

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 **dauhṛdī** 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.
- **Dauhṛda** (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.

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 doṣa** (awkward postures, prolonged standing) → **venous stasis**, backache, syncope.

3.2 Diet and substances

- **Ati-kaṭu-amlā-lavaṇa, ati-tikṣṇa-uṣṇa, viṣa/āma-janaka** ahāra; **alcohol/tobacco** → **Pitta/rajas vitiation, oxidative stress, IUGR, anomalies, placental dysfunction**.
- **Apatarpaṇa** (inadequate diet/iron) → **rasa-kṣaya** → **maternal anaemia, IUGR**, preterm.
- **Ati-tarpaṇa/guru** (excess sugars/fats) → **Kapha-Meda vṛddhi** → **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).



- **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, GI 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.

- **Vaccinations:** TT/TD; **rubella preconception** (not in pregnancy).
- **Behavioural:** avoid alcohol/tobacco/drugs; safe work; rest and left-lateral position.
- **Psychological:** *sattvika* milieu; **dauḥṛda** 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
Rajas-anuddhāna	Amenorrhoea	Missed period + positive hCG
Stana-vṛddhi/ kathinya	Breast enlargement/ tenderness	Areolar changes, Montgomery tubercles
Hṛllāsa/ Chardi	Nausea/ vomiting	Morning sickness (1st trimester)
Dauḥṛda (Śā. 3/18)	Harmless longings; sensitive affect	Mid-trimester behavioural changes
Garbha-cetanā	Fetal animation	Quickening/ FHR

6.2 Garbhopaghātakara Bhāva — with outcomes

Category	Examples	Likely outcomes
Physical strain	Heavy lifting, long travel, trauma	Threatened abortion, preterm pain, abruption
Dietary faults	<i>Ati-kaṭu/amlā/lavaṇa</i> , 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
Early loss	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 *dauḥṛda*.
2. **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).

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) Abruptio 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 Saṃhitā, Śārīrasthāna 3/18** — description of **dauhṛda** and mid-pregnancy behaviour; also general month-wise development.
- **Suśruta Saṃhitā, Śārīrasthāna (Garbhaśarīra adhyāyas)** — foundational statement “**śukra-śoṇita-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.



30-second recap

- **Garbhini Lakṣaṇa**: amenorrhoea, breast changes, NVP, **dauhrda (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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