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# Critical review of management of *Garbhasrava*

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## ABSTRACT

All women aspire to experience the joy of pregnancy and dream of giving birth to a healthy child. The significance of delivering a healthy baby is universally acknowledged. However, from the moment of conception to the point of delivery, the pregnancy journey is susceptible to various potential complications; one such complexity is recurrent abortions. As per *Acharya Sushruta*, it is known as *Garbhasrava* for up to four months highlighting the liquid nature of the product of conception. Subsequently in fifth and sixth month it is called as *Garbhapata* signifying that by this stage, the fetal parts have achieved a degree of stability. *Ayurveda* is an ancient system of medicine that addresses both preventive and curative aspects of individual health. Ensuring the prevention of *Garbhasrava* involves adhering to appropriate *Garbhini Paricharya* practices. The treatment of *Garbhasrava*, as outlined by *Acharya Sushruta*, involves the curative approach known as *Masanumasik Garbhasravahara Chikitsa*. Here an attempt has been undertaken to analyze both the preventive and curative dimensions, aiming to establish a base for clinical practices in the prevention and treatment of *Garbhasrava*.

**Key words:** *Garbhasrava, Garbhapata, Garbhini Paricharya, Masanumasik Garbhasravahar Chikitsa, Recurrent Abortions, Spontaneous Abortions.*

## INTRODUCTION

Reproduction is essential for perpetuating offspring, and for women, conceiving a child is a cherished goal. Throughout history, miscarriage among women of childbearing age has been a profound sorrow. While 16% of recognized pregnancies end in miscarriage, up to 80% of conceptions are lost early due to biochemical factors that often go unnoticed. The likelihood of miscarriage rises to 55% after three consecutive

spontaneous abortions.<sup>[1]</sup> Clinically, recurrent abortion is defined as three or more consecutive losses of pregnancies before 20 weeks, with fetuses weighing less than 500 grams.<sup>[2]</sup> Spontaneous abortion occurs naturally, without medical or mechanical intervention to empty the uterus.<sup>[3]</sup> In *Ayurveda*, recurrent spontaneous abortion is described using various terms. According to *Acharya Sushruta*, it is termed as *Garbhasrava* for the expulsion of the fetus up to the fourth month of pregnancy. The term *Srava* signifies the flow-out of the liquid form of conception products during this period. After the fifth or sixth month, the expulsion of the fetus is termed *Garbhapata*, where *Pata* denotes the solid nature of the fetal parts at that stage.<sup>[4]</sup> Other terms found in different *Ayurvedic* texts that can be correlate with recurrent abortions include *Asraja, Raktayoni, Putraghni Yonivyapada, Jataharini, Garbhasravi Bandhya, Amadoshik Masik Srava* and *Adibandhya*. *Ayurveda* have identified numerous causes for *Garbhasrava* and *Garbhapata*, termed as *Garbhaupghatkara Bhava*, which can be categorized into *Nija* (internal) and *Agantuja* (external) factors. *Nija* causes are further divided into *Aharaj* (diet-related)

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and *Viharaj* (lifestyle-related). *Aharaj* causes include the consumption of foods that are *Ushna* (hot), *Tikshna* (sharp), *Atiruksha* (dry), *Katu* (pungent), *Tikta* (bitter), or *Kshara* (alkaline). *Viharaj* causes encompass negative emotions such as *Krodha* (anger), *Shoka* (grief), *Asuya* (jealousy), *Irsha* (envy), *Vyavaya* (excessive physical exertion), *Vyayama* (overexertion), *Vishamasana* (improper posture), and other lifestyle factors. *Agantuja* causes may involve any form of physical trauma like *Praskhalana* (falls), *Prapatana* (accidents), *Abhighata* (injuries), or *Krimi* (infections). Management of *Garbhasrava* primarily focuses on modifying lifestyle habits, including dietary and daily routines (*Garbhini Paricharya*), and using medications prescribed by ancient *Ayurvedic* texts. *Acharya Sushruta* detailed month-wise treatments for *Garbhasrava*, outlining specific interventions to prevent miscarriage when a pregnant woman is at risk of losing her baby.

## MATERIALS AND METHODS

Data for this study has been gathered from *Ayurvedic* foundational texts, scholarly interpretations, contemporary literature, academic journals, and digital repositories like PubMed Central and Google Scholar, all meticulously analyzed to construct the conceptual framework.

**Table 1: Masanumasik Garbhini Paricharya as per different Samhita**

Month	Charaka Samhita <sup>[5]</sup>	Sushruta Samhita <sup>[6]</sup>	Ashtanga Sangraha <sup>[7]</sup>	Harita Samhita <sup>[8]</sup>
1st	Non medicated milk	Sweet, cold, liquid diet	Medicated milk	<i>Madhuyashti</i> , <i>Parusaka</i> , <i>Madhukapus hpa</i> with butter and honey followed by use of sweetened milk
2nd	Milk medicated with	Sweet, cold, liquid diet	Milk medicated with	Sweetened milk treated with <i>Kakoli</i> ,

	<i>Madhura Rasa</i> drugs		<i>Madhura Rasa</i> drugs	
3rd	Milk with honey and <i>Ghrita</i> ,	Sweet, cold, liquid diet specially cooked <i>Shashti</i> rice with milk	Milk with honey and <i>Ghrita</i>	<i>Krishara</i>
4th	Milk and <i>Navneeta</i> (butter) (1 <i>Aksh</i> i.e. 2 tola)	<i>Shashti</i> rice cooked with curd, pleasant food mixed with milk and butter and <i>Jangal Mansa</i> (meat of wild animals)	Milk with 1 <i>Aksh Navneeta</i>	Medicated cooked rice
5th	<i>Ghrita</i> prepared with butter extracted from milk	<i>Shashtika</i> rice cooked with milk, <i>Jangal Mansa</i> along with food mixed with milk and <i>Ghrita</i>	<i>Ghrita</i> prepared with butter extracted from milk	<i>Payasa</i> ,
6th	<i>Ghrita</i> prepared from milk medicated with <i>Madhura</i> drugs	<i>Gokshura</i> medicated <i>Ghrita</i> or rice.	<i>Ghrita</i> prepared from milk medicated with <i>Madhura</i> drugs	Sweetened curd
7th	<i>Ghrita</i> prepared from milk medicated with	<i>Ghrita</i> medicated with <i>Pruthakap arnyadi</i> ( <i>Vidari-</i>	<i>Ghrita</i> prepared from milk medicated with	<i>Ghritakhand a</i>

	Madhura drugs	Gandhadi group of drugs	Madhura drugs	
8th	Ghrita mixed with Kshira and Yawagu	Kshira Yawagu mixed with Ghrita, Asthapana Basti with decoction of Baladi, Anuvasana Basti with oil medicated with Madhura drugs	Mixing Kshira and Yawagu with Ghrita; administering Asthapana Basti with Badari decoction, and applying Anuvasana Basti using oil medicated with Madhura herbs.	Ghritapuraka
9th	Anuvasana Basti with oil derived from sweet-tasting herbs (Madhura group), followed by using the same oil for Yonipichu (vaginal tampon).	Intake of Jangal Mansa Rasa until the time of delivery.	Anuvasana Basti using oil formulated from sweet-tasting (Madhura) medicinal herbs, followed by Yonipichu with this oil	Various types of cereals.

### Significance of Garbhini Paricharya

#### During 1<sup>st</sup> trimester

During the first trimester embryogenesis occurs, necessitating an increased energy demand during this period. This energy is supplied by Kshira, Ghrita, Kshira medicated with Madhura Ausadhi or Madhu.

During the initial months of pregnancy, nausea and vomiting are common among women, often making it difficult to sustain a balanced diet, leading to dehydration and nutrient deficiencies. Consumption of cold, sweet and liquid diet can effectively prevent dehydration and provide essential nourishment.<sup>[9]</sup>

According to Acharya Charaka, unmedicated milk is recommended during the first month of pregnancy.<sup>[10]</sup> Milk is widely regarded as a comprehensive and ideal dietary choice for pregnant women, naturally containing calcium, proteins, and vitamin D. It not only nourishes the mother but also contributes to the nutritional support and development of the fetus, promoting stability throughout pregnancy.<sup>[11]</sup> In the second month of pregnancy, Acharya Harita recommends adding Kakoli with Dugdha and Sarkara to the diet.<sup>[12]</sup> Kakoli is described as a Jeevaneeya Dravya in both the Jeevaneeya Mahakashya by Acharya Charaka and the Jeevaneeya Gana by Bhavprakasha. Due to the higher risk of miscarriage during this period, it is advisable to incorporate Jeevaneeya Dravyas into the diet of the pregnant woman.<sup>[13]</sup>

#### During 2<sup>nd</sup> trimester

During this period, the muscular tissue of the fetus grows significantly, necessitating increased protein intake from animal sources like meat, milk, cheese, and butter. Acharya Charaka mentioned to take milk with Navneeta during the fourth month of pregnancy.<sup>[14]</sup> Navneeta contains vitamins such as A, E, D, and K, along with minerals like zinc and iodine. Zinc is crucial for various biological functions including protein synthesis, cellular division, and nucleic acid metabolism.<sup>[15]</sup> Milk provides nourishment and stability to the fetus, while meat supports fetal nourishment and aids in muscular growth. Cooked Shashti rice recommended in Garbhini Paricharya is rich in carbohydrates, supplying essential energy to the body. Shasti rice is characterized by qualities such as Snigdha, Guru, Sthira, Sheeta, and Tridoshagna<sup>[16]</sup>, which promote stability and help prevent miscarriage. In the 6<sup>th</sup> month of pregnancy, Acharya Harita has advised to take Madhura Dadhi.<sup>[17]</sup> Curd is rich in vitamin A, C, D, calcium, proteins, probiotics and folic acid.<sup>[18,19]</sup>

#### During 3<sup>rd</sup> trimester

Ghee medicated with Prithakparnayadi drugs supports maternal and fetal health in the seventh month, acting as a diuretic, anabolic agent, and alleviating emaciation

while balancing *Pitta* and *Kapha*. *Yavagu* is a nourishing diet essential for maintaining the health of pregnant women, ensuring the birth of a child with optimal health, energy, complexion, and voice.<sup>[20]</sup> Using an oil tampon in the vagina lubricates and protects the cervix, vaginal canal, and perineum, promoting normal labor and potentially preventing puerperal sepsis through elimination of harmful bacteria. Regular use might also impact autonomic fibers involved in myometrial function regulation. *Asthapana Basti* is thought to rejuvenate reproductive organs, preparing them for childbirth by restoring normal anatomy and physiology.<sup>[21]</sup>

### Masanumasik Garbhasravahar Chikitsa by Acharya Sushruta<sup>[22]</sup>

मधुकं शाक बीजं च पयस्या सुरदारु च। अशमन्तकस्तिलाः  
कृष्णास्ताम्रवल्ली शतावरी ॥

वृक्षादनी वयस्या च लता सोत्पलसारिवा। अनन्ता सारिवा  
रास्ना पद्मा मधुकमेव च ॥

बृहत्यौ काश्मरी चापि क्षीरिशुङ्गास्त्वचो घृतम् । पृश्निपर्णी  
बला शिगुः श्वदंष्ट्रा मधुपर्णिका ॥

शृङ्गाटकं विसं द्राक्षा कशेरु मधुकं सिता।

वत्सैते सप्त योगाः स्युरर्धश्लोक समापना : । यथासंख्यं  
प्रयोक्तव्या गर्भस्त्रावे पयोयुताः ॥

कपित्थ बृहती-बिल्व-मटोले-क्षु-निदिग्धिका -। मूलानि  
क्षीरसिद्धानि पाययेद्विषगष्टमे ॥

नवमे मधुका - नन्ता - पयस्या - सारिवाः पिबेत् । क्षीरं  
शुष्ठीपयस्याभ्यां सिद्धं स्यादशमे हितम् ॥

सक्षीरा वा हिता शुष्ठी मधुकं सुरदारु च । एवमाप्यायते  
गर्भस्तीव्रा रुक् चोपशाम्यति ॥

Table 2: 1<sup>st</sup> Month Garbhasravahar Chikitsa<sup>[23]</sup>

SN	Drug	Rasa	Guna	Veerya	Vipaka	Karma
1.	Yashtimadhu	Madhura	Guru, Snigdha	Sheeta	Madhura	Vatapittashamaka, Rasayana, jeevneeya Chhardihara, Balya
2.	Shakbeeja	Kashaya	Laghu, Ruksha	Sheeta	Katu	Vatashamaka, Garbhastapaka
3.	Ksheerkakoli	Madhura	Guru	Sheeta	Madhura	Vatapittashamaka, Balya, Brihani, Stanyakara, Rasayana
4.	Devdaru	Tikta	Laghu, Snigdha	Ushna	Katu	Kaphavatashamaka, Garbhashayshodhaka, Shothahara

Table 3: 2<sup>nd</sup> Month Garbhasravahar Chikitsa<sup>[23]</sup>

SN	Drug	Rasa	Guna	Veerya	Vipaka	Karma
1.	Ashmantaka	Kashaya	Laghu, Ruksha	Sheeta	Katu	Kaphapittashamaka
2.	Krishnatila	Madhura	Guru, Snigdha	Ushna	Madhura	Balya, Udarshulahara, Stanyajanana
3.	Manjishtha	Madhura, Tikta, Kashaya	Guru, Ruksha	Ushna	Katu	Kaphavatashamaka, Varnya, Raktaprasadana, Shothahara

4.	<i>Shatavari</i>	<i>Madhura, Tikta</i>	<i>Guru, Snigdha</i>	<i>Sheeta</i>	<i>Madhura</i>	<i>Vatapittashamaka, Rasayana, Stanyajanana, Shothahara</i>
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Table 4: 3<sup>rd</sup> Month Garbhasravahar Chikitsa<sup>[23]</sup>

SN	Drug	Rasa	Guna	Veerya	Vipaka	Karma
1.	<i>Vrikshadani</i>	<i>Kashaya, Tikta, Madhura</i>	<i>Laghu, Ruksha</i>	<i>Sheeta</i>	<i>Katu</i>	<i>Kaphapittashamaka, Rasayana, Garbhasthapaka</i>
2.	<i>Ksheerkakoli</i>	<i>Madhura</i>	<i>Guru</i>	<i>Sheeta</i>	<i>Madhura</i>	<i>Vatapittashamaak, Balya, Brihani, Stanyakara, Rasayana</i>
3.	<i>Priyangu</i>	<i>Tikta, Kashaya, Madhura</i>	<i>Laghu, Ruksha</i>	<i>Sheeta</i>	<i>Katu</i>	<i>Tridoshashamaka, Raktaprasadaka, Balya, Brihani</i>
4.	<i>Nilotpala</i>	<i>Madhura, Kashaya, Tikta</i>	<i>Laghu, Snigdha, Pichhila</i>	<i>Sheeta</i>	<i>Madhura</i>	<i>Raktapitta prashmana, Garbhasthapaka</i>
5.	<i>Sariva</i>	<i>Madhura, Tikta</i>	<i>Guru, Snigdha</i>	<i>Sheeta</i>	<i>Madhura</i>	<i>Tridoshara, Garbhasthapaka</i>

Table 5: 4<sup>th</sup> Month Garbhasravahar Chikitsa<sup>[23]</sup>

SN	Drug	Rasa	Guna	Veerya	Vipaka	Karma
1.	<i>Ananta</i>	<i>Madhura, Kashaya, Tikta, Katu</i>	<i>Laghu, Snigdha</i>	<i>Sheeta</i>	<i>Madhura</i>	<i>Vatapittashamaka, Dahanashaka, Trishnashamaka, Chhardihara</i>
2.	<i>Sariva</i>	<i>Madhura, Tikta</i>	<i>Guru, Snigdha</i>	<i>Sheeta</i>	<i>Madhura</i>	<i>Tridoshahara, Garbhasthapaka</i>
3.	<i>Raasna</i>	<i>Tikta</i>	<i>Guru</i>	<i>Ushna</i>	<i>Katu</i>	<i>Kaphavatashamaka, Shophanashaka, Raktashodhaka</i>
4.	<i>Padma</i>	<i>Tikta, Katu</i>	<i>Guru, Ruksha</i>	<i>Ushna</i>	<i>Katu</i>	<i>Kaphavatashamaka, Shothahara</i>
5.	<i>Yashtimadhu</i>	<i>Madhura</i>	<i>Guru, Snigdha</i>	<i>Sheeta</i>	<i>Madhura</i>	<i>Medhya, Chakshushya, Varnya, Keshya, Balya, Rasayana, Shonitsthapana, Chhardihara</i>

Table 6: 5<sup>th</sup> Month Garbhasravahar Chikitsa<sup>[23]</sup>

SN	Drug	Rasa	Guna	Veerya	Vipaka	Karma
1.	<i>Brihati</i>	<i>Katu, Tikta</i>	<i>Laghu, Ruksha, Tikshna</i>	<i>Ushna</i>	<i>Katu</i>	<i>Kaphavatashamaka, Raktshodhaka, Hridayuttejaka</i>

2.	<i>Kantkari</i>	<i>Katu, Tikta</i>	<i>Laghu, Ruksha, Tikshna</i>	<i>Ushna</i>	<i>Katu</i>	<i>Vatakaphashamaka, Garbhasthapaka, Shothahara</i>
3.	<i>Kaashmari</i>	<i>Tikta, Kashaya, Madhura</i>	<i>Guru</i>	<i>Ushna</i>	<i>Katu</i>	<i>Tridoshshamaka, Shothahara, Raktapittashamaka, Rasayana</i>
4.	<i>Ksheerishring, Ksheeritwak</i>	<i>Kashaya</i>	<i>Guru, Ruksha</i>	<i>Ushna</i>	<i>Katu</i>	<i>Kaphapittashamaka, Yonidoshahara, Varnya, Dahanashaka, Trishnashamaka, Chhardihara</i>
5.	<i>Vacha</i>	<i>Katu, Tikta</i>	<i>Laghu, Tikshna</i>	<i>Ushna</i>	<i>Katu</i>	<i>Kaphavatahara, Medhya</i>

Table 7: 6<sup>th</sup> Month Garbhasravahar Chikitsa<sup>[23]</sup>

SN	Drug	Rasa	Guna	Veerya	Vipaka	Karma
1.	<i>Prishnparni</i>	<i>Madhura, Tikta</i>	<i>Laghu, Snigdha</i>	<i>Ushna</i>	<i>Madhura</i>	<i>Tridoshahara, Shothahara</i>
2.	<i>Bala</i>	<i>Madhura</i>	<i>Laghu, Snigdha, Pichhila</i>	<i>Sheeta</i>	<i>Madhura</i>	<i>Vatapittashamaka, Balya, Prajasthapana, Garbhaposhaka, Rasayana</i>
3.	<i>Shigru</i>	<i>Katu, Tikta</i>	<i>Laghu, Ruksha, Tikshna</i>	<i>Ushna</i>	<i>Katu</i>	<i>Kaphavatashamaka, Hridya, Chakshushya</i>
4.	<i>Shwadanshra</i>	<i>Madhura</i>	<i>Guru, Snigdha</i>	<i>Sheeta</i>	<i>Madhura</i>	<i>Vatapittashamaka, Shothahara, Vedanasthapana</i>
5.	<i>Madhuparnika</i>	<i>Tikta, Madhura</i>	<i>Ruksha, Tikshna</i>	<i>Ushna</i>	<i>Madhura</i>	<i>Kaphavatashamaka, Shothahara</i>

Table 8: 7<sup>th</sup> Month Garbhasravahar Chikitsa<sup>[23]</sup>

SN	Drug	Rasa	Guna	Veerya	Vipaka	Karma
1.	<i>Shringataka</i>	<i>Madhura, Kashaya</i>	<i>Guru, Ruksha</i>	<i>Sheeta</i>	<i>Madhura</i>	<i>Pittashamaka, Dahaprashmana, Prajasthapana, Balya</i>
2.	<i>Bisa</i>	<i>Kashaya, Madhura, Tikta</i>	<i>Laghu, Snigdha, Pichhila</i>	<i>Sheeta</i>	<i>Madhura</i>	<i>Dahaprashmana, Varnya, Hridya, Balya, Prajasthapana</i>
3.	<i>Draksha</i>	<i>Madhura</i>	<i>Guru, Snigdha, Mridu</i>	<i>Sheeta</i>	<i>Madhura</i>	<i>Dahaprashmana, Balya, Brihani Garbhasthapaka, Hridaybaldayaka</i>

4.	<i>Kasheruka</i>	<i>Madhura, Kashaya</i>	<i>Guru, Ruksha</i>	<i>Sheeta</i>	<i>Madhura</i>	<i>Prajasthapana, Balya, Hridya,</i>
5.	<i>Yashtimadhu</i>	<i>Madhura</i>	<i>Guru, Snigdha</i>	<i>Sheeta</i>	<i>Madhura</i>	<i>Vatapittashamaka, Rasayana, Jeevneeya, Balya</i>
6.	<i>Sita</i>	<i>Madhura</i>	-	<i>Sheeta</i>	<i>Madhura</i>	<i>Vatapittashamaka, Balya, Brihani</i>

Table 9: 8<sup>th</sup> Month *Garbhasravahar Chikitsa*<sup>[23]</sup>

SN	Drug	Rasa	Guna	Veerya	Vipaka	Karma
1.	<i>Kapittha</i>	<i>Madhura, Amla</i>	<i>Guru, Snigdha</i>	<i>Sheeta</i>	<i>Madhura</i>	<i>Tridosahara, Trishnashamaka, Hridya</i>
2.	<i>Bruhati</i>	<i>Katu, Tikta</i>	<i>Laghu, Ruksha, Tikshna</i>	<i>Ushna</i>	<i>Katu</i>	<i>Kaphavatahara, Shothahara, Hridya</i>
3.	<i>Bilwa</i>	<i>Kashaya, Tikta</i>	<i>Laghu, Ruksha</i>	<i>Ushna</i>	<i>Katu</i>	<i>Kaphavatahara, Balya, Shothahara</i>
4.	<i>Patola</i>	<i>Tikta</i>	<i>Laghu, Ruksha</i>	<i>Ushna</i>	<i>Katu</i>	<i>Kaphapittashamaka, Varnya, Trishnashamaka</i>
5.	<i>Ikshu</i>	<i>Madhura</i>	<i>Guru, Snigdha</i>	<i>Sheeta</i>	<i>Madhura</i>	<i>Balya, Raktapitta prashmana</i>
6.	<i>Nidigdhika</i>	<i>Tikta, Katu</i>	<i>Laghu, Ruksha, Tikshna</i>	<i>Ushna</i>	<i>Katu</i>	<i>Kaphashamaka Visheshat Garbhakarini</i>

Table 10: 9<sup>th</sup> Month *Garbhasravahar Chikitsa*<sup>[23]</sup>

SN	Drug	Rasa	Guna	Veerya	Vipaka	Karma
1.	<i>Yashtimadhu</i>	<i>Madhura</i>	<i>Guru, Snigdha</i>	<i>Sheeta</i>	<i>Madhura</i>	<i>Medhya, Chakshushya, Varnya, Keshya, Balya, Rasayana, Shonitsthapana, Chhardihara</i>
2.	<i>Ananta</i>	<i>Madhura, Kashaya, Tikta, Katu</i>	<i>Laghu, Snigdha</i>	<i>Sheeta</i>	<i>Madhura</i>	<i>Vatapittashamaka, Dahanashaka, Trishnashamaka, Chhardihara</i>
3.	<i>Payasya</i>	<i>Madhura</i>	<i>Guru</i>	<i>Sheeta</i>	<i>Madhura</i>	<i>Vatapittashamaka, Balya, Brihani, Stanyakara, Rasayana</i>
4.	<i>Sariva</i>	<i>Madhura, Tikta</i>	<i>Guru, Snigdha</i>	<i>Sheeta</i>	<i>Madhura</i>	<i>Tridoshara, Garbhasthapaka</i>

Table 11: 10<sup>th</sup> Month *Garbhasravahar Chikitsa*<sup>[23]</sup>

SN	Drug	Rasa	Guna	Veerya	Vipaka	Karma
1.	<i>Shunthi</i>	<i>Katu</i>	<i>Laghu, Snigdha</i>	<i>Ushna</i>	<i>Madhura</i>	<i>Shothahara, shulaprashmana, Vatashamaka</i>



2.	Payasya	Madhura	Guru	Sheeta	Madhura	Vatapittashamaka, Balya, Brihani, Stanyakara, Rasayana
3.	Madhuka	Madhura	Guru, Snigdha	Sheeta	Madhura	Vatapittashamaka, Rasayana, Jeevneeya, Balya
4.	Sudaru	Tikta	Laghu, Snigdha	Ushna	Katu	Kaphavatashamaka, Garbhashayshodhaka, Shothahara

## DISCUSSION

The embryo is highly susceptible to adverse effects from inadequate maternal nutrition. Research indicates that severe deficiency of zinc can lead to increased fetal mortality through spontaneous abortions or the development of multiple congenital anomalies. These anomalies are believed to arise from disrupted synthesis of nucleic acids and proteins, impaired cellular growth and formation, abnormal tubulin polymerization, chromosomal abnormalities, and heightened lipid peroxidation of cellular membranes.<sup>[24]</sup> Furthermore, studies have demonstrated that maternal zinc deficiency can have enduring consequences on the growth, immune function, and metabolic health of offspring who survive gestation.<sup>[25]</sup> Research indicates that reduced intake of antioxidants, including Vitamin C, is associated with higher incidence of spontaneous abortion in women.<sup>[26]</sup> Another study shows that Vitamin D deficiency in women of childbearing age, particularly those with low or high BMI, may contribute to abnormal chromosomal division during fertilization. This can result in spontaneous abortions or recurrent miscarriages.<sup>[27]</sup> Insufficient folate levels during pregnancy have been associated with a range of adverse outcomes, including spontaneous abortion. Studies indicate that inadequate vitamin B6 levels and elevated plasma total homocysteine levels, indicative of poor folate or vitamin B12 status, may increase the likelihood of spontaneous abortion.<sup>[28,29,30,31]</sup>

## CONCLUSION

The practice of *Garbhini Paricharya* is crucial in preventing recurrent abortions and promoting optimal fetal and maternal health. Dietary recommendations

during pregnancy are different than those for the general population. Pregnant women require increased energy, protein, and a variety of micronutrients such as thiamine, riboflavin, folate, zinc, vitamins A, C, and D. *Ayurvedic* teachings emphasize that following *Garbhini Paricharya* can effectively meet these needs. Furthermore, *Masanumasik Garbhasravahar Chikitsa* is essential for managing early trimester abortions by addressing elevated pregnancy symptoms like *Garbhasrava*, *Garbhapata*, *Garbhini Shotha*, and *Garbhini Shula*. Detailed studies on both *Masanumasik Garbhini Paricharya* and *Masanumasik Garbhasravahar Chikitsa* highlight their importance in maternal care and fetal well-being. Scientific validation has demonstrated that the diets and regimens prescribed in ancient *Ayurvedic* texts for pregnancy are meticulously tailored to benefit both the fetus and the mother. These ancient practices have stood the test of time, proving their effectiveness through modern research.

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