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CASE SERIES

Case Series On Recurrent Pregnancy Loss-Management Through Ayurveda Treatment Protocol

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Abstract

The present case series purveys the effect of Ayurveda treatment protocol in patients with Recurrent Pregnancy Loss in the reproductive age group. Five patients with history of two or more Pregnancy Losses with 2-5 years of marital history were given IP management for 1 month and OP management for 2 months. *Snehana, Swedana, Virecana, Vasthi* and *Uthara Vasthi* were done for 1 month followed by internal medications for 2 months. Patients were reviewed after the third cycle and advised to report if they conceive. Live births were assessed along with baby birth weight, time of delivery and mode of delivery.

Introduction

Recurrent Pregnancy Loss is the condition in which two or more pregnancy losses occur before 20 weeks of gestational age. It is a relatively common event, occurring in 15%–25% of pregnancies, and increasing in prevalence with maternal age. Indeed, the risk is between 9% and 12% in women aged ≤35 years, but increases to 50% in women aged >40[1] . At present, there exist a small number of accepted etiologies for RPL . These include parental chromosomal abnormalities, untreated hypothyroidism, uncontrolled diabetes mellitus, certain uterine anatomic abnormalities, and antiphospholipid antibody syndrome (APS)[2]. Even after evaluation for all these causes , approximately half of all RPL cases will remain unexplained. Studies prove that the prognosis depends on the pathology behind and the number of previous pregnancy losses. Treatment of recurrent abortion is according to the cause[3].Couples with unexplained recurrent miscarriage should be offered appropriate emotional support and reassurance. In Ayurveda, there are no direct correlations available and based on the clinical features RPL can be correlated with Garbhasravi Vandhya explained in Hareetha samhitha and Puthraghni yonivyapath explained by Brhaththrayees. *Acarya Susruta* says that in this condition, the foetuses after attaining stability are repeatedly destroyed due to bleeding besides there are other clinical features of disordered *pitta* ; burning sensation and heat[4]. *Acarya Caraka* says that *vayu* aggravated

due to predominance of *ruksha* properties in the body, repeatedly destroys the foetuses conceived along with vitiated *sonita*[5] .

CASE REPORT

This case series include the RPL patients attended the OPD of Prasuthithantra Streeroga, Government Ayurveda College, Thiruvananthapuram with the history of two or more pregnancy losses in the age group of 20-38 years diagnosed by previous obstetric history, previous obstetric USG, treatment history and investigations. Patients with cardiac complaints, uncontrolled diabetes mellitus, malignancy, STDs and cervical incompetence were excluded. Successful pregnancy followed by Live births were assessed.

CASE 1

A 32 year old lady with history of 2 abortions (both around 8 weeks of gestation) came to the OPD. She was a government employee, married at the age of 30 years and both the conceptions were natural. After detailed history taking, needed investigations were advised for the couple. Both of them had history of dust allergy and had no other systemic illnesses. Semen analysis of the male partner was normal, USG, blood investigations of the female partner was normal, TORCH antibodies panel showed Toxoplasma IgG reactive, CMV IgG reactive, HSV IgG reactive. Her menstrual cycles were normal with regular interval, duration & bleeding pattern, she had reduced appetite and constipated bowels. Gynaecological examination revealed no abnormalities.

CASE 2

A 31 year old lady with history of 3 previous abortions came to the OPD with 4 years of marital history. All the abortions were on 10th week of gestation. She was a software engineer by profession and regularly had night shifts with normal appetite, constipated bowels and anxious psychological status. On detailed history taking and investigations semen analysis was found normal, USG and blood investigations of the female partner was also normal, TORCH antibodies panel revealed CMV IgG reactive. She had a history of PCOD. and dust allergy, took allopathy treatment for irregular cycles and conceived after that treatment. Now she had regular cycles with normal bleeding pattern.

CASE 3

A 31 year old lady with history of 2 previous 1st trimester abortions came to the OPD with history of 3 years of married life. She was a private office staff married at the age of 28 with history of hypothyroidism, low back ache and asthma. She had regular menstrual cycles with normal bleeding pattern and conceived normally but got aborted during 2nd month of pregnancy. On detailed history taking and investigations both the partners were found normal, gynaecological investigations of the female partner revealed no abnormalities.

CASE 4

A 31 year old lady with history of 3 previous abortions came to the OPD with regular menstrual cycle sand scanty bleeding. She was married at the age of 25 and had a history of hypothyroidism and dust allergy with normal appetite and bowel. She conceived the first time naturally, but got aborted and took allopathy treatment, she again conceived the second and third time, got aborted in the 2nd month of gestation. She had tried IUI and IVF but not conceived after that. On detailed history taking and blood investigations revealed no abnormalities (TORCH antibodies - CMV and Rubella IgG reactive) her gynaecological examination was also normal with slight erosion on lower lip of cervix. Semen analysis of the male partner was normal.

CASE 5

A 29 year old lady with history of 3 previous abortions, married at the age of 20 with irregular menstrual cycles and normal apetite and bowel. After marriage when the conception was delayed the couple had Ayurveda medicines and conceived but couldn't get a viable pregnancy. All the 3 abortions were in the 2nd and early 3rd month of gestation. Blood investigations and gynaecological examinations showed no abnormalities in both the partners.

Table 1: PERSONAL HISTORY

CASES	APETITE	BOWEL	BLADDER	SLEEP	PSYCHOLOGICAL STATUS
Case 1	Reduced	Constipated	Normal	Normal	Normal
Case 2	Normal	Constipated	Normal	Normal	Anxious
Case 3	Normal	Normal	Normal	Normal	Normal
Case 4	Normal	Normal	Normal	Normal	Normal
Case 5	Normal	Normal	Normal	Disturbed	Anxious

Table 2: CASE HISTORY

CASES	MENSTRUAL CYCLES	BLEEDING PATTERN	H/O GYNAECOLOGICAL DISORDERS	H/O OTHER ILLNESSES	NO: OF PREVIOUS ABORTIONS
Case 1	Regular	Normal	Nil	Dust Allergy	2
Case 2	Regular	Normal	Irregular menstruation	Dust Allergy	3
Case 3	Regular	Normal	Nil	hypothyroidism, low back ache asthma	2
Case 4	Regular	Scanty	Hypomenorrhoea	Hypothyroidism, Allergy	3
Case 5	Irregular	Normal	Menstrual irregularities	PCOD	3

Table 3: TREATMENT PROCEDURES

SL NO	PROCEDURES	DAYS	MEDICINES
1	Udwartanam	3	Kolakulathadi Churnam
2	Snehapanam	7 or till samyak snigdha lakshana	Phalasarpis
3	Abhyanga ooshma swedam	3	Dhanvantaram Tailam
4	Virecanam	1	Gandharvahasthadi Tailam
5	Yoga vasthi		
	Kashaya vasthi	5	Saptasaram kashayam, Dhanvantaram tailam mezhuku pakam, Madhu, Saindhavam, Satapshpa kalkam
	Sneha vasti	3	Dhanvantaram tailam mezhuku pakam
6	Uthara vasti	3	Phalasarpis

OUTCOME OF THE STUDY

SL NO	CONCEPTION	MODE OF CONCEPTION	MODE OF DELIVERY & BABY SEX	PRETERM/TERM, BIRTH WEIGHT
1	3rd month after follow up	Natural	Normal Female	Term, 2.6 kg
2	4th month after follow up	Natural	Normal, Female	Term,2.4 Kg
3	3rd month after follow up	Natural	LSCS, Female	Term,2.8 Kg
4	5th month after follow up	Natural	LSCS, Male	Preterm, 2.25 Kg
5	7th month after follow up	Natural	LSCS,Female	Preterm,1.9 Kg

All the patients were given the above IP management after correcting their agni and other complaints. The IP management was followed by internal medications for 2 months: Phalasarpis – 10g bd before food and Vilwadi Tablet 2 bd after food. Patients were reviewed after 3rd cycle and asked to report if they conceive during the study period (2 years).

Discussion

Recurrent Pregnancy Loss can be correlated with Garbhasravi Vandhya explained by Hareetha samhitha and Puthraghni Yonivyapth explained in Brhaththrayees based on the clinical feature of the condition. Vandhyatva management can be adopted in this along with garbhasthapaka oushadhas. The factors essential for occurrence and continuation of pregnancy (*garbha sambhava samagri*) according to *Acarya Susruta* are *Ritu*(ovulation time), *Ksethra*(Uterus), *ambu* (nutritional factors) & *Beeja*(male & female gametes). When these four essential factors are in *avyapanna avastha* (without any abnormalities*)* conception is bound to occur just like a seed germinates naturally when a seed is sown in appropriate season, field is ploughed and water is adequately supplied. Ayurveda mainly focuses on these *garbhasambhava samgris* for getting a healthy pregnancy and healthy baby especially in cases of unexplained pregnancy losses.

Sodhana therapy followed by *samana* based on *doshas* is the best mode of treatment in *vandhyatva chikitsa*. Here *phalasarpis* was selected as the main drug

(Internal administration & Uthara vasthi) as it is *rasayana, garbhasaya sudhikara, koshta sodhana, vasthi sodhana*, and *garbhasthapana*. Research studies had shown *phalasarpis* has effect in regulating the HPO axis, improving the antral follicular count and thus improves the quality of ovum. *Dhanwantharam thaila* was used for *abhyanaga*. It is the drug of choice in *yoniroga* especially in *kshatha ksheena avastha*. *Swedana karma* does the *vilayana* of *snehothklishta doshas* which later moves towards *koshta*. *Virecana* with *Gandharvahasthadi tailam* was done for *sodhana* of *uthklishta doshas*. Kashyapacarya opined that *virecana* is the best treatment for *beeja karmukatha* (improving the quality of *beeja*). It is *kapha vatahara* and removes the excessive vitiated *pitta*, thus is *raktashodhaka* and has *strotovishodhana* property as well.

Vasthi is the supreme treatment for *vata dosha* and reproductive organs being situated in *kati* which is the *vatasthana*.*Vasthi karma* indicated in *alparaja* and *anarthava* condition does the *dhathu pushti* by eliminating the *dhushta vata doshas.* The drugs mainly used for *vasthi karma* are *Dhanwantharam mezhukupaka* and *Sapthasaram kashaya. Sapthasaram kashaya* explained in *Sahasrayogam* in the context of *Gulma chikitsa.* It is indicated in *vidbhanda, agni mandhya, yoni-hrut-kukshi-sroni soola, gulma,* and *pleeha roga.* The yoga does *srotho visodhana, ama nirharana* and *apana vata anulomana* which are essential for *garbhadharana* and its successful fulfilment. *Phalasarpis* was the drug selected for *utharavasti* which facilitates direct drug administration of *oushadha* into the uterus. The right time for *utharavasti* karma is during *rthukala*, which is compared with the proliferative phase of menstrual cycle. Chakarapani explained uthara *vasti* as "*Shrestanam Shrestagunataya*" which means it is the best which gives the best results. This helps in the normalization of *vata* and thus achievement of *avyapanna garbha sambhava samagri* (healthy uterus, ovum and nutritional factors[ambu]).

Phalasarpis and Vilwadi gulika were administered during the follow up period. Vilwadi gulika mentioned in Visha prathisheda have indications in *ajeerna, gara, jvara* etc and also have *kaphavata samana, deepana pachana,grahi, srothoshodhana* and *lekhana* properties. As it is indicated in *gara visa* it can eliminate toxins from dhatu level which in turn cause pratyagra utharothara dhatus and finally resulting in sudha sukra and artava dhatus. Most of the patients have allergic complaints, where vilwadi gulika can be effectively used.

The treatment protocol mainly followed the Ayurveda principle "*snehaihi pumsavanaihi snigdham sudham seelitha vasthikam*" for achieving a healthy progeny. Carakacarya mentioned that only in a *sudha yoni* conception will occur after the union of male and female gametes. In Recurrent Pregnancy Losses of unknown etiology we can focus on healthy *Garbhasambhavasamagris* through *sodhana* and *samana chikitsa*.

Conclusion

The present study proved that *sodhana* therapy is effective in recurrent pregnancy losses and also revealed the drug *phalasarpis* can be a good choice in recurrent pregnancy losses especially in cases without any specific etiology. *Vishahara yogas* can be used in eliminating toxins from *dhatu* level and thus can finally improve the quality of ovum. *Sodhana chikitsa* based on the *doshas* involved followed by *samana chikitsa* can create wonders in the field of infertility.

References

1. El Hachem H, Crepaux V, May-Panloup P, Descamps P, Legendre G, Bouet PE. Recurrent pregnancy loss: current perspectives. *Int J Womens Health*. 2017;9:331-345 https://doi.org/10.2147/IJWH.S100817
2. Ford HB, Schust DJ. Recurrent pregnancy loss: etiology, diagnosis, and therapy. Rev Obstet Gynecol. 2009 Spring;2(2):76-83. PMID: 19609401; PMCID: PMC2709325.
3. D C Dutta's Textbook of Obstetrics, Edited by Hiralal Konar, 9th edition, page 159
4. Srikanthamurthy K. R, Sushruta samhita, edition 2004, Chaukhamba orientalia Varanasi, Utharathantra, Chapter 38, versus 13-14
5. Agnivesha, Caraka samhita, Acharya Yatavji Trikamji, revised by Caraka and Dridabala with "Ayurveda deepika" commentary of chakrapanidatta,Chaukamba krishnadas Academy, Varanasi, Chikitsa sthana versus 28-29.

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