AYURVEDIC MANAGEMENT OF THREATENED ABORTION – A CASE STUDY

1Dr Reena Rohilla 2Dr Papiya, 3Dr Sunita Siddesh
1PG Scholar, 2Professor, Dept. of PG Studies in Prasooti tantra and
Stree roga 3HOD Dept. of PTSR, SKAMCH & RC, Bangalore, Karnataka, India

ABSTRACT

Threatened abortion is a clinical entity where the process of miscarriage has started but has not progressed to a state from which recovery is impossible. Uterine pregnancies that eventuate in a spontaneous abortion are also termed early pregnancy loss or early pregnancy failure. More than 80 percent of spontaneous abortions occur within the first 12 weeks of gestation. In ayurvedic classics haemorrhage in early pregnancy has been mentioned in the elaborate form under the context of garbhavyapads. Acharayas have clearly mentioned about garbhopaghatakara bhavas which can lead to pregnancy complications or even foetal loss. Ahara and vihara that a garbini should follow has been presented in a very beautiful way and thus there is a need to educate the garbini to follow garbhini paricharya and avoid garbhopaghatakara bhavas. Thus, a case of threatened abortion treated successfully with garbhasthapaka aushadhis and rakta stambhaka dravyas is dealt.

KEYWORDS: Threatened abortion, garbhasthapaka, rakta stambhaka.

INTRODUCTION

A woman being pregnant and giving birth to a new life is a wonderful experience. Pregnancy outcome may be positive or negative based on the women lifestyle and regime. If due to non-congenial diet and mode of life bleeding occurs in second or third month, the fetus is not retained because this is considered to be a period of asanjatasara, as the fetus has not attained stability i.e in amawastha. In opinion of acharaya Bhela, expulsion of ama garbha are due to disorders of fetus. According to acharaya Sushruta, expulsion of fetus upto fourth month of pregnancy is termed as garbha-srava.

The National Center for Health Statistics, the Centers for Disease Control and Prevention, and the World Health Organizations all define abortion as pregnancy termination before 20 weeks’ gestation or with a fetus born weighing 500 g. Here a case is being present in which threatened abortion started at 7th week, which later on cured by Ayurvedic medications only.

Incidence

Incidence of abortion is difficult to work out but probably 75\% abortions occur before the 8th week of pregnancy. 
CASE
A female patient of 38 years of age with 7 weeks of amenorrhoea came with c/o spotting per vaginum since 1 day on 25/6/18. As the fetus was in amavastha and considering the initial stage of pregnancy she was recommended to take oral medications. On 26/6/18, patient came again with c/o increased bleeding per vaginum. Added treatment (mentioned below) was advised. As all these medications having raktastambhaka and garbhashapaka properties, patient got relief and bleeding got stopped. This case was diagnosed as a case of vyavasthita or sthiti yogya garbha (threatened abortion).

Past history: The patient had a history of previous pregnancy loss in her initial months of pregnancy twice.
No h/o DM/HTN/Thyroid dysfunction/TB.

Family history: No history of similar problem in any of the family members.

Personal history:
Diet – mixed (veg-nonveg)
Apetite – good
Bowel – once/day
Micturition – 2-3 times/day & 2times/night
Sleep – sound

Menstrual history:
Age of menarche – 12 yrs.
Menstrual cycle – 4-5days/28-30 days
L.M.P – 9/5/18

Obstetric history – G,P,A,L
A₁ at 3 months (spontaneous abortion)
A₂ at 6 weeks (unknowingly took papaya and few pills for getting menstruation. Later on USG reports revealed intrauterine empty sac)
Married life – 4 yrs.

Ashta Sthana Pareeksha
Nadi – 76/min.
Mootra – 2-3times/day, 2times/night
Mala – once a day
Jihwa – alipta
Shabda – prakruta
Sparsha – anushna sheeta
Druk – prakruta
Aakrauti – madhyaama

Dashavidha Pareeksha
Prakruti – vata-kapha
Vikruti – madhyaama
Sara – madhyaama
Samhanama – madhyaama
Pramana – dhairgya-150 cms, dehabhara-80 kg
Satmya – madhyaama
Satva – madhyaama
Aahara shakti – madhyaama
Vyayama shakti – madhyaama
Vaya – madhyaama

General examination
-Built – moderate
-Nourishment – moderate
-Temperature – 98° f
-RR – 18/min.
-PR – 76/min
-B.P – 110/70 mm of hg
-Height – 150 cms
-Weight – 56 kg
-Tongue – uncoated

Systemic examination
CVS – S1 S2 Normal
CNS – Well oriented, conscious
RS – normal vesicular breathing, no added sounds
P/A –uterus not palpable
P/V – cervix status- os closed, no white discharge (on 25/6/18)
Diagnostic Criteria
Diagnosis was made on the following symptoms found in threatened abortion:
1. Bleeding per vaginam (bright red in colour), usually slight.
2. Painless bleeding

TREATMENT
Treatment was carried out with following medications on 25-6-18:

<table>
<thead>
<tr>
<th>S. No</th>
<th>MEDICINE</th>
<th>DOSES</th>
<th>ANUPAN A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Phalasarpi</td>
<td>1 tsp. BD</td>
<td>With milk before food</td>
</tr>
<tr>
<td>2.</td>
<td>Tab. nirocil</td>
<td>1 TID</td>
<td>With honey after food</td>
</tr>
<tr>
<td>3.</td>
<td>Syp. Jeevani</td>
<td>2 tsp BD</td>
<td>With water after food</td>
</tr>
</tbody>
</table>

Added treatment with following medications on 26-6-18:

<table>
<thead>
<tr>
<th>S. No</th>
<th>MEDICINE</th>
<th>DOSES</th>
<th>ANUPAN A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Cap. Nanonut-9</td>
<td>1 BD</td>
<td>With water after food</td>
</tr>
<tr>
<td>2.</td>
<td>Cap. Torchfree</td>
<td>1 TID</td>
<td>With water after food</td>
</tr>
<tr>
<td>3.</td>
<td>Yoshajeevani lehya</td>
<td>1 tsp BD</td>
<td>With milk before food</td>
</tr>
</tbody>
</table>

Whole treatment was advised for 5 days and follow up after 5 days.

During this period the patient was advised to take Santarpana ahara (nutritive diet like milk etc.) with bed rest and to limit her activities, avoid coitus.

Nidana
Patient has given history of journey on foot (adhavgamana) on 24-06-18, while going to a temple.

Differential Diagnosis
Include ectopic pregnancy, molar pregnancy, polypl, cervical ectopy

Diagnosis
vyavasthita or sthiti yogya garbha (threatened abortion)

OBSERVATION AND RESULT
The patient had followed the ahara & drug strictly along with restrictions advised to her.
The sonography was made on 08-08-18. The findings of USG report are:
IMP: Single live intrauterine gestation of 13 weeks 6 days.
Uterus: anti verted, gravid & shows a foetal pole of CRL 77.6mm. Foetal cardiac activity & movements seen.
Placenta – anterior – grade 0 maturity
FHR – 150 beats/min.
Internal os closed.
Both adenexa are normal.
EDD – 07-02-2019

DISCUSSION
First trimester vaginal bleeding is the most common problem in pregnancy and it almost always leads to a consultation in a general or gynaecological practice.
Common cause of miscarriage in first trimester:
1. Genetic factor (50%)
2. Endocrine disorders (LPD, thyroid abnormalities, diabetes)
3. Immunological disorders (autoimmune and alloimmune)
4. Infection
5. Unexplained
There are many deep human emotions which can result from losses due to miscarriage, ectopic pregnancy, molar pregnancy, blighted ovum, or genetic
termination. These emotions can include shock, denial, anger, guilt, depression, sadness, fear, anxiety and numbness. As the patient was having history of pregnancy loss twice in her initial months of pregnancy she was in state of depression, fear and anxiety. At this stage she started visiting temples. Due to her overexhaustion mental status she had bleeding per vaginum. Due to these she was advised nidana parivarjana and medicine prescribed was having garbhasthapaka action and graktastambhaka action which helped her continuing her pregnancy successfully. Counselling was done for her husband too.

CONCLUSION
By following garbhini paricharya and neglecting garbhopaghatakara bhavas, most of the complications in pregnancy may be preventable. Broad description of various regimes for preconceptional, antenatal period is for the prevention of these complications and helpful for health of mother and foetus.

REFERENCE
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CORRESPONDING AUTHOR
Dr Reena Rohilla
PG scholar, Dept. of PTSR, SKAMCH & RC, Bangalore, Karnataka, India
E-mail: reenarohilla5@gmail.com

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