TO STUDY THE EFFICACY OF BALA SIDDHA GHrita IN UPAVISHTAKA WITH SPECIAL REFERENCE TO INTRAUTERINE GROWTH RESTRICTION

*Dr. Guddi Jaynath Yadav¹, Dr. J. S. Deshmukh² and Dr. Sandhya Yennawar³

¹C.S.M.S.S Ayurved Mahavidyalaya, Kanchanwadi, Aurangabad.
²Ph.D Degree, H.O.D Professor B.A.M.S D.G.O Prasuti Tantra and Stree Roga.
³Asso Professor B.A.M.S D.G.O Prasuti Tantra and Stree Roga.

ABSTRACT
Upvishtak (I.U.G.R) is defined as babies whose birth weight is below the tenth percentile of the average for the gestational age. The incidence of the Upvishtak (I.U.G.R) in Indian hospital is 16%. The perinatal morbidity & mortality rate of fetus is related to the low birth weight infants. While describing treatment of Upvishtak Ayurvedic classics have emphasized on drugs having Jeevniya, Brunhaniya and Vataghna properties. In Upvishtak main dosha is vata dosh. Bala is vataghna, Balya, Bruhaniya and ghrita also Vataghna. It has been selected as the line of treatment. So our ultimate goal is “Healthier the mother stronger and healthier will be the child” may be achieved. Hence in an attempt to expand the concept of IUGR according to Ayurveda and to yield a flourishing result to this world wide problem through Ayurveda; this topic has been selected for the study. The study was conducted in 10 clinically diagnosed patients of Upavishatak with an objective of clinical efficacy of BALA SIDDHA GHrita in the management of Upavishatak. These patients were above 4month amenorrhea, having fetal weight 10% less than normal weight with Diagnosed U.S.G.

INTRODUCTION
The aim of Prasutitantra is to get a healthy progeny i.e. Suprajanana. For the same purpose; in all Ayurvedic texts, Garbhiniyaricharya is described in detail. Aim of the Garbhiniyaricharya is described as- Anupaghataya means continuation of pregnancy without
any complications in mother and fetus. In Ayurveda, *Garbhavyapada* such as *Garbhasrava*, *Upavishtaka*, *Garbhashosha* etc are explained which causes *upaghata* to *garbha*.

Out of *gharbavyapad* described in our text (*Gharbhasrav, Gharbhapat, Upavishtak, Lingarbha, Nagodar, Mrutgarbha makkal, vishakanbha*); I decided to conduct work on cases of IUGR which is termed as *Upavishtak*.

*Upavishtak* is one of the major problem of pregnancy which affects the fetus physically and mentally and become social problem as well as lifelong trouble for family. Children with low birth weight (<2.5 Kg) have an increased risk of infection and death during the neonatal period and infancy. That’s why I decided to work upon *Upavishtak*.

Effective drug is not yet available on IUGR. So it is needed to have an effective solution on this problem. While describing treatment of *Upavishtak*, ayurvedic classic have emphasized on drugs having *Jeevaniya, Bhruhniya* and *Vataghna* properties, drugs having *madhur rasa* and *Vipak*.

*BALA* is one of the *dravya* mentioned in *bhrihaniya gana*. It is easily available, having *madhur ras* and *vipak, vataghna* property, so decided to study *Bala siddha ghrita* in the management of *Upvishtaka*.

Apart from prematurity, IUGR is a major public health problem in most of the developing countries. IUGR is due to genetic, placental or maternal factor. It is related to condition like poverty, chronic malnutrition & placental insufficiency in mother. Under nutrition is one of the most common. The most common complication of IUGR, include increase risk for perinatal asphyxia, meconium aspiration, electrolyte imbalance from metabolic acidosis, polycythemia and 6-8 fold increase for intrapartum deaths. Long term squeal of IUGR include neurological growth deficit in the form of minimal brain dysfunction, decrease attention span, learning disabilities, speed defect.

**AIM AND OBJECTIVES**

- Conceptual and clinical studies on *Upavishatak* (IUGR) and its management with time tested Ayurvedic principles.
- To evaluate *Bala siddha ghrita* in a series of patients suffering *Upavishatak* (IUGR) on various scientific parameters.
- To compare the efficacy of *Bala siddha ghrita* on patients of *Upavishatak* (IUGR).
MATERIAL AND METHODS

Selection of Cases
A single blind randomized study of 10 clinically diagnosed patients of selected from O.P.D. / I.P.D. unit of P.G. Department of Streeroga Prasuti Tantra, A regular record of the assessment of all patients was maintained according to performa prepared for the purpose. Following inclusion and exclusion criteria were used for registration of the patients for present clinical trial.

Inclusion Criteria
- Females with 16wks gestational period, diagnosed as Upvishatak (IUGR) were included for the present study.
- Primi and multigravida were selected randomly.

Exclusion Criteria
Patients suffering from garbhini hridrog fetal anomalies having more than 8 months amenorrhea.

Selection of Drugs
Taking the symptoms and the Samprapti of Upavishatak (IUGR) into consideration, a proposed drug formulation namely “BALA SIDDHA GHrita” was selected. The drug selected for the study having madhur ras and vipak, vataghna property, balya, bruhaniya, and gharbhaposhak.

Dose and Anupana: Patients were treated with Bala Siddha Ghrita.
Matra – 10 ml twice a day Bala Siddha Ghrita.
Kal - Sabhukta.
Duration - Till Delivery.
Follow up –Every 15 days.

Pre Treatment Observations
All the patients have been studied along with the registration by noting down their demographic profile including their age, address, occupation, education, socio economic status, marital status, life style, addictions, dietary habits etc. After preliminary registration, patients were subjected to detailed case history taking, physical, general and systemic examinations. In history and examination importance was given to mental status examination. During this all other relevant informations like Ashtavidha Pariksha and Dashavidha
pariksha including assessment of Sharirika Prakriti and Manasika Prakriti (based on the features described in classical texts) etc. were noted.

**Administration of Drug and Treatment**

**Schedule**

Total 10 registered, clinically diagnosed and confirmed patients of Upvishtak as a study of single blind randomized who completed 16 wks but not 32wks & have fetal wt 10%. Less than standard weight. All the patients were advised to undergo following laboratory investigations before starting the trial to rule out any other illness if present and to exclude them from the trial.

- Maternal weight gain after every 15 days was noted.
- Fundal height.
- Abdominal girth.
- USG after one month.
- Fetal weight in U.S.G. – Those pt. who completed 16 wks but not 32wks & have fetal wt 10%. less than standard weight.

**Routine ANC Investigations**

- Blood - Hb%, BSL (R) HIV, VDRL, HBsAg
- Urine - Routine and Microscopic examination.
- USG – SOS.
- Fetal weight in U.S.G. Patients were followed up after 15th day and 1st month and changes, improvements, deterioration and any other effects produced after the therapy were noted down.

**Criteria of Assessment**

Both subjective and clinical improvements were employed for assessment of the impact of the therapy. Subjective criteria of evaluation included the observations of both patients and assessment of the physician.

**Subjective Improvement**

All the patients registered for the trial were specially asked for any changes or improvement in their growing feeling of well being if any and either physical or mental fitness produced by the therapy during the trial.
Clinical Improvement
All symptoms taken for the assessment of clinical improvements were thoroughly examined and the severity of each symptom was rated before and after the trial for clinical assessment. Efforts were made to give numerical values to all symptoms depending upon their severity before and after the treatment. Maternal weight gain, Fundal height, Abdominal girth and USG were assessed before and after the therapy.

OBSERVATION AND RESULT
Subjective improvement
After the completion of therapeutic trial there was marked improvement in the feeling of wellbeing, physical and mental.

Clinical Improvement
Both the symptoms taken for the assessment of clinical improvements were thoroughly examined and the severity of each symptom and points were rated before and after the trial for clinical assessment. Efforts were made to give numerical values to all symptoms depending upon their severity before and after the treatment.

DISCUSSION
The clinical study of 10 patients carried out in the present series revealed that majority of these cases was of age between 21-25 years, 45% pts were multipara and 5% were elderly primigravida. After completion of clinical trial it was observed that there was considerable improvement in the feeling of well being in all the patients. Regarding overall improvement in clinical features of Upavistak (IUGR) the results were highly significant in symptoms like Maternal weight (p<0.001), Fundal height (p<0.001), Abdominal girth (p<0.001), Fetal weight (p<0.001) by USG.

BALA SIDDHA GHrita have potent effect on the management of Upavistak (IUGR). Various scientific parameters in the current study confirmed this observation which showed significant and highly significant improvement respectively.

Probable mode of action of BALA SIDDHA GHrita
Bala has madhur ras, madur vipak, sheeta virya, singdha guna and vatpittahar; has balya and bruhaniya properties. It has mansa and ras gamitva so it acts as mans & ras vardhaka. Grhita
also has madhur ras, madhur vipak, sheeta virya, vatpittahara; acts as snehan, deepan, agnivardhaka which leads to rasvardhan & ultimately both acts as garbhaposhana.

CONCLUSION

On the basis of the clinical manifestations and the symptoms produced, Upvishtak garbhavyapad is associated with nourishment of foetus. which is dependent on mother, In pregnancy. Patients showed improvement in all symptoms in Upavstak (IUGR). There was good response of Bala siddha Ghrita in Upavistaka and it’s safe, without any adverse effects, economical and effective remedy for the management of Upvishtak (IUGR). Therefore it can be concluded that Bala siddha Ghrita is very safe and effective treatment modalities and can be used effectively in the management of Upvishtak (IUGR).

REFERENCES

3. Vd. Yadavaji Trikamji Acharya and Ram Acharya, Sushruta samhita of Sushruta with the commentary of motilal banarasidas 5 publication, 1975 Delhi.