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An overview on garbhini chardi w.s.r. emesis gravidarum.

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ABSTRACT

Motherhood begins long before childbirth, at the moment of conception, when a woman undergoes profound physical, psychological, and emotional transformations while nurturing the developing embryo². In Ayurveda, this stage is termed Garbhini Avastha, during which the pregnant woman requires specialized nourishment, care, and emotional support to ensure maternal well-being and optimal fetal development⁴. Garbhini Chardi, extensively described in Ayurvedic literature, closely correlates with Emesis Gravidarum in modern medicine and is one of the most common early pregnancy disorders. It manifests as nausea and vomiting, which, if unmanaged, can lead to dehydration, nutritional deficiencies, electrolyte imbalance, and potential maternal-fetal complications⁶.

Ayurveda attributes Garbhini Chardi to the vitiation of Vata, Pitta, and Kapha, impairment of Agni, and the upward movement of aggravated Doshas through Vayu³. Ayurvedic management emphasizes gentle, dosha-balancing, nourishing, and safe interventions tailored to pregnancy, incorporating herbal preparations, dietetic adjustments, lifestyle regulation, and psychosocial support. Therapeutic principles such as Mridu Chikitsa, Hita-Ahara, and Satmya are central in restoring digestive balance and improving maternal comfort¹¹.

In modern medicine, management includes dietary modification, hydration, vitamin supplementation, and antiemetic pharmacotherapy to prevent progression to Hyperemesis Gravidarum⁶. An integrative approach combining Ayurvedic wisdom with evidence-based modern practices offers a holistic, safe, and patient-centered strategy for effective management of Garbhini Chardi. Future research should focus on clinical validation, standardization of Ayurvedic formulations, safety assessment, and interdisciplinary collaboration to enhance its relevance in prenatal healthcare.

Keywords: *Motherhood, Garbhini Chardi, Emesis Gravidarum, Satmya, mandagni, Pregnancy-induced vomiting, Hyperemesis Gravidarum.*

INTRODUCTION

Human life progresses through three fundamental stages—childhood, adulthood, and old age. Adulthood, especially during motherhood, is a critical phase due to physiological and psychological changes that may impact daily functioning, work-life balance, and emotional well-being. Adequate mental and emotional support is essential for maternal care. Fetal development depends on *Matruja, Pitruja, Atmaja, Satmyaja, Rasaja, and Satvaja Bhavas*¹. Thus, a stable maternal mental state is essential for optimal fetal development.

Fetal nourishment occurs via maternal Rasa Dhatu². Due to *Mandagni*, the immature Rasa becomes *Asatmya*, manifesting as heaviness, fatigue, nausea, and vomiting³. Early recognition and management, along with adherence to *Garbhiniparicharya*⁴, ensures proper fetal nourishment and reduces complications.

Vomiting during pregnancy (*Garbhini Chardi*) is classified under *Garbhopadravas*⁵. *Acharya Vagbhata* describes it as *Dauhridya Chardi* and recommends dietary and lifestyle modifications, emphasizing *satmya* (compatible) and *mano-anukula* (psychologically acceptable) foods⁴. Management is guided by *Dosha* vitiation, with mild and gentle measures (*mridu shodhana*) preferred. If vitiated *Doshas* persist, the condition may progress to *Hyperemesis Gravidarum*⁶, making early recognition and management crucial for the health of both mother and fetus.

Hence, Ayurvedic Samhitas provide extensive descriptions of *Garbhini Chardi*; its relevance in the modern clinical context requires critical evaluation and scientific correlation.

AIM

To review the Ayurvedic concept of The materials for studying *Garbhini Chardi* in relation to *Emesis Gravidarum*

OBJECTIVES

1. To critically analyse the etiopathogenesis and clinical features of *Garbhini Chardi* as described in classical Ayurvedic texts.
2. To compare the Ayurvedic concept of *Garbhini Chardi* with the clinical presentation of *Emesis Gravidarum* in modern medicine.

3. To evaluate evidence-based, safe, and practical Ayurvedic management strategies for Garbhini Chardi during pregnancy.
4. To assess the clinical relevance of Garbhini Chardi management in promoting maternal well-being.

MATERIAL AND METHODOLOGY

The materials for studying Garbhini Chardi in relation to Emesis Gravidarum include:

- Classical Ayurvedic Texts like Sushruta Samhita Charka Samhita, Ashtanga Hridaya by Vagbhata, Yogratnakar Samhita, Kashyapa Samhita.
- Ayurvedic Commentaries like Dalhanacharya ,Indu, Harit, Rasratnasamuchya
- Modern Medical Sources
- Guidelines from FIGO, ACOG and WHO
- Standard obstetrics and gynecology textbooks
- Peer-reviewed research articles
- Online resources including PubMed, Google Scholar and AYUSH Research Portal.

LITERATURE REVIEW

Ayurvedic View of *Garbhini Chardi*

Nidana (Causes)⁷

- Improper or incompatible diet
- Excessive physical activity
- Stress, fear, and emotional disturbances
- *Ajirna* (indigestion)
- *Krimi* (parasitic factors)
- Eating too fast
- Exposure to unpleasant smells or visuals
- Systemic illnesses

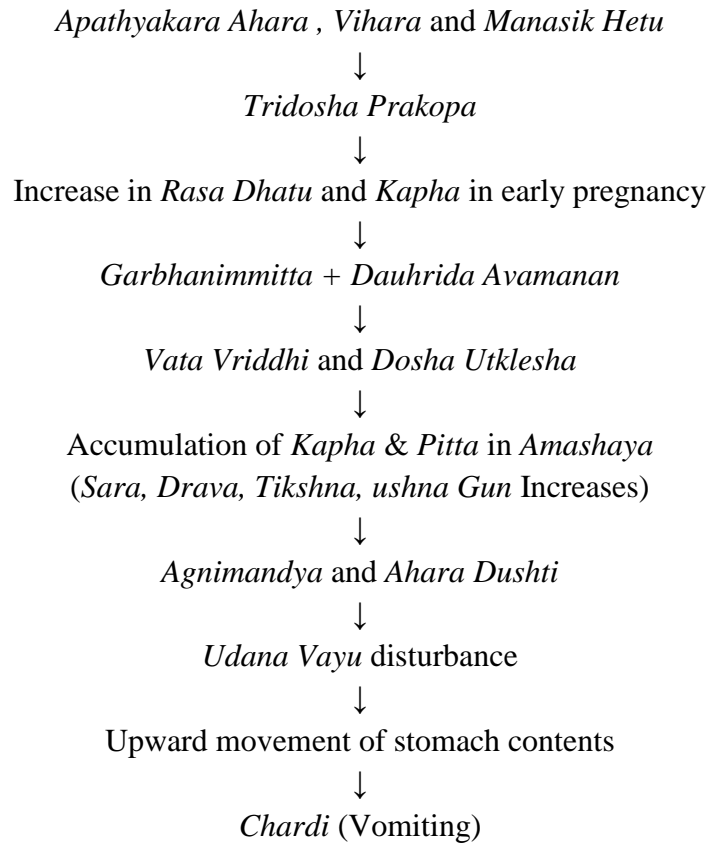
Purvarupa (Prodromal Features)

As noted by Sushruta⁸

1. *Praseka* – Excessive salivation
2. *Hridayotklesha* – Discomfort or uneasiness in the chest
3. *Annanabhilasha* – Anorexia
4. *Arochaka* – Distaste for food
5. *Lavanasyata* – Desire for salty taste

Samprapti (Pathogenesis)

According to Sushruta⁹

**Pathya–Apathya Aharaj and Viharaj****Foods to eat (*Pathya*)¹⁰**

- Grains & Cereal : Barley, Wheat, Mung beans, Soft rice varieties
- Proteins- Meats, egg
- Vegetables & Fruits
- Tender leafy greens, grapes
- Mild Herbs & Decoctions
- Ginger (*Sunthi*), Aegle Marmelos (*Bilva*) Decoctions

Foods to Avoid (*Apathya*)¹⁰

- Spicy, Pungent, or Bitter Foods
- Heavy or Hard-to-Digest Foods
- Eating too quickly, eating while stressed, irregular meals

Lifestyle (*Vihara*)¹⁰***Pathya Vihara:***

Adequate rest, relaxation, avoiding stress

Apathya Vihara:

Avoid daytime sleeping (diva-svapna), staying awake at night (ratri jagarana), excessive work, exertion, and unnecessary travel.

Management of Garbhini Chardi (Vomiting in Pregnancy)

- Treatment of Garbhini Chardi follows the general principles of vomiting management in Ayurveda but is adapted to be gentle, avoiding aggressive procedures.
- The aim is to pacify the *doshas* while maintaining maternal and fetal safety.
- Charaka compares the care of a pregnant woman to carrying a pot filled with oil, where even a slight disturbance may cause spillage.

Principles of Treatment

- *Sheeta* (Cooling): Use cooling remedies to reduce aggravated Pitta.
- *Hridaya*¹⁸(Cardio-friendly): Safe for the heart and overall circulation.
- *Mrudu* (Mild): Mild interventions to avoid irritation of the stomach.
- *Shamana* (Pacifying): Medications that balance the doshas rather than aggressively expel them.
- *Madhur Rasa* & Nourishing: Foods and medicines with sweet taste, mild potency, and nourishing properties are preferred.

Dosha-Specific Treatments1. *Vataja Garbhini Chardi*¹¹

Medications / Remedies: *Matulunga Rasa*, *Laaja*, *Kolamajja*, and other Vata-pacifying herbs.

Purpose: Pacify Vata, reduce nausea, and calm gastric movement.

2. *Pittaja Garbhini Chardi*¹²

Medications / Remedies: Rice water mixed with *Laaja Choorna*, *Sarkara* (sugar), and *Madhu* (honey).

Purpose: Cool Pitta, soothe the stomach, and reduce burning sensations.

3. *Kaphaja Garbhini Chardi*¹³

Medications / Remedies: Decoctions (*Kwatha*) of *Jambu Pallava* and *Amra Pallava* with *Sita* (sugar) or *Madhu*.

Purpose: Reduce *Kapha*, improve digestion, and relieve heaviness.

4. *Sannipataja Garbhini Chardi*¹⁴

Medications / Remedies: Combined treatment targeting all three doshas according to their predominance.

Purpose: Restore overall dosha balance.

5. *Krimija Garbhini Chardi*

Medications / Remedies: Decoctions prepared with *Punarnava* and *Bhadradaru*, administered with honey.

Purpose: Treat vomiting caused by parasites (*Krimi*) and restore digestive health.

Treatment According to Various Samhitakaras

1. According to Acharya Yogratnakar¹⁵

- *Sunthi + Bilva* Decoction (*Kaṣaya*):

Dry ginger (*Sunthī*) and Aegle marmelos (*Bilva*) combined with parched barley flour

- *Dhanyaka* (Coriander) Paste: Mixed with rice water and sugar.
- *Bilwamajja + Lajjambu* :Pulp of *Bilva* combined with liquid from parched paddy.
- Use: Helps in relieving persistent vomiting.

2. According to Acharya Harita¹⁶

- *Vata-praroha*, *Magadha-musheera*, and concentrated herbal extracts to manage vomiting. This Combined with tablet forms and decoctions for easy administration and absorption.
- *Vatsaka*, *Magadha-shunthi*, *bilva*, *amalaki fruits* are added to relieve symptoms. Sweetened with sugar, the preparation is safe and beneficial for pregnant women.
- Yellow *Bhunimb* bark combined with sugar enhance therapeutic effect.

Modern View of Emesis Gravidarum

Epidemiology: ⁶

Emesis Gravidarum affects around 50–80% of pregnant women, especially in the first trimester.

Etiology:⁶

It's multifactorial — hormonal changes (elevated hCG, estrogen, progesterone), delayed gastric emptying, gastrointestinal sensitivity, and psychological stress contribute.

Hyperemesis Gravidarum is the severe form, characterized by >5% body weight loss, ketonuria, and electrolyte imbalance

Management

1. Dietary & Lifestyle Measures⁶

- Eat small, frequent, bland meals.
- Prefer light, easy-to-digest foods: rice, oats, fruits, ginger.
- Avoid fatty, spicy, or strong-smelling foods.

- Stay hydrated with water, soups, and electrolyte solutions.
- Rest and reduce stress; maintain a calm environment.

2. Pharmacological Therapy⁶

- Vitamin B6 (Pyridoxine) ± Doxylamine for mild to moderate cases.
- Anti-emetics (ondansetron, metoclopramide) for severe cases under medical supervision.
- Intravenous fluids for dehydration in Hyperemesis Gravidarum.
- **Monitoring**
- Weight, hydration status, and electrolytes should be monitored.
- Early intervention prevents maternal and fetal complications.

DISCUSSION

Garbhini Chardi, as described in classical Ayurvedic literature, corresponds closely to nausea and vomiting during pregnancy, commonly referred to as Emesis Gravidarum in modern medicine. Both systems recognize this condition as multifactorial in origin and significant in its impact on maternal well-being.

In Ayurveda, the etiological factors (Nidana)⁷ such as incompatible diet (*Asatmya Ahara*), excessive physical exertion, emotional disturbances, and impaired digestion (*Agnimandya*) are considered primary contributors. These factors lead to *Tridosha* vitiation, particularly involving *Kapha* and *Pitta*, along with the upward movement of Vata (*Udana Vayu*), resulting in Chardi. This conceptual framework aligns with modern pathophysiology, where hormonal influences⁶—especially elevated human chorionic gonadotropin (hCG), estrogen, and progesterone—along with delayed gastric emptying and heightened gastrointestinal sensitivity, play a central role.

The prodromal features (Purvarupa) described in Ayurvedic texts⁸, such as excessive salivation (*Praseka*), anorexia (*Anannabhilasha*), distaste for food (*Arochaka*), and specific taste preferences (*Lavanasyata*), show strong clinical correlation with early symptoms observed in pregnancy. This highlights the keen observational accuracy of classical Acharyas in identifying early manifestations of the condition.

Ayurvedic Samprapti⁹ (pathogenesis) explains the accumulation of *Kapha* and *Pitta* in the *Amashaya*, impairment of *Agni*, and vitiation of *Udana Vayu* leading to the upward expulsion of stomach contents. While described in traditional terminology, this can be interpreted in

modern terms as dysregulation of gastric motility, neurohormonal imbalance, and central emetic pathway activation.

Management in Ayurveda emphasizes a holistic and individualized approach. The principle of *Mridu Chikitsa* (gentle therapy) is particularly important during pregnancy to ensure fetal safety. Treatments are designed to pacify aggravated doshas, improve Agni, and provide nourishment. The use of *Sheeta* (cooling), *Madhura* (sweet), and *Hridaya* (cardio-friendly) substances reflects an emphasis on safety, comfort, and physiological balance. Herbal formulations¹⁶ such as ginger (*Sunthi*), *Bilva*, and *Dhanyaka*, along with preparations like rice water and honey, are commonly recommended and are also supported by modern evidence for their antiemetic and digestive properties.

Dietary and lifestyle modifications form a cornerstone in both Ayurvedic and modern management. Recommendations such as consuming small, frequent meals, avoiding heavy and spicy foods, ensuring adequate hydration, and maintaining a stress-free environment are consistent across both systems. Ayurveda further emphasizes *Satmya* (compatibility) and *Mano-anukula Ahara* (psychologically acceptable foods), acknowledging the role of mental well-being in symptom manifestation and relief. *Garbhini Chardi* represents a condition where classical Ayurvedic insights and modern medical understanding converge significantly. Integrating both perspectives can lead to improved maternal outcomes, better symptom control, and enhanced quality of life during pregnancy.

CONCLUSION

Garbhini Chardi is a common early pregnancy condition that can impact maternal well-being and fetal development if not effectively managed. Ayurvedic principles offer a comprehensive framework addressing dietary, lifestyle, physiological, and psychosocial factors, emphasizing dosha-specific, gentle, and nourishing interventions. Cooling, pacifying, mild, and cardio-friendly therapies, along with herbal decoctions and medicinal preparations, are employed to restore digestive balance and reduce vomiting episodes while maintaining maternal-fetal safety.

Lifestyle modifications, including small frequent meals¹, light and easily digestible foods, adequate rest, and stress reduction, complement therapeutic interventions and enhance symptom control. Modern obstetric management⁶ focuses on early recognition, hydration, nutritional support, and pharmacological therapy in severe cases, ensuring prevention of dehydration, electrolyte imbalance, and potential complications.

Integrating Ayurvedic and conventional approaches can provide a holistic, patient-centered strategy that addresses both physical and psychological aspects of pregnancy-induced vomiting. Although preliminary evidence supports the clinical utility of Ayurvedic interventions, further research is required to standardize formulations, dosing, and administration protocols. Well-designed clinical trials are needed to assess efficacy and safety systematically.

Overall, a combined approach leveraging Ayurvedic principles alongside modern obstetric care has the potential to improve maternal quality of life, reduce symptom severity, and optimize pregnancy outcomes, promoting both maternal and fetal health throughout gestation.

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