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Case Study

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AYURVEDIC MANAGEMENT OF THREATENED ABORTION- A CASE STUDY

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ABSTRACT

Threatened abortion as pregnancy-related bloody vaginal discharge or frank bleeding during the first half of pregnancy without cervical dilatation. A threatened abortion can present during early pregnancy with lower abdominal pain, and/or vaginal bleeding. Nearly 25% of pregnant women have some degree of vaginal bleeding during the first two trimesters and about 50% of these progress to an actual abortion. The bleeding in a threatened abortion is mild to moderate. The abdominal pain may present as intermittent cramps, suprapubic pain, pelvic pressure, or lower back pain. The etiology of miscarriage is often complex and obscure. The following etiologies can be considered, they are Genetic, Endocrine and Metabolic, Anatomic, Infection, Immunological, Thrombophilia's, Environmental Unexplained. Here a case of 32 years old female with obstetric history of G₃A₂ presented with the complaint of vaginal bleeding of one day duration associated with lower abdominal pain. The patient was admitted in the hospital and managed with sthanika chikitsa and

aushada prayoga. By virtue of its guna and karma it showed an excellent result in carrying a healthy pregnancy and further maintaining it.

KEYWORDS: Threatened abortion, Subchorionic hemorrhage, first trimester bleeding, Panchavalakala kwatha pichu, Garbharaksha Kashaya, prabhakara vati, Laghu vasant malini rasa.

INTRODUCTION

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, intercourse, sub chorionic haemorrhage (sub chorionic hematoma). [2] Sub chorionic haemorrhage is a common sonographic finding in the patients with the vaginal bleeding in 9-20 weeks of pregnancy. [3] Subchorionic haemorrhage is bleeding beneath the chorion membrane that encloses the embryo in the uterus, it appears to occur due to partial detachment of chorionic membrane from the wall of uterus which may leak through the cervical canal.^[4] Subchorionic haemorrhage increases the risk of preterm labour, premature rupture of membranes, early and late pregnancy loss^[5], hypertensive disorders during pregnancy^[6] and it is one of the cause of threatened abortion.

In Ayurveda, abortion up to the fourth month of pregnancy is termed as garbhasrava. [7] This could be correlated with threatened abortion. This is characterized by raktadarshana and pain in abdomen, lower back, inguinal region and pelvic region. [8]

Faulty diet, behavior (excessive physical exercise, jerking, suppression of natural urges, etc.), and psychological factors (anger, fear, grief) are responsible for abortion. [9]

CASE REPORT

A 32 years old married women with marital life of 2 years with obstetric history of G₃A₂ with present pregnancy of 12 weeks 1day 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 since 1 day associated with lower abdominal pain. She is a known case of thyroid dysfunction since 2 years and on regular medications. Her vaiyaktika and kula vruttanta are nothing significant.

Menstrual History

Menarche- at the age of 13 years.

Menstrual History - Regular

Number of days Bleeding - 3 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 10 days- Induced - 2022

G₂A₂: 1 month 15 days- Spontaneous - January 2023

G3: Present Pregnancy

LMP: 10/03/2023

POG: 12 Weeks 1 day

EDD: 15/12/2023

EXAMINATIONS

✓ General examination

Built: Moderate

Nourishment: Moderate

Pulse: 82 bpm

BP: 110/80 mm of Hg Temperature: 98.4 °F

Respiratory Rate: 18 cycles/min

Height: 155cm

Weight: 55kg

BMI: 22.9Kg/m²

Tongue: uncoated

PILCOOD Signs: 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

- Prakruti– Vata Pitta
- Vikruti
- Dosha Vata and Kapha
- Dushya Rasa, Rakta, Artava
- Desha Sadharana
- Bala Madhyama
- Sara Madhyama
- Samhanana –Madhyama
- Pramana Madhyama
- Satmya Vyamishra
- Satva Madhyama
- Ahara shakti Abhyavarana shakti: Madhyama

Jarana shakti: Madhyama

- Vyayama shakti Madhyama
- 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: Just Palpable

FM: Not appreciable

FHS: Not appreciable

✓ P/V EXAMINATION

Not done

✓ BREAST EXAMINATION

Tenderness – Absent

Lump – Absent

Colour of Areola - Normal

Nipple discharge – Absent

✓ BLOOD INVESTIGATIONS

Hb: 12.1gm/dl

RBS: 98mg/dl

Bleeding time: 3 min 30 sec Clotting time: 4 min 55 sec

USG Findings:

SLIUG of 12 weeks 0 days and a retroplacental hematoma measuring 4.3X2.6cm near the fundus and at the lower end measuring 2.7X1.6cm

NT: 1.5mm

Foetal cardiac activity and movements seen.

✓ VYADHI NIRNAYA

Garbha Srava {Sthita yogya Garbha}/ Threatened Abortion

✓ CHIKITSA

Treatment	Dose	Duration
Panchavalaka kwatha pichu over supra pubic region	Twice in day for 20 minute.	15 days
Garbha Raksha Kashaya	3tsp BD with 4-6tsp of water BF	15 days
Prabhakara vati	1 BD	15 days
Laghu Vasanta Malini Rasa	1 BD	15 days

DISCUSSION

Threatened abortion is the most common complication in the first half of pregnancy affecting 20-25% of pregnant women. Diagnosis of threatened miscarriage is made when there is a viable pregnancy with vaginal bleeding and a closed cervix. Any woman who presents with threatened abortion, ultrasound imaging is performed to ascertain the viability, location of the placenta and the presence or absence of sub chorionic hematoma. Subchorionic hematoma (SCH) is defined as a sonographically-detected, collection of blood between the chorion and the endometrium. Although, SCH may happen spontaneously, the exact aetiology is uncertain. It is believed to result from partial detachment of the chorionic membranes from the uterine wall. The other possible explanation could be affected trophoblast invasion and impaired change in spiral arteries at the time of implantation. The incidence of hematoma detected on ultrasound varies between 0.46-39.5%. Almost 20% of women that present with threatened abortion have a sub chorionic hematoma. Threatened abortion has been linked with increased risk of hypertensive disorders of pregnancy, preterm, pre labour rupture of membranes (PPROM), spontaneous preterm labour, antepartum haemorrhage (APH), intra uterine growth retardation and Caesarean Section. Foetal loss is also described in about one quarter of threatened abortion cases especially from low socioeconomic background, low immunity and genital tract infections.

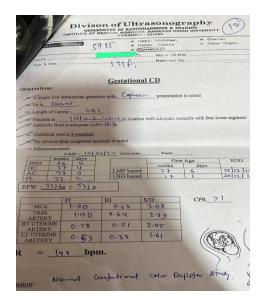
This is a case of Intra uterine pregnancy of 12 weeks 0 days presented with complaint per vaginal bleeding since one day associated with lower abdominal pain. Ultrasonography reveals Intra Uterine Pregnancy of 12 weeks 0 days and retroplacental hematoma measuring 4.3X2.6cm near the fundus and at the lower end measuring 2.7X1.6cm. this is a challenging case for obstetrician as such cases are susceptible for high risk during pregnancy and pregnancy loss.

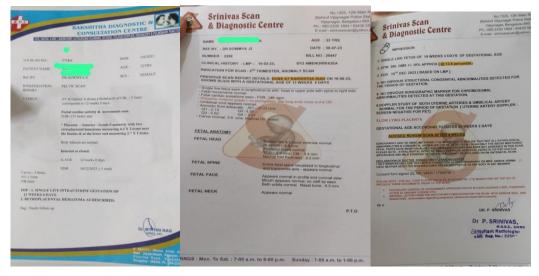
The main doshas aggravated here are *Pitta* and *Vata* and thus the main objective of treatment here is to pacify Pitta, Vata dosha along with Garbhasthapana. Ayurveda advocates four-fold remedies to arrest any bleeding that's Rakta sthambanopaya. They are Sandhana with Kashaya Dravyas, Skandana with Hima Dravya, Pachana with Bhasma and Dahana that causes contraction of blood vessels.^[10] Here in the present case *Panchavalaka*^[11] *kwatha* pichu was kept over suprapubic region. panchavalaka by the virtue of its properties like Kashaya rasa, Sheeta virya and Kapha-Pittahara action helped in the Sthamabana of rakta by Sandhana and Skandana. Garbha Raksha Kashaya contains Bhadra, Punarnaya, Bala, Draksha, Gokshura, Jeeraka by virtue of properties of these drugs it helps in Garbha Raksha, maintaining the normal functioning of vayu, Gulmahara, Hridrogahara, Mutrakrichra and antra shoola. Prabhakara vati^[12] contains Makshika Bhasma, loha Bhasma, Abhraka Bhasma, Tavakshir, Shuddha shilajatu, arjuna swarasa by its pitta vatahara action mainly acts as cadio protective. Laghu malini vasant rasa^[13] with its attributes acts as rasaphoshak, yogavahi, deepana, pachaka on rasavaha and raktavaha srotas. It helps in proper nourishment of foetus during pregnancy. 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. [14] It also acts on uterus and regulates hormonal imbalance which plays important role in endometrial proliferation. 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.

CONCLUSION

Threatened abortion, though challenging, can be navigated with a comprehensive Ayurvedic approach. By addressing the root causes, balancing doshas, and providing personalized care, *Ayurveda* aims to support individuals through the journey of pregnancy, fostering hope for a healthier and more stable future. By following *Garbhini paricharya* and avoiding *Garbhopaghatakara* bhavas and the emotional support offered a hope in this case. The

judicious use of dravyas internally and externally gave a fruitful result. And patient delivered a single live female baby on 13/12/2023 with birth weight of 3.2kg without any further complications in her pregnancy.





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