



## Garbhini Chardi an ayurvedic perspective

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### **Abstract:**

Garbhini Chardi, referred to as nausea and vomiting during pregnancy (NVP), is a frequent symptom recognized in Ayurvedic literature as a natural phenomenon in early gestation. Physiological, hormonal, and doshik imbalances, particularly the vitiation of Kapha and Pitta, influence the condition, resulting in symptoms including excessive salivation, sour vomiting, and discomfort. Ayurveda prioritizes comprehensive management approaches, encompassing dietary adjustments, herbal remedies, and lifestyle alterations to equilibrate doshas and promote the health of both mother and fetus. In contrast to general vomiting (Chardi), Ayurvedic treatment for Garbhini Chardi eschews vigorous purifying methods, favoring gentler remedies like Bhoonimba paste, Bilva phala majja, and Eladi Choorna. Adhering to appropriate dietary guidelines (Pathya) and implementing lifestyle modifications are essential for mitigating symptoms, ensuring nutritional adequacy, and reducing problems such as dehydration and hyperemesis gravidarum. Ayurveda offers a secure, efficacious, and personalized method for addressing pregnancy-related nausea, delivering relief while enhancing overall well-being.

**Keywords:** Garbhini Chardi, Ayurveda, Dosha imbalance, pregnancy nausea, herbal remedies

### **I. INTRODUCTION**

#### *Concept of Garbhini Chardi in Ayurveda*

In Ayurveda, pregnancy is a vital phase marked by substantial physiological and hormonal transformations<sup>(2,10)</sup>. Garbhini Chardi, commonly referred to as nausea and vomiting during pregnancy or emesis gravidarum, is a prevalent condition in the first trimester<sup>(2)(4)</sup>. It is regarded as one of the Vyakta Garbha Lakshanas (indicators of pregnancy) in ancient Ayurvedic texts<sup>(1,4,9,10)</sup>. Vyakta Garbha Lakshana denotes the indicators that signify the existence of a developing baby<sup>(9)(10)</sup>. Acharya harrit has described eight garbhopdravas including chardi.<sup>11</sup> Garbhini Chardi is regarded as a subset of Chardi, which is a distinct ailment, although may also manifest as a symptom of other disorders<sup>(2)</sup>. Garbhini Chardi is typically seen as a physiological problem when not excessive, as it does not adversely affect the mother or fetus. Extreme vomiting is classified as a serious disease termed Hyperemesis Gravidarum, necessitating prompt medical intervention<sup>(1,9)</sup>. As per Ayurvedic principles, Garbhini Chardi occurs owing to multiple physiological and occasionally pathological reasons, including Vatavaigunya, Dauhruda Avastha (unfulfilled appetites), and Garbhanimita (factors pertaining to the fetus)<sup>(9)</sup>

## ***Importance of Managing Nausea and Vomiting in Pregnancy***

Effectively managing nausea and vomiting during pregnancy is crucial for the health of both the mother and the developing fetus<sup>(9,10)</sup> Mild nausea and vomiting are prevalent; however, extreme instances may result in consequences such as dehydration and nutritional deficits. Ayurveda underscores the need of offering appetizing, enjoyable, and easily digested diets to pregnant women.<sup>(2,9)</sup> When Garbhini Chardi is regarded as Vyakta Garbha Lakshana, it does not adversely affect the developing fetus or the mother<sup>(10)</sup>. However, if unaddressed, it can progress to severity that adversely affects fetal outcomes<sup>(10)</sup>.

### **NIDAN AND SAMPRAPTI**

In Ayurveda, Garbhini Chardi (nausea and vomiting during pregnancy) results from a confluence of physiological and doshic imbalances. The syndrome is frequently associated with the distinctive circumstances of pregnancy, encompassing hormonal fluctuations and the existence of the developing fetus<sup>(7)</sup>.

### ***Dosha Involvement in Garbhini Chardi***

- Dosha Dysregulation Pregnancy induces a physiological elevation in Kapha Dosha and Rasa Dhatu, which may disrupt the regular operation of Vata Dosha, resulting in vomiting. Kapha and Pitta imbalances are predominantly implicated<sup>(7)</sup>.
- Vata Vaigunya The dysregulation of Vata Dosha is a critical determinant in the occurrence of Garbhini Chardi<sup>(3)</sup>.
- Dauhrida Avamana Insufficient satisfaction of a pregnant woman's cravings (Dauhruda Avastha) may also lead to dosha imbalance. Dauhrida Avastha denotes the cravings experienced by a pregnant lady, while Dauhrida Avamana signifies the act of disrespecting or neglecting those cravings<sup>(2)</sup>.
- Garbhanimita Factors associated with the developing fetus might apply physical pressure, contributing to the syndrome<sup>(7)</sup>.

### ***Role of Agni and Digestion in Pregnancy***

- Agnimandya Inadequate nutrition and lifestyle practices during pregnancy might result in Dosha imbalance, leading to symptoms of Garbhini Chardi. Agnimandya, or reduced digestive capacity, arises from inadequate Garbhini Paricharya (care for pregnant women)<sup>(5)</sup>.
- Digestion and Doshas Agnimandya causes Kapha Dushti, which, in conjunction with Pitta Dushti, results in the Utklishtata of Doshas or Aamasanchaya (toxin buildup). The Utklishta Doshas impede the Gati (movement) of Vata, resulting in disruption within the Amashaya (stomach). As a result, the exacerbated Doshas are ejected orally by Udana and Vyana Vata, leading to Chardi<sup>(5)</sup>.

### **AYURVEDIC DIAGNOSIS AND CLASSIFICATION**

Ayurveda categorizes Garbhini Chardi (nausea and vomiting during pregnancy) according to the predominant Doshas involved. Accurate identification of Garbhini Chardi from other illnesses with analogous symptoms is essential for optimal management and suitable treatment techniques. Misdiagnosis may result in superfluous interventions or postponements in providing the appropriate

Ayurvedic treatment, which aims to equilibrate the disturbed Doshas and promote the health of both the mother and the fetus<sup>(5,10)</sup>

### ***Types of Garbhini Chardi Based on Dosha Dominance***

The precise categorization of Garbhini Chardi according to Dosha predominance was not located in the available search results. According to Ayurvedic principles, the vitiation of Kapha and Pitta is principally responsible for this condition <sup>(5)</sup>.

Kapha dominance results in excessive salivation, a sensation of heaviness, and a feeling of fullness in the stomach, which may induce nausea and vomiting. The emesis is frequently viscous and packed with mucus.

Pitta dominance leads to sour and bitter emesis, accompanied by a burning feeling in the throat and chest, frequently exacerbated by heat or spicy foods.

Vata dominance: While less frequently implicated, it may lead to dry heaving, irregular vomiting, and weakness.

Comprehending the primary Dosha participation aids in identifying the suitable Ayurvedic treatment strategy, guaranteeing a secure and effective method customized to the pregnant woman's condition.

### ***Vyadhi Vyavacchedak nidan***

Distinguishing Garbhini Chardi from other illnesses is essential, as the treatment of vomiting in pregnant women markedly differs from that of general Chardi (vomiting due to alternative reasons) <sup>(5)</sup>. Acharya Charaka has identified Langhana (fasting) and Shodhana (purification therapies) as the principal therapy modalities in the context of general Chardi chikitsa <sup>(5)</sup>.

These treatments are forbidden during pregnancy due to their potential adverse effects on fetal development and maternal health. Garbhini Chardi necessitates a more feeding, calming, and Dosha-balancing strategy to guarantee maternal comfort and fetal health.

### **Criteria for Distinguishing Garbhini Chardi From:**

**Hyperemesis Gravidarum:** A severe manifestation of nausea and vomiting during pregnancy that may result in dehydration, weight loss, electrolyte imbalance, and nutritional deficits. In contrast to mild-to-moderate Garbhini Chardi, this disease may necessitate hospitalization and IV fluid administration for management <sup>(8)</sup>.

**Alternative etiologies of emesis (Non-pregnancy related):** Gastrointestinal infections, food poisoning, gastritis, peptic ulcers, gallbladder diseases, and neurological illnesses may also manifest with vomiting. A thorough evaluation is essential to eliminate such factors and guarantee the appropriate treatment protocol is adhered to.

**Emesis gravidarum<sup>12</sup>** refers to nausea and vomiting during early pregnancy, typically before 12–16 weeks of gestation, not severe enough to cause dehydration or metabolic disturbances. It is considered a physiological response to pregnancy, affecting 50–80% of pregnant women.

**Symptoms of Emesis Gravidarum** (mild nausea & vomiting in pregnancy)

Nausea — usually more in the morning but can occur at any time of day Occasional vomiting (mild to moderate) ,No signs of dehydration

Appetite may be slightly reduced

Symptoms generally start around 4–6 weeks, peak at 9–12 weeks, and improve by 16–20 weeks

Normal weight maintenance (no significant weight loss)

Energy level largely maintained except for mild fatigue

No electrolyte imbalance or ketonuria

**Management of Emesis Gravidarum-****1. Lifestyle & Dietary Modifications (First Step)**

Small, frequent meals instead of large meals. Avoid fatty, spicy, or strong-smelling foods. Eat dry snacks (e.g., crackers, toast) before getting out of bed in the morning. Sip fluids throughout the day — preferably cold, clear, and non-acidic drinks. Include ginger (capsules, tea, or biscuits) – shown to reduce nausea. Adequate rest and stress reduction. Avoid lying down immediately after meals.

**2. Pharmacological Management(Used when lifestyle changes are insufficient)**

First-line

Vitamin B6 (Pyridoxine): 10–25 mg orally, 3–4 times daily.

Doxylamine (antihistamine) combined with pyridoxine is recommended (safe in pregnancy).

Second-line

Antihistamines: Meclizine, Diphenhydramine.

Dopamine antagonists: Metoclopramide, Prochlorperazine.

Third-line (if persistent symptoms)

Ondansetron: Use preferably after the first trimester.

Acid suppressants (H2 blockers, PPIs) if reflux symptoms are present.

**3. Supportive Care**

Monitor for signs of dehydration and progression to hyperemesis gravidarum. Encourage partner/family support — psychosocial reassurance helps reduce symptom severity.

**HYPEREMESIS GRAVIDARUM –**

It is severe type of vomiting of pregnancy which effects health of mother and incapacitates her in day to day activities. Hyperemesis gravidarum<sup>12</sup> is estimated to affect 0.3-2.0 percent of pregnant women. While previously a common cause of death in pregnancy, with proper treatment this is now very rare. Some women opt to have an abortion because of the symptoms.



**Symptoms-**

Early-

1. Vomiting occurring throughout the day.
2. Disturbance of day to day activities.
3. No evidence of dehydration and starvation.

Late-

1. Severe vomiting.
2. Oligouria.
3. Epigastric pain, constipation.
4. Features of dehydration and ketoacidosis- dry coated tongue, sunken eyes, acetone smell in breath, tachycardia, hypotension, rise in temperature.

**MANAGEMENT-**

Management of Hyperemesis Gravidarum (HG)

**1. Hospitalization & Initial Assessment**

Admit if:

Persistent vomiting (>3/day)

Weight loss >5%

Ketonuria or electrolyte imbalance

Signs of dehydration or hemodynamic instability

Investigations: CBC, electrolytes (Na, K, Cl), renal function, liver function, thyroid profile, urine ketones, ultrasound (to rule out multiple gestation/molar pregnancy).

**2. Supportive Care**

Rest & calm environment (avoid strong smells).

Psychological reassurance.

**3. Fluid & Electrolyte Replacement**

IV fluids:

Normal saline (0.9% NaCl)  $\pm$  potassium chloride (after confirming urine output).

Avoid dextrose alone initially  $\rightarrow$  risk of Wernicke's encephalopathy.

Thiamine: 100 mg IV daily before starting glucose-containing fluids.

Correct electrolyte imbalances gradually.

**4. Antiemetic Therapy (stepwise escalation)**

First-line

Pyridoxine (Vitamin B6) 10–25 mg IV or PO q8h

Doxylamine (oral)

Second-line

Metoclopramide 5–10 mg IV/IM/PO q8h

Promethazine or Prochlorperazine

Meclizine, Diphenhydramine (antihistamines)

Third-line

Ondansetron (preferably after 1st trimester)

Corticosteroids (Methylprednisolone) – only if refractory and after 10 weeks gestation due to risk of cleft lip/palate

## 5. Nutritional Support

Encourage gradual oral intake as tolerated.

If unable to meet caloric needs → consider enteral feeding (NG tube) or TPN (last resort).

## 6. Monitoring

Daily weight, urine output, electrolytes.

Watch for complications:

Wernicke's encephalopathy (confusion, ataxia, nystagmus)

Mallory-Weiss tear

Fetal growth restriction if prolonged

## 7. Prognosis

Most cases improve by 20 weeks.

Early treatment reduces maternal and fetal morbidity

## CHIKITSA

The Ayurvedic approach to managing Garbhini Chardi (emesis gravidarum) emphasizes symptom relief while prioritizing the safety and health of both the mother and the fetus. The methodology encompasses mild therapies, herbal treatments, dietary alterations, and lifestyle changes.

### *Shodhana (Purification) and Shamana (Pacification) Therapies*

- Delicate Care The treatment concepts diverge from standard Chardi as potent cleansing methods, such as emetics (Shodhana), are contraindicated in pregnant women<sup>(5,10)</sup>. Acharya Charaka identified Langhana and Shodhana as therapy modalities for general Chardi, which are contraindicated in pregnant women<sup>(5)</sup>.
- Shamana Therapy seeks to alleviate discomfort and promote prenatal development<sup>(5)</sup>.

### *Herbal Remedies and Formulations*

Numerous efficacious preparations for controlling Garbhini Chardi are delineated in Ayurvedic scriptures, utilizing substances characterized by soft, sweet, cool, agreeable, and mild qualities<sup>2</sup>. Several remedies comprise<sup>(4)</sup>:

- Bhoonimba (Andrographis paniculata) paste combined with sugar in equal proportions.
  - Sugar and coriander combined with a paste of rice water.
  - Bilva phala majja (powdered fruit pith of Aegle Marmelos) combined with approximately 40 ml of lajambu (parched rice soaked in water).
  - Eladi Choorna may be efficacious.
- A study demonstrated that the combination of Bilvaphala majja churna, Lajambu, and Kustumbari kalka was safe, tasty, and cost-effective, enhancing the health and well-being of both mother and infant.

***Significance of Diet and Lifestyle (Pathya and Apathya)***

**Dietary and lifestyle modifications are essential in the management of Garbhini Chardi <sup>(10)</sup>.**

- Nutrition (Pathya) Ayurvedic literature advocate for diets that are appetizing, enjoyable, and easily digestible. The intake of high-protein foods and morning consumption of crackers may alleviate symptoms <sup>(4)</sup>.
- Lifestyle modifications can assist in alleviating morning sickness for certain pregnant women. Garbhini Paricharya encompasses modifications in dietary and behavioral practices to enhance the well-being of the pregnant woman and the fetus <sup>(10)</sup>.
- Items to Avoid (Apathya): Inadequate dietary and lifestyle choices may result in Dosha imbalance and manifestations of Garbhini Chardi <sup>(6)</sup>.

**DISCUSSION**

Garbhini Chardi, or pregnancy-induced nausea and vomiting, is a widely acknowledged condition in Ayurveda, frequently seen as a normal physiological reaction to pregnancy. This arises from doshic imbalances, specifically the exacerbation of Kapha and Pitta doshas, which disrupt digestive function and result in symptoms such as nausea, excessive salivation, and vomiting. Hormonal swings and fetal-related factors significantly contribute to the disease, necessitating effective management to avert maternal pain and nutritional inadequacies.

Ayurvedic principles advocate a comprehensive approach to controlling Garbhini Chardi by focusing on diet, digestion, and lifestyle. Herbal preparations like Bilva phala majja and Eladi Choorna are recognized for their therapeutic benefits, complemented with dietary suggestions that emphasize light, easily digestible foods and protein-rich meals to enhance digestive stability. In contrast to typical vomiting circumstances, vigorous cleansing procedures are contraindicated during pregnancy due to their potential adverse effects on fetal development. Ayurvedic writings emphasize the importance of addressing pregnant desires (Dauhrida Avastha) and implementing lifestyle behaviors that promote mother health. Engaging in soothing activities, securing sufficient rest, and steering clear of rich, hot foods can assist in balancing doshic irregularities and mitigating symptoms. The Ayurvedic approach offers a secure and efficacious method for managing Garbhini Chardi while safeguarding the health of both the mother and fetus.

**CONCLUSION**

Garbhini Chardi is a prevalent but controllable disease during pregnancy, which Ayurveda associates with doshic imbalances, namely abnormalities in Kapha and Pitta. Although typically a benign and transient ailment, severe instances necessitate meticulous attention to avert dehydration and further problems. The Ayurvedic methodology emphasizes mild therapies, dietary adjustments, and herbal preparations that enhance digestion, equilibrate doshas, and promote maternal health. In contrast to traditional treatments that may include drugs with possible adverse effects, Ayurveda offers a natural, holistic management strategy that emphasizes safety and efficacy. Adhering to Ayurvedic dietary

principles, implementing lifestyle modifications, and utilizing herbal remedies can provide pregnant women with alleviation from nausea and vomiting, hence promoting a healthy pregnancy experience.

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