A Women is a very important part of our society. She gives birth to new future life. In pregnancy some physiological changes occur in women due to developing fetus. The physiological changes which are naturally occurring to women leads to Dosh prakopa and utklesh. Mithya ahara-vihara due to changing life style further leads to various complication during pregnancy. Harit has mentioned eight types of Garbhopdravas. Garbhini Chardi is one of the common Garbhopdravas seen in obstetric practice. Chardi is also mentioned as one of the Vyakta Garbha lakshana. According to modern Science Garbhini Chardi (Emesis Gravidarum or Hyperemesis Gravidarum) is due to altered hormonal and immunological conditions. About 50% of females world-wide suffer from Emesis gravidarum according to previous study carried out on Garbhini Chardi. Mrudu aushadha chiktisa is beneficial for Garbhini. Hence, we selected Dhatrichandana churna and Bilwamajja churna in Garbhini Chardi management for two different cases. Present case study was carried out in two different cases with two different treatments. The patient treated with Dhatrichandana churna reported better relief as compared to patient treated with Bilwamajja churna. We used Swaras-bhavita churna and require very small dose of churna. Further clinical trials are expected.

Keywords: Garbhini Chardi, Dhatri churna (Emblica Officinalis), Chandana (Santalum Album) churna, Bilwamajja (Aegle Marmalos) churna, Case study.

1. INTRODUCTION

A Women is a very important part of our society. She is one of the wheels in leading the society ahead. She is the one who bears all pain, risk, trouble and gives birth to new future life. In pregnancy some physiological changes occur in women due to developing fetus. Because of these physiological changes she has to follow some food and behavioral modifications. Such modifications are called as Garbhini Paricharya in Ayurveda. But due to some social and economic problems and new life style of living, women are unable to follow Garbhini Paricharya completely. The physiological changes which are naturally occurring to women leads to Dosh prakopa and utklesh. Mithya ahara-vihara due to changing life style further leads to various complication during pregnancy.

These complications are called as Garbhopdravas. Harit has mentioned eight types of Garbhopdravas.\(^1\) Hrullas, Chardi, Shosa, Jwara Shotha, Aruchi, Atisara, Vivarnatva are the eight Garbhopdravas mentioned by Harita.\(^1\) Garbhini Chardi is one of the common Garbhopdravas seen in obstetric practice. Chardi is also mentioned as one of the Vyakta Garbha lakshana. Artava adarshan, Sansravana, Anamabhilasha, Chaedi, Arochaka, Anlakamata are Vyakta Garbha lakshanas.\(^2\) According to modern Science Garbhini Chardi

*Corresponding Author: Pramod B. Belhekar Email: pramodbelhekar28@gmail.com.
(Emesis Gravidarum or Hyperemesis Gravidarum) is due to altered hormonal and immunological conditions. Physiological alteration such as Nausea, Vomiting occur in early pregnancy. About 50% of females world-wide suffer from Emesis gravidarum according to previous study carried out on Garbhini Chardi.\(^3\)

If care of nausea and vomiting in early pregnancy is not taken well, then it may lead to complications like severe dehydration, weight loss etc. which may affect mother and growing fetus. So, it becomes the necessity of time to find out harmless drug for the treatment. Charaka has advised *Shodhana* of *Kapha* and *Pitta* in *Chardi* vyadhi.\(^4\) But *Tikshna aushadha*, *Vyavaya*, *Vyayama* and *Shodhana* are contraindicated in *Garbhini* avastha.\(^5\) Avoiding *shodhana*, only *Kapha* and *Pitta shamaka chikitsa* should be done. *Mrudu aushadha chikitsa* is beneficial for *Garbhini*. Hence, we selected *Dhatrichandana churna* mentioned by Charaka in *Chardi* management.\(^6\) *Dhatri* due to its *Pancharasa* and *Sheet virya* acts as *Stambhana*, *Anulomana*, *Rochana*, *Dipana* and *Kapah-Pittashamaka*. *Chandana* due to its *Laghu guna* and *Tikta-Madhura rasa* acts as *Chardighna*, *Hrudya* and *Pittashamaka*.

2. CASE STUDY

2.1. Objectives

- To study details of *Garbha upadrava* and *Garbhini Chardi* with special reference to Emesis gravidarum.
- To study the efficacy of *Dhatrichandana churna* in patient of *Garbhini Chardi*.
- To study the efficacy of *Bilwamajja churna* in patient of *Garbhini Chardi*.
- To compare the efficacy of *Dhatrichandana churna* and *Bilwamajja churna* in patient of *Garbhini Chardi*.

2.2. Case No. 1

2.2.1. History of present illness

23 years pregnant female with 7 weeks amenorrhea came to OPD of SVNHT’s Ayurveda Mahavidyala and Rugnalya. She was suffering from *Garbhini Chardi*. She was examined carefully. Detailed clinical and physical examination was done. She was suffering from continuous *Hrullasa*, *Chardi*, *Praseka* and *Annadwesha* for last 7 weeks. She got temporary relief in her symptoms as she took allopathy treatment at her family doctor and Gynecologist. She didn’t attend her job for last 3 weeks due to above said complaints and weakness. She came for Ayurveda management with her husband.

2.2.2. History of past illness

*Vidagdhajeerna* for 3 years.

2.2.3. History of treatment

Regular ANC medicines.

2.2.4. Chief Complaints:

- *Hrullasa* (+++), *Chardi* (++), *Praseka* (+++), *Annadwesha* (+++)

2.2.5. General Examination

- **Pulse:** 82/min
- **BP:** 110/72 mm of Hg
- **Temp:** 98.9°F
- **RR:** 19/min
- **Agni:** Manda
- **Koshtha:** Madhya
- **Prakruti:** Pitta pradhana Vata-nubandhi
- **Sara:** Rasa and Mansa asara
- **Mala:** Asamyaka, Vibandha
- **Mutra:** Avishesh

2.2.6. Menstrual history

- **Past M/H/O:** NAD
- **Present M/H/O:** 7 weeks amenorrhea.

2.2.7. Obstetrics history:

- **G:** 3, **P:** 1, **L:** 1, **A:** 1, **D:** 0

2.2.8. Investigations

- **USG:** Single live fetus with gestational age 7 weeks.
- **Heamogram:** Hb: 9.3 gm%, Rest: within normal limit.
- **Urine examination:** within normal limit.

2.2.9. Treatment

*Dhatrichandana churna*\(^11\) with *anupana Makshika* (Honey). *Makshika* was taken four times\(^20\) than in quantity than *Dhatrichandana churna*. Details are mentioned in Table No. 1.
2.3. Case No. 2

2.3.1. History of present illness

24 years pregnant female came to OPD of SVNHT’s Ayurveda Mahavidyala and Rugnalaya. She was suffering from Garbhini Chardi. She was examined carefully. Detailed clinical and physical examination was done. She was suffering from continuous Hrullasa and Chardi for last 6 weeks. Praseka and Annadwesha were associated complaints. She took allopathy treatment for the same but got temporary relief every time. She was unable to take meal and unable to perform her household work properly due to above said complaints. She came for Ayurveda management as her relative told her so.

2.3.2. History of past illness

Amnapitta since 7 to 8 years.

2.3.3. History of treatment

Regular ANC medicines.

2.3.4. Chief Complaints:

Hrullasa (+++), Chardi (++), Praseka (+++), Annadwesha (+++)

2.3.5. General Examination


2.3.6. Menstrual history

Past M/H/O: NAD, Present M/H/O: 6 weeks amenorrhea.

2.3.7. Obstetrics history:

G: 2, P: 1, L: 1, A: 0, D: 0.

Per abdomen: NAD

2.3.8. Investigations

- Urine examination: within normal limit.

2.3.9. Treatment

Bilwamajja churna\(^{12}\) with anupana Lajamanda (Honey). Lajamanda was taken 100 ml. Details are mentioned in Table No. 1.

2.4. Samprapti

Samprapti: \(^{7,8}\) Chardi (Emesis Gravidarum) is caused due to Garbha and Dauhrida (Frist trimester of pregnancy).\(^9\) Garbha peedana and Vata vega results in Garbhini Chardi.\(^10\) Anashana, Alpashana, Ratri jagarana, Chinta, Amla rasa sevana and irregular times of meal are common hetus for Kapha and Pitta Vitiation. It leads to Rasa dusthi. Angnimandya and generation of Ama is caused by Rasa dusthi. Dosha utklesha and Urdhwa gati of vitiated Kapha and Pitta takes place due to Udana. Udana forces Prana resulting in pratiloma gati of Prana. It gives rise to Chardi.


2.5. Drug Review

Details of Dhatrichandana churna\(^{11}\) and Bilwamajja churna\(^{12}\) is mentioned in Table No. 2.

Method of preparation of Drugs

First of all, fine powder of all drugs viz. Dhatri, Chandana and Bilwamajja was made separately as per method of Churna explained by Sharangadhar.\(^17\) Both the drugs Dhatrichandana churna and Bilwamajja churna were used in the form of ‘Swa-swarasa bhavita churna’. Dhatri swarasa was prepared as per concept of Swarasa.\(^18\) Bhavana\(^16\) of Dhatri swarasa were applied to Dhatri churna. It was then dried. Three such Bhavana were applied. In this way ‘Swa-swarasa bhavita churna’. Dhatri, Chandana and Bilwamajja churna were prepared separately by giving three Bhavana of Swarasa of that drug to its Churna. Due to it we required small Matra (dose) of churna as its potency was in-
We hope this case study will help to Ayurveda learners to boost their faith and confidence in Ayurveda treatment. Present study was case study, and has its own limitations. Clinical trials will yield more accurate results. This study proved that Ayurveda management can help the patients if selection of drug is proper as per indications and samprapti ghatakas. We hope this case study will help to Ayurveda learners to boost their faith and confidence in Ayurveda treatment.

4. CONCLUSION

- Dhatrichandana churna with Makshika anupana is effective in Garbhini Chardi.
- Bilwamajja churna with Laja manda anupana is effective in Garbhini Chardi.
- Dhatrichandana churna with Makshika anupana is slightly better effective than Bilwamajja churna with Laja manda anupana in Garbhini Chardi.
- Swaras bhavita churna requires a dose in very little quantity as compared to regular churna as its potency is increased.

5. REFERENCES

2. Dr. Brahmanand Tripathi Editor(s), (Reprint ed.). Charaka Samhita of Charaka (Vol 1),

2.6. Assessment criteria

All symptoms were given specific gradations so that to assess the results after completion of treatment. Assessment Criteria are shown in Table No. 3.

3. RESULTS AND DISCUSSION

After administration of drugs both patients were observed at regular interval. Symptoms of both patients were decreased gradually. Follow up wise decrease in gradations of symptoms is illustrated in Table No.4. It was observed that Dhatrichandana churna was slightly better effective than Bilwamajja churna. After end of treatment patients were advised dietary regimens to follow. Both patients were observed twice in next 15 days, after end of treatment, but it was found that both were hardly needed antacid or antiemetic drug. Annadwesha and Praseka were absent in Case No 1 but Hrullasa and Chardi were occurred only once in next 15 days. Annadwesha and Praseka were present but very mild in Case No 2 but Hrullasa and Chardi were occurred only twice in next 15 days.

Chardi (Emesis Gravidarum) is caused due to Garbha and Dauhrida (Frist trimester of pregnancy). Garbha peedana and Vata vega results in Garbhini Chardi. Anashana, Alpashana, Ratri jagarana, Chinta, Amla rasa sevana and irregular times of meal are common hut for Kapha and Pitta Vitiation. It leads to Rasa dusthi. Angnimandya and generation of Ama is caused by Rasa dusthi. Dosha utklesha and Urdhwa gati of vitiated Kapha and Pitta takes place due to Udana. Udana forces Prana resulting in pratiloma gati of Prana. It gives rise to Chardi. Thus to break this samprapti anyone should use drugs with Madhura-Kashaya, Ruksha, Laghu, Sheeta, Deepana, Pachana, Hridya, Grahi, Stambhana, Kapha-Pitta shamaka, Chardighna properties.

Dhatri (Amalaki) is Lavana varjita Pancha rasatmaka, Madhura Vipaki. It is Sheeta, Laghu, Ruksha. It acts as Rochana, Deepana, Anulomana, Rasayana, Stambhana, Pitta-Kapha shamaka. Chandana is Katu-Tikta rasatmaka, Katu Vipaki. It is Sheeta, Laghu, Ruksha. It acts as Hridya, Cardighna. Grahi, Pitta shamaka, Alhadkara. Makshika (honey) is Madhura-Kashya rasatmaka, Katu Vipaki. It is Ushna, Laghu, Ruksha. It acts as Chedana, Lekhana, Stambhana, Kapha-Pitta shamaka. Bilwamajja is Katu-Tikta-Kashaya rasatmaka, Katu Vipaki. It is Ushna, Guru. It acts as Deepana, Pachana, Grahi, Vata-Kapha shamaka. Laja manda is Madhura rasatmaka, Madhura Vipaki. It is Sheeta, Laghu. It acts as Pipasa-Jwara-Trishna-Chardi nashaka, Rasa tarpana, Vata-Pitta shamaka. Present study was case study, and has its own limitations. Clinical trials will yield more accurate results. This study proved that Ayurveda management can help the patients if selection of drug is proper as per indications and samprapti ghatakas. We hope this case study will help to Ayurveda learners to boost their faith and confidence in Ayurveda treatment.

Source of Support: Nil; Conflict of Interest: None declared.
6. TABLES

Table No. 1. Drug administration

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Head</th>
<th>Case No. 1</th>
<th>Case No. 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Aushadha</td>
<td>Dhatrichandana churna(^{11})</td>
<td>Bilwamajja churna(^{12})</td>
</tr>
<tr>
<td>2</td>
<td>Matra</td>
<td>1 gm</td>
<td>1 gm</td>
</tr>
<tr>
<td>3</td>
<td>Kala</td>
<td>Adhobhakta</td>
<td>Adhobhakta</td>
</tr>
<tr>
<td>4</td>
<td>Anupana</td>
<td>Madhu(^{15})</td>
<td>Laja(^{16})</td>
</tr>
<tr>
<td>5</td>
<td>Duration</td>
<td>15 days</td>
<td>15 days</td>
</tr>
<tr>
<td>6</td>
<td>Follow up</td>
<td>Day 1, 5, 10, 15</td>
<td>Day 1, 5, 10, 15</td>
</tr>
</tbody>
</table>

Table No. 2. Drug Review

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Symptom</th>
<th>Grade</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Hrullasa</td>
<td>0</td>
<td>No Hrullasa</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1</td>
<td>Hrullasa, before Chardi only</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2</td>
<td>Hrullasa, many times a day</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3</td>
<td>Hrullasa</td>
</tr>
<tr>
<td>2</td>
<td>Chardi</td>
<td>0</td>
<td>No Hrullasa</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1</td>
<td>Hrullasa, before Chardi only</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2</td>
<td>Hrullasa, many times a day</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3</td>
<td>Hrullasa</td>
</tr>
</tbody>
</table>
Table No. 3. Assessment criteria

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Symptom</th>
<th>Grade</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Praseka</td>
<td>0</td>
<td>No Praseka</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1</td>
<td>Praseka, before Chardi only</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2</td>
<td>Praseka, many times a day</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3</td>
<td>Praseka</td>
</tr>
<tr>
<td>4</td>
<td>Annadwesha</td>
<td>0</td>
<td>Can take both food and water</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1</td>
<td>Can take food and water in small quantity</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2</td>
<td>Can take water only</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3</td>
<td>Cannot take both food and water</td>
</tr>
</tbody>
</table>

Table No 4. Observation Table (+/-: on and off but very mild)

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Symptom</th>
<th>Case 1 Follow up</th>
<th>Case 2 Follow up</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>D1</td>
<td>D5</td>
</tr>
<tr>
<td>1</td>
<td>Hrullasa</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>2</td>
<td>Chardi</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>3</td>
<td>Praseka</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>4</td>
<td>Annadwesha</td>
<td>3</td>
<td>2</td>
</tr>
</tbody>
</table>

300