

MODERN RELEVANCE OF GARBHINI PARICHARYA: AYURVEDIC APPROACH TO HOLISTIC PRENATAL HEALTH

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ABSTRACT

Garbhini Paricharya, the month-wise antenatal care regimen described in classical Ayurvedic texts such as Charaka Samhita, Sushruta Samhita, and Ashtanga Hridaya, offers a holistic framework for maternal and fetal health. Rooted in the Tridosha Siddhanta, it emphasizes the balance of Vata, Pitta, and Kapha during pregnancy, each playing a crucial role in foetal growth, nourishment, and parturition. The regimen includes specific recommendations regarding Ahara (diet), Vihara (lifestyle), Aushadha (herbs), and Achara (code of conduct), tailored to the physiological changes of each gestational month and aimed at maintaining the equilibrium of Doshas, Dhatus, and Agni. In the modern context, antenatal complications such as gestational diabetes, hypertension, anaemia, anxiety, preterm labour, and intrauterine growth restriction are increasing due to poor dietary habits, sedentary lifestyle, and elevated psychosocial stress. Contemporary antenatal care, though advanced, often focuses more on curative rather than preventive aspects. Garbhini Paricharya, with its

foundation in Swasthya Rakshanam (health preservation) and Roga Pratibandhak Chikitsa (disease prevention), offers a time-tested, individualized approach that supports Garbha Vriddhi (fetal development), stabilizes maternal health, and ensures a smooth Prasava (delivery). This review revisits the classical concepts of Garbhini Paricharya, its effect on Dosha homeostasis and foetal tissue formation (Dhatu Pushti), and explores its clinical relevance in today's obstetric practice. Scientific validation of Ayurvedic principles is also

highlighted, establishing Garbhini Paricharya as a valuable integrative model for holistic antenatal care.

KEYWORDS: Ayurveda, Garbhini Paricharya, Antenatal care, maternal health.

INTRODUCTION

Pregnancy is a physiological journey that requires meticulous care to ensure the well-being of both mother and foetus. The modern era has witnessed a surge in lifestyle disorders and stress-induced complications during pregnancy, such as gestational diabetes, preeclampsia, and preterm labour. While modern antenatal care emphasizes diagnostic precision and emergency management, there is growing interest in holistic and preventive approaches. Ayurveda, the ancient Indian system of medicine, offers a time-tested framework for pregnancy care in the form of Garbhini Paricharya.

Garbhini Paricharya, as detailed in Brihatrayi and Laghu Trayi texts, provides month-wise guidance focusing on diet, lifestyle, herbal preparations, and ethical behaviour to support a healthy pregnancy. This review aims to explore the relevance of Garbhini Paricharya in the current clinical landscape, supported by classical references and modern research.

METHODOLOGY

This review is based on classical ayurvedic texts such as Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya, Kashyapa Samhita, and commentaries thereon. Modern research articles, clinical studies, and review papers Here's a detailed summary of the month-wise dietary regimen (Māsānumāsika Aharaniyama) for pregnant women as described by different Acharyas—primarily from Charaka, Sushruta, Vagbhata, and Kashyapa Samhita. These classical guidelines aim to support foetal development and maintain Dosha balance throughout pregnancy.

Classical Framework of Garbhini Paricharya

Classical Framework of Garbhini Paricharya Ayurveda divides the gestational period into nine months, each with unique physiological changes. Garbhini Paricharya offers: Monthly dietary regimen, Lifestyle recommendations, Herbal and Rasayana support.

Monthly dietary regimen (Aahara)

Here's a detailed summary of the month-wise dietary regimen (Māsānumāsika Aharaniyama) for pregnant women as described by different Acharyas—primarily from Charaka, Sushruta,

Vagbhata, and Kashyapa Samhita. These classical guidelines aim to support foetal development and maintain Dosha balance throughout pregnancy

Table no. 1: Showing Monthly Dietary Regimen According to Ayurvedic Acharyas.

Month	Acharya Charaka ^[1]	Acharya Sushruta ^[2]	Acharya Vagbhata (A.Hr.) ^[3]	Kashyapa Samhita ^[4]
1 st Month	Peya (thin gruel), Manda (liquid rice soup), milk – light, nourishing liquids to aid implantation	Milk with sweet taste; easy to digest, unctuous and nourishing	Peya, Manda, milk; avoid physical and mental exertion	Emphasis on sattvic food, milk; light and digestible
2 nd Month	Milk and Madhura rasa (sweet-tasting food); to support Rasa Dhatu formation	Milk with ghee	Same as Charaka	Milk with herbal decoctions for nourishment
3 rd Month	Milk with honey and ghee; start Sneha and Brimhana foods to support Rakta Dhatu	Milk with honey and ghee; rice with milk	Medicated milk; ghee	Milk + Ksheerapaka with herbs like Shatavari
4 th Month	Butter + rice; milk with ghee; starts support of Mamsa Dhatu formation	Milk + rice + ghee; soft food, nourishing	Buttermilk and ghee; meat soup (if non-veg acceptable)	Meat soup or pulses + milk; Rasayana herbs like Shatavari
5 th Month	Ghee prepared with rice; emphasis on Medo Dhatu nourishment	Medicated ghee; unctuous food	Ghee, meat soup; avoid heavy exertion	More ghee, Shatavari; regulate appetite and digestion
6 th Month	Ghee, meat soup, rice gruel; nourishing but easy to digest	Ghee, light soups; to pacify Vata which may start to aggravate	Medicated rice gruel (Yavagu), ghee	Pulses, ghee, Yavagu; light foods, less spices
7 th Month	Ghee, Shashtika Shali rice, milk; Vata-pacifying diet	Ghee, rice, medicated milk	Ghee, medicated gruels; start preparations for labour	Start Garbha poshana with sweet and unctuous items
8 th Month	Yavagu (gruel) with ghee and milk; preparation for smooth delivery	Ghee + milk + rice; very light food	Same as above	Use of medicated ghee; light but strengthening foods
9 th Month	Sneha and Swedana for Yoni Prakshalana; oily gruels to help cervical ripening	Ghee and oil based gruels, medicated vaginal Pichu	Use of Phala Ghrita, Sukumara Ghrita, Basti if needed	Ghee with herbs for easy labour; Matra Basti advised.

Lifestyle recommendations (Vihara)

Ayurveda emphasizes not only diet (Ahara) but also proper lifestyle (Vihara) to maintain the equilibrium of Doshas, nourish the growing fetus, and prevent complications. A harmonious lifestyle ensures the mental, physical, and emotional well-being of the Garbhini (pregnant woman), which directly influences fetal development (Garbha Vriddhi).

In Charaka Samhita (Sharira Sthana, Chapter 8), Acharya Charaka emphasizes that a pregnant woman should be treated with utmost care—like an oil-filled vessel (Kumbha-nyaya). He recommends avoiding heavy physical exertion, suppression of natural urges (Vega Dharana), and emotional disturbances like anger, fear, and grief. The Garbhini should reside in a peaceful, clean, and positive environment, follow a Sattvika lifestyle, get adequate rest, and engage in truthful and calm speech.^[5] These are clearly outlined as part of Garbhini Paricharya to preserve foetal stability and ensure Dosha equilibrium.

In Sushruta Samhita (Sharira Sthana, Chapter 10), lifestyle guidelines are presented to prevent complications such as Garbhasrava (miscarriage) and Garbhapata (abortion).^[6] Sushruta advises that the pregnant woman should engage in pleasant activities, listen to good sounds, wear clean and soft garments, and avoid excessive coitus, injuries, or exposure to extreme temperatures. A cheerful and emotionally balanced state is considered essential for the health of both the mother and foetus.

In Ashtanga Hridaya (Sharira Sthana, Chapter 1), Vagbhata provides month-wise recommendations that include gentle physical activity, avoidance of jumping, running, or climbing, and promotion of oil massage (Abhyanga) and warm baths to pacify Vata.^[7] He advises against emotional disturbances and recommends spiritual engagement, such as listening to scriptures and maintaining a Sattvika state of mind. Adequate rest, especially in later months, is highlighted as part of holistic Garbhini care.

In Kashyapa Samhita (Khila Sthana, Garbhini Paricharya Adhyaya), Acharya Kashyapa offers the most detailed lifestyle regimen. He stresses that the Garbhini should always be kept happy (sada sukhe sthita), surrounded by loving and caring individuals. She should avoid frightening visuals, loud noises, and emotional distress. Daily oil massage with medicated oils like Bala Taila, use of fresh flowers and fragrances, and gentle speech are advised. The importance of emotional well-being, stability, and positivity is uniquely emphasized by Kashyapa for safe pregnancy and healthy fetal development.^[8]

Herbal and Rasayana support

All Acharyas recommend Rasayana and herbal support during pregnancy to ensure foetal nourishment, maternal strength, and Dosha balance. Charaka and Sushruta emphasize the use of milk, ghee, and sweet, nourishing substances, with medicated gruels and mild herbal decoctions. Vagbhata suggests specific preparations like Phala Ghrita, Sukumara Ghrita, and medicated milk with herbs such as Shatavari, Ashwagandha, Bala, and Yashtimadhu for Dhatu poshana and safe delivery. Kashyapa highlights Rasayana therapy more explicitly, advocating the use of Shatavari Ksheerapaka, Bala Taila, and herbal ghees to promote Garbha sthiti, enhance Ojas, and support emotional well-being throughout pregnancy.

DISCUSSION

Garbhini Paricharya, as conceptualized in classical Ayurvedic literature, is a well-structured and month-wise antenatal care regimen that integrates diet (Ahara), lifestyle (Vihara), herbal supplementation (Aushadha), and moral-spiritual conduct (Achara). Its primary objective is Swasthya Rakshanam (preservation of health) and Roga Pratibandhak Chikitsa (prevention of disease), which is particularly relevant in the current era marked by rising gestational complications due to sedentary lifestyles, processed diets, and psycho-social stress.

Modern clinical studies support many of the principles outlined in Ayurvedic texts. For instance, Shatavari (*Asparagus racemosus*), a Rasayana herb widely recommended by Vagbhata and Kashyapa, has shown estrogen-regulating, galactagogue, and adaptogenic properties in various studies. A randomized controlled trial conducted in 2012 observed that Shatavari supplementation improved haemoglobin levels and reduced fatigue among pregnant women.^[9] Likewise, Ashwagandha (*Withania somnifera*), another adaptogenic herb, has been studied for reducing stress and anxiety in pregnancy, with no reported teratogenic effects, making it a safe adjunct in late second and third trimesters under supervision.

The month-wise dietary regimen is remarkably in tune with modern nutritional needs. Early months emphasize light, easily digestible, cooling, and hydrating foods such as Manda and Peya, which help counter Pitta and stabilize early foetal development—much like modern recommendations for bland, soft foods during the nausea-prone first trimester. In the mid-trimester, when Rakta and Mamsa Dhatus are actively forming, the inclusion of protein-rich foods such as medicated milk and meat soup (Mamsarasa) mirrors contemporary advice on increasing iron and protein intake to prevent anaemia and support foetal growth.

Further, Ghee and medicated gruels suggested in the last trimester (8th and 9th months) function similarly to high-fat, high-energy diets advised for smooth parturition and maternal energy conservation. Modern dietitians often advise omega-3 rich diets and healthy fats to improve uterine tone and reduce risk of premature rupture of membranes—paralleling the use of Phala Ghrita and Sukumara Ghrita in Ayurveda.

The lifestyle practices (Vihara) also bear modern relevance. Ayurveda's insistence on mental tranquillity, avoiding emotional extremes, and engaging in positive, spiritual activities reflects current understanding of maternal-foetal programming, where maternal emotions impact foetal neurodevelopment. Research has shown that high maternal stress is linked with preterm birth, low birth weight, and developmental delays. Practices like Abhyanga (oil massage), recommended by Vagbhata and Kashyapa, have been clinically evaluated to improve circulation, reduce muscular tension, and promote relaxation hormones such as oxytocin.

A study published in the *Journal of Obstetric, Gynaecologic, and Neonatal Nursing* (2010) found that daily oil massage reduced pregnancy-related back pain, improved sleep quality, and decreased anxiety scores.^[10] The use of matra basti (mild oil enema) in the 9th month to lubricate pelvic tissues and ease labour parallels modern practices like perineal massage and the use of laxatives to soften the bowel prior to delivery.

From a public health standpoint, Garbhini Paricharya also encourages family support, ethical living, and a nurturing environment, which aligns with the biopsychosocial model of antenatal care. These recommendations are especially beneficial in rural or low-resource settings where modern facilities may be lacking, but traditional practices and herbal access are widespread.

CONCLUSION

Garbhini Paricharya, the classical Ayurvedic antenatal regimen, offers a profound, preventive, and individualized approach to maternal and foetal health. Its month-wise dietary guidelines, lifestyle recommendations, herbal support, and emotional care are not only rooted in the principles of Tridosha and Dhatu balance but also resonate with modern holistic health paradigms. In an age where pregnancy-related complications are escalating due to lifestyle factors, stress, and environmental influences, the time-tested wisdom of Ayurveda presents safe, natural, and integrative strategies to optimize pregnancy outcomes.

Scientific evidence increasingly supports the physiological and psychological benefits of Ayurvedic practices like Rasayana therapy, Abhyanga, and sattvic living. However, to fully realize the potential of Garbhini Paricharya in contemporary healthcare, further interdisciplinary research, standardization of formulations, and clinical integration are essential. When adapted thoughtfully, Garbhini Paricharya can serve as a valuable complementary tool to modern obstetrics—promoting not just a healthy delivery, but also the foundation of lifelong well-being for both mother and child.

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