

**AYURVEDIC PERSPECTIVE OF CHILDHOOD CHHARDI (VOMITING): A COMPREHENSIVE
REVIEW**

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ABSTRACT

Kaumarbhritya, the pediatric specialty of Ayurveda, emphasizes the promotion of health and prevention as well as management of diseases in children. Chhardi is a frequently encountered disorder in early childhood and closely resembles vomiting described in contemporary medicine¹. According to Ayurvedic principles, Chhardi develops due to the vitiation of Doshas, predominantly Udana Vata, which facilitates the upward propulsion of gastric contents resulting in their expulsion through the oral route². Factors such as faulty dietary practices,

impaired digestive fire (Mandagni), indigestion (Ajirna), and accumulation of Ama are central to the pathogenesis of this condition³. Classical Ayurvedic texts provide elaborate descriptions of Chhardi, including its etiological factors, prodromal symptoms, clinical manifestations, and Dosha-based classification⁴. The management of Chhardi involves Langhana, Deepana–Pachana therapies, elimination of Ama, and restoration of Dosha equilibrium⁵. Various herbal formulations, particularly Trisugandhadi Churna and Haritaki Churna, have been described as effective, safe, and well-tolerated remedies in pediatric patients^{8–9}. This review aims to critically analyze the Ayurvedic concept of childhood Chhardi, correlating classical principles with contemporary understanding, and highlighting evidence-based Ayurvedic management strategies.

INTRODUCTION

Vomiting is one of the most common gastrointestinal complaints in the pediatric age group and often represents an underlying disturbance of digestion or systemic imbalance¹. In Ayurveda, vomiting is described under the disease entity Chhardi, which is explained in detail across classical texts, particularly in relation to its causative factors, pathophysiology, and management². Childhood is considered a Kapha-dominant phase of life, rendering children more susceptible to disorders involving Kapha and Ama⁴.

Ayurvedic scholars emphasize that children possess immature digestive and metabolic capacity, making them vulnerable to indigestion and Ama formation following dietary indiscretion or infections³. Unlike modern symptomatic treatment, Ayurveda adopts a holistic approach that focuses on correcting the root cause, strengthening Agni, and restoring physiological balance^{2–4}. This review compiles classical references and contemporary interpretations to present a comprehensive understanding of childhood Chhardi from an Ayurvedic standpoint.

AYURVEDIC CONCEPT OF CHHARDI

Chhardi is defined as a pathological condition characterized by the forcible expulsion of stomach contents through the mouth due to derangement of Doshas, primarily Vata². The condition arises when Udana Vata attains abnormal upward movement (Pratiloma Gati), assisted by vitiated Pitta or Kapha, leading to vomiting^{2–3}.

Classical texts describe several prodromal features (Purvarupa) such as nausea (Hrullasa), anorexia (Aruchi), excessive salivation, distaste in the mouth, and a sense of heaviness in the epigastrium³. These symptoms indicate impending Dosha aggravation and impaired digestion. Early identification of these signs enables prompt intervention and prevents disease progression⁴.

CLASSIFICATION OF CHHARDI

Ayurvedic literature classifies Chhardi into six major types based on Dosha predominance and etiology: Vataja, Pittaja, Kaphaja, Sannipatika, Agantuja, and Krimija²⁻⁴.

- **Vataja Chhardi** presents with dry vomiting, frothy content, abdominal pain, and restlessness.
- **Pittaja Chhardi** is characterized by yellowish or greenish vomitus, burning sensation, excessive thirst, and fever.
- **Kaphaja Chhardi**, commonly seen in children, manifests as thick, mucoid vomitus associated with heaviness, lethargy, and nausea⁴.
- **Sannipatika Chhardi** involves features of all three Doshas and is considered severe.
- **Agantuja Chhardi** occurs due to external causes such as poisoning or trauma.
- **Krimija Chhardi** results from intestinal infestations²⁻³.

Among these, Kaphaja Chhardi predominates in childhood due to Kapha-pradhana avastha⁴.

CHILDHOOD CHHARDI: AYURVEDIC VIEW

Children are particularly prone to Chhardi due to their delicate physiology, underdeveloped digestive capacity, and dependency on caregivers for dietary practices¹. Excessive intake of heavy, cold, or incompatible foods (Viruddha Ahara), coupled with Mandagni, results in incomplete digestion and Ama formation³. Ama acts as a pathological substrate that obstructs channels and provokes Dosha imbalance, especially Kapha and Vata^{1,3}.

Environmental factors such as unhygienic surroundings, recurrent infections, and intestinal parasites further aggravate digestive disturbances in children¹. Ayurveda also considers constitutional factors like Madhyama Sharira, Madhyama Satmya, and Madhyama Samhanana as contributing to susceptibility to Chhardi³⁻⁷.

ETIOLOGICAL FACTORS (NIDANA)

The causative factors of Chhardi are elaborately described in Ayurvedic texts and include dietary, lifestyle, psychological, and pathological causes³⁻⁴. Excessive consumption of liquids, overeating, intake of incompatible or stale food, suppression of natural urges, excessive physical exertion, lack of sleep, and indigestion are commonly implicated³.

Psychological factors such as fear, anxiety, and grief are also recognized as important triggers, particularly in children with emotional sensitivity³⁻⁴. Parasitic infestations and systemic illnesses further contribute to disease manifestation.

CLINICAL FEATURES (LAKSHANA)

The clinical presentation of Chhardi varies depending on the predominant Dosha but commonly includes repeated episodes of vomiting accompanied by nausea, epigastric pain, dryness of mouth, abdominal discomfort, cough, hoarseness of voice, excessive belching, and fatigue³⁻⁴.

In severe cases, dehydration, weakness, and loss of appetite may develop, emphasizing the need for timely management, especially in pediatric patients.

SAMPRAPTI (PATHOGENESIS)

The pathogenesis of Chhardi begins with Nidana Sevana leading to Agnimandya and Ama formation³. Ama vitiates Kapha and Pitta, which in turn disturb the normal function of Udana Vata. The abnormal upward movement of Udana Vata propels gastric contents upward, resulting in vomiting²⁻³.

In children, this process is accelerated due to physiological Kapha dominance and underdeveloped digestive fire⁴.

MANAGEMENT PRINCIPLES

The primary objectives of Chhardi management are elimination of Ama, restoration of Agni, normalization of Vata movement, and pacification of vitiated Doshas⁵. Langhana, light and easily digestible diet, and administration of Deepana–Pachana drugs are recommended as first-line measures^{3, 5}.

Dietary regulation plays a crucial role, and intake of warm, light, and freshly prepared food is advised. Adequate hydration and avoidance of causative factors are essential components of management⁵.

ROLE OF TRISUGANDHADI CHURNA

Trisugandhadi Churna, composed of Twaka, Ela, and Patraka, administered with honey, is specifically indicated in Kaphaja Chhardi⁸. The formulation possesses Katu and Madhura Rasa, Ushna Virya, and Laghu– Tikshna Guna, which help in liquefying Kapha, improving digestion, and relieving nausea⁸. Its pleasant aroma and palatability make it suitable for pediatric use.

ROLE OF HARITAKI CHURNA

Haritaki Churna is renowned for its Vatanulomana, Deepana, and Rasayana properties⁹. It corrects abnormal Vata movement and improves gastrointestinal function. Haritaki is effective in managing various types of Chhardi, including Vataja, Pittaja, and Kaphaja, and alleviates associated symptoms such as abdominal pain, anorexia, constipation, and excessive thirst^{3, 9}.

Its safety profile and broad therapeutic action make it a valuable drug in pediatric practice.

DISCUSSION

Ayurvedic management of childhood Chhardi emphasizes addressing the underlying digestive impairment rather than merely suppressing symptoms. By focusing on Agni correction, Ama elimination, and Dosha balance, Ayurveda offers a holistic and sustainable approach to treatment⁵. Clinical studies have demonstrated the efficacy of Trisugandhadi Churna and Haritaki Churna in reducing the frequency and severity of vomiting episodes in children⁸⁻⁹.

Integration of dietary regulation, lifestyle modification, and herbal therapy ensures comprehensive care and minimizes recurrence.

CONCLUSION

Childhood Chhardi is a common yet potentially distressing condition that can be effectively managed using Ayurvedic principles. Early diagnosis, appropriate dietary measures, and timely administration of classical formulations play a pivotal role in successful management¹⁻⁵. Ayurvedic therapeutics not only provide symptomatic relief but also strengthen digestive function and immunity, thereby preventing recurrence and complications. Further clinical research can help validate and integrate these traditional approaches into mainstream pediatric care.

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