



TOCOLYTIC EFFECT OF GOKSHURADI KSHIRAPAKA IN THE MANAGEMENT OF GARBHINI UDARASHOOLA: A CASE REPORT

1. Dr.Kalyani Dhanraj Borse.

1.Assistant Professor, Dept. of Prasuti Tantra and Striroga, Chaitanya Ayurvedic college sakegaon Bhusawal, Maharashtra, India.

Abstract :

Abdominal pain during pregnancy, termed *Garbhini Udarashoola* in *Ayurveda*, is clinically significant symptom that may precede adverse obstetric outcomes such as threatened abortion or preterm labor. *Ayurvedic* literature attributes this condition mainly to aggravated *Vata Dosha* caused by improper adherence to *Garbhini Paricharya* (antenatal regimen) and exposure to *Garbhopaghatakara Bhavas* (factors detrimental to pregnancy). In modern obstetrics, tocolytic drugs are administered to suppress uterine contractions however, these medications may produce considerable maternal side effects. Therefore, safer and well-tolerated alternatives are desirable.

Keywords: *Garbhini Udarashoola*, *Gokshuradi Kshirapaka*, Tocolytic, Preterm labor.

Introduction :

Abdominal pain during pregnancy is a frequent clinical presentation that may range from benign physiological discomfort due to uterine enlargement to serious obstetric conditions such as threatened abortion and preterm labor. Preterm labor complicates approximately 5–10% of pregnancies worldwide and is a leading cause of neonatal morbidity and mortality, while 10–20% of clinically recognized pregnancies end in miscarriage. Early identification and appropriate management of uterine irritability are therefore crucial to prevent adverse outcomes.

Modern obstetrics utilizes tocolytic agents between 24 and 34 weeks of gestation to suppress uterine contractions and prolong pregnancy. Commonly used drugs include calcium channel blockers, beta-agonists, magnesium sulfate, and prostaglandin inhibitors. However, these medications are associated with maternal side effects such as Hypotension, Respiratory Depression, Tachycardia, Headache, Nausea, And Muscle Weakness, limiting their prolonged use and necessitating safer alternatives.

Ayurveda describes pregnancy-related abdominal pain as *Garbhini Udarashoola*, predominantly caused by aggravation of *Vata Dosha*, which governs movement, neuromuscular activity, and pain perception. Classical *Ayurvedic* literature states: “सर्वेष्वेतेषु शूलेषु प्रायेण पवनः प्रभुः”^{1,2,3}

(*Vata* is the principal factor in most types of pain.)

Improper adherence to *Garbhini Paricharya* (antenatal regimen), excessive physical exertion, psychological stress, improper diet, and exposure to *Garbhopaghatakara Bhavas* (factors harmful to pregnancy) disturb *Vata*, resulting in uterine irritability, abdominal pain, and potential risk to fetal stability^{1,2}. Classical texts such as the *Bhavaprakasha* recommend *Gokshuradi Kshirapaka*, a medicated milk preparation, for alleviating pain during pregnancy³. The formulation contains *Vata*-pacifying, nourishing, and uterine-supportive herbs processed in milk, which itself is considered *Balya* (strengthening), *Brimhana* (nourishing), and *Vata-shamaka*.⁹

Aim :

To evaluate the efficacy of *Gokshuradi Kshirapaka* in the management of *Garbhini Udarashoola*.

Objectives :

1. To assess reduction in abdominal pain and uterine irritability during pregnancy.
2. To analyze the analgesic and anti-inflammatory effects of the formulation.

Case Presentation :

Patient Information

A 28-year-old primigravida at 29.5 weeks of gestation presented with complaints of lower abdominal pain and tightness. She had been married for two years and was working as a nurse.

- Presenting Complaints -

Lower abdominal pain for 3 days
Abdominal tightness for 4–5 days
One episode of morning vomiting

- Medical History

There was no history of diabetes mellitus, hypertension, thyroid disorder, tuberculosis, major systemic illness, surgery, addictions, or drug allergies.

- Obstetric History

The current pregnancy was spontaneous and uneventful until the present complaint. There was no vaginal bleeding, leaking per vaginam or trauma. The patient reported coital abstinence since conception and had not used contraception prior to pregnancy.

Clinical ExaminationGeneral ExaminationGeneral condition: Good

Temperature: Afebrile

Blood pressure: 110/70 mmHg

Pulse rate: 80/min

Personal History

Appetite, thirst, bowel habits, bladder function, and sleep were normal.

Systemic Examination

Respiratory system: Clear breath sounds

Cardiovascular system: Normal heart sounds

Central nervous system: Conscious and oriented

Per abdomen: FHS – 142 BPM/min

- Investigations^{8,10}

Obstetric ultrasonography revealed a single live intrauterine fetus with parameters corresponding to gestational age and no structural abnormalities. Placenta, amniotic fluid volume, and cervical status were within normal limits.

- Intervention

Ayurvedic Treatment^{3,9}

Gokshuradi Kshirapaka was administered in a dose of 40 ml twice daily before food for 7 days.

Routine Antenatal Supplements

Iron preparation (Autrin) — once daily

Calcium supplement — twice daily

Classical Reference

“श्वदंष्ट्रा मधुक क्षुद्राऽम्लानः सिद्धं पयः पिबेत् ।

शर्करामधुसंयुक्तं गर्भिणि वेदनापहम् ॥”⁹

Key ingredients include *Gokshura* (*Tribulus terrestris*) and *Yashtimadhu* (*Glycyrrhiza glabra*) processed in milk, often with sugar and honey to enhance palatability and therapeutic effect⁹.

Results :

After seven days of therapy:

Marked reduction in abdominal pain

Relief from abdominal tightness

No recurrence of symptoms

No adverse maternal effects

Normal fetal movements and well-being

The patient remained stable, and pregnancy progressed without complications during follow-up.

Discussion :

Garbhini Udarashoola is primarily a *Vata*-dominant disorder characterized by pain, spasm, and uterine irritability. *Gokshuradi Kshirapaka* contains herbs with *Vata*-pacifying, anti-inflammatory and nourishing properties, making it particularly suitable during pregnancy^{3,9}.

Probable Mechanisms of Action

Vedanasthapaka — Provides analgesic relief

Shothahara — Reduces inflammation

Vatanulomana — Normalizes Vata function

Garbhashtapaka — Promotes fetal stability

Strotoshodhana — Improves microcirculation and removes obstruction

Milk used as an *anupana* enhances tissue nourishment, reduces dryness, and potentiates the therapeutic effects of the herbs. The observed clinical improvement suggests possible antispasmodic and smooth muscle relaxant actions, comparable to modern tocolytics but without systemic adverse effects^{6,8}.

Conclusion :

Gokshuradi Kshirapaka demonstrated significant efficacy in relieving abdominal pain and uterine irritability during pregnancy without producing adverse maternal or fetal outcomes. This formulation may serve as a safe *Ayurvedic* alternative or adjunct therapy for managing *Garbhini Udarashoola* and potentially preventing progression to threatened preterm labor. However, larger controlled clinical trials are necessary to establish its efficacy and safety on a broader scale.

References :

1. *Charaka Samhita. Agnivesha, revised by Charaka and Dridhabala. Charaka Samhita. Varanasi: Chaukhambha Orientalia; Reprint ed.*
2. *Sushruta Samhita. Sushruta. Sushruta Samhita. Varanasi: Chaukhambha Sanskrit Sansthan; Reprint ed.*
3. *Bhavaprakasha. Bhavamishra. Bhavaprakasha Nighantu. Varanasi: Chaukhambha Sanskrit Bhavan; Reprint ed.*
4. *Ashtanga Hridaya. Vagbhata. Ashtanga Hridaya. Varanasi: Chaukhambha Surbharati Prakashan; Reprint ed.*
5. World Health Organization. Preterm birth. Geneva: WHO; 2018.
6. American College of Obstetricians and Gynecologists. Management of preterm labor. *Obstet Gynecol.* 2016;127(1):e29–e38.
7. National Institute for Health and Care Excellence. Preterm labour and birth. London: NICE; 2015.
8. Williams Obstetrics. Cunningham FG, Leveno KJ, Bloom SL, et al. 25th ed. New York: McGraw-Hill Education; 2018.
9. Sharma PV. *Dravyaguna Vijnana. Vol. II. Varanasi: Chaukhambha Bharati Academy; Reprint ed.*
10. Dutta DC. *Textbook of Obstetrics. 9th ed. New Delhi: Jaypee Brothers Medical Publishers; 2018.*

