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CONCEPTUAL STUDY ON *GARBHINI CHARDI* (EMESIS GRAVIDARUM)

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ABSTRACT
To become a mother is one of the most cherished desire of women it gives women the joy and fulfillment which comes from bringing a new life into the world. 50% of pregnant women in 1st trimester of pregnancy suffer from morning sickness, nausea and vomiting that is Emesis Gravidarum it is common Obstetrical problem seen in world wide. *Acharya Charaka* has compared pregnant women with *Taila poorna patra* which can spill off even by small disturbances hence one have to look for proper attention. Emesis gravidarum which begins in morning and frequently continues throughout the day. In Classics it is considered as one of the *Vyakta Garbha Lakshana* if it is not tackled properly in time it may lead to complications in pregnancy affecting the quality of life of pregnant woman and foetus due to nutrition deficit. So it is necessary to initiate the remedies and care at an early phase to prevent and manage the complications of Emesis Gravidarum.

KEYWORDS: *Garbhini chardi*, Emesis gravidarum.

INTRODUCTION
Pregnancy is most precious thing in every woman's life because of various physiological changes that takes place during pregnancy. According to classics *Garbhini Chardi* is considered as one of the *Vyakta Garbha Lakshana*. Vomiting and nausea in the early weeks of pregnancy is very common if we do not correct the simple vomiting it leads to Hyperemesis Gravidarum. There is no separate chapter that explains about *Garbhini chardi* in classics. In the description of disease *chardi Acharya Sushrutha, 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 *dauhridya* 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] *Garbhini avastha* is termed as delicate state in such critical condition the treatment should be very gentle and assuring. Nausea and vomiting in pregnancy can be extremely draining for the pregnant women and if not managed proficiently can cause significant morbidities in fetus including malnutrition, electrolyte imbalance, depressive illness and poor pregnancy outcomes such as prematurity and small for gestational age. The clinical management of disease as per modern antiemetics which have notorious adverse effects and long term use of these drugs had number of congenital defects and malformations in fetus. *Ayurvedic* antiemetic preparations are very gentle and potent they can be used for long term treatment without any harm to the fetus.

AIMS AND OBJECTIVES
1. To collect and analyze the *Garbini chardi aahara* and *vihara.*
2. To understand the clinical importance of *Garbini chardi Pathya-Apathya* as described in ancient.

Treatise and its utility in today's context in correlation with *Garbhini chardi.*

MATERIALS AND METHODS
Literature: *Brihatrayee*, all available *Ayurvedic* classics, Magazines, Journals and Research papers.

Type of the study: Conceptual study.

Nidana (Causitive factors) for Garbhini Chardi[6]
- *Vata-vaigunya*
- *Dauhridya 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]

Management

In general *Achararya charaka* mentions that *Langhana* and *Shodhana* as line of treatment, which cannot be given to the pregnant women. Hence gentle treatment is adopted to minimize symptoms and also to maintain the growth of fetus. According to *Acharya Kashyapa* the diseases occurring in pregnant women is same as that of non pregnant women, *vishesha chikitsa* has been given in which the principles of treatment differs from that of general *Chardi*.

Samanya chikitsa

- Dietary measures and drugs which are *mridu, madhura, hridya* and which is liked by pregnant women are indicated.[8]
- *Shunti Bilwa kashaya* with *Yava saktu*.
- Paste of *Dhanyaka* with *Tandulodaka* and sugar.
- *Bilva phala majja* with *Lajambu*.[9]
- *Bhunimba kalka* with equal amount of sharkara.[10]

Chikitsa according to Doshas

***Vataja Chardi*[11]**	***Pittaja Chardi*[12]**	***Kaphaja Chardi*[13]**	***Sannipataja Chardi*[14]**	***Krimija Chardi*[15]**
Avaleha should be made with *Matulunga rasa, Laaja, Kolamajja, Rasanjana, Daadimasara, Sarkara & Madhu. Lavanarahitha pakva rasa* of *Amla dadima. Mamsarasa* or *Susamsakrutha mahisha mamsa rasa.*	*Chaturjataka kalka, Laja churna, sharkara or madhu* mixed with *tandulodaka* made *sugandhita* with *phuspa* which becomes *hrudya*. *Sharkara, madhumishritha laja Peya. Jangala mamsa rasa* with *Sarkara.*	*Chaturjataka kalka, Laja churna, sharkara* or *madhu* mixed with *tandulodaka* made *sugandhita* with *phuspa* which becomes *hrudya. Sharkara, madhumishritha laja Peya. Jangala mamsa rasa* with *Sarkara*.	Combination of all the above treatments should be given according to the predominance of *dosha*.	Combination of all the above treatments should be given according to the predominance of *dosha.*

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[18]

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)	More than 6 hours (5)
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)

Nutrition Support[19]

Vitamin B_1, Vitamin B_6, Vitamin C and Vitamin B_{12} are given.

Complications of Emesis Gravidarum

If proper care is not taken it leads to Hyperemesis Gravidarum.

Pathya and Apathya Ahara

- ✓ *Pathya Ahara- Kalaya, yava, godhuma, mudga, sasti rice, sali dhanya, sasaka, lava etc* birds *and mruga, jangala mamsa rasa, nava pallava saka, draksa etc are pathy*a prescribed in *chardi.*[16]
- ✓ *Apathya Ahara- Katu tumbi, bimbi phala, koshataki, madhuka, indrayan, sarsapa,vyayama, asatmya aahara* etc should be avoided these are *Apathya.*[17]
- ✓ Small meals at 2-3 hourly intervals should be recommended.
- ✓ Both an empty stomach and large meal leading to a full stomach can induce nausea and vomiting.
- ✓ Oily, spicy, and acidic foods and sweets should be avoided.
- ✓ Low-fat, bland, and dry snacks and meals are preferable.
- ✓ Oral fluids containing lemon, mint, ginger, and electrolytes should be advised in small quantities but at frequent interval.

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 treatment of *Garbini roga* classics explained that while handling the *Garbhini roga's* one should be very careful like *Taila poorna patra* any mismanagement will spill off *taila* similarly any mismanagement in *garbhini roga* can harm the fetus and mother. 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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