

**RANDOMISED CONTROLLED CLINICAL TRIAL TO STUDY THE
EFFICACY OF *ELADI VATI* WITH *LAJAAMBU* IN *GARBHINI
CHHARDI* WITH SPECIAL REFERENCE TO HYPEREMESIS
GRAVIDARUM.**

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ABSTRACT

Background: Garbhini Chhardi (nausea and vomiting in pregnancy) is a common physiological condition, which, when severe, manifests as Hyperemesis Gravidarum (HG), leading to dehydration, weight loss, and maternal-fetal complications. Conventional treatments may have side effects, necessitating safe Ayurvedic alternatives. **Objective:** To evaluate the efficacy of Eladi Vati with Lajaambu in the management of Garbhini Chhardi, with special reference to Hyperemesis Gravidarum. **Methods:** A randomized controlled clinical trial was conducted with 60 participants (30 in each group). The trial group received Eladi Vati with Lajaambu, while the control group was treated with Doxylamine Succinate and Pyridoxine Hydrochloride. The study assessed vomiting frequency, anorexia, and weakness, and statistical analysis was performed. **Results:** Both groups showed significant symptom reduction ($p < 0.001$). In the trial group, 30% were cured,

and 70% improved, while in the control group, 66.7% were cured, and 33.3% improved. No side effects were reported. Ayurvedic pharmacodynamics suggest that Eladi Vati's Deepana and Pachana actions enhance digestion, while Lajaambu's Sheet and Tarpana properties aid hydration and nutrition. **Conclusion:** Eladi Vati with Lajaambu is an effective and safe alternative for Garbhini Chhardi, acting systemically through Agnivardhana and Tridoshahara properties. It supports maternal and fetal health by enhancing digestion, preventing

malnutrition, and aiding Rasadhatu formation, thus offering long-lasting benefits. Further research is recommended to establish its broader clinical applications.

KEYWORDS: Garbhini Chhardi, Hyperemesis Gravidarum, Eladi Vati, Lajaambu, Ayurvedic treatment, pregnancy nausea, Deepana, Pachana, Agnivardhana, Tridosahara, Rasadhatu, maternal health, fetal development.

INTRODUCTION

Ayurveda emphasizes a holistic approach to health, stating "स्वस्थस्य स्वास्थ्य रक्षणं, आतुरस्य विकार प्रशमनं च" (Ch. Su. 30/26). Among its eight branches, Balroga addresses pediatrics, gynecology, and obstetrics. Women's evolving roles necessitate proper healthcare, especially during pregnancy, a crucial phase marked by physiological, hormonal, and metabolic changes.

Pregnancy leads to vyakta garbha lakshanas, including nausea and vomiting (Garbhini Chhardi), which Ayurveda considers physiological. However, modern lifestyle challenges hinder adherence to Garbhini Paricharya, leading to dosha imbalances and complications known as Garbhopadravas (Harit Samhita 15/1), one of which is Garbhini Chhardi.

In modern science, nausea and vomiting in early pregnancy arise from hormonal and immunological changes. Severe cases, known as Hyperemesis Gravidarum, affect 0.3-2% of pregnant women, leading to dehydration, weight loss, and potential risks for mother and fetus. Conventional treatments may have side effects, making safe and effective Ayurvedic alternatives essential.

While Shodhana Karma is advised for Chhardi Roga (Charak Samhita), it is contraindicated in pregnancy (च. सु. 25/40). Thus, mrudu aushadha chikitsa is preferred. Eladi Vati with Lajaambu, as described in Bhaishajya Ratnavali and Charak Samhita, offers a safe and effective treatment for Garbhini Chhardi, aligning with the Ayurvedic principle of balancing dosha, dhatu, mala, desha, and kala for optimal maternal health.

Eladi vati

एलापत्रत्वचोऽर्द्धाक्षाः पिप्पल्यर्द्धपलं तथा ।

सितामधुकखर्जूरमृद्वीकाश्च पलोन्मिताः ॥

सञ्चूर्ण्य मधुना युक्ता गुटिकाः कारयेद्विषक् ।

अक्षमात्रां ततश्चैकां भक्षयेच्च दिने दिने ॥

कासं श्वासं ज्वरं हिक्कां छर्दि मूर्च्छा मदं भ्रमम् ।

रक्तनिष्ठीवनं तृष्णां पार्श्वशूलमरोचकम् ॥

शोषप्लीहामवातांश्च स्वरभेदं क्षतक्षयम् ।

गुटिका तर्पणी वृष्या रक्तपित्तं विनाशयेत् ।

(भै. र. 13/42-45)

Lajaambu

तृष्णातीसारशमनोधातुसाम्यकरःशिवः।

लाजमण्डोऽग्निजननोदाहमूर्च्छानिवारणः ॥

(Charaka Sutra, chapter 27/254)

AIM

TO STUDY THE EFFICACY OF *ELADI VATI* WITH *LAJAAMBU* IN *GARBHINI CHHARDI* WITH SPECIAL REFERENCE TO HYPEREMESIS GRAVIDARUM.

Primary Objectives

To study the efficacy of *Eladi Vati* with *Lajaambu* in management of *Garbhini Chhardi* w.s.r. to *Hyperemesis Gravidarum*.

Other Objectives 1

1. To re-evaluate the efficacy of Tab. *Doxylamine succinate* with Tab. *pyridoxine* in *Garbhini Chhardi*.
2. To do conceptual study of *Garbhini Chhardi*.

Primary Hypothesis**Null Hypothesis [H_0]**

Eladi vati with *lajaambu* is NOT effective in management of *Garbhini Chhardi* w.s.r. to Hyperemesis Gravidarum.

Alternative Hypothesis [H_1]

Eladi vati with *Lajaambu* is effective in management of *Garbhini Chhardi* w.s.r. to Hyperemesis Gravidarum.

MATERIALS AND METHODS

Materials – All available Ayurvedic literature, modern textbook of gynaecology articles, journals, research papers were referred for the study.

Sample size – 60 (30 in each group).

Selection of patients – from Streeroga department.

OPD Group A – 30 patients with *Eladi vati* with *lajaambu*.

Group B – 30 patients with Tab. Doxylamine succinate with pyridoxine.

A drug used – Raw materials for *Eladi Vati* were sourced from a local Ayurvedic medicine store, formulation was prepared in the college's Ras-shala Combination of Tab. *Doxylamine succinate* with *pyridoxine* for the control group was procured from a medical store.

Duration of study – 18 months

Follow up - 4th, 8th, 12th, 16th, 20th day

GROUP OF PATIENTS

Group A – Trial group

Number of patients – 30

Drug – *Eladi vati* with *Lajaambu*

Dose – 1200 mg with 20 ml *lajaambu*

Time of administration – muhurmuha kala.

Group B – Control group

Number of patients – 30

Drug – Tab. Doxylamine succinate with pyridoxine

Dose – 10 mg + 10 mg twice a day with lukewarm water

Time of administration – after a meal.

Methods of selection of subjects

a. Inclusion Criteria

- Pregnant women with *chhardi vega* in first trimester of pregnancy.
- Both primigravida and multigravida.
- Pregnant women with age 21-30 years.

b. Exclusion Criteria

- Pregnant women in second and third trimester.
- Pregnant women with more than 7 episodes of vomiting and with dehydration.
- Women with known twin pregnancy and vesicular mole.
- A pregnant woman with known cause of vomiting due to systemic disorders like peptic ulcer, Appendicitis, Gastroenteritis, Liver disorders etc.
- A known pregnant patient of HIV, Hepatitis, Diabetes Mellitus, Tuberculosis.

c. Withdrawal Criteria

- Patients those who will be not willing to take medicine during study.
- Patients who will discontinue the treatment.
- If patient will show any adverse effect.

Assessment criteria

Subjective Criteria.

Sr. No.	Sign & Symptoms	Grades			
		0	1	2	3
1)	Anorexia	Can take both food and water	Can't take food but water in small amount	Can take water only	Can't take both food and water
2)	Content of vomitus	No	Only saliva	Gastric juice with saliva	Gastric juice With Contents of Whole food
3)	weakness	No	Mild (Can perform routine work slight weakness)	Moderate (Can perform routine work but not easily)	Severe (Cannot perform any work or bedridden)

Objective Parameter.

Sr. No.	Sign & Symptoms	Grades			
		0	1	2	3
1)	Frequency of vomiting	No vomiting	1 to 2 times /day	3 to 5 times/day	6 to 7 times/day

Overall Assessment Criteria.

percentage of relief	Results
Above 75%	Marked Improvement
Above 50% to 75%	Moderate Improvement
Above 25% to 50%	Mild Improvement
Below 25%	No Improvement.

Investigations

- 1) Urine Pregnancy Test
- 2) USG (Abdomen-Pelvis) – (If required)
- 3) Urine Routine (if required)
- 4) If any necessary investigation

Effect of *Eladi Vati* with *Lajaambu* in Trial group patients and Tablet *Doxylamine succinate* with tablet *Pyridoxine* in Control group patients in the management of ANOREXIA.

	Trial group		Control group	
	Before treatment	After treatment	Before treatment	After treatment
Mean score	2.30	0.70	2.13	0.40
Median score	2	1	2	0
% efficacy	69.56%		81.22%	
Wilcoxon sign rank test	Z= -4.802, P<0.001		Z = -4.607, P<0.001	

Effect of *Eladi Vati* with *Lajaambu* in Trial group patients and Tablet *Doxylamine succinate* with tablet *Pyridoxine* in Control group patients in the management of CONTENT OF VOMITUS.

	Trial group		Control group	
	Before treatment	After treatment	Before treatment	After treatment
Mean score	2.07	0.77	2.27	0.43
Median score	2	1	2	0
% efficacy	62.80%		81.06 %	
Wilcoxon sign rank test	Z= - 4.795, P<0.001		Z=-4.526, P<0.001	

Effect of *Eladi Vati* with *Lajaambu* in Trial group patients and Tablet *Doxylamine succinate* with tablet *Pyridoxine* in Control group patients in the management of WEAKNESS.

	Trial group		Control group	
	Before treatment	After treatment	Before treatment	After treatment
Mean score	2.07	0.67	2.10	0.43
Median score	2	1	2	0
% efficacy	67.63%		79.52%	
Wilcoxon sign rank test	Z= - 4.860, P<0.001		Z= -4.815, P<0.001	

Effect of *Eladi Vati* with *Lajaambu* in Trial group patients and Tablet *Doxylamine succinate* with tablet *Pyridoxine* in Control group patients in the management of FREQUENCY OF VOMITING.

	Trial group		Control group	
	Before treatment	After treatment	Before treatment	After treatment
Mean score	2.30	0.73	2.03	0.40
Median score	2	1	2	0
% efficacy	68.26%		80.29%	
Wilcoxon sign rank test	Z= - 4.807, P<0.001		Z= - 4.736, P<0.001	

Total Percentage relief of Group A & Group B.

	Group A		Group B		
	Remark	Mean improvement	Remark	Mean improvement	Comparative efficacy
Anorexia	Significant	69.56%	Significant	81.22%	Equally effective
Content of vomitus	Significant	62.80%	Significant	81.06%	Equally effective
Weakness	Significant	67.63%	Significant	79.52%	Equally effective
Frequency of vomiting	Significant	68.26%	Significant	80.29%	Equally effective
Average % improvement		67.06%		80.52%	

The average % improvement for group A was 67.06% while for group it was 80.52%.

Result of Effect of *Eladi Vati* with *Lajaambu* in Trial group patients and Tablet *Doxylamine succinate* with tablet *Pyridoxine* in Control group patients.

Result	Trial group		Control group		Total
	Number	Percentage	Number	Percentage	
CURED	9	30	20	66.7	29
IMPROVED	21	70	10	33.3	31
NO Change	00	00	00	00	00
Aggravated	00	00	00	00	00
Total	30	100	30	100	60

Statistically highly significant association observed between treatment used and cureness ($\chi^2 = 8.08$, $p=0.004$)

Overall effect of *Eladi Vati* with *Lajaambu* in Trial group patients and Tablet *Doxylamine succinate* with tablet *Pyridoxine* in Control group patients.

Criteria	Trial group		Control group	
	No. of patients	Percentage	No. of patients	Percentage
Excellent improvement (75 – 100)%	09	30.0	19	63.3
Moderate improvement (50-75)%	17	56.7	06	20.0
Mild improvement (25-50)%	04	13.3	05	16.7
Poor improvement (0-25)%	00	0.0	00	0.0

DISCUSSION

Garbhini Chhardi is a common early pregnancy symptom requiring focused treatment. This discussion is divided into.

1. Conceptual Study

Kapha Dosha and Rasa Dhatu are dominant in Garbhini Chhardi.

Nutritional supply to the fetus follows Upsnehan Nyaya, and Kapha imbalance leads to hrullas, chhardi, agnimandya, and inadequate maternal nutrition.

Complications may include pandu, IUGR, low birth weight, and oligohy dramnios.

2. Probable Mode of Action

Eladi Vati: Contains Ela, Pippali, and Twak, which aid deepana, pachana, and Kapha-Vatahara actions, helping to balance digestion and prevent nausea.

Lajaambu: Promotes agnideepana, pitta shaman, vatanuloman, and is beneficial for sukumar vyakti by enhancing digestion and restoring vitality.

Modern Perspective: Eladi Vati reduces gastric secretions, has anti-inflammatory and anti-ulcerogenic effects, counteracting hormonal influences like progesterone and leptin.

Comparison with Standard Treatment: Doxylamine Succinate & Pyridoxine Hydrochloride (Vitamin B6) are commonly used, though their exact mechanism in nausea relief remains unclear.

3. Clinical Study & Statistical Analysis

Group A (Eladi Vati with Lajaambu): 30% cured, 70% improved.

Group B (Doxylamine + Pyridoxine): 66.7% cured, 33.3% improved.

Both groups showed significant symptom reduction, confirming Eladi Vati with Lajaambu as an effective alternative.

Eladi Vati's long-term efficacy is due to its agnivardhana and tridosahara properties, promoting deepana, pachana, rasadhatu uttpati, and dhatu poshana essential for maternal and fetal health.

Prevents further complications like shosha, vivarnata, and atisara, supporting Masumasik Garbhavidhi and overall well-being.

Thus, Eladi Vati with Lajaambu is a safe and effective Ayurvedic intervention for Garbhini Chhardi, offering systemic benefits beyond symptomatic relief.

CONCLUSION

This study evaluated the efficacy of Eladi Vati with Lajaambu in Garbhini Chhardi and found a significant reduction in symptoms like vomiting, anorexia, and weakness ($p < 0.001$). Among the 30 participants in each group, no complications or side effects were observed. From an Ayurvedic perspective, Eladi Vati acts through Deepana and Pachana, while Lajaambu provides Sheet and Tarpana effects, collectively balancing Kapha-Pitta, nourishing

dhatus, and maintaining Vata equilibrium, thereby controlling Chhardi. The Pittaghna action helps relieve nausea, Vatapittaghna properties control vomiting, Deepana and Aampachana improve anorexia, and Rasagnideepan and Sadyatarpan effects reduce weakness.

In comparison with modern treatment, Doxylamine succinate with Pyridoxine hydrochloride in the control group also demonstrated significant efficacy, but Eladi Vati with Lajaambu offers systemic and long-lasting effects due to its Agnivardhan and Tridosahara properties. It supports fetal growth by enhancing Rasadhatu and Dhatu formation, preventing complications such as Shosha, Vivarnata, and Atisara. Throughout the study, no adverse reactions were observed in either group. These findings suggest that Eladi Vati with Lajaambu is a safe and effective alternative treatment for Garbhini Chhardi, though further research is needed to expand its clinical applications.

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