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Importance of Garbhini Paricharya in Paediatric Nutrition

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***Abstract*: Nutrition is the most influential, non-Genetical factor in Fetal development. Pre-natal nutrition influences Fetal growth, Normal development, Physiological function and Gestational Weight Gain (GWG). GWG is a complex progression that supports Fetal Growth, Development, Maternal Physiology and Metabolism as well as Placental metabolism. Malnutrition caused by long term insufficient nutrient-intake and frequent Infections which leads to increased Mortality in post-neonatal age group. Compared to contemporary science, Ayurveda being scientifically significant about Diet and Regimen in Ante-natal period contributes in preventing IUGR. Garbhini paricharya not only includes Ahara dravyas for nourishment but also ensures health of fetus and pregnant mother as it contains Aushadi Dravyas too. "Ahara Mahabhaisajya"1Kashyapa says, by the administration of proper food and diet it is possible to cure disease even without the need of administration of medicines. Hence, Ahara mentioned as one of Trayo-upstambhas2, which has a greater importance in attaining good nutrition. In Garbhini paricharya Diet includes Ksheera, Sarpi and Madhura rasa ahara predominantly which changes monthly according to requirement of fetal growth and development. So, this presentation is an effort to explain importance of Garbhini Paricharya with respect Fetal-Peadiatric-Nutrition.**

***Keywords*: Garbha Poshana, Garbini Paricharya, Iugr, Mahabhaishajya**

1. Introduction

Maternal Physiology and Metabolism as well as Placental metabolism also influenced by GWG. Malnutrition caused by long term insufficient nutrient-intake and frequent Infections which leads to increased Mortality in post neonatal age group. Compared to contemporary science, Ayurveda being scientifically significant about Diet and Regimen in Ante-natal period contributes in preventing IUGR. Various Acharyas are explained about Masanumasika Garbhiniparicharya not only includes Ahara dravyas for nourishment but also ensures health of fetus and Pregant mother as it contains Aushadi Dravyas too. "Ahara Mahabhaisajya" Kashyapa says, Ahara mentioned as one of Trayoupstambhas, has a greater importance in attaining good nutrition. Diet includes Ksheera, Sarpi and Madhura rasa ahara predominantly which changes monthly according to requirement of fetal growth and development. Garbhini Paricharya with respect to Fetal-Peadiatric-Nutrition, Improved nutrition during Pregnancy, Lactation & early Childhood are important ways to avoid micronutrient deficiencies which helps indecreased Mortality & Morbidity.

1) Garbha Poshana

In Ayurvedic classics nourishment of the fetus is explained Scientifically. Before the fetal body parts are not perceptible it gets nourishment by absorbing moisture and by Osmosis. The fetal umbilicus is attached to the umbilical cord, umbilical cord to the placenta. The placenta is attached to the mother's heart. The mother's heart plunges the placenta with blood through exuding blood vessels and nourishes each cell of fetus similarly how field absorbs water and nutrients orderly. This nutrition provides strength and complexion as it contains all essential factors. Another reference explains, from the time of conception up to the period until the body parts of the fetus are not fully conspicuous, it gets nourishment by Upasneha3 (diffusion) through the vessels running obliquely in to all the body parts.

2. Benefits of Garbhini Paricharya

By adapting Garbhini Paricharya both Mother and Fetus will be Disease free, Strength, Healthy Complexion, Pleasant voice, Compactness can be seen and it will be beneficial to attain good progeny [3]. Along with Shukra, Shonita, Garbhashaya and Kaala sampath if Mother consumes hita anna paana then only Garbha will grow and develop with all comforts and it will attain Paripoornata4

1) Garbha Vikara

Charaka opines that If there is no Aahara there will be not be complete formation of Garbha, instead Garbha sosha(Emaciation of Embryo) will occur or there may be Parisravana of the contents [5]. Further Charaka says if Mother is continuosly involed in consuming Ushna, Teekshna aahara vihara there will be bad effect on Garbha leading to Menstruation or Yonishraava hence, there is no Fetal growth and in long duration resulting in Upavishtaka i.e Intra Uterine growth retardation [6]. Relatively if Mother performs Upavasa and resisting to consume Sneha yukta aahara like Ksheera, Sarpi leading to Vata prakopa and further Emaciation of Garbha hence, there will be no movements in Garbha resulting in

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Nagodhara [7].

2) Consequences of low birth weight

Table 1
Garbhini Paricharya According to Brhihatrayees

Months	Charaka8	Sushruta9	Vaghbhata10
1	Ksheera SaatmyaMya Ksheera Saatmya	Madhura Sheeta Drava	Ghrita Ksheera Shaali-Parni Palasha Kanaka, Rajata Kwatita Sheetodaka Anupana
	Ksheera Madhuroushadia	Madhura- Sheeta Drava	Madhuroushada Siddha Paya
	Ksheera, Madhu Sarpi	Shastikodana Payasa	Sarpi-Madhu
	Ksheera Navaneeta Aksha Maatra A	Shastikodana Dadhi Paya Navaneeta Jaangala Mamsa Hridya	Aksha Matra Navaneeta
	Ksheera Sarpi Eera Saatmya	Shastikodana Jaangala Mamsa Hridya Ksheera Sarpi	Ksheera Sarpi
	Ksheera Sarpi Madhuraushada	Swadamstra Sarpi with Yavagu	Madhuraushada
	Ksheera, Sarpi Madhuraushada	Prutakparni Siddha Sarpi	Madhuraushada
	Ksheera, Yavagu Sarpi	Anuvasana with Badarodaka Bala-Atibala, Shatapushpa ,Palala-Dadhi, Mastu, Taila, Lavana madana Phala Madhu Ghrita-Puraana Purisha Shudhyartha	Ksheera Yavagu Sarpi Badarodaka , Palala Payo,Dadhi,Masthu Taila Lavana Phala Ghrita Madhu –Aasthapana Basti
	Madhuroushadi Taila nuvasana Sheera, Yavagu Sarpi	Anuvasana Taila Pichu Yonayo	Snigdha Maamsa Rasoudana

Table 2
Approximate Nutritive Value of Common Food items

Food	Amount	Energy (Kcal)	Protein(G)	Carbohydrate(G)	Fat (G)	Main Nutrients
Milk	100 mL	73	3.2	7.4	3.4	Protein,Fat, Calcium Phosphorus, V-B12
Curd	100 mL	62	3.2	3.2	4.0	Protein,Fat, Calcium Phosphorus, V-B12
Butter	5g	36	-	-	4.0	Protein,Fat, Calcium Phosphorus, V-B12
Meat	100Ml/100g	135	20	-	6.0	Protein
Jaggery	5g	20	-	5.0	-	-

Cycle of Low-birth-weight baby (Girl) will be prone for Frequent infection leading to in-adequate food intake which further leads Child stunt, waisting, Underweight category leads to Brain development delay. Further same baby has stunted adoloscence growing into Malnourished Women further continuing inadequate food intake results in Low Pregnancy weight gain contributing for both Increased Maternal & Neonatal Mortality & Morbidity.

Table 3
Table 3
Karma of individual drug

Drug	Karma	Benefits
Palasha	Medhajanaka Grahi, Krimighna, Dipaniya	Pumsavana, Grahani, Gulma, Pliharoga
Shaliparni	Angamardha-Prashamana Shotahara Balya	Shotha, Chardi, Krimi
Pritakparni	Angamadha-Prashamana Shotahara	Chardi, Trishna, Daha
Swadamstra	Shothahara, Mutravirechaniya, Krimighna	Vajikarana, Hridroga, Shotha

3. Discussion

The fetal growth restriction occurs in any trimester which results in either symmetrical or asymmetrical IUGR. Growth occurs primarily by increased cell number during the first trimester whereas cell size increases with number in the second trimester. In later gestation, the rate of cell division declines, but cell size continues to increase. So each cells requires enough nourishment every day in the form of food if not it affects growth of fetus in every stage, such Newborns face with many problems duing and after birth. Severely affected IUGR infants, deprived of Oxygen and nutrients, may have difficult Cardiopulmonary transition with perinatal Asphyxia, Meconium aspiration, or Persistent pulmonary hypertension. Immediate neonatal complications include Hypothermia, Hypoglycemia, Hypocalcaemia, Jaundice which contributes highest Mortality and certain Nutritionaal deficiency associated diseases like Neural tube deffects caused by Iron deficit leading to Spina-bifida, Microcephaly, Calcium deficiency leading Craniotabes,Vit-C and Vit-A leading to Blindness even Retinopathy.

4. Conclusion

Pregnacy and delivery of Child are Physiological process, if proper diet and regimen not followed regularly it may cause numerous complications during labour to both mother and child. Hence, Acharyasare explained nutritive diet from the fertilization upto delivery to acquire the good result. Intake of Milk, Ghee, Butter and plenty offluid in first 3 months of pregnancy to escape from malnutrition and dehydration and other hazards of pregnancy. Gokshura and Prithakaparnyadi Gana drugs prevent from edema which is normal during second-Trimester. Utilising Basti chikitsa in 3rd and last trimester is necessary toreduce Constipation, give strength to Myometrium and helps to regulate the function of myometrium during labor. Anuvasana Basti is described by Acharyas in 8th and 9th month of pregnancy to commond on Vata Dosha, lubrication of Vaginal tract for easy and natural delivery. Good nourishment throughout pregnancy can helpful to care of mother and child to have good nutrients like Calcium, Iron, Folate and Iodine.Hence following Masanumasika Garbhini paricharya has greater scientific importance in avoiding certain Nutritional deficiencies and associated disorders as Ahara is a Mahabhaishajya, Diet Is a Bank account, Good Foods are best Investments.

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