

DHATRIPANAKA IN THE MANAGEMENT OF GARBHINI CHARDI (EMESIS GRAVIDARUM) – A SYSTEMIC LITERATURE REVIEW

¹*Dr. Joysree Nath and ²Dr. Kaushalya Khakhlyar

¹PG Scholar, Department of Prasuti Tantra and Stree Roga, Government Ayurvedic College and Hospital, Guwahati, Assam, 781014.

²Associate Professor, Department of Prasuti Tantra and Stree Roga, Government Ayurvedic College and Hospital, Guwahati, Assam, 781014.

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*Corresponding Author

Dr. Joysree Nath

PG Scholar, Department of
Prasuti Tantra and Stree
Roga, Government
Ayurvedic College and
Hospital, Guwahati, Assam,
781014.

ABSTRACT

During pregnancy, it's common for minor ailments to arise, with nausea and vomiting frequently affecting women in the early stages. In classical Ayurvedic texts, this condition is referred to as *Garbhini Chardi* (Emesis Gravidarum) under the section *Vyakt Garbha Lakshana*. If not addressed promptly, persistent vomiting during early pregnancy can lead to complications. Factors like sedentary lifestyles, dietary changes, and stress have made pregnancies more challenging in modern times. Conventional obstetric care typically treats this condition with antiemetics, antacids, and vitamin supplementation (B₁, B₆, B₁₂) to provide nutritional support. However, these drugs can sometimes cause side effects such as constipation, dysuria, and urinary retention. Ayurvedic methods offer an effective alternative, drawing from classical formulations that pregnant women can easily incorporate into their daily routines. In *Bhaisajya ratnavali chardiroga Chikitsa* and In *chakradutta tika* mentions various remedies for the management of *Chardi*. One such preparation—Dhatripanaka may

help alleviate early pregnancy vomiting. This formulation contains- amlaki which acts as deepan, pachana, rochana, Draksha acts as brimhana and tarpana, sarkara and madhu having madhur rasa becomes easily palatable. A structured literature review of this formula's effectiveness in managing *Garbhini Chardi* is presented here.

KEYWORDS: Garbhini Chardi, Dhatripanaka, Vyakta Garbhalakshana, Emesis Gravidarum.

INTRODUCTION

Pregnancy and childbirth represent profound physiological milestones in a woman's life. During this time, her body undergoes extensive adaptations to support fetal development and prepare for delivery. In obstetric care, emphasizes vigilant and continuous support.^[3] According to Acharya Charaka, a pregnant woman is likened to a vessel filled with oil (*Taila Poorna Patra*), which can spill at the slightest disturbance, underscoring the need for meticulous care. Ultimately, the primary duty of every obstetrician is to ensure both a healthy newborn and a healthy mother.

Among the many discomforts experienced during pregnancy, nausea and vomiting are particularly common. Classical Ayurvedic texts list this as *Garbhini Chardi* under *Vyakta Garbha Lakshana*^[4], which corresponds to what modern medicine describes as emesis gravidarum. Typically occurring up to 16 weeks of gestation, this condition generally does not adversely impact the mother or fetus. However, if the balance of the *Doshas* is disrupted, *Chardi* may escalate into a more serious condition known as *Garbha Upadrava*. Severe or prolonged vomiting can lead to dehydration (and potentially ketosis), electrolyte imbalance, and weight loss, compromising the health of both mother and baby—clinically identified as hyperemesis gravidarum. So, here we will discuss about the chardi hara drug and its effect in early weeks of pregnancy.

MATERIALS AND METHODS

^[4]In Ayurveda, Harita also lists *Chardi* as one of the eight *Garbha Upadras*, warranting prompt intervention to prevent complications throughout pregnancy. Modern obstetric care commonly relies on antiemetic medications, which—while effective—can bring side effects such as constipation, urinary retention, and dysuria.^[5] This has spurred interest in safe, natural alternatives. One promising option is a traditional formulation of DHATRIPANAKA^[1] may offer a well-rounded approach to managing *Garbhini Chardi*, balancing digestive strength (*Deepana*, *Pachana*) and antiemetic effects along with brimhana and Dhatuposhana—supporting both mother and fetus without synthetic drug side effects.

LITERATURE REVIEW

According to the Charaka Samhita^[7]

Acharya Charaka recognizes *Chardi* (vomiting) as one of the **Vyakta Garbha Lakshanas** (manifested signs of pregnancy) in *Śarīra Sthāna*, classifying it under the **Dviṣṭarthaja** group, specifically as *Dauhridaja* type.

According to the Suśruta Saṃhitā^[8]

Suśruta includes pregnancy as a cause (*Āpannasattva*) of vomiting. In the fifth category of *Agantuja Dviṣṭarthaja Chardi*, *Dauhridaja* is listed among etiological factors, and vomiting appears under *Vyakta Garbha Lakshanas*. Commentator Daḷhaṇa explains that the unmet craving of *Dauhridaya* along with fetal presence triggers vomiting.

Aṣṭāṅga Saṅgraha and Aṣṭāṅga Hṛdaya^[9]

Both texts by Vāgbhaṭa mention *Chardi* as a *Vyakta Garbha Lakshana*. They note that sensory stimuli—such as sight or smell of rotting, unhygienic, or emotionally disturbing objects—can agitate the mind and heart, precipitating vomiting. Again, *Dauhridaya* is identified as a key cause.

Kaśyapa Saṃhitā^[10]

Kaśyapa elaborates extensively on conditions observed during pregnancy, including *Garbhini Chardi*, its categorization, and *doṣaja* (dosha-related) causes. However, the text does not elaborate on managing the *Dauhridaja* or *Garbha-janya* types.

Mādhava Nīdāna^[11]

A dedicated chapter addresses *Chardi* and its management. *Garbhini Chardi* is explicitly noted among its etiological factors.

Bhāvaprakāśa^[11]

Bhāvaprakāśa also lists *Chardi* as a *Vyakta Garbha Lakshana*, aligning with Suśruta's interpretation.

Yōgaratnākara^[11]

Although this text does not specifically reference *Garbhini Chardi*, it offers treatment guidelines applicable to vomiting during pregnancy.

Mādhukoṣa Tīkā^[11]

According to its commentary, the fetal presence displaces *vāyu* (air), which then ascends and provokes the vomiting reflex.

Samprāpti (Pathophysiology) of Garbhini Chardi^[12,13]

In Ayurveda, the root causes (*nīdāna-sevana*) during pregnancy—such as fetal pressure (*garbha utpīḍana*) and consumption of excessively moist or other contraindicated foods—

lead to vitiation of **Kapha** and **Pitta**, which then disturb **Vāta**. This imbalance forces the doshas to move upward, triggering vomiting (*chardi*).

Physiologically, aggravated **Udāna Vāta** (the upward-moving air) along with an obstructed **Apāna Vāta** and enhanced **Vyāna Vāta** contribute to increased flow of **Kapha-Pitta**. This further aggravates digestion, causing **āgni-mandya** (weak digestive fire) and improper channeling of doshas (*viṃmarga gamana*). Blockage of bodily outlets (*mukha āchādanam*) and distension (*pūrṇa*) ultimately culminate in **Chardi**.

Principle of Treatment^[14]

Management focuses on satisfying cravings (*icchā-kāla āhāra*) with soft, palatable, mildly sweet, or easy-to-lick foods to reduce spontaneous vomiting. Additionally, targeted interventions are applied based on the predominant dosha involved.

Modern Medical Perspective^[15]

Vomiting during pregnancy is classified into two primary categories:

- **Emesis gravidarum** (morning sickness/simple vomiting)
- **Hyperemesis gravidarum** (severe form causing clinical concern)

Emesis Gravidarum (Morning Sickness)^[16]

Typically arising 2 weeks after a missed period and subsiding by 12–14 weeks, morning sickness often occurs during early morning hours and is worsened by strong odors or fatty foods. Elevated levels of **hCG**, **oestrogen**, and neurogenic triggers all play a role.

Management strategies include

- Reassurance and education
- Small, frequent bland meals—e.g., dry toast or biscuits before sunrise
- Avoidance of oily and spicy foods
- Inclusion of carbohydrate- and protein-rich snacks and fresh juices
- Vitamin B₁ supplementation
- Antiemetic medications such as doxylamine, first-generation antihistamines, metoclopramide, and phenothiazines

Antiemetics & Dietary Supplements

- **Vitamin B₆** (pyridoxine) and **doxylamine** (such as in Diclegis®) are first-line therapies, reducing symptoms by roughly 70% and shown to be safe in early pregnancy

Metoclopramide aids gastric motility but carries a risk of tardive dyskinesia; use is generally limited to ≤ 12 weeks

- **Antihistamines** like promethazine, diphenhydramine, and dimenhydrinate are commonly used; they may cause sedation and urinary effects.
- **5-HT₃ antagonists** (e.g., ondansetron) are effective but more expensive and provide less sedation.
- Severe cases may warrant **corticosteroids**, but typically only after the first trimester due to potential fetal risks

Supportive Measures

- Hydration using oral rehydration solutions or intravenous fluids
- Vitamin supplementation: **thiamine (B₁)** to prevent Wernicke's encephalopathy
- Nutritional support via enteral or parenteral routes in refractory cases Some patients benefit from **ginger**, which has demonstrated moderate efficacy with minimal risk
- Additional interventions include **acupressure**, **hypnosis**, and **psychological support**, especially in hyperemesis cases.

DISCUSSION

DRUG REVIEW

1. AMLAKI^[1]

BotanicalName	<i>Emblica officinalis Gaertn.</i>
Family	Euphorbiaceae
Rasa	<i>Pancharas(lavana rahit), amla pradhan</i>
Guna	<i>Guru, ruksha, shita</i>
Virya	<i>Shita</i>
Vipaka	<i>Madhura</i>
Karma	<i>Tridosahara, Rocana, Dipana Pacana, pittasaman, balya</i>
Prayojyanga	<i>fruit</i>
ChemicalComposition	<i>Gelic acid,tannic acid,cellulose,albumin,vitamin c</i>

2. DRAKSHA^[1]

BotanicalName	<i>Vitis vinifera Linn</i>
Family	Vitaceae
Rasa	<i>Madhur</i>
Guna	<i>Guru, snigdha, mridu</i>
Virya	<i>Shita</i>
Vipaka	<i>Madhura</i>
Karma	<i>Vata pitta saman, trishna nigrahan, garbhasthapan, balya</i>
Prayojyanga	<i>Fruit</i>
ChemicalComposition	<i>Glucose, citric acid, sodium. potassium, chloride</i>

3. SHARKARA^[1]

Botanical Name	<i>Saccharum officinarum Linn.</i>
Family	Poaceae
Rasa	<i>Madhur</i>
Guna	<i>Guru, snigdha</i>
Virya	<i>shita</i>
Vipaka	<i>Madhura</i>
Karma	<i>Vata pitta saman, balya, brimhana</i>
Prayojyanga	<i>Stem</i>
ChemicalComposition	<i>Water, sucrose, fiber</i>

4. MADHU^[1]

Rasa	<i>Madhur</i>
Guna	<i>snigdha</i>
Virya	<i>shita</i>
Vipaka	<i>Madhura</i>
Karma	<i>Vatahara</i>
ChemicalComposition	<i>Water, sucrose.</i>

PROBABLE MODE OF ACTION OF DRUGS^[1]

- 5. Deepan & Pachana**-By kindling the digestive fire and promoting efficient digestion, this formulation alleviates **Agnimandya** (digestive weakness). It supports proper nutrient absorption and enhances metabolic processes, empowering the body to convert food into vital energy more effectively.
- 6. Rochana**-Through the restoration of weakened digestive power, it indirectly increases appetite and improves digestive enthusiasm. This rejuvenation of digestive vigor fosters healthier eating habits and ensures that the body receives adequate nutrition.
- 7. Brimhana, Balya & Dhatuposhana**-These nourishing effects strengthen the body, enhance stamina, and support optimal tissue nourishment. They help rebuild vital strength and vitality, making the formulation suitable for individuals with depleted energy or recovering from illness.
- 8. Chardighna**-By calming the stomach and reducing the urge to vomit, this action provides relief from nausea and vomiting. It promotes a sense of digestive stability and comfort.
- 9. Tridosha Samana (Dosha Harmonization)**-It helps balance the three Doshas (Vata, Pitta, and Kapha) by restoring harmony in the digestive system. This contributes to improved well-being and digestive equilibrium.
- 10. Ama Pachana (Clearance of Toxins)**-It assists in breaking down and eliminating **Ama**—undigested toxins—clearing the digestive channels and promoting better toxin metabolism.

11. Jatharagni Dipana (Digestive Fire Enhancement)-This action enhances the core digestive fire (**Jatharagni**), ensuring that food is properly metabolized and nourishment is delivered to every body tissue (**Dhatu**).

CONCLUSION

Ayurveda, as a holistic science of life, emphasizes both prevention and cure in its approach to health. Garbhini Chardi (pregnancy-induced nausea and vomiting) is a common and often unavoidable challenge during pregnancy that requires effective management. Fortunately, Ayurveda offers a variety of herbal remedies that are well-suited for this condition. These formulations are safe to use during pregnancy, affordable, and beneficial for both the mother and developing fetus. Each of the ingredients works through its unique properties (*Gunas*) to alleviate the symptoms of Garbhini Chardi, making them collectively an effective, natural choice in maternal care.

REFERENCES

1. Clinical study in the management of garbhini chardi with dhatripanaka w.s.r. to emesis gravidarum, Dharmista Patel, PG scholar department of PTSR Sri Sri College of Ayurvedic Science And Research, Bengaluru, Karnataka, India, August 2022.
2. Anju Bhatia, Management of High-Risk Pregnancy apracticalapproach, ThirdEdition, new Delhi/London, Jaypee Brothers Medical Publishers. The health sciences publishers, 2022; 1.
3. Dr. Anita Basumatary, Sunthibilwa Kwath with Yava saktu in Garbhini Chardi- a systemic literature review.
4. Dr.Hemlatha Kapoorchand, A Comprehensive Treatise on Prasuti- Tantra (Obstetrics), Reprint Year 2020, Varanasi (India), Chaukhambha Vishvabharati, 2020; 259.
5. Doxylamine, National library of Medicine (NIH), last update: June 5, 2023. Available from: <https://www.ncbi.nlm.nih.gov>.
6. Dr.Hemlatha Kapoorchand, A Comprehensive Treatise on Prasuti- Tantra (Obstetrics), Reprint Year 2020, Varanasi (India), Chaukhambha Vishvabharati, 2020; 471.
7. Dr.Hemlatha Kapoor Chand, A Comprehensive Treatise on Prasuti- Tantra (Obstetrics), Reprint Year 2020, Varanasi (India), Chaukhambha Vishvabharati, 2020; 259.
8. Dr.Hemlatha Kapoorchand, A comprehensive treatise on Prasuti- Tantra (Obstetrics), Reprint year 2020, Varanasi (India), Chaukhambha vishvabharati, 2020; 470.
9. Dr. Hemlatha Kapoorchand, A comprehensive treatise on Prasuti- Tantra (Obstetrics),

- reprint year 2020, Varanasi (India), Chaukhambha Vishvabharati, 2020; 470.
10. Dr. Hemlatha Kapoorchand, A comprehensive treatise on Prasuti- Tantra (Obstetrics), Reprint year 2020, Varanasi (India), 2020, Chaukhambha vishvabharati, 2020; 470.
 11. Prof. (Km.) Premvati Tewari, Prasuti Tantra, Part I, (Obstetrics), Second Edition: 1999, Reprint: 2017, Varanasi, Chaukhamba Orientalia, 1999; 246.
 12. Kaviraj Ambikadatt Shastri, Sushruta Samhita, 2015, Varanasi, Choukhamba Sanskrit Sansthan, 2015; 456, 454, 459, 456.
 13. Pt. Kashinath Shastri and Dr. Gorakhnath Chaturvedi, 2017 Charak Samhita, Varanasi Part I, Choukhamba Bharati Academy, Chikitsa Sthana 28/209, 812.
 14. Dr. Vilobh Bharatiya, Astanga Samgraha Chikitsa Sthan 8/23, Indu Tika Choukhamba Krishna Das Academy (Varanasi).
 15. Hiralal Konar, D.C Dutta Text Book of Obstetrics, 7th Edition, New Delhi/ London, The Health Sciences Publisher, 154, 155.
 16. Dr. Hemlatha Kapoor Chand, A Comprehensive Treatise on Prasuti- Tantra (Obstetrics), Reprint Year 2020, Varanasi (India), Chaukhambha Vishvabharati, 2020; 473.
 17. Prof. Dr. Gyanendra Pandey, Dravyaguna Vijnana (Materia Medica - Vegetable Drugs) English- Sanskrit Part III (P-Y), Reprint 2004, Varanasi, Choukhamba Krishna Das Academy, 2004P; 179-191.
 18. Prof. Dr. Gyanendra Pandey, Dravyaguna Vijnana (Materia Medica-Vegetable Drugs) English- Sanskrit Part I (A-J), 3rd Edition, Varanasi, Choukhamba Krishna Das Academy, 2005; 411-424.
 19. Prof. Dr. Gyanendra Pandey, Dravyaguna Vijnana (Materia Medica-Vegetable Drugs) English- Sanskrit Part III (P-Y), Reprint 2004, Varanasi, Choukhamba Krishna Das Academy, 2004; 878- 887.
 20. Ambika Datta Shastri, Susruta Samhita Sutra Sthana, Chaukhambha Sanskrit Sansthana, 2nd Edition, Varanasi, 2009; 245.
 21. Dr. Hemlatha Kapoorchand, A Comprehensive Treatise on Prasuti- Tantra (Obstetrics), Reprint Year 2020, Varanasi (India), Chaukhambha Vishvabharati, 2020; 291.