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The unique birth of Sri Balarama: A scientific study and analysis in the modern medical context

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Abstract

The Vedic Literature comprising of the Vedas, Pauranikas, Ithihasaas, Upanishads basically are the rich mines of knowledge related to the living and non-living beings in Nature. The knowledge from them, presently understood by the human mind is only like a tip-of-the-iceberg. The modern Assisted Reproductive Techniques (ART) in vogue, have come into practice only since 1978. However, the Vedic Literature, accepted world wide as the first documented literature of the world, dated to at least 1500 BCE, is inundated with innumerable techniques of Human Fertility Preservation and Unique Reproductive Methods which were sadly ignored as mere mythology and imaginary until now due to lack of knowledge in Sanskrit language and propagation methods to the world. There is now emerging scientific evidence in various fields of Vedic Literature including Medical sciences. One such unique birth has been studied and scientifically analysed and presented here. The birth of Sri Balarama, as described in the Pauranic Literature is studied in depth and scientifically and medically analysed and presented.

Keyword: Vedic literature, puranas, mahabharata, unique births, assisted reproductive techniques, balarama, surrogacy

Introduction

The scientific advance made in the 21st century with regard to the human reproductive technologies has revolutionized the management of fertility problems of both males and females that has been adversely affected, influenced by the environmental pollution. In this context, the special birth of Sri Balarama has been selected to study and understand, in the manner in which it has been depicted in the Vedic literature.

The Vedic period, or the Vedic age (c. 1500 – c. 500 BCE), is the period in the late Bronze Age and early Iron Age of the history of India when the Vedic literature, including the Vedas (ca. 1300-900 BCE), was composed in the northern Indian subcontinent, between the end of the urban Indus Valley civilization and a second urbanization, which began in the central Indo-Gangetic Plain c. 600 BCE. The Vedas are liturgical texts which formed the basis of modern day Hinduism, which also developed in the Kuru Kingdom. The Vedas contain details of life during this ancient period that has been interpreted to be historical and constitute the primary sources for understanding the period. These documents, alongside the corresponding archaeological record, allow for the evolution of the Vedic culture to be traced and inferred.

The Vedas were composed and orally transmitted (Guru Shishya Parampara). The Vedic society was patriarchal and patrilineal. Early Indo-Aryans were a Late Bronze Age society centred in the Punjab, organised into tribes rather than kingdoms, and primarily sustained by a pastoral way of life.

The Puranic chronology, the timeline of events in ancient Indian history and mythology as narrated in post-Vedic Hindu texts such as the Mahabharata, the Ramayana and the Puranas, envisions a much older chronology for the Vedic culture. In this view, the Vedas were received by the seven rishis thousands of years ago. The start of the reign of Manu Vaivasvate, the Manu of the current Kalpa (aeon) and the progenitor of humanity, is dated by some as far back 7350 BCE.

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FE Pargiter in his learned publications - Ancient Historical Tradition and Dynasties of the Kali Age showed to the world what amount of historical material and genuine historical tradition can be gathered from this mass of literature which goes by the name Puraanaas. His was a real attempt to obtain definite results to reconstruct the dynasties of the Kali Age. He also endeavoured to study the chronology and genealogy of well known Indian Sages, Seers and kings in pre-historic India. These two works of his evoked a revival of interest in a closer study of Puraanic literature by Orientalists.

Thus we have from Prof. Winternitz a sound and scholarly chapter on the Puraanaas in his History of Indian Literature; Prof. EJ Rapson's contribution on Puraanaas to the first volume of the Cambridge History of India. Also worth mentioning is Willibald Kirfel, a German Orientalist who has written the Puraana Panchalakshana; it is another successful attempt to prove that the five topics dealt with in a Puraana are not born of fictitious imagination but a representation of the evolution of the universe treated earlier in vedic literature (Vol-Das Puraana Panchalakshana, 1927)

The Puraanaas are mentioned by name in the Itihaasa Mahabharata (I. 5.55 ff) both in special and general sense.

The Historical value of Puraanaas

The Puraanaas are an unfailing source of information to the historians of ancient India. They help us to reconstruct the history of Indian culture and civilization. 'Culture and civilization' means history of Indian polity, of Indian society, of religion and philosophy, legal history, arts and crafts, architecture and iconography besides royal dynasties and the period of their rule. The elective and hereditary character of the monarchy, the king's rights and duties, the qualification of councillors and ministers, taxation systems, and administration of justice are all described with a wealth of detail.

From the point of view of the development of Indian religion and philosophy the Puraanaas are again infallible sources. The historians of ancient India have tested this material in the light of archaeological and epigraphical evidences and found them almost accurate. The Puraanaas speak of 12 royal dynasties. The version of Vishnu Puraana with regard to Mauryan dynasty and Vaayu Puraana with regard to the early Guptas is accepted by scholars. After the war of Mahabharata, which Pargiter placed about 1100 BC, 3 lines of kings are mentioned; Purus, Ikshvaakus and the kings of Magadha. The history of these 3 dynasties formed largely the history of ancient India.

Balarama

Balarama was an ancient Indian ruler of the Yadava Dynasty, respected then and worshipped now as Hindu deity. He was born as the elder brother of Krishna and both of them existed during the Mahabharata era. He is described as the incarnation of Shesha - the serpent of Hindu deity Vishnu. Krishna is regarded as the incarnation of Vishnu. Narratives of Balarama are found in Mahabharata, Harivamsha, Bhagavata Purana, and other Puranas. He is worshipped as the god of Agriculture and Strength.

He is also known as Haladhara, Halayudha, Baladeva, Balabhadra, and Sankarshana.

Balarama's significance in Indian culture has ancient roots. His image in artwork is dated to around the start of the common- era and in coins dated to the second-century BCE. In Jainism, he is known as Baladeva, and has been a historically significant farmer-related deity.

He is a prominent one by the epics era of Indian history, as evidenced by Archeological and Numismatic evidence. His Iconography appears with Naga (many-headed serpent), a plough and other farm artifacts such as a watering pot, possibly indicating his origins in a bucolic, agricultural culture. Balarama's legend appears in many Parva (books) of the Mahabharata. The Book Three (Vana Parva) states that Krishna and Balarama are incarnations (avatars of Vishnu), while Krishna is the source of all avatars and existence. In some art works of the Vijayanagara Empire, in temples of Gujarat and elsewhere, Balarama is worshipped as the eighth avatar of Vishnu, prior to the Buddha (Buddhism) or Arihant (Jainism).

Balarama was born in a unique fashion which defies modern scientific explanation. The Vedic literature has described this in the Vayu Purana, Matsya Purana, Vishnu Purana, Mahabharata, Bhagavata Purana etc. Reproduction and survival to continue the royal heritage and rule the kingdom was of utmost importance and priority amongst the royal families. Various innovative reproductive techniques have been performed successfully to achieve their royal goal.

Methods

To establish the genuine perspective of the historical narrative of the unique birth of Sri Balarama, the Vedic literature has been surveyed thoroughly after obtaining the references related to the birth of Sri Balarama. The various sources of relevant information have been systematically assembled from the Academic Libraries, of Karnataka Sanskrit University, Hyderabad Sanskrit Academy, Chinmaya Shodha Sansthan Veliyanad, Kerala, Kavikulaguru Kalidas Sanskrit University, Ramtek, Nagpur, from the various web-sites accessible on the Internet, from the Mahabharata epic, from the Bhagavata Purana. The information thus obtained has been studied and organized and arranged:

1. To confirm the historical facts of the birth and existence of Sri Balarama.
2. To study the description given about his unique birth
3. To understand the method of successful birth technique employed
4. To compare the technique with modern scientific reproductive knowledge
5. To discuss existing assisted reproductive technologies in the propagation of human race

The following historical evidences have established the fact that Sri Balarama existed and ruled the Yadava Kingdom. He was worshipped as god in Hinduism, Buddhism, and Jainism.



Fig 1: Balarama on punch-marked coins (2nd century BCE)

Possible depiction of Balarama on late, post-Mauryan, punch-marked coins. He is shown wielding a mace and a plough.¹



Fig 2: Balarama on Indo-Greek coins (190-180 BCE)

Coin of Agasthocles of Bactria with depiction of Balarama, 190-180 BCE This is "the earliest unambiguous image" of the two deities

Obv Balarama-Sankarshana with Greek legend: ΒΑΣΙΛΕΩΣ ΑΓΑΘΟΚΛΕΟΥΣ "King Agathocles"

Rev Vasudeva-Krishna with Brahmi legend Rajane Agathukleyasasa "King Agathocles".



11th-century art showing Balarama with Lakshmi (Shubhadra) and Vasudeva (Krishna). Abstract icons of the three in the Jagannath tradition.

Legend

Balarama was the son of Vasudeva. The evil king Kamsa, the tyrant of Mathura, was intent upon killing the children of his cousin, Devaki, because of a prophecy that he would die at the hands of her eighth child. The Harivamsha states that Kamsa went on to murder the first six children of the imprisoned Devaki by smashing the newborns against a stone floor. Vishnu intervened and when Balarama was conceived, state the Hindu legends; his embryo was transferred from Devaki's womb into the womb of Rohini, Vasudeva's first wife. In some texts, this transfer gives Balarama the epithet Sankarshana (one who was dragged away). Balarama grew up with his younger brother Krishna with his foster-parents, in the household of the head of cowherds Nanda, and his wife, Yashoda. The chapter 10 of the Bhagavata Purana describes it as follows:

The Bhagavan as the Self of everything tells the creative power of His unified consciousness (yogamaya) about His plan for His own birth as Balarama and Krishna. He begins with Balarama. The whole of Shesha, which is my abode, will become an embryo in Devaki's womb which you shall transplant to Rohini's womb.' —Bhagavata Purana 10.2.8, Tr: D Dennis Hudson

He was named Rama, but because of his great strength, he was called Balarama, Baladeva, or Balabhadra,

meaning Strong Rama. He was born on Shravana Purnima, which coincides with the occasion of Raksha Bandhan.

देवक्या जठरे गर्भं शेषाख्यं धाम मामकम् । तत् संनिकृष्य रोहिण्या उदरे सनिवेशया ॥
8 ॥
अथाहमंशभागेन देवक्याः पुत्रतां शुभे । प्राप्स्यामि त्वं यसोदायां नन्दपत्यां भविष्यसि ॥ 9 ॥

Results

The chapter 10 of the Srimad- Maha- Bhagavata -Purana describes the events related to the birth of Sri Balarama as follows:

The Bhagavan as the 'Self' of everything tells the creative power of His unified consciousness 'yogamaya' about His plan for His own birth as Balarama and Krishna. He begins with Balarama. "The whole of Shesha, which is my abode, will become an embryo in Devaki's womb which you shall transplant to Rohini's womb."

He was delivered from the womb of Rohini. Hence, Balarama was residing in two separate wombs. Firstly Devaki's and secondly Rohini's. His conception and implantation occurred in the womb of Devaki at first and later transferred as an embryo to the womb of Rohini next. The transfer of pregnancy was successful and Balarama was delivered after completion of pregnancy in the womb of Rohini.

Thus this is a unique birth that took place which has been described in the Vedic scriptures.

The original Sanskrit version related to the birth of Balarama is from the 10th Skanda of Srimad Bhagavata Mahapurana, authored by Vyasa Bhagavan.

श्रीमद्भागवतमहापुराणम्, दशमः स्कन्दः (पूर्वार्धः)

रोहिण्यास्तनयः प्रोक्तो रामः सङ्कर्षणस्त्वया । देवक्या गर्भसम्बन्धः कुतो देहान्तरं विना ॥ 8 ॥

कस्मान्मुकुन्दो भगवान् पितुर्गेहाद व्रजं गतः । क्व वासं ज्ञातिभिः सार्धं कृतवान् सात्वतांपतिः ॥ 9 ॥

अथ द्वितीयोऽध्यायः

श्रीशुक उवाच

एके तमनुरुन्धाना ज्ञातयः पर्युपासते । हतेषु षट्सु बालेषु देवक्या औग्रसेनिना ॥ 4 ॥

सप्तमो वैष्णवं धाम यमनन्तं प्रचक्षते । गर्भो बभूव देवक्या हर्षशोकविवर्धनः ॥ 5 ॥

भगवानपि विश्वात्मा विदित्वा कंसजं भयम् । यदूनां निजनाथानां योगमायां समादिशत् ॥ 6 ॥

गच्छ देवि व्रजं भद्रे गोपगोभिरलङ्कृतम् । रोहिणी वसुदेवस्य भार्याऽस्ते नन्दगोकुले ।

अन्याश्च कंससंविम्ना विवरेषु वसन्ति हि । 7 ।

देवक्या जठरे गर्भं शेषाख्यं धाम मामकम् । तत् संनिकृष्य रोहिण्या उदरे सनिवेशया ॥
8 ॥ अथाहमंशभागेन देवक्याः पुत्रतां शुभे । प्राप्स्यामि त्वं यसोदायां नन्दपत्यां भविष्यसि ॥ 9 ॥

अर्चिष्यन्ति मनुष्यास्त्वां सर्वकामवरेश्वरीम् । धूपोपहारबलिभिः सर्वकामवरप्रदाम् ॥ 10 ॥

नामधेयानि कुर्वन्ति स्थानानि च नरा भुवि । दुर्गोति भद्रकालीति विजया वैष्णवीति च ॥ 11 ॥

कुमुदा चण्डिका कृष्णा माधवी कन्यकेति च । माया नारायणीशानी सारदेत्यम्बिकेति च ॥ 12 ॥

गर्भसंकर्षणात् तं वै प्राहुः संकर्षणं भुवि । रामेतिलोकरमणाद् बलं बलवदुच्छ्रयात् ॥
13 ॥

सन्दिष्टैव भगवता तथेत्योमिति तद्वचः । प्रतिगृह्य परिक्रम्य गां गता तत् तथाकरोत् ॥
14 ॥

गर्भं प्रणीते देवक्या रोहिणीं योगनिद्रया । अहो विस्मितो गर्भं इति पौरा विचुकुशुः ॥
15 ॥

Discussion

The birth of Balarama involved the wombs of two different mothers. The pregnancy was conceived and implanted by natural process of sexual intercourse between Vasudeva and Devaki, in the first womb. Due to a threat that was perceived to the life of the newborn, if continued in this womb, the embryo had to be safely removed and protected from being killed as soon as it would be born.

The process involves the embryo to be aborted from this womb prematurely and the same should be immediately re-implanted and repositioned in another mother with favourable womb for the pregnancy to continue to grow without disruption until normal delivery. The preparation of the second womb for the acceptance of the growing embryo is essential.

Embryo Transfer and Surrogacy are the two techniques known to modern medical scientists today have been employed in the birth of Balarama about more than 5000yrs BCE. The possibility of transfer of in-vivo fertilized developing human embryo from one womb to another womb successfully is a mystique! This amounts to Feto-placental transplantation.

Reason for this unique birth

- The pregnancy was conceived normally in the womb of Devaki, wife of Vasudeva; for the 7th time.
- The earlier 6 pregnancies ended in living babies who were instantly killed by their maternal uncle, King Kamsa. There was a threat to the life of this 7th unborn baby too, from the ruler of the region king Kamsa, who was the brother of Devaki.
- The need for preventing the repetition of the tragedy has lead to this novel method of transplanting the natural pregnancy in the embryonal stage from one womb, (who was imprisoned) to another womb, (who was free from threat in a distant free and safe location).
- While King Kamsa, strongly suspected a threat to his life from the 8th son born to Devaki, he strictly guarded the couple and kept Devaki and her husband Vasudeva in the prison.
- Soon afterwards, Devaki's 8th son (Krishna) was born who was secretly transferred as a newborn to a foster mother Yashoda wife of Nanda.
- The age difference between Balarama and Krishna is mentioned as 15 to 18 months, which is in agreement with the description of their birth circumstances.

Comment: Embryo Transfer & Surrogacy

The technology of embryo transfer was unheard of until the beginning of the 19th century. 'Human Embryo' is defined as the new life beginning from the time and the day of conception upto 8 weeks of development of the pregnancy.

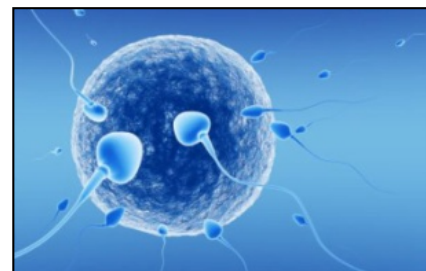


0.7mm diameter of human Zygote on Day 1 of fertilization – composed of 46 chromosomes-single cell - with 23 chromosomes from mother and 23 chromosomes from father.



120mm length (1.2 cm) after 8 wks- human embryo of 2 months pregnancy

Day 1 Biologically speaking, fertilization (or conception) is the beginning of human development. Fertilization normally occurs within several hours of ovulation, up to 24 hours, when a man's sperm combines with a woman's egg inside a woman's uterine tube.



Ovum being fertilized by sperm to form Zygote of Day 1
After development for 8 weeks

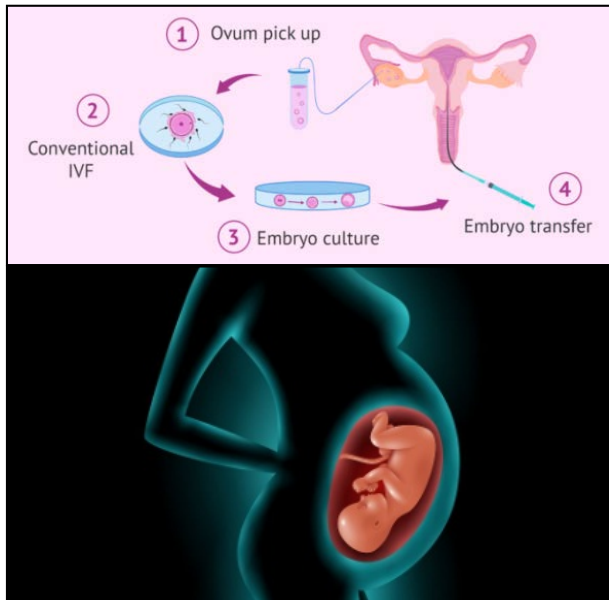
- The embryo is about 1¹/₄-inches long, with the head making up about half this size.
- The beginnings of all key body parts are present, although they are not completely positioned in their final locations.
- Eyes, ears, arms and legs are identifiable.
- The neck begins to develop, and the baby's eyelids begin to close to protect his or her developing eyes.

Medical context: Human Embryo Transfer

July 30, 2022; thebiologynotes.com

Human embryo is defined as the period of pregnancy from the time of conception to 8 weeks of development.

- 'Embryo transfer' refers to the transplantation of a mammalian pre-implantation embryo into the reproductive tract of a recipient female so that it may implant and continue to develop to birth.
- Mammalian embryos of many species can develop *in vitro* from fertilization to the blastocyst stage (approximately 100 cells), but at this point, they must implant in the uterus in order for embryogenesis to proceed normally.
- Embryo transfer thus refers to a step in the process of assisted reproduction in which embryos are placed into the uterus of a female with the intent to establish a pregnancy.
- This technique is often used in connection with *in vitro* fertilization (IVF), used in humans.



History of Embryo Transfer

- The first successful embryo transfer was performed in 1890 in the rabbit.
- However, the techniques of embryo transfer were not perfected and applied to a large number of mammalian species until the 1950s and 1960s, when methods for the efficient *in vitro* culture of pre-implantation embryos were also developed.
- In 1978, this work culminated in the first birth of a human from a transferred embryo, which had been conceived by *in vitro* fertilization.
- IVF and embryo transfer are needed in cases where natural fertilization is not an option.

The procedure of *in vitro* Fertilization and Embryo Transfer (IVF-ET) is a modern medical technology of Assisted Reproductive Technology (ART). The pregnancy thus conceptualised in the IVF lab in a petri-dish will be allowed to multiply for about 72 hrs (3-5days) in the same place prior to transferring (ET) it into the mother's womb (Uterus) which has been primed with pregnancy hormones to be prepared to receive the growing embryo that will embed in the endometrium of the womb to get implanted, from where it draws its nourishment to continue to grow.

When the biological mother (to whom the egg belongs to) is unfit to accept the embryo after IVF, due to diseases of the uterus or the mother, then another suitable womb of a willing known woman is identified, prepared with hormones and the embryo is transferred at the right time and day. Such a woman who is receiving the embryo of another woman into her womb and willing to continue the pregnancy till complete maturity and delivering the baby to be given back to the biological original mother, is known as a 'surrogate mother' and her pregnancy is called a 'surrogate pregnancy'.

Surrogacy

- Surrogacy is an arrangement where a person carries and gives birth to a baby for another person, for example, a couple who can't be pregnant themselves
- Surrogacy is an arrangement, often supported by a legal agreement, whereby a woman agrees to deliver/labor for another person or people, who will become the child's parent(s) after birth.
- People may seek a surrogacy arrangement when a couple do not wish to carry a pregnancy themselves, when

pregnancy is medically impossible, when pregnancy risks are dangerous for the intended mother, or when a single man or a male couple wish to have a child.

History of Surrogacy

Having another woman bear a child for a couple to raise, usually with the male half of the couple as the genetic father, has been referenced since the ancient times. Babylonian law and custom allowed this practice, and a woman unable to give birth could use the practice to avoid a divorce, which would otherwise be inevitable.

Many developments in medicine, social customs, and legal proceedings around the world paved the way for modern surrogacy

- 1936 – In the U.S., drug companies Schering-Kahlbaum and Parke-Davis started the pharmaceutical production of estrogen.
- 1944 – Harvard Medical School professor John Rock became the first person to fertilize human ovum outside the uterus.
- 1953 – Researchers successfully performed the first cryopreservation of sperm.
- 1976 – Michigan lawyer Noel Keane wrote the first surrogacy contract in the United States.
- 1978 – Louise Brown, the first "test-tube baby", was born in England, the product of the first successful IVF procedure.
- 1985–1986 – A woman carried the first successful gestational surrogate pregnancy.

Methods

Surrogacy may be either traditional or gestational, which are differentiated by the genetic origin of the egg. Gestational surrogacy tends to be more common than traditional surrogacy and is considered less legally complex.

Traditional surrogacy

A traditional surrogacy (also known as partial, natural, or straight surrogacy) is one where the surrogate's egg is fertilised by the intended father's or a donor's sperm.

Insemination of the surrogate can be either through sex (natural insemination) or artificial insemination. Using the sperm of a donor, results in a child who is not genetically related to the intended parent(s). If the intended father's sperm is used in the insemination, the resulting child is genetically related to both the intended father and the surrogate.

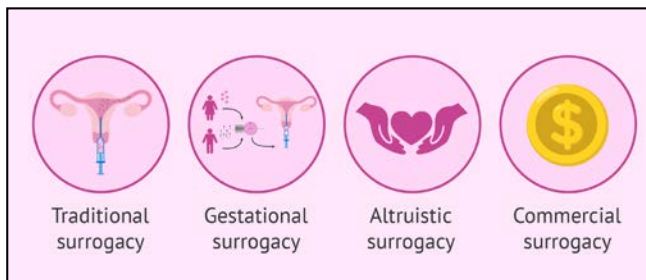
In some cases, insemination may be performed privately by the parties without the intervention of a doctor or physician. In some jurisdictions, the intended parents using donor sperm need to go through an adoption process to have legal parental rights of the resulting child. Many fertility centres that provide for surrogacy assist the parties through the legal process.

Gestational surrogacy

Gestational surrogacy (also known as host or full surrogacy) was first achieved in April 1986. It takes place when an embryo created by *in vitro* fertilization (IVF) technology is implanted in a surrogate, sometimes called a gestational carrier. Gestational surrogacy has several forms, and in each form, the resulting child is genetically unrelated to the surrogate:

- The embryo is created using the intended father's sperm and the intended mother's eggs;
- The embryo is created using the intended father's sperm and a donor egg;

- The embryo is created using the intended mother's egg and donor sperm;
- A donor embryo is transferred to a surrogate. Such an embryo may be available when others undergoing IVF have embryos left over, which they donate to others. The resulting child is genetically unrelated to the intended parent(s).



Surrogacy is an accepted method of treatment for infertile couples since the last three decades.

However, there is no case of Embryo Transfer to a surrogate mother or surrogacy performed after a natural in-vivo conception that has happened in the case of the birth of Balarama. There are no reported cases published to this day, where embryo was transferred after natural conception to a surrogate womb. This technology is not yet known to the modern medical scientists. Future research is possible.

Medical Dilemmas

1. How to abort an early pregnancy without causing trauma to the embryo.
2. How to maintain the life of the embryo until the new womb is ready.
3. What is the medium of transfer of the in-vivo developed embryo from the initial source to the final destination.
4. What are the methods of preparation and maintenance of the surrogate involved, prior to and after the Embryo-Transfer.

Surrogacy in India

Infertility is a growing healthcare concern affecting both men and women. It can result from a variety of factors ranging from age, genetics, lifestyle, and environmental aspects. With the increasing incidence of infertility, there is a need for alternative methods of reproduction to enable people to become parents. Surrogacy has emerged as a viable option due to advancements in artificial reproductive procedures. In addition to infertility, changes in societal norms have also played a role in the acceptance of surrogacy. In today's progressive society, both men and women recognize infertility as a healthcare problem, and parenthood is no longer restricted to the heterosexual community. Advancements in artificial reproductive procedures have enabled people of all genders to become parents, with surrogacy emerging as a viable alternative.

The term "surrogacy" refers to the practice of using a woman's womb to carry a fetus until birth to be raised by another. It is derived from the Latin word "subrogate", meaning "accepted to act in the place of" or "a substitute". As per American Law Reports, surrogacy is typically defined as "...a contractual undertaking whereby the natural or surrogate mother, for a fee, agrees to conceive a child through artificial insemination with the sperm of the natural father, to bear and deliver the child to the natural father, and to terminate all of her parental rights after the child's birth"

Surrogacy can be classified into altruistic and commercial. True to the meaning of the word, altruistic surrogacy entails no financial compensation for the surrogate. In contrast, commercial surrogacy involves paying the surrogate for bearing the child, implying a profit, while compensated surrogacy simply involves covering the incurred expenses and loss of wages.

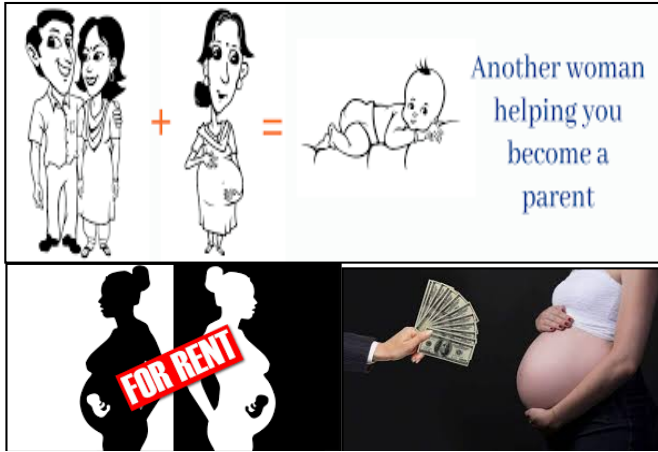
Commercial surrogacy was legal in India between 2002 and 2015. During this period of legalization, the "businesses of commercial surrogacy flourished in lieu of the vast number of underprivileged women eager to make a fair living by renting their wombs". Unfortunately, this need was capitalized on by middlemen, who created a nexus between the healthcare system and women, resulting in the exploitation of the latter. In 2012, the annual turnover of this surrogacy market was estimated to have been worth as much as 2.5 billion USD. There are no clear data on the number of verified couples who sought out surrogate mothers in India during this legalization era. Estimates state that of the approximately 25,000 surrogate children born in India every year, at least 50% were for couples from the Western world. A surge in the number of cases of procreative medical tourism has been noted in recent years. Due to the wide accessibility of affordable state-of-the-art therapies for assisted reproductive technologies, India is the go-to destination for surrogacy.

As surrogacy gained popularity across the globe, distinct legal regulations began to be crafted in different countries. Complex legal difficulties emerged as the framework in each country aimed at different outcomes. The regulations were so vast and varied, irrespective of their intent, whether to promote, regulate, or ban surrogacy. While countries such as the USA, Georgia, Ukraine, and Colombia have surrogacy-friendly legislations, restrictive regimes have been imposed in Iceland, Germany, Sweden, Austria, and others. Consequently, nationals from countries that have banned surrogacy turned to commission it overseas, resulting in statutory difficulties when the laws clashed across international borders [9]. Additionally, this legal clash also raised concerns about evasive travel [10]. From the perspective of increased demand, this influx of cases into India, in the background of a lack of regulation and international coordination, paved the way for unethical practices and exploitation.

Due to the wide financial gap and the disparity between individuals engaged in the practice of commercial surrogacy, both the surrogate and the child were vulnerable to exploitation. Numerous incidents of harassment of surrogate mothers were reported to the police in 2018-2019. Human rights exploitation rackets in the guise of surrogacy were exposed and arrests were made in 2019. This revealed an urgent need for an expediting of regulations to be placed on surrogacy. The increasing demand and the unscrupulous activities resulting in the ill-treatment of vulnerable groups forced the Indian government to take action and propose the Surrogacy Regulation Bill of 2015. A need for guidelines required to protect the commissioning parents' rights was also raised at the same time.

This led to the creation of the Surrogacy (Regulation) Bill in 2016, which, following multiple amendments was passed in 2018 by the Lok Sabha. The Rajya Sabha created a committee for discussion of the Surrogacy (Regulation) Bill 2019 with various stakeholders, the conclusion of which led to some more amendments, culminating in its passage into law on December 25, 2021. It was released along with the Assisted Reproductive Technology (Regulation) Act, 2021, just a week prior. On January 25th, 2022, the new Surrogacy (Regulation)

Act, 2021, went into force. The amended act exclusively permits charitable surrogacy, preventing those with financial means from abusing and taking advantage of the surrogacy option. It prohibits commercial surrogacy, as well as the trade of human gametes and embryos.



Conclusion

The task to scientifically justify the unique birth of Sri Balarama in the ancient period as is not a myth but a scientific marvel, to be acknowledged is arduous. The *in vitro* Fertilization (IVF) and Embryo Transfer (ET) techniques employed by modern scientists for human special births was a myth until a successful birth happened for the first time in modern history in 1978. The present day scientific knowledge in human reproductive techniques is in the phase of evolving to explore further means of preserving and propagating human reproduction. However, the technique of unique birth of Balarama, his mother Devaki conceived him naturally and voluntarily planned his abortion, and this aborted baby was reinserted safely in the womb of Rohini, who carried the pregnancy for the remaining months and delivered a healthy baby. This technique is known as 'Sankarshana' by which Sri Balarama was born (hence his other name is Sankarshana) by using two wombs of two different mothers is not yet experienced by the modern scientific and medical society. The challenge remains to be taken up in the future to come.

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