

GARBHINI PARICHARYA - A CASE STUDY

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ABSTRACT

Ayurveda considers food to be the best source of nourishment as well as medication for the pregnant woman. *Garbhini paricharya* refers to antenatal care which recommends *ahar*, *vihar*, *vichar*. *Garbhini paricharya* comprises of *mansanumasik pathya* (month wise dietary regimen), Avoiding *Garbhopaghatakar Bhavas* (activities & substances which are harmful to fetus) & taking *Garbhashthapak Dravyas* (substances beneficial for maintenance of pregnancy). The proper *garbhini paricharya* also improves the *bala* (strength) & result in proper development of fetus, its delivery & health of mother & thus her ability to withstand the strain of labour. Due to *garbhini paricharya* the womb position remains normal. The main intend behind advising

garbhini paricharya is *Aapyayate Garbha* (fetus attains good health), *anulome Vayu* (vayu moves in its right direction), *Sukhaprasava* (for normal healthy delivery & healthy child of desired qualities & longevity). Uneventful events can be prevented by *garbhini paricharya* which is represented by a case of 26 yrs old pregnant women was treated as her month wise development with *ayurvedic* medicine. She got a healthy, active female child of 3kg.

KEYWORDS: *Garbhopaghatakar Bhavas*, *Garbhashthak dravyas*, *Mansanumasik pathya*, *Aapyayate garbha*, *Anulome vayu*, *Sukhaprasava*.

INTRODUCTION

Basically *Ayurveda* is A Science that Go On *Thridosha* Theory. Vitiation of *thridoshas* results in disease. Particularly in pregnancy and puerperal period, *vata* is the *dosha* which has to be given due consideration.

Pregnancy is one of the most important events in the life of every woman and *Ayurveda* suggested a very good protocol for that which is called **GARBHINIPARICHARYA**. Diet is the most important component of *garbhiniparicharya*. It ultimately results in foetal growth, maternal health and post delivery lactation.

Ayurveda describes “safe motherhood”. This great science compares conception to the germination and sprouting of a seed and its transformation in to a sapling and advices special attention to be paid to the nutrition and protection of the woman.

CASE REPORT

A 26yrs old female patient,

C/O

Amenorrhea since one and half months,

Nausea and headache since 15 days,

Constipation since 15 days,

Burning micturation since 4-5 days.

M/S- 1 and half years back.

Menstrual history was regular.

No H/O any chromosomal abnormality in family.No H/O consanguinity.

No H/O HTN/DM/Medical/surgical illness.

After confirming the pregnancy of one and half month, *garbhini* was asked to follow the month wise regimen in *Ayurveda* for the development of foetus and to maintain the *bala* (strength), *arogya* (health) of both the *garbhini* and foetus. Month wise regimen were given to patient as follows -

In first month she advised to take 500ml *ksheera* according to her digestive capacity frequently,^[1]

- Folic acid & *satmya bhojana*.
- 18gms proteins from milk
- 45 gms from cereals & *dal*.

In second month she advised to take *ksheera* as per her digestive capacity,^[2]

- 4 *kharjura* boiled with milk in 4 servings *satmya bhojan*.

- Intake of cold & liquid diet with milk.
- Folic acid.

In third month she advised to take *Dadimadi ghruta* 10ml twice a daily with milk.

- Folic acid.

In fourth month she advised to take medicated milk with *kharjura*,

- *Mansa rasa* or *Mudga rasa* (100ml),
- *Dadimadi Ghruta* 10ml twice a day
- Folic acid.

In fourth month she was complaining of pain at epigastric region, 1 episode of vomiting, headache. So she advised *Kamdudha vati* 2 tabs twice a day before meal for 1 week.

In fifth month she advised to take medicated milk with *kharjura*,

- *Mansa rasa* or *Mudga rasa* (100ml),
- *Dadimadi ghruta* 10ml twice a day, 1tsp of *navneetha* daily,
- Folic acid,
- *Gokshuradi ghruta* 10ml twice a day.

In six month she advised to take medicated milk with *kharjura*,

- *Mansa rasa* or *mudga rasa* (100ml),
- *Dadimadi ghruta* 10ml twice a day,
- *Gokshuradi ghruta* 10ml twice a day,
- Tab. Irentia 1 OD
- Tab. Calcimax 1 HS.

In seventh month she advised to take madhuraushi sidha ksheera sarpi (5gm) 150 ml milk,

- *Dadimadi ghruta* 10ml twice a day,
- *Gokshuradi ghruta* 10ml twice a day 1800 k cal satmya bhojan,
- Tab. Irentia 1 OD
- Tab. Calcimax 1 HS

In eighth month she advised to take madhuraushi sidha ksheera sarpi (5gm),

- 150 ml milk,

- Dadimadi ghruta 10ml twice a day,
- Gokshuradi ghruta 10ml twice a day
- 1800 k cal satmya bhojan,
- Tab. Irentia 1OD
- Tab. Calcimax 1HS

In 9 month she advised matrabasti with Bala taila 60ml OD after food for 9 days,

- Yoni pichu with Bala tail for 9 days
- Tab. Irentia 1 OD
- Tab. Calcimax 1 HS
- Dadimadi ghruta 10ml twice a day,
- Gokshuradi ghruta 10ml twice a day

Investigations

- CBC 27/12/2019- HB- 12.6g/dl, Platelets- 244000/uL, TLC- 13900/cumm, D.C.- 85%, ESR – 55.
- Urea - 25.00 mg/dl,
- Creatinine – 0.68 mg/dl
- BSL(R)- 85.22 mg/dl.
- HIV- Non reactive
- HBsAg- Negative
- LFT- Total Bilirubin – 0.71 mg/dl Direct Bilirubin- 0.15 mg/dl Indirect Bilirubin- 0.56 mg/dl
- SGOT- 27.61 units/lit.
- SGPT- 21.00 units/lit.
- BT- 1 min 30 sec
- CT – 3 min 10 sec
- Blood group – A Rh positive
- Urine- pus cells – 5-6
- Epithelial cells – 3 -4
- Anamoly scan and growth scan were within normal limit.

➤ **USG (5/12/2019)**

A single live foetus of **36 weeks 4 days** gestational age in vertex presentation lying in uterine cavity. Foetal heart beats and movements are well appreciated.

There is single loop of umbilical cord seen around the neck of foetus.

Placenta is situated on the anterior wall, shows basal plate and early septal calcification. The amniotic fluid is adequate (10.1cms).

EDD by USG – **29/12/2019**

Foetal weight- **2710gms.**

DISCUSSION

“DHRUVAM, CHATURNAM, SANNIDHYAT, GARBHAHASYAD, VIDHIPURVAKAM, RUTU, KSHETRAMBU, BEEJANAM, SAMAGRYADANKURO, YADHA” // (SU. SA)^[9]

Table No.1: Essential Factors For Conception.

RUTU	FERTILE PERIOD
KSHETRA	A HEALTHLY REPRODUCTIVE TRACT
AMBU	THE ESSENTIAL HORMONES
BEEJA	HEALTHY SPERM & OVUM

Diet advised by ayurvedic classics during pregnancy ultimately results in foetal growth, maternal health and post delivery lactation including prevention of some diseases.

DIET PROTOCOL DURING PREGNANCY (GARBHINI PARICHARYA)

More emphasis is given on the consumption of ghee, milk, meat by all acharyas.

PROTOCOL FOR THE FIRST TRIMESTER

“KSHEERAMANUPASKRUTAM, MATRAVAT, SEETAM, KALE, KALE, PIBETH” | (CHARAKA)^[1]

“MADHURA, SEETA, DRAVA, PRAYAMAHARA, MUPASEVET” | (SUS)^[2]

“DVITEEYE, MASE, KSHEERAMEVACHA, MADHURAOUSHADHASIDDHAM” | (CHARAKA)^[3]

The above statements are indicating the importance of milk. Some of the authors also mentioned the use of honey and butter. During the second month it is advised by *Charaka* and *Vagbhata* to consume medicated milk with drugs. (i.e. carbhohydraterich substances)

During third month it is advised to consume milk with honey and ghee. *Sushruta* advises the

intake of specially cooked rice cereal with milk.

SCIENTIFIC OUT LOOK

The advice to use milk constantly 9 months and particularly first 3 months indicates the emphasis laid on supplementing the essential nutrients. Milk is considered as the best *jeevaneeya dravya* as per *Ayurveda* i.e. which is essential for life.

Milk is having the property of antacid and mild laxative to combat the common ailments during first trimester like constipation and heart burn. During the first trimester of pregnancy the foetus is in a formative stage. During this stage the embryo is nourished by a process called *upasnehan* (percolation). Therefore more liquid diets as per *Sushruta* are advised. The milk medicated by drugs such as *draksha* and *kharjura* (phoenix dactylifera) acts as sustainers of pregnancy (*prajasthapana*).

The use of butter and ghee is also justifiable as fats are essential for the absorption of vitamins A,D,E etc. Use of cold and liquid diet along with milk prevents dehydration during the first trimester as most of the woman experience nausea and vomiting hampering the intake. *Madhura* indicates the substances rich in glucose content which help to reduce vomiting. *Sushruta* even says that milk has got the property of preventing abortions.

FOURTH MONTH

Charaka advises milk with butter and *Sushruta* advises cooked rice with curd and rice with butter and meat.

**“GHRUTAM-----SMRUTHIMATI-----MEDHA-----KANTI-----BALA
KARAMAYUSHYAM-----MEDHYAM---VISHAHARAM (SU.S)^[4]**

Ghee increases the intellectual capacity of the child and also with its *vishara* (anti toxin) property helps in eliminating any form of toxins produced in the body. It even helps in controlling convulsions (*moorcha*) and prevents unconsciousness (*apasmara*).

The advice of meat from fourth month onwards stresses the importance of development of *dhatu*s (tissues) particularly muscular tissue which requires more protein which is supplied by meat. Meat is also one of the best sources of folic acid, iron, iodine and essential amino acids.

FIFTH MONTH

Along with butter, rice gruel and sweet rice enriched with ghee is advised.

SIXTH MONTH

“SHASHTE, SWADAMSHTRA, SIDDASYA, SARPISHO, MATRAM, PAYAYED, YAVAGUVA, “(SU. S)^[5]

Sushruta specially advised the intake of *ghruta* or rice gruel medicated with *gokshuru* (*tribulus terrestris*).

The advice of *gokshuru* with *ghee* during sixth month is a unique protocol which can help in preventing PIH and related conditions like pre-eclamptic toxemia and their complications. This drug is a diuretic and considered as the best choice in the disorders of urogenital system. Recent studies proved this drug has got nephro protective Activity.

Some of the cases with past History of PIH responded well with this protocol with uneventful antenatal & post natal periods.

Probably this protocol helps in reducing the angiotensin sensitivity in susceptible subjects and produce vasodilator effect by interfering in the elimination of elevated concentration of extra cellular sodium. It needs a more scientific evaluation through sufficient clinical research.

Table No. 2: Diet Protocol For Second Trimester.

SUSHRUTA	<i>Sali dhanya</i> with <i>Ghruta</i>, <i>Dadhi</i> & <i>Mamsa Rasa</i> (Rice cereal with Ghee, curd and meat) and <i>gokshuradi Ghruta</i> (Ghee medicated with <i>Tribulus Terrestris</i>)
CHARAKA	<i>Ksheera</i>, <i>navaneetha Yukta</i>, <i>Saliodana</i> with <i>Ghruta</i> (Milk with butter & Rice Cereal with Ghee)

SEVENTH MONTH

“SAPTAME, SARPHI, PRITIHAK PARNYADI, SIDDHAM / EVAMAPYAYATE, GARBHAHA // (SU.S)^[6]

Sushruta advises medicated Ghee with *pruthakparnyadi* drugs (*uraria picta* etc). These groups of drugs are said to have the property of Foetal Nourishment. During eight & ninth months most of the *Acharya*'s advice in addition to the above diet protocol, administration of cleansing and anabolic enema's with medicated drugs to promote a safe and easy labour by making the birth canal more flexible and brining foetus into right position.

During the last trimester plenty of intakes of different varieties of cereal is advised.

Table No. 3: Diet Protocol For Third Trimester.

SUSHRUTA	<i>Pruthak parnyadi Ghruta</i> (Ghee medicated with uraria group of drugs)
CHARAKA	<i>Sali dhanya yukta Ghruta & Ksheera</i> (Plenty of cereals with Ghee & Milk)
OTHERS	<i>Vividha dhanya's</i> (Plenty of cereals of different varieties)

Some of the important medicines used during antenatal period contain the fruits like Pomegranate (*Dadima*), Goose berry (*Amalaki*), Grapes (*Draksha*) etc, as main ingredients. These will help in preventing abortions and premature labour. Conditions like threatened abortion, Habitual abortions can be effectively handled with these preparations.

Pomegranate is a uterine relaxant. Goose berry has got ante emetic ante diabetic property and growth promoting activity with plenty of vit 'C'. It helps in the good absorption of Iron and if administered from the early ante natal period can prevent the Gestational diabetes. The Juice of goose berry and Honey improves Haemoglobin levels.

Table No. 4: Important Pharmacological Preparations With Ghee And Fruits.

POMEGRANATE (DADIMA)	<i>Dadimadi ghruta</i>: - helps in sustaining the pregnancy, promotes nourishment to the Foetus.
GOOSE BERRY (AMALAKI)	<i>Amalaki Rasayana</i>: - helps to increase the Hb levels, promotes good absorption of Iron, foetal growth, Prevents Gestational Diabetes.
GRAPES (DRAKSHA)	<i>Drakshadi Rasayana</i>: - Good foetal nourisher, prevents pregnancy loss.

BENEFITS OF MONTHLY PROTOCOL

“EVAMAPYAYATE, GARBHA, ”

***ANULOMEHI, VAYAU, SUKHAM, PRASOYATE, NIRUPADRAVACHA, BHAVATI
..... EVAMUPAKARNTA, SNIGDHA BALAVATI,
SUKHAMANUPADRAVA, PRASOYATE / (Su.sam)^[7]***

The diet protocol helps in normal development of foetus with good nourishment, by regulating the myometrial co-ordination by preparing the birth canal helps for easy and uneventful labour and also helps in the expulsion of placenta.

Table No. 5: Benefits of Monthly Protocol.

<i>APYAYATEGARBHA</i>	Foetal Nourishment
<i>ANULOMEHIVAYAU</i>	Promotes the easy expulsion of Foetus
<i>SUKHAMANUPADRAVA PRASOOYATE</i>	Promotes easy and uncomplicated labour.

CONCLUSION

Due to pregnancy and child birth still the death rate is very high in India (100,000 / Year). Most of the rural woman cannot afford to take effective ante-natal & post natal care due to so many socio- economic reasons which is resulting in high mortality rate.

The Ancient Medical science “Ayurveda is very well aware of the complications that occur during Ante-natal & post natal period. This is the reason a great emphasis is laid on the Garbhini paricharya (ANC) with a varied range of dietetic protocol which is quiet acceptable for so many rural woman also because it is very near to the cultural practices of India, particularly rural community Most of the conditions that trouble the woman during pregnancy can be effectively tackled through a protocol combined diet with drugs, which will be easily acceptable by women who are sensitive to take Medicines. As it is combined with diet, additional attention need not be given for medicine intake.

All the drugs (herbs) that are included in the protocol are safe and effective. There is no need of any additional supplements of this protocol is followed. The drug like Tribulus terrestris (Gokshura) effect in preventing toxemia's of pregnancy need to be evaluated as it can be break through in the management of PIH.

The total pregnancy period was managed with the ayurvedic method. In the nine month of pregnancy, the baby position was ROP. After giving ayurvedic management it turned to LOA. She got spontaneous labour pain. After P/V examination, the dilation was 3 cm. But due to non progress of labour, a tight loop around the neck as seen in USG, decrease in fetal heart sound & patient was unable to tolerate the labour pain. She got a healthy female child with weight 3 kg.

Effective involution in the post natal period was achieved.

Finally this protocol keeps the mother and the child healthy which is ultimate aim of any science.

REFERENCES

1. Charak Samhita part 2 Sharir sthan Jatisutriya adhyaya, shlok no. 32 by Dr. Bramhanand Tripathi, Chaukhamba surbharati prakashan Varanasi, reprint, 2003; 955.
2. Sushruta Samhita part 2 Sharir sthan Garbhini vyakaran sharir adhyaya shlok no. 4 by Dr. Anantram Sharma Chaukhamba Surbharati Prakashan Varansi, reprint, 2010; 127.
3. Charak Samhita part 2 Sharir sthan Jatisutriya adhyaya, shlok no. 32 by Dr. Bramhanand Tripathi, Chaukhamba surbharati prakashan Varanasi, reprint, 2003; 955.
4. Sushruta Samhita part 2 Sharir sthan Garbhini vyakaran sharir adhyaya shlok no. 4 by Dr. Anantram Sharma Chaukhamba Surbharati Prakashan Varansi, reprint, 2010; 127.
5. Sushruta Samhita part 2 Sharir sthan Garbhini vyakaran sharir adhyaya shlok no. 4 by Dr. Anantram Sharma Chaukhamba Surbharati Prakashan Varansi, reprint, 2010; 127.
6. Sushruta Samhita part 2 Sharir sthan Garbhini vyakaran sharir adhyaya shlok no. 4 by Dr. Anantram Sharma Chaukhamba Surbharati Prakashan Varansi, reprint, 2010; 127.
7. Sushruta Samhita part 2 Sharir sthan Garbhini vyakaran sharir adhyaya shlok no. 4 by Dr. Anantram Sharma Chaukhamba Surbharati Prakashan Varansi, reprint, 2010; 127.
8. Premavati Tiwari Prasuti tantra part 1, Garbhini chinha evum garbhini paricharya by chaukhamba orientaliya Varanasi, reprint, 2011; 2013.
9. Sushruta Samhita part 2 Sharir sthan sShukrashonitashudhhi sharir adhyaya shlok no. 34 by Dr. Anantram Sharma Chaukhamba Surbharati Prakashan Varansi, reprint, 2010; 21.
- 10.