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PREGNANCY – A COMMON CONTRAINDICATION IN *PANCHAKARMA* THERAPY: A CLASSICAL REVIEW

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Abstract

Garbhini Avastha (pregnancy) is a physiologically delicate state in which the maternal body supports *Garbha* (fetal) growth and development, so therapeutic decisions directly affect both mother and fetus. Classical Ayurvedic texts therefore advise strong caution before prescribing *Shodhana* (purificatory therapy) during gestation. This conceptual textual review compiles the classical directives on *Panchakarma* procedures contraindicated in pregnancy from the *Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Hridaya*, *Ashtanga Sangraha*, *Kashyapa Samhita* and *Sharngadhara Samhita*, with available commentary, and analyzes them procedure-wise. The texts prohibit *Vamana* (emesis), *Virechana* (purgation), *Niruha Basti* (decoction enema) and *Nasya* (nasal therapy), together with supportive measures such as *Snehana* (oleation), *Svedana* (sudation) and *Raktamokshana* (bloodletting). The stated rationale is prevention of *Garbha Vyapad* (fetal disorder), *Garbhasrava* and *Garbhapata* (pregnancy loss) caused by aggravated *Apana Vayu*. The prohibitions are not uniform: some texts anchor them to pregnancy itself, others to the gestational month, the timing of delivery or the manner of delivery. The texts also describe limited exceptions: mild *Svedana* and the mildest *Virechana* in genuine emergencies, a planned *Anuvasana Basti* (unctuous enema) with *Madhura Gana* oil in the ninth month of *Garbhini Paricharya* to support *Sukhaprasava* (uncomplicated labor), and *Pratimarsha Nasya* (low-dose daily nasal instillation), described as suitable from birth to old age. *Panchakarma* is thus avoided by default during pregnancy, with narrow, graded exceptions, and these directives support maternal–fetal safety in Ayurvedic clinical practice.

Keywords: *Panchakarma*; Pregnancy; Contraindication; Shodhana; Garbhini Paricharya; Ayurveda

1. Introduction

Panchakarma is an important part of Ayurvedic therapeutics and is primarily used for eliminating accumulated *Doshas*, to cleanse the *Srotas* (body channels), and to restore physiological balance.[1–3] The main *Panchakarma* procedures described in the classical texts are *Vamana* (therapeutic emesis), *Virechana* (therapeutic purgation), *Niruha Basti* (decoction enema), *Anuvasana Basti* (unctuous enema) and *Nasya* (nasal therapy). These procedures are commonly preceded by preparatory measures such as *Snehana* (oleation) and *Svedana* (sudation), while *Raktamokshana* (bloodletting) is described as an additional para-surgical procedure.[2,3] Although these therapies are effective in systemic cleansing and

in the management of several disease conditions, their intensive nature requires careful consideration in specific physiological states.

Garbhini Avastha (pregnancy) is a particularly sensitive physiological state in which the primary objective of Ayurveda shifts from intensive *Shodhana* towards gentle *Garbha Dharana* and *Poshana*, emphasizing the preservation, protection and nourishment of the developing fetus.[1,2] During gestation, the maternal body is not only maintaining its own physiological balance but is also continuously supporting fetal growth and development. Maternal resources, particularly *Rasa-Rakta Dhatu* and *Apana Vayu*, have an important role in maintaining maternal and fetal stability.[1,3] The internal balance of the *Garbhini* is also sensitive to changes in *Agni*, systemic fluid dynamics and *Dosha Gati*. Strong evacuative procedures may disturb this delicate balance and affect the normal functioning of *Apana Vayu*. Such disturbances may have implications for pregnancy and are reflected in the classical descriptions of *Garbha Vyapad* (fetal disorders), *Garbhasrava* and *Garbhapata* (premature expulsion or pregnancy loss).[1–3] Modern physiological considerations may also raise concerns regarding excessive fluid loss, depletion and physiological stress during pregnancy, including their potential relationship with adverse fetal outcomes (such as intrauterine growth restriction).[4]

Consequently, classical Ayurvedic treatises, including the *Brihattrayi* (*Charaka Samhita*, *Sushruta Samhita* and *Ashtanga Hridaya*/Sangraha), the *Laghutrayi* (specialized texts such as the *Kashyapa Samhita)*, include the *Garbhini* (pregnant woman) among the conditions in which intensive purificatory procedures are considered unsuitable or contraindicated.[1–3,5–7] These texts provide specific instructions regarding the avoidance of major *Shodhana* procedures during pregnancy and describe the possible consequences of inappropriate or excessive therapeutic interventions. At the same time, the classical literature does not treat pregnancy as an absolute prohibition against every form of therapy. Instead, it describes specific exceptions and modifications according to the stage of pregnancy and the strength and condition of the mother. For example, *Anuvasana Basti* is specifically incorporated into *Garbhini Paricharya* during the ninth month to support *Sukhaprasava* (normal and uncomplicated labor),[1,2] while *Pratimarsha Nasya*, being a mild form of nasal therapy, is described for regular use and can be considered during pregnancy.[3]

Despite the wealth of classical observations, references concerning the contraindications, potential risks, therapeutic rationale and specific exceptions related to *Panchakarma* during pregnancy are scattered across different sections of the Samhitas, including Sutrasthana, Sharirasthana, Chikitsasthana and Siddhisthana. This conceptual textual review therefore aims to systematically compile, organize and critically analyze these classical directives on a procedure-wise basis. The review further examines the underlying Ayurvedic rationale together with relevant modern physiological considerations, with the aim of providing a clearer understanding of the appropriate and inappropriate use of *Panchakarma* during pregnancy and supporting maternal–fetal safety in Ayurvedic clinical practice.

2. Materials and Methods

Primary classical sources: *Charaka Samhita* (Sutrasthana, Sharirasthana, Siddhisthana),[1] *Sushruta Samhita* (Sutrasthana, Sharirasthana, Chikitsasthana),[2] *Ashtanga Hridaya* and *Ashtanga Sangraha* (Sutrasthana),[3,5] *Kashyapa Samhita* (Sutrasthana, Siddhisthana)[6] and *Sharngadhara Samhita* (Uttarakhanda) were reviewed.[7] These were searched for verses (sutras) that name *Garbhini*, *Prasuta* (postpartum woman) or *Sutika* among the contraindicated categories for each *Panchakarma* procedure, and for verses describing the month-wise antenatal regimen (*Garbhini Paricharya*) in which specific procedures are instead indicated. Available commentaries (for example, Arunadatta on *Ashtanga Hridaya*) were consulted where they clarify the stated rationale.[3] The textual data were compiled procedure-wise and summarized in tabular form (Table 1). The exact chapter and verse of each citation are given in the References, according to the editions listed there.

3. Procedure-Wise Contraindications in Pregnancy

3.1 Snehana (Oleation Therapy)

According to Acharya Kashyapa, *Snehana* is contraindicated in *Garbhini* (pregnant woman) and *Prasuta* (postpartum woman), listed as two separate conditions, without tying either to the timing or nature of delivery.[8] Acharya Sharngadhara and Acharya Sushruta, by contrast, frame the contraindication around timing rather than the state of pregnancy itself, describing the woman as *Akalaprasava Nari* or *Akale Prasuta Stri* (one who delivered prematurely or before her time).[9,10] Acharya Vagbhata, in both the *Ashtanga Sangraha* and *Ashtanga Hridaya*, takes yet another angle with *Apaprasuta*, a term pointing to an abnormal or difficult delivery rather than early timing.[11,12] While translations often collapse these terms into a single idea, the source texts seem to be tracking distinct clinical states: pregnancy itself, timing of delivery and manner of delivery, each carrying independent weight in the decision to withhold *Snehana*.

3.2 Svedana (Sudation/Fomentation Therapy)

According to Acharya Charaka, *Garbhinya* (the pregnant woman) is one for whom *Svedana* is contraindicated.[13] Acharya Vagbhata carries the same restriction forward in *Ashtanga Hridaya*, using *Garbhini* in his own list of conditions where Sveda is withheld.[14] Arunadatta's commentary on this verse gives the reasoning directly: sweating during pregnancy risks *Garbha Vyapat* (damage to the fetus).[14] Both texts treat pregnancy as reason enough on its own to avoid *Svedana*, without qualifying it by trimester or by the woman's condition otherwise.

3.3 Vamana Karma (Therapeutic Emesis)

According to Acharya Vagbhata, *Garbhini* is unfit for *Vamana* (therapeutic emesis).[15] Similarly, Acharya Charaka clearly states that *Vamana* should be avoided in a *Garbhini*.[16]

The main concern behind this restriction is the safety of the fetus. *Vamana* is an intensive *Shodhana* procedure that places considerable strain on the body. The Acharyas therefore point toward the possibility of *Garbha Vyapat* and *Garbha Bhramsha*, which means injury or disturbance to the fetus and possible loss or expulsion of the pregnancy.

3.4 Virechana Karma (Therapeutic Purgation)

According to Acharya Charaka, *Garbhini* is among those considered unfit for *Virechana* (therapeutic purgation), the main reason being *Garbha Vyapat* (possible harm or disturbance to the fetus).[17] Acharya Sushruta also directly includes *Garbhini* among those unsuitable for *Virechana*, the restriction being based on the potential risk associated with administering purgation during pregnancy.[18] Similarly, Acharya Vagbhata in the *Ashtanga Sangraha* lists *Garbhini* among the conditions in which *Virechana* should be avoided.[19] Thus, classical texts recognize pregnancy itself as a contraindication to *Virechana*, with the primary concern being the safety of the fetus and prevention of potential harm to the pregnancy.

3.5 Basti Karma (Enema Therapy): Niruha

According to *Acharya Vagbhata, Niruha Basti* (decoction enema) is restricted for a woman in her seventh month of pregnancy.[20] *Acharya Sushruta* sets the restriction earlier, at three to four months of pregnancy (*chatustrimasa garbhini*), within his own list of conditions unfit for *Anuvasana* and *Asthapana*.[21] Unlike the earlier procedures, where pregnancy alone was named as sufficient grounds for exclusion at any stage, both texts here specify a gestational window, marking pregnancy stage as the deciding factor for *Basti* rather than pregnancy as a blanket condition.

3.5.1 The Ninth-Month Exception: Anuvasana Basti in Garbhini Paricharya

The general restriction on *Basti* during pregnancy is not applied uniformly throughout the entire pregnancy. The classical texts describe a specific exception for the ninth month. According to Acharya

Charaka, in the *Garbhini Paricharya*, *Anuvasana Basti* (unctuous enema) prepared with oil processed with *Madhura Gana* drugs is advised in the ninth month, along with *Yonipichu* using the same oil.[22] Acharya Sushruta also describes a similar regimen.[23] Later texts extend the use of *Yonipichu* to both the eighth and ninth months to maintain softness and lubrication of the birth passage.

The purpose of this practice differs from the reason given for avoiding *Basti* during the earlier stages of pregnancy. During pregnancy, *Basti* is generally avoided because of the possibility of aggravating *Vata* and causing harm to the *Garbha*. By the ninth month, however, the enlarged uterus is considered to interfere with the normal downward movement of *Apana Vayu*. This may contribute to constipation, low-back discomfort and a feeling of heaviness during the later stage of pregnancy. Therefore, the *Anuvasana Basti* prescribed in the ninth month is not intended for *Shodhana* or strong evacuation. Its purpose is to maintain the normal movement of *Apana Vayu* and support *Sukhaprasava* (uncomplicated labor).

There is also a clear difference between this practice and *Niruha Basti*. *Niruha Basti* is a stronger, decoction-based procedure mainly used for *Shodhana*, whereas the ninth-month *Anuvasana Basti* is oil-based, gentle and *Brimhana* (nourishing) in nature. It is described as part of planned *Garbhini Paricharya*, rather than as a treatment given in response to a disease.

3.6 Nasya Karma (Nasal Therapy)

According to Acharya Charaka, administering *Ruksha Nasya* during pregnancy may further aggravate *Vata Dosha*. He advises *Snehana* and *Brimhana* therapy for pacifying *Vata* and considers Ghrita (ghee) and Ksheera (milk) particularly suitable for the *Garbhini*.[24] Acharya Sushruta directly lists *Garbhini* as contraindicated for *Nasya* Karma.[25] Acharya Kashyapa also includes *Garbhini* among those unfit for *Nasya*, and further states that administering *Nasya* to a thin or underweight pregnant woman may cause *Arochaka* (loss of appetite).[26] Acharya Vagbhata, in the *Ashtanga Sangraha*, warns of Bhaktadvesha (aversion to food), Jvara (fever), Murcha (fainting) and Ardhavabhedaka (hemicranial headache) in the mother, and of Vyanga (skin discoloration), Indriya Vaikalya (sensory impairment), Unmada (psychosis) and Apasmara (epilepsy) in the offspring.[27]

3.7 The Exception: Pratimarsha Nasya

According to Acharya Vagbhata, *Pratimarsha Nasya* (minimal-dose nasal instillation) is suitable from birth through old age.[28] Regular daily use provides benefits similar to *Marsha Nasya*, without requiring special preparatory procedures or causing the risks and complications associated with the intensive form.

3.8 Raktamokshana (Bloodletting)

According to Acharya Vagbhata, *Garbhini* is among those unfit for *Raktamokshana*.[29] The reasoning behind this exclusion ties back to *Rakta Dhatu*, which nourishes the *Garbha* directly: depleting it through bloodletting can aggravate *Vata*, particularly *Apana Vata*, the force responsible for holding the fetus in place, raising the risk of *Garbha Srava* or *Garbha Pata*.

4. Discussion

The reviewed classical text show a consistent default: *Shodhana* procedures are withheld in *Garbhini*, and the stated rationale is protection of the *Garbha* through preservation of *Rasa-Rakta Dhatu* and *Apana Vayu*.[1–3] Table 1 summarizes the procedure-wise position. The texts do not, however, justify the prohibitions in the same way. For *Svedana*, *Vamana*, *Virechana* and *Raktamokshana*, pregnancy itself is named as sufficient ground for exclusion. For *Snehana*, the sources variously anchor the restriction to pregnancy, to the timing of delivery or to its manner, and for *Niruha Basti* they specify a gestational window. This variation suggests that the compilers were reasoning from the clinical state of the woman and not applying a single blanket rule.

Table 1. Procedure-wise classical contraindications, exceptions and reasoning in pregnancy

Procedure	References	Status in pregnancy	Cited consequence / reasoning
Snehana (oleation)	[8–12]	Contraindicated, especially Snehapana in advanced or vitiated states	Listed with Prasuta (postpartum woman) and Kshirapa (nursing mother) as unfit; risk of aggravating disorders in an already delicate state
Svedana (sudation)	[13,14]	Contraindicated as a standard measure; only mild (mridu) Svedana permitted in Atyayika (emergency)	Arunadatta's commentary states that Svedana in Garbhini causes Garbha Vyapat (injury to the fetus)
Vamana Karma (therapeutic emesis)	[15,16]	Contraindicated (Avamya)	Grouped with the very young, aged, emaciated, obese, cardiac and debilitated patients as unfit for Vamana
Virechana Karma (therapeutic purgation)	[17–19]	Contraindicated (Avirechya)	Sushruta warns specifically against Virechana where downward bleeding (adho-raktapitta) occurs in pregnancy; Ashtanga Sangraha states that the faults noted earlier apply to Garbhini
Niruha Basti (decoction enema)	[20,21]	Contraindicated; Ashtanga Hridaya names the seventh month of pregnancy as unfit	Sushruta lists a woman at three to four months of pregnancy (chatustrimasa garbhini) among those unsuited to Niruha Basti
Anuvasana Basti (unctuous enema), ninth month, Garbhini Paricharya	[22,23]	Exception: specifically indicated from the ninth month, with Yonipichu of the same oil	Corrects Apana Vayu obstructed by the gravid uterus; oil prepared with Madhura Gana drugs, aimed at Sukhaprasava (uncomplicated labor) and not at Shodhana
Nasya Karma (nasal therapy), especially Marsha/Ruksha type	[24–27]	Contraindicated	Ashtanga Sangraha warns of Bhaktadvesha, Jvara, Murcha and Ardhavabhedaka in the mother, and Vyanga, Indriya Vaikalya, Unmada and Apasmara in the offspring
Pratimarsha Nasya (minimal-dose nasal instillation)	[28]	Exception: described as usable lifelong (ajanma) without the restrictions or complications of Marsha Nasya	Not bound by the Yantrana (procedural restriction) or Vyapad (complications) applicable to the stronger form
Raktamokshana (bloodletting)	[29]	Contraindicated	Garbhini and Sutika (postpartum woman) grouped with under-16, over-70 and improperly prepared (non-oleated, non-sudated) patients as unfit for venesection

Numbers in brackets in the References column refer to the numbered reference list.

The exceptions follow a recognizable logic. Emergency modifications (mild *Svedana*, the mildest *Virechana*) are tied to a disease that itself threatens the mother or pregnancy, whereas the ninth-month *Anuvasana Basti* is a planned, non-disease measure that is oil-based, *Brimhana* in nature and directed at *Apana Vayu* and *Sukhaprasava* rather than at *Shodhana*. *Pratimarsha Nasya* differs again, as a mild form of a restricted procedure that escapes the restrictions of its stronger counterpart.

Modern physiology offers a possible interpretive parallel. Pregnancy involves expansion of maternal blood volume and increased circulatory demand,[4] so procedures that cause marked fluid loss, such as *Vamana* and *Virechana*, may impose hemodynamic and metabolic stress at a time of heightened physiological load. This correspondence is offered as a point of reflection only and is not evidence for the classical mechanism.

This review has limitations. It is purely textual, and no clinical or experimental safety data on *Panchakarma* in pregnancy were analyzed. Verse numbering and readings may differ between editions and commentaries, and several rationales are stated briefly in the sources. The findings should therefore not be extrapolated to clinical practice without supporting clinical studies, and well-designed observational and safety studies would be a useful next step.

5. Conclusion

Classical Ayurvedic texts consistently contraindicate the major *Panchakarma* procedures (*Vamana*, *Virechana*, *Niruha Basti* and *Nasya*) and the supportive measures *Snehana*, *Svedana* and *Raktamokshana* during pregnancy, mainly to protect the fetus and to prevent *Garbha Vyapad*, *Garbhasrava* and *Garbhapata* through disturbance of *Apana Vayu*. The prohibitions vary in their basis, and narrow exceptions exist: mild *Svedana* and mild *Virechana* in emergencies, ninth-month *Anuvasana Basti* within *Garbhini Paricharya*, and *Pratimarsha Nasya*. *Panchakarma* is therefore avoided by default in pregnancy, and any departure from this rule should be limited to these graded, text-supported situations.

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Dr.Deependra Karnawat: Data curation, Literature search, Formal analysis, Writing draft.

Dr. Abhilesh V S: Supervision, Validation, Writing – review of manuscript & editing.

Conflict of Interest

The authors declare that they have no conflict of interest.

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