



Case Study

AYURVEDIC MANAGEMENT OF EMESIS GRAVIDARUM - A CASE REPORT

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ABSTRACT

Emesis is a common experience in first trimester of pregnancy affecting 70 to 80% of all pregnant women. Altered immunological endocrinological and psychological states are responsible for initiation of symptoms. Mild to moderate emesis gravidarum have a significant adverse effect on quality of women's life. Even though onset is physiological its morbidity has to be reduced to minimize disease burden, enhance maternal health and to prevent hyper emesis gravidarum. Anti-emetic and anti-histamines are used in conventional Allopathic practice. Ayurvedic principle is early intervention and prevention of hyperemesis gravidarum with lifestyle modifications and adopting *Pathya ahara*. This is a case report of emesis gravidarum managed with pharmaco nutrient product –*Malarinji modaka*.

INTRODUCTION

Pregnancy is a unique, exciting and often joyous time in women's life. One of the most positive symptoms of pregnancy is vomiting. It can make the women happiest and sorrowful at the same time. Female is one of the most important creations especially for her ability to reproduce and pregnancy is a period of transition with important physical and emotional changes. *Acharyas* mentioned that *Garbhini* should be cared like '*Poorna taila patravat*'. During pregnancy maternal body has to undergo various changes in response to growing fetus and as consequences there is manifestation of certain ailments. Emesis gravidarum is one among such manifestation happen in early pregnancy. The prevalence of nausea and vomiting was 63.3% in early pregnancy.

In the present lifestyle the women are more responsible. They have to take active part both in family and workplaces. Even mild to moderate cases of nausea and vomiting have a significant adverse effect on quality of women's life.

Even though onset is a physiological its morbidity has to be reduced with supportive measures to reduce disease burden, enhance maternal health and to prevent hyper emesis gravidarum. It is the second most common reason for hospital admission during pregnancy and prime reason during early pregnancy. Therefore it is of great importance to handle this condition effectively to improve the quality of life of those women. In present scenario people are concerned about the hazard of drug administration during pregnancy and they prefer diet and life style modifications. Ayurveda can provide safe and effective remedies for this condition. The principle is early intervention and prevention of hyperemesis gravidarum with simple life style modifications and adopting *Pathya ahara*.

In Ayurveda, *Ahara* is considered as '*Maha Bsheshaja*' and *Padhya ahara* is given equal importance as drug therapy. Pharmaco-nutrient preparations are advised in certain conditions in which nutritional status is depleted. Here emesis is not a pathological manifestation. So rather than using drug therapy we can judiciously adopt pharmaco-nutrient products which help to improve the nutritional status of pregnant women and to reduce disease morbidity.

This is a case report of a hyper emesis patient managed well with Pharmaco nutritional therapy.

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Case Report

A 23 year old primi gravida attended the Ayurveda ante natal OPD of Women and Children Hospital, Poojappura, with complaints of frequent nausea and vomiting for 4 weeks. Her LMP was on 20th October 2020 with period of gestation 10 weeks and 6days. Her EDD was on 5th January 2021. She had associated complaints of aversion to food, general weakness for 4 weeks and constipation for 2 weeks. She had weight loss for 1kg during last 2 weeks due to vomiting.

History reveals she had regular menstrual cycle with moderate bleeding. She got married before 8 months and conceived naturally. She had acute onset of nausea and vomiting one week after missed period. Couple consulted gynaecologist and single intra uterine viable pregnancy was confirmed with ultra sound scan. She was advised to have anti emetic drugs and folic acid. First few days she got relief but later vomiting aggravated and failed to take even oral medication. She report OPD after 2weeks and on investigation mild Ketonuria detected and she was admitted for intra venous fluid therapy. After 5 days she feels better and discharged from hospital and advised to continue anti emetic drugs. But after 4 days she developed severe vomiting and she reported Ayurveda ante natal OPD with complaints of vomiting and constipation.

She was a non-vegetarian and her appetite was poor. She had regular bowel habits but developed severe constipation before 2 weeks with hard stool and evacuation once in two or three days. Her bladder function was normal. She had strong family history of hyper emesis gravidarum as her mother and sister had the same complaints and emesis persist up to delivery for both of them. On general examination her height was 150cm and weight was 45kg. Her pulse rate was 76/minute and BP was 110/70mm of hg. Her Hb was 12.2gm% and RBS was 88mg/dl. Routine urine examination showed mild albuminuria. USG on 2/12/20 revealed SLIUF of 6 weeks and 5 days. Fetal cardiac activity was normal with FHR 154bpm.

On general examination her abdomen was soft. Cardio vascular function was normal with normal heart sounds. She has symmetrical chest expansion. Her PUQE (pregnancy unique quantification of emesis score) was 12.

Diagnosis: *Garbhini chardi*

Intervention: Frequent administration of *Malarinji modaka* 12gm per day

Padhya: She was advised to have small feeds at frequent interval, dry toast, bread, salty biscuit before raising up from bed in the morning.

RESULTS

Follow up and Outcome

After two days her frequency of vomiting reduced and PUQE score reduced to 8. She was advised to continue *Malarinji modaka* and after one week she relieved constipation and bowel became regular. Her appetite improved and her general weakness relieved.

She attended the Ayurveda ante natal OPD on 18/08/20 and she relieved the vomiting completely. She had a weight gain of 1kg. BP was 116/76mm of hg and pulse was 78/min. Her ante natal period was uneventful and she delivered a full term male baby of birth weight 3.2kg.

DISCUSSION

Considering the *Ama avasta* of *Garbha* and delicateness of *Garbhini*, *Teekshna oushadha* and *Sodhana* should be avoided. *Malarinji modaka* rather than a medicinal preparation it can be taken as a *Pathya ahara* (Pharmaco-nutrient product). It is mentioned in *Chikitsa manjari* in context of *Arochaka chikitsa*^[2]. *Laja* (puffed rice) and *Ardra* (ginger) are the major contents. *Modaka* is mind pleasing preparation and it is sweet in taste with high palatability.

Ardra (ginger) is widely used across the world in foods as a spice and has potential health benefits. It acts as *Agni deepana* (kindles the digestive fire), *Pachana* (digestive), *Chardi nigrhana* (subside vomiting) *Rasayana* (rejuvenative). Ginger mitigates aggravated *Vata* and *Kapha* because of *Madhura vipaka* and *Ushna virya*^[3]. As it is an *Ahara dravya* with *Rasa pradhanata*, *Ushna virya* of ginger is compensated. Ginger acts within the gastrointestinal tract by increasing the gastric motility due to anticholinergic and anti-serotonergic actions. WHO included ginger among pharmacological intervention for emesis gravidarum^[4].

Laja is explained under *Kritanna varga* in various treatises of Ayurveda. It is the best drug of choice for vomiting^[5]. It is having *Laghu guna* with the predominance of *Agni vayu* and *Akasa maha bhoota*. *Akasa* and *Vayu mahabhoota* acts as *Srothorodha nasaka* and *Srothovisudhikara*^[5]. *Agni mahabhoota* acts as *Deepana jadharagni vardhaka*, *Dhatwagni vardhaka* and *Pachana*. So with proper function of *Jadharagni* and *Dhatwagni* proper *Dhatu parinama* occurs and which in turn helps to keep the normalcy of *Tridoshas*.

Guda^[6] (jaggery) is *Snigdha*, *Ruchikara*, *Tridosahara*, *Sramahara* and *Pathya*. It is used as sweetening agent in *Malarinji modaka*. Jaggery is a pure unrefined sugar which is a good source of minerals and vitamins produced from sugarcane. The mineral content of jaggery includes calcium, phosphorus, magnesium, potassium and iron^[7]. The vitamin content includes folic acid and vitamins.

Jaggery helps in maintaining the electrolyte balance and helps prevent water retention. It increases haemoglobin level and prevents anaemia. Due to its laxative property it prevents constipation. It is a good source of energy and helps in relieving fatigue. Overall the drug is sweet in taste and palatable too. As *Madhura rasa* is *Ajanma satmya* it is an ideal choice for pregnant women.

CONCLUSION

The preventive and curative aspects of Ayurveda revolve around the central theme of *Pathya ahara* and *Malarinji modaka* is a time tested safe intervention for *Garbhini chardi*. In present scenario people are concerned about the hazard of drug administration during pregnancy and they prefer diet and life style modifications. So this Pharmaco nutrient product is a promising choice in emesis gravidarum. It is very safe as it is a pharmaco nutrient and the ingredients are familiar in culinary practices from ancient time onwards.

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