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AYURVEDIC MANAGEMENT OF THREATENED ABORTION – A CASE STUDY

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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 *garbhini* should follow has been presented in a very beautiful way and thus there is a need to educate the *garbhini* 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*[1], 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[2].

According to *acharaya Sushruta*[3], 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 7thweek, 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[4].

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 *garbhasthapaka* 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 – $G_3P_0A_2L_0$

A_1 - at 3 months (spontaneous abortion)

A_2 - 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

Aakruti – madhyama

Dashavidha Pareeksha

Prakruti – vata-kapha

Vikruti – madhyama

Sara – madhyama

Samhanana – madhyama

Pramana – dhairgya-150 cms, *dehabhara*-80 kg

Satmya – madhyama

Satva – madhyama

Aahara shakti – madhyama

Vyayama shakti – madhyama

Vaya – madhyama

General examination

-Built – moderate

-Nourishment – moderate

-Temperature – 98^0 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[5].

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 :

S. No	MEDICINE	DOSES	*ANUPANA*
1.	*Phalasarpi*[6]	1tsp.BD	With milk before food
2.	Tab.nirocil	1 TID	With honey after food
3.	Syp. *Jeevani*	2tsp BD	With water after food

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

S. No	MEDICINE	DOSES	*ANUPANA*
1.	Cap. Nanonut-9	1 BD	With water after food
2.	Cap. Torchfree	1 TID	With water after food
3.	*Yosha jeevani lehya*[7]	1 tsp BD	With milk before food

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*)[8] on 24-06-18, while going to a temple**.**

Differential Diagnosis

Include ectopic pregnancy, molar pregnancy, polyp, cervical ectopy

Diagnosis

vyavasthita or *sthiti yogya garbha* (threatened abortion)

OBSERVATION AND RESULT

The patient had followed the *ahara* & drug strictly alongwith 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.

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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[9]

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 overexhaution mental status she had bleeding per vaginum. Due to these she was advised *nidana parivarjana* and medicine prescribed was having *garbhasthapaka* action and g*raktastambhaka* 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.

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