



# **Pregnancy and Childbirth in Ancient India: A Study of Medical and Cultural Practices in Maternal Healthcare**

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**Abstract-** The Indian tradition of medicine is one of the world's oldest healthcare traditions. Its basic knowledge is recorded in the Ayurvedic literature. In the Vedic period, women occupied a position equal to that of men within society and therefore women's health received equal attention. As maternity constitutes an important aspect of a woman's life, ancient Vedic texts offer detailed guidance on pregnancy and childbirth. The area of study includes ancient India, covering Vedic and Buddhist maternal healthcare. The major texts of ancient India on medicine reveal that women's healthcare was a significant and crucial aspect of the medical tradition. The physicians of ancient India were not only concerned with disease but also addressed the psyche, consciousness, and the moral duties of a physician. In the colonial records it has been shown that the indigenous midwifery practices were unclean but Sushruta stressed on the importance of personal hygiene of midwives. The ancient Indians considered progeny as a sacred process and it required close attention from the very beginning, therefore, the Garbha Sanskaras involved numerous customs and practices to ensure the healthy and proper development of the foetus as well as the health of the expectant mother, reflecting their significance in pregnancy. This research paper will shed light on the significance of traditional methods of maternal healthcare in the present era of modern medicine. Along with Vedic literature, Buddhism emerged as an important contributor to healthcare practices in ancient India. Within Buddhist traditions, maternal healthcare was an important domain of moral responsibility and compassionate practice. Buddhist texts, particularly those of the Mahayana tradition, provide detailed explanations of treatments for pregnancy-related issues at various stages. This research paper will examine the role of Buddhism in maternal healthcare by comparing its teachings with their medical practices.

**Keywords-** Ancient India, Maternal healthcare, Vedic medicine, Buddhist traditions, Maternity, Midwives, physicians, monks, texts.

## **I. Introduction**

Among the earliest healthcare traditions of world, the Indian system of medicine stands as one of the most ancient. Its foundational knowledge is preserved in the classical Ayurvedic compendia. Sushruta-samhita and Charaka-samhita occupies prominent positions in the within the medical traditions of ancient India. Together, these treatises form the foundational pillars of ancient healthcare system, offering



insight into both theory and practice as they were articulated by generations of learned physicians.

The Rig Vedic period presents a social structure in which women enjoyed a status equal to that of men. There are historical and literary references that suggest that women participated freely in education, intellectual pursuits, and religious life, without the struggles for equal rights that define the modern era. Similarly, the women in the Vedic period had relatively equal access to education and engagement in public life. The motherhood in Indian culture has been greatly honoured since early periods. And like other literary traditions, the early Indian medical literature also contains huge material relating specifically to women's health such as, descriptions of diseases, physiological observations, reproductive functions, and corresponding treatments. This indicates that female healthcare was not a marginal concern but an integral part of the wider medical tradition. The two monumental works, Sushruta-samhita and Charaka-samhita, known for the medical knowledge of ancient India outline surgical, medicinal, and obstetric knowledge with remarkable detail.

Astanga Ayurveda is the eight branches of Ayurveda. Among these is 'Kaumarabhritya,' which includes midwifery, gynaecology, and medical care of infants, children (pediatrics). Among these is 'Kaumarabhritya,' which includes midwifery, gynaecology, and and medical care of infants, children (pediatrics). Atharvaveda's Pippaladda sakha has 'Garbhpanishad,' within it, which was written in 8th century A.D. by Pippalad. It is a significant work book on embryology.

Sushruta had placed great considerable importance on systematic antenatal care as his recommendations, described in detail, begin from the earliest months of gestation. He established certain guidelines concerning pregnancy, the expectant mother should remain in a peaceful and radiant state, wear clean white garments and sacred ornaments, and so on. He also had advised pregnant women to avoid specific things such as unclean objects, disturbing sights, and distressing stories, and regarding to food Sushruta had suggested to refrain from dry, expired, or impure food. Physical strain, such as heavy lifting, excessive exertion, was also discouraged.

And, a soft, nourishing diet was encouraged. These instructions applied equally to primigravida (first-time pregnant), multigravida (many pregnancies).

Early Indian physicians already knew several complications of pregnancy such as Garbha-patana, or abortion, was well known. The Atharvaveda even linked the spontaneous abortion to flawed semen. Sushruta dealt extensively with the management of possible miscarriage and seems to describe a condition similar to missed abortion, noting that "the wind may dry up the foetus, so that the mother's belly does not enlarge and the foetus does not move." In such situations, he advised rich and nutritious food to strengthen the mother.

Sushruta had devoted an entire chapter of the Sushruta-samhitā to the management of labour, reflecting its central importance in medical practice. On an auspicious day, the woman in labour was moved to the Sūthikā-grha, or delivery room. When labour progressed, four experienced midwives were chosen and called upon, they must have calm disposition and ability to earn the woman's confidence. Sushruta also insisted on



the personal hygiene of midwives attending the expectant mother, their nails were to be trimmed, and they should be dressed in clean white garments. Once labour was confirmed, the woman was given a warm bath after applying oil to her body.

One can clearly notice the high importance that ancient Indian medical texts had given to cleanliness, hygiene, and the overall well-being of the expectant mother. This stands in sharp contrast to the colonial writings, that portrayed indigenous midwifery practices as unclean, “dirty,” or even “barbaric.” However, in the ancient Indian texts, comfort and happiness of the expectant mother are prioritised. They also emphasise that birth attendants should be selected not only for technical skill but for their calm and gentle temperament, so that they could create a supporting, safe and reassuring birthing environment.

Sushruta mentioned *mudha-garbha* i.e. obstructed foetus in remarkable detail. As he states, the cases of *mudha-garbha* can be divided into four main categories, namely the *Kilah*, the *Pratikhura*, the *Vijakah* and the *Parighah*. He attributed obstruction to physical defects of the foetal head or defects of the maternal pelvis. To resolve these, ancient practitioners performed physical interventions and manipulative techniques as well. Various movements such as ‘turning, flexing, gliding’ etc and obstetric instruments such as forceps to handle the cases of difficult labour and many other obstetric surgeries were systematically described in the *Sushruta Samhita*.

Ayurveda has acknowledged and described the requirements of women in different stages of life and has provided a supportive approach for every stage of life. These stages are classified under specific terminology such as *Bala* and *Kumari* which means childhood; *Rajaswala* refers to the menstruating woman; whereas *Ritumati* indicates a woman in the fertile phase immediately after menstruation (during the twelve-day period known as *Ritukala*, considered optimal for conception). The term *Garbhini* is used for the pregnant woman, *Prasavavasthā* for the stage of labor, and *Sutikāvasthā* for the postpartum period following childbirth. Through these classifications, Ayurveda provides a clear and detailed guide for women’s health and well-being from one stage of life to another.

Maternity is an important aspect of a woman’s life; therefore, the ancient Vedic texts provide detailed guidance on conception, antenatal care, rituals, diet, and the mental of an expectant woman and a new mother which reflects an integrated approach to pregnancy and childbirth.

The earliest references to *Garbh Sanskar* can be traced to the Vedic period, which came into existence around 1500 BCE. The Vedas serve as a source of knowledge and understanding of pregnancy and childbirth along with other aspects of life. Numerous customs and practices were observed during *Garbh Sanskar* for the better health and proper development of the foetus, since it was regarded as a significant part of pregnancy. The chanting of mantras, the performance of specific yogic exercises, and the consumption of wholesome and nutrient-rich food were among the practices included in *Garbh Sanskar*.



The Vedic woman was actually free to make choices regarding pregnancy and conception was viewed as a matter of conscious decision rather than mere chance. Accordingly, the text refers to Supraja janan in Ayurveda, that focuses on the physical and mental preparation of the couple prior to pregnancy and Dehasuddhi three months before conception. Sanskara are the main field of Grihya sutras and according to Vyaas smriti there are sixteen Sanskaras. And some of these sanskaras are to be performed during pregnancy. Garbha Sanskar is not only about the care taken during pregnancy but highlights the importance of starting physical and mental preparation ideally a year prior to conception. The Garbhasanskar, starts with Beejasanskar. For physically and mentally sound offspring health of Beeja i.e. Sperm & Ovum is very significant because any kind of defect in Beeja could cause disorders in foetus. So, the purification is needed before conception, and the process is known as Shodhana which means detoxification. One of this is Virechana therapy which is a Shodhana therapy meant for menstrual disorders.

Anandibai Gopalrao Joshi who was the first Indian female doctor of western medicine, in her thesis provides a comprehensive account of obstetric practices in ancient Indians emphasizing the cultural and scientific significance of maternity. She draws from classical works of ancient medicine like Charaka Samhita, and other Ayurveda treatises and has written in detail about signs of conception and pregnancy, maternal hygiene, diet, exercises, emotional well-being, and precautions to ensure the healthy development of the foetus. Her work also throws light on the role of midwives, physicians, and family as they play a significant role in supporting the expectant mother, alongside elaborate postpartum care, infant feeding, and hygiene practices. Dr. Joshi also discussed methods required to deal with complications such as difficult labor, and management of common infant illnesses. Her work reflects the advanced knowledge of maternal and child health in ancient Indian medical traditions. Anandibai Joshee's thesis shows her respect for the ancient Indian medical tradition in obstetrics. She begins by acknowledging the historical contributions of ancient scholars, noting:

“...we must not entirely overlook the history of past ages, and consider the superior minds, which labored, with marked success, in the same field of investigation, under the promptings of the same motives, as far back as 15 century B.C. They may enable us to the better appreciation of the science and pay due respect to the discoveries, theories & mode of application of remedies of minds of different nations at different times.”

**Despite recognizing that some practices are out of use, she concludes with admiration for their value:**

“I have not mentioned those principles, theories and treatment, in this paper, which are entirely out of practice in India, though there are many valuable thing[s] with perhaps as many ridiculous ones in our ancient Medical and surgical literature...”

These statements reveal her understanding in the ancient Indian obstetric knowledge and show that she wants to honour it while presenting her modern medical knowledge.



While the early ideas of health and reproduction come from the Vedic traditions and texts, the Buddhist period also played a significant role in transformation in social and ethical views. With the rise of Buddhism, new philosophical perspectives on the body, suffering, morality, and women's roles within society were also introduced. This also influenced the contemporary understandings of pregnancy, childbirth, and maternal healthcare.

The Mahayana texts contained detailed explanations of treatments for pregnancy-related issues at various stages. There is an incident when sage Jivaka was worried, that women, who carried life within them, usually had to suffer during pregnancy. And in this long gestational period, women were troubled by many types of ailments and had to bear immense pain. Hence, Jivaka wanted to know the cause behind these sufferings and a way to deal with them. So, with these questions in his mind, he went to the sage Kasyapa. Sage Kashyap was well known for his deep knowledge and understanding of medicine. Jivaka expressed his concern regarding the struggles associated with pregnancy and need for proper care to the sage Kasyapa. And Kāśyapa listened to his questions seriously and explained that many women did not know how to take care of their health during pregnancy, and this is the main reason that caused difficulties for both mother and child. Then he described month-by-month guidance and medicines in simple and systematic manner, that would keep the foetus stable and support the mother's well-being. This teaching became known as Kāśyapaprokta-Strīcikitsā-sūtra, the ancient guide for treating and caring women during pregnancy.

Buddhist texts contain numerous references that discuss women's health in detail. According to these texts Buddhist monks and nuns had substantial medicinal knowledge, and they were actively engaged with healthcare practices. They possessed understanding of physiological and pathological aspects affecting women's health. Such references not only reflect the medical expertise of Buddhist communities in monasteries but also highlight the confluence of religion, ethics, and health in ancient Buddhist society.

The archaeologists interested in studying the women healthcare in Buddhism would investigate the terracotta figurines to find out the role of religious practice in pregnant women's care in Buddhist monasteries. These figures were found during excavations at the Jetavana monastery, and comparison data from the nearby settlement of Shravasti will be used.

The excavations offer a practical case study in the relationship between early Buddhism and pregnancy book of the Vinaya, there is a whole series of brief passages where women used to seek the monk's intervention to provide preparations either to prevent barrenness or to produce an abortion.

In Pāli texts gabbhā-apagata means natural abortion, whereas gabbhā-pātana and gabbhā-pātetī are induced abortion. In the Vinaya Piṭaka, Suttavibhanga, Third Pārājika, there are seven cases of abortion that are mentioned. In one case, a woman whose husband was living away from home and she became pregnant out of marriage.



She asked a monk who relied on alms from her family for help her with an abortive preparation. The monk gave her an abortifacient that caused abortion. In the Vinaya there are cases mentioned where monks are were consulted not only for abortive preparations but also for fertility drugs for women. These monks were criticized by the Buddha for supplying the abortive drugs.

Numerous early and Mahayana Buddhist writings address the kind of medical care that laity members (non-monastic devotees) should receive during their pregnancies, from conception to delivery. There are two categories of references: those that explain the various phases of pregnancy and offer pertinent medical guidance, and those that caution monks and nuns against helping laypeople get abortions. Members of the laity occasionally received fertility medications and contraception from monks and nuns. But the Kāśyapa-saṃhitā has not survived in full. The only manuscript available is incomplete, and many parts of the text are lost. A large section of the Cikitsādhyaḥ is lost. Within the chapter on Garbhini-cikitsādhyaḥ, the remaining portions describe treatments for several pregnancy-related diseases such as pravāhikā, kāmālā, śūla, urdhvanīla, ikkāśvāsa so on. The text probably also discussed how to treat miscarriage, but that part has not survived.

The medical texts from medieval times such as Rājamārtaṇḍa, Bhāvaprakāśa, Yoga Ratnākara, Bhaiṣajya, Ratnāvali, and several others have written is details about the diseases of women and their treatments. These texts contain extensive descriptions of the medicinal aspects of pregnancy, miscarriage, and the various components of antenatal care.

Rājamārtaṇḍa which is a work of 11th century, is one of the earliest texts known to talks about birth control practices.

It was medieval period when Unani medical system interacted with Ayurveda. Women used to gather essential herbs from the nearby areas to treat simple diseases. Tavernier writes “as for the common people, after the rains are fallen and it is time to gather herbs, you shall see every morning the good women of the town going into the field to gather such simples which they known to be roper for such diseases as reign in the family.”

With the coming of new cultures and communities, Ayurveda was no longer the only system of healthcare practiced in the region. When the Europeans arrived, they brought with them new ideas of medicine. Missionaries also entered during this period and introduced the modern medical practices and institutions. Together, these influences gradually reshaped the existing landscape of healthcare.

## II. Conclusion

The women’s healthcare sector was never neglected in ancient India. Classical Ayurvedic texts shows that physicians of that period had equal, and sometimes even more, concern for the health of women as they did for men. Their medical knowledge was not just limited to superficial descriptions of diseases or treatments, in fact, they had a deep understanding of the human mind, emotions, environment, and the



philosophy of life. This philosophical perspective of ancient Indian medical scholarship was unique among many other traditions of the time.

On studying texts like the Charaka Saṃhitā it becomes clear that medicine and philosophy were deeply interrelated. The opening chapters of Charaka do not begin with the discussions of diseases or anatomy but they talk about mind, consciousness, and the moral duty of a physician. A healer, according to this tradition, should be compassionate, self-disciplined, and should have clarity of thought, since these are essential for treating patients.

This understanding becomes evident in the context of women's healthcare, especially during pregnancy, which was viewed as a delicate phase requiring both physical as well as emotional care.

Modern researches have begun to study the ancient concepts such as Garbh Sanskar, the idea that the mental, emotional, and behavioural environment of the mother influences the foetus. The results of these research show that techniques in the Ayurvedic tradition, such as meditation, and other techniques, can reduce maternal stress and improve pregnancy outcomes. These practices may also support foetal development, suggesting that ancient practices can be helpful to contemporary understandings of prenatal psychology.

Another noticeable aspect of ancient Indian medical system is that the physicians of that period emphasis on cleanliness and hygiene. Contrary to colonial descriptions that often-labelled Indian birthing practices as unclean or crude, Ayurvedic texts present a highly detailed and regulated approach.

Such as, while choosing a midwife for an expectant mother, it was advised to choose someone who was clean, calm, emotionally stable, as well as attentive. Cleanliness was not simply advised, in fact, it was as an essential component for both the mother and the child during childbirth. These guidelines show an awareness of maternal well-being and also challenge the stereotypical colonial portrayals that usually dismissed indigenous practices as brutal and ignorant.

There is ancient literature available on maternal healthcare but significant gaps are present in the knowledge of women's healthcare during medieval India. While ancient texts like the Charaka Saṃhitā and Suśruta Saṃhitā provide rich detail about pregnancy, childbirth, and women's diseases but the same level of sources are not available for the medieval period. The scarcity of manuscripts has contributed to a limited understanding of women's health practices between the ancient and colonial eras.

In ancient India, Buddhism also made significant contributions to healthcare alongside the Vedic literature. Buddhist monasteries did not function merely as the centres of meditation and renunciation; rather, the monks and nuns of these monasteries were well-versed in practical healthcare knowledge. There are numerous accounts that indicate that the residents of these monasteries had significant expertise in women's healthcare, which shows the presence of a developed understanding of



medicine within Buddhist traditions. Within Buddhist traditions, maternal healthcare was as an important domain of ethical responsibility and compassionate practice. The texts that are related to the early Buddhist medicine, such as the teachings traditionally attributed to the learned sages like Kāśyapa and Jīvaka has emphasised on the need to understand pregnancy as a delicate state requiring protection of both mother and foetus.

It has been discussed in these writings that women suffer from physical ailments during the long months of gestation and therefore, a well framed and skilled health care is required. Month-wise guidelines, dietary prescriptions, herbal formulations, and behavioural recommendations reflect a holistic approach that brings together physical and emotional well-being.

In Buddhist medical thought was pregnancy not only a biological process but also a moral and social duty, where the health of the mother is seen as essential for safeguarding future life. Therefore, the emphasis was laid on nourishment, stability of the foetus, and prevention of distress which was an early and organised attempt to systematise maternal healthcare. Moreover, these teachings show how Buddhist communities inherited, preserved, and transmitted knowledge, sometimes in more detailed forms, as seen in texts like the *Strīcikitsā* preserved in Chinese translations.

Although Buddhism has criticized abortion firmly on moral reasons, and viewed the destruction of life as a heinous offence, the available historical evidence indicates that Buddhist monks and nuns had detailed knowledge of substances and practices used for abortion. And this contradiction shows that despite moral restrictions; Buddhist practitioners knew that terminating a pregnancy could be necessary or unavoidable under some circumstances. Moreover, their knowledge of such remedies suggests that they were aware of the situations that women had to face. And hence, they followed a practical approach towards reproductive health which was not mechanical and not limited to the strict rules of the texts. While recognizing both the moral significance of abortion and the situations where it might sometimes be necessary, Buddhist medical traditions demonstrated a flexible and compassionate approach to women's healthcare.

In general, Buddhist practices related to maternal care reveal that their ideas were based on a combined approach towards life and society where compassion and healing practices together were applied to support women during pregnancy and childbirth. This shows that concerns for maternal well-being in ancient Indian traditions have deep historical and cultural roots. These early approaches were focused on the physical health of the mother and gave importance to her mental and emotional well-being.

Though there are gaps, the available evidence proves that ancient Indian physicians recognized women's health as an important area of healthcare system. And their understanding reveals that the Indian healthcare system was rooted in holistic wellbeing, ethical responsibility, and scientific curiosity, that continue to inspire modern research and healthcare services.



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