



Review Article

SOME SPECIFIC GARBHAVYAPAD RELATED WITH PLACENTA PREVIA AND FETAL GROWTH RETARDATION IN MODERN SCIENCE

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ABSTRACT

Ayurveda, one of the oldest systems of medicine, is momentous in audience of worldwide on virtue of its holistic approach of life. Ayurveda has its origin back to the 'Vedic-era'. It has its mentioning in the Atharva Veda. Many historians claim that it is a part of Atharva Veda. Ayurveda is also known as the Upveda of Atharva Veda. The Ayurveda term *Sharir Rachana* deals with anatomical and physiological consideration of the human body right from intrauterine life (before birth) till death. Ayurveda is one of the traditional sciences of pregnancy and foetal care management. The ancient anatomical knowledge like *Masanumasika garbha vridhi* and *Garbhaa vyapad* provides great understanding about the foetal growth and various structural and functional anomalies. The understanding of abnormalities is very important for the treatment of various diseases. According to Ayurvedic principles, pre-conception care is a set of interventions which are essential prerequisite for a healthy progeny. Maximum of Ayurvedic principles have proved true in today's scientific research. Many of classical factors have accepted by modern medical science. Here in this article, a try has made to show the similarity between some of the *Garbha vyapad* described in ancient Ayurvedic texts and placenta previa and fetal growth retardation described in modern texts. The term *Garbha vyapad* refers to the calamity of the foetus. Under some conditions like too much fasting, eating stale food, not consuming fats as required, consumption of *Vata* vitiating objects in access, etc. leads to the foetus does remains in the uterus for a long time and doesn't quiver.

INTRODUCTION

Garbha vyapad is not a single disease rather different-different abnormalities are included in it. Some Ayurvedic scholars consider it as disorders of foetus, and some as disorder of pregnancy. Actually, these all depends on specific disorders introduced under this topic *Garbha vyapad*.

Garbha vyapad has been considered for eight disorders i.e., *Upavistaka*, *Nagodara*, *Makkalla*, *Mudhagarbhaa*, *Viskimbha*, *Gudhagarbhaa*, *Jarayudosa* and *Garbhaapata* etc by Acharya *Sharangdhar*^[1]. Though he did not elaborate these any further. *Acharya Vagbhata* has explained *Garbhaa vyapad* separately *Sharir sthan*^[2]. Under this topic he has introduced

Garbhaapata (abortion), *Garbhaasrava* (miscarriage), *Upavistaka*, *Nagodara*, *Mrtagarbha* (dead foetus), *Mudha Garbhaa* (impacted foetus) and also their treatment. These topics are also elaborated by our great ancient *Acharyas* in *Charak Samhita* and *Sushrut Samhita* randomly in *Sharir sthan*^[3]. The topic *Mudhagarbha* has explained by *Acharya Susrut* specifically in *Nidansthan*^[4]. When we see the sign and symptoms of *Upvistaka*, *Nagodara*, *Leengarbhaa* or *Mrta Garbhaa* these all have similarities to placenta previa explained in modern medical science.

AIMS AND OBJECTIVE

To elucidate the relation between *Garbhavyapad*, placenta previa and fetal growth retardation.

MATERIAL AND METHODS

1. The present study has been done after thoroughly going through classical texts in relation to *Garbhaa vyapada*.

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- Literary review was prepared from Charak Samhita, Susruta Samhita, Astanga Samgraha, Astanga Hridaya.
- All relevant references were assessed to understand the concept.

DISCUSSION

Placenta previa is a problem during pregnancy when the placenta completely or partially covers the cervix (mouth of uterus). Its symptoms include bright red bleeding from the vagina during the second half of the pregnancy (after 20 weeks). Bleeding can range from light to heavy. Often it is painless. Sometimes bleeding may occur with pre-labor contraction of the uterus that cause pain.

Upvistikta

At a stage when the foetus is well formed and matured if the pregnant woman intake of very hot and sharp thing it may cause bleeding and any other uterine secretion of that pregnant woman. This results in loss of vital elements from its body through oozing of water through the pores or breaks in the cell membrane that leads growth statics of the foetus. Such a foetus remains inside the womb for a very long time. This prolonged gestation is known by some as *Upvistikta*.^[5]

Nagodara

If the pregnant woman suffers from malnutrition or if she often observes fast, eats stale food, or if she has aversion to the intake of fats and if she uses other *Vata* vitiating articles, the foetus dried up and doesn't grow. This foetus pertains in the uterus of the mother for a very long duration and there is no trembling of the foetus. This condition is known as *Nagodara*.^[6,7] This so much prolonged gestation periods can be compared to the elephant who has longest gestation period than any other mammals (near about 2 years). *Dalhan* says that the disease occurs before the three months of pregnancy and embryo remains there without decomposition; because of its dissolution in the *Srotas* its size decreases.

Vagbhata has differentiated both by some of their qualities. *Vagbhata* giving specific symptoms of *Upvistikta* says that the woman gets scanty but continuous bleeding per vaginum then the foetus without decreasing in its size continues the quivering. *Kukshi* does not increase in size ^[8]. *Vagbhata* giving specific etiology of *Nagodara* says that the pregnant woman gets excessive bleeding either daily or monthly, then the foetus decreases in size and quivers very slightly, size of abdomen also decreases. This entity is called *Nagodara*.^[9,10]

Lina Garbha

Clinical feature of *Lina Garbha* is that the foetus being sleepy or idle doesn't quiver. *Dalhan*

explains that *Srotas* of exit passage of foetus are constricted due to aggravated *Vayu* resulting into prolong intrauterine stay of the fetus and later on its death. This dead fetus gets adhered to the *Srotas*. Absence of quivering is the main discriminating feature of *Lina Garbha* ^[11,12].

Placenta previa

Placenta is a feto-maternal organ that develops during pregnancy. It connects growing embryo/foetus with the wall of uterus of mother. It is an organ where there is intimate apposition or fusion of foetal organ to maternal tissue for the purpose of physiological exchange. Placenta works to provide oxygen and nutrition to the foetus and remove its wastes. In maximum of pregnancies, it is observed that the placenta attaches at the upper sides or on the lateral side of the uterus. In case of placenta previa placenta is attached in low of uterus.

Placenta previa is a problem during pregnancy when the placenta completely or partially covers the cervix (mouth of uterus). Its symptoms include bright red bleeding from the vagina during the second half of the pregnancy (after 20 weeks). Bleeding can range from light to heavy. Often it is painless. Sometimes bleeding may occur with pre-labor contraction of the uterus that cause pain.

Degree of placenta previa ^[13]

There are four types of the previa with respect of degree.

- First degree – In this type joining of placenta does not approach to internal os.
- Second degree: In this type joining of placenta approach up to internal os, but does not wrap it.
- Third degree: In this type margin of Placental covers the internal os. At the timing of childbirth, the placenta will not block the internal os.
- Fourth degree: In this type Placenta wraps entire the internal os even when the internal os is completely dilated. Due to this reason, severe bleeding occurs during pregnancy or during childbirth.

Foetal growth retardation ^[14]

When the growth of a foetus is less than that seen in 90% of foetuses (i.e., it is below the 90th percentile) the phenomenon is described as Intrauterine Growth Retardation (IUGR). Such infants are also described as small in relation to their gestational age. During pregnancy FGR can starts at any time. With FGR, the foetus does not grow well. FGR may affect the overall size of the foetus and proper growth of organs, tissues, cells. Such foetuses have an increased risk of congenital malformations. In most severe cases, FGR can lead to still birth. Apart from genetic factors, such as chromosomal abnormalities, growth retardation can also be caused by infections,

poor nutrition, cigarette smoking, alcohol and use of harmful drugs by the mother.

CONCLUSION

1. Vaginal bleeding is common symptom in *Upavistaka*, *Nagodara* and placenta previa.
2. Rare case (not very common) as it occurs in 1 in 200 pregnancies worldwide.
3. Neonates born to mother with placenta previa more likely to suffer from preterm birth, perinatal death, congenital malformation.
4. Low birth weight is common symptom in all discussed phenomena like *Upavistaka*, *Nagodara*, *Lina Garbhaa*, placenta previa and fetal growth retardation.
5. In FGR baby may need to be delivered early as baby may have trouble breathing, infection and other problems. Time of delivery of *Upasuska* (*Nagodara*) and *Upavistaka* is not clearly said by Acharyas, but they have said when these attain proper development or maturity then are delivered may be even after years.
6. Malnutrition, intake of alcohol, cigarette and stale diet of mother are the common factors that are responsible for the above-mentioned foetal impairment.

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