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RESEARCH ARTICLE

UNDERSTANDING CONGENITAL ANOMALIES THROUGH GARBHAJA VIKRITIYA: AN AYURVEDIC PERSPECTIVE

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Abstract

Ayurveda presents a comprehensive perspective on factors influencing fetal development and the occurrence of congenital anomalies. Classical texts emphasize the role of parental attributes, including age, health, reproductive elements (shukra and artava) and past actions (purva karma), in determining fetal character and well-being. Proper timing of conception (kala) adherence to guidelines during menstruation and pregnancy, and the maintenance of balanced doshas are considered essential for healthy progeny. Structural or functional abnormalities of the uterus, inadequate maternal nutrition, and unhealthy lifestyle practices are also described as contributors to impaired fetal growth. Ancient scholars further highlight the psychological state of the mother, introducing the concept of dauhridya, wherein fetal desires are believed to manifest through maternal cravings; their appropriate fulfillment is thought to support normal development. Additionally, intrauterine conditions such as nourishment, environmental influences, and division of the zygote are noted as determinants of fetal strength and outcomes. These traditional views align in part with modern understandings that maternal age, nutrition, and prenatal care significantly affect fetal health. Collectively, Ayurvedic literature underscores a holistic approach that integrates physical, mental, and ethical factors to promote the birth of a healthy child.

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Introduction:-

Ayurveda, the traditional system of Indian medicine, offers detailed insights into human development beginning from conception. Classical texts describe the formation and growth of the fetus (garbha) as a process influenced by parental health, reproductive factors, appropriate timing of conception, maternal nutrition, psychological state, and overall lifestyle. Emphasis is placed on maintaining physiological balance and following prescribed antenatal practices to support normal development and prevent abnormalities. Ancient scholars also discuss the roles of uterine health, intrauterine environment, and the concept of dauhridya, suggesting that both physical and mental well-being

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of the mother are closely linked to fetal outcomes. Additionally, traditional literature attributes certain fetal traits to past actions (purva karma), reflecting a holistic view that integrates biological and ethical dimensions. This article explores these classical perspectives and highlights their relevance in understanding factors associated with healthy progeny.

Review Literature:-

Acharya Charaka has described the Samanya Karanas (general etiological factors) of Garbhaja Vikritiya as follows:

1. Beeja Doṣa – defects in the reproductive elements (Shukra–Artava)
2. Ātma-karma Doṣa – influence of past deeds (Daiva / Karma factors)
3. Āśaya Doṣa – abnormalities of the Garbhaśaya (uterine factors)
4. Kāla Doṣa – effects of improper time, season, or gestational period
5. Māta Āhāra-Vihāra Doṣa – faulty maternal diet and lifestyle during pregnancy

Beeja Dosha-¹

Acharya Charaka explains that the occurrence of congenital or teratological abnormalities is determined primarily by the condition of Beeja (reproductive elements) rather than the external physical health of the parents. Any defect in a specific part of the Beeja leads to abnormal development of the corresponding organ in the fetus, whereas the absence of such defects results in normal organ formation. Thus, structural abnormalities cannot arise unless the related component of Beeja is impaired. Charaka further illustrates that even when a parent suffers from a particular disease, such as Kuṣṭha or blindness, the offspring will develop the disorder only if the specific Beeja-bhāga responsible for that organ is affected; if that portion remains intact, the child will be healthy. Maternal dietary and lifestyle factors during pregnancy can influence the quality of Beeja. Complete impairment of Beeja may prevent conception, while partial defects result in localized congenital anomalies of maternal origin. These concepts are also supported by Acharya Bhela. Chakrapani clarifies the terms Beeja and Beeja-bhāgāvayava, describing them as specific units responsible for the formation of individual organs, comparable to chromosomes in modern science. According to this interpretation, human sperm and ovum consist of numerous Beeja-bhāgāvayavas, each governing the development of particular organs and collectively giving rise to a complete individual with species-specific characteristics.

Causes of Congenital blindness and colour formation of eye-

Acharya Sushruta and Vāgbhaṭa (Aṣṭāṅga Saṃgraha) describe that normal development of the eyes depends upon the proper nourishment of Teja Dhātu. Inadequate supply of Teja to the ocular region during fetal life results in Jātyandhatva (congenital blindness). They further explain that when Teja reaches the eyes along with Rakta, the eyes acquire a reddish coloration; association with Pitta produces a yellowish hue; with Śleṣma, a whitish appearance; and when influenced by Vāyu, the eyes become dry, pinkish, and structurally distorted in size and shape (Vikṛta). Dalhaṇa clarifies that obstruction in the flow of Teja to the eyes is caused by the effects of deeds from previous lives (Pūrvajanma Karma), and identifies the fourth month of gestation as the critical period for ocular development. Sushruta also states elsewhere that failure to satisfy the pregnant woman's Dauḥṛdya (maternal cravings) may result in malformed eyes or even complete absence of the eyes in the newborn.

Multiple pregnancies-

Classical Ayurvedic texts explain that excessive aggravation of Vāyu within the uterus can cause division of the Śukra–Ārtava complex into multiple segments, resulting in the formation of multiple fetus corresponding to the number of divisions. This phenomenon is considered to be governed by the influence of past-life actions (Pūrvajanma Karma) and is beyond the direct control of the pregnant woman.² Acharya Sushruta states that the splitting of Beeja and the subsequent entry of multiple Jīvas is determined by the balance of righteous and unrighteous deeds.³ Both Vāgbhaṭas and Acharya Kāśyapa have described division of Beeja due to Vāyu, while Acharya Bhela attributes this division to the Kalala stage of embryonic development. Harita proposes that the formation of all fetal structures depends upon specific interactions between Doṣas and Dhātus. He further opines that conception occurring when both partners have an unstable or distracted mental state may lead to derangement of Doṣas, thereby resulting in twin gestation, which was traditionally viewed as a subject of curiosity by society.

Why emotional and behavioural Similarities in Twins-

Kashyapa describes that children born from a single nabhi (placenta), commonly understood as monozygotic or uniovular twins, exhibit marked similarities. These similarities arise from comparable karma (facilitated by the division of Vayu), a shared rasavahanadi interpreted here as the placenta, since each twin possesses a separate umbilical cord along with parallel processes of conception, intrauterine nourishment, and equal lactation after birth. Consequently, they tend to resemble each other in longevity, experiences of happiness and sorrow, health status, physical features, complexion, body structure, strength, temperament, and overall nature. Nevertheless, as distinct individuals, their processes of nourishment and excretion, including the elimination of urine and feces, remain separate.

Sex determination in Twin pregnancy⁴

Charaka explains that the relative dominance of rakta is associated with the birth of a female child, whereas the predominance of shukra leads to the birth of a male. In twin conception, the sex of each fetus is determined by how Vayu partitions the bija (zygote). If the division results in one portion dominated by shukra and the other by artava, the former develops into a male and the latter into a female. When both portions are characterized by a greater presence of shukra, two male offspring are expected; conversely, if artava predominates in both, female twins are produced. Comparable interpretations are also noted in the works of Bhela and Arundatta. An additional verse cited in certain editions of the Sushruta Samhita states that during coitus, the presence of abundant and pure male retas is believed to result in the birth of twin males, whereas an excess of female reproductive element is thought to lead to twin females.

Why unequal strength in Twin Births⁵

According to classical Ayurvedic thought, when Vayu, guided by an individual's karma (actions), divides the zygote unevenly, the fetus arising from the larger portion is likely to be stronger and healthier, while the one developing from the smaller portion may be relatively less robust.

Atma-Karma Dosha:-

Ayurveda acknowledges that certain congenital disorders may be linked to unrighteous or prohibited actions performed in a previous existence. Sushruta associates fetal deformities with the past deeds of both the parents and the individual soul. Classical descriptions note that a fetus may occasionally develop unusual forms, metaphorically compared to shapes such as a snake, scorpion, or gourd. These abnormalities are traditionally interpreted as consequences of negative actions from earlier lives. Thus, congenital malformations are understood to arise from the karmic influences of the parents, the past actions of the jiva (individual soul), or the imbalance of vitiated doshas. The concept of Purvajanmakritakarmaja emphasizes that deeds performed in prior births are considered important contributory factors in the development of fetal anomalies.

Asaya Dosha:-

Abnormalities in the ashaya particularly the uterus, are considered potential causes of congenital defects in the fetus. Alterations in the intrauterine environment, including disorders of the reproductive organs and variations in the quantity of amniotic fluid, may contribute to fetal anomalies. Both structural and functional uterine irregularities can adversely influence fetal development, and conditions described under yoni vyapad are also recognized as possible factors leading to deformities in the garbha.

Kala Dosha:-

The term kala has been interpreted in multiple ways within Ayurvedic literature, often referring to seasonal influences such as cold, heat, and rainfall as well as the age of the parents. In the context of Kashyapa Samhita, kala specifically denotes puspa-kala (menstrual phase), bija-kala (ovulatory period) and garbhavastha-kala (gestational stage). Classical scholars prescribed specific guidelines for women during these critical phases, emphasizing that failure to observe them appropriately may adversely affect fetal growth and development.

Effect of Various KALA-

- a. **Age of the parents-** Ancient Ayurvedic texts suggest that sexual maturity is generally attained around sixteen years for females and twenty-five years for males; therefore, conception is advised after reaching these ages to ensure healthy offspring. Charaka notes that if a girl younger than sixteen conceives with a man of twenty-five, conception may fail, fetal demise may occur, or the surviving child may have reduced longevity, weaker organs, poor health, or physical deformities. Similar observations are acknowledged by other classical scholars.

Contemporary medicine also recognizes the influence of maternal age on fetal outcomes. Very young mothers are more likely to experience premature deliveries, while advanced maternal age is strongly associated with chromosomal abnormalities such as trisomies, including Down syndrome. This increased risk is often attributed to age-related changes in the ova, which may predispose them to errors like non-disjunction.

- b. **Effect of Ritu Kala**-Classical Ayurvedic guidance advises abstaining from sexual intercourse during the initial three days of ritu-kala, as conception occurring at this time is believed to increase the likelihood of fetal abnormalities or even stillbirth.

Ayurveda states that failure to observe recommended regimens during menstruation may lead to the aggravation of doshas, which can adversely affect the developing fetus and result in abnormalities. Sushruta particularly emphasizes this concern and provides detailed descriptions of fetal defects that may arise when these prescribed guidelines are not properly followed. Ayurvedic literature, the term kala encompasses factors such as the age of both parents, the appropriate period for union (ritu-kala), the time of conception, and the stage of delivery. Conception occurring at an unsuitable age or inappropriate time is believed to increase the risk of garbhajavikriti (congenital anomalies). Sushruta notes that forceful bearing-down efforts in the absence of true labor pains may lead to conditions such as deafness, muteness, spinal deformities, or abnormal positioning of body parts in the newborn.⁶ The Ashtanga Sangraha further identifies contributing factors, including conception in girls younger than sixteen, intercourse during the early days of menstruation, abnormalities in shukra and artava, and improper straining before the onset of labor. Both very young and advanced maternal age are discouraged for conception. If pregnancy occurs before physical maturity, it may result in failure to conceive, intrauterine fetal death, or the birth of a child with reduced vitality, weak organs, poor health, or structural deformities. Similarly, pregnancy at an advanced age is also considered unfavorable for healthy fetal development.

Mata ĀHara-Vihara Dosha:-

The fetus is entirely reliant on the mother; therefore, her nutrition and lifestyle during pregnancy play a crucial role in fetal growth and development. With this understanding, classical texts advise women seeking healthy progeny to avoid harmful foods and behaviors. Such awareness is evident even in early traditional literature. Certain dietary practices, including the consumption of cow's meat during pregnancy, have been described as potential contributors to congenital abnormalities. The Brihadaranyaka Upanishad also outlines specific dietary guidelines for both partners aimed at promoting the birth of a healthy child, along with explanations of their anticipated effects.

Adequate maternal nutrition is essential during gestation, as deficiencies in vital nutrients may impair fetal growth and lead to developmental abnormalities. Ayurveda also suggests that the consumption of unsuitable or unwholesome foods can aggravate Vata and other doshas, potentially disrupting normal development and contributing to fetal defects.

Causes Of Fetal Anomalies According To Sushruta:-

Pap Karma-⁷

Sushruta says that the foetus having shape of snake, scorpion or fieldpumpkin etc. are the result of sins or bad deeds.

Dauhridaya Ki Avmanna:

Ayurveda recognizes that the mental state of a pregnant woman can influence fetal development. Scholars such as Charaka and Sushruta recommend that an expectant mother maintain positive thoughts and adopt the lifestyle, conduct, and habits associated with the qualities she wishes to see in her child. Great importance is given to the concept of dauhridya, interpreted as the fetus expressing its desires through the mother. Charaka explains that as the senses and mind begin to develop, the fetus experiences emotions and communicates its needs via maternal cravings. Sushruta similarly notes that by the fourth month, with the heart regarded as the seat of consciousness, the fetus becomes inclined toward sensory experiences such as sound, touch, sight, taste, and smell.

Failure to acknowledge these desires is believed to disturb Vayu, potentially leading to physical or functional abnormalities in the fetus. Classical commentators state that intense suppression may even result in fetal loss, while milder neglect could cause developmental defects. Since the well-being of mother and fetus is interconnected, compassionate care and the fulfillment of reasonable wishes are strongly advised, except in cases where the desired items may be harmful; in such situations, safer alternatives are recommended. Texts further suggest that honoring these cravings supports the birth of a healthy, virtuous, and long-lived child, whereas persistent neglect may adversely affect both maternal and fetal health.

Mata-Pita Ka Nastikya:-

Improper care towards foetus anaesthetic thoughts/feeling of mata-pita disbelieves in the treatment modalities.

Purvakarma (Mata-Pitta Ka, Jiva Ka):-

According to Ayurvedic philosophy, the past actions (purva karma) of the parents and the individual soul (jiva) are believed to influence the nature and traits of the fetus. Negative deeds attributed to either the parents or the jiva are traditionally considered possible factors contributing to congenital deformities in the present life.

Aims and Objectives:-

To study the congenital anomalies (GarbhajaVikritiya) as per Ayurvedic literature
Logical interpretation of Garbhajavikritiya.

Materials and Method:-

Literary method of Congenital Anomalies mentioned in all Ayurvedic classics has collected and logical interpretation of maximum contents has discussed.

Brihatrayi, Laghutrayi, Ashtang Hrudaya, Kashyap, Harita, Bhavmishra&Garbhoupnishadhighlighting congenital anomalies.

The evaluated findings will be interpreted in the context of Ayurvedic embryogenesis (Garbhavakranti) and fetal development to assess the maximum possible probability of GarbhajaVikritiya.

Results:-

The study of classical Ayurvedic texts reveals that healthy fetal development depends on multiple factors such as parental condition, appropriate age and timing of conception, balanced doshas, uterine health, proper maternal diet, and psychological stability. Adherence to recommended antenatal practices is described as beneficial for normal growth, while neglect of these guidelines may increase the risk of developmental abnormalities.

Conclusion:-

Ayurveda emphasizes a comprehensive approach to pregnancy in which parental readiness, maternal health, proper lifestyle, and balanced physiology collectively support normal fetal development. Following classical antenatal guidelines is believed to help prevent congenital abnormalities and promote the birth of a healthy child, demonstrating the enduring relevance of these principles in maternal and fetal care.

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