

A CASE STUDY ON SUCCESSFUL AYURVEDIC MANAGEMENT OF HABITUAL ABORTION DUE TO PCOS ASSOCIATED WITH HYPOTHYROIDISM

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ABSTRACT

Recurrent pregnancy loss or miscarriage is also known as habitual abortion. It is defined as three or more consecutive pregnancy losses before 20 weeks of gestation.^[1] While modern medicine relates the case of recurrent abortion to altered hormonal levels and anatomical issues (eg-uterine abnormalities), Ayurveda describes it as *Putraghni Yonivyapada*. *Putraghni Yonivyapada* is a condition characterised by repeated pregnancy loss due to imbalances like *Artava dosha/Rakta dosha*, and excessive *Rakta srava* (bleeding).^[2] If untreated, it can lead to *Vandhyatva* (infertility) as a complication. The current case study involves a 32-year-old female patient with a history of five previous abortions and a known case of severe PCOS and hypothyroidism. After

ruling out other potential causes for habitual abortion, she was successfully treated with a combination of proprietary Ayurvedic medicines: *Jeehv*, *Myrha*, and *Vamha* (Ayurvedic proprietary tablets). *Myrha* & *Vamha* pills helped to regulate periods with *aamahara* (detoxifying or clearing toxins), *lekhana* (fat-reducing or cleansing), *kapha hara* (reducing excess *Kapha* -related to mucus or fluid balance) and *Artarva janana* (promoting menstrual health or stimulating reproductive functions) properties and *Jeehv* medicine used in this study has *Vatahara* (reducing excess *Vata Dosha*), *Srotoshodhana* (cleansing or purifying bodily channels) and *Garbhasthapana* (strengthening or supporting pregnancy) that helped in preventing *Garbhasrava* (miscarriage) and maintaining pregnancy. The patient conceived after 4 months of treatment and delivered a healthy baby boy vaginally.

KEYWORDS: Putraghni Yonivyapad, Habitual Abortion, Artava Janan, Amahar, Lekhana.

INTRODUCTION

Pregnancy is a profoundly fulfilling journey that strengthens the emotional bond between parents. However, carrying a pregnancy to term is essential for delivering a healthy baby. When pregnancy loss occurs before term—and especially when it recurs, as in cases of habitual abortion—it can be emotionally and physically overwhelming for the couple.

Habitual abortion, known as *Putraghni Yoni Vyapada* in Ayurveda, may arise from various causes, including anatomical or chromosomal abnormalities, endocrine imbalances, immune factors, lifestyle influences, ovarian issues, and infections.^[3,1] Among these, conditions like Polycystic Ovarian Syndrome (PCOS) are recognized for impairing fertility and increasing miscarriage risk. While Ayurveda does not directly reference PCOS, it aligns with the concept of *Artavavaha srotas dushti* (*impaired reproductive channels*), where *Vata* and *Kapha* doshas play a primary role. Key factors in PCOS that raise miscarriage risk include poor egg quality, insulin resistance, elevated insulin levels, high Luteinizing Hormone (LH), and increased testosterone.^[4,5]

Pregnancy also places greater demands on thyroid hormone production, and women with pre-existing hypothyroidism require careful management, including dose adjustments of thyroid supplements. Elevated TSH levels (> 4.5 mU/L) are linked to a higher risk of miscarriage and need to be managed appropriately, especially in early pregnancy.^[6,7]

This case study presents a patient with recurrent pregnancy loss, severe PCOS, and hypothyroidism, who achieved successful outcomes with an Ayurvedic treatment protocol. The therapeutic approach and outcomes are discussed in detail.

CASE REPORT

A 32-year-old woman, anxious to conceive, visited the clinic. She had a history of five miscarriages over the past eight years, alongside diagnosis of severe PCOS and hypothyroidism. Since menarche, she experienced irregular periods and was diagnosed with PCOS in 2010. For the past nine years, she has been on allopathic treatment for both hypothyroidism and PCOS.

At her first visit, she reported symptoms including weight gain, low energy, mood swings, acne, and hair fall. She also expressed significant fear, anxiety, and sadness due to her recurrent pregnancy losses.

Family History: No relevant findings.

Past Medical History and Treatment

- PCOS: On and off OCP treatment since age 17
- Hypothyroidism: Currently on Thyronorm 100 mcg, taken daily before breakfast.

Menstrual history

Table 1: Menstrual History of Patient.

Age of Menarche	15 yrs
Cycle	Delayed
No. of days of bleeding	2-3 days
Interval	No periods without OCPs
Pain	During periods ++
Clots	Nil

Personal History

Table 2: Personal History of Patient.

Diet	Non Vegetarian
Appetite	Reduced
Bowel	Constipated
Bladder	Normal
Sleep	Disturbed
Allergy	Not known any

Marital History: 10 years.

Obstetric History

The patient conceived five times through fertility treatments but was unable to sustain any pregnancy beyond the first trimester, with all five resulting in first-trimester miscarriages (G5A5).

- First 3 abortions: Spontaneous.
- Last 2 abortions: Attributed to uncontrolled thyroid level increases, leading to miscarriage.

Fertility Treatment History

- Follicular studies: Conducted 14 times; follicle maturation often absent despite hormonal treatment and HCG injections.
- Medications: Long-term use of fertility supplements and ovulation inducers (Clomiphene Citrate) for 5-6 years.

Ayurvedic Management

Initial prescription included *Jeehv Fertility Supplement*, and *Myrha & Vamha* PCOS pills (Ayurvedic proprietary medicines).

Table 3: Ayurvedic Medicines, Ingredients, and Dosage for Treatment.

Medicine given	Ingredients/Contents	Dosage
<i>Jeehv Fertility Supplement</i>	<i>Putranjivak, Shivlingi, Shilajit, Shatavari, Jivanti, Aloevera, Ashoka, Lodhra, Ashwagandha, Devdaru, Katuki, Haritaki, Shuddha Kasis, Bang Bhasma, Shuddha Hing, Shuddha Tankan, Punarnava, preservatives and excipients.</i>	2 pills after breakfast and 2 pills after dinner
2. PCOS Pills		
<i>Myrha</i>	<i>Kutaj Twak Churna, Patola Churna, Katuki Churna, Shuddha Shilajit, Trikatu Churna, Trijat Churna, Yashad Bhasma, Kanchanar, Varuna, Ashwagandha, Haridra, Amalaki, Methi, Saptarangi, Asana, AVartika, Jambu, Meshashringi, Mamejava, Guduchi, Bilva, Nimba, Karvellak, preservatives and excipients.</i>	2 pills after breakfast and 2 pills after dinner
<i>Vamha</i>	<i>Manjishtha, Pippali, Shatpushpa, Shatavari, Devdaru, Shuddha Hinga, Shuddha Kasis, Lauha Bhasma, Ghrit Kumari, Ulatambal, Dashmool, Haritaki, Devdaru, Kullatha, Krishna Jirak, Gajar Beej, Karpasa Beej, Methi, Lashun, Jyotishmati, Chitrak, Chandrasur, preservatives and excipients.</i>	2 pills after breakfast and 2 pills after dinner

Advice

The patient was advised to follow a diet and maintain a healthy lifestyle. Recommendations included at least 45 minutes of daily exercise, tracking ovulation each cycle, and maintaining contact with her partner during her fertile period.

Follow-Up

The patient consistently adhered to Ayurvedic medications, the diet, lifestyle recommendations, and regular 45-minute daily exercise. Ovulation tracking with home kits was diligently followed, contributing significantly to her progressive improvements documented in monthly follow-ups.

Table 4: Patient Follow-Up Observations by Month.

Follow-Up p	Energy Levels	Changes in Menstrual Cycle	Weight Loss	Hair fall and Skin Condition	Ovulation Day	Partner Contact
1 month	Increased	decrease in PMS and reduction in mood swings	—	—	Day 12	—
2 months	—	Menstrual Flow Improved, cycle Regular (28 days)	3 kg (in 45 days)	Hair fall reduced Improved skin glow, fewer acne	Day 11	Yes
3 months	—	—	5 kg (total)	Significant skin improvements, including fewer acne breakouts and enhanced glow	Day 12	Yes
4 months	—	—	—	—	Day 11	Yes

At the end of the fourth month, the patient reported nausea, headache, and mild nipple tenderness. She was advised to take a morning urine pregnancy test, which came back positive. This was confirmed with a Beta HCG test, and she consulted a gynaecologist for *Garbhini Paricharya* (ANC) management, leading to a normal delivery of a healthy child.

Patient delivered a healthy baby boy with a FTND (37 weeks 5 days). Child Birth weight - 2600 gms.

DISCUSSION

Motherhood is a profound physiological journey that fulfills a woman's emotional and physical well-being. However, the demands of modern life can introduce complications that may increase the risk of pregnancy loss. Ensuring a pregnancy reaches term and the foetus remains well-nourished and protected is crucial. Ayurveda offers detailed insights into managing *Putraghni Yonivyapad*—a condition that aligns with habitual abortion—and presents effective interventions to address it.

In cases where habitual abortion is driven by PCOS, the Ayurvedic approach provides a holistic pathway for successful treatment. PCOS, often resulting from poor dietary habits and a sedentary lifestyle, leads to excessive *Kapha* accumulation and *Ama* (sticky toxins) formation, which obstruct the channels in the body, including the ovaries. This obstruction impairs proper egg development and disrupts the smooth flow of essential nutrients between the mother and the baby, preventing adequate nourishment. Hypothyroidism, associated with PCOS, further complicates fertility and pregnancy retention by slowing metabolic and

hormonal regulatory functions. High TSH levels and low thyroid hormone production can interfere with menstrual cycles and ovulation, increasing miscarriage risk. The result is compromised egg quality, poor development, poor secretory changes in the endometrium, and often anovulation—all factors that increase the likelihood of early pregnancy loss.

The Ayurvedic medicines *Myrha*, *Vamha*, and *Jeelv* were specifically utilised in this case to address these issues

Myrha & Vamha Pills: The herbal components in these pills promote *Agni deepana* (enhancing digestive fire), *Ama pachana* (detoxification), *Strotoshodhana* (channel clearing), *Artava janana* (promoting menstrual health), and *Lekhana* (cleansing and reducing excess). These properties work to improve egg quality, clear obstructed channels, and ensure regular ovulation. *Kanchanar Guggulu* and *Varuna*—key components in *Myrha* and *Vamha* pills—function by balancing *Kapha* dosha and supporting thyroid health. *Kanchanar Guggulu* is known for its role in thyroid modulation, promoting lipid metabolism and clearing obstructions, while *Varuna* enhances blood flow and detoxification. Together, the herbs stabilise hormonal levels, aiding in metabolic balance and reducing miscarriage risk associated with hypothyroid conditions.

Jeelv Fertility Supplement: This supplement supports egg growth, ensures timely ovulation, reduces inflammation, and promotes a healthy endometrium. Key ingredients like *Shivlingi* (enhances egg quality), *Putranjivak* (supports implantation), *Shatavari* (prevents early pregnancy loss), and *Jivanti* (nourishes the uterus) collectively strengthen reproductive health, improving the chances of a viable pregnancy.

Significantly, diet and lifestyle modifications prescribed in this case addressed the root causes of hormonal imbalance and metabolic dysfunction. A balanced, nutrient-rich diet and regular physical activity enhanced metabolic stability, reduced inflammation, and supported hormonal regulation. The patient's disciplined adherence to these measures played a critical role in improving her reproductive health and ensuring a successful pregnancy outcome.

In this case, after four months of Ayurvedic treatment with *Myrha*, *Vamha*, and *Jeelv*, the patient successfully conceived and delivered a healthy male child via vaginal delivery. The Ayurvedic approach, focusing on improving egg quality, supporting endometrial health, nourishing the uterus, and clearing obstructions in the channels, provided the foundational support needed to prevent early pregnancy loss associated with PCOS-induced habitual

abortion.

This case study highlights the effectiveness of a well-structured Ayurvedic protocol in treating habitual abortion due to PCOS. By following the core principles of Ayurveda, habitual abortion can be successfully managed, offering women with similar challenges a natural, holistic pathway to a healthy pregnancy.

CONCLUSION

Four months of Ayurvedic treatment with *Jeehv*, *Myrha*, and *Vamha* (proprietary Ayurvedic medicines) produced promising results in a patient with a history of habitual abortion, leading to a healthy conception that progressed to a full-term delivery without complications.

CONFLICT OF INTEREST

The authors declare no conflicts of interest relevant to this article.

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