AYURVEDIC MANAGEMENT IN RECURRENT ABORTIONS - A CASE STUDY

Parmar Meena¹ Parmar Gaurav²

¹Medical Officer, Department of Prasuti Tantra and Stri Roga,
²Clinical Registrar, Department of Shalya Tantra,
Chaudhary Brahm Prakash Ayurved Charak Sansthan, Khera Dabur, New Delhi, India

Email: takshu2009@gmail.com

ABSTRACT
The causes of recurrent abortion are complex and most often obscure. Treatment includes counseling of the couple to alleviate anxiety and to improve the psychology and according to the cause in interconceptional period. A 21 years old female patient came into the OPD with the complaint of repeated miscarriages since 3 years and irregular menstrual cycle since 5 months. The complete investigations were done which revealed normal study. The diagnosis was towards unexplained recurrent abortions. Her line of management was planned for recurrent abortions. Phalaghrita and Shatavari churna as mentioned in Ayurvedic Classics were selected as both the drugs influence Hypothalamus- Pituitary- Ovarian axis and act as antiabortificent. Advantages and disadvantages of the therapy and moreover prognosis of the disease was explained to the patient. Patient conceived within the three months of the treatment and now in regular Antenatal check up (pregnancy of seven months with EDD-07/10/17). But to establish this fact, further study of longer duration and on large sample is required.

Key words: Recurrent abortion, Phalghrita, Shatavari churna

INTRODUCTION
Three or more consecutive spontaneous abortion before 20 weeks is defined as recurrent miscarriages. Some, however, consider two or more as a standard. 1% of all women of reproductive age is affected by this distressing problem. The risk increases with each successive abortion reaching over 30% after three consecutive induced abortions.

The etiology of first trimester abortion is: genetic factors (3-5%), endocrine and metabolic, infection, inherited thrombophilia, immune factors (10-15%) and unexplained in the majority of cases (40-60%). During
pregnancy in case of unexplained cause ‘tender loving care’ (TLC), some supportive therapy and treatment according to the cause in interconceptional period improves the pregnancy outcome by 70% \(^1\).

In Ayurvedic classics, the expulsion of fetus upto fourth month of pregnancy is termed as Garbha-Srava, thereafter in fifth and sixth months it is termed as Garbha- Pata, because by this period the fetal parts have attained some stability\(^2\). Certain Jatharini\(^3\), Putraghani\(^4\), Vamini\(^2\) and Asrija or Apraja\(^6\) Yonivyapadas which has been mentioned in Ayurvedic classics denotes repeated abortion.

Aetiology is very much similar as mentioned in modern texts. Taking into account the causes of abortions, yonivyapda and jatharini following factors may be held responsible for abortion: infliction by jatharini (idiopathic factors), bijadosa (chromosomal defect), krimi (infections-maternal or fetal), yonidoshha (anatomic abnormalities of reproductive system), artava dosha (abnormalities of hormones), kala dosa (late secretory phase impregnation or age factor), aghata (trauma-physical or psychological), aahara (use of non-congenial diet), vihara (abnormal mode of life) and aggravated vayu located in sukra causes abortion. This leads to the aggravation of Apana vayu which produces pain in flanks, lower abdomen, neck of bladder etc. and troubles young fetus with bleeding\(^7\). It is included among the disorders of vata\(^8\).

In Ayurvedic classics, many formulations have been mentioned for infertility. In repeated abortions as the main aggravated do\-sha is vata, so the drugs were selected according to the vitiated do\-sha and principle of management in recurrent abortions.

**Selection of the drug:** Drugs selected in this case were Phalghrita which is mentioned for recurrent abortions by Vaghbatta and Shatavari for promoting fertility in Kas\-hyapa Samhita.

**Case history:** A 21 years old female patient came into the OPD of Prasuti-Tantra at Choudhary Brah Prakash Ayurveda Cha\-raka Sansathan, Khera Dabar, New Delhi, on dated 12/11/2016 with the complaint of repeated miscarriages since 3 years and irregular menstrual cycle since 5 months. Patient took allopathic treatment for the same but the condition remained the same. On enquiry, she told that, miscarriage occurred thrice and all the investigations were found to be normal. Her menstrual cycle was irregular with duration of 4-5 days and interval of 28 to 40 days with normal amount of menstrual blood flow and no other associated symptoms. With these complaints patient came here in PTSR-OPD for proper consultation and management.

**Table 1:**

<table>
<thead>
<tr>
<th>GENERAL BIODATA</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>Marital status</td>
<td>Occupation</td>
<td>Social class</td>
<td>Address</td>
<td>Registration date</td>
<td></td>
</tr>
<tr>
<td>21 years</td>
<td>Married</td>
<td>house wife</td>
<td>Middle</td>
<td>Goyla Dairy, Delhi.</td>
<td>12/11/2016</td>
<td></td>
</tr>
</tbody>
</table>
Table 2:

<table>
<thead>
<tr>
<th>PERSONAL HISTORY</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Diet</td>
<td>Vegetarian</td>
</tr>
<tr>
<td>Appetite</td>
<td>Normal</td>
</tr>
<tr>
<td>Micturition</td>
<td>Normal</td>
</tr>
<tr>
<td>Bowel habit</td>
<td>Regular</td>
</tr>
<tr>
<td>Addiction</td>
<td>None</td>
</tr>
</tbody>
</table>

**Family History:** No relevant family history

**Menstrual History:**
Menarche at the age of 12 years
Last menstrual period- 28/10/2016
Past menstrual history: 4-5/28-30 days, amount - 2-3 pads/day
Present menstrual history (since5months)-4-5/28-40 days, irregular, normal flow with no associated symptoms

**Obstetrical History:** G3P0A3D0
A1- (2014)-G.A.- 2.5 months, spontaneous bleeding per vagina followed by ‘D’ and ‘E’
A2- (2015)-G.A.- 2 months, spontaneous bleeding per vagina followed by ‘D’ and ‘E’
A3- (2016)-G.A.-2 months, spontaneous bleeding per vagina followed by ‘D’ and ‘E’

**Physical Examination- General Examination:**
Build- average Nutritional status- satisfactory Pallor –absent
No evidence of thyroid enlargement
BP- 124/78mmHg Pulse- 70/min
Height: 160cm Weight: 52kg, Temperature: 98.4°F Respiration rate: 20/min

**Systemic Examination:**

**Cardio Vascular System:** Heart sounds (S1S2): Normal, no added sounds, H.R.- 70/min.

**Respiratory System:** Chest - B\L clear, air entry adequate, no added sounds

**GIT system:** Per abdomen - soft, non-tender and no organomegaly detected

**Genitourinary examination:**

**Inspection** –
Vulva- normal, healthy
Per Speculum- Cervix- Normal in appearance, Mucoid discharges (+)

**Palpation (per vagina)** - Uterus- Anteverted, Normal size, Mobile, Firm in consistency
Fornices- Bilateral fornices free, non-tender

**Investigations (28/11/16):**
Hb- 11.7gm%, TLC- 8,100/mm³, DLC- N58 L40 E02 M0 B0, ESR- 10 mm fall
ABORh- A+ve
FBS- 98 mg/dl
Sr.TSH- 4.56Ulu/ml
HIV,VDRL, HBsAg- Non-Reactive
Montoux Test- 3mmx2 mm (Normal)
TORCH- IgG and IgM- Negative
Lupus anticoagulant and anticardiolipin antibodies- Normal study
Urine- Routine and Microscopic- Pus cells- Nil, Epithelial cells 1-2/hpf
Treatment Protocol

Counseling of the couple to alleviate anxiety and to improve the psychology: assurance to the couple that even after three consecutive miscarriages the chance of a successful pregnancy is high (70%).

1. *Phalghrita* - 1tsf BD with milk
2. *Shatavari Churna* 5gm BD with milk for 3 consecutive months.

Follow-up

Monthly follow-up advice

Assessment of Therapy-

On dated 11/2/17 patient came with the complaint of amenorrhea of 1 month and 11 days, pregnancy test was done but found to be negative. As the patient’s menstrual cycle was irregular so, she was advised repeat UPT after one week and it was found to be positive. Her LMP was 31/12/16 and EDD-07/10/17. Further investigations which was advised:

1. Hb- 11.5gm%, TLC- 8,400/mm$^3$, DLC-N$_60$ L$_46$ E$_02$ M$_0$ B$_0$, ESR- 20 mm fall
2. FBS- 96 mg/dl
3. Sr.TSH- 4.2UIu/ml
4. Urine- Routine and Microscopic- Pus cells-0-1, Epithelial cells 1-2/hpf
5. USG (Obs.)- to confirm POG and fetal well being
   (28/02/17) - Single Live Intrauterine Pregnancy of 6 weeks 2days, EDD-22/10/17
   (20/03/17) - Single Live Intrauterine Pregnancy of 9 weeks 2 days +_ 7days, FHS-150/min, EDD-21/10/17

Treatment during pregnancy

- Rest- patient was advised to take adequate rest for initial 3 months of pregnancy.
- Avoid strenuous activities, intercourse and travelling.

Phalghrita and shatavari churna is advised to be continued throughout pregnancy with Punarnava mandoor, Muktashukti.

At present the patient is under regular ANC check-up with pregnancy of seven months.

DISCUSSION

Ayurvedic management is far better alternative to hormonal therapy in recurrent abortions. According to Vagbhatta, Phalaghrita helps the woman to achieve conception and is best for curing all female genital tract disorders. It is vatahara, balya (tonic), brihniya (nourishing), garbhadha (fertilization) and rasayana (rejuvenator). Study reports in-vivo effect of Phlasarpi (Ayurvedic Medicine) in Animal Model (female Albino rat) significantly increased the serum estradiol level and body weight of the rats. Probably Phalasarp i stimulates the Pituitary-Ovarian axis. This experiment which shows rise in the value of estradiol after administration of Phalasarpi, indicates an increased gonadotropin secretion, which regulate the activity of enzymes involved in ovarian steroidogenesis. In Kashyapa Samhita, shatavari is indicated for promoting fertility. Sushruta indicated it under vatahara varga. Shatavari is antiaborticient, anti-inflammatory, antiviral and has positive influence on H-P-O axis. Asparagus racemosus is mainly known for its phytoestrogenic properties. It acts as rejuvenator, aphrodisiac and vatahara.

CONCLUSION

Thus, the management through phalaghrita and shatavari is highly effective in recurrent abortion and successful pregnancy. Moreover, it has no side effect and better alterna-
tive to hormonal therapy. But to establish this fact, further study of longer duration and on large sample is required.

**REFERENCES**


Source of Support: Nil
Conflict Of Interest: None Declared