

GARBHA VIKRITI – A CASE STUDY

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ABSTRACT

Garbhavikriti is one of the worst aspects of pregnancy presenting a malformed alive fetus. Due to innate or acquired factors like chromosomal errors (*beejabhagavikriti*) or medications during pregnancy, infections etc it is one of the *ashubhabhava* of pregnancy^[1]. *Garbhavikriti* is the structural and functional abnormalities of the fetus which may be either external deformity or malformation of the internal organs. The description of these *garbhavikriti* is scattered in the Ayurvedic texts. It is the leading cause of death in the first year of life. The prevalence of these congenital anomalies have increased in this era may be due to environmental factors, changed life-style, dietary factors and various new teratogenic drugs and infections.

Keywords: *GarbhaVikriti*, Abnormalities, Congenital anomalies

INTRODUCTION

Procuring a baby is the lifetime dream of every individual in the society. An individual with a child having deformity is like tree without fruits. *GarbhaVikriti* is any abnormality or variation from the normal. If *shukra*, *artava* and *kala* etc are perfect, dietetics and mode of life advocated for pregnant women is followed properly then the healthy, well grown fetus, with maturation of systems will be delivered with ease at appropriate time^[2]. Maternal malnutrition, metabolic and endocrinal disorders like uncontrolled diabetes and epilepsy are related with increased incidence of fetal malformation. Chemicals, viruses, environmental agents, physical factors and drugs act like teratogens which are the agents that act during embryonic or fetal

development to produce a permanent alteration of form or function. Fetal abnormalities involve defects in or damage to a developing fetus which is present at the time of birth which varies from the standard presentation.

CASE PRESENTATION

A 24 year old Primigravida of a non-consanguineous married life of 8 months & amenorrhea of 19 weeks 2 days came to the OPD of Mahaveer Ayurvedic College, Meerut. She complained of pain in abdomen since 3 days. Her appetite was good, sleep sound, bowels and urine normal, BP- 124/72 mm of Hg, pulse 78/min. On examination P/A uterus 18-20

weeks, relaxed, FHS not heard, P/V os tightly closed, and no bleeding P/V. Blood group B+ve, HIV & HBsAg negative. TORCH –IgG&IgM values were normal. USG was done which confirmed IUD and also indicated fetal anomaly i.e. loss of definition of abdominal wall & oligohydramnios. She had H/O typhoid during 2 months of pregnancy for which she was treated with allopathic drugs by which she was cured.

PROCEDURE

She was admitted and a combination of Mifepristone and Prostaglandin followed by Oxytocin infusion was given. The next day a dead fetus of about 20 weeks gestational age was expelled along with sac and placenta. The expelled fetus had congenital abdominal wall defect with protrusion of the intestines from the



opening in the abdominal wall beside the attachment of the umbilical

cord. The placenta was normal. This was a case of IUD due to fetal anomaly (gastroschisis).

RESULT

The abdominal wall defect is a congenital anomaly the exact cause of which is unknown. There are two types of wall defects:

1. Gastroschisis
2. Omphalocele.

Gastroschisis is a paraumbilical defect in which there is herniated small bowel loop floating free in the amniotic fluid and not covered by any membrane. Whereas, Omphalocele is a midline defect where the herniated intestines are covered by a membrane^[3].

As a sequence of organogenesis between the 6th and 10th week of pregnancy the intestines actually project into the umbilical cord but by 11th week they return back to the abdomen. But sometimes this closing back

fails causing the protrusion of the viscera into the amniotic cavity. The exact cause is still unknown.

DISCUSSION

Statistics have proved that 25-35% of the IUD cases are due to fetal malformations. While describing about the *Mrutagarbhanidan*, *Sushrut* has mentioned that *garbhajavyadhi* or *vyapada* is one of the causes^[4]. Typhoid causes abortion, preterm delivery, even maternal and fetal death, though the statistical reports are not available. Drugs commonly used in typhoid like fluorquinolones and some cephalosporins are contraindicated during pregnancy as they are said to cause fetal anomalies specifically musculoskeletal deformities and may be anterior abdominal wall defect, if given the time of organogenesis. There is no direct reference of abdominal wall defect in the Ayurvedic texts. *Vagbhata* has mentioned that certain *aahara* causes *vataparakopa* leading to *vikruti* like *heenanga*, which can be considered here^[5].

Acharya Charaka has mentioned 5 factors as the cause of *vikriti*^[3]

1. ***Beejadosh*** – diseases like *vaarta*, *putipraja* and *vandhya* are caused and can be compared to the chromosomal abnormalities of the modern science.
2. ***Atmakarmajadosha*** – *papakarma* causes shape of the fetus like *sarpa*, *vrushchika* etc.
3. ***Aashayadosha*** – *garbhashayadosha* in the form of *yonivyapada*. According to modern science infection of the genital tract e.g. syphilis, or any fibroid, carcinoma or malformations of the uterus like unicornuate, septate uterus etc.
4. ***Kaaladosha*** – conception on 1st, 2nd or 3rd day of *rajasravakala* causes abnormality like *asampurnanga*, *alpaayu*, *mrutagarbha*, etc. Congenital malformation are mostly seen in young women i.e. teens, and in women conceiving after 35 years
5. ***Matrujaaharaviharadosha*** – *garbhopaghatakaraaharavihara* like *atimadhura*, *atiamla*, etc or *ati-mamsa-matsyasevana*, *atimadhyapana*, *atinidra*, etc leads to *doshaparakopa* causing *garbhavikriti*. For example,

- *Vataja – jada, badhira, minmina, gadgada, khanja, heenanga, adhikanga, etc.*
- *Pittaja – khalita, palita, pingalata, etc*
- *Kaphaja – kushta, kilasa, sadanta janma, pandu, shwitra, etc*

CONCLUSION

Ayurvedic texts have stressed more on the preventive aspect where as the modern texts have progressed in the surgical correction of these deformities. To get healthy gametes, Ayurveda describes *Purvakarma, Shodhana karma* associated with *Brahmacharya* to avoid vitiation of *Doshas* and for improvement of qualities of gametes which in turn improves the foetus and helps in stopping malformation of fetus^[6]. *Masanumasikagar bhiniparicharya* if properly followed will not only avoid the defects in the fetus but also help in normal delivery.

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