

Role of preconception counselling in Ayurveda with modern perspective: a conceptual study

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Abstract

Obstetrics complications are unpredictable. The pregnant woman is facing the environmental pollution, diet and lifestyle changes, infertility treatments, hormonal changes and stress. All the factors are affecting pregnancy and fetus. Preconceptional counselling is considered as the "Preventive Obstetrics". It helps to minimize complications of pregnancy by changing the physical and mental status of couple willing for pregnancy.

Ayurveda has mentioned preconceptional counselling starting from couple's age for marriage, for conception and also mentioned the criteria for bridal selection.

This article reviews the rationale for preconceptional counselling in Ayurveda, discusses practical possibilities of implementation of concepts in pre pregnancy period, and reveals some of the research topics which need a multi-centric trials to prove so as to redesign the program for reproductive healthcare.

Keywords: Ayurveda, preconceptional counselling, pregnancy, obstetrics

Introduction

There have been several prospective and case control trials that clearly demonstrate that preconceptional counseling improves pregnancy outcomes [1].

To be effective, counseling about potential pregnancy risk and strategies to prevent them must be provided before conception. Ayurveda has worked from bridal selection and maturity age of both partners. This article will only consider the views of Ayurveda on preconceptional counseling. The major goals of describing the concepts of Ayurveda here is to provide a new platform for further intensive research. Ayurveda focusses on increasing the span of healthy life, to reduce health disparities between individuals, to improve reproductive outcome with minimizing the obstetrics complications. It also help to practice a preventive strategy for the healthy pregnancy.

Detoxification concept is described only by Ayurveda before conception. The physical, mental and spiritual status is improved after detoxification of both partners which will help to improve the number of healthy progeny [2].

Some rituals have also been mentioned in Ayurveda Texts which need a further conduction of scientific research and their statistical evaluation to establish such concepts.

Ayurveda has also mentioned the contraindicated conditions of woman for coitus and their effects on conceptus as well as fetus. Influence of psychological status of couple has been described in some Texts. Normalcy of psychology or happiness of couple is most important for conception [3].

Progress is hampered because we are failing to intervene before pregnancy to improve woman's health status and mitigate risk factors that can contribute to adverse maternal and fetal outcome. (Atrash, Johnson, Adams, Codero & Howse 2006) [4].

Summarizing the concepts of Ayurveda, one can explain the detoxification, lifestyle modification, diet and rituals simultaneously help in healthy pregnancy.

Objectives

1. To explore and identify concepts of preconceptional counseling in Ayurveda keeping in view preconceptional counselling guidelines and practices in present era.
2. To state importance of concepts of Ayurveda in the study.
3. To elaborate concepts of preconceptional counseling and scope for research in such concepts of Ayurveda
4. To develop standard protocol (Ayurveda Guidelines for Preconception Counselling-AGPC) to help physician for easy access of the preconceptional advice to their obstetric patients.

Literature and conceptual study studying all concepts mentioned in Ayurveda Compendia.

1- "Age for marriage and first conception":

1.1 "Age for marriage"- *Sushruta* has written that the age for marriage for man is twenty five and for girls it is sixteen years [5].

Vagbhata- The couple should not born in the same family of parents. (~*Atulya gotra vivaha*)

1.2 "Age for conception" [6] - *Sushruta* and *Vagbhata* has mentioned the same age of marriage for the first conception.

Commentator *Arundutta* has explained that if the couple gets conceived before the age for marriage or conception, the delivery will not have any complication

1.3 If a woman below sixteen is impregnated by a man below twenty five years, either she will not conceive, or if at all conceives, she will have IUD fetus, if the child is born, it would not live or will have weak organs, ill health or deformed body parts [7].

Practical implementation and Modern Perspectives

➤ As per Indian law, the age for marriage is eighteen years for girls and twenty one years for man. Hence though the

age of marriage or conception in girls is lesser, will not be accepted.

- The age of marriage and conception are mentioned different by Vagbhata which indicates social pattern of that time.
National center for Health Statistics, (Smith and Colleagues, 1999) - Teenagers are more likely to be anemic, and are at increased risk to have growth restricted infants, preterm labour and a higher infant mortality (Fraser and associates, 1995) [8].
- (Gibbs *et al*- Pediatric and Perinatal Epidemiology, 2012, 26, Blackwell publishing Ltd, page 25)- The study conducted on teen age pregnancy on girls less than 15 years or 2 years after menarche. The study reviewed three studies conducted in Central and South American countries (middle income countries) found **anemia** significantly than pregnancies at older age 20-24 years [9]. Adolescents are more likely to have an immature pelvis, as it continues to grow throughout the adolescents. This can lead to cephalopelvic disproportion, obstructed labour and other obstetric complications [10].
- Phupong *et al*- Thiland- Pre-eclampsia was significantly more in adolescents [9].
- Gibbs *et al.*, 2012- There is an association between preterm birth and young maternal age and that association may be stronger in developing countries [9].

Comments

Various studies conducted in high and middle income countries have mentioned increased incidences of obstetrics complications in patients less than 15 years of age. These complications may be increased in low income countries because of inadequate nutritional status, improper antenatal care etc.

2- “Contraindicated conditions (physical/ psychological) of woman for coitus and their effects” [11].

The coitus should not be done with a woman who is hungry or over eaten, thirsty, frightened, who is angry or full of sorrows, having absence or excessive desire for sex, who have chronic illness specially menorrhagia, who is pregnant or emaciated. These types of woman either don't conceive, if conceive then the newborn suffers from teratogenic abnormalities.

This concept mentioned in Ayurveda Texts focusses on psychological status of woman before the coitus for reproduction.

Practical implementation

All conditions mentioned here can't be considered as contraindicated. But patients can be counselled for such conditions where coitus is contraindicated. Menorrhagia, metrorrhagia, or emaciated woman can be practically not a woman for coitus. Pregnancy is not a contraindication for coitus except first and last six weeks of pregnancy. The patients presenting low lying placenta and Placenta Previa should take precautions during coitus.

Modern perspective

Psychological aspects for coitus and its effect on fetus is not yet considered by Modern science. Questionnaire can be prepared in patients coming to maternity hospital which can

ask patients about their time of coitus, mental and physical status before coitus especially during ovulatory period.

Comments

This can be considered as a research topic. It needs further scientific evaluation. Some conditions are mentioned just because to respect like coitus should be avoided with wife of a teacher, elderly woman and a female ascetic.

Emaciation may be sign of tuberculosis, other chronic or infectious cases hence such woman should be avoided for coitus for reproduction.

3- “Position of woman during coitus for reproduction” [12]

For the reception of seminal fluid, woman should lie in supine position. (*Charaka*)

The man should not lie below the woman, because after this postural copulation if woman delivers a male child, he will have feminine characters and if female child then she will have masculine habits. (*Vagbhata*)

Practical implementation and modern perspective:

Donnica Moore, MD, a women's health expert based in Far Hills, N.J. - While there are no scientific studies regarding the best sexual positions for baby-making, the missionary (man on top) position is typically considered optimal for conception, she says.

"Some people suggest that placing a pillow under the hips and keeping legs raised after sex may enhance the sperms' ability to swim upstream," she adds.

Woman can, of course, get pregnant having intercourse in almost any position, but there are certain gravity-defying positions such as sitting, standing, or woman on top that may discourage sperm from traveling upstream [13].

Comments: The important factor here is the gravitation force and sperm travel, hence the position the supine position of woman is perfect if she is trying to conceive.

Regarding the masculine and feminine features of the child is another topic of research which will probably requires long duration of observational study for recognition of such features in the next generation.

4- “Method of conjugation and its prior acts/ Detoxification and Dietary regimen before conception” [14]

After menstruation i.e. 4th day onwards the couple is asked for oral ghee ingestion, oil massage, steam bath and detoxification therapy is done by emetics or purgatives.

Dietary regimen is advised to follow for next eight days after detoxification. (~*Sansarjan krama*). Evacuative enema (~*Asthapana*) and nutritive enema (~*Anuvasana basti*) is given after emesis or purgation therapy.

Male partner is advised to take medicated ghee and milk (a group of medicines are used in Ghee/ milk which are sweet in taste) while female partners are asked to take sesame oil and *Masha* (sort of kidney beans) for one month. Abstinence is maintained in this one month period and in the next cycle the couple can happily go for sexual contact for reproduction.

Practical implementation

The abstinence is not followed well by some patients. Effect of Medicated milk or ghee in male partners and Sesame oil and *Masha* in female partners should be studied. Simultaneously levels of hormones like estrogen, progesterone

and testosterone and semen analysis should be assessed before and after this dietary regimen in both partners.

Comments

The detoxification concept is mentioned in Ayurveda is unique. The effects of detoxification in the view of Modern aspects is not studied up till now. Lipid profile, liver and kidney function tests, Electrolytes and semen analysis can be assessed before and after detoxification therapy to check the effects of detoxification if any. Study can also conducted with the help of comparison of cell lines before and after detoxification.

5- “Effect of Psychology of the woman on the fetus”^[15]

The woman desirous of having a child resembling to the persons of specific country could use diet, mode of life, behavior and garments identical to the persons of that very country and also by the same methods as practiced by them. The born child emulates the characters of creature who comes in thoughts of the woman during coitus/ fertilization. For achievement of conception, couple should be happy.

Practical implementation

Positive Psychology have many benefits in day to day life hence all physicians asked to have happy mood during the pregnancy. Psychological factors similarly responsible for the development of fetus.

The crucial impact prenatal influences have on development has been recognized for millennia. It is now known that the environment experienced during pregnancy influences development in a way that has consequences for physical and mental health throughout life^[16].

Comments

The impacts that maternal stress, maternal nutrition, and the exposure to toxins and pollutants during pregnancy have on prenatal development and hence it should be taken into account.

Ayurveda has also mentioned that faulty diet and lifestyle are also responsible for the teratologic abnormalities in fetus along with psychology of couple^[17].

6- “Rituals before conception”

- a) Performing *Putreshti Yajnya*: Charaka and Kashyapa have described the detailed method of *putreshti yajnya* which is actually a subject of sociology or religion. A *Yajna* included major ceremonial devotions, with or without a sacred fire, sometimes with feasts and community events^[18].
- b) Hymn to be recited before coitus- the hymn recited before coitus. This hymn is for asking God to protect the fetus as well as for requesting God to give a courageous son or a child^[19].

Practical implementation

Putreshti yajnya is not feasible ritual to be done before conception now a days. The hymn can be chanted before going for the coital act and not at the time of coitus. The efficacy and potentials of chanting such mantras creates positive vibrations around the couple and benefit with those vibrations. Hence they should be chanted with utmost belief.

Conclusion

Supplementation of folic acid tablets, cessation of smoking and alcohol habits, diet with balance food, exercise and stress management techniques are practiced in modern science.

The concepts described in Ayurveda which must be elaborated and studied in details with scientific methods. The physical and mental status of woman during coital act, Detoxification before conception and position for coital act can be discussed further in view of improving the health status of whole reproductive tract. Study can also be conducted for improving the quality of ovum and sperm with these concepts.

Detoxification (*Panchkarma*) and dietary regimen with abstinence are still followed by patients but its effect on improvement of quality of spermatozoa and ovum are not yet established.

Simultaneously the psychological and physical contraindications of the male partner should also be considered before conception though it is not mentioned in the Texts. Study of harmful hormones secreted during mental stress and their effect on progeny if coital act is done for reproduction in such stressed conditions could be a subject of research.

All rituals could not be followed well in today's conditions but some hymn could be chanted for positive vibrations before coitus if one can prove its importance after a separate study on couples.

The task of developing the guidelines for preconceptional counseling could be completed after the research work mentioned in the practical implementation. These concepts will be an added part of this chapter.

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