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 wikara 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 pregestational.\(^1\) Prevalence of GDM in India varies from 3-15% and chances of complications up to 40%.\(^2\). 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.\(^3\)

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*\(^4\) 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\(^5\)
Viharaja: Diwaswapan, alasya, atisneham
Manasika: chinta, soka, bhaya
Rogaja: Ajirna, Agnimandya

Risk Factors:\(^6\)
- <25 years of age
- Previous history of poor obstetric outcomes
- History of glucose intolerance
- Positive family history
- Obese

Screening:\(^7\)
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
*Sruto dusti:* Sanga, Ati pravruti
*Agni:* Jataragni & dhatwagni
*Vyakta sthana:* Sarva sarira

Lakshanas:
*Garbha avastha: Garbha ativriddi, Garbhodaka ativridhi.*
*Prasava avastha:* Mudha garbha, kalatita prasava

Upadras:\(^8\)
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:*\(^9\)
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:**[10]
Sneha dravya reach up to cellular level by Suksha 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:**[11]
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:**[12]
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 (1yojana=8miles).

3. **Importance Of Svadamstra Siddha Ghrita In Paricharya:**[13]
Saponins from the fruit of Tribulus terristris 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 vriddhi 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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REFERENCES:

1. www.journalofdiabetology.org
2. Datt S Madhava nidana with commentary of madhu kosa, jaypee publishers, 2009
3. Datt S Madhava nidana with commentary of madhu kosa, jaypee publishers, 2009
4. Tripathi k, Charaka samhitha sarira sthana ch.8, ver.21, chaukambha orientalia, reprint edition, 2018
5. Tripathi k, Charaka samhitha nidana sthana ch.4, ver.5-7, chaukambha orientalia, reprint edition, 2018
6. DC duttas textbook of obstetrics, jaypee publishers, reprint edition 2015
7. DC duttas textbook of obstetrics, jaypee publishers, reprint edition 2015
8. DC duttas textbook of obstetrics, jaypee publishers, reprint edition 2015
9. Tripathi k, Charaka samhitha sarira sthana ch.8, ver.4, chaukambha orientalia, reprint edition, 2018
10. DC duttas textbook of obstetrics, jaypee publishers, reprint edition 2015
11. DC duttas textbook of obstetrics, jaypee publishers, reprint edition 2015
12. DC duttas textbook of obstetrics, jaypee publishers, reprint edition 2015