

## AAHAAR- AGNI- VYAADHI TRIAD IN GARBHINEE

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### **Abstract:**

Pregnancy is one of the most important stages of the womanhood. It has two facets like a coin, one has a cause to live the most desirable moment of life ahead while other has a lot of apprehension, anxiety and discomfort. The would be mother has to nourish not only herself but her most welcomed guest in her womb too and for this her Gastrointestinal tract must has to be fit; coincidentally the whole tract has to accommodate rather compromise with its space of its free movement. Due to this and so many other physiological causes this system has to face a lot of discomfort. The Great thinkers of Ayurveda have already narrated about the whole **Digestive system** as *Anna Vaha Srotas and Agni* associated to this *Srotasa* plays major role in digestion and assimilation.

**Key Words:** अग्नि, रस, धातु, जरणषवित्, निष्ठीविका, अम्लप्रीति, दौहृद, छर्दि, विबन्ध

### **Introduction:**

During first few months of pregnancy due to nausea and other psycho-physiological changes the women have desires of various objects even those which were never tasted earlier, we know which as 'pica'. Sour substances satiate the desire of overcoming nausea etc. It also depends upon one's liking for any particular 'rasa'. The specific 'rasa' is responsible for development of a particular 'dhatu'. During pregnancy there is disproportionate increase in plasma volume, RBC volume and Haemoglobin mass. In addition there is a marked demand of extra Iron during pregnancy. Even an adequate diet can not provide the extra demand of Iron. Thus there always remains a physiological state of Iron deficiency during pregnancy and Iron is best absorbed in 'Acidic Media'. In body Pitta and Rakt are in 'Aashraya-aashrayee bhaav'. So with rakta kshaya simultaneous pitta kshaya also happens. So correspondingly she shows the desire of taking amla dravyas. So this अम्लप्रीति is to correct the blood deficiency or 'rakta kshaya' which has become enevitable. This can be very well understood why Acharya *Kashyapa* the father of ancient Prasuti Stree and Baal roga the then studied as *Kaumarbhritya*, established this desire calling *Dauhrid* and forbidden to Never be unfulfilled. Dauhrid kaal has been recognized from 6<sup>th</sup> -16<sup>th</sup> week of gestation period. ( काश्यप खिल स्थान 9/43-45)

- ❖ अन्नवहानां स्रोतसामामाषयो मूलं वामं च पार्श्वम् । च0वि0 5/8
- ❖ नाभिस्तनान्तरं जन्तोरामाषयेति स्मृतः ।।
- ❖ तत्राप्यामाशयो विशेषेण पित्तस्थानम् ।
- ❖ समानः अन्नं गृह्णाति पचति विवेचयति मुञ्चति ।

❖ अग्नि जरणषक्त्या परीक्षेत् । शान्तेऽग्नौ मृयते युक्ते चिरं जीवत्यनामयः । रोगी स्याद्विकृते मूलमग्निस्तस्मान्निरुच्यते ।

**Pregnancy** causes anatomic and physiologic changes in the gastrointestinal (GI) tract, which result in common patient complaints of **nausea, emesis, constipation, hemorrhoids, and gastro esophageal reflux**. Some patients have underlying GI conditions such as Crohn disease or ulcerative colitis that may affect pregnancy outcome.

छर्दि : निष्ठीविकागौरवमंगसादस्तद्राप्रहर्षो हृदये व्यथा च ।

तृप्तिश्च बीजग्रहणं च योन्यां गर्भस्य सद्यो नुगतस्य लिंगम् ।। च० सं० शा० २/२३

छर्दयेत्पथ्यभुक्वापि गन्धादुद्विजते शुभात् । प्रसेकः सदनं चैव गर्भिण्या लिंगमुच्यते ।। भा० प्र० पूर्व० ३/४४

❖ **Nausea and Vomiting:** Effects on the gastrointestinal tract during pregnancy are caused primarily by hormonal changes and also the physical effects of the gravid uterus. Motility changes occur throughout the gastrointestinal tract, including a reduction in lower esophageal sphincter pressure and its physiologic function with resulting gastroesophageal reflux and the risk for aspiration.

❖ Decrease in the rate of small-bowel and colonic transit manifested primarily as abdominal bloating and constipation. These effects are mediated by Progesterone, with Estrogen probably acting as a primer.

❖ Gastrointestinal transit time from ingestion of a liquid lactulose meal to its delivery to the cecum was determined by monitoring 'breath hydrogen concentrations' at 10-min intervals. Gastrointestinal transit times were **significantly prolonged in the third trimester of pregnancy**, when progesterone and estradiol levels were increased, compared to the postpartum period. This study supports previous findings which suggest that increasing levels of progesterone and estradiol affect gastrointestinal function and therefore may contribute to gastrointestinal symptoms that often occur in pregnant women.

❖ अकाले चाति मात्रं च हृत्साम्यं यच्च भोजनं । विषमं चापि यद्भुक्तं मिथ्याहारः स उच्यते ।।

अषक्तः कुरुते कर्म शक्तिमात्रं करोति यः । मिथ्याविहार इत्युक्तः सदा तं परिव्रजेत् ।।

विबन्ध :

❖ न जीर्यते सुखेनान्नं विकारानकुरुतेऽपि च ।

❖ तदजीर्णमिति प्राहुस्तन्मूला विविधारुजः ।

❖ विष्टब्धे शूलमाध्मानं विविधा वातवेदनाः ।

❖ मलवाताप्रवृत्तिश्च स्तम्भो मोहोऽङ्गपीडनम् ।

**Constipation** is a common complaint of pregnant women secondary to the physiologic changes that accompany normal gestation. Education of the pregnant patient on the physiologic changes that occur to the GI tract during gestation may prove invaluable. Providing an explanation of the cause of constipation and advising simple ways to relieve the discomfort are usually adequate.

❖ Basic advice should include increased fluid and fiber intake, a moderate amount of daily exercise, and defecation after meals when colonic activity is the highest. Most patients' complaints of constipation can usually be relieved with an increase in dietary fiber, which is present in most cereals, especially bran, psyllium, methylcellulose, or polycarbophil.

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अर्ष :

- ❖ अरिवत् प्राणिनो मांसकीलिका विकसन्ति यत् ।
- ❖ अर्शाषि तस्मादुच्यते गुदमार्गनिरोधतः ।।

**Hemorrhoids:** Increased incidence of constipation is a contributing factor to anorectal hemorrhoids, one of the more common and discomforting, GI conditions of pregnancy. About one third of pregnant women complain of hemorrhoids secondary to various contributing factors that include increased Valsalva force during defecation

❖ 30% increase in blood volume, progesterone-induced venous smooth muscle relaxation, and increased intra -abdominal pressure from uterine growth. First-line therapy includes conservative measures to decrease the pain and facilitate clot resorption; stool softeners, topical analgesics, and warm sitz baths.

- ❖ षष्ठी पित्तधरा नाम या कला परिकीर्तिता ।
- ❖ पक्वामाषयमध्यस्था ग्रहणी सा प्रकीर्तिता ।।
- ❖ ग्रहणीमाश्रितोऽग्निदोषो ग्रहणीदोषः— — भूयः संदूषितो वह्निर्ग्रहणीमभिदूषयेत् ।— च0 चि015
- ❖ दुष्यति ग्रहणी जन्तोरग्निसादनहेतुभिः— सु0 उ0 40

❖ **Inflammatory Bowel Diseases:**

❖ Ulcerative colitis (UC) and Crohn disease (CD) are both chronic disorders collectively known as inflammatory bowel disease (IBD). IBD often affects young adults during their reproductive years.

- ❖ जठरानलदौर्बल्यादविपक्वस्तु यो रसः स आम संज्ञको देहे सर्व रोग प्रकोपकः ।।
- ❖ अविपक्वमसंयुक्तं दुर्गन्धं बहु पिच्छिलं ।
- ❖ सादनं सर्व गात्राणामामित्यभिधीयते ।।
- ❖ कुपितानां हि दोषानां षरीरे परि धावताम् ।
- ❖ यत्र संगः खवैगुण्यात् व्याधिस्तत्रोपजायते ।।
- ❖ Studies in patients with IBD have shown variable outcomes in the incidence of preterm delivery. Active IBD during pregnancy may be associated with an increased risk of

congenital malformations, spontaneous abortions, fetal growth restriction, low birth weight, preterm delivery, and stillbirth. Severe UC requiring surgery may be associated with poor pregnancy outcomes. Aminosalicylates, (sulfasalazine and mesalazine) Antibiotics (Metronidazole and quinolones) and Corticosteroids are commonly used for the purpose but should be discouraged due to potentials to harm the pregnancy and thus our approach of use of dietary modifications and bulking agents is the best way to deal with these conditions specially in the pregnant patients.

❖ विकारोनामकुषलो न जिहीयात् कदाचन् । न हि सर्व विकाराणां नामतोऽस्ति ध्रुवागतिः ।।

❖ **Colorectal cancer** is one of the three most common types of cancer in women and predisposition. Diagnosis and treatment of colorectal cancer during pregnancy is challenging secondary to overlapping signs and symptoms of cancer and pregnancy. Those signs and symptoms include rectal bleeding, nausea, vomiting, abdominal pain, weight loss, anemia, abdominal mass, and altered bowel habits such as constipation.

❖ Because these symptoms are similar to normal symptoms of pregnancy, there is usually a delay in diagnosis and treatment of colorectal cancer during pregnancy. Persistent rectal bleeding or rectal passage of tissue at the time of delivery is an ominous sign of colorectal cancer and should be fully evaluated. Colon obstruction, perforation, and metastasis are more frequent in pregnant women with colon cancer than the average population. A possible cause is the immunosuppressive state of pregnancy.

### **Conclusion:**

Kashyap the father of Kaumarbhritya who cares the whole pregnancy and its outcome says यदन्नपानं प्रायेण गर्भिणी स्त्री निषेवते । रसो निवर्तते तादृक् त्रिधा चास्याः प्रवर्तते ।।

मातृ पुष्ट्यर्थं एकांशो द्वितीयो गर्भं पुष्टये । तृतीयः स्तन पुष्ट्यर्थं नार्याः गर्भस्तु पुष्पन्ति ।।

This period of life is not only important for the pregnant lady (the would be Mother) but for the outcome of her this whole nine month waiting, struggling and putting her life on threat for then and even future also; so utmost care must be offered to her for whole of this period which is in the best of interest of her along with the progeny.

संदर्भ –

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