



ROLE OF SHUNTHI BILWA KASHAYA WITH YAVA SAKTU IN THE CASE OF GARBHINI CHARDI

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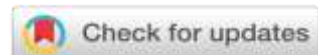
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ABSTRACT

Garbhini chardi (Vomiting in pregnancy) is a common symptom in obstetrics practice. The patient complains of nausea and occasional sickness on rising in the morning. It may however occur at other times of the day. Pregnancy is essentially a physiological process. In the early months of pregnancy altered physiology initiates vomiting. As a result, certain physiological changes take place among which *Garbhini Chardi* or emesis gravidarum is one. *Garbhini Chardi* is mentioned as *vyakta garbha laxana* along with other *laxanas*.^{1,2} While explaining *chikitsa* in *Garbhini Acharyas* mentioned that she should be given things that are easily palatable, *Hrudya* & the one which is liked by her.³ Ayurvedic classics have described many formulations for management of *garbhini chardi*. In this study, *Shunthi Bilwa kashaya with Yava Saktu* evaluated its efficacy in the management of *garbhini chardi*. It will be given for 45 days duration as a dose of 30-50 ml bd by oral route, before food, and follow up for 15 days once. A patient is assessed clinically, and pathologically before and after treatment and finally, the result is analysed.

Keywords: *garbhini chardi*, emesis Gravidarum

INTRODUCTION

Changes taking place during pregnancy are a unique process & experience in women's life as they created the new budding life. As a consequence, of these changes, certain conditions manifest among which *Garbhini chardi* or emesis gravidarum is one. In the olden days, women with a history of amenorrhea & vomiting were diagnosed as being pregnant. This clearly explains that vomiting was present in most pregnant women. In the present era, people have become more optimistic towards their children. So, even with simple vomiting people rush to their obstetrician with the view that it should not produce any harm to the fetus. In some women, it so happens that with the fear of vomiting, they do not consume any food which further leads to carbohydrate starvation & vicious cycle of vomiting begins which may affect both child & mother. Thus, it is necessary to treat emesis gravidarum & prevent women from suffering through hyper emesis. Acharya Susrutha while explaining Nidana of chardi has mentioned *Aapannasatwa* as one of the causes, Dalhana on commenting has said that *Aapannasatwa* means "Garbhini". This means the presence of *Garbha* is one of the causes of *chardi*. He also mentions *Dauhruda avamana* as one of the causative factors. Acharya *Yogaratakara*, *Sarangadara*⁴ *Vangasena* etc followed *Sushruta*. Madhukosa has explained that along with "*Aapannasatwa*" *Vata Vaigunya* due to the presence of *garbha* is a cause for *chardi*. Acharya Harita has explained Chardi as one of the *Upadrava* of *garbha*, where the cause for *chardi* is the presence of *garbha*. From all the above explanations we find three main causative factors for *Garbhini chardi* i.e.

1. *Aapannasatwa* (*Garbhini*)
2. *Dauhruda avamana*
3. *Vatavaigunya* due to the presence of *garbha*.
 1. *Aapannasatwa*: - Presence of *garbha* itself is one of the causes of *chardi*.
 2. *Dauhruda avamana*: - During pregnancy, women develop a desire for certain foods & articles. If her desires are not fulfilled, then that may lead to

vata vrudhi which vitiates *manasika* & other *doshas* leading to *chardi*.

3. *Vata Vaigunya*: - During pregnancy, the *poshana* of the *garbha* takes place through the *rasas* of the mother because of which *dhathu shitalata* may be seen which may lead to *vata vaigunya*. This vitiated *vata* along with other *doshas* may expel out through the *mukha marga* in the form of *chardi*.

CASE STUDY:

A 23 yr old female patient presented with complaints of 1.5-month amenorrhea with nausea, vomiting, and general weakness. She had a history of two years of marital life. There is no history of any menstrual disorders. The patient is advised for a urine pregnancy test, and it was positive. On abdominal Examination soft, non-tender abdomen is seen. Other general examination there is nothing abnormal detected. Routine hematology investigations (CBC, blood grouping, and Rh factor) and urine investigations are to be done which were within normal limits and TVS reports are also normal with a single live intra uterine fetus with a gestational age of 6 weeks. As *Yogaratakara* in *Striroga adhikara* described *sunthi bilwa kwatha* with *yava saktu* in *garbhini chardi*⁵. The patient is advised to take *sunthi bilwa kwatha* 30ml added with *yava saktu* 5gms bd orally before food for 45 days. The patient has followed up every 15 days interval. In the first follow up patient presented with all the symptoms of nausea and vomiting; general weakness is reduced. Then we were advised to continue the same medicine. In the next follow-up, all the symptoms are remarkably reduced.

MODE OF ACTION OF DRUGS:

Shunthi, bilwa, and yava have *katu, kashaya, and madhura* rasa respectively *ushna veerya, madhura vipaka & vata kapha shamaka* property. It is readily assimilated & accepted by the stomach hence absorption of the nutrients takes place. As vomiting is caused due to carbohydrate starvation, the presence of fructose, and glucose in the drug helps to supplement it, thus preventing vomiting. In *Garbhini Chardi* patients complained of *Aruchi, Agnimandya, Daha, Trushna & dryness* of the mouth. Thus

shunthi, bilwa, and yava with its property of *Bruhmana*, *Ruchi vardhaka*, *Agnideepaka*, *Amapachaka*, and *Dhatu poshaka* maintain Vata in normal proportion there by controlling chardi & nourishing garbha.

CONCLUSION

Shunthi bilwa kashaya with yava saktu is very effective in the management of garbhini chardi the use of this drug didn't find any adverse effects, besides chardi, the oral administration of *Shunthi bilwa kashaya with yava saktu* also reduced symptoms like nausea, epigastric burning, diarrhoea, and headache. Early medication and following a dietic regimen is the key to overcoming symptoms, Appropriate steps should be taken to diagnose and treat the possible underlying disease.

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