHYDRAMNIOS - A CASE STUDY

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ABSTRACT

Oligohydramnios is frequent occurrence and demands intensive fetal surveillance and proper antepartum and intrapartum care. Features including IUGR, PIH, Abortion, Prematurity, IUFD, Malpresentations, Fetal distress, Low APGAR which are very emerging and life threatening conditions for both mother and foetus in which the production of amniotic fluid reduced and requires immediate treatment and care. In the modern medicine they have not any particular treatment instead of giving adequate rest which decreases dehydration, hydration – Oral/IV Hypotonic fluids(2 Lit/d) or directly infusion of fluids in amniotic cavity, serial usg – Monitor growth, AFI. In *Ayurveda*, oligohydramnios can be considered under *Upavistaka Nagodara*. Here, *Garbhakshaya* as stated by *Acharya Sushruta* where *Garbhaaspandana* i.e. *Ksheena Spandana* and *anunatkukshitta* mentioned which is mainly due to the reduced amniotic fluid. *Acharya Sushruta* has mentioned the usage of *Ksheerabasti* from 8th month onwards to nourish the foetus in *Garbhakshaya*. So one patient has been selected having severely low amniotic fluid for the use of *shatavari ksheerbasti*. So here *Shatavari Ksheerabasti selected* is very effective treatment modality to increase the amniotic fluid and for good nourishment of foetus.

Keywords: oligohydramnios, *garbhkashya*, *ksheerbasti*, *shatavri*.

INTRODUCTION

Oligohydramnios is a frequent finding in pregnancy involving IUGR, PIH, Abortion, Prematurity, IUFD, Malpresentations, Fetal distress, Low APGAR and pregnancy beyond 40 weeks of gestation. Amniotic fluid volume is a predictor of fetal tolerance in labour and its decrease is associated with increased risk of abnormal heart rate and meconium stained fluid in labour. *Acharya Sushruta* has mentioned the usage of *Ksheerabasti* from 8th month onwards to

nourish the foetus. *Shatavari*¹ (*Asparagus racemosus*) is known to produce anti oxytocic and ADH activity. Thus, it prevents maternal and foetal morbidity and mortality. Emphasis of *ksheera* in *Garbhini* is well known with properties such as *Jeevaniya*, *Rasayana*, *Medhya*, *Balya* and *Brimhana*. All these drugs act as anabolic and *Dhatu Vardhaka* properties and thus may have a definite action on IUGR in the *Ksheer Basti* form. So using *ksheer basti* showed good

results in reduced amniotic fluid and a birth of healthy baby.

DRUG REVIEW- Very easy to do because it includes very less number of drugs

Drug name	Latin name	Rasa	Guna	Virya	Vipak	Dosha karma	Pradhan karma
1.Shatavari	<i>Asparagus racemosus</i>	Madhur,Tikta	Guru,snigdha	Sheeta	Madhura	Vatta pitta shamak	Medhya,shukrala,garbhaphoshak,stanyajannan,balya,rasayan
2.Godugdha	Cow milk(eng)	Madhura	Guru,snigdha	Sheeta	Madhura	Vatta pitta shamak	Jeevanya,rasayan,ojaskar

TREATMENT PROTOCOL-

Procedure	Drug	Form	Dose	Duration	Route	Method	Time
Basti	Shatavari ksheerajala	ksheerpaka	500 ml	10 days	Gudamarg	Catheter	Morning

► **CASE STUDY-** A 23 yrs old Primi gravida female came to OPD of Streeroga & Prasutitantra, IPGT & RA, Jamnagar, with C/O severely reduced amniotic fluid as in her sonographical report and i.e.<4 A.F.I. and 34 weeks of gestation. Marital life of patient was 11 months. In obstetric history patient is primigravida. Her last menstrual period date was (L.M.P-01/03/2015) and the expected date of delivery was on (E.D.D.08/12/2015) In modern treatment patient undergo investigations and doctors said her that it will take time to improve amniotic fluid and chances are less because you have 34 weeks of gestation that is near about delivery and also advised her for caesarean section. But patient wants to do normal delivery and came to us on 03/11/2015 and we admitted her in I.P.D of streeroga and prasutitantra department for ksheerabasti.

COURSE OF TREATMENT-

Shatavari Ksheerabasti was started on 16.11.2015 on that day AFI was<4 i.e.Severly oligohydramnios

After 5 days of Basti i.e.on 20/11/2015, the AFI was increased upto 6.5 i.e. mild oligohydramnios.

After completion of 10 days course of Shatavari Ksheerabasti on 25.11.2015, AFI was 7.5 on 26.11.2015.

Patient delivered on 27/11/2015 spontaneously per vaginally a full term female child weighing 2.5 kg with normal APGAR Score without any maternal and foetal complications.

DISCUSSION

- Shatavari also produced a state of reduced adrenocortical activity in adrenal weight and plasma cortisol in experimental animals.
- Shatavari(*Asparagus racemosus*) is known to produce anti oxytocic and anti ADH activity
- Emphasis of ksheera in Garbhini² is well known with properties such as Jeevaniya, Rasayana, Medhya, Balya and Brimhana.

All these drugs act as anabolic and Dhatu Vardhaka and thus may have a definite action on IUGR.

In the *Ksheer Basti* form, maximum absorption of the drug would be ensured under the influence of lactose in the distal small in testing via the paracellular route influenced by ENS and thus accordingly may positively influence the development of growth retarded fetus.

CONCLUSION

Oligohydramnios is frequent occurrence and demands intensive fetal surveillance and proper antepartum and intrapartum care. Oligohydramnios is a frequent finding in pregnancy involving IUGR, PIH, and pregnancy beyond 40 weeks of gestation.

Amniotic fluid volume is a predictor of fetal tolerance in labour and its decrease is associated with increased risk of abnormal heart rate and meconium stained fluid.

Shatavari Kshirabasti is very effective treatment modality to increase the amniotic fluid and for good nourishment of foetus. It also prevents instrumental labour. Thus It prevents maternal and foetal morbidity and mortality rare.

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