

AYURVEDIC MANAGEMENT IN RECURRENT ABORTIONS - A CASE STUDY

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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 antiabortifacient. 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 stability². Certain *Jatharinis*³, *Putraghani*⁴, *Vamini*⁵ 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), *yonidosha* (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 bleeding⁷. 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 *dosha* is *vata*, so the drugs were selected according to the vitiated *dosha* 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 Vagbhatta and *Shatavari* for promoting fertility in *Kashyapa Samhita*.

Case history: A 21 years old female patient came into the OPD of *Prasuti-Tantra* at Choudhary Brahm Prakash Ayurveda Charaka 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:

GENERAL BIODATA					
Age	Marital status	Occupation	Social class	Address	Registration date
21 years	Married	house wife	Middle	Goyla Dairy, Delhi.	12/11/2016

Table 2:

PERSONAL HISTORY	
Diet	Vegetarian
Appetite	Normal
Micturition	Normal
Bowel habit	Regular
Addiction	None

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 (since 5 months)-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 vaginum followed by 'D' and 'E'

A₂- (2015)-G.A.- 2 months, spontaneous bleeding per vaginum followed by 'D' and 'E'

A₃- (2016)-G.A.- 2 months, spontaneous bleeding per vaginum 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: 98.4⁰ 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, Mucoïd 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- 4.56UIu/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 amenorrhoea 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/mm³, DLC- N₆₀ L₄₆ E₀₂ M₀ B₀, ESR- 20 mm fall
FBS- 96 mg/dl

Sr.TSH- 4.2UIu/ml

Urine- Routine and Microscopic- Pus cells- 0-1, Epithelial cells 1-2/hpf

2. 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 disorders⁹. It is *vatahara*, *balya* (tonic), *brihniya* (nourishing), *garbhada* (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 *Phalasarpi* 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 steroidogenesis¹⁰. In Kashyapa Samhita, *shatavari* is indicated for promoting fertility¹¹. Sushruta indicated it under *vata shamana varga*. *Shatavari* is antiabortifacient, 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*¹².

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.

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Source of Support: Nil

Conflict Of Interest: None Declared

How to cite this URL: Parmar Meena & Parmar Gaurav: Ayurvedic Management In Recurrent Abortions - A Case Study. International Ayurvedic Medical Journal {online} 2017 {cited September, 2017} Available from: http://www.iamj.in/posts/images/upload/3656_3660.pdf