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Management of *Garbhinivyapad* (Pregnancy Complications) Through Ayurvedic Principles-A Clinical Study

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Abstract:

Background: Ayurveda describes *Garbhinivyāpada* (complications of pregnancy) in detail. These include *GarbhinīChardi* (vomiting), *Garbhinī Pandu* (anaemia in pregnancy) and *Garbhasrava* (threatened abortion/bleeding). Although modern obstetrics provides emergency support, Ayurvedic management emphasizes prevention (*GarbhiniParicharyā*), *Dosha*-based treatment and foetal nourishment (*Garbhāposhana*).

Objective: To evaluate the role of Ayurvedic management in selected Garbhinivyāpada among pregnant women.

Methods: A clinical study was conducted on 20 pregnant women attending the OPD and IPD of Prasūti Tantra evamStrī Roga department. Patients with *Garbhinī Chardi*, *Garbhinī Pandu* and threatened abortion(*Garbhasrava*) were selected. Interventions included safe classical formulations such as *Dādimādi Ghṛuta*, *Drākṣāvaleha* and *ŚatāvariGhṛuta* along with dietary regulations and lifestyle advice. Patients were followed for 2 months and outcomes were assessed.

Results: Out of 20 patients, 8 had *Chardi*, 7 had *Pandu* and 5 had threatened abortion(*Garbhasrava*). Marked improvement was observed: relief in nausea-vomiting (72% reduction in VAS score), rise in Hb% in *Pandu* cases (average 1.3 gm/dl increase) and no progression to abortion in *Garbhasrava* cases.

Conclusion: Ayurvedic management focusing on *Pathya-Apathya*, safe herbal formulationsand classical preventive principles showed encouraging results in *Garbhinivyāpada*.

Introduction:

Pregnancy (*GarbhinīAvasthā*) is a natural state, yet it can be associated with complications that

threaten maternal and foetal health. Ayurveda recognizes these complications as *Garbhinivyāpada*. Acharya Charaka states:

"स्त्रीणांतुगर्भिणीनांयथोक्तःपरिहारः, यथोक्तश्चविधिः।अन्यथागर्भिणीव्यापद्यते, गर्भिणीव्यापत्तयःप्रादुर्भवन्ति॥"*(Charaka Saṃhitā, Śārīrasthāna 8/32)*

If a pregnant woman does not follow prescribed regimen, complications (*Vyāpada*) arise.

GarbhinīVyāpadas include *Chardi* (vomiting), *Pandu* (anemia), *Atisāra*, *Jvara*, *Garbhasrava* (bleeding/abortion tendency) and many more described in *Charaka Samhita*, *Sushruta Samhita* and *Kashyapa Samhita*.

Modern correlates include hyperemesis gravidarum, anaemia in pregnancy and threatened miscarriage. Ayurvedic management is individualized, gentle and primarily nourishing.

This study evaluates the efficacy of Ayurvedic management in three common *Garbhinivyāpada*: *Chardi*, *Pandu* and *Garbhasrava*.

Aims and Objectives:

1. To evaluate the efficacy of Ayurvedic management in *Garbhinivyāpada* (*Chardi, Pandu*, *Garbhasrava*).
2. To assess the improvement in maternal health and foetal well-being.

Materials and Methods:

Study design: Open-label clinical study.

Sample size: 20 patients.

Duration: 2 months.

Inclusion Criteria:

- Pregnant women (16–32 weeks) presenting with *Chardi*, *Pandu* or threatened abortion (*Garbhasrava*).
- Singleton pregnancy.

Exclusion Criteria:

- High-risk pregnancy (PIH, GDM, severe anomalies).
- Multiple gestation.

Grouping of Patients:

- Group A: *GarbhinīChardi* – 8 cases.
- Group B: *Garbhinī Pandu* – 7 cases.
- Group C: Threatened *Garbhasrava* – 5 cases.

Intervention:

- ***Chardi*:***DādimādiGhṛuta* 10 ml BD with warm water + *Pathya* (light meals, pomegranate, grapes).
  "छर्दिषुदाडिमादिघृतंपथ्यम्" *– Bhāvaprakāśa*.
- ***Pandu*:***Drākṣāvaleha* 10 g BD + iron-rich *Pathya* (*Mudga, Dadima, Shatapuspa*).
  "पाण्डुरोगेद्राक्षाशर्कराप्रयोगःश्रेयांसि" *– Charaka Chikitsa* 16/17.

- ***Garbhasrava*:***ŚatāvariGhṛuta* 10 ml BD + bed rest, avoidance of strenuous activity.
  "शतावरीगर्भस्थापनीस्तन्यजननीच"– *BhāvaprakāśaNighaṇṭu*.

Assessment Criteria:

- ***Chardi:*** Visual Analog Scale (VAS) for nausea/vomiting.
- ***Pandu*:** Haemoglobin estimation.
- ***Garbhasrava*:** Continuation of pregnancy without further bleeding till study end.

Observations and Results:

Table 1: Distribution of patients:

Garbhinivyāpada	**No. of patients**	**%**
Chardi	8	40%
Pandu	7	35%
Garbhasrava	5	25%

Table 2: Outcomes:

Condition	**Parameter**	**Baseline**	**After 2 months**	**% improvement**
Chardi (n=8)	VAS score	7.5 avg	2.1 avg	72%
Pandu (n=7)	Hb%	8.6 g/dl avg	9.9 g/dl avg	↑ 1.3 g/dl
Garbhasrava (n=5)	Pregnancy retention	5/5 threatened	5/5 continued	100%

Discussion:

Ayurvedic management of *Garbhinivyāpada* is based on Doshic correction and foetal nourishment.

Chardi:

- Caused by aggravated *Vāta* and Pitta in *Urasthāna*.
- *DādimādiGhṛta* pacifies *Pitta* and stabilizes digestion.
  - ✓ Result: Significant reduction in nausea and vomiting.

Pandu:

- Pathogenesis: Vitiation of *Pitta* leading to *Rakta-Dushti*.
- *Drākṣāvaleha* is *Rasayana* for *Rasa-Rakta Dhātu*, improves haemoglobin, relieves fatigue.
- Acharya Charaka mentions:
  "द्राक्षापाण्डुरोगेरसयानम्"(Ch. Chi. 16/17).

Garbhasrava:

- Caused by aggravated *Vāta*, *Rakta-Dushti* and improper regimen.
- *Śatāvari* is *Garbhasthāpaka* and *Rasayana*, strengthens uterine tissue.
- ***"शतावरीबल्यागर्भस्थापनीच"***– *Bhāvaprakāśa Nighaṇṭu*.
  - ✓ Result- All cases continued pregnancy without abortion during follow-up.

Correlation with Modern Obstetrics:

- *Chardi* aligns with hyperemesis gravidarum.
- *Pandu* aligns with iron deficiency anaemia in pregnancy.
- *Garbhasrava* aligns with threatened miscarriage.

This study shows that safe Ayurvedic measures can complement modern antenatal care.

Conclusion:

Ayurvedic management using *DādimādiGhṛuta*, *Drākṣāvaleha* and *ŚatāvariGhṛuta* along with *Pathya-Apathya* proved effective in controlling *Garbhinivyāpada*. These interventions improved maternal comfort, corrected mild anaemia, reduced vomiting and prevented abortion. Larger studies with longer follow-up are warranted.

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