

A NEW SPECTRUM IN EARLY PREGNANCY BLEEDING**Anuradha Roy**

Assistant Professor, Prasuti Tantra, Ayurveda, IMS, BHU, Uttar Pradesh, India

ABSTRACT

A case study of a 24-year-old primigravida G₁P₀ Indian female presented vaginal bleeding of one-day duration, requiring the use of one sanitary pad, Ultrasound report shows one gestational sac (measuring approximately 1.5cm × 0.7cm) contained a fetal pole and fetal heart motion signifying one live Intra uterine pregnancy (IUP) and a sub chorionic hemorrhage. The patient was administered with *ShataDhauta Ghreeta* in the lower abdomen two times a day for 30mins and orally *Phalaghreeta* 10gms with luke warm milk in two divided doses for 10days. Both having a *Pitta Vata shamaka* property shows an excellent result in carrying a healthy pregnancy and further maintaining it.

KeyWords: Sub chorionic hematoma, first trimester bleeding, transvaginal ultrasonography *ShataDhauta Ghreeta*, *Phalaghreeta*.

INTRODUCTION

This case study is about a 24-year-old primigravida G₁P₀ Indian female, her LMP was- 02.05.14 presented vaginal bleeding of one-day duration, requiring the use of one sanitary pad, came to our Hospital, Sir Sunderlal Hospital, Banaras Hindu University, Varanasi, without any abdominal discomfort.

On examination her, vital signs were: pulse of 82 beats per minute, respiratory rate 22 breaths per minute, blood pressure 128/72mmHg, temperature 37.5 degrees Celsius and O₂ saturation 99% on room air. Physical examination appears to be a vitally stable female who was in agony. Per Abdominal examination reveals non-tender and non-distended abdomen, with normal bowel sounds. The uterus was not palpable. There was no rebound tenderness or guarding. On pelvic inspection fresh blood was noted in the vaginal vault. Per vaginal examination was not done as more bleeding may result.

Rest of the physical exam was unremarkable. Ultrasound report shows one gestational sac (measuring approximately 1.5cm × 0.7cm) contained a fetal pole and fetal heart motion signifying one live Intra uterine pregnancy (IUP) and a sub chorionic hemorrhage.

The patient was administered with *ShataDhauta Ghreeta* in the lower abdomen two times a day for 30mins and orally *Phalaghreeta* 10gms with luke warm milk in two divided doses for 10days.

DISCUSSION

First trimester vaginal bleeding can sometimes be a sign of something serious. About 20% of women have some bleeding during the first 12 weeks of pregnancy. Possible causes of first trimester bleeding include: miscarriage, ectopic pregnancy, molar pregnancy etc. Other causes are infection, fertilized egg implanting in the uterus, hormone

changes, having sex, also a sub chorionic hemorrhage (sub chorionic hematoma)¹, with an incidence of 3.1% of all pregnancy². Sub chorionic hemorrhage (sub chorionic hematoma) collects between the uterine wall and the chorionic membrane and may leak through the cervical canal. Sub chorionic hematoma may partially strip the developing placenta away from its attachment site^{7, 8}. Sub chorionic hemorrhage appears as a collection of black fluid on ultrasound³. In women whose ultrasound shows a sub chorionic hematoma, the outcome of the fetus depends on the size of the hematoma, the mother's age, and the fetus's gestational age⁴. Rates of abortion increase with advancing maternal age and increasing size of hematoma. The prognosis becomes worsens if bleeding persist in late first- or second-trimester. The presence of sub chorionic hemorrhage (sub chorionic hematoma) increases the risk of abortion, stillbirth, abruptio placenta and preterm labour⁵. The sub chorionic hematoma often regresses, especially if it is small or moderate in size. Large hematomas, which strip at least 30-40% of placenta away from endometrium, may enlarge further, compressing the gestational sac and leading to premature rupture of membranes with consequent spontaneous abortion.

In this case, an Intra Uterine Pregnancy (IUP) and a sub chorionic hemorrhage were both seen on ultrasound performed by the radiology department by transvaginal ultrasonography, the condition as such may be challenging and carries high risk of pregnancy loss. *Phalaghrita* is an Ayurvedic preparation administered have phytoestrogenic effect of *Shatavari* (*Asparagus racemosus* Willd.)¹⁴, and estrogenic property of *Yastimadhu* (*Glycyrrhiza glabra* Linn.), *Mi-*

shreya (*Foeniculum vulgare* Mill.). It also has anabolic effect of *Shatavari* (*Asparagus racemosus* Willd.), *Aswagandha* (*Withania somnifera* Linn.)^{6,12,13,15,16,17} and *Goghrita* (Cow's Ghee). *Phalaghrita* is having *Vata-pittashamaka*, and probably acts by correcting the *Agni* and pacify the vitiated *Vata* & *Pitta* when administered orally. *Shatadhauta ghreeta* is prepared by washing clarified butterfat (cow's ghee) one hundred times with water¹⁰. This procedure transforms the ghee into a soft, cooling, nourishing, silky unguent cream. It is a highly concentrated emollient, processed by hand according to ancient Ayurvedic Classics and imbued with mantras. It is excellent for reducing *Vata* and *Pitta*, and penetrates all the seven layers of skin.

CONCLUSION

Oral administration of *Phalaghreeta* and local application of *Shatadhauta ghreeta* both having a *Pitta Vata shamaka* property which has normalizes the derangement of *dosha* particularly in *garbhashaya* leading to carrying out the pregnancy normally and stoppage of bleeding resulting resolving the hematoma. Thus the combo pack has worked miraculously in the above case.

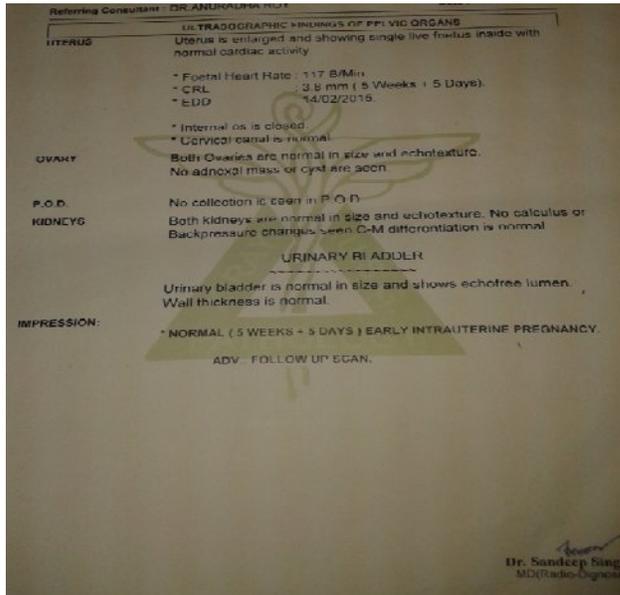
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USG REPORTS

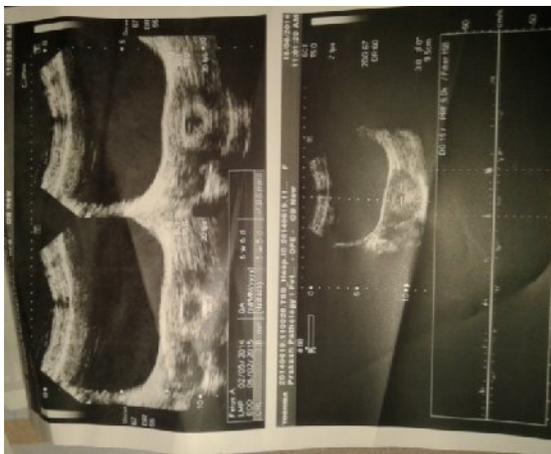
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CORRESPONDING AUTHOR

Dr. Anuradha Roy

Assistant Professor, Prasuti Tantra,
Ayurveda, IMS, BHU, Uttar Pradesh, India

Email: dranu369@yahoo.co.in

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