

MASANUMASIKA PARICHARYA: CLASSICAL INSIGHTS AND CLINICAL RELEVANCE IN MATERNAL AND FETAL CARE**Dr. Meghna Vaman Nayak^{1*} and Dr. T. Vishala²**

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ABSTRACT

The woman who carries a fetus, referred to as "*garbha*," is called a "*garbhini*." The term "*paricharya*" is derived from the root "*chara-gatau*," combined with the prefix "*pari*." Therefore, "*Garbhini Paricharya*" represents the essential and appropriate ante-natal care provided to pregnant women. Thousands of years ago, our ancient scholars emphasized the importance of *garbhini paricharya*, a practice that is scientific, distinctive, precise and highly beneficial for both the mother and the fetus. The principles of prenatal and ante-natal care, highlighted in contemporary science, were already noted in Ayurveda long ago. The nine-month diet and regimen known as "*masanumasika garbhini paricharya*," which is unique to Ayurveda, adapts to the growth of the fetus while also promoting the mother's health. The fundamental components of *garbhini paricharya* include "*ahara*" (food), "*vihara*" (lifestyle), "*garbhopaghatkara bhavas*" (factors affecting the fetus), and "*garbha sthapaka dravyas*" (substances that

support fetal development), among others. In today's fast-paced world, many women encounter complications and various health issues during conception and throughout their pregnancy. By properly following *garbhini paricharya*, one can ensure the proper development of the fetus and prepare the pregnant woman for a healthy delivery (*sukhprasava*) on physical, mental, and spiritual levels. This paper discusses a comprehensive month-by-month diet that can be tailored based on the pregnant woman's age (*vaya*), season

(*rutu*), location (*desha*), constitution (*prakruti*), and digestive capacity (*agni*) to enhance her well-being and that of the fetus.

KEYWORDS: Ayurveda, Pregnancy, *Garbhini Paricharya*, Ante-natal care, *Mansanumasik Ahar*.

INTRODUCTION

Pregnancy is a significant and delicate phase in a woman's life which brings about various emotional and physiological changes and places additional demands on the body. During this time, a pregnant woman requires a diet rich in proteins, vitamins, and minerals, among other nutrients as per contemporary science. The body needs more nourishment to support both the developing fetus and the mother.

It is a known fact that Ayurveda not only focuses on preventive and promotional health, but also has laid enormous importance on safe motherhood and healthy progeny. Therefore, the wellness of pregnant women is maintained through following of proper *garbhini paricharya*, which refers to the care of pregnant women in all terms. In *Amarkosha*, *garbhini* refers to a woman in whom *garbha* is present and *paricharya* denotes caring in every aspect; *ahara* (diet), *vihara* (lifestyle), *aushada* (medications), and *paramarsh* (counseling). Thus, *garbhini paricharya* includes concepts of diet, behavior, psychic state, conduct and medications during pregnancy.^[1] This care is essential from the confirmation of pregnancy until after delivery. The lady must pay attention to her diet and overall health, as neglecting these aspects can have significant consequences. The primary aim of *garbhini paricharya* is to: 1) protect the fetus from potential hazards, 2) promote proper growth and development of the fetus, 3) ensure optimal maternal and fetal health during pregnancy, and 4) facilitate a normal delivery without complications for both the mother and the baby, both before and after birth.

Pregnancy is a transformative period characterized by significant changes that, although natural, can be stressful if not managed appropriately. *Acharya Charaka* explains that due to the imbalances of *dhatu*s and *dosh*as, a pregnant woman may be prone to various complications (*vikruti*s). Therefore, a pregnant woman should be treated like a pot filled with oil,^[2] where even the slightest disturbance can lead to serious issues for both her and the fetus. The classical texts also reference *garbhasrava* and *garbhapaata*.^[3] and discuss their causative factors, which include altered *ahara*, *vihara* and environmental factors. These elements play a crucial role in the well-being of the future child. Various *ahara*, *vihara* and

aushadha outlined in our scientific texts are vital for maintaining the physical and mental health of pregnant women.^[4] Proper antenatal care can thus significantly reduce the rate of abortions. Also; if followed sincerely and thoroughly, it fulfils the demand of the growing fetus, maintains maternal well-being, provides strength and vitality essential at the time of labor, during puerperial period and for successful lactation.^[5,6] Thus, great emphasis is placed on *garbhini paricharya* in our classical literature.

The medical science has a similar concept of Ante-natal care (ANC) which refers to the systematic supervision, including examination and advice, provided to a pregnant woman which begins before pregnancy and continues until delivery and through the postpartum period.^[7] Its main objectives are to diagnose diseases or complicated underlying obstetric conditions and to provide information about lifestyle, pregnancy, and delivery. Effective ANC thus, plays a crucial role in preparing a woman for childbirth by fostering a sense of assurance between the pregnant woman, her family, and her healthcare provider. This is achieved by personalizing health promotion messages to meet individual needs.

MATERIALS AND METHODS

The literature references for this study have been compiled from a wide range of authoritative sources, including various Ayurveda classics and *Samhitas*, particularly the *Bruhat Trayi* and *Laghu trayi*, along with their insightful commentaries, contemporary compilation textbooks, integrated modern literature and relevant research journals available in the institute library. Online platforms, such as PubMed Central, the Ayush Research Portal, and Google Scholar were tapped to augment this research. This comprehensive approach ensured a robust analysis that effectively underpins the conceptual framework.

Garbhini Paricharya

Garbhini Paricharya has been broadly categorized and discussed under three sub-headings i.e.,

1. *Mansanumasik Ahar* (monthly dietary regimen)
2. *Garbhopaghatakara Bhavas* (diet, regimen and behavioral doings which may result with adverse effects on fetal growth)
3. *Garbhasthapaka Dravyas* (substances beneficial for maintenance of pregnancy and better progeny)

Months	Charak Samhita	Sushruta Samhita	Astanga Sangraha	Harita Samhita
1st Month	<i>Ksheera</i> -Non medicated milk ^[8]	<i>Madhur, Sheeta, Drava</i> Diet. ^[9]	<i>Siddha Ksheera</i> -Medicated milk. ^[10]	<i>Madhu yashti, madhukapushpa</i> with <i>navnita</i> , <i>madhu</i> and treated milk. ^[11]
2nd Month	Milk medicated with <i>madhura rasa</i> drugs ^[12]	Same as first month ^[13]	Milk medicated with <i>madhura rasa</i> drugs. ^[14]	Madhura group of drugs like <i>kakoli</i> & <i>Madhu</i> . ^[15]
3rd Month	Milk with <i>madhu</i> and <i>ghrita</i> . ^[16]	Same as first month ^[17]	Milk with <i>madhu</i> and <i>ghrita</i> . ^[18]	<i>Krishara</i> . ^[19]
4th Month	Milk with <i>navnita</i> (<i>aksha pramana</i>). ^[20]	Cooked <i>shasti</i> rice with <i>dadhi, dugdha</i> & <i>navnita, Jangala mamsa</i> . ^[21] with <i>hrudyanna</i>	Milk with one tola of <i>navnita</i> . ^[22]	<i>Krutodana</i> (Medicated cooked rice). ^[23]
5th Month	<i>Ghruta</i> & milk. ^[24]	Cooked <i>shastika</i> rice with <i>dugdha, jangala mamsa, ghruta</i> . ^[25]	Same as Charaka. ^[26]	<i>Payasa</i> . ^[27]
6th Month	<i>Ghruta</i> prepared from milk medicated with <i>madhura</i> (sweet) drugs. ^[28]	<i>Ghruta</i> or <i>yavagu</i> medicated with <i>gokshura</i> . ^[29]	Same as Charaka. ^[30]	<i>Madhura dadhi</i> (Sweetened curd). ^[31]
7th Month	Same as in sixth month. ^[32]	<i>Ghruta</i> medicated with <i>prithakaparnyadi</i> group of drugs. ^[33]	Same as Charaka. ^[34]	<i>Ghruta khanda</i> (a sweet with ghee) ^[35]
8th Month	<i>KshiraYavagu</i> mixed with <i>ghrita</i> . ^[36]	<i>Asthapana basti</i> with decoction of <i>badari</i> mixed with <i>bala, atibala, satapuspa, patala</i> etc., <i>madhu</i> and <i>ghrita</i> . <i>Asthapan</i> is wed by <i>Anuvasana basti</i> of oil medicated with milk, <i>madhura</i> drugs. ^[37]	<i>Kshira yavagu</i> mixed with <i>ghrita, asthapana basti</i> with decoction of <i>badari, anuvasana basti</i> with oil medicated with <i>Madhura</i> drugs. ^[38]	<i>Ghruta puraka</i> . ^[39]
9th Month	<i>Anuvasana basti</i> with oil prepared with drugs of <i>Madhura</i> group, <i>yoni pichu</i> -(tampon) of this oil. ^[40]		Same as Charaka. ^[41]	(<i>Vividhanna</i>) Different varieties of cereals. ^[42]

During the first trimester of pregnancy, a woman may experience symptoms such as *Shrama*, *Glani*, *Pipasa*, *Chardhi*. In Ayurveda, milk is considered an ideal source of nourishment during this time as it can help alleviate dehydration caused by nausea and vomiting. Milk is recognized as a complete diet, possessing *madhura*, *sheeta* & *drava* properties. Its easy digestibility supports Agni and provides optimal nourishment essential for both the mother and the developing fetus. The *madhura rasa* of milk is beneficial for the formation of *dhatu* and has a pacifying effect on *vata dosha*. Additionally, milk is anabolic, aiding in nutritional support and stability for the fetus while reducing the risk of abortion.^[43] Furthermore, milk is known to enhance *medhya* & *bala* and has lactogenic properties.^[44] It is a rich source of proteins and vitamins, which are crucial for building and maintaining tissues, including muscles. Milk provides essential vitamins such as A, D, B1, B2, B6, B11, and B12, as well as minerals like calcium, phosphorus, and zinc. The lactose in milk also ensures a slow but steady release of energy, making it an excellent addition to the diet of a pregnant woman according to Ayurveda principles.

From the third month onwards, there is mention about the importance of *ghrita*. *Ghrita* is *vata- pitta prashamaka*.^[45] It is a rich source of antioxidant and acts with its *samskarvahi guna*” in addition of vitamins and minerals from other food. *Madhu* or Honey is also having great Anti-inflammatory and anti-oxidant property.^[46]

In the fourth month, fetal heart is manifested- *dauhrud awastha*, thus; during this period, the woman is termed *dauhrudini* where in *chetana* arises & desires are conveyed via mother.^[47] From fourth month onwards, there is rapid growth of fetus as here the muscular tissue of fetus develops and “*mamsashonitopachaya*” occurs due to which the woman feels gaunt. This happens due to the reduced nourishment of maternal tissues, as the *ahara rasa* is diverted to nourish the fetal *mamsa-raktaadi Dhatus*^[48], highlighting the need for more protein rich diet. Hence, during this period, indication of *ksheerasarpi*, *hridhyannapaana*, *mamsa* etc. which all supply the nutrients for the development of fetal tissue as well as the mother is indicated. *Shali-Shashtika* mentioned in addition with others, is rich in carbohydrates, provides fuel for body, excellent source of Niacin, Vitamin D, Calcium, Fibre, Iron, Thiamine and Riboflavin.

In comparison to other months, there is an excessive increase in *mamsa* and *rakta* in the developing fetus during the fifth month of pregnancy. Thus, *mamsa vardhaka* (meat soup, black gram etc.) & *rakta-var dhaka ahara* (pomegranate, spinach, beetroot, Indian

gooseberry, etc.) are to be given. *Mamsa-rasa* offers nourishment to the growing fetus and also pacifies *vata*. It is an excellent known source of proteins, vitamins, fats, minerals (iron and other minerals) and endogenous antioxidants.^[49] Pregnant women can easily digest and benefit from foods like *shashti shali*, *godhuma*, *mudga*, parched rice flour, and sour and sweet fruits like *panasa*, *kadali*, *amalaki*, and *draksha*.^[50]

As the fetus gains more strength and complexion during the sixth month, the woman on the other hand develops more fatigue due to the increased need for nutrition. She, becomes prone to pedal edema or other complications associated with fluid accumulation at the end of the second trimester. Also, the probability of her developing a UTI is comparatively higher. Thus, *garbhini* should preferably consume *ksheera* & *sarpi* medicated with *madhura aushadhi*. *Ghee* or rice medicated with *gokshura* (*Tribulus terrestris*) can also be given as *gokshura* prevents the above condition as it has the property of *mootravirechaniya*, *shothahara*, *krimighna*.

The third trimester is *vata* predominant stage, but vitiation of *vata dosha* may lead to premature / prolonged labour/ intra-labour / postpartum complications. Therefore, *garbhini paricharya* mentioned for third trimester should be strictly followed to avoid any untoward incidences. In the seventh month, by the usage of *ghrita* medicated with *vidarigandha etc. drugs* or *madhura aushadha siddha sarpi* or *prithakparnyadi siddha ksheera-sarpi* is beneficial as they are having *brumhana* property and pacifies *vata dosha* which helps in fetal development.^[51]

Basti i.e., Medicated enema, is advised to be administered during the eighth month as it plays an important role in the cleansing of retained feces and propagates *vatanulomana*; thus aiding in *sukha-prasava*. *Snigdha yavagu* consumption stabilizes the *vata dosha*, strengthens the body, and nourishes *dhatu*.

Most of the women experience constipation in late pregnancy as a result of pressure exerted by the gravid uterus along with the effect of hormones. Thus, *anuvasana basti* helps in *anulomana* of *apana vayu*. It helps in balancing of *vata*, affects the autonomous nervous system (ANS) governing myometrium and aids in their function regulation during labour; thus facilitating unobstructed labor.^[52] *Yoni pichu* with *siddha taila* cleanses off unwanted micro-organisms with its action. It also lubricates the vaginal passage, thus; helps in its softening, facilitates relaxation during labor and may prevent perineal tear.

***Garbhopaghatakara Bhava.*^[53]** (Factors which harm the fetus)

The science of Ayurveda recommends avoiding certain foods and lifestyle-related activities that can be detrimental to both the *garbhini* and the *garbha*. These harmful factors are referred to as *garbhopaghatakara bhava*. Exposure to these influences may lead to congenital defects in the child and is not conducive to the birth of a healthy baby with desirable qualities. Potential complications such as intrauterine growth retardation (IUGR), premature labor, abortion, and intrauterine mortality may arise if the *garbhini* is subjected to these *garbhopaghatakara bhavas*. It is advised to avoid foods that possess *teekshna*, *katu*, *ushna*, *guru*, and *vishtambhi* properties. Additionally, alcoholic substances such as *madya* and excessive meat consumption should be avoided. Foods that are *vidahi*, should also be steered clear of, including items like onion, garlic and yam. Even *kshariya* items are advised against by our *acharyas*.

Therefore, it is essential to prioritize the health and safety of the *garbha* by steering clear of any harmful physical and mental activities. Engaging in such activities not only poses risks to the developing fetus but can also have lasting impacts on its growth and well-being. Expectant mother should strive to create a nurturing environment that supports optimal prenatal development. By being mindful of these factors, she can foster a healthier future for her child.

<i>Acharya</i>	<i>Ahara</i> (Diet)	<i>Vihara</i> (Behavior/ Regimen)
<i>Charaka</i>	Use of heavy to digest, hot and pungent drugs & substances (Tobacco/Smoking, Cocaine), Alcohol intake, Meat, Inadequate calorie intake	High pitch voice, Suppression of natural urges, Exercise, Coitus, Strenuous work, going outside alone to lonely places, visiting cremation places, haunted trees and entering shades of tree, Use of blood-stained clothes, Peeping into well.
<i>Sushruta</i>	Dry, Food kept overnight, Boiled food, Wet or moistened food	Coitus, Exercise, Night awakening, Day sleeping, Prolonged squatting & abnormal postures, Travelling, Suppression of natural urges, Bloodletting, Excessive satiation,

		Excessive emaciation
<i>Ashtanga Hridaya</i>	Meat, Alcohol intake, Intake of food which is hard to digest (<i>Vishtambhi</i>)	Excessive coitus, Exercise, carrying heavy weight, untimely sleep, squatting, grief, anger, excitement, suppression of natural urges, fasting, excessive walking, use of red garments, sleeping in supine position, bloodletting
<i>Kashyap</i>	Excessive use of garlic in food, Use of cold water	Looking at declining moon & setting sun, Excitement, Exposure to solar or lunar eclipse, Excessive laughing, staying for longer periods in erect or flexed posture, wearing tight garments, Viewing the filled pots, garlands, pot filled with <i>ghrita</i> or <i>dadhi</i> .

Garbhasthapaka Dravya (Drugs/ Substances that Support the Maintenance of Pregnancy)

Certain drugs are known to support the maintenance of pregnancy and counteract the effects of *garbhopaghatakara bhavas*. These are particularly beneficial in managing cases of recurrent abortion. They may be administered routinely, as they promote the overall health, growth, and development of both the mother and the fetus. Some of the commonly used *garbhasthapaka aushadhi*.^[54] (pregnancy-sustaining drugs) include: *Aindri* (*Bacopa monnieri*), *Brahmi* (*Centella asiatica*), *Shatavari* (*Asparagus racemosus*), *Sahasravirya* (*Cynodon dactylon*), *Amogha* (*Stereospermum suaveolens*), *Avyatha* (*Tinospora cordifolia*), *Shiva* (*Terminalia chebula*), *Arista* (*Picrorhiza kurroa*) *Vatyapushpi* (*Sida cordifolia*), *Vishwaksenkanta* (*Callicarpa macrophylla*).

These herbs may be administered orally in the form of medicated ghee or milk. Additionally, bathing the mother with a cold decoction of these herbs, especially during *pushya nakshatra*, is recommended. These drugs should remain in close physical proximity to the mother and can also be used as protective amulets, worn on the right arm or head. Furthermore, herbs from the *jeevaniya gana* group can be employed in a similar manner. *Acharya Kashyapa* also advocated the use of an amulet made from *trivritta* (*Operculina turpethum*), to be tied around the waist of the pregnant woman for added protection (to keep safe from negativity/ microbial diseases) and support during pregnancy.

Role of Yoga During Pregnancy

Yoga offers a wide range of benefits for both the expectant mother and the developing fetus. It helps calm the mind, redirect energy positively, and prepares the woman psychologically for the process of labour and childbirth. Practicing specific *asanas* during pregnancy can help increase pelvic space, thereby facilitating easier and smoother fetal expulsion during delivery.

Recommended *asanas* for pregnancy include.^[55] *Trikonasana* (Triangle Pose), *Vrikshasana* (Tree Pose), *Virabhadrasana* (Warrior Pose), *Vajrasana* (Thunderbolt Pose), *Matsya-Kridasana* (Flapping Fish Pose), *Marjarasana* (Cat Stretch), *Tadasana* (Mountain Pose), *Bhadrasana* (Gracious Pose). These postures improve flexibility, circulation, and muscular strength, while also reducing stress and discomfort commonly experienced during pregnancy.

Pranayama, considered a valuable contribution of Ayurveda and Yoga, plays a crucial role in enhancing both physical and mental well-being—not only during pregnancy but throughout life. During labour, breath control and breath-holding techniques can aid in effective pushing, improve oxygen intake, and consequently enhance oxygen supply to the fetus. *Bhramari pranayama*, in particular, is highly effective in relieving mental agitation, reducing anger, and calming the mind. It improves concentration, promotes emotional stability, and assists in detoxifying the body by enhancing respiratory efficiency.

CONCLUSION

The ancient seers of Ayurveda, with profound insight into maternal health, emphasized the significance of *garbhini paricharya*—a comprehensive antenatal care regimen designed specifically for pregnant women. This well-structured protocol supports the physiological and psychological needs of the *garbhini* through various stages of gestation. Adherence to this *garbhini paricharya* ensures the optimal formation and circulation of *rasa dhatu*, which

serves as the primary source of nourishment for both the *garbhini* and the *garbha*, while also facilitating adequate *stanya* production postpartum. Moreover, it ensures the proper regulation of *apana vayu*, which governs the functions of *prasava* and supports an uncomplicated and smooth delivery *sukhaprasava*. During the *prathama trimasa* (first trimester), the intake of *dugdha* and *drava ahara* is emphasized to maintain hydration, prevent nutritional deficiencies, and avoid early gestational complications. In the *dvitiya trimasa* (second trimester), the administration of *gokshura* (*tribulus terrestris*) and herbs from the *prithakparnyadi gana* is recommended to manage and prevent *shotha*, a common physiological response during this period and to prevent other minor ailments. *Mamsa rasa* and other bulky food with milk/ghee/ curd etc. is advised for proper fetal development (*mamsa-shonita upchaya*). In the *tritiya trimasa*, (third trimester) the *paricharya* advised mitigates *apana dosha* and prepares the *garbhini* for *sukha-prasava*.

This holistic and preventive approach, integrating *ahara* (diet), *vihara* (lifestyle), and *aushadha* (herbal interventions), aims to ensure the health, nourishment, and vitality of both mother and child. The regimen, grounded in simplicity and accessibility, empowers families to utilize locally available resources effectively. This concept of *garbhini paricharya* is programmed with an objective of the birth of “*shreshtamapatyam*”. The benefits of these entire regimen, ensures the procurement of a “*supraja*”. Thus, Ayurveda offers a timeless, natural, and globally relevant framework for maternal and child health.

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