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Review Article

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# "MASANUMASIKA GARBHINI PARICHARYA: MONTH-WISE ANTENATAL REGIMEN AND ITS RELEVANCE TO FETAL GROWTH — A NARRATIVE REVIEW"

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**ABSTRACT:**
**Background:** Low birth weight, fetal growth restriction and preterm birth remain major causes of neonatal mortality and lifelong morbidity in South Asia. Maternal nutrition, stress and physical activity during pregnancy are modifiable determinants of fetal growth. Ayurveda prescribes a month-by-month regimen for the pregnant woman (Masanumasika garbhini paricharya), centred on milk, ghee and sweet, nourishing drugs, together with conduct and mental well-being, and towards term, medicated enemas and vaginal tampons. **Objective:** To describe the classical month-wise regimen, relate it to the classical account of month-wise fetal development, and examine how far its components are supported by current evidence on maternal nutrition, lifestyle and fetal growth. **Methods:** Charaka Samhita, Sushruta Samhita and Ashtanga Hridaya were reviewed for the month-wise regimen and fetal development. PubMed was searched for Ayurvedic antenatal studies and for systematic reviews on maternal micronutrient and dairy intake, prenatal yoga and antenatal perineal massage. Findings were synthesised narratively. **Results:** The classical regimen matches nutritional support to the described stages of fetal development, with liquid, cooling foods in early pregnancy, progressively richer milk and ghee preparations in mid-pregnancy, and preparation of the birth canal in the eighth and ninth months. Several components have modern analogues with good evidence: prenatal multiple micronutrient supplementation increases birth weight and reduces small-for-gestational-age births, maternal dairy intake is associated with higher birth weight, prenatal yoga reduces anxiety and labour duration, and antenatal perineal massage reduces perineal trauma. No controlled trial has tested the complete Ayurvedic regimen, and Ayurvedic evidence is limited to small trials and case reports. **Conclusion:** Masanumasika garbhini paricharya is a coherent, low-cost framework consistent with current understanding of maternal nutrition and fetal growth. It should complement, not replace, evidence-based antenatal care, and pragmatic trials with birth weight and fetal growth outcomes are needed.

**KEYWORDS:** Garbhini paricharya, Masanumasika paricharya, antenatal care, fetal growth, maternal nutrition, Garbha vriddhi

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## INTRODUCTION

Fetal growth is one of the most important determinants of survival and health in early life. Low birth weight, small size for gestational age and preterm birth are concentrated in low- and middle-income countries, particularly in South Asia, where inadequate maternal intake of energy, protein and micronutrients is common and is exacerbated by the increased demands of pregnancy[1,2]. The consequences extend well beyond the neonatal period. The developmental origins of health and disease (DOHaD) framework, supported by birth cohort and experimental studies, holds that undernutrition or overnutrition in utero can induce epigenetic changes in the fetus that predispose to lifestyle-related disease in adult life[3].

Current biomedical antenatal care addresses fetal growth mainly through nutritional counselling, supplementation and surveillance. Expert reviews now emphasise diet quality rather than quantity, adequate but not excessive gestational weight gain, and comprehensive supplementation for women with inadequate nutrition[4]. Large trials and meta-analyses have shifted policy from iron and folic acid alone towards multiple micronutrient supplements[1,2,5].

Ayurveda has addressed the same question for more than two millennia. Its antenatal care, called Garbhini paricharya, combines diet (Ahara), conduct (Vihara) and mental well-being (Manasika bhava), and includes a month-by-month dietary regimen known as Masanumasika paricharya[6–8]. The regimen is explicitly linked to the classical description of how the fetus develops in each month, and its stated aims are healthy growth of the fetus (Garbha vriddhi), good health of the mother and an easy, timely delivery. Garbhini paricharya is widely taught and practised in India, and has attracted interest from Western obstetricians as a complement to modern care[9,10].

The aim of this review is to present the classical month-wise regimen in a form accessible to an integrative readership, to relate it to the classical account of fetal development, and to examine critically how far its components are supported by current evidence on maternal nutrition, lifestyle and fetal growth.

## METHODOLOGY

This narrative review was prepared in two parts. First, the primary classical texts of Ayurveda, namely Charaka Samhita (Sharira sthana, chapters 4 and 8), Sushruta Samhita (Sharira sthana, chapters 3 and 10) and Ashtanga Hridaya (Sharira sthana, chapter 1), were studied with their standard commentaries for the month-wise regimen and the month-wise description of fetal development[6–8]. Second, PubMed was searched for literature published up to October 2026 using combinations of the terms Garbhini paricharya, Garbha sanskar, Ayurveda, antenatal care, pregnancy, fetal growth, birth weight, multiple micronutrient supplementation, milk, dairy, yoga and perineal massage. Reviews, systematic reviews, meta-analyses, randomised controlled trials and Ayurvedic clinical studies were considered. Every reference cited in this article was checked against its PubMed record for authors, title, journal, year, volume, pages and digital object identifier. Retracted publications identified during the search, including an experimental study of fetal toxicity in this field, were excluded. The findings are synthesised narratively rather than statistically.

## CLASSICAL DESCRIPTION OF MONTH-WISE FETAL DEVELOPMENT

### 1. First trimester

Ayurveda describes the embryo in the first month as Kalala, a jelly-like mass formed from the union of sperm, ovum and the conscious principle. In the second month it becomes compact (Ghana), and its form, described as Pinda, Peshi or Arbuda, is said to indicate the sex of the fetus[6,7]. In the third month the limb buds, head and sense organs appear, and the fetus begins to perceive sensations. The early months are therefore portrayed as a period of organogenesis in which the embryo is fragile, nourished mainly by diffusion (Upasneha and Upasveda), and particularly vulnerable to harmful influences on the mother[6,7].

### 2. Second trimester

In the fourth month the fetus becomes more stable, the heart is manifest, and the mother's longings (Dauhrida) are regarded as the expression of the fetus's desires and should, within reason, be fulfilled[6,7]. In the fifth month flesh and blood increase markedly and the mind (Manas) becomes more active, and in the sixth month strength, complexion, hair and intellect develop[6,7]. Charaka notes that the mother becomes thin and weak in these months because the fetus draws heavily on her nourishment[6]. This description of rapid fetal growth with maternal depletion corresponds closely to the second-trimester phase of accelerating fetal mass and rising maternal nutritional demand.

### 3. Third trimester

In the seventh month all parts of the fetus are well developed. In the eighth month Ojas, the essence that sustains life, is described as unstable, moving between mother and fetus, so that a child born in this month is considered at risk[6,8]. Delivery is expected from the ninth month onward[6,7]. The concern with the eighth month parallels the modern recognition that preterm infants, even those born late preterm, carry increased risks compared with those born at term.

## THE MONTH-WISE REGIMEN (MASANUMASIKA PARICHARYA)

### 1. First to third months

The texts agree that the first three months call for light, cool, sweet and liquid foods. Charaka prescribes unmedicated milk in the first month, taken in suitable quantity according to the woman's digestive capacity, together with a wholesome diet; milk medicated with sweet (Madhura) drugs in the second month; and milk with honey and ghee in the third month[6]. Sushruta similarly recommends sweet, cold and liquid food in the first three months[7]. These recommendations fit the clinical reality of early pregnancy, in which nausea, vomiting and aversion to food are common, and in which easily digested, hydrating and energy-dense foods are better tolerated. A small single-arm Ayurvedic study of a Bilwa and Laja (puffed rice) syrup combined with dietary advice in emesis gravidarum reported reduced frequency of vomiting, nausea and anorexia, improved appetite and a rise in haemoglobin over 30 days[11], although the absence of a control group limits interpretation.

### 2. Fourth to seventh months

From the fourth month the regimen becomes progressively richer. Charaka prescribes butter extracted from milk in the fourth month, ghee prepared from milk in the fifth month, and ghee medicated with sweet drugs in the sixth and seventh months[6]. Sushruta prescribes Shashtika rice with curd in the fourth month, with milk in the fifth and with ghee in the sixth, and ghee medicated with Prithakparnyadi drugs in the seventh month[7]. Vagbhata follows a similar pattern[8]. The emphasis on milk, butter and ghee, with sweet, nourishing (Brimhana) and stabilising (Garbhasthapana) drugs, coincides with the period of rapid fetal growth and maternal depletion described in the same texts. Charaka also lists month-wise herbal decoctions to be used if threatened miscarriage occurs, reflecting the view that each month has specific vulnerabilities[6].

### 3. Eighth and ninth months

In the eighth month Charaka prescribes rice gruel cooked in milk and mixed with ghee, followed by a decoction enema (Asthapana basti) prepared with Badari and other drugs to clear retained faeces and normalise Vata, and an unctuous enema (Anuvasana basti) with oil medicated with milk and sweet drugs[6]. In the ninth month the unctuous enema is continued and a cotton tampon (Yoni pichu) soaked in the same oil is placed in the vagina to lubricate the birth canal and the perineum[6]. Sushruta similarly recommends enemas and unctuous gruels in the last months[7]. The stated purpose is Anulomana of Vata, so that the downward forces of labour act normally, and softening of the pelvis, flanks and perineum for an easy delivery.

### 4. Conduct and mental well-being

Throughout pregnancy the woman is advised to avoid excessive exertion, heavy lifting, long journeys on rough vehicles, suppression of natural urges, fasting, sleeping on the back, intoxicants and frightening or distressing experiences, and to cultivate cheerfulness, cleanliness and pleasant surroundings[6,7]. The classical texts state that the mother's diet, conduct and emotions influence the physical and mental constitution of the child[6]. Modern practices described under the name Garbha sanskara, which combine this regimen with music, recitation and meditation, have been compiled into holistic antenatal models with yoga[10].

## RELEVANCE TO CURRENT EVIDENCE ON FETAL GROWTH

### 1. Maternal nutrition and micronutrients

The central premise of Masanumasika paricharya, that sustained, adequate and progressively increasing nourishment of the mother supports fetal growth, is strongly supported. A Cochrane review of 17 trials involving nearly 138,000 women, most in low- and middle-income countries, evaluated multiple micronutrient supplementation in pregnancy and its effects on maternal, fetal and infant outcomes[1]. A task force review concluded that multiple micronutrient supplements reduce preterm birth, low birth weight and small-for-gestational-age births compared with iron and folic acid alone, with greater benefits in anaemic and underweight women and no increase in harm[2]. A 2025 meta-analysis of 19 trials found that infants of

mothers who received multiple micronutrient supplements were longer and heavier from birth to 6 months, with reduced risk of wasting at birth and of stunting and underweight at 3 months[5]. An individual participant data meta-analysis of 15 trials showed that the benefit on birth weight depended on adherence: among women who took at least 90% of supplements, birth weight increased by 56 g, whereas there was no difference among those who took less than 60%[12]. This emphasis on daily, sustained intake throughout pregnancy echoes the classical structure of a regimen that continues month by month until delivery.

**2. Milk and dairy**

Milk and its products are the backbone of the classical regimen. A systematic review and dose-response meta-analysis of maternal dairy consumption found 42 eligible studies; pooled data predicted a maximum mean increase in birth weight of 63 g at five servings per day, and dairy intake was associated with a reduced risk of small-for-gestational-age births[13]. Higher intakes were, however, associated with an increased risk of large-for-gestational-age births, and there was no significant association with low birth weight or preterm birth[13]. These findings support a role for milk in promoting fetal growth while suggesting that quantity should be individualised. This is consistent with the classical instruction that milk and ghee be taken according to the woman's digestive capacity[6], and with modern advice that pregnant women should "eat better, not more" and avoid excessive gestational weight gain[4]. The generous use of ghee in the classical regimen should be adapted for women with obesity or gestational diabetes; Ayurvedic authors themselves have suggested that Garbhini paricharya, applied with appropriate lifestyle management, may help control gestational diabetes when risk is identified early[14].

**3. Nourishing and stabilising herbs**

The sweet (Madhura), nourishing (Brimhana) and stabilising (Garbhasthapana) drugs used to medicate milk and ghee are among the least studied components of the regimen. Reviews of Ayurvedic herbs in female reproductive health describe plausible actions of drugs such as Shatavari and ashwagandha, but note that clinical studies are small and methodologically limited[15]. In a case report of fetal growth restriction associated with a single umbilical artery, Ayurvedic medicines with Brimhana, Balya and Prajasthapana actions were given and a term infant weighing 2.5 kg was delivered vaginally[16]. Such case reports cannot establish efficacy but illustrate how classical principles are applied when fetal growth is compromised. Because safety data for most herbs in pregnancy are limited, herbal components should be restricted to well-characterised preparations with a long history of antenatal use and should be given under supervision.

**4. Mental well-being, yoga and conduct**

The classical emphasis on a calm, cheerful mind has a modern counterpart in the growing evidence on prenatal stress. A systematic review and meta-analysis of 29 studies with 2,217 pregnant women found that prenatal yoga reduced anxiety, depression and perceived stress, shortened labour by about two hours and increased the odds of normal vaginal birth, although the quality of evidence was low to very low[17]. In a small clinical study of primigravid women, modified Iyengar yoga reduced anxiety and labour pain compared with controls[18]. These outcomes concern maternal well-being and labour rather than fetal growth, but they support the integration of yoga and mental well-being into the antenatal regimen, as proposed in holistic models based on yoga and Ayurveda[10].

**5. Preparation for labour in the ninth month**

The ninth-month Yoni pichu with medicated oil has an interesting modern analogue in antenatal perineal massage. A Cochrane review of four trials with 2,497 women found that digital perineal massage from 35 weeks reduced trauma requiring suturing and episiotomy in women without a previous vaginal birth, and reduced perineal pain at three months in women who had previously given birth vaginally[19]. Yoni pichu does not involve massage and has not been tested in trials, but both practices aim to improve the softness and elasticity of perineal tissues before birth. Anuvasana basti in late pregnancy, intended to relieve constipation and normalise Vata, likewise lacks controlled evaluation, and its safety in women at risk of preterm labour should be established before it is recommended outside specialist settings.

## DEVELOPMENTAL PROGRAMMING AND THE LONG VIEW

Ayurveda states that the qualities of the child, including body, mind and susceptibility to disease, are influenced by the parents' health and by the mother's diet, conduct and emotions during pregnancy[6]. A review of Ayurveda and early-life prevention of non-

communicable disease argued that this classical understanding corresponds to the modern concept of epigenetic programming, but found no clinical trial or review that had tested Ayurvedic antenatal interventions for long-term outcomes in the child[20]. This gap is important: the DOHaD hypothesis provides a biological rationale for Garbhini paricharya[3], but long-term benefit has never been measured.

It is also necessary to distinguish evidence-informed Garbhini paricharya from commercial practices that make unsupported claims. Garbha sanskar workshops that promised to influence the complexion or height of the child have attracted ethical criticism for using the language of modern science to justify claims that the same science does not support[21]. Practitioners and researchers should present the regimen in terms of measurable maternal and fetal outcomes, not of selecting desirable traits.

## DISCUSSION

This review shows that Masanumasika garbhini paricharya is a structured and internally consistent antenatal programme. Its month-by-month progression from light, cooling liquids in early pregnancy to milk, butter and ghee in mid-pregnancy and to preparation of the bowel and birth canal at term is matched to the classical description of fetal development, which in turn corresponds reasonably well to modern embryology and fetal growth patterns[6–8]. The regimen's main elements, namely sustained nutritional support, emphasis on dairy foods, attention to mental well-being and physical preparation for labour, all have modern analogues with supportive evidence[1,2,5,13,17,19].

The evidence for the regimen itself, however, is indirect. No randomised or controlled cohort study has evaluated the complete Masanumasika paricharya against standard antenatal care, and published Ayurvedic data on antenatal interventions consist mainly of small, uncontrolled studies and case reports[11,16,20]. The supportive evidence cited here concerns modern supplements, dairy intake, yoga and perineal massage, which share aims with the classical regimen but are not identical to it. Inferences from these studies should therefore be cautious. The classical regimen was also designed for women whose main risk was undernutrition; in urban India and elsewhere many women now face obesity, gestational diabetes and excessive weight gain, for which unrestricted ghee and sweet drugs may be inappropriate[4,13,14].

Several research priorities follow. First, pragmatic trials should compare standard antenatal care with standard care plus a standardised, culturally adapted Garbhini paricharya, with birth weight, small-for-gestational-age births, preterm birth and gestational weight gain as primary outcomes. Second, adherence should be measured, since the micronutrient data show that benefit depends on consistent intake[12]. Third, the safety and pharmacology of the Madhura and Garbhasthapana drugs used in medicated milk and ghee should be studied. Fourth, late-pregnancy procedures such as Anuvasana basti and Yoni pichu should be evaluated for perineal outcomes and for any effect on the timing of labour. Finally, cohort studies with long follow-up could test whether the regimen influences child growth and metabolic health, as the DOHaD framework would predict[3,20].

From a clinical perspective, the dietary and lifestyle elements of Garbhini paricharya can reasonably be offered as a complement to evidence-based antenatal care, including micronutrient supplementation, screening and fetal growth surveillance. Herbal and procedural components should be used only under qualified supervision, and any sign of fetal growth restriction, hypertension, bleeding or preterm labour requires conventional obstetric management.

## CONCLUSION

Masanumasika garbhini paricharya links maternal diet and conduct to the stages of fetal development in a way that is consistent with current understanding of maternal nutrition, fetal growth and developmental programming. Several of its components have well-supported modern analogues, but the regimen as a whole has not been tested in controlled studies. Pragmatic trials with fetal growth and birth outcomes, adapted to the nutritional profile of contemporary pregnant women, are needed before its specific contribution to fetal growth can be established.

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