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Tocolytic Effect Of Gokshuradi Ksheerpaka In The Management Of Garbhini Udarshoola- A Case Study

Dr. Chitrangi Dattatray Wagh[1] , Dr. Jeny Bhatt[2]

1.P.G. Scholar, Department of Streeroga & Prasutitantra

2. Assistant Professor, PG Guide, PhD(Sch), Department of Streeroga & Prasutitantra

Dr. G. D. Pol Foundation's YMT Ayurvedic Medical College & Hospital, Kharghar, Navi Mumbai, Maharashtra

Abstract

Introduction: Preterm labour is a significant obstetric challenge associated with adverse perinatal outcomes. Conventional tocolytics have limitations due to side effects and variable efficacy. Ayurveda describes abdominal pain during pregnancy as *Garbhini Udarshoola*, primarily caused by *Vata* vitiation.

Objective: To analyse the Analgesic and Anti-Inflammatory effect of *Gokshuradi Ksheerpaka* in the management of *Garbhini Udarshool*.

Methods: A pregnant woman presenting with lower abdominal pain and uterine irritability was managed with *Gokshuradi Ksheerpaka* along with dietary and lifestyle advice. Clinical improvement and pregnancy outcome were assessed.

Results: Significant reduction in abdominal pain and uterine discomfort was observed, with successful continuation of pregnancy beyond the threatened period and no adverse effects.

Conclusion: *Gokshuradi Ksheerpaka* may be a safe and effective supportive therapy in the management of *Garbhini Udarshoola* .

Keywords: *Garbhini Udarshoola, Preterm Labour, Gokshuradi Ksheerpaka, Tocolytic effect, Ayurveda.*

Introduction

Preterm labour remains a major obstetric concern due to its association with increased neonatal morbidity and mortality. It is clinically defined as the onset of uterine contractions with or without cervical changes before 37 completed weeks of gestation. Although modern obstetric practice employs various pharmacological tocolytic agents, their prolonged use is often limited by maternal adverse effects, fetal risks, and inconsistent outcomes. Hence, there is a growing need to explore safer, supportive, and holistic therapeutic interventions, particularly those that can be integrated into antenatal care.

Ayurveda accords special importance to the maintenance of pregnancy, considering it a *Sukumaravastha* requiring continuous protection of both the mother and the fetus. Abdominal pain during pregnancy is described under *Garbhini Udarshoola*, a condition primarily resulting from the aggravation of *Vata Dosha*, especially *Apana Vata*. Following *Garbhaupaghatkar bhav* and factors such as excessive physical activity, psychological stress, improper dietary habits, and depletion of maternal tissues (*Dhatu Kshaya)* contribute to the vitiation of *Vata*, leading to uterine irritability, pain, and a tendency toward premature initiation of labour.[1,2,3] Classical texts emphasize that unmanaged *Vata* disorders during pregnancy may threaten fetal stability and pregnancy continuation. [1,2]

Ksheerpaka Kalpana is widely recommended in Ayurvedic classics for conditions involving *Vata* predominance, particularly in pregnant women, due to its nourishing (*Brimhana*), strengthening (*Balya*), and *Vata-shamaka* properties.[4] Ayurvedic classical text *Bhavprakasha* described one remedy I.e *Gokshuradi Ksheerpaka* , containing drugs such as *Gokshura, Yashtimadhu, Sahachara, and Kantakari*, processed in milk, is traditionally indicated in pain disorders, inflammatory conditions, and *Vata-vyadhi*.[6] The formulation is known for its *Vedanasthapana, Shothahara, Vatanulomana*, and tissue-stabilizing actions, making it suitable for managing pain and uterine discomfort during pregnancy.[7,8,9]

The present case study aims to evaluate the tocolytic effect of *Gokshuradi Ksheerpaka* in the management of *Garbhini Udarshoola* presenting with features suggestive of preterm labour. The study attempts to document clinical improvement, maternal comfort, and pregnancy outcome, thereby highlighting the potential role of classical Ayurvedic formulations as safe and effective therapeutic measures in preventing preterm labour.

Case Study

Aim :

To study the efficacy of *Gokshuradi ksheerapaka* as a tocolytic effect in *Garbhini Udarshoola*.

Objective:

- To analyse the Analgesic and Anti-Inflammatory effect of *Gokshuradi Ksheerpaka* in the management of *Garbhini Udarshool*.

Method And Material:

- Case Report :

  An ANC of 6month 25 days of ammenorhea of 28 yrs old female came to the OPD

- **Occupation** : Housewife

- **Complaints with Duration**:
  - Pain in lower abdomen since 3 days
  - Tightness in abdomen since 4 to 5 days
  - Vomiting 1 episode early in the morning

  The pain was intermittent in nature, radiating to the lower back, and was associated with a sense of abdominal tightness. The patient also reported increased discomfort on physical activity and partial relief on rest. There was no history of vaginal bleeding or leaking per vagina. Fetal movements were perceived adequately.

- Dietary history indicated irregular meal patterns, and the patient reported increased physical exertion in daily activities. Psychological stress was also noted.

- **Past medical history**: N/H/O DM, HTN, Thyroid, Kochs, or any other major illness.
- **Past surgical history**: Nil
- **Family History** : Nil
- **Marital status**: Married since 2 years
- **Coital History** : Nil since conception
- **Contraceptive History** : Not practicing any of contraceptive methods by both partners
- **Obstretic history** : G_1 P_0 A_0 L_0 D_0
  - G_1 – Present pregnancy (29.5Weeks)

  Obstetric history revealed no previous preterm deliveries or abortions.

- **Allergy History** : Nil
- **Addiction History** : Nil

  General Examination:

  GC : Good

  Temp : Afebrile

  BP : 110 / 70 mmHg

  Pulse : 80 / min

Systemic Examination :

RS - AEBE Clear

CVS - S1S2 Normal

CNS - Conscious and Oriented

Personal History :

Thirst : Normal

Apetite : Normal

Bowel : Satisfactory

Bladder : Normal

Sleep : Adequate

- **Per Abdomen** : ut = 28-30wks
    - FHS – 144bpm reg at V2
    - mild uterine tenderness
    - uterine irritability : 2 contractions in 10 mins
        - 1^{st} contraction of 20 secs and 2^{nd} contraction of 25 secs.
- No uterine contractions were noted on palpation at rest; however, increased uterine irritability was suspected. Per vagina examination was deferred considering the gestational age and absence of active labour signs.

Investigations : USG Obs

Single Intrauterine Gestation age of 28 wks 3 days.

Presentation: Cephalic

Placenta : Posterior

Cervix Length: 3.74 cm

AFI: 14 cm


LOTUS IMAGING CLINICS

ISO 9001 : 2015 Certified

Dr. Ravindra Patilghuge

Consultant Radiologist

OB - 2/3 Trimester Scan Report

Real time B-mode ultrasonography of gravid uterus done.

Route: Transabdominal

Single intrauterine gestation

Maternal

Cervix measured 3.74 cm in length

Fetus

Survey

Presentation : Cephalic

Placenta : Posterior

Liquor : Normal

Amniotic fluid index = 14

Umbilical cord : Three vessel cord seen

Fetal activity : Fetal activity present

Cardiac activity : Cardiac activity present

Fetal heart rate - 161 bpm

Biometry(Hadlock, Unit: mm)

BPD

HC

AC

FL

EFW (grams)

BPD,HC,AC,FL

Impression

Single intrauterine gestation corresponding to a gestational age of 28 Weeks 3 Days

Gestational age assigned as per biometry (CRL) on 03/07/2023

Menstrual age 29 Weeks 5 Days

Corrected EDD 08-02-2024

Placenta - Posterior

Presentation - Cephalic

Treatment:

Considering the predominance of *Vata Dosha* and the need for a safe, nourishing, and uterine-stabilizing therapy, the patient was planned for management with *Gokshuradi Ksheerpaka*.

The formulation was administered in a dose of 40 ml, twice daily, Before food, for a duration of 7 days.

The patient was advised adequate rest, *Vata-shamaka Ahara*, and avoidance of physical-strain. Patient was told to continue her iron-calcium medicine.

Assessment Criteria:

The therapeutic response was assessed based on both subjective and objective parameters. Subjective assessment included the severity of lower abdominal pain (*Udarshoola*), frequency of pain episodes, and associated low back discomfort. Objective assessment parameters comprised uterine tenderness on abdominal examination, fetal heart rate monitoring. Maternal wellbeing and continuation of pregnancy without progression to active labour were considered important outcome indicators.

Pain intensity was assessed using a graded scale (mild, moderate, severe) based on patient reporting. Regular follow-up was carried out to monitor symptom relief, maternal comfort, and fetal wellbeing.

Evaluation of pain:

GRADE	TYPE OF PAIN	DESCRIPTION
0	No Pain	The patient feels no pain
1	Mild	The patient feels pain even if concentrating on some activity
2	Moderate	The patient is very disturbed but nevertheless can continue with normal activities
3	Severe	The patient forced to abandon normal activity

Evaluation of uterine contraction:

GRADE	TYPE OF CONTRACTION	DESCRIPTION
0	No Contraction	.....
1	Mild	No. of contractions <20 sec/min
2	Moderate	No. of contractions in 20-40 sec/10 min
3	Severe	No. of contractions >40 sec/ 10 min

OBSERVATION AND RESULT:

After initiation of *Gokshuradi Ksheerpaka*, the patient reported gradual relief in lower abdominal pain. The frequency and intensity of pain episodes significantly reduced, and the sensation of abdominal tightness subsided. Low back discomfort also showed marked improvement.

On subsequent examinations, uterine tenderness was absent, and no features suggestive of progressive labour were observed. Fetal heart rate remained within normal limits throughout the treatment period. The patient did not experience any adverse drug reactions. Pregnancy was successfully continued beyond the threatened period, and the patient remained stable on follow-up.

	Before	After
Pain in abdomen	Moderate(Grade 2)	No pain(Grade 0)
Contractions	Moderate(Grade 2) 2 contractions in 10 mins	No contractions(Grade 0)

	• 1st contraction of 20 secs and 2nd contraction of 25 secs.	
Vomiting	1 episode at morning	No vomiting

Discussion

In *Ayurveda*, *Garbhini Udarshoola* is predominantly attributed to the vitiation of *Vata Dosha*, particularly *Apana Vata*, which governs uterine functions and fetal retention. Factors such as physical exertion, psychological stress, and *Dhatu Kshaya* contribute to *Vata Prakopa*, resulting in pain, uterine irritability, and predisposition to preterm labour.[1,2,3] The primary principle of management involves *Vata Shamana*, nourishment (*Brimhana*), and stabilization of pregnancy (*Garbhasthapana*).

Gokshuradi Ksheerpaka is a classical *Ksheerpaka Kalpana* indicated in *Vata Vyadhi* and pain disorders.

गोक्षुरादी क्षीरपाक -

श्वदंष्ट्रा मधुक क्षुद्राऽम्लानः सिद्धं पयः पिबेत्।

शर्करामधुसंयुक्तं गर्भिणि वेदनापहम्॥

(भा.प्र.म.ख. गर्भिणिरोग चिकित्सा ७०/८०) [6]

Gokshuradi ksheerapaka by its *vedanasthapak prabhav* it resembles its analgesic activity. [6]

Gokshura possesses *Vatanulomana* and *Balya* properties, while *Yashtimadhu* contributes *Vedanasthapana*, *Shothahara*, and tissue-protective actions.[7,8,9] Milk acts as an ideal *Anupana* providing nourishment, strength, and soothing effect on aggravated Vata.[4,7] Collectively, the formulation helps in reducing uterine irritability, alleviating pain, and supporting maternal tissues.

From a contemporary perspective, the observed effects may be attributed to the anti-inflammatory, antispasmodic, and smooth muscle–relaxant properties of the ingredients, which contribute to uterine relaxation and pain relief, thereby exerting a tocolytic effect. The absence of adverse effects further supports the safety of the formulation during pregnancy when used judiciously.

Conclusion

The present case study demonstrates that *Gokshuradi Ksheerpaka* was effective in relieving *Garbhini Udarshoola* and preventing progression toward preterm labour. The formulation provided symptomatic relief, improved maternal comfort, and supported continuation of pregnancy without adverse effects. This suggests that classical Ayurvedic formulations may serve as safe and supportive therapeutic options in the management

of threatened preterm labour. However, further clinical studies with larger sample sizes are recommended to substantiate these findings.

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