A Cross-Sectional Survey to Assess the *Doshaja* Expression Pattern in *Garbhini Chardi* with Special Reference to Hyperemesis Gravidarum

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Abstract

Background: *Garbhini Chardi*, correlated with Hyperemesis Gravidarum, is described in the Ayurvedic classics under the general *Doshaja* classification of *Chardi* — *Vataja*, *Pittaja*, *Kaphaja*, *Sannipataja* and *Agantuja* (*Krimija*, *Dwishtarthajanya*, *Dauhrudajanya*). Because *Chikitsa* in Ayurveda is determined by *Dosha* predominance, and because the classics describe no separate chapter for *Garbhini Chardi*, the actual *Dosha* expression pattern of this condition in a contemporary clinical population has remained a matter of textual authority rather than observed evidence.

Aim: To assess the *Dosha* expression pattern and determine the predominant *Dosha* in *Garbhini Chardi* w.s.r. to Hyperemesis Gravidarum.

Materials and Methods: A cross-sectional observational survey was conducted on 80 subjects diagnosed with *Garbhini Chardi* (ICD-11 JA60.0), selected by purposive sampling from the OPD and IPD of a single tertiary Ayurvedic teaching hospital. A structured questionnaire covering all seven *Doshaja* types of *Chardi*, compiled from *Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Hridaya*, *Kashyapa Samhita* and *Madhava Nidana*, was administered. Each feature was recorded as Present (1) or Absent (0). A *Dosha* Involvement Score was computed for each subject as the percentage of features present per type; dominant *Dosha* classification and concurrent *Dosha* manifestation at a $\geqslant$ 50% involvement threshold were then derived. Descriptive statistics were applied.

Results: *Kaphaja Chardi* showed the highest mean involvement (85.62%), followed by *Dwishtarthajanya* (60.00%), *Dauhrudajanya* (48.75%), *Pittaja* (42.19%), *Vataja* (40.94%), *Krimija* (39.38%) and *Tridoshaja* (33.75%). Anorexia was present in 100% of subjects, *Madhura* taste and vomitus with mucus in 85% each, and excessive salivation in 72.50%. On dominant *Dosha* classification, 73 of 80 subjects (91.25%) had *Kaphaja* as the single dominant *Dosha*; none had purely *Vataja* or purely *Pittaja* dominance. At the $\geqslant$ 50% threshold, *Kaphaja* was involved in every one of the 79 classifiable subjects (98.75% of the cohort). Features indicating severe pathology — frothy black vomitus, fainting, haematemesis, giddiness and worms in vomitus — were entirely absent.

Conclusion: *Garbhini Chardi* is predominantly a *Kaphaja* condition, consistent with the Ayurvedic understanding of pregnancy as a *Kapha*-predominant physiological state. This provides an evidence-based *Doshaja* rationale for selecting *Kapha-Vatahara*, *Deepana-Pachana* drugs such as *Bilwa*, *Shunthi* and *Dhanyaka* in its management.

Keywords: *Garbhini Chardi*, Hyperemesis Gravidarum, *Doshaja Chardi*, *Kapha Dosha*, *Dwishtarthajanya Chardi*, *Dauhrudajanya Chardi*, cross-sectional survey

Introduction

The word *Chardi* derives from the *Chad Dhatu* with the *Inn Pratyaya*; *Chad* denotes "to fill," and the substance that fills the mouth and is expelled with discomfort is termed *Chardi*[(1)]. In *Nirukti*, the vitiated *Doshas* rush upward, cover the mouth entirely and are expelled with great force. *Garbhini Chardi* is *Chardi* occurring in the pregnant woman, described among the *Vyakta Garbha Lakshanas* by *Acharyas Charaka*, *Sushruta*, *Vagbhata* and *Kashyapa*,[(2,3,4)] and correlated in contemporary medicine with nausea and vomiting of pregnancy and, in its severe form, Hyperemesis Gravidarum (ICD-11 code JA60.0)[(5,6)].

The Ayurvedic classics contain no chapter dedicated specifically to *Garbhini Chardi*. *Acharya Kashyapa* resolves this by stating that a pregnant woman manifests the same symptomatology of disease as any other individual;[(4)] the *Nidana* and *Samprapti* of *Garbhini Chardi* therefore follow those of *Chardi* generally, while treatment must be chosen by the *Yukti* of the *Vaidya*, since the *Garbhini* is *Sukumara* and is to be handled like a vessel filled to the brim with oil (*Tailapoorna Patra*)[(4)].

Three causative factors are distinctive to the *Garbhini*. **Vata Vaigunya** arises because the *Garbha* is nourished through the

maternal *Rasa*, producing *Dhatu Shitilata* and a qualitative and quantitative imbalance of *Vata*; the enlarging *Garbha* additionally exerts mechanical pressure on the *Amashaya*, producing *Agni Dushti* and *Sroto-Avarodha*[2,7]. **Aapannasatwa** is the term used by *Acharya Sushruta* - "*Naryashchaapanna Satwa*" - which *Dalhana* clarifies as denoting the *Garbhini*, so that the very presence of the *Garbha* is itself the *Nidana*;[8] the *Madhukosha* commentary adds *Vata Vaigunya* due to the *Garbha* to this, and *Acharya Harita* describes *Chardi* as an *Upadrava* of *Garbha*. **Dauhruda Avamana** operates when the intense desires arising from the state of *Dwihrudaya* go unfulfilled, producing *Vata Vriddhi*, vitiation of the *Manasika* and other *Doshas*, and consequent *Chardi*[2,8].

The *Samprapti* proceeds from these *Nidanas* through *Agnimandya* and *Kapha Dushti* to *Utklishtata* of the *Doshas* and *Ama Sanchaya*; the *Utklishta Doshas* obstruct the *Gati* of *Vata*, produce *Kshobha* of the *Amashaya*, and are finally expelled through the mouth by *Udana* and *Vyana Vata*. The *Dushya* is *Rasa*, the *Srotas* are *Annavaha* and *Rasavaha*, the *Srotodushti* is *Sanga* and *Vimargagamana*, and the *Vyadhi Avastha* is *Ama Avastha*[1,9].

Chardi is classified by the major *Acharyas* into *Vataja*, *Pittaja*, *Kaphaja*, *Sannipataja* and *Agantuja* types, the last subdivided into *Krimija*, *Dauhrudaja*, *Amaja* and *Asatmyaja*;[1,3,8,10] *Dwistarthaja Chardi*, arising from contact with disagreeable objects, carries its own *Vishishtha Nidana*. *Acharya Sharangadhara* enumerates seven types and explicitly includes *Garbhadhana* - that is, *Garbhini Chardi* - among them[11].

This classification is not merely taxonomic. *Chikitsa* in Ayurveda follows *Dosha* predominance: *Vataja Chardi* is managed with *Lehya*, *Yusha* and *Ghrita* preparations, *Pittaja* with *Sheeta*, *Madhura* preparations such as *Laja Peya* and *Draksha Swarasa*, and *Kaphaja* with *Amra-Jambu Patra Phanta*, *Mudga Yusha* and *Mudgadi Lehya*[10,12]. *Dwistarthaja Chardi* is treated by supplying agreeable food and drink[10]. Rational drug selection therefore depends on knowing which *Dosha* actually predominates in *Garbhini Chardi*.

Yet this predominance rests almost entirely on textual authority. No systematic clinical data exist on the relative expression of the *Doshaja* types in a contemporary population of pregnant women with Hyperemesis Gravidarum, and the *Agantuja* varieties - *Dwishtarthajanya* and *Dauhrudajanya* - have never been examined as distinct clinical entities with defined symptom criteria. The present cross-sectional survey was undertaken to fill this gap: to assess the *Dosha* expression pattern in *Garbhini Chardi*, to identify the predominant *Dosha*, and to examine the extent to which *Doshaja* features co-exist within individual patients.

Materials And Methods

Study Design and Setting

A cross-sectional, single-arm observational survey entitled "To know *Doshaja* prevalence in *Garbhini Chardi*" was conducted in the Department of Post Graduate Studies in *Prasuti Tantra* and *Stree Roga*, Sri Sri College of Ayurvedic Science and Research Hospital, Bengaluru, as part of a larger study on the management of *Garbhini Chardi*. The survey was approved by the Institutional Ethics Committee, SSCASR, Bengaluru, and written informed consent was obtained from every participant. No intervention was administered.

Sample and Sampling

Eighty subjects diagnosed with *Garbhini Chardi* (Hyperemesis Gravidarum) were enrolled by purposive sampling from the OPD and IPD, irrespective of religion, caste, race or socio-economic status. A convenient sample size of 80 was adopted on the basis of the availability of diagnosed cases during the study period. All 80 enrolled subjects completed the questionnaire; there were no refusals, withdrawals or exclusions from analysis.

Diagnostic, Inclusion and Exclusion Criteria

Diagnosis followed ICD-11 code JA60.0 (SC0Z under ICD-11 TM1 guidelines)[5,13] together with the symptoms of *Garbhini Chardi* and of mild Hyperemesis Gravidarum. Subjects aged 18-45 years, with gestational age up to 22 weeks, primigravida or multigravida, with singleton or multiple gestation, diagnosed with symptoms of *Garbhini Chardi* and willing to participate, were included. Subjects with vomiting attributable to medical, surgical or gynaecological causes, molar pregnancy, other systemic illness such as cardiac disease or tuberculosis, psychiatric illness, and those unwilling to participate, were excluded.

Development of the Questionnaire

The symptoms of each *Doshaja* type of *Chardi* were compiled from the classical texts - *Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Hridaya*, *Kashyapa Samhita* and *Madhava Nidana* - and listed individually.[1,3,4,8,9,10] Where the same symptom appeared under more than one *Doshaja* type, repetitions were omitted to avoid duplication, and the feature was assigned to the *Doshaja* category for which classical authority was strongest. The resulting structured questionnaire covered all seven types:

- ***Vataja Chardi***: pain above the umbilicus, dryness of mouth, *Kashaya* (astringent) taste, frothy black vomitus
- ***Pittaja Chardi***: giddiness, dryness of mouth, *Tikta* (bitter) taste, vomitus with bile
- ***Kaphaja Chardi***: anorexia, excessive salivation, *Madhura* (sweet) taste, vomitus with mucus

- ***Tridoshaja Chardi***: anorexia, indigestion, fainting, vomitus with blood
- ***Dwishtarthajanya Chardi***: seeing, eating, smelling, touching or hearing something unpleasant
- ***Dauhrudajanya Chardi***: desires of the pregnant woman- fulfilled or not fulfilled
- ***Krimija Chardi***: giddiness, nausea, excessive salivation, worms in vomitus

Notably, *Dwishtarthajanya Chardi* was assessed with reference to all five *Jnanendriyas* - *Darshana* (sight), *Rasa* (taste), *Ghrana* (smell), *Sparsha* (touch) and *Shravana* (hearing) - providing a comprehensive sensory profile of sensory-triggered emesis in pregnancy.

Assessment and Analysis

Each feature was recorded as Present (1) or Absent (0) on the basis of the subject's responses and clinical observation. Data were tabulated and analysed descriptively as frequency and percentage distributions. Three derived measures were then computed:

1. ***Dosha* Involvement Score* — *for each subject, the percentage of features present out of the total features for each* Doshaja* type; the mean across all 80 subjects gives the degree to which each type is expressed.
2. **Dominant* Dosha *classification — each subject was assigned to the* Dosha *with the highest involvement score among* Vataja*,* Pittaja *and* Kaphaja*; where two or more were equal, the subject was placed in a combined category.
3. **Concurrent* Dosha *manifestation - subjects were classified by which of the three primary* Doshas* reached a ⩾ 50% involvement threshold (⩾ 2 of 4 features present), to quantify overlap.

Observations And Results

Symptom-wise Frequency Distribution

Among the ***Vataja*** features, pain above the umbilicus was present in 68 subjects (85%) and dryness of mouth in 52 (65%), while *Kashaya* taste occurred in only 11 (13.75%) and frothy black vomitus in none (0%).

Among the ***Pittaja*** features, *Tikta* taste was present in 68 (85%) and dryness of mouth in 52 (65%), while vomitus with bile occurred in 15 (18.75%) and giddiness in none (0%).

Among the ***Kaphaja*** features, anorexia was present in all 80 subjects (100%), *Madhura* taste in 68 (85%), vomitus with mucus in 68 (85%) and excessive salivation in 58 (72.50%). Every *Kaphaja* feature exceeded 70% prevalence.

Among the ***Tridoshaja*** features, anorexia was present in 80 (100%) and indigestion in 28 (35%), while fainting and vomitus with blood were absent (0%).

Among the ***Dwishtarthajanya*** features, seeing something unpleasant and eating something unpleasant were each reported by all 80 subjects (100%) and smelling something unpleasant by 75 (93.75%), whereas touching something unpleasant occurred in only 4 (5%) and hearing something unpleasant in 1 (1.25%).

Among the ***Dauhrudajanya*** features, desires were reported as fulfilled in 78 subjects (97.50%) and unfulfilled in 2 (2.50%).

Among the ***Krimija*** features, nausea was present in 68 (85%) and excessive salivation in 58 (72.50%), while giddiness and worms in vomitus were entirely absent (0%).

***Dosha* Involvement Analysis**

Type of *Chardi*	Total features	Mean features present	Mean involvement (%)
Kaphaja Chardi	4	3.42	**85.62**
Dwishtarthajanya Chardi	5	3.00	**60.00**
Dauhrudajanya Chardi	2	0.97	**48.75**
Pittaja Chardi	4	1.69	**42.19**
Vataja Chardi	4	1.64	**40.94**
Krimija Chardi	4	1.57	**39.38**
Tridoshaja Chardi	4	1.35	**33.75**

Kaphaja Chardi showed by a clear margin the highest mean involvement at 85.62%, indicating that the average subject exhibited 3.42 of the 4 *Kaphaja* features. *Dwishtarthajanya Chardi* ranked second at 60.00%, followed by *Dauhrudajanya* at 48.75%. The three remaining *Doshaja* types clustered between 33.75% and 42.19%.

Dominant *Dosha* Classification

Dominant *Dosha*	No. of subjects	Percentage
Kaphaja	73	**91.25%**
Tridoshaja (V = P = K)	3	3.75%
Vata-Kapha	3	3.75%
Pitta-Kapha	1	1.25%
Total	**80**	**100%**

Seventy-three of 80 subjects (91.25%) had *Kaphaja* as the single dominant *Dosha*. The remaining seven showed equal involvement of two or three *Doshas*. **No subject showed purely* Vataja *or purely* Pittaja *dominance, and* Kaphaja *was either the sole or a co-dominant* Dosha* in every subject without exception.

Concurrent *Dosha* Manifestation

Manifestation category	No. of subjects	Percentage
All three (*Vataja* + *Pittaja* + *Kaphaja*)	44	**55.70%**
Only *Kaphaja*	26	**32.91%**
Pittaja + *Kaphaja*	8	**10.13%**
Vataja + *Kaphaja*	1	**1.27%**
Total	**79**	**100%**

At the ⩾ 50% involvement threshold, 79 of 80 subjects met the criterion for at least one primary *Dosha*; one subject reached 25% involvement with each of the three and was excluded from this classification. Of the 79 classified, 44 (55.70%) showed features of all three *Doshas* simultaneously and 26 (32.91%) showed only *Kaphaja* features. Critically, **every manifestation category involved* Kaphaja** *- it was present in all 79 subjects (100% of those classified, 98.75% of the cohort), and no subject exhibited* Vataja *or* Pittaja *features without concurrent* Kaphaja* involvement.

Absence of Severe Features

Features denoting severe pathology were uniformly absent across the entire cohort: frothy black vomitus (*Vataja*), fainting and vomitus with blood (*Tridoshaja*), and giddiness and worms in vomitus (*Krimija*) each occurred in 0% of subjects.

Discussion

Choice of an Involvement Score

The *Dosha* Involvement Score was adopted in preference to simple presence-or-absence of *Dosha* features because, at a threshold of ⩾ 1 feature present, nearly every *Doshaja* type appeared in ⩾ 97% of subjects - a result that is statistically accurate but clinically uninformative. Measuring the *degree* of expression rather than its mere occurrence yields a picture that can actually guide treatment.

***Kaphaja* Predominance**

The central finding is unambiguous: *Kaphaja Chardi* showed the highest mean involvement (85.62%), was the single dominant *Dosha* in 91.25% of subjects, and was involved in every one of the 79 subjects classifiable at the ⩾ 50% threshold.

This aligns closely with the Ayurvedic understanding of pregnancy as a *Kapha*-predominant physiological state[2,3]. During *Garbhavastha*, the growing *Garbha* and placental development proceed through *Kapha*-dominant processes - *Dhatu Vriddhi*, *Kleda Sanchaya* and anabolic metabolism. The resulting *Kapha Utklesha* in the *Amashaya* expresses itself precisely as the features recorded here: anorexia (100%), *Madhura* taste (85%), vomitus with mucus (85%) and excessive salivation (72.50%). *Kapha Praseka* and *Annadwesha*, both classical *Purvarupa* of *Chardi*, are themselves *Kapha* phenomena,[1,9] and their near-universal presence in this cohort corroborates the classical description at the level of the *Purvarupa* as well as the *Roopa*.

The corollary is equally instructive. That no subject presented with purely *Vataja* or purely *Pittaja* dominance indicates that these *Doshas* participate in *Garbhini Chardi* as accompaniments rather than as drivers. *Vataja* features that did appear - pain above the umbilicus (85%) and dryness of mouth (65%) - are attributable to *Vata Vaigunya* and the *Urdhvagati* imparted by *Udana* and *Vyana Vata* during the act

of vomiting, that is, to *Vata* as the vehicle of expulsion rather than as the origin of the *Samprapti*. The *Pittaja* features recorded were similarly limited to *Tikta* taste and dryness of mouth, with bilious vomitus in only 18.75%.

Read against the *Samprapti*, this distribution is internally coherent. The classical pathway places *Agnimandya* and consequent *Kapha Dushti* at its head, with *Utklishta Doshas* obstructing the *Gati* of *Vata* and producing *Kshobha* of the *Amashaya* before expulsion occurs[1,9]. If *Kapha Utklesha* is the pivot of the process and *Vata* merely the agent of the final upward movement, then one would predict exactly what was observed: near-total expression of the *Kaphaja Roopa*, partial expression of the *Vataja* features tied to the mechanics of expulsion, and minimal expression of *Pittaja* features which enter the *Samprapti* only secondarily. The survey thus does not merely count symptoms; it offers observational support for the sequence of the *Samprapti* itself.

Anorexia deserves particular note as the only feature present in 100% of subjects. *Annadwesha* is described as a *Purvarupa* of *Chardi* by *Charaka*, *Vagbhata*, *Madhava*, *Yogaratnakara* and *Bhavaprakasha* alike,[1,3,9,12,14] and is produced by *Kapha Utklesha* together with vitiated *Rasa* over the *Jihva*. Its universality in this cohort suggests it may serve as the single most reliable clinical marker of *Garbhini Chardi*, present even where vomiting itself is intermittent, and argues for its inclusion as a core assessment parameter in future studies of this condition.

Mild, Non-haemorrhagic Character of the Condition

The complete absence of *Krishnavarna Chhardita* (frothy black vomitus, denoting severe *Vata Prakopa*), *Raktayukta Chhardita* (fresh blood, denoting *Raktapitta*), *Sa-Rakta Chhardita* (vomitus mixed with blood, denoting *Sannipata*), fainting, giddiness and worms in vomitus is a substantive finding rather than an artefact. It establishes that *Garbhini Chardi* in this population is a mild, non-haemorrhagic, non-life-threatening, functional *Kaphaja* disorder rather than a *Sannipata* or *Raktaja* emergency, and it is consistent with the *Sadhyasadhyata* of the classics, in which the *Asadhya Lakshanas* of *Chardi* are precisely these severe presentations[1,9]. The absence of *Krimija* features additionally confirms a non-parasitic aetiology.

Concurrent Manifestation and the Reality of *Samsarga*

A clinically evident observation during the survey was that individual subjects frequently exhibited features belonging to two or three *Doshaja* categories simultaneously, making a purely single-*Dosha* classification inadequate to the clinical reality. The concurrent manifestation analysis quantified this: 55.70% of classified subjects showed features of all three *Doshas* at the $\geqslant$ 50% threshold. This accords with the Ayurvedic principle that in practice diseases rarely manifest as pure single-*Dosha* entities and that *Samsarga* or *Sannipata* involvement is common. The clinically decisive point is not the overlap itself but its structure - *Kaphaja* was the invariant element in every category, so that overlap in *Garbhini Chardi* means *Kapha* plus something, never something without *Kapha*.

Dwishtarthajanya* and *Dauhrudajanya Chardi

Dwishtarthajanya Chardi recorded the second-highest involvement (60.00%) - higher than *Vataja*, *Pittaja* and *Tridoshaja Chardi* alike. This is a result worth pausing on. *Dwishtarthaja* is classified among the *Agantuja* varieties and is treated in the classics as a comparatively minor category, dealt with briefly by the instruction to supply agreeable food and drink[10]. That it outranks two of the three primary *Doshaja* types in a pregnant population suggests that the *Agantuja* mechanism is not peripheral to *Garbhini Chardi* but structurally central to it, and that the sensory-aversion pathway deserves the same diagnostic attention routinely given to *Dosha* assessment.

Its assessment here across all five *Jnanendriyas* appears to be the first such attempt, and the resulting sensory profile is strikingly uneven. Visual and gustatory triggers were universal (100% each) and olfactory triggers near-universal (93.75%), while tactile (5%) and auditory (1.25%) triggers were rare. This gradient is clinically meaningful: smell- and sight-induced nausea are among the earliest and most commonly reported complaints in early pregnancy,[6] and Ayurveda attributes this heightened sensory sensitivity to the *Sattvika* and *Rajasika* changes associated with *Garbha Dharana*. The finding gives an empirical basis to the classical instruction that *Manoanukula Rupa*, *Rasa*, *Gandha* and *Sparsha* be provided as *Pathya Vihara*, and that *Bheebhatsya Darshana* be avoided as *Apathya*[4,10].

Dauhrudajanya Chardi showed a mean involvement of 48.75%. That *Dauhruda* was reported as fulfilled in 97.50% of subjects, with unfulfilled desires in only 2.50%, indicates that *Dauhruda Avamana* - described by *Acharya Sushruta* as producing *Vata Vriddhi* and *Agni Dushti*[8] - was largely averted in this cohort, and that *Dauhruda*-related factors contribute to but do not dominate the clinical picture, which remains primarily *Kaphaja*. The finding nonetheless supports the classical recommendation of *Dauhruda Paripalana* as both a preventive and a therapeutic measure[2,4,8].

***Garbhini Chardi* as a Distinct Nosological Entity**

These findings bear on a classificatory question left open by the classics. Most *Acharyas* treat *Chardi* in the *Garbhini* under the general five-fold scheme, with *Dauhrudaja* placed among the *Agantuja* varieties. *Acharya Sharangadhara*, however, enumerates seven types and includes *Garbhadhana*

- *Garbhini Chardi* - as a type in its own right, distinct from *Vataja*, *Pittaja*, *Kaphaja*, *Sannipataja*, *Krimija* and *Grinya*[11].

The present data lend weight to that position. A condition in which one *Dosha* is dominant or co-dominant in 100% of subjects, in which the severe *Vataja*, *Pittaja* and *Sannipataja* presentations are entirely absent, and in which an *Agantuja* mechanism outranks two of the three primary *Doshaja* types, does not distribute across the general classification in the way ordinary *Chardi* would. It behaves instead as a distinct clinical entity with a characteristic and reproducible *Doshaja* signature: *Kapha*-dominant, sensory-triggered, functional and non-haemorrhagic. Recognising it as such, following *Sharangadhara*, would allow *Chikitsa* to be framed directly for this profile rather than derived by analogy from general *Chardi Chikitsa* - an approach that matters precisely because *Langhana* and *Shodhana*, the standard measures for general *Chardi*, are contraindicated in the *Garbhini*[4,10].

Implications for Drug Selection

The overwhelming *Kaphaja* dominance provides an evidence base for what has hitherto been a textual recommendation. *Bilwa* (*Kapha-Vatahara*, *Deepana*, *Pachana*, *Grahi*), *Shunthi* (*Kapha-Vatahara*, *Deepana*, *Pachana*, *Rochana*) and *Dhanyaka* (*Tridoshashamaka*, *Deepana*, *Chardighna*) - the drugs classically prescribed in *Garbhini Chardi Chikitsa*[4,12] - are all primarily *Kapha-Vatahara* in action. Their selection is therefore not merely traditional but *Doshically* appropriate to the condition as it actually presents. By the same logic, *Kaphaja Chikitsa* measures such as *Mudga Yusha* and *Mudgadi Lehya* are rationally indicated,[10,12] while *Sheeta*, *Guru* and *Snigdha* preparations aimed at *Pitta* would be expected to be less useful and potentially counterproductive.

The high *Dwishtarthajanya* involvement carries its own therapeutic implication. When 100% of subjects report aversion triggered by sight and taste, the *Hridya* and *Rochana* properties of a formulation cease to be a matter of comfort and become a determinant of adherence. *Prakshepaka Dravyas* such as *Sharkara* and *Yava Saktu*, which improve palatability, serve exactly this function.

Limitations and Future Directions

Certain limitations must be acknowledged. The sample of 80, though adequate for a preliminary survey, limits generalisability, and recruitment from a single centre may introduce geographical and demographic bias. The binary Present/Absent scoring captures occurrence but not severity; a graded scale (0 = absent, 1 = mild, 2 = moderate, 3 = severe) would yield a more nuanced *Doshaja* profile. Enrolment was restricted to mild-to-moderate Hyperemesis Gravidarum (PUQE-24 $\leqslant$ 6, HELP $\leqslant$ 19),[15] so the *Doshaja* pattern in severe HG with ketonuria and metabolic derangement remains unexplored and may differ. Finally, the symptom criteria used for *Dwishtarthajanya* and *Dauhrudajanya Chardi* are an initial construction and require formal validation.

Future work should therefore pursue multi-centre surveys with larger samples (n $\geqslant$ 200) across diverse populations; inclusion of the full severity spectrum of HG, including hospitalised cases; a graded severity scoring system for each symptom; validation of the *Dwishtarthajanya* and *Dauhrudajanya* criteria through expert consensus by the Delphi technique involving senior *Prasuti Tantra* specialists; longitudinal assessment across all three trimesters to determine whether the *Doshaja* pattern evolves with gestation; and correlation of the *Doshaja* classification with modern biomarkers such as hCG and GDF-15,[6] to build a bridge between classical Ayurvedic diagnosis and contemporary pathophysiological understanding.

Conclusion

This cross-sectional survey of 80 subjects establishes that *Garbhini Chardi* with special reference to Hyperemesis Gravidarum is predominantly a ***Kaphaja*** condition. *Kaphaja Chardi* showed the highest mean involvement (85.62%), was the single dominant *Dosha* in 91.25% of subjects, and was present in 98.75% of the cohort at the $\geqslant$ 50% involvement threshold, with no subject exhibiting *Vataja* or *Pittaja* features in its absence. *Dwishtarthajanya Chardi* emerged as the second most expressed type (60.00%), with sight, taste and smell as its principal triggers. The uniform absence of severe features confirms the mild, non-haemorrhagic and functional character of the condition in this population.

These findings give observed clinical support to the Ayurvedic understanding of pregnancy as a *Kapha*-predominant physiological state, and provide a rational *Doshaja* basis for the selection of *Kapha-Vatahara*, *Deepana-Pachana* drugs such as *Bilwa*, *Shunthi* and *Dhanyaka*, together with *Hridya* and *Rochana* adjuvants, in the management of *Garbhini Chardi*.

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