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Review Article

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"GARBHA SANSKARA: CLASSICAL CONCEPT, MODERN INTERPRETATION AND AVAILABLE EVIDENCE — A NARRATIVE REVIEW"

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ABSTRACT:
Background: Garbha sanskara, literally the shaping or refinement of the foetus, has become a widely marketed antenatal programme in India, combining diet, yoga, breathing, meditation, music and recitation with claims of improving the intelligence, health and character of the child. Its classical roots lie in the Ayurvedic descriptions of Garbhini paricharya (monthly antenatal regimen), Dauhrida (the desires of the pregnant woman) and Garbhopaghatakara bhava (factors harmful to the foetus). **Objective:** To trace the classical basis of Garbha sanskara, distinguish it from contemporary commercial interpretations, and summarise the scientific evidence for its component practices. **Methods:** Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya and Kashyapa Samhita were reviewed for descriptions of antenatal conduct and influences on the foetus. PubMed was searched up to October 2026 for studies of Garbha sanskara, Garbhini paricharya, prenatal yoga, mindfulness and music interventions in pregnancy, and the effect of maternal stress on offspring. Findings were synthesised narratively. **Results:** The classical texts consistently link maternal diet, conduct and mental state to foetal development, a view that is broadly compatible with modern research on the developmental origins of health and disease. No randomised trial has evaluated Garbha sanskara as a package, and no study has shown that it improves the intelligence or temperament of the child. The evidence that exists concerns its components: meta-analyses suggest that prenatal yoga, mindfulness and music reduce maternal anxiety, stress and depressive symptoms, with some data on birth outcomes, but the certainty of evidence is mostly low. **Conclusion:** Garbha sanskara is best presented as a structured programme of antenatal nutrition, psychological support and gentle exercise that may improve maternal well-being. Claims of enhanced foetal intelligence or selection of desired traits are not supported and should not be made. Rigorous trials with child follow-up are needed.

KEYWORDS: Garbha sanskara, Garbhini paricharya, Dauhrida, prenatal yoga, music therapy, maternal stress

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INTRODUCTION

Pregnancy is a period in which the health of two individuals is closely linked. The maternal environment supplies the nutrients, hormones and signals that shape foetal growth, and a large body of epidemiological research now shows that adverse exposures during intrauterine life influence health and development well into adulthood[1]. Maternal psychological distress is one such exposure. Meta-analyses of cohort studies have associated prenatal maternal anxiety and stress with modestly lower general intellectual development in children[2] and with a higher risk of asthma, wheeze and atopic disease[3]. Proposed mechanisms include altered regulation of the maternal and foetal hypothalamic–pituitary–adrenal axis and epigenetic modification of developmental pathways[1].

Ayurveda anticipated the general principle that the condition of the mother shapes the child. The classical texts describe a month-by-month dietary and behavioural regimen for the pregnant woman (Garbhini paricharya), list the factors that harm the foetus (Garbhopaghatakara bhava), and state that the desires and emotional state of the mother during pregnancy are reflected in the physical and mental qualities of the child[4–7]. On this foundation, the term Garbha sanskara has come to describe programmes that aim to optimise the physical, mental and spiritual development of the foetus through the mother.

In contemporary India, Garbha sanskara is offered by hospitals, Ayurvedic clinics, yoga centres, mobile applications and private wellness providers. Programmes typically combine diet advice, prenatal yoga and Pranayama, guided meditation, music, recitation of mantras and reading of inspirational texts, and some are marketed with promises of a more intelligent, healthier or better-behaved child. A recent ethnographic study of practitioners across nine Indian cities described Garbha sanskara as a holistic reproductive programme that claims Ayurvedic and yogic roots while drawing heavily on modern wellness language, and noted that it is sometimes framed in terms of national and civilisational improvement[8]. This combination of classical authority, commercial promotion and strong claims makes a critical review timely. The aim of this review is to describe what the classical texts actually say, to distinguish this from modern interpretations, and to summarise candidly what the scientific evidence does and does not show.

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), Ashtanga Hridaya (Sharira sthana, chapter 1) and Kashyapa Samhita, were studied with their standard commentaries for descriptions of antenatal diet and conduct, Dauhrida, factors harmful to the foetus and measures intended to influence the qualities of the child[4–7]. Second, PubMed was searched for literature published up to October 2026 using combinations of the terms Garbha sanskar, Garbh sanskar, Garbha samskara, Garbhini paricharya, antenatal care, Ayurveda, prenatal yoga, mindfulness, music therapy, pregnancy, maternal stress, anxiety and offspring. Systematic reviews, meta-analyses, randomised controlled trials, observational studies, case reports and qualitative 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 were excluded. The findings are synthesised narratively rather than statistically.

CLASSICAL BASIS OF GARBHA SANSKARA

1. Sanskara and the formation of the foetus

In Ayurveda, Sanskara means a process that transforms or refines the qualities of a substance, a concept used both in pharmaceutics and in the traditional life-cycle rites. The classical texts describe the foetus as formed from the union of Shukra (male seed), Shonita or Artava (female seed) and the Atma, and as developing under the influence of six contributing factors: the mother, the father, the soul, suitability (Satmya), nutrition derived from Rasa, and the mind (Sattva)[4]. Of these, maternal nutrition and conduct are the factors most open to modification during pregnancy, and they are the focus of the antenatal recommendations.

The term Garbha sanskara as a named programme is not found as such in the major Samhitas. Rather, the modern concept draws together several distinct classical elements: preconception purification and conduct for the couple, rites for desired progeny, the monthly regimen of pregnancy, the protection of the foetus from harmful influences, and the attention given to the mother's emotional life. It is important to

recognise this distinction, because modern programmes sometimes present a contemporary synthesis as if it were a single ancient protocol.

2. Preconception preparation

Charaka describes preparation of the couple before conception, including purification therapies, a regulated diet based on milk and ghee for the man and on sesame oil and black gram for the woman, and the cultivation of a calm and positive state of mind[4]. In the chapter on the generation of progeny (Jatisutriya), he describes a ritual known as Putreshti for obtaining a child of desired qualities, together with the conduct recommended after conception[4]. These passages reflect the social and religious context of the time; while the emphasis on health and mental preparation before conception remains relevant, the claim that ritual practices can determine the sex, complexion or temperament of the child has no scientific basis and is incompatible with modern ethical and legal standards in India.

3. Garbhini paricharya

The monthly regimen for the pregnant woman is the most practical and best-preserved element of classical antenatal care. Charaka, Sushruta and Vagbhata describe month-specific diets, centred on milk, ghee, rice, meat soups and milk processed with Madhura (sweet) group herbs, with adjustments for the growth of the foetus and the digestive capacity of the mother[4,6,7]. In the later months, measures such as Anuvasana basti and vaginal tampons of oil are advised to soften the birth canal and to regulate Apana vata in preparation for labour[6,7]. A summary of the classical diet, intended for modern clinical use, stresses that it should be adapted to the age, season, place, constitution and digestive power of the woman[9]. A recent review argued that this regimen is consistent with modern ideas about early-life prevention of non-communicable disease, but its literature search found no clinical trial or review that had tested Ayurvedic antenatal interventions for this purpose[10].

4. Dauhrida and the mental state of the mother

The classical texts describe the second trimester as the period of Dauhrida, in which the woman is considered to carry two hearts, her own and that of the foetus. Her cravings are regarded as expressions of the needs of the foetus, and the texts advise that reasonable desires should be fulfilled, because their suppression may harm or deform the child[5,6]. Sushruta adds that the objects of the mother's desires during this period are reflected in the temperament and inclinations of the child[5]. Charaka similarly states that a woman who wishes for a child of good qualities should keep pleasant company, see auspicious sights, hear pleasant sounds and avoid fear, grief and anger[4].

5. Garbhopaghatakara bhava

The texts list a range of factors that harm the foetus, including excessive exertion, heavy or incompatible food, intoxicating substances, suppression of natural urges, sleeping in unsuitable postures, exposure to frightening sights and sounds, and emotional disturbance[4,6]. Many of these prohibitions are consistent with modern antenatal advice on avoiding alcohol, tobacco, overexertion and severe psychological stress, although others reflect beliefs that cannot be tested.

MODERN INTERPRETATIONS AND PRACTICE

Contemporary Garbha sanskara programmes generally combine five components: dietary counselling based on Garbhini paricharya; prenatal yoga, Pranayama and relaxation; meditation, visualisation and counselling; exposure to music, chanting or recitation, often justified by the idea that the foetus can hear and learn; and reading or contemplation of inspirational stories. Delivery ranges from individual consultation by Ayurvedic obstetricians to group classes, audio recordings and smartphone applications.

Qualitative research has shown that practitioners interweave Ayurvedic, yogic, spiritual and wellness vocabularies, that services are aimed at couples hoping to conceive as well as those already pregnant, and that the language of improvement extends from the individual child to the nation[8]. Such framing is not a scientific claim and should be distinguished from the clinical question of whether the component practices benefit mothers and babies.

Ayurvedic antenatal care also has a clinical dimension that is separate from the wellness market. Case reports describe the use of Brimhana (nourishing) and Prajasthapana (pregnancy-sustaining) medicines in a woman with intrauterine growth restriction associated with a single umbilical artery, followed by a full-term vaginal birth[11], and the use of a milk-based medicated enema in a woman with premature uterine contractions at 33 weeks[12]. These single cases cannot

establish efficacy, but they show that classical antenatal principles are being applied alongside obstetric monitoring.

EVIDENCE FOR COMPONENT PRACTICES

1. Prenatal yoga and Pranayama

Prenatal yoga is the most studied component. A 2026 systematic review and meta-analysis of 35 studies (23 randomised trials and 12 quasi-experimental studies) found that yoga was associated with reductions in prenatal depression, anxiety and stress scores, particularly in women without pre-existing symptoms; no significant effect was found in women with established symptoms, and the certainty of evidence was rated low to very low[13]. An earlier overview of ten systematic reviews found that almost all meta-analyses favoured yoga for anxiety, depression and stress, but judged the methodological quality of the reviews to be critically low and the overlap of primary studies to be very high[14].

For obstetric outcomes, a 2025 meta-analysis of 14 randomised trials including 3,637 nulliparous women reported that yoga added to routine care was associated with lower rates of caesarean section, preterm birth and perineal laceration and with a shorter labour[15]. These effect sizes are large, the comparator was general nursing care alone, and participants could not be blinded to yoga; the findings therefore require confirmation in independent, adequately blinded studies before they are used to promise particular birth outcomes.

2. Meditation and mindfulness

Meditation and guided relaxation are central to many Garbha sanskara programmes, although the techniques used are rarely described in detail. The closest evaluated equivalent is mindfulness-based intervention. A meta-analysis of 13 studies found a small overall effect on maternal mental health, with moderate effects on stress and anxiety but no significant effect on depression, and high heterogeneity between studies[16]. A 2026 meta-analysis of 15 trials reported that mindfulness-based interventions reduced fear of childbirth and labour pain and were associated with a lower caesarean section rate, on evidence of very low to moderate certainty[17].

3. Music, chanting and sound

Exposure of the foetus to music or chanting is perhaps the most popular and the most heavily marketed element of Garbha sanskara. The evidence relates almost entirely to effects on the mother. A systematic review of 14 randomised trials including 2,375 pregnancies found that music interventions reduced maternal anxiety in eight of nine trials that measured it and blood pressure in three of four, with smaller effects on perceived stress and depressive symptoms; however, the risk of bias was high or of concern in every included trial[18]. Other systematic reviews report reduced anxiety during pregnancy, labour and caesarean section[19,20] and improved sleep quality in pregnant women with insomnia[21]. Reviewers have noted that participants cannot be blinded to music[21] and that interventions vary widely in frequency, duration and choice of music[18].

Direct evidence that prenatal music improves the intelligence or behaviour of the child is lacking. One review reported increased foetal movements and changes in foetal heart rate patterns during music exposure[20], which show that the foetus responds to sound but not that it benefits developmentally. Animal work in chicks has shown that prenatal exposure to loud (110 dB) music, in contrast to noise of the same loudness, can enhance spatial learning and hippocampal synaptic protein expression[22]; these findings cannot be extrapolated to human cognitive development. The authors of the largest systematic review of music in pregnancy concluded that effects on the postnatal development of offspring remain to be evaluated with follow-up studies[18].

4. Diet and nutrition

The dietary element of Garbha sanskara is the most directly grounded in Garbhini paricharya[9]. Its emphasis on adequate energy, milk, ghee, cereals and fresh, easily digestible food is broadly compatible with modern nutritional guidance, although it should be adapted for women with gestational diabetes, obesity or anaemia, and should not displace evidence-based supplementation with folic acid, iron and calcium. No clinical trial identified in this review has compared the classical diet with standard antenatal nutritional advice.

5. Garbha sanskara as a package

No randomised controlled trial, and no adequately controlled observational study, evaluating Garbha sanskara as an integrated programme was identified in PubMed. Consequently, there is no evidence that it improves the intelligence, temperament, health or

character of the child, and no evidence that it can influence the sex or physical appearance of the child.

DISCUSSION

The classical concept underlying Garbha sanskara is coherent and, in its general form, scientifically reasonable. Ayurveda holds that the diet, conduct and emotional state of the mother affect the developing foetus[4–6]. Modern research supports the general proposition: prenatal maternal stress and anxiety are associated with modest adverse differences in child cognition[2] and with an increased risk of atopic disease[3], and plausible biological pathways have been described[1]. Reducing maternal distress and improving antenatal nutrition are therefore sensible goals.

The evidence, however, is far weaker than commercial claims suggest. What exists concerns individual components, and almost all of it measures maternal outcomes. Prenatal yoga, mindfulness and music appear to reduce maternal anxiety and stress, and some trials suggest benefits for labour and delivery, but certainty is generally low because of small samples, lack of blinding, heterogeneous interventions and critically low review quality[13–18]. The observational association between maternal stress and child outcomes does not show that reducing stress through these practices will improve child outcomes; that would require trials with long-term follow-up of the children, which have not been done. The leap from "maternal stress is associated with poorer child outcomes" to "a Garbha sanskara course will produce a more intelligent child" is not justified.

Several practical concerns follow. First, programmes should not make claims about the intelligence, character or sex of the child; claims relating to sex selection would contravene Indian law and medical ethics, and the classical passages on Putreshti should be presented as historical rather than prescriptive. Second, Garbha sanskara should complement and never replace standard antenatal care, including screening, supplementation, vaccination and management of complications. Third, yoga for pregnant women should be taught by trained instructors who understand obstetric contraindications, and herbal or herbomineral medicines should not be added without clinical indication and awareness of their safety in pregnancy. Fourth, the cost and intensity of commercial programmes may impose an unnecessary financial and emotional burden, including guilt if outcomes are imperfect.

For research, the priorities are clear. Trials should compare a standardised, manualised Garbha sanskara programme with routine antenatal education, use validated maternal outcomes such as anxiety, depression and fear of childbirth, record obstetric and neonatal outcomes, and follow children for neurodevelopmental assessment at standard ages. Mechanistic outcomes such as maternal cortisol and heart rate variability could clarify pathways. Process evaluation should document exactly which components are delivered, since the label covers very different practices.

CONCLUSION

Garbha sanskara draws on genuine classical Ayurvedic teaching on antenatal diet, conduct and maternal mental well-being, and its central premise that the maternal environment influences the foetus is consistent with modern developmental science. Its components, particularly prenatal yoga, mindfulness and music, have low-certainty evidence of benefit for maternal anxiety and stress and some preliminary evidence for birth outcomes. There is no evidence that Garbha sanskara improves the intelligence or character of the child. It is best offered as a supportive, evidence-informed adjunct to standard antenatal care, without exaggerated claims, while rigorous trials with child follow-up are undertaken.

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