

**AYURVEDIC VIEW OF GARBHINI****Dr. Veena Ajay Patil<sup>\*1</sup> and Dr. Shraddha Dilip Debaje<sup>2</sup>**

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**ABSTRACT**

A woman is treasured by the richness of continuing the human race. In Ayurveda, stree is considered as the root cause of progeny. Ayurveda, the ancient science gives importance to swasthya rakshana and vikāra prashamana by exploring various procedures like dinacharya, rithucharya, sadvrutta for maintaining the physical and mental health and preventing the disease. Acharyas were still ahead in the field of prasutitantra. Wide range of references regarding of garbhini paricharya, masanumasika pathya, contraindication for garbhini, guidelines for the management of prasutastree are available in brihatrayi and laghutrayi. How the monovikar (mental health) affects the pregnancy and cause pre-term labour.

**KEYWORD:** Garbhini Manovikar, preterm labour, Anxiety during pregnancy.

**INTRODUCTION**

Obstetric services and midwifery play a vital role in the early identification of risk factors for mental illness and in the appropriate management of pregnant women.

**NORMAL EMOTIONAL CHANGES DURING PREGNANCY**

Pregnancy is a time of psychological change and challenge and for some it is a developmental crisis. Becoming a good enough mother is often linked to secure experience when a child, and having a harmonious relationship with one's own mother. Ambivalence over the pregnancy, anxieties about physical health or the health and development of the baby, anxious anticipation of changes that will occur in the woman's lifestyle after delivery, and fears for ability to cope are typical and normal. In the 3rd trimester a woman may notice increased emotional lability, which may be exacerbated by nausea, breast tenderness and other physical changes typical of

early pregnancy. Later on, further bodily changes, alterations in sexual interest and anxieties about the delivery may all contribute to mood change. Late pregnancy may also be associated with social withdrawal and increased absorption and preoccupation with preparations for delivery and caring for the baby. Obsessional thoughts are not unusual, often focusing on the health of the baby. Such emotional changes are largely bound up with the adjustments necessary in pregnancy but may be contributed to by the hormonal alterations accompanying pregnancy. It is important to be able to distinguish these changes from those more clearly associated with mental illness. While anxiety symptoms are common, they do not usually include panic attacks. Similarly, periods of low mood are usually not sustained. Certain groups have particular needs in relation to childbearing. Very young, single and unsupported mothers, and women who themselves have poor experiences of mothering, may be especially vulnerable. Their own needs may conflict with those of their babies and early planning to provide appropriate support is essential to help develop the woman's ability to care for her baby. Older mothers may have over-idealized expectations of pregnancy and delivery, and have problems adjusting to life changes after the birth.

Other groups who may experience particular difficulties include those with previous pregnancy loss, those who have undergone assisted conception, women who have high-risk pregnancies and those who have had emergency Caesarean sections. Introduction Ayurveda aims at preservation and promotion of health, and prevention and cure of diseases through the concepts of positive physical and mental health. Management of mental disorders or psychological medicine was an area of specialization even during Caraka's time (500 B.C.). Caraka suggests that, treatment for mental illnesses should be sought through an expert in the field of mental illness. Chakrapani (11 A.D.) commenting on this statement, uses the phrase 'manasaroga bhesaja veti' (Knowers of treatment for mental illnesses). These references fortify the above statement. But unfortunately, due to historical reasons, Ayurvedic literature dealing exclusively with manas and manasavikara, are not available. However, the scattered aphoristic material related to manas and manasavikara as available in the Ayurvedic treatises are richly useful in understanding manas and treating mental disorders only if they are carefully collated in view of our present needs.

**AIMS:** To study the mental health during pregnancy Can affect the Pregnancy.

**MATERIAL AND METHODS****CASE REPORT**

Patient's Name — XYZ Age- 21year

Sex —Female

Date of Admission-29/07/2020

**Chief Complaints**

Tested covid postive on 25/07/2020 By RAT at 12:30pm.

- Amenorrhea: since 8 month

-LMP -26/12/2019

-EDD- 3/9/2020

By 1st trimester scan1/9/2020

-Abdominalpain: since morning

-Backpain: since morning

-P/v : leaking (since morning 6:00am)

-Anxiety: 5+6 days

**History of Presentillness**

A female patient of age 21 years, 8month pregnancy primi gravida tested covid postive on 25/07/2020 having symptoms back pain abdominal pain so that she got reffered to Obstetric Covid -19 Centr for further management on 27/07/2020 at.

6:pm

ON/Examination- G.C.Fair

Tem- Afebrile

BP-130/80mmhg

P-95/min

Spo2-96%

R/R-22/min

**Systemic Examination**

RS - AEBC Clear

CVS - S1,S2 Normal

CNS - Conscious, Well Oriented

Per Abdomen– uterus height 34week

FHS ++

Fetal movement-+++

Head engaged

Per vaginal (p/v): leaking

OS dialation 3-4cm (3finger)

Members absent

Cephalicpresentation

Manegement

- Reassurance
- Counselling
- Emotional support

अविप्रादुर्भावे.....पर्युपासीरश्वासयन्त्यो ।  
वाग्भिग्राहणीयाभिः सान्त्वनीयाभिश्च ॥(च.स.शा.८/२६)

Delivery Notes

Deliveryc/bdrxyz

A/b drxyz

On 27/07/2020

At-11:35pm

Patient delivered vaginally a male fetus of weight 1.7kg baby cried after birth,cord clamped and cut. Placenta along with membrans delivered fully baby handover to Pediatrician.

Inj pitocin 20. IU IM given

Inj methergin0.2mg IM given

Episiotomy suture taken catgut no .1 in 3 layer .Hemastasis achieve patient tolarate precedure well. Approx blood loss 450- 500ml.

On Examination (O/E) G.C Fair

Temperature- Aferible Pulserate. -94/min

BP. -100/70mmhg

R/R. -21/min

P/A - uterus wellcontracted

-Uterus atumbilicus P/V. - No ActiveBleeding

Rx- Inj Taxim 1gm IV Bd

- Inj metro 100cc IV TDS

-Inj pan 40 IVOD

-Tb PCM 500 mgBd

- Tb Diclo 50 mg BD

-Tb Vit COD

-TB Vit DOD

- सर्वांग स्नेहन – बला तैल( her self)

- सर्वांग स्वेदन – नाडी स्वेद(After isolation period)

- धूपन चिकित्सा - जटामांसी,ब्राह्मी,गुग्गुळ, अगरु इ.

आभ्यंतर चिकित्सा

-शतावरी + अश्वगंधा चुर्ण – 3ग्राम गोदुग्धासह २ वेळा  
जेवणानंतर

-दशमूलारिष्ट - 10 मि.लि. समभाग पाण्यासह २ वेळा  
जेवणानंतर

-सारस्वतारिष्ट - 10 मि.लि. समभाग पाण्यासह २ वेळा  
जेवणानंतर

-प्रतापलंकेश्वर रस – २५० मि.लि. ग्रा. ,आर्द्रक  
स्वरसासह २ वेळा

- चिकित्सा काल – १० दिवस

## DISCUSSION

शुक्रासृगात्माशयकालसम्पद् यस्योपचारश्च  
हितैस्तथाऽन्नैः/

गर्भश्च काले च सुखी सुखं च सज्ज्नायते  
सम्परिपुर्णदेहः,॥च शा २/६ (पृष्ठ-)

Pregnancy is the term used to describe the period in which a fetus develops inside a woman's womb or uterus. During pregnancy, high anxiety levels have been associated with increased uterine contractility and preterm labor. In the non pregnant woman, uterine contraction frequency is high in a fraction of women on the day of ET which is detrimental to embryo implantation.

Preterm delivery still represents a major obstetric complication, affecting between 5 and 10 percent of pregnancies, resulting in a variety of disorders and potential hazards to the child's development. A major cause of preterm delivery is spontaneous preterm labor. It is defined as the association of regular uterine contractions with changes in the cervix. The early diagnosis, mechanism, and management of preterm labor remain unresolved issues in obstetrics. Preterm labor often leads to hospitalization and tocolytic therapy in an attempt to stop preterm delivery. The cost of such preventive measures is very high, their results remain controversial their safety has been seriously questioned, and they may have harmful psychological consequences. Testing covid 19 positive due to social stigma gave birth to fear with leads to Anxiety that cause mental instability and then started per- labour pain. Our findings provide evidence for a positive association between spontaneous preterm labor and anxiety and depression. Investigating factor interactions produced enlightening results. The strong role of depression in women with a low prepregnancy body mass index could thus be demonstrated. In a similar way, a significant association was found between trait anxiety and the outcome variable in women with previous preterm labor. Concerning state anxiety, the association was close to significance in women with vaginal leaking with bleeding.

## CONCLUSION

Thus sootika paricharya and garbhini paricharya mentioned in our classics are unique and specific. One has to practice masanumasikaparicharya as well as sootikopachara. The masanumasika paricharya helps in proper development of fetus. The life of pregnant women will be at risk during delivery. Hence the woman is with shunyashareera because of prasavavedana and she is prone for certain diseases. The suthikaparicharya itself helps in punarnavikarana of her body. [19 A stage of Physical, mental and physiological wellbeing is re-stabilized. Thus proper implementation of garbhini paricharya ensures normal healthy delivery. The above patients suffering from Amenorrhea from last 8 month, Tested Covid-19 positive, Anxiety from 5-6 days cause uterine contraction followed by pre- mature rupture of membranes. then it's followed by pre- mature delivery with low birth weight baby. The strong

role of depression in women with a low prepregnancy body mass index could thus be demonstrated. In a similar way, a significant association was found between trait anxiety and the outcome variable in women with previous preterm labor. Concerning state anxiety, the association was close to significance in women with vaginal bleeding.

## REFERENCES

1. Dutta D.C. Textbook of Obstetrics Including Perinatology and Contraception, Konar Hiralal, 7th ed. New Central Book Agency; Calcutta, 2011; P570.
2. Sushruta Samhita with commentary of Dalhanacharya, Volume 2, Edited and Translated by Priyavrat Sharma, Published by Chaukhambha Vishvabharati, Varanasi, First edition 2000, Uttarstan.
3. Charaksamhita with commentary of Chakarpani, Edited and translated by Brahmanand Tripathi, Published by Chaukhambha Vishvabharati, Varanasi, First edition 2000, Nandan sthan.
4. Charaksamhita with commentary of Chakarpani, Edited and translated by Brahmanand Tripathi, Published by Chaukhambha Vishvabharati, Varanasi, First edition 2000, Nandan sthan.
5. Kpashap Samhita Vrudhajivak tantra written by Hemrajsharma Translated by Satyapal Bhishakacharya, Published by Chaukhambha Vishavbharti, Varanasi.
6. American Journal of Epidemiology, vol 155 no4 feb15.2002 pag no293-296.