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MANAGEMENT OF SUBCHORIONIC HAEMORRHAGE IN EARLY PREGNANCY THROUGH AYURVEDIC INTERVENTION: A CASE REPORT

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ABSTRACT

The first trimester of pregnancy represents a critical phase marked by implantation, embryogenesis, and early placental development, during which the pregnancy is highly vulnerable to both physiological and pathological disturbances. Women commonly experience a spectrum of clinical conditions such as nausea and vomiting, fatigue, lower abdominal discomfort, hormonal imbalances, and vaginal bleeding. Among these, bleeding per vagina is particularly concerning, as it may indicate underlying conditions ranging from benign implantation-related changes to serious complications like threatened abortion, ectopic pregnancy, or placental abnormalities. Subchorionic haemorrhage is one of the most common causes of first-trimester vaginal bleeding and is associated with increased risk of abortion depending on the size and persistence of the bleed. In Ayurveda, such bleeding during early pregnancy is described under *Garbhasrava*, where *raktadarshana* is the cardinal feature due to vitiation of Pitta and Vata dosha. In the present case, a 30-year-old Primi woman (G_2P0L0A_1) with amenorrhea of 7 weeks 2days presented with complaints of bleeding per vagina and mild lower abdominal pain. Ultrasonography revealed a single intrauterine gestational sac with subchorionic haemorrhage located postero-

inferior to the sac, along with a right ovarian cyst. Considering the early gestational age and viability, Ayurvedic management aimed at *raktasthambhana* and *garbhasthapana* was advised. The patient was managed conservatively with Ayurvedic oral medications, strict bed rest, and dietary regulations. Bleeding subsided completely within 15 days of treatment, and subsequent follow-up showed viability of pregnancy. This case highlights the role of *Ayurveda* as a safe, non-invasive, and effective approach in managing subchorionic haemorrhage in early pregnancy.

KEYWORDS: Subchorionic haemorrhage, first trimester bleeding, *Garbhasrava*, Threatened abortion, *Ayurveda.*

INTRODUCTION

The first trimester of pregnancy is a critical phase involving implantation, embryogenesis, and early placental development, during which complex physiological adaptations occur in the maternal body to support fetal growth. Hormonal changes, particularly increased levels of human chorionic gonadotropin (hCG), progesterone, and estrogen, contribute to the maintenance of pregnancy and are responsible for several commonly observed symptoms.

Under normal conditions, pregnant women may experience nausea and vomiting (morning sickness), fatigue, breast tenderness, mild lower abdominal discomfort, and urinary frequency, which are considered physiological responses to hormonal and metabolic changes. These symptoms are generally self-limiting and do not adversely affect pregnancy outcome.

However, the presence of certain clinical features may indicate underlying pathology and warrants prompt evaluation. Abnormal signs in early pregnancy include bleeding per vagina, persistent or severe abdominal pain, excessive vomiting (hyperemesis gravidarum), giddiness or syncope, fever, and abnormal vaginal discharge. Among these, vaginal bleeding is particularly significant, as it may be associated with conditions such as threatened abortion, ectopic pregnancy, or abnormalities related to implantation and placentation.

Early recognition of these warning signs is essential to differentiate between physiological changes and pathological conditions. Timely intervention plays a key role in preventing complications and ensuring favorable maternal and fetal outcomes.

Vaginal bleeding in the first trimester of pregnancy is common complication with the incidence of 16-25%[1] which is sometimes a sign of something serious. Possible causes of first trimester

bleeding include: miscarriage, ectopic pregnancy, molar pregnancy, vaginal infections, implantation bleeding, hormonal changes, sub chorionic haemorrhage (sub chorionic hematoma).[2] Subchorionic haemorrhage is a common sonographic finding in the patients with the vaginal bleeding in 9-20 weeks of pregnancy.[3]

Bleeding during early pregnancy is a common and distressing clinical presentation, occurring in approximately one-fourth of pregnancies. Among the various etiologies identified on ultrasonography, subchorionic haemorrhage (SCH) is one of the most frequently encountered causes in the first trimester. Subchorionic haemorrhage refers to the accumulation of blood between the chorionic membrane and the uterine wall due to partial detachment of the chorion from the decidua. The clinical significance of Subchorionic haemorrhage depends on factors such as gestational age at diagnosis, size and location of the hematoma, and associated maternal risk factors, including a history of previous abortion.

Clinically, Subchorionic haemorrhage may present with spotting or bleeding per vagina, often associated with mild lower abdominal pain, while in some cases it may remain asymptomatic and be detected incidentally on ultrasound. Although many cases resolve spontaneously, Subchorionic haemorrhage is associated with an increased risk of threatened abortion, spontaneous abortion, placental complications, and preterm delivery, particularly when detected in early gestation.

In Ayurveda, bleeding during early pregnancy is described under *Garbhasrava*[4], a condition occurring due to instability of the implanted embryo. *Raktadarshana* (bleeding per vagina) is considered the cardinal feature, resulting from Vata–Pitta dosha prakopa affecting *Rakta dhatu* and *Garbhashaya*. Classical texts emphasize early intervention aimed at *raktasthambhana* (arrest of bleeding) and *garbhasthapana* to prevent further progression towards abortion.

This case report highlights the successful Ayurvedic management of subchorionic haemorrhage detected at 7 weeks 2days of gestation in a primigravida with previous abortion.

CASE REPORT

A 30years old married women with marital life of 4 years with obstetric history of G2A1 with present pregnancy of 7 weeks 2days duration visited the OPD of *Prasooti tantra* and *Stree roga* of Sri Kalabyraweshwara swamy Ayurvedic Medical College, Hospital and Research Centre, Vijayanagar Bangalore with complaints of vaginal bleeding in the past 1 day associated with

mild lower abdominal pain. Her *vaiyaktika* and *kula vruttanta* are nothing significant.

Menstrual History

Menarche- at the age of 13 years.

Menstrual History – Regular

Number of days Bleeding – 4-5 days

Interval of two cycle - 28-30 days

Colour - Bright red

Amount of bleeding – Moderate

Clots - clots present (minimal)

Foul smell – Absent

Dysmenorrhea – Present

Obstetric History

G1A1: 2 months Spontaneous

G2: Present Pregnancy

LMP: 13/11/2025

POG: 7 weeks 2days

EDD: 20/08/2026

EXAMINATIONS

General examination

Built: Moderate

Nourishment: Moderate

Pulse: 82 bpm

BP: 110/80 mm of Hg

Temperature: 98.4ºF

Respiratory Rate: 18 cycles/min

Height: 151cm

Weight: 62kg

BMI: 27.2Kg/m2

Tongue: uncoated

Pallor: Absent

Icterus: Absent

Lymphadenopathy: Absent

Cyanosis: Absent

Clubbing: Absent

Edema: Absent

Ashtasthana Pareeksha

- *Nadi* – 76/min
- *Mootra* – 4-5times/day
- *Mala*– Once/day, regular
- *Jihwa – Alipta*
- *Shabdha- Prakruta*
- *Sparsha –Prakruta*
- *Drik– Prakruta*
- *Akruthi – Madhyama*

Dashavidha Pareeksha

1. Prakruti– Vata Pitta
2. Vikruti-

• Dosha – Vata and Kapha

• Dushya – Rasa, Rakta, Artava

3. Sara – Madhyama
4. Samhanana –Madhyama
5. Pramana – Madhyama
6. Satmya – Vyamishra
7. Satva – Madhyama
8. Ahara shakti –

i. Abhyavarana shakti: Madhyama

ii. Jarana shakti: Madhyama

9. Vyayama shakti – Madhyama
10. Vaya– Madhyama

SYSTEMIC EXAMINATION

Central Nervous System Examination

Patient is conscious. Well oriented to time, place and person.

Cardiovascular System Examination

» Inspection: No distended vessels over neck or chest.

» Palpation: Apex beat palpable at left 5th intercostal space

» Percussion: Cardiac dullness present on left side.

» Auscultation: S1 S2 heard. No murmurs heard.

Respiratory System

- **Inspection**

» Shape of the chest - Bilaterally Symmetrical

» Movements - Symmetrical

» RR - 20 cycles/min

- **Palpation**

» Trachea – Centrally placed Percussion

» Resonant over the lung field except the cardiac dullness

- **Auscultation**

» Bilateral NVBS heard

OBSTETRIC EXAMINATION

Uterus: Not Palpable

FM: Not appreciable

FHS: Not appreciable

External Genitalia Examination

Vulva- Normal

No signs of inflammation/discharge

No ulcers/lesions

Labia Majora and Minora

- Normal in appearance
- Fresh spotting seen at introitus Perineum-
- Healthy and intact
- No tears/scars

Bartholin's gland

- No swelling or tenderness
- No cyst/abscess

P/V EXAMINATION

Not done.

B/L BREAST EXAMINATION

	RIGHT	LEFT
Tenderness –	Absent	Absent
Lump –	Absent	Absent
Colour of Areola –	Normal	Normal
Nipple discharge –	Absent	Absent

BLOOD INVESTIGATIONS

Blood group and Rh factor- O+ve

Hb: 13gm/dl

RBS: 98mg/dl

Bleeding time: 2 mins 10 sec

Clotting time: 4 min 50 sec

HIV-negative

HbSAg-Non reactive

VDRL- Non reactive

Thyroid Profile

T3- 1.17ng/dl

T4-8.01µg/dl

TSH-1.85mIU/L

Urine Routine

Pus cells- 3-4cells

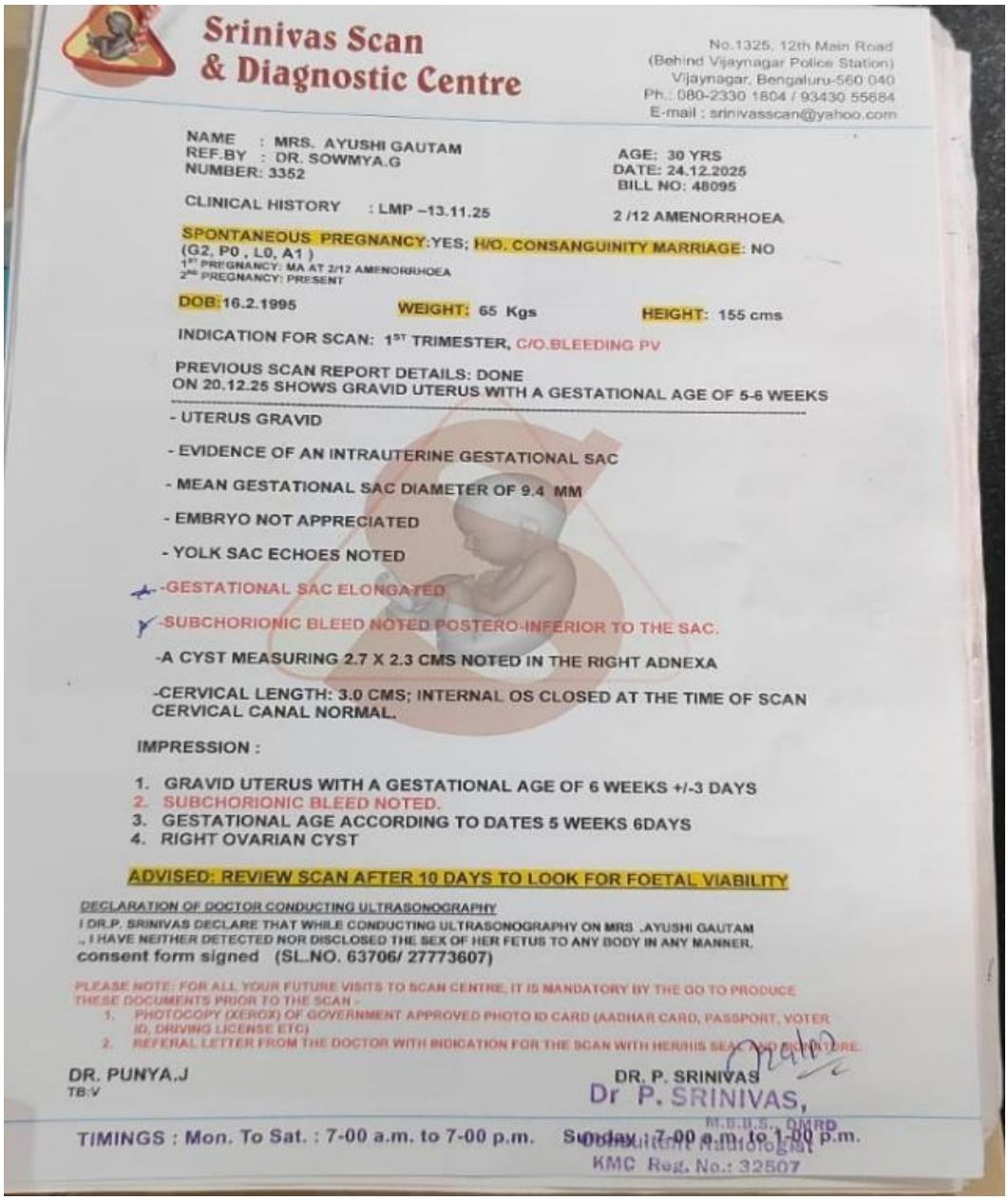
Epithelial cells- 2-3 cells

Albumin & Sugar- nil

USG Findings (24/12/2025): Gravid Uterus with Gestational age of 6weeks ± 3days. Subchorionic bleed noted Postero-Inferior to the sac Cervical length:3cms, Internal OS closed.

NTT SCAN (30/1/26)- Single live foetus with gestational age of 11 weeks 2days NT-1.3mm, Nasal Bone- Present.

BEFORE TREATMENT



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(Behind Vijaynagar Police Station)
Vijaynagar, Bengaluru-560 040
Ph.: 080-2330 1804 / 93430 55684
E-mail : srinivasscan@yahoo.com

NAME : MRS. AYUSHI GAUTAM
REF.BY : DR. SOWMYA.G
NUMBER: 3352

AGE: 30 YRS
DATE: 24.12.2025
BILL NO: 48095

CLINICAL HISTORY : LMP –13.11.25 2 /12 AMENORRHOEA

SPONTANEOUS PREGNANCY:YES; H/O. CONSANGUINITY MARRIAGE: NO
(G2, P0 , L0, A1)
1ST PREGNANCY: MA AT 2/12 AMENORRHOEA
2ND PREGNANCY: PRESENT

DOB:16.2.1995 WEIGHT: 65 Kgs HEIGHT: 155 cms

INDICATION FOR SCAN: 1ST TRIMESTER, C/O.BLEEDING PV

PREVIOUS SCAN REPORT DETAILS: DONE
ON 20.12.25 SHOWS GRAVID UTERUS WITH A GESTATIONAL AGE OF 5-6 WEEKS

- UTERUS GRAVID
- EVIDENCE OF AN INTRAUTERINE GESTATIONAL SAC
- MEAN GESTATIONAL SAC DIAMETER OF 9.4 MM
- EMBRYO NOT APPRECIATED
- YOLK SAC ECHOES NOTED
- GESTATIONAL SAC ELONGATED
- SUBCHORIONIC BLEED NOTED POSTERO-INFERIOR TO THE SAC.
- A CYST MEASURING 2.7 X 2.3 CMS NOTED IN THE RIGHT ADNEXA
- CERVICAL LENGTH: 3.0 CMS; INTERNAL OS CLOSED AT THE TIME OF SCAN
CERVICAL CANAL NORMAL.

IMPRESSION :

1. GRAVID UTERUS WITH A GESTATIONAL AGE OF 6 WEEKS +/-3 DAYS
2. SUBCHORIONIC BLEED NOTED.
3. GESTATIONAL AGE ACCORDING TO DATES 5 WEEKS 6DAYS
4. RIGHT OVARIAN CYST

ADVISED: REVIEW SCAN AFTER 10 DAYS TO LOOK FOR FOETAL VIABILITY

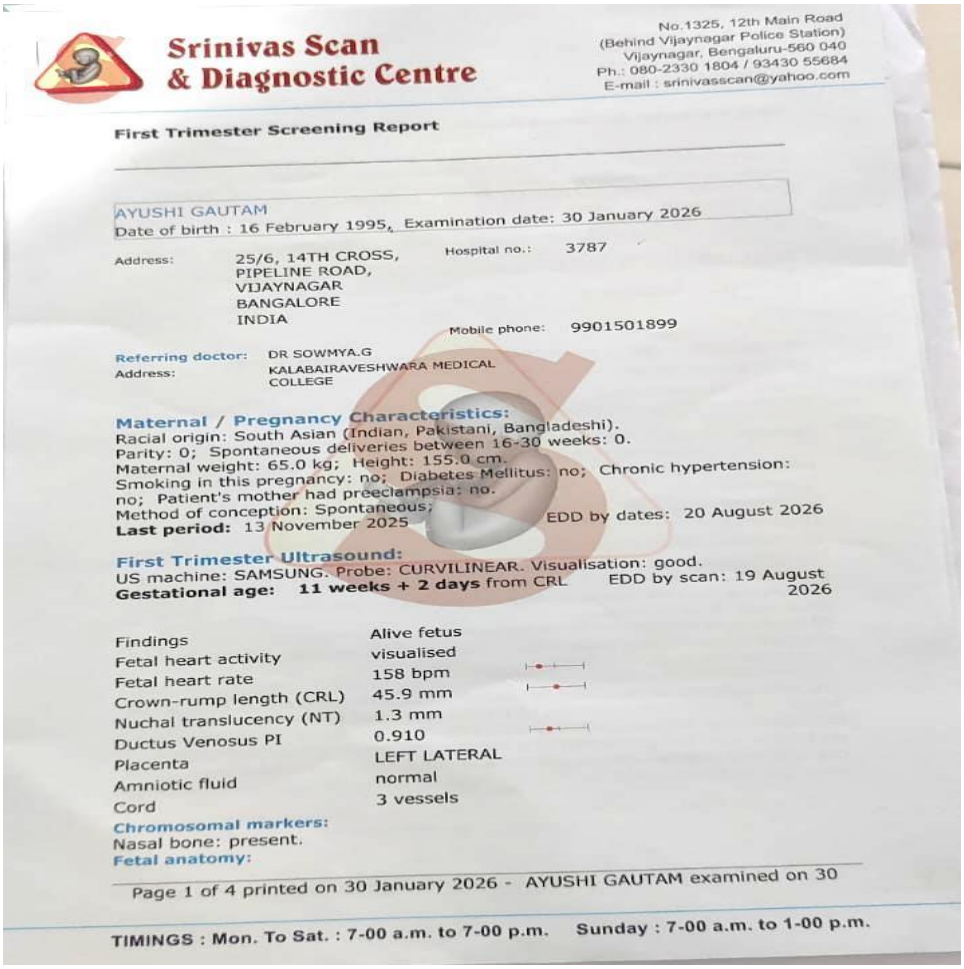
DECLARATION OF DOCTOR CONDUCTING ULTRASONOGRAPHY
I DR.P. SRINIVAS DECLARE THAT WHILE CONDUCTING ULTRASONOGRAPHY ON MRS .AYUSHI GAUTAM
., I HAVE NEITHER DETECTED NOR DISCLOSED THE SEX OF HER FETUS TO ANY BODY IN ANY MANNER.
consent form signed (SL.NO. 63706/ 27773607)

PLEASE NOTE: FOR ALL YOUR FUTURE VISITS TO SCAN CENTRE, IT IS MANDATORY BY THE GO TO PRODUCE THESE DOCUMENTS PRIOR TO THE SCAN -
1. PHOTOCOPY (XEROX) OF GOVERNMENT APPROVED PHOTO ID CARD (AADHAR CARD, PASSPORT, VOTER ID, DRIVING LICENSE ETC)
2. REFERAL LETTER FROM THE DOCTOR WITH INDICATION FOR THE SCAN WITH HER/HIS SEAL AND SIGNATURE.

DR. PUNYA.J
TB:V

DR. P. SRINIVAS
Dr P. SRINIVAS,
M.B.B.S., DMRD
Consultant Radiologist
KMC Reg. No.: 32507

TIMINGS : Mon. To Sat. : 7-00 a.m. to 7-00 p.m. Sunday : 7-00 a.m. to 1-00 p.m.



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First Trimester Screening Report

AYUSHI GAUTAM
Date of birth : 16 February 1995, Examination date: 30 January 2026

Address: 25/6, 14TH CROSS, PIPELINE ROAD, VIJAYNAGAR BANGALORE INDIA
Hospital no.: 3787
Mobile phone: 9901501899

Referring doctor: DR SOWMYA.G
Address: KALABAIRAVESHWARA MEDICAL COLLEGE

Maternal / Pregnancy Characteristics:
Racial origin: South Asian (Indian, Pakistani, Bangladeshi).
Parity: 0; Spontaneous deliveries between 16-30 weeks: 0.
Maternal weight: 65.0 kg; Height: 155.0 cm.
Smoking in this pregnancy: no; Diabetes Mellitus: no; Chronic hypertension: no; Patient's mother had preeclampsia: no.
Method of conception: Spontaneous;
Last period: 13 November 2025 EDD by dates: 20 August 2026

First Trimester Ultrasound:
US machine: SAMSUNG. Probe: CURVILINEAR. Visualisation: good.
Gestational age: 11 weeks + 2 days from CRL EDD by scan: 19 August 2026

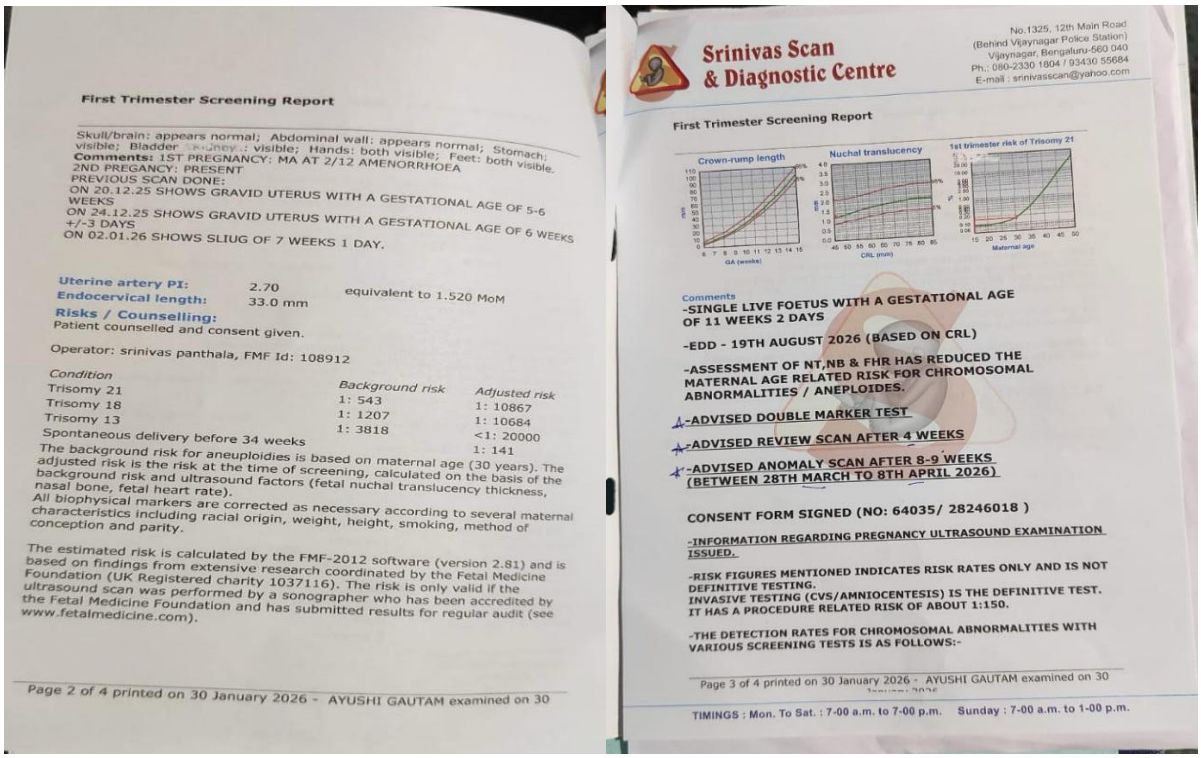
Findings	
Fetal heart activity	Alive fetus visualised
Fetal heart rate	158 bpm
Crown-rump length (CRL)	45.9 mm
Nuchal translucency (NT)	1.3 mm
Ductus Venosus PI	0.910
Placenta	LEFT LATERAL
Amniotic fluid	normal
Cord	3 vessels

Chromosomal markers:
Nasal bone: present.
Fetal anatomy:

Page 1 of 4 printed on 30 January 2026 - AYUSHI GAUTAM examined on 30

TIMINGS : Mon. To Sat. : 7-00 a.m. to 7-00 p.m. Sunday : 7-00 a.m. to 1-00 p.m.

AFTER TREATMENT



First Trimester Screening Report

Skull/brain: appears normal; Abdominal wall: appears normal; Stomach: visible; Bladder [illegible]: visible; Hands: both visible; Feet: both visible.
Comments: 1ST PREGNANCY: MA AT 2/12 AMENORRHOEA
2ND PREGANCY: PRESENT
PREVIOUS SCAN DONE:
ON 20.12.25 SHOWS GRAVID UTERUS WITH A GESTATIONAL AGE OF 5-6 WEEKS
ON 24.12.25 SHOWS GRAVID UTERUS WITH A GESTATIONAL AGE OF 6 WEEKS +/-3 DAYS
ON 02.01.26 SHOWS SLIUG OF 7 WEEKS 1 DAY.

Uterine artery PI: 2.70 equivalent to 1.520 MoM
Endocervical length: 33.0 mm
Risks / Counselling:
Patient counselled and consent given.

Operator: srinivas panthala, FMF Id: 108912

Condition	Background risk	Adjusted risk
Trisomy 21	1: 543	1: 10867
Trisomy 18	1: 1207	1: 10684
Trisomy 13	1: 3818	<1: 20000
Spontaneous delivery before 34 weeks		1: 141

The background risk for aneuploidies is based on maternal age (30 years). The adjusted risk is the risk at the time of screening, calculated on the basis of the background risk and ultrasound factors (fetal nuchal translucency thickness, nasal bone, fetal heart rate).
All biophysical markers are corrected as necessary according to several maternal characteristics including racial origin, weight, height, smoking, method of conception and parity.

The estimated risk is calculated by the FMF-2012 software (version 2.81) and is based on findings from extensive research coordinated by the Fetal Medicine Foundation (UK Registered charity 1037116). The risk is only valid if the ultrasound scan was performed by a sonographer who has been accredited by the Fetal Medicine Foundation and has submitted results for regular audit (see www.fetalmedicine.com).

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First Trimester Screening Report

Comments
-SINGLE LIVE FOETUS WITH A GESTATIONAL AGE OF 11 WEEKS 2 DAYS

-EDD - 19TH AUGUST 2026 (BASED ON CRL)

-ASSESSMENT OF NT,NB & FHR HAS REDUCED THE MATERNAL AGE RELATED RISK FOR CHROMOSOMAL ABNORMALITIES / ANEPLOIDES.

-ADVISED DOUBLE MARKER TEST

-ADVISED REVIEW SCAN AFTER 4 WEEKS

-ADVISED ANOMALY SCAN AFTER 8-9 WEEKS (BETWEEN 28TH MARCH TO 8TH APRIL 2026)

CONSENT FORM SIGNED (NO: 64035/ 28246018)

-INFORMATION REGARDING PREGNANCY ULTRASOUND EXAMINATION ISSUED.

-RISK FIGURES MENTIONED INDICATES RISK RATES ONLY AND IS NOT DEFINITIVE TESTING.
INVASIVE TESTING (CVS/AMNIOCENTESIS) IS THE DEFINITIVE TEST. IT HAS A PROCEDURE RELATED RISK OF ABOUT 1:150.

-THE DETECTION RATES FOR CHROMOSOMAL ABNORMALITIES WITH VARIOUS SCREENING TESTS IS AS FOLLOWS:-

Page 3 of 4 printed on 30 January 2026 - AYUSHI GAUTAM examined on 30

TIMINGS : Mon. To Sat. : 7-00 a.m. to 7-00 p.m. Sunday : 7-00 a.m. to 1-00 p.m.

VYADHI NIRNAYA: *Garbha Srava* / Threatened Abortion.

CHIKITSA

- **Head low position**

Treatment	Dose	Duration
Panchavalaka kwatha pichu over supra pubic region	Twice in day for 45minutes.	15 days
Garbha Raksha Kashaya	2tsp BD with 2tsp of water Before Food	15 days
Prabhakara vati	1 BD After Food	15 days
Laghu Vasanta Malini Rasa	1 BD After Food	15 days
Phala ghrita	2tsp BD with warm milk Before food	15days

DISCUSSION

Early pregnancy is a critical and vulnerable phase in which successful continuation depends on proper implantation, placental development, and maintenance of uterine stability. Any disturbance at this stage, particularly in the form of bleeding, may indicate underlying pathology and can lead to significant maternal anxiety as well as adverse pregnancy outcomes if not addressed appropriately. Therefore, early identification of the cause and timely, safe, and supportive management play a crucial role in ensuring favorable prognosis.

The increase in incidence of IUGR, Habitual Abortions, may be due to indulgence of the *Garbhini* in one or the other *Garbhopaghatakara Bhavas* and not following the *Garbhini Paricharya.*[5]

In the present case, the patient presented with bleeding per vagina and mild lower abdominal pain at 7 weeks 2days of gestation. Ultrasonographic evaluation revealed a viable intrauterine pregnancy with a subchorionic bleed located postero-inferior to the gestational sac and a closed internal OS. The presence of fetal viability along with a closed cervix were suggestive of a threatened abortion-like condition. This justified a conservative line of management aimed at controlling bleeding and stabilizing the pregnancy.

Panchavalkala kwatha pich[6] over the suprapubic region plays a significant role in achieving hemostasis. *Panchavalkala*, being *kashaya rasa pradhana*, exerts *stambhana karma*, leading to constriction of local microvasculature and reduction of capillary bleeding. Its *shothahara* property helps reduce local inflammation at the site of chorionic separation. The transdermal absorption through *romakupa* and *svedavahi srotas* enables localized action over the uterine region, while its *sheeta guna* contributes to Pitta śamana and correction of *rakta dushti*.

Garbha Raksha Kashaya[7] acts as the primary *garbhasthapaka* formulation in this case. Its ingredients, predominantly having *madhura* and *kashaya rasa* along with *sheeta virya*, help in pacifying both Vata and Pitta dosha. It strengthens the *garbhashaya* and improves uterine receptivity, thereby preventing further detachment of the chorion. The *kashaya* property aids in *raktasthambhana*, while its nourishing action supports fetal stability and growth.

Prabhakara Vati[8] Contributes through its *balya* and *hridya* properties, enhancing systemic strength and improving circulation. By supporting the proper functioning of *rasa dhatu* and maintaining tissue perfusion, it indirectly aids in sustaining uterine health. It also helps in stabilizing subtle *Vata* imbalance, thereby supporting continuation of pregnancy.

Laghu Vasanta Malini Rasa[9] acts as a *rasayana* with a specific action on *Pitta and Rakta*. It improves the quality of *rasa* and *rakta dhatu*, enhances tissue integrity, and reduces bleeding tendency. *Parthivansh* of *Laghu Malini Vasant rasa* provides *"sthiratwa*to the *Garbha*" so miscarriage can be avoided and helps in foetal growth, implantation and prevent abortion.[10] *Laghu Malini Vasant rasa* which is rich in Zinc, is used in ante-natal complaints. Present researches concluded that, Zinc is an essential component for implantation & stimulating healthy cytokines for nidation.[11]

Phala Ghrita[12] Due to its *madhura rasa*, *snigdha guna*, and *sheeta virya*, it counteracts the *ruksha* and *chala guna* of Vata, thereby reducing uterine irritability and promoting stability of the embryo. It nourishes *rasa* and *rakta dhatu*, supports fetal development, and enhances tissue healing at the implantation site. Being a ghrita-based formulation, it acts as a *yogavahi*, facilitating better absorption and efficacy of co-administered drugs.

Along with pharmacological intervention, strict bed rest was advised, which plays a crucial role in minimizing Vāta aggravation, as excessive movement is a known causative factor for Garbhasrava. This supportive measure further aids in maintaining stability of the implanted embryo. As mentioned in Ayurvedic classics, *Madhura*, *Balya*, *Jeevaniya* and *Rasayana Dravyas* are mainly helpful in preventing *Garbhasrava* and maintaining of pregnancy.[13]

The combined action of these interventions resulted in effective *Vata–Pitta shamana, raktasthambhana, and garbhasthapana*, thereby achieving complete *samprapti vighatana*. Despite the factors like early gestational age, history of previous abortion; bleeding subsided within a short duration, and pregnancy stabilization was achieved without invasive or hormonal

intervention. The clinical outcome, marked by cessation of bleeding and continuation of pregnancy, suggests that early and appropriately planned Ayurvedic management can be beneficial in such conditions.

CONCLUSION

Subchorionic haemorrhage diagnosed during early gestation poses a significant risk to pregnancy continuation, particularly in women with a history of previous abortion. Early detection and timely intervention are crucial to prevent progression toward miscarriage. In the present case of a 30-year-old primigravida with previous abortion ($G_1P_0A_1$) presenting at 7 weeks 2days of gestation with vaginal bleeding, Ayurvedic management based on the principles of *Vata–Pitta shamana*, *raktasthambhana*, and *garbhasthapana* resulted in successful cessation of bleeding and stabilization of pregnancy.

The favourable outcome observed suggests that a carefully planned, non-invasive Ayurvedic approach can be considered as a supportive and conservative management option in selected cases of subchorionic haemorrhage, particularly when foetal viability is present and hemodynamic status is stable. However, as this is a single case report, larger controlled clinical studies are necessary to validate the effectiveness and safety of such interventions in broader populations.

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