



AYURVEDIC MANAGEMENT OF GARBHINI SHOTHA- A CASE SERIES

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ABSTRACT

Pregnancy is a unique, exciting and often joyous time in a woman's life. The word oedema means swelling, and the vast majority of women suffer from swelling over feet, face and abdomen at some stage during their pregnancy. It is caused mainly due to sub-cutaneous fluid retention and by the pressure of the expanding uterus on the vessels supplying the lower extremities. In Ayurveda, *Shotha* (edema) in pregnancy is described in the context of *Garbhini upadravas* (disorders of pregnancy). Harita explained 8 *Garbhini upadravas*, among which *Garbhini Shotha* is common. *Gokshuradi Kwatha* having the

Shothahara property is therefore been taken up in this case and is administered in *kwatha* form. In this case series, 20 to 40 year old pregnant lady with 6 months and above pregnancy, complaining of edema in the extremities and face with *gokshuradi kwatha*, administered for 15 days twice in the day in the dose of 100 ml per day. Patient got complete relief from the edema, pain and urinary complaints within the course of treatment period. Pregnancy related physiological edema, and urinary discomforts can be treated by *Gokshuradi Kwatha* alone. It prevents further complications like eclampsia, pre-eclampsia.

KEYWORDS:- *Garbhini shotha*, *Gokshuradi kwatha*, Ayurvedic management.

INTRODUCTION

Edema is an abnormal accumulation of fluid in the interstitial tissues. Clinically edema manifests as swelling. Edema is very common during pregnancy, especially in the second and third trimesters. Studies show that up to 80% of all pregnant women suffer from pitting edema. The result of increased blood flow and pressure of the growing uterus on the pelvic veins and vena cava causes edema. It presents with mainly ankle edema which reduces on

rest, unassociated with other features of pre eclampsia, proteinuria, cardiac, renal and hematological pathologies. During pregnancy, the body requires an additional amount of fluid in order to meet the baby's requirements and to increase the blood circulation. Thus, the body continues to retain water. This fluid buildup is so severe that if it is pushed towards extremity with finger, the flesh will remain depressed for a while, before it bounces back into place causing pitting edema.

In Ayurveda, *Shotha* (edema) in pregnancy is specially described in the context of *Garbhini Vyadhi* (disorders in pregnancy). Harita has mentioned it as one among *Garbha Upadhravas*. The drugs we have used here are derived from our day-to-day practice and experience. *Punarnava*, *gokhsur*, *bramhi*, *Jatamansi* and *sarpagandha*. These five drugs are selected as these drugs have *shothahara* and anti-hypertensive property. These not only helps to relieve oedema but also prevents pre-eclampsia of the patients having alarming signs of PIH. The *punarnava* and *gokshur* acts on *mutravaha strotas* and thus gets rid of the burning micturition. *Bramhi* and *jatamansi* calms the mind and helps to get a sound sleep. Which ultimately helps to maintain the blood pressure. *Sarpagandha* is proved to act on hypertension. The patient having borderline blood pressure or previous history of gestational hypertension, showed significant changes in the patients. This is a case series of 10 patients who were selected on the basis of inclusion and exclusion criteria.

MATERIALS AND METHODS

Total 10 number of patients who approached to our OPD of *streeroga* and *Prasutitanra* were selected in this study by random method of sample selection. And on the basis of inclusion and exclusion criteria. The ingredients of *Gokshuradi kwath* are as follows-

1. *Gokshur* 5gm
2. *Punarnava*- 5gm
3. *Bramhi* – 5gm 25gm
4. *Jatmansi*- 5gm
5. *Sarpagandha*- 5gm

Water – 500ml

Drug used: *Gokshuradi Kwath*

Dose: 50 ml *Gokshuradi kwath* twice daily orally.

Duration of treatment: 15 days.

Details of drugs used

Sr. No	Drug name	Latin name	Rasa	Virya	Vipak
1	<i>Gokhsur</i>	Tribulus terrestris	<i>Madhura</i>	<i>sheeta</i>	<i>Madhura</i>
2	<i>Punarnava</i>	Boerhaavia diffusa	<i>Tikta, madhur</i>	<i>ushna</i>	<i>kashaya</i>
3	<i>Bramhi</i>	Bacopa Monniieri	<i>Tikta, kasaya</i>	<i>sheeta</i>	<i>madhura</i>
4	<i>Jatamansi</i>	Nordostachys jatamansi	<i>Tikta, kasaya, madhura</i>	<i>Sheeta</i>	<i>Katu</i>
5	<i>Sarpagandha</i>	Rauwolfia serpentina	<i>Tikta</i>	<i>ushna</i>	<i>Katu</i>

Investigations

- 1) Blood – CBC, ESR, Blood group, BT, CT, HIV, VDRL, HBsAg, BSL(R)
- 2) Urine a) Routine b) Microscopic
- 3) USG obstetrics:

Inclusion criteria

- 1) Age - 20 to 40 yrs
- 2) Any Gravidae
- 3) Patient having pitting pedal oedema.
- 4) Blood pressure below and upto 130/90 mm of Hg.
- 5) Pregnant patient of gestational age of 26-36 weeks.

Exclusion criteria

- 1) Eclampsia
- 2) Complicated pregnancy
- 3) Patient having known cardiac problems
- 4) Diabetes
- 5) Patient having severe renal pathology
- 6) Patient having severe anaemia with pedal oedema
- 7) Patient having HIV, VDRL, HBsAg +ve
- 8) Having past history of any thromboembolism or DVT.

Criteria/ Parameters for assessment of patients

To assess the improvement in symptoms, gradation, on the basis of severity has been stated here. The changes in the gradation of symptoms indicate the effect of the drug under clinical trial.

Subjective criteria

According to changes in severity the manifestation will be graded as follow:

Normal-0 Mild-1 Moderate-2 Severe-3

Garbhini shotha will be assessed from-

A) Headache

0 – No headache

1 – Mild (does not interfere with work)

2 – Moderate (intermittent which disturbs activity)

3- Severe (continuous which restricts routine activity)

B) Sleeping pattern

0- Sound sleep

1- Wakes up once or twice at night

2- Disturbed sleep

3- Difficulty in sleeping.

Objective criteria

The diagnosis of *Garbhini shotha* was done based on clinical observation and following criteria before and after completion of treatment.

1) Pedal oedema measurement in cm

2) Blood pressure in mm of Hg

3) Pit filling time in second

4) facial and abdominal oedema if present 0- absent

1. Only abdominal or facial

2. Both abdominal & facial

3. Pitting

Follow up

At 1st visit complete systemic and local examination was done with all required investigations and USG obstetric. Consent was taken and required treatment was started. Follow up of 15 days was given. Symptomatic assessment was done, record was maintained. Efficacy of treatment was concluded with help of clinical parameters mentioned above.

OBSERVATION AND RESULT

Table no. 1

Sr. no.	Criterias	Mean		Sd		% relief
		B.t	A.t	B.t	A.t	
1	Headache	2.5	0.5	0.97	0.70	81.6%
2	Sleep pattern	1.7	0.1	0.94	0.31	94.1%
3	Pedal edema in cm	14.1	13.5	1.64	1.75	45.4%
4	Systolic bp	135	120	17.1	9.4	11.5%
5	Diastolic bp	84.6	74.6	6.8	5.7	12%
6	Pitting edema	2.5	0.5	0.97	0.70	80%
7	Facial & abdominal edema	1.5	0.2	0.84	0.44	86.6%

Subjective criteria

In headache the percentage amount of relief among 10 patient is 81.6 percent, in sleeping pattern 94.1 percent result was seen in 15 days span.

Objective criteria

Pedal oedema around the ankle is measured, the % relief found was 45.4%. The pit filling time was measured in seconds, the total % relief was 80%. The pedal edema was measured in cm around the ankle, we were expecting changes of $\frac{1}{2}$ to $\frac{1}{4}$ cm of difference before and after the treatment, similar results were achieved. In the blood pressure parameter systolic and diastolic BP charts were made differently. Among 10 patients 5 patients were upto 130/90 mmHg. As the criteria of selection was up-to 130/90. So maximum difference in diastolic BP reached to 70 or 80 mmHg. So not much results were expected here. The facial and abdominal relief achieved was 86.6% through-out the treatment.

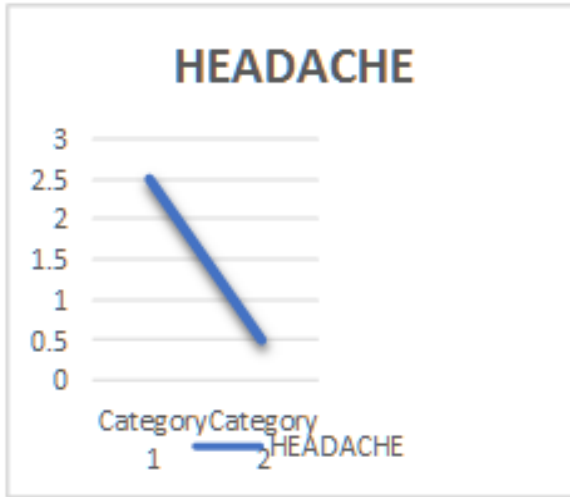


Chart. No. 1

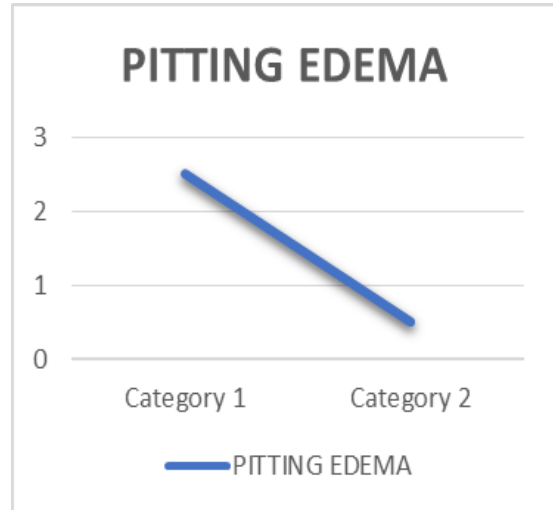


Chart. No. 2

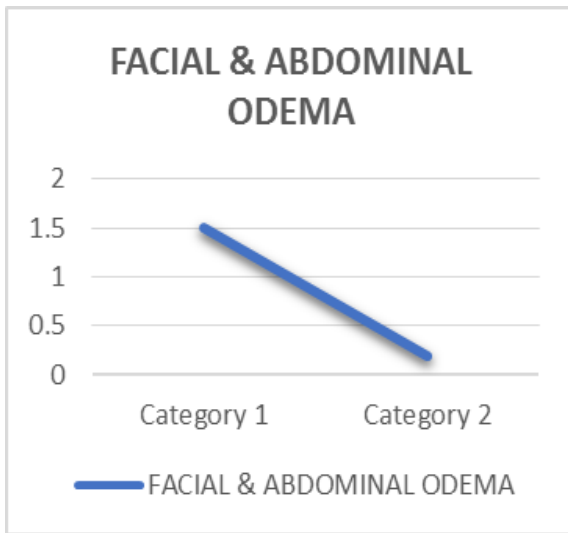


Chart no. 3

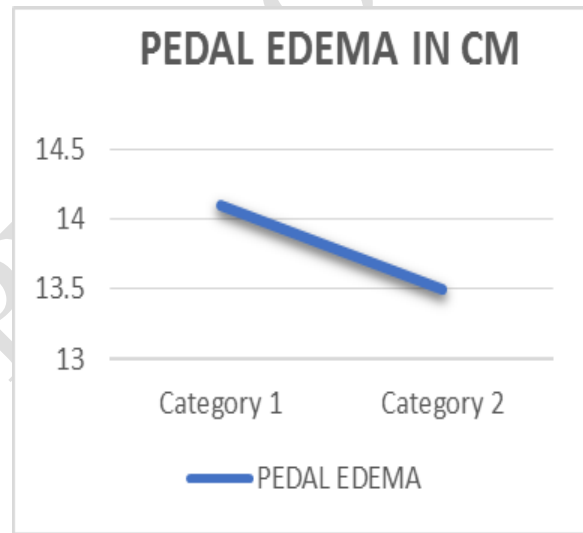


Chart no. 4

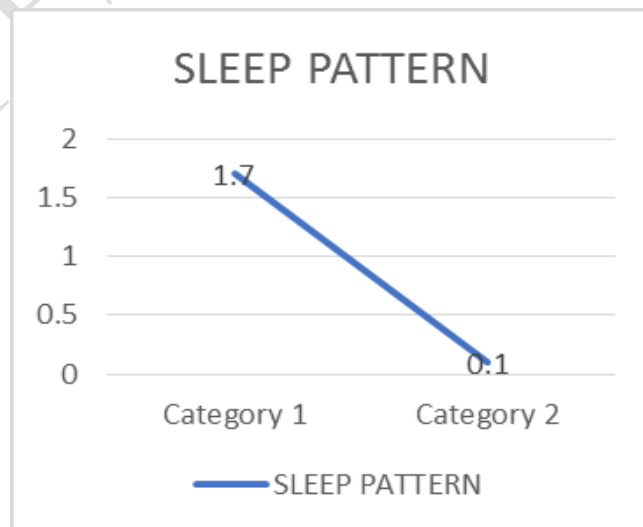


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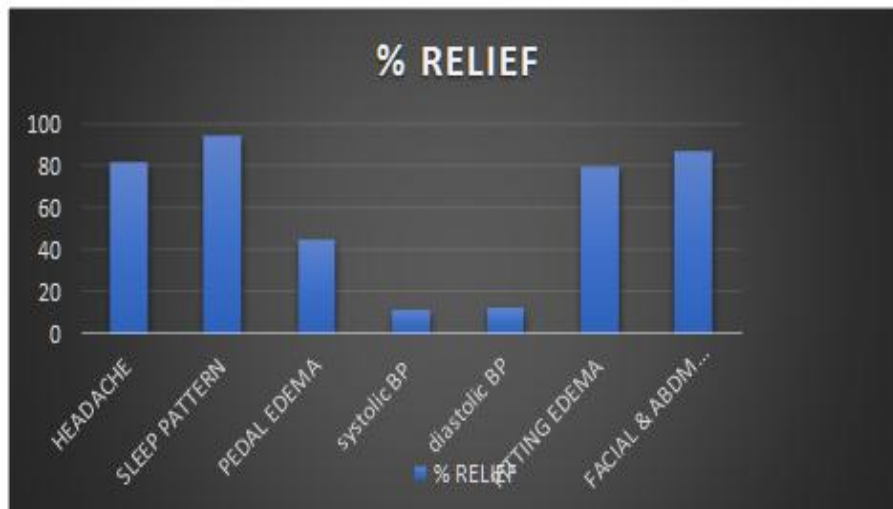


Chart no. 6: Percentage wise effect on the selected parameters.

DISCUSSION

The study primarily aimed at evaluating the *shothaghna* effect of *Gokshur* and *Punarnava*. As well as to prevent the PIH who were having history of it and also the patients having alarming signs of PIH. We have selected 10 number of patients above 24 weeks, and who were having above signs and symptoms which were suggestive of further development of PIH. We have given 100 ml of the *Gokshuradi kwath* is divided doses, morning and evening for the duration of 15 days and results were observed.

The demographic analysis showed that among 10 patients most of the patients belong to the age group of 25 to 29 years as it is most fertile age group. Lower socio-economic status are more prone to *garbhini shotha* because maximum symptoms of malnutrition are found in these patients. Most of the patients were having 28 to 34 weeks in this period patient develop Pedal edema because pressure on the dependent part increases. Primi patient have maximum tendency to PIH. As Gravida increases risk become low.

The *shotha* in *Garbhini* is mostly *Kapha-vataj* in nature. *Gokshuradi kwatha* by its *katu, tikta, Kashaya* and *deepan, pachan* in nature acts as *kapha-vata shamak, kledaghna, shophaghna* and *rasashodhan*. Hence *punarnava* and *gokshur* do *rasashodhan* of *strotas*, decrease *kleda sanchiti* by its *mutravrudhi* and *mutravirechaniya* property. The *sarpagandha* reduces the increased blood pressure, *bramhi* and *jatamansi* provides sound sleep and calm mind. *Chintanyat saatichintanat* is one of the *hetu* for *rasadushti* which ultimates effects on *uttarotar dhatuvrudhi*. As per modern view *punarnava* has anti-inflammatory action, it has also cardiotoxic property, increasing number and strength of cardiac systole. So it reduces

blood pressure. Its diuretic property due to large amount of potassium excretes excess water from the body and hence decreases oedema. *Bramhi* is also used to maintain the normal blood pressure in the body. It increases the utilisation of nitric acid and normal vascular muscle function. *Jatamansi* also has anti-inflammatory and anti-oxidant effect.

Thus, all the 5 drugs together act to reduce the symptoms and signs of PIH and also to prevent it. Among 10 patients 4 patients were having history of pregnancy induced hypertension and this time had an uneventful pregnancy and labour.

CONCLUSION

Therefore, it is concluded that, *Gokshuradi kwath* is effective in the *Garbhini Shotha* and prevents patient to go into the stage of pre-eclampsia and eclampsia. It helped to reduce the facial and abdominal oedema. Also sleep disturbances are significantly reduced.

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