

A CASE STUDY ON BILVAMAJJA CHURNA WITH KHADISAKHAR IN THE 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.

KEYWORDS: Hyper emesis gravidarum.

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. 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.

CASE REPORT

A 27 year old female patient, Hindu by religion, presented on 01/04/2019, A registered ANC patient since conception with LMP 02/03/19, 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 01/04/2019 and her Rajovruttanta 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.

PARIKSHAN

- Prakruti : Vata-Kapha
- Vikruti: Hetu - Akalabhajana, Asatmyabhajana, Dauhruda.
- Dosha : Vatapradhana tridosha
- Dushya : Rasa
- Desha : Sadharana
- Bala : Madhyama

ASHTA STHAN PARIKSHAN

- 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

INVESTIGATION

- 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 - Nonreactive
- 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

Bilwamajja churna 3 grams BD and Khadisakhar Anupana before food for about 30 days and follow up on 15th day and 31th day along with Pathyaahara and Vihara.

Preparation of Drug

Bilwa majja churna was prepared in the pharmacy of Department of Rasa Shastra and Bhaishajya Kalpana, MUP'S AYURVED COLLEGE DEGAON, RISOD.

OBSERVATIONS AND RESULTS

Table 2: Observation on the clinical features.

S N	Parameter	Before treatment (Day - 1)	During treatment (Day- 15)	Follow up (Day- 31)
	Objective parameter			
1.	Frequency of vomiting	8-10 times	6-7 times	1-2 times
2.	Contents of vomitus	Gastric juice with contents of whole food	Gastric juice with saliva	Only saliva
3.	Salivation	Through out the day	Through out the day	Only during getting up from bed in morning
4.	Nausea	Through out the day	Through out the day	Only in morning
	Subjective parameter			
1	Improvement in weight in kgs	56 kgs	56.200 kgs	56.400 kgs
2	Improvement in Hb%	11.1 gm%	11.1gm%	11.3gm%

DISCUSSION

In Garbhini Paricharya, Acharyas have mentioned Madhura, Sheeta and Drava Ahara should be given. Even the Bilwamajja churna is 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. Bilwa majja churna is Deepaka, Pachaka and Ruchya and have Vatashamaka property, thereby reducing the Chardi Vega. Kashaya Rasa of Bilwa Majja helps in the Kleda Soshana and thereby help in reducing Hrullasa and Praseka. The drugs of Bilwa majja churna is having Deepana and Pachana property, and there by help in reducing Agnimandya and imparting Ruchi to Ahara. The drugs of Bilwa majja churna ia Hrudya and Balya. This helps in increasing the Pachakagni and Dhatwagni indirectly helping in proper digestion, absorption and increase in weight. 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

Bilwamajja churna 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 Bilwamajja churna 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, Choukhamba 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. 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.