

GARBHINI PARICHARYA- A SCIENTIFIC REVIEW***Dr. Monika Sharma and **Dr. Mohit Kushwaha***Assistant Professor, Dept. of *Prasuti Tantra & Stree Roga***Assistant Professor, Dept. of *Kriya Sharira*

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Pregnancy is the most important yet very critical part of every woman's life. So proper ante natal check up and dietary advice are very important. This regular antenatal care is explained in *ayurveda* as *garbhini paricharya*. Ante natal check up should be regular and according to the need of *garbhini*. According to *ayurveda*, *aahara* is considered as best medicine & it is said that if a person is having *pathya aahara* daily then there is no need of *aushadi* at all. In *garbhini paricharya* various type of *pathya aahara* is explained for each month which is very unique concept and has got scientific significance. *Garbhini paricharya* changes according to the gestational age as well as health status of the *garbhini*. Along with that *garbhoghatakara*

bhava are also explained which should be avoided during pregnancy otherwise adverse effects will be observed on the *garbha*. So complete *garbhini paricharya* includes both dos and don'ts during pregnancy and has got scientific significance which is relevant even today.

KEYWORDS: pregnancy, *garbhini paricharya*, antenatal check ups, *garbhoghatakara bhava*.

1. INTRODUCTION

Ayurveda considers food to be the best source of nourishment as well as medication for the *garbhini*. *Masanumasik garbhini paricharya* is very unique concept of *ayurveda*. Foetus is completely dependent on the mother for its nourishment. *Garbha poshana* take place by *upsnehana*, *upswedan* and directly through *apara*. Food taken by the *garbhini* is used for the nourishment of *garbhini*'s own body, to provide nutrition and helps the growth of the *garbha* and to nourish the breast by which breast milk is formed for nourishment of new born. Hence

garbhini should follow a careful regimen of food and behaviour during pregnancy known as *garbhini paricharya*. In our *samhitas garbhini paricharya* is explained in detailed month wise pattern which is as follows.

2. *Garbhini paricharya*

The *garbhini* should be

- *Prasannachitt* from the very first day of pregnancy,
- Wear clean, *shukla* cloths along with *alankaras*,
- Perform *shanti karma* and *guru-deva puja*.
- Her Sleeping and sitting place should be covered with soft cushion or mattress and very comfortable
- She should consume *Hridya dravya, madhura, sheeta, snigdha, deepaniya ahara*.
- *Snana*- with *sheetal kwatha* of *vataghna dravyas*
- *Mani dharana*- woman should wear *trivritta mani* in her *shroni*.

3. *Masanumashika pathya*

• First trimester

Month	<i>Charaka samhita</i>	<i>Sushruta samhita</i>	<i>Harita samhita</i>
1 st month	<i>anupsanskrita dugdha + satmya aahara</i> in morning and evening	<i>madhura, sheeta, drava aahara</i>	<i>yastimadhu, parushaka, madhukpushpa</i> with <i>navaneeta + madhu</i> and <i>madhura dugdha</i>
2 nd month	<i>madhura aushadhi siddha dugdha</i>	<i>madhura, sheeta, drava aahara</i>	<i>kakoli siddha dugdha</i>
3 rd month	<i>madhu and sarpi upsanskrit dugdha</i>	<i>madhura, sheeta, drava aahara + sastikaudana</i>	<i>krishara</i>

• Scientific review

- In first three months there are symptoms of pregnancy like nausea, vomiting and loss of appetite so the pregnant lady is unable to have *samanya aahara*, if she takes full diet then vomiting and indigestion will be there. Hence *drava, snigdha* and *madhur aahara* like *dugdha, sarpi, navaneeta* etc are advised.
- *Drava aahara* will prevent the dehydration, *Madhura* and *snigdha aahara* help in maintenance of proper health of mother and proper nutrition of the foetus.
- *Krishra* advised is *laghu* for digestion and prevent nausea & vomiting

- **Second trimester**

Month	<i>Charaka samhita</i>	<i>Sushruta samhita</i>	<i>Harita samhita</i>
4 th month	<i>ksheera navneeta</i> (2 tola)	<i>sastikaudana + dadhi,</i> <i>dugdha, navaneeta</i> <i>sidha aahara, jangala</i> <i>mansa and hridya</i> <i>aahara</i>	<i>kritaudana</i>
5 th month	<i>ksheerasarpi</i>	<i>sastikaudana with</i> <i>dugdha, jangala</i> <i>mansa sahit hridya</i> <i>aahara, ksheerasarpi</i>	<i>paayasa</i>
6 th month	<i>Madhura</i> <i>aushadhi siddha</i> <i>ksheera sarpi</i>	<i>gokshura siddha sarpi</i> or <i>yavagu</i>	<i>madhura dadhi</i>

- **Scientific review**

- Fourth month onwards there is growth of muscular tissues of foetus. Hence there is extra requirement of protein so *jangala mansarasa, audana, ksheera, payasa* etc. are advised.
- In second trimester there are chances of pedal oedema, hypertension, pre-eclampsia. To overcome these disorders *mutral dravyas* like *gokshura* and *yavagu* are advised.

- **Third trimester**

Month	<i>Charaka samhita</i>	<i>Sushruta samhita</i>	<i>Harita samhita</i>
7 th month	<i>Madhura aushadhi</i> <i>siddha ksheera sarpi</i>	<i>prithaka parni</i> <i>siddha sarpi</i>	<i>ghritkhanda</i>
8 th month	<i>ksheerayavagu with</i> <i>sarpi</i>	<i>anuvāsana and</i> <i>asthapana basti</i>	<i>gritapuraka</i>
9 th month	<i>anuvāsana basti +</i> <i>yoni pichu</i>	<i>snigdha yavagu +</i> <i>jangala mansrasa</i>	<i>anna sevana</i>

- **Scientific review**

- In 7th month there is maximum weight gain of the foetus along with that chance of pregnancy induced hypertension and pedal oedema & IUGR are more. Hence *prithakaparni* and *vidarigandhadi aushadies* are used which are *mutral, brihana, shoshnashaka, pitta* and *kapha nashaka*.
- Most of the ladies have *malavibandha* in last trimester due to gravid uterus and effect of progesterone. Hence *basti* is explained so that there will be *anulomana* of the *vata* which also facilitate the normal delivery without complications. *Basti* also affect the autonomous nervous system governing myometrium and help in regulating their function during labour.

- *Snigdha yavagu* and *jangala mansarasa* is also advised which improves the general condition and provide strength to the *garbhini* so that she can bear the labour pain.
- *Snigdha pichu* helps in *snehana* of *apatya patha* and perineum and make it *mridu* and relaxed during labour. Hence there will be spontaneous vaginal delivery without any tear of genital tract or other complication.
- Oil of the *Pichu* also destroy the pathogenic bacteria of the *yoni* and prevent puerperal sepsis.

4. Benefits of *masanumasika pathya*

- *Samanya garbha vriddhi* without any *vikara*
- Women remains healthy and gives birth to the *shrestha Santana*
- Due to following *garbhini paricharya* her *kukshi*, *kati*, *parshwa* and *yoni* becomes *mridu* and there will be *vatanulomana*. Hence *sukha prasava* will be there
- She will deliver without any *upadrava*.

5. *Garbhoghatakar bhava*

- *Garbhini* should avoid *teekshna aushadhi*, *vyayama* and *vyavaya*. She should avoid *guru*, *ushna*, *teekshna padartha sevana*, *daruna chesta*, *Madhya*, *yanarohana*, *mansa sevana*.
- She should avoid *atitarpana*, *atikarshana*, *divaswapna*, *ratrijagarana*, *shauka*, *bhaya*, *utkatasana*, *panchakarma* & *vegadharana*.
- She should not touch *malina*, *vikrita* and *heenanga*.
- She should stay away from *durgandha*, *durdarshana* and should not listen *udvegajaniya katha*.
- She should not eat *sushka*, *paryushita*, *kuthita* and *klinna aahara*.
- She should not visit the places where proper ventilation is absent and haunted places.
- She should avoid *krodha*, *ayashakara bhava*, *tailabhyanga*, *utsadana* etc.

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- All these factors will vitiate the *vata* and cause deformities of the *garbha*. Due to *vata* vitiation and *garbhashaya sankshobha* sometimes abortion or premature delivery may happen. Hence *garbhini* should avoid all these factors.
- If she have *pryushita*, *klinna anna* then there are chances of intestinal infection hence there is production of endogenous prostaglandins which are responsible for onset of labour or abortion.

- Touching of *malina* and *durgandhita padartha* may lead to transmission of many infections which are harmful for the foetus.

6. CONCLUSION

In *ayurveda* detailed *garbhini paricharya* has been explained by all the *aacharyas*. Specific *Aahara* and *vihara* are explained which should be followed by the *garbhini* which is specific for each month considering the general condition of mother in that month, to overcome the expected complications of that particular month of pregnancy and also for the supplement of all the nutrients required by the foetus of that gestational age.

It is explained that if the pregnant women follow all the guidelines explained in *ayurveda* then there will be vaginal delivery of a healthy baby without any complication. In our *samhitas*, *garbhoghata kara bhava* are also explained which should be avoided during pregnancy otherwise severe complication may occur which will affect the development & nourishment of the *garbha* as well as health of the *garbhini*.

7. REFERENCES

1. Sushruta, Dalhanacharya, Sushruta Samhita with Nibandhasangraha Commentary, Vaidya Jadavji Trikamji Acharya, Chaukhabha Orientalia, Varanasi, Reprint Edition-2015, sharira sthana, chapter-10, shloka- 2-4, page no. 386-387.
2. Premvati Tewari, Ayurvediya Prasuti Tantra Evam Stree Roga, Part- 1 Prasuti Tantra, Chaukhamba Aurientalia, Varanasi, Reprint Edition- 2017, Chapter- 5, Page No. 213-240.
3. Sushruta, Dr. Bhaskar Govind Ghanekar, Sushruta Samhita, Sharira Sthanam Ayurveda Rahasya Dipika Commentary, Meharchand Lachhmandas Publications, New Delhi, Reprint Edition- 2006, Chapter- 10, Shloka- 2-4, Page No. 247-250.
4. Charaka, Charaka Samhita Vaidyamanorama Hindivyakhya, Acharya Vidyadhara Shukla And Professor Ravidatta Tripathi, Chaukhamba Sanskrit Pratisthan, Delhi, Reprint Edition- 2007, Sharira Sthana, Chapter-8, Shloka- 21-37, Page No- 775-791.
5. Dc Dutta, Dc Dutta's Textbook Of Obstetrics, Eighth Edition, Jaypee Brothers Medical Publishers (P) Ltd., New Delhi, Chapter-10, Page No.- 106-116.