

EFFICACY OF DHATRI PHALADI PANAKAM IN THE MANAGEMENT OF GARBHINI CHARDI – A CLINICAL STUDY

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ABSTRACT

Garbhini Chardi is one of the *Vyakta garbha lakshanas* explained by our *Acharyas*, which is a pregnancy-induced condition and causes congenital problems in newborn due to deficit nutrition. *Ayurvedic* classics have mentioned *Chardi* as one of the *Vyakta Garbha lakshana* which can be compared with vomiting in pregnancy i.e. *Emesis Gravidarum*. More than 50% of pregnant women in 1st trimester is suffering from this condition. It is mandatory to take care and treat this condition in initial stage to prevent further complications. Many formulations and *pathya aahara vihaara* are explained in *Ayurvedic* classics to treat *Garbhini chardi*. *Yoga Rathnakara* proposes a *Dhatri phaladi panakam* in the context of *Chardi Chikitsa*. Here an attempt is made to evaluate the efficacy of *Dhatri phaladi panakam* in *Garbhini Chardi*.

Keywords: *Garbhini Chardi*, *Emesis Gravidarum* and *Dhatri phaladi panakam*

INTRODUCTION

*Acharya Susruta*¹ in *nidana stana* has given *naryaascha aapanna satwa* and *dauhrudaya* as *nidana* for *agantuja chardi*. *Acharya Vagbhata*² mentioned *dwishtardhajanya* as one of the classifications of *chardi* and also explained *dauhrida* is one of the causes. *Acharya Harita*³ has considered *chardi* as one of the *upadrava* of *garbha*. According to *Acharya Kashyapa*⁴, there is no difference of the physical and psychological disorders of a pregnant woman from other individual. The *nidana sevana* will lead to vitiation of *kapha* and *pitta dosha* which in turn vitiate

vata dosha which lead the *doshas* to move in upward direction, results in *chardi*. During pregnancy, *garbha peedana*, *douhrida avamana* and improper *garbhini paricharya* results in *vata vruddhi*, which lead to *agnimandya* causing *kapha dushti*, which along with *pitta dushti* will lead to *utklisha* of *dosha*. These *utklisha doshas* are expelled out through the mouth by the action of *udana* and *vyana vata* resulting in *chardi*.

*Emesis Gravidarum*⁵ is considered as one of complications of pregnancy and it is a worldwide common ob-

stetrical problem seen in the first trimester of pregnancy. Slight vomiting is common in morning and also it may occur at any times of the day. If proper care is not taken, it may lead to complication like severe dehydration, general weakness, weight loss of mother and which may affect the good fetal outcome by causing low birth weight of the fetus. So, one should take care to treat this condition in initial stage to prevent complications.

Methodology: The present study was carried out on 20 patients attending OPD and IPD of Prasooti Tantra Evam Stree Roga Department, SKAMCH & RC, Bangalore.

Objective of the Study: To evaluate the efficacy of *Dhatri phaladi panakam* in *Garbhini chardi*.

Source of Data: 20 patients with clinical features of *Garbhini chardi* coming under the inclusion criteria approaching the OPD and IPD of Prasooti Tantra Evam Stree Roga Department, SKAMCH & RC, Bangalore was selected for the study, the sample collection was initiated post approval, from the Institutional Ethical Committee.

Sampling Technique: The subjects who fulfill the inclusion and exclusion criteria and complying with the informed consent (IC) were selected for the study.

Method Of Collection Of Data

- 20 Patients diagnosed as *Garbhini chardi* were selected for this study.

- A case proforma containing all the necessary details pertaining to the study was prepared.
- The data obtained in both groups was recorded, tabulated and statistically analysed using suitable statistical methods.

Diagnostic Criteria: Both primi and multi gravida women diagnosed as *Garbhini Chardi* in 1st trimester.

Inclusion Criteria

- Pregnant women in between 20-35 years of age.
- Both primi and multi gravida women diagnosed as *Garbhini Chardi* in 1st trimester.

Exclusion Criteria

- Patients with Hyperemesis Gravidarum.
- Patients with Molar pregnancy.
- Patients suffering from any systemic disease, which interfere with the course of the treatment.

Intervention

A clinical study with pretest and post test was conducted on 20 selected patients. Patients were given *Dhatri phaladi panakam* for a period of 14 days.

Dose- 20ml - Twice a day, before food.

Study Duration

Study was conducted for 21 days.

Pre test- on 1st day

Post test- on 15st day

Follow up- on 21st day

Assessment Criteria

Table 1: Assessment Criteria and Scoring Pattern

Sign and Symptoms	Grade
1. Frequency of Vomiting	
No vomiting	0
1-2 episodes in 24hrs	1
3-4 episodes of vomiting in 24hrs	2
5-6 episodes of vomiting in 24hrs	3
2. Contents of Vomitus	
No contents of Vomitus	0
Only saliva	1
Saliva with gastric juice	2
Saliva with gastric juice and food	3
3. Nausea	
No nausea	0
Nausea only in morning	1

Nausea throughout the day	2
Nausea throughout the day that restricts fluid intake	3
4. Improvement in Weight	
No improvement	3
Up to ½ kg	2
>½ kg or = 1kg	1
More than 1 kg	0

Observations

In the present study it is observed that maximum of 12 patients were in the age group of 24-29 years, maximum of 15 patients were Muslims, 12 patients were high school, all 20 patients were home- makers, all 20

patients from urban area, all 20 patients had mixed diet, 15 patients were from middle class, all 12 patients had normal appetite, 14 patients were primi para, all 20 patients had nausea and vomiting as chief complaint.

Result

Table 2: Effect of treatment on Frequency of vomiting as observed within the groups

Phase	Mean	S.D.	S.E.	T Value	P Value	Remarks
BT-AT	1	0.45	0.10	9.74	<0.001	HS
BT-AF	1.3	0.57	0.12	10.17	<0.001	HS

Effect of treatment on frequency of vomiting, within the group analysis, before treatment to after treatment and before treatment to follow up, the p-value (<0.001) revealed statistically highly significant.

Table 3: Effect of treatment on Contents of vomitus as observed within the groups

Phase	Mean	S.D.	S.E.	t value	p value	Remarks
BT-AT	0.95	0.75	0.16	5.59	<0.001	HS
BT-AF	1.55	0.88	0.19	7.81	<0.001	HS

Effect of treatment on contents of vomitus, within the group analysis, before treatment to after treatment and before treatment to follow up, the p-value (<0.001) revealed statistically highly significant.

Table 4: Effect of treatment on Nausea as observed within the groups

Phase	Mean	S.D.	S.E.	t value	p value	Remarks
BT-AT	0.9	0.55	0.12	7.281	<0.001	HS
BT-AF	1	0.47	0.10	9.50	<0.001	HS

Effect of treatment on Nausea, within the group analysis, before treatment to after treatment and before treatment to follow up, the p-value (<0.001) revealed statistically highly significant.

Table 5: Effect of treatment on improvement in weight as observed within the groups

Phase	Mean	S.D.	S.E.	t value	p value	Remarks
BT-AT	1.3	0.57	0.127	10.17	<0.001	HS
BT-AF	2.1	0.71	0.160	13.07	<0.001	HS

Effect of treatment on improvement in weight, within the group analysis, before treatment to after treatment and before treatment to follow up, the p-value (<0.001) revealed statistically highly significant.

DISCUSSION

In this present study an attempt is made to control nausea and vomiting along with nutritional fulfillment of mother.

Method of preparation of drug- paste of 1 *pala* each *dhatri*, *draksha*, *sarkara*, *madhu* and mix with 1 *kudava* of *vasa swarasa* and filter it.

Mode of Action- *dhatri phaladi panakam*⁶ having *madhura*, *tikta*, *kasaya rasa*, *sheeta virya*, *madhura vipaka* along with properties of *tridosahara*, *chardihara*, *hrudya*, *deepana*, *bhrmhana*, *rasayana* which help in reducing nausea and frequency of vomiting. *Madhura rasa* acts as *bringhana* and *tarpana* which does *pitta shamaka* and helps in nourishing the *dhatus* there by doing *poshana* of the *garbha*. *Tikta rasa* is *aruchi nashaka*. Due to *laghu* and *snigdha guna* of drugs, assimilation and absorption becomes quick by

the stomach, its action is by modulating vestibular impulses to the autonomic centers of the central nervous system and also by increasing the intestinal motility by preventing stasis of food in the stomach for longer time and has gastro kinetic effect. It helps in moving the contents of stomach earlier. So it can be used as adjuvant with other drugs that interfere with gastric motility as it acts like *vatanulomaka* and helps in controlling *vata* there by controlling *chardi*.⁷ Drug which have *hrudya*, *balya* and immunomodulator properties which directly help in nourishment and along with *sarkara* and *madhu* helps in supplementing carbohydrates, fructose and glucose as well as it also contains calcium, iron, vitamins like b and c. These supplements are essential as there is increased demand during pregnancy.

Table 6: Pharmacodynamics of single drug of *Dhatri phaladi panakam*.

	Rasa	Guna	Virya	Vipaka	Karma
<i>Dhatri</i> ⁸	<i>Amla pradhana panca rasa</i>		<i>Sheeta</i>	<i>Madhura</i>	<i>Tridosahara, rasayana, vrsya.</i>
<i>Draksa</i> ⁹	<i>Madhura</i>	<i>Snigdha, Guru</i>	<i>Sheeta</i>	<i>Madhura</i>	<i>Vatapittahara, bhrmhana, vrsya, chardihara.</i>
<i>Sarkara</i> ¹⁰	<i>Madhura</i>	<i>Guru</i>	<i>Sheeta</i>	<i>Madhura</i>	<i>Vatapittahara, Chardihara</i>
<i>Vasa</i> ¹¹	<i>Tikta, kasaya</i>	<i>Laghu, ruksha.</i>	<i>Sheeta</i>	<i>Katu</i>	<i>Kaphapittahara, hryda, chardihara.</i>

CONCLUSION

Vomiting in pregnancy found more in *primi gravida*. *Dhatri Phaladi panakam* having properties of *tridosahara*, *chardihara*, *hrudya*, *deepana*, *bhrmhana*, *rasayana* maintains *Vata dosha* in normal proportion there by controlling *chardi* and nourishing *garbha*. No adverse effects were observed during this study.

REFERENCES

1. Sushruta, Sushruta Samhita, edited with Ayurveda tata sandipika by Kaviraj Ambika Dutta Shastri, Chaukhamba Sanskrit Sansthan, Varanasi, 2nd edition reprint-2011, Uttarasthana 49/13, page no: 459.
2. K. R. Shrikantha Murthy, Astanga Hrudaya of Vagbhata, Varanasi: Chaukhambha Orientalia, 5th edition, 2003; 350.
3. Hariprasad tripathi, Haritasamhita, Vasanasani: Chaukhambha Krishnadas academy, Reprint 2005, adhyay 15th, 456.
4. Vruddha Jeevaka, Revised Vatsya Kashyapa samhita with Vidyotini hindi commentary by Ayurvedalankara Sri Satyapala Bhisagachayara, Chaukhamba press Varanasi, reprint –2000, Khila Sthana 10th Chapter, 300.
5. D.C. Dutta's, Textbook of Obstetrics edited by Hiralal Konar, enlarged and re-vised reprint of 8th edition-2015, chapter 15, pg no- 180, pp- 782.
6. Dr.Indradev tripathi, Yogaratnakara, With vaidyaprabha hindi commentary, Published by Chaukhamba krishnadas academy, Varanasi, Reprint- 2007, chardi chikitsa adhyaya.
7. Ibidem (Reference No-5), Charaka Samhita, Chardi Chikitsa 20/7, 10,12,14,18, Pg No-579, 580.
8. Dr. J. L. N sastry, Dravya Guna vijñana, Chaukhambha Orientalia, Varanasi Reprint – 2010, volume 2, Pg- 220, pp- 1134.
9. Dr. J. L. N sastry, Dravya Guna vijñana, Chaukhambha Orientalia, Varanasi Reprint – 2010, volume 2, Pg- 673, pp- 1134.

10. Bhavaprakasha Nighantu of Sri Bhavamishra, commentary by Prof. K.C. Chunekar, Chaukhamba Bharti Academy, Varanasi, reprint 2010, *Haritakyadivarga*, Pp 960, Pg no. 70.
 11. Dr. J. L. N sastry, Dravya Guna vijnana, Chaukhambha Orientalia, Varanasi Reprint – 2010, volume 2, Pg-407, pp- 1134.
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