

Case Report

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## A Comprehensive Study of the Utility of Garbhini Paricharya in Today's Era

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**Abstract** The care of pregnant women reflects on the quality & health of the offspring, giving birth to a healthy child is important to all thus pregnant women deserve utmost importance in the society. To prevent various complications and to provide a safe management to the pregnant lady and her growing offspring, Ayurveda has described a systemic and planned programmed for Garbhini i.e. Garbhini Parichayra. Garbhini Paricharya prescribes Ahara Vihara & Vichara as these have a direct effect on the health of mother & child.

**Keywords** *Ayurveda; Garbhini Paricharya; Antenatal Care; Maternal Mortality*

### 1. Introduction

Mother and child health forming a major area of concern finds special emphasis in Ayurveda, which uphold a complete caring plan in this regard called GARBHINI PARICHARYA. In Women's life, Sagarbhaavastha (pregnancy) is a special event & community should treat a pregnant woman with specific care. In Caraka Samhita, it is mentioned that the pregnant women should be treated just like a pot filled with oil as the slightest oscillation of such pot can cause spilling of oil similarly slightest excitement to the pregnant women can initiate Garbhapata (abortion) for these reasons our Acharyas has given a detailed Systematic & Month wise regimen for the pregnant women [1].

GARBHINI PARICHARYA is the most important aspect in the whole area of Prasuti Tantra; this is so because the other aspect of it depends on this phase. A proper Garbhini Paricharya would result in the proper development of the fetus, its delivery, the health of mother & thus her ability to withstand the strain of labour & have an eventless post-natal phase.

### 2. Garbhini Paricharya (Ante Natal Care)

The term Garbhini Paricharya is a compound of two separate words i.e. Garbhini & Paricharya. According to Amarkosha, Garbhini means a lady in which Garbha is present [2]. In Ayurvedic science 'char' or 'charya' refers to the 'service' or 'nursing' & Paricharya as the caring in all aspect.

The literally meaning of Garbhini Paricharya is an all-round care of pregnant women. In other words, we can say that, a planned Programme of Observation, Education, & Medical Management of pregnant lady which is directed towards making pregnancy & delivery a safe & satisfying experience. In Modern Science systemic supervision of pregnant lady including the examination & advice is called ANTE NATAL CARE. It should start from the beginning of conception & end at delivery.

### 2.1. Need of Garbhini Paricharya in Today's Era

Causes of Maternal Mortality in India are as follows [3, 4].

#### (A) Direct Cause: 70%

(a) Eclampsia (PIH)	24%
(b) Haemorrhage (PPH, APH, retained placenta, ectopic pregnancy)	23%
(c) Abortions	10%
(d) Sepsis (purpural, septic abortion)	07%
(e) Obstructed labour	03%
(f) Operative complications (thromboembolism)	03%

#### (B) Indirect cause: 30%

(a) Anaemia	11%
(b) Viral hepatitis	07%
(c) Heart disease and others	12%

Predisposing causes of maternal mortality are:

#### (A) Biological factors

- (a) Malnutrition
- (b) Teenage pregnancy
- (c) Poor birth spacing
- (d) Elderly primigravida

#### (B) Social factors

- (a) Poverty
- (b) Illiteracy
- (c) Religious backwardness
- (d) Poor women's status

### 3. Objectives of Garbhini Paricharya

- (a) To facilitate a healthy growth & development of the fetus
- (b) To promote, protect & maintain the health of the mother
- (c) To remove anxiety associated with delivery
- (d) To minimize the complications during labour

### 4. Management of Garbhini Paricharya

- (a) Ayurveda has described two types of management for Garbhini
- (b) General Management (Samanya Ahara & Vihar)
- (c) Specific Management (Masanumasika pathya)

#### 4.1. General Management

The general line of management of Garbhini includes the following factors:

- a) AHARA- Food
- b) VIHARA- The physical activities
- c) VICHARA- Psychological & emotional activities

##### Ahara

The Ahara should be Hridya, Dravam, Madhuraprayam, Snigdham, Deepaniyam, & Samskritam [5]. A good nutrition is essential at the time of implantation and early fetal growth. The diet during pregnancy should be adequate to provide for

- (a) Maintenance of maternal health
- (b) The needs of the growing fetus
- (c) The strength the vitality required during labour
- (d) Successful lactation

In addition to the routine food products the Garbhini should be encouraged to add any of the following food items.

- a) Milk & Milk products which supply Calcium
- b) Food rich in Proteins such as Egg, Meat, Fish, Pulses
- c) Food rich in Carbohydrates such as Grains, Cereals, Pasta
- d) Starchy food such as Cereals, Pasta, Potatoes
- e) Plenty of fruits & vegetables that supply Vitamins, Minerals & Fiber
- f) Inadequate diet in pregnancy can give rise to the following complications more commonly-

Mother – Garbhapata, Pandu, Garbhini, Vishamayata, Stanyalpata

Baby – Low birth weight, prematurity, Vikrita garbha, perinatal death.

##### Vihara

The amount of exercise a Garbhini can perform should be understood on the basis of the threshold of fatigue:

- a) Light exercise with relaxation is more essential
- b) Adequate rest is very essential
- c) Sleeping with foot end elevation is advisable
- d) Clothing- loose fitting clothes
- e) Sexual intercourse should be avoided

Regular exercise is important to maintain fitness & prepare the body for labour & birth

##### Garbhopaghatakara Bhavas

It includes those Ahara & Vihara which are harmful to the garbha. These may cause some congenital defect in the child & are not conducive to the birth of a healthy child with all the good qualities [6, 7].

## Vichara

- Garbhini should be provided with a pleasing environment
- Any type of mental stress should be avoided
- Every individual who comes in contact with the pregnant lady show concern affection & moral support
- She should be supported with positive thinking

Daurhida should not be ignored as not fulfilling the Daurhida may harm the fetus.

## 4.2. Specific Management

During Garbhaavastha, as there is constant development of fetus there would also be difference in its requirement of mother also change, having understood this change our Acharyas have given a detail Monthwise Dietetics Regimen.

- 1 Month: - plain milk as much as one can consume at intervals
- 2 Month: - milk medicated with madhura drugs
- 3 Month: - milk with honey & ghrita
- 4 Month: - milk with Naveneeta
- 5 Month: - milk with ghrita
- 6 Month: - ghrita medicated with madhura group
- 7 Month: - Same as 6 month
- 8 Month: - ksheera yavagu with ghrita
- 9 Month: - Anuvasan basti with oil prepared with madhura drugs & yoni pichu

## Benefits of Month- Wise Dietetic Regimen

Ist Trimester (1,2,3 Month)	Nausea, Vomiting	Dehydration	Cold and Sweet Liquid Diet and Milk
4 months and 5 months	Muscular tissue of fetus grow sufficiently	More protein	Masarasa
6 <sup>th</sup> month	Odeama		Gokshuraghrita (diuretic)
7 <sup>th</sup> month	General weakness		Vidarigandhadi group (anabolic relieve emaciation)
8 <sup>th</sup> month	Constipation		Basti relieve constipation helps in regulating functions of ANS governing myometrium during labour, Vataanulomana
9 <sup>th</sup> month	Vaginal discharge		Yoni Pichu Dharana and Basti – soften the perineum and help in its relaxation during labour.

By following this dietetic regimen prescribed for Garbhini helps in normal development of fetus, remain healthy & delivers a child possessing Good health, Energy, Complexion & Voice.

## 5. Aushadha

Depending upon the specific condition presented by Garbhini, Aushadha can be prescribed along with Paricharya. It could be categorized as

- Stanika
- Bahya

[C]. Abhyantara

[A] Stanika

- a) Matra basti (60ml\8days) with madhura aushadha siddha tail is given
- b) Yoni Pichu Dharana: Madhura aushadha siddha tail yoni pichu is kept for a period of 7-10 days during the last trimester.

[B] Bahya

- a) Sarvadehika abhyanga with Ksheerabala tail is advisable during II<sup>nd</sup> & III<sup>rd</sup> trimester.
- b) Specially on Kati & Stana pradesh should be done.

[C] Abhyantra

For this mainly Rasayana, Brimhana, Deepana, & Vatanulomana aushadhis are used such as Ashwagandha, Shatavari, and Bala etc. are mainly prescribed in Ist trimester. Rasaaushadhis like Punarnava mandoora, Pravala bhasma, and Garbhapala rasa are administered usually in II<sup>nd</sup> & III<sup>rd</sup> trimester.

#### Merits of Garbhini Paricharya

- [A]. Continuation of pregnancy till term
- [B]. Provide proper nutrition to growing fetus
- [C]. Prevention of untimely stimulation of Vata
- [D]. Enhancement of strength & complexion of both mother & baby [8]

NATIONAL SOCIO DEMOGRAPHIC goals for 2010 (National population policy 2000) aims to provide 100% Antenatal Care which is currently received by only 44% of pregnancy women. There is urgent need to formulate a strategy plan at A National level to promote Ayurvedic system of Medicine for maternal and fetal wellbeing from top to grass root levels by including Ayurveda in RCH (Reproductive and Child Health) Programme.

#### References

- [1] Charaka Samhita-edited with "Vaidyamanorama" Hindi Commentary, Acharya Vidhyadhar Shukla & Prof. Ravi Dutt Tripathi (editors) Delhi: Chaukhamba Sanskrit Prathisthan, 2005.
- [2] Amarakosha- edited with "Sarala- Maniprabja" Hindi Commentary, Acharya Shri. Hargovinda Shastri Varanashi: Chaukhamba Sanskrit Sansthan, 2001.
- [3] Text book of Obstetrics, Dutta D.C., 7th Edn, Kolkata: New central Book Agency Pvt. Ltd., 2010.
- [4] Shirish N. Daftary and Nikhil S. Jani, Pre Manual for Undergraduates Obstetrics, Ist Edn. New Delhi, Elsevier, 2006.
- [5] Hacker and Moore's, Essentials of Obstetrics and Gynecology, 5th Edn, New Delhi, Saunders, 2010.

- [6] Sushruta Samhita-edited with "Ayurveda- Tatva- Sandipika" Hindi Commentary, Kaviraja Ambikadutta Shastri (editor) Varanasi: Chaukhamba Sanskrit Sansthana, 2012.
- [7] Kashyapa Samhita- edited with "Vidyotani" Hindi Commentary, Srisatyapala Bhishagacharya (editor) Varanasi: Chaukhamba Sanskrit Sansthana, 2004.
- [8] Harita Samhita-edited with "Hari" Hindi Commentary, Pandita Hariharaprasada Tripathi (editor) Varanasi: Chaukhamba Krishnadsa Akadami, 2005.
- [9] Ashtanga Hridhya- edited with "Vidyotani" Hindi Commentary, Kaviraj Gupta (editor) Delhi, Chaukhamba Sanskrit Sansthana, 2005.