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CASE REPORT OF YASHTIMADHU GAMBHARI KSHEERPAAN USE IN GARBHASHOSHA (IUGR)

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ABSTRACT
Intra-uterine growth restriction is one of the serious dilemmas affecting pregnant women worldwide. It can be considered when the birth weight of the foetus is below the 10th percentile of the average for the gestational age. 3% to 7% of all pregnancies may be affected by foetal growth restriction. In this present case, a Female 27yrs old having O/H G2P1L1A0 with antenatal ayurvedic check-up was diagnosed with mild IUGR. Initially, the Doppler parameters of the uterine artery were elevated with decreased liquor. Through timely intervention, the mild IUGR was managed successfully by adopting garbhasosha chikitsa. Thus, the decreased growth potential and estimated fetal weight of the foetus was improved, preventing the chance of developing severe IUGR and she delivered a healthy female baby through Normal vaginal delivery.
KEYWORDS: *Garbhakshya, Garbhashosha , Garbhini Paricharya, IUGR, Yashtimadhu Gambhari Ksheepaan .*

INTRODUCTION

Pregnancy is one of the most precious and remarkable phases in a woman's life. It is a unique, exciting, and often joyous period that highlights a woman's extraordinary creative and nurturing abilities while serving as a bridge to the future. The greatest gift of motherhood is undoubtedly the power of regeneration. Conception, a successful pregnancy, and the birth of a baby are blessings that every woman cherishes. A woman plays a vital role in conceiving, carrying, and nurturing the fetus within her womb, and in bringing up, maintaining, supporting, and nourishing the child. The conception and growth of the fetus inside the mother's womb is one of the most miraculous processes in the world. This process, however, is complex and sometimes difficult to understand, as various known and unknown factors can complicate it, leading to life-threatening conditions for both mother and fetus. The antenatal period is considered the most delicate phase, during which a woman becomes more sensitive in every aspect. Most causes of Garbhshosha (IUGR) are beyond the control of the mother and may involve genetic or placental factors. However, conditions such as poverty, chronic malnutrition, placental insufficiency, smoking, alcohol consumption, or drug abuse are strongly related. Undernutrition is the most correctable cause of Garbhshosha in developing countries like India. Every mother naturally wishes for a healthy baby.

In modern medicine, the treatment of Garbhshosh (IUGR) is generally aimed at promoting maternal and fetal weight gain through rest, oxygen therapy, corticosteroids, high-protein nutrition, hydration, and both mechanical and pharmacological therapies such as low-dose aspirin and hyperalimentation through transamniotic, intragastric, or intravenous routes. However, such treatments are often expensive, time-consuming, and associated with significant side effects from drugs and steroids.

Currently, there is no proven modern therapy that can reverse growth restriction once it has developed. This highlights that mothers suffering from Garbhshosh or IUGR face numerous challenges. Although fetal growth retardation itself may not directly harm the mother, underlying conditions such as malnutrition, pre-eclampsia, placental insufficiency, or anemia can be life-threatening. Furthermore, women who have given birth to a growth-restricted infant face twice the risk of recurrence in subsequent pregnancies. For this reason, modern practitioners and patients alike are now looking toward Ayurveda for safer and more effective treatment options.

Various definitions for intrauterine growth restriction are as follows - Estimated foetal weight (EFW) < 10th percentile. Abdominal circumference (AC) below the 5th percentile. EFW < 10th percentile with abnormal Doppler indices in the umbilical artery or middle cerebral artery. Weight at birth < 2500 gms (low birth weight). Normal foetal growth pattern It occurs in 3 phases 1) First phase – between 4-20 weeks. Only hyperplasia because of rapid mitosis 2) Second Phase – between 20-28 weeks There is hyperplasia as well as hypertrophy of cells (mitosis starts decreasing, whereas cell size starts increasing.) 3) Third phase- this is the last phase from 28 weeks to term There is only hypertrophy of cells.

Types of IUGR
1) Symmetrical- if the pathology occurs in early foetal life (first 16 weeks), it affects the hyperplasia phase, and thus it will affect the growth of all organs of the body resulting in symmetrical IUGR.

2) Asymmetrical – If the insult occurs in later half of pregnancy, during the hypertrophy phase of foetal growth, there is redistribution of blood to vital organs like heart and brain whereas blood to other organs like liver and splanchnic circulation is decreased leading to asymmetrical IUGR.

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The foetus with growth restriction has to make adjustments in their hormonal and metabolic requirements to tolerate the adverse uterine environment.

In Ayurvedic classics, foetal growth restriction can be understood under various terms like Vatabhipanna garbha, Garbhasosha, Upavishtaka, Nagodara and Leenagarbha. Acharya Vagbhata and Acharya Susruta explained Garbhasosha, where vata vitiation causes rasakshaya which in turn results in foetal emaciation leading to growth retardation. Acharya Susruta explains that when the foetus is afflicted by vata, proper growth is arrested and is termed as Vatabhipanna garbha/garbhsosha. The line of treatment mentions the use of milk decoctions made of brimhaniya Aushada, mamsarasa, grita and brimhaneeya aahara.

CASE REPORT

Presenting complaints with history A primigravida 27 yrs old with O/H - G2P1L1A0 , Amenorrhoea 16 weeks 2 day gestation comes for a routine ANC Check up found to have no fundal height less than period of gestation. Diagnostic concern Routine antenatal obstetric investigations were done were within normal limit. She was advised for routine ANC chek up and obstetrics scan. She was taking regular folic acid supplementation and started iron supplementation in second trimester. Taken 2 doses of TT vaccination.

In the first trimester she had nausea and vomiting and had taken ayurvedic medication for that. She visited for check up on 02/01/24 her fundal height was 2 weeks less than the actual period of gestation and medicine were prescribed accordingly. The patient was suggested to do an obstetric scan. In the previous scan foetal anatomical survey was found to be within normal limits. In the present scan single gestation age 32 wks 1 day with cephalic presentation, placenta – posterior, liquor adequate the amniotic fluid was found to be 12.4 cm. Estimated fetal weight according to FL, AC: - 1808 +/-180.8 gms. Both uterine arteries were screened. Right uterine artery PI more than 94th percentile, Left uterine Artery PI more than 96th percentile. mean uterine artery more than 96th percentile. Uterine arteries show high resistance flow. Patient is screen positive on ultrasound for IUGR. The Abdominal circumference: Head circumference ratio was 1.2 (just above the upper limit). Thus, parameters showing the probability of developing IUGR were diagnosed during that period.

DATE	GESTATIONAL AGE	WEIGHT	BP	FUNDAL HEIGHT	PRESENTATION	FHS	FETAL MOVEMENTS
05/07/23	16 WEEKS	51KG	110/70	16 WKS			
20/11/23	27WEEKS	53KG	110/80	26WKS		+	+
02/01/24	32 WEEKS	52 KG	120/70	30-32WKS	Cephalic	+	+
24/02/24	37WEEKS	55.8KG	110/70	34WKS	Cephalic	+	+

DATE	FINDINGS	EFW
20/11/23	Anomaly scan – single live intra uterine pregnancy with 27 wks 1 day in vertex presentation, spine is rt. Side, liquor adequate, fetal heart pulsation and movements normal, placenta post. Grade II maturity. No any fetal abnormality seen.	800 gms.
02/01/24	Single intra uterine gestation of 32 weeks 1 day with cephalic presentation, placenta posterior, liquor adequate AFI – 12.4cm, FHR- 142 bpm, EFW- 1808 gms. High resistance flow noted in the uterine artery and the patient is screen positive on ultrasound for IUGR.	1808gms
24/02/24	Single intra uterine gestation in cephalic presentation . gestational age 37 weeks 2 day. Liquor is less for gestation , (AFI – 8-9CM). Cerebroplacental ratio normal (10th percentile) seen early changes of brain sparing effect in MCA.	2409gms

Date	HC	AC	CPR
02/01/24	307.3	269	1.509
24/02/24	319	300.5	1.5

Ayurvedic Management Chikista Sutra (Treatment Protocol) According to Bhaishajya Ratnawali Garbhini Roga Chikitsa 68/49 use of Ksheer paan indicated in case of Garbhakhsaya. He also supports use of Bhrimhaniya (anabolic) drugs, milk. Acharya Charaka suggests use of Jeevaniya (vitaliser), Brimhaniya, Madhur, Vata hara drug for the nourishment of fetus. Treatment Given To Patient Ksheer paan planned and administered for 1 month, 40 ml twice a day. Drugs used in Ksheer paan are tabulated below.

Ksheer Paak was prepared according to Yadavji Trikamji Ksheerpaak Kalpana.

Ingredients	Proportion
Yashtimadhu	5gms
Gambhari	5gms
Milk	40 ml
Seeta	Taste according
Water	20 ml

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Name	Latin Name	Family	Rasa	Virya	Vipaka	Doshaghnata	Guna	Part used
Yashtimadhu	Glycyrrhiza glabra	Leguminosae	Madhur	Sheet	Madhur	Vaat-pitta ghana	Guru&snighdha	Mul
Gambhari	Gmelia arborea	Verbenaceae	Madhur, Tikta, Kashay	Sheet	Madhur	Vaat- pitta ghana	Guru&snighdha	Phal
Seeta			Madhur	Sheet		Vaat -pitta Nashak	Snighdha	

Mode of action Yashtimadhu, Gambhari siddha ksheerpaan

Yashtimadhu posse's antioxidant properties and also act as a Rasayan, Balya, Garbhaposhak and jeevaniya action thus cure debility. The taste of Yashtimadhu Improves appetite and imparts filling of well being and does resist mental irritation which seen commonly in pregnant women. Gambhari is a Tridoshashamaka, Bruhaniya, Rasayana, Balya drug. It helps in condition of IUGR associated with Dhatuagnimandya.

The tikta rasa remove obstruction of nourishment of fetus.
1. Improves Uteroplacental Circulation (Garbha Poshana)
The combination enhances microcirculation to the uterus and placenta.

Ksheera (milk) acts as a Yogavahi, helping active components penetrate deeper dhatus. Better blood flow improves oxygen and nutrient delivery to the fetus, correcting intrauterine growth restriction.

2. Strengthens Agni & Enhances Maternal Nutrient Assimilation
Yashtimadhu and Ksheera together improve Jatharagni and Dhatvagni, leading to better digestion and absorption.This ensures proper Rasadhatu formation, the primary source of fetal nourishment

3. Direct Rasayana & Garbha-Poshak Effect
Both drugs exhibit Rasayana, Balya, and Brimhana actions.They increase maternal strength, tissue nourishment, and overall fetal vitality.Helps restore Dhatu-Pushti, essential in Garbhashosha

4. Anti-oxidant & Anti-stress Mechanism
Yashtimadhu contains glycyrrhizin, flavonoids, and strong anti-oxidants.

Reduces maternal oxidative stress, a major contributor to placental insufficiency. Creates a healthier intrauterine environment for fetal growth.

5. Anti-inflammatory and Cytoprotective Action
Helps reduce inflammatory changes in uteroplacental tissues.Protects placental cells and supports better placental functioning, ensuring efficient nutrient transfer.

6. Hormonal Regulation & Fetal Support
Yashtimadhu is known to modulate steroid hormones, supporting fetal development. Stabilizes maternal physiology, reducing fatigue, malaise, and improving appetite.

DISCUSSION

Suboptimal intrauterine growth restriction (IUGR) affects nearly 10% of all pregnancies, and the outcome largely depends on its severity. In this case, Doppler ultrasonography (USG) indicated high-resistance flow in the uterine arteries from the 32nd week of gestation onwards, suggesting suboptimal IUGR. Management was initiated from that point.

From an Ayurvedic perspective, this condition can be correlated with *Garbhashosha*, as described by Acharya Sushruta in the *Garbhineevyakaranam Adhyaya (Chapter 7)*. The patient had a history of nausea, vomiting, and fatigue up to the fourth month of pregnancy, which likely affected the proper formation of *Rasadhatu*. Along with this, vitiation of *Vata dosha* may have obstructed the normal flow of *Rasadhatu* through the *Garbhanadi*, thereby reducing the growth potential of the fetus. This condition is also referred to as *Vatabhipanna Garbha*.The line of treatment for *Garbhashosha* includes the use of *Brimhana* (nourishing and anabolic) therapies. Accordingly, during Ayurvedic antenatal care, the patient was advised regular intake of *Yashtimadhu-Gambhari Ksheerapana* starting from the 32nd week of gestation, when high-resistance uterine artery flow with signs of IUGR was identified on USG.

The treatment was continued along with *Ksheerapana* (medicated milk intake), and dietary recommendations included eggs, fleshy vegetables, fruits, and milk, all of which have anabolic properties. As a result, improvement in the condition was observed.

Kashmari (Gmelina arborea) possesses properties such as *Brimhana*, *Rasayana*, *Garbhaposhana*, *Balya*, *Pushtiprada*, and *Vatashamana*, which help support fetal growth and development. Similarly, *Yashtimadhu (Glycyrrhiza glabra)* is *Madhura* in *Rasa* and *Vipaka*, with *Laghu* and *Snigdha guna*, and is known for its *Brimhana*, *Prajasthapana*, *Balya*, and *Vata-shamaka* properties.

Therefore, *Kashmari-Yashtimadhu Kalpa* with milk was administered twice daily, contributing to the reversal of the condition.

The anabolic and rejuvenating properties of these formulations help enhance blood flow to the fetus, thereby reducing the risk of intrauterine growth retardation. *Garbhapal Rasa* was also administered during the treatment, as it is known for its *Ayushya* (life-promoting), *Poushtika* (nutritive), and *Rasayana* (rejuvenative) properties, which contribute to fetal nourishment within the uterus.

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Punarnava Guggulu, often referred to as *Garbha Baladayaka*, plays a vital role in supporting and protecting pregnancy, as well as nourishing the *Rakta Dhatu*. It has been observed that lipophilic substances are capable of crossing the placental barrier, thereby helping to counteract the risk of fetal growth restriction.

Thus, the active components of *Kashmari-Yashti granules*, when administered with milk, are believed to reach the fetal circulation by crossing the placental barrier, ultimately enhancing the growth potential of the developing fetus.

CONCLUSION

From the above case study, IUGR can be correlated with *Garbhashosha*, which arises due to the improper functioning of *Rasadhatu*. The planned management helped in reversing the likelihood of developing IUGR during pregnancy. Regular obstetric examinations enabled early diagnosis of the condition, allowing timely and effective intervention through specific Ayurvedic treatment modalities. Therefore, the Ayurvedic medicines mentioned in this context may be considered for further research studies related to the management of IUGR.

REFERENCES

1. *Charaka Samhita with Ayurvedadipika Vyakhya of Chakrapani (Sanskrit) Chaukhamba Sanskrit Sansthan, Varanasi, 5th Edition, 1997*
2. *Charaka Samhita with Vidyotani Vyakhya (Hindi), Chaukhamba Bharati Academy, Varanasi, 19th Edition, 1993.*
3. *Bhava Prakasha with Vidyotini Vyakhya (Hindi), Chowkhamba Sanskrit Sansthan, Varanasi, 7th Edition, 1990.*
4. *Dravyaguna Vignan Prof. P. V. Sharma, Chowkhamba Bharati Academy, Varanasi, 1998.*
5. *Kashyap Samhita, Vridhajivaka Vidyotini Hindi Commentary By D. S. Bhaishjyaratnamani Chauckhamba Prakashan Varanasi 8th8th Edition. 2002*
6. *Sarangadhara Samhita with Krishna Vyakhya (Hindi), Baidyanath Ayurveda Bhavan Pvt. Ltd., Nagapur, 4th Edition, 1994.*
7. *Sushruta Samhita (Hindi), Motilal Banarasidas, Delhi, 5th Edition, 1975.*
8. *Charaka Samhita with Vidyotani Vyakhya (Hindi), Chaukhamba Bharati Academy, Varanasi, 19th Edition, 1993.*
9. *Sushruta Samhita (Hindi), Motilal Banarasidas, Delhi, 5th Edition, 1975.*
10. *Bhava Prakasha Nighantu Dr. K. C. Chunekar, Chowkhamba Bharati Academy, Varansi, 1999.*
11. *Ayurvediya Prasuti Tantram Evam Stree Roga Dr. P. V. Tewari, chaukhamba Orientalia, second edition, 1996.*
12. *Dravyaguna Vignan Prof. P. V. Sharma, Chowkhamba Bharati Academy, Varanasi, 1998.*
13. *Text book of Obstetrics D. C. Dutta, New Central Book Agency (P) LTD, Calutta, 8th Edition, 2001.*
14. *Text book of Obstetrics D. C. Dutta, New Central Book Agency (P) LTD, Calutta, 10th Edition, 2001.*
15. *Williams Obstetrics- Cunningham, Leveno, Bloom, Hauth, Rouse, Spong, The McGraw-Hill companies, 23rd Edition, 2010.*
16. *Callen Ultrasonography in Obstetrics & Gynaecology, Harcourt Brace & company Asia PTE Ltd.*
17. *Sarangadhara Samhita with Krishna Vyakhya (Hindi), Baidyanath Ayurveda Bhavan Pvt. Ltd., Nagapur, 4th Edition, 1994.*
18. *Bhaishjya ratnawalli Samhita with Ambika dutta shashtri (Hindi), Choukhambha prakashan Varanasi.*
19. *Bhaav Prakash nighntu with Krushna Chandra chunekar (Hindi), (Indian material medica) Choukhambha bharti academy.*
20. *Dravyagna vidyan with Vd. Vishnu Gogate (Marathi), Vaidya mitra prakashan pune.*
21. *Dravya guna vidyan with DR. A. P. Deshpande & Dr. Jawdekar part 1-2, profishant publication house, Pune*