

# Unit 4. Garbhini Vigyana Topic a. Garbhini Nidana

# (a) Garbhini Nidāna — Garbhini Lakṣaṇa, Garbhopaghātakara Bhāva, and Garbha Vikṛti

## Learning goals

- Recognise Garbhini Lakṣaṇa (signs of pregnancy) from classical and modern viewpoints.
- Enumerate Garbhopaghātakara Bhāva (fetal-pregnancy harming factors) with mechanisms and outcomes.
- Classify and outline Garbha Vikṛti (abnormal states in pregnancy) with concise management pivots.
- Write **exam-ready** answers with short tables and authentic classical anchors.

''चतुर्थे... दौहृदिनी... लब्धदौहृदा हि वीर्यवन्तं चिरायुषं च पुत्रं जनयति।''

(The mother becomes **dauhṛdinī** by the 4th month; duly fulfilled longings aid healthy progeny.) — **Suśruta Saṃhitā**, **Śārīrasthāna 3/18** 

# 1) Garbhini Nidāna: Garbhini Lakṣaṇa (signs of pregnancy)

Ayurveda recognises the pregnant woman (**Garbhini**) by **systemic** and **uterine** changes framed under **rasa-doṣa** shifts and **dauhṛda** (two-hearted state). For examinations, present an **Ayurveda ⇄ modern** consolidation:

#### 1.1 Classical markers

- Rajas-anuddhāna (cessation of menses in a woman of child-bearing age with regular cycles).
- Stana-vṛddhi, stana-kathinya, stana-parśva-ruja (breast enlargement, fullness, areolar/tender changes).
- Hṛllāsa-chardi, aruchi, gātra-daurbalya (nausea/vomiting, aversion to food, fatigue) early kapha predominance.
- Dauhrda (harmless longings/aversions; enhanced sensitivity) from the 4th month onward, a key classical sign.
- Garbha-cetanā-lakṣaṇa later as fetal movements are perceived (quickening window).

**Classical reminder:** The *dauhṛda* verse (Su. Śā. 3/18) is your safest quotation for mid-trimester signs and counselling.

## 1.2 Modern corroboration

- Presumptive signs: amenorrhoea, morning sickness, breast changes, urinary frequency, fatigue.
- **Probable signs:** positive urine hCG, uterine enlargement/softening (Hegar), cervical softening (Goodell), Chadwick sign (bluish vagina), Braxton-Hicks.
- Positive signs: fetal cardiac activity, fetal parts/movements on ultrasound, fetal heart sounds on Doppler/stethoscope.

#### 1.3 How to write diagnosis succinctly

- **History:** LMP/amenorrhoea weeks; early symptoms; past obstetric history; drug/teratogen exposure.
- **Examination:** vitals; abdominal (uterine size vs dates); breast; pelvic findings; **USG** confirming intrauterine pregnancy, CRL/GS.

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# 3) Garbhopaghātakara Bhāva — factors injurious to the embryo/pregnancy

Classics caution that certain āhāra-vihāra-ācāra and roga states injure garbha, vitiate rasa and disturb apāna-vāyu, leading to doṣa-prakopa and adverse outcomes (loss, malformations, growth failure). Present them as structured lists with modern mechanisms and outcomes.

# 3.1 Behavioural/ physical strain

- Ati-vyāyāma, ati-śrama, ati-gamanārohaṇa, bhāra-vāhana (excess exercise, exertion, long travel, lifting heavy loads) → ↑ uterine irritability, micro-trauma → threatened abortion, preterm pain.
- Vega-dharana (suppression of natural urges) → vāta-prakopa, constipation/UTI → rising risk of preterm contractions, UTI-related complications.
- Asana/śayana doşa (awkward postures, prolonged standing) → venous stasis, backache, syncope.

#### 3.2 Diet and substances

- Ati-kaṭu-amla-lavaṇa, ati-tīkṣṇa-uṣṇa, viṣa/āma-janaka ahāra; alcohol/tobacco → Pitta/rajas vitiation, oxidative stress, IUGR, anomalies, placental dysfunction.
- Apatarpana (inadequate diet/iron) → rasa-kṣaya → maternal anaemia, IUGR, preterm.
- Ati-tarpaṇa/guru (excess sugars/fats) → Kapha-Meda vrddhi → GDM, macrosomia.

# 3.3 Psychological milieu (Sattvaja stream)

• Ati-krodha/śoka/bhaya (extremes of anger/grief/fear) → stress mediators → preeclampsia/IUGR risk; adverse neuro-behavioural imprint on fetus (classical *sattva* lens).

## 3.4 Environmental/ iatrogenic

- Viṣa, dhūma, dust, radiation, teratogenic drugs, infections (TORCH, rubella, varicella), hyperthermia in organogenesis malformations, loss.
- Unsafe procedures/trauma → abruption, pregnancy loss.

#### 3.5 Maternal disease states (roga)

- Uncontrolled diabetes, hypertension/preeclampsia, thyroid disorders, epilepsy drugs, severe anaemia, renal/cardiac disease → placental insufficiency, fetal compromise.
- Genital infections → PPROM, preterm birth.

**Exam line:** "Garbhopaghātakara = factors that vitiate rasa-doṣa and disturb apāna-vāyu, leading to garbha-kṣobha (instability) and adverse outcomes like garbha-srava, IUGR, vikṛti."

# 4) Garbha Vikṛti — abnormal states affecting the embryo/ fetus/ pregnancy

Use a cause → example → outcome layout. Keep the emphasis on recognition and first-line management.

# 4.1 Early gestation losses

- **Garbha-srava**/ **garbhapāta** (threatened/ missed/ incomplete miscarriage): bleeding, cramps, open os (except threatened).
  - **Management basics:** rest, Rho(D) prophylaxis if Rh-negative, USG guidance, evacuate if incomplete/missed; evaluate causes (thyroid, diabetes, uterine anomalies, antiphospholipid).

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- Ectopic pregnancy (garbha outside uterus): amenorrhoea, pain, spotting, adnexal mass, free fluid; β-hCG/USG confirm.
  - Management: methotrexate (selected) or surgery; treat shock if ruptured.

#### Ectopic Pregnancy 3D model

#### 4.2 Placental disorders

- Placenta previa/ low-lying → painless bright bleeding; Abruption → painful bleeding, tender hypertonic uterus.
  - Management: stabilise, anti-D if indicated, plan delivery (previa → CS; abruption → urgent delivery as per status).

## 4.3 Fetal growth and fluid disorders

- IUGR/ SGA (uteroplacental insufficiency, anaemia, PIH) vs LGA/macrosomia (GDM).
  - Management: nutrition/iron, disease control, Dopplers, timing of delivery; in macrosomia—glycaemic control, delivery planning.
- Oligo-/polyhydramnios monitor cause-based (PPROM, renal agenesis vs diabetes/atresia/TTTS); surveillance and timely delivery.

## 4.4 Structural/functional anomalies (Garbha-vikāra)

- Neural tube, cardiac, renal, Gl atresias, aneuploidy.
  - Management: anomaly scan & counselling; folate/iodine policies; referral to fetal medicine.

# 4.5 Malpresentation/ malposition

• Breech/Transverse, OP, Face/Brow (covered in Unit 3f): raise labour risk; plan ECV (eligible), or CS/assisted vaginal breech with criteria.

## 4.6 Hypertensive disorders, GDM, cholestasis

- PIH/ preeclampsia → IUGR, abruption, eclampsia.
- GDM → macrosomia, shoulder dystocia, neonatal hypoglycaemia.
- **ICP** (cholestasis) → pruritus, adverse perinatal outcomes.
  - Management: protocol-based surveillance, medications (e.g., UDCA in ICP), timed delivery.

#### Preeclampsia 3D model

Link to Ayurveda: these correspond to rasa-kṣaya/āma, vāta-pitta prakopa and srotorodha producing garbha-poṣaṇa-hāni and kṣobha.

# 5) Antenatal detection & prevention thread (how you score in SAQs)

## 5.1 Minimum evaluation set at booking

- Confirm IUP by USG; date pregnancy (CRL).
- Baseline labs: Hb, blood group/Rh, HIV, HBsAg, VDRL, (HCV where indicated), urine R/E and culture, TSH (contextual), fasting/post-load glucose as per local protocol.
- Risk assessment: age, BMI, anaemia, thyroid, diabetes, hypertension, previous obstetric issues.

## 5.2 Ongoing ANC to prevent upaghāta and vikṛti

• **Dietetic counselling** (adequate protein, iron, calcium), **IFA/Calcium** supplementation, deworming where indicated.

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- Vaccinations: TT/TD; rubella preconception (not in pregnancy).
- Behavioural: avoid alcohol/tobacco/drugs; safe work; rest and left-lateral position.
- **Psychological**: *sattvika* milieu; **dauhṛda** respect (healthy substitutes).
- **Disease control**: treat anaemia, infections; monitor BP, sugars; low-dose aspirin in eligible high-risk PE cases (as per local practice).
- Warning signs: bleeding, leaking, reduced fetal movements, severe headache/visual symptoms, fever—prompt care.

# 6) Ready-to-reproduce exam tables

# 6.1 Garbhini Lakṣaṇa — classical → modern

**Classical expression Plain meaning Modern correlate** Missed period + positive hCG Rajas-anuddhāna Amenorrhoea Stana-vṛddhi/ kathinya Breast enlargement/ tenderness Areolar changes, Montgomery tubercles Hṛllāsa/ Chardi Morning sickness (1st trimester) Nausea/ vomiting Dauhṛda (Śā. 3/18) Harmless longings; sensitive affect Mid-trimester behavioural changes Garbha-cetanā Quickening/ FHR Fetal animation

#### 6.2 Garbhopaghātakara Bhāva — with outcomes

Category	Examples	Likely outcomes
Physical strain	Heavy lifting, long travel, trauma	Threatened abortion, preterm pain, abruption
Dietary faults	Ati-kaṭu/amlā/lavaṇa, alcohol/tobacco	IUGR, anomalies, GDM, PIH
Psychological	Anger/grief/fear extremes	Stress-mediated PE/IUGR risk
Environment/iatrogenic	Toxins, infections, teratogens	Malformations, loss
Maternal disease	Anaemia, DM, HTN, thyroid	IUGR, macrosomia, stillbirth risk

# 6.3 Garbha Vikṛti — thumbnail classification

Domain	Examples	First steps
<b>Early loss</b>	Threatened/missed/incomplete	USG, anti-D, evacuation if indicated
Ectopic	Tubal pregnancy	MTX/surgery; resuscitation
Placental	Previa, abruption	Stabilise; plan CS/urgent delivery
Growth/fluid	IUGR/SGA; Oligo/Poly	Dopplers/AFI; treat cause; time delivery
Anomaly	NTDs, cardiac, renal	Anomaly scan; counselling/referral
Presentation	Breech/transverse, OP	ECV; operative plan
Medical	PE/GDM/ICP	Protocol meds; surveillance; timed birth

# 7) How to frame a 10-mark answer (template)

- 1. **Define** Garbhini and list **Lakṣaṇa** (Ayurveda → modern), quoting **Su. Śā. 3/18** for *dauhṛda*.
- Classify Garbhopaghātakara Bhāva under āhāra, vihāra, ācāra, roga, environment; give two outcomes for each.
- 3. **Define Garbha Vikṛti** and tabulate **six headings** (loss, ectopic, placental, growth/fluid, anomaly, presentation/medical) with one **first-line step** each.
- 4. Conclude with ANC prevention thread (diet, disease control, warning signs).

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# 8) Self-assessment

# A) Short Answer Questions (SAQ — 5 marks each)

- 1. Enumerate Garbhini Lakṣaṇa and correlate with modern signs of pregnancy.
- 2. Define Garbhopaghātakara Bhāva and list eight examples with expected outcomes.
- 3. Classify **Garbha Vikṛti** and outline first-line management in each class.
- 4. Write a short note on **Dauhṛda**—month, significance, and counselling.
- 5. Outline ANC measures that prevent IUGR in a mildly anaemic primigravida.

# B) Long Answer Questions (LAQ - 10 marks)

- 1. Discuss **Garbhini Nidāna** in detail under: *Lakṣaṇa*, *Garbhopaghātakara Bhāva*, and *Garbha Vikṛti*. Integrate **Ayurveda-modern** perspectives and add **ANC prevention**.
- 2. Explain **Garbhopaghātakara Bhāva** with mechanisms (doṣa-rasa-apāna-vāyu) and map each to **modern pathophysiology** and **perinatal outcomes**.

# C) MCQs (single best answer)

1. **Dauhṛda** is classically emphasised from:

A) 2nd month B) 3rd month C) 4th month D) 8th month

**Ans:** C. (Su. Śā. 3/18)

2. Which is **not** a Garbhopaghātakara?

A) Heavy lifting B) Alcohol C) Iron-rich diet D) Severe grief

Ans: C

3. Painless third-trimester bleeding suggests:

A) Abruption B) Placenta previa C) Uterine rupture D) Chorioamnionitis

Ans: B

4. In Ayurveda, rasa-kṣaya in the mother most closely correlates with:

A) Macrosomia B) **IUGR tendency** C) Polyhydramnios D) Multifetal pregnancy

Ans: B

5. A positive **probable** sign of pregnancy is:

A) Quickening B) Hegar's sign C) FHR on Doppler D) Yolk sac on USG

Ans: B

# References

# Classical

- Suśruta Samhita, Śarīrasthāna 3/18 description of dauhrda and mid-pregnancy behaviour; also general
  month-wise development.
- Suśruta Samhitā, Śārīrasthāna (Garbhaśarīra adhyāyas) foundational statement "śukra-śonita-samyogāt garbhaḥ sambhavati."
- Caraka Saṃhitā, Śārīrasthāna 3-4 determinants of healthy progeny; antenatal regimen ethos; harmful influences conceptually aligned with *Garbhopaghātakara Bhāva*.
- Aṣṭāṅga Hṛdaya, Śārīrasthāna 1 concise pregnancy physiology and conduct pointers.

#### **Modern & Standard Texts**

- **Williams Obstetrics** diagnosis of pregnancy; early pregnancy problems; placental disorders; growth restriction and macrosomia; antenatal care principles.
- **Dutta's Textbook of Obstetrics** Indian practice-oriented ANC, danger signs, and management algorithms.
- Shaw's Textbook of Gynaecology & Obstetrics clinical signs (Hegar/Goodell/Chadwick), early pregnancy care, maternal disease in pregnancy.

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# 30-second recap

- Garbhini Lakṣaṇa: amenorrhoea, breast changes, NVP, dauhṛda (from 4th month), quickening/FHR.
- Garbhopaghātakara Bhāva: strain, faulty diet/substances, stress, toxins/infections, maternal disease → loss/IUGR/anomalies.
- **Garbha Vikṛti**: classify into loss, ectopic, placental, growth/fluid, anomaly, presentation/medical; state first-line steps.
- Tie every answer to **ANC prevention** and quote **Su. Śā. 3/18** where appropriate.

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