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A clinical study in the management of *Garbhini Chardi* with *Dhatripanaka* w.s.r. to Emesis Gravidarum

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ABSTRACT

Background: Health of pregnant women is of at most importance. A series of physiological and psychological changes happen in different stage of women, some of them may end in discomfort and trouble. Ayurveda 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 in about 50% of pregnant women. In this condition nausea and vomiting tend to be the start in the morning and frequently continue throughout the day. Altered hormonal and immunological states are considered responsible for the initiation of the manifestations which is probably aggravated by the neurological factors. For such physiological alteration, if proper care is not given, it may lead to complication like tiredness, weight loss, etc. which may affect mother and growing fetus. **Aim:** To analyze the efficacy of *Dhatripanaka* in the management of *Garbhini Chardi* with special reference to Emesis Gravidarum. **Method:** A randomized open labelled controlled clinical study of two groups consisting 15 patient each in control and trial group. **Results:** *Dhatripanaka* was found to be effective in all subjective and objective parameters. **Conclusion:** *Dhatripanaka* and Tab. Doxinate is equally effective in *Garbhini Chardi* w.s.r. Emesis Gravidarum.

Key words: *Garbhini Chardi, Emesis gravidarum, Dhatripanaka, Pregnancy*

INTRODUCTION

Pregnancy is considered as most sensitive part of women's life. During pregnancy, maternal physiology is under continual adoptions. These, often interlinked, changes affect all the body systems and are affected by the hormonal influences of the placenta and mechanical adaptations required to accommodate the growing fetus.[1] These serious of physiological changes happening in different stages of pregnancy sometime land in discomfort and trouble. *Garbhini Chardi* or emesis gravidarum is one among such troublesome result of physiological changes taking place in pregnancy which is having major impact on various aspects of the women's life, including daily life functioning and quality of life.[2] *Garbhini Chardi* is mentioned as one among the *Vyakta Garbha Lakshana* along with other *Lakshana* such as *Artava Adarshana*, *Asyasamsravana*, *Arochaka*, *Gurugatrata*, *Stanamandala Krushnata*. These *Lakshanas* are found in the *Garbhini* due to the presence of *Garbha*.[3,4] As *Chardi* is seen as a *Vyakta Garbha Lakshana* is not associated with much harm on growing fetus & mother, because of which it is considered as physiological disorder, But when it is seen in excess it becomes pathological condition that is Hyperemesis gravidarum in which early intervention is needed to prevent that symptoms severe dehydration, tiredness,

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weight loss congenital defects in fetus, premature labour etc which may affect the growing fetus.[5] *Acharya Harita* has also mentioned about *Hrullasa* and *Chardi* as one among the *Garbha Vyadhi*,[6] hence proper care has to be taken in the initial stage only to assure a safe motherhood as well as a healthy progeny in her womb.

According to *Ayurvedic* classics, *Garbhini Chardi* is explained due to various physiological and pathological causes' i.e., *Vatavaigunya*, *Dauhruda Avastha* and *Garbhanimitta*. While explaining regarding *Chikitsa* of *Garbhini Chardi Acharya* have mentioned that the *Garbhini* should be given things that are easily palatable, *Hrudya* and the things which she likes.[8] *Panaka Kalpana* is having good palatability which can be easily prepared and it's liked by *Garbhini*. *Dhatripanaka* which is prepared from *Amalaki*, *Draksha*, *Khanda Sharkara* and honey are easily available in market and liked by *Garbhini* as it is having *Hrudya*, *Ruchikara* properties. The metabolism and absorption of the medicine starts from the month itself because of the presence of glucose and fructose in the formulation moreover drugs like *Madhu*, *Drakha* and *Khandasarkara* in the formulation are having *Chardighna* property. *Dhatripanaka* is having good palatability and can be easily prepared hence this present formulation is taken for the study.

Objectives of the Study

1. To evaluate the efficacy of *Dhatripanaka* in *Garbhini Chardi*.
2. To re-evaluate the efficacy of Tab. Doxinate in *Garbhini Chardi*.
3. To do conceptual study of *Garbhini Chardi*.
4. To compare the efficacy of *Dhatripanaka* and Tab. Doxinate in *Garbhini Chardi*.

Materials and Methods

Since the present study was a controlled study two drugs i.e., a standard and the test drug was selected, they are:

1. Tablet Doxinate
2. *Dhatripanaka*

Dhataripanaka ingredients are *Amalaki, Khanda Sarkara, Draksha, Madhu. Amalaki Churna* and *Khanda Sharkara Churna* preparing was prepared at Department of *Rasa Shastra* and *Bhaishajya Kalpana*, Sri Sri College of Ayurvedic Science and Research Hospital, Bengaluru.

Procedure of preparation of *Dhatripanaka* was explained to the patient. Patient was provided with *Dhatri churna, Draksa, Khanda Sarkara* and *Madhu* and was asked to prepare the *Dhatripanaka* by them.

Sampling method and research design

Source of data

A series of 30 subjects with *Garbhini Chardi* were randomly selected, from the OPD and IPD of Sri Sri College of Ayurvedic Science and Research Hospital, Bengaluru. The selected 30 patients were divided into 2 equal groups of 15 patients. A detailed Proforma were prepared considering all points pertaining to the study were prepared. The parameters considered for the study was scored on the basis of Standard methods and were analysed statistically.

Research design

It is an open labelled controlled clinical study with pre and post-test design, where 30 subjects with *Garbhini Chardi* were selected for the study.

Daignostic Criteria

- *Garbhini* with Nausea.
- *Garbhini* with vomiting.

Lab Investigations

1. CBC
2. USG
3. Urine routine and microscopic

Inclusion Criteria

1. Subjects having confirmed diagnosis of pregnancy.
2. Subjects presenting the classical symptoms of *Garbhini Chardi*.

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3. Subjects presenting with symptoms of Emesis Gravidarum.
4. Subjects diagnosed as *Garbhini Chardi* in all trimester pregnancy.
5. Primigravida and multigravida.

Exclusion Criteria

1. Subjects with Hyperemesis gravidarum.
2. Vomiting caused due Intestinal infestation, Urinary tract infection.
3. Vomiting caused due to Peptic ulcer, Appendicitis.
4. Vomiting caused due red degeneration fibroid, Twisted Ovarian tumor.
5. COVID-19 Positive

Table 1: Showing Intervention in both the groups

SN	Group	Group	Medication	Dose	No. of patients	Days
1.	Group A	Trail group	*Dhatripanaka*	50 ml QID	15	15 Days
2.	Group B	Control Group	Tab. Doxinate	10mg BD	15	15 Days

Assessment Criteria

Subjective Parameters

- Aversion to smell
- *Agnimandya*
- *Alasya*
- *Anidra*
- *Angamarda*
- *Brama*
- *Daurbalya*
- *Talu shosha*
- *Jihwa shosha*
- *Shira shula*

Objective Criteria

- PUQE Form

Table 2: Showing Grading of subjective criteria

Aversion to smell	Grade 0	Absent
	Grade 1	Present
Alasya	Grade 0	Absent
	Grade 1	Present
Agnimandya	Grade 0	Absent
	Grade 1	Present
Agnamarda	Grade 0	Absent
	Grade 1	Present
Brama	Grade 0	Absent
	Grade 1	Present
Daubalya	Grade 0	Absent
	Grade 1	Present
Talu Shosha	Grade 0	Absent
	Grade 1	Present
Jihwa Shosha	Grade 0	Absent
	Grade 1	Present
Shira Shula	Grade 0	Absent
	Grade 1	Present
Agnimandya	Grade 0	Absent
	Grade 1	Present

Table 3: Showing Grading of PUQE form

Parameter	Finding	Points
PUQE Form Score	Not at all	0
	Mild	1

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	Moderate	2
	Severe	3

OBSERVATIONS

All the 30 patients who approached the OPD and IPD of Sri Sri College of Ayurvedic Science and Research Hospital, Bengaluru. All the patients were the fresh case and were not initiated on other allopathic and Ayurvedic drugs. Among 30 patients maximum number of subjects i.e., 13 subjects (43%) and 12 subjects (40%) belongs to the age group of 20 -24 years and 25 -29 years respectively followed by 4 subjects (13.33%) belongs to age group of 30 - 34 years and 1 subject (6.66%) belongs to 35 - 39years of age group. The observation on the distribution of occupation revealed that among 30 subjects, 24 subjects (80%) were housewife and 6 subjects (6%) were students. Among 30 subjects, 28 subjects (93.3%) belonged to Hindu and 2 subjects (6.7%) belonged to Christian community. Observation on Education revealed that Among 30 subjects, maximum number of 15 subjects (50.0%) had educational status of high school, 11 subjects (36.6%) had graduation & above and 4 subjects (13.3%) had Primary school.

The socioeconomic status in patient of *Garbhini Chardi* - Among 30 subjects, maximum number of 23 subjects (76.6%) belonged to middle class, 2 subjects (16.6%) belonged to lower class and 1 subject (6.6%) belonged to higher middle class. On considering the habitat, it was found that among 30 subjects, 18 subjects (60.0%) were from Rural and 12 (40.0%) were from urban. The dietary pattern in the patient with *Garbhini Chardi* found that maximum number of 21 subjects (70.0%) were consuming mixed diet and 9 subjects (30.0%) were vegetarian. The incidence of *Prakruti* it was observed that maximum number of subject i.e., 16 (53.33%) were having *Pitta - Kaphaj Prakruti* followed by 8 (26.66%) subjects having *Vata-Pittaj Prakruti* and 6 (20.00%) subjects having *Vata- Kaphaj Prakruti*. Among 30 subjects' maximum number of subjects i.e., 22 (73%) were having *Avara Ahara Sakti*, 8 (26%) subjects were having *Madhyama Ahara Sakti*. The observation based on *Ahara Sakti* it was revealed that among 30 subjects' maximum number of subjects i.e., 22 (73%) were having *Avara Ahara Sakti*, 8 (26%) subjects were having *Madhyama Ahara Sakti*. The incidence of gravida, among 30 subjects, maximum number of patients i.e. 21 (70%) subjects were Primi gravida and 09 (30%) subjects were Multi gravida. The distribution of patients based on Trimester, among 30 subjects, maximum number of patients i.e., 22 (73.33%) subjects were in 1st trimester followed by 06 (20%) subjects in 2nd trimester and 02 (6.66%) subjects were in 3rd trimester.

In the present study for subjective parameter statistical analysis was done using Friedman's test within the group and Mann Whitney U test between the groups.

Table 4: Showing effect on Aversion to Smell in Group A and Group B.

Aversion to smell	Group A (N = 15)			Group B (N =15)			P value between the groups
	Mean	SD	P value	Mean	SD	P value	
0th day	1.73	.458	0.001 (HS)	1.87	.352	0.001 (HS)	0.367 (NS)
15th day	1.40	.507		1.53	.516		
30th day	1.27	.458		1.20	.414		

Table 5: Showing effect on *Agnimandya* in Group A and Group B.

Agnimandya	Group A (N = 15)			Group B (N =15)			P value between the groups
	Mean	SD	P value	Mean	SD	P value	
0th day	1.87	.352	<0.001 (HS)	1.80	.414	0.096 (NS)	0.004 (S)
15th day	1.27	.414		1.60	.507		
30th day	1.13	.352		1.40	.507		

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Table 6: Showing effect on *Brama* in Group A and Group B.

Brama	Group A (N = 15)			Group B (N =15)			P value between the groups
	Mean	SD	P value	Mean	SD	P value	
0th day	1.40	.507	0.001 (HS)	1.33	.488	0.002 (S)	1.00 (NS)
15th day	1.00	.000		1.00	.000		
30th day	1.00	.000		1.00	.000		

Table 7: Showing effect on *Angamarda* in Group A and Group B.

Angamarda	Group A (N = 15)			Group B (N =15)			P value between the groups
	Mean	SD	P value	Mean	SD	P value	
0th day	1.47	.516	0.004 (S)	1.13	.352	0.392 (NS)	0.775 (NS)
15th day	1.13	.352		1.17	.258		
30th day	1.07	.258		1.07	.258		

Table 8: Showing effect on *Talu Shosha* in Group A and Group B.

Talu Shosha	Group A (N = 15)			Group B (N =15)			P value between the groups
	Mean	SD	P value	Mean	SD	P value	
0th day	1.33	.488	0.02 (S)	1.27	.458	0.029 (S)	0.061 (NS)
15th day	1.00	.000		1.20	.414		
30th day	1.00	.000		1.00	.000		

Table 9: Showing effect on *Jivha Shosha* in Group A and Group B.

Jivha Shosha	Group A (N = 15)			Group B (N =15)			P value between the groups
	Mean	SD	P value	Mean	SD	P value	
0th day	1.47	.516	0.001 (HS)	1.27	.458	0.029 (S)	0.061 (NS)
15th day	1.07	.258		1.20	.414		
30th day	1.00	.000		1.00	.000		

Table 10: Showing effect on *Shira Shoola* in Group A and Group B.

Shira Shoola	Group A (N = 15)			Group B (N =15)			P value between the groups
	Mean	SD	P value	Mean	SD	P value	
0th day	1.27	.458	0.019 (S)	1.27	.458	0.019 (S)	1.00 (NS)
15th day	1.07	.258		1.07	.258		
30th day	1.00	.000		1.00	.000		

Table 11: Showing PUQE in Group A and Group B.

PUQE FORM	Group A (N = 15)			Group B (N =15)			P value between the groups
	Mean	SD	P value	Mean	SD	P value	
0th day	2.20	.561	0.679 (NS)	2.33	.488	<0.001 (HS)	1.00(NS)
15th day	1.13	.743		0.87	.834		
30th day	0.53	.743		0.87	.743		

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Table 12: Effect on different parameter after treatment and follow-up in Group A.

Parameter	Group A	15th Day (AT)		30th Day (FU)	
		Mean SD	ESD	Mean SD	ESD
Aversion to smell	A	1.40 ± 507	0.2 (S)	1.27 ± 458	0.1(T)
	B	1.53 ± 516		1.20 ± 414	
Agnimandya	A	1.27 ± 414	0.7 (M)	1.13 ± 352	0.6(M)
	B	1.60 ± 404		1.40 ± 507	
Alasya	A	1.20 ± 507	1(L)	1.07 ± 458	0.6(M)
	B	1.73 ± 458		1.40 ± 507	

Table 13: Effect on PUQE after treatment and follow-up in Group A.

Parameter	Group A	15th Day		30th Day	
		Mean SD	ESD	Mean SD	ESD
PUQE Form	A	1.13 ± 743	0.3 (S)	.53 ±743	0.4 (S)
	B	.87 ± 834		.87 ±743	

DISCUSSION

Dhatripanaka is an *Ayurvedic* preparation mentioned in *Bhaishajya Ratnvali* in *Chardiroga Chikitsa*. The ingredients of *Dhatripanaka* are *Amalaki, Draksha, Khanda Sharkara* and *Madhu.Amalaki* is having *Amla Pradhana Pancha Rasa*, *Madhura Vipaka* and *Sheeta Virya* which is *Hydrya Ruchikara, Rasayana* and *Vrushya* property[8] hence it is easily palatable and *Dhatu Pushtikara*, *Amalaki* is *Tridosha Shamaka* but mainly *Pittashamaka* which will reduce the excessive Gastric secretion and hence reduces the Quantity of vomiting. *Amla Rasa* which is the *Pradhana rasa* in *Amalaki* is having *Lalastrava Kara, Rochana, Deepana , Pachana* and *Vata Anulomana* properties[9] which will reduces the associated complaints of *Garbhini Chardi* like *Aruchi, Agnimandya, Jihva* And *Talu Shosha.*

Draksha is having *Madhura Rasa, Madhura Vipaka* and *Sheeta Virya* having *Kapha Pittahara , Vrushya* and *Shramahara Properties*,[10] *Madhura Rasa* act as *Brumhara* and *Tarpana*[97] and help in reducing the symptoms like tiredness and Giddiness which is the most common symptoms associated with *Garbhini Chardi* and it also helps in *Dhatu Poshana*. With the Presence of honey and sugar it becomes easily palatable. All the drugs in the formulation contains Glucose and Fructose due to which there will be reduction in the Carbohydrate starvation thus it will breaks the vicious cycle of vomiting and prevent the further episode of vomiting.

Thus *Dhatripanaka* with its *Agnideepana, Amapachana, Brumhana, Tarpana, Ruchikara and Rasayana* Property maintains the *Doshas* in normacaly and thereby helps in controlling the vomiting and also helps in nourishment of *Garbha* and *Garbhini*.

PUQE FORM

PUQE FORM (The Pregnancy Unique Quantification of Emesis) is a scoring system to quantify the severity of nausea and vomiting in pregnancy. Nausea and vomiting in pregnancy is due to *Dwaridaja Awastha, Vata Vaigunya* and *Apanna Satwa*. According to modern point of view, it is due to the hormone produced by the Placenta called Human chorionic gonadotropin (HCG).The level of HCG is peak between 12 to 14 week of gestation hence incidence of Emesis gravidarum is more during that period.

Effect of treatment in Group A: In this study, within the group A when we compared the effect of *Dhatripanaka* on PUQE FORM before and after treatment, relief was found in the symptom with the decrease in mean value but it was noted as statistically insignificant with p value 0.679 and when it was compared after the treatment and follow up, the mean values had decreased which was statistically significant with p value 0.05.

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The *Kashaya* property of *Amalaki* and *Madhu* act as *Sthambaka* and reduces the *Chardivega*. The *Pittashamaka* property of the drug reduces the excessive gastric secretions thereby reduces the Quantity of vomiting. *Draksha* acts as anti-vomiting by reducing gastric pressure as *Draksha* is rich in fibbers, it is known to increase gastric emptying hence the increase gastric emptying may reduce the gastric pressure and retrograde flow of stomach content to oesophagus. The formulation act as oral rehydration due the presence of glucose, fructose and sucrose which breaks the vicious cycle of Emesis gravidarum and maintain the state of nutrition in pregnant women.

Effect of treatment in Group B: In this study, within the group B when we compared the effect of Tablet Doxinate on PUQE FORM before and after treatment, the mean values have decrease and the difference was statistically highly significant with p value 0.001 and when it was compared after the treatment and follow up, the values have increase but difference was found statistically insignificant with p value 0.9.

Doxylamine is an antihistamine that blocks H_1 receptors. In general, antihistamines directly inhibit the action of histamine at the H_1 receptor and indirectly affect the vestibular system, decreasing stimulation of the vomiting centre. Muscarinic receptor inhibition may also play a role in antihistamine antiemetic activity. Pyridoxine (vitamin B_6) is a water-soluble vitamin that is an essential coenzyme for the metabolism of amino acids, lipids, and carbohydrates.

Agnimandya

Pregnancy is considered as *Kapha Prakopa Avastha* due to which there is impaired function of *Agni* and *Vayu*. Vitiation of *Vata* and *Kapha Dosha* leads to *Agnimandya* which in turns leads to *Chardi, Hridyavyatha* and *Adhamana*. According to modern science, the pregnancy hormone progesterone relaxes the intestinal muscle and oesophageal sphincter and causes alterations in the gastrointestinal motility so these symptoms such as heartburn, nausea, vomiting and constipation occurs**.**

Effect of treatment in Group A: In this study, within the group A when we compared the effect of *Dhatripanaka* in *Agnimandya* before and after treatment, relief was found in the symptom with the decrease in mean value which was statistically highly significant with p value <0.001 and when it was compared after the treatment and follow up, when it was compared after the treatment and follow up, the values remained the same showing sustained effect of the treatment.

The drug like *Amalaki, Draksha, Madhu* are having *Agnideepana* and *Amapachana* and *Ruchikara* property thereby showing relief in *Agnimandya.*

Effect of treatment in Group B: In this study, within the group B when we compared the effect of Tablet Doxinate on *Agnimandya* before and after treatment, the mean values have decrease but the difference was found statistically non-significant with p value 0.317 and when it was compared after the treatment and follow up, the values have decreased than initial but difference was found statistically insignificant with p value 0.157.

Alasya

During Pregnancy *Rasadhatu* of *Garbhini* is used for three functions i.e., for *Garbha Poshana, Stanya* formation and for her own *Poshana. Garbhini Chardi* leads to *Rasa Kshaya* therefore the is a deficiency of nutritional requirement of *Garbhini* causing *Alasya* moreover the hormone Progesterone depresses the CNS which can lead to tiredness.

Effect of treatment in Group A: In this study, within the group A when we compared the effect of *Dhatripanaka* in *Alasya* before and after treatment, 100% relief was found in the symptom with the decrease in mean value which was found to statistically highly significant with p value 0.00 and when it was compared after the treatment and follow up, the values remains the same showing sustained effect of the treatment.

Effect of treatment in Group B: In this study, within the group B when we compared the effect of Tablet Doxinate on *Alasya* before and after treatment, the mean values have decrease but the difference was found statistically non-significant with p value 0.102

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and when it was compared after the treatment and follow up, the values have decrease than initial but difference which was found to be statistically significant with p value 0.02.

Daurbalya and *Brama*

Emesis gravidarum causes loss of fluids and electrolytes leading to fatigue and giddiness moreover due to the production of hormone relaxin during pregnancy there will be relaxation of blood vessels leading to increase in blood flow.

Effect of treatment in Group A: In this study, within the group A when we compared the effect of *Dhatripanaka* in *Daurbalya* and *Bhrama* before and after treatment, relief was found in the symptom with the decrease in mean value which was found to statistically significant with p value 0.01 and 0.014 respectively and when it was compared after the treatment and follow up, the values remains the same showing sustained effect of the treatment.

This could be due to the *Madhurarasa* which act as *Brumhara* and *Tarpana* and help in reducing the symptoms like tiredness and Giddiness. The Drug like *Amalaki* and *Draksha* possess *Rasayana* and *Vrushya* property which will help in *Dhatuposhana.*

Effect of treatment in Group B: In this study, within the group B when we compared the effect of Tablet Doxinate in *Daurbalya* and *Brama* before and after treatment, the mean values have decrease was found statistically significant with p value 0.02 and when it was compared after the treatment and follow up, the values remains the same showing sustained effect of the treatment.

Talu Shosha and *Jivha Shosha*

Effect of treatment in Group A: In this study, within the group A when we compared the effect of *Dhatripanaka* in *Talushosha* and *Jivhashosha* before and after treatment, relief was found in the symptom with the decrease in mean value which was found to statistically significant with p value 0.042 and 0.02 respectively.

This could be because of the drug like *Draksha,* honey and *Khandasarkara* in the formulation are having chemical components such as D - Glucose and D - Fructose which help in oral rehydration and giving relief in the symptom.

Effect of treatment in Group B: In this study, within the group B when we compared the effect of Tablet Doxinate in *Talushosha* and *Jivhashosha* before and after treatment, the mean values have decrease but it was not found statistically significant with p value 0.0257 and 0.257 respectively and when it was compared after the treatment and follow up, relief was found in the symptom with the decrease in mean value which was found to statistically significant with p value 0.032 and 0.032 respectively.

Overall effect of treatment

Group A i.e., *Dhatripanaka* due to its *Sthambaka, Agnideepaka, Amapachaka, Rochaka, Brumahiya, Tarpaniya, Shrama* and *Trishnanighraniya* properties helps in relief of Emesis gravidaram and its associated symptoms like *Agnimandya, Alasya, Brama, Daurbalya, Talu* and *Jivha shosha.*

Group B i.e., Tablet Doxinate contains Doxylamine and pyridoxine due to its anti-histaminic action helped in controlling nausea, vomiting and dizziness. The another drug Pyridoxine helps in metabolism of amino acids, lipids and carbohydrates due to which relief was found in symptoms like *Daurbalya and Brama.*

The effect size difference for Group A in comparison to Group B in PUQE FORM is 0.3 which falls under small size band which indicates the clinical difference efficacy of the treatment of group B is marginally better than group A. Thus, Null hypothesis is accepted.

CONCLUSION

The present study was completed with 30 patients randomized into 2 groups comprising 15 subjects each group - Subject in Trail group (Group A) were treated with *Dhatripanaka* and Subjects in control group (Group B) were treated with Tablet Doxinate. The interventions were administered for a span of 15 days and both Objective and Subjective parameters of *Garbhini Chardi* w.s.r. Emesis Gravidarum were assessed on 0^{th} day, 15^{th} day and 30^{th} day and observations were noted. Statistical analysis for

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objective parameters was done using Repeated period ANOVA test and Mann Whitney U test for within the group and between the group respectively. Statistical analysis for Subjective parameter was done using Friedman's test within the group and Man Whitney U test between the groups**.** In this Clinical study Group A (trail group) showed significant Result in subjective parameter and in objective parameter Group A (control group) showed clinical improvement but it was statistically non-significant whereas Group B showed Significant result in objective parameter. Since clinical effect size between the group in objective parameter is small (0.3). Null hypothesis has been accepted i.e., *Dhatripanaka* and Tab. Doxinate is equally effective in *Garbhini Chardi* w.s.r. Emesis Gravidarum.

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