



AYURVEDIC DIETARY RECOMMENDATIONS DURING PREGNANCY: AN EVIDENCE-BASED REVIEW

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ABSTRACT

Background: Ayurveda describes a comprehensive antenatal care protocol known as Garbhini Paricharya, which prescribes month-wise (Masanumasika) dietary and behavioural regimens intended to nourish the mother and support foetal growth. With increasing global interest in traditional and integrative approaches to maternal health, a critical appraisal of these recommendations against contemporary nutritional science is warranted. **Objective:** This review aims to systematically compile classical Ayurvedic dietary guidance for pregnancy and to examine the extent to which this guidance is corroborated, contradicted, or left unaddressed by contemporary evidence-based obstetric nutrition literature. **Methods:** Classical Ayurvedic compendia (Charaka Samhita, Sushruta Samhita, and Kashyapa Samhita) were reviewed for descriptions of Garbhini Paricharya, Masanumasika Pathya, Garbhasthapaka Dravyas, and Garbhopaghatakara Bhavas. These were correlated with contemporary literature retrieved from PubMed, Cochrane Library, and Google Scholar using combinations of the terms "Ayurveda", "pregnancy nutrition", "prenatal diet", "herbal safety in pregnancy", and "micronutrient supplementation". **Results:** Several classical recommendations, including an emphasis on easily digestible, ghee-enriched, and micronutrient-dense foods, and the use of ginger for nausea, find reasonable support in current literature. Other recommendations, particularly the use of certain adaptogenic and uterotonic herbs, lack robust safety data and are viewed cautiously or discouraged by modern obstetric guidance. Areas such as folic acid and iron supplementation, well established in modern practice, are only partially represented in classical texts. **Conclusion:** Ayurvedic dietary wisdom during pregnancy offers a holistic, individualised framework that can complement modern prenatal nutrition when practised under qualified supervision, provided that herbs and preparations lacking safety data are avoided and evidence-based supplementation (folic acid, iron, iodine, vitamin D) is not substituted or delayed.

KEYWORDS : Ayurveda; Garbhini Paricharya; Pregnancy Diet; Prenatal Nutrition; Evidence-Based Review; Integrative Medicine

INTRODUCTION

Pregnancy is a physiologically demanding state in which maternal nutrition directly influences foetal growth, neurodevelopment, and long-term health outcomes for both mother and child. Contemporary obstetric care places strong emphasis on evidence-based micronutrient supplementation, balanced macronutrient intake, and avoidance of teratogenic exposures. In parallel, Ayurveda, one of the oldest documented systems of medicine, has for over two millennia articulated a detailed antenatal care protocol termed Garbhini Paricharya, encompassing diet (Ahara), lifestyle (Vihara), and psychological conduct (Vichara) tailored to each month of gestation.

Interest in traditional and complementary medicine during pregnancy has grown substantially in recent years, driven partly by consumer preference for "natural" interventions and partly by a broader movement toward integrative maternal care. However, the translation of classical Ayurvedic dietary prescriptions into contemporary clinical practice requires careful, evidence-based scrutiny, since not all traditional recommendations have been validated by modern pharmacological or clinical research, and some herbal substances traditionally used in Ayurveda carry documented safety concerns in pregnancy.

This review therefore undertakes a structured examination of Ayurvedic dietary recommendations during pregnancy, situating each recommendation alongside the corresponding body of modern nutritional and obstetric evidence, in order to identify areas of convergence, divergence, and uncertainty.

Aim and Objectives

Aim: To critically review Ayurvedic dietary recommendations for pregnancy and evaluate their alignment with current evidence-based nutritional guidelines.

Objectives:

1. To compile the classical Ayurvedic description of month-wise (Masanumasika) dietary regimen during pregnancy.
2. To identify Garbhasthapaka Dravyas (pregnancy-supportive substances) and Garbhopaghatakara Bhavas (harmful practices/substances) described in classical texts.
3. To correlate these classical recommendations with contemporary evidence on maternal nutrition, herbal safety, and micronutrient supplementation.
4. To identify gaps, contraindications, and areas requiring further research.

MATERIALS AND METHODS

This is a narrative, evidence-based review. Classical Ayurvedic literature was sourced from standard compendia including the Charaka Samhita (Sharira Sthana), Sushruta Samhita, and Kashyapa Samhita, along with peer-reviewed Ayurveda journal articles discussing Garbhini Paricharya. Contemporary biomedical literature was retrieved from PubMed, the Cochrane Library, and Google Scholar, using search terms including "Ayurveda AND pregnancy", "prenatal diet", "herbal medicine safety pregnancy", "ginger nausea pregnancy", "folic acid neural tube defect", and "iron supplementation pregnancy". Articles published in English, including systematic reviews, randomised controlled trials, and authoritative narrative reviews, were prioritised. Classical dietary prescriptions were then thematically mapped against corresponding modern evidence to assess concordance, discordance, or absence of comparable data.

Garbhini Paricharya: The Classical Framework

Ayurveda conceptualises antenatal care under the umbrella term Garbhini Paricharya, which integrates dietary regulation, permissible and impermissible conduct, and medicinal support from the point of conception through

delivery. The overarching dietary principle recommends food that is Madhura Rasa Praya (predominantly sweet in taste), Sheetaaveerya (cooling in potency), Brihmana (tissue-nourishing), Ojovardhaka (vitality-enhancing), and Anulomana (supportive of normal downward movement of Vata, aiding digestion and bowel regularity).

Two complementary categories are described within this framework: Garbhashthapaka Dravyas, substances considered supportive of pregnancy maintenance and foetal nourishment (for example, milk, ghee, and select sweet-tasting herbs), and Garbhopaghatakara Bhavas, foods, physical exertions, and emotional states identified as potentially harmful to the foetus, including excessively pungent, sour, or heavy foods, strenuous physical activity, and emotional disturbance.

Month-wise (Masanumasika) Dietary Regimen

Classical texts describe a trimester- and month-specific dietary progression, summarised in Table 1.

Table 1. Month-wise (Masanumasika) dietary regimen as described in classical Ayurvedic texts.

Gestational Month	Classical Dietary Recommendation	Stated Rationale / Purpose
1st month	Milk cooked with sweet, cooling herbs (Madhura Rasa); light, easily digestible food; small frequent meals for nausea	Establishes Garbha (implantation); reduces early pregnancy nausea
2nd month	Milk with Madhura (sweet) and Sheeta (cooling) dravyas; curd, ghee in moderation	Supports early organogenesis; pacifies aggravated Vata and Pitta
3rd month	Ghrita (medicated ghee) with honey and milk	Believed to enhance Ojas (vitality) and stabilise the foetus
4th month	Milk with butter (Navaneeta); nourishing, unctuous diet	Supports rapid tissue (Mamsa) growth of the foetus
5th month	Milk with ghee; Brihmana (bulk-promoting) diet	Corresponds to increasing nutrient demand in the second trimester
6th month	Ghrita processed with Madhura group of herbs; increased quantity of ghee	Traditionally linked to foetal strength (Bala) and maternal Kapha nourishment
7th month	Ghrita with a group of sweet-tasting herbs; well-cooked cereals, pulses	Coincides with peak foetal growth velocity
8th month	Milk-based Yavagu (gruel) with ghee; easily digestible, unctuous food	Prepares for parturition; supports amniotic fluid and foetal reserves
9th month	Unctuous enema (Anuvasana Basti) with oil/ghee; light diet; Vata-pacifying measures	Facilitates ease of labour by lubricating the birth passage (Vata Anulomana)

Correlation with Contemporary Evidence Ghee, Milk, and Macronutrient-Rich Foods

The classical emphasis on ghee (clarified butter) and milk as vehicles for nourishment aligns broadly with the modern recognition that pregnancy increases requirements for energy, essential fatty acids, and calcium. Ghee is traditionally described as supportive of digestion and cognitive development; while direct clinical trial evidence for cognitive claims in humans is limited, moderate dietary fat intake is recognised in modern nutrition as necessary for maternal energy balance and for absorption of fat-soluble vitamins. However, ghee is calorie-dense, and modern

guidance would recommend moderation rather than the comparatively liberal quantities described in some classical descriptions, particularly in women with gestational weight gain concerns or gestational diabetes.

Ginger for Nausea and Vomiting

Ginger (*Zingiber officinale*) is one of the more extensively studied botanicals used in Ayurvedic pregnancy care. A frequently cited systematic review and meta-analysis of twelve randomised controlled trials involving over a thousand pregnant women reported that ginger significantly reduced nausea compared with placebo, without an increase in adverse pregnancy outcomes. This represents one of the clearest areas of concordance between classical Ayurvedic recommendations and modern evidence-based practice, and ginger is now cited in global normative guidance for relief of nausea in early pregnancy.

Folic Acid, Iron, and Micronutrient Supplementation

Contemporary evidence-based obstetric practice places substantial emphasis on folic acid and iron supplementation, which are not explicitly delineated as discrete compounds in classical Ayurvedic texts but are addressed indirectly through recommendations for iron-rich, nourishing foods. Current evidence indicates that folic acid supplementation (400-800 micrograms per day) and iron supplementation are associated with reductions of over 70 percent in neural tube defects and roughly 30 to 50 percent in maternal anaemia, respectively, findings that underscore the continued necessity of standardised supplementation even where a nourishing Ayurvedic diet is followed. Notably, multiple-micronutrient supplementation has outperformed iron-folic acid alone in low-resource settings, lowering rates of low birthweight and early infant mortality, suggesting that whole-diet approaches such as Garbhini Paricharya may be best viewed as complementary to, rather than a substitute for, standardised micronutrient supplementation.

Conversely, evidence also cautions against uncritical use of high-dose antioxidant combinations: large randomised trials of high-dose vitamin C and E combinations have found no reduction in pre-eclampsia risk, and in some analyses an increased risk of adverse outcomes. This finding is relevant when evaluating classical or contemporary recommendations for concentrated herbal antioxidant preparations, which should not be assumed protective without direct clinical evidence.

Herbal Substances Requiring Caution

Not all traditional Ayurvedic Rasayana (rejuvenative) herbs are considered appropriate during pregnancy under modern safety assessment. Ashwagandha (*Withania somnifera*), despite its long traditional use for strength and stress resilience, is classified by contemporary botanical safety references as unsuitable for use in pregnancy outside specific, supervised clinical contexts, since adaptogenic herbs can influence hormonal balance, the hypothalamic-pituitary-adrenal axis, blood pressure, and uterine muscle activity, systems requiring careful stability during gestation. This illustrates an important principle for an evidence-based review of this kind: historical use does not equate to established safety, and several classical Rasayana or Vata-pacifying formulations should not be self-administered during pregnancy without qualified supervision.

Indian gooseberry (*Amla*, *Phyllanthus emblica*), by contrast, is a food-based source of vitamin C and iron that is generally considered compatible with dietary use in pregnancy and is consistent with the modern nutritional goal of preventing pregnancy-associated anaemia.

Quality Control and Supplement Safety

An evidence-based appraisal must also consider product quality, an issue rarely addressed in classical texts but critical in contemporary practice. Recent analytical surveys report that an estimated 18 to 40 percent of commercially available prenatal supplements contain undeclared pharmaceuticals, heavy metals, or incorrect dosages. This concern extends to commercially formulated Ayurvedic preparations marketed for pregnancy, where standardisation, heavy-metal testing, and Good Manufacturing Practice certification are essential prerequisites before recommending any proprietary formulation, as distinct from whole, unprocessed dietary items such as milk, rice, and ghee.

DISCUSSION

Taken together, this review suggests that Ayurvedic dietary guidance for pregnancy occupies a spectrum relative to modern evidence. At one end, general dietary principles, favouring easily digestible, nourishing, whole-food-based diets with adequate fat, protein, and micronutrient content, are well supported by contemporary maternal nutrition science, even if the underlying Ayurvedic terminology (Rasa, Virya, Ojas) differs from biomedical nomenclature. Specific food-based recommendations, such as the use of ginger for nausea and iron- and vitamin C-rich foods like Amla for anaemia prevention, have direct corroboration in the clinical literature.

At the other end of the spectrum, certain herbal and Rasayana preparations, particularly those with hormonal or uterotonic activity, lack the safety data required for confident use in pregnancy and are explicitly discouraged by contemporary botanical safety authorities. A further gap concerns standardised micronutrient supplementation: while Garbhini Paricharya emphasises whole-diet nourishment, it does not substitute for folic acid, iron, iodine, or vitamin D supplementation at doses established through randomised controlled trials, and clinicians should avoid framing dietary regimens as a replacement for these interventions.

An integrative approach, in which Ayurvedic dietary principles are used to support palatability, digestive comfort, and cultural acceptability of the maternal diet, while evidence-based supplementation and antenatal monitoring continue under qualified obstetric care, appears most consistent with current safety and efficacy data. Any use of concentrated herbal formulations should occur only under the guidance of a qualified Ayurvedic physician in coordination with the treating obstetrician, with particular caution around unregulated proprietary products.

LIMITATIONS

This review is narrative rather than systematic in methodology, and classical Ayurvedic texts are not amenable to the same quality-grading tools (such as GRADE) used for biomedical evidence, which limits direct comparability. Much of the corroborating clinical evidence pertains to individual food items (ginger, iron, folic acid) rather than to Garbhini Paricharya as an integrated protocol, and rigorous randomised controlled trials evaluating the complete month-wise Ayurvedic regimen against standard antenatal care are lacking. Further prospective, controlled studies of complete Ayurvedic dietary protocols in pregnancy are warranted.

CONCLUSION

Ayurvedic dietary recommendations during pregnancy, articulated through Garbhini Paricharya, offer a structured, individualised, and culturally embedded approach to maternal nutrition that shows meaningful overlap with several evidence-based principles of modern prenatal care, particularly regarding whole-food nourishment and the use of ginger for nausea. However, an evidence-based review necessitates a discerning approach: certain traditional herbal

substances lack pregnancy safety data and should be avoided or used only under qualified supervision, and standardised micronutrient supplementation should not be substituted by dietary measures alone. A collaborative, integrative model, combining Ayurvedic dietary wisdom with evidence-based obstetric supplementation and monitoring, is recommended for optimal maternal and foetal outcomes.

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Author Contributions

All authors contributed to the conception, literature review, drafting, and final approval of the manuscript.

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