



Full Length Review Article

GARBHINI CHARDI AND ITS MANAGEMENT

^{*,1,2}Dr. Madhu, M.

¹ Department of Prasuti Tantra & Stree Roga, Parul Institute of Ayurveda,
Parul University, Vadodara-Gujarat

²PhD Scholar SCSVMV University, Kanchipuram, Chennai

ARTICLE INFO

Article History:

Received 18th June, 2016
Received in revised form
15th July, 2016
Accepted 20th August, 2016
Published online 30th September, 2016

Key Words:

Taila Poorna patra, Garbhini Chardi,
Garbhini Vyapat, Emesis Gravidarum.

ABSTRACT

Ayurveda is a science of life which emphasizes both the preventive and curative aspect of the diseases. The present world is concerned about the increasing rate of morbidity which alters their life expectancy. Acharya Charaka has compared pregnant lady with Taila poorna patra which can spill off even by small disturbances hence seeking proper attention. Garbhini Chardi is one of the Garbhini Vyapats explained by our Acharyas which is a pregnancy induced ill-health and also causes congenital problems in newborn due to deficit nutrition. Ayurvedic classics have 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.

Copyright©2016, Dr.Madhu. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

INTRODUCTION

Pregnancy is one of the most sensitive parts of the human life. At this literate world the people are opting healthy small family. Pregnancy has become a choice in their life. In this choosy life it is very important to have healthy status for getting healthy progeny. Acharyas has stressed on the Garbhadana Vidhi for getting sapraja. Ayurvedic classics have mentioned Garchini Chardi as one of the Vyakta garbha lakshanas (Agnivesha *et al.*, 2011), which can be correlated with vomiting in pregnancy. A research statistics says that 63.3% (Kramer *et al.*, 2013) ladies suffer from vomiting in early pregnancy. In this condition nausea and vomiting (Emesis gravidarum) tend to be start in the morning and frequently continue throughout the day (Datta's *et al.*, 2013). Typically these symptoms occur between the 4th and 16th week of pregnancy. About 10% of women still have symptoms after the 20th week of pregnancy. Altered hormonal and immunological status is considered as responsible factors for the initiation of the manifestation of symptoms which are

probably aggravated by the neurogenic factors. If it is not taken care simple vomiting will be complicated as Hyperemesis gravidarum. In such physiological alterations, it may lead to set complications like severe dehydration, tiredness, weight loss, congenital defects in fetus, premature labour etc... So one should take care to treat this condition in initial stage and prevent complications. There are many remedies described in our classics and in modern science. But always prevention is better than cure. This is our due responsibility to prevent the ill health of a pregnant lady.

Garbhini Chardi

Garbhini Chardi is mentioned as one of the Vyakta garbha lakshanas. There is no separate chapter that explain about Garbhini chardi in classics. Acharya Charaka & Sushruta described details of and its chikitsa (Agnivesha *et al.*, 2011; Sushruta *et al.*, 2010). Acharya Susruta in his Nidana Stana has given Naryaascha aapanna satwa as one of the nidanas and Douhrudaya as Nidana for Agantuja chardi. Dalhana in his commentary explains that Aapanna satwa, Douhrudaya are caused by Garbha (Sushruta *et al.*, 2010). Acharya Vagbhata mentioned Dwishtardhajanya as one of the classifications of Chardi and also explained Dauhrida as a cause. Acharya Harita has considered Chardi as one of the Upadrava of garbha

***Corresponding author:** ^{1,2}Dr. Madhu, M.

¹Assistant Professor in the Department of Prasuti Tantra & Stree Roga, Parul Institute of Ayurveda, Parul University, Vadodara-Gujarat, ²PhD Scholar SCSVMV University, Kanchipuram, Chennai

(Hareeta Samhita *et al.*, 2005). According to Acharya Kashyapa, there is no difference of the physical and psychological disorders of a pregnant woman from other individual (Vruddha Jeevaka *et al.*, 1998). The Nidana Sevana will lead to vitiation of Kapha and Pitta dosha which in turn vitiate Vata which forces the Doshas to move in upward direction leading to Chardi. During pregnancy, Garbha peedana, Douhrida avamana & lack of Garbhini Paricharya results in Vata vrudhhi and may also lead to Agnimandya causing Kapha dushti; which along with Pitta dushti will lead Utklishtata of Dosha or Aamasanchaya. These Utklishta doshas can cause Avarodha to the gati of Vata which in turn 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: Garbhini Chardi can be treated by giving desired things to the lady (Sushruta *et al.*, 2010).

1. Samanya chikitsa

Chikitsa for Garbhini chardi is explained in Samhitas:

- Use of Bhoonimba kalka with equal quantity of sugar (Harita samhita, 2010).
- Shunti Bilwa kashaya with Yava saktu (Yogaratanakara, 1999).
- Paste of Dhanyaka with Tandulodaka and sugar (Yogaratanakara, 1999).
- Bilva phala majja with Lajambu (Yogaratanakara, 1999).

2. Vishesha chikitsa (Vruddha Jeevaka *et al.*, 1998).

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 (Dutta 6th edition)

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 & Occasional 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 Neurologenic 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 (as Diclegis in US and Diclectin in Canada) is the only approved pregnancy category "A" prescription treatment for nausea and vomiting of pregnancy.

Hyperemesis Gravidarum

It is a severe type of vomiting of pregnancy which effects health of mother and incapacitates her in day to day activities. Hyperemesis gravidarum is estimated to affect 0.3–2.0% of pregnant women. While previously a common cause of death in pregnancy, with proper treatment this is now very rare. Those affected have a low risk of miscarriage but a higher risk of premature birth. Some women opt to have an abortion because of the symptoms.

Causes

- High levels of human chorionic gonadotropin
- Increased Estrogens & Progesterone levels
- Pregnancy-induced changes to the gastrointestinal symptom

- Psychological factors, such as anxiety
- Consumption of a high-fat diet
- Deficiency of Vit B₁, B₆ and Proteins.
- Infection by H-Pylori.

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. Oliguria.
3. Epigastric pain, Constipation.
4. Features of dehydration and ketoacidosis- dry coated tongue, sunken eyes, acetone smell in breath, tachycardia, hypotension, rise in temperature.

Complications

- Neurological- Wernicke's encephalopathy, peripheral neuritis, Korsakoff's psychosis
- Stress ulcer at stomach
- Oesophageal tear or rupture
- Jaundice.

Management

- To control the vomiting- Hospitalisation
- Antiemetics like pyridoxine/doxylamine, antihistamines (such as diphenhydramine), metoclopramide, and phenothiazines.
- To correct Hypotension in uncontrolled vomiting: Hydrocortisone 100mg I.V in drip

Nutritional support

- Vitamin B₁, B₆, B₁₂, vitamin C and Protein supplementation.
- To correct the dehydration, electrolytes-NBM for 24hours 3liters of fluid- 1.5lit 5%D 1.5lit RL
- To prevent the complications- by early diagnosis

Preventive Measures

After all above treatments of Emesis and Hyperemesis Gravidarum, it is better way to fight against with the use of dietics-

General preventive measures in Garbhini Chardi

Initial suggestions for dietary modification in patients with nausea and vomiting associated with pregnancy include the following (www.google.com):

- Eat small amounts of food frequently when hungry, instead of trying to eat three large meals

- Avoid fatty and spicy foods and emetogenic foods.
- Increase intake of bland or dry foods.
- Eliminate pills with iron.
- High protein snacks are helpful.
- Crackers in the morning may be helpful.
- Increase intake of carbonated beverages.
- Preconception use of prenatal vitamins may decrease nausea and vomiting associated with pregnancy.

Dietary Regimens (<http://www.nutrition411.com/>)

Small portions of the following foods are to taken in case of Emesis Gravidarum- Baked or mashed potatoes, Bananas, Bread, Crackers, Unsalted pretzels, Gingersnaps, Rice cakes, Cream of wheat, Oatmeal, Dry cereals, Pears, Plain pasta lain rice.

If not vomiting for 2–3 days then the following foods are beneficial

Baked skinless chicken, Baked fish, Lean meats, Eggs, Fruit cocktail, Low-fat and mildly flavoured cheeses and cottage cheese, Soups, Low-fat puddings, Nuts, Add salt to food (if needed), but avoid adding fat, which sometimes worsens symptoms Consider eating a small snack before bed—this may reduce morning nausea.

Avoid fatty foods, such as

- Pastries, Gravy, Whole milk products, processed meats.
- Do not eat and drink at the same time, instead drink your fluids between your meals and snacks
- Do not drink more than 1 cup of fluid at a time
- Try drinking pure (100%) fruit juice or lemonade, which may help to relieve nausea
- Eat slowly and thoroughly chew all foods
- Do not lie down for at least 2 hours after eating
- Avoid strongly spiced or highly aromatic foods
- The cold foods are better than hot foods
- Strongly flavoured vegetables may worsen symptoms, including: Cabbage, Cauliflower, Garlic, and Onions

Acknowledgment

I hereby acknowledge the able guidance and support of SCSVMV UNIVERSITY and my PhD guide Dr.Usha Patil in adding colours to the Script.

REFERENCES

- Agnivesha, Charaka Samhita, Ayurvedadipika Commentary by Chakrapanidatta, edited by; Vaidya Yadavji Trikrumji Acharya, Chaukhamba Surbharati Prakashan, Varanasi, reprint- 2011, sharira sthana 4th Chapter, Verse-16.
- Agnivesha, Charaka Samhita, Ayurvedadipika Commentary by Chakrapanidatta, edited by; Vaidya Yadavji Trikrumji Acharya, Chaukhamba Surbharati Prakashan, Varanasi, reprint- 2011, Chikitsa Sthana 20th Chapter, Verse-5, pp-738, pg -555.
- D.C DUTTA, Text book of Obstetrics edited by Hiralal Konar, 6th edition, published by new central book agency.

- DC Datta's, textbook of Obstetrics, edited by Hiralal Konar, 7th edition, Nov. 2013, published by Jaypee brothers medical publishers, 14th chapter, pp 692, pg no 154.
- Hareeta Samhita, Pandit Hariharaprasad Tripathi, Chaukhamba Krishnadas Academy, Varanasi, reprint 2005, Chapter No:51, Verse-1-2, pp-524, pg-456.
- Harita samhita text with 'Nirmala' hindi commentary edited & translated by Vaidya Jaymini Pandey, published by Chaukhambha Visvabharati orientalia Varanasi, edition 2010, Tritiya sthana chapter 51, Verse 06, pp 544, pg 470.
<http://www.nutrition411.com/>
- Kramer J, Bowen A, Stewart N, Muhajarine N., MCN Am J Matern Child Nurs. 2013 Jan-Feb;38(1):21-7. doi: 10.1097/NMC.0b013e3182748489. Nausea and vomiting of pregnancy: prevalence, severity and relation to psychosocial health.
- Sushruta, Sushruta Samhita, Nibandhasangraha Commentary of Sri Dalhana Acharya, edited by Vaidya Yadavji Trikamji Acharya, Chaukhamba Surabharati Prakashan Varanasi, reprint 2010, Uttara tantra 49th Chapter, Verse 3-5, pp-824, pg-754
- Vruddha Jeevaka, Revised Vatsya Kashyapa samhita with Vidyotini hindi commentary by Ayurvedalankara Sri Satyapala Bhisagacharya, Chaukhamba press Varanasi, reprint -1998, Khila Sthana 10th Chapter, Verse 182 pp-364, pg -304.
- Vruddha Jeevaka, Revised Vatsya Kashyapa samhita with Vidyotini hindi commentary by Ayurvedalankara Sri Satyapala Bhisagacharya, Chaukhamba press Varanasi, reprint -1998, Khila Sthana 10th Chapter, Verse 118-119, pp-364, pg -300.
- www.google.com
- Yogaratanakara, Vidyotini Hindi Commentary by Vaidya Lakshmi pati Sastri, Edited by Bhisagratna Brahmasankar Sastri, Chaukhambha Sanskrit Sansthan, Varanasi, 7th edition 1999, Streeroga chikitsa pp-508.
