World Journal of Pharmaceutical and Life Sciences WJPLS



SJIF Impact Factor: 3.347



TRANSFORMING PREGNANT WOMEN LIVES BY GARBINI PARICHARYA- AN AYURVEDIC THEORY

Dr. Shweta Dewan¹*, Dr. Suchetta Verma² and Dr. Baldev Kumar³

¹Ph.D Scholar, Department of Basic Principles, National Institute of Ayurveda, Jaipur, Rajasthan (India).

²M.D Scholar, Department of Basic Principles, National Institute of Ayurveda, Jaipur, Rajasthan (India).

³Associate Professor, Department of Basic Principles, National Institute of Ayurveda, Jaipur, Rajasthan (India).

Article Received on 19/04/2016 Article Revised on 09/05/2016 Article Accepted on 29/05/2016

*Corresponding Author Dr. Shweta Dewan Ph.D Scholar, Department of Basic Principles, National Institute of Ayurveda, Jaipur, Rajasthan (India).

ABSTRACT

Background: *Garbhini paricharya* refers to the regular medical and nursing care recommended for women during pregnancy described in classics. The health of future generations is to a great extent determined by the baby's growth and development within the womb. The success of foetal life determines not only the health of the newborn, but also has a major impact on adult health and disease risk.

Good perinatal health is therefore important to individuals, to society and to future generations. The supervision should be of a regular and periodic nature and according to the need of an individual. During the United Nations General Assembly 2015, in New York, UN Secretary-General Ban Ki-moon launched the Global Strategy for Women's, Children's and Adolescents' Health, 2016-2030. **Benefits**: The proper *garbhini paricharya* would result in the proper development of the foetus, its delivery, the health of the mother and thus her ability to withstand the strain of labour and have an eventless post-natal phase. The concept of *garbhini paricharya* described includes monthly dietary regimen and living style for the pregnant women etc. all of these advices are done with the aim to ensure normal pregnancy and uncomplicated labour with delivery of a healthy baby from a healthy mother. **Conclusion**: The concept of *garbhopaghatakara bhavas, garbhasthapaka* drugs are some of the management modalities described in classics which have a way more importance if

implemented timely during nursing care of pregnant women. The speciality clinics throughout the country catering to the development of this ayurvedic concept will not only help empowering the AYUSH practitioners in the field to practice effectively but will also improve to be a new strategy to promote ayurved anationally as well as internationally. The need of the hour is to globalize ayurved by pioneering in its each fundamental to show its clinical significance.

KEYWORDS: Garbhini paricharya, labour, foetus, garbhasthapaka drugs.

Garbhini Paricharya: Care of the Pregnant Woman.

INTRODUCTION

Garbhini paricharya or antenatal care is the most important aspect in the whole area of *Prasuti Tantra*. This is so because all other aspects depend on this phase. The proper *garbhini charya* would result in the proper development of the foetus, its delivery, the health of the mother and thus her ability to withstand the strain of labour and have an eventless post-partum phase. The care of the pregnant woman reflects on the quality and health of the offspring for these reasons our *acharyaas* has given a detailed and systematic and month wise regimen plus a list of do's and don'ts to be followed in the antenatal phase. The *garbhini paricharya* is broadly discussed under three topics:

- Maasaanumasika pathya: month wise dietary regimen and prescriptions
- Garbhasthaapaka dravyaas: Substances which are beneficial to pregnancy
- *Garbhopaghaathakara bhaavas*: Activities and substances that are harmful. This can also be listed as the various foods and activities that are prescribed, according to their effects on the *garbha*.

MAASAANUMAASIKA PATHYA

Month wise dietary regimen

As there is a constant development of the embryo there would also be difference in its requirements of food and nutrition. Thus the requirements of the mother also change. Having understood this change in requirements, the seers have given in detail the month wise dietetic regimen.

RECOMMENDED DIET AND REGIMEN FOR VARIOUS MONTHS

First Month

As soon as pregnancy is suspected, the mother should take non-medicated cold milk separately in desired quantity (considering her digestive power and strength) Congenial food should be taken in the morning and evening. Massage with oils should be given but rubbing of unguents should be avoided (as they would liquefy the *doshas*)^[1]

Second month

In the second month, the woman should be given milk medicated with *madhura drugs* and liquid foods which are sweet and cold.^[2]

Third month

In the third month she should take milk with honey and ghee^[3] and *shasti* (a variety of rice) cooked in milk. In the first three months of pregnancy the product of fertilization is in a fluid/jelly state and thus the woman should be given more of liquids or fluids. Also during these three months the major part of mass is formed - for this *madhura* and *sheeta veerya* substances should be given which help in the formation of the cellular mass and promote growth.

Fourth Month

Butter extracted from milk (not from curds) in the quantity of one *aksha* (approximately 10 grams) or milk with the same amount of better should be given.^[4] Cooked *shasti* (a variety of rice) with curds, pleasant food, mixed with milk and butter and meat of wild animals^[5] should be given to the pregnant women during the fourth month. During the fourth month there is solidification and the development of the limbs. So there is more need of solids, and more of solid food is advised.

Fifth Month

Ghee prepared with butter extracted from milk (*Ksheera sarpis*) and food similar to that of the fourth month should be given except that, ghee is given (mixed with milk) instead of butter.

Sixth Month

Ksheera sarpis medicated with the drugs of *madhura gana - ghrita* or rice gruel medicated with *gokshura (Tribulus terrestris)* should be given in the sixth month. As it is quite common

to notice retention of urine in this phase of pregnancy, *madhura gana* drugs and *gokshura* would help as diuretics.

Seventh Month

The diet given in the seventh month should be the same as in the sixth month, along with ghee medicated with *prithak parnyaadi* (*Vidaarigandhaadhi*) group of drugs. This would help in the proper development of the foetus.

Eight Month

Before listing out the diet and regimen for the eighth month it would not be out of place to mention the role of *vata* in the process of delivery and how important it is to maintain it. The regimen and diet prescribed are of the nature of controlling vata especially the apana vayu. The of functions apana vayu are "Vatavinmoothra shukraartava garbhanishkramanaadikriyaaha" i.e. the expulsion of gas, faeces, urine, shukra (semen), *artava* (menstrual discharge) and the delivery of the foetus.^[6] Hence to have normal delivery it is very important to maintain the *vata* and due to this reason one finds that towards the last few months of delivery, all efforts are taken to keep the vata in an unvitiated state. As has been said earlier *vata* plays an important role in the delivery of the *garbha* - thus care is taken to maintain it. For this reason, *basti* i.e. medicated enema, is administered during the eighth month. It forms one of the *panchakarmas* which are the five types of eliminative therapies. Basti is broadly of two types -anuvasana basti (unctuous enema) and asthapana basti (corrective enema). Basti in general is the therapy of choice to eliminate vitiated vata. Anuvasana basti or sneha basti differs from asthapana basti or nirooha basti by the proportion of the kashaayas(decoctions) and snehas (oils) used in preparing the enema. While anuvasana has a lesser proportion of Kashaayas, the asthapana has lesser quantity of sneha. Sushruta has advised asthapana basti (a medicated enema with non-unctuous substances like kashaaya) with decoction of badari (Zizyphus jujube) mixed with bala (Sida cardifolia), athibala(Abutilon indicum), shatapushpa (Foeniculum vulgare), palaala (pasted sesamum seeds), milk, curds, masthu (sour buttermilk), oil, salt, madanaphala (Raundia dumentorum) honey and ghrita and followed by anuvasana basti (a medicated - unctuous enema) with oils medicated with milk and decoction of drugs of *madhura* group. These would help in clearing the retained faeces and in *vataanulomana* (regulation of *vata* by its downward movement).

Ninth Month

The pregnant woman should be given *anuvaasana basti* with oil prepared with the drugs of *madhura* group, and also vaginal tampons (*pichu*) with the same oil for lubrication of *garbhaashaya* (uterus) and *prasava maarga* (birth canal). Daily bath with cold decoctions of *vatahara* drugs are also advised. Meat soups with cooked rice and fat or rice gruel mixed with good quantity of fat should be given as diet.

Garbhasthaapaka aushadhi - Substances beneficial for maintenance of pregnancy

Garbha sthaapaka dravyas counter act the effect of the *garbhopaghathakara bhaavas* and help in the proper maintenance of the *garbha*. They can also be used in the treatment and prevention of abortion. These are to be used as a routine as they are beneficial for the maintenance of proper health, growth and development of the mother and foetus. Some of the *garbhasthaapaka aushadhis are aindri, braahmi (Bacopa monnieri), shathaavari (Asparagus racemosus), doorva (Cynodon dactylon), etc.* These should be taken orally as preparations in milk and ghee. A bath with cold decoction of these drugs should be given during *pushya nakshatra.* These should be kept in close contact with the mother and can be used as amulets around the right arm and on the head. Drugs of the *jeevaneeya gana* can also be used in a similar way.

Garbhopghaatha kara bhaavas - Activities harmful to the foetus

Garbhopghaatha kara bhaavas are the *aahaara* and *vihaara* which are harmful to the *garbha* (foetus). These may cause some congenital defects in the child and are not conducive to the birth of a healthy child, with all the good qualities. These can be grouped under two different headings namely *ahara* and *vihaara*.

Ahara (food) to be avoided during pregnancy

The pregnant woman should avoid use of intoxicating substances like wine, meat (in excess),*ushna* (hot),*teekshna* (sharp)*katu* (pungent), *guru* and *vishtambhi* (hard and heavy to digest) foods.^[7]

Viharas (activities and behaviour) to be avoided during pregnancy

The pregnant woman should avoid strenuous exercise and coitus (both excessive) harsh or violent activities, travel in vehicles (on uneven road).^[8] *Sushruta* has said that - the pregnant woman should totally give up coitus, exercise *santarpana* (satiation or anabolic foods and regimen), *swapna viparyaya* (sleeping in the day and keeping awake at night), *utkataasana*

(squatting or the posture of sitting on the hams with the soles of feet touching the ground). She should not suppress her natural urges and she should not undergo *snehana* (oleation therapy) and *raktamokshana* (bloodletting). Her mind should be always in a pleasant state and she should neither touch nor see unpleasant things of disfigured persons (with some physical defects) scary objects, nor listen to exciting and scary stories. It is said that the mental state of the mother can influence the outcome of pregnancy as well as the child to be born. Hence one is advised to listen to scriptures - in some families the recitation (*paaraayana*) of suitable texts such as the *Sundara Kandam* (from the *Ramayana*) or the tenth *skanda* of *Bhaagavata* is performed routinely. She should not talk in high pitch and avoid thoughts which would promote her anger or fear - all these physical and mental activities would harm the foetus.^[9]

Vagbhatta has said that she should also avoid prolonged stay in the hot sun and peeping into pits and wells.^[10] *Harita* advices, avoidance of foods which are *vidahi* and cause constipation and vegetables like yam, garlic and onions.^[11] The seers have contra indicated the use of sudation, emesis, *kshaara* (alkalies) foods along with polluted food and *viruddhaahara*.

The effects of the various *garbhopagathakara bhaavas* have been mentioned as follows: squatting or sitting in abnormal postures, control of natural urges, use of pungent hot foods and exertion would cause intra uterine death of foetus death of foetus or premature delivery or abortion. Sleeping in supine position with stretched extremities would cause the encircling of the umbilical cord around the neck. Indulgence (excessive) in sex would cause deformed impudent or lazy child. Over sleeping during pregnancy could result in a child who is sleepy, ignorant and has a weak *agni* (power of digestion). Regular use of wine or other intoxicants would result in a child with a poor memory and an unstable mind. The excessive use of any of the six *rasas* would cause - urinary disorder, skin and eye disorders, premature aging, infertility emaciation, weakness and disorders like flatulence and eructation respectively.^[12]

Douhridya

One often comes across, varying and erratic likes and dislikes, in a pregnant woman irrespective of the culture or the part of the world she belongs to. These likes and dislikes are peculiar to the state of pregnancy and they vary in vary in each woman. Some of these desires are very strong. The speciality or peculiarity of these likes and dislikes are that they are very often in contrast to the usual desires of the same woman when she is not pregnant. Though these symptoms have been mentioned and described, there seems to be no understanding of

its actual cause. *Ayurveda* has a definite understanding of these varied desires and terms the condition as *douhridyam*. The reason for the manifestation of *douhridyam* is the presence of a second *hridaya* in the foetus. As such she has two *hridayas* one of her own and the other of the foetus. She is called a *douhrudini*. As the foetus reaches the fifth month the *chetna* (i.e. consciousness) enters it and starts having its own individual desires, these along with those of the mother are manifested as a contrasting combination of likes and dislikes. This is a unique concept that explains the sudden and abnormal likes and dislikes that pregnant women may manifest. It is said that these special desires can also help in the assessment of the sex of the child, as they are peculiar to the sex of the unborn baby.

According to our seers the foetus grows up to a period of four months the *chetna* or the life gets associated with the foetus and this causes the longings of the mother. These longings and desires are to be satisfied. Not doing so may cause abnormalities of the foetus like dwarfism. These desires are not always beneficial, and may prove harmful to the foetus (even when fulfilled). In such cases one should use ones of power of reasoning, so as to fulfil her desire and at the same time render it harmless.

CONCLUSION

By following these dietetic regimens prescribed, the pregnant woman, having normal development of foetus, remains healthy and delivers a child possessing good health, energy, strength, complexion and voice. The child would also be sturdy. They are recommended for the pregnant woman right from the first month up to the ninth month of pregnancy. Softening of placenta (*apara*), pelvis, waist, sides of the chest and back downward movement of *vata* (*vathaanulomana*) - this is needed for the normal expulsion of foetus during delivery. Normalisation of the urine and stool and their elimination with ease, softening of her skin and nails, promotion of strength and complexion, delivery with ease of a healthy child endowed with excellent qualities in proper time. The success of foetal life determines not only the health of the newborn, but also has a major impact on adult health and disease risk. Good perinatal health is therefore important to individuals, to society and to future generations.

Ayurveda as an eternal holistic science has a long way to go in terms of establishing itself as a first line of medical health system. Getting graduates and post graduates skilled in these principles will help them practice the science effectively in the medical field where there are piles of manoeuvres to attract the patients to follow one's techniques. It is not only cost effective but san adverse or side effects. After all people today are getting back and close to nature. One has to seize this opportunity for the benefit of uplifting ayurveda. And who else will take the responsibility if not us. At last we have to get equipped with loads of practical expertise in knowing the hidden basic fundamentals like these to promote ayurveda, the science of life.

REFRENCES

- Agnivesha: Charaka samhita, revised by charak and Dridhabal, with commentary of chakrapanidatta, edited by jadavji trikamji acharya, chaukhambha Sanskrit Sansthana, Varanasi. Sharira Sthana, Chapter 8 verse 32, 5th Edi. Reprint., 2011; 350.
- Agnivesha: Charaka samhita, revised by charak and Dridhabal, with commentary of chakrapanidatta, edited by jadavji trikamji acharya, chaukhambha Sanskrit Sansthana, Varanasi. Sharira Sthana, Chapter 8 verse 32, 5th Edi. Reprint., 2011; 346.
- Agnivesha: Charaka samhita, revised by charak and Dridhabal, with commentary of chakrapanidatta, edited by jadavji trikamji acharya, chaukhambha Sanskrit Sansthana, Varanasi. Sharira Sthana, Chapter 8 verse 33, 5th Edi. Reprint., 2011; 347.
- Agnivesha: Charaka samhita, revised by charak and Dridhabal, with commentary of chakrapanidatta, edited by jadavji trikamji acharya, chaukhambha Sanskrit Sansthana, Varanasi. Sharira Sthana, Chapter 5 verse 31, 5th Edi. Reprint., 2011; 252.
- Sushruta: Sushrut samhita, with commentary of dalhana, Edited by Vaidya Jadavaji Trikamaji Acharya, chaukhambha orientalia, Varanasi.8th edition. Sharirsthan., 2005; 10(3): 457.
- 6. Vagbhatta: Astanga Hridaya, with commentaries Sarvangsundara of arundatta and ayurvedarasayana of hemadri, chaukhambha orientalia, Varanasi. 8th edition. *Sutara sthan* 20: 4, 326.
- Agnivesha: Charaka samhita, revised by charak and Dridhabal, with commentary of chakrapanidatta, edited by jadavji trikamji acharya, chaukhambha Sanskrit Sansthana, Varanasi. Sharira Sthana, Chapter 4 verse 18, 5th Edi. Reprint., 2011; 320.
- Agnivesha: Charaka samhita, revised by charak and Dridhabal, with commentary of chakrapanidatta, edited by jadavji trikamji acharya, chaukhambha Sanskrit Sansthana, Varanasi. Sharira Sthana, Chapter 4 verse 18, 5th Edi. Reprint., 2011; 320.
- Sushruta: Sushrut samhita, with commentary of dalhana, Edited by Vaidya Jadavaji Trikamaji Acharya, chaukhambha orientalia, Varanasi.8th edition. Sharirsthan., 2005; 10(2): 456.

- Vagbhatta: Astanga Hridaya, with commentaries Sarvangsundara of arundatta and ayurvedarasayana of hemadri, chaukhambha orientalia, Varanasi.8th edition. *Sharirasthan.*, 3: 3, 416 (*Ash,San, Sha*, 3/3).
- Vagbhatta: Astanga Hridaya, with commentaries Sarvangsundara of arundatta and ayurvedarasayana of hemadri, chaukhambha orientalia, Varanasi.8th edition. *Sharirasthan.*, 3:3, 416 (*Ash,San, Sha*, 3/3).
- 12. Agnivesha: Charaka samhita, revised by charak and Dridhabal, with commentary of chakrapanidatta, edited by jadavji trikamji acharya, chaukhambha Sanskrit Sansthana, Varanasi. Sharira Sthana, Chapter 2 verse 61, 5th Edi. Reprint., 2011; 293.