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## Role Of Ayurveda In Prevention Of *Garbhini Madhumeha* (Gestational Diabetes Mellitus)

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### ABSTRACT: -

Gestational diabetes mellitus is one of the common problem during pregnancy due to altered life style and diet pattern. Prevalence of GDM has been greatly increased since 10 yrs, in which 90% of diabetes in pregnant women is gestational and 10% is pre gestational. Healthy state of pregnancy could be possible by adopting *Garbhadhana vidhi*. *Garbhini paricharya*. Further *samsodhana* followed by *rasayana*, *vajikarana* as a part of *Garbhadhana vidhi* prevents possibilities of different ailments during pregnancy. Similarly, *Garbhini paricharya* that includes *aahara*, *vihara*, *oushadha* prescribed with monthly variations may also prevent several ailments during pregnancy. Any violations in the said regimen may lead to *Atiyoga*, *Ayoga* and *Mithya yoga* resulting in to diseases such as *madhumeha* particularly *santarpana janya vikara* and *aavaranajanya madhumeha*. In *Madhu kosa vyakhya*, it is explained that women with irregular menstruation are more prone to diabetes in their future pregnancy. Concept of *Asta vidha aahara vishesha ayatana* also plays a role in prevention of diabetes. *Aahara vidhi* also varies from *sthula pramehi* to *krusha pramehi*. *viharas* such as *yoga* and *pranayama* during pregnancy helps to reduce anxiety and endocrine measures. Finally, there is need to adopt for safer management of GDM through *Ayurvedic* principles.

**Key words:** GDM, *Madhumeha*, *Garbhadhana vidhi*, *Masanumasika paricharya*.



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## INTRODUCTION

Gestational diabetes mellitus is defined as glucose intolerance of variable severity with onset or first recognition during the present pregnancy. It usually manifests in second or third trimester.

Prevalence of GDM has been greatly increased since 10 yrs, in which 90% of diabetes in pregnant women is gestational and 10% is pre gestational.<sup>[1]</sup> Prevalence of GDM in India varies from 3-15% and chances of complications up to 40%<sup>[2]</sup>. The details of *prameha* have been quoted by our ancient *aacharyas*, much description of *Garbhini Madhumeha* was not given. *Aacharya Kashyapa* said that physical & psychological disorders of *garbhini* are similar to other individuals due to similarity in *dosha* & *dushya*, but their treatment differs. In *Madhu kosa vyakhya*, it is explained that women with irregular menstruation are more prone to diabetes in their future pregnancy.<sup>[3]</sup>

## AIMS & OBJECTIVES

To study the Ayurveda principles in management of *Garbhini Madhumeha*.

To prevent the complications in pregnancy and for healthy progeny.

### *Garbhini Madhumeha Nidana*

*Aacharya Charaka* in *Sharira sthana* explains that excess intake of sweet things & intake of *Godha mamsa* makes the person suffer from *Madhumeha*<sup>4</sup> In *Madhukosa vyakhya*, it is explained that women with irregular menstruation are more prone to *Madhumeha* in future pregnancy. (*Garbhini madhumeha*).

*Aaharaja: kapha vridhi aahara, virudha bhojana, navannapana, dadhi sevana*<sup>[5]</sup>

*Viharaja: Diwaswapna, alasya, atisneham*

*Manasika: chinta, soka, bhaya*

*Rogaja: Ajirna, Agnimandya*

### Risk Factors:<sup>[6]</sup>

- <25 years of age
- Previous history of poor obstetric outcomes
- History of glucose intolerance
- Positive family history
- Obese

### Screening:<sup>[7]</sup>

The method is employed by using 75gm oral glucose challenge test without regard to time of day or last meal, between 24-28 weeks of pregnancy.

A venous plasma glucose value @ 2 hr > 140mg/dl is diagnosed as GDM. While Overt diabetes is where post blood glucose level >200mg/dl.

### *Samprapti:*

*Dosha: sleshma pradhana Tridosha*

*Dushya: Rasa, rakta, mamsa, meda, majja, sukra, kleda, lasika, ojas.*

*Srotas: medovaha, mootravaha*

*Sroto dusti: Sanga, Ati pravrutti*

*Agni: Jataragni & dhatwagni*

*Vyakta sthana: Sarva sarira*

### *Lakshanas:*

*Garbha avastha; Garbha ativridhi, Garbhodaka ativridhi.*

*Prasava avastha: Mudha garbha, kalatita prasava*

### *Upadravas:<sup>[8]</sup>*

Maternal: Abortion, pre eclampsia, polyhydramnios, risk of UTI.

FETAL: Birth trauma, Macrosomia, shoulder dystocia, hypocalcaemia, hyperglycaemia.

NEONATAL: Respiratory distress, hyperbilirubinemia

### Role Of Ayurvedic Principles:

#### 1. *Garbhadhana Vidhi:<sup>[9]</sup>*

As *Madhumeha* may manifest due to vitiation of *Sonitha* and *Sukra Garbhadhana vidhi* plays a major role in preventing GDM. As similar to treatment of *Pramehi*, *Garbhadhana vidhi* also includes the same aspects where the couple are advised for

1. *Snehana, Svedana*
2. *Vamana*
3. *Virechana*
4. *Vasti* therapies

#### ***Snehapana Karmukata:***<sup>[10]</sup>

*Sneha dravya* reach up to cellular level by *Sukshma guna*. By *Snigdha, Sara, Drava guna Dosa Vishyandhana* occurs by *Ushna guna* pacifies *Vata dosha*. Then finally *dosas* move from *saakha to kostha*.

#### ***Vamana Karmukata:***<sup>[11]</sup>

On doing *Vamana karma*, stress levels increases causing increase in plasma cortisol and decrease in hyperglycaemic levels. It promotes gluconeogenesis and protein metabolism thus correcting insulin secretion.

#### ***Virechana Karmukata:***

*Virechana dravya* by *virya* gets absorbed through minute channels and removes *bahu drava sleshma* and *pitta* from *vata sthana*. Causes *pradeepana of agni, uttarottara dhatu pusti*.

#### ***Vasthi Karmukata:***<sup>[12]</sup>

*Bastidravya* acts on *Samana vayu* causing *Agni deepana, Sarva sarira poshana, Uttarottara dhatu pusti* thus correcting the body metabolism.

### **2. Role Of Vyayama:**

According to *Cakradatta*, one can eliminate *Madhumeha* by various physical exercises. He advise to roam continuously up to 100 *yojana* (1 *yojana*=8 miles).

### **3. Importance Of Svadamstra Siddha Ghrita In Paricharya:**<sup>[13]</sup>

Saponins from the fruit of *Tribulus terrestris* helps to reduce serum glucose levels by Antioxidant mechanism and also helps in reducing serum triglycerides.

## **DISCUSSION**

Study of literature reveals that pregnancy is a diabetogenic state. Diagnosis of GDM is as much as important as its treatment. If it is not detected and controlled on time it can lead to high rates of mortality. Modern science reveals about insulin resistance in GDM where our *aacharyas* also explained the same resulting from *Aama utpatti, Jataragni vridhi, Dhatvagni dourbalya, medo vridhi* and blockage of channels of *vayu*. Risk factors to be taken into consideration and screened earlier.

Maternal and foetal complications are discussed in detail in above lines. Importance of *Garbhadhana vidhi* as a step for proper planning of pregnancy and aiming for the healthy progeny is very much needed in the present scenario. As per our *Aacharyas, Grabhini paricharya* explained in later months mainly 6-9 months i.e. in late trimester mainly aims to reduce the metabolic complications.

## **CONCLUSION**

*Garbhini stree* is one of those people whom *Aacharyas* described to be as future *pramehi*. Thus she needs more consideration and attention at time of planning & during the course of pregnancy. The science of Ayurveda has various effective tools, which if applied at correct time will be much helpful for pregnant women and their progeny to be safe and healthy.

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