

Exploration of Oja Concept in Pregnancy – A Review

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Abstract

Oja is considered the essence of all *Dhatus* and the primary determinant of vitality and immunity. Classical Ayurvedic texts emphasize that *Oja* becomes unstable in the eighth month of pregnancy, making both mother and foetus more vulnerable to complications. This review explores the Ayurvedic concept of *Oja*, its types, properties, and factors leading to its depletion, along with its relevance to modern fetomaternal physiology. *Oja kshaya* during the eighth month is associated with increased susceptibility to preterm labour, intrauterine growth restriction, pre-eclampsia, and reduced foetal well-being. Classical management approaches such as the use of *Ksheera* preparations, *Madhura dravya*, and specific Basti therapies are reviewed in light of their potential physiological benefits, including nourishment, immunomodulation, and Vata regulation. Integrating Ayurvedic principles with modern obstetric understanding highlights the importance of optimizing maternal nutrition, immune stability, and hormonal balance during late gestation. This article underscores the relevance of the *Oja* concept in promoting maternal–foetal health and preventing complications in the eighth month of pregnancy.

1. Introduction

The primary aim of life in most species' centres around two fundamental instincts—food and reproduction. However, Ayurveda provides a broader, more spiritual vision. According to *Ayurveda*, the ultimate purpose of human life is to attain the four *Purusharthas*—*Dharma* (righteous conduct), *Artha* (prosperity), *Kama* (fulfilment of desires), and *Moksha* (liberation). Achieving these goals requires a state of complete health—physical, mental, social, and spiritual. While modern science focuses mainly on survival and reproduction, Ayurveda guides individuals toward a balanced and meaningful life.

Ayurveda is founded upon several core principles and is divided into *Ashtanga Ayurveda*—the eight specialized branches. One such branch is *Kaumarbhritya* (*Bal-Kaumarbhrutya*), which is dedicated to the health and well-being of children. It encompasses both preventive and curative aspects of paediatric care, beginning from fertilization, antenatal care, foetal development, birth, and continuing through adolescence. Ayurveda emphasizes that the strength and prosperity of a nation depend on its healthy future generation, making the birth and nurturance of a robust, intelligent, and *ojasvi* child a prime objective.

For ensuring proper formation and development of the embryo, Acharya Sushruta described *Garbhasambhava Samagri*, the four essential factors for conception:

- *Rutu* – the ideal fertile period
- *Kshetra* – healthy reproductive organs/uterus
- *Ambu* – adequate nutrition (Garbhaposhan)
- *Beej* – healthy sperm and ovum¹

Similarly, *Acharya Charaka* proposed *Garbhaj Shadbhava*, the six determinants of fetal development:

- *Matruja* – maternal contribution
- *Pitruja* – paternal contribution
- *Atmaja* – the soul/consciousness
- *Rasaja* – nutrition from maternal rasa dhatu, responsible for *Garbhaposhan*
- *Satvaja* – mental and emotional attributes
- *Satmyaja* – adaptability and immunity²

Among these, the *Ambu/Rasaja* factors play a pivotal role in *Garbhaposhana*, referring to the nourishment of the fetus through the placenta. Adequate nutrition ensures *Garbhavṛddhi*, the orderly month-wise growth and differentiation of fetal organs. Classical *Ayurvedic* texts further elaborate *Garbhini Masa-anu-Masika Paricharya*, a systematic regimen of diet (*Ahara*), lifestyle (*Vihara*), and behavioral conduct, designed to support fetal development, maintain maternal health, and prevent antenatal complications.

Another key determinant of fetal well-being in *Ayurveda* is *Oja*, the vital essence responsible for immunity, vitality, and strength. When fetal nourishment and development are optimal, *Oja* is preserved and strengthened, resulting in the birth of a child who is physically resilient, mentally stable, and emotionally balanced. Thus, *Ayurveda* presents a holistic framework for reproductive health, aiming not merely at procreation but at nurturing a healthy, capable, and spiritually enriched progeny.

Types of *Oja*³

Classical *Ayurveda* classifies *Oja* into two main types:

Para Oja

Acharya Charak mentioned that *Hridaya* (heart) is dwelling place of *Para Ojas*. It is best and most important. Its measurement is *Ashta bindu* (eight drops). This *Para Oja* is responsible for continuation of life, therefore whenever, there is any decrease or loss in the volume of *Para Oja* it would give rise to grave diseases and instantaneous death of that person.

2. *Apara Oja*

Apara Oja is also known as *Shleshmika Oja* as its properties are similar to that of *Shleshma (Kapha)*. *Apara Ojas* is present all over the body. According to *Acharya Charak*, the quantity of *Oja* in a healthy

individual is *Ardhanjali*. The seat of *Apar Oja* is the ten vessels connected with *Hridaya*. Any diminution in the volume of *Apara Oja* will result in the absence of strength of the body and causes of various diseases.

Primary location of *Ojas* is the heart, from where it circulates in the entire body. There are two main places where the *Ojas* prevails, 1. *Para Ojas* - *Hridaya Sthana* (heart) 2. *Apara Ojas*- *Sarva Sharir Vyapi* (all over the body). Acharya Bhel has described the twelve sites of *Ojas* in the body i.e. *Rasa, Majja, Asthi, Meda, Mamsa, Shonit, Purish, Mutra, Shleshma, Pitta, Swed, Shukla*⁴ *Hemadri commentary on Ashtang Haridya Sutra Sthan in Doshbhediya Adhaya* classified four types of *Ojas*: 1. *Rasatmakaa ojas*: It circulates all over body along with *Rasa Dhatu*. 2. *Dhatutejorupi Ojas*: It is present in all *dhatu* (like tissue-macrophages, mast cells, and the WBC'S). 3. *Sukra Mala Rupi Ojas*: It provides protection to the foetus during intrauterine life (like immunoglobulin which cross the placental barrier). 4. *Jivasonita Rupi Ojas*: which specific for blood cells.⁵

Formation of *Oja*

Oja is the vital essence that gives the body strength and pervades it completely. All living beings survive because of *Oja*, and without it life cannot continue. In the embryo, the very first essence formed from the nutritive fluids enters and settles in the heart, becoming the basis of life. If this essence is destroyed, life itself is lost, as it supports the heart and sustains the *Pranas*. From this vital pulsation arise the body's arteries, channels, and veins, just as a single seed produces many fruits.⁶

Factors responsible for reduction of *Oja*.⁷

1. *Ativyayama*- Excessive physical exercise
2. *Anashana*- Fasting for long period.
3. *Chinta*- constant worry.
4. Consumption of food which are dry – moisture less in nature.
5. *Pramitashana*. Consuming very less quantity of food.
- Vata – atapa sevan*- excessive exposure to heavy blows of wind and sun heat.
6. *Bhaya*- Grief and sorrow
7. *Rukshpana*- Drinking strong wines
8. *Prajagar*- Keeping awake at nights.
9. Excessive elimination of *kapha, shonita, shukra* and *mala*.
10. *kala*- due to old stage
11. *Abhigata*- Mental or physical trauma or Injury to *Marma* or vitals parts of the body.
12. *Kopa*- Anger.
13. *Ativyavaya*- Excessive sex.⁷

OJOVIKRITI (Abnormalities of Ojas)⁸

Symptoms *Oja Visransa* (first stage)

1. *Sandhi Vishlesh* (looseness of joints)
2. *Gatra Sada* (weakness of the body)
3. *Dosha Chyavanam* (provoked *Tridoshas* move away from their normal seats)
4. *Kriya Sannirodha* (inability to perform normal function)

Symptoms of *Oja Vyapad* (second stage)

1. *Stabdata Gurugatrata* (Stiffness and feeling heaviness in the body)
2. *Vata Shopha* – swelling caused by *Vata dosha* impairment.
3. *Varna Bheda* (change in complexion or discoloration)
4. *Glani* (exhaustion)
5. *Tandra* (Drowsiness or stupor)
6. *Nindra* (sleep)

Symptoms of *Ojas Kshaya*

1. *Murcha* (unconsciousness or fainting)
2. *Mansakshaya* (decrease of muscle)
3. *Moha* (mental disturbances especially in judgement)
4. *Pralap* (delirium)
5. *Mrityu* (death).

According to Acharya Charak Weakness, fear, fatigue of sense organs, dryness of body, imbalanced mind and depression are the symptoms of the *kshaya*.⁹

Oja in pregnancy

Month	<i>Charaka Samhita</i>	<i>Sushrut samhita</i>	<i>Astang Samhita</i>
8	In the eighth month of pregnancy, the mother and fetus repeatedly exchange <i>Oja</i> through the <i>Rasavaha srotas</i> because the fetus is not yet fully mature. Due to this instability of <i>Ojas</i> , both the mother and fetus alternately experience well-being and exhaustion. Hence,	In the eighth month, <i>Oja</i> becomes unstable. A child born at this time does not survive due to deficient or unstable <i>Oja</i> (<i>nirojasatva</i>) and the influence of <i>Nairrta Bhaga</i> . Hence, to over this problem i.e unstable <i>Oja</i> <i>Sushratcharya</i> mentioned the Bali concept i.e providing food	In the eighth month, <i>Oja</i> repeatedly circulates between the mother and fetus Due to this instability of <i>Oja</i> , both become alternately fatigued and cheerful. Hence, a child born in the eighth month does

delivery in the eighth month is dangerous, and therefore wise physicians consider the eighth month as unfavorable ¹⁰	like <i>Mansodan</i> Birth in the ninth to twelfth months is survivable; otherwise, the child may become <i>vikari</i> . ¹¹	not survive, and the mother also remains at risk ¹²
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• **8 month Dietary Regiman (*Pathya Ahara*) mentioned in *Ayurved* classics**

8 month is critical for pregnant women so *Acharya* described 8 month regiman are as follows :

Month	<i>Sushrut samhita</i>	<i>Charak Samhita</i>	<i>Astang Samhita</i>
8 month	<i>Basti</i> (medicated enema) is advised in the eighth month, as <i>Vata</i> plays a key role in delivery. <i>Acharya Sushruta</i> recommends <i>Asthapana Basti</i> using <i>Badari</i> decoction mixed with <i>Bala</i> , <i>Atibala</i> , <i>Shatapushpa palala</i> , milk, curds, mastu, oil, salt, <i>Madanaphala</i> , <i>Madhu</i> , and <i>ghrita</i> , followed by <i>Anuvasana Basti</i> with oil processed with milk and <i>Madhura</i> drugs. This helps clear retained faeces and promotes the downward movement of <i>Vata</i> . ¹³	<i>Acharya Charaka</i> suggested in this month <i>Garbhini</i> should take <i>Ksheera Yavagu</i> mixed with <i>Ghrita</i> . <i>Snigdha Yavagu</i> balances the <i>Vata Dosh</i> , strengthens the body, and nourishes bodily tissue. ¹⁴	<i>Kshira-peya</i> and <i>Peya</i> are advised along with <i>Anuvasana Basti</i> using <i>Ghrita</i> . <i>Ghrita</i> processed with <i>Madhura</i> drugs is used for <i>Shuddhi</i> . <i>Kashaya of Sushka Mulaka</i> , <i>Kola</i> , and <i>Amla dravyas</i> is beneficial, and <i>Basti</i> prepared with <i>Satahva kalka</i> , along with <i>Taila</i> , <i>Ghrita</i> , and <i>Saindhava</i> , is recommended. ¹⁵

According to modern (8month foetal development)¹⁶

25-29 weeks - Significant brain development and continued growth

Lungs continue maturation with increased surfactant production

fetus more active with stronger movements felt by the mother

Continued development of sensory organs (taste buds, hearing)

Increased subcutaneous fat deposition for temperature regulation

Fetus has reached age of viability

Blood formation now begins to shift from spleen to bone marrow

30-34 weeks - Rapid weight gain and final maturation of organ systems

Increased brain activity and development of reflexes

Skin is smooth due to deposition of subcutaneous fat.

It is pink due to increase in blood supply

Continued growth of nails and hair

Discussion

In Ayurveda, *Garbhavridhhi* (fetal growth) and *Garbhaposhan* (fetal nourishment) are described as continuous processes dependent on proper *Ahara Rasa*, functioning *Srotas*, maternal health, and especially the stability of *Oja*. *Oja* is considered the sara of all *Dhatus* and the substratum of *Bala*, *Varna*, *Prana* and *Vyadhikshamatva*. When the fetus is developing, the nourishment provided by the mother through *Upasneha–Upasweda* initially and later via placenta helps in *Oja* formation and stability.

Ayurveda states that *Oja* in the 8th month, *Apara Oja* becomes *Asthira* (unstable) and moves between mother and fetus. This creates a condition where both mother and fetus experience fluctuating vitality. This instability makes the 8th month risky and childbirth during this period is often associated with poor neonatal strength, breathing difficulties, and reduced survivability.

Clinical features during *Oja*-instability—such as weakness, altered complexion, emotional fluctuations, joint laxity—closely resemble the symptoms described in *Oja-visransa*, *Oja-vyapad* and *Oja-kshaya*. Therefore, Ayurveda emphasizes *snigdha-ahara*, *vata-shamana* therapy, *basti* chikitsa, and emotional stability to prevent *garbha-ksaya* / *garbha-sramsas* and promote healthy term delivery.

The Ayurvedic concept of *Asthira Oja* in the eighth month closely parallels modern obstetric observations that this period marks a critical stage in fetal maturation. Although fetal growth is rapid, the pulmonary surfactant—essential for maintaining alveolar stability after birth—remains inadequately developed, making infants delivered in the eighth month highly prone to Respiratory Distress Syndrome (RDS) and oxygenation difficulties. Moreover, unstable uteroplacental circulation can impair nutrient and oxygen transfer, contributing to Intrauterine Growth Restriction (IUGR), where in the fetus exhibits low birth weight and diminished physiological reserves, much like *Oja-kshaya* described in Ayurveda. Maternal complications such as pre-eclampsia, characterized by hypertension and endothelial dysfunction, further reduce placental perfusion, worsening fetal hypoxia and increasing risks of placental insufficiency—correlating with the Ayurvedic idea of impaired *Garbhaposhan* leading to weakened *Oja*. Additionally, the increasing uterine size in late pregnancy often causes supine hypotension syndrome, where compression of the inferior vena cava leads to reduced cardiac output, maternal dizziness, and intermittent fetal distress. Even the emotional and psychological factors described as *Manas-dourbalya* in the expectant mother parallel the modern understanding that maternal stress and antenatal depression negatively influence fetal brain development, behavior, and long-term resilience. Therefore, both Ayurveda and modern medicine recognize the eighth month as a vulnerable stage requiring optimal maternal nutrition, oxygenation, stress regulation, and positioning to ensure fetal growth continuity and prevent preterm complications. By the ninth month, the maturation of lungs, improved placental function, and stabilized immunity collectively reflect the Ayurvedic concept of *Sthira Oja*, resulting in better neonatal survival and stronger vitality.

Ayurvedic antenatal care (*Garbhini Paricharya*) during this time therefore focuses on *Brihana*, *Vata-shamana*, emotional reassurance, and *Bala-varhdhana* measures to maintain *Oja Sthiratva* and prevent adverse pregnancy outcomes.

Conclusion

Ayurveda presents a profound and holistic understanding of pregnancy by emphasizing *Garbhaposhan*, *Garbhavruddhi*, and the stability of *Oja* as central determinants of fetal and maternal well-being. *Oja*, being the sara of all *Dhatus* and the substratum of *Bala*, *Prana*, *Varna*, and *Vyadhiikshmatva*, plays a decisive role in ensuring fetal vitality and survival. Classical Ayurvedic texts unanimously describe the eighth month of pregnancy as a critical and vulnerable period, marked by *Asthirata* of *Apara Oja*, which oscillates between the mother and fetus, rendering both susceptible to weakness and complications. Hence, this month is rightly considered danger for delivery.

The detailed description of *Oja-vikṛti*—including *Oja-visrtmsa*, *Oja-vyapada*, and *Oja-kshaya*—provides a clear framework for understanding maternal and fetal complications arising from nutritional deficiency, Vata aggravation, stress, and improper lifestyle. The prescribed *Garbhini Mansa-anu-masika Paricharya*, especially Snigdha Ahara, *Vata shamana* measures, *Basti Chikitsa*, and psychological reassurance, reflects Ayurveda's preventive foresight aimed at maintaining *Oja-sthiratva* and ensuring a safe outcome of pregnancy.

Interestingly, the Ayurvedic concept of *Asthira Oja* in the eighth month closely correlates with modern obstetric observations, wherein this period is associated with incomplete fetal lung maturity, unstable placental circulation, and increased risks of respiratory distress, growth restriction, and neonatal morbidity. Thus, both traditional and modern sciences converge on recognizing the eighth month as a high-risk phase requiring meticulous antenatal care.

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