

**AYURVEDIC MANAGEMENT OF THREATENED ABORTION- A
CASE STUDY****Dr. Marjeena Khansab Nadaf^{*1}, Dr. Papiya Jana² and Dr. Sowmya G.³**

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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 and 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 32years 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 yoga Garbha}/ Threatened Abortion**✓ **CHIKITSA**

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

Division of Ultrasonography
DEPARTMENT OF RADIO DIAGNOSIS & IMAGING
INSTITUTE OF MEDICAL SCIENCES, BANARAS HINDU UNIVERSITY
VARANASI - 221 005

Investigation: **GESTATIONAL CD**

Name: **S925** Age & Sex: **34 Y.F.** Referred By: **Ward I.O.D.**

Observations:

- Single live intrauterine gestation with **Cephalic** presentation is noted.
- Os is **Clear**.
- Length of Cervix: **4.6 cm**.
- Placenta is **left on fundus** in location with adequate maturity with free lower segment.
- Amniotic fluid is adequate (AFI=15.7).
- Umbilical cord is **3-vessel**.
- No obvious fetal congenital anomaly is noted.

Measurements:

Weeks	Days	GA	Weeks	Days	GA
34	4	34	4	34	4
34	4	34	4	34	4
34	4	34	4	34	4

EFW: **3316g ± 53g**

PI	RI	S/D
1.20	0.67	3.08
1.00	0.64	2.79
0.78	0.51	2.05
0.53	0.38	1.61

R = **143 bpm**

Normal Gestational color Doppler study.

RAKSHITA DIAGNOSTIC & CONSULTATION CENTRE
B-10/1, Panchsheel Park, New Delhi - 110 017

US SCAN NO: **17789** DATE: **3/6/2023**
PATIENT NAME: **[REDACTED]** AGE: **32 YRS**
Ref BY: **DR. SOWMYA G** SEX: **FEMALE**
INVESTIGATION: **PELVIC SCAN**

CLINICAL HISTORY: **AV & Gavid, it shows a fetal pole of CRL - 5.5mm corresponds to 12 weeks 0 days.**

Findings: **Fetal cardiac activity & movements seen.**

Placenta: **Anterior - Grade 0 maturity with two retroplacental hematomas measuring 4.3 x 3.6cm near the fundus & at the lower end measuring 2.7 x 1.6cm.**

Both Adnexa are normal.

Internal os closed.

GA: **12 weeks 0 days**

EDD: **16/12/2023 ± 1 week**

IMP: **1. SINGLE LIVE INTRAUTERINE GESTATION OF 12 WEEKS 0 DAYS.**
2. RETROPLACENTAL HEMATOMAS AS DESCRIBED.

Sig: **Steady follow up.**

Srinivas Scan & Diagnostic Centre
No. 1325, 12th Main Rd, (Behind Vijaynagar Police Station) Vijaynagar, Bangalore-560 091
Ph: 080-2330 1804 / 93430 5955
E-mail: srinivascan@yahoo.co.in

NAME: **[REDACTED]** AGE: **33 YRS**
REF. BY: **DR. SOWMYA G** DATE: **30-07-23**
NUMBER: **2268** BILL NO: **26447**

CLINICAL HISTORY: **LMP - 10-03-23, 5/12 AMENORRHOEA**

INDICATION FOR SCAN: **2ND TRIMESTER, ANOMALY SCAN**

PREVIOUS SCAN REPORT DETAILS: **Done at RAKSHITA DIAG on 16-06-23, SHOWS BLUG WITH A GESTATIONAL AGE OF 13 WEEKS 4 DAYS**

Findings:

- Single live fetus seen in longitudinal lie with head in upper pole with spine to right side.
- Fetal membranes normal.
- Fetal cardiac pulsations seen - FHR: 140 bpm.
- Placenta: Anterior grade - 0, no previa noted. Low lying with close to the OS.
- Umbilical cord appears normal.
- Amniotic fluid adequate - AFI = 14.0 cm.
- Q1 - 2.13 Q2 - 3.37 Q3 - 3.30 Q4 - 2.29
- Cervix normal, 3.8 cm. Internal OS closed.

FETAL ANATOMY

FETAL HEAD

Midline sagittal view: **Normal**

PI: **1.20** RI: **0.67** S/D: **3.08**

Transverse view: **Normal**

ECG: **2.00 cm** CRL: **3.4 cm**

Midline sagittal view: **Normal**

FETAL SPINE

Entire fetal spine visualized in longitudinal and transverse axis - **appears normal**

FETAL FACE

Appears normal in profile and coronal view

Mouth appears normal, no cleft lip seen

Both orbits normal. Nasal bone: **0.5 mm**

FETAL NECK

Appears normal

ADDITIONAL FINDINGS

Two retroplacental hematomas measuring 4.3 x 3.6 cm near the fundus & at the lower end measuring 2.7 x 1.6 cm.

Both Adnexa are normal.

Internal os closed.

GA: **12 weeks 0 days**

EDD: **16/12/2023 ± 1 week**

IMP: **1. SINGLE LIVE INTRAUTERINE GESTATION OF 12 WEEKS 0 DAYS.**
2. RETROPLACENTAL HEMATOMAS AS DESCRIBED.

Sig: **Steady follow up.**

DECLARATION OF DOCTOR CONDUCTING ULTRASONOGRAPHY

I, **DR. P. SRINIVAS**, M.B.B.S., D.M.D., Consultant Radiologist, have performed the above mentioned ultrasound examination on **30/07/2023** at **Srinivas Scan & Diagnostic Centre**, Bangalore-560 091. I have neither detected nor suspected any abnormality in the fetus or in the placenta or in the membranes or in the cervix or in the uterus or in the adnexa.

Consent form signed by **DR. P. SRINIVAS** on **30/07/2023**

DR. P. SRINIVAS
M.B.B.S., D.M.D.
Consultant Radiologist
MIS Reg. No.: 3255

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