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A CRITICAL REVIEW OF GARBHINI CHARDI IN CLASSICAL AYURVEDIC LITERATURE AND ITS CORRELATION WITH EMESIS GRAVIDARUM

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1. INTRODUCTION

Pregnancy is a unique and transformative phase in a woman's life, characterized by profound physiological, psychological, and metabolic adaptations. It represents a remarkable process of growth, development, and maternal nurturing. During this period, the developing fetus depends entirely on the maternal organism for its nutritional requirements, oxygen supply, and overall development. Therefore, maintaining maternal health and ensuring adequate nutrition are essential prerequisites for achieving favourable maternal and fetal outcomes.

The progressive growth and development of the fetus impose increased demands on the maternal body. To accommodate these requirements, the maternal system undergoes a series of physiological adaptations involving the endocrine, gastrointestinal, cardiovascular, metabolic, and other organ systems. Although these changes are generally physiological and adaptive, certain manifestations may cause considerable discomfort and, in some circumstances, may progress to pathological conditions.

One such manifestation is Garbhini Chardi, which broadly corresponds to nausea and vomiting during pregnancy, commonly described in contemporary obstetrics as nausea and vomiting of pregnancy (NVP) or emesis gravidarum. When mild or moderate, this condition is generally considered a physiological manifestation of early pregnancy. However, when vomiting becomes persistent and excessive, it may progress to hyperemesis gravidarum, a clinically significant condition associated with dehydration, electrolyte disturbances, nutritional deficiencies, and weight loss. Severe cases may adversely affect maternal well-being and require prompt medical intervention.

In Ayurvedic classics, Garbhini Chardi is described among the Vyakta Garbha Lakshanas (manifestations indicative of pregnancy), along with features such as Artava Adarshana (cessation of menstruation), Asya Sravana or related oral manifestations, Arochaka (loss of appetite or aversion to food), Guru Gatrata (heaviness of the body), and Stana Mandala Krishnata (darkening of the areola). These manifestations are understood in the classical context as signs associated with the presence and development of the Garbha (embryo or fetus).

When Chardi occurs as a mild manifestation of pregnancy, it may be regarded as a physiological phenomenon that does not necessarily compromise maternal or fetal health. Conversely, excessive or persistent vomiting may become pathological and warrants appropriate assessment and intervention. The principal objectives of management are to restore hydration, maintain adequate nutritional intake, alleviate maternal discomfort, and safeguard fetal development.

The Ayurvedic approach to pregnancy care emphasizes gentleness, individualization, and the preservation of both maternal and fetal health. Classical authors have

compared the care of a pregnant woman to the careful handling of a vessel filled with oil, illustrating the need for vigilance and avoidance of unnecessary physical or therapeutic stress. This analogy highlights the importance of cautious management during pregnancy, particularly when a condition threatens maternal nutrition or physiological stability.

While discussing the management of pregnant women, Ayurvedic authorities emphasize the use of substances that are Hrudya (pleasant and agreeable), Ruchya (appetizing), Laghu (light and easily digestible), and Pathya (wholesome and suitable). Foods and formulations that are palatable and acceptable to the pregnant woman may facilitate oral intake when nausea and vomiting interfere with normal eating.

Among the four classical forms of food administration—Ashita (foods requiring chewing), Khādita (foods requiring biting or mastication), Pīta (liquids), and Lehya (preparations suitable for licking)—Lehya preparations are traditionally valued for their palatability and ease of administration. Depending on their ingredients, such formulations may provide energy and nutritional support. Nevertheless, their clinical suitability during pregnancy depends on their composition, safety, dosage, and the severity of the patient's condition.

From a contemporary physiological perspective, inadequate dietary intake and prolonged fasting may aggravate weakness and nutritional depletion in pregnant women experiencing vomiting. However, the causes of nausea and vomiting during pregnancy are multifactorial and cannot be attributed solely to carbohydrate starvation. Therefore, the Ayurvedic understanding of Garbhini Chardi and its therapeutic principles may be examined alongside modern obstetric knowledge to develop a comprehensive approach to maternal care.

2. LITERARY REVIEW

The literary review of Garbhini Chardi encompasses references from the Vedic literature, Upanishads, Puranas, and classical Ayurvedic Samhitas. These sources provide historical, conceptual, and therapeutic perspectives on pregnancy, fetal development, maternal care, and vomiting.

2.1 Historical review

2.1.1 Vedic literature

Ayurveda is traditionally regarded as an Upaveda associated with the Atharvaveda. References concerning pregnancy, childbirth, maternal care, and measures intended to support fetal development are found in ancient Indian literature. Although these references do not always provide detailed descriptions of Garbhini Chardi as a distinct clinical entity, they demonstrate an early recognition of pregnancy-related physiological processes and the importance of protecting maternal and fetal health.

Descriptions of Garbha-sthapaka Aushadhi (substances traditionally considered supportive of pregnancy) also reflect the historical emphasis on maintaining pregnancy and promoting fetal well-being.

2.1.2 Upanishads and Puranas

- Padma Purana: Descriptions concerning fetal development, maternal dietary practices, and the regimen to be followed by a pregnant woman are available in the traditional literature attributed to this text.
- Vishnu Purana: Chardi is described in the broader context of disorders affecting the body. However, a specific account of Garbhini Chardi has not been identified in the references considered for this review.
- Agni Purana: This text encompasses diverse aspects of traditional Indian knowledge, including medicine. Descriptions relating to fetal development and other physiological subjects contribute to the historical understanding of pregnancy.
- Garuda Purana: Accounts of embryonic development and the formation of fetal structures are found within its traditional descriptions of the human body and life processes.

These sources are primarily relevant to the historical and conceptual understanding of pregnancy. Their references should not be interpreted as equivalent to contemporary clinical evidence.

2.2 References in the classical Ayurvedic texts

2.2.1 Charaka Samhita

Acharya Charaka has included Chardi among the Vyakta Garbha Lakshanas in Sharira Sthana. Garbhini Chardi is also associated with the concept of Dvishtartha or Dvishtarthaja Chardi, which relates to aversion towards, or intolerance of, particular foods and objects during pregnancy.

A separate chapter on Chardi is presented in Chikitsa Sthana, where the etiological factors (Nidana), premonitory symptoms (Purvarupa), clinical manifestations (Rupa), pathogenesis (Samprapti), and therapeutic measures (Chikitsa) are discussed.

Although the general description of Chardi provides the foundation for understanding vomiting in pregnancy, the management of a pregnant woman requires special consideration because therapeutic interventions must also protect fetal development.

2.2.2 Sushruta Samhita

Acharya Sushruta identifies Chardi as one of the Vyakta Garbha Lakshanas and mentions Aapanna Satwa as an etiological factor. Dalhana, in his commentary, interprets Aapanna Satwa in this context as referring to a pregnant woman.

This interpretation establishes a classical association between the presence of pregnancy and the manifestation of vomiting. Sushruta's description therefore provides an

important reference for understanding Garbhini Chardi within the Ayurvedic framework.

2.2.3 Ashtanga Sangraha and Ashtanga Hridaya
Both Acharya Vagbhata and the texts attributed to him recognize Chardi among the Vyakta Garbha Lakshanas. Their descriptions are broadly consistent with the conceptual framework presented by Sushruta.

The emphasis on pregnancy as a special physiological state also supports the principle that the treatment of disorders in a pregnant woman should be undertaken cautiously, with due consideration of maternal strength and fetal safety.

2.2.4 Kashyapa Samhita
Acharya Kashyapa provides an important principle concerning the management of diseases occurring during pregnancy. Although the manifestations of disease may resemble those observed in non-pregnant individuals, the treatment must be modified according to the special requirements of the pregnant woman and the developing fetus.

The classical verse cited in this context emphasizes that the clinical features of diseases occurring in pregnant women may be understood using the general principles of disease diagnosis, while their management requires pregnancy-specific considerations.

Thus, Kashyapa's contribution is particularly relevant to the principle of individualized and gentle treatment in Garbhini Chardi.

3. DISCUSSION ON GARBHINI CHARDI

During pregnancy, the developing fetus places increasing nutritional and physiological demands on the maternal organism. The maternal body responds through several adaptations that support fetal growth and maintain pregnancy. Garbhini Chardi is one of the manifestations frequently associated with early pregnancy and is included among the Vyakta Garbha Lakshanas in Ayurvedic classics.

A separate, uniformly defined chapter devoted exclusively to Garbhini Chardi is not available across all the principal Ayurvedic texts. Consequently, its etiopathogenesis and treatment can be studied with reference to the broader descriptions of Chardi, while accounting for the special physiological condition of pregnancy.

Acharya Kashyapa emphasizes this principle in the following verse:
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3. Manifestation: The process becomes clinically apparent as Chardi through the Mukha Marga, or oral route.

In contemporary medical terminology, vomiting is a coordinated physiological reflex involving gastrointestinal, autonomic, and central nervous system pathways. The Ayurvedic description and the biomedical explanation arise from different conceptual systems and should be compared cautiously rather than treated as identical mechanisms.

3.3 Nidana (etiological factors)

In Ayurveda, the identification and avoidance of Nidana, or causative factors, constitute an important component of disease management. The etiological factors described by different Acharyas may be organized into three broad categories:

1. Aharaja Nidana — dietary and food-related factors.
2. Viharaja Nidana — behavioural, physical, and psychological factors.
3. Nidanarthakara Roga — pre-existing or associated conditions that may contribute to the manifestation of the disorder.

3.3.1 Aharaja Nidana (dietary factors)

Diet plays an essential role in maintaining physiological equilibrium. According to Ayurvedic principles, improper food selection, excessive intake, unsuitable combinations, and inappropriate timing of meals may impair digestion and contribute to Dosha vitiation.

The dietary factors associated with Chardi include

- Atidrava Ahara: Excessive consumption of liquid foods.
- Atisnigdha Ahara: Excessively unctuous or oily food.
- Ahrudya Ahara: Food that is unpleasant or disagreeable.
- Atilavana Ahara: Excessively salty food.
- Akala Ahara: Food consumed at an inappropriate time.
- Atimatra Ahara: Excessive food intake.
- Asatmya Ahara: Food that is unsuitable or incompatible with the individual's constitution or tolerance.
- Vidahi Ahara: Food that is considered to produce irritation or a burning sensation.
- Atiyushna Ahara: Excessively hot food.

These factors are described across classical sources, including Sushruta Samhita, Ashtanga Hridaya, Madhava Nidana, Bhava Prakasha, Vangasena, and Yogaratnakara.

According to the Ayurvedic model, improper dietary practices may lead to Agnimandya (diminished digestive capacity), followed by Ahara Dushti (impairment in the processing of food) and subsequent vitiation of the Doshas. The resulting disturbance may manifest as Chardi.

In pregnant women, food aversion, sensitivity to odours, altered appetite, and difficulty tolerating certain foods may also influence dietary intake. These contemporary observations provide a clinical context for understanding the importance of palatable and individually acceptable food during pregnancy.

3.3.2 Viharaja Nidana (behavioural and psychological factors)

The principal factors described in this category include:

- Shrama — physical exertion or fatigue.
- Kshaya — depletion or reduction of bodily tissues and strength.
- Krodha — anger.
- Chinta — worry or anxiety.
- Bhaya — fear.
- Shoka — grief or sorrow.

According to Ayurvedic explanations, these factors may disturb Dosha equilibrium. Krodha is associated with Vata and Pitta aggravation, while Chinta and Shoka are traditionally associated with Vata disturbance. Bhaya and Shoka may also contribute to Pitta aggravation according to the descriptions cited in the source material.

Such disturbances, together with impaired digestion and inadequate dietary intake, are considered potential contributors to Chardi.

From a contemporary perspective, psychological stress and fatigue may influence symptom perception and general well-being. However, vomiting during pregnancy has multiple causes, and emotional factors should not be regarded as the sole explanation.

3.3.3 Nidanarthakara Roga (associated conditions and pregnancy-related factors)

The principal factors discussed in this category are:

- Aapanna Satwa — interpreted by Dalhana in this context as Garbhini, or a pregnant woman.
- Krumi — intestinal worms or parasitic infestation in the classical framework.
- Dauhruda Avamana — disregard or non-fulfilment of the desires of the pregnant woman.

Acharya Sushruta identifies Aapanna Satwa as one of the factors associated with Chardi. Dalhana's commentary interprets this expression as referring to pregnancy itself. This suggests that the presence of Garbha is recognized as an important context in which vomiting may occur.

Acharya Harita also describes Chardi among the Upadravas (associated complications or manifestations) of pregnancy, further supporting the classical association between pregnancy and vomiting.

Madhukosha, in its commentary on Madhava Nidana, discusses the association of Aapanna Satwa with Vata Vaigunya in the context of Chardi. Yogaratnakara,

Sharangadhara Samhita, and Vangasena also contain descriptions relevant to its etiology and management.

On the basis of these classical descriptions, three principal factors may be highlighted in the Ayurvedic understanding of Garbhini Chardi:

1. Aapanna Satwa (pregnancy as a predisposing condition)

The presence of Garbha is considered an important factor associated with the manifestation of Chardi. Pregnancy is thus recognized as a distinctive physiological state in which vomiting may arise.

2. Dauhruda Avamana (non-fulfilment of maternal desires)

Dauhruda refers to the desires or preferences that may arise during pregnancy. Classical authors consider the disregard of these desires a potential contributor to Dosha disturbance. In this framework, non-fulfilment may result in Vata aggravation and associated physical or psychological disturbances, which are believed to contribute to Chardi.

This concept reflects the traditional emphasis on understanding the preferences and needs of the pregnant woman. It should not, however, be interpreted as establishing a biomedical causal relationship between the denial of food cravings and pregnancy-related vomiting.

3. Vata Vaigunya (functional disturbance of Vata)

According to Ayurvedic principles, the developing fetus receives nourishment through the maternal system, and the physiological demands of pregnancy may affect maternal Dosha and Dhatu equilibrium. The classical explanation associates such changes with Dhatu Shithilata (loosening or reduced stability of bodily tissues) and subsequent Vata Vaigunya.

Vitiated Vata, acting in association with other Doshas, is considered to contribute to the upward movement and expulsion of gastric contents through the Mukha Marga.

The repetition of Dauhruda Avamana and Vata Vaigunya in the original material has been consolidated here to improve clarity and avoid redundancy.

3.4 Vishishta Nidana of Chardi according to Acharya Charaka

Acharya Charaka describes different etiological factors for Chardi according to Dosha predominance. These factors may be summarized as follows.

Table 1: Dosha-wise specific etiological factors of Chardi.

Type of Chardi	Specific Nidana	Interpretation
Vataja Chardi	Vyayama, Tikshna Aushadha, Shoka, Bhaya, Roga, Upavasa, Atikrusha	Excessive exertion, potent medicines, grief, fear, illness, fasting, and marked emaciation
Pittaja Chardi	Ajeerna, Vidahi Ahara, excessive Ushna Ahara	Indigestion, irritating or burning-inducing food, and excessively hot food
Kaphaja Chardi	Snigdha, Atiguru, Vidahi Ahara, Divaswapna	Oily or unctuous food, excessively heavy food, irritating food, and daytime sleeping
Sannipataja Chardi	Sarva Rasa Ahara, Amapradosha, Rituviparita Ahara	Consumption of varied tastes in an unsuitable context, Ama-related disturbance, and food or practices contrary to seasonal requirements
Dvishtarthaja Chardi	Dvishta, Viparita, Apavitra, Malina, Aprasanna Ahara	Disliked, unsuitable, unclean, contaminated, or unpleasant food

Source: The etiological categories and terminology are based on the Charaka Samhita references cited in the source material. Exact wording and verse references should be cross-checked against the selected edition.

The above classification illustrates the Ayurvedic principle that Chardi may arise through different combinations of dietary, behavioural, psychological, and Dosha-related factors. In Garbhini, these general principles are interpreted in conjunction with the physiological condition of pregnancy.

4. SAMPRAPTI (PATHOGENESIS)

Samprapti refers to the sequence of pathological events through which the causative factors produce a disease. In Garbhini Chardi, the classical interpretation involves the interaction of Dosha vitiation, impaired digestive function, Ama formation, and disturbance of the Annavaha and Rasavaha Srotas.

Improper dietary intake, unsuitable behavioural practices, psychological factors, or pregnancy-associated physiological changes are considered potential initiating factors. These may contribute to Agnimandya and the formation of Ama. Subsequently, vitiated Doshas, particularly those associated with the upward movement and expulsion of gastric contents, produce the clinical manifestation of Chardi.

The Samprapti Ghatakas may be summarized as follows.

Table 2: Samprapti Ghatakas of Garbhini Chardi.

Samprapti Ghataka	Description
Dosha	Vata, Pitta, and Kapha; Udana Vayu, Apana Vayu, and Vyana Vayu are specified in the original framework
Dushya	Rasa, particularly Ahara Rasa
Srotas	Annavaha Srotas and Rasavaha Srotas
Agni	Jatharagni and Rasadhatvagni
Ama	Ama associated with impaired Jatharagni and Rasadhatvagni
Adhishthana	Amashaya
Vyakta Sthana	Mukha
Srotodushti	Sanga and Vimargagamana
Vyadhi Avastha	Ama-associated stage
Sanchara Sthana	Rasavahini, as described in the original framework
Rogamarga	Abhyantara
Sadhyasadhyata	Described as Sadya in the source framework

Explanation of Samprapti Ghatakas

- **Dosha:** Vata is associated with movement and expulsion, while Pitta and Kapha may contribute according to their involvement and predominance. The roles of the specified Vata subtypes should be interpreted according to the classical reference being followed.
- **Dushya:** Rasa represents the nutritive fluid or tissue principle involved in the Ayurvedic model. Disturbance of Ahara Rasa is considered relevant when vomiting interferes with the intake and processing of food.
- **Srotas:** Annavaha Srotas refers to the channels associated with food intake and processing, while Rasavaha Srotas relates to the transport and distribution of nutritive material.
- **Agni:** Jatharagni represents the principal digestive capacity, whereas Rasadhatvagni refers to the metabolic principle associated with the formation and transformation of Rasa Dhatu.
- **Ama:** Ama is traditionally understood as an inadequately processed or incompletely transformed product associated with impaired Agni. Its involvement is described in the classical pathogenesis of several gastrointestinal disorders.
- **Adhishthana:** Amashaya is identified as the principal site of the disease process.
- **Vyakta Sthana:** Mukha is the site through which the clinical manifestation becomes apparent.
- **Srotodushti:** Sanga denotes obstruction or impaired flow, whereas Vimargagamana refers to movement along an abnormal pathway.
- **Rogamarga:** Abhyantara indicates the internal pathway of disease.
- **Sadhyasadhyata:** Sadya denotes a condition considered amenable to treatment. The actual prognosis of vomiting during pregnancy, however, depends on its cause, severity, associated complications, and response to treatment.

The above framework represents the classical Ayurvedic interpretation of Garbhini Chardi. It should be distinguished from the pathophysiological mechanisms established through contemporary obstetric research.

5. CHIKITSA (PRINCIPLES OF MANAGEMENT)

Acharya Kashyapa emphasizes that diseases occurring during pregnancy require a distinct therapeutic approach. Although the clinical manifestations may resemble those found in non-pregnant individuals, treatment must be selected with due consideration of the pregnant woman's strength, nutritional requirements, and the safety of the developing fetus.

The classical reference cited in this context is:

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Within the traditional framework, these preparations are associated with the management of Pitta-predominant manifestations.

6.3 Kaphaja Chardi

The classical formulations include:

- Phanta prepared using tender leaves of Amra and Jambu, together with Madhu.
- Soup prepared from Mudga, with Dadima seeds and selected ingredients such as salt and butter.

These formulations are described in the context of Kapha-predominant Chardi.

6.4 Sannipataja Chardi

In Sannipataja Chardi, all three Doshas are considered involved. Classical management therefore recommends selecting therapeutic measures according to the relative predominance of the Doshas and the overall clinical presentation.

This approach reflects the Ayurvedic principle of individualized treatment rather than the use of a single universal formulation.

6.5 Krimija Chardi

A Kwatha prepared from the roots of Punarnava and Bhadradaru, together with Madhu, is described in the source material for Krimija Chardi.

This formulation belongs to the traditional classification of Chardi associated with Krumi. Its historical description should not be interpreted as evidence that the preparation is safe or effective for vomiting during pregnancy.

6.6 Other formulations mentioned in the classics

Acharya Harita describes the use of Bilva fruit with curd or sugar. Vatsaka, Pippali, Shunti, and Amalaki are also mentioned in the traditional literature relating to Chardi.

Sushruta, Yogaratnakara, and Vangasena describe the use of Saindhava Lavana and Ghrita in the context of Vataja Chardi.

Clinical safety note: The formulations listed above are included to document classical Ayurvedic literature. Several herbs and concentrated preparations may have uncertain safety profiles during pregnancy, and their use should not be recommended solely on the basis of traditional indications. Pregnant women with persistent vomiting should receive assessment by a qualified obstetric clinician. Inability to retain fluids, markedly reduced urination, fainting, blood in vomit, or significant weight loss warrants prompt medical attention.

7. CONCLUSION

Garbhini Chardi is described in Ayurvedic classics as one of the Vyakta Garbha Lakshanas and is discussed in relation to the broader concepts of Chardi, Dosha vitiation, Agnimandya, Ama formation, and disturbance of the Annavaha and Rasavaha Srotas. Classical authorities, including Charaka, Sushruta, Vagbhata, and Kashyapa, provide important perspectives on its etiology, clinical manifestations, and management.

The principal etiological factors identified in the reviewed literature include Aapanna Satwa, Dauhruda Avamana, Vata Vaigunya, unsuitable dietary practices, physical exertion, and psychological influences. These factors are interpreted within the Ayurvedic framework of physiological equilibrium and disease manifestation.

A central feature of the classical approach is the recognition that the management of disease during pregnancy differs from that in non-pregnant individuals. Therapeutic measures must be selected carefully to address maternal symptoms while preserving maternal strength, nutritional status, and fetal development. The emphasis on Hrudya, Ruchya, Laghu, and Pathya substances highlights the importance attributed to palatability, digestive tolerance, and individualized dietary care.

Lehya preparations and other classical formulations constitute part of the historical therapeutic discussion of Chardi. Nevertheless, their safety and efficacy in pregnancy require appropriate scientific evaluation. Traditional descriptions should therefore be considered alongside contemporary evidence-based obstetric practice.

In conclusion, a comprehensive understanding of Garbhini Chardi requires the integration of classical Ayurvedic concepts, careful clinical assessment, appropriate nutritional support, and modern obstetric management. The ultimate objective is to alleviate maternal discomfort, prevent complications associated with persistent vomiting, and promote favourable maternal and fetal outcomes.

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