

**A clinical study to assess efficacy of *Bilva Majja Churna* with *Lajaambu Anupana* in *Garbhini Chhardi* (emesis gravidarum)**

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**Abstract-**

The gestational period is very crucial as regards health of both mother and fetus. sometimes ‘*Garbhopadrava*’ or pregnancy related ailments arise due to various factors such as incompatibility with fetus, faulty diet and lifestyle etc. Among them, *Garbhini Chhardi* (emesis gravidarum) is commonly encountered in obstetrics practice. The classics have elaborated various treatments for this. Of them, In *Yogaratanakara*, *Bilva Majja Churna* with *Lajaambu* is described in treatment of *Garbhini Chhardi*. In the present open labelled, single arm study, 30 pregnant females having signs and symptoms of *Garbhini Chhardi* were enrolled. The patients were administered

2 gm of *Bilva Majja Churna* thrice a day i.e., after breakfast and both meals (*Udana Kala*) with *Anupana* of *Lajaambu* (40 ml) each time. The treatment was administered for 7 days. Follow up was taken on 3<sup>rd</sup> and 7<sup>th</sup> day. The assessment of efficacy was done on basis of remission in number of bouts of vomiting and other associated symptoms. It was concluded that, the treatment was efficacious, as the bouts of *Chhardi* were quickly brought under control and digestive power (*Agni*) returned almost at the same time. Also, other associated symptoms suggesting *Rasa Kshaya* were also relieved to a great extent.

**Keywords-** Emesis, Pregnancy, *Bilva*, *Laja*, *Garbhopadrava*, *Chhardi*

### **Introduction-**

A woman's life undergoes many changes during and post-gestation. If this crucial period is not properly managed, it can prove harmful to both maternal and child health. The gradual adaptation of female body towards gestation related anatomical and physiological changes is a normal process. However, sometimes 'Garbhopadrava' or pregnancy related ailments arise due to various factors such as incompatibility with fetus, faulty diet and lifestyle etc.<sup>1</sup> Among them, *Garbhini Chhardi* (emesis gravidarum) is commonly encountered in obstetrics practice.<sup>2</sup>

*Chhardi* is a cardinal symptom of gestation too.<sup>3</sup> However, when it is present in excess so as to cause severe dehydration, tiredness and ill effects on fetus, it becomes pathological and needs treatment.<sup>4</sup> The classics have elaborated various treatments for this. Of them, In *Yogaratanakara*, *Bilva Majja Churna* with *Lajaambu* is described in treatment of *Garbhini Chhardi*.<sup>5</sup> *Bilva Majja Churna* i.e., powdered fruit pith of *Aegle marmelos* is one. It has been described that a pregnant woman should be given palatable medicines only. So, as an adjuvant, *Lajaambu* i.e., parched paddy

soaked in water were given. The present study was conducted to assess efficacy of this regimen.

### **Materials and Methods-**

#### 1. Study Objectives-

Currently, emesis gravidarum is manageable by anti-emetics. However, there are certain limitations regarding their use and impending fear of complications. Thus, present study was planned to fulfill the objectives, viz., to study efficacy of *Bilva Majja Churna* and *Lajaambu* in *Garbhini Chhardi* and to assess the safety of *Bilva Majja Churna* and *Lajaambu* & relative side effects, if any.

#### 2. Study Design-

An open labelled, single arm study with pretest-posttest design was carried out.

#### 3. Sample and sources of data-

Patients attending OPD and IPD of the Department of Streeroga and Prasuti Tantra of Bharti Vidyapeeth Ayurved Hospital, Pune were randomly selected based on inclusion and exclusion criteria. After obtaining ethical clearance and informed consent, clinical study was conducted in 30 pregnant females having signs and symptoms of *Garbhini Chhardi*.

#### 4. Inclusion Criteria-

- i) Females with confirmed pregnancy in the age group of 18-40 years
- ii) *Garbhini* with *Chhardi Lakshana*-minimum 2 *Vega* of *Chhardi* in a day, in any of three trimesters.

#### 5. Exclusion Criteria-

1. Severe *Rasakshaya* patients i.e., *Hyperemesis Gravidum*.
2. With other associated cause of vomiting in pregnancy such as, twisted ovarian cyst, red degeneration of fibroid, *hydatidiform* mole, appendicitis, intestinal obstruction, peptic ulcer etc.

#### 3. Criteria for diagnosis-

Urine pregnancy test (UPT), *Ultrasonography* (USG), Urine routine examination and other necessary investigation to rule out other causes of vomiting.

#### 7. Treatment details and duration-

The patients were administered 2 gm of *Bilva Majja Churna* thrice a day i.e., after breakfast and both meals (*Udana Kala*) with *Anupana* of *Lajaambu* (40 ml) each time. The treatment was administered for 7 days. Follow up was taken on 3<sup>rd</sup> and 7<sup>th</sup> day.

#### 8. Criteria for assessment-

A. The criteria of assessment and their scales were as mentioned in table 1.

Table 1- Criteria for scaling of complaints

Sr. No.	Complaint	Scale	Criteria for scaling
1	<i>Hrullasa</i> (Nausea)	0	Absent
		1	Present
2	<i>Agnimandya</i> (Loss of appetite)	0	Absent
		1	Present
3	<i>Aruchi</i> (Anorexia)	0	Absent
		1	Present
4	<i>Glani</i> (Giddiness)	0	Absent
		1	Present

#### B. Assessment of *Chhardi* (Vomiting)-

Number of *Vega* (bouts) and *Kala* (time) of occurrence of *Chhardi* was recorded.

#### 9. Criteria for *Upashaya* (remission)-

Complete remission (*Uttama Upashaya*) = > 70 % relief in symptoms

Moderate remission (*Madhyama Upashaya*) = 40 – 69 % relief in symptoms

No remission (*Alpa Upashaya*) = < 40 % relief in symptoms

### Observations & Results-

The demographic assessment revealed that 24 patients (80%) were from age group 18 – 24, 6 (20%) patients in age group 25 – 34, 6 patients (20%) were found to be more than 35 years old. As their occupations were concerned, 28 (93.33%) patients were housewives and 2 (6.6%) patients were working at jobs. The onset of *Chhardi* for 12 (40%) patients were between last 1 to 10 days back, 8 (26.66%) patients were had it since last 11 to 30 days and 10 (33.33%) patients were having onset of *Chhardi* since more than 30 days. 73.33% patients were in 1<sup>st</sup> trimester of pregnancy, followed by 20% patients in 2<sup>nd</sup> trimester & 6.6% patients in 3<sup>rd</sup> trimester.

70% of the patients were having 2 – 3 *Vega* of *Chhardi* a day, followed by 16.66% patients having 4 – 5 *Vega* of *Chhardi* a day & 13.33% patients were having more than 5 *Vega* of *Chhardi* per day. 46.66% patients were having *Chhardi* in morning, followed by 20% patients having *Chhardi* in evening & 33.33% patients were having *Chhardi* both the times.

Distribution of other complaints is presented in Table 2.

Table 2- Distribution of other complaints in patients

Sr. No.	Lakshanas (complaints)	No. of Patients	%
1	<i>Hrullasa</i> (Nausea)	30	100
2	<i>Agnimandya</i> (Loss of appetite)	30	100
3	<i>Aruchi</i> (Anorexia)	27	90
4	<i>Glani</i> (giddiness)	22	73.33

The impact of therapy on the basis of remission of complaints is presented in table 3.

Sr. No.	Upashaya (remission of complaints)	No. of Patients	%
1	Complete remission ( <i>Uttama Upashaya</i> )	22	73.33
2	Moderate remission ( <i>Madhyama Upashaya</i> )	6	20
3	No remission ( <i>Alpa Upashaya</i> )	2	6.6

None of the patients experienced adverse effects during the study duration.

## Discussion-

The present clinical study was undertaken to evaluate the efficacy and safety of *Bilva Majja Churna* and *Lajaambu* in *Garbhini Chhardi*. Various studies have been undertaken to manage *Garbhini Chhardi* by Ayurvedic treatment. This study was an effort to add in the existing knowledge. It was seen that majority of patients received complete remission from their complaints without any untoward effects.

The complaint of *Hrullasa* (nausea) was found in all patients. Out of them, 27 (90%) patients get relief on 3<sup>rd</sup> day & 3 (10%) patients were relived on 7<sup>th</sup> day of the treatment. Owing to its *Laghu*, *Ruksha Guna*, *Kashaya*, *Tikta Rasa* and *Katu Vipaka*, *Bilva* is *Kapha-Vata Shamaka*<sup>6</sup> *Lajaambu* is *Madhura*, *Sheeta*, *Kashaya* & *Kapha-Pittaghna*,<sup>7</sup> thus it helps in reducing this complaint. All the patients were suffering from *Agnimandya* (loss of appetite). It was found that 24 (80%) patients were relived from this symptom on 3<sup>rd</sup> day of the treatment. On the 3<sup>rd</sup> day of treatment, they took their regular diet. Remaining 6 (20%) patients started taking their regular diet on 3 to 7 days of the treatment. Due to *Deepana*, *Pachana Guna* of both the drugs the combination

could have augmented digestive capacity.

As far as the *Chhardi* complaint was considered, 22 (73.33%) patients were relived from it within 3 days of the initiation of the treatment. 5 patients (20%) were relived between 3 to 7 days of the treatment. Two patients (6.6%) were having 1 to 2 bouts of *Chhardi* on 7<sup>th</sup> day of the treatment. These two patients were not totally relived from this symptom till study was complete. However, they had previous history of *Amlapitta* & the *Rasakshaya* in these patients is more as compared to other patients. The patients having 1 to 3 bouts of *Chhardi* got very good result on 3<sup>rd</sup> day. Almost all the patients in this group got total relief on 3<sup>rd</sup> day of the treatment.

As *Bilva Majja* is *Ruksha*, *Ushna*, *Tikta*, it is *Kaphashamak* due to *Ushna Guna*, it alleviates *Vata*. It has property of *Deepana*, *Pachana* & *Sangrahi*.<sup>8</sup> *Lajaa* is *Madhura*, *Kashaya*, *Sheeta* & property of *Deepana*, *Tarpana* & *Chhardighna*.<sup>9</sup> Due to *Sadya Tarpana* property of *Lajaambu* not a single patient needed intravenous fluids. Properties of these drugs easily break the *Samprapti* of *Garbhini Chhardi* and normalizes the vitiated *Doshas* causing *Chhardi*.

### Conclusion-

From the data collected in the present study, the treatment of *Garbhini Chhardi* with *Bilva Majja Churna* and *Lajaambu* was proved to be efficacious. The bouts of *Chhardi* were quickly brought under control and digestive power (*Agni*) returned almost at the same time. Also, other associated symptoms suggesting *Rasa Kshaya* were also relieved to a great extent. As this was an exploratory study with a small sample size, its findings need to be validated on a large-scale double arm, randomized, controlled study. However, the outcomes of this study are promising to design and carry out such study for future researches.

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