



ROLE OF GARBHINI PARICHARYA AND ITS CLINICAL SIGNIFICANCE

Dr. Anusha M.^{1*} and Dr. G. N. Govind²

¹Assistant Professor, Department of Prasooti Tantra & Stree Roga S.D.M Institute of Ayurveda & Hospital, Bengaluru, Karnataka, India.

²Intern, Department of Prasooti Tantra & Stree Roga S.D.M Institute of Ayurveda & Hospital, Bengaluru, Karnataka, India.

***Corresponding Author: Dr. Anusha M.**

Assistant Professor, Department of Prasooti Tantra & Stree Roga S.D.M Institute of Ayurveda & Hospital, Bengaluru, Karnataka, India.

DOI: <https://doi.org/10.17605/OSF.IO/HYA4V>

Article Received on 05/11/2020

Article Revised on 25/11/2020

Article Accepted on 15/12/2020

ABSTRACT

Pregnancy and child birth is beautiful event in every woman's life. Multiple micronutrient deficiencies were common among pregnant women. Over 10% of the pregnant women were both anemic and deficient in B-complex vitamins, whereas 22% of women were both anemic and zinc deficient. The role of diet and life style plays a major role during pregnancy.^[1] Ayurveda, A holistic way of living, documented about the Pathya in terms of ahara (diet), vihara (lifestyle), vichara (psychological aspect) to be followed during pregnancy with respect to each month. The proper *pathya* would result in the proper development of the fetus, and the health of The mother to withstand the strain of labor and postnatal period. Hence, an attempt is made to highlight the importance of pathya in garbhini.

KEYWORDS: garbhini pathya, antenatal nutrition, masanumasiki garbhini paricharya.

INTRODUCTION

The pregnant women desirous of producing *healthy progeny* should give up non congenial diet and mode of life and adopt good conduct and using congenial diet and mode of life. Prevalence of maternal deaths is more in developing countries than developed one. The factors responsible are hemorrhage (2.8%), complication of unsafe abortion (19%), pregnancy induced hypertension (17%), infection (11%), obstructed labor (11%) Majority (80%) of fetal death occurs in ante partum period due to causes like chronic fetal hypoxia (IUGR), maternal complications e.g. PIH, fetal congenital malformation.^[2] Antenatal care plays crucial role in conquering these obstacles. Hence, it's very important to take care of pregnant women. Ayurveda gives importance of caring for the mother before, during and after pregnancy, to ensure normal pregnancy and uncomplicated labor with delivery of a healthy baby from a healthy mother. *Classics have* explained a detailed, systematic month wise regimen and a list of do's and don'ts to be followed in the antenatal period. The entire fetal health dependent on mother, care of pregnant women reflects on the quality and health of the offspring. therefore, it is

important to take care that pregnant women getting adequate care and nutritious and proper food so that she delivers a healthy Baby without complications. This can be achieved with the help of garbhini pathya. In the present review prime focus is given on monthly Regimen for Pregnant woman described in Ayurvedic classics so as to achieve healthy baby to healthy mother.

AIM AND OBJECTIVES

- 1) To collect and analyze the Masanumasik Garbhini aahara and vihara.
- 2) To understand the clinical importance of Garbhini pathya as described in ancient

Treatise & its utility in today's context in correlation with Pre-natal care.

MATERIALS AND METHODS

Literature: brihatrayee, all available Ayurvedic classics, Magazines, Journals & Research papers.

Type of study: conceptual study.

Monthly Dietary Regimen and Pathya in explained in Ayurvedic classic.

MONTH	CHARAKA ^[3]	SUSHRUTA ^[4]	VAGBHATTA ^[5]	HAARITA ^[6]
1	Non medicated milk in desired quantity	Sweet, cold and liquid diet	Medicated milk	Yashtimadhu or parushaka or madhupushpa with navaneeta with madhura payo anupana
2	Milk medicated with Madhur Rasa drugs	Same as 1st month	Same as charaka	Kakoli siddha ksheera
3	Milk with honey and Ghrita	Same as 1st month and shashthi rice cooked with milk	Same as Charaka	Krishara
4	Navneet (Butter) extracted from milk or Milk with butter	Shashti rice with curd. Pleasant food mixed with milk and butter. Mansa (meat) of wild animals	Milk with one tola of butter (12gm)	Sanskrita odana
5	Ghrita prepared with butter extracted from milk	Shashti rice with milk. Pleasant food mixed with milk and ghrita. Meat of wild animals	Same as charak	Paayasa
6	Ghrita prepared from milk medicated	Ghrita or rice gruel medicated with Gokshur	Same as Charaka	Madhura dadhi
7	Ghrita prepared from milk medicated with Madhur drugs (same as fifth month)	Ghrita medicated with Prithakparnyadi group of drugs	Same as charaka	Ghrita khanda
8	Kshir Yavagu mixed with ghee	Asthapan basti (bala, atibala, shatpushpa, milk, curd etc). Anuvasan Basti of medicated oils.	Kshir yavagu mixed with ghee. Asthapan basti (milk, curd, sour butter, oil, madanphala) etc. Anuvasan Basti of medicated oils	Ghritapurana
9	Anuvasan Basti with oil prepared with madhur drugs, Yonipichu (vaginal tampon) of this oil	Unctuous gruels and meat soup of wild animals	Anuvasan Basti with oil prepared with Madhur drugs. Vaginal tampon of this oil	Vividha anna

Vihara and vichara.

DO'S	DON'TS
Listening to pleasant music, meditation, pranayama, yogasana according to trimester.	Powder massage, excessive and improper exercise, walking, running. Excessive sleep. Nauseating aroma, food etc. Alcohol intake, excessive intake of sweets, sour food, spicy food, salty food, bitter food, astringent food, very hot food, meat and fish, toor dal, potato, brinjal, sprouts(night), avalakki(puffed rice), chicken. Emotional stress, grief, anger, jealousy, vocal abuses, physical assault, injury, frequent pressure over abdomen, uncomfortable travel, long distance travel, uncomfortable sitting posture, sleeping in supine position, dangerous risky activities. Staring into depth, climbing heights, exposure to water

	bodies. Avoid sexual intercourse. Suppression/ Inhibition of natural urges of micturition, defecation and flatus. Bad, negative thoughts
--	---

DISCUSSION

First trimester

The most important event during first trimester is embryogenesis. Mammalian embryo requires an increasing amount of energy. As it develops during embryonic and fetal stages^[7] all this energy is provided by Kshira, ghrita krishara. Milk medicated with Madhura Rasa acts like rich source of energy. In this period women suffer with nausea and vomiting. This may result in dehydration, loss of nutrients. The dietary regimen suggested by most of the acharyas during this period is in liquid state, madhura rasa and having high nutritional value which helps to replenish the nutrients and corrects the dehydration. Vata is responsible for cell division during embryogenesis.^[8] The imbalance in vata dosha may hamper its normal functions and process of cell division. During first trimester vata dosha is aggravated in pregnant woman. In dietary regimen ghrita, milk, madhura dravyas, medicated shaliparni (*Desmodium gangeticum*) siddha Ghrita, In embryonic period no drug should be given because drug can disturb the organogenesis and may lead to teratogenicity.^[9] Only folic acid supplementation is required because it is essential for production of methionine^[10] (for methylation reaction of DNA). Acharya Kashyapa explained that fetus will not be stable before 4 months, so no medicine should be given.^[11] Milk is natural source of folic acid and it is also a good source of carbohydrate, fat, proteins, all vitamins, minerals and enzymes which are essential for fetal and mother nourishment. Progesterone hormone which is essential to continuation for pregnancy milk is external source of this¹⁶. Nourishment for fetus till vyaktagarbha supplied from Rasa by upasneha and upasweda, for this milk is helpful; breast milk is the upadhatu of rasa dhatu.^[12] Increased sr. IGF-1 in milk enhances the bone formation.

Second trimester

Development of Mamsadhatu mostly occurs in 2nd trimester.^[13] Fetal growth in 2nd trimester occurs by cellular hyperplasia and cellular hypertrophy. Hence body requires protein rich diet. Proteins are rich in animal sources such as meat, milk, ghrita as they furnish amino acids in optimal combinations. Milk and dairy products are considered as ideal sources of nutrients especially protein and calcium for pregnant women.^[14] Meat helps in maintenance of pregnancy, provides nourishment to fetus and suppresses aggravated vata of pregnant women. Cooked shashtik shaali rice advised in garbhini paricharya is rich in carbohydrates and provides energy to the body. During last month of second trimester pedal edema is observed, so ghrita medicated with gokshura (*Tribulus terrestris*) is used. Ayurveda described qualities of gokshura as mutravirechaka

(diuretic), shothahara (anti-inflammatory) and krimighna^[15] (anti-bacterial), so it helps to reduce edema and other complication of water accumulation by gravid uterus in the later months of pregnancy. Gokshura may also prevent the pre eclamptic toxemia of pregnancy.

Third trimester

Ghee medicated with the prithakparnyadi^[16] group are advised to garbhini. This group contains many medicinal plants. The combined action of group are as diuretic, anti-inflammatory, prajasthapana (procreant), vayasthapana (rejuvenators), brumhana (weight promoting), angamardhaprashamana (restoratives) pacifies vata and pitta. Vidarigandha (*Desmodium gangeticum*) have the calming, strengthening and anti-inflammatory properties. At the 7th Month fetal lung get maturity, steroids help in lung maturity of the fetus. Brihati (*solanum indicum*) one of the medicinal plant of the vidarigandhadi group; its chemical constituents are steroidal alkaloid and steroid.^[17] hence this may be helpful in lung maturity of the fetus. From 8th month upto delivery snigdha yavagu and jangala mamsa rasa is advised as snigdha yavagu gives strength to the body, nourishes the body tissue and pacifies vata dosha. Meat is rich source of protein, vitamin, iron and other Mineral, fat and good amount of calories. It helps in the formation of muscular tissue and blood. Most of the women experience constipation in pregnancy due to pressure of gravid uterus over the bowel and effect of progesterone. Basti is considered as the paramachikitsa for vatajavyadhis. Basti is indicated in pregnancy to prevent the vitiation of vayu. Apanavayu plays important role along with vyanavayu in act of contraction and relaxation of uterus and in expulsion of fetus. Acharya Charaka mentions that basti by reaching up to umbilical region, sacroiliac region, flanks, hypochondriac region and churning up of fecal and morbid matter present there in and at the same time by spreading its unctuous effect in whole body, draws out the fecal and morbid matter with ease. It has been further mentioned that while laying in the pakwashaya due to its veerya it draws the morbid matter lodged in the entire body from foot to the head.^[18] Acharya Susruta says that veerya of basti acts over the whole body through the intervention of apanavayu and other vayu. Medicines duly administered through the rectum with the help of basti remains in pakwashaya in the region of pelvis and below the umbilical region where from veerya of the basti medicines spread over body just as water poured to roots reaches all parts of tree thus been through micro and macro channels. Anuvasana basti is sneha basti, due to snehana property, the abdomen, flanks, sacrum and all the genital organs becomes snigdha. The snigdha property removes the rukshata of vayu and thus it controls exaggerated vata.

At the same time for expulsion of fetus, the stretching of ligament is essential, when the vāyu is in its normal direction and when the muscle and ligaments have snigdha property, and then the expulsion of fetus from the birth canal is not that much difficult, so facilitates sukhaprasava. Basti in 8th month with these drugs mainly kaphavata shamak. In 8th month due to hormonal effect and kapha vata prakopa constipation, backache is very common problem. It regulates vata and gives strength to women for the delivery. Anuvasana basti given in 9th month gives strength to women and relaxes pelvic ligaments for the preparation of labor.^[19]

Vihara and vichara

Listening to pleasant music encourages early brain development in the fetus because music facilitates neuron connections in the brain. Listening and experiencing music stimulates the fetus' brain and assists with the growth of brain structures. High stress levels in expectant mothers can have negative effects on fetal development. Music and singing has a soothing effect on the expecting mother and the unborn baby alike and contribute to a healthy and happy baby later in life. The other contraindications like grief, exercise, riding vehicles causes psychological trauma and increase intra-abdominal pressure which may precipitate miscarriages or intra uterine death of fetus or difficult labor or complications of mother and fetus.

CONCLUSION

In Garbhini paricharya normal daily activities, therapeutic procedures and modifications in psychological behaviour is advised. The Garbhini paricharya aims at excellence in the formation of fetus, its development without anomalies, a secure full term delivery and maintenance of health of the mother. The regimen explained is specific to fetus and mother, helps in easy delivery and helps in lactation hence completely fulfils the objectives of the pre natal care.

BIBLIOGRAPHY

1. *The Journal of Nutrition*, 2005; 135; 1106–1112. <https://doi.org/10.1093/jn/135.5.1106>
2. Dutta DC. Text book of Obstetrics, 4th Ed. New Delhi (India): New Central Book Agency(P) Ltd, 2004; 105.
3. Shashri S, Pandey K. Chaturvedi G. Charak Samhita of Agnivesha, Revised by Charak and Dridhabala, Elaborated with Hindi commenraty, Sharirstahna, Chapter no 8, Verse no 33, Varanasi, Chaukhamba Bharti Academy, 2007; 939.
4. Dwivedi L, Sushruta Samhita, English translation, Vol 2, 2nd Edition, Sharira Sthana, Chapter no 10, Verse no 2-5, Varanasi, Chaukhamba Sanskrit Series, 2002; 252-255.
5. Dwivedi L, Sushruta Samhita, English translation, Vol 2, 2nd Edition, Sharira Sthana, Chapter no 10, Verse no 2-5, Varanasi, Chaukhamba Sanskrit Series, 2002; 252-255.
6. Harit, Harit Samhita edited by Ramavalamba Shastri, Samhita with Hindi commentary Asha 1st Ed, Tiritiya Sthana Chapter 49 Verse 1,2,3, Prachya Prakashana Varanasi; p.404.
7. C N Baker, S N Ebert. Physiology and Biochemistry; Development of aerobic metabolism in utero: requirement for mitochondrial function during embryonic and fetal periods; A Biotechnology, 2013; 2(2): 16.
8. Nibandhasangraha Commentary of Sri Dalhanacharya and Nyayacandrika Panjika of Gyadasacharya, 4th Ed, Sharirsthana Chapter 5 Verse no.3, Chaukhamba Orientalia Varanasi, 1991; 363.
9. Dutta DC. Text book of Obstetrics, 6th Ed. New Delhi (India): New Central Book Agency (P) Ltd, 2006; 511.
10. Cunningham Gary, Leveno Keneth, Bloom Steven, Hauth John, Rouse Dwigth, Spong Catherine. Williams Obstetrics, 23th Ed. New Delhi; Mc Graw Hill Medical, 2010; 315.
11. Satyapala, Kashyapa Samhita with Vidyotini Hindi Commentary. Reprint Ed. Varanasi; Chaukhamba Sanskrita Sansthana, 2010; 213.
12. Srivastava Shailja. Sharangdhar Samhita (Purvakhanda) with Jivanprada Hindi Commentary. 4th Ed. Varanasi: Chaukhamba Orientalia, 2005; 36.
13. Charaka, Charaka Samhita, edited by Kasinath Sastri and Dr. Gorakhanath Chaturvedi with Hindi Commentary Vidyotini, Reprint, Sharirasthana Chapter 4 Verse 21, Chaukhamba Bharthi Academy, Varanasi, 2005; 875.
14. Personal author F.Gay Cunningham-Williams Obstetrics Section 6,23rd Ed Mc-Graw Hill Publication, 2010; 207.
15. Sharma PV. Dravyaguna vigan (Vol-2) Reprint Ed. Varanasi; Chaukhamba Bharati Academy, 2005; 632- 34.
16. Shastri AD, Sushrut Samhita(Purvardha) with Ayurveda-tatwa-sandipika Hindi Commentary, Reprint Ed, Varanasi; Chaukhamba Sanskrita Sansthan, 2005; 73.
17. The Ayurvedic Pharmacopia of India. Part-1, Vol-2. First Ed. Delhi: The controller of publications, 1999; 27.
18. Susruta Samhita Chikitsa Sthana edited with Ayurveda tatvasandipika Hindi Commentary by Kaviraj Ambikadatta Shastri, Published by Chaukhamba Bharati Sanskrit Sansthana Varanasi, Part 1, Chapter 35, Verse no.25-26, Reprint, 2006; 155.
19. Basti in Ayurveda during Pregnancy, Shikha Singh, Prof. Manjari Dwivedi JETIR(ISSN 2349-5162), 2016.