EVALUATION OF EFFECT OF DHANYAK CHURAN IN UPPER G.I.T. DISORDERS IN PREGNANCY W.S.R. TO GARBHAJ CHHARDI
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KEYWORDS: Pregnancy, Nausea, Vomiting, Dhanyak, Tandulodak.

ABSTRACT
Motherhood is a greatest gift to women which is presented by good to see becomes a mother of a healthy child women, who goes through motherhood experience that is a cause of proud being a mother. The pregnancy is a state of so many physiological changes by which the pregnant women may suffer so many problems out of which the G.I.T. Tract problems like nausea, Vomiting, Headache, Heart burn, constipation etc are more effective etiological treats to disturb the health of mother and child. The aim of this research work is to assess the efficacy of Dhanyaka Churna in upper GIT disorders w.s.r. Gharbhaj Chhardi. Ayurveda is a treasure of herbal drugs. India recently increased research on traditional Ayurvedic herbal medicines after observation.

Study design: The study was single grouped, which contains 20 female patients selected from OPD/ IPD of M.M.M Govt. Ayurveda College & Hospital, Udaipur (Rajasthan). Drugs containing (Dhanyaka churana + Sarak) with Tandulodak. Tandulodaka use as an Anupana with Sangrahaka. Drugs. dose 2gm bd. The regimen followed for 45 days with follow up every 15 days. Base line assessment was done of selected patients.

Result: The study result suggests that The Dhanyaka churna with Tandulodak is effective in Headache Loss of appetite, Nausea, Vomiting and Giddiness during pregnancy.

INTRODUCTION
Motherhood is a greatest gift to women which is presented by God. To become a proud mother of a healthy child; women has to go through a nine month long journey and she has to face many ups and downs in this journey from the very first month of conception, one of them is Vamana.

Pregnancy
- Gestation, Fetation, Cyesis, Graviditas, Gravidism, the condition of female after conception until the birth of the baby.
- In Mahatigarbhavakranti adhyaya of Charak Sharira Sthana (Ch.S.S. 2/23) symptoms of Sadhyograhita garbha includes amenorrhea, excessive salivation, dislike for food, anorexia, heaviness of body Hrillasa (nausea) and excessive salivation[1], Vaman is also described as a symptom of Vyakta-garbha. Sushruta too mentioned vomiting without apparent cause, aversion from good smells in Sharir sthana Vagbhatta, Yogrtanakar and Bhavaprakashkar described Vamana as a symptom of Garbha- vastha in some or other way.
- According to modern literature; in the early pregnancy, usually from 6th week to 14th week, or sometimes up to 20 weeks. Of gestation, loss of appetite is common in the first trimester with nausea and vomiting, acid regurgitation and heart burn, excessive salivation occurs to most of the women. So obstetricians have to deal with this situation and pregnant women have to face this distressful condition.
- Any physiological condition doesn’t require treatment in general but nausea and vomiting in pregnancy needs some type of intervention well in time. If we neglect vomiting of pregnancy it may lead to more severe form of dehydration and many other complications. These complications can cause retarded growth of fetus...
due to poor nourishment because most of women remain starved in such conditions due to less intake or more loss through vomiting.

**Aims & Objective**

In present era above said obstetrical G.I.T. Tract problems are treated with modern medicine are also have a hazardous effect on the fetus so this need of present time should we unsure the effective medicine without hazardous effects.

In Ayurvedic when we going through Ayurvedic literature various G.I.T. Tract problems are discuss likewise.

- **Nisthivika** (Repeated spitting)  
- **Pipasa** (Excessive Thirst)  
- **Hrillas** (Nausea)  
- **Prasek** (Excessive salivation)  
- **Asyasansravnam** (Excessive salivation)  
- **Anannbhilasha** (Nausea)  
- **Chhardi** (Vomiting)  
- **Arochaka** (Anorexia)  
- **Amlakamta** (Desire to eat sour)

are described in detail and the management also discussed in various places.

**Historical Review**

**Samhita Period**

- In Samhitas (Brihat and Laghu) Chhardi has been described as a separate disease with all details Arochak and Trishna are also described as separate diseases among GIT disturbances associated with pregnancy.

**Harita Samhita**

- Archaya Harita has mentioned ‘Garbhavastha janya chhardi’ with some details for the first time. He has included it is ‘Garbhopadravas’. (Ha. – 3rd Sthan/54 chap.)[2]

**Kashyapa Samhita**

- Upper GIT Disorders during Pregnancy

<table>
<thead>
<tr>
<th>Sr.No.</th>
<th>Symptom</th>
<th>Su.Sam</th>
<th>A.S.</th>
<th>A.H.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td><strong>Nisthivika</strong> (Repeated spitting)</td>
<td>+</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>2.</td>
<td><strong>Pipasa</strong> (Excessive thirst)</td>
<td>-</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>3.</td>
<td><strong>Hrillas</strong> (Nausea)</td>
<td>-</td>
<td>-</td>
<td>+</td>
</tr>
<tr>
<td>4.</td>
<td><strong>Prasek</strong> (Excessive salivation)</td>
<td>-</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>5.</td>
<td><strong>Asyasansravnam</strong> (Excessive salivation)</td>
<td>+</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>6.</td>
<td><strong>Anannbhilasha</strong> (Nausea)</td>
<td>+</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>7.</td>
<td><strong>Chhardi</strong> (Vomiting)</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
<tr>
<td>8.</td>
<td><strong>Arochaka</strong> (Anorexia)</td>
<td>+</td>
<td>-</td>
<td>+</td>
</tr>
<tr>
<td>9.</td>
<td><strong>Amlakamta</strong> (Desire to eat sour)</td>
<td>+</td>
<td>+</td>
<td>+</td>
</tr>
</tbody>
</table>

**Ayurvedic Review**

- As we all known that ‘Garbhini’ is a women who is bearing a Garbha (fetus). Garbhavastha is a natural and delicate state with which we have to deal very cautiously and carefully.

**Concept of Agni**

- Life span, complexion, luster, immunity, energy, heat processes and vital breath all these depend on body fire. One dies if this fire is extinguished, lives long free from disorders if it is functioning properly gets ill if it is deranged, hence Agni is the root cause of all. (Ch.Chi. 15/3-4).[4]

**Comparison of sign and symptoms of Garbhini and Ama** is given:

<table>
<thead>
<tr>
<th>Garbhini Laksana</th>
<th>Ama Laksana</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nisthivika, Asya sansrvana</td>
<td>Nisthiva</td>
</tr>
<tr>
<td>Gaurav, Gurugatram</td>
<td>Guruta</td>
</tr>
<tr>
<td>Tandra</td>
<td>Nidra</td>
</tr>
<tr>
<td>Srama</td>
<td>Balabransa</td>
</tr>
<tr>
<td>Gli, Sadanam</td>
<td>Klama</td>
</tr>
<tr>
<td>Anannbhilasha, Aruchi</td>
<td>Aruchi</td>
</tr>
<tr>
<td>Chhardi</td>
<td>Chhardi</td>
</tr>
</tbody>
</table>

**Vyaktagarbha (Charaka)**

Amenorrhea, excessive salivation, dislike for food, vomiting, anorexia, craving for sour substance, alternate desires of high or low articles, heaviness of body, languor of eyes, milk secretion in breasts, blackening of lips and areola, slight oedema of feet, development of Romraji (line nigra) and dilatation of vagina. (Ch.Sha. 4/16) [5]
VAMAN

- **Vaman** is so called the impurity comes out of mouth with forceful impulses filling the mouth and producing tearing pain in the body. (S.Utt. 49/6). [6]

**Etiology of Vaman (In General)**

- While Sushruta mentioned causes of Vaman is general, Charak give causes of each separately.
- Intake of excessive liquid, fatty substances, disgusting items and salty articles, taking food unsuitable, at improper time and in excessive quantity agitation, indigestion, helminthic manifestation during Garbhavastha, eating hurriedly and presence of excessive Ama, any of this cause can lead to Vaman. (S.Utt. 49/3-5). [7]
- Unlike Sushruta, Charaka give causes of each type of Vamana separately; Vataj vaman occurs due to use of pungent drugs, excessive exercise, disease, fear, stress, fasting etc. (C.Chi. 20/7) and indigestion, sour hot food responsible for Pittaja vaman (C.Chi. 20/11). Unctuous, heavy, Ama, type of food which causes brining sensation, sleep in day time causes Kaphaja vaman (C.Ch. 20/13) [8]

**Samprapti (Etiopathogenesis)**

- Udana vayu joined with Vyana impelling Doshas aggravated by the use of incompatible food forces upwards. Acharya Vaghbatta thought only Udana vayu is responsible. According to him Udana vayu becoming abnormal, brings the other Doshas upwards (and cause Vaman) (S.Utt. 49/17, A.S.Ni. 5/32).

**Modern Review**

- Nausea and Vomiting or morning sickness in young married women has traditionally been taken as a sign of pregnancy and has lit many a mother-in-laws eyes, however, quite distressful symptoms it may be for woman conceived. Morning sickness in medical terminology is known as "Emesis Gravidarum" usually harmless and self limiting. This malady can be a portent of some pathology in some patients, where as in others it can be exaggerated and need some kind of treatment. The first step therefore is to establish that the cause of vomiting is none but pregnancy. [9]
- Nausea and vomiting / morning sickness is a physiological symptom then what is the need to treat it ? The purpose of treating it or we can say risks of not treating are as follows:-

**For the Mother**

- Weight loss, severe dehydration, psychological problems, including feeling of depression, anxiety and isolation, therapeutic abortion of otherwise wanted pregnancies, pathological change of liver, kidneys heart, brain, that can be fatal to mother and fetus.

**For the Fetus**

- 5% loss of mother's pre pregnancy weight, increases the risk of intra uterine growth retardation, low birth weight baby, infant morbidity and mortality.

**Vomiting in Early Pregnancy**

- Related to pregnancy (vomiting of pregnancy)
- Simple vomiting (morning sickness or emesis gravidarum).
- Hyperemesis gravidarum (Pernicious vomiting)

**Propose Aetiologies of Nausea and Vomiting During Pregnancy**

1. Hyperolfaction / motion
2. Gastric Dysrhythmia
3. Gestational Hormones
4. hCG, Thyroid Hormones
5. Vitamin B6 (Pyridoxine)
6. Psychological Factors
7. Immunological Factors
8. Association of Haelicobactor Pylori

**Drug Review**

- Ayurveda is a treasure of herbal drugs. India recently increased research on traditional Ayurvedic herbal medicines after observation.
A. Dhanyaka

Action

Fruit is aromatic, stimulant, carminative, stomachic, antibilious, refrigerant, tonic, diuretic and aphrodisiac. Fresh leaves are pungent and aromatic.[10]

C. Sarkara

Uses

- Sarak (Purgative), Krimihar (Vermicide), Hridya, Vrishya, Mutral (Diuretics), Balya, Brimhana.

D. Tandulodaka

Guna, Karam of Tandulodaka

- Pitta shamak, Sangrahaka, Vataanulomak, Triptikarak, Daha, Murchha, Vishamagninashak.

- Tandulodaka use as a Anupana with Sangrahaka drugs.

Material & Methods

For the present study the patent was selected from the OPD of and the patients was managed with Ayurvedic measures and medicines. The medicine is Dhanyak selected from the Harita Samhita and Yog Rantakar.[11]

Methods: Selected patients through the selection procedure are treated with Dhanyak churan. Tanduloudak is used as vehicle.

Study Design: Patients fulfilled the inclusive criteria were treated with trial group.

Trial group: The patients of this group was given Dhanyak Churn- 2gm BD with Tanduloudak. Duration of trial- 45 days.

Criteria for Inclusion

Result

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Symptoms</th>
<th>BT</th>
<th>AT</th>
<th>Relief in Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Nausea (Aruchi)</td>
<td>17</td>
<td>1</td>
<td>76.4</td>
</tr>
<tr>
<td>2.</td>
<td>Vomiting (Chhardi)</td>
<td>12</td>
<td>2</td>
<td>75</td>
</tr>
<tr>
<td>3.</td>
<td>Excessive thirst (Pipasa)</td>
<td>6</td>
<td>0</td>
<td>66.6</td>
</tr>
<tr>
<td>4.</td>
<td>Giddiness (Bhrama)</td>
<td>4</td>
<td>1</td>
<td>75</td>
</tr>
<tr>
<td>5.</td>
<td>Hyperacidity (Amalapitta)</td>
<td>7</td>
<td>0</td>
<td>71.4</td>
</tr>
<tr>
<td>6.</td>
<td>Loss of appetite (Anannabhilasha)</td>
<td>12</td>
<td>5</td>
<td>83</td>
</tr>
<tr>
<td>7.</td>
<td>Headache (Sirashool)</td>
<td>11</td>
<td>3</td>
<td>100</td>
</tr>
<tr>
<td>8.</td>
<td>Pain in abdomen (Udarschool)</td>
<td>9</td>
<td>2</td>
<td>66.6</td>
</tr>
<tr>
<td>9.</td>
<td>Palpitation (Hdiryadrava)</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>10.</td>
<td>Water brash (Prasek)</td>
<td>4</td>
<td>3</td>
<td>75</td>
</tr>
</tbody>
</table>

1) All pregnant women who have just been diagnosed as pregnant and having GIT disorders like Hrillas, Presek, Chhardi etc.
2) Patients were willing for trial.

Criteria for Exclusion

1) Patients were not willing for trial
2). pregnant women who having GIT disorders without pregnancy.
3) Hyperemesis gravidarum

Selection of patients: The patients were selected from OPD/IPD of M.M.M Govt. Ayurveda college& Hospital, Udaipur (Rajasthan).

Observations & Results

Observations: Going through the selection procedure 20 patients was selected for the study out of which 20 patients are Treated with Dhanyak Churn.

Age: During Observation higher incidence of the cases was found age group of 26-30 years.

Education: According to education middle (10th Class) was suffering 32%.

Occupation: Occupation wise 60% case were observed from house-wife.

Socio Economics States: Social lower middle group 52.5% are observe.

Psychological:- According to psychological status 27.5% cases were found psychological normal. Maximum cases are observe during 7-9 weeks of gestation period and most of cases recorded in primigravida group according to gravidity.
Result: Following study the result was observed
The Dhanyak churn is more effective in Headache 100%, Loss of appetite -85%, Nausea - 76.4% Vomiting and Giddiness 75%. According to above results and observation through the study the Dhanyak churn was more effective.

DISCUSSION
- Garbhaj Chhardi most commonly occurs between 6 weeks to 16 weeks of gestation according to Ayurvedic as well as Modern Literature.
- Aetiological factors behind Garbhaj Chhardi are Vata vaigunya, Dauhrida avamanana, Garbha nimitta and Garbha sampeedan swarupa.

Upper GIT Disorders
- Table 14 shows the incidence of various GIT disorders found in 40 patients who had undergone trial. Nausea was present in all the patients i.e. 85%, Chhardi was present in 65% of patients, Anannabhilasha was present in 70% of patients followed by Loss of appetite, Headache,
Pain in abdomen which were present in 57.5%, 50% and 42.5% of patients. Incidences of Bhrama, Pipasa, Hridayadrava and Prasek were present in lesser number of patients. The present Thesis is concentrated on Garbhaj Chhardi so all patients who had Chhardi were interrogated in detail for number of vomiting per day and its colour consistency, relation with food, taste etc. It was found that vomiting increased after ingestion of food and undigested food material vomited out after taking meals.

- Effect of Therapy on upper gastrointestinal disorders.
- Dhanyaka Churna was found effective in Aruchi (Nausea) in 77.1% of cases with p<0.001 which was highly significant. On clinical scoring showed 76.1% result with p<0.001, result was highly significant. Drug had good relief of effect on Pipasa, Amalapitta, Ananbhilasham, Pain in abdomen and Headache i.e. 69.8%, 78.5%, 84.1%, 66.6% and 100% clinically cured respectively by Dhanyaka churna. On statistical analysis of grading of symptoms of Pipasa, Amalapitta, Ananbhilasham, Udarshool and Headache p value <0.001, <0.001, <0.001, <0.001, <0.001 respectively were found which were highly significant. Other disorders like Bhrama, Prasek were noticed in lesser number of patients, but improvement was noticed on clinical scoring. No patients were found of palpitation during trial.
- Total effect of drug was highly significant.

CONCLUSION

1. Treated with Dhanyaka Churna in dose of 1 gm. BD in a capsule form with Tandulodaka.
2. Maximum duration of trial was 45 days during which follow up done weekly. Criteria of assessment has been already described in detail with scoring system. The results of study comprising Nidamatnaka and treatment aspects are illustrated in the form of table and graphical presentations. The treatment assessed on the basis and symptoms by adopting scoring system. Statistical analysis of the same was also given.
3. Maximum age incidence of Garbhaj Chhardi in age group 26–30 was noticed.
4. Incidence was highest among Hindu, Matric, Lower middle class and Housewives.
5. Incidence of Garbhaj Chhardi was highest among patients having irregular dietary habits, consuming spicy food and habitual of tea intake.
6. Maximum number of patients were psychologically sound or of Pravara satva.
7. Maximum incidence seen in 7–9 weeks of gestational period and in Primigravida.
8. Dhanyaka Churna is effective in controlling Nausea, Excessive thirst, Loss of Appetite.
9. Dhanyaka Churna is effective in controlling Hyperacidity.
10. Dhanyaka Churna is very much effective in controlling vomiting.

REFERENCES


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