WORLD JOURNAL OF PHARMACEUTICAL RESEARCH
SJIF Impact Factor 8.074
Volume 7, Issue 12, 1020-1035. Review Article ISSN 2277– 7105

DIAGNOSIS OF PREGNANCY THROUGH AYURVEDIC METHOD

***Dr. Sharda Mishra**

Lecturer Govt. Auto. Ayurvedic College Jabalpur M.P.

Article Received on
03 May 2018,

Revised on 23 May 2018,
Accepted on 13 June 2018

DOI: 10.20959/wjpr201812-12711

***Corresponding Author**
Dr. Sharda Mishra
Lecturer Govt. Auto.
Ayurvedic College Jabalpur
M.P.

ABSTRACT

Major adaptations in maternal anatomy, physiology and metabolism are required for a successful pregnancy. Hormonal changes as well as psychological status initiated before conception significantly alter maternal physiology and continue throughout the entire pregnancy. These alterations are needed to allow the development of single diploid cell into an infant weighing 2.5 kg. These adaptations profoundly affect nearly every organ and system.

KEYWORDS: *Sadyograhitagarbha, Nisthivika, Gaurava, Angasada, Tandra, Praharsa, Hridayavyatha, Tripti, bijagrahanamyonya Shrama, Glani, Pipasa, Sakthisada, sukrasonitayoravabandha, Yonisphurana. Garima, Sphurana, Hrallasa, Praseka, Hridayaspandanam*

Diagnosis of Pregnancy

The diagnosis of pregnancy requires a multifaceted approach using 3 main diagnostic tools. These are history and physical examination, hormonal assays, and ultrasonography (USG). Currently, physicians may use all of these tools to diagnose pregnancy at early gestation and to help rule out other pathologies.

The diagnosis of pregnancy has traditionally been made based on history and physical examination findings. Important aspects of the menstrual history must be obtained. The woman should describe her usual menstrual pattern, including date of onset of last menses, duration, flow, and frequency.

Factors that may confuse the diagnosis of early pregnancy are an atypical last menstrual period, contraceptive use, and a history of irregular menses. Additionally, as many as 25% of women bleed during their first trimester, further complicating the assessment.

Several hormones can be measured and monitored to aid in the diagnosis of pregnancy. The most commonly used assays are for the beta subunit of hCG. Other hormones that have been used include progesterone and early pregnancy factor (EPF).

Symptoms of early pregnancy

Amenorrhoea

Sudden cessation of a previously regular menstruation is the most common symptom denoting pregnancy. However, pregnancy may occur during lactational amenorrhoea. On the other hand, bleeding may occur early in pregnancy as in threatened abortion. Slight bleeding may occur also at the expected time of menstruation in the first 12 weeks of pregnancy but never afterwards due to separation of decidua vera. Pregnancy is not the only reason for a missed period. Other possible reasons include:

- Breastfeeding
- Emotional stress
- Severe weight loss
- Severe dieting and exercising
- Obesity
- Particular drugs
- Menopause onset.

Morning sickness

Nausea with or without vomiting commences in the morning. Morning sickness is one of the classic signs of pregnancy. In fact, more than 50% of all pregnant women experience some kind of morning sickness. She might find that she feels particularly dizzy or she may experience nausea and vomiting. This well-known pregnancy symptom will often show up between 2-8 weeks after conception. It usually appears about 6 weeks after onset of the last menstrual period and usually disappears 6-12 weeks later.

Other Explanations: Stress, exhaustion, depression, common cold or flu, or sickness at all.

Frequency of micturation

Around 5-8 weeks after conception, woman may find herself making a few extra trips to the bathroom. Due to congestion and pressure on the bladder and disappear after the first trimester.

Other Explanations: Urinary tract infection, diabetes, increasing liquid intake, or taking excessive diuretics.

Implantation bleeding

Implantation bleeding can be one of the earliest pregnancy symptoms. About 6-12 days after conception, the embryo implants itself into the uterine wall. Some women will experience spotting as well as some cramping.

Other Explanations: Actual menstruation, altered menstruation, changes in birth control pill, infection, or abrasion from intercourse.

Swollen/Tender Breasts

Swollen or tender breasts is a pregnancy symptom which may begin as early as 1-2 weeks after conception. Women may notice changes in their breasts; they may be tender to the touch, sore, or swollen.

Other Explanations: Hormonal imbalance, birth control pills, impending menstruation (PMS).

Fatigue

Extreme fatigue is very common in the first trimester of pregnancy (85-90%). The metabolic rat, the amount of energy burn just to exist is above than normal. The emotional ups and downs can also play a role.

Other Explanations: Food poisoning, stress, or other stomach other illnesses can also leave feeling tired or fatigued.

Backaches

Lower backaches may be a symptom that occurs early in pregnancy; however, it is common to experience a dull backache throughout an entire pregnancy.

Other Explanations: Impending menstruation, stress, other back problems, and physical or mental strains.

Headaches

The sudden rise of hormones in the body can cause to have headaches early in pregnancy.

Other Explanations: Dehydration, caffeine withdrawal, impending menstruation, eye strain, or other ailments can be the source of frequent or chronic headaches.

Darkening of Areolas of breast

Other Explanations: Hormonal imbalance unrelated to pregnancy or may be a leftover effect from a previous pregnancy.

Food Cravings

Being repelled by certain tastes and smells is common. It is not unusual to feel hungrier during the initial days of pregnancy, and woman may find herself craving some very strange items. These food cravings are actually caused by the hormonal changes that are going on in body.

Other Explanations: Poor diet, lack of a certain nutrient, stress, depression, or impending menstruation.

Dizziness and/or Fainting

One of the more surprising pregnancy signs is dizziness and/or fainting. This is due to low blood sugar, because that it is fetus main source of food.

Sensitivity to Aromas

Another related early symptom of pregnancy is a heightened sensitivity to aromas. This is thought to be yet another side effect of the oestrogen that is flooding in body.

Heartburn and/or Constipation

The increasing levels of hormones may slow down digestion and bowel functions to allow the body to absorb as much vitamins, minerals and nutrients as possible from foods. The slower emptying of the stomach may also cause the release of increased stomach acid to aid digestion, leading to a feeling of heartburn.

Mood Swings and Irritability

With all of these symptoms of pregnancy to deal with and along raging hormones, there is also the emotional adjustment period to new responsibility, filled with questions about the timing, labor and delivery, motherhood.

Signs of pregnancy

Breast signs

- Increase in size and vascularity.
- Increase pigmentation of the nipple and primary areola.
- Appearance of the secondary areola.
- Montgomery's follicles.
- Expression of colostrum.

Breast signs are diagnostic only in primigravidae. In multigravidae, it may be due to the previous pregnancies.

Uterine signs

- The uterus becomes enlarged, globular and soft.
- Palmer's sign: Uterine contractions felt during bimanual examination at 5-8 weeks.
- Hegar's sign: during bimanual examination, lower part of the uterus and its emptiness is felt. This sign can be elicited between 6-10 weeks but not after as the growing conception will fill the whole uterine cavity.

Cervix: Soft, hypertrophied and violet at 6^{th} week(Jacquemiers sign or chadvick sign).

Vagina: Violet, moist due to mucoid discharge at 6^{th} week, warm with increased acidity.

Investigations

Pregnancy tests

These depend on presence of human chorionic gonadotrophin (hCG) in maternal serum and urine. The cytotrophoblast and syncytiotrophoblast each secrete a variety of hormones that include human chorionic gonadotropin which is used for the diagnosis of pregnancy.

Human chorionic gonadotropin

hCG is a glycoprotein similar in structure to follicle-stimulating hormone, luteinizing hormone (LH), and thyrotropin. Free beta subunits are degraded by macrophage enzymes in the kidney to make a beta subunit core fragment, which is primarily detected in urine samples.

Detection in maternal serum and urine is evident only after implantation and vascular communication has been established with the decidua by the syncytiotrophoblast 8-10 days

after conception. Time of detection is related to the sensitivity of the assay being used. Most current pregnancy tests have sensitivity to approximately 25 mIU/mL.

Currently, 4 main hCG assays are used[123] (1) Radioimmunoassay, (2) Immunoradiometric assay, (3) Enzyme-linked immunosorbent assay (ELISA), and (4) Fluoroimmunoassay.

Radioimmunoassay

- Sensitivity - 5 mIU/ml
- Time to complete - 4 hours
- Gestational age when first positive - 3-4 weeks

Immunoradiometric assay (more sensitive)

- Sensitivity - 150 mIU/ml
- Time to complete - 30 min.
- Gestational age when first positive - 4 weeks

Immunoradiometric assay (less sensitive)

- Sensitivity - 1500 mIU/mL
- Time to complete - 2 minutes
- Gestational age when first positive - 5 weeks

Enzyme-linked immunosorbent assay (more sensitive)

- Sensitivity - 25 mIU/mL
- Time to complete - 80 minutes
- Gestational age when first positive - 3.5 weeks

Enzyme-linked immunosorbent assay (less sensitive)

- Sensitivity - Less than 50 mIU/mL
- Time to complete - 5-15 minutes
- Gestational age when first positive - 4 weeks

Fluoroimmunoassay

- Sensitivity - 1 mIU/mL
- Time to complete - 2-3 hours
- Gestational age when first positive - 3.5 weeks

Dimeric hCG and both the alpha and beta subunits are produced in the pituitary gland[126] of nonpregnant females and are released in association with luteinizing hormone.

hCG is detectable in the serum of approximately 5% of patients 8 days after conception and in more than 98% of patients by day 11.

Urine pregnancy tests

- Agglutination Test: Latex particles, or sheep erythrocyte (tube) coated with anti-hCG.
- Agglutination Inhibition Tests
- Dip stick
- Rapid and simple tests based on enzyme-labelled monoclonal antibodies assay can detect low level of hCG in urine.

Blood pregnancy test

As early as 11–14 days after ovulation. Blood test results are about 99 per cent accurate and can detect lower amounts of hCG than urine pregnancy tests. The two main types of blood pregnancy test include:

Quantitative blood test – measures the exact amount of hCG in the blood and can give you an estimate of how far along the pregnancy has progressed.

Qualitative blood test – only checks for the presence of hCG. Since this test doesn't measure the exact levels of hCG, it can't offer an estimate of gestation.

The pregnancy test becomes negative about

1. Week after labour,
2. Weeks after abortion, and
4. Weeks after evacuation of vesicular mole.

Home pregnancy test kits

Home pregnancy test kits are available. These kits offer accurate readings (up to 97 per cent) if performed strictly according to the manufacturer's instructions. Most common method for diagnosis of pregnancy is detection of hCG (human chorionic gonadotropin) in urine or serum. hCG is detectable in serum in approximately 5% of patients by 8 days after conception, and in virtually all patients by day 11 (Lenton et all 1982).

The RIA (Radioimmunoassay) method of hCG detection has limited sensitivity, requires hours to perform and involves radioactive isotopes.

In ELISA (Enzyme linked immunoabsorbent assay) technique, radioisotopes not involved. It is sensitive, quick and ideal method for diagnosis of pregnancy, but ELISA kit can report positive when the value exceeding greater than 30 ml IU/ ml in urine. It can give false positive results in the range of 5-25 ml IU/ ml.

Causes of false positive results

- Proteinuria.
- Haematuria.
- At time of ovulation (cross reaction with LH).
- hCG injection for infertility treatment within the previous 30 days.
- Thyrotoxicosis (high TSH).
- Premature menopause (high LH & FSH).
- Early days after delivery or abortion, because a woman's blood and urine may still contain detectible levels of hCG for a few weeks afterwards.
- Trophoblastic diseases.
- hCG secreting tumours like ovarian tumour.
- Dirty urine collecting cup (detergent residue, for example, is known to cause false-positive results).
- Faulty test kit (for example, the kit is damaged, expired dated or has been exposed to heat or moisture).
- Certain medications including anti-convulsants, some fertility drugs, diuretics (fluid pills) and tranquillisers.

Causes of false negative results

- Missed abortion.
- Ectopic pregnancy.
- Too early pregnancy.
- Urine stored too long in room temperature.
- Interfering medications.
- The test is incorrectly timed.
- The test is used incorrectly.

- The woman drank lots of fluids before taking the test and diluted her urine to the point where hCG levels are no longer detectible.

Another method, the TVS (transveginal ultrasonography) allows detection of an intrauterine pregnancy. But it is fail to diagnose, extra uterine pregnancy and intrauterine pregnancy before 4 weeks from last menstrual period.

Detection of serum EPF (early pregnancy factor) is another tool for diagnosis of pregnancy, 24-26 hours after fertilization. Although EPF have been isolated, identified and sequenced but the exact nature of the molecular species is uncertain and clinical applications are not yet available.

Apart from all these, in remote areas unavailability of these investigatory facilities for diagnosis of pregnancy is also a serious problem. All these methods are payable, thus difficult to be afforded by poor patients. The diagnosis with symptoms given in modern literature is difficult and misguides us due to variable nature of clinical manifestation.

Now a days high maternal and child mortality rates indicates a serious health problem in developing countries, which deserve attention of world towards health care programmers. In health policy of our country, much more attention is going to be paid on MCH or RCH (maternal and child health care and reproductive and child health care).

Therefore under present circumstances the holistic approach of *Àyurveda* could be beneficial in providing cheapest (without spent of a single pie), safest and earliest method for diagnosis of pregnancy.

Here, in present study an attempt is being made to diagnose the pregnancy earliest by cross examination (by asking some question) from woman who expect or desire to be pregnant or who complains amenorrhoea. The cross examination will based upon the symptoms of ***"SadyograhÍtagarbhÁ"*** described in *Àyurvedic* literature.

Our aim is to understand the scientific physiologic foundation upon which our specialty of diagnosis is based. It is not a comprehensive review. It is with detailed basic texts, for help of *Àyurvedic* clinicians to examine the patients of reproductive age who might be pregnant. The clinician should ascertain, more scientific questions pertain to certain pathological condition regarding early pregnancy.

Early diagnosis of pregnancy is very essential, to start early and proper antenatal care of pregnant woman, so that further remedy according to the condition can be recommended, which will be in great favors of society, humanity and national health.

"SadyograhÍtagarbhÁ": Besides modern medical development there are many new ideas and concepts in *Àyurveda* especially with reference to the fertilization and growth of the fetus. ***"SadyograhÍtagarbhÁ"*** is an important term which is required to be studied scientifically. If this stands the test of science, it can be utilized for the benefit of humanity at large.

The evolutionary advents of human embryo necessitate physiological changes in the maternal metabolic, hormonal and immunologic systems, to compensate for the increased and altered demand of an intracorporeal pregnancy especially at the time of conception.

Throughout the reproductive years of a woman's life a monthly proliferation, secretion and preparation for implantation of a fertilized ovum occurs with great regularity. However this cycle is frequently interrupted by union of gametes, resulting in a conceptus and requirement for the novel biologic programmer characterized by receptivity of uterus.

In À*yurvedic* terminology the conceptus is called as *Garbha* and it is defined in *Charaka SaÞhitÁ* as follows-

'kØ'kkf.kr tho l;kx r [ky df{kxr xHk lKk HkofrA

Ch. hÁ. 4/5

It is very much amazing that our ancient scholars have observed the process of *garbhÁdhÁna* (fertilization), microscopically changes occurred at various stages of the development of embryo (fetus) and very well documented it in literature. Perhaps they have specific observation techniques.

"SadyograhÍtagarbhÁ": Besides modern medical development there are many new ideas and concepts in *Àyurveda* especially with reference to the fertilization and growth of the fetus. ***"SadyograhÍtagarbhÁ"*** is an important term which is required to be studied scientifically. If this stands the test of science, it can be utilized for the benefit of humanity at large.

In great trio *"béhatrayÍ"* a brief description of symptoms of ***"SadyograhÍtagarbhÁ"*** is found. As in *Charaka SaÞhitÁ*

fu"Bhfodkxkjoe¯lknLrUnkig"kkân;0;Fkk p A

rflr'p chtxg.ke p; kU;k xHkL; l|kuxrL; fy¯e AA *Ch. hÁ. 2/23*

Maharsi SuÐruta described about symptoms of ***"SadyograhÍtagarbhÁ"***

r= l|kxghrxHkk;k fy¯kfu&Jek Xykfu% fiikIk lfDFkInu'kØ'kkf.kr;kjocU/k% LQj.kop; ku%AA

Su. h. 3/11

Though the time limit of gestation for the term ***"SadyograhÍtagarbhÁ"*** is not described in *Àyurvedic* classics but description of symptoms could be helpful for diagnosis of pregnancy in early stage.

The term ***"SadyograhÍtagarbhÁ"*** is composed by union of three words *sadyah+grahÍta+garbhÁ*. According to *Shabdakalpadruma* and *VÁchaspatyam,* the word *sadyah* means immediate. According to *Sanskritshabdarth kaustubha* the word *sadyah* means recent i.e. few times earlier. So, the term ***"SadyograhÍtagarbhÁ"*** is used in *Àyurvedic* literature in meaning of immediately conceived women as well as pregnancy in early stage. These symptoms also represent the symbol of physiological changes recently after conception as well as early stage of pregnancy.

Despite profound advancement of modern system of medicine, science and technology have made it possible to diagnose the pregnancy successfully as soon as possible, considered to be difficult in earlier days, yet the goal of providing adequate health is far from satisfactory, especially in the field of health care of mother and child, especially in rural & tribal areas.

Though large scale of investigatory methods are available which can establish the confirmatory results, but still there are chances of manual, technical and chemical error. These are payable for the patients and can give false positive results.

The symptomatology of ***"SadyograhÍtagarbhÁ"*** may be helpful in early diagnosis of pregnancy specially in developing countries, but the scientific reappraisal of these physiological changes and clinical features is essentially require to make proper use of it in MCH or RCH and management of early abortion.

Proforma of questions for newly married couple who desire for pregnancy

ukV & uhp fy[k y{k.kksa d egRo ij vkx fy[k gk ;k ugh d [kku में सही (✓) निशान लगाएँ rFkk gesa lwpr djsaA; g Hkh /;ku nsa fd fy[kk gqvk y{k.k vkidk dcl egRoiw.kZ gksuk 'kq: gqvkA ;g y{k.k ik;% xHkhZ d /kkj.k gksus ij mRié gksrk gSA

Ø0 l0	y{k.k	gk	ugh
1-	ckj&ckj eqg esa dQ dk vkuk; k ckj&ckj Fkdku dh bPNk dk gksukA	☐	☐
2-	ckj&ckj eqg esa ykj dk vkukA	☐	☐
3-	'kjhj esa Hkkjhiu yxuk] fcLrj NksMus; k dke djus dk eu u gksukA	☐	☐
4-	'kjhj esa vlgtrk; k ehBk&ehBk nnZ; k ihMk gksukA	☐	☐
5-	cSBs&cSBs gh lkal dh bPNk dk gksuk] vkyL; yxukA	☐	☐
6-	Mj; k [k'kh dk gksuk ftldk dkj.k 'kjhj d jkek dk vpkud [kMk gks tkukA	☐	☐
7-	lhus esa nnZ; k ihMk; k Hkkjhiu eglwl gksuk] ftldk dke djus ij c<+ tkukA	☐	☐
8-	fcuk fdlh dke d; k FkksMk dke djus ij Fkdku yxuk, lk yx fd cl cSBs jgsA	☐	☐
9-	'kjhj esa QqrhZ u gks rFkk /khj&/khjs dke djus dk eu djsA	☐	☐
10-	tk?kk esa nnZ] tdMus] f'kfFkyrk yxukA	☐	☐
11-	;kfu inZ'k esa QMdus dk ,glkl gksukA	☐	☐
12-	yVus ij viuh /kMdus dk vglkl gksuk] cSBs jgus; k FkksMk dke djus ij /kMdus rqjar gks xbZ gS, lk eglwl gksukA	☐	☐
13-	th fepykuk; k mYVh djus dh bPNk gksukA	☐	☐
14-	viuk vkidk egRoiw.kZ eglwl djukA	☐	☐
15-	fdl rkjh[k d lHkksx d ckn vkidk lgokl dh bPNk ugh gks jgh gSA	☐	☐
16-	lHkksx d ckn ikuh dk de@mruk gh@T;knk vkuk		

ftl rkjh[k dk eghuk vkuk Fkk mll 8 l 3 fnu ckn ☐ ☐
FkkMk lk [ku dk vkukA
Pregnncy tet (Eli method) Reult ve
☐ -ve☐

Proform of uetion for idy ho hve overdue of period
ukV & uhp fy[k y{k.kk d egll gkun ij vkx fy[k gk; r नहीं के खाने में सही (☐) निशान लगाएँ
rFkk gel lid djA; g Hkh /; kun fd fy[kk gvk y{k.k vkidk dcl egll gkuk 'k: gvkA; g
y{k.k ik;% xHk d /kkj.k gkun ij mRié gkrh gA

Ø0l0	y{k.k	gk	ugh
1-	ckj&ckj eg e dQ dk vk;k Fkk@vk jgk gA ftl ckj&ckj Fkdun dh bPNk gbi Fkh@gk jgh gA	☐	☐
2-	eg e ckj&ckj ykj vkrk Fkk@gA	☐	☐
3-	'kjhj e Hkkjhiu lk yxrk Fkk@gA fcLrj NkMun; k dke djun dk eu ugh djuk Fkk@gA	☐	☐
4-	'kjhj e vlgtrk nn; k ihMk gkrh Fkh@gA	☐	☐
5-	cB&cBs gh lkun dh bPNk gkrh Fkh@gA	☐	☐
6-	Mj; k [k'kh d dkj.k; k fcuk fdlh dkj.k d gh 'kjhj d jkek ¼jk,½ dk [kM gk tkuk gkrk Fkk@gA	☐	☐
7-	lhun e gYdk nn Fkk@g] tk dN dke djun ij gh gkrk Fkk; k c< tkuk Fkk@gA	☐	☐
8-	fcuk dN dke fd,; k FkkMk dke djun ij gh Fkdku egll gkrh Fkh@gA	☐	☐
9-	/khj&/khj dke djun dk eu gkrk Fkk@g] 'kjhj e Qrh dh deh yxrh Fkh@gA	☐	☐
10-	tk?kk e nn] tdMun] f'kfFkyrk egll gkrh Fkh@gA ☐	☐	
11-	;kfu inn'k e QMdu dk, glkl gkuk vk jgk gA	☐	☐
12-	yVun ij /kMdu egll gkrh Fkh@gA FkkMk dke djun ☐ ☐ ij /kMdu rt lukbi nrh Fkh@gA		

13-	th fepykuk gS; k mYVh dju dh bPNk gksrh gSA	☐	☐
14-	eghuk ugh vk; kA	☐	☐
15-	lcg mBus ds le; chekj jgus tSlk, glkl gksrk gSA	☐	☐
16-	ckj&ckj i'kkc vkrh gSA	☐	☐
17-	Lruk e Hkkjhiu] lb		

Some of the important findings of clinical study are as under

Group A

Maximum percentage of presence of *NisÔhÍvikÁ* (75%), *Gaurava*(80%), *AÉgasÁda* (75%), *Shrama* (70%) *Tépti & TandrÁ* was found in this group. The maximum no. of patients not complained implantational bleeding 19 (99.5%) and pregnancy test +ive (ELISA) result 14(70%). Among 14 pregnant cases *AÉgasÁda* 86.7%, *Gaurava* 81.2%, *NisÔhÍvikÁ*, 80% and *Shrama*78.57% was found. So, these symptoms can be beneficial for diagnosis.

On observing the false positive symptoms, *HédayavyathÁ, Glani, PipÁsÁ, HrallÁsa, Praseka* like symptoms are around 50% found in nonpregnant cases. So, these symptoms showed negligible role in diagnosis of early pregnancy. While 66.7% patient of positive group were complaint about *Tépti* and *TandrÁ* and *Praseka*. All of these symptom was 33.3% false complained. *SakthisÁda* at the onset of pregnancy was noted in 70% patients and 30% reported false positive. Other symptoms are 50-60% positive and 30-40% false complained. *GarimÁ & YonisphuraÆa* were not complained by any patients. It may be possible that the patients are unable to understand or explain these symptoms.

On the basis of this in group A, we can observe that *NisÔhÍvikÁ, Gaurava, AÉgasÁda* and *Shrama* like symptoms can be helpful in diagnosis.

Group B

In 100 patients of group B symptom *NisÔhÍvikÁ, AÉgasÁda* 88 (88%) and *Shrama* was present in 77 (77%). *Gaurava* and *HrallÁsa* was the most common symptom found in 90 (90%) of patients. *SakthisÁda* at the onset of pregnancy was noted in 88 patients (88%), *Praseka* in 82(82%), *TandrÁ* in 66(66%), *GlÁni* 66%; *PipÁsÁ* in 60%; *GarimÁ & YonisphuraÆa* 0% and *HédayavyathÁ* 46% *PraharÒa/ LomaharÒa* 40%.

In 100 cases 82 patients showed pregnancy test positive results. Among them 70 (85.36%) patients were suffering from *NisÔhÍvikÁ* and 12 patients who reported *NisÔhÍvikÁ* resulted negative test. *HrallÁsa 100%, Gaurava* 97.56%, *SakthisÁda, Praseka 90%,* and *AÉgasÁda* 87.8% was the most common symptom found in positive cases and 0% & 10.1%, 16%, 9.8% and 18.2% reported false presence respectively. *Shrama* was present in 79.26% positive patients and 15.6% in negative cases. It is observed that false positive symptoms are very less. But *Tépti, HédayavyathÁ, PraharÒa,* like symptoms are observed around 50-60% present in non pregnant women. These are found invaluable for diagnosis purpose. *HrallÁsa* has shown 100% presence in pregnancy confirmed cases. It may be due to feeling of nausea & vomiting manifests after some days overdue from menses. In this group we are taking the cases of overdue of menses.

Finally in group B symptoms *NisÔhÍvikÁ, HrallÁsa, Gaurava, AÉgasÁda, Shrama, Praseka, SakthisÁda* was found helpful in diagnosis.

Time period of overdue in 100 cases it is observed that maximum cases were of 9 days overdue (15) and minimum cases were of 4 days overdue. We can observe here that as day's passes and pregnancy advances the more patients were registered. In modern symptoms the maximum no. of patients complained morning sickness 90 (90%), pricking of breast 79 (79%) patients, feeling of fullness of breast 77% and 73% patients was complained increased frequency in micturation.

CONCLUSION

On the basis of this study we are able to say that symptom of ***"SadyograhÍtagarbhÁ"*** are defined for early pregnancy are able to help in diagnosis after 4 weeks and *NisÔhÍvikÁ, Gaurava, AÉgasÁda, Shrama, HrallÁsa, Praseka, SakthisÁdana* are more important in diagnosis of early pregnancy.

1. It is clearly observed from this study that with the help of symptoms of ***"SadyograhÍtagarbhÁ"*** we can diagnose the pregnancy four week onwards because the result is found 82% accurate in group B and 70% in group A. It means the result will be more accurate after four weeks of gestation.

The other symptoms *TandrÁ, Tépti, GlÁni, PipÁsÁ, PraharÒa, HédayavyathÁ* have given less importance in diagnosis. It may be possible that in large population sample these should also prove their importance in diagnosis, as here the sample size was small.

REFERENCES

Abhinavm Shariram	:	Damodar Sharma Gaud, Chaukhamba Sanskrit Bhawan, Varanasi
Amar Kosh	:	Commented by Bhanuji Dixit, 1987 Chaukhamba Sanskrit Pratishthan, Delhi
Apstambha dharmasutra	:	Pt. Damodar Sharma Gaud, SBI Oxford 1879
Astanga Hridaya, Sarvang Sundri commentary	:	Lalchandra Vaidya, Motilal Banarasidas Publishers, 1990.
Astanga Samgraha with Commentary	:	Atridev, 1st Vol., Nirnaya Sagar Press, Bombay, 1951.
Astanga Samgraha, Sarvang Sundri, Hindi commentary	:	Pt. Lalchandra Shastri Vaidya, Vaidyanath Ayurveda Bhavan Pvt. Ltd., Calcutta, 1st Ed. 1988.
Atharvaveda Samhita Atharvaveda and the Àyurveda	:	Risikumar, Pt. Ramchadra sharma, 1987, Sanatana dharma Yantralaya Muradabad Karambelkar V.W., Nagpur, 1961.

1. Schatz M, Zeiger R: Diagnosis and management of rhinitis during pregnancy, 1988.
2. Odell Wo, Griffin J: Pulasetile secretion of hCG in normal adults, 1987.
3. Rasor JL, Braunstein GD:A rapid modification of the b subunit radio immunoassay: use as an aid in the diagnosis of the ectopic pregnancy, 1977.
4. Sturgeon CM et. al.; analysis of hCG clinical applications and assay requirement, 1998.
5. Cole LA; immunoassay of hCG, its free subunits and metabolites, 1997.
6. Hales CN, Woodherd JS: labeled antibodies and their use in immunometric assay, 1980.
7. Stein man UH, Alfathan H, Myllynen et al. Ultra rapid and highly sensitive time resolved fluroimmunometric assay for hCG, 1983.
8. Odell Wo, Griffin J, Bashey HM et al. Secretions of hCG by cultured human pituitary cells, 1990.
9. Odell Wo, Griffin J; Ultrasensitive immunodimetric assay for chorionic gonadootropin which does not cross react with LH nor free b chai of hCG in blood of non pregnant woman, 1987.
10. Cole LA, kardana A, Ying FC et al. the biological and clinical significance of nicks in hCG and its free b subunit, 1991.
11. Chard T: Pregnancy tests: a review, 1992.