

## RASAYANA A BEST SUPPORTIVE FOR THE CONTINUATION OF PREGNANCY: A CASE REPORT

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### ABSTRACT

Motherhood i.e. giving birth to a healthy progeny is a dream of woman's life. Fetus is totally dependent on mother for nutrition during pregnancy. There may be a chance of qualitative nutrient deficiency to the fetus which ultimately results in improper fetal development. Use of *Rasayana* during embryonic stage (1<sup>st</sup> trimester) may acts as a high quality micronutrient, supportive for pregnancy that helps in proper organogenesis and fetal development. As per text the best time for administration of *Rasayana* is "*Purve Vayasi Madhye va*" i.e, before starting of age (before birth i.e. pregnant stage) 1<sup>st</sup> trimester of

pregnancy. A 29 yr old primi patient came to the *Prasooti Tantra* OPD of IPGT & RA Jamnagar with one and half months of Amenorrhoea (6weeks) with brownish vaginal discharge since 2 days, Urine pregnancy test was weakly positive, but in USG there was regular gestational sac with very small fetal pole but no fetal cardiac activity noted. She was a known case of primary infertility since last 8yrs. She was advised to take *Rasayana granules* for 40 days in a dosage of 10 gm morning and evening empty stomach with cold milk (containing fine powder of equal proportion *Bala*, *Amalaki*, *Draksha*, *Satavari*, *Guduchi*, *Jeevanti* and *Arjuna* with Sugar candy as the sweetening agent.) After the 40 days the patient USG findings showed the fetus with proper growth and cardiac activity. So *Rasayan* drugs evidently used during early pregnancy without any harm to embryo. It can act as supportive to continue pregnancy & best micronutrients for fetus during pregnancy.

**KEYWORDS:** 1<sup>st</sup> trimester, Embryonic stage, *Organogenesis*, *Rasayana*.

## INTRODUCTION

First trimester of pregnancy starts from first day of Last Menstrual Period to the completion of 12 weeks of gestation. It is the embryonic stage of fetus, most crucial period for fetal development and for mother too. During this period all the structures are in minute form, from which all the systems develop later on. So anything wrong during this stage is most hazardous for baby that manifested as congenital disability in future life. 10-20% of all pregnancies end in miscarriage and 75% occurs before 8<sup>th</sup> week of gestation.<sup>[1]</sup> Women experience a wide range of annoying symptoms like nausea, vomiting which hampers the proper nutrient availability as per demand of fetus needs qualitative diet than that of quantity for development of best embryo during this time. No mother will be able to meet the extra demand of nutrients by diet alone. Mother needs a better and more nourishing diet. *Acharya Caraka* has described high demand of diet during pregnancy because *Ahara Rasa*, i.e. the end product what taken by mother become divided into 3 parts. First part nourishes her own body (mother), second part nourishes the *Garbha* and the third part is utilized for the nourishment of *Stana* (breast development).<sup>[2]</sup> In this regard it is important to note that right from the moment of a fertilized ovum, it establishes contact with the mother's nutrient medium first through osmosis and then by placental circulation.

*Ayurvedic* text have described six *Garbhot pattikar Bhavas*<sup>[3]</sup> i.e. *Rasaja, Matruija, Pitruja, Atmaja, Satvaja and Satmyaja* Rasaja: *Sarirasya Abhinivritti Sarirasya Abhivridhi, Pranandbandhata, Trupti, Pushti, Utsaham, Balam, Varnam, Sthiti Hani, Aloulyam, Buddhi, Vritti.*

*Matrija: Twak, Rakta, Mamsa, Meda, Majja; Nabhi, Hridayam, Kloma, Yakrit, Pleeha, Vrikka, Vasti, Purishadhanam, Amasaya, Pakvasaya, Antra, Uttara Guda, Adhara Guda, Kshudrantra, Sthulantra, Vapavahanam Garbhasaya and all Mridu Angas.*

## CASE HISTORY

A 29 yrs old female patient having an active married life of 10 yrs came to the opd of I.P.G.T & R.A. on 06/02/2017 with one and half months of amenorrhoea (6 weeks). She was having brownish discharge per vagina since the last two days. Her last menstrual periods was about 19<sup>th</sup> December 2016 and also there was inter menstrual spotting for two to three days around the mid cycle. She was a known case of primary infertility and was undergoing ayurvedic treatment in the same opd for PCOD since last 1 year. She was advised to do the urine pregnancy test and found that it was weakly positive. On examination general condition

of the patient was stable. Her vitals include Blood Pressure was 110/70 mmHg, Pulse rate: 78/minute, body weight 65kg height 123cms, no pallor or oedema. Per abdominal examination: no tenderness or any complaints. Per vaginal examination avoided to reduce the irritation to the uterus.

For the confirmation she was advised to do the USG.

The reports on 09/02/2017 was as shown below:

Uterus shows single intrauterine foetus.

Gestation Sac: 6 weeks 0 days regular

Very small foetal pole seen

Foetal Cardiac Pole not seen

Amniotic fluid adequate.

OS closed.

Right ovary shows corpus luteal cyst

Left ovary normal size and echo

#### MANAGEMENT

The patient was advised to take the *Rasayan granules* 10 gm with cold milk in empty stomach at morning and evening. This is the *Anubhoot yoga* prepared in Pharmacy of IPGT & RA Jamnagar for the early pregnancy.

DRUG	DOSE	TIME	ANUPAN
<i>Rasayan granules</i>	10 grams	In morning and evening Empty stomach	Boiled and cold milk

The *Rasayan granules* have the following contents in equal proportion *Bala, Amalaki, Draksha, Satavari, Guduchi, Jeevanti and Arjun* with Sugar candy as the sweetening agent.

And the patient advised to do the routine Antenatal checkups in every 15 days and to do the USG after 40 days.

She has undergone the routine examinations in the regular intervals.

Hematological and Serological blood reports, urine reports are done in the subsequent visit.

All the parameters found within normal limits.

The USG report of 25/03/2017 shows

Uterus shows single foetus

CRL 4.52 cm

BPD: 12 weeks 3 Days

Abdominal Circumference: 12w 1 d

Femoral Length: 12W 2D

Foetal Cardiac Pole: Present.

Foetal Movements: Seen

Liquor: Adequate

Minimal fluid in the cervical canal cervical length: 3.2 cms.

Nasal bone seen and appears normal

NFT: 1.1 mm appears normal.

Spine: Appears normal

Placenta: Anteriorly

Foetal weight: 54 gms.

Impression: F/S/O Single live foetus of Average 12Weeks 0 Days,

## DISCUSSION

According to *Acharya Charak* the combination of the *Shukra* and *Shonita* in the *Kukshi* (*Garbhashaya*-the uterus) in association with the *Jiva (Atma)* is termed as *Garbha*.

The growing fetus is nourished by the *Rasa*.

“*Rasajashchayam Garbhaha*”<sup>[4]</sup> (Ch.Sha.-3/12)

The embryo is formed from the male and female gametes and further growth through placenta. *Atma* is the reason for the place of birth species supremacy and eternal enunciation. None another than *Atma* can give the pain and pleasure. Couples having healthy gametes as a result of taking *Satmya Ahara* and *vihara* with proper descend of *atma* can only conceive.

*Acharya Susruta* indicates *seeta snigha and madhura praya ahara* for *garbhini* and *ksheeram* is *jeevaneeya* and *pathya* for *garbhini*.<sup>[5]</sup>

*Amalaki* is the best fruit among the classics and beneficial in gestational period too.

Table:1<sup>[6]</sup>

DRUG	RASA	GUNA	VEERYA	VIPAKA	KARMA
GUDUCHI	Tikta Katu Kashaya	Laghu snigha	ushna	madhura	Rasayana 3doshahara PK hara
BALA	Madhura	Laghu Snigha pichila	sheeta	madhura	Prajasthapana Balya vatasamana
ARJUNA	kashaya	Laghu ruksha	sheeta	Katu	Hridyam Kp haram rasayanam
SATAVARI	Madhura thikta	Guru snigha	sheeta	madhura	Rasayana Balya Vp hara Shukrala
Jeevanti	madhura	Laghu snigha	sheeta	madhura	Tridoshahara, Rasayana, Vrshya
Draksha	madhura	Guru, snigha, mridhu	sheeta	madhura	Bhrmhana Kapha-pitta hara, vrshya Jwarahara sramahara
Amalaki	Shad rasas except lavana ras	Guru Ruksha	sheeta	madhura	Tridoshahara, Rasayana, Vrshya vayasthapana

*Caraka* explains what so the diet the *garbhini* consumes, the *rasa* formed from this performs the function of nourishment of own body, formation of milk and nourishment to the foetus.

Probable mode of action.

Table:2<sup>[7]</sup>

Drugs		Mode of action
<i>Gudoochi</i>	<i>Tinospora cordifolia</i> Willd	Anti inflammatory, antioxidant, Immuno modulator
<i>Amalaki</i>	<i>Embelica officinalis</i> Gaertn.	cooling, antipyretic, tonic, inflammations, anemia, may help to enhance absorption of iron salts due to its high contents of Vitamin C, adaptogenic.
<i>Jeevanti</i>	<i>Leptadenia reticulate</i> (Retz.) Wt. & Arn.	Lactogenic, estrogenomimetic, vasodilator, antibacterial, antimicrobial, anabolic, few clinical studies were also carried out to assess the effect of Leptaden

		in uterine haemorrhages, habitual / threatened abortions and dysmenorrhoea.
<i>Satavari</i>	<i>Asparagus racemosus Willd.</i>	Anti abortifacient (shatavarin I), anti oxytocic (shatavarin IV), diuretic, galactagogue, anti spasmodic to uterus.
<i>Bala</i>	<i>Sida cordifolia Linn.</i>	steroid, phytosterol
<i>Arjuna</i>	<i>Terminalia arjun Linn.</i>	antioxidant cardiovascular rejuvenative properties.
<i>Draksha</i>	<i>Vitis vinifera Linn</i>	Diuretic, rejuvenating, nervine tonic, digestive, tonic

## CONCLUSION

*Hridayam* is the root for *Rasavaha srotas*. The foetus gets the proper *rasa* from the mother in early pregnancy. By the use of *rasayana* drugs like *amalaki*, *jeevanti*, *draksha*, *bala* etc the *dhathu* formation of the *matruja bhava* and in turn the organogenesis is corrected. *Acharya Hareeta* opined in the *Hareeta samhita pratamasthana*: *rasayana* causes the strengthening of all sense organs “*drdeekaranam indriyanam*. By the third month all the *indriyas* and minor body parts become apparent five buds ie head and 4 limbs develops. Embryo capable of feeling sorrow or happiness. *Kasyapa* elaborates that in this month embryo starts quivering develops consciousness and can feel pain. Therefore this combination of *Rasayana drugs* can be used for the early pregnancy as a supplement of micronutrients for proper foetal development and maternal wellbeing.

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