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Research Article

Management of *Garbhini Udarshoola* (Preterm Uterine Contractions) through Ayurveda: A Case Report

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ABSTRACT

Introduction: Premature contraction of the uterus is the very first sign of premature labor, which is followed by progressive changes in cervix such as effacement and dilatation. Four or more uterine contractions with or without pain per hour is a major biophysical predictor of preterm labor (between 20 and 37 weeks). **Objective:** To evaluate the clinical efficacy of oral administration of *Shwadanshtradi Yoga* in the form of *ksheerpaka* (~boiling in milk as per standard *Ayurvedic* procedure) in the management of *Garbhini Udarshoola* (~Preterm Uterine Contractions). **Materials and Methods:** A 28-year-old Primigravida, with Period of Gestation 32+4 weeks by LMP, presented to out-patient department (OPD) at All India Institute of Ayurveda, Delhi on January 24th, 2024, complaining of pain and tightness of abdomen and pain in lower back since 3 days which was slowly aggravating. On examination, one mild uterine contraction of 35 seconds was found in 10 minutes. *Shwadanshtradi Yoga, containing Shwadanshtra* (*Tribulus terrestris* Linn.)*, Madhuk* (*Glycyrrhiza glabra* Linn.), *Draksha* (*Vitis vinifera* Linn.), *Mlana* (*Barleria prionitis* Linn.), was prescribed orally in the form of *ksheerpaka* for a period of 7 days to see its uterine relaxant activity. **Result:** *Shwadanshtradi Yoga Ksheerapaka* is found to be very efficient in subsidence of premature contractions. **Conclusion:** The *Yoga* can be used as an effective alternative tocolytic medicine, thus in preventing untimely deliveries and significantly reducing the perinatal mortality and morbidity. No adverse effects were noted during the trial period.

KEYWORDS: *Draksha* (*Vitis vinifera* Linn.), *Garbhini Udarshoola*, *ksheerpaka, Madhuk* (*Glycyrrhiza glabra* Linn.), *Mlana* (*Barleria prionitis* Linn.), Preterm Uterine Contractions, *Shwadanshtradi Yoga*

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INTRODUCTION

Garbhini Udarshoola or abdominal pain or discomfort is one of the most common entity faced by a pregnant woman among the various ailments that can occur during pregnancy. Definition of *Garbhini Udarshoola* is not mentioned in any ayurveda texts. It is, actually, a *lakshana* (~symptom) as it can occur due to many reasons. It may be related to pregnancy or may be due to some underlying pathology. Among the various reasons related to pregnancy, the most common are due to excess fetal movements, stretching of the ligaments, constipation, frequent Braxton Hicks contractions or it may be due to threatened preterm labour. Abdominal pain may also be a sign of some other serious complications like ectopic pregnancy, miscarriage, placental abruption, preeclampsia, HELLP syndrome etc. Conditions not directly related to pregnancy may also be the cause of abdominal pain. These include gaseous distension, kidney stones, urinary tract infections, gall stones, appendicitis, peptic ulcer, colitis etc. So, understanding the underlying cause of the abdominal pain is necessary for the correct diagnosis and proper intervention. In pregnancy, Abdominal pain may be due to threatened preterm labour. Four or more uterine contractions with or without pain per hour is a major biophysical predictor of preterm labor (between 20 and 37 weeks).[1] Preterm birth is a major contributor to perinatal mortality and morbidity, affecting around 9% of births in high income countries and an estimated 13% of births in low and middle income countries.[2] Preterm birth complications are the leading cause of death among children under 5 years of age, responsible for approximately 1 million deaths in 2015.[3] Thus, an effective management is needed to improve the quality of life of the pregnant woman as well as for preventing untimely deliveries.

In Ayurveda, Acharyas have recommended the use of *aahara* (~diet) or *aushadha* (~medicines) which are *Jeevaniya* (~erythropoetic), *Balya* (~promotes strength), *Medhya* (~promoters of mental abilities) and *Rasayan* (~agents for anti-aging) for the qualitative nourishment of the mother which directly influences the health of the fetus. Moreover, pregnancy is a delicate condition in which medicines of *tikshna* (~sharp) properties cannot be used which can cause harm to the fetus. So, among the various formulations mentioned by the *Acharyas* in context of *Garbhini Shoola, Shwadanshtradi Yoga* has been selected for the study, mentioned by Acharya *Yogratnakar* in chapter *Strigarbharogadhikara.*[4]

PATIENT INFORMATION

A 28-year-old Primigravida, with a period of gestation 32+4 weeks by LMP, belonging to middle-class economic status, presented to outpatient department (OPD) of *Prasuti Tantra* of All India Institute of Ayurveda, Delhi on January 24th, 2024, complaining of pain and tightness of abdomen and pain in lower back since 3 days which was slowly aggravating. Her last menstrual period (LMP) was on June 10th, 2023 with the Expected date of delivery (EDD) on March 17th, 2024. She had a history of regular menstrual cycles. No significant surgical/allergic/addiction/ family history was given by the woman. The detailed history revealed that dominance of *Rasa* (~taste) in her diet was *Lavana* (~Salty) and *Katu* (~Pungent). Patient had a joint family due to which her resting period was less and she was under constant stress due to some family issues. She also gave history of *vega-vidharana* (~withholding natural urges) frequently due to household chores.

CLINICAL FINDINGS

On physical examination, the patient was found to be moderately built with the height of 157 cm and weight of 56 kg with BMI of 22.72 kg/m^2. Her blood pressure was 110/64 mmHg; pulse rate was 88/min; respiration rate 20/min. and axillary temperature was 97.4 F. Her Cardiovascular System and Respiratory System were found to be normal. She had mild pallor and no edema. On per abdominal examination, fundal height was found to be corresponding to gestational age, about 32-34 weeks of gestation, lie was longitudinal with cephalic presentation, Fetal Heart Rate was 144 beats/ minute. Two mild contractions were observed in a span of 20 minutes lasting for about 30-35 seconds. On per speculum examination, normal mucoid discharge was seen with healthy cervix and external os was found to be closed on per vaginal examination. Her appetite was normal, stool was slightly hard but occurring once daily and had no complaints in micturition. Her *Prakruti* assessment (~physical constitution) revealed that she was of *Vata-pitta prakruti* with *Madhyama sara* (~moderate excellence of tissue elements) and *Madhyama samhanana* (~moderate compactness of body tissues). She was of *Madhyama satva* (~moderate psychic condition) and *Avara vyayama Shakti* (~weakened power of performing exercise) *Madhyam ahara Shakti* and *Jarana shakti* (~moderate food intake capacity and digestion).

TIMELINE

The patient was managed with internal medicines for a period of 7 days and was observed for next 7 days with no recurrence of any abdominal pain or uterine contractions. [Table 1]

DIAGNOSTIC FOCUS AND ASSESSMENT

Diagnosis was done on the basis of clinical observation of uterine contractions and cardiotocography (CTG). On examination, two mild [Table 2] contractions were observed in a span of 20 minutes lasting for about 30-35 seconds. P/S (Per speculum) and P/V (Per Vaginal) examinations were done. USG (obstetrics) and USG (whole abdomen) were noted, CBC, Urine-R/M were done simultaneously to rule out any underlying cause. The follow-up to analyse the effect of the treatment was also done through clinical observation and cardiotocography and after discharge also, the patient was advised to visit OPD at suggested intervals for assessment. Investigations that were noted down include: Complete Blood Count (January 10th, 2024) Hb- 10 gm/dl; Platelet count: 1.20 lacs/cumm; TLC: 15,690/ cumm, Urine report was normal. CRP (Quantitative): 0.80 mg/L, LFT: Total Bilirubin: 0.24 mg/dl; SGOT- 23 IU/L; SGPT- 24 IU/L; ALP- 98 IU/L.

THERAPEUTIC FOCUS

The patient was admitted on January 24th, 2024 and was given internal medicines (*Shwadanshtra, Madhuk, Draksha, Sairyak*) in the form of *Ksheerpaka* (2 pala /96ml), mixed with sugar and honey thrice daily for 3 days. Patient was discharged on 4th day i.e. on January 27th, 2024 after the subsidence of uterine contractions with the *Ksheerpaka* advised twice daily for next 4 days and was then called for routine check-up. She was again asked to come for follow up after next 7 days to know about any recurrence of abdominal pain or any uterine contraction. [Table 3]

FOLLOW-UP AND OUTCOME

A 28-year-old Primigravida, with a period of gestation 32+4 weeks by LMP, presented to outpatient department (OPD) on January 24th, 2024, complaining of pain and tightness of abdomen and pain in lower back since 3 days which was slowly aggravating. Patient was observed clinically and CTG was done. Two mild contractions were present in a span of 20 minutes lasting for about 30-35 seconds. Patient was admitted and was prescribed *Shwadanshtradi Yoga* thrice daily in the dose of 96 ml. She was discharged on January 27th, 2024 under stable vitals with no uterine contractions and *Shwadanshtradi Yoga* was advised twice daily for 4 days. She visited the OPD at suggested intervals, i.e. on Day 7th and Day 14th from the date of admission. The patient was assessed clinically and Non-Stress Test (NST) was done on every visit. No adverse effect was noted during the trial period with no recurrence of preterm uterine contractions. The patient was admitted in Labor Room on February 26th, 2024 at POG 37+3 weeks (by LMP) with Labour Pains and a full-term male baby weighing 2.62 kg was delivered with vertex presentation at 12:45 pm on February 26th, 2024. No sign of fetal distress was seen during labor. The baby cried well immediately after birth. APGAR score was found normal. The whole procedure went uneventful.

DISCUSSION

The exact mechanism of preterm labor is unknown but is believed to include multiple gestation, polyhydramnios, cervical incompetence, uterine distortion, cervical inflammation, maternal infections, fever, urinary tract infection, hormonal changes mediated by maternal or fetal stress and uteroplacental insufficiency. According to ancient *Acharyas,* normalcy of *Shukra* (~male reproductive factors), *Artava* (~female reproductive factors), *Ashaya* (~uterus), *Kala* (~Suitable timing for conception) and *Diet* along with life style of mother is essential for the full-term delivery of matured fetus. Any abnormality in any of these factors may cause *Akala Prasava*. As per Ayurveda, *Akala Prasava* (~preterm labour) results due to the malfunctioning of *Apana Vata* (~a subtype of *vata*).

The health of the mother should be taken utmost care as the health of the pregnant woman is very essential for the woman herself as well as the growing fetus. While describing the general principles of treatment for pregnant woman, *Acharya Charaka* [5] opines that it should be treated with the use of *mridu* (~soft), *madhura* (~sweet), *shishira* (~cold), *Sukha* (~pleasant), *sukumara* (~gentle) *aushadha* (~drugs), *ahara* (~diet) and *upchaara* (~behaviour). *Acharya Sushruta* has described that *snigdha* (~unctuousness) and *sheeta kriya* (~cold therapy) should be done in *sthanantar gamit Garbha* (~threatened abortion).[6] Milk is also said to be best in *garbhastrava* (~abortion) and also in *garbhashosha* (~fetal growth restriction) caused by *Vata*.[7] So, *Shwadanshtradi Yoga* mentioned by *Acharya Yogratnakar* in *chapter Strigarbha Chikitsa*, containing *Shwadanshtra (Gokshur), Madhuk, Draksha* and *Mlan*, was given in the form of *ksheerpaka* which has *Vrishya* (~aphrodisiac), *Brimhaniya* (~growth promotor), *Mutrala* (~diuretic), *Balya* (~strength promotor), *Dipaniya* (~appetizer), *Shothahara* (~anti-inflammatory), *Vatanulomaka* (~normalising the movement of *Vata*) and *Vedanasthapaka* (~analgesic) properties to see its efficacy in *Garbhini Udarshoola* or preterm uterine contractions.

Probable mode of action

Shwadanshtra[8,9,10,11] (*Tribulus terrestris* Linn./ Zygophyllacae) has *Madhura rasa* (sweet taste), *Madhur*a (~sweet) *vipaka* (~principle taste at the completion of digestion), *Sheeta veerya* (~pharmacological activity) *and guru, snigdha* (~heavy and unctuous) guna (~pharmacological property). It has *Vatapittashamak* (~pacifies *Vata* and *Pitta*) properties**.** It is *Vrishya, Brimhaniya, Mutrala, Balya, Dipana, Shothahara, Vedanasthapana and raktapittanashak* (~controls hemorrhage). It contains Chlorogenin, Diosgenin and its acetate, Gitogenin, Astragalin, Dioscin, Gracillin, Hecogenin, Ruscogenin, Trillin, Spirosterol, Saponin, Kaempferol, Glucose, Rutin, Harmine, Quercetin, Amino acids due to which it has been reported to have tremendous medicinal and pharmacological activities such as diuresis, immune modulatory, anti-urolithic, antihypertensive, anti-diabetic, anti-bacterial, analgesic, anti-spasmodic and anti-inflammatory action. It markedly suppresses the expression of cyclooxygenase (COX)-2 and the production of prostaglandin E2.[12]

Madhuk [13,14,15] (*Glycyrrhiza glabra* Linn./ Leguminosae) has *Madhura rasa*, *Madhur vipaka*, *Sheeta veerya* and *guru, snigdha guna*. It has *Vatapittashamak properties.* It is *Vrishya, Mutrala, Balya, vataanulomaka, mridurechak* (~mild laxative), *Shothahara, Vedanasthapana, shonitasthapana, rasayana (*~health rejuvenator). It contains Triterpene saponins, flavonoids, polysaccharides, pectins, simple sugars, amino acids and mineral salts. Yastimadhu has anti-allergic, anti-inflammatory, spasmolytic, mild laxative, anti-stress, antidepressive, antiulcer, liver protective, estrogenic, emmenagogue, and anti-diabetic properties. It is effective against anemia, flatulence, acidity, leucorrhoea, bleeding, jaundice. The isoflavones glabridin and hispaglabridins A and B have considerable antioxidant activity. Both glabridin and glabrene have estrogen-like activity.[16] Glycyrrhizic acid inhibits cyclooxygenase activity and prostaglandin formation (specifically prostaglandin E2).[17]

Draksha[18] (*Vitis vinifera* Linn. / Vitaceae) has *Madhura rasa, Madhur vipaka, sheeta veerya* and *guru,*

snigdha, mridu (~soft) *guna*. It is *vatapittahar* and has *Snehan, balya, Brinhuniya, vrishya, Garbhasthapak* (~helps in sustenance of pregnancy), *Mutral, Anulomaka, Santarpana* (~provides nourishment) properties. Fruits contain catechin, epicatechin, beta-sitosterol, ergosterol, jasmonic acid, glucose, fructose, galactose, mannose, arabinose, rhamnose, tannic acid, mallic acids. The main basic element of grape is manganese which play an important role in metabolism of carbohydrates, amino acids and cholesterol. It also contains vitamin B6, thiamine, riboflavin, vitamin C, potassium, Arginine [19] and Alanine. Arginine improves the circulation and oxygen supply of the coronary and peripheral vessels through the release of nitric oxide. Nitric oxide relaxes the walls of the blood vessels and thereby improves the circulation in the whole body. Many studies demonstrated that it also contains resveratrol, a polyphenol which has antioxidant properties. Grape contains flavonoids, which can have antioxidant effects, lower the levels of low-density lipoproteins and relax blood vessels.

Mlana [20,21] (*Barleria prionitis* Linn. / Acanthaceae) has *tikta* (bitter), *Madhura rasa*, *katu vipaka*, *ushna* (~hot) *veerya*, *laghu* (~light) *guna*. It is *vatakaphashamak* and has *shothahar, Mutrala, Balya, vednasthapana* properties. It contains alkaloids, terpenoids, saponins, flavonoids, tannins and phenolic compounds, carbohydrates and glycosides. It is anti-bacterial, antihelminthic, antifungal, anti-oxidant, Hepato-protective, diuretic, antiviral, anti-diabetic, anti-inflammatory, anti-nociceptive, antidiarrheal, gastro protective, antihypertensive and found to have significant COX-1 and COX-2 inhibition with subsequent inhibition of prostaglandin synthesis.[22]

Cowmilk[23] has ten properties viz., *madhur, sheeta, mridu* (~soft), *snigdha, bahala* (~thick), *slakshna* (~smooth), *pichhila, guru, manda* (~slow) and *prasana* (~pleasant quality) which are also the properties of *ojas* (~essential energy of the body and mind). So milk having identical properties is conducive to the promotion of ojas. It is *Jeevaniya* (~improve the quality of life), *Rasayana, Vrshya, Balya, Sramahara* (~removes fatigue). Thus, milk is an elexir per excellence. Milk contains important fatty acids, proteins, minerals, variable levels of vitamin A, D and E. Thus, the nutritional value of milk is particularly high due to the balance of the nutrients that compose it.[24]

CONCLUSION

Shwadanshtradi Yoga Ksheerapaka is found to be very efficient in preventing premature contractions. All four constituents of *Shwadanshtradi Yoga* are *Vrishya, Brimhaniya, Mutrala, Balya, Dipaniya, Shothahara, vatanulomaka and Vedanasthapaka*. Also, milk possesses properties similar to ojas, promoting the enhancement of *ojas* and can be considered an elixir. Various Ayurvedic formulations are described in Ayurveda texts but very few of them are studied clinically & very few Ayurvedic obstetricians use them, as only modern medicines are in use. Therefore, it is the need of today to find out an Ayurvedic tocolytic drug that would be effective, safe, potent and cost-effective for management of *Garbhini Udarshoola.*

Conflicts of Interest: Nil

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Table 1: Timeline

Drug	**Duration**	**Dose**	**Route**	**Adjuvant**
Shwadanshtradi Yoga	7 days	Ksheerpaka (2 *pala* /96ml) thrice daily × 3 days; then BD × next 4 days	Oral	*Madhu* (Q.S)+ *sharkara*
Follow up – after next 7 days				

Table 2: Parameter for measurement of Intensity of uterine contractions

Parameter	Intensity of uterine contractions		
	Mild	Moderate	Severe
Tocograph Reading	<40	40-60	Severe

Table 3: Therapeutic intervention

*LMP – Last Menstrual Period

Date of Visit	**Complaints**	**On Examination**	**Internal Medicines**	**Advise**
January 24th, 2024	Primigravida with gestational age by LMP 32+4 weeks with pain and tightness of abdomen and pain in lower back since 3 days	Vitals Stable FH- 32-34 weeks, Cephalic, FHR- 144 bpm. Two mild contractions were observed in a span of 20 minutes lasting for about 30-35 seconds.	*Shwadanshtradi Yoga* 96 ml was given thrice daily.	Bed Rest in head low position Adequate hydration. Avoid oily, spicy, junk food. Adequate fluids Protein rich diet like pulses, boiled egg, black gram, lobia, soya chunks, vegetables and fruits.
January 25th, 2023	POG by LMP 32+5 weeks, No fresh complaints	FH- 32-34 weeks, Cephalic, FHR- 140 bpm No contractions were observed from evening	Same as above	Same as above
January 26th, 2024	POG by LMP 32+6 weeks with no fresh complaints	FH- 32-34 weeks Cephalic FHR- 142 bpm NST- Reactive. No contractions observed	Same as above	Same as above
January 27th, 2024	POG by LMP- 33+0 weeks; No any fresh complaints	FH- 32-34 weeks, Cephalic FHR- 146 bpm NST- reactive No contractions observed	*Shwadanshtradi Yoga* 96 ml was advised twice daily along with routine Iron and calcium tablets	Same as above Patent was discharged under stable vitals
January 31st, 2024	POG by LMP- 33+4 weeks; No any fresh complaints	Vitals Stable FH- 34 weeks, Cephalic FHR- 140 bpm NST- reactive No contractions observed	*Shwadanshtradi Yoga* was stopped. The subject was advised to take routine Iron and calcium tablets	Adequate rest and hydration Avoid oily, spicy, junk food. Adequate fluids Protein rich diet like pulses, boiled egg, black gram, lobia, soya chunks, vegetables and fruits.
February 7th, 2024	POG by LMP- 34+4 weeks; No any fresh complaints	Vitals Stable FH- 34-36 weeks, Cephalic FHR- 150 bpm	Routine Iron and calcium tablet	Same as above.