



## ROLE OF MADHUMALINI VASANT RASA ON *GARBHASHOSHA* (FETAL GROWTH RESTRICTION) - A CASE REPORT

JADHAV S<sup>1</sup>, ASOKAN V<sup>2\*</sup> AND BHAGYALAXMI

1: Ph.D Scholar, Parul Institute of Ayurved, Parul University, Vadodara, Gujarat & Associate Professor and HOD, Dept. of Prasuti Tantra and Stree Roga, SBG AMC and H Belagavi Karnataka

2: Professor, Department of Ph.D Studies Prasuti Tantra and Stree Roga, Parul Institute of Ayurved, Parul University, Vadodara

3: Associate, Professor and HOD, Department of Community, Medicine, PIHR, Parul University

\*Corresponding Author: Dr. Asokan V: E Mail: [asokan.v260043@paruluniversity.ac.in](mailto:asokan.v260043@paruluniversity.ac.in)

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### ABSTRACT

In ayurveda, *Garbhashosha* can be compared with Fetal growth restriction. It is a case study of Pregnant patient aged 27 years, who presented with complaints decreased fetal movements, decreased maternal well-being in the last 10 days associated with *Daurbalya* (General Debility), *Shrama* (Fatigue), *Udara shola* (Lower abdomen pain) and *Katishoola* (Lower Backache) In the last 10 days. So, patient approached Parul Ayurved Hospital, Vadodara for management. Looking into the severity, oral medication *Madhumalini Vasant Rasa* was planned for the patient. After treatment, fetal condition was significantly improved and good maternal well-being and good birth weight was also observed.

**Keywords:** *Madhumalini Vasant Rasa, Garbhashosha, Fetal growth restriction*

### INTRODUCTION:

Fetal growth restriction (FGR), formerly called intrauterine growth restriction (IUGR), refers to a condition fetus with estimated fetal weight less than 10 percentile for gestational age. The incidence of FGR is

estimated to be approximately 5% in the obstetric population<sup>2</sup>. The Prevalence of IUGR is 3 - 7 %<sup>3</sup>. FGR is a major cause of perinatal morbidity and mortality. In *Ayurvedic* text, *Garbhashosha* is also stated

as *Vatabhipanna Garbha* in term, it can be defined as underdevelopment or under nourishment of part or whole body of the fetus in utero<sup>4</sup>. Here is an attempt to study the case of *Garbhashosha* (Fetal growth restriction) with *Madhumalini Vasant Rasa*.

**Aims and Objective:** to study the effect of Madhumalini Vasant rasa in the management of Garbhashosha (FGR)

#### **MATERIAL AND METHOD:**

A 27 years old Pregnant woman came to OPD of and Prasuti tantra and Stree Roga Parul Ayurved Hospital, Vadodara, on 29/09/2021 with complaints of decreased fetal movements, decreased maternal well-being in the last 10 days associated with *Daurbalya* (General Debility), *Shrama* (Fatigue), *Udara shola* (Lower abdomen pain) and *Katishoola* (Lower Backache) in the last 10 days. Patient was thoroughly examined and detailed history was taken, she was admitted Parul Ayurved hospital for observation and further management.

#### **Menstrual History:**

LMP- 08/02/2021

EDD- 15/11/2021

POG – 33 WKS 1 DAY

#### **Past menstrual history:**

Menarche at 12 years of age. Duration of menses 3-4 days, interval of 28-30 days regular with 2-3 pads soaked per day, painless and without passage of clots.

#### **Past obstetric history:**

G<sub>2</sub> P<sub>1</sub> A<sub>0</sub> L<sub>1</sub> D<sub>0</sub>

G<sub>1</sub> – L<sub>1</sub> – MALE CHILD/ 6 Years/LSCS (Cord Around Neck) /1.5 KG

G<sub>2</sub> – Present Pregnancy

**Past medical history:** patient on Iron and Calcium supplement since first ANC Visit.

**Past family history:** No history of same complaints in the family.

#### **General examination:**

General condition- Fair; Built- Moderately built; Nourishment- Moderately nourished; Pallor-Absent; Oedema-Absent; Nails-No clubbing; Cyanosis-Absent; Icterus - Absent; Lymphadenopathy-Absent; Pulse- 80/min; BP-120/80 mmHg; RR- 18/min; Height- 5 feet; Weight-55 kgs:

#### **Systemic examination:**

RS- Clear

CVS- S1S2 heard

CNS- conscious well oriented,

P/A: Uterus relaxed

Fundal Height approximately 29

wks

FM – sluggish movement

FHS- 140 b/min

Breech Presentation

#### **Vayaktika Vruttanta:**

Diet- Veg, Appetite- normal, Bowel: normal, Bladder Frequency- 5-6 times/day & 0-1/night Sleep- Sound, Tea -2 times / day

#### **Rogi Pariksha:**

*Prakruti – Pittakapha: Vikruti- Vata, Sara – Madhyam, Sanhanan- Madhyam, Praman – dirgya 5 feet, wt- 55 kg, Satmya – sarva rasa, Satva -Madhyam, Aahar shakti – Madhyam, Vyayama shakti -Madhyam, Vaya - Madhyam.*

**Yoni Pariksha:** OS Closed

**Investigations:** (Done on First Visit)

28/09/2021: - Hb – 11.8 gm%, Blood group- AB Positive, RBS- 88 mg/dl,

20/07/2021: -

Urine Albumin- absent

Sr. protein-T-5.6 gm/dl, Alb-3.6, glb- 2.0; alb. glb. ratio- 1.8

**USG obstetrics-** (28-09-2021)

A single intrauterine gestation of 29 wks 4 days with breech presentation

EFW- 1.4 Kg, Liq- Adequate, CPR >1

Showing IUGR

Fetal doppler: Normal study

**Nidana:** *Katu Ushna dravya atisevana aahara sevana ( vata pittakara ahara sevana) or not following Garbhini Paricharya*

**Samprapti:** *Nidana Sevana causing Vata aggravation and Upwards moving Vayu dries Garbha Rasavahanadi, thus Leading to Garbhashosha.*

**Upshaya:** *Ushna dravya upashaya*

**Anupashaya:** *Sheeta dravya*

**Differential Diagnosis:** Garbhashosha (FGR)

**Diagnosis:** Garbhashosha (FGR)

**Treatment given:**

Table 1: Treatment Plan

DATE	TREATMENT
29-09-2021	Madhumalini Vasant rasa 125 mg 1 tab BD With milk Till Delivery Follow-up every 15 days
14-10-2021	Madhumalini Vasant rasa 125 mg 1 tab BD With milk Till Delivery Follow-up every 15 days
28-10-2021	Madhumalini Vasant rasa 125 mg 1 tab BD With milk Till Delivery Follow-up every 15 days
13-11-2021	Madhumalini Vasant rasa 125 mg 1 tab BD With milk Till Delivery Follow-up every 15 days
15-11-2021	Patients delivery with LSCS

Table 2: Observation before treatment and after treatment one month

	Before treatment /28-09-2021	After one month/29-10-2021
USG Obstetric	S.L.I.U.G. Of 29 wks with Breech Presentation With IUGR EFW – 1400gms Liquor- Adequate Fetal Biometry: BPD- 29 wks 0 day HC: 29wks 5day AC: 29 wks 5 day FL: 29 wks 6 day PI- 1.01	S.L.I.U.G. Of 34 wks 1 day with Cephalic Presentation With IUGR EFW – 2378 gms +/- 347 gms Liquor- Adequate Fetal Biometry: BPD- 34 wks 1 day HC: 34 wks 3 day AC: 34 wks 1 day FL: 34 wks 1 day PI- 0.9
Fetal doppler	Umbilical artery No evidence of diastolic notch/absent/reverse flow. Normal Study	Umbilical artery No evidence of diastolic notch/absent/reverse flow. Normal Study

Sr Protein	5.6 gm/dl - low	6.10 gm/dl - Normal		
<b>Table 3: Maternal nutrition status measured using anthropometric indicators:</b>				
	BT	AT (EVERY 15 <sup>TH</sup> DAY)		
		AT 1	AT 2	AT3
Mid Arm circumference	27 CM	27 CM	28 CM	28CM
Pregnancy weight gain	55 kg	55 kg	57 kg	59 kg
Abdomen girth in centimetres	95 CM	96 CM	96 CM	97 CM
Symphysio-fundal height in centimetres	26 CM	34 CM	37 CM	38 CM

**Post delivery:**

1. Weight of baby- 2500gm
2. Length of baby -43 cm
3. Mid arm circumference – 9 cm
4. Abdomen circumference- 29 cm
5. Head circumference -33cm
6. Chest circumference-31 cm

**DISCUSSION:**

*Garbhashosha* is due to non-availability of proper diet (Nourishment) to the fetus or vaginal discharges after conception the fetus suffers from *Shosha* (Emaciation or dryness). The fetus attains its proper growth or maturity after years. *Vayu* is also said to be a cause for dryness of Fetus.

Contents of the *Madhumalini Vasant rasa*<sup>5</sup> are – 1) *Hingul - Deepan, Rasayan, Sukshma srotogamitwa*, 2) *Dadim – is Pittashamaka, Raktavardhaka, Deepan and Hridya*, 3) *Priyangu – Tridoshaghna, Raktaprasadan, Deepan and Anuloman*, 4) *Kachora – Deepan, Pachan, Anuloman*, 5) *Marich – It is potent Deepak, Suksmasrotogami and laghu, Snehapachan, Pramathidravya*. 6) *Nimburas – Deepan, Pachan, Anuloman*. 8) *Hen's egg – Bruhan, Balya, Snidha. Madhumalini Vasant rasa is*

*act as Bala Pushtikara, Vata hara and Garbha vrudhikara*<sup>6</sup>. Due these *Garbha vrudhikara etc guna* it has enhanced fetal growth, height of uterus and significant increase in weight of mother with *Madhumalini Vasant rasa*.

**CONCLUSION:**

*Madhumalini Vasant rasa is act as Bala Pushtikara, Vata hara and Garbha vrudhikara hence it has important role in increasesing in weight of fetus and mother and height of uterus with Madhumalini Vasant rasa.*

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