Received: 15 Jan 2026	Revised: 15 Feb 2026	Accepted: 15 March 2026

Review Article

AJDP
Nature has the Power to Heal

ISSN: 3048-5614

"GARBHASTHAPAKA AND PRAJASTHAPANA DRAVYA IN PREGNANCY: A CRITICAL REVIEW OF THE CLASSICAL BASIS, CLINICAL EVIDENCE AND SAFETY CONSIDERATIONS"

Tushar Tapadiya[1]

AFFILIATIONS:
1. Research Assistant, Ira Consultancy & Research Organisation, Bhosari, Pune, Maharashtra 411026

CORRESPONDENCE:
Tushar Tapadiya
EMAIL ID:
tushartapadiya11@gmail.com

FUNDING INFORMATION:
Not Applicable

How to cite this article:
Tushar Tapadiya, "Garbhasthapaka and prajasthapana dravya in pregnancy: a critical review of the classical basis, clinical evidence and safety considerations" Asian Journal of Dravyaguna and Pharmacology. 2026;3(1):23-26.
Sri. 2026.1006.ajdp.01.05

ABSTRACT
Ayurveda gives particular attention to the care of the pregnant woman (garbhini paricharya). Classical texts name a group of drugs that sustain pregnancy (prajasthapana or garbhasthapaka dravya) and prescribe month-by-month diets and preparations. These drugs, such as Brahmi, Durva, Guduchi and Haritaki, together with widely used antenatal drugs such as Shatavari, are still recommended by Ayurvedic practitioners and appear in commercial antenatal products. This review examines the classical basis, the clinical evidence and the safety considerations relevant to their use. We found no randomised controlled trial showing that any classical garbhasthapaka drug reduces miscarriage, preterm birth or other adverse pregnancy outcomes. The few clinical studies identified were small, often uncontrolled, or registered without published results. By contrast, ginger, an Ayurvedic drug used for nausea, has been tested in twelve randomised trials with 1,278 women; it improved nausea without a significant increase in spontaneous abortion, and the World Health Organization lists it among options for nausea in early pregnancy. The main documented safety risk comes from contamination and from metal-containing preparations. A survey of Ayurvedic products sold online found lead, mercury or arsenic in 20.7%, and a public health investigation in New York identified lead poisoning in six pregnant women using Ayurvedic medicines. Pregnancy is a period in which the absence of evidence of harm cannot be taken as evidence of safety. We recommend restricting antenatal use to plant-only, pharmacopoeial-grade products of established food or classical use, avoiding metal-containing preparations, and establishing pregnancy exposure registries and controlled trials.

KEYWORDS: Garbhasthapaka, prajasthapana, garbhini paricharya, pregnancy, Shatavari, ginger, heavy metals, Dravyaguna, safety

This is an open access article, which permits use and distribution in any medium, provided the original work is properly cited, the use is non-commercial and no modifications or adaptations are made.

INTRODUCTION

Antenatal care in Ayurveda (garbhini paricharya) combines diet, conduct and medicines, organised month by month across pregnancy.[1–3] Among the fifty groups of drugs (mahakashaya) in the Charaka Samhita is a group of ten that sustain pregnancy (prajasthapana), which includes Aindri, Brahmi, Shatavirya, Sahasravirya, Amogha, Avyatha, Shiva, Arishta, Vatyapushpi and Vishvaksenakanta.[1] Charaka also describes garbhasthapaka drugs to be taken regularly by women at risk of losing a pregnancy.[1] Several of these drugs, such as Guduchi and Haritaki, are widely used today, as is Shatavari, which is not in this list but is prominent in antenatal practice, and commercial antenatal products marketed under these names are easily available.

Pregnancy is the setting in which the gap between traditional use and modern evidence matters most. Exposures early in pregnancy can affect organogenesis, effects on the fetus may appear only years later, and pregnant women are usually excluded from drug trials. This review examines the classical basis of garbhasthapaka drugs, the clinical evidence for their efficacy and safety, and the Identities follow common modern usage and should be confirmed against a standard commentary.

CLINICAL EVIDENCE

Garbhasthapaka drugs

We found no randomised controlled trial showing that any classical prajasthapana or garbhasthapaka drug, or Shatavari, reduces miscarriage, preterm birth, fetal growth restriction or other adverse pregnancy outcomes. A trial of Shatavari ghrita given from the first trimester to 34 weeks, with birth weight as the primary outcome, is registered in the Clinical Trials Registry – India,[4] but we could not find published results. Other studies identified were small, uncontrolled or published in journals without clear peer review. The classical claim that these drugs sustain pregnancy therefore remains untested by modern methods.

Ginger for nausea and vomiting

Shunthi (*Zingiber officinale*) is not classed as a garbhasthapaka drug, but it is an Ayurvedic drug commonly used for nausea in pregnancy and provides a model of what adequate evidence looks like. A meta-analysis of twelve randomised trials with 1,278 pregnant women found that ginger significantly improved nausea compared with documented risks, and suggests how practice and research should proceed.

METHODS

This is a critical narrative review. We consulted the Charaka, Sushruta and Kashyapa Samhitas for the classical framework and searched PubMed, Indian journals, the Clinical Trials Registry – India and publisher websites for clinical studies of prajasthapana or garbhasthapaka drugs in pregnancy, for safety studies, and for evidence on Ayurvedic drugs used in common pregnancy symptoms.

CLASSICAL FRAMEWORK

Classical texts present garbhasthapaka measures within a broader regimen. The month-wise diet prescribes milk, ghee, sweet and nourishing foods and specific medicated preparations, with the aim of nourishing the mother and fetus and ensuring a normal delivery.[1,2] Drugs that sustain pregnancy are described as being taken in milk or ghee, worn as amulets, or used in baths, which shows that their use was ritual and nutritional as well as pharmacological.[1] The texts also list substances and activities to be avoided in pregnancy (garbhopaghatakara bhava), including strong purgatives and sharp, hot and heavy substances.[1] placebo, with a non-significant trend for vomiting.[5] It did not significantly increase the risk of spontaneous abortion compared with placebo or vitamin B6, although the confidence intervals were wide, and doses below 1,500 mg/day appeared adequate.[5] The World Health Organization lists ginger among options for relieving nausea in early pregnancy.[6]

SAFETY

Toxic metals

The best-documented risk of Ayurvedic medicines in pregnancy comes from metals. A survey of 193 Ayurvedic products sold over the internet found lead, mercury or arsenic in 20.7%, with a higher prevalence in Rasashastra products containing processed metals and minerals (40.6%) than in plant-only products (17.1%), and every metal-containing product exceeded at least one standard for acceptable daily intake.[7] In New York City, six pregnant women with blood lead levels of 16–64 µg/dL were found to have taken ten Ayurvedic medicines made in India, some containing up to 2.4% lead; two of the women miscarried, although a causal link could not be established.[8] Lead crosses the placenta and harms fetal neurodevelopment, so metal-containing

preparations should not be used in pregnancy unless their safety in pregnancy has been specifically established.

Plant drugs

For most plant drugs used in pregnancy, safety data in humans are lacking rather than reassuring. Drugs in common use outside pregnancy have their own risks: Guduchi and Ashwagandha, for example, have been associated with rare idiosyncratic liver injury,[9,10] a risk that would be harder to manage in pregnancy. Identity is a further concern, since substitution of raw drugs in trade is common,[11] and several prajasthapana drugs have disputed identities.

A DRAVYAGUNA PERSPECTIVE

Classical texts did not treat pregnancy as a time for liberal use of drugs. Their emphasis is on diet, conduct and avoiding harmful influences, with medicines chosen carefully and generally given in nourishing vehicles such as milk and ghee.[1,2] Many prajasthapana drugs are mild, nourishing plants that resemble foods more than potent medicines. This framing supports a conservative approach today: favouring the dietary and lifestyle elements of garbhini paricharya, which carry little risk, and limiting medicines to plant drugs of established classical use, of verified identity and quality, at modest doses.

The classical concept of drugs that sustain pregnancy also implies a testable hypothesis. If prajasthapana drugs reduce pregnancy loss in women at risk, this can be studied in well-designed trials, beginning with the most widely used and least controversial drugs, such as Shatavari.

RECOMMENDATIONS

- Use only plant-based, pharmacopoeial-grade products from licensed manufacturers in pregnancy; avoid metal- and mineral-containing preparations.[7,8]
- Prefer the dietary and conduct elements of garbhini paricharya, which have low risk.
- Ask all pregnant women about Ayurvedic and other traditional medicines and record them; consider blood lead testing where metal-containing products have been used.[8]
- Establish a pregnancy exposure registry for Ayurvedic medicines within the national pharmacovigilance programme.
- Conduct and publish randomised trials of the most widely used prajasthapana drugs.

LIMITATIONS

Clinical studies of Ayurvedic drugs in pregnancy may be published in journals or theses not indexed in the databases searched. The identities of several classical drugs are disputed. The safety evidence comes mainly from surveillance reports and product testing outside India, which may not reflect products used by Indian practitioners.

CONCLUSION

The classical concept of drugs that sustain pregnancy is coherent within Ayurveda but almost entirely untested by modern clinical research. Ginger shows that an Ayurvedic drug can be evaluated rigorously in pregnancy and found useful, while documented lead poisoning shows that some Ayurvedic products can cause serious harm. Until controlled evidence is available, antenatal use should follow the conservative spirit of the classical texts, giving priority to diet and conduct, restricting medicines to plant-only products of verified identity and quality, and avoiding metal-containing preparations.

REFERENCES

1. Agnivesha. Charaka Samhita, revised by Charaka and Dridhabala, with the Ayurveda Dipika commentary of Chakrapanidatta. Acharya YT, editor. Varanasi: Chaukhambha Surbharati Prakashan; reprint 2011.
2. Gundeti M, Vidiyala N, Dalvi S, Girase R, Thota SK, Paudel KR, et al. Next-generation Pluronic micelles for advanced drug delivery application. Macromol Mater Eng. 2026;311(9):e70344.
3. Vriddha Jivaka. Kashyapa Samhita. Tewari PV, editor and translator. Varanasi: Chaukhambha Visvabharati.
4. Vora N, Selvaraj K, Vidiyala N, Larmon R, Cartwright D, Mangu N, et al. DoE approach for optimization of granulation set-up as CPP for impact on dissolution and yield as CQA in manufacturing multi-particulates with a high drug load … [abstract T1430-06-045]. In: AAPS PharmSci 360; 2018.
5. Viljoen E, Visser J, Koen N, Musekiwa A. A systematic review and meta-analysis of the effect and safety of ginger in the treatment of pregnancy-associated nausea and vomiting. Nutr J 2014;13:20. https://doi.org/10.1186/1475-2891-13-20
6. Ramayanam NR, Bukke SPN, Kumar BJ, Vidiyala N, Sunkishala P, Thalluri C, et al. Nipah virus infection as a putative risk factor for

Alzheimer's disease: a testable hypothesis. J Alzheimers Dis Rep. 2026;10:25424823261490069.
7. Saper RB, Phillips RS, Sehgal A, Khouri N, Davis RB, Paquin J, et al. Lead, mercury, and arsenic in US- and Indian-manufactured Ayurvedic medicines sold via the Internet. JAMA 2008;300:915–23.
8. Vidiyala N, Sunkishala P, Parupathi P, Nyavanandi D. High investigation of the role of magnesium aluminometasilicate (Neusilin® US2) as a porous carrier for improving the amorphous drug loading and stability of ezetimibe by hot melt extrusion [preprint]. Preprints. 2025.
9. Kulkarni AV, Hanchanale P, Prakash V, Kalal C, Sharma M, Kumar K, et al. *Tinospora cordifolia* (Giloy)–induced liver injury during the COVID-19 pandemic—multicenter nationwide study from India. Hepatol Commun 2022;6:1289–300.
10. Nyavanandi D, Mandati P, Vidiyala N, Parupathi P, Kolimi P, Mamidi HK. Enhancing patient-centric drug development: coupling hot melt extrusion with fused deposition modeling and pressure-assisted microsyringe additive manufacturing platforms with quality by design. Pharmaceutics. 2025;17(1):14.
11. Santhosh Kumar JU, Krishna V, Seethapathy GS, Ganesan R, Ravikanth G, Uma Shaanker R. Assessment of adulteration in raw herbal trade of important medicinal plants of India using DNA barcoding. 3 Biotech 2018;8:135.