



## CONCEPTUAL STUDY OF GARBHOPDRAVA W.S.R. TO SHOTHA

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### Abstract-

In obstetric practice, we come across some common complications during pregnancy which contributes significantly to maternal & perinatal morbidity and mortality. The identification & effective management of these clinical entity play significant role in the outcome of pregnancy. Most of the time these entities are undetected till major complications supervene. Garbhopdrava, explained in ayurveda, can be correlated with these complications. Garbhopdrava shotha is most dangerous complication in pregnancy. To avoid these garbhopdravas one should be well oriented about the entity along with it's causative factors, patho-physiology and signs and symptoms. Early diagnosis will help the obstetrician to manage the case in right direction. Most important is preventive measures can be taken to avoid the complications.

**Key word-**Garbhopdrava, Shotha, Dosha predominance, Ayurvedic fetal nutrition, mala formation

### INTRODUCTION-

Pregnancy is the important mile stone in every married woman's life span. Pregnancy is pre-stage of motherhood. Therefore uneventful pregnancy is essential for healthy progeny. Today, though women have established equal rights with men in society, but they have to work on home front also. This results in over physical & mental exertion. Due to today's busy schedule & male dominancy, most of the women pay less attention towards their health. They are taken carelessly by others & themselves even in pregnancy. This leads to many complications in pregnancy.

In practice, during ANC, many times we come across some abnormal signs &

symptoms. Some of them are described as "Garbhopdrava" in Harit Samhita & Sharangdhar Samhita.

Shosh hrullas chardishch Shof Jwarstath aruchi

Atisaro Vivarnatwa ashtau Garbhopadravaha Smruta.

Harit Samhita Page no.45/1

In practice, specially, we come across Garbhopdrava Shotha many times. Garbhopdrava Shotha is very dangerous as far as Mother & Foetus are considered. It remains major contributory factor to maternal & fetal compromise & it's management is critical.



In ayurvedic treatises, details(Nidan Panchak) of Garbhopdrava Shotha are not found.

According to Charakacharya, Pregnancy is most delicate stage of women's life, just like completely filled utensil with oil.<sup>1</sup> Everyone must be careful while treating the pregnant patient, because fetal & maternal wellbeing is expected simultaneously.

Garbha i.e. foetus is said to be basic cause of Garbhopdrava.<sup>2</sup> Therefore Nidan-Parivarjan chikita (Basic principle of treatment) i.e. avoid causative agent, is not correct treatment as far as possible. But in extreme cases where continuation of pregnancy is injurious to maternal health, Sushrutacharya suggested termination of pregnancy.<sup>3</sup>

Avishahye Vikare Tu Shreyo  
Garbhasya Patanam.

Na Garbhinya Viparyas Tasmāt  
Praptam N hapayet.

Su.chi.15/11

This denotes the limitations to the treatment in Pregnancy. As far as possible, conventional treatment i.e. Shaman Chikitsa (Coservative Medicine) is allowed in pregnancy. As prevention is always better than cure, we should be aware of the causes of garbhopadrava other than fetus as well as one should be able to diagnose the complication at earliest stage. So that untimely termination can be avoided.

**AIMS AND OBJECTIVE:-**

1) To study concept of Garbhopdrava Shotha.

2) To find out the causative factors/associated factors (other than Garbha) aggravating the garbhopdrava.

3) To know the patho-physiology of Garbhopdrava Shotha .

### **Material and Methods:-**

Material- Ancient treatises and Modern literature.

Methodology of the study -includes literature review of both ancient *samhitas* and modern texts.

### **Discussion**

To know the concept of Garbhopdrava, One should know about:-

- the basic physiological changes happening in Dosha, Dhatu and Mala during pregnancy .&

- Garbhaposhan (Nutrition Of Foetus).

**(A)Changes in pregnant womens body.**

**(A) a. Changes in Dosha according to Trimester -**

According to Ashtang Hridaya sutrasthan, specific Kala(time period or duration) shows predominance of specific Dosha. Here Kala is denoted for Age, Day & Night time, Lunch & Dinner time, Season etc.<sup>4</sup> According to this concept we can classify three trimester of pregnancy.



**1<sup>st</sup> trimester** -KAPHA Dosha  
Predominance is present. Kapha dosha is useful for development, nourishment & stability. Garbha is unstable & delicate (Ajatsar) in 1<sup>st</sup> trimester<sup>5</sup>. Thus, Kapha predominance helps to make the fetus stable and pregnancy to continue.

**2<sup>nd</sup> trimester**-PITTA Dosha  
Predominance is seen. Most of the fetal development is seen in 2<sup>nd</sup> trimester. Fetus become stable. Almost all organs are formed. Normal function of pitta is Parinaman (physiological changes) i.e. formation & development.

**3<sup>rd</sup> trimester** – VATA Dosha  
Predominance is seen. Especially Vyana & Apana Vata plays important role as far as foetal movements and uterine activity (contractions during labour) is considered respectively.

#### **(A)b. Changes in Dhatuposhan during Pregnancy.**

Ayurveda has basic principle regarding Saptadhatu. According to Charakacharya & Vagbhatacharya for nutrition of Para-Dhatu(next); Previous dhatu should be well nourished i.e. each dhatu is dependent on one another.<sup>6</sup>

Concept of, transformation of diet taken by pregnant (Digestion in Pregnancy) female should be clear.

- Charakacharya explained that whatever diet pregnant women consumes, the ahar-rasa formed is utilized in 3 ways  
\*Nourishment of Women's Body.  
\*\*Milk formation, Breast development (Kashyap)&  
\*\*\*Nourishment of the fetus<sup>7</sup>.

Thus, for proper maintenance of mother's health, milk production, breast

development & foetal nourishment, dietary need get increased during pregnancy. Improved & balanced diet is needed in pregnancy.

#### **ROLE OF AGNI IN PREGNANCY .**

Agni is the main factor in Digestion process. Here, in pregnancy there is always extra load on agni, to digest the required diet (extra in quantity than regular). Agnimandya is seen as a physiological change in pregnancy. As pregnancy progresses, need of diet increased to fulfil increased maternal and fetal needs. To compensate the need, diet increased in quantity will be a burden on maternal Jatharagni. It will result into Agnimandya (poor digestive power). Therefore Sushrutacharya advised Deepaniya Ahara in pregnancy. It will help to prevent Garbhodrava.

#### **(A)c. Changes in Mala(excreta) Formation in Pregnancy-**

As per above explanation, diet consumption is increased, as pregnancy progressed and results into agnimandya. In digestion mechanism, excreta (mala) formation is always there. According to Ayurveda, sar-kitta vibhajan i.e. excreta formation is initiated by saman vayu. Saman Vayu And Agni are closely related. Mala formation is in 2 forms i.e. solid & liquid.

In pregnancy, fetal excreta is excreted through circulation in mother's body only. Liquid excreta (Kleda & Urine) is formed in excessive quantity than normal quantity. Most of the mala is excreted outside through urinary system of mother. Thus there is excessive load on urinary system.

**B. Fetal nourishment as per ayurveda,****It is must to know the basics of foetal nourishment according to ayurveda,**

It is divided into 2 stages.\* Before apperant evidence of fetal organs/during 1<sup>st</sup> trimester

\*\*Thereafter i.e. after 3 months of pregnancy/during 2<sup>nd</sup> & 3<sup>rd</sup> trimester.

Thus, from the time of conception to the period until the body parts of fetus are not fully formed, nutrition is by Upsnehan Law i.e. nourishment through capillaries (vascular nutrition). One should keep it in mind that, nourishment in Jarayu (Amniotic Membrane & Placenta) is by Upsnehan Law.<sup>8</sup>

After formation of organs, fetal nourishment is by Kedar-Kulya Nyaya. Garbhposhan (Nutrition of fetus) is explained by Vagbhatacharya. Diet ingested by mother turns into Ahar-rasa. This Ahar-Rasa, through umbilical cord, reaches to Pakwashaya i.e. Digestive System of fetus. In fetal digestive system, fetal Kayagni i.e. digestive fire acts on the pre digested Ahar-Rasa. It gets metabolized and provides nourishment to the intra-uterine growing fetus. Thus, fetal nourishment takes place.

In view of Garbhopdrava, very few and limited references are found in Ayurvedic literature specially in Kashyapsamhita (special literature related to strirog & prasutitantra).<sup>9</sup>

In Harita-Samhita, Garbhopdrava Shotha is included in 8 Garbhopdravas. In kashyap samhita, shotha is entitled as a disease of pregnancy and not as a specific complication. According to

Charakacharya, manifestation of updravas are followed by pre-existing disease.

On the basis of all above discussion, we can come to samprapti i.e. patho-physiology of Garbhopdrava. Samprapti takes place at 2 levels simultaneously.

**Maternal digestion**-Whenever there is improper food taken by pregnant women, it will be a causative factor for load on digestive system of mother. Agnimandya i.e. extra work load on digestive system of mother causes poor digestion. It will turn into Asar Ahar-Rasa formation. This undigested or poorly digested food extract will go to mother's self circulation as well as to the fetal circulation. Asar Ahar-rasa, will cause excessive mala formation & Sthan-saunshrya in maternal body.

Impairment in the maternal circulation will indirectly hamper fetal nutrition. Thus it will be manifested as Garbhopdrava, because excessive mala formation in fetal circulation will ultimately become a part of maternal circulation.

**Fetal digestion**-Food improperly digested by mother will be unable to digest by Pakwashayastha kayagni of fetus. It will result into excessive excreta (Mala i.e. Kleda/Mootra) formation. This will be transferred to maternal circulatory system by Kedar-kulya nyaya.

Thus, there will be extra load on circulatory system (Srotasa) of mother. It will manifest as Hrullas, Chardi, Aruchi, Atisar (Annavaha srotodushti); Jwara, Vivarnatwa, Shosha (Rasvaha

srotodushti) and Shotha(Rasvaha,Mootravaha,&Annava srotodushti).

Here we are concern with edema as a complication in pregnancy. Everytime we will not come across the classical signs & symptoms of Gernerl Shotha i.e. poorvaroop & roop explained in books. To diagnose the Garbhopdrava Shotha, we should always be aware of excessive & rapid weight gain of the patient & look for pedal edema (after 12 hours bed rest) specially around ankles, as a diagnostic sign in pregnancy. Patient may or may not complain of feeling of feverish (at the oedema site),dilatation of external vessels or heaviness(localized or generlised) explained in roop-awastha of shotha. There may or may not be Lomharsha, discoloration as a Poorva-Roop & Roop(signs &symptoms) explained in shotha vyadhi.

In practice, we come across patients of Garbhopdrava shotha along with complaints of heaviness, urinary signs and most important is Hypertension.

The cause of edema in Hypertensive disorders in Pregnancy is not clear in modern science also. Diminished renal blood flow, decreased glomerular filtration rate &increased tubular reabsorption are responsible factors along with increased aldosteron.<sup>10</sup>

So being Ayurvedic Obstetrician, one should advice to the patients, who are diagnosed as a case of garbhopdrava; specially Shotha,to follow proper garbhini paricharya(do's &don't) according to Ayurveda. Even the patients, having history of the same, should follow this from very initial stage, even

preconceptionally.It will be fruitful. Early diagnosis will surely help to avoid unwanted complications and for healthy outcome.

To be specific, Garbhopdrava is a disease that come to existence after conception & manifestation of the disease on the maternal body is only after availability of favorable conditions. Garbhopdravas are not only signs &symptoms, but they are diseases.

All above discussion will help us to diagnose the entity at the earliest. We can correlate Shotha (described in Samhitas) with Garbhopdrava Shotha. Though Garbha is the principal cause of garbhopdrava, associated causes lies in dietary intake of would be mother. The diet which is heavy to digest, excessive salty, daily curd in excess, alcohol, spicy oily diet, newly harvested cereals, pulses, fish (dietary causes for shotha explained by Charakacharya) should be strictly avoided. Maternal digestive system should be kept healthy.

**CONCLUSION-:**Above discussion will surely helpful to early diagnosis of the case of Garbhopdrava w.s.r. Shotha. One will be able to rule out the etiological factors for the same. It underlines the importance of Garbhini Paricharya to ensure delivery of a healthy baby in optimal time.If the disease detected early stage, chances of subsiding the disease completely with prompt and effective treatment are high. The proper knowledge of the entity will help to correct or at least, to stabilize the altered physiology and to prevent severe complications.

Scope for further study-



Only 2-3 references of treatments of garbhopdrava shotha are available in treatises. That too it is given under the treatment of Garbhini Shotha and not for garbhopdrava shotha. I have already worked on one of the formulas in Kashyap Samhita i.e. Poonarnava, Devdaru and Moorva decoction. We got promising results as far as albuminuria and edema

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are considered. One more formula (Prushniparnyadi Yog) we are planning to work w.s.r. to Hypertensive Disorders in pregnancy. Here is real scope for further study, to correlate the pathophysiology of hypertensive disorder in pregnancy and Garbhopdrava shotha by retrospectively.

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