

A Case Study On Polyhydraminous

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Abstract

The fetus develops inside of a sac that is surrounded by a membrane called the amnion. The sac contains amniotic fluid, which surrounds the developing fetus and protects the fetus from injuries. Polyhydramnios (*Garbhodhaka vridhhi*) is a condition that occurs when there is too much accumulation of liquor amnii. The exact cause is unknown, but it may be the result of deficient absorption & excessive production of liquor amnii. Liquor amnii exceeds 2000ml, AFI is more than 25cm. It probably occurs in 1 in 1000 pregnancies. *Susrutha* described one characteristic of *Garbha vridhhi* as *Jataraabhi vridhhi* (increase in size of the abdomen). That increase may be due to variation in *Sankya* (multiple pregnancies), size (big baby) or fluid (hydromnios) of *Garbha*. *Bhavamisra* adds further that labour is much difficult. Abnormal amniotic fluid volume can be associated with increased maternal risk as well as perinatal morbidity and mortality. Successful management depends upon appropriate diagnostic evaluation. Prolongation of the pregnancy for further fetal maturation may be achieved with timely therapeutics. This article describes the case report of a 23 year old woman who is a primi complicated by polyhydramnios, which developed between 26 & 28 weeks of pregnancy. Ayurveda being an eternal medicine many treatments are described by Acharyas. It is concluded that Ayurveda is useful for treating polyhydramnios. Thus, a patient diagnosed as having polyhydramnios was selected and was administered *Punarnavadi kashaya* and *Varunadi kashaya* for 10days and has been found to be effective in this condition.

Keywords: Polyhydromnios, *Garbha Vridhhi*, AFI, Liquor, *Punarnavadi kashaya* and *Gokshuradi kashaya* .

Introduction

A patient with obstetric history G3P2A0L2 visited the OPD of *Prasuti tantra evam stree roga*, SKAMCH&RC, on 17/3/18 with complaints of difficulty in breathing while walking, climbing stairs with history of 8 months of amenorrhoea and her USG-OBG revealed AFI 20cm at 30-32 weeks of gestation. Her LMP was 22/8/17 and SEDD was 29/5/18.

History of present illness

A registered ANC patient of SKAMC & RC since conception with LMP 22/8/17 , has a H/o 8 months of Amenorrhoea. Till 30 weeks, her pregnancy was uneventful. .From last one week ,she developed abdominal discomfort ,lower abdominal heaviness, difficulty in breathing while walking and climbing stairs.

Past History

- ⊙ Patient had failure of IUI twice 2 years ago.
- ⊙ Patient has H/o TORCH infection. Acc. To Serology report, done on 14/07/2017
- Cytomegalovirus-IgG-2.14 IU/mL(Reactive)
- Herpes Simples Virus 1- IgG-1.05 Index Value(Reactive)
- Herpes Simples Virus 2- IgG-1.25 Index Value(Reactive)

Family History, Occupational History

Nothing contributory

Menstrual History

- Menarche at - 14 yrs of age
- Menstrual cycle – regular since menarche.4-5 days/ 28-30days .
- Moderate bleeding
- Not associated with pain abdomen during menstruation.
- Changes 2-3pads for 1st 2days then 1-2pads /day for next 2-3 days.
- Associated with clots occasionally,no foul smell

Vaivahika Vruttanta

- ⊙ Married life – 6 years
- ⊙ Contraceptive history – Barrier method, initial 2 years.

Vyavaya Vruttanta

4-5 times a week

No maithuna asahishnuta

Prasava Vrittanta

- ⊙ G3A0P2L2D0
- ⊙ LMP-22/08/2017
- ⊙ EDD-29/05/2018

General Examination

- Height - 175 cms
- Weight - 92 Kg
- BMI - 30.04
- Pulse Rate - 76 beats/min, regular
- BP - 120/70mm Hg
- Respiratory Rate -22/minute
- Heart Rate - 76/minute
- Temperature - 98.4 F,
- Tongue - not coated

- Built -well built
- Nourishment - well nourished
- Pallor - Absent
- Edema – Present(Physiological Pedal edema)
- Clubbing - Absent
- Cyanosis - Absent
- Icterus - Absent
- Lymphadenopathy - Absent

Systemic Examination

- CVS, CNS, RS, GIT - NAD

Per Abdomen

Inspection

- Appears shiny
- Height of uterus is more than gestational age.
- Corresponds to 32 weeks, Fundal height-11.5 inches,Abdominal girth-35 inches,Fetal parts are difficult to palpate
- Umbilicus –transversely stretched
- Striae gravidarum present.

Palpation-

- FM- Felt
- Fluid thrill present
- Auscultation
- FHS-144-146 per minute(was difficult to find)

Gynecological Examination

- ⊙ Breast examination- B/L Breasts -soft , tender, Nipples and areolae are dark, Montgomery's glands are prominent,NAD
- ⊙ External genitalia

Inspection – Pubic hair - Equally distributed

Clitoris , Labia -Healthy

Discharge – Present(Physiological)

Redness – Absent

Swelling – Absent

Prolapse – Absent

Skin lesion - Absent

No evidence of Pruritus

Vaginal examination

- ⊙ Inspection
- ⊙ Per Speculum Examination

Vagina- Redness – Absent

Discharge – Absent

Local lesion – Absent

Cervix – healthy

External os –multiparous os.

Tear – Absent

growth – Absent

Erosion – Absent

Bleeds on touch – Absent

- ⊙ Palpation / Digital examination

P/V examination

Vagina –

Tenderness – absent

Cervix – Mid posterior

External os closed.uneffaced cervix.

Texture – soft

Movement – non tender, freely movable.

Length of cervix-3cm

Fornices – Fre

Lab Investigations

Done on 28/1/2018

- ⊙ Hb-9.6 gm%
- ⊙ Blood group-AB positive
- ⊙ BT-3minutes 10 seconds
- ⊙ CT-5 minutes 20 seconds
- ⊙ RBS-87 mg/dl
- ⊙ HIV-Negative
- ⊙ HBSAG-Negative
- ⊙ VDRL- Non reactive
- ⊙ Urine routine and microscopic examination report-normal.
- ⊙ **USG-OBG**-Done on -17/3/18

Impression-Single live pregnancy of sonograaphic gestational age(According to LMP)31 weeks growth in cephalic presentation with polyhydramnios(AFI-20) and BPP score of 8/8.

Final Diagnosis – *Garbhodaka Vriddhi*

Materials & Methods

- ☉ Started on 17/3/18 and continued till 30/3/18
- ☉ *Gokshuradi Kashaya*¹ - 2tsf-0-2tsf with 4tsf of water B/F
- ☉ *Punrnnavdi kashaya*²-2tsf-0-2tsf with 4 tsf of water B/F

FOLLOWUP – For every 15days, upto to the delivery.

Result

Before: USG-OBG SCAN Done on -17/3/18

Impression-Single live pregnancy of sonograaphic gestational age(According to LMP) showing 31 WEEKS 1 DAY growth in cephalic presentation with polyhydramnios(**AFI-20cm**) and BPP score of 8/8.EDD-1650+_240gms

After: USG OBG Report on-31/3/2018

Single live intrauterine foetus corresponding to gestational age of 33weeks 1 days +/- 2 weeks,**AFI-18 cm**,EFW-2921 +/- 432 grams,SEDD-24/5/2018

Placenta-Fundal Anterior Grade 2 maturity.

Delivery Details

Pt delivered a single live Male baby on 22 /5/18 at 2.31 p.m with birth weight of 3.45 kg vaginally.

Discussion

Gokshuradi kashya is having drugs like *gokshura*, *ardaka*, *punarnava*,*haritaki*,*rasona* .most of the drugs are *vata kapha hara*,*shopahara*,*deepana*,*pachanaaction*³.. helps in the removal of excess foetal urine thereby normalizing the amniotic fluid levels.by its diuretic and anti inflamatory action. *Punarnava Kasaya* is indicated in *Udara Roga*. *Punarnava* & *Gokshura* acts as anti diuretics. *Punarnava* is *Mrudu virechana*, *Shothagna* (anti inflammatory), *Rasayana* (rejuvenative). Maximum diuretic and anti-inflammatory activities of *Punarnava*. *Varunadi Kasaya*^{4,5} helps in removal of excess fluids.

Conclusion

Results of this study indicate that the Ayurvedic drugs has the effect in polyhydromnios by removing the excess fluid accumulated. It is concluded that Ayurveda is useful for treating polyhydramnios. Easily accessible, cost-effective Ayurvedic therapy for polyhydromnios with minimum adverse effects. Still further studies to evaluate the recurrence of polyhydromnios are needed, to establish it as a reliable therapeutic measure

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