Original Research Paper

Volume - 16 | Issue - 11 | November - 2026 | PRINT ISSN No. 2249 - 555X | DOI : 10.36106/ijar

Ayurveda

INTEGRATIVE MANAGEMENT OF HYPEREMESIS GRAVIDARUM WITH SPECIAL REFERENCE TO GARBHINI CHHARDI: A CASE STUDY

Prof. Dr. Kalpana Bajrang Ayare — M.S. (Prasruti Tantra evum Streeroga), Professor, H.O.D. Department of Prasruti Tantra evum Streeroga, M.A.M.'s Sumatibhai Shah Ayurved Mahavidyalaya, Malwadi, Hadapsar, Pune- 411028.

Dr. Ajitkumar Ashok Ghumare — M.S. (Prasruti Tantra evum Streeroga) Scholar, M.A.M.'s Sumatibhai Shah Ayurved Mahavidyalaya, Malwadi, Hadapsar, Pune- 411028.

ABSTRACT Hyperemesis gravidarum is a severe form of nausea and vomiting during pregnancy that can lead to dehydration, electrolyte imbalance, weight loss, and nutritional deficiency.1 In Ayurveda, this condition can be correlated with Garbhini Chhardi, which is described as vomiting occurring during pregnancy due to vitiation of Doshas, primarily Vata, Pitta, and Kapha, along with Agnimandya.2 Modern treatment mainly focuses on symptomatic relief using antiemetics and fluid therapy; however, prolonged drug use may have limitations. Ayurveda offers a holistic approach through Ahara (diet), Vihara (lifestyle), and Aushadhi (medications) aimed at correcting Dosha imbalance and restoring digestive strength. This case study presents a successful management of hyperemesis gravidarum using Ayurvedic interventions. Significant improvement was observed in vomiting frequency, appetite, hydration, and general well-being.3

KEYWORDS : Hyperemesis Gravidarum, Garbhini Chhardi, Ayurveda, Pregnancy, Nausea, Vomiting

INTRODUCTION

Nausea and vomiting are common symptoms during early pregnancy, affecting nearly 70 -80% of pregnant women. Hyperemesis gravidarum represents the severe end of this spectrum and occurs in approximately 0.3 - 3% of pregnancies. It is characterized by persistent vomiting, inability to retain food, weight loss exceeding 5% of pre-pregnancy weight, ketonuria, dehydration, and electrolyte disturbances.[4]

According to Ayurveda, vomiting during pregnancy is described under Garbhini Vyapad[5] and Garbhini Chhardi.[6] Due to pregnancy-related physiological changes, suppression of cravings (Douhrida Avamana), and impaired digestive fire (Agnimandya), Doshas become aggravated and manifest as nausea and vomiting. Classical texts emphasize maintenance of maternal nutrition and foetal wellbeing through proper Garbhini Paricharya.[7]

Ayurvedic management aims to pacify vitiated Doshas, improve Agni, reduce Chhardi, maintain hydration and nourishment, and promote healthy foetal growth.

Case Study

A 24-year-old primigravida female, with 24 weeks of amenorrhea, visited the OPD of *Prasuti Tantra and Stree Roga* with complaints of Severe nausea in the past 2 days, vomiting 8 -10 times/day, Inability to tolerate food or water, Generalized weakness, Dizziness, Reduced urine output.

Past History: No history of diabetes, thyroid disorder, or hypertension; no significant surgical history; confirmed intrauterine pregnancy by ultrasonography.

General Examination

- Pulse: 116/min
- BP: 110/60 mmHg
- Weight: 42 kg (pre-pregnancy 40 kg)
- Mild dehydration present
- Pallor absent

Lab Investigations

- Hb: 12.6 g/dL
- Urine ketone: 2+
- Serum sodium: Mildly reduced
- USG: Single live intrauterine foetus, 23.6 weeks of gestation, Placenta – Fundo Anterior, AF – Adequate, FW- 652 grams
- USG (A+P): Gallbladder distended with Sludge, right mild hydronephrosis with hydro ureter may be due to pressure of gravid uterus.

Diagnosis: Based on clinical features, the diagnosis was:

- **Modern:** Hyperemesis gravidarum
- **Ayurveda:** Garbhini Chhardi

Ayurvedic Samprapti

Nidana: Garbha peedana, Agnimandya, Irregular dietary habits, Empty stomach for prolonged periods, Mental stress**Dosha:** Predominantly Kapha-Pitta, with Vata involvement
Dushya: Rasa Dhatu
Srotas: Annavaha Srotas, Rasavaha Srotas
Adhisthana: Amashaya
Samprapti Ghataka: Agnimandya → Dosha Utklesha → Kapha-Pitta Vriddhi → Urdhwaga movement by Vata → Chhardi
Treatment Principles: Chhardi Nigrahana, Agnideepana, Pitta-Kapha Shamana, Rasayana and Garbha Poshana

Internal Medicines

1. Mayur Piccha Mashi -125 mg twice a day with Madhu.[8]
2. Inj. Ondansetron 4 mg twice a day.[9]
3. Inj. Metoclopramide 10mg twice a day[10]
4. Tab Doxylamine Succinate 10mg thrice a day.[11]
5. Tab Meclizine 25mg twice a day.[12]
6. IV Fluids according to hemodynamics.

Ahaar Pathya: Small frequent meals, thin rice gruel (Peya), Mudga Yusha, Pomegranate juice, Coconut water.
Ahaar Apathya: Oily foods, Spicy foods, long fasting, Strong Odors
Vihaar Pathya: Adequate rest, avoid stress, avoid sleep deprivation, Gentle breathing exercises
Assessment Criteria: PUQE-24 score (Frequency of vomiting, Severity of nausea, Appetite, Hydration status, Weakness)[13]

RESULTS

The patient showed marked improvement as Vomiting reduced significantly by day 3, Oral intake improved, no dehydration after 3 days, appetite returned gradually, weight stabilized, General weakness reduced, and no further adverse drug reaction was observed.

DISCUSSION

Hyperemesis gravidarum causes serious maternal discomfort and can affect foetal growth if untreated. In Ayurveda, this condition resembles Garbhini Chhardi, resulting from Dosha vitiation and impaired digestion. Classical management focuses on balancing aggravated Doshas while preserving maternal strength.

मयूरपिच्छमशी मधुना सह छपदि नापशनी ||[14]

Mayur Piccha Mashi is a classical Ayurvedic formulation described in Rasashastra literature and referenced in Bhaishajya Ratnavali for conditions such as Hikka and Chhardi. Owing to its Kapha-Pitta shamaka, Chhardi-hara, and Urdhvaga Vata nigrahana properties, it is clinically useful in Garbhini Chhardi (Hyperemesis gravidarum). Administered with Madhu, it helps reduce nausea and vomiting while supporting digestive stability.

Dietary modifications also played an essential role by reducing gastric irritation and improving digestive tolerance.

The combined effect of medicines and dietary regulation helped break the pathogenesis of Garbhini Chhardi and restored normal digestion. Similar case reports in Ayurvedic journals have shown favourable outcomes with conservative Ayurvedic management.

CONCLUSION

This case study demonstrates that Ayurvedic management can effectively reduce symptoms of hyperemesis gravidarum and improve maternal wellbeing. Early intervention with appropriate Aushadhi, Ahara, and Vihara helps in symptom control, prevents complications, and supports healthy pregnancy outcomes. Ayurveda offers a safe and holistic approach for managing Garbhini Chhardi.

Compliance with Ethical Standards Acknowledgement

I want to express my gratitude to the Department of Prasuti Tantra evam Streeroga and the Hospital Authority for providing me with this research opportunity. Special thanks are extended to the Maharashtra Arogya Mandal's Secretary, Hon. Mr. Anil Gujar sir, Joint Secretary, Hon. Mr. Arun Gujar sir, Principal and Medical Director, Dr. Sachinkumar S. Patil, and faculty members, Dr. Deepali Rajput, Dr. Priyanka Nikam, Dr. Padmaja Bhapkar, Dr. Deepali Tate, Dr. Prajakta Pardeshi for their cooperation during the research study. Many thanks to our Prasuti Tantra evam Streeroga Post Graduate Students, who helped us expand our knowledge of the subject and learn a lot of new things when evaluating the research articles.

Disclosure of Conflict of Interest

The authors declare that there was no conflict of interest regarding the publication of manuscript.

Statement of Informed Consent

Informed consent was taken from the patient.

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