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A Case Study on Ayurvedic management of *Garbhini Chardi* w.s.r. to Hyperemesis gravidarum

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ABSTRACT

Hyper emesis gravidarum is a rare obstetrical problem with incidence of 2 to 3% of pregnant women experience deliveries. Various demographic factors have been hypothesized as contributing factors for hyper emesis gravidarum. These include occupational status, maternal age, parity and inter pregnancy interval. Hyperemesis gravidarum is because of result of an adaptation to the hormonal milieu. Although studies have identified many adverse pregnancy outcome such as low birth weight, intra uterine growth retardation etc. In this study *Bilwadi Lehyam* with *Pathya Ahara* has been evaluated for its efficacy in the management of *Garbhini Chardi*.

Key words: *Hyper emesis gravidarum, Hormonal milieu, Bilwadi Lehyam.*

INTRODUCTION

In every woman life pregnancy is the most precious thing because of various physiological changes that occur in pregnant woman life. According to *Ayurveda Garbhini Chardi* is *Vyakta Garbha Lakshana* and it is not a independent disease entity *Acharya Charaka* and *Sushruta* described details and its *Chikitsa*.^{[1],[2]} *Acharya Susruta* in his *Nidana Stana* has given *Naryaascha Aapanna Satwa* as one of the *Nidanas* and *Douhrudaya* as *Nidana* for *Agantuja Chardi*. *Dalhana* in his commentary explains that *Aapanna Satwa, Douhrudaya* are caused by *Garbha*.^[3] The most commonly cited criteria for diagnosis of hyperemesis gravidarum include persistent vomiting not related to

other causes, an objective measure of acute starvation (usually large ketonuria on urine analysis), electrolyte abnormalities and acid-base disturbances, as well as weight loss. Weight loss is often cited as at least 5% loss of pre-pregnancy weight.^[4] Serum electrolyte and acid base abnormalities may include hypochloremic alkylolysis, hypokalemia and hyponatremia.^[5] Other abnormalities such as mild elevation in amylase, lipase and liver function enzymes are also associated with hyperemesis gravidarum. Hyperemesis gravidarum may also present with signs and symptoms associated with severe dehydration including orthostatic hypotension, tachycardia, dry skin, mood changes and lethargy.

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CASE REPORT

A 27 year old female patient, Hindu by religion, presented on 20/01/2018, A registered ANC patient of SKAMC & RC since conception with LMP 16/11/17, she started nausea, excessive salivation, giddiness and vomiting 8-10 times a day then she consulted our hospital. Patient got admitted in our hospital for the same on 20/1/2018 and her *Rajovrutanta* was regular, menarche attained at 15 years of age and her married life of 7 years and she is not known case of thyroid dysfunction, diabetes mellitus.

Personal history

Dietary habits (*Ahara*) revealed quantitatively less intake of meals along with non vegetarian diet with suboptimal use of oral fluids and fruit juices due to anorexia and fear of vomiting. She had history of irregular bowel habits (once in 2 days) since 15 days and no history of day sleep.

Dashavidha Pareeksha

- *Prakruti* : Vata-Kapha
- *Vikruti* : Hetu - Akalabhojana, Asatmyabhojana, Dauhruda.
- *Dosha* : Vatapradhanatridosha
- *Dushya* : Rasa
- *Desha* : Sadharana
- *Bala* : Madhyama

Ashta Sthana Pareeksha

- *Nadi* - 78/min
- *Mootra* - 2-3 times a day, 1-2 times at night.
- *Mala* - once a day, regular
- *Jivha* - Alipta
- *Shabda* - Prakruta
- *Sparsha* - Prakruta (*Anushnasheeta*)
- *Druk* - Prakruta
- *Akruti* - Madhyama

Investigations

Done on 12 / 1 / 2018

- Hb - 11 gm%
- Blood group - AB positive
- BT - 2 minutes 35 seconds
- CT - 4 minutes 30 seconds
- RBS - 92 mg/dl
- HIV - Negative
- HBsAG - Negative
- VDRL - Non reactive
- Urine routine and microscopic examination report - normal

USG

- Single gestational sac in with an embryo with CRL of 22mm which corresponds to 7 weeks, 3 days of gestational age.
- Cardiac activity is seen with heart rate of 176 /min
- There is a well defined yolk sac is noted
- Os is closed with normal cervical status

Diagnosis: *Garbhini Chardi* (Hyperemesis gravidarum).

Treatment administered: *Bilwadi Lehyam* 24 grams in four divided doses and *Ksheera* as *Anupana* before food for about 30 days and follow up on 37th day along with *Pathyaahara* and *Vihara*.

Preparation of Drug

Bilwadi Lehyam^[7] contains ingredients like *Bilwamoola*, *Puranaguda*, *Ghana*, *Jeeraka*, *Ela*, *Twak*, *Nagakeshara*, *Shunthi*, *Mareecha*, *Pippali* *Avaleha* was prepared in the teaching pharmacy of Department of Rasa Shastra and Bhaishajya Kalpana, Sri Kalabhareshwara Swamy Ayurvedic Medical College, Hospital and Research Center, Bengaluru, Karnataka.

Table 1: Dietary Chart followed for the subject in Hyperemesis gravidarum.

SN	Pathyaahara ^[6]	Time	Quantity
1	Rusks	After getting up from the bed	4
2	Lajamanda	9 AM - 12PM - 7PM	50 ml
3	Draksha (Dry grapes)	10AM - 2PM - 9PM	8
4	Mudgayusha	11AM - 3PM - 10PM	50 ml
5	Dadimaphala	8AM and 8PM	One fruit in one day

OBSERVATIONS AND RESULTS

Table 2: Observation on the clinical features.

S N	Parameter	Before treatment (Day - 1)	During treatment (Day- 15)	After treatment (Day- 30)	Follow up (Day- 37)
	Objective parameter				
1.	Frequency of vomiting	8-10 times	6-7 times	4-5 times	1-2 times
2.	Contents of	Gastric	Gastric	Only	Only

	vomitus	juice with contents of whole food	juice with saliva	saliva	saliva
3.	Salivation	Through out the day	Through out the day	Only during getting up from bed in morning	Only during getting up from bed in morning
4.	Nausea	Through out the day	Through out the day	Only in morning	Only in morning
	Subjective parameter				
1.	Improvement in weight in kgs	56 kgs	56 kgs	56.400kgs	56.400kgs
2.	Improvement in Hb%	11.1 gm%	11.1gm%	11.3gm%	11.3gm%

DISCUSSION

The *Bilwadi Lehyam*^[7] contains *Bilwamoola*, *Puranaguda*, *Ghana*, *Jeeraka*, *Ela*, *Twak*, *Nagakeshara*, *Shunthi*, *Mareecha*, *Pippali*.

In *Garbhini Paricharya*, *Acharyas* have mentioned *Madhura*, *Sheeta* and *Drava Ahara* should be given. Even though ingredients of the *Bilwadi Avaleha* like *Bilwa*, *Twak*, *Ela*, *Maricha*, *Nagakesara* are having *Katu* as a *Pradhana Rasa* here *Katu Rasa* in minimal quantity so it will not effect the growing foetus. The drugs possessing *Katu Rasa* have *Laghu Rooksha Guna*, *Ushna Veerya* and *Katu Vipaka*. Due to *Ushna Veerya* and *Katu Vipaka*, it is *Vata-Pitta Hara*. The *Katu Rasa* helps in the *Deepana* and *Pachana* of *Ahara* which causes proper digestion. The ingredients of *Bilwa Avaleha* like *Twak*, *Jeeraka*, *Maricha*, *Shunti*, *Pippali* are *Deepaka*, *Pachaka* and *Ruchya* and have *Vatashamaka* property, thereby reducing the *Chardi Vega*. *Kashaya Rasa* of *Bilwa Moola* helps in the *Kleda Soshana* and thereby help in reducing *Hrullasa* and *Praseka*. The drugs of *Bilwa Avaleha* like *Twak*, *Jeeraka*, *Maricha*, *Shunti*, *Pippali*, *Ela* are having *Deepana* and *Pachana* property, and there by help in

reducing *Agnimandya* and imparting *Ruchi* to *Ahara*. The drugs of *Bilwa Avaleha* like *Twak*, *Ela*, *Ghana*, are *Hrudya* and *Balya*. This helps in increasing the *Pachakagni* and *Dhatwagni* indirectly helping in proper digestion, absorption and increase in weight. Most of the important drugs like *Ela*, *Pippali* and *Twak* are *Kapha Vatahara* and *Chardi Nigrahana* in action. In *Pathya Ahara* such as *Mudga Yusha*, *Laaja Manda*, *Dadima*, *Draksha* are *Madhura Kashaya Rasa Pradhana* acts as *Sthambhakaraka*, *Ruksha Guna* and *Katu Vipaka* and *Vata Kapha Shamaka* where as *Laaja Manda* is *Srotomardavakara* in nature, *Mudga* has anti-spasmodic activity this is helpful in smooth muscle relaxation of gastro-intestinal tract, there by all these collectively helped in reducing the hyperemesis in the present case.

CONCLUSION

Bilwadi Lehyam with *Pathya Ahara* is very effective in the management of hyperemesis gravidarum. There were no adverse effects noted during the study. Besides *Garbhini Chardi* the oral administration of *Bilwadi Lehyam* with *Pathya Ahara* reduced the symptom of hyperemesis such as nausea, salivation and vomiting and helped improving the weight and Hb% of patient along with this it improved general condition of patient.

REFERENCES

1. Agnivesha, Charaka Samhita, Ayurveda Dipika Commentary by Chakrapanidatta, edited by; Vaidya Yadavji Trikamji Acharya, Chaukhamba Surbharati Prakashan, Varanasi, reprint-2011, Sharira Sthana, 4th Chapter, Verse-16.
2. Agnivesha, Charaka Samhita, Ayurveda Dipika Commentary by Chakrapanidatta, edited by; Vaidya Yadavji Trikamji Acharya, Chaukhamba Surbharati Prakashan, Varanasi, reprint-2011, Chikitsa Sthana, 20th Chapter, Verse-5, pp-738, pg -555.
3. Sushruta, Sushruta Samhita, Nibandha Sangraha Commentary of Sri Dalhana Acharya, edited by Vaidya Yadavji Trikamji Acharya, Chaukhamba Surabharati Prakashan, Varanasi, reprint 2010, Uttara tantra, 49th Chapter, Verse 3-5, pp-824, pg-754

4. D. C. Dutta, Text book of Obstetrics edited by Hiralal Konar, 6th edition, New central book agency. DC Datta's, textbook of Obstetrics, edited by Hiralal Konar, 7th edition, Nov.2013, Jaypee brothers medical publishers, 14th chapter, pp 692, pg no 154.
5. Kramer J, Bowen A, Stewart N, Muhajarine N., Nausea and vomiting of pregnancy: prevalence, severity and relation to psychosocial health, MCN Am J Matern Child Nurs. 2013 Jan-Feb;38(1):21-7.
doi:10.1097/NMC.0b013e3182748489.
6. Baishajya Ratnavali by Kaviraj Shri Govinddas sen, English translation by Dr.G.Prabhakar Rao. Volume - 2,Chaukamba Orientalia, Varanasi, First edition, 2014, 68th chapter,verse-102-104, pg-579 to 580,pg-933.

7. Sahasrayogam English translation by Dr. K. Nishteshwar, Chaukamba Sanskrit Orientalia, Varnasi, Edition 2006, Lehyam prakarana,pp-254,pg-540.

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