



Review Article

AYURVEDA MANAGEMENT OF *GARBHINI VIBANDHA* W.S.R. TO CONSTIPATION IN PREGNANCY- A CONCEPTUAL STUDY

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ABSTRACT

Constipation is among minor ailment during pregnancy. There are anatomical, physiological and hormonal adaptations during pregnancy phase, due to these changes every pregnant woman faces some difficulties like heartburn, nausea, vomiting, pedal oedema, constipation in all three trimesters. *Garbhini Vibandha* or constipation during pregnancy, characterized by difficulty in bowel movements. Some gynaecological diseases, stress, hormonal imbalance leads to irregular bowel habits in women. Most of the pregnant women has this complains. *Acharya Kashyapa* mentioned that the diseases which are seen in any other individual will see in pregnant females also as *Dosha, Dushya* of the body are same. According to Ayurvedic principles, and this condition primarily results from an imbalance in *Vata dosha*, mainly *Apana Vata*, which governs the elimination process. The condition may be exacerbated by the natural physiological and hormonal changes during pregnancy, dietary factors, reduced physical activity, and psychological stress. Ayurveda emphasizes a holistic approach in managing *Garbhini Vibandha*, focusing on dietary modifications, lifestyle changes, and the use of specific herbs to balance the *Dosha*. Herbal remedies such as *Triphala kwatha, Haritaki, Gur, Nagara*, are commonly used to alleviate constipation. In this article, we want to focus on mode of action of these drugs on *Garbhini* and the main precautionary point is that these medications should be taken under supervision of doctor. Over dose intake or wrongly intake can cause other health problems.

INTRODUCTION

Constipation is one of the common prevalent ailments during pregnancy. Word Constipation derives from Latin word - 'Constipare' - To cram together (pack tightly). Constipation can be correlated with *Vibandha* in Ayurvedic literature as both the have similar characteristics like *Purisha nigraha, Malarodha*. Constipation can occur at any age, and is more common among individuals who resist the urge to move their bowels at their body's signal. Body is originally composed of *Dosha, Dhatu* and *Mala*. Consumed *Ahara* manifest *Mala* during the process of digestion and metabolism. *Purisha* and *Mutra* are the waste product of *Ahara*.

It is called *Mala* because of tending to vitiate others. In Ayurvedic conceptualization, this condition primarily results from an imbalance in *Vatadosha*, mainly *Apana Vayu*, which directs the elimination process. *Vibandha* is not described as a separate disease in our classical text but *Acharya Charaka* has mentioned *Vibandha* as *Lakshana* of *Udgaranigraha*^[1], and in *Vaatvyadhi*^[2] *Acharya Sushruta* has mentioned *Vibandha* as *Lakshana* of *Visuchika*^[3], *Lakshana* of *Jwara*^[4], and *Acharya Vagbhatta* has mentioned *Vibandha* as *Lakshana* of *Vidavratavata*^[5] and as *Lakshana* of *Ajeerna*.^[6]

Some gynecological diseases, stress, hormonal imbalance leads to irregular bowel habits in women. For instance, rising progesterone (relaxes smooth muscle) levels during pregnancy and reduced motilin hormone levels lead to increases in bowel transit time. Also, there is increased water absorption from the intestines, which causes stool to dry out. Decreased maternal activity and increased vitamin

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supplementation (e.g., iron and calcium) can further contribute to constipation. Constipation defined using the Rome II criteria i.e., presence of at least two of the following symptoms for at least one quarter of defecations: straining, lumpy or hard stools, sensation of incomplete evacuation, sensation of anorectal obstruction, manual maneuvers to facilitate defecation, and fewer than three defecations per week.^[7]

Prevalence of Constipation During Pregnancy

According to a survey on the prevalence of constipation during pregnancy, 24% in first, 26% in second, 16% in third trimester, 24% in 3 months postpartum^[8].

AIM AND OBJECTIVE

Aim: To study the Ayurvedic management of *Garbhini Vibandha* w.s.r. to constipation in pregnancy.

OBJECTIVE

1. To review and assess the effect of Ayurveda formulation in the management of *Garbhini vibandha*.
2. To interpret hypothetical action of drug in *Garbhini Vibandha* w.s.r. constipation in pregnancy.

Methodology: Relevant data is gathered using Ayurvedic *samhita*, *Nighantu*, modern texts, journals, web source etc.

Description of the *Garbhini Vibandha*

Garbhini Vibandha is not mentioned in *Samhita* as a specific disease.

***Nidana*/Etiology of *Vibhandha*^[9,10]**

- *Atisevana* of *Katu*, *Tikta*, *Kashaya Rasa Dravya*
- *Ruksha*, *Sangrahi*, *Guru*, *Abhishyandi*
- *Asnehata*, *Kshiraanupasevanata*

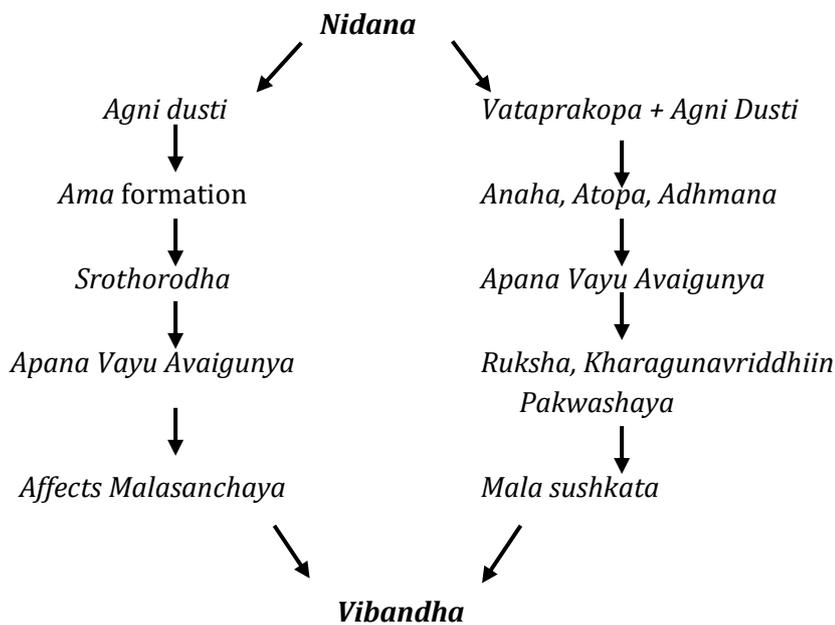
***Samprapti* of *Vibandha*^[12]**

- *Atisevana* of *Mudga*, *Chanaka*, etc
- *Abhojana*, *Hinamatra*, *Upavasa*
- *Sandharana*
- *Atirodana*
- *Prajagrana*
- *Vyayama*
- *Maithuna*
- *Shoka*, *Bhaya*
- Insufficient dietary
- Roughage
- Lack of exercise
- Sedentary lifestyle
- Suppression of defecatory urges/*Vega dharana*

Acharya Charaka mentioned *Pakwashaya shoola* (pain in iliac fossa), *Shirah shoola*, *Apana Vayu* and *Purisha nirodha* (obstruction of flatus and faeces), *Pindikodweshtana* (cramps in calf muscles), *Adhyamana*, as diseases produced by *Purishvega nigraha*.^[11]

Roopa* of *Vibhandha

- *Anaha*
- *Adhyamana*
- *Daurgandhya*
- *Graditha anthrata*
- *Sirah shoola*
- *Udara shoola*
- *Utsah hani*
- *Alasya*



Samprapti ghataka^[13]

- *Dosha- Vata* especially *Apana Vata Pradhana Tridosha*
- *Dushya- Rasa*
- *Agni- Jataragni*
- *Srotas- Annavaha, Pureeshavaha*
- *Srotodushti- Sanga*
- *Udbhavastana- Amashaya, Pakvashaya*
- *Vyaktasthana- Koshta*
- *Adhithana- Pakvashaya*
- *Rogamarga- Abhyantara*

Constipation During Pregnancy

Pressure from gravid uterus or any mass causes constipation in females, hormonal modulations, stress and tendency of withholding natural urges. Stress can alter body rhythm by which gut motility reduces. During stress blood and oxygen redirected to brain, so there are diminished GI reflexes in ongoing chronic stress. Due to inconvenience of using public toilets, more concern about hygiene women are more likely to withhold the natural urges. Pregnancy predisposes women to developing constipation owing to physiologic and anatomic changes in the gastrointestinal tract. For instance, rising progesterone levels during pregnancy and reduced motilin hormone levels lead to increases in bowel transit time. Also, there is increased water absorption from the intestines, which causes stool to dry out. Decreased maternal activity and increased vitamin supplementation (eg, iron and calcium) can further contribute to constipation.^[14] In later pregnancy, the growing uterus can put pressure on the bowel, making it harder to move stool through the intestines.^[15]

If pregnant women, Not eating on time or not having breakfast will affect gut reaction and be more difficult to defecate. Some pregnant women also avoid to exercise due to factors such as body posture, or threatened abortion and other pregnancy complications. Avoiding exercises also increase the incidence of constipation during pregnancy. These conditions lead to constipation in pregnant women. During pregnancy, constipation is multifactorial, influenced by hormonal changes, dietary habits, physical inactivity, and physiological adaptations. According to Rome III, a diagnosis of functional constipation is made when at least two of the following criteria are met for the last 3 months with symptom onset at least 6 months prior to diagnosis: a) straining on >25% of defecations; b) lumpy or hard stools on >25% of defecations; c) sensation of incomplete evacuation on >25% of defecations; d) sensation of anorectal obstruction/blockage on >25% of

defecations; e) manual maneuvers on >25% of defecations; and f) less than 3 defecations per week.^[16]

Types of Constipation

To general categories can be used to described constipation;

1. Casual or temporary
2. Chronic or habitual

Hormonal Changes

Progesterone, a key hormone during pregnancy, plays a significant role in this. It relaxes smooth muscles, including those in the gastrointestinal tract, resulting in decreased peristalsis and slower gastric emptying. This relaxation contributes to the decreased motility of the gut, making constipation more common.

Additionally, Relaxin, another hormone elevated during pregnancy, further inhibits gastrointestinal motility and promotes the relaxation of smooth muscles, exacerbating the condition. The growing uterus exerts pressure on the pelvic colon, compounding the difficulty in defecation.

Diminished physical activity and dietary changes, often including increased iron intake, can also contribute. Iron supplements, commonly prescribed to pregnant women to prevent anemia, can slow gastrointestinal motility and worsen constipation.

Dosha imbalance

In Ayurveda, *Garbhini Vibandha* (constipation during pregnancy) is primarily associated with an imbalance in the *Doshas*, particularly *Vatadosha*. However, *Pitta* and *Kaphadoshas* also play roles, especially as pregnancy progresses and the body's physiology changes.

- **Vata Imbalance:** particularly *Apana Vata*, is the primary *Dosha* involved in *Garbhini Vibandha*. *Apana Vata* governs the downward movement of energy and the elimination processes in the body, including bowel movements. During pregnancy, *Vata* can become aggravated due to hormonal changes, stress, dietary factors, and reduced physical activity. When *Vata* is imbalanced, it can cause dryness, hardness, and irregularity in bowel movements, leading to constipation.
- **Pitta Imbalance:** It may lead to issues like heartburn, irritability, and excessive thirst.
- **Kapha Imbalance:** It can result in symptoms like swelling, lethargy, and excessive mucus.

Prognosis of Vibandha

If this ailment is not treated then it results into various troubles some problems like *Arsha*, hemorrhoids, *Pakvashaya shoola*, *Udavarta*, *Anaha*, *Adhyamana*, *Antravraddhi*, *Bhagandara*, *Parikartika*.

Limitations of Modern Treatment^[17]

- Dependency- That is habit forming
- Worsens some symptoms- Abdominal cramps, gas, bloating and pain
- Complications- Diarrhea, hypovolemia and metabolic disturbances
- Diminished effect over time- Become resistant to laxative by overuse
- Other adverse effects- Interference to co concomitant drug absorption and structural changes in gut mucosa

Ayurvedic Review in Management of Garbhini Vibandha

In Ayurveda, while *Vibandha* is not described as a separate disease, its treatment involves balancing *Doshas* and enhancing *Agni*. This can be managed through dietary adjustments, such as increasing fiber intake, ensuring adequate hydration, and Ayurvedic medication to stimulate bowel movements.

Acharya Sushruta, said that use of *Madhura Dravya Siddha Basti* in the eighth month of pregnancy to address constipation and support proper bowel function. It highlights the need to prevent constipation and ensure complete evacuation by using *Basti*.

Acharya Kashyapa Emphasized the use of *Mrudu Virechaka* or *Anulomaka* drugs, which are gentle purgatives, during the fourth month and beyond. The focus is on using *Mrudu Virya* and *Madhura* to prevent any adverse effects on the fetus while promoting effective bowel movements.

Acharya Vagbhatta highlighted that *Udavarta* during pregnancy can lead to constipation. To counteract this, treatments that balance *Vata* and provide *Snigdha* properties are recommended. *Vatahara* therapies and *Snigdha Annapana* are particularly effective in managing this condition.

In the eighth month of pregnancy, Acharyas advocate for specific treatments such as *Madhura Aushadha Siddha Asthapana Basti* and *Anuvasana Basti*, along with *Ksheera Yavagu* with *Sarpi*. These therapies aim to cleanse the bowel, promote regular bowel movements, and balance *Vatadosha* to maintain its normal state.

Description of Drug^[18]

Acharya Harita specially mentioned treatment for *Garbhini vibandha* in *Harita Samhita Tiritiya khanda*. Acharya has given *Haritaki*, *Shunthi* and *Gur* with *Triphala kwatha*.

हरीतकीनागरकंगुडेनवात्रिफलाकषायः।

शीतःस्त्रीणांविनिहन्तिपानेविबन्धविद्रधींश्च॥ (हा.स. तृतीयख.५१/१०॥)

1. Haritaki – *Haritaki* comes under category *Anulomana*, it carries out the *Paaka* of the mala and facilitate their easy elimination through anus by breaking the *Bandha* is called *Anulomana*. Eg- *Haritaki*. *Haritaki* has the ability to balance *Vatadosha*, which is crucial in managing *Garbhini Vibandha*. *Vata* imbalances can lead to digestive issues like constipation or irregular bowel movements, which *Haritaki* can help alleviate. It also acts as a digestive tonic and supports the function of *Agni* (digestive fire), which is essential for maintaining overall digestive health. Proper digestion helps prevent complications associated with pregnancy.

Haritaki has also mild laxative properties and by promoting regular bowel movements, it aids in the removal of toxins from the body.

2. Nagara- Ginger has properties that help balance *Vata* and *Kaphadoshas*. Due to its *Ushna* property it can counteract the sheet and *Ruksha* qualities of an aggravated *Vatadosha*, which is often implicated in pregnancy complications. *Shunthi* possesses anti-inflammatory properties, which can be beneficial in reducing inflammation and discomfort associated with various pregnancy-related issues. *Shunthi* stimulates digestive enzymes, improving overall digestion and reducing issues like bloating and indigestion. This can be particularly helpful for managing discomfort associated with *Garbhini Vibandha*.

3. Gur - *Gur* is considered to be warm and moist, which helps balance the *Vatadosha*. *Vata* imbalance can lead to various pregnancy-related issues such as dryness and discomfort. *Gur* can also balance *Kapha* and *Pitta dosha* when used in moderation, as it provides a sweet taste that can counterbalance excess *Pitta* (heat) and *Kapha* (coldness). *Gur* is rich in essential minerals like iron, calcium, magnesium, and potassium. These nutrients are beneficial for overall health, supporting the body during pregnancy by preventing deficiencies and contributing to maternal and fetal health. It has been suggested that drinking warm water with jaggery first thing in the morning on an empty stomach helps to regulate our body temperature and can also help to balance our metabolism. It boosts the natural digestive enzymes, speeds up digestion.^[19]

Nutritional components of jaggery/100 g^[20]

Components	Range
Calcium	40-100 mg
Magnesium	70-90 mg
Potassium	1056 mg
Sodium	19-30 mg
Iron	10-13 mg
Manganese	0.2-0.5 mg

Zinc	0.2–0.4 mg
Copper	0.1–0.9 mg
Vitamin A	3.8 mg
Vitamin B1	0.01 mg
Vitamin B2	0.06 mg
Vitamin B5	0.01 mg
Vitamin B6	0.01 mg
Vitamin C	7.00 mg

4. Triphala Kwath: *Triphala Kwath* aids in the natural detoxification process by promoting the elimination of toxins from the digestive tract. It is effective in balancing *Vatadosha*, which is often linked to issues like dryness, constipation, and irregularities in pregnancy. Its balancing effects can help manage these symptoms.

Pitta and Kapha: *Triphala* also helps in balancing *Pitta* and *Kaphadoshas*, ensuring overall harmony in the body. This is beneficial for addressing various complications associated with pregnancy.

Pharmacological properties of drug^[21]

Previous Research Studies

1. Herbal medicine use by pregnant women in Bangladesh: a cross sectional study by Mansoor

<i>Dravya</i>	<i>Haritaki</i>	<i>Vibhitaki</i>	<i>Amalaki</i>	<i>Nagara</i>	<i>Gur</i>
<i>Rasa</i>	<i>Panchrasa (Kasaya)</i>	<i>Katu</i>	<i>Panchrasa (Amla)</i>	<i>Katu</i>	<i>Madhura</i>
<i>Guna</i>	<i>Laghu, Ruksha</i>	<i>Lagu, Ruksha</i>	<i>Laghu, Ruksha, Seeta</i>	<i>Guru, Ruksha</i>	<i>Snigdha, Laghu</i>
<i>Virya</i>	<i>Ushana</i>	<i>Ushana</i>	<i>Seeta</i>	<i>Ushna</i>	<i>Ushna</i>
<i>Vipaka</i>	<i>Madhura</i>	<i>Madhura</i>	<i>Madhura</i>	<i>Madhura</i>	<i>Madhura</i>
<i>Dosh-Karma</i>	<i>Vata</i>	<i>Kapha</i>	<i>Pitta</i>	<i>Kaphahara</i>	<i>Tridoshhara</i>
<i>Karma</i>	<i>Anulomana, Deepana, Medhya, Sarvadosha-Prasamana</i>	<i>Keshya, Bhedaka, Krminasana, Kasahara</i>	<i>Vrisya</i>	<i>Deepana, Ruchikara</i>	<i>Amaya Agnideepana</i>

Ahmed, Jung Hye Hwang, Mohammad Ashraful Hasan and Dongwoon Han published in Dec 2018, this study shows that successful result of *Terminalia Chebula* (*Haritaki*) on constipation in pregnant women.^[22]

2. Spasmogenic activity of seed of *Terminalia chebula* in Rat small intestine: in vivo & in vitro studies by Seyyed Ali Mard, Ali Veisi, Mohammad Kazem Gharib Naseri and Peyman Mikaili published in July 2011^[23]- This study Result was *Terminalia chebula* increased the frequency of ileum motility and tension of contraction dose-dependently ($P < 0.05$). Responses induced by *Terminalia chebula* were inhibited by pre-treatment of the tissue with verapamil. The *Terminalia chebula* activities were not affected by atropine, hexamethonium, and indomethacin. The fecal number

and fecal water content were increased dose-dependently by these drugs ($P < 0.05$). Conclusion of study was the excitatory effects of *Terminalia chebula* on ileal contractile frequency and tension are possibly mediated through Ca^{2+} channels activation. The results of the present study support the traditional usage of *Terminalia chebula* for the treatment of constipation.

DISCUSSION

During pregnancy, constipation is multifactorial, influenced by hormonal changes, dietary habits, physical inactivity, and physiological adaptations. Progesterone relaxes smooth muscles, including those in the gastrointestinal tract contributes to the decreased motility of the gut, making constipation more common. Additionally, Relaxin, elevated during pregnancy, further inhibits gastrointestinal motility and promotes the relaxation of smooth muscles, exacerbating the condition. The growing uterus exerts pressure on the pelvic colon, compounding the difficulty in defecation. Diminished physical activity and dietary changes, often including increased iron intake, can also contribute. Iron supplements, commonly prescribed to pregnant women to prevent anemia, can slow gastrointestinal motility and worsen constipation. The Ayurvedic approach to managing constipation during pregnancy

focuses on balancing *Doshas*, particularly *Vata*, using gentle, safe remedies, and adapting treatments to support both the mother's and fetus's well-being. *Haritaki*, *Shunthi* and *Gur* with *Triphala kwatha* promote regular bowel movements along with balancing of vitiated *Vata*, *Pitta* and *Kapha*. Modern approaches also include lifestyle modifications like regular physical activity and proper management of iron supplementation to alleviate constipation.

Constipation during pregnancy is significantly compromised QOL, social functioning loss of work productivity i.e., ability to perform activities of daily living individuals. Constipation is a common gastrointestinal complaint during the pregnancy. The fine line of therapy for constipation consists of

increased water and dietary intake and moderate amount of daily exercise. If first line of therapy proves ineffective, then bulk forming agents and laxatives are recommended as second line of therapy. As constipation is physiological in pregnancy, diet and lifestyle modification is the best way to overcome this problem. Fibre rich food like green leaves, vegetables like Bottlegaurd, Radish, Brinjal, fruits like Banana, regular exercise, *Pranayama* will help in maintain regular bowel movements in pregnancy. According to *Masanumasika garbhini paricharya ksheera, Ghruta, Navaneeta*, plenty of fluids in the form of *Madhuraaushadha siddha ksheerapakas* will definitely help in normalizing *Vata* and prevent *Vibandha*. Along with these *Munakka ksheerpaka* is also effective.

CONCLUSION

Overall, its management should be according to types of *Koshtha*. Drug should be given according to state of *Dosha* and *Koshtha*. Herbal remedies such as *Triphala kwatha, Haritaki, Gur, Nagara*, are commonly used to alleviate constipation. In this article, we want to focus on mode of action of these drugs on *Garbhini* and the main precautionary point is that these medications should be taken under supervision of doctor. Over dose intake or wrongly intake can cause other health problems. More clinical research needs to be conducted on these topics on large population, these herbal formulation is traditional and taken by some pregnant women, as well as in-vitro study is also conducted, so, this formulation can be safety advised in *Vibandha* during *Garbhavastha* under proper supervision.

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