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## DIET IN PREGNANCY AN AYURVEDIC VIEW

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## ABSTRACT

*Ayurveda* the life science in which there is description about diet and nutrition of mother and child care under the heading of "*Masanumasika garbhini paricharya*" *garbhini swasthya rakshanartha*, emphasising *garbhini ahara, vihara, manasikasthiti, aushadha* and *shuchitva* is the main aim and it is clearly mentioned in our all ancient text books of *Ayurveda*. In the present paper an attempt made to explain the dietary regimen and relevance of *garbhini paricharya* in present day. According to WHO survey announcement 99% of all maternal deaths occur in developing country like India. Maternal mortality rate in India=239/1 lakh live births (2015) whereas, 12 /1lakh live births in developed countries. Maternal morbidity rate in India is behind the target of 103 deaths/1 lakh live births to be achieved by 2016 .Thus prime importance should be given to maintain or improve the health status of the woman to optimum till delivery. Judicious advice regarding diet, drugs and hygiene is essential factor.

**Key words:** Diet, *Garbhini Paricharya*, *Ayurveda*

## INTRODUCTION

Antenatal care is the care of woman during pregnancy. The primary aim of ante-natal care is to achieve at the end of pregnancy a healthy mother and healthy baby. Ideally this care should be begin soon after the conception and continue throughout the pregnancy. In some countries, notification of pregnancy is required to bring the mother in prevention care

cycle as early as possible. In *Ayurveda* our ancient *acharyas* like *Charaka, Susruta, Vagbhata, and kashyapa* they clearly emphasised about diet and nutrition of mother and child care under the heading of "*masanumasika garbhini paricharya*". Balanced and adequate diet is therefore of utmost importance during pregnancy and lactation to meet the increased needs of the mother, and to prevent

## DIET IN PREGNANCY AN AYURVEDIC VIEW

“nutritional stress”. *Garbhini paricharya* is the unique and relevant regimen for pregnant ladies.

**Antenatal care:**

Main objectives of antenatal care are;

- To promote, protect and maintain the health of the mother during pregnancy.

- To detect high risk cases and give them special attention.
- To reduce maternal and infant mortality rate and morbidity.
- To teach the mother elements of child care, nutrition, personal hygiene and environmental sanitation.

**DAILY DIETARY ALLOANCES FOR A PREGNANCY**

	In pregnancy second Half	Sources
<b>Energy(k cal)</b>	2600 k cal	Protein, fat, carbohydrate
<b>Protein(gm)</b>	60gm	Meat, fish, polutary, dairy product
<b>Iron(mg)</b>	40mg	Meat, egg, grain
<b>Calcium(mg)</b>	1000mg	Dairy products
<b>Zinc(mg)</b>	15mg	Meat, egg, sea food
<b>Vitamin A(IU)</b>	8000IU	Vegetables, liver, fruits
<b>Vitamin D(IU)</b>	400 IU	Dairy products
<b>Iodine(ug)</b>	175ug	Iodised salt, sea food
<b>Thiamine(mg)</b>	1.5mg	Grains ,cerals
<b>Riboflavin</b>	1.6mg	Meat liver ,grains
<b>Nicotinic acid(mg)</b>	17mg	Meat, nut, cerals
<b>Ascorbic acid(mg)</b>	70mg	Citrus fruits, tomato
<b>Folic acid (ug)</b>	400ug	Leafy vegetables, liver
<b>Vitamin B12</b>	2.2ug	Animal proteins <sup>(5)</sup>

**Antenatal care in Ayurveda**

**Garbha definition:-** *Garbha* is the union of *shukra* (sperm), *shonita*(ovum) *jeeva* (life) *atma* (soul) in womb of mother. To protect *garbha*, adopting *garbhini paricharya* by pregnant women

is much essential because a pregnancy in total duration consumes about 60000 kcal<sup>(4)</sup> over and above normal metabolic requirements. On an

average, normal healthy woman gains 12kg of weight during pregnancy, several studies have indicated that weight gain of poor Indian women averaged 6.5kg during pregnancy.

Role of *masanumasika aahara krama labha* (month wise dietary regimen for Pregnant women and its effect) with reference to *garbhini chinha*(signs and symptoms of pregnant women) which is explained in *charaka sharira*

## DIET IN PREGNANCY AN AYURVEDIC VIEW

*sthana* and *susruta sharira sthan* 10<sup>th</sup> chapter respectively.

### Dietary regimen: During 1<sup>st</sup> Month<sup>(1,2,10)</sup>

<b>Charaka samhita</b>	Ksheera
<b>Susruta samhita</b>	Madhura sheeta drava ahara
<b>Astanga sangraha</b>	Aushadha sidha ksheera
<b>Harita samhita</b>	Madhuyasti, madhukapushpa with Navaneeta, madhu, madhura ksheera

#### During 1<sup>st</sup> month (2,6,7, 10)

<b>Ksheera (milk)</b>	Qualities=madhura rasa paka,oojoskara,jeevaniya,dhatuwardhaka	Indication-shrama bhrama,kshut,durbala
<b>Madhu (honey)</b>	Qualities= Kashaya madhurarasa,relieves trishna	Indication- trshna,chardi,kasa
<b>Sarpi(clearified butterextracted from milk)</b>	Qualities= Madhura,balya.jeevan, rasayana	Indication-praja,vatapittaroga,vishapaha (2)

#### During 2<sup>nd</sup> month (2,6,7, 10)

<b>Cha. Samhita</b>	Ksheera with madhura rasa
<b>Susruta samhita</b>	Same as 1 <sup>st</sup> month
<b>Astan. Samgraha</b>	Same as charaka
<b>Haritah</b>	Madhura sidha ksheera with kakoli

#### During 3<sup>rd</sup> month (2,6,7, 9,10)

<b>Char. Samhita</b>	Ksheera with madhu ghrita
<b>Su. Samhita</b>	Same as 1 <sup>st</sup> month
<b>A.Sam</b>	Ksheera with madhu ghrita
<b>Harita</b>	Krushara
<b>Kashyapa</b>	Ksheera with madhura aushdha
<b>Bhoja</b>	Ksheera

#### During 4<sup>th</sup> month (2,6,7,10)

<b>Char. Samh.</b>	Ksheera with navneeta
<b>Su.sam</b>	Shastika shali anna with dadhi, navneeta, jangalamamsa rasa
<b>Ast. Sma</b>	Ksheera with 1 tola of navaneeta
<b>Harita</b>	Medicated odana

#### During 5<sup>th</sup> month (2,6,7,10)

<b>Charak. Sam.</b>	Ghrita prepared with navaneeta extracted ksheera
<b>Su. Sam</b>	Cooked shastika odana with ksheera, ghrita, jangala mamsa rasa, ghrita
<b>Ast. Sam</b>	Same as charaka
<b>Harita</b>	Madhura dadhi

## DIET IN PREGNANCY AN AYURVEDIC VIEW

During 6 <sup>th</sup> month <sup>(2,6,7,10)</sup>	
Char. Samhita	Ghrita prepared from maddhura aushdha
Su.samhita	Ghrita or yavagu gokshura
Ast. Sam.	Same as charaka
Harita	Madhura dadhi
During 7 <sup>th</sup> month <sup>(2,6,7,10)</sup>	
Cha. Samhita	Same as 6 <sup>th</sup> month
Su. Samhita	Ghrita prepared with prathakparnyadi gana
Ast. Samgraha	Same as charaka
Harita	Ghritakhanda
During 8 <sup>th</sup> month <sup>(2,6,7,10)</sup>	
Charaka Samhitha	Ksheera yavagu mixed with ghrita
Su. Samhita	Asthapana basti with badara kwatha mixed with bala, atibala, Shatapushpa
Ast. Sam	Ksheera yavagu mixed with ghrita Asthapana basti with badari kwatha
Harita	Ksheera yavagu
During 9 <sup>th</sup> month <sup>(2,6,7,10)</sup>	
Char. Samhita	Anuvasana basti with taila prepared with madhura aushadha
Su.sam	Snehayukta yavagu, jangala mamsa rasa upto the period of delivery
A. sam	Same as charaka
Harita	Different varieties of cereals

## DISCUSSION

During 1<sup>st</sup> trimester of pregnancy most women experience nausea and vomiting, thus can't take proper diet. Use of cold and sweet liquid diet and milk will prevent dehydration and supply required nourishment, besides the drugs of *Madhura* group being anabolic will help in maintenance of proper health of mother and fetus. Fourth month onwards muscular tissues of fetus grows sufficiently

requiring more protein which is supplied by use of meat-soup. By the end of second trimester most women suffer from edema of feet and other complications of water accumulation. Use of *gokshura* a good diuretic in 6<sup>th</sup> month will prevent retention of water as well as its complications. The drugs of *vidarigandhadi* group are diuretic, anabolic, relieves emaciation and suppress *pitta*, *kapha*, their regular use in 7<sup>th</sup> month might help in

## DIET IN PREGNANCY AN AYURVEDIC VIEW

maintaining health of mother and fetus. Most women experience constipation in late pregnancy due to pressure of gravid uterus over the bowels and effect of progesterone. Use of enema in 8<sup>th</sup> month will relieve this constipation, besides this may also affect the autonomous nervous system governing myometrium and help in regulating their function during labour. Milk and drugs of *madhura* group have been advice for entire period. Milk is a whole diet. The drugs of *madhura* group are anabolic, thus use of this will help in maintenance of proper health of mother and growth and development of fetus<sup>(4,5)</sup>.

### CONCLUSION;

Generally the diet in pregnancy should be with woman's choice as regard the quantity and the type. Women with normal BMI should eat adequately so as to gain the optimum weight (11kg). Overweight women with BMI between 26 to 29 should limit weight gain to 7 kg and obese women (BMI>29) should gain less weight. Excessive weight gain increases antepartum and intrapartum complications including foetal macrosomia. The pregnancy diet should be light, nutritious, easily digestible and rich proteins, minerals and Vitamins. In terms of figures, the daily requirement during pregnancy is given in table2.<sup>(3,4,5)</sup> It is not an

absolute recommendation but simply a guide. The diet should consist in addition to the, principal food at least half litre, 1 liter of milk (1 litre milk contains 1 gm of calcium), plenty of green vegetables and fruits. The amount of salt should be of sufficient amount to make the food tasty. At least half of the total proteins should be first class containing all amino acids and majority of the fat should be animal type which contains vitamin A and D. Survey in different parts of India indicate that about 50 to 60% of women belonging to low socio-economic groups are anemic so dietetic advice should be given with due consideration to the socioeconomic condition, food habits and taste of the individual. Woman with normal BMI should eat as to maintain the schedule weight gain in pregnancy. The instruction about diet should be reasonable and realistic to individual women.

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