

## CONCEPT OF GARBHINI PARICHARYA: A SCIENTIFIC REVIEW

Rasmi Hadimani<sup>1</sup>, Sheela Mallikarjun<sup>2</sup>

<sup>1</sup>PG scholar, <sup>2</sup>Associate professor,

Dept. of Prasutitantra Evum Stri Roga, N K Jabashetty Ayurvedic Medical College and PG centre Bidar, Karnataka, India

Email: [hadimanimashmi49@gmail.com](mailto:hadimanimashmi49@gmail.com)

### ABSTRACT

Pregnancy and child birth have great importance in every woman's life. *Ayurveda*, A holistic way of living, documented *Garbhini paricharya* i.e. *Ahara* (diet), *vihara* (lifestyle), *vichara* (psychological aspect) to be followed during pregnancy with respect to each month. The proper *Garbhini paricharya* would result in proper development of foetus, its delivery, the health of mother and thus the ability to withstand the strain of labour and have an eventless postnatal care. It is necessary to know "why there is specific regimen explained in respective month by *Ayurvedic* classics?" Hence, an attempt is made through this article to highlight the importance and review the concept of *Garbhini Paricharya*.

**Keywords:** *Garbhini paricharya, Pathya, Basti, Yonipichu*

### INTRODUCTION

Prevalence of maternal deaths is more in developing countries than developed one. The factors responsible are haemorrhage (2.8%), complication of unsafe abortion (19%), pregnancy induced hypertension (17%), infection (11%), obstructed labour (11%)<sup>1</sup>. Majority (80%) of fetal death occurs in antepartum period due to causes like chronic fetal hypoxia (IUGR), maternal complications e.g. PIH, infections, fetal congenital malformation<sup>2</sup>. Antenatal care plays crucial role in conquering these obstacles. So it's very important to take care of pregnant lady. As there is a continuous growth of the embryo or fetus there would also be variation in its requirements of food and nutrition. Thus the necessities of the mother also modify. *Ayurveda* is a science of life

and basic principle of *Ayurveda* is "swasthasya swasthya rakshanam athurasya roga prasamanam"<sup>3</sup>.

To maintain *Swasthya* of pregnant lady *Garbhini Paricharya* is most important. Fetus is dependent on mother for its nourishment and oxygen. The care of the pregnant lady reflects on the quality and health of the offspring. Health of the pregnant women is maintained through proper *Garbhini Paricharya* right from the conception till delivery. *Garbhini Paricharya* includes all aspects of care of pregnant lady like *Ahar* (diet), *Vihar* (exercise), *Pathya* (dos), *Apathya* (don'ts), *Yoga and Meditation* etc. Food is called life of living being. Even if drugs are introduced to a diseased person he cannot get cured with-

out proper food. Hence food is called as great medicine. Food can be adjusted in such a fashion that it fulfils the need of body and brings about homeostatic condition<sup>4</sup>. Diseases of *Garbhini* are very difficult to treat<sup>5</sup>. The health of baby completely depends on mother therefore it is better to take care that pregnant lady is getting adequate care and nutritious and proper food so that she delivers a healthy baby without complications. This can be achieved with the help of *Gabhini Parichaya*. In the present review prime focus is given on monthly Regimen for Pregnant woman described in *Ayurvedic* classics so as to achieve healthy baby to healthy mother.

#### AIM AND OBJECTIVES:

1. To collect and analyze the *Masanumasik Garbhini paricharya*.
2. To understand the clinical importance of *Garbhini paricharya* as described in ancient treatise & its utility in today's context in correlation with Pre-natal care.

#### MATERIALS AND METHODS

Literature: *brihatrayee*, all available *Ayurvedic* classics, Modern available texts, Magazines, Journals & Research papers.

Type of study: Conceptual study

**Table 1:** Monthly Dietary Regimen and Pathya in explained in Ayurvedic classics:

Month	<i>Charaka samhita</i> <sup>6</sup>	<i>Sushruta samhita</i> <sup>7</sup>	<i>Astang sangraha</i> <sup>8</sup>	<i>Haarita</i> <sup>9</sup>
1	Non medicated milk in desired quantity	Sweet, cold and liquid diet	Medicated milk	<i>Yashtimadhu</i> or <i>parushaka</i> or <i>madhupushpa</i> with <i>navaneeta</i> with <i>madhura payo anupana</i>
2	Milk medicated with <i>Madhur Ras</i> drugs	Same as 1st month	Same as <i>Charak</i>	<i>Kakoli siddha ksheera</i>
3	Milk with honey and <i>Ghrita</i>	Same as 1st month and <i>shashthi</i> rice cooked with milk.	Same as <i>Charak</i>	<i>Krishara</i>
4	<i>Navneet</i> (Butter) extracted from milk or Milk with butter	<i>Shashti</i> rice with curd. Pleasant food mixed with milk and butter. <i>Mansa</i> (meat) of wild animals	Milk with one <i>tola</i> of butter(12 gms)	<i>Sanskrita odana</i>
5	<i>Ghrita</i> prepared with butter extracted from milk	<i>Shashti</i> rice with milk. Pleasant food mixed with milk and <i>ghrita</i> . Meat of wild animals	Same as <i>charak</i>	<i>Paayasa</i>
6	<i>Ghrita</i> prepared from milk medicated with <i>Madhur</i> drugs	<i>Ghrita</i> or rice gruel medicated with <i>Gokshur</i>	Same as <i>Charaka</i>	<i>Madhura dadhi</i>
7	<i>Ghrita</i> prepared from milk medicated with <i>Madhur</i> drugs(same as fifth month)	<i>Ghrita</i> medicated with <i>Prithakparnyadi</i> group of drugs	Same as <i>charak</i>	<i>Ghrita khanda</i>
8	<i>Kshir Yavagu</i> mixed with ghee	<i>Asthapan basti</i> ( <i>bala</i> , <i>atibala</i> , <i>shatpushpa</i> , <i>milk</i> , <i>curd</i> etc). <i>Anuvasan Basti</i> of medicated oils.	<i>Kshir yavagu</i> mixed with ghee. <i>Asthapan basti</i> ( <i>milk</i> , <i>curd</i> , <i>sour butter</i> , <i>oil</i> , <i>madanphala</i> ) etc. <i>Anuvasan Basti</i> of medicated oils.	<i>Ghritapurana</i>

9	Anuvasan Basti with oil prepared with madhur drugs, Yonipichu (vaginal tampon) of this oil	Unctuous gruels and meat soup of wild animals	Anuvasan Basti with oil prepared with Madhur drugs. Vaginal tampon of this oil	Vividha anna
---	--------------------------------------------------------------------------------------------	-----------------------------------------------	--------------------------------------------------------------------------------	--------------

## DISCUSSION

Systemic supervision (examination & advice) of women during pregnancy is called antenatal (prenatal) care<sup>10</sup>. *Ayurvedic garbhini paricharya* can be correlated with antenatal care.

### First trimester

The most important event during first trimester is embryogenesis. Mammalian embryo requires an increasing amount of energy. As it develops during embryonic and fetal stages<sup>11</sup> all this energy is provided by *Kshira, ghrita krishara*. Milk medicated with *Madhura Rasa* acts like rich source of energy. In this period women suffer with nausea and vomiting. This may result in dehydration, loss of nutrients. The dietary regimen suggested by most of the ancient *acharyas* during this period is in liquid state, of *madhura rasa* and having high nutritional value which helps to replenish the nutrients and corrects the dehydration. *Vata* is responsible for cell division during embryogenesis<sup>12</sup>. The imbalance in *vata dosha* may hamper its normal functions and process of cell division. During first trimester *vata dosha* is alleviated in pregnant woman. In dietary regimen *ghrita*, milk, *madhura dravyas*, medicated *shaliparni* (*Desmodium gangeticum*) *siddha Ghrita*, *Kanaka rajat kwathit shitodhak* are suggested which are well known for their *vata shamak* properties. In embryonic period no drug should be given because drug can disturb the organogenesis and may lead to teratogenicity<sup>13</sup>. Only folic acid supplementation is required because it is essential for production of methionine (for methylation reaction of DNA)<sup>14</sup>. *Acharya Kashyapa* explained that fetus will not be stable before 4 months, so no medicine should be given<sup>15</sup>. Milk is natural source of folic acid and it is also a good source of carbohydrate, fat, proteins, all vitamins, minerals and enzymes which are essential for fetal and mother nourishment. Progesterone hormone which is essential to continuation for preg-

nancy, milk is external source of this<sup>16</sup>. Nourishment for fetus till *vyaktagarbha* supplied from *Rasa* by *upasneha* and *upasweda*<sup>17</sup>, for this milk is helpful; breast milk is the *upadhatu* of *rasa dhatu*<sup>18</sup>. Increased sr. IGF-1 in milk enhances the bone formation<sup>19</sup>.

### Second trimester

According to *Ayurveda Mamsadhatu* development mostly occurs in 2<sup>nd</sup> trimester<sup>20</sup>. Fetal growth in 2<sup>nd</sup> trimester occurs by cellular hyperplasia and cellular hypertrophy<sup>21</sup>. Protein requirement is more. Most protein should be supplied from animal sources such as meat, milk, cheese because they furnish amino acids in optimal combinations. Milk and dairy products have long been considered nearly ideal sources of nutrients especially protein and calcium for pregnant women<sup>22</sup>. Meat helps in maintenance of pregnancy, provides nourishment to fetus and suppresses alleviated *vata* of pregnant women<sup>23</sup>. Cooked *shashtik shaali* rice advised in *garbhini paricharya* is rich in carbohydrates and provides energy to the body<sup>24</sup>. During last month of second trimester pedal edema is observed, so *ghrita* medicated with *gokshura* (*Tribulus terrestris*) is used. *Ayurveda* described qualities of *gokshura* as *mutravirechaka* (diuretic), *shothahara* (anti-inflammatory) and *krimighna* (anti-bacterial)<sup>25</sup>, so it helps to reduce edema and other complication of water accumulation by gravid uterus in the later months of pregnancy. *Gokshura* may also prevent the pre eclamptic toxemia of pregnancy.

### Third trimester

*Ghee* medicated with the *prithakparnyadi* group are advised to *garbhini*<sup>26</sup>. This group contains many medicinal plants. The combined action of group are as<sup>27,28</sup> diuretic, anti-inflammatory, *prajasthapana* (procreant), *ayasthapana* (rejuvenators), *brumhana* (weight promoting), *angamardhaprashamana* (restoratives), pacifies *vata* and *pitta*. *Vidarigandha*

(*Desmodium gangeticum*) have the calming, strengthening and anti-inflammatory properties<sup>29</sup>. At the 7<sup>th</sup> Month fetal lung get maturity, steroids help in lung maturity of the fetus. *Brihati (solanum indicum)* one of the medicinal plant of the *vidarigandhadi* group; its chemical constituents are steroidal alkaloid and steroid<sup>30</sup>, hence this may be helpful in lung maturity of the fetus. From 8<sup>th</sup> month upto delivery *snigdha yavagu* and *jangala mamsa rasa* is advised<sup>31</sup> as *snigdha yavagu* gives strength to the body, nourishes the body tissue and pacifies *vata dosha*. Meat is rich source of protein, vitamin, iron and other Mineral, fat and good amount of calories. It helps in the formation of muscular tissue and blood. Most of the women experience constipation in pregnancy due to pressure of gravid uterus over the bowel and effect of progesterone. *Basti* is considered as the *paramachikitsa* for *vatajavyadhis*. *Basti* is indicated in pregnancy to prevent the vitiation of *vayu*. *Apanavayu* plays important role along with *vyanavayu* in act of contraction and relaxation of uterus and in expulsion of fetus. *Acharya Charaka* mentions that *basti* by reaching up to umbilical region, sacroiliac region, flanks, hypochondriac region and churning up of fecal and morbid matter present there in and at the same time by spreading its unctuous effect in whole body, draws out the fecal and morbid matter with ease<sup>32</sup>. It has been further mentioned that while laying in the *pakwashaya* due to its *veerya* it draws the morbid matter lodged in the entire body from foot to the head<sup>33</sup>. *Acharya Susruta* says that *veerya of basti* acts over the whole body through the intervention of *apanavayu* and other *vayu*. Medicines duly administered through the rectum with the help of *basti* remains in *pakwashaya* in the region of pelvis and below the umbilical region where from *veerya* of the *basti* medicines spread over body just as water poured to roots reaches all parts of tree thus been through micro and macro channels<sup>34</sup>. *Anuvasana basti* is *sneha basti*, due to *snehana* property, the abdomen, flanks, sacrum and all the genital organs becomes *snigdha*. The *snigdha* prop-

erty removes the *rukshata* of *vayu* and thus it controls exaggerated *vata*. At the same time for expulsion of fetus, the stretching of ligament is essential, when the *vayu* is in its normal direction and when the muscle and ligaments have *snigdha* property, and then the expulsion of fetus from the birth canal is not that much difficult, so facilitates *sukhaprasava*. *Basti* in 8<sup>th</sup> month with these drugs mainly *kaphavata shamak*. In 8<sup>th</sup> month due to hormonal effect and *kapha vata prakopa* constipation, backache is very common problem. It regulates *vata* and gives strength to women for the delivery. *Anuvasana basti* given in 9<sup>th</sup> month gives strength to women and relaxes pelvic ligaments for the preparation of labor<sup>35</sup>.

## CONCLUSION

*Garbhini paricharya*, which was advised thousands of years ago in classical texts of *Ayurveda* for pregnant women is totally scientific and can be proven on scientific parameters. In *Garbhini paricharya* normal daily activities, therapeutic procedures and modifications in psychological behaviour is advised. During first trimester, keeping physiology of pregnant women in mind the ancient *Acharyas* have given more emphasis on using highly nutritious household milk products which are easy to assimilate. In this period dietary regimen and treatment protocol is concentrated on providing nourishment and *vata anulomana*. In 2<sup>nd</sup> trimester, *Garbhini paricharya* helps in stabilization of *garbha* and useful in meeting energy and protein requirement. In 3<sup>rd</sup> trimester, drugs and practices which relieve oedema, constipation, backache etc. are employed. The *Garbhini paricharya* aims at excellence in the formation of fetus, its development without anomalies, a secure full term delivery and maintenance of health of the mother. The regimen explained is specific to fetus and mother, helps in easy delivery and helps in lactation hence completely fulfils the objectives of the pre natal care.

## REFERENCES

1. Unicef.org [home page on internet] New York: United Nation Children Emergency Fund, Inc.; c2011 preventing maternal death. From <http://www.unicef.org/>;2013.
2. Dutta DC. Text book of Obstetrics, 4th Ed. New Delhi (India) : New Central Book Agency(P) Ltd;2004.p.105
3. Reddy Sudhaka. Comprehensive guide to Swasth-vritta. Varanasi, Chaukhamba Sanskrit Pratishthan, 2006, p.114
4. Dhargalkar Nandini. A textbook of Physiology, Varanasi, Chaukhamba Sanskrit Series Office, 2008, p.7
5. Tiwari P V. Ayurvediya Prasutitantra evum Striroga Part 1, 2nd Edition, Varanasi, Chaukhamba Oriental, 2009, p. 242-243.
6. Shashri S, Pandey K. Chaturvedi G. Charak Samhita of Agnivesha, Revised by Charak and Dridhabala, Elaborated with Hindi commenraty , Sharirstahna, Chapter no 8, Verse no 33, Varanasi, Chaukhamba Bharti Academy, 2007, p. 939.
7. Dwivedi L, Sushruta Samhita, English translation, Vol 2, 2nd Edition , Sharira Sthana, Chapter no 10, Verse no 2-5, Varanasi, Chaukhamba Sanskrit Series, 2002, p. 252-255.
8. Shrinivas P. Astanga Sangraha of Vagbhata, Sharirasthana, Chapter 3, Verses no 3-12, Varanasi, Chaukhamba Krishandas Academy, p.33-35.
9. Harit, Harit Samhita edited by Ramavalamba Shastri, Samhita with Hindi commentary Asha 1<sup>st</sup> Ed, Tiritiya Sthana Chapter 49 Verse 1,2,3, Prachya Prakashana Varanasi;p.404
10. Dutta DC. Text book of Obstetrics, 7th Ed. New Delhi (India) : New Central Book Agency(P) Ltd; November 2013.p.94
11. C N Baker, S N Ebert .Physiology and Biochemistry; Development of aerobic metabolism in utero: requirement for mitochondrial function during embryonic and fetal periods; A Biotechnology 2013;2(2):16
12. Nibandhasangraha Commentary of Sri Dalhanacharya and Nyayacandrika Panjika of Gyadasacharya, 4<sup>th</sup>Ed, Sharirsthana Chapter 5 Verse no.3, Chaukhamba Orientalia Varanasi;1991.p363.
13. Dutta DC. Text book of Obstetrics, 6th Ed. New Delhi (India): New Central Book Agency (P) Ltd; 2006.p.511.
14. Cunningham Gary, Leveno Keneth, Bloom Steven, Hauth John, Rouse Dwigth, Spong Catherine. Williams Obstetrics, 23th Ed. New Delhi; Mc Graw Hill Medical; 2010.p315.
15. Satyapala, Kashyapa Samhita with Vidyotini Hindi Commentary. Reprint Ed.Varanasi; Chaukhamba Sanskrita Sansthana; 2010.p213.
16. <https://www.ncbi.nlm.nih.gov/pubmed/3524354/date> 28/5/18 time 23:12
17. Shastri AD. Sushruta Samhita (purvardha) with Jiwanprada Hindi Commentary.4<sup>th</sup> Ed. Varanasi: Chaukhamba Sanskrita Sansthan;2005.p26
18. Srivastava Shailja. Sharangdhar Samhita (Purvakhanda) with Jiwanprada Hindi Commentary.4<sup>th</sup> Ed.Varanasi: Chaukhamba Orientalia;2005.p36.
19. <http://www.ncbi.nlm.nih.gov/pmc/articles/pmc3905637/date> 16/12/17 time 22:48
20. Charaka, Charaka Samhita, edited by Kasinath Sastri and Dr. Gorakhanath Chaturvedi with Hindi Commentary Vidyotini, Reprint, Sharirasthana Chapter 4 Verse 21,Chaukhamba Bharthi Academy, Varanasi; 2005.p875.
21. Personal author F.Gay Cunningham-Williams Obstetrics Section 6,23<sup>rd</sup> Ed Mc-Graw Hill Publication; 2010.p842.
22. Personal author F.Gay Cunningham-Williams Obstetrics Section 6,23<sup>rd</sup> Ed Mc-Graw Hill Publication; 2010.p207.
23. Vridha Jeevaka, Kasyapa Samhita. Edited by Hemaraj Sharma with Vidyotini Hindi Commentary 4<sup>th</sup> Ed., Khilasthana Chapter 24 Verse 6 Bhojankalpa Adhyaya Verse 86,Chaukhamba Sanskrit Samsthan, Varanasi;1988.p.359.
24. Caloriecount.about.com [home page] New York; Free Online Diet Journal and calorie counter;Inc.available from <http://caloriecount.about.com/calories-rice-white-long-grain-regular-i20045>;2013.
25. Sharma PV. Dravyaguna vignan (Vol-2) Reprint Ed. Varanasi; Chaukhamba Bharati Academy;2005.p632-34.
26. Shastri AD, Sushrut Samhita(Purvardha) with Ayurveda-tatwa-sandipika Hindi Commentary, Reprint Ed, Varanasi; Chaukhamba Sanskrita Sansthan;2005.p73.
27. Shastri AD, Sushrut Samhita (Purvardha) with Ayurveda-tatwa-sandipika Hindi Commentary,Reprint

- Ed. Varanasi; Chaukambha Sanskrita Sansthan;2005.p141.
28. Sharma PV, Dravyaguna vignan (Vol-2) Reprint Ed. Varanasi; Chaukambha Bharati Academy; 2005.
  29. Shastri AD, Sushrut Samhita (Purvardha) with Ayurveda-tatwa-sandipika Hindi Commentary, Reprint Ed. Varanasi; Chaukambha Sanskrita Sansthan;2005.p141.
  30. The Ayurvedic Pharmacopia of India. Part-1, Vol-2. First Ed. Delhi: The controller of publications; 1999.p27.
  31. Shastri AD, Sushrut Samhita (Purvardha) with Ayurveda-tatwa-sandipika Hindi Commentary, Reprint Ed. Varanasi; Chaukambha Sanskrita Sansthan; 2005.p73.
  32. Shastri Kasinath & Chaturvedi Gorakknath, Ed. Charaka Samhita of Agnivesha revised by Charaka and Dridabala with introduction of Srisatyanarayanasastris, Elaborated Vidyotini Hindi Commentary, vol 2, Chaukambha Bharati Academy, Varanasi (India), Reprint 2007 p.1042.
  33. Susruta Samhita Chikitsa Sthana edited with Ayurveda tatvasandipika Hindi Commentary by Kaviraj Ambikadatta Shastri, Published by Chaukambha Bharati Sanskrit Sansthana Varanasi, Part 1, Chapter 35, Verse no.25-26, Reprint 2006, p.155
  34. Shastri Kasinath & Chaturvedi Gorakknath, Ed. Charaka Samhita of Agnivesha revised by Charaka and Dridabala with Introduction of Srisatyanarayanasastris, Elaborated Vidyotini Hindi Commentary, Vol 2, Chaukambha Bharati Academy, Varanasi (India) Reprint 2007, p.971
  35. Basti in Ayurveda during Pregnancy, Shikha Singh, Prof. Manjari Dwivedi JETIR (ISSN 2349-5162) NOV 2016 vol 3 Issue no 11
- 

**Source of Support: Nil**

**Conflict Of Interest: None Declared**

How to cite this URL: Rasmi Hadimani & Sheela Mallikarjun: Concept Of Garbhini Paricharya: A Scientific Review. International Ayurvedic Medical Journal {online} 2018 {cited June, 2018} Available from: [http://www.iamj.in/posts/images/upload/1277\\_1282.pdf](http://www.iamj.in/posts/images/upload/1277_1282.pdf)