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Case Study

AYURVEDIC MANAGEMENT OF *GARBHASRAVA* (THREATENED ABORTION) ASSOCIATED WITH SUBCHORIONIC HAEMORRHAGE

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ABSTRACT

Bleeding during the first trimester of pregnancy is a common obstetric complication that may adversely affect pregnancy outcome if not managed appropriately, with an incidence ranging from 12% to 40% of pregnancies. In Ayurveda, this condition can be correlated with *Garbhasrava*, in which *Raktadarshana* (bleeding per vaginum) is considered the cardinal clinical feature. In the present case, a 23-year-old primigravida at 6 weeks and 4 days of gestation presented with bleeding per vaginum for one day, associated with lower abdominal pain and low backache. Ultrasonography revealed a single live intrauterine pregnancy with foetal cardiac activity and subchorionic haemorrhage, and the case was diagnosed as *Garbhasrava* (threatened abortion). Since pregnancy outcome largely depends on early diagnosis and timely management, the patient was treated with *Prajasthapana Mahakashaya Ghanavati* 500mg twice daily with *Godugdha* for four weeks along with *Shatadhauta Ghrita Pradeha* (15–20g) over the *Adhonabhi* region twice daily for seven days. Following treatment, bleeding per vaginum and associated symptoms resolved completely. Follow-up ultrasonography demonstrated complete resolution of the subchorionic haemorrhage with continuation of a viable pregnancy. This case demonstrates the successful management of threatened abortion with subchorionic haemorrhage, resulting in cessation of vaginal bleeding, resolution of the haemorrhage, and continuation of a viable pregnancy.

INTRODUCTION

Bleeding during early pregnancy is one of the most common reasons for emergency obstetric consultation. Although many women continue to have a normal pregnancy after an episode of first-trimester bleeding, it is recognized as an important predictor of miscarriage, preterm birth, placental complications, and foetal growth restriction [1]. Among the various causes of first-trimester bleeding, subchorionic haemorrhage is commonly detected on ultrasonography [2].

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Threatened abortion is defined as vaginal bleeding before 20 weeks of gestation in the presence of a closed cervical os and a viable intrauterine pregnancy. Conservative management with bed rest and hormonal support is commonly practiced; however, no single treatment has been universally accepted as completely effective for all patients [3,4].

In Ayurveda, abortion occurring during the first four months of pregnancy is described under *Garbhasrava*, [5] which is characterized predominantly by *Raktadarshana* along with pain in the lower abdomen, lumbar region, or pelvic region [6]. Aggravation of *Vata* and *Pitta Dosha*, together with improper diet, excessive physical activity, psychological stress, and other etiological factors, are considered responsible for this condition [7]. Classical Ayurvedic literature advocates *Garbhasthapana Chikitsa*, emphasizing therapies that pacify aggravated *Doshas*, arrest bleeding, and promote stabilization of the fetus.

Prajasthapana Mahakashaya, described by Acharya Charaka, consists of drugs known for their *Garbhasthapana* and *Rasayana* properties, whereas *Shatadhauta Ghrita*, because of its *Sheeta, Mridu*, and *Pitta-Vata Shamaka* qualities, is traditionally recommended for external application in conditions associated with bleeding and burning. The present case report describes the successful management of threatened abortion associated with subchorionic haemorrhage using *Prajasthapana Mahakashaya Ghanavati* and *Shatadhauta Ghrita Pradeha*, resulting in cessation of bleeding per vaginum, complete ultrasonographic resolution of the Subchorionic haemorrhage and continuation of pregnancy [8-9].

Case Presentation

Patient Information

A 23-year-old pregnant woman attended the Outpatient Department (OPD) of Prasuti Tantra Evam Stree Roga with complaints of bleeding per vaginum for one day. She was at 6 weeks and 4 days of gestation, calculated from the last menstrual period (LMP: 26/12/2025), with an expected date of delivery (EDD: 02/10/2026). The pregnancy was spontaneous, and there was no history of infertility treatment. Her antenatal period had been uneventful until the onset of vaginal bleeding.

Chief Complaints

The patient presented with vaginal bleeding since one day, associated with lower abdominal pain and low backache.

History of Present Illness

The patient was apparently well until one day before presentation, when she noticed fresh vaginal bleeding of mild quantity. The bleeding was associated with dull aching pain in the lower abdomen and low backache. There was no history of trauma, excessive physical exertion, fever, passage of clots, leaking per vaginum, or expulsion of any products of conception. Considering the persistence of symptoms, she reported to the hospital for further evaluation.

Past History

There was no history of diabetes mellitus, hypertension, thyroid dysfunction, tuberculosis, bronchial asthma, epilepsy, or any other chronic systemic illness. She had not undergone any previous surgical procedure and had no known drug allergy. There was no significant family history of recurrent pregnancy loss or hereditary disorders. She consumed a mixed diet and denied tobacco, alcohol, or any other addiction.

Clinical Findings

On general examination, the patient was conscious, cooperative, and well oriented to time, place, and person. Her vital parameters were within normal limits. Mild vaginal bleeding was noted on examination. Lower abdominal tenderness was absent. Per-abdominal examination was unremarkable considering the early gestational age. Per-vaginal examination was avoided to prevent unnecessary manipulation of the gravid uterus. Routine antenatal investigations were performed and were within acceptable limits.

Differential Diagnosis

The patient was evaluated for various causes of first-trimester vaginal bleeding, including threatened abortion, inevitable abortion, incomplete abortion, ectopic pregnancy, gestational trophoblastic disease, implantation bleeding, cervical pathology, and subchorionic haemorrhage. Clinical examination together with ultrasonographic findings confirmed a viable intrauterine pregnancy associated with subchorionic haemorrhage, while other possible causes were excluded.

Diagnostic Assessment

Transabdominal ultrasonography performed on 16/02/2026 revealed a single live intrauterine pregnancy corresponding to 7 weeks of gestation. The crown-rump length (CRL) measured 9.49 mm, and foetal cardiac activity was present. A subchorionic haemorrhage measuring 7.9 mm was identified adjacent to the gestational sac. Routine antenatal laboratory investigations, including complete blood count, urine examination, thyroid profile were within normal physiological limits. [table 1.]

Table 1: Baseline Investigations

Investigation	Findings
Hb	10.6 g/dl
Platelet count	2.70 lakh
Urine Routine Examination	Protein, blood, sugar – Absent
Thyroid Profile	TSH: 1.15 mIU/L
Ultrasonography (16/02/2026)	Single live intrauterine pregnancy, GA 7 weeks, CRL 9.49 mm, cardiac activity present, subchorionic haemorrhage 7.9 mm

Diagnosis

Based on the patient's history, clinical presentation, and ultrasonographic findings, a diagnosis of threatened abortion associated with subchorionic haemorrhage was established. According to Ayurvedic principles, the condition was diagnosed as *Garbhasrava*, characterized predominantly by *Raktadarshana* associated with lower abdominal pain and low backache during early pregnancy.

Therapeutic Intervention

The treatment was planned according to the Ayurvedic principles of *Garbhasthapana*, aiming to arrest vaginal bleeding, pacify aggravated *Vata* and *Pitta Dosha*, stabilize the foetus, and support continuation of pregnancy.

The patient was prescribed *Prajasthapana Mahakashaya Ghanavati* 500mg twice daily with *Godugdha* (cow's milk) for four weeks. In addition, *Shatadhauta Ghrita Pradeha* (15–20g) was applied over the *Adhonabhi* region twice daily for seven consecutive days.

The patient was also advised adequate bed rest, avoidance of strenuous physical activity, abstinence from sexual intercourse and adherence to a light, nutritious antenatal diet. Routine antenatal supplementation with folic acid was continued as per institutional protocol.

Outcome and Follow-up

The patient was regularly followed up throughout the treatment period. Vaginal bleeding subsided completely within seven days of initiating therapy, accompanied by significant relief in lower abdominal pain and low backache. No further episodes of bleeding were reported during the follow-up period.

Repeat ultrasonography performed on 23/03/2026 demonstrated a viable intrauterine pregnancy with complete resolution of the previously detected subchorionic haemorrhage. Foetal growth was consistent with the gestational age, and foetal cardiac activity remained present. The patient tolerated the treatment well, and no adverse drug reactions or complications were observed during the study period. The pregnancy continued normally after completion of treatment.

DISCUSSION

Threatened abortion is one of the most common complications of the first trimester and is characterized by vaginal bleeding in the presence of a viable intrauterine pregnancy. The presence of a subchorionic haemorrhage may increase the risk of adverse pregnancy outcomes depending upon its size, location, and gestational age. Vaginal bleeding during early pregnancy causes considerable anxiety and emotional stress to the mother and her family. Although conservative management with bed rest and hormonal support is commonly practiced, no single treatment has been universally accepted as completely effective for all patients.

From an Ayurvedic perspective, the present condition can be correlated with *Garbhasrava*, in which *Raktadarshana* is the cardinal feature. Vitiation of *Vata* and *Pitta Dosha* plays an important role in its pathogenesis. Therefore, the treatment is aimed at pacifying *Vata* and *Pitta*, arresting vaginal bleeding, stabilizing the fetus (*Garbhasthapana*), and promoting continuation of pregnancy. Ayurveda advocates four measures for the management of bleeding disorders, namely *Sandhana*, *Skandana*, *Pachana*, and *Dahana*. The application of *Shatadhauta Ghrita Pradeha* below the umbilicus is described to control bleeding and support foetal stability, while *Prajasthapana Mahakashaya Ghanavati* helps in maintaining pregnancy.

In the present case, the patient presented with vaginal bleeding, lower abdominal pain, and low backache. Ultrasonography confirmed a viable intrauterine pregnancy with a 7.9mm subchorionic haemorrhage, establishing the diagnosis of threatened abortion. The patient was treated with *Prajasthapana Mahakashaya Ghanavati* and *Shatadhauta Ghrita Pradeha* along with appropriate antenatal advice. Following treatment, vaginal bleeding subsided, clinical symptoms improved, and follow-up ultrasonography demonstrated complete resolution of the subchorionic haemorrhage with continuation of a viable pregnancy.

The favourable clinical and ultrasonographic outcome observed in this case suggests that the selected Ayurvedic intervention may be beneficial in the management of threatened abortion associated with subchorionic haemorrhage. However, as this is a single case report, further well-designed clinical studies with larger sample sizes are required to establish its efficacy.

Probable Mode of Action

Prajasthapana Mahakashaya is described by Acharya Charaka as a group of drugs that support maintenance of pregnancy and promote foetal well-being and contains following drugs *Aindri, Bramhi, Shatavari, Doorva, Guduchi, Patala, Bala, Haritaki, Katuka, Priyangu.* The constituent drugs possess predominantly *Madhura Rasa*, *Sheeta Virya*, and *Vata-Pitta Shamaka* properties[10]. These pharmacodynamic actions help maintain uterine stability, nourish maternal tissues, and support normal foetal development. The *Rasayana* and *Garbhasthapana*

properties of this formulation may contribute to sustaining pregnancy by improving maternal nutrition and promoting a favourable intrauterine environment.

Shatadhauta Ghrita is prepared by washing cow's ghee one hundred times with water [11], resulting in a smooth oil-in-water emulsion with enhanced spread ability and improved topical absorption. Its *Sheeta*, *Mridu*, and *Sukshma* properties provide a cooling and soothing effect over the applied region. According to Ayurvedic principles, external application over the *Adhonabhi* region helps pacify aggravated *Pitta* and *Vata*, supports *Stambhana Karma* [12], and contributes to *Garbhasthapana*. The reduction in local irritation together with *Dosha* pacification may have facilitated the resolution of vaginal bleeding and stabilization of pregnancy in the present case.

The combined administration of *Prajasthapana Mahakashaya Ghanavati* internally and *Shatadhauta Ghrita Pradeha* externally may therefore act synergistically by controlling bleeding, maintaining foetal viability, and supporting continuation of pregnancy.

Strengths and Limitations

The strength of the present case lies in the use of a completely Ayurvedic management protocol together with objective ultrasonographic documentation before and after treatment, demonstrating complete resolution of the subchorionic haemorrhage. The treatment was non-invasive, economical, well tolerated, and associated with good patient compliance.

However, this report represents only a single case. Therefore, larger randomized controlled clinical studies with adequate sample size and long-term follow-up are required before definitive conclusions regarding efficacy can be drawn.

CONCLUSION

The present case demonstrates that *Prajasthapana Mahakashaya Ghanavati* administered with *Godugdha*, along with *Shatadhauta Ghrita Pradeha* applied over the *Adhonabhi* region, was associated with complete clinical improvement and ultrasonographic resolution of subchorionic haemorrhage in a patient with *Garbhasrava* (threatened abortion). The intervention was safe, non-invasive, and well tolerated, with no adverse effects observed during treatment. The favourable maternal and foetal outcome highlights the potential role of this Ayurvedic treatment protocol in supporting early pregnancy and controlling vaginal bleeding. However, as this is a single case report, further well-designed clinical studies with larger sample sizes are required to validate its efficacy and safety in the management of threatened abortion.

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