

PANCHAKARMA IN RECURRENT ABORTION- A CASE STUDY

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ABSTRACT

Garbhasravi vandhya is a term used in Ayurvedic samhitas for recurrent pregnancy loss in first trimester. Recurrent pregnancy loss, is also termed as recurrent miscarriage or habitual abortion, is historically defined as three consecutive pregnancy losses prior to 20 weeks from the last menstrual period and affects 1% of couples trying to conceive. The best available data suggest that the risk of miscarriage in subsequent pregnancies is 30% after 2 losses, compared with 33% after 3 losses.¹

In this case study, interpretation of cause is done on basics of Ayurvedic diagnostic parameters and management is done according to that. *Deepan, pachan, panchakarma* specially *Uttara vasti* were planned before conception and after conception complete bed rest along with proper antenatal medicines and advices were given. There was uneventful antenatal period except premature rupture of membranes and the patient was delivered by caesarean section. Male baby with 3.6 kg birth weight was born. There were no neonatal complications till 1 year of life.

Keywords: *garbhasravi, habitual abortion, recurrent pregnancy loss.*

INTRODUCTION

CASE HISTORY:

A female patient XYZ of age 34 years with weight 58 kg married for 5 years came with complaints of recurrent abortion. Patient gave detail history that she had first miscarriage at 2 months of conception in 2013, second miscarriage at one and half months of gestation in 2014. She took treatment from general practitioner doctor for 1 year followed by allopathic treatment for another 1 year. Again in 2015, she got another miscarriage at 2 months of conception and in 2016, she got another miscarriage. She came for Ayurvedic treatment in February month in the year 2016.

During this course of treatment all basic investigations of husband and wife were done.

MEDICAL HISTORY:

Husband: semen analysis was normal with normal morphology of sperm. Also he had no complaints of erectile dysfunctions etc.

Wife: patient had menarche at 13 years, regular monthly, normal quantity, four first trimester abortions, ovulation induction for 2 times, normal parental and concepts karyotyping, TORCH positive (rubella, CMV Ig G positive), normal reproductive system evaluated by HSG, negative antiphospholipids,

treated with aspirin, HCG, progesterone in previous conceptions.

Treatment planned for the patient before conception was:

- *Deepen pachan* with *trikatu churna* and *chitrakadi vati* for 3 days.
- Followed by *snehapaan* with *Dhanwantaram ghritam*. Patient got *samyak snigdha laksana* in 5 days.
- Followed by *sarvanga abhyanga* with *dashamoola taila* and *sarvanga swedana* with *dashamoola kwath* for 2 days.
- Planned for *virechan* at empty stomach with *trivrit, kutki* and *triphala*.
- Then advised for *samsarjan krama* for 5 days to attain the normal state of *agni*.
- We planned for *Uttara vasti* for 3 consecutive cycles, 3 *vastis* in every cycle starting from 5th day of menstrual cycle onwards for 3 days. Prior to the *vasti*, the patient is prepared with *sarvanga abhyanga* and *sarvanga swedan*. Then 5 ml of sterile *phalakalyan ghruta* is inserted into the *garbhasaya* with the help of *Uttara vasti yantra*.
- Along with this, oral medications like *satavari*, *dashamularista* and *phala ghruta* were advised.
- Dose and duration of oral medicines: *cap shatavari*: 2 cap twice daily for 6 months, *dashamoolarista*: 4 tsf twice daily with equal quantity of water for 6 months, *phala ghruta*: 1 tsf twice daily with hot milk for 6 months.

Patient got conception in the month of January in 2017, her LMP was 8th January, 2017. She did regular ANC and proper antenatal medicines and dietary regimens were advised. In 23rd September, 2017 at 9:30 am she delivered a healthy male baby of weight 3.6 kg via LSCS.

DISCUSSION

Preconception Ayurvedic treatment played major role in continuing pregnancy beyond first trimester. *Acharya* stated that *Vata* is the predominant dosa of

vandhatya. *Basti chikitsa* is best for *vata saman*. Here in this case *sodhan chikitsa* is done prior to administration of *Uttara vasti*. *Vasti chikitsa* acts by *prabhava* causing *agnivridhi* and *vata anulomana*. It pacifies all the vitiated dosas and give strength to the dhatus. *Satavari* is known for its *garbhasthapak* property. It is useful in female infertility, as it enhances folliculogenesis and ovulation, prepares the womb for conception, and prevents miscarriages.² The energy source for the female reproductive system is estrogen dependent glycogen. Estrogen increases the glycogen content in the uterus and any decrease in uterine glycogen would directly implicate estrogen deficiency. *Asparagus racemosus* extract containing formulation was found to cause an increase in uterine weight and uterine glycogen without altering serum estrogen progesterone levels in immature rats as against ovariectomized rats used as control.³

Dashamularista is best for *vataja* disorders, *dhatu kshaya* and have '*vandhyanamgarbhadaparaha*' property. It is nourishing to emaciated persons, by use of this infertile women conceives, it increases *teja*, *sukra* and *bala*.⁴

Phalaghruta is *prajavardhak*. It is useful in all types of *yoni dosas*, it *ayushya*, *paustika*, *medhya* and *pumsavana*. The women using it during menstruation conceive, it is also worshipped by the women whose children die repeatedly as well as by normal pregnant woman.⁵

CONCLUSION

Thus, *sodhan chikitsa* along with other oral medications helps in conception and continuation of pregnancy by regulating all the *dosas* in the body. *Uttara vasti* acts as nectar to the infertile woman. Where all the modern methods fail in this case only Ayurvedic treatment acts miraculously. Ayurveda has potential to treat cases in its own way.

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