



“Ayurvedic perspective of Hyperemesis Gravidarum (*Garbhini Chardi*)”

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ABSTRACT:

Garbhini Chardi is one among the 8 Garbhopdravas mentioned in Harita Samhitaas. Chardi is mentioned as a disease in all Samhitas. Chardi can be a Vyaktagarbha-Lakshana or a Vyadhi or Updrva in other disease. There is no separate chapter that explain about Garbhini Chardi in details. Acharya Sushruta explained Vyakta Garbha Lakshanas as vomiting without apparent cause, aversion from good smells, salivation and tiredness etc. Acharya Charaka has compared pregnant women with Taila Purna Patra which can spill of even by small disturbances hence seeking proper attention. Acharya Charaka and Vagbhata also mentioned Chardi as one of the Vyakta Garbha lakshana which can be compared with the disease vomiting of pregnancy i.e Emesis Gravidarum. Vomiting in early weeks of pregnancy is common; more than 50% of pregnant ladies of 1st trimester pregnancy are suffering from this health issue. If it is not corrected causes severity which even hampers the Fetal outcome. So it is the need of time to prevent

and cure the vomiting during pregnancy.

Keywords: Garbhini Chardi, Garbhini Vyapat, Emesis Gravidarum.

INTRODUCTION:

Numerous demands of rapidly developing foetus are placed on the women during pregnancy. To fulfill these requirements, adjustments must be made to the mother's internal system to create environments that are healthy for both mother and foetus. It is a frequent symptom seen up to about 16 weeks of gestation without harming the developing foetus or the mother. So pregnant women must take sufficient measures to remain healthy and well nourished during pregnancy. Because of this physiological changes, She has to follow some changes in diet & behavioural habits, which means Garbhini Paricharya in Ayurveda. There is no separate chapter that explains about Garbhini chardi in classics. In the description of disease chardi Acharya Sushruta, Acharya Vagbhata and Acharya Bhavaprakash has enlisted pregnancy also as a causative factor under its fifth type i.e, agantuja or dwishtartaja chardi the dauhrdiya is also enumerated in nidana.[1] Acharya Charaka has explained classifications of chardi and its management in detail and mentioned dauhrdiya is one of the cause for chardi in Garbhini. [2] Dalhana has explained that non fulfillment of dauhrdiya and presence of fetus causes vomiting.[3] Madhava nidana in Madhukosha commentary mentioned that due to pressure by fetus the prakrutha vata becomes vikrutha and causes chardi. [4] Acharya Hareeta has considered dwistartaja as one of the cause for garbini chardi. [5]

Nidana (Causitive factors) for Garbhini Chardi[6]

- Vata-vaigunya
- Dauhrdiya avamana
- Garbanimittaja
- High level of serum human chorionic gonadotrophin and Estrogen.
- Altered immunological state. Above factors are responsible for initiation of the manifestation.

How Garbhini Chardi develops: It is said that Garbhini itself is a nidana for Chardi due to viruddha ahara sevana and Garbha peedana the vayu gets vitiated and the utklishta doshas are expelled out through the mouth by the action of Udana and Vyana vayu resulting in Garbini Chardi. [7]

Samprapti:

Nidan will lead to vitiation of Kapha dosha and Pitta dosha which in turn vitiate Vata which forces the Doshas to move in upward direction leading to Chardi[8] . During pregnancy, Nidanas like Garbha peedana together with lack of proper Garbhini Paricharya resulting in Agnimandya. Manasika Karanaas like Douhrda avamana can lead to Vata vrudhi and may also lead to Agnimandya causing Kapha dushti. The Kapha dushti together with the Pitta dushti will lead Utklishtata of Dosha or Aamasanchaya. These Utklishta doshas can cause Avarodha to the Gati of vata which inturn brings about Kshobha to Amashaya. The Utklishta doshas are expelled out through the mouth by the action of Udana and Vyana vata resulting in Chardi.

CHIKITSA:

Giving the woman what she wants can treat Garbhini Chardi. While mentioning chikitsa for garbhini vyadhi acharyas have mentioned that she should be treated with soft, sweet, cold, pleasing & gentle drugs, dietetics & behavior. Vigorous treatment like shodhana & langhana cannot be given to garbhini, thus shamana method of treatment is adopted. Due to the nutrition of the foetus, there is dhatu kshaya in the garbhini stree, which results in vata vrudhi. So bruhana darvyas has to be taken by her. The plan of treatment should be such that it should nourish the garbha as well as control chardi.

Samanya chikitsa:

Dietary measures and drugs which are mrudu, madhura, hridya and which is liked by pregnant women are indicated. [9] · Shunti Bilwa kashaya with Yava saktu. · Paste of Dhanyaka with Tandulodaka and sugar. · Bilva phala majja with Lajambu. [10] · Bhunimba kalka with equal amount of sharkara. [11]

Vishesha chikitsa[12][13]

Acharya Kasyapa has mentioned doshanusara chikitsa for chardi.

- a) Chikitsa in Vataja garbhini chardi:
 - Leha of Matulunga rasa, Laaja, Kolamajja, Daadimasara, Rasanjana, Sarkara & Madhu.
 - Mamsa rasa by adding amla Dadima without salt.
 - Susamskaarita mahisha mamsa rasa.
- b) Chikitsa in Pittaja garbhini chardi:
 - Tandulodaka with Laaja choorna, Sarkara and Madhu mixed with Chaturjata kalka as appetizer.
 - Peya of Laja with Sita and Madhu.
 - Jangala mamsa rasa with Sarkara
- c) Chikitsa in Kaphaja garbhini chardi :
 - Kwatha of Jambu pallava and Amra pallava mixed with Sita or madhu.
 - Yoosha of Mudga and Dadima mixed with Lavana and Sneha.
- d) Chikitsa in Sannipataja garbhini chardi:

According to predominance of Dosha the combination of the above said treatments are prescribed.
- e) Chikitsa in Krimija garbhini chardi:

Kwatha prepared with Moola of Punarnarva and Bhadradaru along with Madhu.

Modern View[14]

Vomiting due to pregnancy is categorised into 2 depending upon their severity

- Emesis gravidarum (Morning Sickness)
- Hyperemesis Gravidarum

Emesis gravidarum

1. Patient complaints of Nausea & Occational sickness on rising in the morning.
2. Vomitus is small and clear or bile stained.

3. It disappears by 12-14week of pregnancy.

Causes

- High level of HCG
- Oestrogen
- Altered immunological states
- It is aggravated by Neurologic factor

Management:

- Assurance
- Some patients note improvement of nausea and vomiting with decreased activity and increased rest. Other patients suggest that fresh outdoor air may improve symptoms.
- Taking of dry toast or biscuit
- Avoidance of fatty spicy foods
- Antiemetics like pyridoxine/doxylamine, antihistamines (such as diphenhydramine), metoclopramide, and phenothiazines. In the United States and Canada, the doxylamine-pyridoxine combination is the only approved pregnancy category "A" prescription treatment for nausea and vomiting of pregnancy.

Hyperemesis Gravidarum –

It is severe type of vomiting of pregnancy which effects health of mother and incapacitates her in day to day activities. Hyperemesis gravidarum¹² is estimated to affect 0.3 -2.0 percent of pregnant women. While previously a common cause of death in pregnancy, with proper treatment this is now very rare. Some women opt to have an abortion because of the symptoms.

Symptoms:

Early

1. Vomiting occurring throughout the day.
2. Disturbance of day to day activities.
3. No evidence of dehydration and starvation

Late

1. Severe vomiting.
2. Oligouria.
3. Epigastric pain, constipation.
4. Features of dehydration and ketoacidosis- dry coated tongue, sunken eyes, acetone smell in breath, tachycardia, hypotension, rise in temperature.

Management:

The principles in the management are

To control vomiting.

To correct the fluids and electrolyte imbalance.

To correct metabolic disturbances.

To prevent the serious complication of severe vomiting.

Hospitalization.

IV fluids.

Antiemetic drug.

In contemporary science the frequency of nausea and vomiting during pregnancy can be assessed with standard scoring system called PUQE- 24 scale (Pregnancy Unique Quantification of Emesis-24) which is standardized by American scoring system, which is helpful to assess Emesis and

Hyperemesis based on the scoring system. We can evaluate the severity and decide the treatment methodology weather to treat as Atyayika chikitsa (Emergency) or with shamana aushadha.

PUQE-24 scale consists of 3 questions regarding nausea and vomiting in pregnancy including the length of time the patient felt nauseated, the number of times the patient vomited, and the number of times the patient had retching without vomiting.

Responses were than grouped into 5 categories that were scored from 1 to 5.

Mild- If the score is 3 to 6 times.

Moderate- If the score is 7 to 12 times.

Severe- If the score is 13 to 15 times.

PUQE- 24 (Pregnancy- Unique Quantification of Emesis-24) Scoring system[15]

Assessment Criteria	1 Points	2 Points	3 Points	4 Points	5 Points
Frequency of nauseated feeling, In last 24 hours	Not at all [1]	Less than or equal to 1 hour(2)	2 to 3 hours (3)	4 to 6 hours (4)	5 to 6 times (4)
Frequency of vomiting or thrown up, In last 24 hours	Not thrown up [1]	1 to 2 times (2)	3 to 4 times (3)	5 to 6 times (4)	More than 7 times (5)
Frequency of retching or dry heaves without vomiting, In last 24 hours	No time [1]	1 to 2 times (2)	3 to 4 times (3)	5 to 6 times (4)	More than 7 times (5)

Diet: Orally liquid diet. Dry Carbohydrate foods like bread, toast and Biscuits.

Nutrition: In Garbhini chardi Vitamin B1, vitamin B6, vitamin C & vitamin B12 are needed. 13

DISCUSSION

Garbhini chardi (vomiting in pregnancy) is a common in obstetric practice over 50% of all pregnant women suffer from vomiting in pregnancy peculiarly in their first trimester. Vomiting in pregnancy interferes with woman's normal day to day activities. If it's not managed at time it may cause severe dehydration, electrolyte imbalances, acid base imbalance, starvation and becomes serious problem which affects the pregnant woman and may interfere in the development of fetus. In the classics various formulations have been explained for the treatment of garbhini chardi which are deepana, pachana, dosha shamaka, mridu, madhura, laghu, snigdha and hridya. Those are easily available, more effective and can be used for long term which does not cause any harm to the fetus and mother and which will not disturb her day to day activities.

CONCLUSION

Garbhini chardi has been explained in our classics in detail the nidana, laxanas and chikitsa, if we implement the treatment of Garbhini chardi it gives excellent results. The aim of the obstetrics can be fulfilled if one can follow the proper chikitsa and pathyaapathya i.e. healthy baby to healthy mother.

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