International Journal of Holistic Health and AYUSH
Monthly | Open Access | Double-Blind Peer-Reviewed
Advancing Evidence-Based Integrative Medicine

Volume / Issue	Article Type	Article ID	DOI
Vol. 1, Issue 3	Review Article	RA03IJHHA3559	https://doi.org/10.5281/zenodo.23754895

REVIEW ARTICLE

Garbhasrava and Recurrent Miscarriage: A Critical Review of Classical Ayurvedic Concepts

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ABSTRACT

Background: Recurrent miscarriage is a clinically and emotionally significant reproductive problem with heterogeneous causes and a substantial proportion of unexplained cases. Classical Ayurveda describes pregnancy loss through the concepts of Garbhasrava and Garbhapata and discusses repeated fetal loss under conditions such as Putraghni Yonivyapad. The classical framework extends beyond the event of miscarriage to include prerequisites for conception, maternal nutrition, uterine receptivity, fetal nourishment, Dosha balance, conduct during pregnancy, and avoidance of Garbhopaghatakara Bhava.

Aim: To critically review the classical Ayurvedic concepts related to Garbhasrava and recurrent miscarriage.

Objectives: To analyze the classical terminology and conceptual distinction between Garbhasrava, Garbhapata and repeated pregnancy loss. To review Putraghni Yonivyapad, Garbhasambhava Samagri, Shadgarbhakara Bhava and Garbhopaghatakara Bhava in relation to pregnancy maintenance. To construct a concise Ayurvedic Samprapti framework for recurrent pregnancy loss. To identify points of conceptual convergence and difference with contemporary recurrent pregnancy loss while avoiding unsupported one-to-one equivalence.

Materials and Methods: A narrative critical review was undertaken using major Ayurvedic classics, standard Prasuti Tantra and Stri Roga texts, and selected peer-reviewed literature on recurrent pregnancy loss. Classical concepts were organized under etiology, pathogenesis, preventive care and pregnancy-supportive principles. Contemporary guidelines were used only to frame current terminology and recognized clinical domains.

Results & Discussion: Classical concepts can be used as a systems-oriented interpretive framework for individualized assessment, but they should not be treated as validated substitutes for genetic, anatomical, endocrine, immunologic or hematologic evaluation. The strongest contemporary use of these concepts is hypothesis generation, preventive counseling and integrative research design.

Conclusion: Garbhasrava and recurrent miscarriage can be critically examined through several interrelated Ayurvedic constructs rather than a single disease label. Rigorous clinical studies are required before classical interventions can be assigned evidence-based efficacy in recurrent pregnancy loss.

Keywords: *Garbhasrava; recurrent miscarriage; Putraghni Yonivyapad; Garbhopaghatakara Bhava; Garbhini Paricharya; Garbhasambhava Samagri*

INTRODUCTION

Recurrent miscarriage is an important reproductive health problem because repeated losses may reflect a broad range of genetic, anatomical, endocrine, immune, hematologic and lifestyle-related factors, yet no single cause is identified in many patients. Contemporary definitions are not fully uniform. The Royal College of Obstetricians and Gynaecologists defines recurrent miscarriage as three or more first-trimester miscarriages, while also advising that extensive evaluation may be considered after two losses when a pathological rather than sporadic process is suspected. This variation in definition is clinically relevant when comparing traditional descriptions, published research and present-day diagnostic pathways.[1]

The European Society of Human Reproduction and Embryology uses the broader term recurrent pregnancy loss and considers the diagnosis after two or more pregnancy losses. Its updated guideline emphasizes the limited quality of evidence for many proposed investigations and treatments, the influence of maternal age and other risk factors, and the need for individualized counseling. These points are important for an Ayurvedic review because classical concepts should be interpreted as a distinct theoretical system and not retrospectively labeled as proof of modern mechanisms.[2]

In Ayurveda, pregnancy loss is discussed through several related concepts rather than through one exact modern diagnostic entity. Garbhasrava is generally used for early loss when the products of conception are described as relatively unformed or fluid, while Garbhapata refers to later expulsion after greater fetal development. Recurrent loss is frequently discussed in relation to Putraghni Yonivyapad, but classical analysis also requires examination of the factors responsible for conception and maintenance of Garbha, maternal conduct, fetal nourishment and factors capable of injuring pregnancy. This wider view allows recurrent loss to be assessed as the end result of disturbances involving constitution, reproductive factors, uterine environment, nourishment and Dosha balance.[3]

AIM AND OBJECTIVES

Aim: To critically review the classical Ayurvedic concepts related to Garbhasrava and recurrent miscarriage.

- To analyze the classical terminology and conceptual distinction between Garbhasrava, Garbhapata and repeated pregnancy loss.
- To review Putraghni Yonivyapad, Garbhasambhava Samagri, Shadgarbhakara Bhava and Garbhopaghatakara Bhava in relation to pregnancy maintenance.
- To construct a concise Ayurvedic Samprapti framework for recurrent pregnancy loss.
- To identify points of conceptual convergence and difference with contemporary recurrent pregnancy loss while avoiding unsupported one-to-one equivalence.

MATERIALS AND METHODS

This narrative critical review was prepared by examining classical Ayurvedic descriptions from Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya and standard works of Prasuti Tantra and Stri Roga, supported by selected peer-reviewed Ayurvedic literature. Contemporary definitions and recognized domains of recurrent pregnancy loss were checked against current obstetric and reproductive-medicine guidance. Classical material was synthesized under terminology, prerequisites for conception, etiological factors, Doshic interpretation, maternal-fetal nourishment, preventive care and pregnancy-supportive principles. The review is conceptual and does not treat textual similarity as evidence of identical biological mechanisms.

CONCEPTUAL STUDY - AYURVEDIC REVIEW

Classical descriptions distinguish pregnancy loss partly according to the stage of fetal development. In the Sushruta tradition, early expulsion is described as Garbhasrava, whereas loss after greater structural development is described as Garbhapata. The terminology is developmental rather than laboratory-based and therefore cannot be mapped exactly onto modern gestational thresholds. Its value lies in recognizing that the clinical expression, tissue state and management concerns of an early loss differ from those of a more advanced pregnancy. In a critical reading,

Garbhasrava should therefore be understood as a classical category of pregnancy loss rather than a literal synonym for every modern miscarriage.[4]

Recurrent Loss and Putraghni Yonivyapad

Putraghni Yonivyapad is the most relevant classical concept for repeated destruction or loss of a newly formed Garbha. The Charaka description links repeated loss with aggravated Vata in association with abnormal or vitiated Shonita, indicating that both dynamic expulsion forces and the quality of the reproductive environment were considered important. The word Putraghni is clinically meaningful because repetition is integral to the description; however, the construct remains a classical disease concept and should not be reduced to one modern cause such as thrombophilia, chromosomal error or progesterone deficiency. It represents a syndrome-level pattern requiring assessment of multiple contributing factors.[5]

Garbhasambhava Samagri: Ritu, Kshetra, Ambu and Beeja

The classical prerequisites for conception are often summarized as Ritu, Kshetra, Ambu and Beeja. Ritu denotes appropriate timing and reproductive readiness; Kshetra denotes the receptive reproductive field, especially the uterus and genital tract; Ambu indicates the nutritive and fluid support required for growth; and Beeja represents the reproductive seed contributed by the parents. These four factors provide a useful preconception framework because they require simultaneous attention to timing, reproductive anatomy, nourishment and parental reproductive material. A critical contemporary interpretation may compare these domains with ovulatory timing, uterine factors, maternal nutritional-endocrine support and gamete or genetic factors, but such comparison is analogical rather than proof of direct equivalence.[6]

Shadgarbhakara Bhava and Multidimensional Fetal Development

The Shadgarbhakara Bhava broaden the explanation of fetal development beyond the four prerequisites of conception. Maternal contribution is expressed through Matrija factors, paternal contribution through Pitrija factors, while Atmaja, Satmyaja, Rasaja and Sattvaja dimensions address individuality, adaptation or suitability, nourishment and psychophysiological constitution. In the context of recurrent miscarriage, this model encourages evaluation of both parents and the maternal milieu rather than restricting analysis to the uterus alone. It also highlights a classical recognition that fetal development depends on hereditary, nutritional, constitutional and environmental contributions acting together.[7]

Garbhopaghatakara Bhava: Factors Harmful to Pregnancy

Garbhopaghatakara Bhava comprise diet, activities, trauma, excessive exertion and other exposures considered capable of harming the developing Garbha. Classical pregnancy care repeatedly warns against severe physical strain, inappropriate fasting, excessive travel or jerking, trauma, suppression of natural urges, highly unsuitable foods and intense mental disturbance. These instructions reflect a preventive orientation: once conception occurs, maintenance of a stable internal and external environment becomes a therapeutic objective. Modern clinicians should not interpret every classical restriction literally or use it to assign blame after a miscarriage; rather, the concept is best read as a historical framework for risk avoidance and maternal protection during pregnancy.[8]

Doshic Interpretation: Vata, Pitta, Rakta and Artava

Among the Dosha, Vata has a central role in classical explanations of expulsion, movement and instability. Aggravated Apana Vata is therefore conceptually relevant to pain, uterine irritability and downward expulsion, while excessive Pitta and Rakta disturbance can be used to interpret bleeding and inflammatory-type features within the Ayurvedic framework. Recurrent loss described under Putraghni Yonivyapad has been discussed in later Ayurvedic literature through the combined disturbance of Vata, Rakta and Artava. Importantly, these categories are functional constructs of Ayurveda; they should not be presented as laboratory equivalents of cytokines, coagulation pathways or specific hormones without direct evidence.[9]

Preconception Correction and the Quality of Kshetra and Beeja

A recurrent-loss history shifts attention to the period before conception. Ayurvedic case literature commonly applies correction of Agni, normalization of Vata, purification-oriented measures when indicated, strengthening of reproductive tissues and subsequent pregnancy-supportive care. Classical reasoning would seek to improve the quality of Kshetra, Beeja, Artava and general Bala before attempting another conception. From a critical research perspective, this approach is valuable as a structured preconception-care hypothesis, but published evidence is still dominated by small observational reports and case studies, which cannot establish efficacy or exclude spontaneous favorable outcomes.[10]

Maternal Nutrition, Rasa Dhatu and Ambu

Classical texts give high importance to maternal nutrition because the developing Garbha depends on the mother for continuous nourishment. The concepts of Ambu and Rasa Dhatu emphasize adequate fluid, nutrient and tissue-level support, while pregnancy diet is generally described as soft, nourishing, compatible and adapted to digestive capacity. In recurrent miscarriage, this does not mean that nutritional correction alone can prevent genetically or anatomically determined losses. The stronger conceptual point is that maternal nourishment, hydration, digestibility and avoidance of extremes form part of a broader environment in which pregnancy is expected to continue.[11]

Garbhini Paricharya as a Preventive Framework

Garbhini Paricharya provides month-wise guidance concerning diet, lifestyle, rest, mental wellbeing and preparation for the changing physiological needs of pregnancy. The repeated emphasis on gentle nourishment, avoidance of harmful exertion, maintenance of normal urges, emotional support and progressive adaptation indicates that pregnancy care was conceptualized as continuous rather than episodic. For a patient with prior loss, the preventive value of this framework is chiefly in structured follow-up and supportive care. It should accompany, not replace, appropriate modern evaluation for recognized causes of recurrent pregnancy loss.[12]

Garbhasthapana, Supportive Principles and Critical Interpretation

Classical management discussions include Garbhasthapana or pregnancy-stabilizing principles, use of suitable nourishing substances, control of bleeding and pain, and avoidance of further causative factors. The broader literature also invokes Jivaniya, Balya, Brimhana and Rasayana principles depending on the patient and stage of care. A critical review must distinguish such textual indication from demonstrated clinical effectiveness. Contemporary Ayurvedic reviews correctly identify a network of concepts - Garbhadhana, Garbhasambhava Samagri, Garbhopaghatakara Bhava, Putraghni Yonivyapad and Garbhini Paricharya - but the clinical contribution of specific interventions requires adequately powered controlled trials and transparent safety reporting.[13]

SAMPRAPTI OF GARBHASRAVA / RECURRENT LOSS

Nidana Sevana: unsuitable Ahara-Vihara, excessive Ruksha or Tikshna exposure, Ati-vyayama, trauma, Vegadharana, severe mental disturbance, or pre-existing reproductive vulnerability

↓

Agni and Dhatu imbalance with Vata Prakopa, with possible involvement of Pitta and Rakta

↓

Disturbance of Apana Vata + Rakta Dushti / Artava Dushti

↓

Impairment of Kshetra, Beeja-support, Ambu / Rasa Dhatu nourishment, or local reproductive stability

↓

Srotodushti and inadequate stabilization or nourishment of Garbha

↓

Pain, bleeding, instability of pregnancy and downward expulsive tendency

↓

Garbhasrava / Garbhapata; repeated occurrence may present as a Putraghni Yonivyapad pattern

RESULTS AND FINDINGS

- Garbhasrava is best interpreted as a classical category of early pregnancy loss, whereas Garbhapata denotes loss after greater fetal development; neither term should be forced into an exact modern gestational definition.

- Putraghni Yonivyapad is the closest classical syndrome-level description of recurrent pregnancy loss because repeated destruction of Garbha is central to the description.
- The fourfold Garbhasambhava Samagri - Ritu, Kshetra, Ambu and Beeja - provides a structured preconception model covering timing, reproductive environment, nourishment and parental reproductive material.
- Shadgarbhakara Bhava expands the model to include maternal, paternal, nutritional, constitutional and psychophysiological contributions to fetal development.
- Vata, particularly Apana Vata, has a central classical role in instability and expulsion; Pitta, Rakta and Artava become relevant where bleeding and tissue disturbance predominate.
- Garbhopaghatakara Bhava provides a preventive framework for avoiding pregnancy-injuring exposures, but the concept should not be used to attribute blame for miscarriage.
- Garbhini Paricharya emphasizes continuity of antenatal care, nourishment, rest, compatible lifestyle and emotional support across pregnancy.
- The most defensible contemporary application is integrative assessment and hypothesis generation; direct claims of equivalence between Dosha concepts and molecular pathways are not justified without targeted evidence.
- Published Ayurvedic clinical evidence for recurrent miscarriage remains limited by small samples, heterogeneous interventions and insufficient controlled trials.

DISCUSSION

The classical Ayurvedic framework is strongest when used to organize clinical thinking rather than to claim that ancient categories anticipated specific modern diagnoses. Contemporary evaluation of recurrent pregnancy loss includes genetic factors, uterine anatomy, antiphospholipid syndrome, endocrine disorders and selected additional investigations, while a considerable proportion of cases remain unexplained. Against this background, Ritu, Kshetra, Ambu and Beeja offer a broad systems-oriented scaffold: timing and reproductive readiness, a receptive uterine field, maternal nutritive support and parental reproductive material. Such a scaffold can improve the completeness of an integrative history, but it does not replace karyotyping, imaging, endocrine testing or evidence-based investigation when clinically indicated.[14]

A second strength of the classical model is its preventive and longitudinal orientation. Garbhopaghatakara Bhava and Garbhini Paricharya direct attention to avoidable exposures, maternal comfort, nutrition, rest, mental wellbeing and ongoing surveillance. Modern recurrent pregnancy loss guidelines similarly emphasize individualized care and correction of recognized modifiable factors, but evidence for many proposed treatments remains limited. Therefore, an integrative protocol should clearly separate supportive measures with low risk from disease-specific treatment and should avoid delaying established investigations. Any Ayurvedic intervention used in pregnancy also requires attention to formulation quality, dose, gestational safety, possible herb-drug interactions and pharmacovigilance.[15]

The principal limitation in the Ayurvedic literature is not the absence of conceptual material but the weakness of clinical validation. Small case reports and pilot studies can generate hypotheses, yet recurrent miscarriage has a meaningful spontaneous future live-birth probability and heterogeneous underlying causes, making uncontrolled success difficult to interpret. Recent pilot work in unexplained recurrent abortion has reported encouraging pregnancy continuation with an Ayurvedic formulation, but the authors themselves call for larger randomized controlled trials. Future research should use contemporary diagnostic phenotyping, prespecified outcomes, comparator groups, pregnancy and neonatal safety monitoring, registration of protocols and transparent reporting so that classical concepts such as Putraghni Yonivyapad and Garbhasthapana can be tested without overstating their evidence.[16]

CONCLUSION

Garbhasrava and recurrent miscarriage can be critically understood in Ayurveda through an interconnected network of concepts rather than through a single one-to-one disease correlation. Garbhasrava and Garbhapata describe pregnancy loss according to developmental context; Putraghni Yonivyapad most closely reflects repeated loss; Ritu, Kshetra, Ambu and Beeja identify essential prerequisites for successful conception; Shadgarbhakara Bhava emphasizes multidimensional fetal development; Garbhopaghatakara Bhava highlights prevention; and Garbhini Paricharya provides a continuum of pregnancy care. These concepts offer a coherent classical framework for integrative assessment and research, but modern diagnostic evaluation remains essential, and efficacy or safety of specific

Ayurvedic therapies for recurrent miscarriage should be established through rigorous clinical studies rather than assumed from textual indication alone.

DECLARATIONS

Conflict of Interest: Nil

Source of Support: None

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HOW TO CITE THIS ARTICLE

Choudhary P, Ighe P, Rabha K. Garbhasrava and Recurrent Miscarriage: A Critical Review of Classical Ayurvedic Concepts. Int J Holist Health AYUSH. 2026;1(3):13–18.