

## Review Article on Garbhini Chardi WSR to Emesis Gravidarum

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## ABSTRACT

*Acharya charaka* has given specific importance to pregnant women and has compared them with oil filled vessel, which can be split by little displacement and to provide proper attention during pregnancy. Ayurvedic classics have mentioned *Garbhini Chardi* as one among the *Vyakta garbha lakshanas*, which can be correlated with emesis gravidarum. Emesis Gravidarum is a worldwide common obstetrical problem seen in the first trimester of pregnancy in about 50% of pregnant women. Nausea and vomiting tend to be worse in the morning termed Morning sickness, they frequently continue throughout the day. Vomiting in the early weeks of pregnancy is very common. If we do not correct the simple vomiting it leads to severe. So one should take care to treat this condition in initial stage and prevent complications. Different formulations and recipes have been mentioned in Ayurvedic classics which can easily be incorporated in day today life by a pregnant woman for *Chardi*. Hence in this study an effort is made to list out simple & effective management of *Garbhini Chardi* with the help of various herbal preparations.

**KEYWORDS:** *Garbhini Chardi, Emesis Gravidarum*

## INTRODUCTION

The woman is considered as one of the most essential factor of the continuity of human race and pregnancy is the biggest gift conferred on females by the nature, same as stated by sage Charaka as 'Women is the origin of the progeny'. [1] Pregnancy is a time of physical and hormonal changes and emotional and psychological preparation for motherhood. During this nine months long journey, pregnant women may suffer from minor to major ailments which are specific to pregnant state. Hrillasa and Chardi are the commonest minor ailments experienced during the first trimester of the pregnancy. All most all compendiums and therapeutic lexicons of Ayurveda dealt in detail about Chardi as independent disease as well as a symptom of different diseases. Garbhini chardi is described as a sub-division of a type of Chardi. It is also mentioned under the clinical features of Vyaktagarbha. Sushruta while describing the causes along with intake of different food materials etc., Apannasatva or Garbhini is also mentioned. He has classified Chardi into five types and under fifth type that is Agantuja Chardi the Dauhridaja is also enumerated as a cause. [2] Dalhana explained that Dauhridaja means that is caused by Vimanana

(insulting of desires) of Dauhrida (dual hearted i.e. pregnant woman) or it may be caused by Garbha (presence of fetus). [3] Harita has described eight Garbha Upadravas which afflict the pregnant women, and Hrillasa, Chardi are included among them. [4] Kashyapa have not used the word Dauhridajanya or Garbhajanya chardi under Antaravatinichiktisa but he explained management of Doshaja chardi in pregnant woman. It appears that he mentioned about the associated type of vomiting. The commentator of Madhukosha on Madhavanidana described Utpidana of Garbha as a causative factor for vomiting during pregnancy.

Sharangadhara has mentioned seven types of Chardi and included Garbhadhan as seventh one. [5] Emesis gravidarum (nausea and vomiting) are the common complaints during the first half of pregnancy. They are of varying severity usually commenced between the first and second missed menstrual period and continue until 14 to 16 weeks. Although nausea and vomiting tend to be worse in the morning-thus erroneously termed morning sickness, they frequently continue throughout the day. Lacroix and co-workers

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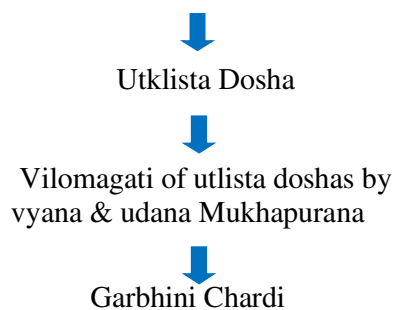
(2000) have found that nausea and vomiting were reported by three fourth of pregnant women and lasted an average of 35 days. Half of them had relief by 14 weeks, and 90% by 22weeks. In 80 percent of women, nausea was lasted all through the day. [6] Hyperemesis gravidarum is defined variably and is sufficiently severe to produce weight loss, dehydration, ketosis, alkalosis from loss of hydrochloric acid and hypokalemia. [7] Hyperemesis gravidarum if prolonged or left untreated may leads to severe damage to maternal as well as fetus, sometimes it may even cause abortion. [8]

### Garbhini Chardi

There is no separate chapter that explain about Garbhini chardi in classics. Acharya Charaka described details of classification of Chardi and its chikitsa. Acharya Susruta also mentioned about Chardi in detail. In the Nidana of Chardi, Acharya Susruta has given one Nidana as Naryaascha aapanna satwa and Dalhana in his commentary explains Aapanna satwa as Garbhini. He has explained Douhrudaya as Nidana for Agantuja chardi, and Dalhana commentary explains Douhrudaya as caused by Garbha. Acharya Vagbhata also explains types of Chardi and mentioned Dwishtardhajanya as one classification of Chardi and also explained Dauhrida as a cause of Chardi. Acharya Hareeta has considered Chardi as one of the Upadrava of garbha. Acharya Kashyapa has explained that there is no difference of the physical and psychological disorders of a pregnant woman from any other individual. The diseases manifested in her will also be like the diseases of other persons. So the Nidana panchakas of Chardi can be considered for Garbhini chardi also. Accordingly the principles of treatment differ because those are aimed at the proper development of Garbha and the Garbhini.

### Flow chart of Samprapti of Garbhini chardi:

Garbha vrudhi & Douhrauda Avamana



### General causative factor

High level of serum human chorionic gonadotropin, estrogen & altered immunological states are considered responsible for initiation of the manifestations which is probably aggravated by the neurogenic factors.

### How garbhini chardi is developed

Nidanas will lead to vitiation of Kapha dosha and Pitta dosha which inturn vitiate Vata which forces the Doshas to move in upward direction leading to Chardi.

During pregnancy, Nidanas like Garbha peedana together with lack of proper Garbhini Paricharya resulting in Agnimandya. Manasika Karanaas like Douhrida 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.

### Etiology

The etiology of hyperemesis gravidarum is largely unknown, but several theories exist (see pathophysiology). There are, however, risk factors associated with the development of hyperemesis during pregnancy. Increased placental mass in the setting of a molar or multiple gestations has been associated with a higher risk of hyperemesis gravidarum. Additionally, women who experience nausea and vomiting outside of pregnancy due to the consumption of estrogen-containing medications, exposure to motion, or have a history of migraines are at higher risk of experiencing nausea and vomiting during pregnancy. Some studies also suggest a higher risk of hyperemesis in women with first-degree relatives, for instance, if her mother or sister experienced hyperemesis gravidarum.

Protective factors include the use of multivitamins before six weeks of gestational age and maternal cigarette smoking.

### Pathophysiology

The exact cause of hyperemesis gravidarum remains unclear. However, there are several theories for what may contribute to the development of this disease process.

### Hormone Changes

- Levels of human chorionic gonadotropin (hCG) have been implicated. hCG levels peak during the first trimester, corresponding to the typical onset of hyperemesis symptoms. Some studies show a correlation between higher hCG concentrations and hyperemesis. However, this data has not been consistent.
- Estrogen is also thought to contribute to nausea and vomiting in pregnancy. Estradiol levels increase early in pregnancy and decrease later,

mirroring the typical course of nausea and vomiting in pregnancy. Additionally, nausea and vomiting are the known side effects of estrogen-containing medications. As the level of estrogen increases, so does the incidence of vomiting.

## MODERN TREATMENT

Treatment should be guided by the American College of Obstetrics and Gynecology (ACOG) Nausea and Vomiting in Pregnancy guidelines.

Initial treatment should begin with non-pharmacologic interventions such as switching the patient's prenatal vitamins to folic acid supplementation only, using **Ginger supplementation (250 mg orally 4 times daily)** as needed and applying acupressure wristbands.

If the patient continues to experience significant symptoms, the first-line pharmacologic therapy should include a **combination of vitamin B6 (pyridoxine) and doxylamine**.

Three dosing regimens are endorsed by ACOG, including –

1. pyridoxine 10 to 25 mg orally with 12.5 mg of doxylamine 3 or 4 times per day.
2. pyridoxine 10mg and doxylamine 10 mg up to 4 times per day.
3. pyridoxine 20mg and doxylamine 20mg upto 2 times per day.

These are all FDA pregnancy category A medications.

- Second-line medications include Antihistamines and Dopamine antagonists such as **dimenhydrinate 25 to 50 mg every 4 to 6 hours orally**, **diphenhydramine 25 to 50 mg every 4 to 6 hours orally**,
- If the patient continues to experience significant symptoms without exhibiting signs of dehydration, **metoclopramide, ondansetron, or promethazine may be given orally**.
- In the case of dehydration, intravenous fluid boluses or continuous infusions of normal saline should be given in addition to intravenous metoclopramide, ondansetron, or promethazine. Electrolytes should be replaced as needed. **Severe refractory cases of hyperemesis gravidarum may respond to intravenous or intramuscular chlorpromazine 25 to 50 mg or methylprednisolone 16 mg every 8 hours, orally or intravenously**.

## DISCUSSION

### AYURVEDIC MANAGEMENT

Even though Acharya Kashyapa has mentioned that the diseases occurring in pregnant women is same as

same that of non pregnant women, the principles of treatment differs from that of general Chardi. In general Chardi chikitsa, Acharya charaka mentioned Langhana and Shodhana as line of treatment, which cannot be given to the pregnant women. Hence gentle treatment adopted to minimize symptoms and also maintains the growth of fetus.

### Samanya chikitsa

Pregnancy vomiting should be treated by providing agreeable attendance and desired articles.

### Chikitsa for Garbhini chardi is explained in Samhitas:

Use of Bhoonimba kalka with equal quantity of sugar.

Shunti bilwa kashaya with Yava saktu. Paste of Dhanyaka with rice water and sugar.

Vilva phala majja with Lajambu.

### Vishesha chikitsa

Acharya Kasyapa has mentioned doshanusara chikitsa for chardi.

#### A. Chikitsa in Vataja garbhini chardi

Leha of Matulunga rasa, Laaja, Kolamajja, Daadimasara, Rasanjana, Sarkara & Madhu. Pakva rasa of Amla dadima without salt.

Samskaarita mahisha mamsa rasa.

#### B. Chikitsa in Pittaja garbhini chardi

Rice water with Laaja choorna, Sarkara and Madhu mixed with Chaturjata kalka and with Pushpa to make Hrudyas.

Peya of Laja with Sita and Kshoudra.

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 salt and Sneha.

#### D. Chikitsa in Sannipataja garbhini chardi

Combination of all above treatments should be given according to predominance of Dosha.

#### E. Chikitsa in Krimija garbhini chardi

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

### Complication of Emesis gravidarum

If proper care is not given, it may lead to Hyperemesis Gravidarum. Nutrition in Garbhini chardi Vitamin B1, vitamin B6, vitamin C & vitamin B12 are needed. Research Information To confirm scientific validity of these herbal formulations, number of pharmacological and clinical studies have

been carried out by scientists of different faculties of life sciences. Some of the studies are reviewed here.

## CONCLUSION

It can be concluded that in our classics various simple and safe herbal formulations have been explained for Chardi which can easily be incorporated in day today life of pregnant woman and they are easy to prepare, easily available.

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