

Standard Operating Procedures in Preconceptional and Prenatal Care Through Ayurveda



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“Poorna miva taila paatramasankshobhayata antarvatnee bhava tyupachaaryaah”¹

While emphasizing on significance of garbhini, Acharya Charak said that a pregnant lady is to be treated very cautiously as if one is walking with a pot filled with oil in hand and without letting a drop to fall.

*“Paramatho nirvikaaramaapyayamaanasya garbhasya maase maase
karmopadekshyaamah..... Evam kurvateehyarogaarogya bala varna swara
samhanana sampadupetam gjaateenaamapi shreshtamapatyam janayati.....*

*Yadidam karmam prathamam maasam, samupaadaayopadishta maanavamaan maasaattena
garbhinyaa garbha samaye garbha dhaarinee kukshi paarshva prishtam mridhoobhavati,
vaataschaanulomah sampadyate, mootra pureeshe cha prakriti bhoote sukhena
maargamanupadyete, charma nakhaani cha maardhavamupayaanti, bala varnouchopacheeyete,
putram chestam sampadupetam sukhinam sukhenaishaa, kaale prajaayata iti.”²*

Garbhini Paricharya (a comprehensive prenatal regimen) if adopted by a pregnant women right from the first month upto the ninth month of pregnancy helps in increasing elasticity of pelvis, waist and back, normalizes vata dosha, softens her skin and nails, promotes strength and complexion and she delivers easily at proper time with a desired excellent healthy child possessing all the qualities and a long life.

“The objective of antenatal care should be not only to discover or even though diminish the incidence of abnormality in pregnancy and parturition but also to secure normality and a high standard of mental and bodily fitness.”

- Brown's Antenatal Care, V- Chapter

“.....that the foundation of successful and safe Obstetrics rests foremost upon prevention rather than upon operative skill.”

- Munro Kerr's Operative Obstetrics, I- Chapter

“Obstetrics is a branch of Medicine on which the world revolves.”

- SOP team



वैद्य राजेश कोटेचा
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MESSAGE

Ayurveda, the most ancient science of healthcare has laid colossal significance on safe parenthood. Woman, being the precious creation of the world is the only source for new creation and the esteem wish of a woman is to procreate a healthy progeny. To assure a safe motherhood as well as a healthy progeny in her womb, special care of a pregnant woman is required which is elucidated as antenatal care. The *Ayurvedic* Classics have given lot of emphasis on *Garbhini paricharya* to ensure a safe pregnancy for healthy mother and child.

There are countrywide diverse practices in Antenatal care so there was a requirement to have a Standard Protocol of traditional *Garbhini Paricharya* (prenatal care) on the basis of Classical methods and practical experiences of different *Ayurvedic* physicians which can be applied in day today clinical practices. These Protocols are an outcome of the National workshop on "Development of Standard Operating Procedures in Preconceptional and Prenatal Care through Ayurveda". This important piece of work will be able to provide the vision of observing and evaluating specific standard protocols for an uncomplicated pregnancy with easy delivery of a healthy child.

I am sure that these Protocols will serve as an important reference for studying common modules of *Garbhini Paricharya* throughout the country. I congratulate the All India Institute of Ayurveda have taken the initiative to develop this important Protocol. These guidelines will definitely help in knowledge & skill acquisition of all the practitioners, students involved in midwifery services & will help in reduction of maternal and fetal mortality. I take this opportunity to thank everyone who has contributed in framing the protocol and best wishes for its successful implementation.

(Rajesh Kotecha)

New Delhi,
Dated: 13th July, 2018

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MESSAGE

9th July, 2018.

Care for the expecting mother and the new born throughout pregnancy, child birth and post-natal period is one of the basic goals of any public health administration. Antenatal care should provide respectful care, taking into account the women's view.

It is increasingly being appreciated that Ayurvedic treatment modalities blended with modifications in diet and lifestyle can play a significant role in ante-natal care. Ayurveda lays down monthly dietary regimen and living style for the entire period of pregnancy with the aim of ensuring a normal pregnancy and delivery of a healthy baby by a healthy mother.

I am happy to know that All India Institute of Ayurveda has taken the initiative for developing a "Standard Operating Procedure in Pre-conceptional and Pre-natal care through Ayurveda". This is innovative, timely and appreciable.

I congratulate all the concerned professionals for their efforts in developing this protocol and wish for greater success in its practical implementation. I am sure that this protocol will be useful to the students, researchers, practitioners and scientific personnel working in the field of ante-natal care.

(P.N. Ranjit Kumar)



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MESSAGE

The Maternal Mortality and Infant Mortality are the most important health care challenges being faced by most of the developing countries. Mother's death often leads to long-term social and economic breakdown, both for her immediate family and the wider community, and most importantly badly affects surviving children in terms of their quality of life, upbringing, education etc. It is also reported that newborns whose mothers die in childbirth are far less likely to reach their first birthday than those whose mothers do not die. Early marriage was linked to higher maternal mortality and therefore to increased infant and newborn mortality. High infant mortality rate also leads to higher birth rate.

Good antenatal care plays vital role in safe motherhood as well as for healthy babies and is thus linked to reducing infant mortality rate. "*Garbhini Paricharya*" described in Ayurveda not only takes care of pregnant women and growth of fetus, it also facilitates normal delivery. It is also observed that with Ayurvedic *Garbhini Paricharya*, the time taken by a primy to deliver a baby is nearly two hours less compared to conventional ANC and the average weight of baby is 200gms more.

Despite the subject being of national importance, there was no formal protocol on *Garbhini Paricharya*. I appreciate the initiative taken by All India Institute of Ayurveda, New Delhi in preparing the most awaited protocol. This work will have lasting impact not only on implementing the National Health Programs, it may also stimulate the policy makers worldwide to consider the strengths of Ayurveda and other Traditional Systems of Medicine in Maternal Health. I congratulate all the involved professionals whose contributions made this endeavor possible. My best wishes for the successful implementation of protocol by researchers, practitioners and scientific personnel working in this field.

Dr. Manoj Nesari



FOREWORD

Motherhood is ultimate and cherished desire of every woman. When she achieves it, she feels completeness in her life. A woman has to prepare mentally and physically to have jovial pregnancy and uncomplicated delivery.

Ayurveda provides Preconceptional care right from the Vedic era. Concept of Supraja is the unique contribution of Ayurveda to entire humanity. It includes both Preconceptional (Garbhadhan Sanskara) and Prenatal Care (Garbhini Paricharya).

Preconceptional Care in Ayurveda aims at purification of body and mind and helps to enhance the qualities of essential factors of conception. Garbha Sanskara is an integrated approach which uses three dimensional care like Healthy diet, Yogasana and Meditation during pregnancy and child birth to bring about profound benefits for the mother and the new creation.

Healthy progeny in terms of optimum physical, psychological, intellectual and spiritual health is the ultimate goal of the family, society and nation. Present time medical world is concerned about increasing rate of congenital anomalies in the new born which is posing confront to the aim of healthy humanity.

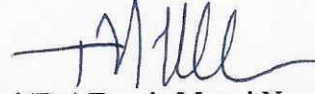
Mother is described first among the factors responsible for proper growth of the fetus. Garbhini Paricharya refers to ahara, vihara and modification in psychological behaviour. The main intend behind advising Garbhini paricharya is Paripurnatva (complete somatic and neural development of the fetus), Anupaghatatwa (prevention of complications in mother and fetus) and Sukhaprasava (normal labour).

Since ages these practices are being followed in different ways by Ayurvedic Obstetricians. Owing to the vast diversity in dietary habits and the lifestyle in different parts of the country, there was a need to Standardize a treatment protocol in Preconceptional and Prenatal Care.

It gives me immense pleasure that our esteemed institute has made efforts in preparing the most awaited protocol. The development of standardized protocol for ANC which is relevant to current era was a herculean task, however the committed team of faculties assisted by postgraduate scholars have made this possible by organizing series of brain storming workshop of national experts in this field.

I congratulate all the involved professionals whose contributions made this endeavor possible. Hope this standardized protocol from All India institute of Ayurveda will give new avenues in obstetric care through Ayurveda. The current document will help in providing excellent care to mother and deliver a healthy progeny with minimal complications.

My best wishes for its successful implementation across the globe.



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Acronyms And Abbreviations

A	– Abortion
ANC	– Antenatal Care
AS	– Ashtanga Sangraha
BD	– Bis in die (twice daily)
BMI	– Body Mass Index
BOH	– Bas obstetrical history
B.P	– Blood pressure
BPM	– Biophysical monitoring
Bpm	– Beats per minute
BSL	– Blood sugar level.
CBC	– Complete Blood Count
Ch.	– Charak
Chi.	– Chikitsa Sthana
CNS	– Central Nervous System
CRF	– Case Record Form
CT	– Computerized Tomography
CVS	– Cardio vascular system
D	– Dead
DHEA-S	– Dehydroepiandrosterone-Sulfate
DM	– Diabetes Mellitus
DNA	– Deoxy ribonucleic acid
D.O.A	– Date of admission
D.O.D	– Date of discharge
ECG	– Electrto cardiogram
EDD	– Expected date of delivery
ESR	– Erythrocyte sedimentation rate
F	– Female
FBS	– Fasting blood sugar
FHS	– Foetal heart sound
FHR	– Foetal heart rate
FIGO	– Federation International of Gynaecologists and Obstetricians
FM	– Foetal movement
FNAC	– Fine needle aspiration cytology
FSH	– Follicle stimulation hormone

G	– Gravida
GDM	– Gestational Diabetes Mellitus
GTT	– Glucose tolerance test
Hb	– Haemoglobin
HIV	– Human Immunodeficiency Virus
h/o	– History of
HPE	– Histo-pathological examination
HPLC	– High Performance Liquid Chromatography
HbsAg	– Hepatitis B surface antigen
HCG	– Human chorionic gonadotrophin
HSG	– Hysterosalpingography
HS	– Higher secondary
IPD	– In patient department
IUGR	– Intra Uterine Growth Restriction
IVP	– Intra venous pyelogram
JSY	– Janani suraksha yojana
Ka	– Kashyap
L	– Live
LCB	– Last child birth
LFT	– Liver Function Test
LGIT	– Lower gastro intestinal tract
LH	– Leutenizing hormone
LM	– Lower middle
LMP	– Last menstrual period
M	– Male
M	– Middle
MRI	– Magnetic resonance imaging
NR	– Non reactive
NST	– Non Stress Test
NTD	– Neural Tube Defects
OPD	– Out patient department
P	– Parity
PAPP-A	– Pregnancy associated plasma protein-A
PBS	– Peripheral Blood Smear
PCOD	– Poly Cystic Ovarian diseases
PG	– Post graduate

PIH	– Pregnancy Induced Hypertension
PNC	– Post natal care
PPBS	– Post prandial blood sugar
Pr.	– Primary
P/S	– Per speculam
P/V	– Per vaginum
R	– Rich
RBC	– Red blood cell
RBS	– Random blood sugar
RFT	– Renal function test
Rh	– Rhesus factor
RT	– Respiratory tract
S	– Secondary
Sha.	– Shareer sthana
Si.	– Siddhi sthana
SOP	– Standard operating procedures
Su.	– Sushruta
TAS	– Trans abdominal sonography
TFT	– Thyroid function test
TVS	– Trans vaginal sonography
TIFFA	– Targeted Imaging For Fetal Anomalies
TORCH	– Toxoplasmosis, Other, Rubella, Cytomegalovirus, Herpes Simplex
T.T	– Tetanus toxoid
UE	– Uneducated
U	– Uttartantra
UM	– Upper middle
UG	– Under graduate
UGIT	– Upper gastro intestinal tract
USG	– Ultrasonography
UT	– Urinary tract
Vol	– Volume
VDRL	– Venereal Diseases Research Laboratory
WBC	– White blood cell
Wt.	– Weight

I. Garbhadhan Sanskar (Preconceptional Care)

1a. BHOOMIKA (INTRODUCTION)

Reproduction is though a natural instinct, in humans, it not only means having progeny but also providing a healthy being to the family, society, nation and to the world. Ayurveda has envisaged the concept of planned pregnancy through Garbhadhan Sanskar³ (Preconceptional care) to beget a Supraja, is a child with optimum physical, psychological, intellectual and spiritual health by choice and not by chance. Preparation for a good progeny begins with selection of couples for marriage with specification to age, health status, Gotras⁴, education and Sanskar (conduct). It includes the purificatory procedures to make the four Garbha Sambhava Samagri⁵ and six Garbha Utpadakara Bhavas⁶ favourable for conception.

Current scenario with lot of Garbha Upaghatakara Bhavas⁷ (factors adversely affecting the foetus) in our life style, food habits and environmental pollutants influence the gametes thereby increasing the possibilities of deformities and defects in the fetus. Preconceptional Shodhan helps the body to overcome the impact of these factors and can have positive influence on gametes.

Barker's hypothesis⁸ of fetal origin of adult diseases and the advances in the understanding of Epigenetics further highlight the role of having perfection of health before conception and thus proving the importance of preconceptional Shodhan as well as diet and life style regulation.

Aim

- To have a planned conception.
- Identification of high risk factors in couples and their management.
- To achieve healthy progeny with longevity, physical, psychological and spiritual health.

Objectives

- ❖ To provide optimum status of Dhatu.
- ❖ To improve the quality of all the four Garbha Sambhava Samagri (Ritu, Kshetra, Ambu and Beeja) and six Garbha Utpadak Bhavas (Matruja, Pitruja, Rasaja, Satwaja, Satmyaja, Atmaja).
- ❖ To prevent the congenital anomalies and birth defects.⁹
- ❖ To develop a standard protocol to improve the general, physical, psychological and spiritual health of the couple.

1b. YUGAL PARIKSHA (ASSESMENT OF COUPLE)

Before planning of conception there should be meticulous history taking (Annexure I and II) including General, Personal, Occupational history, Menstrual history, Coital and Contraceptive history, Obstetric, as well as Family history including past and present should be noted of both the couple. Assessing the possible risk factors using the proposed check lists, treatment history and current medications, any addictions like smoking, alcohol intake, narcotic drug history.

Plan for Conception:

Registered couple will be subjected for detailed history taking and examination, fitness of the couple for undergoing panchkarma will be assessed. After thorough counselling and written consent, the couple should be advised following therapies with baseline investigations i.e, CBC, ABORh, Blood sugar level, HIV, VDRL, HbSAg, TFT, Urine- routine & microscopic. In males, Semen analysis is also essential.

1c. GARBHADHAN KAALEEN UPCHAR (THERAPIES ADVISED IN PRECONCEPTIONAL CARE) :

It mainly includes Panchkarma and other Procedures like:

- I. Panchakarma
- II. Rasayan and Vajikaran Therapy
- III. Manahshuddhi by Aachar rasayan (Auspicious deeds)
- IV. Yoga, Pranayama and Meditation.
- V. Garbhadhan Vidhi

I. PANCHKARMA PROCEDURES:

Shodhan is indicated for both husband and wife like Vamana, Virechana and Basti. After assessing fitness of the couple either of these procedures can be advised as per the need. (**Annexure V:** Indications and Contraindications of Panchkarma Procedures)

STEPS OF PANCHAKARMA:

Shodhan is the best procedure to balance the Doshas in the body. If the person is given Shodhan treatment then the vitiation of Doshas can be well controlled.¹⁰ Shodhan karma also maintains a balance among all dhatus and enhances fertility. Before planning for conception, couple should be advised for Shodhan karma as per indications. After thorough examination of Couple, type of shodhan procedure will be planned accordingly.

AJ VAMAN KARMA (MEDICAL EMESIS)/VIRECHAN KARMA (PURGATION THERAPY):

- Before starting Shodhan karma, Deepan-Pachan (rukshan, if required) should be done for 3-7 days or up to samyak lakshan prapti.
- Snehapan should be done for 3-7 days or up to samyak snigdha lakshan prapti.¹¹
- If Vaman is planned, Sarvang snehan and swedan to be done for next 1 day after snehapan and on that same day patient should be given kapha-utkleshaka ahara like-meat of the

animals grown in marshy areas (anoopadesha), milk, curd, recepies of black gram, sweets etc. After this, vaman karma (emesis) should be done.

- If Virechan is planned, Sarvanga snehan and swedan is to be done after samyak snigdha lakshana for next 3 days and on third day patient should be given pitta-utkleshaka ahara (tomato soup with rice, bhelpuri) and on next day Virechan karma should be done¹²
- Then patient should follow samsarjan krama for next 3-7 days.
- Patient comes to normal diet after completion of samsarjan krama.
- As a whole time required for Vaman karma is minimum 10 days and maximum 18 days.
- Time required for Virechan karma is minimum 8 days and maximum 16 days.

IF VIRECHAN IS PLANNED AFTER VAMAN:

If Virechan is desired, then it should be done after parihara kala of Vaman karma.

Basti Karma: Basti is to be given after completion of parihara kala of Vaman and/or Virechan.

SAMSARJAN KRAMA¹³

Days	Anna kala	Pravara shuddhi	Madhyam shuddhi	Avara shuddhi
1	Morning	-	-	-
	Evening	Peya	Peya	Peya
2	Morning	Peya	Peya	Vilepi
	Evening	Peya	Vilepi	Krita-Akrita yusha
3	Morning	Vilepi	Vilepi	Krita-Akrita mamsa ras
	Evening	Vilepi	Akrit yusha	Normal diet
4	Morning	Vilepi	Krita yusha	
	Evening	Akrit yusha	Akrit mamsa ras	
5	Morning	Krita yusha	Krita mamsa ras	
	Evening	Krita yusha	Normal diet	
6	Morning	Akrita mamsa ras		
	Evening	Krita mamsa ras		
7	Morning	Krita mamsa ras		
	Evening	Normal diet		

DRUGS REQUIRED DURING SHODHAN KARMA:

Deepan-Pachan:

Any of these drugs can be prescribed as per need for Deepan and Pachan, for example:

- Shunthi (Zinziber Officinale), Guduchi (Tinospora cordifolia), Haritaki (Terminalia chebula)- (1:2:3) BD with warm water before food¹⁴
- Panchakol churna 500 mg BD with warm water before food¹⁵
- Amapachanvati 2 tab (250mg each) BD with warm water before food
- Agnitundivati 2tab (250mg each) BD with warm water before food¹⁶
- Chitrakadi vati (500mg) BD¹⁷
- Sutasaekhar rasa – 250 mg BD¹⁸ (Sutshekhar)

*Drugs or Combination of drugs can be changed as per availability and need of subject.

Snehapan:

- Goghrita/Phala ghrita¹⁹/Dadimadi ghrita²⁰/Kalyanaka ghrita²¹/Sukumar ghrita²²/Murchhita Tila taila²³/ Madhuyastyadi taila²⁴
- Dose: Starting from 30 ml as per agni bala (digestive capacity).

Sarvanga Snehana:

- Bala taila²⁵/TilaTaila/Dhanwantara taila²⁶
- Dose- As per quantity required/Samyak Snehana lakshan

Sarvanga Swedan:

- Sarvanga sweda (Steam bath)
- Duration- 8-15 min/Samyak Swedan lakshan

Vaman:

Madan Phala Churna (Randia dumetorum)-2-5gms²⁷ with Vacha Churna (Acorus calamus)-1-2 gms, Pippali Choorna (Piper longum)-1-2gms, Saindhava (Rocksalt)-2 gms and Madhu (Honey)- Q.S.

Virechan:

- Trivrit avaleha- 20-50gms/Ichhabhedi rasa (125 mg)²⁸/Gandharvhashtadi eranda sneha²⁹– 20 – 50 ml with Triphala Kwath or Draksha phanta (Vitis vinifera) as anupan– 50-100ml or Avipattikar choorna³⁰- 30 – 50 gms with warm water or honey as required.

BJ BASTI KARMA (MEDICATED ENEMA THERAPY):

Basti is of two types-

- Shodhan basti
- Snehana basti

1. Shodhan Basti:

- It is used in Santarpan janya vyadhi. Both Niruha and Anuvasana basti are used in Shodhan basti.
- Firstly, three Anuvasana basti will be given then alternate Niruha and Anuvasan basti will be given and it will be ended up by giving Anuvasan basti.
- Karma/Kala/Yoga basti will be given according to need.
- Samyak niruha lakshana will be observed (for example-appropriate elimination of stool, urine and flatus, promotion of appetite and agni, lightness in the body, alleviation of diseases and restoration of natural health and strength)³¹
- Drugs used for Anuvasan basti- Sahcharadi taila³²/Dashmoola taila³³/Lekhana taila etc. Dose- 60-120ml.
- Drugs used for niruha basti- Dashmoola niruha /Lekhana niruha/Varunadi kwatha niruha/ Eranda moola (Ricinus communis) niruha etc. Dose-480-720 ml.

2. Snehan Basti:

- It is used in Aptarpan janya keval vataj vyadhi. Anuvasana or Yapan basti are used in snehan basti.
- Samyak Anuvasana lakshan will be observed (proper manifestation of natural urges without any obstruction, purity of the tissue elements like blood etc, clarity of intellect and senses, good and continuous sleep, lightness and strength in the body)³⁴
- Eighteen Anuvasana basti are essential for samyak snehana and poshana of shukra dhatu.³⁵
- Drugs used for snehan basti- Tila taila/Bala taila/Narayan taila/Dhanwantar taila/Phala ghrita/Dadimadi ghrita/Kalyanaka ghrita/Sukumar ghrita/Baladi yapan/Shatavaryadi yapan. Dose- 60-120 ml.

II. RASAYANA & VAJIKARANA THERAPY: (morning, empty stomach), for example

After Shodhan Therapy for improving qualities of Dhatus and Bala, following Rasayan and Vajikaran drugs can be prescribed.

Female:

- Prajasthapana gana³⁶ like Aendri (Bacopa monnieri), Brahmi (Centella asiatica) etc, these drugs helps in implantation & stabilization of pregnancy.
- Jeevaniya & Brimhaneeya drugs can also be administered like Shatavari (Asparagus racemosus), Guduchi (Tinospora cordifolia), Amlaki (Embllica officinalis), Nagkeshar (Mesua ferrea), Bala (Sida cordifolia).³⁷
- Aushadha Yoga: Amalaki Rasayan³⁸/Lashuna Rasayan³⁹/Shatavari ghrita⁴⁰/Phal ghrita⁴¹/Shatapushpa churna.⁴²

Male:

- Amalaki rasayan⁴³/Ashwagandha rasayan⁴⁴/Shilajatu rasayan⁴⁵/Phala ghrita⁴⁶/Vajikaran ghrita⁴⁷/Chyavanprasha avaleha⁴⁸/Kushmanda rasayan⁴⁹

III. MANASHUDDHI:

Aachaara Rasayana⁵⁰: Behavioral modifications in personal and towards the people in the society. Such practices though they are all 'adravya bhoota chikitsa' (drug-free therapy), helps in developing general health and mental health in particular. It is always true where 'Pragya-apradha' is the root cause of a disease.

IV. YOGA, PRANAYAMA AND MEDITATION:

Satvaavajaya Chikitsa which includes Ashtaanga Yoga and related stress free activities. Yoga has been shown to greatly help promoting general relaxation, reduce anxiety, stress and depression. It helps in clean thought provocation and endeavors.

Indeed, both 'Satvaavajaya' and 'Aachara Rasayana' have same goals and help the married couple to beget a desired healthy baby. Such practices help the woman to be stress-free during pregnancy and during the course of labour.

IV. GARBHADHAN VIDHI:**Background:**

After preparing the couple with above procedures, they should proceed for conception in the next ritukala.

Period of conception-Ritukala⁵¹

After cessation of menstruation, first 12-16 days are considered to be the best period for conception in a menstrual cycle of 28-30 days .

AHARA:**Male:**

- Ghrita, Ksheera⁵², Shali, Shastik, Pakwaamraphala (Mangifera indica), Mamsarasa, Ikshumoola (Saccharum officinarum root), Kharjura (Phoenix sylvestris), dryfruits, Godhuma (Triticum aestivum), Sharkara, Yastimadhu (Glycirriza glabra), Ashwagandha (Withania somnifera), Amalaki (Emblca officinalis), Kshira, Shaali, Madhur Rasa Dravya

Female:

- Her routine diet should incorporate food items like Taila/Masha/Pittala-Dravya/Tila (Sesamum indicum)/Lashuna (Allium sativum)/Kulatha (Dolichos biflorus)/Sarshapa (Brassica juncea)/Matsya/Takra for first 16 days of menstrual cycle in a normal menstrual cycle. After this phase, she can continue with her routine diet.

The place and environment of copulation should be maintained peaceful and pleasant.

MUSIC THERAPY:

Vocal or instrumental –Environment can be made pleasant with music therapy like Nadaghosha, bramha ghosha⁵³

APATHYAVIHARA:

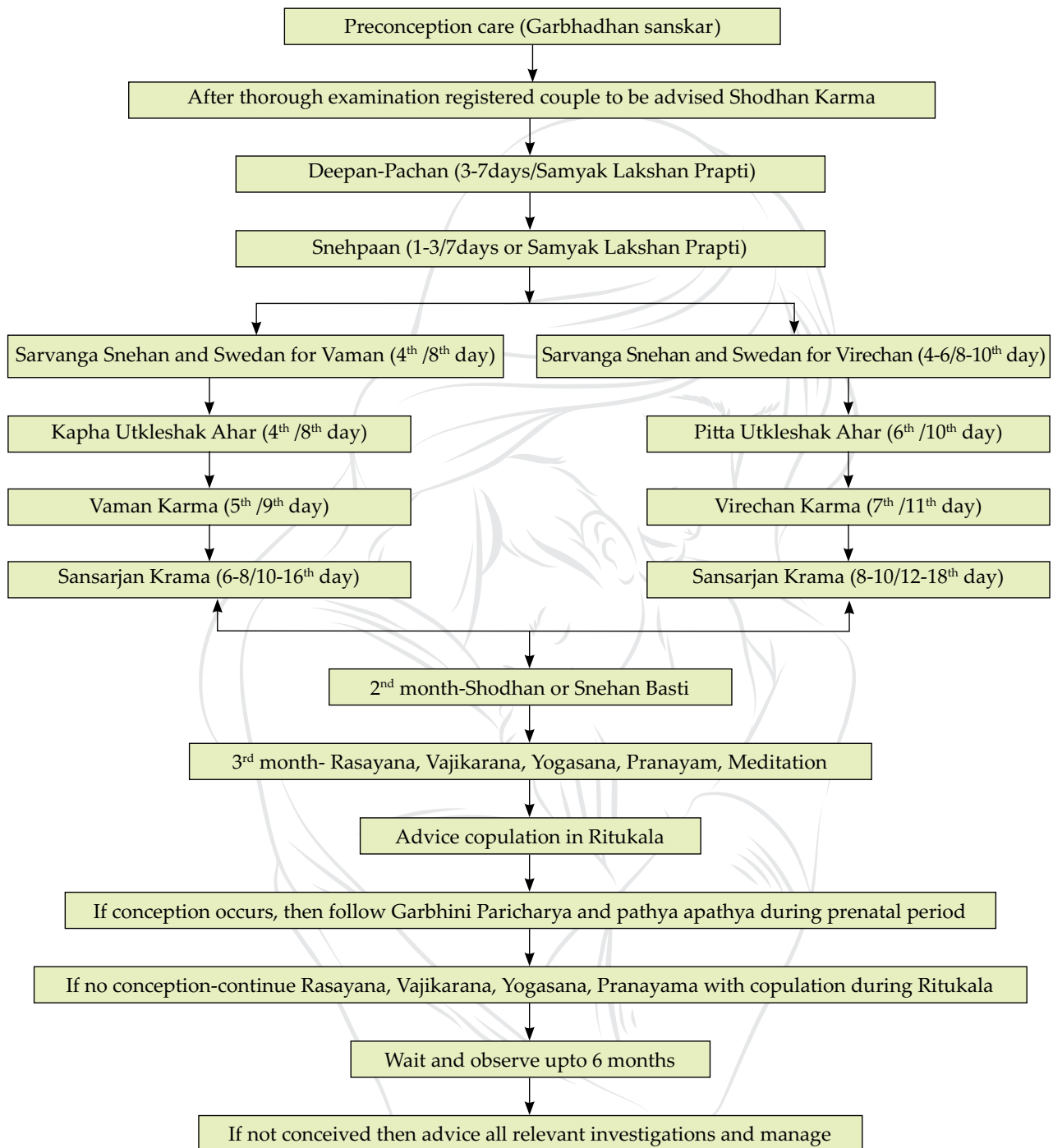
- Vegadharana- supression of natural urges
- Adhwagamana – excess walking
- Ativyayama/Atishrama- excessive exercise/excessive work
- Ativyavaya- excessive sexual intercourse
- Diwaswapna – day sleep, Ratrijagaran-night awakening
- Atiushna annapana - intake of more hot substances

POSTURE FOR COITUS⁵⁴

- Uthanam beejam grihnati (Supine Position)- doshas will be in prakrit sthiti.
- Frequency of coitus – daily/alternate day during fertile period.

Contraindicated conditions for copulation during garbhadhan period⁵⁵

- Coitus should not be done during twilights (dawn and dusk) festival days, early morning, midnight, midday, improper places like open, unclean etc.
- Coitus should be avoided in hunger, thirst, frightened, sorrow, anger.⁵⁶

FLOW CHART OF GARBHADHAN SANSKAR (PRECONCEPTIONAL CARE):

This is the ideal protocol of Garbhadhana explained in the classics to beget a Supraja but in absolutely healthy couple depending on the convenience and time mridu, madhyam and pravara shodhan may be planned by a wise Physician.

II. Standarad Operating Procedures in Garbhini Paricharya (Prenatal Care)

1. BHOOMIKA (INTRODUCTION):

Ayurveda has described a systematic and planned programme for Garbhini i.e Garbhini Paricharya. Garbhini Paricharya emphasize on Ahara, Vihara and Vichara as these have a direct effect on the health of mother and child. The term Garbhini Paricharya is a compound of two separate words i.e Garbhini and Paricharya. Garbhini means a lady in which Garbha is present. In Ayurvedic Science 'char' or 'charya' refers to the 'service' or 'nursing' and Paricharya as the caring in all aspect. The literal meaning of Garbhini Paricharya is an all-round care of pregnant woman. In other words we can say that, a planned Programme of observation, education, and medical management of pregnant lady which is directed towards making pregnancy and delivery a safe and satisfying experience⁵⁷.

In Garbhini Paricharya general as well as specific diet and drug schedule is prescribed for pregnant women⁵⁸. The concept of Masanumasik garbhini paricharya is very explicitly described in Ayurveda which can fulfil the aim of having healthy progeny^{59,60,61} and Sukhprasav (easy parturition).

This integrated regimen supports the pregnant women all through the prenatal, intranatal and postnatal period. Recently issued guidelines of World Health Organization for prenatal care provides integrated care to reduce complications of pregnancy and child birth thereby reducing stillbirths and perinatal deaths.⁶²

The approach of Indian Systems of Medicine relating to the care of the mother and child namely conception, fetal growth, prenatal, intra natal and post natal care are holistic in nature, safe and effective and may reduce maternal and neonatal morbidity and mortality. Routine Prenatal regimen contains prescription of Folic acid, Iron and Calcium preparations and prophylactic vaccines. But these drugs alone do not support gestation completely. Garbhini Paricharya in this regard is an unique concept with elaborate descriptions on quality and quantity of maternal nutrition, lifestyle, psychological status which if followed can bestow a quality child. Diet and medications prescribed here having the rasayana properties not only replenishes the deficiencies instead by having the capacity to reach upto the cellular (and DNA) level can bring about positive changes in primitive cells of the embryo and fetus thereby preventing the possibilities of future diseases.

The rules, regulations and rituals especially regarding Garbhini Paricharya (Prenatal care) described in ancient texts are varied and sometimes subjective. There is a need to have an objective protocol of traditional Garbhini Paricharya (prenatal care) which can be applied in clinical practice. This exercise will help in streamlining the prenatal care and will help to validate ancient knowledge.

Aims and Objectives of Garbhini Paricharya (Prenatal care)-⁶³

- अनुपचाताय- To provide optimum protection to foetus & mother so as to reduce maternal and neonatal morbidity and mortality.
- परिपूर्णतयाय- To ensure continued medical surveillance, prophylaxis and for complete somatic and neural development of the foetus
- सुखप्रसवाय- To prevent or to detect & treat complications if any and achieve normal delivery at term

2. ANTARVATNI NIDAN (DIAGNOSIS OF PREGNANCY):

Prenatal care in Ayurveda begins not from the day of confirmation of Pregnancy. With Garbhadhan Sanskara (Preconceptional Care) as the pregnancies are well planned and not accidental ones, the paricharya also begins from the first day of Conception. In cases where patient is not in follow up for Garbhadhan, it starts from the day of diagnosis of pregnancy followed by systemic examination, investigations, continuous surveillance and management.

Pregnancy is a state of changes in normal physiology along with biochemical and behavioral changes. Hence it needs an effective support in social, cultural, emotional and psychological concerns. Diagnosis of pregnancy should be as early as possible so as to advice for prohibition of factors adversely affecting fetal development.

Symptoms of early pregnancy –Sadyagruhitagarbha^{64,65,66,67}

- Nisthivika (Salivation), Gaurav (heaviness), Angasad (malaise), Tandra (sleepiness), Praharsha (horripilation), Hridvyatha (discomfort in chest region), Tripti (contentment), Srama (Fatigue), Glani (languor), Pipasa (excessive thirst), Sakthisadan (lassitude of thigh), Yoni sphuran (quivering in vagina), Praseka (excessive salivation), Hridayaspandanam (Palpitation)

Symptoms of pregnancy –Vyaktagarbha^{68, 69 70}

Artavaadarshan (Amenorrhoea), Asyasansravan (excessive salivation), Ananabhilasha (dislike for food), Chhardi (vomiting), Arochaka (anorexia), Amlakamata (craving for sour substances), Shraddhapranayanauchavachesubhavesu (alternate desire for high and low articles), Gurugatrata (heaviness in body), Chakshuglani (languor of eyes), Stanasthanousthanamandalakarshnyam (milk secretion in breast, darkening of lips and areola), Shwayathupadayoh (slight edema of feet), Lomarajudgama (development of lineanigra), Yonyachatalatwam (dilatation of vagina), Gandhatudvijataeshubhat (Aversion from good smells), Angasadan (malaise), Kshyamnetratwa (Depression in eyes), Kukshi Gaurav (heaviness in abdomen), Nidra (sleepiness), Jrumbha (yawning), Balakshya (weakness), Vidaha (hyperacidity).

SIGNS OF PREGNANCY:⁷¹

1. Breast Signs:

- ❖ Breast discomfort in the form of feeling of fullness and pricking sensation is evident as early as 6-8th week specially in primigravidae.
- ❖ 13-28 weeks- Breasts are more enlarged with prominent veins under the skin.
- ❖ Montgomery's tubercles are prominent and extend to the secondary areola. Variable degree of striae may be visible with advancing weeks. Colostrum becomes thick and yellowish by the 16th week.

2. Genital Signs:

- ❖ **Goodell's sign:** (6th week) cervix becomes soft.
- ❖ **Palmer's sign:** (4 to 8 weeks) regular and rhythmic uterine contraction
- ❖ **Hegar's sign:** (6 to 10 weeks) lower part of body of uterus become empty and soft
- ❖ **Jaequemier's / Chadwick's sign:** (8th week) dusky hue of the vestibule
- ❖ **Oscander's sign:** (6th week to 8th week) increased pulsation felt through the lateral fornices.
- ❖ **Piskacek's sign:** asymmetrical enlargement of the uterus
- ❖ **External ballotment:** 20th weeks onwards
- ❖ **Internal ballotment:** (between 16 to 28 weeks) the fetus is too small before 16th week for internal ballotment and too large to displace after 28th week.

3. Abdominal Signs:

- ❖ Palpation of uterus and or foetus per abdomen by 14-16th week.
- ❖ Garbha masanu-masika Vriddhi – 'unnata kukshita' - Proportionate increase of the uterus and or foetus in the abdomen.
- ❖ Garbha 'Spandanam' – clinical finding of 'heart beat' is possible around 16 weeks and above and foetal movement (quickening) is around 18-20 weeks. However, ultrasonic heart beat can be elicited as early as 6 weeks of pregnancy.
- ❖ Variable degree of 'kikkisa' (striae) or 'roma raaji' on abdomen, thighs, and waist may be visible with advancing weeks.

Investigations:

- Urine pregnancy test
- Serum beta HCG test
- USG (obs)

3. GARBHINI PARIKSHA – OBSTETRIC EXAMINATION (CRF- Annexure III)

Background:

Systematic supervision (examination and advice) of woman during pregnancy is called Prenatal care. Pregnancy is distinguished by a multitude of physiological and endocrine adjustments directed towards the creation of an optimal environment for the fetus. Every organ system in the expectant mother as well as her personality are intimately involved in this complex process. The changes in the reproductive system is duly supported by secondary adjustments of other organ systems. Hence a detailed examination of pregnant woman along with assessment of fetal growth is necessary for successful outcome of pregnancy.

Schedule of Visit:⁷²

First visit should be with early suspicion of pregnancy. One visit is compulsory at interval of four weeks up to 28 weeks, at interval of 2 weeks up to 36 weeks, thereafter weekly till delivery.

Emergency visit –as and when required.

Examination Comprises of Following:

History Taking:

- This will give an idea about personal hygiene, socio-economic and health status of woman.
- Data of identification such as name, age, address, nationality, aadhaar or citizenship card number, occupation, note on LMP and EDD by Naegle's formula is one important part of history taking.
- List of complaints with duration; History of present illness or pregnancy; Past history of medical/surgical illness; Family history of health in particular to communicable, congenital, consanguinity and chronic diseases; Personal history about habits, addictions and drug allergy, immunization/vaccinations, marital status, menstrual history, conjugal life and contraception; Detailed obstetric history.
- However, history taking never ends till the patient is finally diagnosed by rest of the methods of examinations and treated accordingly.

General Examination:

- Physical Examination from hair to toe including 'Vital Data' (Blood Pressure, Temperature, Respiration Rate, Lung Sounds, Heart Rate and Sounds, fluids input and output) shall be conducted by applying the suitable methods from the following as and when a part of the body is examined-
 - Twofold method- Dwividha (Pratyaksha and Anumana) Pariksha,
 - Threefold method- Trividha, (Dwividha + Aaptopadesha or Darshana, Sparshana, Prashna)

- Fourfold method- Chaturvidha (Trividha + Yukti)
- Fivefold method- Panchavidha (Panchendriya Pariksha)
- Sixfold method- Shadvidha anga-pratyanga (Shadanga – 1 shiro-greeva, 1 uro-udaram and 2 oordhwa shaaka and 2 adhah shaaka)
- Eightfold method- Ashtavidha (Naadi, mootram, malam, jihvaa, shabda, sparsha/twak, drik and aakriti) Pariksha
- Tenfold method- Dashavidha (Prakriti, Vikriti, Saara, Samhanana, Saatmya, Satva, Pramaana, Vyaayaama Shakti, Aahaara Shakti and Vayah) Pariksha

Systemic Examination

- A systemic examination shall be carried out on the basis of the information gathered by the above said methods and can be decided which part or parts of the body are involved in the process of disease.
- Thus, the examination of Dosha, Dhaatu, Mala, Srotas, Agni and Prakriti is established (amshaamsha kalpana) and so also the diagnosis of the disease or diseases with one and above complications or even without a single complication.
- Examination of Praanavaha, Rasavaha, Raktavaha, Udakavaha and Annavaha Srotas is important to assess the Growth and Development of the foetus whereas Maamsavaha, Mootrvaha, Pureeshavaha and Asthivaha Srotas are important in addition for the outcome of the child-birth.

Local Examination

- From the general examination, evaluation of local parts or organs is especially paid attention to know about the changes that occur in the genital tract and breasts.
- Uterus becomes abdominal organ during pregnancy therefore abdominal examination is a must under local evaluation.
- Similarly, the chest examination for the breasts, as changes takes place in breasts during pregnancy.

Obstetric Examination:

I] Breast:

Darshan (Inspection): Changes in skin, areola and nipple

Sparshan: palpation of breast for any lump, tenderness, discharges from breast (normal/abnormal)

Prashna: pain, lump, discharge from nipple.

II] Per abdominal Examination:

a) Darshan Pariksha (Inspection):

Linea Nigra: Linear pigmented zone extending from symphysis pubis to ensiform cartilage may be visible as early as 20th week.

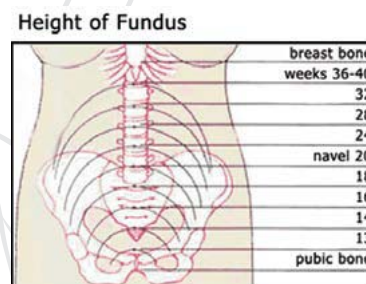
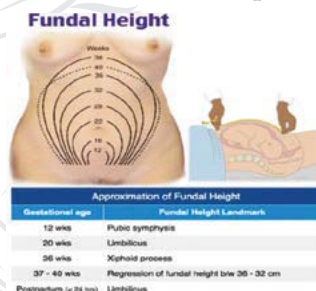
Stria Gravidarum (kikkisa): Striae both pink and white of varying degree are visible in the lower abdomen, more towards the flank.

Previous scars/Skin infection/Herniation/Status of umbilicus

b) Sparshan Pariksha (Palpation):

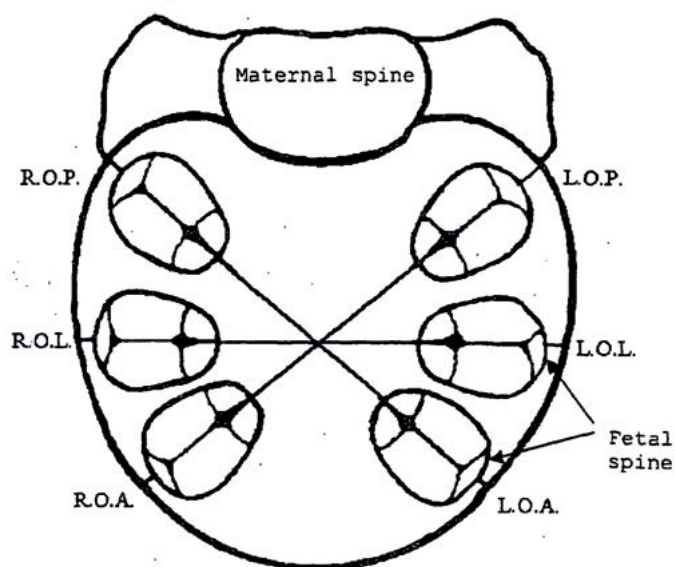
Abdominal Girth: It increases by about 2.5cm per week beyond 30 weeks and at term measures about 95-100cm.

Fundal Height: fundal height increases with progressive enlargement of uterus, approximate duration of pregnancy can be estimated by noting the height of uterus in relation to different levels in abdomen (fig- 1,2,3). After 24weeks the Symphysis fundal height measured in cm corresponds to number of weeks upto 36weeks, variation of +/-2cm is accepted as normal.



Presentation: cephalic/podalic/other

Position (fig):



Foetal Movement: present/absent

Auscultation:

FHS: to be calculated at highest intensity point for 1 minute, FHS should be checked for regularity in rhythm. FHS normal range-FIGO 110bpm-150bpm.

c) Prashna Pariksha: Woman should be enquired for any variation in fetal movement, pain abdomen.

III] Per vaginal Examination:

Vaginal Examination should be done very gently, it can be omitted in cases with previous history of miscarriage, occasional vaginal bleeding in present pregnancy. It is done in the Prenatal clinic when the patient attends the clinic for the first time before 12 weeks in order to assess the following:

1. To diagnose the pregnancy,
2. To corroborate the size of uterus with the period of amenorrhoea
3. To exclude any pelvic pathology.

Vaginal examination (if necessary) is again done in 20th week of pregnancy in order to assess cervical length and competency.

Vaginal Examination is done at the time of Labour for pelvic assessment (adequate pelvis/ Cephalopelvic disproportion/Contracted pelvis), foetal presentation and also to assess the progress of labour.

4. NAIDANIK PARIKSHAN (INVESTIGATIONS IN PREGNANCY):

Though pregnancy is physiology to identify the encroaching pathologies there is a need to pay attention to all the pregnancy cases very minutely. The investigations should be earlier and proper protocol must be followed for the foundation of healthy motherhood. The protocol for investigations include biophysical, biochemical and pathological assessment.

After confirmation of pregnancy, following investigations are to be done after proper counseling. Written consent of women should be taken.

1. Complete blood count (CBC) to be done and Haemoglobin (Hb) to be repeated at 20th weeks, 28 weeks, 36 weeks and just before delivery (if anaemia present then the test is repeated as and when required)
2. Blood group with Rh factor
3. BSL (fasting and post prandial)
4. Thyroid function test (TFT)
5. HIV
6. Hepatitis- B

16

7. VDRL
8. GTT (24 – 28 weeks)
9. Urine analysis - routine and microscopic examination to be done and urine sample to be checked for albumin and sugar at every prenatal visit.
10. USG –
 - ❖ First trimester scan either transabdominal or transvaginal for confirmation of intrauterine live pregnancy after 6 weeks or at first visit. It gives idea about following:
 - ★ Early pregnancy
 - ★ Accurate dating
 - ★ Number of fetuses
 - ★ Gross foetal anomalies
 - ★ Any uterine or adnexal pathology
 - ★ Rule out ectopic pregnancy.
 - ★ Cardiac activity
 - ★ Scan (between 11-13wks)

NT scan - diagnosis of neural tube defects.

- ❖ Scan during 18- 20 weeks (level -2 / TIFFA scan)
 - ★ Assessment of detailed Foetal anatomy
 - ★ To detect any structural abnormalities
 - ★ Location of Placenta
 - ★ Evaluate foetal growth.
 - ★ Amniotic fluid index.
 - ★ Cervical length and Competency.
- ❖ Scan in third trimester (after 32 weeks)
 - ★ Placental maturation
 - ★ Evaluation of amniotic fluid
 - ★ Foetal weight
 - ★ Foetal presentation
 - ★ Foetal well being

Ultrasonography can be repeated in special cases like suspicion of IUGR, Oligohydramnios etc.

Special investigations to be performed as per need	
•	HbA1C
•	Indirect coomb's test
•	TORCH profile
•	Cervical cytology screening/ Pap smear
•	PAPP-A (Pregnancy associated plasma protein- A), Tripple test, Quadruple test.
•	Hb electrophoresis [sickling early and late in sickle cell anaemia prone areas]

If any High risk factors are observed, additional investigations should be done for e.g.

1	PIH	LFT, RFT, Haemogram, Coagulation Profile
2	GDM/DM	BSL monitoring, HbA1C
3	ANAEMIA	Haemogram with PBS, HPLC in chronic anaemia
4	PIH, IUGR	Obstetric Colour Doppler
5	For fetal wellbeing assessment	NST (after 30 weeks) Biophysical profile
6	History of previous congenital anomalies or Consanguinous marriage	Amniotic fluid analysis and other relevant investigations, Karyotyping

PRENATAL ADVICE:

Prenatal advice consists of Dietary advice, Monthly regime, Medicines, Immunization, Vihar (Life style modifications), Yogasanas, Pranayama, Meditation and others.

5. GARBHINI AHARA (DIETARY REGIMEN)

5a. Background :

The primary objectives of dietary regimen are to provide optimum protection to foetus and mother, to achieve complete somatic and neural development of the foetus. The diet is planned considering the monthly requirement of fetus for its proper development. The diet of pregnant woman after proper digestion, eventually leads to nourishment of women's body, formation of breast milk, nutrition to the foetus.⁷³ The diet of a pregnant woman should be madhur, hridya, sheeta, drava, pradhan, pleasant to heart and mind, in appropriate time and quantity based on her agni bala, desha, kala and satmya. Unctuous food elements like milk, ghee, butter etc, should be medicated with appetizer in order to prevent agni mandya.

5b. Masanumasika Ahara (Monthwise Specific Diet Regimen)^{74,75,76,77,78,79}

First month:

- ❖ Non medicated milk (Anupsanskrit)—Repeatedly in desired quantity

- ❖ Semisolid diet-Laja/Mudga (Phaseolus radiatus) Soup/Saktu- 200 ml twice or thrice
- ❖ Congenial Diet—Morning & Evening-Meals-Wheat/Rice/regional grain
- ❖ Madhur, Sheeta, & Drava Diet –like Kheer (Pudding), Daliya, yush (soup)

Second month:

- ❖ Milk medicated with madhura ausadhi like bala, shatavari etc.—Repeatedly in desired quantity
- ❖ Semisolid diet-Laja/Mudga Soup/Saktu- 200 ml twice or thrice
- ❖ Congenial Diet—Morning & Evening-Meals-Wheat (Triticum aestivum)/Rice/regional grain
- ❖ Madhur, Sheeta, & Drava Diet –like Kheer (Pudding), Daliya, yush (soup)
- ❖ Amlamurabba

Third month:

- ❖ Milk 200ml with 5 ml Honey & Ghrita 10 ml
- ❖ Madhur, Sheeta, & Drava Diet
- ❖ Cooked Sasthi Rice with Milk
- ❖ Amlamurabba

Fourth month:

Dauhrida or longings of pregnant lady may reflect from this month onwards many a times it is reflecting lack of particular nutrients.⁸⁰ Hence even though it is unfriendly, it is to be fulfilled to some extent.

- ❖ Milk 200 ml with 10gms butter or Butter extracted from Cow's Milk 10gm
- ❖ Cooked Shasthi Rice with Curd in Afternoon
- ❖ Pleasant food mixed with milk & butter
- ❖ Meat /egg
- ❖ Milk 200 ml with Ghee-10 ml

Fifth month:

- ❖ 200 ml Milk with 10ml Ghee (extracted) twice a day
- ❖ Cooked Shashti Rice with milk
- ❖ Meat soup, along with dainty food mixed with milk & ghrita
- ❖ Yavagu (Rice gruels)
- ❖ Payasa
- ❖ Meat/egg

Sixth month:

- ❖ Ghrita (prepared from Milk) medicated with Madhura gana siddha drugs – 10 ml ghee
- ❖ 50gm Curd with Sugar- once a day
- ❖ Meat /egg
- ❖ Walnuts , almonds- 4-5 in number

Seventh month:

- ❖ Meat /egg
- Madhur Aushadhi Siddha Kshirasarpi 10 ml

Eighth month:

- ❖ Ghritamishrit Yavagu prepared in milk.
E.g.-Kheer 100 ml (one meal).
- ❖ Snigdha Yavagu and Jangal Mamsarasa/nuts/cheese/pulses used till labour

Ninth month:

- ❖ Mamsarasa with odan (cooked rice) prepared in Sneha or Snehayukta Yavagu should be used orally

5c. Samanya Ahara (General Diet)**DIET SCHEDULE:****SMART MOM DIET CHART**

Name: _____ Age: _____ Weight: _____

Diet Prescribed: _____ Doctor: _____

The Diet during pregnancy should be adequate for-

- Maintenance of mother's health
- Need of the growing fetus
- Successful lactation
- Development of uterus

A. Diet in First Trimester

Diet in first trimester should be frequent liquid or semisolid, sweet and unctuous, depending on satmya and agni any of the following recepies may be recommended.

Recommended Intake for Pregnant Women in First Trimester (Moderate Worker):**Calories: 2166kcal****Protein: 78.5 gms****Fat: 35gms****SAMPLE MENU:**

Meal Time	Menu	Ingredients	Quantity(gms)
Bed Tea	Soup fortified with navaneet	Laja Ghee	15gm 5gms
	Dry Fruits:- Fig, Black raisins, Dates, Almond, walnut (in small quantity).	Dry Fruits(Soaked)	20gms(1 fist)
	Khair made with Rice/rajgira (Amaranthus)/Ragi/daliya(Crushed wheat) or Laza Manda or Mudga Yush	Cereal/Pulse Milk Sugar	30 gms 200ml 5 gms
Midmorning	Draksha (grapes)/Amalaki (Indian goose berry)/Anaar (pomogrenate)/Chiku/ Apple/Banana/ Orange/ Strawberry/Coconut.	Fruits	150gms(3/4 cup)
Lunch	Vegetable soup/Cereal Soup (preferably mudga)	Cereal/Dal	15gms
	Phulka/Roti (wheat/rice/ jowar)/Mudga khichdi or pongal/Rice (preferably shali and sasthika)	Cereal	60gms/1 cup
	Dal/Meat/Egg/Paneer	Dal	30gms/100gms/ 2 in no./ 60gms
	Green Vegetable	Veg	¾ cup(150gms)
	Half steamed vegetable salad	Other veg	50gms(7-8 slices)
	Ghee/oil	ghee	5 gms
	Fresh lemon sweet pickle or amla murabbha		
	Sugar	5gms	
	Buttermilk/Lassi	Milk	150ml

At 4pm	Seasonal Fruits	Fruits	150gms(3/4 cup)
At late evening	Rice parched paddy/ Laddu-home made rajgira, ragi/ Moong dosa with coriander chutney/ Ragi dosa with coriander chutney	Cereal/Dal Oil	15gms 5gms
		Milk	200ml
	Milk	Sugar	5gms(1 tsp)
Dinner	Phulka/Roti (wheat/rice/ jowar) / khichdi	Cereal	2 nos/1 cup(60gms)
	Dal/ Meat / Egg/ Paneer	Dal	1cup(30gms)/ 100gms/ 2 in no./ 60gms
	Green Vegetable	Veg	150gms(3/4 cup)
	Half steamed vegetable salad	Other veg	50gms(7-8 slices)
	Ghee/Oil	Ghee	5 gms(1 tsp)
	Lapsi/Payasa	Cereal	20gms(1.5 tbsp)
		Milk	100ml
		Sugar	5gms(1tsp)
Bedtime	Milk	Milk	200ml
	Ghee	Ghee	10ml

Daily Allowances:

- Milk & milk products : 850ml Fat : 25 gms
- Cereals : 215gms Sugar – 25 gms
- Fruits : 300 gms Vegetables : 400 gms
- Salad : As Desirable
- Pulses : 60-75 gms 1 exchange of Dal (30gms) is =Meat/Egg/Paneer/Dal : 100gms/2 in no./60gms



Recommended Intake for Moderate Pregnant Women in 2nd & 3rd Trimester:

Calories: 2570kcal

Protein: 86gms

Fat: 50gms

Meal Time	Menu	Ingredients	Quantity(gms)
Bed Tea	Milk	Milk	200ml
	5-7 Almonds or 2 walnuts	Dry Fruits (Soaked)	20gms
	Butter	Cow's butter	2 tsp(10gms)
Breakfast	Upma with coconut chutney added with coriander/ Rajgira dosa with coriander chutney & Ghee/ Halwa (Wheat flour /suji)/Laddu of green lentils/ Parantha with ghee and Groundnut chutney or coriander chutney/Sewai (vermicelli) upma AND Kheer with fullcream Milk Sugar	Cereal/Pulse Ghee Milk(Full Cream) Sugar	1cup/2 no's/1 cup/2 nos/2 nos/1cup/2 nos(30gms) 15gms(3tsp) 200ml 10gms
Midmorning	Any seasonal fruit	Fruits	150gms/3/4 Cup
Lunch	Vegetable soup/ Cereal Soup (preferably mudga)	Dal	15gms(1 tablespoon)
	Roti/Chapati of local grains/ shasthi rice or yuvagu	Cereal	3 nos/1.5 cup
	Dal(Preferably Green gram)/ Meat / Egg/ Paneer	Dal	1 cup(30gms)/ 100gms/ 2 in no./ 60gms
	one bowl vegetable like, Bottle gourd, Snake gourd, Ridge gourd, Sponge gourd, Lady's finger, Spinach, Methi, local available Green leafy vegetables fortified with ghee, cumin seeds	Veg	150gms(3/4 cup)
	Half cooked beet root/carrot/ cucumber/tomato fortified with rock salt and lemon.	Other Veg	50gms(7-8 slices)
	Ghee	Ghee	2 tsp(10ml)
	Buttermilk/Lassi/Curd with Sugar 10gms	Curd/Buttermilk Sugar	½ cup/200ml 10gms

At 4 pm	Seasonal Fruits	Fruits	150gms(3/4 cup)
At 6pm	Tender coconut water / Vegetable soup/Lemon juice/ Soup of lentils	Beverage	200ml
Dinner	Khichdi /Jeera rice /Paratha/ wheat/rice/jowar roti	Cereal	1.5 cup/3 nos's
	dal fry (fortified with cumin seeds and hingu) /Meat / Egg/Paneer	Dal	30gms(1 katori)/ 100gms/ 2 in no./ 60gms
	Green Vegetable	Veg	200gms(1 cup)
	Half steamed vegetable salad	Other veg	50 gms(7-8 slices)
	Lapsi/Payasa	Cereal	15gms
		Milk	150ml
		Sugar	5gms
	Ghee/oil	Ghee	5-10 gms
Bedtime	Milk	Milk	200ml
	Ghee or Butter extracted from Cow Milk 10gm	Ghee Sugar	10ml 5gms

Daily Allowances:

- Milk & milk products : 750ml Fat : 50 gms
- Dal:90gms Nuts:20gms
- Cereals : 240gms Sugar – 35 gms
- Fruits : 300 gms Vegetables : 500 gms
- Salad : As Desirable



Pulses : 60-75 gms 1 exchange of Dal (30gms) is =Meat / Egg/ Paneer : 100gms/ 2 in no./ 60gms

Recommended Intake for Sedantary Pregnant Women in 2nd & 3rd Trimester:



SAMPLE MENU:

Meal Time	Menu	Ingredients	Quantity(gms)
Bed Tea	Milk	Laza	
	5-7 Almonds or 2 walnuts	Dry Fruits (Soaked)	20gms
Breakfast	Upma with coconut chutney added with coriander/ Rajgira dosa with coriander chutney/ Halwa (Wheat flour /suji)/ Laddu of green lentils/ Roti with ghee and Groundnut chutney / Sewai (vermicelli) upma or kheer / paratha with coriander chutney	Cereal/Pulse Ghee	1cup/2 no's/1 cup/2 nos/2 nos/1cup/2 nos(30gms) 10gms
	Milk Sugar	Milk Sugar	200ml 10gms
Midmorning	Any seasonal fruit	Fruits	150gms/3/4 Cup
Lunch	Vegetable soup/ Cereal Soup (preferably mudga)	Dal	15gms(1 tablespoon)
	Roti/Chapati of local grains/ shasthi rice or yuvagu	Cereal	2 nos/1 cup
	Dal(Preferably Green gram)/ Meat / Egg/ Paneer	Dal	1 cup(30gms)/ 100gms / 2 in no./ 60gms
	one bowl vegetable like, Bottle gourd, Snake gourd, Ridge gourd, sponge gourd, Lady's finger, Spinach, Methi, local available Green leafy vegetables fortified with ghee, cumin seeds	Veg	150gms(3/4 cup)
	Half cooked beet root/carrot/ cucumber/tomato fortified with rock salt and lemon.	Other Veg	50gms(7-8 slices)
	Ghee	Ghee	2 tsp(10ml)
	Buttermilk/Lassi/Curd with Sugar 10gms	Curd/Buttermilk Sugar	½ cup/200ml 10gms
At 4 pm	Seasonal Fruits	Fruits	150gms(3/4 cup)

At 6pm	Tender coconut water / Vegetable soup/Lemon juice/ Soup of lentils	Beverage	200ml
Dinner	Khichdi /Jeera rice/ Paratha / wheat/rice/jowar roti	Cereal	1 cup/2 nos's
	dal fry (fortified with cumin seeds and hingu)/ Meat/ Egg/ Paneer	Dal	30gms(1 katori)/ 100gms/ 2 in no./ 60gms
	Green Vegetable	Veg	200gms(1 cup)
	Half steamed vegetable salad	Other veg	50gms(7-8 slices)
	Lapsi/Payasa	Cereal	15gms
		Milk	150ml
		Sugar	5gms
	Ghee/oil	Ghee	5-10 gms
Bedtime	Milk	Milk	200ml
	Ghee or or Butter extracted from Cow Milk 10gm	Ghee Sugar	10ml 5gms



Daily Allowances:

- Milk & milk products : 750ml Fat : 30 gms
- Dal:90gms Nuts:20gms
- Cereals : 180gms Sugar – 35 gms
- Fruits : 300 gms Vegetables : 500 gms
- Salad : As Desirable

*Pulses : 60-75 gms 1 exchange of Dal(30gms) is =Meat/Egg/Paneer : 100gms/ 2 in no./ 60gms

*Water medicated with Swarna and Raupya can be taken in all trimesters of pregnancy.

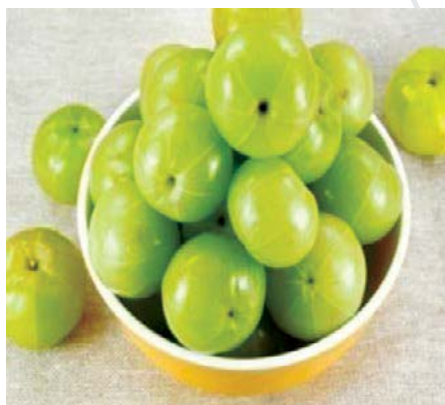
APATHYA AAHAR^{81,82} :

- Fasting for long time.
- Frequent and excessive eating.
- Stale, fermented and heavy foods.
- Pungent, Sour, Salty, Spicy, Fried, tin foods.
- Excessive meat
- Dry food articles: excessive consumption of Bread and other bakery products, Chivada, Bhel, Panipuri, Wadapav.
- Pizza Burger etc. Fast food, excess intake of Papad, pickles, sauce, noodles.
- Fruit salad, mixing of fruits with milk should not be done.
- Cold drinks, excess intake of Tea and Coffee
- Vegetables: Excess intake of Brinjal, Potato, Peas, Beans, Bitter gourd, onion, Garlic, Radish, Methi.
- Fruits: Excessive intake of Papaya and Pineapple .

Effects of consuming following Rasas in excessive quantity on baby⁸³ :

- Sweet (madhur) : Baby will be fat and may develop diabetes
- Sour (amla) : Skin diseases, diseases of eyes and allergies
- Salty (lavana) : Early greying of hairs, wrinkles on skin
- Pungent (katu) : Weak baby, may cause infertility
- Bitter (tikta) : Weak and dry
- Astringent (kashaya): flatulence and erructations

Avoid any type of addictions, alcohol, smoking, tea, coffee and sleeping at late night hour.

6. AUSHADHA (MEDICATIONS IN PREGNANCY):

6a. Background:

Many complications in obstetrics often arise as emergency and without any warning during pregnancy, labour or puerperium. Continued prenatal supervision is much needed to ensure a normal pregnancy and to deliver a healthy baby from a healthy mother. Drugs beneficial for maintenance of pregnancy and for foetal growth should be taken with proper consultation. Though common food and medications have been recommended here depending on desh, kala, ritu and availability alternates can be suggested/prescribed.

eg. Shatawari, Ashwagandha, Durva, Aindri, Brahmi, Patala, Guduchi, Bala, Priyangu etc.

6b. Monthwise Regimen (Medicines in Pregnancy):

First three months:

- ❖ 100ml Milk medicated with Shatavari (*Asparagus racemosus*) / Bala (*Sida cordifolia*) 3-5 gm twice a day
- ❖ Drakshadi leha / kushmanda rasayan – 10 g BD
- ❖ Phalaghrita/Shatavari((*Asparagus racemosus*)siddhaghrita⁸⁴ or Milk / Ghee medicated with available drugs of jeevaniya /brimhaniya gana / madhura ausadhi gana⁸⁵. Dose: 5ml twice a day or 10ml once a day followed by meal

Fourth month:

- ❖ A. Phalaghrita/ Dadimadi ghrita⁸⁶ / Shatavari ((*Asparagus racemosus*) siddha ghrita: 5 ml twice a day or 10ml once a day followed by meal
- B. Shatavari (*Asparagus racemosus*)/ Yashtimadhu (*Glycyrrhiza glabra*) / Vidari (*Pueraria tuberosa*) churna - 3gm twice a day with milk
- C. Kushmand rasayan/ Drakshadi leha/ Shatavari rasayan –10 gm BD with milk
- ❖ Punarnava Mandur⁸⁷/Dhatri Lauha⁸⁸/ Shatavari Mandur⁸⁹/ Mandur Vatak⁹⁰/ SwarnaMakshik Bhasma⁹¹- 250 mg BD
- ❖ Pravalpishti⁹²/kukkutanda twak bhasma⁹³/ muktashukti pisti ⁹⁴–125- 250 mg BD

Fifth month:

- ❖ A. Phalaghrita/ Shatavari (*Asparagus racemosus*)ghrita: 5ml twice a day or 10ml once a day followed by meal
- B. Shatavari (*Asparagus racemosus*)/ Yashtimadhu (*Glycyrrhiza glabra*)/ Manjistha (*Rubia cordifolia*) / Amrita(*tinospira cordifolia*)-kshirpaka
- C. Kushmand (*Benincasa hispida*) paka –10 mgBD
- ❖ Punarnava Mandur/Dhatri Lauh/Shatavari Mandur/ Mandur Vatak/ SwarnaMakshik Bhasma/ kasisa bhasma⁹⁵ - 250 mg twice
- ❖ Pravalpishti /kukkutanda twak bhasma/ muktashukti pisti –125- 250 mg BD
- ❖ Swabhyanga - mridu abhyanga by self with bala taila/ tila taila

Sixth month:

- ❖ A. Dadimadi ghrita/ Draksha ghrita⁹⁶ / brahmi ghrita⁹⁷: 5ml twice a day or 10ml once a day followed by meal
- B. Shatavari (*Asparagus racemosus*)/ Yashtimadhu (*Glycyrrhiza glabra*)/ Manjistha (*Rubia cordifolia*)/ Sariva (*Hemidesmus indicus*)/Gokshur (*Tribulus terrestris*) churna-3gm twice a day with milk
- C. Kushmand (*Benincasa hispida*) paka - 1 tsf twice a day
- ❖ Punarnava Mandur/Dhatri Lauha/Shatavari Mandur/ Mandur Vatak/ SwarnaMakshik Bhasma/ kasisa bhasma - 250 mg twice
- ❖ Pravalpishti /kukkutanda twak bhasma/ muktashukti pisti –125- 250 mg BD
- ❖ Yavagu (100 ml) medicated with Gokshura (*Tribulus terrestris*)/ gokshurasidha ghrita 10 ml BD
- ❖ Shankhapushpi (*Convolvulus pluricaulis*) swaras-5 ml twice or Shankhapushpi (*Convolvulus pluricaulis*)/Bramhi (*Centella asiatica*) Churna 3gm twice a day with 5ml goghrita
- ❖ Swabhyanga - mridu abhyanga by self with bala taila/ tila taila

Seventh month:

- ❖ DadimadiGhrita/ Balamoola (*Sida cordifolia* root) Ghrita⁹⁸/ Sukumar ghrita⁹⁹ - Dose:5gm BD with milk.
- ❖ Prithakparnyadi Ghrita¹⁰⁰/ vidaryadi -empty stomach 5gm BD.
- ❖ Punarnava Mandur/Dhatri Lauh/Shatavari Mandur/ Mandur Vatak/ SwarnaMakshik Bhasma/ kasisa bhasma - 250 mg twice
- ❖ Pravalpishti /kukkutanda twak bhasma/ muktashukti pisti –125- 250 mg BD
- ❖ Swaabhyanga - mridu abhyanga by self with bala taila/ tila taila

***In Ayurveda, 8th and 9th month regimen is the speciality of Garbhini paricharya as it is intended for sukha prasava. Basti given in these months achieve purana mala shodhana, garbha marga snehana and vatanulomana. Drugs by acting on enteric and gut local nervous system, mechanical reflexes and chemical mediators of labour, facilitate the process of parturition.^{101, 102}**

Eighth month:

- ❖ One Asthapan Basti of kwatha dravyas like Bala (*Sida cordifolia*), Atibala (*Abutilon indicum*), Satpushpa (*Anethum graveolens*), Badar (*Ziziphus jujuba*), tilakalka (*Sesame indicum*) alongwith milk, mastu, taila, lavana, Madanphala (*Randia dumetorum*), honey, ghrita 250 – 400 ml at 36 weeks preceeded and followed by Anuvasan Basti. (kwatha – 260 ml, milk- 30 ml, mastu -30 ml, taila – 35 ml, ghrita -30 ml, saindhav – 2 gm, honey – 15 ml, madan phala – 1 gm for 400 ml Asthapan basti)
- ❖ Sukhaprasava ghrita¹⁰³ / Ooruvuru ghrita¹⁰⁴– 10 ml BD

- ❖ Punarnava Mandur/Dhatri Lauh/Shatavari Mandur/ Mandur Vatak/ SwarnaMakshik Bhasma/ kasisa bhasma - 250 mg twice
- ❖ Pravalpishti /kukkutanda twak bhasma/ muktashukti pisti –125- 250 mg BD
- ❖ Swaabhyanga - mridu abhyanga by self with bala taila/ tila taila

Ninth month:

- ❖ AnuvasanBasti of MadhurAushadhiKwath Siddha Taila¹⁰⁵/ bala taila / dhanwantara taila / Kadamba Masha Taila¹⁰⁶60-80 ml daily (Total 9 basti) considering the indications and contraindications of basti¹⁰⁷.
- ❖ This should be followed byYavagu orally till onset of labour.
- ❖ Yoni Pichu of size of 3x2cm (or according to the dimension of yoni marga) soaked in 10 ml ofMadhurAushadhiKwath Siddha Taila should be kept for 4-5 hrs(Aamutrakala) for 7 days helps in lubrication of Garbhamarga.Yoni Pichu may be repeated if required after gap of 7 days.¹⁰⁸
- ❖ Sukhaprasava ghrita / Ooruvuru ghrita – 10 ml BD
- ❖ Punarnava Mandur/Dhatri Lauh/Shatavari Mandur/Mandur Vatak/SwarnaMakshik Bhasma/Kasisa bhasma - 250 mg twice
- ❖ Pravalpishti/Kukkutanda twak bhasma/Muktashukti pisti –125- 250 mg BD
- ❖ Swaabhyanga - mridu abhyanga by self with bala taila/ tila taila

IMMUNIZATION:

Background – In developing countries immunization in pregnancy is routine for tetanus, others are given when epidemic occurs or travelling to an endemic zone or for travelling overseas. Immunization against tetanus not only protects the mother but also the neonate.

In unprotected woman , Inj.T.T 0.5 ml IM at six weeks interval for two such, 1st one to be given as soon as pregnancy is confirmed or between 16 and 24 weeks.

Woman who are immunized in the past , a booster dose of 0.5ml IM is given in the last trimester.

Rabies , Hepatitis A and B, Flu vaccine can be given.

*Live virus vaccines like Rubella, Measles, Mumps, Varicella and Yellow fever are contraindicated.

7. VIHARA (LIFE STYLE MODIFICATIONS):

7a. Background:

Life Style of mother has a pivotal role in the growth and development of foetus. Hence appropriate vihar in a Pregnant mother should be incorporated as per the principles of Ayurveda.

7b. Sharirik Kriya Kalaap (Physical Activities)

Place of residence:

- Ventilated, fumigated free from mosquitoes etc.
- Recitation of hymns, music, instruments etc in home which can relax her and help to maintain a happy mood and positive impact on foetus.

Bowel: Timely bowel and urinal habits.

Bathing¹⁰⁹:

- Daily bath with clean or fragrant water i.e the cold decoction of pulp of Bilwa (Aegle marmelos Corr.), Karpasa (Gossypium herbaceum Linn.), Rose petals (Rosa centifolia Linn.), Jatamansi (Nardostachys jatamansi Dc.), Eranda leaves (Ricinus communis Linn.) / Vataghna patra / Jivaniya gana dravyas or water prepared with Sarvagandha drugs (fragrant or drugs with essential oils) should be used for bathing of pregnant woman.
- Lepam with chandana (Pterocarpus santalinus) and karpura (Cinnamomum camphora)¹¹⁰ pleasant and mild odour perfumes may be used.
- Moonlight bath, cool air¹¹¹
- Local Application of Lakshadi oil¹¹²

Clothings¹¹³: She should always wear clean, loose, auspicious, white and light coloured cotton garments and may wear or garments if she likes.

Bedding and Place of resting:

- Pregnant women must be cheerful, relax and pious.
- Sleeping and sitting place should be low, covered with soft cushion with support and should be perfect and very comfortable.
- Mother should take minimum 8 hrs sleep at night and 2 hrs rest at daytime, early to bed and early to rise.

Shoes and belts: High heel shoes/ Chappals should better be avoided in pregnancy. Constricting belt should be avoided.

Dental Care¹¹⁴: Good dental and oral hygiene should be maintained. The dentist should be consulted if necessary.

Care of Breasts: If the nipples are retracted, oil preferably sesame oil should be applied to nipples and should be pulled out through massage.

Yogic Practices: Practice of Yogasana and Pranayama under the supervision of expert is advised.

7c. Manasika (Mental Activities):

Maintenance of mental health along with beneficial diet and mode of living is necessary during pregnancy. Mental health not only provides good physique but also Good Sanskara on foetus. Following things are useful for mana prasadan-

- God-Goddess & Gurupujan
- Reading holy books, mind pleasing literature.
- Positive thinking.
- Listening / playing / reciting of soft music.
- Enjoyment in nature.
- wearing of ornaments and flowers if interested.
- Use of soft perfumes.
- Pranayama for mental health and stability as Prana-Indriya-Mana have co-relation.
- Meditation.

8. GARBHOPGHATKAR BHAVAS (Factors adversely affecting the Foetus)

APATHYA VIHAR :

Following mode of life and dietics may have adverse effect on fetus.

- harsh and violent activities
- travelling on rough roads, speeding and jerky vehicles
- wearing red and dark coloured clothes
- sitting and sleeping on hard and irregular surface.
- squatting / bending or standing postures for longer duration, abnormal body postures.
- Sleeping in supine position - second trimester onwards
- Smoking, narcotic & sedatives drugs, alcohol.
- Activities much beyond one's own capacity
- Activities contrary to the indriyas
- Coitus should be strictly avoided in cases like recurrent abortions, H/O preterm deliveries, low lying placenta.
- Suppression of natural urges
- Excessive exercise
- Swedan and panchkarma like vamana, virechana, nasya and raktamokshana.

- Work which exerts pressure on abdomen.
- Prolonged stay in hot sun and fast wind.
- looking, hearing or reading things which create fear, terror and strain, stressful condition, worry, anger, fear, grief.
- Visiting lonely places and cremation ground.
- Acts likely to promote anger, disgrace, talking in high pitch.
- Peeping from height in well/multi storey building terrace etc.

COMMON RULES FOR PREGNANT WOMAN HAVING JOBS AND SERVICES

- Don't make hurry at office time & leave home earlier.
- If daily traveling, avoid jerky vehicles and have a comfortable journey.
- Harsh walking job should be avoided in this period.
- Intermittent rest in standing job.
- Longtime sedentary work should be avoided, pregnant lady must change her posture or take a walk for 5-10 mins every 2 hours.
- Harsh and stressful work to be avoided.
- Avoid night-awakening work.
- Leave home with heavy breakfast.
- Tiffin should not contain only dry cooked vegetables and roti, but also include Dal, Milk, Butter, Ghee, Butter milk, Lemon or a fruit.
- Food should be nutrient and warm.
- Avoid long gaps amid two meals instead take light food in between.

9. YOGASANA, PRANAYAM AND DHYANA (POSTURES, CONTROLLED BREATHINGS AND MEDITATION)

Background:

Prenatal Yoga can be very helpful in maintaining normal healthy pregnancy and preparing for labour as it teaches the mother to take cues from her body and maximize its natural potential. There are many different kinds of Yoga, but most of the poses can be altered to fit the abilities and need of any individual pregnant woman. Some documented benefits of prenatal yoga are reduction of maternal stress and anxiety, reduction of pregnancy related pain, improves quality of sleep during pregnancy and improves overall birth outcomes.

Rules for Yogasana and Pranayam:

- Preferably done in the morning on empty stomach.
- Not upto 3 hours after full diet.

- Asanas to be done after emptying of bladder and bowel.
- Ensure good ambience.
- Body movements should be slow, natural and easy, avoid harsh and forceful stretching of the body.
- Maintain regular respiration.

ASANAS PREFERRED IN PREGNANCY:¹¹⁵

Warm up for Yogasanas:

Warm up helps pregnant lady to get ready for the yoga session, also relaxes the body thereby preparing the body for asanas. Following warm up can be advised:

Lower limb relaxation:

- ❖ Padanguli naman (toe bending)
- ❖ Gulph naman (ankle bending)
- ❖ Gulph chakra (ankle rotation)
- ❖ Gulph choornan (ankle crank)


Upper limb relaxation:







- ❖ Mushtika Bandhana (hand clenching)
- ❖ Manibandha Naman (wrist bending)
- ❖ Kehuni Naman (elbow bending)
- ❖ Skandha Chakra (Shoulder socket rotation)





Head and neck movements:

- ❖ Greeva Sanchalna (Neck movements)

TRIMESTERWISE YOGASANAS:

Yoga-Asanas	Months	Benefits	Images
Katichakrasana ¹¹⁶	First to Ninth month	<ul style="list-style-type: none"> ● Increases flexibility and relieves pain of lumbar and back muscles. ● Feel of lightness in the body. ● Relieves physical strain. 	

Tadasana ¹¹⁷	First to Ninth month.	<ul style="list-style-type: none"> • Maintains physical and mental balance. • Increases blood circulation of spinal muscles. • Increases flexibility of abdominal muscles by stretching. 	
Tiryak-Tadasana ¹¹⁸	First to Ninth month	<ul style="list-style-type: none"> • Increases flexibility of lumbar and back muscles. 	
Vajrasana ¹¹⁹	First to Ninth month	<ul style="list-style-type: none"> • Improves digestion • Decreases symptoms like burning chest and nausea. • Improves blood circulation in pelvic region. • Increases flexibility of vaginal muscles. 	
Ardhatitli Aasana ¹²⁰	Fifth to Ninth month	<ul style="list-style-type: none"> • Muscle relaxation of thighs and knees. • Increases flexibility of pelvic muscles. 	
Purnatitli asana ¹²¹	Seventh to Ninth month	<ul style="list-style-type: none"> • Muscle relaxation of thighs and knees. • Increases flexibility of pelvic muscles. 	
Vakrasana ¹²²	Third to Ninth month.	<ul style="list-style-type: none"> • Relieves back and lumbar pain. • Increases flexibility of back and lumbar muscles. 	

Marjarasana ¹²³	Sixth month	<ul style="list-style-type: none"> Relieves back pain Strengthening of back muscles. 	
Matsyakridasana ¹²⁴	Fourth to Sixth month	<ul style="list-style-type: none"> Improves digestion. Relieves constipation. Improves blood pressure. Gives comfort to leg muscles. Prevents fat accumulation at lumbar region. 	
Shavasana ¹²⁵	First to Ninth month	<ul style="list-style-type: none"> Maintains physical and mental balance. To relieve mental and physical strain 	
Pranayama ¹²⁶ Anuloma Viloma, Sheethali, sheetkari, Bhramari	First to Ninth month	<ul style="list-style-type: none"> Alleviation of mental strain and anxiety. Working capacity of heart and lungs increased. Improves blood circulation. Beneficial for fetal growth. Easy parturition Improves bearing down capacity during labour. 	

DHYANA (MEDITATION)^{115b}

Meditation plays an important role in pregnancy. OM meditation and Mantra chantings are prescribed in pregnancy state. Mantra especially:

Puranam Adesh Purnam Idam
Purnat Purnam udachyate |
Purnasya Purnam Adaya
Purnam Evavashishyate ||

is advised during pregnancy which helps in complete foetal development.

Benefits of Meditation:

1. In first trimester chanting and mantras creates a healthy environment for the foetus in womb. Here sanskaras get the seedling.
2. It facilitates healthy growth of the baby.
3. Mantras brings calmness in body and helps in easy parturition.¹⁵⁸

10. GARBHINI VYAPADAS (MINOR AILMENTS IN PREGNANCY):**1. Hrillasa and Chhardi (Nausea & Vomiting)¹²⁷:**

Specially in the morning.

Treatment:

- Assurance.
- Move the limbs for few minutes before getting out of bed.
- Avoidance of excessive liquid on empty stomach.
- Drugs like Kamdudha rasa 250mg twice a day
- Bilvamajja (Aegle marmelos)+ Laja (Oryza sativa) Manda : 5gm with 50ml laja manda
- Dhanyak (Coriandrum sativum) kalka 5gm /Madiphala rasayan 10 ml BD / Dadima avaleha¹²⁸ 10 ml BD/ Nayopayadi Kashaya¹²⁹ / Gairik(Red ocre) churna 1gm twice a day/ Chandan (Santalum album) churna 3gm twice a day

2. Katishoola(Backache):**Etiological factors:**

- Relaxation of pelvic joints.
- Faulty posture.
- High heel shoes.
- Muscular spasm.
- Urinary, Genital tract infections

Treatment:

- Improvement of posture
- Well fitted pelvic girdle belt.
- Hard bed
- Application of Dashmool Taila, Narayan Taila, Bala taila etc.
- Avoid causative factor
- Yogasanas like Kati chakrasana, Vajrasana, Tadasana, Tiryak Tadasana, Marjarasana.

3. Vibandha (Constipation):

Etiological factors:

- Atonicity of the gut.
- Diminished physical activity.
- Pressure of the gravid uterus on pelvic colon.

Treatment:

- Increase fluid, fibre intake
- Black resins, dry fig, milk + ghee, Amalaki (*Emblica officinalis*)+ luke warm water, Aragwadh majja (*Cassia fistula*) etc.

4. Pindikodveshtana (Leg cramps):

Etiological factors:

- Deficiency of calcium, sodium.
- Elevation of serum phosphorus.
- Constipation
- Vitamin B deficiency
- Reduced intake of fluid

Treatment:

- Calcium & Vitamin B1 supplementation, kukkutanda twak bhasma
- Application of oils like Narayan taila/Dashmool taila/Bala taila etc. on lower limbs.
- Application of local heat.

5. Urodaha (Acidity & Heart burn):

Treatment:

- Semi recline position
- Pathyakar ahara, avoid spicy foods.
- Gulakand/Musta (*Cyperus rotundus*)/Guduchi (*Tinospora cordifolia*)/ Amalaki (*Emblica officinalis*)/Anantamula (*Hemidesmus indicus*)/Yashtimadhu (*Glycyrrhiza glabra*)/ Shatavari (*Asparagus racemosus*)
- Dadimavleha/Dhatryavleha¹³⁰/ kamdudha rasa¹³¹

6. Varicose veins

Treatment:

- a) Varicosity of lower limbs:
 - Elastic Crepe Bandage.
 - Elevation of the leg during rest.

- Abhyanga with asana bilwadi taila¹³²/sahacharadi taila¹³³/pinda taila¹³⁴/mahanarayan taila¹³⁵ in pratiloma direction.

b) Vulval varicosity – Head low position may help.

c) Rectal varicosity (Haemorrhoids) –

- Increase fluid, fibre intake. Avoid straining during evacuation of bowel. Avoid spicy, hot & junk foods.
- Black resins, dry fig, milk + ghee, Amalaki (*Emblica officinalis*) + luke warm water, Aragwadh majja (*Cassia fistula*) etc.
- Application of Local emollients, avoid surgical intervention.

7. Yonigata shweta srava (Excessive Vaginal discharges):

Pregnancy being a state of kledadhikya, there may be mild increase in vaginal discharges.

Treatment:

- Assurance
- Avoid excessive unctuous food like curd, fish etc.
- Local cleanliness, yoni prakshalan with Triphala/ Panchavalkal/ Panchanimbadi Kashaya / Tankan jala.

If discharges are Infectious -manage with suitable treatment

8. Pada shotha (Ankle oedema)¹³⁶:

Kledadhikya in the body (excessive fluid retention) as evidenced by marked gain in weight or evidences of pre eclampsia has to be excluded.

Treatment:

- No treatment is required for physiological oedema. Oedema subside on rest with slight elevation of limbs.
- Avoid excess intake of salt in diet
- Punarnava (*Boerhavia diffusa*) or Gokshura (*Tribulus terrestris*) churna 3gm twice a day with lukewarm water may be given.

9. Kikkisa (itching and linear marks over the abdomen)¹³⁷:

Cause of kikkisa could be displacement of tridoshas.

Excessive stretching of skin.

Treatment:¹³⁸

- Regular practice of of abhyanga after 5th month of pregnancy.
- Navneet prepared with madhura gana aushadhi in the dose of 10gms to be given.
- Badari Kashaya (*Ziziphus jujuba*) alongwith above mentioned yoga.
- Local application of Chandan mrinala kalka or Chandan usheer kalka.

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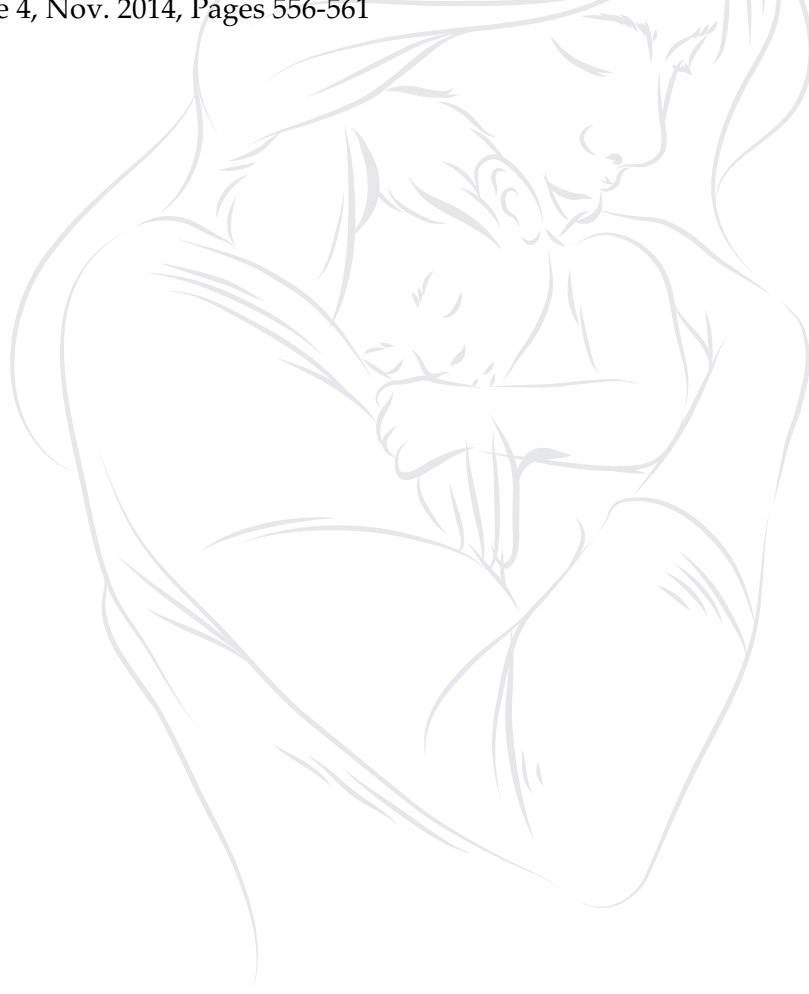
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ANNEXURES

- I. Consent Form*
- II. CRF-Preconceptional*
- III. CRF- ANC*
- IV. ANC and PNC Card*
- V. Indications and Contraindications of Panchkarma*

Annexure I

PATIENT CONSENT FORM

1. I, _____, w/o, d/o _____ R/o _____, unreservedly in my full senses give my complete consent to undergo the investigation, treatment or Panchkarma procedure, _____, ordered by or to be performed by Dr. _____ in this hospital.
2. The nature and anticipated effect of what is proposed including the significant risks and alternatives available have been explained to me. I am satisfied with these explanations and have understood the same.
3. I also consent to such additional or alternative investigations and treatments in the opinion of attending doctor are immediately necessary.
4. I further agree that in his or her discretion, the attending doctor may make use of the assistance of other surgeons, physicians and hospital medical staff (including trainees) and may permit them to order or perform all or part of the investigation, treatment or Panchkarma procedure and I agree that they shall have the same discretion in my investigation and treatment as the attending doctor.
5. I am willing to be shifted to any other hospital at my own risk and when it is decided by the doctor treating me or whenever it becomes necessary to obtain medical care of other specialists or for using the equipment not available in this hospital.
6. I have been explained adequately, the contents of the above information in my familiar language in _____ by the attending doctor and I am signing this declaration only after understanding the same language known to me.
7. I declare that I shall not held responsible the hospital staff / doctors / visiting physicians for any untoward incident.

Dated _____

Signature of patient

Witness _____

(Sign by guardian in case of minor or mentally retarded)

AGAINST MEDICAL ADVICE / ON REQUEST

Name of the patient:

I am responsible for taking the above patient out of hospital against the advice of doctor treating;

I am fully aware of the consequence for not following the doctor's advice.

Date and time:

Signature
(Relationship)

Annexure II

CASE RECORD FORM (CRF) IN PRECONCEPTION

CASE IDENTIFICATION		CASE No:
Name:	O.P.D.No:	I.P.D.No:
Marital Status:	Ward:	Bed No:
Parent/Husband:	D.O.A:	D.O.D:
Age (W/H):	Occupation (W/H):	
Income Status (W/H):	Religion / Community:	
Address:	Provisional Diagnosis:	
.....	Final Diagnosis:	
<hr/>		
CASE HISTORY (Vedana Vrittaanta by Prashna)		
Chief Complaints (Pradhaana Vedana):		
Associated complaints (Anubandha Vedana):		
History of Present Illness (Vedana Vrittaanta in chron. order):		

Gynaec/Menstrual History (Ritu Vrittanta):

Age of menarche-	L.M.P:	Cycle Interval-
Period-	Quantity-	Consistency-
Colour-	Odour-	Pain, if any-
Discharges, if any-		Others, if any-

History of Conjugal Life & Contraception (Laingika Jeevana Vrittanta):

Frequency of coitus-	Sexual perversions-
Contraception type-	Others, if any-

Obstetric History (Prasava Vrittaanta):

		G	P	A	L	D	LCB
Gravida	Ante-partum	Intra partum	Post partum	Newborn	Lactation		
G1							
G2							
G3							
G4							

History of Past Health (Poorv Arogya Vrittanta):

Medical-

Surgical-

History of Family Health (Parivara Arogya Vrittanta):

Consanguinity (Gotreeya)-	Congenital (Janma jaata)-
Contagious (Sankraamaka)-	Chromosomal (Beeja doshaja)-
Chronic diseases (Jeerna/dhatu gata vyadhi)-	

Personal History (Personal details of Ahara, Vihara and a part of Ashta shtana):

Literacy (Vidya)-	Socio-economical Status (Samajik-aarthik niyojan)-
Hygiene (Swastha Vritta)-	Community relations (Sadvritta)-
Exercises (Vyayama)-	Emotions (Satva)-
Food habits (Ahara)-	Addictions (Vyasana)-
Appetite (Agni)-	Digestion (Jeerna Shakti)-
Bowel habits (Mala)-	Bladder habits (Mootra)-
Sleep pattern (Nidra)-	Others, if any-

PHYSICAL EXAMINATIONS

General Examination (A part of Ashta Sthana and Anga-pratyanga Pariksha):

General Appearance / body built (Akriti)-

Skin (Twak / Sparsha)-

Height (Dairghya)-

Weight (Bhaar)-

Complexion (Varna)-

Temp (Taopa)-

Pulse (Naadi)-

B.P (Rakta Peedana)-

Facies (Vadana)-

Scalp Hair (Kesha)-

Tongue(Jivha)-

Eyes (Drik)-

Ears (Shabda)-

Head (Shiras)-

Neck (Greeva)-

Axilla (Kaksha)-

Inguinal (Vankshana)-

Upper Limbs (Urdhva Shakha)-

Lower Limbs (Adhah Shakha)-

Systemic Examination (Detailed examination of Srotas):

CNS (nadi-manovaha)-

CVS (rasa-rakta vaha)-

RT (prana-shwasa vaha)-

UGIT (jeerna-anna vaha)-

LGIT (mala-pureesha vaha)-

UT (mala-mootravaha)-

Others, if any-

Local Examination (Pradeshika Anga Pratyanga Pariksha):

Breasts (Right and Left Stana Pariksha by Inspection & Palpation)-

Lactation-

Bust-

Areola-

Nipple-

Axillae-

Abdomen (Udara Pariksha)-

Inspection-

Palpation-

Percussion-

Auscultation-

Pelvic/Genital Examination (Shroni/Yoni Pariksha by Visual, Speculum, Scope methods of Inspection and Single/Double Digital, Bi- manual methods of Palpation):

Pelvimetry & Pelvic adequacy (Shroni Pramana)-

External genitalia(Bhaga)-

Vaginal Canal(Apatya patha)-

Cervix(Garbhashaya mukha)-

Uterine Body (Garbha Shayya)-

Fornix

Oviducts (Beeja vaahini)-

Ovaries (Antah Phalou)-

Urinary Tract examination (Mootrashaya Pariksha by Inspection & Palpation):

Rectal Examination (Malashaya Pariksha by Digital Palpation):

INVESTIGATIONS (Yukti Pramanekarana by Path-lab and imaging with dates):

A) Routine Tests

1) Urological -

2) Stool -

3) Haematological – Haemoglobin: Total Cell Count: WBC- RBC-
 Differential Cell Count % : N..... L..... E..... M..... B.....
 ESR: 1st hour..... 2nd hour..... Group- A / B / AB / O Rh. Type (D)- + ve / -ve
 VDRL- NR / Reactive..... in dilutions MP: + ve / - ve
 Sugar- RBS..... FBS..... PBS..... GTT.....
 Others, if any-

B) High risk / BOH / Infertility Profile (with dates)

- 1) Blood for HIV- I / HIV- II: + ve / -ve
- 2) Blood for HBS Ag & HBeAg + ve / -ve
- 3) Blood for LFT: Sm. Bilirubin SGOT SGPT Alk. Phosphates
- 4) Blood for RFT: Urea- Creatinine- Uric acid-
- 5) Blood for TORCH test-
- 6) Blood for Hormone assay (TSH-FSH-LH-Prolactin-DHEAS-Testosterones)
- 7) Imaging- X-Ray / CT / MRI of Chest / Abdomen / Pelvis HSG / IVP / Insufflation
- 8) Ultra Sound (TAS / TVS)-
 First Visit:
 Subsequent Visits:
- 9) Laparoscopy-
- 10) ECG / 2-D Echo-
- 11) Urine- Culture and Sensitivity
- 12) HPE- Smear / FNAC / Biopsy
- 12) Karyo typing/Genetic study- 13) Immunological Study-
- 14) Others, if any-

DISCUSSION & CONCLUSION (Samprapti Amshamsha kalpana):

Causative factors (Vyadhi Hetu)-

Clinical Picture (Poorva Roopa and Roopa)-

Pathogenesis (Samprapti ghataka-sammoorchana)-

Exciting and Subsiding Factors (Upashaya-anupashaya)-

Complications & Grave Signs (Upadrava & Arishta)-

Discussion (Samprapti Vicharana)-

Differential Diagnosis (Saapeksha Nidana)-

Conclusion (nirnaya)-

Provisional Diagnosis (Sambhaavita Vyadhi):

FINAL DIAGNOSIS (Rog vinischaya):

Prognosis (Sadhyasadyata by assessing Pravara-Madhyama-Avara 'bala' of Roga and Rogi through 'Dasha Vidha Pariksha'):

MANAGEMENT (Chikitsa vyavastha)

SHAMANA CHIKITSA (Conservative Management):

Bahya Chikitsa (External / Physical Medicine)-

Abhyantara Chikitsa (Internal Medicine)-

1. 2.
3. 4.

PATHYA-APATHYA:

Ahara (food regime)-

Vihara (life style)-

SHODHANA CHIKITSA (Medical / Surgical Bio-Cleansing):

Pancha Karma/Shalya Chikitsa:

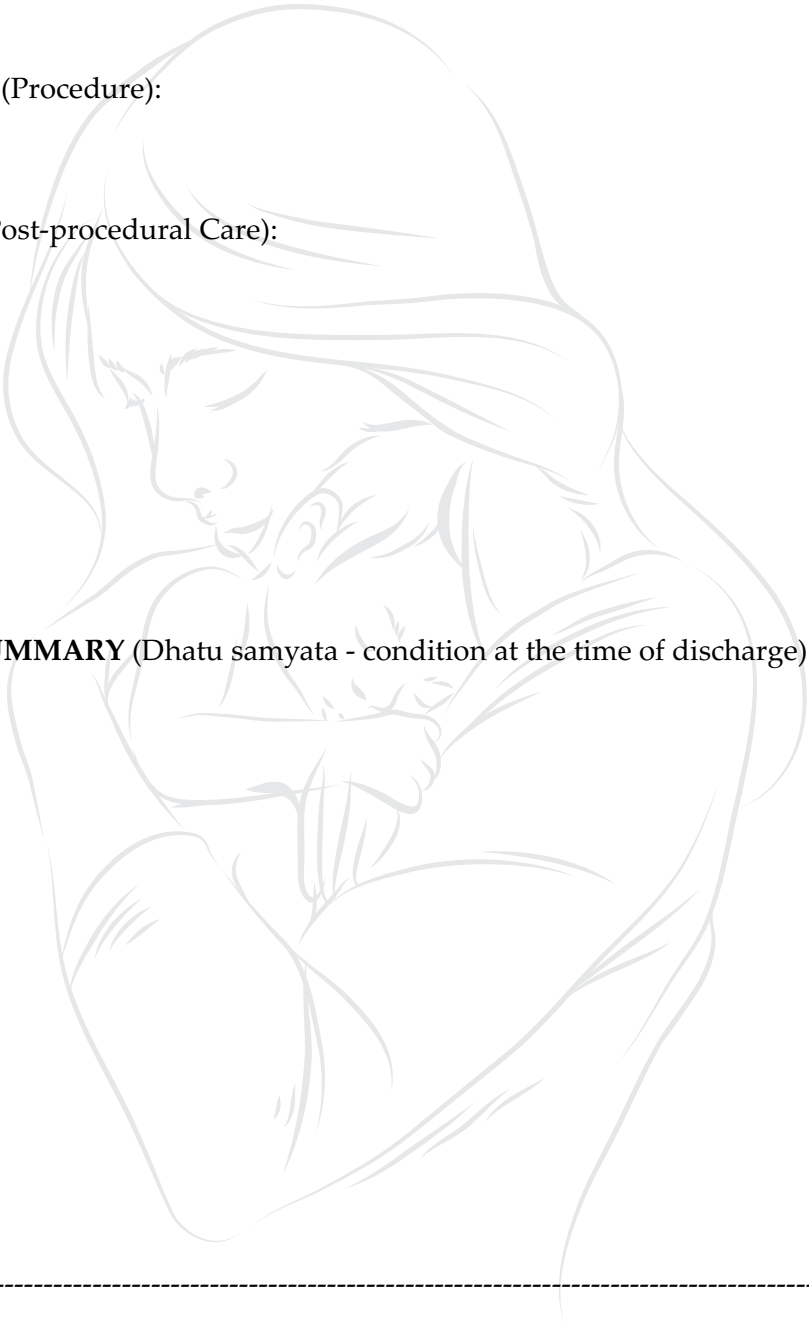
Poorva Karma (Preparation):

Pradhana Karma (Procedure):

Paschat Karma (Post-procedural Care):

RESULT:

DISCHARGE SUMMARY (Dhatu samyata - condition at the time of discharge):



Signature of Student

Signature of Faculty

Annexure III

CASE RECORD FORM (CRF) IN PRENATAL CASES

CASE IDENTIFICATION		CASE No:
Name:	O.P.D.No:	I.P.D.No:
Marital Status:	Ward:	Bed No:
Parent/Husband:	D.O.A:	D.O.D:
Age (W/H):	Occupation (W/H):	
Income Status (W/H):	Religion / Community:	
Address:	Provisional Diagnosis:	
.....	Final Diagnosis:	

CASE HISTORY (Vedana Vrittanta by Prashna)		
Chief Complaints (Pradhana Vedana):		
Associated complaints (Anubandha Vedana):		
History of Present illness or present Pregnancy (Vedana Vrittanta in chron. order):		
Gynaec/Menstrual History (Ritu Vrittaanta):		
Age ofmenarche-	L.M.P:	E.D.D:
Cycle Interval-	Period-	Quantity-
Consistency-	Colour-	Odour-
Pain, if any-	Discharges, if any-	
Others, if any-		

History of Conjugal Life & Contraception (Laingika Jeevana Vrittanta):

Frequency of coitus-

Sexual perversions-

Contraception type-

Others, if any-

Obstetric History (Prasava Vrittaanta): G P A L D LCB

Gravida	Ante-partum	Intra partum	Post partum	Newborn	Lactation
G1					
G2					
G3					
G4					

History of Past Health (Poorvi Arogya Vrittanta):

Medical-

Surgical-

History of Family Health (Parivara Arogya Vrittanta):

Consanguinity (Gotreeya)-

Congenital (Janma jaata)-

Contagious (Sankraamaka)-

Chromosomal (Beeja doshaja)-

Chronic diseases (Jeerna/dhaatu gata vyadhi)-

Personal History (Details of Aahara, Vihara and a part of Ashta shtana):

Literacy (Vidya)-

Socio-economical Status (Aadhyata)-

Hygiene (Swasta Vritta)-

Community relations (Samajik-aarthik niyojan)-

Exercises (Vyayama)-

Emotions (Satva)-

Food habits (Ahara)-

Addictions (Vyasana)-

Appetite (Agni)-

Digestion (Jeerna Shakti)-

Bowel habits (Mala)-

Bladder habits (Mootra)-

Sleep pattern (Nidra)-

Others, if any-

PHYSICAL EXAMINATIONS

General Examination (A part of Ashta Sthana and Anga-pratyanga Pariksha):

Stature / General Appearance (Akriti)-

Skin (Twak / Sparsha) in general-

Height (Dairghya)-

Weight (Bhara)-

Complexion (Varna)-

Temp (Taapa)-

Pulse (Nadi)-

B.P (Rakta Peedana)-

Facies (Vadana)-

Scalp Hair (Keshha)-

Tongue(Jivha)-

Eyes (Drik)-

Ears (Shabda)-

Head (Shiras)-

Neck (Greeva)-

Axilla (Kaksha)-

Inguinal (Vankshana)-

Upper Limbs (Urdhva Shakha)-

Lower Limbs (Adhah Shakha)-

Systemic Examination (Detailed examination of Srotas)

CNS (nadi-manovaha)-

CVS (rasa-rakta vaha)-

RT (prana-shwasa vaha)-

UGIT (jeerna-anna vaha)-

LGIT (mala-pureesha vaha)-

UT (mala-mootravaha)-

Others, if any-

Local Examination (Pradeshika Anga Pratyanga Pariksha):

Breasts (Right and Left Stana Pariksha by Inspection & Palpation)-

Lactation-

Bust-

Areola-

Nipple-

Axillae-

Abdomen (Udara Pariksha)-

Inspection-

Palpation & Grips-

Percussion & Auscultation-

Pelvic/Genital Examination (Shroni/Yoni Pariksha by Visual, Speculum, Scope methods of Inspection and Single/Double Digital, Bi-manual methods of Palpation):

Pelvimetry & Pelvic adequacy (Shroni Pramana)-

External genitalia (Bhaga)-

Vaginal Canal(Apatya patha)-

Cervix (Garbhashaya mukha)-

Uterine Body (Garbha Shayya)-

Oviducts (Beeja vaahini)-

Ovaries & Adnexae via Fornices (Antah Phalou)-

Urinary Tract examination (Mootrashaya Pariksha by Inspection & Palpation)

Rectal Examination (Malashaya Pariksha by digital palpation):

INVESTIGATIONS (Yukti Pramaaneekarana by Path-lab and imaging with dates)

A) Routine Tests

1) Urological -

2) Stool -

3) Haematological – Haemoglobin: Total Cell Count: WBC- RBC-

Differential Cell Count % : N..... L..... E..... M..... B.....

ESR: 1st hour 2nd hour..... MP: + ve / - ve

Group- A / B / AB / O Rh. Type (D)- + ve / -ve

VDRL- NR / Reactive..... in dilutions

Sugar- RBS..... FBS..... PLBS..... OGTT.....

Others, if any

B) High risk pregnancy / BOH

1) Blood for HIV- I / HIV- II: + ve / -ve

2) Blood for HBS Ag & HBeAg + ve / -ve

3) Blood for LFT: Sm. Bilirubin SGOT SGPT Alk. Phosphates

4) Blood for RFT: Urea- Creatinine- Uric acid-

- 5) Blood for TORCH test-
- 6) Blood for Thyroid profile-
- 7) Imaging- if required
- 8) Ultra Sound- (TAS / TVS)

a. First Visit:

b. Subsequent Visits:

- 9) ECG / 2-D Echo-
- 10) Amniotic Fluid-
- 11) Others, if any-

DISCUSSION & CONCLUSION (Samprapti Amshamsha kalpana)

Causative factors (Vyadhi Hetu)-

Clinical Picture (Poorva Roopa and Roopa)-

Pathogenesis (Samprapti ghataka-sammoorchana)-

Exciting and Subsiding Factors (Upashaya-anupashaya)-

Complications & Grave Signs (Upadrava & Arishta)-

Discussion (Sampraapti Vichaarana)-

Differential Diagnosis (Saapeksha Nidaana)-

Conclusion (nirnaya)-

Provisional Diagnosis (Garbhini/Sambhavita Vyaadhi):

FINAL DIAGNOSIS (Garbhini Nidana/Rog vinischaya):

Prognosis (Sadhyasadyata by assessing Pravara-Madhyama-Avara 'bala' of Roga and Garbhini through 'Dasha Vidha Pariksha' during Pregnancy):

MANAGEMENT / GARBHINI PARICHARYA**SHAMANA CHIKITSA** (Conservative Management):**Baahya Chikitsa** (External / Physical Medicine)-**Aabhyantara Chikitsa** (Internal Medicine)-

- | | |
|----|----|
| 1. | 2. |
| 3. | 4. |

PATHYA-APATHYA:**Ahara-****Vihara-****SHODHANA CHIKITSA** (Medical / Surgical / Conduct of Delivery):**Garbhini Pancha Karma/Shalya Chikitsa/Prasava Paricharya:****Poorva Karma/Asanna Prasava Paricharya** (Preparation):**Pradhana Karma/Prajayini Paricharya** (Management during Labour):**Paschaat Karma/Sootika Paricharya** (Puerperal Care):**DISCHARGE SUMMARY**(Dhatu samyata – Condition at the time of discharge):

Sign of student

Sign of Faculty

A N C Record -

a) MASANUMASIKA GARBHINI PARIKSHA

Visit date	Problems	Fundal Ht	Presentation	F M	FHR	BP	Wt	Hb

b) MASANUMASIKA GARBHINI PARICHARYA

Pregnancy in weeks	Ahara	Vihara	Aushadha	Remarks

Annexure IV

ANTE NATAL & POST NATAL CARD

UID No.: Date of Registration:

PARTICULARS OF PATIENT:

OPD No.:

Name:

Age: yrs.

Religion: Hindu ☐ Muslim ☐ Christian ☐ Others ☐

Habitat: Urban ☐ Semi-urban ☐ Rural ☐

Address:

Phone No.

Occupation: Housewife /Working/Student

Name of the husband:

Husband's Occupation: Unemployed/Office /Business

Socio-economic Status: LM/M/UM/R

Educational Status: UE/Pr/S/HS/UG/PG

Family: Nuclear/Joint

Blood group:

Information about Janani Suraksha Yojana

	1	2	3	4
Date of visit				
complaints				
Amenorrhoea in weeks				
Weight				
Height				
Pulse				
BP				
Hb %				
BMI				
Urine sugar				
Urine albumin				

Per abdominal examination

	1	2	3	4
Fundal height				
Position of the foetus				
Movement of foetus				
Foetal heart sound				
P/V if done				

Date of vaccine-

T.T-1

T.T-2

Mother's Aadhaar Card No.

LMP

EDD

Obstetric History

Date of Last Delivery:

Place of Last Delivery:

Hospital ☐ Home ☐Place decided for Delivery of Present Pregnancy: Hospital ☐ Home ☐

Registration No. for JSY:

Investigations:

POST NATAL CARE

Place of Present Delivery:

Date of Admission in Hospital: Time: Date of Discharge: Time

Type of Delivery: Normal ☐ Vaginal ☐ Caesarean/Forcep/Vaccum ☐

Outcome of Delivery: Live Birth ☐ Still Birth ☐ IUD ☐

Delivery Conducted by: Doctor/ Nurse/ANM/Others

Complications during Delivery:

Congenital Anomaly if any:

Sex of Child: M/F Spontaneous Baby Cry: Yes/ No

Maternal Breast Feeding within an Hour of Delivery: Yes/No

Breast Feeding initiation: Date : Time:

Post Natal Advice

Complaint	Day 1	Day 3	Day 7	6 th week
Any Complaint				
Pallor				
Pulse				
BP				
Temp				
Breast: Soft/ Engorged				

Nipple Normal/ Cracked				
Uterine				
Tenderness Yes/ No				
Vaginal Bleeding Heavy/Normal				
Smell of Vaginal Discharge: Normal/ Foul				
Perineal Area: Perineal tear/ Episiotomy Healthy/ Infected				
Other Complication				
Family Planning Advice				

Baby weight:kg (Baby wt. <2.5kg then visit frequently)

Date of birth- Male/Female.

Signature

Annexure V

INDICATIONS AND CONTRAINDICATIONS OF PANCHKARMA PROCEDURES

1. INDICATIONS FOR SHODHANA THERAPY¹⁴⁸

Santarpana janya vyadhi

Bahudosh avastha(Vitiated doshas in excess)

According to agni, bala, vaya, kaal and satmya.

Nirama avastha

Pravara satva

2. CONTRAINDICATIONS FOR SHODHANA THERAPY¹⁴⁹

Aptarpana janya vyadhi

Madhyam and Alpa bala dosha(Vitiated doshas are of moderate and mild nature)

Sama avastha

Agnimandya

Durbala(weak)

Baal(infant)

Vriddha(old)

Akala(inappropriate time)

Chanda (fierceful), Sahsika (rashful), Bheeru (cowardly), Kritaghna (ungrateful), Vyagra (fickle minded), Shoka peedita (afflicted with grief), Shraddha heen (devoid of faith in the physician), Sushankit (sceptic) [44]

3. General exclusion criteria for vaman, virechan and basti¹⁴⁷

- Hypertension
- Diabetes mellitus
- Heart diseases
- Respiratory distress

- Emaciation
- Chronic renal disease.

4. INDICATIONS FOR VAMAN THERAPY^{139,142,150}

Kapha Pradhan prakriti

Kapha Pradhan vyadhi(kaphaja kushtha, kaphaja kasa, tamaka shwasa, kaphaj shoth, kaphaja unmaad and apasmara)

Kapha Bahudosha avastha (Kapha predominance state like dizziness, cold, fever, lazyness, anorexia, indigestion, heaviness in body, sweet taste in mouth etc.

Amlapitta, adhog rakta pitta

Santarpanotha rasa dushti janya vyadhi

Kapha pradhana rajo dushti, kapha pradhana yoni vyapada, kapha dushta stanya.

5. CONTRAINDICATIONS FOR VAMAN THERAPY¹⁵¹

Atisthoola, atikrisha

Durbala sukumara

Hrid roga

Arsha, udavarta

Urdhvaga rakta pitta, bhrama

Aptarpana janya ruksha pradhana vyadhi

Dushchhardana

Asthapita, anuvasita

Chintasakta, vyayamasakta

6. INDICATIONS FOR VIRECHAN THERAPY^{140,144,152}

Pitta Pradhan prakriti

Pitta Pradhan vyadhi(pittaja kushtha, pittaja unmaad, apasmara, pittaja kasa, kamala, pandu, udara roga, krimi roga, timira)

Pitta bahudosha avastha (Pitta predominance state like burning sensation, excessive sweating, excessive hunger, thirst, decrease sleep).

Rakta dushti Pradhan vyadhi, vata rakta, urdhvaga rakta pitta

Yoni roga, shukra roga, pitta Pradhana rajo dushti

Vataj vyadhi, pakvashayashrita vyadhi, vibandh.

7. CONTRAINDICATIONS FOR VIRECHAN THERAPY¹⁵³

Durbala, sukumara

Alpagni, ajeerna, atisara, Kshudhita

Kshata guda

Atisnigdha, atiruksha

Hrid roga

Asthapit

Bheeru

8. BASTI KARMA (MEDICATED ENEMA THERAPY)

+Indications for Basti karma¹⁴¹

- Vata prakriti
- Vata Pradhan vyadhi (vata predominance diseases)
- Vata kapha Pradhan vyadhi

9. INDICATIONS FOR ANUVASANA BASTI¹⁵⁴

Vata Pradhan prikriti

Dhatu kshaya janya ruksha pradhana vata vyadhi

Pravara agni bala

Vataja rasa dushti, vataja rajo dushti, vataja yonivyapada, vandhya

Vataja shukra dushti, ksheena shukra

Oja kshaya

Bala, varna, agni, manah prasadan.

10. CONTRAINDICATIONS FOR ANUVASANA BASTI¹⁵⁵

Atisthoola

Abhukta, Arochaka, mandagni, atisara

Marga avarodha janya vyadhi

Pandu, kamala, Prameha

11. INDICATIONS FOR NIRUHA BASTI¹⁵⁶

Sarvanga gata marga avarodha janya vata vyadhi

Vata, varcha, mutra and shukra sanga

Adhman, udavarta, krimi koshta

Janu, jangha, gulfa, paada, yoni, baahu and basti shoola, stambha, hrida parshva kati prishtha graha.

Kapha vataja rajodushti, kapha vataja yoniroga

Varna, mansa and retas kshaya

12. CONTRAINDICATIONS FOR NIRUHA BASTI¹⁵⁷

Ajeerna, chhardi, atisara

Atisnigdha, snehotklishhta

Atidurbala, atikrisha

Kshudha, trishna, shramarta

Vamita, virechita

Kasa, shwasa, hikka

Kushtha, madhumeha

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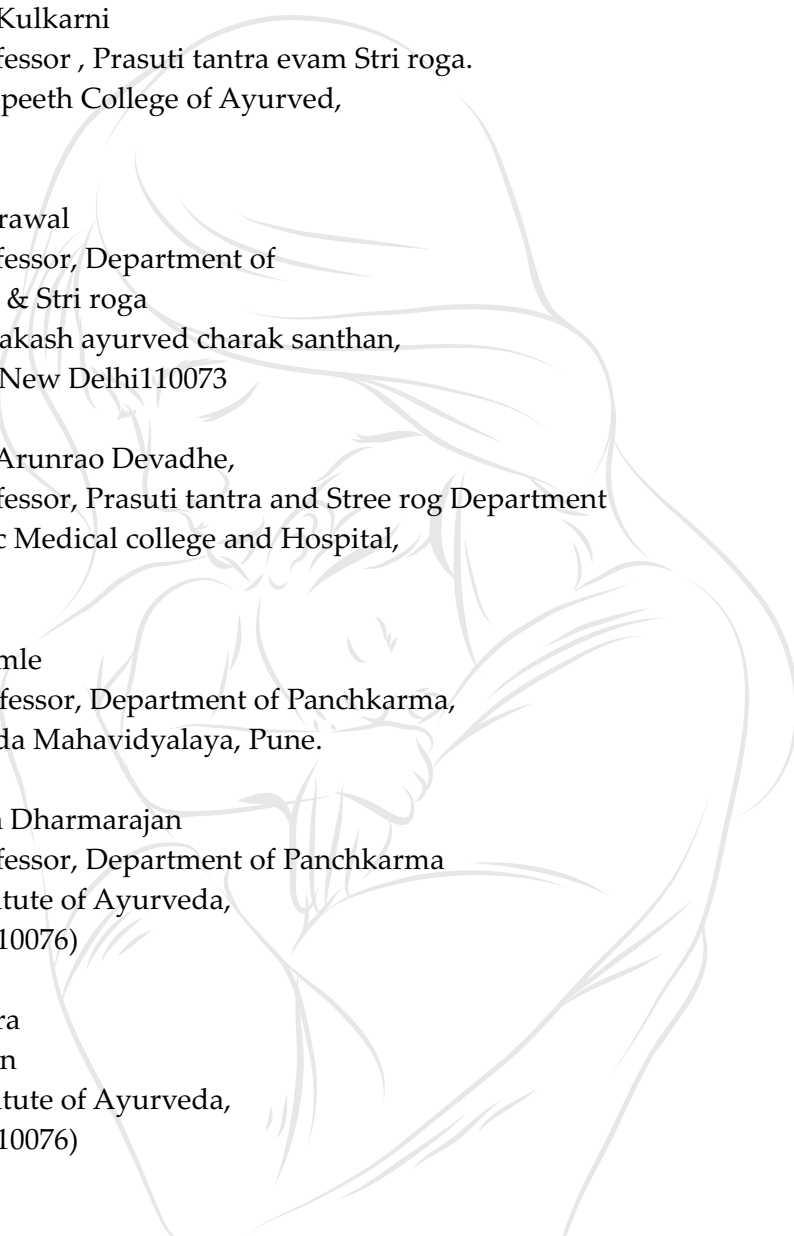
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