

Randomized open controlled study of aamrapatra and jambupatra kwatha orally in garbhini chhardi with special reference to emesis gravidarum.

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ABSTRACT

Pregnancy is most beautiful and emotional event in women's life. Growing fetus depends entirely on mother's diet hence a mother should eat well during pregnancy for healthy child and conversely an improper diet can hamper the fetus' growth and may lead to intrauterine growth retardation or missed abortion or a large number of problems in the child. Since in early pregnancy, there is a hormonal chaos in the mother's body, it often leads to Emesis Gravidarum. Emesis. Gravidarum emesis affects up to 70% of pregnant women. Symptoms are most common and most sever during the 1st trimester. Effects vary from mild to very sever in some cases and one of the obvious effect of this is dehydration and nutritional and metabolic imbalance. These effects take a serious toll on the physical and mental condition of the pregnant woman and thus, in turn, the fetus. Hence, management of emesis gravidarum with due gravity is of utmost importance. With an aim to study the potency of Aamra and Jambupatra kwatha administered orally on women affected by

emesis gravidarum, this study intends to find an effective and reliable ayurvedic alternative to the predominant allopathic medicines. With the study and observational findings of 80 patients the efficacy of the kwatha is also discussed.

Keywords: Emesis Gravidarum, Garbhini Chhardi, ANC, Amrapatra jumbupatra kwatha.

INTRODUCTION

Fetus depends entirely on mother diet hence mother should eat well during pregnancy for healthy child, improper diet provide less nutrition to baby which hamper baby's growth and may cause Intra uterine growth retardation, or missed abortion or congenital defects.

After 2-8 weeks of pregnancy baby most sensitive to harm, prevalence of nausea and vomiting is about 70% in pregnant women¹. Hence pregnant women must take measures to remain healthy and well nourished to give birth to a healthy progeny.

According to Acharya Charaka, Vyaktagarbha Lakshana²

आर्तव अदर्शनम् आस्यस्त्रवनम् अनन्नाभिलषा

छर्दि अरोचकोऽम्लकामता च विशेषेण ॥ च. शा.

४/१६

Though normal pregnancy is a natural state, it depends upon good nutritional status, emotional and behavioural pattern. In Ayurveda it is stated that³,

तसैव च अनुपघाताय परिपूर्णत्वाय सुखप्रसवाय
चोपचारोच्यते । अ.सं. शा. ३/१

This means hitakar aahar-vihar is important for

अनुपघाताय- For no harm to baby and mother.

परिपूर्णत्वाय- For complete development, maturity of foetus and delivery at proper time.

सुखप्रसवाय -For easy and uncomplicated delivery.

Garbhini Chhardi is one of garbhavyapada which is mentioned in Ayurveda classics. In Ayurveda, these complications are called Garbhopadras⁴.

शोषो हुल्लासच्छर्दिश्च शोफो ज्वर स्तथारुचि :।
अतिसारो विवर्णत्वं अष्टौ गर्भस्य उपद्रवाः । हा. सं.
तृतीयस्थान ५१/१

According to Ayurvedic classics there are eight garbhopadras in which garbhini chhardi has been mentioned one of them. This symptom remains severe till for first 3 to 4, due to unfulfillment of Dauhridaya and presence of fetus, vata gets provoked causes vomiting. Later it become milder and vanishes almost completely by the end of 6th month.

In the description of disease Chhardi, Sushruta has enlisted pregnancy also as a

causative factor. Also in all classics Chhardi mentioned according doshas Vataja Pittaja Kaphaja sannipataja. Due to non fulfillment of dauhrida and presence of foetus, Vata gets provoked and causes vomiting⁵.

दूतमुत्क्लेशितो बलात् ।

छादयन्नाननं वेगैरर्दयन्नंगभंजनैः ॥

निरुच्यते छर्दिः इति दोषो वक्त्रं प्रधावितः ॥

(मा. नि. / छर्दि - ०४)

There are different physiological and hormonal changes going on in pregnant woman like excessive salivation, uneasiness etc due to growing fetus. These changes manifest certain conditions among which, Garbhini Chhardi is one such condition seen in most of pregnant woman.

The cooled decoction of leaves of mango and black berry mixed with honey relieves vomiting in pregnancy⁸.

आम्रजम्बुप्रवालानि सितानि सुश्रुतानी तु ॥ १२३

क्षौद्रयुक्तानि पेयानि श्लेष्मच्छर्दिम विशेषतः ॥

का खि १०/१२३.

This formulation can be easily prepared and administered. This formulation is having Hridya, Rochana, Depaneeeya, Grahi properties. Keeping these views in mind these drugs opted for the study.

AIM AND OBJECTIVES

To study the efficacy of Aamra and Jambupatra kwatha orally on Garbhini Chhardi with special reference to emesis gravidarum.

MATERIALS AND METHODS

This is the randomized open control clinical study done on clinically

diagnosed patients of Garbhini Chhardi. The drugs used for this clinical study are Amra and Jambu patra decoction in trial group and Doxilamine succinate in control group.

Material : Patients were selected from O.P.D. of P.T.S.R Department of our college.

Total 80 patients of clinically diagnosed garbhini chardi (emesis gravidarum) were selected randomly from OPD of Prasuti tantra avum striroga department of hospital.

Inclusion criteria:

- Pregnant woman between 20 to 35 years of age.
- Pregnant woman with symptoms of garbhinchhardi in first trimester of pregnancy.
- Both primi and multi Gravida.

Exclusion criteria

- Pregnant women with hyperemesis gravidarum

- Vomiting caused due to other systemic disorders like pepticulcer, appendicitis, hepatitis

Criteria for discontinuation of patient :

- 1) Patient unable to tolerate the therapy.
- 2) Any adverse drug reaction
- 3) Patient fail to reports follow up or irregular medication.

Method of preparation

- 1) Take equal measures tender mango leaves and Jambu leaves.
- 2) Dry and crush them.
- 3) Mix both crushed leaves in equal measures.
- 4) Provide each patient with 40 gm per day of crushed leaves.
- 5) The kwath has been prepared by taking the mixture in a vessel and adding water about 16 times the volume of dried leaf mixture on stove until the volume is reduced to half of original.
- 6) The patient is adviced to consume about 40 ml of kwath in the mornings and 40 ml in the evenings.



Route administration: Oral

Anupan : Madhu

Dose: 40 ml BD

Duration : Medicine was given to patient right from the first visit for fifteen days.

Follow up : Follow up of each patient was taken for 1st, 4th, 7th ,15th days.

CRITERIA FOR ASSESSMENT:

Patients were assessed for following criteria of assessment:

Subjective Criteria:

Pregnant women with
Praseka (Salivation)
Hrullasa (Nausea)
Aruchi (Anorexia)
Weakness

Objective Criteria:

Chhardi (Vomiting)

Criteria of Assessment:

Assessment of Parameters:

Parameters	Absent	Mild	Moderate	Severe
Nausea	Absent	On and off Nausea But able to Eat	Due to nausea Can take food Sometime	Due to nausea cannot Take food at all
Anorexia	Absent	Can take Food Forcefully But in Moderate Amount	Taking Food Forcefully But in Small Amount	Not taking food at All
Weakness	Absent	Can Perform Routine Work Weakness slight	Can perform Routine Work but Not that Easily	Cannot perform any Work , bed ridden
Praseka	Absent	On and off Praseka But able to Eat	Due to Praseka Can take Food Sometime	Due to praseka cannot take food at all

Objective: Chhardi (Vomiting)

Parameters	Absent	Mild	Moderate	Severe
Frequency Of Vomiting	Absent	1-2 Episodes / Day	3-4 Episodes / Day	More than 4 Episodes / Day

OBSERVATIONS

Nausea		0: Absent		1: Mild		2: Moderate		3: Severe	
		No	%	No	%	No	%	No	%
Group A	BT	0	0%	12	30%	28	70%	0	0%
	AT	40	100%	0	0%	0%	0%	0	0%
Group B	BT	0	0%	17	42.5%	23	57.5%	0	0%
	AT	40	100%	0	0%	0	0%	0	0%

Frequency of Vomitting		0: Absent		1: Mild		2: Moderate		3: Severe	
		No	%	No	%	No	%	No	%
Group A	BT	0	0%	9	22.5%	13	77.5%	0	0%
	AT	40	100%	0	0%	0	0%	0	0%
Group B	BT	0	0%	6	15%	34	85%	0	0%
	AT	40	100%	0	0%	0	0%	0	0%

		0: Absent		1: Mild		2: Moderate		3: Severe	
		No	%	No	%	No	%	No	%
Group A	BT	0	0%	19	47.5%	21	52.5%	0	0%
	AT	40	100%	0	0%	0	0%	0	0%
Group B	BT	0	0%	20	50%	20	50%	0	0%
	AT	40	100%	0	0%	0	0%	0	0%

		0: Absent		1: Mild		2: Moderate		3: Severe	
		No	%	No	%	No	%	No	%
Group A	BT	0	0%	13	32.5%	27	67.5%	0	0%
	AT	40	100%	0	0%	0	0%	0	0%
Group B	BT	0	0%	17	42.5%	23	57.5%	0	0%
	AT	40	100%	0	0%	0	0%	0	0%

		0: Absent		1: Mild		2: Moderate		3: Severe	
		No	%	No	%	No	%	No	%
Group A	BT	0	0%	18	45%	22	55%	0	0%
	AT	40	100%	0	0%	0	0%	0	0%
Group B	BT	0	0%	19	47.5%	21	52.5%	0	0%
	AT	40	100%	0	0%	0	0%	0	0%

RESULTS

Final assessment (patient wise)	Group A		Group B	
	Count	%	Count	%
Cured	40	100.00%	40	100.00%
Improved	00	00.00%	00	00.00%
No change	00	00.00%	00	00.00%
Aggravated	00	00.00%	00	00.00%

All the patients from group A and group B were cured by the end of the study.

Variables	Group A	Group B	Comparative Efficacy
Nausea	Significant	Significant	Equally effective
Frequency of Vomiting	Significant	Significant	Equally effective
Anorexia	Significant	Significant	Equally effective
Weakness	Significant	Significant	Equally effective
Praseka	Significant	Significant	Equally effective

DISCUSSION

Age:

In group A, 9 patients (22.5%) belonged to age group 20 – 24 years, 21 patients (52.5%) belonged to 25 – 29 years while 10 patients (25%) belonged to age group 30 – 35 years.

In group B, 20 patients (50%) belonged to age group 20 – 24 years, 18 patients (45%) belonged to 25 – 29 years while 2 patients (5%) belonged to age group 30 – 35 years.

Occupation

In group A, 24 patients (60%) were housewife, 7 patients (17.5%) were in job while 9 patients (22.5%) were labourer. In group B, 25 patients (62.5%) were housewife, 8 patients (20%) were in job while 7 patients (17.5%) were labourer.

Here the majority of proportion belongs to housewife, followed by labourer and job work. This denotes the affliction of garbhini chardi among all the groups, despite of their occupation.

Agni:

In group A, 9 patients (22.5%) were with manda agni, 7 patients (17.5%) were with tikshna agni while 24 patients (60%) were with vishama agni. In group B, 12 patients (30%) were with manda agni, 9 patients (22.5%) were with tikshna agni while 19 patients (47.5%) were with vishama agni.

Among both the group 26.25% were manda agni, 20% were with tikshna agni while 53.75% were with vishama agni. This indicates the vishama agni have more dominancy in garbhini chardi.

Koshta:

In group A, 8 patients (20%) were of krura koshta, 26 patients (65%) were with madhyama koshta while 6 patients (15%) were observed with mruvu koshta. In group B, 8 patients (20%) were of krura

koshta, 18 patients (45%) were with madhyama koshta while 14 patients (35%) were observed with mruvu koshta.

Among both the group 20% were with krura koshta, 55% were with madhyama koshta while 25% were observed with mruvu koshta. This indicates the madhyama koshta have more dominancy in garbhini chardi.

Prakruti

In group A, 19 patients (47.5%) were with Pitta-Kapha prakruti, 8 patients (20%) were found with Vata-Kapha prakruti while 13 patients (32.5%) were having Vata-Pitta prakruti. In group B, 18 patients (45%) were with Pitta-Kapha prakruti, 12 patients (30%) were found with Vata-Kapha prakruti while 10 patients (25%) were having Vata-Pitta prakruti.

This denotes the affliction of garbhini chardi among all the groups, despite of their prakruti. But among the both the groups the percentage is more in Pitta-Kapha prakruti 46.25%, followed by Vata-Pitta 28.75% and Vata-Kapha 25.00% respectively.

This indicates the Pitta kapha prakruti have more dominancy in garbhini chardi.

Sara:

In group A, 5 patients (12.5%) were of Awara sara, 27 patients (67.5%) were having Madhyama sara while 8 patients (20%) were found with Prawara sara. In group B, 8 patients (20%) were of Awara sara, 24 patients (60%) were having Madhyama sara while 8 patients (20%) were found with Prawara sara.

Among both the group Awara sara were 16.25%, Madhyama sara were 63.75%, Prawara sara were 20.00%. This indicates the Madhyama sara have more dominancy in garbhini chardi.

Samhanan:

In group A, 11 patients (27.5%) were with Awara samhanan, 20 patients (50%) were with Madhyama samhanan while 9 patients (22.5%) were observed with prawara samhanan. In group B, 11 patients (27.5%) were with Awara samhanan, 17 patients (42.5%) were with Madhyama samhanan while 12 patients (30%) were observed with prawara samhanan.

Among both the group Awara samhanan were 27.50%, 46.25% were with Madhyama samhanan while 26.25% were observed with prawara samhanan. This indicates the Madhyama samhanan have more dominancy in garbhini chardi.

CONCLUSION

Among the both the groups the percentage is more in Pitta-Kapha prakruti 46.25%, followed by Vata-Pitta 28.75% and Vata-Kapha 25.00% respectively. This indicates the Pitta kapha prakruti have more dominancy in garbhini chardi.

Aamrajambupatra kwatha and doxilamine succinate both are effective in management of Nausea.

Aamrajambupatra kwatha and doxilamine succinate both are effective in management of Frequency of vomiting

Aamrajambupatra kwatha and doxilamine succinate both are effective in management of Anorexia.

Aamrajambupatra kwatha and doxilamine succinate both are effective in management of Weaknes.

Aamrajambupatra kwatha and doxilamine succinate both are effective in management of Praseka.

In Comparative Analysis between the groups:

Aamra and jambupatra kwatha and 'doxilamine succinate' are equally effective in reducing nausea, frequency of

vomiting, anorexia, weakness, praseka after treatment.

Average number of days required for improvement:

On course of time aamra and jambupatra kwatha is having earlier effect in improvement of reducing nausea, anorexia, weakness, praseka than that of doxilamine succinate.

On course of time 'doxilamine succinate' is having earlier effect in improvement of reducing frequency of vomiting than that of aamra and jambupatra kwatha'

As per the severity aamrajambupatra kwatha had shown reduction in more severity of nausea, praseka, weakness, anorexia.

The doxylamine succinate had shown the reduction in the more severity of vomiting.

In overall assessment all the patients had shown the improvement.

Within group comparison both the aamrajambupatra kwatha and doxilamine succinate shown significant improvement among all the parameters.

Hence this is to conclude that the aamrajambupatra kwatha and doxilamine succinate both are effective in garbhini chardi.

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