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Analysis on Mode of action of Garbhasrava Chikitsa Sindhu Umesh¹, V Asokan,²Pushkala B³, Swamy P S.⁴

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Abstract:

In present Era, due to the stressful lifestyle and dual responsibilities of a woman, the incidences of infertility and abortions have reached the zenith rendering the couple childless. According to the survey conducted by Indian Society of Assisted Reproduction in 2018, Infertility affects about 10 to 14% of Indian population, approximately 15% of all clinically diagnosed pregnancies result in spontaneous loss. There is detailed explanation of Garbhasraava and its chikitsa by acharya Sushruta and Vagbhata. Garbhasraavi is one among Shat prakaara Vandhya according to Harita Acharya. The present study deals with the analysis of mode of action of Garbhasthapaka dravya used to treat garbhasrava. Ayurvedic approach to the treatment of abortion is unique and involves various Modalities with both the AntahParimarjana and Bahirparimarjana making the approach exclusive.

Key words: Infertility, Abortion, Garbhasrava, GarbhasthapakaDravya, Mode of Action

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INTRODUCTION:

Infertility is with higher rates in urban areas where one out of six couples is impacted. [1] The incidence of Abortions is 1 in 300 pregnancies.^[2] "Abortion is defined as the expulsion or extraction from its mother of an embryo or fetus weighing 500gm or less when it is not capable of independent survival." [3] One of the main causes of Abortion, is the deficit in the hormones of Pregnancy needed for the nourishment of the fetus.The expulsion of Garbha upto 4th month of pregnanacy is termed as garbhasrava, and later thereafter in 5th and 6thmonth it is termed as Garbha pata. Garbhasraavi is one among the six types of Vandhya described by Acharya Haarita.^[4] There are multiple drugs and approaches to the treatment of Garbha Srava, the drugs combat the pathologies at every level to prevent and treat the varied causes of Abortion. This article discusses the rationality of the use of drugs at every stage and type of Abortion.

Approach to Garbhasrava Chikitsa:

1. Ama Pachana in Garbha srava¹

- Ruksha, sheetadravyaprayoga
- After upavasakashaya of duralabha, amruta, usira, parpata, candana, ativisha, bala, katwanga, dhanyaka

- Trunadhanya and shaali in the form of peya or bhojana.
 - Mudghayusha

Rationality: Enhancement of Bio availability and absorption of Drugs which are further used for treatment of Garbhasrava.^[7]

2. Role of GarbhasthapanaDravyas in maintenance of Pregnancy

Bahya Prayoga: ^[5,6]

Pichu soaked with yasthimadhu and gritha placed in atisheethalajala should be kept in vagina. Shatadhouta or sahasradauthagritha – pradehalepa below naabhi, Sheetaladugda /yeshtimadhukwatha/nyagrodadhiganakash aya – parisechana below naabhi.

Abhyanga with Lakshaditaila.

Rationality:

Yeshtimadhu: Over 200 studies prove that it is a steroid like glycoside having corticoid properties. Supports the Adrenal glands with steroid hormones 'Glycyrrhizin '- a saponin glycoside is structurally like cholesterol, thus it is a potent source for steroidogenesis and to produce Progesterone and estrogen hormone.^[8]

Ghrita: A source of LDL and cholesterol is a prime precursor for production of Progesterone hormone.

Lakshaditaila: Source of phyto estrogens

International Journal of Indian Medicine, 2021; 2(11): 15-19

ISSN: 2582-7634

Nyagrodha: High amount of tannins cause effective styptic action and control bleeding per vagina to prevent the further progress of abortion.

Abhyantaraprayoga for maintenance of **Pregnancy:**Milk medicated with jivaniya group of drugs

Rationality: Phyto oestrogens as active principles – Hypertrophy and hyperplacia of uterine myometrium^[9]

Use of Garbhasthapana Aushadhis:

Rationality: Major active principle - saponin , glycoside is structurally like cholesterol. Thus, it is a potent source for steroidogenesis and to produce Progesterone and estrogen hormoneMrudu ,sheetalarakthashali should be given with mamsarasa of jangalapashupakshi of sheetaveerya. Mamsa rasa of Laava, kapinjala, Mruga, Shasha, harina processed with ghrita and cooked with raktashali served to pregnant woman in a cool area.

Rationality: Supplementation with starch (glucose) and proteins(amini acids) for the nourishment of fetus – Function of hPL Kalka of either utpaladi group of drugs or kaseru, srngataka, and saluki (rhizome of

lotus) or only utpala should be given with boiled milk Kalka of Padma, utpala, Kumudakesara mixed with Madhu and Sharkara Rationality: Kesara of Utpaladi drugs possess maximum % of Carbohydrates and proteins – Fn of hPL High content of minerals - Ca, P , Fe, K, bringing about osmoregulation – Fn of Atrial natriuretic peptide^[10]

Use of Kevala Ksheerasarpi

Rationality: A main source of LDL and cholesterol which is a prime precursor for production of Progesterone hormone The blood of Shasha, ena (a species of deer or antelope) with madhu should be prescribed Rationality: Rich source of folic acid, required for development of fetus – Fn of HPL Powder of Shweta Aparajita with madhu taken with ajaksheera prevents abortion.

Rationality: Immuno modulation – prevents tissue rejection and protects the conceptus.^[11]

DISCUSSION :The Rationality of the Dravyas used for the treatment of the Garbhasrava are discussed in this study. The two main phases in the approach towards the rabhasrava Chikitsa are Amapacana . Garbhasthapana Garbhasthapana further includes i. Raktasthambhana and ii. Garbha Poshana Function of Corpus luteum is essential to maintain the early pregnancy. hCG and hPL

International Journal of Indian Medicine, 2021; 2(11): 15-19

ISSN: 2582-7634

Secreted by syncytiotrophoblast cells maintain the growth and function of Corpus luteum.At 6-8 weeks, there is transfer of functions of corpus luteum to placenta – which acts temporarily as a new endocrine organ.The nourishment to the zygote in its early days is by two sourses of hormones , Steroidal and protein hormones.

Table no.1	. Steroidal	Hormones
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Steroidal Hormones	Source	Duration
Progesterone	Corpus luteum	15 days exclusively
	Placenta	6 weeks
		6weeks - term
Oestrogen	Corpus luteum	15 days exclusively
	Placenta	6-8 weeks
		6 weeks - Term

Table no.2 Protein Hormones

Protein Hormones	Source	Duration
hCG	Syncytiotrophoblast cells of	100 days
	placenta	
hPL	Syncytiotrophoblast cells of	Till term
	placenta	
ACTH	Placenta	Till term
ATP	Placenta	Till term

Dravyas like Yashtimadhu , Ksheera, Ghrita are sources of phytosteroids which enhance the production of steroidal hormones. Shonita of Shasha and Ena, Kesara, Madhu, Sharkara enhance the production of protein hormones which is responsible for the fetal nourishment.

Rationality for the external (local) use of Yeshtimadhu

Maternal ACTH does not cross the placental barrier, so the aim of the treatment is making

available the steroidal sources more externally than internally.^[12]

Probable mode of action of Pumsavana Dravyas is by Hormonal stimulation at higher centers i. Hypothalamic hormone – GnRH ii. Pituitary Hormone – ACTH

Which brings action on the target organs to the produce Progesterone and estrogen hormones.

CONCLUSION:

The action of the drugs are multifaceted, they act by enhancing the bio availability of

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International Journal of Indian Medicine, 2021; 2(11): 15-19

dravyas, control the bleeding per vagina and prevent the progress of threatened abortion, substitute phytoestrogens and phyto proteins for the further nourishment of the fetus. The Garbhasthapana action is not only by supplementation and homeostasis of hormones but also acts at the level of immunology which is responsible for the early rejection of the embryo.

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