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ROLE OF BILWA PHALA MAJJA CHURNA WITH LAJJA AMBU IN GARBHINI CHARDI – A CASE REPORT

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ABSTRACT
Achievement of motherhood is the cherished desire of every woman. A series of changes happen in the physiological and psychological status of women, some of which may be felt as a discomfort to her. 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 50-90% of pregnant women. For such physiological alterations, if proper care is not given, it may lead to complication like severe dehydration, tiredness, weight loss, etc. which may affect mother and growing fetus. Though it is ideal to avoid drugs in the first trimester, some women are severely nauseated and need drug therapy. Thus, aim and objective of the study was to evaluate the role of bilwa phala majja churna with lajja ambu in Garbhini Chardi.

KEYWORDS: Garbhini Chardi, Emesis Gravidarum, Bilwa phala majja churna and Lajja ambu.

INTRODUCTION
Ayurveda the ancient health system originated in India since prehistoric period still exists with all the concepts and theories which are time tested in depth analysis and close scrutiny by our ancient Acharyas.

Pregnancy is one of the most sensitive parts of human life. Since ancient times health of a pregnant women is of at most importance. So, it is necessary to provide proper attention during pregnancy and also pregnant women must take measures to remain healthy and well-nourished to have a healthy child. During pregnancy there is progressive anatomical, physiological and biochemical change not only confined to genital organs but also to all systems of the body.[1] One among these physiological changes is Garbhini Chardi.

Emesis Gravidarum, the most commonly encountered clinical problems of early pregnancy, occur in approximately 50-90% of all pregnancies.[2] Garbhini Chardi mentioned as vyakta garbha lakshana in Ayurveda has no harm on growing fetus and mother.[3] But when it is seen in excess it becomes pathological. Ayurvedic classics have mentioned it as garbha upadrava.[4] Early intervention is needed to prevent this as it causes dehydration, metabolic acidosis or alkalosis, electrolyte imbalance and weight loss.[2] So one should take care to treat this condition in initial stage and prevent complications.

While explaining chikitsa in garbhini, Acharyas have mentioned that she should be given things which are easily palatable i.e. hrudya and one which is liked by her. Bilwa phala majja is kaphavathara, grahi, deepana and hrudya.[5] It contains glucose and fructose which is absorbed in mouth itself. Vomiting in pregnancy is mostly seen due to carbohydrate starvation[2] and both bilwa phala majja and lajja helps in supplementing carbohydrates. Hence this drug was chosen for case study.

MATERIALS AND METHODS
Present study was carried out in our institute; Shree Saptashrungi Ayurveda Mahavidyalaya, Nashik, Maharashtra University Of Health Sciences.

Preparation of drug
Bilwa phala majja churna contains pakwa bilwa which was obtained from bilwa tree and from those bilwa majja was extracted and sun dried for about 2-3 weeks and then grinded into fine powder in our institutional pharmacy.

Lajja ambu preparation included soaking of lajja in lukewarm water for some time and then drained out. It was taught to patient as it was to be taken fresh.

Ahara and Vihara advised during treatment
Patient was advised to consume plenty of oral fluids and fruit juices and relaxing Yogasanas like Shavasana and Vajrasana was also advised as a modification of vihara.

Standardization of drug:- It was done in our institutional Research Methodology Laboratory.

A bilingual informed written consent was taken from the subject and case was recorded as per case proforma. [Case Record Form (CRF)].

❖ **CASE REPORT**

CASE RECORD FORM

Title:- ROLE OF BILWA PHALA MAJJA CHURNA WITH LAJJA AMBU IN GARBHINI CHARDI – A CASE STUDY.

Case record form 1:- Screening before treatment.

Center- Shree Saptashrungi Ayurveda Mahavidyalaya & Hospital, Nashik

OPD no.- 20936
Date-17/10/19
Name of the patient- Vaishali Dattatray Purkar
Residential Address-Durga Residency, 3rd floor, Room no. 15, Kamal nagar, Hirawadi, Nashik.
Age- 27years Sex- Female
Marital status- Since 4years Religion- Hindu

Criteria of inclusion- {Table No.1}

	Yes	No
Nausea	✓	
Vomiting	✓	
General weakness	✓	
Diagnosed as Garbhini Chardi in first trimester of pregnancy	✓	

Criteria of Exclusion- {Table No. 2}.

	Yes	No
Diagnosed as garbhini chardi in 2nd & 3rd trimester of pregnancy		✓
Hyperemesis gravidarum		✓
Multiple pregnancy/ Ectopic pregnancy		✓
Vesicular mole		✓
Systemic disorders like appendicitis, pancreatitis and cholecystitis.		✓
Gynecological conditions like fibroids, torsion of ovarian cyst and septic abortion with peritonitis.		✓
Immuno-compromised patients.		✓
K/C/O systemic disorders		✓

As the inclusion criteria's answer was YES and exclusion criteria's answer was NO the subject was eligible for trial.

Case record form 2:- Case history

- Education- HSC
- Occupation- Housewife
- Economic status- Average
- Religion- Hindu
- Marital status- Since 4 years
- Addiction- NIL
- Locality- Hirawadi, Nashik
- Vartaman vyadhi vruttant/ History of present illness-

Patient was experiencing healthy pregnancy related changes till two months. Gradually she developed with excessive salivation and nausea during gestational period of eight weeks which got aggravated gradually and started with repeated episodes of vomiting which persisted throughout the day (> 5-6 times in 24hrs) with quantity of 50-100ml in each vomitus having food mixed content which disturbed her daily routine activity, so she approached our institute.

- Vartaman vyadhi vishesh kalavadhi- 6 days
- Kulajvritta- 1) Matrukul- NIL

2) Pitrukul- NIL

- Purva vyadhi vritta H/O- Hyperemesis Gravidarum throughout first pregnancy.
- Dinacharya- Sedentary lifestyle
- Purva chikitsa vritta- Availed the conventional treatment with parenteral route of drugs and intravenous anti-emetics for two days.
- Purva shalyakarma vritta- NIL
- Contraception if used- No contraceptives were used
- Obstetric history O/H- $G_2P_1A_0L_1D_0$

G_1- Female 2 years (Full term normal delivery)

G_2- Present pregnancy

- Menstrual history M/H- 3-4/28 days, regular, adequate and painless

LMP- 16/08/19

- Samanyaparikshana/General Examination-

1. Ahara (Dietary habits): It revealed quantitatively less intake of meals with suboptimal use of oral fluids and fruit juices due to anorexia and fear of vomiting.
2. Agni: Mandagni
3. Koshtha: Mrudu
4. Mala: Irregular bowel habits
5. Frequency: Once in 2 days, since 15 days
6. Mutra: Normal
7. Nidra: Normal, No history of day sleep
8. Emotional disturbances: NIL
9. Vihara: Normal
10. Temperature: 98.7^{o}F
11. Blood pressure: 100/60mmHg
12. Pulse: 98/min
13. Mutra/Urine: Normal
14. Jivha/Tongue: Dry and coated
15. Pallor: Absent
16. Aakruti/Built: Lean

- Dashvidha pariksha/Physical Examination-

1. Prakriti: Vata kapha
2. Vikriti: Vata, Pitta, Kapha
3. Sara: Madhyama
4. Samhana: Madhyama
5. Pramana: Madhyama
6. Satwa: Madhyama
7. Satmya: Madhyama
8. Vaya: Madhyama
9. Aahar shakti: Avara
10. Vyayama shakti: Awara

- Systemic Examination-

a) CNS- conscious and oriented
b) CVS- S_1S_2 heard
c) RS- AEEBS, clear

- Local Examination-

P/A- Uterus not palpable.

- **Laboratory & Radiological Investigations: {Table no. 3}**

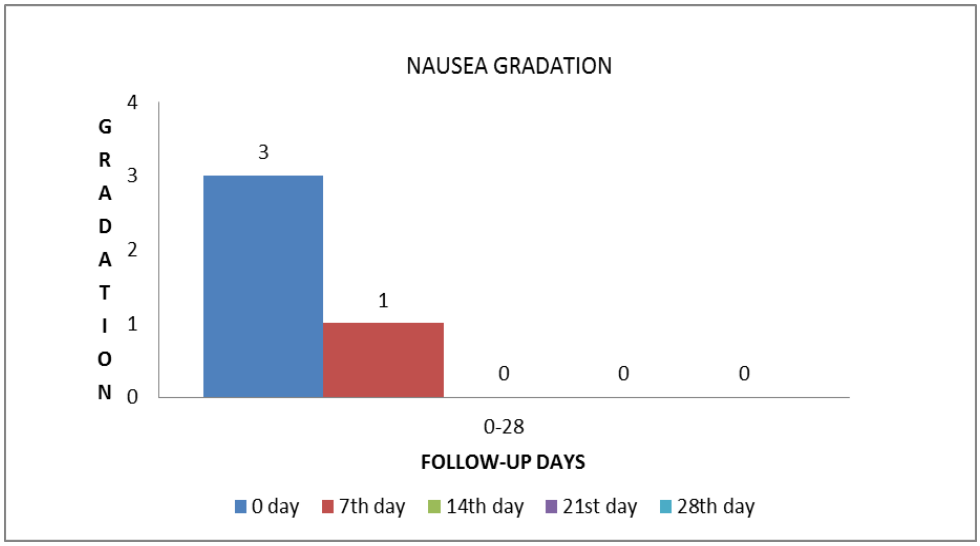
Test	**Investigation**	**Value**
CBC (17/10/19)	Hemoglobin%	12.2gm%
	Total leucocyte count	12,000/cumm
	Differential leucocyte count	
	Neutrophils	67%
	Lymphocyte	30%
	Monocyte	01%
	Eosinophil	02%
	Basophil	00%
	Platelet count	2,08 lacs/cumm
Blood (10/10/19)	Blood group	O+ve
	HIV	Negative
	HBsAG	Non-reactive
	VDRL	Negative
Urine (10/10/19)	Albumin	Negative
	Sugar	Nil
	Pus cells	2-3/hpf
	Epithelial cells	2-3/hpf
USG (18/10/19)	Single live intrauterine gestation of 9 weeks 0 days.	

- Diagnosis:- Garbhini Chardi (Emesis Gravidarum)
- Treatment administered- Bilwa phala majja churna with lajja ambu frequently for 28 days.
- Follow up- Patient was followed up every 7 days during treatment and after completion of trial period on 28th day.

Case record form 3: Clinical Assessment

- **NAUSEA:- {Table No.4}**

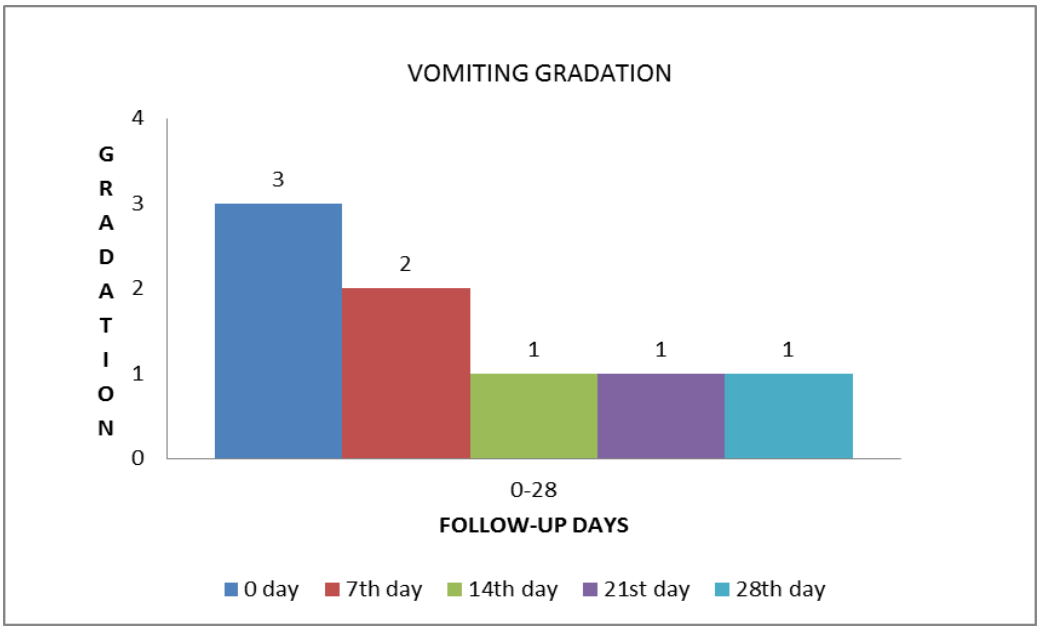
		Before treatment	After treatment			
	GRADE	**Day 0**	**Day 7**	**Day 14**	**Day 21**	**Day 28**
No nausea	0			✓	✓	✓
Morning time nausea	1		✓			
Nausea for 2-3 hrs	2					
Nausea through-out day	3	✓				



Graph No. 1:

- **VOMITING:- {Table No. 5}**

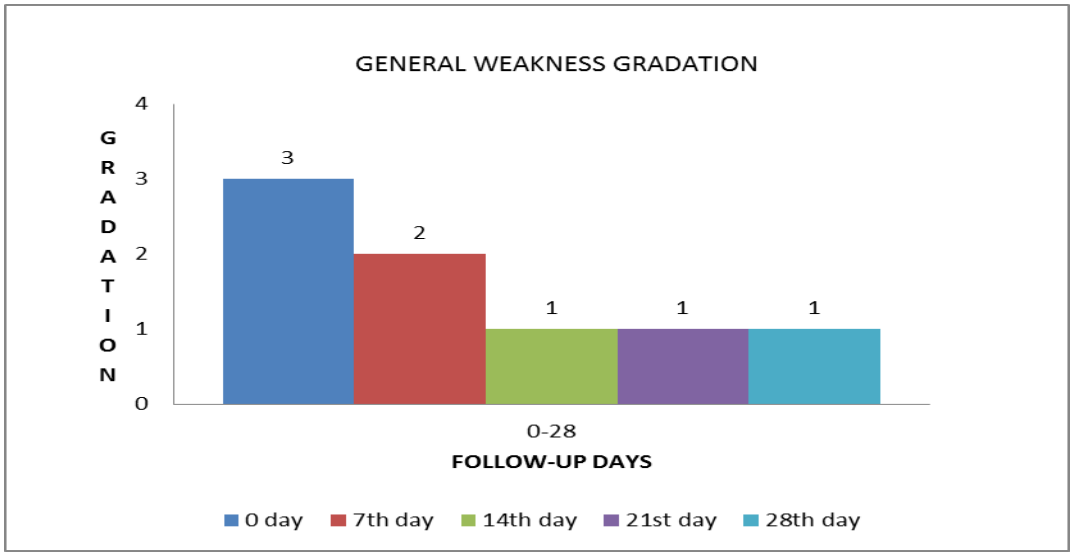
		Before treatment	After treatment			
	GRADE	**Day 0**	**Day 7**	**Day 14**	**Day 21**	**Day 28**
No vomiting	0					
1-2 episodes of vomiting	1			✓	✓	✓
3-5 episodes of vomiting	2		✓			
More than 5 episodes of vomiting	3	✓				



Graph No. 2:

- **GENERAL WEAKNESS:- {Table No. 6}**

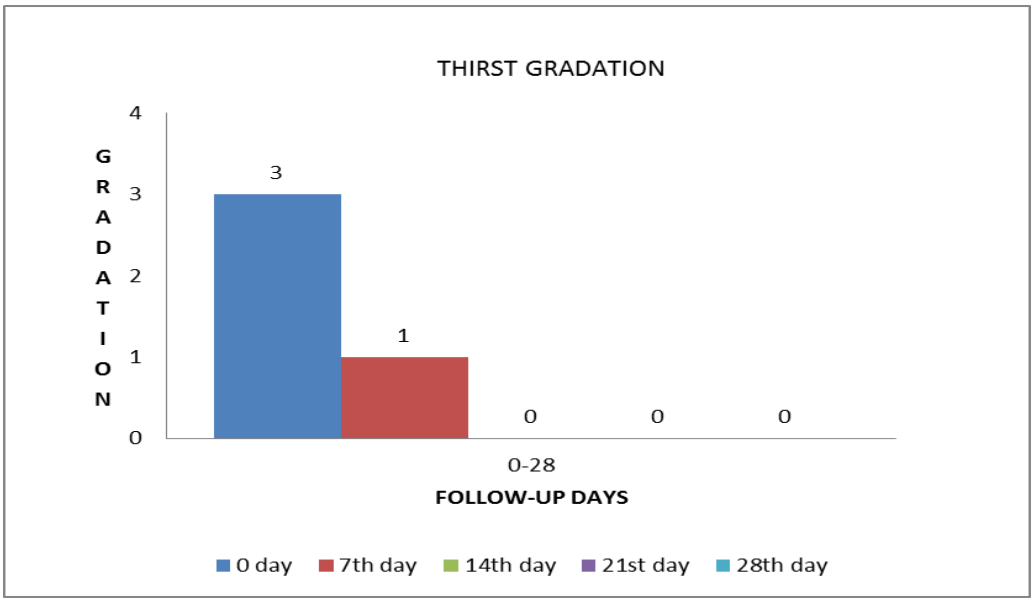
		Before treatment	After treatment			
	GRADE	Day 0	Day 7	Day 14	Day 21	Day 28
Can do daily routine work	0					
Get tired quickly	1			✓	✓	✓
While doing work can't concentrate	2		✓			
Can't do any work at all	3	✓				



Graph No. 3:

- **THIRST:- {Table No. 7}**

		Before treatment	After treatment			
	GRADE	Day 0	Day 7	Day 14	Day 21	Day 28
No dryness of mouth	0			✓	✓	✓
Morning time dryness of mouth	1		✓			
Dryness of mouth for 2-3 hours	2					
Dryness of mouth through-out day	3	✓				



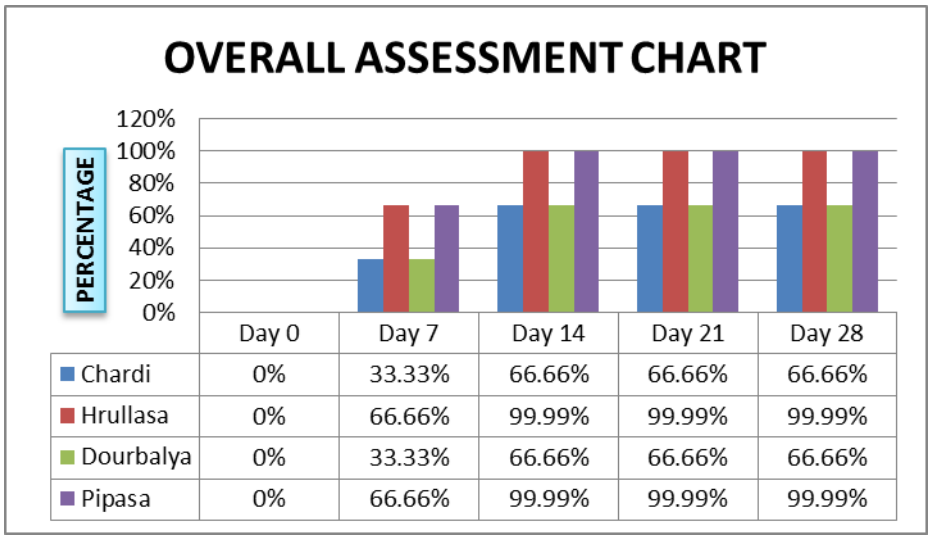
Graph No. 4:

RESULT

Overall Observation on the clinical features:

Parameters- {Table No. 8}

Sr. No.	Parameters	Before T/T	During T/T			After T/T
		Day 0	Day 7	Day 14	Day 21	Day 28
1.	Chardi	0%	33.3%	66.6%	66.6%	66.6%
2.	Hrullasa	0%	66.6%	99.9%	99.9%	99.9%
3.	Dourbalya	0%	33.3%	66.6%	66.6%	66.6%
4.	Pipasa	0%	66.6%	99.9%	99.9%	99.9%



Graph No. 5:

Clinical assessment was done at every follow up and accordingly all minute changes in the signs and symptoms were recorded. Results are interpreted as follows:

Overall Relief: {Table No. 9}

Percent Relief	Upashaya
76% to 100% relief in 28 days	Uttam
51% to 75% relief in 28 days	Madhyam
Upto 50% relief in 28 days	Alpa
No relief in symptoms or increases in 28 days.	Anupshaya

As per above observations, there was an average relief of 83.25% in 28 days. Thus, it can be said that there was uttam upashaya of Bilwa phala majja churna and lajja ambu in Garbhini Chardi.

DISCUSSION

1) Bilwa phala majja churna 3gm with lajja ambu frequently throughout the day was advised to the patient. Bilwa phala majja reduces vitiated doshas with its madhura rasa, katu vipaka and laghu & ruksha gunas. The content of the drug selected i.e. Bilwa majja churna which id Vatakapha hara, Aampachaka and improves Agni. In Ayurveda samorapti vighatana is chikitsa mantra. Bilwa majja reduces garbhini chardi by counteracting the increased doshas.
2) During pregnancy, there are considerably increased gastric secretions. Bilwa majja also acts as laxative an antihelminthic.
3) Bilwa reduces the dravata of doshas, and hence the utklesha of doshas are controlled and vomiting may be reduced.[5,6,7,8]
4) In pregnancy, there is Agnimandya. Bilwa has Agnideepana propert and due to this the gastric irritation decreases.
5) Bilwa and Lajja also increase digestion in pregnant women due to its pachaniya guna.
6) Bilwa majja has anti-oxidant activity. It is due to presence of flavones, isoflavones, flavonides, coumarin and lignans. It is a very important source of supplement in pregnant women.
7) Also, as vomiting is caused due to carbohydrate starvation; presence of fructose, glucose in the trial

drug helps to supplement it thus preventing adverse effects of vomiting.

8) Even, Bilwa by its grahi action prevent the backward movement of gastric content leading to reduction in quantity of vomitus.
9) Shavasana & Vajrasana are also helpful in this subject to relax the mind & relieve the stress. Thus, by relieving the anxiety during pregnancy, the yogic postures may relax the smooth muscle contraction in the gastrointestinal tract[9] that may decrease the sensitivity of chemoreceptor trigger zone to vomiting response (stimuli).[10]

CONCLUSION

Thus, the use of Bilwa phala majja churna with lajja ambu along with appropriate dietary modifications and behavioral changes could substantially reduce the Emesis Gravidarum and also improved the general health and hydration status in the study subject. So, early medication and following dietetic regimen is the key to overcome symptoms of Garbhini Chardi.

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