**Garbhini Shoola (False Pain) – An Analytical Study**

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**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
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 Garbhiniivyakaranasharira, 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 pakwadhanas (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 rectum.

**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.

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
\[
\downarrow \\
\text{Increased intra-abdominal pressure}
\downarrow \\
\text{Gaseous distension}
\downarrow \\
\text{Adhamana and atopa}
\downarrow \\
\text{Produces Counter pressure over pelvic organs}
\downarrow \\
\text{PakwashayagataVata}
\downarrow \\
\text{Pain in Trikapradesha}^{3}
\]

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 in 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 contractions. This can be felt during bimanual palpation when the uterus feels firmer at one moment and soft at another. These contraction 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 Ratnavali8.
- Avoidance of Garbhopaghatakaranabhavas like use of tikshna drugs, (excessive) exercise, coitus, lifting heavy weight, intake of alcohol, riding on vehicles, anger, fear, grief etc9,10.
- 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.
REFERENCES

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