



Case Study

RECURRENT PREGNANCY LOSS, AYURVEDA - A RAY OF HOPE

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ABSTRACT

Motherhood is a dream of every woman. The fulfilment of this dream is a big challenge to clinicians and the couple, as many couple face problems in conception. The continuation of pregnancy after conception is also a challenge in present era. Pregnancy loss is often associated with physical, psychological and social deprivation. Couple becomes more depressive when there is recurrent pregnancy loss complicated with metabolic disorders. Here Ayurveda plays a very important role to combat with such ailments.

Methods: The patient was treated with *Shodhana Karma* followed by oral medications for 3 months.

Results: The patient conceived after 3 months of oral medication. She was under regular antenatal care and Ayurveda management throughout her gestational period. Pregnancy was uneventful till 35weeks 3days and delivered vaginally a healthy female baby of 2550grams.

INTRODUCTION

Early pregnancy loss, also known as miscarriage or spontaneous abortion, is the loss of a clinical pregnancy before 20 weeks of gestation (18 weeks following conception), or, in cases when gestational age is uncertain, the loss of an embryo or fetus weighing less than 400gm.^[1] Thus, molar, biochemical, and ectopic pregnancies are excluded. It is a rather frequent occurrence, occurring in 15%–25% of pregnancies and becoming more prevalent as the mother's age increases.^[2,3] In fact, the risk is between 9% and 12% for women under the age of 35, while it rises to 50% for those over the age of 40.^[3]

As per Ayurveda it can be correlated with *Garbhasravi*^[4] type of *Vandhyatwa* (infertility due to repeated abortions) and *Durdhara jataharini*^[5] (repeated destruction of embryo of woman whose body parts are not conspicuous). Expulsion of fetus upto 4th month of pregnancy is known as *Garbhasrava*^[6].

When it comes to causes of recurrent pregnancy loss congenital defects of uterus, anti-phospholipid syndrome, chromosomal abnormalities like Robertsonian syndrome, infections like TORCH, environmental and psychosocial causes and endocrine disorders like, thyroid dysfunction, luteal phase defect, PCOS, hyper-prolactinemia and diabetes mellitus etc.^[7]

Vaghata considers *Vyadhi of Garbhini* and *Vyadhigrastha garbha* leads to *Garbhasrava* along with other causes like *Apathya ahara vihara*^[8].

Management of RPL usually depends on the causes, includes progesterone supplements, Heparin + Aspirin, diabetes control etc^[7].

In this case study an attempt has been made to establish Ayurveda principles of management in a case of recurrent pregnancy loss with DM2.

Clinical History

35 years old woman, with history of recent pregnancy loss approached SDM Ayurveda Hospital, Hassan, with anxious to have a child on her lap past 4 years. Patient presented with h/o 3 spontaneous abortions with k/c/o DM2 since 4 years on Rx, tab Glycomet-GP2 (Metformin 500mg+Glimepride 2mg) OD. 1st abortion was after 1year of married life, 2nd abortion was after 2 years of married life and her last miscarriage was 2 months ago. All the miscarriages

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were managed conservatively without any medical or surgical interventions. She has regular menstrual cycles (3 days / 28 – 30 days long/2-3 pads per day) and does not report any dysmenorrhea or menorrhagia. LMP-19/03/2021.

She was upset about the pregnancy losses, wondering if it was her fault (as she is handicapped with left leg disability and husband is with right arm disability) and whether something can be done in the next pregnancy to change the outcome.

Examination

BMI- 23kg/m²

Vitals- WNL

PV- Uterus- AV, mild bulky, FF

PS- Cervix- healthy

Investigations

USG abdomen and pelvis- Normal study

RBS-288mg/dl

CBC- WNL

Serology- Non reactive

Treatment Plan

In Ayurveda, there are 3 types of *Chikitsa* which are *Daiva Vyapashraya*, *Yukti vyapashraya* and *Satwavajaya*^[9].

Daivavyapashraya chikitsa includes *Mantra*, *Manidharana*, *Mangalakarma*, *Bali*, *Homa* etc.

Yukti vyapashraya includes, after proper diagnosis and analysis of *Prakruthi* of person the physician will advise medicines, *Pathya-apathya*, lifestyle modification.

Satwavajaya chikitsa includes patient counselling, relaxation etc. to overcome stress, fear and anxiety. A treatment plan including three of these gives a better yield in a patient.

Treatment given to the Patient

Satwavajaya chikitsa

Daiva vyapashraya chikitsa

Diabetic diet

Shodhana- Virechana

Shamana aushadhi

Chikitsa advised	Chikitsa	Duration
<i>Satwavajaya chikitsa</i>	Counselling and relaxation therapy	For 5 days
<i>Daiva vyapashraya</i>	<i>Yoga, Pranayama, Vishnu Sahasranama japa</i> and meditation	Everyday
Diabetic Diet chart	7am- <i>Amahara Kashaya (Shunti+Jeeraka-Kwatha+Madhu)</i> 8.30am- <i>Mudga Amalaka yusha</i> 11am- vegetable soup 1pm- 2 <i>Yava (Barley) roti</i> + boiled vegetables 4.30pm- Vegetable soup/Boiled egg 7pm- Ragi peya 8.30pm- <i>Yava (Barley) roti 1</i> + boiled vegetables <i>Shunti/Jeerajala SOS</i> During <i>Snehapana- Ganji</i> diet was followed	Everyday
<i>Udwartana f/b Bashpasweda</i>	<i>Kolakulatahdi churna</i>	3days (D1-D3)
<i>Deepana-Pachana</i>	<i>Chitrakadi Vati</i> <i>Panchakola Phanta</i>	3days (D1-D3)
<i>Arohana Snehapana</i>	<i>Phala Ghrita + Kalyanaka Ghrita</i> (equal quantity)	4days (D4-D7) D1-30ml D2-70ml D3- 110ml D4-140ml
<i>Sarvanga abhyanga with Bashpasweda</i>	<i>Ksheerabala Taila</i>	2 days (D8-D9)
<i>Virechana</i>	<i>Avipattikara Churna</i> 40grams+ <i>Draksha Kashaya</i> 100ml	D10 No. of Vegas-10 Type of <i>Shuddhi-Avara Pittanta</i>

<i>Samsarajana Krama</i>	Discharged with <i>Samsarjana krama</i> and <i>Shamana aushadhis</i>	3days.
<i>Shamana aushadhi</i> on discharge	Tab. <i>Nishamalaki</i> 1 BD B/F Tab- <i>Pushpadhanva Rasa</i> 2BD A/F <i>Phalasarpi</i> 1tsf BD with milk B/F <i>Ashwagandha Ghrita</i> 1tsf with milk - for husband Advised to withhold previous anti-hyperglycemic drug	For 1 month
Follow up	Review on 2 nd day of her next menstrual cycle	

Follow up

2 nd visit	3 rd visit	4 th visit
RBS-266mg/dl BP- 110/80mm/hg Advise- <i>Pushpadhanva rasa</i> 1 OD/AF* 10days from 2nd day of menstrual cycle <i>Phalasarpi</i> 5ml OD/BF morning <i>Nishamalaki</i> tab 1 BD/AF <i>Asanadi kwatha</i> 10ml BD/BF	RBS-233mg/dl BP- 110/70mm/hg Advise- <i>Pushpadhanva rasa</i> 1 OD/AF* 10days from 2nd day of menstrual cycle <i>Phalasarpi</i> 5ml OD/BF morning <i>Nishamalaki</i> tab 1 BD/AF <i>Asanadi kwatha</i> 10ml BD/BF	c/o Missed periods UPT- Positive RBS- 195.8mg/dl BP- 120/70mm/hg Advise- <i>Phalasarpi</i> 5gm OD B/F <i>Nishamalaki</i> 1BD/AF <i>Asanadi kwatha</i> 10ml BD/BF Tab-Folic acid 5mg OD/AF

RESULTS

After *Shodhana* followed by three months of *Shamana Chikitsa*, the patient conceived. Throughout her pregnancy, she had regular Ayurveda medical care and supervision. There were no complications until 35 weeks and 3 days. She came with leaking P/V and was diagnosed with preterm premature rupture of membranes (PPROM) and delivered vaginally a healthy female baby weighing 2550 grams.

DISCUSSION

Diabetes is a devastating metabolic illness that has a negative impact on woman's general health and can result in abortions, even anti-hyperglycemic medications like Glimepride might potentially result in abortions. Thus, insulin is a preferable choice for controlling blood sugar levels during pregnancy.

Madhumeha involves *Kapha*, *Pitta*, *Vata Doshas* and *Dasha Dushyas* like *Rasa*, *Rakta*, *Mamsa*, *Meda*, *Majja*, *Shukra*, *Oja*, *Ambu*, *Vasa* and *Lasika*^[10]. Due to *Dushti* of any of these *Dosha* and *Dushyas*, the *Poshana* of *Garbha* is compromised, which may lead to recurrent miscarriages.

To treat the vitiated *Pitta* and *Kapha* of *Madhumeha*, *Virechana karma* is selected which is also helpful in *Garbha Poshana* by normalizing the *Agni* and balancing the *Dosha*.

Nishamalaki^[11] and *Asanadi kwatha*^[12] used to control the blood sugar levels.

Phalasarpi^[13] which is having properties like *Garbhaprada*, *Garbha sthapaka* it may have helped to sustain the pregnancy.

Being disabled physically, the couple was especially concerned that their unborn child would have some physical deformities. Hence, the mantra and relaxation therapy may have assisted them in overcoming their fear and giving them a sense of security. Even *Acharya Charaka* says the son of idiot will not be an idiot, son of *Kushta rogi* will not have *Kushta*, a son of lame person will not be a lame unless there is *Beeja dushti*^[14].

Even though it is widely documented that chromosomal abnormalities and TORCH are the most common causes of RPL, these tests have not been performed since the patient cannot afford. However, it is recommended attempt these tests in every RPL couples.

CONCLUSION

Ayurveda is boon for women's health. Frustrated couple had a ray of hope by ancient science of life. In this case Ayurvedic remedies not only helped to prevent the pregnancy loss but also helped to maintain the health of fetus and mother. The holistic approach relieves the physical problem as well as imparts the health mentally, spiritually and socially

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