



Lesson 7.2 Chhardi (vomiting): patterns, panchanidana, clinical handling

Chhardi in children is a condition that demands careful attention because the symptom itself is simple, but its implications can become serious very quickly. A child may vomit once after overeating, crying, coughing, motion, or mild digestive upset and recover without difficulty. But repeated vomiting is very different. It disturbs **agni, fluid balance, bala, sleep, appetite, and the child's overall stability**. In younger children especially, repeated vomiting can quickly lead to dehydration, weakness, and inability to retain food or medicines. Therefore, Chhardi in Kaumarbhritya is not managed merely as "stomach upset." It is assessed as a disturbance of digestion and upward movement, with special attention to the child's ability to remain hydrated and alert.

The physician must understand that not every vomiting child requires the same approach. One child may have ama with nausea, heaviness, coating, and food intolerance. Another may have Pitta-dominant vomiting with heat, burning, thirst, and yellowish content. Another may have Vata-related retching with dryness, abdominal discomfort, and post-illness weakness. Some children vomit mainly after bouts of coughing. Others vomit after fever, indigestion, travel, or food contamination. Therefore, stage and pattern assessment are central.

In practice, the most important clinical questions are:

- How many times has the child vomited?
- Is the child able to retain fluids?
- Is urine output maintained?
- Is the child alert or becoming dull?
- Is there fever, diarrhea, abdominal pain, or cough?
- Is vomiting associated with heaviness and ama, or with dryness and depletion?

If these questions are answered properly, management becomes much clearer.

Meaning and clinical importance of Chhardi

Chhardi refers to expulsion of stomach contents upward through the mouth due to disturbed dosha affecting the digestive system and normal downward movement. In children, it often presents with:

- nausea,
- repeated vomiting,
- refusal of food,
- aversion to smell or taste,
- abdominal uneasiness,
- thirst,
- weakness,
- crying and irritability,
- and in some cases fever or loose stools.

The real danger in children is not only the vomiting itself, but what follows from it. If vomiting continues, the child cannot retain fluids, medicines, or light food. Agni becomes weaker, dehydration risk rises, Vata becomes aggravated, and recovery becomes difficult. This is why the physician must assess stability before focusing on detailed dosha interpretation.

Nidana of Chhardi in children

Chhardi in children may arise from many causes, and these should be understood systematically.

Aharaja nidana include:



- overeating,
- feeding in the absence of appetite,
- heavy, oily, sweet, or difficult-to-digest foods,
- contaminated food,
- stale food,
- incompatible food combinations,
- cold foods taken when agni is weak,
- excessive milk or milk preparations in unsuitable stages.

Agnimandya and ama-related nidana are very common. A child who already has low appetite, coating on the tongue, heaviness, and disturbed digestion may develop nausea and vomiting as the body attempts to expel what it cannot process.

Jvara and gastrointestinal infection-related causes are also frequent. Many children vomit in early fever, during viral illness, or along with Atisara.

Respiratory-related causes must not be forgotten. In younger children, repeated cough or thick post-nasal drip may trigger vomiting. A child may appear to have a “stomach problem” when the primary issue is actually severe cough.

Viharaja and environmental causes include travel, motion-related disturbance, excessive crying, exposure to heat, fatigue, and poor sleep.

Thus, Chhardi in a child is not one disease with one cause. It is a symptom pattern that requires context.

Purvarupa of Chhardi

Before full vomiting begins, some children show early warning signs such as:

- nausea,
- dislike for food,
- salivation,
- abdominal uneasiness,
- face becoming pale or dull,
- heaviness in the stomach,
- repeated swallowing movements,
- irritability,
- complaint of “wanting to vomit” in older children,
- mild giddiness.

Recognition of these signs is useful because sometimes the condition can be contained early by withdrawing heavy food and stabilizing the child’s digestion.

Rupa of Chhardi

The fully expressed condition includes:

- actual vomiting,
- repeated retching,
- inability to retain food or fluids,
- aversion to food,
- weakness,
- irritability or lethargy,
- abdominal pain or discomfort,



- thirst,
- dry mouth in progressing dehydration,
- and associated fever, diarrhea, cough, or headache in some cases.

The content and nature of vomitus should be observed:

- Is it mostly food?
- Is it mucus-heavy?
- Is it yellowish or bitter?
- Is it frothy or dry retching with little output?
- Is it associated with cough?
- Is there bile-like appearance?
- Is there blood?

These details help in clinical understanding and also indicate urgency.

Doshic patterns of Chhardi

Vataja Chhardi

This pattern is often characterized by repeated retching, dryness, abdominal discomfort, gurgling, weakness, and vomiting in smaller amounts with difficulty. The child may look dry, anxious, light-sleeping, and irritable. Vataja features become more prominent after repeated vomiting, poor intake, dehydration, or post-fever weakness.

Pittaja Chhardi

Pittaja Chhardi shows more heat and irritation. Vomitus may be yellowish or bitter, thirst is more prominent, the child may feel warm, fever may coexist, and there may be burning or marked discomfort. The child may appear more irritable and exhausted.

Kaphaja Chhardi

This pattern shows nausea, heaviness, aversion to food, thick mucus, and larger but heavier vomiting episodes. The child often has dull appetite, coated tongue, sleepiness, and ama. Kaphaja Chhardi is especially common after heavy food, excess milk, sweets, or during ama-heavy fever or digestive disturbance.

Tridoshaja or mixed Chhardi

In actual pediatric practice, mixed patterns are common, especially when the illness has progressed. A child may begin with Kapha-ama nausea and later develop Vata dryness and weakness after repeated vomiting.

Ama Chhardi

This is one of the most important practical types. There is nausea, foulness, heaviness, coated tongue, low appetite, and digestive intolerance. The child vomits because the body cannot digest or retain what has been taken. Here the first goal is not nourishment. The first goal is stabilization and clearing of digestive burden.

Samprapti

The samprapti of Chhardi may be understood in a simple sequence. Improper ahara-vihara disturbs agni. Disturbed agni produces ama or deranges the normal digestive process. Doshas become aggravated in the amashaya region. Their disturbed movement, especially when aggravated upward, leads to nausea and expulsion of stomach contents. If vomiting



continues, the child loses fluids and strength, Vata becomes aggravated, and the condition progresses toward weakness and instability.

This explains why the same child may initially show heaviness and nausea, and later dryness, constipation, weakness, and sleep disturbance after vomiting stops.

Chikitsa Siddhanta

The principles of management in pediatric Chhardi include:

1. **Assessment of stability and dehydration**
2. **Removal of causative food or offending intake**
3. **Resting the digestive system without causing weakness**
4. **Ama pachana where ama is present**
5. **Selection of suitable antiemetic and digestive classical medicines according to dosha**
6. **Protection of hydration and urine output**
7. **Gradual reintroduction of pathya when vomiting reduces**
8. **Management of post-vomiting Vata aggravation if dryness and weakness appear**

A very important teaching point is that a vomiting child should not be force-fed. Repeated insistence on food, milk, or heavy medicines often worsens both nausea and exhaustion. In the early active stage, the body must first regain stability.

Classical medicines commonly used in pediatric Chhardi

1. Balachaturbhadr Churna

Useful in younger children where vomiting is associated with fever, digestive disturbance, ama, or mild gastrointestinal infection-like states.

Approximate pediatric dose:

- below 1 year: 100–125 mg, 2–3 times daily
- 1–3 years: 125–250 mg, 2–3 times daily
- 3–6 years: 250–500 mg, 2–3 times daily
- 6–12 years: 500 mg, 2–3 times daily

2. Musta Churna

Very useful in digestive disturbances with nausea, fever association, and ama. Musta is classically valued in both jvara and gastrointestinal conditions.

Approximate pediatric dose:

- 1–3 years: 125–250 mg, 2–3 times daily
- 3–6 years: 250–500 mg, 2–3 times daily
- 6–12 years: 500 mg–1 g, 2–3 times daily

3. Dadimashtaka Churna

Useful after active vomiting begins to reduce, especially when digestion remains weak, appetite is poor, and the child needs gentle digestive restoration.

Approximate pediatric dose:



- 1-3 years: 125-250 mg, 2 times daily
- 3-6 years: 250-500 mg, 2 times daily
- 6-12 years: 500 mg-1 g, 2 times daily

4. Sutshekhar Rasa

Traditionally used in Amla-Pitta-like vomiting, irritation, and upper gastrointestinal disturbance. In children, it must only be used with proper physician supervision.

Approximate supervised pediatric dose:

- 3-6 years: 15-30 mg once or twice daily
- 6-12 years: 30-60 mg once or twice daily

5. Godanti Bhasma

Useful where Chhardi accompanies fever, pitta irritation, or head heaviness.

Approximate supervised pediatric dose:

- 1-3 years: 125 mg, 2 times daily
- 3-6 years: 125-250 mg, 2 times daily
- 6-12 years: 250 mg, 2 times daily

6. Kamdudha Ras

Useful in selected Pittaja vomiting patterns with heat and irritation, under physician guidance.

Approximate supervised pediatric dose:

- 3-6 years: 15-30 mg once or twice daily
- 6-12 years: 30-60 mg once or twice daily

7. Laja-manda supportive approach with medicine

In active vomiting with weak digestion, one often relies more on pathya support than on heavy medicine. Medicines should be chosen in the smallest suitable amount and only when the child is able to tolerate them.

All these medicines should be selected after considering:

- whether the child can retain oral intake,
- whether ama or Pitta or Vata is predominant,
- whether vomiting is associated with fever, Atisara, or cough,
- and whether dehydration is beginning.

Home remedies and supportive measures

Frequent small sips of suitable fluids

This is the most important supportive measure. Large amounts given at once may provoke further vomiting. Small repeated amounts are usually better tolerated.

Laja-manda

A very useful light supportive measure in children once vomiting begins to reduce slightly. It is easy to digest and supports recovery without burdening the stomach.



Rice gruel / thin peya

Useful when active vomiting reduces and the child begins to tolerate oral intake again.

Pomegranate support

In suitable older children, mild pomegranate-based support may be useful after the active vomiting stage begins to settle.

Warm water in small repeated quantity

Useful in some children, especially where cold intake aggravates nausea. It should be offered according to tolerance, not forced.

Avoid strong smells and force-feeding

Many vomiting children become more nauseated with strong smell, oily food, milk overload, or insistence on eating.

Pathya and Apathya

Pathya

- complete rest from heavy food in the active phase
- frequent small amounts of tolerated fluids
- laja-manda, peya, and light rice preparations
- gradual reintroduction of food only after vomiting reduces
- simple warm digestible food in the recovery stage

Apathya

- force-feeding during active vomiting
- milk-heavy, oily, fried, or sweet-heavy foods in the acute stage
- packaged foods
- cold drinks
- fruit juices in excess if not tolerated
- large quantities of water at once
- restarting normal heavy diet too quickly

Stage-wise management

Active vomiting stage

The child is unable to tolerate food, may be retching, and may have nausea with or without fever. The immediate goals are:

- prevent dehydration,
- reduce digestive burden,
- use small tolerated amounts only,
- avoid heavy medicines or food,
- assess urine output and alertness.

Reducing-vomiting stage

Vomiting becomes less frequent, but appetite is still poor. Here, fluids continue, light pathya begins, and medicines such



as mild digestive-supportive formulations may be introduced carefully.

Recovery stage

The child begins to retain intake, appetite slowly returns, and the body becomes lighter. This is the time for gentle agni restoration, not sudden heavy feeding.

Post-vomiting Vata stage

If the child becomes dry, weak, constipated, and sleep-disturbed after vomiting stops, Vata has become prominent. The plan must now shift toward gradual restoration rather than further reduction.

Panchakarma and procedures

In ordinary pediatric Chhardi, Panchakarma does not play a routine role. The major focus is:

- stabilization,
- hydration,
- digestive correction,
- careful medicine selection,
- and proper recovery.

No strong procedure is indicated in routine pediatric vomiting.

When Chhardi becomes dangerous

Vomiting in a child must be treated urgently when:

- the child cannot retain fluids,
- urine output drops significantly,
- there is unusual lethargy,
- repeated vomiting continues,
- green or blood-stained vomitus appears,
- severe abdominal pain is present,
- fever and vomiting are both worsening,
- the child becomes difficult to wake,
- there are signs of dehydration such as dry tongue, sunken eyes, and marked weakness.

These cases require urgent medical evaluation and should not be managed casually at home.

Summary

Chhardi in children is a disorder of digestion, upward derangement, and fluid instability. It may arise from dietary mistakes, ama, fever, cough, infection, or post-illness weakness. Proper management requires stage recognition, hydration protection, doshic assessment, careful use of classical medicines such as Balachaturbhadra, Musta, Dadimashtaka, and selected physician-supervised formulations, along with appropriate pathya and gradual recovery support. The child should never be considered improved merely because vomiting has stopped once; true recovery requires return of appetite, retention of fluids, proper urine, and gradual restoration of strength.



Practice Questions

1. Why is repeated vomiting more dangerous in children than in many adults?
2. Explain the difference between Ama Chhardi and post-vomiting Vata-dominant weakness.
3. Which classical medicines are commonly considered in pediatric Chhardi, and how does stage affect their use?
4. Why should a vomiting child not be force-fed even if the family fears weakness?
5. What are the urgent danger signs in a child with vomiting?

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