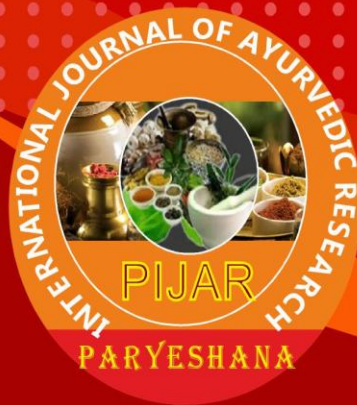


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PREGNANCY PRENATAL TO POSTNATALCARE

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Abstract: Pregnancy is physiological event. For both mother and child, they need to special care and attention in the child bearing period. It is the time when the organs and systems develop within. Extra food is required satisfying the need of the fetus. The energy used to create these system comes from the energy and nutrients in the mother's circulation. In pregnancy the diet should be adequate to provide for maintenance of maternal health, needs of the growing foetus and strength and vitality, also required during labor and for successful lactation. The systemic examination and advice of a woman during pregnancy is known as antenatal care. In pregnancy, increase in caloric requirements to the extent of 300 over the non-pregnant woman. She should eat adequate to gain the optimum weight 11kgs. In pregnancy, ideal diet should be nutritious, easily digestible, rich in protein, minerals and vitamins. Ayurveda emphasizes the importance of proper attention during pregnancy in *garbhiniparicharya* for 9 months. But due to lack of post natal care, sometimes we put the life of mother in danger. The world figure of the maternal mortality ratio (MMR) is estimated to be 400 per 100,000 live births. There is a need to find solution to incorporate the knowledge of all health systems to overcome this problem. Proper adherence to post-natal regimen prescribed by Ayurveda results in faster recuperation and restoration of the health of the mother. Prescribed regimen ensures mother's physical charm, maintains a beautiful figure and retains health similar to her pregnancy days. The woman becomes weak or emaciated due to development of foetus and also empty bodied due to unsteadiness or languor of all tissues, labour pains and excretion of *kleda* (moisture) and blood. With this regimen she attains all the lost tissues and reaches her approximate pre pregnancy states. This study is a foot step in the efforts to improve pre natal as well as post natal health for woman by wisdom of Ayurveda. Dietetic advice should be reasonable and realistic with due consideration of socio-economic condition, food habits and taste of individual.

Keywords: Prenatal Care, Garbhiniparicharya

Introduction:

Garbha:

The union of *sukra* (sperm) *artava* (ovum) and *atma* or *jiva* inside the *kuks* (uterus) is known as *garbha* (zygote, embryo or foetus). Besides *atma*, the association of *prakriti* and *vikara* are also essential.¹

Further the *garbha* is defined as presence of *matrija* *digarbhakarabhava*s, *sukra*, *artava*s, *prakriti* and its *vikara*s in *garbhasaya* and associated with *jeeva*. The embryo is the seat of soul (*jeeva*). Even though a combination of semen and ovum is present in the uterus, it cannot be developed into a *garbha* unless the *ativahika* *sukshma* *bhutasharira* enters itself into this combination.²

The *vayu* along with *kala* (time factor) differentiates and associates the various structural units, so that these changes consequently lead to formation of different organs and system. The parts of the body are innumerable; their conjunctions and disjunctions depend on the *vsta* and on the natural phenomenon.³

Garbhini paricharya-

Care of the pregnant women in the form of *ahara*, *vihara*,

oushada & *Paramarsha*. With Preparing pregnant women for *sukhaprasava*, both mentally and physically. And care should start, right from conception till delivery.

Importance of garbhini paricharya:

- To avoid hazardous effects on fetus.
- To promote normal growth and development of fetus.
- To conduct normal delivery without

MONTH	REGIMEN
1 st month	Plain milk, Sweet, Cold Liquid diet & Congenial diet.
2 nd month	Milk medicated with <i>Madhura</i> <i>dravya</i> s.
3 rd month	Milk with Honey & <i>Ghrita</i> , Specially <i>Shasti rice</i> with milk.
4 th month	Milk with Butter & <i>Jangalamamsa rasa</i>
5 th month	Food with Milk and <i>Ghrita</i> , <i>Yavagu</i> , <i>Paayasa</i> , <i>Jangalamamsa rasa</i>
6 th month	<i>Ghrita</i> or <i>Yavagu</i> medicated with <i>Goksura</i> .
7 th month	<i>Ghrita</i> medicated with <i>Prithakparnyadi</i> group of drugs.
8 th month	<i>Aasthanabasti</i> than use of <i>Anuvasanabasti</i>
9 th month	<i>Anuvasanabasti</i> , <i>Yoni pichu</i>

any fetal and maternal complications.

Month wise development:

Interpretation:

1st month:

In our classics says that in the first month the shape resembling the *slesma* (mucoïd character) in which all the body parts though present are not

conspicuous. It has also referred to this morula as a solid mass before one week and it has identified morula with *kalala* and blastocyst with *budbuda*.⁴ so the development of foetus Acharyas recommended Sweet, cold, liquid diet & milk which helps Prevent dehydration and Supply required optimum nourishment and also *Madhura* group of drugs helps maintenance of proper health of mother and fetus and also it has an anabolic properties.⁵

2nd month:

In this month embryo becomes a solid mass. If the solid mass is oval(*pinda*) shape the born child would be a male, if elongated(*pesi*) the female and with rounded (*arbuda*) mass the hermaphrodite.⁶ In these accumulated mahabhutas get processed by the combined action of slesma, pitta and vayu and become solid. So recommended diet is milk act as a *Brisya, balya, brihana, rasayana*. It is source of all vitamins except vit C and rich in lactose and vitamin D.⁷

3rd month:

All the extrimities are already well evident just at 6th week, hence it is difficult to explain the shape of embryo of 2nd month as described in ayurved

classics. At third month onwards due to formation of bag of membrane and complete placenta with all its intact extrimities might have developed in this month so prescribed diet ghee builds up strength and stamina of the mother & develops mental abilities of both mother and the baby, it crosses placental barrier and is rich source of fat soluble vitamin A, D, E. & also good source of sodium, potassium, calcium.⁸ Honey it act as a *Tridosh nasak, yogabahi, Shasti rice*. It ensures longevity & Ideal for anaemic mother to increase the blood generation. It considered as health tonic and effective for removing general fatigue.⁹

During first trimester of pregnancy most women experience nausea and vomiting, so can not take proper diet. use of sheeta madhura liquid diet and milk will prevent dehydration and supply required nourishment. madhura group of drugs are anabolic and help in maintenance of pregnancy.

4th month:

Various body parts become more conspicuous and stability to the fetus comes in this month. Manifestation of heart and

consciousness are observed in this month so recommended diet is butter which provides strength, increases appetite, adds glow to mother & baby's skin texture.¹⁰ Along with prevents constipation & keeps away from the complications like piles & fissure etc. Payasam which increases mother's milk, highly nutritious & through mamsa rasa sufficient amount of protein is supplied by use of meat soup.¹¹

5th month:

According to ayurvedic philosophy the knowledge or perception is the result of interaction between mana and indriyas. Since by 5th month auditory reflexes & peripheral sensory reflexes develop to certain extent.¹² By our ancient acharyas referred that, during this month accumulation of flesh and blood is relatively more & the mana becomes more enlightened & also consciousness develops in this month and fetus becomes more *sujiva* (capable to live independently); so *Valya, dipaniya, medhya, hridya, rasayana* diet is recommended.¹³

6th month:

As by 24 to 25 th weeks sensory and motor organs attain some

maturity and skin becomes pink so the description of budhi and complexion is given though lanuga appear in fifth month, these are more conspicuous in sixth month, deposition of calcium also starts in this month, so the classics have described formation of hair and bone.¹⁴ During development of foetus it compresses the urinary bladder & retention of urine occurs which is so unhealthy for mother thus acharyas says that, use of *gokshura* as a good diuretic, will prevent retention of water as well as its complications.¹⁵

7th month:

All the features (muscle, blood, bone) etc, get proper nourishment.¹⁶ All the major & minor body parts are more conspicuous or are fully developed and whole body gets complete associated with vata, pitta, kapha. *Prithakparnyadi* helps in proper growth and development of fetus along with *vata-anulomoka*, which regularises the defecation in advance pregnancy.¹⁷

8th month:

Due to immaturity of foetus the ojus becomes unstable. It moves from mother to foetus & from foetus to mother through rasa carrying channels, *asthapana basti*¹⁸ will relieve

the constipation, may also affect the autonomous nervous system which may be correlated with ojus; governing myometrium with helps in regulating their function during labour. acharyas says that unstability of ojus has mentioned that child born in this month dies due to absence of ojus, in other word says that under development of nervous system congenital anomalies will be occur.¹⁹

9th month:

In advance pregnancy retention of urine & faeces is the common complication, so *Anuvasana basti* helps *Anuloma of apana vayu*²⁰ & For clearing the retained feces & with these; relief from vaginal infection, irritation itching *yoni pichu* is recommended which destroys pathogenic bacteria of vaginal canal it may also soften vaginal passage thus help in normal labour it may influence autonomic fibers governing myometrium & help in its relaxation during labour, prevent puerperal sepsis.²¹

Sutika paricharya:

Sutika: A woman who has just given birth to a child followed by expulsion of the placenta is called as *sutika*. the acharyas have mentioned the specific management of *sutika* only

after the expulsion of placenta. it means, a woman who recently delivered. she is also called as *navaprasuta, prasutika, prasuta, sadyaprasuta, janayitri*.²²

Anatomic changes occurring in reproductive organs during pregnancy reach their almost pre-pregnancy stage after about six weeks, however, in resumption of pre-pregnancy physiology, i.e., ovarian and menstrual cycle great individual variation occurs; as some women restart their menstruation from the second month of delivery, while others may not. Women get it even for one or two years. The limit of six months probably reflects the idea about reappearance of menstrual cycle, while four months period is probably given keeping in view the *mudhagarbha* (still birth) or other abnormal labour.

Duration: Acharya Charak has not given any definite duration. *Sushruta*²³ & *Vagbhata*²⁴, the time period for *sutika* is said to be 1.5 months or until she gets her first menstrual cycle after labour. *Kasyapa*, *Bhavaprakasha* and *Yogarajnanakar* describes either after 1.5 months or after restoration of menstrual cycle. According to *Kashyapa*, the

sutika kala is said to be 6 months as the dhatus like rakta will resume to their original state.²⁵

Sutika paricharya:

Nyubja sthiti: Women should be encouraged to lie down in (*nyubja*) hunch back position.

Patta-bandhana:

Abdomen all around should be wrapped with big clean cloth.

Bala taila abhyang:

It is used in *kshinavata*, specially in *aakhepa* type *vataroga* and also it gives aphrodisiac power

Pippali, chitrak, pippalimula,, h astipippali, sringaber churna, : until clotted blood are eliminated:

It pacifies vata doshas by using *usna* & *tikhna* oushadhi, used as *agni vardhak*, Excretion of vitiated blood, as well as it helps in contraction of uterus-leads to minimum loss of blood.

Vidarigandhadi taken as yavagu:

Stanayajanana, shonitasthapana, balya, brimhana, and *Yavagu* act as *vastisodhana, raktavardhak, Balya, srotasodhana, sulaharana vata anulomoka*²⁶

After asses of agnibala : yava ,kula, kulatha with jangala mamsa rasa or sali anna intake:

Sasthik Sali anna tridoshghna, *vrinhana, sthirakara*. After delivery, the

women should follow *snehana, swedana* and use of hot water with full cognizant for about one month. This regimen varies as per tradition and place as well as family background.

Avoid ahara:

Teeksna, rooksa, usna dravyas with Dried, stale, putrified, *vistambhi, vidah* food & also fasting & alcohol.

Avoid vihara:

Heavy exercise, coitus, harsh or violent activities, sleeping in day & awaking in night wearing tight clothes and belts, visiting lonely places, cremation ground, prolonged stay near fire etc. With avoid grief, anger Sitting on a hard surface for a long time & Carrying heavy weight.

Discussion:

Describing the benefits of this dietetic regimen prescribed for the women having normal development of foetus. Charak says that by this the woman remains healthy and delivers the child processing good health, energy or strength, voice, compactness and much superior to other family members. Vagbhat use of this regimen from first to ninth month her *garbhadharini* (foetal membranes or vaginal canal), *kuks* (abdomen), sacral

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region, flanks & back become soft, *vayu* moves into its right path or direction. feces, urine and placenta are excreted or expelled easily by their respective passage, skin and nail become soft, women gains strength and complexion and she delivers easily at proper time a desired, excellent, healthy child processing all the qualities and long life. *Susruta* has not described benefits separately, however, some of them mentioned here and there in between the month wise regimen are – that by this the fetus attains good growth, *vayu* moves in its right direction, women becomes unctuous, strong and delivers the child easily without complication.

Conclusion:

Proper follow up of this *Garbhini Paricharya* will avoid hazardous effects on fetus; promote normal growth and development of fetus. It may help to conduct normal delivery without any fetal and maternal complications. Hence proper *Garbhini paricharya* should be followed throughout pregnancy

Reference:

1. HARISH CHANDRA KHUSBHA-Charak Samhita-part 1, Ayurveda dipikahindi commentary, Chaukhambha

orientalia, edition-2011, sharirsthana 4/5

2. HARISH CHANDRA KHUSBHA-Charak Samhita- part 1, Ayurvedadipika hindi commentary, Chaukhambha orientalia, edition- 2011, sharirsthana charak sharir 4/6; 2. 1. Harish Chandra khusbha-Charaksamhita-part

1, Ayurveda dipikahindi commentary, Chaukhambha orientalia, edition-2011, sharirsthana charaksharir 2/31-36

3. HARISH CHANDRA KHUSBHA-Charak Samhita-part 1, Ayurvedadipika hindi commentary, Chaukhambha orientalia, edition- 2011 charak sharir 7/17

4. PROF .K.R. SRIKANTHA MURTHY, *Susruta Samhitavol* 1, Chaukhambha orientalia, edition 3rd 2007, sharirsthana 3/18; garbhoopanishat

5. PROF .K.R. SRIKANTHA MURTHY, *Susruta Samhitavol* 1, Chaukhambha orientalia, edition 3rd 2007, sharirsthana 10/4

6. PROF .K.R. SRIKANTHA MURTHY, *Susruta Samhitavol* 1, Chaukhambha orientalia, edition 3rd 2007, sharirsthana 3/18

7. PROF .K.R. SRIKANTHA MURTHY, *Susruta Samhitavol* 1, Chaukhambha orientalia, edition 3rd 2007, sharirsthana 10/4

PREGNANCY PRENATAL TO POSTNATALCARE

8.PROF .K.R.SRIKANTHA MURTHY
,SusrutaSamhitavol 1,Chaukhambha
orientalia ,edition 3rd 2007,
sharirsthana 3/18

9.PROF .K.R.SRIKANTHA MURTHY
,SusrutaSamhitavol 1,Chaukhambha
orientalia ,edition 3rd 2007,
sharirsthana 10/4

10.PROF .K.R.SRIKANTHA MURTHY
,SusrutaSamhitavol 1,Chaukhambha
orientalia ,edition 3rd 2007,
sharirsthana 3/18

11.PROF .K.R.SRIKANTHA MURTHY
,SusrutaSamhitavol 1,Chaukhambha
orientalia ,edition 3rd 2007,
sharirsthana 10/4

12.PROF .K.R.SRIKANTHA MURTHY
,SusrutaSamhitavol 1,Chaukhambha
orientalia ,edition 3rd 2007,
sharirsthana 3/30

13.PROF .K.R.SRIKANTHA MURTHY
,SusrutaSamhitavol 1,Chaukhambha
orientalia ,edition 3rd 2007,
sharirsthana10/4

14. PROF .K.R.SRIKANTHA MURTHY
,SusrutaSamhitavol 1,Chaukhambha
orientalia ,edition 3rd 2007,
sharirsthana 3/30

15.PROF .K.R.SRIKANTHA MURTHY
,SusrutaSamhitavol 1,Chaukhambha
orientalia ,edition 3rd 2007,
sharirsthana 10/4

16.PROF .K.R.SRIKANTHA MURTHY
,SusrutaSamhitavol 1,Chaukhambha
orientalia ,edition 3rd 2007,
sharirsthana 3/30

17.PROF .K.R.SRIKANTHA MURTHY
,SusrutaSamhitavol 1,Chaukhambha
orientalia ,edition 3rd 2007,
sharirsthana 10/4

18.PROF .K.R.SRIKANTHA MURTHY
,SusrutaSamhitavol 1,Chaukhambha
orientalia ,edition 3rd 2007,
sharirsthana 3/30

19.PROF .K.R.SRIKANTHA MURTHY
,SusrutaSamhitavol 1,Chaukhambha
orientalia ,edition 3rd 2007,
sharirsthana 10/4

20.PROF .K.R.SRIKANTHA MURTHY
,SusrutaSamhitavol 1,Chaukhambha
orientalia ,edition 3rd 2007,
sharirsthana 3/30

21.PROF .K.R.SRIKANTHA MURTHY
,SusrutaSamhitavol 1,Chaukhambha
orientalia ,edition 3rd 2007,
sharirsthana 10/4

22. P .V. TIWARI ,KasyapaSamhitaor
vrddhajivakiyatantra,Chaukhambha
orientalia,edition-2008, khilasthana
11/6

23.PROF .K.R.SRIKANTHA MURTHY
,SusrutaSamhitavol 1,Chaukhambha
orientalia ,edition 3rd 2007,
sharirsthana 10/16

PREGNANCY PRENATAL TO POSTNATALCARE

24. PROF K R SRIKANTHA orientalia, edition-2008, khilasthana
MURTHY, Astanga Samgraha, vol 11/52-53
2, Chaukhambha orientalia, edition-5th
2005, sharira sthana-3/41
25. P .V. TIWARI , Kasyapa Samhita or
vrddhajivakiyantra , Chaukhambha
orientalia, edition-2008, khilasthana
11/17-27
26. P .V. TIWARI , Kasyapa Samhita or
vrddhajivakiyantra , Chaukhambha
orientalia, edition-2008, khilasthana
11/17-27

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