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Ayurvedic Management of Gestational Diabetes Mellitus - A Case Study

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ABSTRACT

Gestational Diabetes Mellitus (GDM), can occur in women who have normally never had diabetes previously and for the first time occurring in her pregnancy and might get resolved after delivery. Women in second and third trimester are more prone to gestational diabetes. Prevalence of GDM is increasing world wide. There is no direct reference of GDM in Ayurveda, but *Garbha Vridhi* is described as a complication. In *Garbha Vridhi* there is excessive increase in size of abdomen, perspiration and labor is difficult. It is observed that obesity is closely linked to the body being insulin resistance. In Ayurveda classics, description of diabetes comes under *Prameha* where its different types and detailed management including *Ahara*, *Vihara* and *Aushadha Chikitsa* is mentioned. This presentation is a case study on GDM.

Key words: Gestational Diabetes Mellitus, Asanadi, Goranchi, Nishamalaki.

INTRODUCTION

GDM is defined as carbohydrate intolerance of variable degree with onset or first recognition during pregnancy. The world health organisation (WHO) recommended that hyperglycemia first detected during pregnancy be classified as either DM in pregnancy or GDM. As per International Diabetes Federation, India is one of the diabetes capitals of the world, harboring about four million women with GDM alone.

According to WHO^[1] recommendations, GDM should be diagnosed at any time in pregnancy, if one or more

of the following criteria are met.

- Fasting plasma glucose 92-125mg/dl
- 1 hour plasma glucose 180mg/dl following a 75gm oral glucose load
- 2 hour plasma glucose 153-199mg/dl following a 75gms oral glucose load.

AIMS AND OBJECTIVES

To evaluate the efficacy of Ayurvedic medicines in the management of *Garbhini Prameha*.

MATERIALS AND METHODS

Place of the study: Dept of Prasooti Tantra & Stree Roga, SKAMCH & RC, Bangalore.

PATIENT DETAILS

- **Name:** Mrs.XXY
- **Age:** 30 years
- **Sex:** Female
- **OPD No:** G 1457
- **Date of first visit:** 10/12/18
- **Married life:** 1 year

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Pradhana Vedana

Patient came with the history of 2 months of amenorrhea, complains of vomiting and giddiness since 1 week.

Anubandha Vedana

Generalised weakness since 1 week.

Adhyatana Vyadhi Vritantha

Patient with the history of 2 months of amenorrhoea, visited the OPD of Prasuti Tantra and Stree Roga, SKAMCH & RC, on 10/12/18, with vomiting and giddiness since 1 week. She confirmed her pregnancy with pregnancy kit.

Brief History

She conceived for the first time in the month of July. She underwent Pregnancy routine investigations on 12/08/18, in which FBS was 91.4mg/dl and PPBS was 256.4 mg/dl. She was advised to undergo termination of pregnancy on 15/09/18 and advised to take Inj. Novomix 30 Flexpen, morning 20 units and evening 16 units. She continued this for 1 month after termination of pregnancy. Then she started Ayurvedic treatment. She was advised to take *Asanadi Kashaya*, Tab. *Nishamalaki* and Tab. *Goranchi* for one month. Again she got conceived and her LMP was 23/10/18. Then she came to SKAMCH& RC for ANC check-up.

Poorvavyadhi Vrittanta

K/C/O: Thyroid dysfunction since 10 yrs. Under medication.

N/C/O: Asthma, epilepsy, PIH.

Occupational History

She was working before as Senior Testing engineer in LG Soft India Pvt Ltd, at Bangalore. After first abortion, she left the job.

Vaiyaktika Vruthanta

- Diet: Vegetarian
- Appetite: Good
- Bowel habits: Once a day, Regular.
- Bladder habits: 4-5 times - daytime. 4-5 times at night

- Sleep: Regular
- Habits: tea - twice daily

Rajo Vritanta

- Menarche at the age of 15 yrs.
- Menstrual History: Regular since menarche.
- No. of days of bleeding: 3-4 days.
- Length of the cycle: 25-26 days
- Amount of bleeding: Moderate.
- No of pad changed on 1st day: 2, 2nd day: 2, 3rd & 4th day: 1 pad.
- LMP: 23/10/2018

Prasava Vrithanta

- OH: G2A1P0D0
- A1: Induced Abortion at POG of 2 months.
- G2: Present pregnancy
- LMP: 23 /10 /18
- EDD: 30 /07 /19

Investigations

Done on 12/01/19

- Hb - 12.9 gm%
- Blood Group - A +ve
- BT - 3'15"
- CT - 6'30"
- FBS - 91.4mg/dl
- HIV - Non-reactive
- HBSAG - Negative
- VDRL - Non reactive

Urine examination

Urine routine and microscopic examination report - normal .

USG on 17/12/18

- Single live intrauterine gestation of 7 weeks 2 days.
- Fetal cardiac activity seen.
- Shows fetal pole of CRL 11.2mm.

- EDD - 03/08/19.

CHIKITSA

1. Asanadi Kashaya, 3tsp twice daily with 4-6tsp of water, before food.
2. Tab. Nishamalaki, 1 tab twice daily, before food.
3. Tab. Goranchi 0-0-1, after food.

RESULTS

| Date | 12/08/18 | 16/09/18 | 29/03/19 | 08/04/19 | 30/04/19 | 02/05/19 |
|-------|------------|----------|----------|----------|----------|----------|
| FBS | 91.4mg/dl | 207 | 88 | 87 | 104 | 81 |
| PPBS | 256.4mg/dl | 404 | 142 | 114 | 151 | 103 |
| HBA1C | - | 9.60% | - | 4.8% | - | - |

Now she is in 8 months of gestation. Increased micturition got reduced.

USG - OBG on 10/06/19

- 33 weeks of gestation with breech presentation.
- Placenta - posterior.
- EFW - 1790gm
- BPP - 8/8
- Liqour - normal
- SEDD - 30/07/19

On 11/06/19

FBS - 92mg/dl.

PPBS - 149mg/dl.

DISCUSSION

The present study includes medications *Asanadi Kashaya*, Tab. *Nishamalaki* and Tab. *Goranchi*, where *Asanadi Gana Kashaya* includes drugs like *Asana*^[2] (*Pterocarpus marsupium*), *Tinisha* (*Ogeinia dalbergioides*), *Bhurja* (*Betula utilis*), *Meshashringi* (*Gymnema sylvestre*), *Daruharidra* (*Berberis aristata*) etc. It is indicated in *Prameha*, *Medo Dosh*a and

Kapha Vikara. Most of the drugs have *Kashaya Rasa*, *Laghu Ruksha Guna*, *Sheeta Virya* and *Katu Vipaka*. Mainly acts on *Kapha Dosh*a.

Nishamalaki tablet contains *Nisha* (*Haridra*) [*Curcuma longa*], *Amalaki*^[3] (*Phyllanthus emblica*), *Nimba Patra* (*Azadirachta Indica*), *Jambu Beeja* (*Syzygium cumini*), *Madhunashini* (*Gymnema sylvestre*). All the drugs possess *Mehahara Karma* and it is indicated in *Prameha*.

Goranchi tablet include *Madhunashini*^[4] (*Gymnema sylvestre*) leaf and root, *Jambuphala*^[5] (*Syzygium cumini*), *Amalaki* (*Phyllanthus emblica*), *Haridra*^[6] (*Curcuma longa*), *Shilajatu*. It is *Tridoshahara*. Most of the ingredients have *Mehahara Karma* and also improves the digestive fire and have anti oxidant property.

CONCLUSION

In this present study, it can be concluded that Ayurvedic management of GDM is better achieved by following the proper dietary food habits, lifestyle along with *Shamana Aushadi*. The holistic approach of Ayurveda utilising the above concept will definitely pay the way not only to control the blood sugar level and also to prevent the complications caused by GDM.

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