



ORIGINAL RESEARCH PAPER

Ayurveda

DIETETICS IN PREGNANCY : AN AYURVEDIC CONTEMPLATION

KEY WORDS: garbhini paricharya, dietetics, pregnancy.

**Dr. Surya
Lekshmi P.B**

Medical officer, Dept of prasootithantra and Striroga, Govt Ayurveda College, Thiruvananthapuram

ABSTRACT

Systematic supervision of a woman during pregnancy is called antenatal/prenatal care. The supervision should be regular and periodic in nature according to the need of the individual. Actually prenatal care is in continuum that starts before pregnancy and ends at delivery and the postpartum period. The ancient wisdom of Ayurveda incorporates antenatal care in a broader and extensive aspect. Nutritional counselling is very important in the prenatal care for all women during pregnancy. A women's nutritional status not only influences her health, but also pregnancy outcomes and the health of her foetus neonate. Physicians and other healthcare providers need to be cognizant of nutritional needs during pregnancy, as they differ significantly compared to non-pregnant populations. Furthermore, an individualised approach to dietetics that considers a woman's access to food, socioeconomic status, race, ethnicity, cultural food choices and BMI [desa ,kala ,rtu ,agni] are recommended. Incorporation of ayurvedic principles to antenatal dietetics can bring about a healthy eating habit in pregnant women aiming towards a positive pregnancy experience as well as positive foetal programming. This paper is an attempt towards exploring the horizons of Ayurveda in pregnancy nutrition.

INTRODUCTION:

Women are blessed with the privilege of motherhood. To become a mother, she has to pass through the stage of an expectant mother that we call pregnancy. As the period of pregnancy is eventful with physiological, psychological, emotional and social alterations, the pregnant woman has to be taken care for her as well as for the baby to be born. The World Health Organization (WHO) envisions a world where "every pregnant woman and new-born receives quality care throughout the pregnancy, childbirth and the postnatal period"¹. A human rights-based approach is not just about avoiding death and morbidity – it is about enabling health and well-being while respecting dignity and rights.

RELEVANCE:

Though there was a decline in Ayurvedic antenatal care practices in last few decades, the scenario is changing now. Due to the marked increase in behavioural disorders among children and the recent research findings that strongly depicts the association between prenatal care of mother in the health and behaviour of baby has made people, more aware of the importance of prenatal care. Hence a large number of couples are demanding Ayurvedic antenatal care along with the conventional management in order to get additional medical and dietetic care. So it is high time that we commence in depth studies on antenatal dietetics and explore what we have in reserve to serve the needs of the society.

REVIEW ON THE TITLE:

Ayurveda considers food as the best source of nourishment as well as medication for the pregnant woman. The month wise regimen explained is a unique area of Ayurveda. Various regimens as in classics are concised below.

Month wise regimen^{2,3,4,5,6}

Month

1. Non medicated milk
2. Hithahara twice daily
3. Madhura, Sheeta, Drava ahara
4. Milk medicated with Garbha Sthapana Dravyas
5. First 12 days – Ksheerodhrita Ghrita medicated with Shalaparni and Palasa
6. Water-boiled and cooled with gold or silver
7. Yashti, Parushaka, Madhuka combined with butter and honey followed by Madhura Ksheera

II Month

1. Milk medicated with Madhuragana
2. Madhura, Sheeta, Drava Ahara

3. Kakoli Ksheera

III Month

1. Milk with honey and ghee
2. Madhura, Sheeta, Drava Ahara
3. Cooked Shashti rice with milk
4. Krishara

IV Month

1. Butter prepared from milk (or) Milk with butter in Aksha Matra
2. Cooked Shashti rice with Dadhi and Hridya Ahara with adequate quantity of Ksheera Navaneetam and Jangala Mamsa
3. Prativihita Ksheera with milk
4. Kritaudanam

V Month

1. Ghrita extracted from milk or Ghrita with milk
2. Shashti rice with milk and Hridya Ahara with adequate quantity of Ksheera Sarpi
3. Ksheera Sarpi
4. Yavagu.

VI Month

1. Madhuraushadha Siddha Ksheera Sarpi
2. Ghrtha/Yavagu treated with Gokshura
3. Ksheera Sarpi alone
4. Madhura Dadhi

VII Month

1. Madhuraushadha Siddha Ksheera Sarpi
2. Ghrita medicated with Prithakparnyadi group of drugs
3. Ghrita Khanda

VIII Month

1. Yavagu prepared with milk and mixed with Ghrita
2. Snigdha Yavagu and Jangala Mamsarasa
3. Ksheera Peya along with Ghrita
4. Ghrita Puraka

IX Month

1. Snigdha Mamsarasa with Ahara of Bahu Snehayukta Yavagu
2. Vividha Anna
3. Yavagu

DISCUSSION:

When we overlook garbhini paricharya, a lot of dietary instructions can be spotted. The charya predominantly notifies the notion of neutraceuticals. Modulating dietetics

according to the needs is the main strategy adopted in designing garbhini paricharya. Minimal usage of medicines is worth remarkable. Considering the evolving theories of epigenetics (genetic process that switches genes on and off in response to external or environmental factors) diet in pregnancy can also contribute to gestational programming viz the nutritional, hormonal, and metabolic environment provided by the mother permanently alters organ structure, cellular responses, and gene expression that ultimately impact the metabolism and physiology of her offspring. The memory of early events is stored and later expressed despite continuous cellular replication and replacement mediated through epigenetic control of gene expression, which involves modification of the genome without altering the DNA sequence that even cause heritable and persistent changes in gene expression without altering DNA sequence. Altogether garbhini paricharya bags at a positive pregnancy period with minimal complications, prevention of potential difficulties with proper and timely interference and targets a good and healthy progeny in all aspects.

CONCLUSION:

- On contemplating garbhini paricharya, garbhasya matru prathanratha has to be taken into account. That is the foetus is completely dependent on its mother for its existence. By proper garbhini paricharya-including ahara, vihara and upachara-we can introduce positive effects on the progeny via garbhini.
- Garbhini paricharya is an idealistic and comprehensive way to a positive foetal programming.
- The charya predominantly notifies the notion of nutraceuticals. Modulating dietetics according to the needs is the main strategy adopted in designing garbhini paricharya.
- We have to impose the basic principles of garbhini paricharya to the dietetic instructions given to the pregnant lady based on desa ,kala ,rtu ,agni etc so as to make it more eective and acceptable.

REFERENCES:

1. Tunçalp Ö, Were WM, MacLennan C, Oladapo OT, Gülmezoglu AM, Bahl R Quality of care for pregnant women and newborns-the WHO vision.BJOG. 2015;122(8):1045-9.doi:10.1111/1471-0528.13451.
2. R.K.Sharma and Bhagwan Dash, Charaka samhita, sarira sthana, chaukambha series; ch 8 sloka 32.
3. Prof. K.R. Srikantha Murthy ,Sushruta Samhita,Vol-1,by-,Jaikrishnadas Ayurveda Series 102,Chaukhamba Orientelia,Varanasi, Edition-2008, Sarirasthana ch 10 Sloka 4
4. Kaviraj Atridev Gupta & Rajvaidya Pandit Sri Nanda KishorSharma Bhisagacarya Astanga Samgraha with Hindi commentary Vol-I,by ,Krishnadas Ayurveda Series-31,Krishnadas Academy,Varanasi, Edition-2002,Sarirasthana chapter 3 slokas 3-9
5. Maharshi Bhela. Bhela Samhita. 1st ednVaranasi: Chaukhamba Surbharati Prakashan ;2017. Sarirasthana Ch 8 slokas 6-7
6. Harihar Prasad Tripathi. Editor. Chaukhamba Krishnadas Academy, Varanasi; 2009 Tritiya sthana ch 49 slokas 2,3.