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Case study

Ayurvedic management of Foetal anomalies - A case study

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ABSTRACT:

Congenital anomalies are major issue in current era as it affects millions of babies worldwide occurring at around 1 in every 33 babies born. These Congenital anomalies are also called as birth defects, congenital disorders, congenital malformations, or congenital abnormalities. These are conditions of prenatal origin which are present at birth. It potentially impacts on infant's health, development and/or survival of the baby. The most common congenital anomalies are Heart defects, Neural tube defects and Down syndrome which are more serious. Modern science says these congenital anomalies are due to defect in germ cells or somatic cells in intrauterine environment. The healthy state of fetus and newborn is due to the interaction of germ cell genotype, geo-climatic conditions and uterine factors, mother's diet and activities as well as nature of *Panchamahabhoota* in the environment at the time of fertilization. *Ayurveda* explained it as *Sampat bhav of Rutu, Kshetra, Ambu, Beej*. The unhealthy state of these all factors results in various congenital anomalies. The specific causes of congenital anomalies are unexplained, with many anomalies are remained with unknown etiology. The exact exposure periods during pregnancy can be different with organ system or type of anomaly. However, first trimester (gestational age 1–13 weeks) is generally considered to be high risk period.

According to *Ayurveda*, these types of abnormalities happen in *Beeja* (ovum or sperm), *Beejabhaga* (chromosome) and *Beejabhagaavyava* (gene) level. Here is a pre diagnosed case of foetal anomaly who was advised the termination of pregnancy. She was treated with *Abhyantar shaman chikista and Basti* and beneficial result was seen.

KEY WORDS: - Congenital anomalies, *Panchmahabhoot*, *Abhyantar shaman chikista*, *Basti*.

INTRODUCTION:

Motherhood is happiest moment in the life but congenital anomalies convert it in to unfortunate as these congenital anomalies are important causes of still births, infant mortality and are contributors to childhood morbidity. Major defects in morphogenesis during early foetal life results in congenital malformation. Throughout the world due to these congenital anomalies, total 3,03,000 newborns dies within 4 weeks of birth, every year[(1)]. The prevalence rate of birth defects is 6 to 7% in India which means to around about 1.7 million birth defects are found annually. The common birth defects include congenital heart disease (8 to 10 per 1000 live births), congenital deafness (5.6 to 10 per 1000 live births), and neural tube defects (4 to 11.4 per 1000 live births) (March of Dimes report, 2006). Genetic factors, such as chromosomal abnormalities account for approximately 15%. Chromosomal anomalies are of two types either numerical i.e. aneuploidy (Turner syndrome, Down syndrome), polyploidy (triploid or tetraploid) or structural i.e. translocation, deletion, duplication[(2)(3)]. The description about the congenital birth defects has been mentioned in *Ayurveda* at many places. There are various quotes mentioned in *Ayurvedic* literature about the anomalies or congenital defects precipitating in the fetus and aiming on significant factors that attached to the defective *Shukra* (sperm), *Shonit* (ovum), *Aatma* (Soul), *Kaal* (time) and *Matru Aahar* (dietetic regimen of the mother) *Matru Vihar* (deeds of pregnant mother)[(4)]. All these factors are responsible for vitiation of *Dosha* producing abnormalities of foetus in terms of appearance, complexion. Whatever the *Ahar* or *Vihar* the parents are indulged during the conception it will lead to same effects on the child.

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Case history –

A 38 year old pregnant lady who was married with man of 40 years for last 4 years approached our OPD with first trimester screening report which show nuchal translucency 3.1mm and Aneuploidy marker - Nasal bone abnormal (absent or hypo plastic). She was advised medical termination of the present pregnancy. But she wanted to continue the pregnancy and came for *Ayurvedic* management. She was closely monitored and *Ayurvedic chikista* was given internally as medications and *matra basti.* After 21 days of treatment, again screening done which shows normal Nasal bone and she is advised by gynecologist to continue pregnancy.

Personal history-

1. Maternal weight - 67.0 kg
2. Height -148.0cm
3. B.P.- 132/80 mm of Hg
4. Appetite - Good
5. Bowel - Occasionally constipated
6. Micturation - increased
7. Sleep - good
8. Pulse - 82/min
9. Past history - Chronic hypertension

Menstrual history-

1. Menarche - 15 years
2. Interval - 27-28 days
3. Duration - 4-5 days
4. Amount of bleeding - 2-3 pads per day
5. Clots - occasionally
6. LMP - 18-08-2022.

Marital history-

Married life of 4 years

Obstetric history –

G2 P1 L0

LMP-18-08-2022 EDD-25-05-2023

G1- Conceived spontaneously after 18 month of marriage.

P1-In third month patient had hypertension. She was on antihypertensive drug till nine month. In ninth month fetus found dead in USG. L.S.C.S. was done.

Table No. 1: Screening reports

Sr. No.	Date	Gestational age	USG report/ Chromosomal microarray analysis /DNA report
1	19/11/2022	13 Weeks+0 days	Nuchal translucency 3.1mm, 95th%tile.
			Chromosomal marker- Nasal bone abnormal.
			Background risk- for Trisomy 21 is 1:123
2	12/12/2022	16 weeks+4 days	Nuchal translucency 95th% tile.
			Chromosomal marker- Nasal bone present.
			Chromosomal microarray analysis report on 20/12/2022– Trisomy 21(Down syndrom) is negative
			DNA report on 20/12/2022 – No maternal cell contamination.

Table No. 2: Ayurvedic management

Date	Medicine	Dose	Duration
24/11/2022 to 13/12/2022	1)*Madhumalini Vasant*	500 mg TDS	20 Days
	2) Dhanwantar kashay	20 ml TDS	20 Days
	3) Ananta, rasna, padma, madhuyashtika kshirpaak	40 ml BID	20 Days
	4) Matra basti- *Guduchi amalaki musta sidha kshir 40 ml+Guggul tiktak ghrut 30 ml+ Dhanwantar tail 30 ml*	100 ml	Alternate day-total 10 *basti* was given

DISCUSSION:

Shad Garbhakara Bhavas (six procreative factors) have an important role in a healthy progeny [5]. These factors are causative factors of congenital, hereditary, and genetic anomalies (by mutation and epigenetic)-before conception, at the time of conception, and after conception. *Upavishtak, Nagodar,leen garbha* are some fetal anomalies described in *Ashtang hruday* by *Acharya Vagbhat*[6]. The management of foetal anomalies, which can lead to threatened abortion or permenant deformities in baby, is *bruhan vataghna madhur dravya siddha ghrut, kshir*[7]. *Dhanwantar kashay*, which is made up of same contents of *Dhanwantar* oil, is *Vat shamak*. It contains *bala* which is having properties of *sheet virya,madhur ras and madhur vipak*. It also contains *bruhan draya like Meda, Mahameda, jivak, rushbhak, Ashwagandha, Shatawari, Kakoli, Kshirkakoli, Mudgparni and Mashparni*.[8] *Acharya Vagbhat* also suggest *Aamgarbha*

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(eggs) for *garbh vikruti*[9]. So *Madhumalini vasant* is drug of choice. *Madhumalini vasant* stimulate growth of fetus[10]. *Acharya Vagbhat* describes nine *Garbhasravahar* formulations. Out of which, fourth month formulation contains *Ananta, sariva, rasna, padama and madhuyashti* with milk[11]**.** *Matra basti* having *guduchi aamalaki and musta kshir* with *guggul tiktak ghrut* and *Dhanwantar* oil is useful in *Asthi majjagat* pathology. As there is abnormality in fetal nasal bone, considering asthi as *dushya, kshir basti* formula was applied[12].

CONCLUSION:

Fetal anomalies can be managed effectively with *Ayurvedic* Medicines.

Further studies on the effects of *Madhumalini vasant* on fetal anomalies has to be undertaken under cell line studies so as to find out any breakthrough in controlling congenital chromosomal abnormalities.

If we follow *Ayurvedic* Ante Natal Care in pregnancies especially in which showed features of foetal anomalies, it will reduce the need for medical and surgical termination of pregnancy. And also it will reduce psychological and financial burden on the affected cases.

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