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Ayurveda Insights on *Garbhopaghatakarabhava*: A Review of Feto-Fatal Factors

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Abstract

Introduction

Pregnancy, or *garbhini avastha*, represents a significant and auspicious phase in a woman's life, marked by the creation of new life essential for the continuation of both family and society. This period is crucial and demands careful attention, preventive measures, and precautions from both the expectant mother and her family. Mental peace is as vital as a nourishing diet and a safe lifestyle. A detailed description of factors, known as *garbhopaghatakar*, which can potentially harm the fetus, exists in Ayurvedic literature. These factors are primarily categorized as fetal and maternal, with further subdivisions into various secondary influences. A new term, "Feto-Fatal Factors of *garbhopaghatakar bhava*," is proposed to describe these influences in detail.

Materials & Methodology:

This study compiled literary references from Ayurvedic texts, including *Caraka Samhita*, *Sushrutasamhita*, *Ashtanga Hridaya*, *Kashyapa Samhita*, *Yogratnakar*, *Harita Samhita*, and *Bhava Prakasha*, along with previous research publications. Data collected was analyzed and synthesized to support the study's findings.

Results:

The study findings indicate that certain factors have the potential to cause fetal deformities, complications, or, in severe cases, fetal demise. These insights underscore the need for careful monitoring and management of both maternal and fetal factors during pregnancy.

Discussion and Conclusion:

The analysis highlights the critical role of identifying and managing *garbhopaghatakarabhava* to promote healthier pregnancy outcomes. The study suggests that integrating these Ayurvedic principles can contribute to a preventive approach in maternal healthcare, ultimately reducing the risk of fetal disorders.

Keywords: feto-fatal-factors, *upaghata*, *garbhavyapad*, *garbhini paricharya*

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Introduction

Pregnancy, or *garbhini avastha*, is a cherished and significant phase in a woman's life, eagerly awaited by many. Despite being a time filled with incredible experiences, memories, emotions, and some anxieties, it is not always smooth sailing. Unlike the rapid transformation of a caterpillar into a butterfly, pregnancy is a long and sacrificial journey, akin to a nine-month-long ceremonial ritual (*yajna*). Every aspect of this journey, from prenatal care to the careful observation of bodily changes, demands attention and thoughtful selection, akin to offering sacred offerings (*ahuti*). Negligence has no place here, as one patiently awaits the body's transformations. However, this amazing process of creation can sometimes turn sorrowful if pregnancy does not progress to full term, leading to the premature demise of the fetus. In modern medical terminology, such termination of pregnancy before 20 weeks or when the fetus weighs less than 500 grams is termed abortion, often referred to as miscarriage or early pregnancy loss. Alternatively, if labor begins after 20 weeks but before the full term, it is known as preterm labor, where the survival chances for the delivered baby are significantly reduced.

According to *Acarya Caraka*, the factors crucial for the development and growth of the fetus include *shukra* (sperm), *shonita* (ovum), *jeeva* (*atma* or soul), and *garbhashaya* (uterus), serving as the vital field (*kshetra*) for implantation. In Ayurvedic texts, termination of pregnancy, preterm labor, and other complications associated with pregnancy collectively fall under *Garbhopahatakarabhava*, which refers to factors known to be fatal to pregnancy or to cause deformities in the fetus. Ayurvedic classics strictly caution against these factors, emphasizing their avoidance by pregnant women. The enumeration of such factors is meticulously detailed, covering a wide spectrum of categories that could potentially harm pregnancy.

Garbhopahatakarabhava:

The term consists of three fragments:

1. *Garbha* - Pregnancy
2. *Upaghatakara* - Damaging
3. *Bhavas* - Factors

The factors that have deleterious, disastrous, or fatal effects on the fetus are termed as *garbhopaghakara bhava*, or Feto-Fatal Factors.

Ayurveda Acarya have defined these factors in detail, covering a vast spectrum from the termination of pregnancy to the

development of pathological anomalies in the fetus. Thus, fetal damage results in two forms:

- (a) Termination of Pregnancy – *Garbhopaghata*
- (b) Development of Anomalies

This termination of pregnancy is further divided into two stages depending upon the period of gestation:

"ācaturthāt tato māsāt prasraved
garbhavicyutih |
tatah sthiraśarīrasya pātah
pañcamaṣaṣṭhayoḥ || Su.Ni.8/10 ||"

1. *Garbhasrava*: In this stage, fetal age at the time of expulsion is up to four months, during which the constitution of the conceptus remains in a liquid state.
2. *Garbhapata*: In this stage, the expelled fetus is aged from the 4th to the 6th month, by which time fetal parts attain a definite shape and a little stability. According to *Bhoja* (as quoted in *Madhokosh* commentary of *Madhav Nidana* [1]), the period of *garbhasrava* is up to three months. Various Ayurvedic classical texts elaborate on *garbhopaghata*.

Garbhopahatakarabhava according to Caraka Samhita

The concepts of *garbhopahata* and *Garbhopahatakarabhava* are introduced in *Caraka Samhita*. *Acarya Caraka* advises against several practices during pregnancy, including excessive sexual activity (*vyavaya*), vigorous exercise (*vyayama*), riding vehicles (*yana avrohana*), wearing red clothing, consuming sharp substances, alcohol (*madya*), and meat (*mansa*). He also recommends avoiding anything that could harm the senses and other potentially dangerous activities, as guided by experienced women [2, 3].

Garbhopahatakarabhava according to Sushrutasamhita

Acarya Sushruta, like *Acarya Caraka*, advises pregnant women to refrain completely from *vyavaya* (sexual activity), *vyayam* (exercise), and *atitarpan* (excessive drinking) from the moment of conception onward [4]. He emphasizes the importance of maintaining cleanliness and avoiding *atikarshan* (severe malnourishment), *diwaswapna* (daytime napping), and *ratrijagran* (insomnia). It is crucial to avoid *vega dharana* (suppressing natural urges), *snehana* (oil massages), and *raktamokshana* (bloodletting) [4]. Additionally, pregnant women should avoid emotions such as grief (*shoka*), activities like riding vehicles (*yanavrohan*), feelings of fear (*bhaya*), and

squatting (*utkatukasana*) [4]. Women should avoid contact with filth (*malin*) and individuals with physical deformities (*hina vikrat gatra*), and refrain from consuming dried (*shushka*), stale (*paryushita*), putrid (*kuthita*), and moist (*klinna*) foods, as well as unappealing (*drudarsha*) and foul-smelling (*durgandha*) substances [4]. Pregnant women should avoid activities that could harm the fetus, such as going out unnecessarily (*bahinishkraman*), visiting lonely places (*shunyagara*), haunted trees (*chaitya*), cremation grounds (*shamshan*), or taking shelter under trees (*vriksha ashraya*) [4]. They should also avoid behaviors that provoke anger (*krodha*), disgrace (*asanshaya*), or loud speaking [4]. Overworking or excessively applying oil in massages (*taila abhayanga*) is not recommended [4].

Garbhopahatakarabhava according to Kashyapa Samhita

Acarya Kashyapa outlines unique precautions for pregnant women. He advises against looking directly at the rising Sun, setting Sun, eclipses, or specific celestial bodies like *Rahu* and the Moon (*Shashi*). He recommends that pregnant women move through the central part of their homes, perform religious rituals, and make offerings during solar or lunar eclipses to mitigate

their effects on planetary influences. Additionally, they should avoid harboring hostility towards guests (*atithi*), offer alms to beggars rather than shooing them away, and perform rituals involving clarified butter (*ghrita*) for peace without using certain vessels or tying items with thin ropes. Loose clothing, trembling, excessive laughter, trauma, and prolonged heavy lifting should also be avoided. *Kashyapa* further advises against consuming garlic and using cold water during pregnancy [5].

Garbhopahatakarabhava according to Haritasamhita

According to *Acarya Harita*, the consumption of *vidala anna* (pulses), *vidahi anna* (spicy or pungent foods), *guru* (heavy), *amla* (sour), *ushna kshira* (hot milk), *mratika* (clay), *surana*, *rasona* (garlic), or *palandu* (onion) should be avoided during pregnancy. Additionally, he recommends avoiding *vyavaya* (coitus), *vyayama* (exercise), *krodha* (anger), *rosha* (grief), and *chakramana* (walking) [6].

Garbhopahatakarabhava according to Bhavprakasha

Acarya Bhavmishra continues the guidance of *Acarya Sushruta*, adding contraindications like sitting or sleeping in extremely soft and lofty places, visiting riverbanks, temples, or gardens, drinking

rainwater, eating meat, and mingling with women whose children have died [7]. *Acarya Caraka* also documents various types of *garbhopaghatakarabhava* that contribute to fetal illness [7].

Garbhopahatakarabhava according to Yogratnakara

In *Yogratnakara*, *pathya* and *apathya* (beneficial and non-beneficial practices) are discussed for pregnant women, specifying that practices like sudation, emesis, consumption of *kshara*, and contaminated or stale food should be avoided [8].

Coitus during Menstruation and its Effects

Sexual activity is discouraged during

menstruation in *Sushrutasamhita*, as conception during this time—though less likely—may lead to the child’s death in the womb, early death, or deformity [9].

Rajaswalacarya and its Effects on the Fetus

In Ayurveda, a prescribed regimen during *rajahsrava kala* (menstrual period) aims to protect the health of menstruating women. If conception occurs, following this regimen is believed to prevent potential health abnormalities in the offspring. Failure to observe these practices may negatively affect the fetus [10].

Restricted act during ritukala	Effect on garbha
Day sleeping	oversleep
Use of collyrium	blindness
Weeping	Abnormalities in eyes
Bathing and	sadness
Oil massaging	Diseases of skin
Cutting the nails	Deformities in nails
Running	Fickleness
Laughing	Black color of teeth lips palate tongue
Over talking	Loquacious
Over hearing	Deafness
Combing	Baldness
Exposure of air and exercise	Insane

Digging earth	Harm to fetus due to falling
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There are some specific etiological factors which don't destroy but deform the fetus as following [11]:

Specific Factor adopted by mother	Deforming effect on fetus
Consistently sleep on her back	Twisting of umbilical cord around the neck of fetus
To sleep in open air & move at night	Production of an insane progeny by the attack of evil spirits
To engage in verbal & physical strife	Production of an Epileptic child
Over indulgence in sex	Deformed, impudent & henpecked child
Constantly grieved	Fearful slender and shortlived
Psychologically malevolent	Antisocial, envious & subjugated to women
Theft or robbery	Lazy, malicious & inactive
Intolerance	Furious, deceitful, insidious & calumnious
Over sleepiness	Drowsy, dull & deficient in digestive power
Addiction to wines	Over thirsty, short memory & fickling mind
Regular use of iguana meat	Diabetes, stone in bladder & dribbling of urine
Regular use of pork	Red eyes
Excessive intake of salt	Early onset of wrinkles in the skin, Greying of hair & baldness
Excessive intake of pungent	Weak, deficient in semen or infertile
Excessive intake of bitter	Weak & emaciated child
Excessive intake of astringent	Grey in complexion, constipated & tympanitic

***Garbhopaghatakarabhava* according to Contemporary Science**

Various scientific studies on human pregnancy indicate that certain dietary choices and physical activities should be approached with caution. A meta-analysis conducted by Jin et al. highlighted that maternal caffeine intake during pregnancy is

associated with risks such as low birth weight and childhood overweight and obesity in offspring [12]. Studies on drug abuse have similarly emphasized the detrimental effects on fetal health, particularly noting that nicotine, a primary component of tobacco, can adversely affect

brain development and lead to long-term neurobehavioral changes in the fetus [13].

Regarding physical activities, precautions are advised. Jerky movements, especially when using vehicles, should be avoided during the first trimester and the final six weeks of pregnancy. Long-distance travel is ideally limited to the second trimester, with rail travel preferred over bus travel. Air travel up to 36 weeks of pregnancy is generally considered safe, though caution is advised for conditions such as placenta previa, preeclampsia, severe anemia, or sickle cell disease. Prolonged sitting, whether in a car or on an airplane, should be minimized due to the risk of venous stasis and thrombosis, and the seat belt should be positioned below the abdomen.

Sexual intercourse is generally unrestricted during pregnancy; however, prostaglandins and oxytocin released during intercourse may induce uterine contractions. Women at higher risk of miscarriage or preterm labor should avoid intercourse if they experience increased uterine activity [14].

Impaired fetal growth indicators, such as lower birth weight and smaller abdominal circumference, femur length, and estimated fetal weight measured at 30 and 36 weeks of gestation, are associated with prenatal alcohol exposure (*PAE*) [15].

Nutritional cravings and dietary habits early in pregnancy significantly impact fetal development. Adequate nutrition is critical for fetal growth, and specific cravings may signal particular nutrient needs. A balanced diet supports optimal fetal outcomes and reduces developmental concerns. Healthcare providers play a vital role in educating pregnant women about the importance of nutrition and guiding them toward healthy eating habits [16].

Categories of Garbhopaghatakar Bhava

The *garbhopaghatakar bhava* can be summarized under the following categories:

1. Fetal Factors (Related to Fetus)

- *Genetic or Bija dosha* (abnormality in sperm & ovum)
- Infection of the fetus
- Other fetal diseases or anomalies, e.g., hydatidiform mole

2. Maternal Factors (Related to Mother)

- *Genetic or Bija dosha*: Congenital abnormality in reproductive organs
- Dietary Factors (*Aharaja*):
 - Related to food intake:

- Hot, pungent, and spicy (*ushna, katu, tikshna*)
- Heavy (*guru*) in quality or quantity
- Insufficient in quantity
- Putrefied, stale, and excessively dry
- Excessive consumption of meat
- Related to drinks:
- Excessive intake of intoxicants and wines (*madya*)
- Excessive intake of alcoholic drinks
- Excessive loss of *dhatu*s due to gastrointestinal disorders like diarrhea and vomiting
- Traveling in extremely jerky or uncomfortable conveyances
- Frequently looking into deep wells, waterfalls, or from the roof of multistory buildings
- Viewing unpleasant or ugly sights
- Exposure to loud, unbearable, and horrible sounds
- Prolonged exposure to the hot sun, hot weather, or fire
- Suppression of natural urges for flatus, defecation, and urination

3. Lifestyle Factors (*Viharaja*)

- Wearing red garments
- Indulgence in harsh or violent activities
- Sitting on high, irregular, or uncomfortable seats
- Performing difficult or unsuitable exercises (e.g., long walks, racing, jumping, stair climbing)

4. Traumatic Factors (*Aghataja*) [7]

- Falling
- Riding animals
- Excessive intercourse (*coitus* is strictly contraindicated in the 1st and 3rd trimesters of pregnancy)

5. Kalaja Factors (*Age & Ritu Kala*)

- Conception at a very young age (below 18) or in a woman above 35
- Impregnation during the late secretory phase of the menstrual cycle

6. Psychogenic Factors [6]

- Anger

- Grief
- Fear
- Tension, etc.

All these factors can potentially harm the newly conceived fetus, similar to how a recently planted sapling without strong roots can be destroyed by heat or wind.

Mechanism of Garbhopaghata
Dosha vitiation due to various etiological factors is the primary cause of *garbhopaghata*. The *garbhashaya* (uterus) serves as the *adhithana* (seat) of *apana*

vayu. When *vata dosha* is vitiated in a pregnant woman, *kupita vata* promotes the detachment or descent of the growing fetus towards the cervix. If there is no *nidana parivarjana* (avoidance of causative factors) by the *garbhini* (pregnant woman), the condition can worsen due to the aggravation of *vata* and other *doshas*. This can lead to pain in the *kukshi* (abdomen) region and bleeding per vaginum. These conditions ultimately impair fetal growth and may lead to *garbhopaghata* (Figure 1).

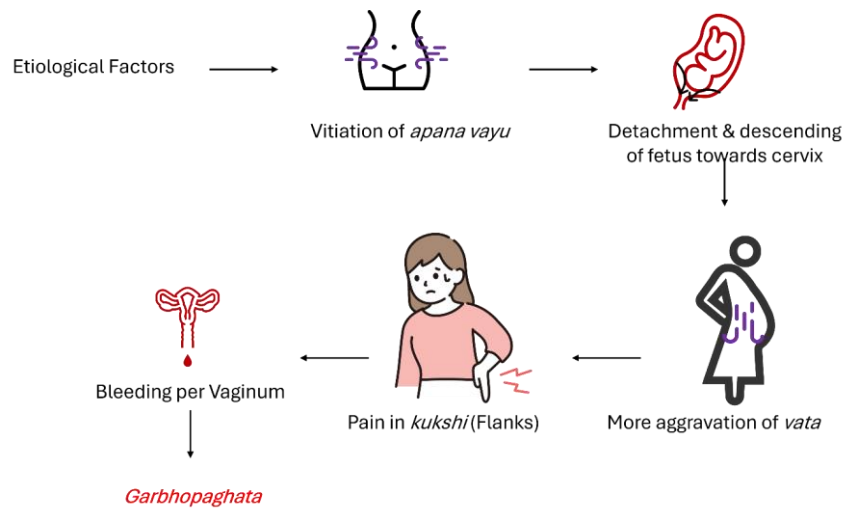


Figure 1: Schematic representation of the mechanism of *garbhopaghata*.

Discussion

After reviewing numerous classical and contemporary sources, it becomes clear that an extensive array of factors—termed

Feto-Fatal Factors—can disrupt or impair the normal development of a fetus. These factors were systematically described by ancient scholars with a scientific precision

that remains relevant today. They encompass various aspects of daily life, from morning routines to bedtime practices, underscoring the importance of mindful living in today's fast-paced environment.

Spontaneous abortion, a common cause of pregnancy loss before 20 weeks, is often attributed to genetic abnormalities, which are responsible for approximately half of all miscarriages. Ancient Ayurvedic literature classifies *garbhopaghatakarabhava* into fetal and maternal factors, with detailed categories of each. Fetal factors include genetic abnormalities, fetal infections, and developmental anomalies such as hydatidiform mole, all of which can severely impact fetal growth and health. Maternal factors encompass genetic predispositions, dietary influences (e.g., food choices, malnutrition), lifestyle-related risks (*viharaja*), trauma (*aghataj*), age-related conditions (*kalaja*), and psychogenic influences, each of which can independently or collectively alter fetal development.

From a contemporary medical perspective, various factors are recognized as significant risks. Excessive alcohol or drug consumption, infections, chronic illnesses, and environmental exposures remain prominent causes of adverse pregnancy outcomes. Structural abnormalities in the

uterus and unmanaged conditions like diabetes, severe hypertension, lupus, kidney disease, thyroid disorders, and antiphospholipid syndrome can complicate maternal health and fetal development, increasing the likelihood of miscarriage or preterm labor. These modern risk factors resonate with the ancient Ayurvedic emphasis on avoiding harmful exposures and maintaining balance in mental, physical, and dietary habits.

This blend of ancient wisdom and contemporary medical knowledge provides a holistic framework for understanding the delicate nature of pregnancy. Ayurveda's detailed guidelines on lifestyle, emotional well-being, and dietary restrictions emphasize the potential for prevention and improvement in pregnancy outcomes, urging a balance that is often challenged in modern life. The wisdom of *garbhopaghatakarabhava* offers insight into lifestyle modifications that can be adapted even today, promoting healthier pregnancies.

Conclusion

Regardless of the timing or cause, miscarriage—marked by the loss of pregnancy—remains a profoundly distressing and emotionally challenging event in a woman's life, affecting her physical well-being, mental peace, and

sometimes family dynamics. In our technologically advanced and fast-paced world, a mother's emotions and sensitivities during pregnancy are just as delicate as they were in ancient Vedic times or centuries ago. While modern advancements have granted women new roles and opportunities, they have also introduced stressors and lifestyle changes that may challenge the harmony traditionally encouraged during pregnancy.

Revisiting ancient holistic lifestyles, which fostered balance and well-being for both mother and family, may offer valuable insights for modern practices. Integrating Ayurveda's time-tested approaches with contemporary healthcare can bridge the gap between preventive care and medical intervention. Practices such as mindful

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nutrition, mental peace, and lifestyle adjustments can be as vital today as they were in ancient times, fostering resilience in maternal health and a harmonious family life.

In light of these findings, it is essential for healthcare providers, families, and society to recognize the wisdom embedded in both traditional and modern approaches. Embracing this combined perspective could not only reduce pregnancy complications but also contribute to the emotional and physical wellness of mothers. By understanding and respecting the intricate needs of pregnancy, we can help rejuvenate a supportive environment for both mother and child in our society.

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