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 chitrapakadi vati** for 3 days.
  - Followed by snehapaan with Dhanvantaram ghrityam. 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 swedana. Then 5 ml of sterile phalakalyan ghrita is inserted into the garbhasaya with the help of Uttara vasti yantra.
  - Along with this, oral medications like satavari, dashamularista and phala ghrita were advised.
  - Dose and duration of oral medicines: cap shatatvari: 2 cap twice daily for 6 months, dashamoolarista: 4 tsf twice daily with equal quantity of water for 6 months, phala ghrita: 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 agnivridhhi and vataanulomana. It pacifies all the vitiated dosas and give strength to the dhatus. Satavari is known for its garbhasapak property. It is useful in female infertility, as it enhances folliculogenesis and ovulation, prepares the womb for conception, and prevents miscarriages. 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 imply estrogen deficiency. Asparagus racemosas 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. Dashamularista is best for vataja disorders, dhatukshaya and have ‘vandhyanamgarbhadaparaha’ property. It is nourishing to emaciated persons, by use of this infertile women conceives, it increases teja, sukra and bala. Phalaghrita 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.

**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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