

# Developing an Assessment Protocol in Ayurvedic Research for Hyperemesis Gravidarum with Special Reference to Garbhini Chardi

Shubha Ural<sup>1\*</sup>, Shivangi Sanghvi<sup>2</sup>

## Abstract

*Garbhini Chardi (nausea and vomiting in pregnancy) is described in Ayurvedic texts as one of the Vyakta Garbha Lakshanas – early physiological signs indicating pregnancy. However, when this symptom becomes excessive, persistent, or distressing, it may transition from a normal event to a pathological condition, requiring timely intervention to safeguard maternal and fetal health. In advanced stages, it leads to day-to-day incapacitation, weight loss, dehydration, and metabolic disturbances – clinically termed as Hyperemesis Gravidarum (HG). Though relatively uncommon (affecting ~1.66% of pregnancies), HG can significantly impact pregnancy outcomes. In modern obstetrics, assessment of HG typically relies on subjective and semi-objective tools like the PUQE-24 (Pregnancy-Unique Quantification of Emesis) and HELP (Hyperemesis Level Prediction) scores, which are based on patient-reported symptoms such as nausea, vomiting, fatigue, and nutritional intake. While these tools provide clinical guidance, they exhibit lacunae in representing biochemical and systemic changes. To address this, the proposed protocol incorporates objective parameters – hemoglobin levels, serum electrolytes, blood glucose, urine analysis, and a dehydration scale – to complement existing tools and provide a comprehensive evaluation framework. This dual approach strengthens diagnostic accuracy and supports individualized care. Additionally, the protocol explores correlations between HG severity and Ayurvedic Chardi types, which are classified based on symptom quality, frequency, and associated features. Most Ayurvedic studies lack standardized diagnostic tools; hence, this protocol represents a novel attempt to integrate modern scoring systems with Ayurvedic diagnostic reasoning, enhancing methodological rigor and setting a precedent for future integrative research in obstetric care.*

**Keywords:** Diagnostic protocol, Garbhini Chardi, HELP score, hyperemesis gravidarum, objective parameters, pregnancy vomiting, PUQE score

### \*Author for Correspondence

Shubha Ural  
E-mail: [Shubha.ural@gmail.com](mailto:Shubha.ural@gmail.com)

<sup>1</sup>Assistant Professor, Department of Prasooti Tantra Stree Roga, Sri Sri College of Ayurvedic Sciences and Research, Bengaluru, Karnataka, India.

<sup>2</sup>PG Student, Department of Prasooti Tantra Stree Roga, Sri Sri College of Ayurvedic Sciences and Research, Bengaluru, Karnataka, India.

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## INTRODUCTION

Pregnancy, described in Ayurveda as Talia Poorna Patra, is a delicate state where Garbhini Chardi (GC) is noted as a Vyakta Garbha Lakshana [1]. In modern terms, this corresponds to Nausea and Vomiting of Pregnancy (NVP), which in its severe form – Hyperemesis Gravidarum (HG) aligns with pathological GC, causing dehydration, electrolyte imbalance, and weight loss [2]. Ayurveda advocates Sukha-Sukumara Chikitsa for management, while modern scales like PUQE-24 and HELP scores grade severity but remain largely subjective [3].

This protocol proposes an integrative framework correlating subjective and objective markers with

Ayurvedic doṣha-based features, aiming to create a reproducible, evidence-based diagnostic model that bridges NVP, HG, and GC.

## MATERIALS AND METHODS

### Study Design

This study will be a simple randomized, open-labeled, double-arm, comparative clinical trial design to evaluate the efficacy of Bilwadi Kwatha and Shunthi Bilwa Kwatha in the management of GC with special reference to HG.

- *Simple Randomized Design:* It will be chosen to minimize selection bias and ensure balanced distribution of confounding variables between the two groups, thereby improving the internal validity of the study.
- *Open-Labeled Format:* It will be adapted as Blinding will not be feasible due to the easily distinguishable characteristics – like taste, texture, appearance of Ayurvedic formulations.
- *Comparative Study:* A comparative framework will be selected to evaluate the relative efficacy of two Kwathas indicated for GC, providing clarity on their therapeutic potential.
- *Clinical Trial Model:* A structured, patient-centered clinical trial format will be adopted for evaluation of efficacy of Ayurvedic interventions, which will revalidate and re-establish efficacy through standardized outcome measures, contributing to evidence-based integration of Ayurveda in obstetric care.
- *Double-Arm Design:* A two-group model will be implemented to facilitate direct comparison between the treatment arms under uniform conditions, allowing clearer interpretation of differences in therapeutic outcomes.
- *Parallel Group Model:* Participants will be assigned to two distinct treatment groups for the entire study duration, without any crossover. Both groups will be observed at the same timeline, ensuring uniformity in assessment, preventing interventional overlaps and confounding time factors, thus allows a clearer comparison of clinical outcomes between the groups.
- *Pre- and Post-Test Evaluation:* A standardized pre- and post-intervention assessments – including PUQE-24 score, HELP score, dehydration scale and laboratory parameters will be employed to objectively measure clinical improvement.

### Eligibility Criteria

Eligibility criteria will be based on current clinical evidence, ICD-11 standards, and Ayurvedic description of GC, ensuring a study population that accurately represents the condition for valid and relevant outcomes.

### Inclusion Criteria: (Based on ICD-11 Diagnosis Code JA60.0) – [4]

- Subjects between the age group of 18–45years – this is the reproductive age group where pregnancy is physiologically expected and complications like GC are commonly encountered.
- Subjects with gestational age upto 22 weeks – according to ICD-11 Code JA60.0.
- Both primigravida and multigravida – HG is more commonly observed in primigravida, as it attributes to first-time hormonal and physiological adaptations to pregnancy [5]. In multigravida women, the incidence is generally lower; however, those with a history of HG in previous pregnancies have a significantly higher risk of recurrence. Including both categories ensures broader clinical relevance and allows for observation of disease trends and recurrence patterns across gravidity [6, 7].
- Subject with PUQE-24 score upto 6 – Koren et al. (2005) developed the PUQE-24 score, in which score  $\leq 6$  denotes mild emesis. This level of HG is both ethically and clinically appropriate for management through Ayurvedic intervention in an outpatient setting [8].
- Subject with HELP score upto 19 – Poursharif et al. (2008) developed the HELP Score to assess the severity of NVP. Score  $\leq 19$  is indicative of mild HG, making it ethically and clinically acceptable for Ayurvedic outpatient management [9].

- Subjects with singleton and multiple pregnancies – Singleton and multiple pregnancies are associated with increased levels of Beta–Human Chorionic Gonadotropin ( $\beta$ -hCG) and higher risk of HG Including them reflects a clinically relevant high-risk group, as long as the severity is mild as per PUQE and HELP scores [10].
- Subjects diagnosed with symptoms of GC – including women presenting with classical symptoms of GC helps ensure the study remains grounded in Ayurvedic diagnostic principles, while these symptoms may be physiological in early pregnancy, their persistence or severity may indicate a pathological state, making them clinically relevant for both Ayurvedic and modern assessment [11].
- Subjects with mild hypoglycemia, mild hyponatremia, mild hypokalemia, mild dehydration as per scale – mild metabolic derangements are common in early HG and are reversible with oral administration of medication and do not require parental therapy.
- Subjects willing to sign the consent form – ethical research mandates voluntary, informed consent. It ensures patient autonomy, transparency and compliance with institutional and ICMR guidelines.

#### Exclusion Criteria

- Subjects with PUQE Score > 7 to 15 – PUQE score >7 indicates moderate to severe HG, which may require hospitalization and parental administration of fluids and drugs; so are excluded.
- Subjects with HELP Score > 20 to 60 – HELP score above 20 suggests moderate to severe disease burden, involving significant disruption in oral intake, urinary output and daily functioning and require parental therapy.
- Subjects with molar pregnancy – Molar pregnancy can cause persistent vomiting and worsen HG Including this condition introduces confounding variables that can affect study outcomes and compromise result validity. Moreover, it requires prompt termination of pregnancy, hence, excluded [12].
- Subjects with other systemic illnesses like cardiac diseases, tuberculosis, Diabetes Mellitus (DM) – systemic illnesses may independently cause persistent vomiting or exacerbate symptoms similar to HG, potentially acting as confounding factors that could influence study outcomes and compromise the validity of the results. In addition, DM was specifically excluded as one of the formulations contains sugar, which may interfere with glycemic control [13].
- Subjects with Psychiatric Illness – psychiatric conditions affect treatment compliance, perception of symptoms and consent validity; hence excluded.
- Subjects with moderate to severe hypoglycemia, hyponatremia, hypokalemia, dehydration and hemoglobin (as per scale) – these metabolic abnormalities indicate advanced severity and necessitate urgent medical intervention and so are excluded.

#### Framework for Diagnostic and Assessment Protocol for HG

HG is a severe, pathological progression of NVP, commonly triggered by elevated levels of  $\beta$ -hCG, estrogen, progesterone and psychosocial stress, leading to gastric dysmotility with central emetic stimulation [14]. These result in nausea, vomiting, reduced food intake, dehydration, electrolyte imbalance and weight loss. In Ayurveda, these correspond to Hrilāsa, Chardi, Aruchi, Daurbalya, Brama, Trishna. Additional symptoms described in GC include Rasa-asyata, content of vomitus, Alasya, Vedana [15]. The symptoms of HG are collected from modern textbooks. Brihatrayee do not give direct reference of GC [16–18]. Acharya Kashyapa said that the pathological features observed in non-pregnant individuals can generally be applied to Garbhini, hence Lakshanas of GC are compiled from Brihatrayee [19].

#### Mapping of Pathophysiology and Symptom of HG with Lakshanas of GC

- *Persistent Vomiting* → fluid & electrolyte loss → dyselectrolytemia → Trishna, Brama.
- *Caloric Deficiency* → hypoglycemia, lipolysis, ketonuria → Daurbalya, Aruchi.
- *Dehydration* → hemoconcentration, oliguria, Brama, Daurbalya, Trishna.

- *Gastrointestinal Disturbances* → systemic deterioration, content of vomitus, Rasa-asyata, Hrillasa and Chardi.
- *Douhrudajanya Chardi* – A condition in which vomiting is triggered or aggravated by unfulfilled cravings and can be compared with pica of pregnancy [20].
- *Dwishtarthajanya Chardi* – It occurs when a pregnant woman consumes or exposed to articles including food leading to aversion and emesis [21].
- *Krimija Chardi* – In this, symptoms like giddiness, nausea, excessive salivation, worms in vomitus are seen [22].

### Mapping of Doshaja Chardi in Diagnostic Cases of HG

Symptoms of Doshaja Chardi are compiled from Brihatrayee. The diagnosed cases of HG are categorized in the corresponding Doshaja Chardi based on respective assessment criteria.

### Fixation of Parameters

To ensure structured and reproducible assessment, both Ayurvedic and modern parameters are fixed prior to the commencement of the trial. Standardized and validated subjective and objective scales are searched through databases like Pub-Med, Google Scholar, Shodhganga and included to assess HG after confirming their applicability. The symptoms for which there are no standardized scales, new scales are framed after literary review, expert review and reinforced with pilot study.

A preliminary pilot study (n = 7) conducted to assess feasibility and to refine assessment methods, thereby ensuring clinical relevance, safety and integrative alignment with both Ayurveda and modern medicine.

### Assessment Tools and Methods

#### *Subjective Assessment Parameters*

These capture the patient's perception of symptoms, ensuring comprehensive evaluation alongside objective measures.

#### *Objective Assessment Parameters*

These provide quantifiable clinical and laboratory findings, ensuring accurate, reproducible evaluation of disease severity and treatment outcomes.

- A case proforma is prepared including demographic, anthropometric and obstetric data along with other subjective and objective criteria (see Supplementary Table S1).
- *PUQE-24 Score*: Measures nausea, vomiting, and retching over the last 24 hours; selected for its validated use in grading HG severity – Subjective parameter (see Supplementary Table S2).
- *HELP Score*: It is a semi – objective evaluation including fatigue, oral intake, mood, weight loss, frequency of urination and helps to quantify the severity of Chardi – Objective parameter (see Supplementary Table S3)
- *Rasa-asyata (Taste Felt in Mouth by Patients)*: No standardized scales are present hence framed a scale based on the subjective perception of taste in mouth, uniquely seen in Doshaja Chardi – Subjective parameter (see Supplementary Table S4).
- *Feeling of Thirst Increased* – Subjective parameter (see Supplementary Table S5).
- *Loss of Appetite*: Subjective parameter (see Supplementary Table S6).
- *Pain Scale*: A standardized Visual Analogue Scale (VAS) is included to assess the severity of epigastric pain associated with vomiting [23]. Pain, though not always highlighted in GC, is clinically relevant in HG and adds depth to symptom profiling – Subjective parameter (see Supplementary Table S7).
- *Dryness in Mouth* – Subjective parameter (see Supplementary Table S8)
- *Urine Specific Gravity*: Urine specific gravity reflects the degree of dehydration caused by fluid loss [24]. Higher values indicating concentrated urine and compromised hydration status – commonly seen in moderate to severe cases of HG – Objective parameter (see Supplementary Table S9).

- *Urine Ketones*: The presence of ketones in urine indicates inadequate caloric intake and dehydration, reflecting the body's shift to fat metabolism leading to oliguria– Objective parameter (see Supplementary Table S10).
- *Hemoglobin (Hb%) Levels*: Temporarily elevated Hb% levels may indicate hemoconcentration due to dehydration suggesting greater severity of HG and post treatment, fall of Hb% indicates improvement [25] – Objective parameter (see Supplementary Table S11).
- *Content of Vomitus*: In Doshaja Chardi contents like bile, food, mucus, worms, etc. are explained. There is no validated scale, so we have framed a scale to generate descriptive statistics to know the prevalence in the study population – Subjective parameter (see Supplementary Table S12).
- *Serum Sodium, Potassium, and Chloride*: They help to assess the degree of fluid and electrolyte imbalance leading to Trishna, Brama; thus, offering insights into the severity of systemic disturbance in HG – Objective parameter (see Supplementary Table S13, S14 and S15).
- *Blood Sugar Levels*: It identifies hypoglycemia, which can worsen nausea and vomiting and impact the overall metabolic state of the pregnant woman leading to Daurbalya, Aruchi – Objective parameter (see Supplementary Table S16).
- *General Appearance, Thirst, Skin Pinch, Eyes – Dehydration Scale*: This grades the fluid loss aiding in the classification of mild, moderate, or severe dehydration – Objective parameter (see Supplementary Table S17, S18, S19, S20).
- *Pain Scale (Wong–Baker Faces Pain Rating Scale)*: It is used to assess the severity of epigastric pain associated with HG which quantifies the pain ensuring subjective discomfort is objectively recorded and monitored in correlation with disease progression [26] – Objective parameter (see Supplementary Table S21).
- *Dwishtarthajanya Chardi*: It is seen in pregnancy where patients will have subjective aversion to taste, smell, etc. There is no standardized scale to assess this. Hence, we included this domain in subjective parameters to know its presence or absence with respect to visual, gustatory, tactile, auditory, olfactory stimulation– Subjective parameter (see Supplementary Table S22).
- *Dauhrudajanya Chardi*: It is a unique symptom explained in the classics. Patients will be asked to express whether their pregnancy induced desires leading to vomiting are present or not – Subjective parameter (see Supplementary Table S23) (Table 1).

**Table 1.** Mapping of Doshaja GC and assessment parameters (see Supplementary Tables S1–S23).

Symptom	Associated Doṣhaja GC	Type of parameter	Scale used
Nausea	Present in all types	Subjective	PUQE-24.
		Objective	HELP Scale.
Vomiting	Present in all types	Subjective	PUQE-24.
		Objective	HELP Scale.
Pain above umbilicus	Vātaja	Subjective	VAS.
		Objective	Wong–Baker Faces Pain Rating Scale.
Dryness of mouth	Vātaja, Pittaja	Objective	Dehydration Scale.
Rasaasyata	Vātaja, Pittaja, Kaphaja	Subjective	Descriptive scale according to Doshaja Chardi.
Content of vomitus	In all types of Chardi	Subjective	Content of Vomitus Scale.
Giddiness / Fainting	Pittaja, Tridoṣhaja	Objective	Blood Sugar Levels.
Anorexia / Indigestion	Kaphaja, Tridoṣhaja	Subjective	HELP Scale.
Excessive salivation	Kaphaja, Krimija	Subjective	HELP Scale.
Dwishtarthajanya Chardi	–	Subjective	Descriptive scale according to senses.
Dauhrudajanya Chardi	–	Subjective	Descriptive scale based on prevalence.

### Withdrawal Criteria

A provision will be made for the participants to withdraw from the study under following circumstances.

- Clinical condition progression requiring parenteral medications.
- Adverse drug reaction, adverse drug event, allergic manifestation to drugs or gastritis occurs during treatment.
- Non-compliance with the treatment protocol, including irregular intake or refusal for the follow up.
- Voluntary discontinuation by the participant at any point during the study, with or without disclosing the reason to do so.

In such cases, treatment will be discontinued and appropriate alternate care will be provided. Withdrawal ensures participant safety, ethical compliance, and inclusion of only reliable data in the study.

### Evaluation Strategy

The diagnostic and evaluative strategy of the study has been designed to ensure a comprehensive assessment of HG at regular intervals; accordingly, patients will be assessed at four time points.

- Day 0 (Before treatment) – provides baseline data before intervention.
- Day 7 (Mid-treatment) – captures early changes and helps identify initial trends.
- Day 14 (End of treatment) – marks completion of the intervention, enabling evaluation of short-term efficacy.
- Day 21 (Follow up) – serves as a follow-up to assess the sustainability of treatment effects, patient status without medication and monitor for relapse or delayed outcomes.

This timeline will ensure both clinical relevance and feasibility, especially in the context of outpatient Ayurvedic management.

### Enrollment Process and Group Allocation

Thirty eligible participants will be enrolled from the OPD/IPD of the Prasuti Tantra and Stree Roga Department, SSCASR&H, Bengaluru, and randomized into two groups (n = 15 each) using the lottery method each receiving Bilwadi Kwatha and Shunthi Bilwa Kwatha. After obtaining the informed consent, clinical findings will be recorded in the detailed case proforma structured incorporating the above guidelines. This method will ensure unbiased allocation suitable for a postgraduate research setting.

### Intervention Protocol

- *Dosage:* 96 ml. Two Pala is the dose mentioned in the Ayurvedic textbook, which is equivalent to 96ml, hence it is chosen [27].
- *Frequency:* Administered 96 ml in divided doses twice daily, before meals which helps to suppress the sensation of nausea and ensures ease of intake.
- *Treatment Duration:* 14 consecutive days are considered to observe justifiable clinical response within a short yet safe treatment window.
- *Study Duration:* 21 days. This short duration is chosen as, in many cases, nausea and vomiting tend to subside naturally after the first trimester or by the 20th–22nd week of gestation, allowing evaluation of whether improvement is due to the intervention or the natural course of the condition [28].
- *Anupana:* Lukewarm water is used as a universal Anupana and aids medicine absorption [29].
- The Kwatha choorna will be prepared in a GMP-certified pharmacy to ensure quality. Patients will be provided with labeled single-dose packets with clear instructions about the Kwatha preparation. Patients will be advised to prepare the Kwatha fresh at home each day twice. One week supply will be dispensed at a time

### Compliance and Monitoring

Participants will be counseled on treatment adherence. Patients will be reviewed weekly. A treatment diary will be maintained, and compliance will be assessed through verbal confirmation, return of unused medicine and documentation of any deviations.

### Safety and Ethical Considerations

Both formulations are mentioned in the context of GC and well tolerable and safe during pregnancy. 21 days of intervention with continuous monitoring ensure compliance, ethical conduct and reliable outcome assessment. No monetary or material incentives will be provided for participation, ensuring voluntary enrollment based solely on informed willingness.

The study will be adhered to Declaration of Helsinki, ICMR, and AYUSH GCP guidelines. Data confidentiality will be maintained; informed consent will be obtained. Adverse drug reactions will be intimated to institutional ADR Committee and appropriate care will be provided. No conflict of interest expressed and it's a self-funded study.

### Statistical Analysis Plan

Data will be compiled in Excel and analyzed using SPSS-26. Data will be expressed as mean  $\pm$  SD, categorical data as frequency. Wilcoxon and Mann-Whitney U test will be used to assess within- and between-group differences. A p-value  $< 0.05$  will be considered significant. Results will be displayed using tables and graphs.

### Expected Outcomes

- *Primary Outcome:* Standardization of Diagnostic Protocol and to map Doshaja GC with different severity status of HG. The primary outcome of development of protocol is to have a standardized, comprehensive, reproducible, integrated and clinically feasible diagnostic protocol in the assessment and grading of HG with special reference to GC. The protocol aims to improve diagnostic clarity, bridge modern and Ayurvedic perspectives, and support individualized treatment planning rooted in classical principles. The protocol will also yield probable different presentations of HG mapped to Doshaja GC.
- *Secondary Outcomes*
  - Clinical and Symptomatic improvements of HG once study is over.
  - Establishment of efficacy of Bilwadi Kwatha with Sharkara and Shunthi Bilwa Kwatha with Yava Saktu in the management of HG.

### DISCUSSION

GC is described mainly through qualitative descriptions without standardized diagnostic criteria. As pregnancy progresses, the NVP may turn to HG – necessitating intervention. Previous study shows ~1.66% of HG, but such prevalent data is lacking in Ayurvedic research, limiting generalizability [30].

While PUQE and HELP improve grading in modern practice, Ayurvedic research still lacks standardized measures. This protocol integrates subjective, semi-subjective, semi-objective and objective markers with doṣha-based classifications and introduces new validated scales after literary review and expert review to ensure methodological rigor and applicability was strengthened by pilot study.

Incorporating objective parameters like hemoglobin, electrolytes, urine ketones, and weight enhances understanding of HG in relation to GC, while newly developed assessment scales add specificity where no standardized scales existed.

Thus, this protocol attempts to address key lacunae like lack of prevalence data, absence of stratification, and insufficient standardized scales, thereby advancing integrative, evidence-based research in Ayurvedic obstetrics.

### CONCLUSION

HG, a severe form of NVP, is correlated with GC in Ayurveda, yet lacks standardized diagnostic criteria. This protocol advances GC research by recognizing the limitations of PUQE and HELP and incorporates objective parameters and doṣha-based classifications for a comprehensive assessment and introduces new parameters to enhance diagnostic specificity and precision. By aligning traditional

concepts with modern tools, the protocol establishes a structured framework for doṣha-specific obstetric care, laying the foundation for integrative and scientifically robust management. For systematic validation of this protocol, larger multicentric studies are needed to establish internal and external consistency index followed by affirmation of principle component analysis.

## REFERENCES

1. Shastri K, Chaturvedi G. Commentary Vidyotini on Charaka Samhita, Shareera Sthana. Chapter 4, Verse 12. Varanasi: Chaukhamba Bharti Academy; 2017. p. 325–326.
2. Dutta DC. Textbook of obstetrics. Vol 1. Chapter 13. New Delhi: Jaypee Brothers; 2016. p. 153.
3. Sharma Rajaguru P. Commentary Vidyotini on Kashyapa Samhita, Khila Sthana. Chapter 10, Verse 118. Varanasi: Chaukhamba Sanskrit Sansthan; 2010. p. 188–189.
4. World Health Organization. International Classification of Diseases, Eleventh Revision (ICD-11). Geneva: WHO; 2019/2021. Available from: <https://icd.who.int/browse/2024-01/mms/en#1878037467>.
5. Dutta DC. Textbook of obstetrics. Vol 1. Chapter 13. New Delhi: Jaypee Brothers; 2016. p. 154.
6. Dutta DC. Textbook of obstetrics. Vol 1. Chapter 13. New Delhi: Jaypee Brothers; 2016. p. 155.
7. Dutta DC. Textbook of obstetrics. Vol 1. Chapter 13. New Delhi: Jaypee Brothers; 2016. p. 156.
8. PUQE (Pregnancy-Unique Quantification of Emesis and nausea) identifies patients with hyperemesis gravidarum and poor nutritional intake: A prospective cohort validation study. PLoS One. 2015 Apr 1;10(4):e0119962. Available from: <https://pubmed.ncbi.nlm.nih.gov/25830549/>
9. HyperEmesis Level Prediction (HELP Score) Identifies Patients with Indicators of Severe Disease: a Validation Study. Geburtshilfe Frauenheilkd. 2021 Jan;81(1):90–98. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7815331/>.
10. Dutta DC. Textbook of obstetrics. Vol 1. Chapter 13. New Delhi: Jaypee Brothers; 2016. p. 157.
11. Tiwari PV. Ayurvediya Prasutitantra Evam Streeroga. 2nd ed. Vol 1. Varanasi: Chaukhamba Orientalia; 2017. p. 139–140.
12. Dutta DC. Textbook of obstetrics. Vol 1. Chapter 20. New Delhi: Jaypee Brothers; 2016. p. 311.
13. Dutta DC. Textbook of obstetrics. Vol 1. Chapter 13. New Delhi: Jaypee Brothers; 2016. p. 155.
14. Dutta DC. Textbook of obstetrics. Vol 1. Chapter 13. New Delhi: Jaypee Brothers; 2016. p. 158.
15. Tiwari PV. Ayurvediya Prasutitantra Evam Streeroga. 2nd ed. Vol 1. Varanasi: Chaukhamba Orientalia; 2017. p. 139–140.
16. Shastri K, Chaturvedi G. Commentary Vidyotini on Charaka Samhita, Shareera Sthana. Chapter 4, Verse 12. Varanasi: Chaukhamba Bharti Academy; 2017. p. 335–336.
17. Acharya VYT. Sushruta Samhita of Sushruta. Uttartantra. Chapter 49, Verse 4. Varanasi: Chaukhamba Orientalia; 2019. p. 70.
18. Sharma S. Ashtanga Hridayam of Vagbhata. Shareera Sthana. Chapter 2, Verse 50–51. Varanasi: Chaukhamba Sanskrit Series; 2003. p. 268.
19. Sharma Rajaguru P. Commentary Vidyotini on Kashyapa Samhita, Khila Sthana. Chapter 10, Verse 118. Varanasi: Chaukhamba Sanskrit Sansthan; 2010. p. 188–189.
20. Tiwari PV. Ayurvediya Prasutitantra Evam Streeroga. 2nd ed. Vol 1. Varanasi: Chaukhamba Orientalia; 2017. p. 141.
21. Tiwari PV. Ayurvediya Prasutitantra Evam Streeroga. 2nd ed. Vol 1. Varanasi: Chaukhamba Orientalia; 2017. p. 142.
22. Tiwari PV. Ayurvediya Prasutitantra Evam Streeroga. 2nd ed. Vol 1. Varanasi: Chaukhamba Orientalia; 2017. p. 143.
23. Bijur PE, Silver W, Gallagher EJ. Reliability of the visual analog scale for measurement of acute pain. Acad Emerg Med. 2001;8:1153–1157. Available from: <https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1553-2712.2001.tb01132.x>.
24. Dutta DC. Textbook of obstetrics. Vol 1. Chapter 20. New Delhi: Jaypee Brothers; 2016. p. 321.
25. Dutta DC. Textbook of obstetrics. Vol 1. Chapter 8. New Delhi: Jaypee Brothers; 2016. p. 154.
26. Ernstmeyer K, Christman E, editors. Nursing Skills [Internet]. Eau Claire (WI): Chippewa Valley Technical College; 2021. Figure 2.4, The Wong-Baker FACES Pain Rating Scale. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK593197/figure/ch2history.F2.4/>.

27. Tripathi B. Dipika Hindi Commentary on Sharangadhara Samhita. Madhyama Khand. Chapter 2, Verse 2. Varanasi: Chaukhambha Surbharti Prakashan; 2011. p. 157–158.
28. Dutta DC. Textbook of obstetrics. Vol 1. Chapter 18. New Delhi: Jaypee Brothers; 2016. p. 158.
29. Tripathi B. Dipika Hindi Commentary on Sharangadhara Samhita. Madhyama Khand. Chapter 2, Verse 2. Varanasi: Chaukhambha Surbharti Prakashan; 2011. p. 159–160.
30. Clark SM, Zhang X, Goncharov DA. Inpatient Management of Hyperemesis Gravidarum. Obstet Gynecol. 2024 Jun 1;143(6):745–758. Available from: <https://pubmed.ncbi.nlm.nih.gov/38301258/>

*NOTE: The proforma is divided into subjective and objective factors; consequently, the numbering of the supplementary tables is distorted.*

### Supplementary Table S1

Sri Sri College of Ayurvedic Science and Research, Bengaluru.  
Dept. of P.G. Studies in Prasooti Tantra & Stree Roga.

### Case Sheet Proforma For

“Developing an assessment protocol in Ayurvedic Research for Hyperemesis Gravidarum with special reference to Garbhini Chardi”.

### “Reference to Hyperemesis Gravidarum”

Research Scholar: Dr. Shivangi Sanghvi.  
Guide: Dr. Shubha Ural.  
Specialty: Prasuti Tantra & Stree Roga.  
Year: 2023–2024.

### Vital Data of Patient

Name:  
Age:  
Height:  
Body Weight:  
BMI:  
OPD No.:  
Contact No.:  
Religion: H/ M/ C/ Others.  
Education:  
Socio-Economic Status: Upper class / Middle class / Lower class.  
Marital Status: Single / married / divorced / widow.  
Occupation: HW / employee/ others.  
Diagnosis, if any –

Date of Commencement of Treatment – Date of Completion of Treatment –

### Questionnaires

LMP: Number of Previous Pregnancy – \_\_\_\_\_ (Primigravida/ Multigravida).  
Trimester & Period of gestation:  
Status of pregnancy – singleton / multitone pregnancy (twin/triplet/others).

### Supplementary Table S2

#### PUQE-24 [Pregnancy Unique Quantification of Emesis] Scoring System

In last 24 hours, for how long have you felt nauseatic?

Date –	Treatment Day 0	Not at all	1 hour or less	2–3 hours	4–6 hours	>6 hours.
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Date –	Treatment Day 7	Not at all	1 hour or less	2–3 hours	4–6 hours	> 6 hours.
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Date –	Treatment Day 14	Not at all	1 hour or less	2–3 hours	4–6 hours	>6 hours.
Date –	Follow up Day 21	Not at all	1 hour or less	2–3 hours	4–6 hours	>6 hours.

In last 24 hours, have many times you vomited or felt nauseatic

Date –	Treatment Day 0	≥ 7 times	5–6 times	3–4 times	1–2 times	Did not throw up.
Date –	Treatment Day 7	≥ 7times	5–6 times	3–4 times	1–2 times	Did not throw up.
Date –	Treatment Day 14	≥ 7 times	5–6 times	3–4 times	1–2 times	Did not throw up.
Date –	Follow up Day 21	≥ 7 times	5–6 times	3–4 times	1–2 times	Did not throw up.

In last 24 hours how many times have you had feeling of vomiting/ nausea without bringing anything up?

Date –	Treatment Day 0	0 time	1–2 times	3–4 times	5–6 times.
Date –	Treatment Day 7	0 time	1–2 times	3–4 times	5–6 times.
Date –	Treatment Day 14	0 time	1–2 times	3–4 times	5–6 times.
Date –	Follow up Day 21	0 time	1–2 times	3–4 times	5–6 times.

**Supplementary Table S3**

**HELP (HyperEmesis Level Prediction) Score**

For how long is the feeling of nausea present?

Date –	Treatment Day 0	0 hour	1 hour	2 hours	3 hours	4 hours	>4 hour
Date –	Treatment Day 7	0 hour	1 hour	2 hours	3 hours	4 hours	>4 hour
Date –	Treatment Day 14	0 hour	1 hour	2 hours	3 hours	4 hours	>4 hour
Date –	Follow up Day 21	0 hour	1 hour	2 hours	3 hours	4 hours	>4 hour

Number of vomiting episodes/days?

Date –	Treatment Day 0	0 episode	1–2 episodes	3–5 episodes	6–8 episodes	9–12 episodes	≥13 episodes.
Date –	Treatment Day 7	0 episode	1–2 episodes	3–5 episodes	6–8 episodes	9–12 episodes	≥13 episodes.
Date –	Treatment Day 14	0 episode	1–2 episodes	3–5 episodes	6–8 episodes	9–12 episodes	≥13 episodes.
Date –	Follow up Day 21	0 episode	1–2 episodes	3–5 episodes	6–8 episodes	9–12 episodes	≥13 episodes.

Number of Retch/dry heave (feeling of vomiting without bringing anything up) episodes /day?

Date –	Treatment Day 0	0 episode	2-1 episode	5-3 episode	8-6 episode	12-9 episode	≥13 episodes
Date –	Treatment Day 7	0 episode	2-1 episode	5-3 episode	8-6 episode	12-9 episode	≥13 episodes
Date –	Treatment Day 14	0 episode	2-1 episode	5-3 episode	8-6 episode	12-9 episode	≥13 episodes
Date –	Follow up Day 21	0 episode	2-1 episode	5-3 episode	8-6 episode	12-9 episode	≥13 episodes

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Number of times urine passed/day?

Treatment Day 0 Date –	Same as previous	More often, light or dark color	Slightly less often and normal color	Once every 8 hours; slightly dark yellow	Less than every 8 hours and darker yellow	Rarely, dark, blood; foul smell.
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Treatment Day 7 Date –	Same as previous	More often, light or dark color	Slightly less often and normal color	Once every 8 hours; slightly dark yellow	Less than every 8 hours and darker yellow	Rarely, dark, blood; foul smell.
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Treatment Day 14 Date –	Same as previous	More often, light or dark color	Slightly less often and normal color	Once every 8 hours; slightly dark yellow	Less than every 8 hours and darker yellow	Rarely, dark, blood; foul smell
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Follow up Day 21 Date –	Same as previous	More often, light or dark color	Slightly less often and normal color	Once every 8 hours; slightly dark yellow	Less than every 8 hours and darker yellow	Rarely, dark, blood; foul smell.
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Feeling of nausea/vomiting reduced after how many hours of taking medicine?

Date –	Treatment Day 0	Not reduced	1 hour	2 hours	3 hours	4 hours	≥5 hours
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Date –	Treatment Day 7	Not reduced	1 hour	2 hours	3 hours	4 hours	≥5 hours
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Date –	Treatment Day 14	Not reduced	1 hour	2 hours	3 hours	4 hours	≥5 hours
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Date –	Treatment Day 21	Not reduced	1 hour	2 hours	3 hours	4 hours	≥5 hours
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Number of hours/day, she is unable to work adequately?

Date –	Treatment Day 0	0 hours	1–2 hours	3–4 hours	5–7 hours	8–10 hours	11+ hours
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Date –	Treatment Day 7	0 hours	1–2 hours	3–4 hours	5–7 hours	8–10 hours	11+ hours
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Date –	Treatment Day 14	0 hours	1–2 hours	3–4 hours	5–7 hours	8–10 hours	11+ hours
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Date –	Treatment Day 21	0 hours	1–2 hours	3–4 hours	5–7 hours	8–10 hours	11+ hours
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Change in weight in last 7 days?

Date –	Treatment Day 0	Original Weight –	Current Weight –	Difference in Weight –
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Date –	Treatment Day 7	Original Weight –	Current Weight –	Difference in Weight –
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Date –	Treatment Day 14	Original Weight –	Current Weight –	Difference in Weight –
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Date –	Follow up Day 21	Original Weight –	Current Weight –	Difference in Weight –
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Impact of nausea/vomiting on mood of patient?

Date –	Treatment Day 0	Normal	Tired but mood is ok	Slightly less than normal	It's tolerable but difficult	Struggling moody, emotional	Poorly: irritable depressed
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Date –	Treatment Day 7	Normal	Tired but mood is ok	Slightly less than normal	It's tolerable but difficult	Struggling moody, emotional	Poorly: irritable depressed
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Date –	Treatment Day 14	Normal	Tired but mood is ok	Slightly less than normal	It's tolerable but difficult	Struggling moody, emotional	Poorly: irritable depressed
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Date –	Treatment Day 21	Normal	Tired but mood is ok	Slightly less than normal	It's tolerable but difficult	Struggling moody, emotional	Poorly: irritable depressed
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Status of consumption of food/day?

Treatment Day (Date –)	Day 0	Same as previous	Total of about 3 meals	Total of about 2 meals	1 meal	Very little, <1 meal	Poorly: irritable depressed
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Treatment Day (Date –)	Day 7	Same as previous	Total of about 3 meals	Total of about 2 meals	1 meal	Very little, <1 meal	Poorly: irritable depressed
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Treatment Day (Date –)	Day 14	Same as previous	Total of about 3 meals	Total of about 2 meals	1 meal	Very little, <1 meal	Poorly: irritable depressed
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Treatment Day (Date –)	Day 21	Same as previous	Total of about 3 meals	Total of about 2 meals	1 meal	Very little, <1 meal	Poorly: irritable depressed
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For every episode of nausea/vomiting, medication required?

Treatment Day 0 (Date –)	Not every episode	Rarely	Sometimes	Nearly Always	Always	Injections or IV Fluids needed
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Treatment Day 0 (Date –)	Not every episode	Rarely	Sometimes	Nearly Always	Always	Injections or IV Fluids needed
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Treatment Day 0 (Date –)	Not every episode	Rarely	Sometimes	Nearly Always	Always	Injections or IV Fluids needed
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Treatment Day 0 (Date –)	Not every episode	Rarely	Sometimes	Nearly Always	Always	Injections or IV Fluids needed
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Symptoms of nausea/vomiting compared to last week?

Date –	Treatment Day 0	Great	Better	About Same	Worse	Much Worse +	Much much worse ++
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Date –	Treatment Day 7	Great	Better	About Same	Worse	Much Worse +	Much much worse ++
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Date –	Treatment Day 14	Great	Better	About Same	Worse	Much Worse +	Much much worse ++
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Date –	Treatment Day 21	Great	Better	About Same	Worse	Much Worse +	Much much worse ++
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Number of doses of medication taken for nausea/vomiting?

Date –	Treatment Day 0	No doses of medication	1	2	3	4	5+
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Date –	Treatment Day 7	No doses of medication	1	2	3	4	5+
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Date –	Treatment Day 14	No doses of medication	1	2	3	4	5+
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Date –	Follow up Day 21	No doses of medication	1	2	3	4	5+
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**SUBJECTIVE PARAMETERS**

**Supplementary Table S4**

Salivation?

Date –	Treatment Day 0	Absent	Present
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Date –	Treatment Day 7	Absent	Present
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Date –	Treatment Day 14	Absent	Present
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Date –	Follow up Day 21	Absent	Present
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**Supplementary Table S5**

Feeling of thirst increased?

Date –	Treatment Day 0	Absent	Present
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Date –	Treatment Day 7	Absent	Present
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Date –	Treatment Day 14	Absent	Present
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Date –	Follow up Day 21	Absent	Present
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**Supplementary Table S6**

Loss of appetite?

Date –	Treatment Day 0	Absent	Present
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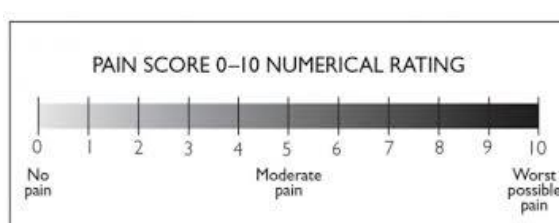
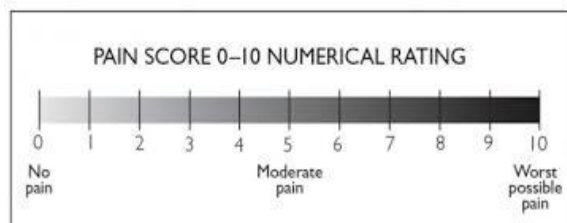
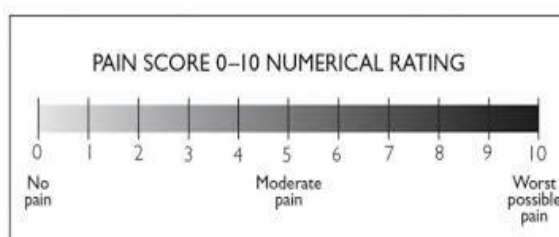
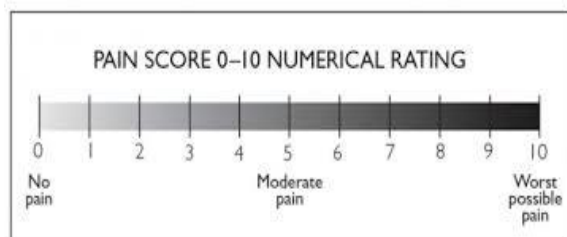
Date –	Treatment Day 7	Absent	Present
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Date –	Treatment Day 14	Absent	Present
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Date –	Follow up Day 21	Absent	Present
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**Supplementary Table S7**

Pain above umbilicus?



**Supplementary Table S8**

Dryness in mouth?

Date –	Treatment Day 0	Absent	Present
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Date –	Treatment Day 7	Absent	Present
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Date –	Treatment Day 14	Absent	Present
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Date –	Follow up Day 21	Absent	Present
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**OBJECTIVE PARAMETERS****Supplementary Table S9**

Specific gravity of urine.

Date –	Treatment Day 0	Value –
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Date –	Treatment Day 7	Value –
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Date –	Treatment Day 14	Value –
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Date –	Treatment Day 21	Value –
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**Supplementary Table S10**

Ketone bodies in urine.

Date –	Treatment Day 0	Absent	Present
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Date –	Treatment Day 7	Absent	Present
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Date –	Treatment Day 14	Absent	Present
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Date –	Follow up Day 21	Absent	Present
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**Supplementary Table S11**

Hemoglobin level.

Treatment Day 0 (Date –)	Hb% –
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Treatment Day 14 (Date –)	Hb% –
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Treatment Day 17 (Date –)	Hb% –
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Treatment Day 21 (Date –)	Hb% –
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**Supplementary Table S12**

Contents of vomitus.

Date –	Treatment Day 0	No vomiting	Vomiting with mucous	Vomiting with food	Vomiting with bile.
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Date –	Treatment Day 7	No vomiting	Vomiting with mucous	Vomiting with food	Vomiting with bile.
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Date –	Treatment Day 14	No vomiting	Vomiting with mucous	Vomiting with food	Vomiting with bile.
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Date –	Treatment Day 21	No vomiting	Vomiting with mucous	Vomiting with food	Vomiting with bile.
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**Supplementary Table S13**

Serum–sodium level.

Date –	Treatment Day 0	Value – __mmol/L.
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Date –	Treatment Day 7	Value – __mmol/L.
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Date –	Treatment Day 14	Value – __mmol/L.
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Date –	Treatment Day 21	Value – __ mmol/L.
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**Supplementary Table S14**

Serum–potassium level.

Date –	Treatment Day 0	Value – __ mmol/L.
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Date –	Treatment Day 7	Value – __ mmol/L.
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Date –	Treatment Day 14	Value – __ mmol/L.
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Date –	Treatment Day 21	Value – __ mmol/L.
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**Supplementary Table S15**

Serum Chloride level.

Date –	Treatment Day 0	Value – __ mmol/L.
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Date –	Treatment Day 7	Value – __ mmol/L.
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Date –	Treatment Day 14	Value – __ mmol/L.
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Date –	Treatment Day 21	Value – __ mmol/L.
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**Supplementary Table S16**

Blood sugar level.

Treatment Day 0 (Date –)	RBS – __ mg/dl.
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Treatment Day 7 (Date –)	RBS – __ mg/dl.
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Treatment Day 14 (Date –)	RBS – __ mg/dl.
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Treatment Day 21 (Date –)	RBS – __ mg/dl.
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**Supplementary Table S17**

Dehydration: General appearance.

Date –	Treatment Day 0	No Dehydration	Restless	Irritable	Drowsy.
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Date –	Treatment Day 7	No Dehydration	Restless	Irritable	Drowsy.
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Date –	Treatment Day 14	No Dehydration	Restless	Irritable	Drowsy.
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Date –	Follow up Day 21	No Dehydration	Restless	Irritable	Drowsy.
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**Supplementary Table S18**

Thirst.

Treatment Day 0 (Date –)	Drinks normally	Thirsty, eagerly	drinks	Thirst not satisfied even after drinking	Not able to drink.
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Treatment Day 7 (Date –)	Drinks normally	Thirsty, eagerly	drinks	Thirst not satisfied even after drinking	Not able to drink.
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Treatment Day 14(Date –)	Drinks normally	Thirsty, eagerly	drinks	Thirst not satisfied even after drinking	Not able to drink
--------------------------	-----------------	------------------	--------	--	-------------------

Follow up Day 21(Date -)	Drinks normally	Thirsty, eagerly drinks	Thirst not satisfied even after drinking	Not able to drink
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**Supplementary Table S19**

Skin pinch.

Treatment Day 0 (Date -)	Goes back quickly(<1second)	Goes back slowly (<2 seconds)	Goes back slowly (>2 seconds)	Skin remains elevated.
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Treatment Day 7 (Date -)	Goes back quickly(<1second)	Goes back slowly (<2 seconds)	Goes back slowly (>2 seconds)	Skin remains elevated.
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Treatment Day 14 (Date -)	Goes back quickly(<1second)	Goes back slowly (<2 seconds)	Goes back slowly (>2 seconds)	Skin remains elevated.
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Follow up Day 21 (Date -)	Goes back quickly(<1second)	Goes back slowly (<2 seconds)	Goes back slowly (>2 seconds)	Skin remains elevated.
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**Supplementary Table S20**

Eyes.

Date -	Treatment Day 0	Normal	Sunken	Very sunken	Very very sunken++
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Date -	Treatment Day 7	Normal	Sunken	Very sunken	Very very sunken++
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Date -	Treatment Day 14	Normal	Sunken	Very sunken	Very very sunken++
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Date -	Follow up Day 21	Normal	Sunken	Very sunken	Very very sunken++
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**Supplementary Table S21**

Pain above umbilicus?



**Dosha Predominance**

Vataja Chardi.

Treatment Day 0 (Date -)	Pain above umbilicus	Dryness of mouth	of	Astringent (Kashaya) taste of vomitus	Frothy black color vomitus.
Treatment Day 7 (Date -)	Pain above umbilicus	Dryness of mouth	of	Astringent (Kashaya) taste of vomitus	Frothy black color vomitus.
Treatment Day 14 (Date -)	Pain above umbilicus	Dryness of mouth	of	Astringent (Kashaya) taste of vomitus	Frothy black color vomitus.

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Follow up Day 21 (Date –)	Pain above umbilicus	Dryness of mouth	Astringent (Kashaya) taste of vomitus	Frothy black color vomitus.
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***Pittaja Chardi***

Treatment Day (Date –)	0	Giddiness	Dryness of mouth	Tikta (bitter) taste of vomitus	Vomitus with bile.
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Treatment Day (Date –)	7	Giddiness	Dryness of mouth	Tikta (bitter) taste of vomitus	Vomitus with bile.
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Treatment Day (Date –)	14	Giddiness	Dryness of mouth	Tikta (bitter) taste of vomitus	Vomitus with bile.
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Treatment Day 21(Date –)		Giddiness	Dryness of mouth	Tikta (bitter) taste of vomitus	Vomitus with bile.
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***Kaphaja Chardi.***

Treatment Day (Date –)	0	Anorexia	Excessive salivation	Madhura (sweet) taste of vomitus	Vomitus with mucous.
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Treatment Day (Date –)	7	Anorexia	Excessive salivation	Madhura (sweet) taste of vomitus	Vomitus with mucous.
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Treatment Day (Date –)	14	Anorexia	Excessive salivation	Madhura (sweet) taste of vomitus	Vomitus with mucous.
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Treatment Day (Date –)	21	Anorexia	Excessive salivation	Madhura (sweet) taste of vomitus	Vomitus with mucous.
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***Tridoshaja chardi.***

Date –	Treatment Day 0	Anorexia	Indigestion	Fainting	Vomitus with blood.
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Date –	Treatment Day 7	Anorexia	Indigestion	Fainting	Vomitus with blood.
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Date –	Treatment Day 14	Anorexia	Indigestion	Fainting	Vomitus with blood.
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Date –	Follow up Day 21	Anorexia	Indigestion	Fainting	Vomitus with blood.
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**Supplementary Table S22**

***Dwisarthajanya chardi.***

Treatment Day –	0	Seeing something unpleasant	Eating something unpleasant	Smelling something unpleasant	Touching something unpleasant	Hearing something unpleasant.
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Treatment Day –	7	Seeing something unpleasant	Eating something unpleasant	Smelling something unpleasant	Touching something unpleasant	Hearing something unpleasant.
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Treatment Day Date –	14	Seeing something unpleasant	Eating something unpleasant	Smelling something unpleasant	Touching something unpleasant	Hearing something unpleasant.
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Treatment Day Date – 21	Seeing something unpleasant	Eating something unpleasant	Smelling something unpleasant	Touching something unpleasant	Hearing something unpleasant.
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**Supplementary Table S23***Dauhrudajanya chardi.*

Treatment Day 0 (Date – )	Desires of pregnant lady	Fulfilled	Not fulfilled.
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Treatment Day 7 (Date – )	Desires of pregnant lady	Fulfilled	Not fulfilled.
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Treatment Day 14 (Date – )	Desires of pregnant lady	Fulfilled	Not fulfilled.
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Treatment Day 21 (Date – )	Desires of pregnant lady	Fulfilled	Not fulfilled.
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*Krimija chardi.*

Date –	Treatment Day 0	Giddiness	Nausea	Excessive salivation	Worms are present in vomitus.
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Date –	Treatment Day 7	Giddiness	Nausea	Excessive salivation	Worms are present in vomitus.
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Date –	Treatment Day 14	Giddiness	Nausea	Excessive salivation	Worms are present in vomitus.
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Date –	Follow up Day 21	Giddiness	Nausea	Excessive salivation	Worms are present in vomitus.
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**Result**

Treatment Day	0 <sup>th</sup> day	7 <sup>th</sup> day	14 <sup>th</sup> day	21 <sup>st</sup> day
Date				
PUQE – 24 score				
HELP Score				
Subjective parameter score				
Objective parameter score				
Total				
Dosha Predominance				
Guide Signature				
PG Scholar Signature				

**Course Completed:** Yes / No

Name of the Guide: Dr. Shubha Ural

Name of PG Scholar: Dr. Shivangi Sanghvi

Signature:

Signature: