



ROLE OF GARBHA POSHANA VATI IN UPAVISTAKA WSR TO IUGR

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ABSTRACT

Ayurveda is a science of life. The basic principle of Ayurveda is "swaasthasya swastha raksha- nam aathurasya roga prasamanam" Well being of garbha can be achieved only through the wellness of garbhini which can be maintained through proper garbhini paricharya right from the confirmation of pregnancy till delivery. Ahara is considered to be the best source of nourishment which serves three purposes: nourishment to her own body, nourishment to fetus, formation of breast milk. Concept of fetal well being has gained importance in conventional science in recent times but this concept of "Suprajajana" is prime concern of Ayurveda since long. In fact most of the care of pregnant women is attributed toward the well being of fetus. Hence in the present paper an attempt is made to see the effect of garbha poshana vati in upavistaka wsr to IUGR.

KEYWORDS: *Upavistaka, Garbha poshana, Garbhini Paricharya, Ayurveda.*

INTRODUCTION

Ayurveda has described *Garbhini-paricharya*. The principal objective of *Garbhini-paricharya*, is that the woman gains strength and complexion and delivers easily at proper time - a desired, excellent healthy child possessing all the qualities and long life. In the developing countries like India, the average nutritional status of woman is low. The health of the women is compromised due to their low socio-economic condition, poor educational status, low living standard and improper quality of medical care. The above reasons which are the causes for IUGR leads to high infant mortality. It is about 6 times higher than normal newborn and morbidity rate rises up to 50%. In Indian hospitals, the incidence of IUGR babies is 16% against 5-8% in western hospital. The IUGR have its impact on the overall development of the child. The data collected from Birth registers in the Dept of *Prasooti Tantra & Stree Roga*, SKAMCH&RC Bangalore, shows the average birth weight is 2650gms. It was observed that out of 100 full term live births 60% were above this average and 40% below the average birth weight. So, to overcome this problem, *Shatavari*, *Ashwagandha* and *Bala* were selected and administered safely, which had *Santarpana* and *Brumhana* effect on the fetus as well as mother.

AIMS AND OBJECTIVES

1. To study the efficacy of herbal compound - *Garbha Poshana vati* in *Upavistaka WSR* to Intrauterine growth restriction.

MATERIAL AND METHODS

- A single blind clinical study with pre test and post test design, consisting of 30 subjects, who were clinically diagnosed and confirmed as *Upavistaka (IUGR)* attending OPD & IPD, Dept of PTSR, SKAMCH&RC Bangalore, India, in second half of their pregnancy were selected for present study.
- Subjects attending OPD and IPD of *Prasootitantra evam Streeroga* of SKAMCH & RC, Bangalore, were recruited for the study and detailed examination done on the basis of a specially prepared CRF incorporating all the details related to the study. In this study 30 subjects were selected, who were clinically diagnosed and confirmed as *Upavistaka (IUGR)*.

Inclusion criteria

- Reduced Fundal height related to history of Amenorrhea.
- Reduced weight gain from second trimester.
- Hb% >8gm%.
- Ultra Sonography.

Exclusion criteria

- The subjects were excluded from the study with any maternal or fetal pathology influencing the present study.

Intervention**GARBHA-POSHANA VATI**

- It was decided to use the Herbal compound because the dravyas as a single of all three were found useful in Garbha-Poshana.

Preparation - Each tablet contains,

- Shatavari (*Asparagus racemosus*) churna, given bhavana with Shatavari kashaya – 4 grms.
- Ashwagandha (*Withania somnifera*) churna, given bhavana with Ashwagandha kashaya – 3 grms.
- Bala (*Sida cordifolia*) churna, given bhavana with Bala kashaya – 3 grms.

They were made into churna and was separated through 80 meshon sieve. The Bhavana was given to them with there own kwatha.

In the above mixture sugar and gum acacia with talcum in paste were added and granules were made from this mixture. The granules were dried and tablet measuring 315mg were made.

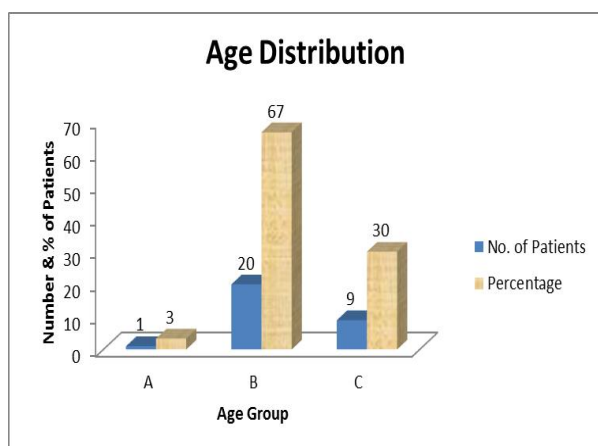
- Dose: Garbha-Poshana Vatte – 2.5gms, each two tablets twice daily.
- Anupana – Dugdha, Sharkara.
- Duration of treatment – During 3rd trimesater or three months.
- Follow up – Upto Delivery.

Investigations

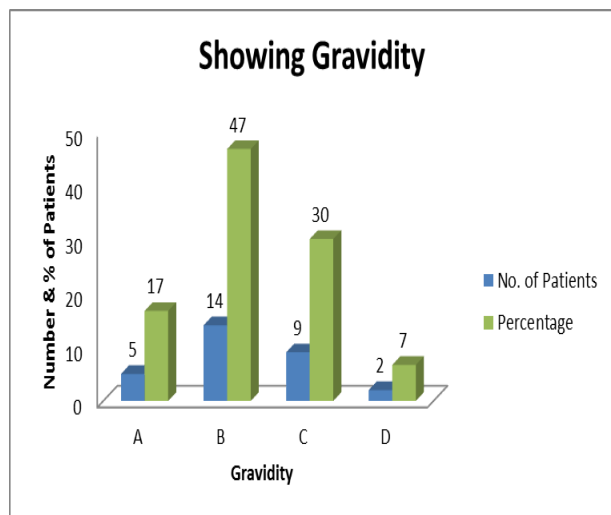
Routine pregnancy profile-blood group with Rh type, CT, BT, HIV, HBsAG, VDRL, Hb%, RBS, Urine routine and microscopy examination.

OBSERVATIONS AND RESULTS**Table no. 1: Age Distribution**

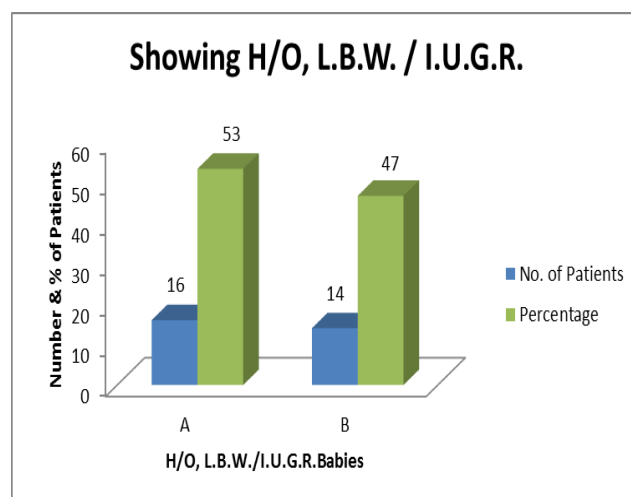
Group	Age Groups	No. of Patients	Percentage
A	< 20 Years	1	3
B	20 - 25 Yrs	20	67
C	25- 30 Yrs	9	30

**Table no. 2: Gravidity**

Group	Gravidity	No. of Patients	Percentage
A	Primi	5	17
B	Secound	14	47
C	Third	9	30
D	Multi	2	7

**Table no. 3: H/O L.B.W./ I.U.G.R. Babies**

Group	Groups of Patients	No. of Patients	Percentage
A	With H/O, L.B.W. / I.U.G.R	16	53
B	No H/O, L.B.W. / I.U.G.R	14	47

**Table no. 4: Maternal weight gain during pregnancy.**

Group	Weight Gain	No. of Patients	Percentage
A	1 kg - 5 kg	20	67
B	5 kg - 10 kg	10	33

C	10 kg - 15 kg	0		0	
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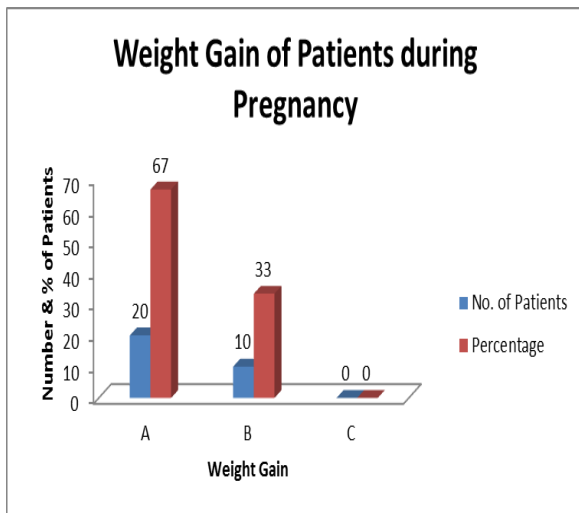


Table no. 5: Educational status

Group	Education	No. of Patients	Percentage
A	Illiterate	4	13
B	Primary School Upto 4th Std	1	3
C	Middle School Upto 8thStd	5	17
D	High School & Above	20	67

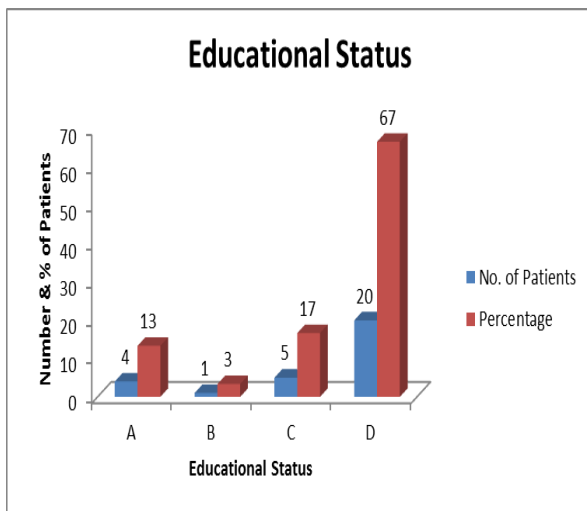


Table no 6: Socio - Economic Condition

Group	Socio - Economic Condition	No. of Patients	Percentage
A	Poor	7	23

B	Lower Middle Class	21	70
C	Upper Middle Class	2	7
D	Rich	0	0

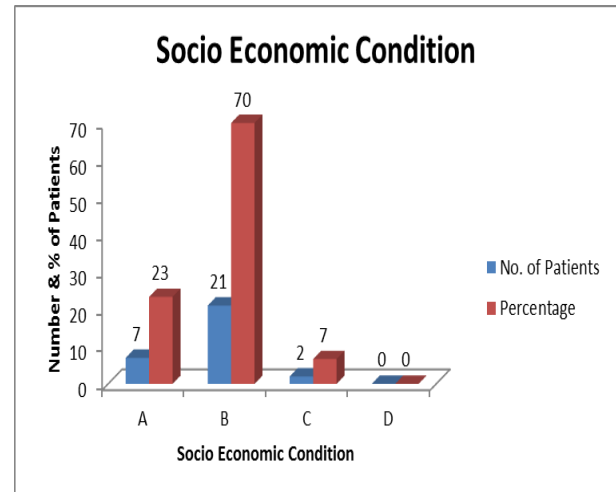


Table no 7: Prakriti

Group	Prakriti	No. of Patients	Percentage
A	Vata Pradhan	15	50
B	Pitta Pradhan	12	40
C	Kapha Pradhan	3	10

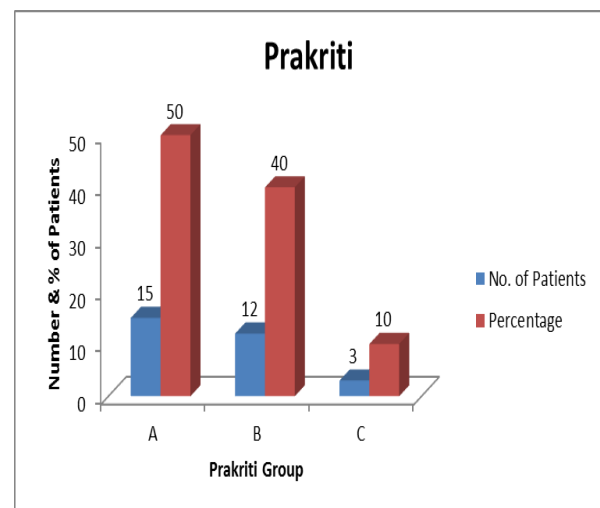


Table no 8: A.N.C. Visits

Group	A.N.C. Visit	No. of Patients	Percentage
A	Less than 5	0	0

B	5-10 visits	28		93
C	More than 10	2		7

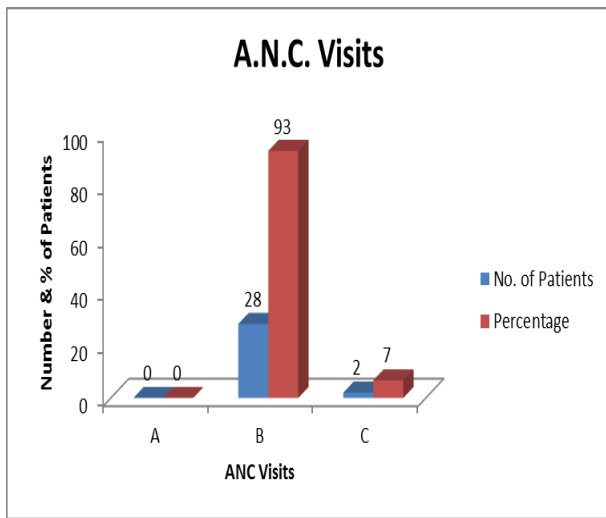


Table no 9: Gradation of IUGR

Group	Gradation	No. of Patients	Percentage
A	Mild	18	60
B	Moderate	9	30
C	Severe	3	10

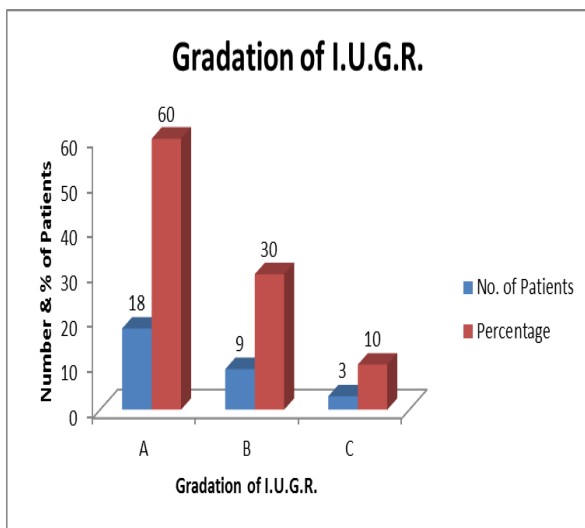


Table no 10: Birth Weight of Babies
Effect of Garbha poshana vati on Fetal weight

S no.	Average Bwt	d	SD	SE	DOF	T	pValue
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Group	Wt in Grams	No. of Patients	Percentage
A	Below 2384 gms	3	10
B	2384 - 2450 gms	2	7
C	2450 - 2550 gms	12	40
D	2550 gms - Above	13	43

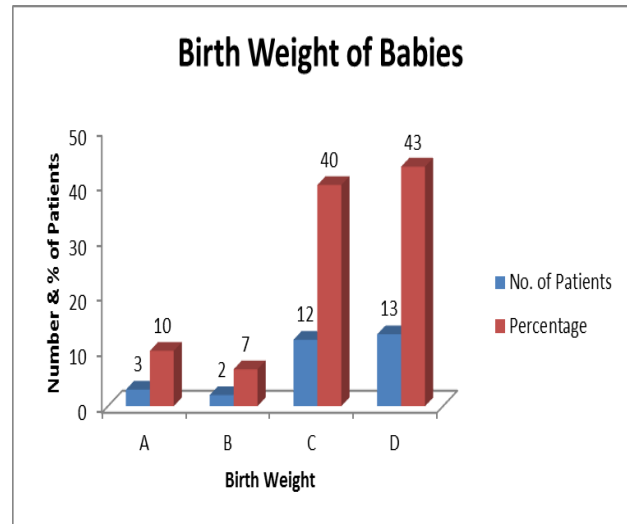
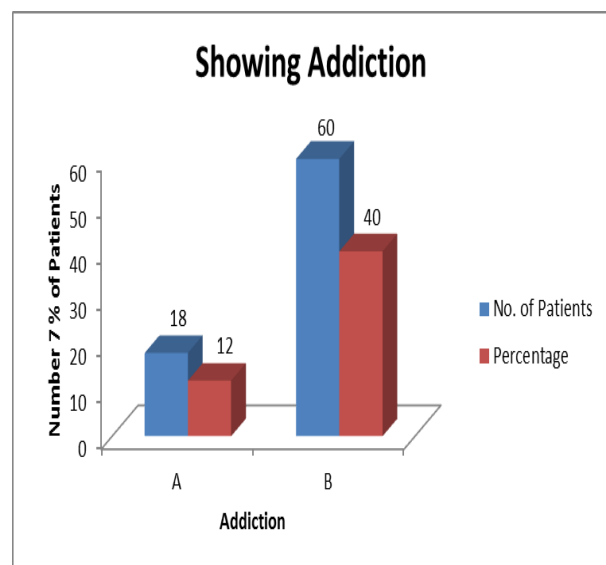


Table no 11: Addiction

Group	Addiction	No. of Patients	Percentage
A	Misery User	18	60
B	Non-Misery User	12	40



1.	2384	4430	248.26	45.38	29	3.25	<0.05 significant
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Probable mode of action of Garbha poshana vati:

In the present study *Bruhana and Santarpana Chikitsa* were given to all the patients. The probable mode of action are –

1. *Vatashamaka*
2. *Sroto dustinashana*
3. *Rakthaprasadhana*
4. *Rasayana*
5. *Prajasthapana*
6. Mental fitness

▶ **Shatawari** – Due to *madhura rasa* and *vipaka* an *snigdha guna* it acts as vasodilator. Due to this proper circulatory mechanism of *rasa-raktha* is mentioned. So fetus gets proper supply of *rasa-raktha*. It is *Bruhaneeya, Saph dhatu vardhaka*, hence *ojas* is created more in proper way leading to increase in vitality of body.

▶ **Ashwagandha**- Because of *ushana veerya* it acts as *Kaphashamana. Kaphaprakopa* leads to increase in *styana guna*, which cause *srotorodha*. *Ashwagandha* causes *Kaphavilayana* and clears the passages of *srotas*. *Ashwagandha* works as *vatashamak* with its *madhura rasa, madhura vipaka* and *snigdha guna*. It is *balya* and *bruhaneeya*.

▶ **Bala**- Due to *Balya, Bruhana* and *Rasayana* it is useful in *Garbhini awastha*. It is good in weight gain in a proper way in *Garbhini*. Which in turn benefits the fetus too.

CONCLUSION

It has been revealed that proper fetal growth is observed in all patients only one patient did not respond to treatment. This patient probably did not follow up the treatment as per advise. The higher incidence of IUGR was observed in patients with –

1. Age group between 20 to 25.
2. In primi.
3. Having previous history of IUGR baby.
4. Upto middle school education.
5. Into poor and lower middle class
6. In *Vatapradhana Prakriti* of mother.
7. Negligence about anti-natal visits.
8. Short stature mother.
9. Maternal malnutrition.

Efficacy of the treatment was observed with the help of ultrasound in anti-natal care and birth weight of baby after delivery.

The observations of the patients who received **Tab.Garbha-Poshana Vati** are as follows:-

1. It does not possess any untoward effect.

2. It is comparatively cheap.

3. The herbal compound can be manufactured on the large scale as this herbal compound contains herbs that we can see commonly around us.

4. It is useful in *Garbhini awastha* for proper fetal development and in *soothika awastha* also *shatawari* is well known galactogogue.

5. The herbal compound also shows good effect on disturbed sleep or Insomnia in *Garbhini*.

6. It is useful to regulate the bowel habit in *Garbhini*.

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