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Garbhini Shoola (False Pain) – An Analytical Study

Sonali Ganguly^{1*} and Kaushalya Khakhlary²

^{1,2}Deptt. Of Prasuti Tantra & Stree Roga, Govt. Ayurvedic College & Hospital, Jalukbari, Guwahati-14, Assam, India

ABSTRACT

Achievement of motherhood is the cherished desire of every woman. Child bearing and delivery are such physiological entities which are always ready to convert into pathological entities, if uncared. Hence, antenatal care is essential, to maintain the health in the affluent society, to improve the health in developing countries and to bring healthy offspring into the society. Among the various ailments occurring in pregnancy, *Garbhini Shoola* i.e., abdominal pain or discomfort is one of the commonest entity. No *Ayurvedic* texts gave any sort of definition regarding of *Garbhini Shoola*. However, *Garbhini Shoola* or *vedana* may be defined as the pain and discomfort in abdomen and groin felt by a lady at times, during pregnancy. This type of pain or discomfort during pregnancy may be mild in nature causing occasional discomfort or may be moderate to severe causing disturbances in daily activities thereby affecting the health of the pregnant lady adversely.

KEYWORDS

Pregnancy, Garbhini Shoola, Health, Pain, Discomfort



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INTRODUCTION

Reproduction is a natural biological phenomenon. Pregnancy, though a physiological phenomenon, sometimes is found associated with distress and complication. Right from the day of conception till delivery, the *garbhini* may be afflicted by various sorts of problems, which if left untreated may lead to some dreadful disorders thereby stressing importance of *Garbhini paricharya* i.e., the diet and regimen to be adopted by pregnant lady. But pregnancy being an important and delicate condition, any sort of *tikshna* medication or therapy may have the possibility of harming the “*garbha*”. Therefore, keeping this in mind, various *acharyas* have mentioned about the principle of treatment of the disorders faced by *garbhini* and also of the disorders which are often likely to be occurring during the gestational period.

Garbhini Shoola or *vedana* is one such clinical entity which is encountered by almost all the pregnant women in their entire gestational period. *Garbhini Shoola* is due to exaggerated fetal movements, tightening of uterus, stretching of ligaments, constipation and false labour pain.

Garbhini Shoola has not been mentioned by any *acharyas*. However, *Garbhini Shoola* or *vedana* may be defined as the pain and

discomfort in abdomen and groin felt by a lady at times, during pregnancy.

AIMS & OBJECTIVES

1. To study and analyze the concept of *Garbhini Shoola* in relation with false pain.
2. To find out an effective remedy to relieve the signs and symptoms of *Garbhini Shoola* as per *Ayurveda*.

MATERIALS

It is an analytical study on *Garbhini Shoola* (false pain) which is encountered by almost all pregnant women.

DESCRIPTION

Among the various disorders encountered by a pregnant lady, *Garbhini Shoola* is one of the common conditions. No ayurvedic texts gave any sort of definition regarding of *Garbhini Shoola*. However, *Garbhini Shoola* or *vedana* may be defined as the pain and discomfort in abdomen and groin felt by a lady at times, during pregnancy.

Though there is no such definition or description about this topic in our texts, but various references are found when it comes to its treatment procedure.

Many *Acharyas* have mentioned only about the treatment of *Garbhini Shoola* or *vedana* in their texts.



In *SushrutaSamhita, ShariraSthana*, 10th Chapter *GarbhiniVyakaranasharira*, various treatment procedures have been described to pacify the pain or discomfort of the pregnant lady i.e., *Garbhini Shoola* or *vedana*.

In *Bhaisajya Ratnavali*, 68th chapter *Garbhinirogachikitsa*, several treatment measures have been mentioned concerning various ailments occurring during the gestational period.

There is description of month-wise treatment procedures to be adopted in relation to alleviate the sudden sort of *Garbhasrava*, pain or discomfort in womb etc.

These treatment procedures not only help to consolidate pain of the womb but also provides nourishment to the developing fetus.

In *Ayurveda*, the *vayu* plays a vital role in keeping our body and mind healthy. Along with *Pitta* and *Kapha*, *vayu* helps to maintain the equilibrium of our body.

PRAKRIT KARMA OF VAYU

These are the actions of normal *vayu* which aids in the proper functioning of the physiological activities in our body. In relation to female reproductive system, the *vayu* responsible is *Apanavayu*.

The *Apanavayu* resides in *pakwadhana* (large intestines), it eliminates

samirana (flatus), *sakrit* (feces), *mutra* (urine), *shukra* (semen), *garbha* (fetus) and *artava* (menstrual blood). This, when aggravates gives rise to dreadful diseases of urinary bladder and rectum¹.

VIKRIT KARMA OF VAYU

These are the actions of vitiated *vayu* which is responsible for producing various dreaded disease in the body. *Charaka* while mentioning the role of vitiated *vayu*, in relation to female reproductive system, it has been said that the vitiated *vayu* destroys the *garbha*, produces abnormalities in the fetus and retains the *garbha* in the *garbhashaya* for a prolong period of time by drying it.²

Garbhini Shoola has not been mentioned by any *acharyas* as *Garbhini Vyadhi* or *Vyapad*. However, this clinical entity is actually a *lakshana* in which the pregnant lady feels discomfort. *Nidan* and *samprapti* of *Garbhini Shoola* may be thought to be as under:

a) *Abhighata* (trauma):

It produces pain in the abdomen

b) *Ativyayama* (strenuous activities):

It is a direct cause of *Vatavyadhi* which causes *vata* vitiation leading to *Garbhini Shoola*

c) Stretching of round ligament:



It is a normal phenomenon during pregnancy i.e., it is *Prakrit Karma* of *vayu*. But, when there is *vayu* vitiation or aggravation, the *vikrita karma* of *vayu* comes into play which leads to increased stretching of Round ligament (having *Vyasa* or *Vistara* features) causing pain in womb i.e *Garbhini Shoola*.

d) *Vibhandha*(constipation) and *vegasandharana*(suppression of natural urges):

Constipation causes *sanga*(obstruction) in the intestines



Increased intra-abdominal pressure



Gaseous distension



Adhamana and *atopa*



Produces Counter pressure over pelvic organs



PakwashayagataVata



Pain in *Trikapradesha*³

Vega sandharana i.e suppression of natural urges is mentioned as a *nidan* of *Vatavyadhi*, hence cause pain in womb i.e *Garbhini Shoola*.

e) Intake of *ruksha*, *shitala*, *alpa*, *laghu anna*⁴:

A *garbhini* should consume food stuffs which are *brimghaniya* in nature so as to pacify *vata* and bring about nourishment. By the intake of *vata* aggravating *ahara*, it affects the health of the pregnant woman leading to malnourishment (*krisha*) and vulnerable to various other diseases thereby causing *Garbhini Shoola*.

f) *Maithuna*(excessive coitus)

Coitus is contraindicated in pregnancy by various *acharyas*. *Atimaithuna* is also a cause of *Vatavyadhi* as mentioned by Charaka. Therefore, coitus produces *vata* aggravation producing pain in uterus leading *Garbhini Shoola*.

g) Carrying heavy weight and jerky rides:

These are also contraindicated during pregnancy. All these factors leads to stretching of ligaments causing *vata* aggravation as mentioned previously leading to *Garbhini Shoola*. Abdominal pain along with or without backache is one of the most common symptoms in pregnancy. Almost all pregnant women experience some pain at various stages before they proceed for labour.

This varies from a benign symptom that may settle spontaneously or with simple analgesia, to an acute abdomen.

The physiological and anatomical changes of various organs during the course of



pregnancy result in major diagnostic challenges for the clinician. Reproductive organs share the same visceral innervations as the lower ileum, sigmoid colon, and rectum. It is therefore often difficult to differentiate between pain of gynecological and GI origin. Pain may be due not only to pregnancy-specific causes or gynecological conditions, but to many other diseases whose symptoms and signs may be altered significantly by the pregnant state which is particularly true from the late second trimester onwards.

A majority of cases of mild and moderate abdominal pain in pregnancy are described as "physiological" which means that they are a result of the changes which are brought about by the growing pregnancy.

Therefore, diagnosis should be made by exclusion.

It is important that conditions such as urinary tract infection, kidney stone, appendicitis or pregnancy complications (such as placental abruption) are excluded. Once this is established, then the pain may be caused by:

- ❖ Stretching of ligaments
- ❖ Braxton Hicks contractions
- ❖ Pyrosis
- ❖ Constipation
- ❖ Mild torsion of the uterus.

1. Round ligament pain:

Strong subjective evidence exists to show that up to a third of all pregnancies may be affected by ligament stretching to varying degrees. For most, it appears to be only a mild discomfort over the lower abdomen.

Round ligament pain is more common in the late first trimester and second trimester. Pain occurs due to stretching of the round ligament as the gravid uterus enlarges from the pelvis into the abdomen. Strong subjective evidence exists to show that up to a third of all pregnancies may be affected by ligament stretching to varying degrees. For most, it appears to be only a mild discomfort over the lower abdomen, usually midway through the pregnancy.

2. Braxton-Hicks

From the very early weeks of pregnancy, the uterus undergoes spontaneous contraction. This can be felt during bimanual palpation when the uterus feels firmer at one moment and soft at another. These contractions are irregular, infrequent, spasmodic and painless without any effect on dilatation on the cervix. The patient is not conscious about the contractions. The intrauterine pressure remains below 8mmHg in these type of contraction.

Braxton-Hicks contractions occur intermittently throughout pregnancy and



prepare the uterus and cervix for labour. The character of these contractions change with the onset of labour, which is generally observed, occurring several times an hour or several times a day. Although these contractions are pain-free in the majority of women, painful Braxton-Hicks contractions have been reported in some cases. The pain of uterine contraction is distributed along the cutaneous nerve distribution of T10 to L1. Pain of cervical dilatation and stretching is referred to the back through the sacral plexus. They are usually experienced during the last three months of pregnancy and are reported as vague backache, which is minimally uncomfortable and does not require analgesia.

3. CONSTIPATION

Constipation is caused by decreased bowel mobility secondary to elevated progesterone which can lead to greater absorption of water, but it can also be caused or worsened by iron supplementation. It causes the "smooth muscle" along the walls of the intestines to relax.

Pain due to constipation is usually colicky and confined to the left side on the lower part of the abdomen.

4. PYROSIS

Pyrosis(Heartburn) is extremely common in pregnancy. The underlying cause is the

relaxation of the oesophageal sphincter which occurs due to the high levels of progesterone in pregnancy which results in gastro-oesophageal reflux, or regurgitation of the gastric contents into the lower oesophagus, and the symptom of heartburn. The symptoms appear in the late first or second trimester and gets worsened as the pregnancy advances. They disappear after delivery in 1-4 weeks unless there is a pre-existing gastro-oesophageal reflux disease (GERD).

5. BACKACHE

It is a common problem in pregnancy. Physiological changes that contribute to backache are:

- joint ligament laxity(relaxin, oestrogen)
- weight gain
- hyperlordosis
- anterior tilt of the pelvis

other factors contributing to this may be:

- faulty postures
- high heel shoes
- muscular spasms
- urinary tract infection
- constipation

Backache problem can be prevented to some extent by avoiding excessive weight gain. Rest with elevation of the legs to flex the hips may be helpful.



Improvement of posture, well fitted pelvic girdle belt which corrects the lumbar lordosis during walking and rest in hard bed often relieve the symptom.

All these causes false labour pain which is dull in nature and is confined to lower abdomen and groin. Such pains are probably due to stretching of cervix and lower uterine segment with consequent irritation of the neighbouring ganglia.

AYURVEDIC MANAGEMENT

Various *acharyas* have mentioned various treatment measures beneficial in *Garbhini Shoola* or *vedana*.

- Intake of milk medicated with *mahasaha*, *kshudrasaha*, *madhuka*, *shwadamstra* and *kantakari* mixed with *sharkara* and *kshaudra* relieves the *vedana in garbhini*.⁵
- In case of *vedana* without bleeding, following should be taken orally⁵:
 - a) milk medicated with *madhuka*, *devadaru*, *manjishtha*, *payasya* , or
 - b) milk medicated with *ashmantak*, *shatavari*, *payasya*, or
 - c) milk medicated with *vidarigandhagana*, or
 - d) milk medicated with *brihati*, two varieties of *utpala*, *shatavari*, *sariva*, *payasya* and *madhuka*.

These treatment measures help to alleviate the pain and increase the growth of *garbha*.

- Milk medicated with *sunthi*, *madhuka* and *devadaru* helps to consolidate and nourish *garbha* and removes the pain of womb⁶.
- Intake of milk boiled with *Kusha*, *kasha*, *eranda* root, *gokshura* mixed with *sita* helps *garbhini* to get relief from pain of womb⁷.
- In *Bhaisajya Ratnavali*, there is detailed description about month wise treatment measures to be adopted in *GarbhiniShoola* or *ruka* or *vedana* in *Bhaisajya Ratnavali*⁸.
- Avoidance of *Garbhopaghatakarabhavas* like use of *tikshna* drugs, (excessive) exercise, coitus, lifting heavy weight, intake of alcohol, riding on vehicles, anger, fear, grief etc^{9,10}.
- Adoption of *Garbhini paricharya* i.e., diet and regimen to be followed by *garbhini* for distress free pregnancy and good delivery outcome.
- Performing *yogasnas* like *bhadrasana*, *vajrasana*, *tadasana*, *shavasana* etc which are beneficial for the pregnant lady¹¹.
- Practicing *dhyana*(meditation) , *anuloma-viloma* etc prove to be effective



thereby improving the mental health and many other pregnancy related ailments.

CONCLUSION

Garbhini Shoola is a “*lakshana*” or a complaint if better said and not a *vyadhi* or *vyapad* as there is absence of “*sat kriyakala*”. It occurs due to exaggerated fetal movements, stretching of round ligaments, tightening of uterus, constipation and false labour pain. *Vata dosha* governs the process of *shoola* in the *garbhashaya* and *sroni* leading to *Garbhini Shoola*. Therefore, *Garbhini Shoola* may be thought to be as false pain in the field of obstetrics.

Ayurveda plays an effective role in alleviating the suffering of *Garbhini Shoola* through its various measures mentioned in the treatises. *Garbhini paricharya*, *yoga* in the form of *asanas* and *pranayam*, avoidance of *Garbhopaghatakarabhavas*, oral medications with milk medicated with *vatashamak* herbs prove beneficial in reducing *Garbhini Shoola* or false pain. Therefore, this may prove to be a safe and healthy remedy for *Garbhini Shoola* or false pain and may be implemented in health care.



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