



## Research Article

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### EFFICACY OF AYURVEDIC DRUGS FOR GARBHINI: A RETROSPECTIVE OBSERVATIONAL STUDY

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#### ABSTRACT

Pregnancy is a major important milestone in the female life. Although physiological, it may create an extra burden in some patients if care is not taken. Ayurvedic antenatal care specifically favours foeto-maternal well-being through month-wise criteria. Understanding this concept, a retrospective observational study was carried out. In 18 months, 104 antenatal subjects were taken for the study. All subjects were treated with Ayurvedic formulations. Based on observation, data was analyzed. All the subjects were screened with USG and routine blood investigations with 2 shots of Tetanus Toxoid were carried out. Mainly Haemoglobin % and maternal weight gain were the criteria for assessment. The study's outcome proved encouraging for foetal and maternal well-being. Haemoglobin rise was observed by 7.7% and maternal weight gain was noticed by an increase of 13.48%.

**Keywords:** Pregnancy, foetal growth, maternal weight, and Haemoglobin %

#### INTRODUCTION

Pregnancy is a personal as well as family milestone in the female life. Although it is a physiological event, it shall be cared for. Classics have keenly described that a pregnant lady is supposed to care like tailapurnapatram<sup>1</sup>. This means utmost care is required for the well-being of the foetus as well as the mother. The main goal of antenatal care is to achieve a healthy child, uncomplicated pregnancy, and safe delivery. During the journey of pregnancy, the growth profile of the foetus is dependent on the maternal diet and lifestyle. Ayurveda strongly opines that the maternal diet is divided into three parts. 1/3 part of which is sarabhat means Aharapakaj rasabhag goes to garbha for its growth and the other 1/3 goes for the self-maintenance of the mother. So matu ahaaraj rasa is a very crucial component during garbhavruddhi. (foetal development)

Monthwise growth of the fetus (masaanumasika garbhavruddhi)<sup>2-4</sup> explains gradually foetus gets sustainability (sthirata) and maturity. It is advised that pregnant lady shall follow a special code of conduct about diet and regimen. Ideally, the diet of the mother must be dominated by dairy products, more liquid, and Madhur (sweet), sheet (nonheaty). Excessive spices and pungent food are contraindicated. Mainly medicines for pregnant ladies shall be bhruhan(anabolic) which shall help foetal growth and development.

(In the first trimester (first 12 weeks = 3 lunar months), Garbha (foetus) is sticky, kalalbhuta (mucoid)<sup>5</sup>, in liquefied form, shapeless (jelly like) in the structure, which is dravibhuta, asanjaatasar, rasiya. So, it depends on drava, sheet, madhura<sup>6</sup>, rasabhuyishta rasabhav (liquid component) of mother. Gradually it grows and tends to mould solid through nourishment (raktamamsadi upachaya). It is described by words like pindika, peshi<sup>7</sup> etc. End of this trimester, it firmly attaches to uterus via placenta.<sup>8</sup>

In 2<sup>nd</sup> trimester (13-28 weeks = 4<sup>th</sup> to 7<sup>th</sup> lunar months), gradually, the growth of garbh fastens. At this phase, he is stable with marked growth and prominent five parts (pancha-pindaka)<sup>9</sup>. At this stage, the foetus is more conscious with high intelligence (Chetana, manobudhhyadi indriyagata). Notified and fine growth like differential extremities along with active movements (Garbhachalan, spandan) are also marked at that juncture. Obviously, demand for nutritional supply goes at peak.

Last trimester, late phase of pregnancy (29th to 40th weeks = 8th months onwards), quick progression of growth (garbhavruddhi) and maturation of system (paripurnata) are major parameters elicits at this span.

Considering all these facts, ayurvedic drugs for garbhavruddhi were given to pregnant mothers and the outcome was studied.

**Aim:** The study aimed to evaluate the clinical outcome of Ayurvedic medicines on fetus and mothers.

#### MATERIALS AND METHODS

This retrospective observational study was carried out at Kamakshi Arogyadham, Shiroda, Goa, India. 104 antenatal subjects who reported in the outpatient department of the Streeroga Prasuti Tantra were studied. Data were collected and analyzed.

The study is carried out as per ICMR National Ethical Guidelines. The ethical clearance was obtained.

All the subjects were treated with Ayurvedic medicines, injection Tetanus Toxoid 2 shots were given. All were advised of routine blood investigations and USG. If necessary, modern intervention was done. All subjects were advised a diet plan according to

available resources and strictly monitored. Haemoglobin estimation was done in the 10th week and 22nd weeks generally.

Evaluation is done on the following Parameters as maternal weight gain during pregnancy and Haemoglobin %. Along with the ANC profile, labour outcome and foetal weight at birth were noted.

**Drugs**

**Table 1: Details of trimester-wise medication**

Trimester	Type of aushdhi	Name of aushadhi	Dose	Time of administration
1	Garbhasthapaka aushadhi	Vatajata Granules with milk	10 gm with 50 ml milk	Morning and Night
2	Garbhavardhaka aushadhi-garbhaposhakayoga	Bala, Yashtimadhu, Shatavari, Ashvagandha(200 mg each)=1	1 part	Vyanodane (after lunch and dinner)
		Dadima Ghruta – Shatavari, Ashvagandha, Go ghruta, Suvarnmakshik, Dadima.	10 ml	Morning (after breakfast).
3	Garbha poshaka	Bala, Yashtimadhu, Shatavari, Ashvagandha (200 mg each) =1	1 part	Vyanodane (after lunch and dinner)

**For Dadima ghruta:** Kalka dravya Shatavari, Ashwagandha in equal quantity, Dadima swarasa-paaka with ghrita. Prakshepa of suvarna makshika bhasma-1/4<sup>th</sup> quantity. (1 dose= 125mg)

**OBSERVATION AND RESULT**

Age-wise distribution, maximum number of subjects (81%) observed in good reproductive age (25 – 35 years).

Work, maximum (78%) were observed with routine household work; stressful work and sedentary lifestyle observed in the same pattern (11%). It showed uniform selection was observed in all the above parameters.

Diet, maximum of 87% of subjects found taking mixed (Veg – Nonveg diet). Diet was advised based on locally available resources.

Socio-economic status was found nearby the same in the poor and low middle-class groups. Maximum (58 %) noted from the lower middle class followed by 23 % ladies from the high middle class. So uniform selection was observed.

Parity, maximum number (52%) were multi-para followed by 44% were primi which shows equal presence.

ANC, maximum (71%) subjects were started ANC below 12 weeks of GA. It helped to make conclusions in a uniform way.

**Table 2: Analysis of Delivery**

Type of Delivery	No.
FTND	63
Caesarean Section	31
Vacuum delivery	1
Induced labour	5
Breech delivery	1
Pre – Term labour	2
Post – Term labour	0
PPT labour	1

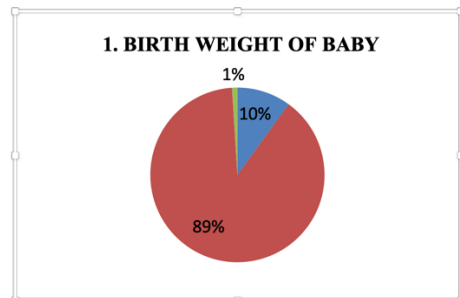
**Table 3: Complications observed**

ANC Complications	No.
Placenta Previa	4
Hyperemesis	1
GDM	1
Hyper Glycemia	1
Pre – Term Pain	1
<b>Associated diseases</b>	
K/C/O Asthma	1
E/O Diarrhea	1

**Table 4: Support of Modern Medicines**

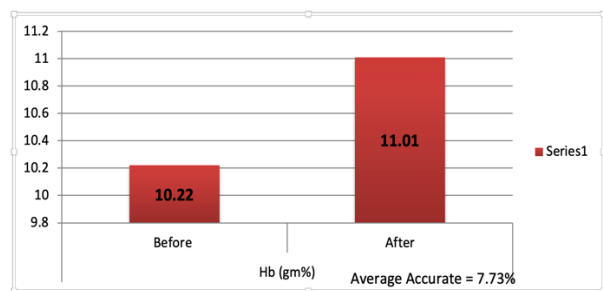
Support of Modern Medicine For	No. of subjects
Severe Anemia	6
PIH	2
Sustainability Of Pregnancy	8

ANC profile was observed uneventfully during the ayurvedic course of medication. No serious complications were observed. Some subjects required the support of modern medication along with ayurvedic treatment for conditions like severe anemia, uncontrolled PIH, and progesterone support.



Birth weight: In the Maximum (89%) cases it is observed as the birth weight of a child is between 2.5 – 3.5 kg. Even with pre-term labour optimal weight of the child was noticed. No cases of IUGR, Oligo-hydramnios, or LBW were reported. Almost all babies are born between 2.5 – 3.5 kg.

HB: Rise was observed by 7.73 %. Hb% was raised in the maximum no. of patients



**Rise in Hb in gm%**



Weight gain in Kg

Maternal Weight gain – It was observed by a 13.48 % increase. Weight gain of the mother was found satisfactory so again it is confirmed Garbha-poshaka.

## DISCUSSION

The above data highlights that a maximum number of subjects (81%) were of good reproductive age with no previous major illness. This helps in the smooth Growth and Development of Foetus.

In a place where the study was carried out; the majority of patients were found from lower middle socio-economic status; where high-caloric food items or rich food access was minimal. One way it showed a uniform selection of patients.

A diet plan with available sources was advised. Stress was given on homemade, easily accessible, and routine food where apprehension or opposition was almost nil. Subjects were advised milk along with Vatajata granules as well as ghruta preparation. It was found well acceptable and tolerated by all. Dadima siddha ghruta is a designed ghruta-kalpna in which all rasayan, brumhan, poshana dravya were added. It helped with foetal growth and maternal nourishment.

ANC initiation- Maximum ANCs enrolled were below 12 weeks of Gestational Age. It helped to start ANC in the early phase. Weight gain of the mother and Hb% were mainly stressed for observation. Weight was monitored routinely and Hb% was checked at 10 weeks and later trimester along with clinical presentation. No IUGR-like complications were noticed clinically or through USG reports. Even the baby's weight was found satisfactory. In total; it proved that all the drugs were helpful for foetal and maternal well-being.

Drug selection was basically the easily available and routinely prescribed drugs in all corners of India's Ayurveda OPD. The properties of drugs are highlighted in Table 5.

Table 5: Highlights the aushadhi dravya with its guna-karma.

Aushadhi Dravya	Rasa	Guna	Virya	Vipaka	Karma
<b>Vata</b> <sup>15</sup> ( <i>Ficus bengalensis</i> Linn)	Kashaya	Guru, Ruksha	Sheeta	Katu	Kaphapittahara, Mutrasangrahanaya, Varnya, Stambhana
<b>Shatavari</b> ( <i>Asparagus racemosus</i> Willd willd)	Madhu, tikta	Guru, snigdha	Sheeta	Madhura	Vatapittahara, Rasayana, Vrushya Stanyajanan, Tarpan
<b>Ashwagandha</b> ( <i>Withania somnifera</i> Dunal)	Katu, Tikta, Kashaya	Snigdha, Laghu	Ushna	Katu	Vatakaphahara, Balya, Rasayana, Shukrala, Bruhan
<b>Yashtimadhu</b> <sup>16</sup> ( <i>Glycyrrhiza glabra</i> Linn)	Madhura	Guru, Snigdha	Sheeta	Madhura	Tridosahara, Rasayan, Vrushya, Chakshushya, Varnya, Bruhan,
<b>Dadima</b> ( <i>Punica granatum</i> Linn)	Kashaya, Amla, Madhura	Laghu, Snigdha	Ushna	Madhura Amla	Tridosahara, Hrudya, Shukrala, Grahi
<b>Bala</b> ( <i>Sida cordifolia</i> )	Madhura	Snigdha, Pichhila	Sheeta	Madhura	Tridosha shamak especially vata, grahi, vrushya, balya, kanti vardhaka, ojo vardhaka
<b>Go Dugdha</b>	Madhura	Guru, Snigdha	Sheeta	Madhura	Vata-pitta shamaka, Sara, Shukrala, Satmya, Jivaniya, Brumhaniya, Balya, Medhya, Vaajikarana, Vayasthapanana, Ayushkara, Sandhaaniya, Rasayana, Ojovardhaka, Shonitasthapan, Garbhasthapanana, Stanyajanan, Varnya, Mutrala, Dahaprashamana
<b>Suvarna Makshik Bhasma</b>	Madhura, Tikta, Kashaya	Laghu	Sheeta	Madhura	Tridosha shamak especially Pitta and Kapha, Rasayana, Vrishya, Rasa-Rakta-Majja dhatu vardhak
<b>Go Ghruta</b>	Madhura	Sukshma, Sara, Sheeta, Snigdha	Sheeta	Madhura	Vata and Pitta hara, Vishghna, Balya, Chakshushya

### Probable mode of action

#### Vatajata granules

Vata- It is one of the panchakshiri, pancha valkal ingredients, notified in pumsavana yoga. It is easily available in Konkan-Goa region which is ideally kashaya, sheeta, and stambhaka aushadhi which helps for nidation (garbha-prarohana). Arial roots were taken for granule preparation. Kadha was prepared and paaka was done by adding sugar. This increased the palatability. The sugar contents also help for pregnant and tarpana, thus maintaining the energy level in patients in the first trimester.

#### Dadimadi ghruta

From the second trimester, patients were given Dadimadi ghruta. It is modified ghruta kalpana where for kwatha Dadimadi swarasa was taken. For kalka, an equal quantity of Ashwagandha and Shatavari choorna were selected. After Ghritasiddhi by standard method prakshepa of suvarnamakshika was added.

Ghruta was easily palatable as well as tolerated. Dadima<sup>10</sup> is hridya, amla being, anushna it is deepan and. Raktdhatuposhaka. Along with a combination of Shatavari and Ashwagandha, this

ghrita helps for agnivaradhana pachana and Pittashamana. It acts as a stimulant for Raktadhattwagni. Raktavardhana karma was augmented by suvarna makshika. Suvarna makshika itself is a loha kalpa, it is swadu sheet, Pittaghna, brimhana, vrudhdya, pachana, dwirloh; panduta nashana. It acts as Raktaposhak, It is copper pyrite  $Cu_2S$ ,  $Fe_2S_3$ . (Iron source)<sup>11</sup>. It helps for the channelling of rasa dhatu to all over parts of the body of the mother as well as transplacental foetal parts. Brimhana guru Aushadhi prayoga does not show any amotpatti so ghrita acts as dhattwagnivardhaka. Hb estimation is a part of the Raktadhatu pariksha, a rise in Hb percentage proved encouraging results. It highlights action of above said medicine is helpful in ANC.

### Maternal Weight gain

Maternal weight gain is the criteria of clinical assessment during pregnancy. Required foetal growth may be accessed through the maternal profile.

Shatavari, Ashwagandha, and Bala are madhura, sheeta, brimhana aushadhi which help for the garbha and garbhini poshana. Sarvadehik Dhatuposhana is achieved through sheeta, snigdha, dravavardhana, and guru properties of Shatavari. Shatavari containsshatavarin and saponin<sup>12</sup> which relaxes the uterus. Being a good source of Ca, Na, K, Mn, and Zn Shatavari gives full nourishment to the child. Specifically, Ashwagandha helps in the poshana of rasamamsadi sarvadhata and increases cellular growth. Ashwagandha root contains various alkaloids like withanine, Withananine<sup>13</sup> and Withaferin- A. These are biologically active steroids and help anabolism.

Bala itself balavardhaka drug helps to improve foetal growth, and strength, and increase amniotic fluid and placental mass, It is a specific CNS Booster with phytoestrogen content that maintains pregnancy smooth; maybe through anti-inflammatory property<sup>14</sup>.

Yashtimadhu is a madhura, sheeta, brimhanakara, Vataghna drug. It is a prime drug in masanumasik garbhasrava hara yoga. It shows an oestrogenic effect. It contains glycyrrhizin 2 to 9% isoflavonoids, and amino acids and helps garbhavruddhi through supporting implantation. Dugdha is Oksatmya, sarvadhathuposhaka, and vrishya, it is the best dairy product and it is rich in calcium and protein, easily palatable, and works as a sahapana. It does poshana of garbha and garbhini.

Ghrita is the essence of the milk. It is the ultimate dairy product, medhya, deepan, Bala oja vardhaka, Sarva dhatu pushtikara, and contains phospholipids. It is also rich in essential fatty acids vitamins A, D, E, and K. which improve nourishment. Some total weight gain in mothers is nothing but swasharira dhatu purti. Thus it means that all the above drugs were used focusing on foetal growth and development of all systems. It helps with the maturation of the fetus up to minute level. The drugs used were all easily available, cost-effective, and proved less complicated. It proved premium for garbhavruddhi throughout the conception period and the output was also encouraging.

### CONCLUSION

The study concluded that the Ayurvedic line of treatment proved promising for ANC cases. Mainly profile of the mother and baby was found normal. The entire course of treatment was

uncomplicated, it highlighted the treatment was in a safe cage. Considering Garbhavruddhi-milestones parameters were focused for assessment which proved satisfactory. Parameters like maternal weight gain, and Haemoglobin rise proved positive. No aggravation of other systemic illness was noticed. This study also highlighted the encouraging acceptance of ayurvedic treatment in ANC. This is a sincere effort to offer only ayurvedic treatment in ANC. The present study may be set as a pilot work for future studies.

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