“Healthy Progeny through Ayurved”

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**Abstract:** Motherhood is ultimate and cherished desire of every woman. When she achieves it, she feels completeness in her life. A woman has to prepare mentally and physically have jovial pregnancy and less complicated delivery.

Today due to changing lifestyle Medical world is concerned about increasing rate of congenital imperfections in the new born which is posing confront to the aim of healthy humanity. Ayurveda- A complete and holistic health science, not only deal with preventive and curative aspects of health but also has a strong foothings in the field of healthy progeny.

Healthy mother, father, proper diet of the mother, practice of wholesome living and dietary regimen and healthy mind/psychological status of parents & good deeds of soul in previous incarnation play a prime role in achieving healthy offspring.

Here is an attempt to achieve healthy progeny through our own science “Ayurved”.

I. Introduction

Medical world is concerned about increasing rate of congenital imperfections in the new born which is posing confront to the aim of healthy humanity. These congenital malformations are seen as minor, major anatomical, physiological, biochemical and even latent in nature.

Data reveals that 3-5% of all births result in congenital malformations, 20-30% of all infant deaths are due to genetic disorders, and 30-50% of post-natal deaths are due to congenital malformations. 11.1% of paediatric admissions are for children with genetic disorders, 18.5% are hospital admissions for genetic causes, and 50% of mental retardation has genetic basis. Fifteen percent of cancers have inherited susceptibility.

Motherhood is ultimate and cherished desire of every woman. When she achieves it, she feels completeness in her life. A woman has to prepare mentally and physically have jovial pregnancy and less complicated delivery.

Ayurveda- A complete and holistic health science, not only deal with preventive and curative aspects of health but also has a strong foothings in the field of healthy progeny. Shadgarbhakara-bhava (Six procreative factors of progeny) have been propounded in the ayurvedic classics viz. Matrija(mother), Pitrija(father), Atmaja(soul), Satmyaja(wholesome practices by mother) , Rasaja(diet of the mother) and Satvaja( psychological health of the parents). Healthy mother, father, proper diet of the mother, practice of wholesome living and dietary regimen and healthy mind/psychological status of parents & good deeds of soul in previous incarnation play a prime role in achieving healthy offspring, thus structuring a healthy family, society and Nation. Right from the time of conception till delivery it is the mother who carries and nourishes the fetus. Hence mother is described first among the factors responsible for proper growth of the fetus. Fetus obtains its subsistence by Upasneha and Upasweda (exudation) processes till the organogenesis and afterwards through Nabhi Nadi (placenta & umbical cord) which indicates diet of the pregnant woman directly influences the growth and development of fetus in utero right from day one of development of fetus.

Here is an attempt to achieve healthy progeny through our own science “Ayurved”.

Pre-Natal Counseling

It can be discussed in 3 categories

1) If she is Go & not married for more than 1 year (i.e. – primary infertility) treatment of both the partners is advised in following way – 

After shaer-shuddhi with panchkarma, female partner should wait for menses; from the onset of menses to 3rd day of menses/till menses stop, she should abstain from coitus and on next day she should be instructed as follows

1) **Position during coitus** – With prevalence of unnatural coitus nowadays, importance of natural position during coitus needs to be spread.

U;Ctk;k orks cyoku----A

rLeknqRkuka chta x` spelling ka~ AA p~‘kk-8@6
2) Post-coital regimen -

Once the act of coitus is over, female partner should take a cold shower.

II) Primary/Secondary infertility patient

In addition to all the regimen explained in category (I) these patients, after panchakarma should be given “garbhaprad yog” mentioned in ayurvedic texts – 1½ ḍkFksu g:xU/kkc% ḍkF/kra i:% A ḍkLukrckyck ihRok sRts xHkZ u la’% AA pOnRr 62@26 2½ j.ML; ḍq chktfu ek quýq’ykxL; pSg fO A lFz”kk ḍiffi”VkfA fiesn≈xHkZkFku ḍ AA

If cause of infertility is male factor then several shukrājanan dravya can be used – Mugdaparni, mashaparni, shatavari, jatamasi, ashwagandha these are some of easily available shukrājanan dravya. Once both female & male partners are treated with “garbhaprad yog” & “shukrājanan dravya” resp. same precautions should be taken during & after coitus as mentioned in category (I).

III) Patients with BOH (Bad Obstetric History)

Special attention should be given to cases in which there was evidence of congenital abnormalities, blighted ovum, missed abortion or unexplained loss of pregnancy in previous conceptions. In these cases one must rectify that “Shukra & aartava” are devoid of dushti or not.

IV) Congenital abnormalities & shukra-aartava dushti

All soft organs & visceral organs are derived from maternal side.

All rough & tough structures are derived from paternal side.

Efforts should be made so as to link abnormality observed with shukra & aartava dushti in following way –

<table>
<thead>
<tr>
<th>Congenital abnormality</th>
<th>Type of disorder</th>
<th>Bhav</th>
<th>Chakta</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anencephaly</td>
<td>Absence of cranial vault</td>
<td>Pitruj</td>
<td>Shukradushti</td>
</tr>
<tr>
<td>Spina bifida</td>
<td>Midline defect of spine exposing contents of neural channel</td>
<td>Pitruj</td>
<td>Shukradushti</td>
</tr>
<tr>
<td>Fetal cardiac myopathies</td>
<td>Cardiac malformation</td>
<td>Matruj</td>
<td>Aartadvushti</td>
</tr>
<tr>
<td>Infantile polycystic kidney disease (IPKD)</td>
<td>Multiple cysts formation in fetal kidneys</td>
<td>Matruj</td>
<td>Aartadvushti</td>
</tr>
</tbody>
</table>

‘kqØn`”Vh fpfdRlk & xqMwp t*krevyh p Lo;axIrk cyk rFkk AA ‘kkYexh eqlhyewya pw.kZa xksi;lkFku A ikua ujk.kka Js”Bar q chtfefUnzd;kjd− AA gkjhrlfgrk@ckthdj.kk/k; 14@15

Ante-Natal care

1) First month

i) Fetal development-

In this month fetus doesn’t have any definite structure.

ii) Ayurvedodaka paricharya –

Have cold milk frequently and that kind of food should be eaten to which a person is used to (this doesn’t mean eating of outside snack).

iii) Additional treatment –

It is in this month that panchamahabhoot act on embryo & imbalance of them may lead to abnormalities such as twins, polyhydramnios, cleft palate etc. so one should take panchamahbhootatmak aahar in this month.

Panchamahabhootatmak Aahar –
2) Second month –
  i) Fetal development -
  In this month milk that has been treated with dravyas like yashtimadhu, shatavari, ashwagandha, bala should be taken.

  ii) Ayurvedodkta paricharya –
  In this month ultrasound should be done so as to confirm cardiac activity of the baby.

  iii) Additional treatment – This month ultrasounds should be done so as to confirm cardiac activity of the baby.

3) Third month –
  i) Fetal development –
  In this month we can sense fetal heart through symptom of “nkSàn; “ in mother.

  ii) Ayurvedodkta paricharya –
  In this month ghrita should be consumed.

  iii) Additional treatment – Since mother experiences heaviness, she should be advised to do exercises like daily walking for ½ hr, yoga like Tittali aason, vajrasan, Parvatasan etc.

4) Fourth month – i) Fetal development –
  In this month patient gets an urge to eat all unhealthy food & disobeying these cravings is not recommended hence here are some replacement food items with same taste.

<table>
<thead>
<tr>
<th>Craving</th>
<th>Replacement</th>
<th>Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>e`n-Hk{k.k</td>
<td>`ka[kHkLe</td>
<td>Healthy bone development</td>
</tr>
<tr>
<td>fpap@dSjh</td>
<td>vkoGk</td>
<td>flR'keu</td>
</tr>
<tr>
<td>yks.kps</td>
<td>eksjkoGk</td>
<td>flR'keu</td>
</tr>
</tbody>
</table>

5) Fifth month –
  i) Fetal development -
  In this month ghrita should be consumed.

  ii) Ayurvedodkta paricharya –
  In this month ghrita should be consumed.

  iii) Additional treatment –
  Being satva & mana are co-related, patient should be advised to read philosophical books, autobiographies of great persons & listen to soft & soothing music.

6) Sixth Month –
  i) Fetal Development
Healthy Progeny through Ayurved

Consumption of milk & ghrita made from madhur dravya like bala, atibala, shatavari, guduchi etc.

7) Seventh Month
   i) Fetal development –
      Lires ekfl xHkZ% losZHfosjkI;k rLeknk xfHk.kh lokZdkjS% DykUrrek Hkofr A p-fp-4@23
      There is a sudden growth of all factors hence mother looks drawn.
   ii) Ayurvedokta paricharya –
      Same regimen as sixth month should be followed.
   iii) Additional treatment – As the mother is drawn & tired preenan-chikitsa with dravya like Kharjoor, Ddraksha, Dadim, Ghrita, Milk etc. is useful.

8) Eighth month –
   i) Fetal development –
      laokfguhfueqZgqeZqgqjkst% ijLijkar vknnkrs xHkZL;klaiw.kZRokr~ xHkZL; tUe O;kifre oR;kslks uofLFkrRokr~ AA
      This period of ‘Asthir Oja’ as it is carried from mother to foetus & from foetus to mother repeatedly.
   ii) Ayurvedokta paricharya –
      v”Ves rq ekls {khj;ok;w liZ”erh dkys dkys ficsr~ A p-’kk-8@32
      Liquid gruel made up of milk & ghrita should be taken frequently.
   iii) Additional treatment – This is a danger zone of antenatal period with oja being unstable, delivery in this month may lead to still birth or neonatal death hence all attempts should be made to avoid predisposing factors for pre-term labour such as excessive travelling, lifting heavy weight, exertion, trauma etc. working women should be advised to take leave from 8th month.
      Yavagoo in 8th month – Proportion of milk and ghee is to be decided as per kal, prakruti, doshavastha, agni. e.g. : pitta prakurti patient should be given as much amount as she can take but kapha prakurti patient should be given optimum amount as overdose may result in agrinimandya in these patients.

9) Ninth month –
   i) Fetal development –
      uoea ekleqiknk; çlodkyfeR;kgqjkn”kekUeklkr~A ,rkoku- çlodky%A p-’kk-4@25
      This is regarded as delivery period, as by this time baby is fully grown.
   ii) Ayurvedokta paricharya –
      uoes rq [kYosuka ekl e/kqjkS”k/kfj/nsu rSykuqokl;sr~A vrÚpsokL;kLrSr~ fpqa ;ksukS ç.k;snHkZLrkuksZLusgukFkZe~A
      Medical oil enema – Oils like Bala tail, Gambhari siddha tail, Yashtimadhu siddha tail can be used for this purpose & vaginal tampon soaked in these oils are used to lubricate birth passage.
   iii) Additional treatment –
      Once the maturity of the fetus is confirmed if labour pain doesn’t start spontaneously by 40 weeks, induction of labour with castor oil & ajamoda choorna can be carried out.

II. Conclusion

The aim of “Garbhini paricharya” mentioned in ayurvedic classic are “Anupghatay ”(no harm to mother and foetus) “Paripurntwaya”(from conception to delivery)”Sukhprasvay”(natural labour).
This aim can be easily achieved if the mother follows all dietary regimen mentioned during pregnancy and also healthy mind/psychological status can be achieved by yaga and pranayama mentioned in ayurveda. From all above consideration we can conclude that ayurveda a science of lifestyle will definitely help to achieve better progeny.

Bibliography-