

Review Article



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“GARBHINI VYAPAD IN AYURVEDA: CLASSIFICATION, PATHOGENESIS, AND MANAGEMENT APPROACHES – A COMPREHENSIVE REVIEW”

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ABSTRACT:

Introduction: *Garbhini Vyapad* refers to complications and disorders during pregnancy, elaborately described in Ayurvedic classics. These conditions significantly influence maternal and fetal health, often leading to adverse pregnancy outcomes if unaddressed. Ancient seers outlined their classification, causes, symptoms, and management, emphasizing holistic approaches involving diet, lifestyle, and medications. **Methods:** A comprehensive literature review was undertaken using primary Ayurvedic sources (*Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Hridaya*, *Kashyapa Samhita*), along with modern commentaries and research articles from PubMed, Scopus, and Web of Science databases. Studies published between 2000 and 2024 were considered. Both clinical and experimental research on Ayurvedic management of pregnancy complications were included. **Results:** Twenty distinct types of *Garbhini Vyapad* are mentioned in Ayurveda, primarily caused by imbalance in *doshas*, improper diet, faulty lifestyle, and neglect of *garbhini paricharya*. Disorders include *murchha garbhini* (syncope), *jwara garbhini* (fever), *atisara garbhini* (diarrhea), and conditions analogous to modern preeclampsia, hyperemesis gravidarum, anemia, and threatened miscarriage. Management emphasizes preventive strategies through month-wise antenatal regimen (*garbhini paricharya*), use of herbs such as *Shatavari*, *Ashwagandha*, *Yashtimadhu*, and procedures like *sneha*, *sweda*, and dietary modifications. Recent research supports Ayurvedic interventions in reducing complications, improving pregnancy outcomes, and enhancing maternal well-being. **Discussion:** The review highlights the relevance of Ayurvedic classification of *Garbhini Vyapad* and its correlation with modern obstetric disorders. Preventive and therapeutic approaches offer safe, holistic, and cost-effective alternatives. However, clinical trials with larger sample sizes and standardized protocols are necessary. **Conclusion:** Ayurvedic understanding of *Garbhini Vyapad* provides valuable insights into preventive and therapeutic strategies. Integrating these approaches with modern obstetrics may enhance maternal-fetal outcomes and reduce pregnancy-related morbidity.

KEYWORDS: Ayurveda, *Garbhini Paricharya*, *Garbhini Vyapad*, Pregnancy complications, *Shatavari*

INTRODUCTION

Pregnancy is a delicate physiological process requiring balanced nutrition, lifestyle, and mental well-being. ^[1-2] While modern obstetrics emphasizes diagnostic and pharmacological interventions, Ayurveda approaches pregnancy holistically through the lens of *garbhini paricharya* and management of *garbhini vyapad* (pregnancy complications). ^[3-4]

Ayurvedic texts describe about 20 types of *garbhini vyapad*, each linked to derangement of *doshas* and neglect of regimen. ^[5] These include gastrointestinal, cardiovascular, metabolic, and psychological complications, many of which correlate with modern disorders such as anemia, hypertension, gestational diabetes, and hyperemesis gravidarum. The management emphasizes a balance between preventive measures and curative therapies through *ahar* (diet), *vihar* (lifestyle), and *aushadhi* (medicines). ^[6-8]

The aim of this review is to analyze Ayurvedic perspectives on *Garbhini Vyapad*, its classification, pathogenesis, and management, while correlating them with modern obstetric knowledge and evaluating evidence-based outcomes. ^[9] The objectives are: (1) to summarize classical references on *Garbhini Vyapad*, (2) to explore Ayurvedic management approaches, and (3) to compare these with modern clinical evidence to identify integrative prospects. ^[10]

MATERIALS AND METHODS

- **Databases searched:** PubMed, Scopus, Web of Science, AYUSH Research Portal, and Google Scholar. ^[11]
- **Keywords used:** “*Garbhini Vyapad*,” “Ayurveda in pregnancy complications,” “*Garbhini Paricharya*,” “Ayurvedic management in pregnancy,” “maternal health Ayurveda.” ^[12]
- **Inclusion criteria:** ^[13]
 - Studies published between 2000–2024.
 - Articles in English or Sanskrit (with English translation).
 - Clinical trials, review articles, and case reports on Ayurvedic management of pregnancy complications.
 - References from Ayurvedic classics and authoritative commentaries.

- **Exclusion criteria:** ^[14]

- Studies unrelated to infertility or pregnancy complications.
- Non-peer-reviewed literature.
- Duplicate studies.

- **Types of studies reviewed:** Classical textual analysis, narrative reviews, clinical trials, and observational studies. ^[15]

OBSERVATION AND RESULTS

Ayurvedic literature presents *Garbhini Vyapad* as a comprehensive framework to understand the disorders and complications arising during pregnancy. The descriptions found in *Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Hridaya*, *Kashyapa Samhita*, and later texts provide detailed classifications based on *doshic* predominance, dietary habits, lifestyle factors, and pathological conditions. The following section thematically summarizes the available findings from classical texts, modern literature, and research studies, focusing on classification, symptomatology, and management approaches.

1. Classical Classification of *Garbhini Vyapad*

Ayurvedic texts describe approximately **20 types of *Garbhini Vyapad***. These are primarily explained in *Charaka Samhita* (*Sharira Sthana* 8), *Ashtanga Hridaya* (*Sharira Sthana* 1), and further elaborated in *Kashyapa Samhita*. The classification is generally based on the predominance of *doshas* and the nature of maternal-fetal involvement.

- **Vataja *Garbhini Vyapad*:** Conditions arising due to aggravation of *Vata dosha*, often leading to miscarriage, intrauterine growth restriction, or preterm labor. Symptoms include abdominal pain, vaginal dryness, restlessness, and uterine irritability.
- **Pittaja *Garbhini Vyapad*:** Excess *Pitta dosha* results in bleeding disorders, hyperemesis, burning sensation, fever, and risk of abortion.
- **Kaphaja *Garbhini Vyapad*:** Dominance of *Kapha* leads to sluggish digestion, edema, lethargy, excessive salivation, and complications like preeclampsia.
- **Sannipataja *Garbhini Vyapad*:** *Tridoshic* imbalance producing severe and mixed complications, often fatal if untreated.

Apart from *doshic* types, specific named conditions include:

- *Garbhasrava* (recurrent miscarriage)
- *Garbhashosha* (intrauterine growth restriction)
- *Garbha upavishtaka* (preterm labor or obstructed labor)
- *Garbha stambha* (prolonged retention of fetus without delivery)
- *Mudhagarbha* (malpresentation or obstructed delivery)

This classification reflects a holistic understanding of pregnancy disorders, linking them with systemic imbalances.

2. Etiological Factors (*Nidana*)

Ayurvedic texts mention multiple causative factors:

1. **Dietary causes** – excessive intake of spicy, sour, stale, or incompatible foods (*viruddha ahara*), inadequate nutrition, or irregular food habits.
2. **Lifestyle causes** – overexertion, suppression of natural urges, stress, trauma, or inadequate rest during pregnancy.
3. **Psychological causes** – mental stress, fear, and anxiety destabilize the equilibrium of *doshas*.
4. **Pre-existing conditions** – menstrual irregularities, prior gynecological diseases, and systemic disorders.

Modern literature correlates these with risk factors such as malnutrition, anemia, infections, uncontrolled hypertension, and poor antenatal care, showing a convergence of classical and contemporary etiologies.

3. Symptomatology of *Garbhini Vyapad*

The symptoms described in Ayurveda largely overlap with clinical features of pregnancy complications recognized in modern obstetrics.

- *Vataja vyapad* – abdominal colic, constipation, miscarriage (similar to threatened abortion, preterm labor).
- *Pittaja vyapad* – vaginal bleeding, fever, jaundice (comparable with antepartum hemorrhage, infections, cholestasis of pregnancy).
- *Kaphaja vyapad* – nausea, edema, obesity (similar to hyperemesis gravidarum, preeclampsia-related swelling).
- *Sannipataja vyapad* – life-threatening complications like sepsis, eclampsia, or intrauterine death.

This shows the depth of classical descriptions that can be meaningfully compared to present-day obstetric disorders.

4. Preventive Aspects – *Garbhini Paricharya*

A cornerstone of management is *Garbhini Paricharya* (antenatal care regimen) described in Ayurveda. It includes monthly dietary and lifestyle guidelines to maintain maternal health and fetal development.

- **Diet:** Inclusion of milk, ghee, rice, fruits, and easily digestible foods. Month-wise special recipes like *kshirabasti* (milk enemas), medicated ghee, and rice gruels are recommended.
- **Lifestyle:** Adequate rest, avoidance of heavy exertion, emotional balance, abstaining from sexual activity during early pregnancy, and maintenance of positive surroundings.
- **Medications:** Use of tonics like *Phalaghrita*, *Ashwagandha*, *Shatavari*, and formulations supporting uterine health.

Modern parallels are antenatal nutritional counseling, supplementation (iron, folic acid, calcium), exercise regimens, and stress management.

5. Management Strategies in Classical Texts

The management of *Garbhini Vyapad* follows three approaches:

1. **Ahara (Dietary measures):** Easily digestible, nourishing, and non-irritant foods; avoidance of contraindicated items.
2. **Vihara (Lifestyle measures):** Gentle exercise, adequate sleep, emotional well-being, and regulated daily routine.
3. **Aushadhi (Herbal formulations):** Use of specific medicines like:
 - *Phalaghrita* – a ghee-based preparation for habitual abortion and intrauterine growth restriction.
 - *Ashwagandha* – for strengthening uterine muscles and reducing stress.
 - *Shatavari* – as a galactagogue and uterine tonic.
 - *Yashtimadhu* (*Glycyrrhiza glabra*) – for preventing bleeding disorders.
 - *Panchakarma* procedures like *Basti* are selectively used in preconception or postpartum stages, not during active pregnancy unless indicated with caution.

6. Correlation with Modern Obstetric Disorders

Many *Garbhini Vyapad* conditions align with contemporary clinical entities:

- *Garbhasrava* ↔ Threatened/recurrent miscarriage
- *Garbhashosha* ↔ Intrauterine growth restriction (IUGR)
- *Garbha upavishtaka* ↔ Preterm labor
- *Mudhagarbha* ↔ Malpresentation/obstructed labor
- *Garbha stambha* ↔ Post-term pregnancy with failed induction

This correlation allows integrative application of Ayurvedic concepts into modern antenatal care frameworks.

7. Evidence from Clinical Research

Several modern studies have attempted to validate Ayurvedic interventions in *Garbhini Vyapad*:

- ***Phalaghrita*** and ***Shatavari kalpa*** have been studied in cases of recurrent pregnancy loss, showing improvement in uterine health and live birth rates.
- ***Ashwagandha*** supplementation demonstrated reduced maternal stress and better fetal outcomes in controlled trials.
- Herbal formulations like ***Guduchi***, ***Yashtimadhu***, and ***Amalaki*** showed antioxidant and adaptogenic properties, reducing complications like preeclampsia.
- Clinical observations confirm the efficacy of *Garbhini Paricharya* in reducing incidence of anemia, edema, and low birth weight.

However, limitations include small sample sizes, lack of standardization, and need for multi-centric randomized controlled trials.

8. Integrated Management Approaches

Contemporary obstetrics emphasizes nutrition, regular antenatal check-ups, supplementation, and timely interventions for complications. Ayurveda complements this with:

- Individualized diet and regimen tailored to *dosha prakriti*.
- Herbal formulations that act as uterine tonics and adaptogens.
- Emphasis on psychosocial well-being and spiritual health, which is often under-addressed in modern care.

The integration of these approaches could reduce maternal morbidity, enhance natural pregnancy outcomes, and lower reliance on invasive interventions.

9. Key Observations

From the review of classical and modern sources, the following key points emerge:

1. *Garbhini Vyapad* classification reflects a sophisticated understanding of pregnancy disorders.
2. Preventive care through *Garbhini Paricharya* holds immense potential in reducing complications.
3. Herbal formulations like *Phalaghrita*, *Shatavari*, *Ashwagandha*, and *Guduchi* show promising results in managing pregnancy complications.
4. Modern research supports several Ayurvedic interventions, but larger-scale validation is required.
5. Integrative obstetric care combining Ayurveda and modern medicine could provide holistic maternal-fetal healthcare.

DISCUSSION

The concept of *Garbhini Vyapad* reflects the profound understanding of pregnancy-related disorders in Ayurveda, centuries before the evolution of modern obstetrics. The classification of *vyapads* into *Vataja*, *Pittaja*, *Kaphaja*, and *Sannipataja* indicates a systemic approach that recognizes pregnancy complications as outcomes of *doshic* imbalance. Modern obstetrics, while relying on pathophysiology, clinical imaging, and laboratory diagnostics, parallels these ideas by categorizing complications based on causative mechanisms such as hormonal imbalance, nutritional deficiency, vascular pathology, or infection. The convergence of classical Ayurvedic descriptions with modern obstetric disorders validates the timeless relevance of these principles. [16]

A critical observation from classical texts is the emphasis on preventive care through *Garbhini Paricharya*. Ayurveda advocates monthly dietary and lifestyle modifications to maintain maternal health and optimize fetal development. These regimens highlight the importance of nutrition, psychological stability, and physical moderation.

Modern antenatal guidelines also prioritize balanced diet, micronutrient supplementation, exercise, and psychosocial support. Thus, both systems recognize that preventive strategies are central to reducing maternal morbidity and improving neonatal outcomes. The unique contribution of Ayurveda, however, lies in its individualized and holistic approach, where interventions are tailored according to *prakriti* and *doshic* variations, unlike the generalized guidelines of modern medicine.^[17]

Another key area of discussion is the therapeutic potential of Ayurvedic formulations. *Phalaghrita* is recommended in habitual abortions and intrauterine growth restriction. Modern phytopharmacological studies suggest that its ingredients possess antioxidant, immunomodulatory, and uterotonic properties, which may explain its effectiveness. Similarly, *Shatavari* (*Asparagus racemosus*) is a proven galactagogue, while *Ashwagandha* (*Withania somnifera*) reduces stress and enhances maternal vitality. Research studies on these formulations report improved uterine health, hormonal balance, and pregnancy outcomes. However, most trials are limited in scale, often observational, and lack standardized protocols, which limits their global acceptance. This underscores the need for multi-centric randomized controlled trials (RCTs) to establish reproducible evidence.^[17]

From a clinical standpoint, the descriptions of *Garbhini Vyapad* align remarkably with conditions recognized today. For instance, *Garbhasrava* corresponds to threatened abortion, *Garbhashosha* to intrauterine growth restriction, and *Mudhagarbha* to obstructed labor. This conceptual mapping allows Ayurvedic insights to complement modern obstetrics. For example, while contemporary medicine offers interventions like hormonal support, surgical correction, or induction, Ayurveda emphasizes strengthening the maternal system through tonics, dietary regulation, and stress management. A combined approach could enhance maternal resilience while ensuring safety through modern monitoring techniques.^[18]

Psychological aspects also receive attention in Ayurveda, where maternal mental health is emphasized as a determinant of fetal well-being. This aligns with current evidence linking maternal

stress, depression, and anxiety to adverse outcomes such as low birth weight and preterm birth. Ayurvedic recommendations for positive surroundings, spiritual practices, and emotional balance resonate with modern psychosocial support strategies, demonstrating that Ayurveda anticipated concepts of perinatal mental health long before modern science acknowledged them.^[18]

Despite these strengths, Ayurveda's practical integration into modern obstetric care faces challenges. Standardization of herbal formulations, safety profiling, dosage regulations, and lack of robust clinical trials are significant barriers. Additionally, certain *Panchakarma* procedures require careful adaptation, as some are contraindicated in pregnancy. Collaboration between Ayurvedic and allopathic practitioners is essential to ensure safety and efficacy.^[19]

In summary, the discussion highlights that *Garbhini Vyapad* classification provides a holistic and preventive framework for understanding pregnancy disorders. While Ayurveda emphasizes systemic balance, nutrition, and maternal mental health, modern obstetrics contributes precise diagnostic tools and emergency management. Integrating both systems offers a promising path for comprehensive maternal-fetal healthcare. Future research should focus on standardizing Ayurvedic protocols, conducting rigorous clinical trials, and exploring the synergistic benefits of integrative approaches.^[20]

CONCLUSION

The Ayurvedic concept of *Garbhini Vyapad* presents a holistic framework for understanding, preventing, and managing pregnancy-related disorders. By classifying complications according to *dosha* predominance—*Vataja*, *Pittaja*, *Kaphaja*, and *Sannipataja*—Ayurveda provides an individualized approach to maternal health, where etiology, symptomatology, and treatment are carefully aligned. Classical management strategies emphasize the use of herbal formulations (*ghrita*, *kwatha*, *avaleha*), dietary modifications, and lifestyle measures to restore balance, support fetal development, and strengthen the maternal system. Modern obstetrics has advanced with precise diagnostics, pharmacological interventions, and surgical innovations. Yet, many principles of Ayurveda—such as *Garbhini Paricharya* (month-

wise antenatal care), attention to maternal psychology, and emphasis on preventive nutrition—are highly relevant today. Scientific studies increasingly support the pharmacological and therapeutic potential of Ayurvedic herbs such as *Shatavari*, *Ashwagandha*, *Phalaghrita*, and *Guduchi*. These remedies demonstrate adaptogenic, antioxidant, and immunomodulatory properties that can enhance reproductive outcomes. However, significant gaps remain in translating traditional knowledge into standardized, evidence-based protocols. The lack of large-scale randomized controlled trials, dosage standardization, and pharmacovigilance data limits the integration of Ayurvedic practices into mainstream maternity care. At the same time, Ayurveda offers a preventive, cost-effective, and culturally acceptable system of care that complements modern obstetric practices. Therefore, an integrative approach that combines the holistic and preventive wisdom of Ayurveda with the technological precision of modern obstetrics has immense potential in improving maternal and neonatal outcomes. Future research should focus on validating Ayurvedic formulations through scientific trials, documenting safety profiles, and exploring their role as adjunct therapies in high-risk pregnancies. Bridging this gap will not only strengthen maternal healthcare but also contribute to the global recognition of Ayurveda as a valuable system in reproductive medicine.

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