



## Review Article

### THE REVIEW OF *GARBHINI SHOTHA* (OEDEMA IN PREGNANCY) IN AYURVEDA

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#### ABSTRACT

Pregnancy is often considered to be the most beautiful phase of a women's life. It fills her life with a unique happiness and sense of fulfilment. Woman plays a very important role in producing, carrying, bearing foetus in womb, bringing up, maintaining, supporting & nourishment of child. Oedema of pregnancy is termed as *Garbhini shotha* kind of complication or *Upadrava* mentioned in *Harit samhita* & *Kashyap samhita*. In advancing era of modern Medicine for curative aspect of Antenatal care i.e. aiming at better maternal as well as foetal well being there are still many complication arising in pregnancy. In modern science, numerous efforts have been taken to treat Oedema of pregnancy, but there is only symptomatic treatment along with side effects. Due to high percentage of *Garbhopadrava shotha* has to keep in mind to find out remedy for it. In *Samhitas* the brief description of *Garbhini shotha* and its *Chikitsa* is mentioned. It is humble attempt to expand the concept of *Garbhini shotha* according to Ayurveda to avoid the complications related to the disease.

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#### INTRODUCTION

Ayurveda has described Antenatal care in the form of *Garbhini Paricharya*. There is month wise dietary regime some advice of mode of life in it. The objective of *Garbhini Paricharya* is to avoid indigestion. *Aahara Rasa* is vital for the formation of cell. It improves various processes in human body; therefore formation of better quality of *Ahara rasa* is most important.

According to *Kashyap vata* is the main cause of *Shotha*<sup>[1]</sup> and *Agnimandya* causes formation of Undigested *Ahara rasa* and it may lead to various medical disorder of pregnancy like *Garbhopdravas*. During pregnancy, maternal physiology is altered due to foetus. Disease of pregnant woman due to foetus is termed as "*Garbhopadrava*"<sup>[2]</sup>. *Garbhini Shotha* is such one kind of complication or *Upadrava* mentioned in *Harit samhita* & *Kashyap samhita*. In advancing era of modern Medicine for curative aspect of Antenatal care i.e. aiming at better maternal as well as foetal well being there are still many complication arising in pregnancy. Pregnancy itself is considered a causative factor for *Shotha*. *Garbha* is the basic cause of *Garbhopadrava*. Therefore, we are unable to treat *Garbhopadravas*

on the basis of *Nidan Parivarjan chikitsa*. According to *Charakacharya*, pregnancy is very delicate stage we must be very cautious in treatment of *Garbhini* as far as fetal and maternal well being is expected. *Shotha* should be treated in very early stage, because it attains *Daruna* stage quickly and goes into *Uttarottar dhatu* and becomes difficult to treat. In Ayurveda Acharya has described various drugs and *Kwath* preparation to decrease *Shotha*. These medicine has *Shothaghna*, *Mutral* properties.

In modern science, numerous efforts have been taken to treat Oedema of pregnancy, but there is only symptomatic treatment along with side effects. According to Modern Science common causes of Oedema of pregnancy are – Preeclampsia, Anaemia and Hypoproteinemia. Oedema of pregnancy is one of important sign of pre-eclampsia which is associated with hypertension and albuminuria and which may get complicated in the form of eclampsia.

#### Literary Review of *Garbhini shotha* *Charaka Samhita*

In *Charaka Samhita*, *Shotha* was mentioned in "*Trishothiya Adhyaya*" and "*Shwayathu Chikitsa*"

Direct reference of *Garbhini Shotha* in *Charaka Samhita* was not mentioned but while describing causes of *Shotha* in *Trishothiya Adhyaya Charak* mentioned one cause of *Shotha* is *Garbha Sampidan*.

### **Sushruta Samhita**

In *Sushruta Samhita* *Shopha* is the term used for *shotha* direct reference of *Garbhini shotha* was not mentioned by *Sushruta*.

### **Ashtanga Hridaya**

In *Ashtanga Hridaya* one cause of *Shotha* is “*Garbha*” as mentioned in *Charak Samhita* direct reference of *Garbhini shotha* is not available. *Shotha Chikitsa* mentioned in *Shwayathu Chikitsa*.

### **Harita Samhita**

*Garbhini shotha* is mentioned as a *Garbhopadrava* by *Harita*.

### **Kashyapa Samhita**

*Garbhini shotha* is mentioned in *Kashyapa Samhita* as a *Garbhopadrava* and its treatment mentioned in *Garbhini Chikitsa Adhyaya*. *Kashyapa* also mentioned *Nidanpanchak* of *Shotha* and *Chikitsa* in *Khila-sthana* in *Shotha Chikitsa*.

### **Madhava Nidana**

Direct reference of *Garbhini shotha* is not mentioned in *Madhava Nidana*. *Nidanpanchak* of *shotha* is mentioned in *Shotha Nidana*.

### **Sarangadhar Samhita**

Only Nine types of *Shotha roga* are mentioned in *Sharangdhar Samhita*.

### **Bhavaprakasha**

Direct reference of *Garbhini shotha* is not mentioned in *Bhavaprakasha*.

### **Yog Ratnakar**

In *Yog Ratnakar*, *Chikitsa* for *Garbhini shotha* is mentioned in *Garbha Roga chikitsa*.

### **Rasratna Samuchchaya**

In *Rasratna samuchchaya* *Garbhini shotha chikitsa* is mentioned in *Adhyaya 22* which contain *Garbhini Shothahar Lepa And Kwatha*.

### **Nidanatmak Vivechan**

#### **Kashyapa**

*Vataj, Pittaj, Kaphaj, Sannipataj*

#### **Charaka** [3]

*Ekvidha* (common)-Swelling being the common symptom.

*Dvidvidha* (cause)- *Nija, Agantuj*.

*Trividha*- *Vataj, Pittaj, Kaphaj* and *Urdwagata, Madhyagata, Adhogata*

*Chaturvidha*- *Vataj, Pittaj, Kaphaj, Agantuj*

*Saptavidha*-*Vataj, Pittaj, Kaphaj, Sannipataj, Vata-shleshmaj, Pitta shleshmaj, Vata-pittaj*

*Asthavidha – Ekdoshaj – 3, Dvidoshaj – 3, Sannipataj – 1, Agantu – 1*

**Vagbhata: 9** [4]

*Ekdoshaj-3, Dvidoshaj-3, Sannipataj-1, Abhighataj-1, Vishaj-1.*

**2 - Sarvangaj, Ekangaj.**

**Sushruta: 5** [5]

*Ekdoshaj-3, Sannipataj-1, Vishaj-1*

### **Oedema**

Generalized Oedema is common in normal pregnancy but it is more marked in pre-eclampsia, anaemia and in pregnancy I when accumulation of fluid in interstitial spaces is more, Oedema is evident clinically.

### **Pathology**

Due to enlarged gravid uterus, renal perfusion is impaired and glomerular filtration rate is decreased resulting in increased renin secretion, which activates production of angiotensin – II. It is responsible for increase in aldosterone, which causes more retention of sodium by renal tubules. Water is also retained in tissue spaces with sodium to maintain the tonicity of body fluid and the part get distended and Oedema occurs.

When there is persistent and heavy proteinuria (albuminuria), there is hypoalbuminaemia causing decreased plasma oncotic pressure resulting in severe generalized Oedema. The hypoalbuminaemia causes fall in the plasma volume activating rennin angiotensin- aldosterone mechanism which results in retention of sodium and water, thus setting in a vicious cycle which persists till albuminuria continues. Similar type of mechanism operates in pathogenesis of Oedema in protein losing enteropathy, further confirming the role of protein loss is the cause of Oedema.

### **Nidan Panchak**

#### **Hetu (Nidan)**

It is the root cause of the disease which directly acts upon the equilibrium of three *Dosha*.

All *Neej Hetu* of *Shotha* are classified as

1) *Aharaj* 2) *Viharaj* 3) *Upadrava*.

#### **Samanya Hetu**

As far as *Grabhopadrava – Shotha* is concerned we can think about *Hetus* as follows.

#### **Aharaj**

#### **Rasapradhanya**

Excessive *Lavan* and *Amla rasas* causes *Kapha, Pitta* and *Rakta dushti*.

#### **Gunapradhanya**

Excessive *Guru* (heavy and difficult to digest), excessive *Ruksha* (dry), *Ushna anna*, excessive *Tikshna, Vidahi, Abhishyandi*.

Newly harvested cereals and pulses are excessively guru *Gunatmak* and *Abhishyandi*, which causes *Kledak kapha dusthi* and ultimately *Shotha*.

*Anup, Audak pishita (Mansa)* Curd, milk products

**Viharaj**

Irregular sleep, late night sleep, day sleep, *Adhwa* (daily excessive walking), *Khobhit yana prawas* (travelling by jerky vehicles and long term hanging of legs), *Vegavarodhjanya* suppression of natural urges (i.e. *Chardi, Kshavathu, Udgar, Adhovata, Mootra* and *Purisha* etc. divert *Prakrut vata gati*, which in turns leads to many diseases. *Shotha* is one of them).

**Upadravatmak**

*Shotha* is described as a sequel of many diseases by *Acharyas*. The diseases are *Chardi, Alasak, Visuchika, Shwasa, Kushta, Kandu, Visarpa, Pidaka, Atikarshana, Pandu*.

**Garbha Related**

*Amagarbhapata, Garbhasampidan, Sutika Paricharya* not followed properly. *Garbha* itself is important cause of *Garbhopadrava-shotha*.

In Ayurveda, it is said if developed disease show all it's *Purvarupa* (pre indicating sign and symptoms) and still remain untreated, it goes to the *Rupavastha* (indicating sign and symptoms) stage then the disease is difficult to treat.

In *Purvarupa* of *Gabhini Shotha* are *Angagaurav* (Heaviness in body), *Davathu* (Burning sensation in eyes palm etc), *Siranam ayam* (dilatation of vessels), *Ushma* (increased local temperature).

*Acharya Charak* has mentioned following *Rupa* of *Shotha*:<sup>[6]</sup>

1. *Gaurav* (Heaviness)
2. *Anavasthitatwa* (Not confined to certain part).
3. *Utsedh* (accumulation of *Dosha* gives rise to elevation)
4. *Siratanutwa* (Thinning of Vessels), *Lomharsha, Vaivarnyatwa*.

**Upshaya: Favorable Factors or Therapeutic Test**

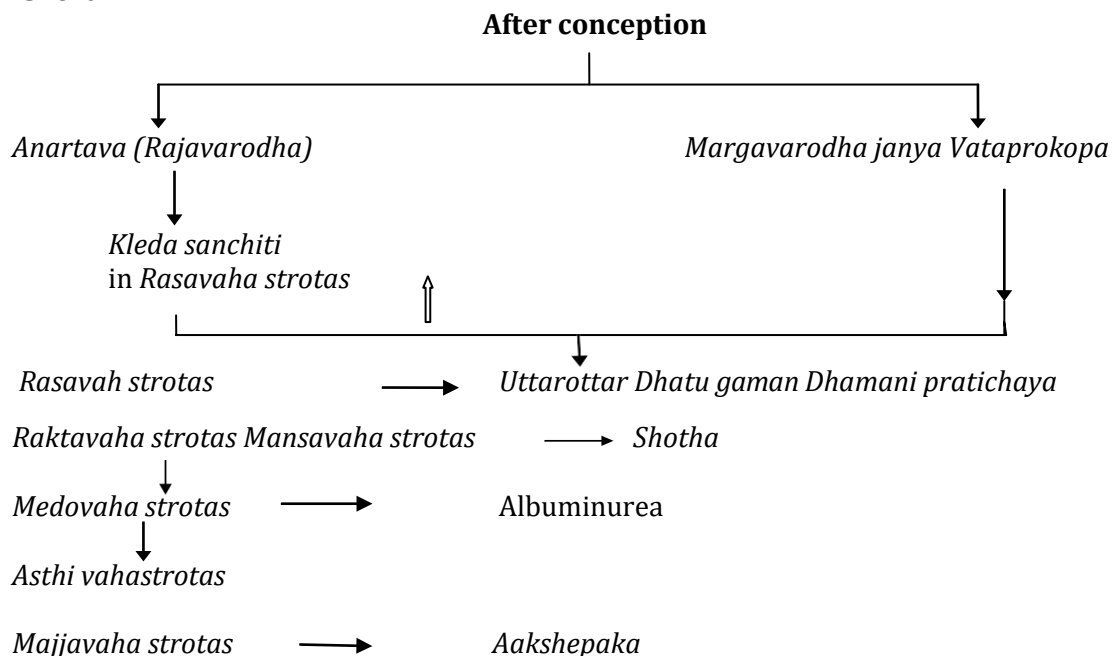
*Upshaya* is consideration of the predisposing and relieving factors. It refers to the treatment of the ailment i.e. *Aushadhi* (medicine), *Anna* (diet) and *Conduct*, which helps to cure the disease.

**Samprapti**

After conception, first symptom of pregnancy is *Anartava (Rajavarodha)* due to *Anartava*, there was increased *Kleda* formation in body (water retention tendency increased). Due to *Garbha masanumasik vridhi*, *Garbha* causes *Marga varodhajanya vataprakopa*. This *Prakupit vata* along with *Keda* goes into *Uttarotar dhatu* and produces various complications like, *Dhamani pratichaya, Pandu, Shotha, Albuminurea, Akshepaka*.

*Shotha* should be treated in very early stage, because it attains *Daruna* stage quickly and goes into *Uttarottar dhatu* and becomes difficult to treat. This *Prakupit vata* along with *Kleda* when reaches *Rasavahastrotas*, it causes process of *Dhamani pratichaya* (hypertension). *Shotha* occurs when *Doshas* reaches to *Rakta* and *Mansa Vaha strotas*. When *Doshas* reach in *Medovaha strotas*, albuminurea occurs. If *Doshas* are not treated in this stage, they further reach in *Asthi* and *Majjavaha Strotas* and produces *Akshepaka* (eclampsia).

**Thus in short**



**Sadhya – asadhyatwa****According to Charakacharya**

As far as *Garbhopadrava shotha* is considered, its *Sadhyatwa* means, *Garbha* and *Garbhini* both have least hazards and patient should have good delivery outcome without cost of her health. Thus,

- If signs and symptoms are few in number and are not severe.
- If patient is responding well to treatment.
- If only one *Gati* of disease is present.
- If disease is new
- If *Garbhopadrava* is detected early by *Vaidya* and is treated properly with the help of *Chatushpada*.

*Garbhopadrava* is *Sadhya* in all above conditions.

*Asadhyatwa* of *Garbhopadrava shotha* is that:

- If patient herself or fetus or both of the show fatal signs and symptoms.
- If appropriate treatment doesn't show any response in favor of both this stage is described as *Asadhyatwa* i.e., critical condition. In such condition we have to take decision of termination of pregnancy. The fetal outcome is very poor.

**Garbhini shotha chikista**

- In *Garbhini shotha*, at first, as a general principle of treatment *Nidana parivarjan* in *Aahara-vihara* is advised. As fetus is main cause of *Shotha* which cannot be and not be excluded until delivery or life threatening complications are generated.
- *Kwatha* of *Punarnava* root, *Devadaru* and *Murva* along with *Anupana* of *Madhu* is indicated in *Garbhini shotha*.<sup>[7]</sup>
- *Punarnava* has *Katu*, *Tikta*, *Kashaya rasa*, *Ushna virya* and *Katu vipaka*, *Vata-kaphaghna*, hence reduces *Kleda* in body. *Punarnava* is one of the most *Shothaghna* drugs without any side-effects. It contains unusual large quantity of potassium nitrate partly accounts for its diuretic property. It is haematinic and growth promoter.
- *Devadaru* also have *Shothaghna* property and it is included in *Stanyashodhak gana* by Charaka,<sup>[8]</sup> hence reduces *Rasadushti* as *Stanya* is *Upadhatu* of *rasa*. Also it is included in *Masanumasik kashayas* recommended by Sushruta to be given in 1<sup>st</sup> and 10<sup>th</sup> month of pregnancy as *Garbhastaphak* in *Yonigat rakta strava*. It has *Katu tikta rasa*, *Ushna virya*, *Katu vipaka* and *Kapha-vataghna* Properties.
- *Murva* is also included in *Stanyashodhaka gana* by Charaka, hence reduces *Rasadushti* as *Stanya* is *Upadhatu* of *rasa*. It has *Tikta*, *Kashaya rasa*, *Ushna virya*, *Katu vipaka* and *Vata-kaphaghna*

property. Hence reduces *Kleda* in body, which is responsible for Oedema.

- *Gokshur* has *Mutral* (diuretic), *Rasayan* (rejuvenating), *Balya* (strengthening), *Dipan* <sup>[9]</sup> (appetizer) properties and is recommended in *Shotha* (edema). It helps to relieve the symptoms by vat shaman and nourishing the *Dhatu*s with increased osmo regulation of plasma.

**Treatment modalities of edema in pregnancy**

**Rest:** The patient should be in bed preferably the left lateral position as much as possible to lessen the effect of vena caval compression.

**Diet:** The diet should contain adequate amount of protein with restriction of salt intake. Total calories approximate 1600 cal per day.

**Sedative:** To cut down emotional factors. Sedatives should be given orally.

**Laxative:** If the patient is constipated, a mild laxative at bed time may be given.

**Diuretics:** Use of diuretics in pedal oedema with pre-eclampsia benefits the mother but likely to cause harm to the baby by diminishing placental perfusion.

The compelling reasons for its use are

1. Cardiac Failure
2. Pulmonary Oedema
3. Along with selective antihypertensive drug therapy.

Massive oedema, not relieved by rest and producing discomfort to the patient.

**CONCLUSION**

Review of *Garbhini shoth vyadhi* reveals that there is vitiated *Agni* causing the imbalance of *Tridoshas* due to *Mithya aharvihara* like *Guru abhishyandi ahar sevan*, excessive intake of *Tikshna*, *Ushna aahar* in *Garbhavasta* causes *Nij shotha* called as *Garbhini shotha*. Classics have focused on the *Agnideepan* and *Paachan*, *Sanshodhan karma* which depends on the *Bala* of that *Rugna*. In *Garbhavastha* shodhan and *Nidan parivarjan chikista* is not possible. Acharyas has described different *Shothahar kwatha* contains *Punarnava*, *Gokshura*, *Guduchi*, *Shunthi*, *Haritaki*, which is mainly *Vatshamak*, *Shothahar*, *Agnideepak*, *Vatanulomak*, *Kledagna*, *Mutral*, properties. *Punarnavadi kwath* and *Punarnavashtak Kwath* acts as *Shothaghna* and *Mutral* hence decrease *Garbhini shotha*. This oedema of pregnancy can be avoided with adequate rest, salt restricted and proteneous diet. In severe stage it can be treated with laxative, sedatives and diuretics.

**REFERENCES**

1. Kashyap Samhita, Vridhajivaka Vidyotini Hindi commentary by D.S.Bhaishajyaratnavali, Khilstan, Chapter 17, shloke 3-6, Chaukhamba Prakashan Varanasi; 8th edition, 2002.
2. Harit Samhita, Jivanandvidyasagar Bhattacharya, Sanskrit prakashan, part I Garbhopdrav chikista, page no. 284.
3. Charak Samhita English Translation by R.K. Sharma and Bhagvan Das Vol-1 published by Chaukhamba Sanskrit Series, Adhyay-18, page no. 3.
4. Vagbhatacharya. Pandu roga shopha visarpa nidana-adyaya. In: Pt. Hari Sadasiva Sastri Paradikara (eds) Ashtanga Hridaya. Varanasi: Chaukhamba Surbharati Prakashan; 2010, pg.no- 520.
5. Sushruta. Shopha Chikitsitam adyaya. In: vaidya Yadavji Trikamji Acharya (eds) Sushruta Samhita. Varanasi: Chaukhamba Orientalia; 2013, pg.no- 485.
6. Charaka. Shvayathu Chikitsitam adyaya. In: vaidya Yadavji Trikamji Acharya (eds) Charaka Samhita. Varanasi: Chaukhamba Sanskrit Sansthan; 2013, pg.no-483.
7. kashyap Samhita, Vridhajivaka vidyotini Hindi commentary by D.S.Bhaishajyaratnavali, Chaukhamba prakashan Varanasi; 8th edition, Garbhinichikista Adhaya 2002 page no.96.
8. Charak Samhita Hindi comment by Vidyotini Purvardha chapter 4, Shloka 12 published by Chaukhamba bharti academy, page no. 81.
9. Tarannum N. Khan Gopal M. Jadhav. An Ayurvedic Approach in Management of Pre – Eclampsia, Paryeshana International Journal of Ayurvedic Research, Volume-I, Issue-III, January-February-2017, pp.32-38.

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