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Case Report

A CASE STUDY OF POLYHYDROMNIOS

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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 vriddhi*) 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 vriddhi* as *Jataraabhi vriddhi* (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. The background of the study is Jalodara chikitsa. It is concluded that Ayurveda is useful for treating polyhydramnios, as an alternative to Diuretics, Indomethacin & amniocentesis.

KEYWORDS: Polyhydromnios, *Garbha Vriddhi*, AFI, Liquor amnii, Primi, *Jalodara*.

INTRODUCTION

A 23yr female patient came to our PSR OPD on 14/9/14 with Reg. no.1035. Primi with 7 months of amenorrhoea, with a c/o less perception of foetal movements & abdominal distention, evaluated as Polyhydromnios with scan. LMP- 4/3/14, EDD-11/12/14.

Physical Examination: Ht of uterus is more than LMP, 32 – 34 weeks,11.6 inch, Abdominal girth-35 inch, Fetal parts are not palpable.

Weight - 55kgs, B.P. – 100/90mmHg.

Investigations: CUE – Normal, MP, WIDAL – Normal, Hb - 10.8 gms, FBS - 62mgs%, PLBS-104 mgs%, TSH- WNL,

VDRL, HIV, HbsAg – NR, Blood grouping & Rh typing – A+Ve.

TIFFA scan - SLIUF OF 28 wks 5 days with gross Polyhydramnios, AFI - 33-34cms.

No foetal anomalies detected, No placental abnormality.

Provisional Diagnosis – *Garbha Vriddhi*.

Final Diagnosis – Garbhodaka Vriddhi.

Admitted-OP No:1035;IP No – 10351, Bed No: 95. Address - Mahaboob Nagar. DOA – 14/9/14.

MATERIALS & METHODS

Punarnava kashayam[1]- 10ml BD *Gokshuradi kadha*[2] – 10 ml BD

Varunadi kashayam[3]- 10ml BD *Gomutra arka*-10 ml BD { mix all 4, taken 40ml BD}

Aswakanchuki ras[4] - 1 OD

Diet- Ragi malt, oats + milk.

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

RESULT

Before: AFI was 30-34 cms, Fundal ht 11.6", Wt of patient: 55 kg, Abdominal girth: 35", EFW-1090gms.

After: AFI: 21.5cms, Fundal ht 10.5", Wt of patient: 52.6 kg, Abdominal girth 32.1"

EFW- 1250gms. DOD – 25/9/14.

DISCUSSION

Garbha Vriddhi is described one among the *Garbha vyapads*[5] i.e., pathological concept during intra uterine life. Susrutha described in *garbha vriddhi* there is *Jataraabhi vriddhi*[6] (excessive increase in size of the abdomen). That increase may be due to increase in *Sankya* (hyperplasia, multiple pregnancy), Size (hypertrophy, big baby or monsters), fluid (ascitis, polyhydromnios). The *Garbha vriddhi* may be also due to *Garbha vikruthi*, *Janma jata vikruthi* of *Garbha* i.e., *Garbha prameha* (which causes excess urination leading to polyhydromnios), & congenital fetal anomalies, *Jarayu dosha* (Chorio angioma of placenta), increase in *Garbha vriddhikara bhavas*, especially *Rasaja bhava* leading into *Jala dosha*, maternal diabetes, cardiac & renal diseases leading to transudation[7]. Bhavamisra says that labour is much difficult[8]. This is due hyper distension of the uterus causing hypotonicity leading to uterine inertia. On 16/9/14 the micturition was increased to 2 times per day & *Virechanas* 2 times per day than the routine, there is no dehydration. P/A – Tense uterus, 32 – 34 weeks, P/V – Cervix 1 finger dilated, 50 – 60% effaced. On 22/9/14 wt – 53.5Kg, AFI 23, Abdominal girth 33", Fundal ht 11". On 24/9/14 AFI 21.5, wt. 52.6, AFI – 21.5, EFW – 1.25 Kg. Due to excessive intake of water by the one having taken uncting substance, poor digestion, wasting & emaciation, the digestive fire is extinguished & *Vayu* gets located in *Kloma* & *Kapha* is aggravated by fluid due to obstruction in passage of channels & both contribute to accumulation of fluid from its normal place to abdomen[9]. *"Udakapoorna druthi kshobha samsparsham*[10] the abdomen is full of fluid is the main symptom of *Jalodara*. 8 types of urine especially the cow's urine are used for sprinkling & intake in the abdominal diseases[11].

In ascites one should administer the medicaments mixed with urine, various alkalies & which are sharp and thus remove the defects of fluid. The patient should be managed with the diet which is appetizing & *Kapha* alleviating, also gradually abstain from all sorts of liquids particularly water[12]. *"Tasmannityameva virechayet Jalodara" Virechana* is best treatment in *Jalodara*[13]. Polyhydromnios can be correlated with jalodara. Panchakarmas are contraindicated in a pregnant woman. However we can give in *Aathyayika vyadhis* as *Mrudu shodhanam*[14].

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*[15][16]. *Varunadi Kasaya* helps in removal of excess fluids. *"Sarve rogaah hi mandagnau"* All diseases begin with *Mandagni* (Low fire i.e. digestive capacity). If fire is strong, diseases won't occur. Cow urine keeps the fire strong. *Aswa Kanchuki Ras* is used for *Virechana* & *Kapha hara*. After becoming the AFI to 21.5cms the patient is discharged & advised to continue the treatment upto the delivery & follow up for every 15 days to know the fetal well being & not to land into a pre term labour or low birth weight.

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, as an alternative to Diuretics, Indomethacin & amniocentesis. 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. Trial in larger sample is required to generalise the outcome.

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