A NEW SPECTRUM IN EARLY PREGNANCY BLEEDING

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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), with an incidence of 3.1% of all pregnancy. 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. Sub chorionic hemorrhage appears as a collection of black fluid on ultrasound. 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 age. 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 labour. 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. Phalaghrity is an Ayurvedic preparation administered have phytoestrogenic effect of Shatavari (Asparagus racemosus Willd.), Aswagandha (Withania somnifera Linn.), Goghrita (Cow’s Ghee). Phalaghrity 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 water. 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 resoluting the hematoma. Thus the combo pack has worked miraculously in the above case.

REFERENCES
1. (www.nlm.nih.gov/medlineplus/ency/patientinstructions/000614.htm)
2. Nagy, Sándor MD; Bush, Melissa MD; Stone, Joanne MD; Lapinski, Robert H. PhD; Gardó, Sándor MD, DSci. Clinical Significance of Subchorionic and Retroplacental Hematomas Detected in the First Trimester of Pregnancy. Obstetrics & Gynecology: July 2003 - Volume 102 - Issue 1 - p 94-100


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USG REPORTS

1. 

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3. 

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Source of support: Nil
Conflict of interest: None Declared