

Ayurvedic Management of Repeated Pregnancy Loss: A Case Study

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ABSTRACT

Recurrent pregnancy loss (RPL) is a condition causing much anxiety and worry for the couples involved. In about half of the cases, RPL is unexplained, i.e., idiopathic RPL. The most appropriate definition of RPL is 2 or more consecutive miscarriages before gestational week of 22. Incidence of RPL is estimated to vary between 0.5 to 2.3%. In Ayurveda *kshethra dushti*, *Putraghni yoni vyapad* and *garbhasrava Vandhya* can be correlated to RPL. A case of RPL in which Ayurvedic management has given a good result is explained. In which Shatavari Ghrita and capsule of Shatavari churna given for 6 months along with ayurvedic medications yoga, medication (pranav sadana), music therapy and health food diet and with *garbhini paricharya* was followed.

KEYWORDS: Recurrent pregnancy loss, *Putraghni yoni vyapad*, *shatavari*

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INTRODUCTION

Recurrent pregnancy loss also referred to as Recurrent miscarriage or Habitual abortion defined as a sequence of three or more consecutive spontaneous abortion before 20 weeks. Even two or more also considered as standard. It may be primary or secondary (having previous viable birth). Incidence – This distressing problem is affecting approximately 1 % of all women of reproductive age. This risk increases with each successive abortion reaching over 30% after three consecutive losses.¹

Recurrent pregnancy loss can be co-related with *putraghni yonivyapath* and *garbhasravi vandhya* explained in ayurvedic classics. *Putraghni* is a clinical entity characterised by repeated pregnancy loss due to excessive intake of *ruksha ahara* and *vihara*. This leads to *vata prakopa* which in turn leads to *shonita dushti* and *artava dushti* which results in repeated pregnancy loss.²

Some possible causes of RPL include:

Parental chromosomal abnormalities, Untreated hypothyroidism, Uncontrolled diabetes mellitus, Certain uterine anatomic abnormalities, Antiphospholipid antibody syndrome (APS). Management in modern science is done by treating the causes like metroplasty for uterine anomalies, antibiotics for infections, progesterone therapy for luteal phase defect, immunotherapy but despite different investigations about 40 to 60 % of recurrent miscarriages remain unexplained. However tender love care and some supportive therapy improves pregnancy outcome by 70%.²

Rasa & Rakta are responsible factors for foetal nutrition in first trimester. So Rasayana started immediately after conception.

Case study –

A female patient aged 28 years of middle class and marital life about 7 years came to OPD with eager to

conceive. Her Obstetric history was bad having 3 abortions A1- 2 and ½ months A2- 3 months A3- 2 months all spontaneous abortion. Menstrual history she was having regular menstrual cycle of 30 days and duration of flow abt 3 to 5 days with moderate flow no complaints of dysmenorrhoea.

Personal history

Diet-mixed

Investigations – Hb – 8.7 gm% WBC count – 8,200 cells/cumm RBC count – 3.85 millions/ cumm PCV – 29% MCV- 78 MCH and MCHC normal, RBS – 75 mg/dl. Normal thyroid profile. USG pelvis - normal study.

Diagnosis – Repeated pregnancy loss with Bad obstetric history and mild anaemia according to ayurveda putragni yonivyapad with the rasa and rakta Dushti.

Treatment plan-

Panchakarma shodana was done and told to visit on 2nd day of menses

Visited date 4/10/ 22 with LMP – 1/10/22 so USG scan was done and ovulation induction was given with Pushpadhanwa rasa 2 BD. T.Garbhajai which contains putranjeevaka and shivalingi beeja along with this Varunadi kashaya 20 ml before food BD was given. Told for follow up for ovulation study. USG scan- Follicular study on 11th day showed no dominant follicles, on 14th day bilateral ovaries no DF a big? follicle about 35mm. Treatment Garbhapala rasa 2 BD was given told follow up on next menses or test for UPT if missed periods.

Visited date 6/11/22 with LMP 5/11/22 ovulation induction with Pushpadhanwa rasa and Swarnaksheeri Swarasa 30 ml early morning empty stomach along with equal quantity of milk was given. USG scan- Follicular study 11th day –right ovary Df about 15*11mm ET 5mm, 14th day right ovary DF abt 19*18mm ET- 8mm , 17th day ET 10 mm treatment – Shatavari Ghrita 2tsp BD along with milk.

Visited date 16/12/22

Missed periods USG-? intra uterine gestational sac UPT- positive treatment Shatavari capsule 3 grams continued for 6 months

OUTCOME

Full term Normal Delivery – Delivered a live female baby about 2.6 kgs by vertex presentation on 13/8/23 at 9:24 am baby cried immediately after birth with good APGAR score.

DISCUSSION

Management of repeated pregnancy loss was not only done with shodhana and ayurvedic treatment modalities but also included Yoga and pranayama (Pranava sadana), Good nutritional supplements avoiding virudha ahara and ruksha tiksana ahara which causes vata vitiation along with this masanumasika paricharya and avoiding garbhpagatakara bhavas, Garbhasanskara music therapy.

Shatavari (Asparagus racemosus) is from Madhuraskandh. It has predominance of madhura rasa. It nourishes rasa dhatu, which nourishes mother & foetus in pregnancy. Shatavari has Anti-thrombolytic action so it improves circulation of foetus & thus improving nourishment. Shatavari is antioxidant so it will reduce oxidative stress during pregnancy thus pregnancy induced complications will be minimized.

Shatavari which is mainly used having madhurs and tikta rasa, Madura vipaka, sheeta veerya and guru snigdha gunatamaka. It is mentioned in Prajasthapaka dashemani by acharya charaka. Shatavari is having vathara, pittahara, asra doshara, balya, Vrishya, Rsayana properties, it is mentioned to have Garbhastravahara and garbhaposhaka properties also. One of the chemical constituents of shatavari named saponin glycoside A4 is reported to have anti-abortion activity that works by producing specific and competitive blockade of Pitocin induced contraction and spontaneous motility.

Swarnaksheeri which was given for ovulation induction has a very good effect on increasing the endometrial thickness which can have proper implantation and it has garbhashaya shodana effect.

CONCLUSION

With simple medications of ayurveda mentioned in ayurvedic classics even in cases of repeated pregnancy loss can conceive and have a child without fear of loss.

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