

Role of Bhunimba Granules in Garbhini Chardi: A Single Case Study

Dr. Pravesh Tomar¹, Manisha Kumari²

1. Professor, M.S(Ay.), H.O.D. Prasuti Tantra EvumStreeRoga Department, Uttarakhand Ayurved University, Rishikul Campus, Haridwar.

2. P.G Scholar, Prasuti Tantra EvumStreeRoga Department, Uttarakhand Ayurved University, Rishikul Campus, Haridwar.

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ABSTRACT:

Background: Nausea and vomiting are very common unpleasant problem in pregnancy but the severity is extremely variable from person to person and even pregnancy to pregnancy. About 70-80 % of pregnant women complaint of nausea and vomiting during the first half of pregnancy which tends to be worse in the morning and frequently continue throughout the day; can be correlated with GarbhiniChardi which is one of the Vyakta Garbha Lakshana in Ayurvedic literature (आर्तव अदर्शनं आस्यसंस्रवणम् अनन्नाभिलाषः चर्छर्दिः अरोचको अम्लकामता)¹. If proper care is not given timely; it may lead to complications like severe dehydration, tiredness, weight loss etc. which may affect the quality of life (QOL) of pregnant woman and thus also the pregnancy outcome. **Aims and objective:** To evaluate the role of Ayurvedic management of GarbhiniChardi by Bhunimba granules. **Methodology:** Primigravida woman aged 23 years with gestational period of 7 weeks 4 days and complaints of repeated episodes of vomiting throughout the day associated with generalised weakness, lower abdomen pain, fever and headache visited the outpatient department. As antiemetic medication was not found beneficial she was administered with Ayurvedic formulation of Bhunimba granules along with GauDugdha before meal for 15 days. **Result:** There was substantial relief in vomiting along with associated symptoms and improvement of general health of pregnant woman. **Conclusion:** Bhunimbaganules were found effective in the management of GarbhiniChardi. So, early medication and following dietetic regimen is the key to overcome the GarbhiniChardi.

KEYWORDS: Ayurveda, GarbhiniChardi, Emesis gravidarum, Bhunimba granules, Nausea and vomiting.

I. INTRODUCTION:

The woman is considered as one of the most essential factor for the continuity of human race as stated by Acharya Charaka as 'Woman is the origin of the progeny'². Pregnancy is a physiological condition and one of the most sensitive part of a woman's life and motherhood is the apex of life. She has to pass through the state of pregnancy to achieve this. The symptoms of pregnancy like morning sickness, nausea & vomiting etc. according to our culture is the greatest moment of joy in women's life as well as for her entire family.³

In this era where life style and status of woman has been changed, woman carry on equal responsibilities like males in almost all fields. They have to act both in home as well as at working place. In this condition, vomiting in pregnancy interferes with woman's normal day to day life.

During pregnancy, there is progressive anatomical, physiological, and biochemical changes not only confined to the genital organs but also to all systems of the body. This is principally a phenomenon of maternal adaptation to the increasing demands of the growing fetus⁴. Nausea and vomiting is one among these physiological changes which can be correlated with GarbhiniChardi. In Ayurvedic literature, GarbhiniChardi mentioned as Vyakta Garbha Lakshana.

As it is a physiological symptom, it has no harm on growing fetus and mother. If this condition is not treated well early or in time, the pregnant women may suffer from severe dehydration, metabolic acidosis, alkalosis, electrolyte imbalance and weight loss which may affect the quality of life (QOL) of pregnant woman and thus also the pregnancy outcome. According to WHO, quality of life (QOL) is defined as individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and

concerns⁵. Ayurvedic classics have also mentioned it as Garbha Updravas(हृल्लासच्छर्दिशोषश्च ज्वरः शोफस्तथारुचिः|विवर्णत्वमतीसारोऽष्टौ गर्भोपद्रवास्मृताः||)⁶. Garbhiniavastha is a delicate state in which the treatment should be very gentle and assuring. Shamana Chikitsa is suggested instead of Shodhana Chikitsa. While explaining regarding Chikitsain Garbhini; Acharyas have mentioned that she should be given things which are soft, sweet, easily palatable, Hridya and which are liked by her⁷. Khanda (granules preparation) is one among them which is liked by Garbhini because of sweetening agents present in this. Ayurvedic antiemetic preparations are very gentle and potent. They can be used for long term treatment without any harm to the fetus.

The reference has taken from Harita Samhita. Acharya Harita has described Garbhini Chardi as Garbhopdravas. In its Chikitsa he had mentioned to take Bhunimba Kalka (Kiratatikta-Swertia chirata) with equal amount of Sharkara⁸.

Aims and objective: To evaluate the role of Bhunimba granules in Garbhini Chardi (emesis gravidarum).

II. MATERIALS AND METHOD:

Present study was carried out in Rishikul Ayurvedic College, Uttarakhand Ayurved University, Haridwar.

A bilingual informed written consent was taken from the subject and the case was recorded as per case proforma.

III. CASE REPORT

A primigravida (G₀₊₀) woman aged 23 years with gestational period of 7 weeks 4 days presented with complaint of repeated episodes of vomiting (4-5 times in 24 hours) associated with

anorexia, acidity, generalised weakness, lower abdominal pain, fever and headache.

History of present illness

Patient was experiencing healthy pregnancy related changes till 7 weeks. Gradually she developed with excessive salivation and nausea during gestational period of 7 weeks which got aggravated gradually around eighth week of gestation and started with repeated episodes of vomiting which persisted throughout the day (4-5 times in 24 hours) with quantity of 50-100 ml in each vomitus having food mixed content which disturb her daily routine activities. So, she availed the conventional treatment with modern medicine for two days but as the condition did not improve, she approached the ayurvedic health care at Rishikul Ayurvedic College, Uttarakhand Ayurved University, Haridwar.

History of past illness-

Medical history- Antiemetic medicines for 2 days,

Surgical history- Not any

Family history- Mother was suffering from hyperemesis gravidarum.

Age of menarche- 14 years.

Menstrual history- With LMP on 11/11/2022 patient had regular menstrual periods with duration of bleeding for 4-5 days with average flow at an interval of 28-30 days.

Marital status: Married, Married life – 4 years

Obstetrical history- G₁P₀A₀

Contraceptive history- Barrier method was used for 3 years.

Personal history-

Appetite: Decreased, Diet: Vegetarian, Thirst: 5-6 glasses per day, Bowel: Constipation, Micturition: Frequent, Sleep: Disturbed, Exercise: Regular walking for 30 minutes, Addiction: Not any, Occupation: Police

Clinical findings: General examination:

G.C- Fair	Pallor- Absent
B.P- 110/70 mm of hg	Icterus- Absent
P.R- 92/min	Pedal oedema- Absent
R.R- 18/ min	Clubbing- Absent
Temp.- 98.7°F	Cyanosis- Absent
Height- 5'5''	Lymph node- Not palpable
Weight- 58 kg	Thyroid gland- Not enlarged
Built- Average	Neck vein- Not prominent
Nutritional status- Good	Breast- Engorged

Physical examination: Dashvidha Pariksha:

1.	Prakriti	Sharirik- PK Mansika- Rajsika
2.	Vikriti	Vata Pitta Kapha
3.	Sara	Madhyama
4.	Samhanana	Madhyama
5.	Pramana	Madhyama
6.	Satva	Madhyama
7.	Satmya	Sarva rasa
8.	Aahara Shakti	Abhyavarana Shakti- Madhyama Jarana Shakti- Madhyama Agni- Manda
9.	Vyayama Shakti	Madhyama
10.	Vaya	Yuvati

Systemic examination-

Central nervous system- She was conscious & well oriented to person, place & time.

Cardiovascular system- S1S2 normally heard. No additional sound +nt.

Respiratory system- B/L chest symmetrical. Bronchovascular sound normally heard.

P/A- Normal contour of abdomen, No any scar present, Uterus not palpable.

Investigations:

Sample	Particulars	Values
UPT		Self positive on 15/12/2022
Blood group		'O' Positive
CBC	Hb-	10.6 gm%
	TLC-	10400/mm ³
	DLC- N%-	70.30%
	L%-	21.90%
	M%-	05%
	E%-	1.70%
	B%-	0.70%
	RBC-	3.80mill/mm ³
	Platelet count-	2.2 lacs/mm ³
ESR		10 mm for 1 st hr
RBS		100mg/dl
VDRL		Non- reactive
HCV		Non- reactive
HIV I & II		Non- reactive
HbsAg		Non- reactive
Urine R & M		Albumin- Nil Sugar- Nil Pus cells- 1-2 /hpf Epithelial cells-2-3/hpf
USG of lower abdomen		Single viable fetus of size 7 weeks + 4 days. FHR~ 154 bpm

Diagnosis: GarbhiniChardi (Emesis gravidarum).
Treatment administered: Bhunimba granules 2tsf QID with GauDugdhabebefore meal for 15 days.
Follow up: Patient was followed up every 7 days during treatment and after treatment for trial period of one month.
Pathya and Apathyaadvised during treatment

Patient was adviced to consume dry toast, desired fruits and edibles.All Manoanukulakarya like praying, meditation, listening to good music, relaxingYogasanalike Shavasana was also adviced as a modification of Vihara.
Patient was also adviced to avoid excessive liquid intake, excessive exercise, exertion, heavy weight lifting, riding jerky vehicles.

IV. RESULT:

ASSESSMENT OF CRITERIA BEFORE AND AFTER TREATMENT:

SR. No.	Parameters	Before treatment (Day 0)	During treatment (Day 7)	After treatment (Day 14)	Follow up (Day 21)	Follow up (Day 28)
Subjective parameter						
1.	Aruchi (Anorexia)	Present	Present	Absent	Absent	Absent
2.	Hrillasa(Nausea)	Present	Present	Present	Absent	Absent
3.	Chardi Vega (Frequency of vomiting)	>6-7 times	3-4 times	1-2 times	Absent	Absent
4.	Daurbalya (Weakness)	Present	Present	Present	Absent	Absent
5.	Shrama(Fatigue)	Present	Present	Absent	Absent	Absent
6.	Vibandha(Constipation)	Present	Present	Absent	Absent	Absent
7.	Shirahshoola (Headache)	Present	Present	Absent	Absent	Absent
Objective parameter						
1.	Change in body weight	58 kg	57.1kg	56.8kg	57kg	57.3kg
2.	Quantity of vomitus	>50-100 ml/ vomitus	50-100 ml/ vomitus	<50 ml/ vomitus	Absent	Absent
3.	Content of vomitus	Food mixed	Food mixed	Bile	Absent	Absent
Associated symptoms						
1.	Painin lower abdomen	Present	Present	Present	Absent	Absent
2.	Fever	Present	Absent	Absent	Absent	Absent
3.	Acidity	Present	Present	Present	Absent	Absent
4.	Gaseous distention	Present	Present	Present	Present	Absent

V. DISCUSSION:

Ama Garbhavastha is the cause of GarbhiniChardi in early phase of pregnancy without any pathological cause⁹. While explaining Chikitsasutra in GarbhiniVikara, dietary materials or drugs which are Mridu, Madhura, Sukha, Sukumara and Hridya are indicated.Considering this view, an attempt was made to manage the GarbhiniChardi with YogaofBhunimbakalka with Sharkara.In today's busy life, especially for working women, as it is inconvenient to consume Kalka (Paste) four times per day. So, for the patient's convenience, this preparation was given in the granules formwhich was easily prepared, administered and palatable¹⁰. The presence of sweetening agent Sharkara improved the palatability of the drug.Sharkara is having Madhura Rasa, Snigdha Guna, Sheeta Veerya, Madhura

Vipaka, Vatapitta Shamaka, Hridya, Ruchikara, Balya, Brimhana, Chardi, Daha and Trishna Nashaka properties. It also provides Carbohydrate, Protein, Calcium, Iron & Phosphorus.Carbohydrate starvation is one of the cause of vomiting¹¹ that's why presence of fructose and glucose in this trial drug helps to supplement it and thus prevent vomiting.

Probable mode of action of the drug: The drug is having Tikta Rasa,Laghu,Ruksha Guna,Sheeta Veerya, KatuVipaka,Kaphapitta Shamak, Deepana, Pachana,Trishna Nigrahana, Anulomana, Hridya, Rakta Shodhaka, Shothhara, Dahaprashamana,Nidrajanana, Jwarghana properties¹²& good for vomiting in pregnancy¹³.

- ❖ Due to TiktaRasa, the drug is useful to reduce anorexia because this Rasa offers AruchiNashaka effects¹⁴.
- ❖ Laghu Guna helps to assimilate the drug quickly thus this drug offers quick relief in this condition.
- ❖ Due to Sheeta potency and Daha Shamaka property, this drug is helpful in relieving burning sensation during GarbhiniChardi.
- ❖ Kaphapitta Shamakaaction of drug reduces the nausea & frequency of vomiting.
- ❖ Tikta Rasa & Ruksha Guna have Klednashaka effect thus helps to reduce the excessive salivation.
- ❖ Due to Deepana, Pachana properties of drug, it prevents formation of Ama thus reduces the indigestion, constipation and does Ahara Pachana which helps in formation of Rasadi Dhatus by which proper Poshana to the Garbha is maintained.
- ❖ Bhunimba granules help in AnnavaSrotovishodhana by the action of Pachana and thus reduced Kapha Vriddhi Lakshana and Hrillasa thereby causing Indriya Prasadana which increases the perception of taste by acting on taste receptor.
- ❖ Due to Jwarghana property, it is effective in fever.
- ❖ During pregnancy there is considerably increased gastric secretions & this drug significantly reduces the gastric secretions.
- ❖ Due to increased gastric secretions in pregnancy, the pregnant woman develops gastritis that enhances vomiting or vice versa. Swertia chirayta has been studied for its anti-ulcerogenic and anti-inflammatory activity. As majority of anti-inflammatory drugs cause gastritis, Swertia chirayta is also helpful for this condition because it also possesses the anti-ulcerogenic property.
- ❖ In vomiting, purgation therapy has been advised by Acharyas and this drug also has laxative and antihelminthic properties.
- ❖ Swerchirin isolated from Swertia chirayta shows a blood sugar lowering effect^{15,16}. The formulation given to pregnant woman was Bhunimba granules which contain Sharkara that helped to overcome its hypoglycemic activity.
- ❖ Emotional factor and psychiatric illness undoubtedly contribute to vomiting in pregnancy. Gentianin extract of chirayta has been studied for its antipsychotic activity.

- ❖ Shavasana and Vajrasana are also helpful in this subject to relax the mind and relieve the stress. Thus, by relieving the anxiety during pregnancy, the yogic postures may relax the smooth muscle contraction in the gastrointestinal tract¹⁷ that may decrease the sensitivity of chemoreceptor trigger zone to vomiting response stimulus.¹⁸

VI. CONCLUSION:

Among all the Shad Rasas Katu and Tikta Rasa dravayas have better action in controlling the vomiting. Bhunimba Granules along with appropriate dietary modifications could substantially reduce the emesis gravidarum and also improved the general health of pregnant woman. There were no adverse effects noted during the trial period of study. In spite of vomiting in pregnancy, the oral administration of Bhunimba Granules was also effective in fever, constipation, pain in abdomen, acidity, gaseous distention and generalised weakness. So, early medication and following a dietetic regimen is the key to overcome symptoms of GarbhiniChardi. In vomiting in pregnancy, along with medications, dietary modification, behavioural changes and assurance also help in controlling it.

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