

**COMPARATIVE CLINICAL STUDY OF KIRATTIKTA VATI WITH TRIPHALA-VIDANGADI VATI IN GARBHINI CHARDI W.S.R.TO EMESIS GRAVIDARUM**Nikita Dasarwar\*<sup>1</sup> and Kavita Mule<sup>2</sup><sup>1</sup>PG Student, Department of Prasuti Tantra and Stree Rog, Yashwant Ayurveda College, Kodoli, Dist-Kolhapur, Maharashtra, India.<sup>2</sup>Associate Professor, Department of Prasuti Tantra and Stree Rog, Yashwant Ayurveda College, Kodoli, Dist-Kolhapur, Maharashtra, India.**\*Corresponding Author: Nikita Dasarwar**

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**ABSTRACT**

Garbhini Chardi is one of the physiological change. When chardi is seen as vyaktagarbhalakshanas there is no harm on growing fetus and mother. Main aim of present study was to comparatively assess the efficacy of Kirattikta vati and Triphalavidangadi vati in Garbhini Chardi. For the above purpose 100 patients were selected and randomly divided into two groups, each group had been 50 patients.

**INTRODUCTION**

Looking at current situation where women's status and responsibilities in society is changes which leads to dramatic change in her lifestyle. Due to this change it is not possible for her to follow all Garbhini Paricharya as explained in ayurvedic texts during pregnancy. So it becomes difficult to follow Samyak Aahar-Vihar during her routine work. This leads to do Mithyaahar, Adhyashana, Anashana, Vishamashana, Vidagdha Annasevana and also Mithyavihara such as travelling, exertion, Vegavidharana and mental stress. Physiological changes which are happening naturally in her, lead to Dosha-Utklesha and Mithyavihara which is further adding to various complications during pregnancy. Garbhini Chardi is such one of the common obstetrical problem seen in first trimester of pregnancy. It is termed as 'morning sickness' or 'Emesis gravidarum' where Nausea and vomiting tends to be worse in the morning, it may also occur other times of the day.

**AIMS AND OBJECTIVES****AIM**

To Compare the effect of kirattikta vati and triphalavidangadi vati in garbhini chardi with special reference to emesis gravidarum.

**OBJECTIVE**

- 1) To reduce the signs and symptoms of garbhini chardi.
- 2) To assess improvement by signs and symptoms

- 3) To study the garbhini chardi in detail according to ayurveda & emesis gravidarum in detail according to modern text.
- 4) To improve quality of life and reduce discomfort.
- 5) To achieve the outcome of study in 15 days

**SELECTION CRITERIA****A) Inclusion Criteria**

- 1) Patient of Garbhini Chardi.
- 2) Patient diagnosed as Garbhini Chardi i.e. morning sickness in first trimester.
- 3) Patient irrespective of parity, caste, income group, occupation.

**B) Exclusion Criteria**

- 1) Patient with Hyperemesis Gravidarum
- 2) Patient in whom chardi seen in second and third trimester
- 3) Vomiting caused due to other systemic disorders like acidpepticdisorders.etc.
- 4) Gestational trophoblastic disease and multiple pregnancy

**C) CRITERIA FOR WITHDRAWAL OF PATIENT**

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

**MATERIAL AND METHOD**

- 1) Kirattikta Vati
- 2) Triphalavidangadi Vati

**Authentication And Standardization of drugs**

The raw drugs used for the preparation of Kirattikta Vati & Triphalavidangadi Vati were obtained from a genuine source and its preparation was done in the Rasa-Shastra & Bhaisajya Kalpana Department of our college.

Authentication of the raw drugs was done from a renowned University & standardization of the raw material and final product was also done from a GMP certified pharmacy.

**Groups**

Group	Group A	Group B
Drug	KIRATTIKTA VATI	TRIPHALAVIDANGADI VATI
No. of Patients	50	50
Dose	2gm in divided dose	2gm in divided dose
Time	Twice in a day	Twice in a day
Kala	Before a meal	Before a meal
Duration of Treatment	15 Days	15 Days
Anupan	Sharkara	Madhu
Route of Administration	Orally	Orally

**ASSESSMENT CRITERIA OF WORK**

**Subjective Criteria**

Sr. No	Signs & Symptoms	Nil/ Absent (0)	Mild (+)	Moderate (++)
1	Nausea	Absent	On & off nausea, but is able to eat	Due to nausea can take food sometime
2	Frequency of Vomiting	Absent	1-2 Episodes/day	2-3 Episodes/day
3	Anorexia	Absent	Can take food forcefully but in moderate amount	Taking food forcefully but in small amount
4	Weakness	Absent	Can perform routine work slight weakness	Can perform routine work but not that easily

**Scoring Pattern**

Sr. No	Grade	Signs & Symptoms
1	O	Nil
2	+	Mild
3	++	Moderate

**PROGRESS CHART**

Sr.No	Signs & Symptoms	Day 1	Day 4	Day 7	Day 11	Day15
1	Nausea					
2	Frequency of Vomiting					
3	Anorexia					
4	Weakness					

**DISCUSSION**

Gharbhini chardi is most common symptom of early pregnancy. It needs specific treatment and we have to give attention to this condition. In order to achieve this aim, the study has been carried out just in three sections.

The discussion of the study consists of three sections:

- i. Discussion on conceptual study.
- ii. Discussion on mode of action of the drug.
- iii. Discussion on the clinical study.

**Discussion on conceptual study**

In sagarbhaawastha of gharbhini chardi kapha dosha and rasa dhatu are dominant factors. Gharbh is rasaj and

receive nutrition from upshehan nyaya. Due to increased kapha the symptoms like hrullas, chardi, presek, annanabilasha and because of this agnimandya and ajeerna takes place. As a result of this entity mother does not get proper nutritional supply and may develop other updravas like pandu along with this foetus does not get adequate nutrition too due to which it may result into IUGR, Low birth weight, oligohydraminas etc complications.

**Discussions on probable mode of action**

According to ayurvedic point of view:- Kiratatikta is kaphapittaghna by its tikta rasa katu vipaka and ruksha laghu gunas. While sharkara is vatapittaghna

by its madhura sheeta guna thus kiratatikta along with sharkara is tridoshghna

As such in garbhini chardi there is kapha pittaprakopa the kiratatikta acts by its properties i.e. tikta rasa which is pittahar and its dravatva is decreased by its ruksha guna. kiratatikta is Ruksha thus is kledanashak. Also sharkara which is used as anupana is dahghna and pittashamak it enhances the activity.

The kiratatikta has action like dipana, pachana, properties which are helpful for digestion of aahar and aampachana and causes sarbhut rasadhātu uttpati and uttarotar sarbhut dhātu nirmitee. Function of rasadhātu is to support masunumasik garbhavidhi. Alongwith this it also causes sarbhut saptadhātu nirmitee which is essential for mother's and foetus swasthya. Hence with this we can also avoid other disease like shosha, vivarnata, atisar as it helps in uttarotar sarbhut dhātu nirmitee.

Kiratatikta with sharkara are tridoshahara, ampachak and causes uttpati of sarbhut dhātu.

Triphalavidangadi Vati has actions like dipana, pachan, Tridosha shamak and anulomana which decreases the incidences of chardi.

### Discussion on clinical study

#### Plan of study

We have done comparative clinical study on 100 clinical diagnosed patients of garbhini chardi of first trimester in two groups.

Group A – Kiratatikta Vati 500mg 2BD with sharkara as anupan

Group B –Triphalavidangadi Vati 500mg 2BD with Madhu as anupan

The dose of Kiratatikta Vati is 500 mg along with sharkara 2tablets 2 times a day before meal and observations were taken at 1st, 4th, 7th, 11<sup>th</sup> day and 15<sup>th</sup> day.

The dose of Triphalavidangadi Vati is 500 mg along with sharkara 2tablets 2 times a day before meal and observations were taken at 1st, 4th, 7th, 11<sup>th</sup> day and 15<sup>th</sup> day.

**By all parameters we studied, it is concluded that Group A and Group B treatments can be considered as equally effective in reducing Nausea, Vomiting, Anorexia, Weakness.**

### CONCLUSION

Conclusion is the total extort that is obtained from the work done to complete the study. The conclusions are made from observations seen in the present study. Conclusion of present study entitled “**COMPARATIVE CLINICAL STUDY OF KIRATTIKTA VATI WITH TRIPHALAVIDANGADI VATI IN GARBHINI**

“**CHHARDI W.S.R.TO EMESIS GRAVIDARUM**” as shown below.

Pregnancy is the physiological phase of women's life. Due to the aggravation of certain physiological symptoms of pregnancy (frequency of vomiting, constipation, heartburn etc), it may hamper the daily activities in some women.

*Garbhini Chhardi* mentioned as Vyakta Garbha Lakshana and one of the Garbhopdrava. Vata Vaigunya, Dauhrida Avamanan, Appanasatva and Nidana Sevana are main causative factors for manifestation.

The principle line of treatment is to treat Garbhini with Priya Vachana, Ahara and Vihara along with Shamana Chikitsa. In emesis gravidarum along with medication, dietary manipulation, bed rest and assurance help in controlling it.

Kirattikta vati with sharkara is classical reference in Harit Samhita. Their properties like kaphapittaghan by its ruksha laghu guna, deepan pachan gunadharma of kiratatikta and sheet guna of sharkara.

Triphalavidangadi Vati with madhu is classical reference of Charaka samhita, Chikitsa sthana contains Triphala which acts systematically by its Tridoshahara, Dipana, pachana, VatKaphhara.

We found prolong equal effect of Kirattikta Vati and Triphalavidangadi Vati in relieving cardinal and associated symptoms after completion of course.

During the study no side effects or untoward effect of Kirattikta Vati and Triphalavidangadi Vati drugs were seen.

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