

**Case Study****AYURVEDIC MANAGEMENT IN THREATENED ABORTION AND FOETAL ANOMALY: A CASE REPORT****Meera R^{1*}, Aswini Mohan L², Shahina Mole.S³**¹PG Scholar, ²Assistant Professor Ad-hoc, ³Professor, Department of Prasutitantra and Streeroga, Government Ayurveda College Hospital for Women & Children, Poojapura, Thiruvananthapuram, Kerala, India.**ABSTRACT**

Congenital anomalies amount to 50% of causative factor to first trimester abortions. Ayurvedic Ante Natal Care is highly effective in maintaining a healthy pregnancy and delivering a healthy progeny. A 28 year old female with bleeding per vaginum which started at 5 weeks of pregnancy, was advised for Medical Termination of Pregnancy. But she wanted to try Ayurvedic management and was treated with Ayurvedic medicines. The bleeding stopped in 11 days and fetal pole was visualized. She had occasional spotting in between and was detected with long bone growth lower than the normal limit in her anomaly scan at 20 weeks of gestation. She was advised termination owing to the risk of fetal anomalies but she was unwilling and wanted to continue Ayurvedic treatment. She was explained regarding all the possible consequences of continuing the pregnancy and with the consent of the patient and her family Ayurvedic treatment was continued. She delivered a healthy male baby of birth weight 2.57kg through Lower Segment Caesarean Section at term with an APGAR score of 9 at 1 minute. The baby had no gross or obvious anomalies at birth. The present case demonstrates the effectiveness of Ayurvedic Ante Natal Care in positive prognosis of threatened abortion.

KEYWORDS: Ayurvedic Ante Natal Care, Congenital anomalies, *Garbhasrava*, *Kalyanaka Ghritha*, Threatened abortion.

INTRODUCTION

Threatened abortion is the one where process of miscarriage has started but has not progressed to a state from which recovery is impossible^[1]. One in five pregnancies is complicated by vaginal bleeding before 20 weeks of gestation^[2]. A large empty gestational sac, discrepancy between gestational age and crown to rump length, fetal bradycardia or absence of fetal heart activity, advanced maternal age, history of recurrent pregnancy loss, are adverse prognostic factors.^[2] Although bed rest and progesterone supplements are advised, their effectiveness is very limited^[2].

In Ayurveda bleeding before fourth month of pregnancy is considered as *Garbha Srava* (miscarriage) and pregnancy loss in fifth and sixth month is considered as *Garbha Pata* (Abortion)^[3]. Drugs which are *Garbhasthapna* (stabilizing pregnancy) and congenial diet were advised throughout the pregnancy period. *Kalyanaka Ghritha* was the main drug used in the treatment which is used in female infertility, disorders of the semen, in pregnancy, muscular dystrophy, seizures in children and it is considered *Ayushyam* (Anti-ageing),

Pumsavanam (Stabilizing pregnancy)^[4] Majority of drugs have *Tridoshashamaka* (Pacifies *Vata*, *Pitta* and *Kapha* dosa), *Deepana* (carminative), *Pachana* (digestive), *Vrishya* (aphrodisiac) *Rasayana* (rejuvenating), *Yonidoshahara* (female genital tract cleanser), *Garbhasthapaka* (protects and maintains the foetal growth) properties.^[5]

Case Report

A 28 year old pregnant lady who was married to a non consanguineous man of 31 years for last 10 months approached our OPD with complaints of bleeding per vaginum. She had a history of spontaneous abortion at 12 weeks, four months prior to the present pregnancy. She was advised medical termination of the present pregnancy as there was bleeding per vaginum and fetal pole did not appear on Ultrasound Scan. But she wanted to continue the pregnancy and came for Ayurveda management. She was closely monitored and Ayurvedic ante natal care was given internally as medications and diet and externally as *Pichu* (cotton soaked with medicated oil). Gradually bleeding stopped, foetal pole appeared

and pregnancy progressed. She delivered a healthy male baby, at 37 weeks with a birth weight of 2.57kg; through Lower Segment Caesarean Section. Baby had an APGAR Score of 9 at one minute.

Personal History

Appetite	Good
Allergy	Dust, beef
Addiction	Nil
Diet	Non Vegetarian
Bowel	Occasionally constipated
Micturition	Increased frequency
Sleep	Disturbed
Occupation	Student
Stress	Mental stress high due to family matters

Menstrual History

Menarche	12 yrs
Interval	27-28 days
Duration	4-5 days
Amount of Bleeding	2 -3 pads for 24 hrs in first 3 days after that one pad a day
Clots	Occasionally
Associated symptoms	Headache on 2 nd day to 7 th day

Marital History	Married life -for 10 months to a Non Consanguineous Man of 31 years. No Contraceptives, No Dyspareunia
Obstetric history	G2A1 LMP-22/07/2019, EDD-15/04/2020 G1 conceived spontaneously 6months after marriage. A1 At 12 week's spontaneous abortion.Ultra sound scan finding of showed no foetal heat beat. Misoprostol was given Orally and follow up scan showed intra uterine cavity empty and clear

Obstetric Examination

Height -155 cm.Wt- 68 Kg BMI-28.3Kg/m²

Date	POG	Wt in Kg	BP in mm Hg	Fundal Height	Presentation	Foetal heart rate	Foetal movements
28/08/2019	5 wks 3days	68	110/70	-----	-----	Nil	Nil
7/09/2019	7 wks	68	110/70	-----	-----	+	Nil
16/09/2019	8 wks 2 days	68.25	110/70	-----	-----	+	Nil
8/10/2019	12 wks 5 days	70	110/70		variable	+	+++
7/12/2019	20 wks 5 days	71	110/70	Almost on umbilicus	Variable	+	++
30/12/2019	24wks 1 day	71 Kg	110/70	Above umbilicus	Variable	+	+
26/01/20	26 wks 2 days	72.5	110/70	Above umbilicus	Breech	+	+
31/03/2020	36wks 4 days	74	110/70	At Xiphisternum	Breech	+	+
8/04/2020	37 wks 1 day	75	110/70	At Xiphisternum	Breech	+	+

Ultra Sound Scan Findings

Date	Findings
28/08/2019	OS closed but only IntraUterine Gestational Sac present
7/09/2019	Foetal pole + Cardiac activity +
16/09/2019	Cardiac activity Good Mother left kidney was noted as ectopic
8/10/2019	NT Could not be visualized due to excessive foetal movement
7/12/2019	Cerebral ventricles prominent above the upper limit of Normal, Long bones growth lower than the normal limit by 2 wks.
30/12/2019	Ventricles & Long bones size almost normal range SLIUF of average 22 wks 4 days. Oligohydramnios
26/01/20	SLIF of average 25 Wks
31/03/2020	SLIUF of 36 wks

Ayurvedic Management

Date	Medicines	Dose	Duration
28.08.2019 to 16.09.2019	1. Milk decoction of <i>Vataankura</i> (8nos) leaf buds of <i>Ficus bengalensis</i> 2. Milk decoction of Lotus flower receptacle with cow's ghee 3. <i>Kalyanaka ghritham</i> 4. Externally: <i>Pichu</i> (cotton soaked with oil) with <i>Nalpaamaraadi keram</i> on lower abdomen and vulva	60ml-0-60ml 30ml-0-30ml 5ml-0-5ml	7 days 7 days 7 days
8.10/2019 to 7.04.2020	1. <i>Kalyanaka ghrita</i>	5g-0-5g	6 months

Diet Advised

- Include tender coconut water, germinated grams.
- Freshly prepared butter along with breakfast & dinner 5gm each.
- Egg whites, asparagus, cheese, plenty of fluids.
- Pomegranate juice with honey, Rice gruel with coconut milk, Raagi.

DISCUSSION

Threatened abortion was correlated with *Garbha srava* (miscarriage) mentioned in *Susrutha Samhita*^[3]. The management of *Grabha srava* (miscarriage) is *Seeta parisheka* (sprinkling with cold potency medicines), *Seeta Avagaha* (Sitz bath in cold potency medicines), *Seeta Pradeha* (external application of cold potency drugs), milk processed with *Jeevaniya Gana Oushadha* (Jeevaniya group of drugs) etc. ^[6] *Lepa* (external application) with *Ksheeri valka kalka* (Group of four barks of lactiferous trees) mixed with *Ghrita* (Ghee) is mentioned in the treatment of *Garbha Srava* and hence *Nalpamaradi Keram* was used for *Pichu* as it is easily available.

Vatankura as milk decoction was used initially as it is *Pumsavana* (stabilizes pregnancy).^[6] *Vatankura* is having the properties of *Kashaya rasa* (astringent) *Seeta virya* (cold potency), *Kapha pittahara* (alleviates *Kapha* and *Pitta dosha*), *Yoni dosha hrit* (alleviates disorders of genital tract) and with the above mentioned properties it is *Rakta stambhana* (haemostasis) ^[7].

Lotus flower receptacles were also given internally as with ghee as it is indicated for internal use in *Garbha Srava*. It is having the properties of *Seeta virya* (cold potency), *Madhura Kashaya Tikta Rasa* (Sweet Astringent and Bitter taste), *Vrishyam* (Aphrodisiac), *Balyam* (Strengthening), *Garbha-stahpakaram* (stabilizing pregnancy) and *Pittasra dahaut* ^[8]. It is difficult to treat bleeding occurring before three months of gestation as per our classics.^[9]

Shad Garbhakara Bhavas (six procreative factors) have an important role in a healthy progeny^[10]. These factors are causative factors of congenital, hereditary, and genetic anomalies (by mutation and epigenetic)- before conception, at the time of conception, and after conception^[11]. *Kalyanaka Ghrita* was selected for internal use since it is indicated in *Aretas* (no semen), *Apraja* (no offspring), it is best for *Pumsavana* (stabilizing pregnancy)^[12]. We can assume that *Kalyanaka Ghrita* can produce epigenetic modifications in the fetus since the baby was born without any gross or obvious anomalies at birth. If a drug is lipophilic it can cross through the phospholipid bilayer of placenta by passive diffusion.^[13] So *Ghrita* (medicated ghee) being lipid based was selected in this case.

CONCLUSION

- Threatened abortion can be managed effectively with Ayurvedic Ante Natal Care.
- Further studies on the effects of *Kalyanaka ghritha* on bringing about epigenetic changes on cardiac function and neural functions has to be undertaken under cell line studies so as to find out any breakthrough in controlling congenital chromosomal abnormalities.
- Studies on Ayurvedic Ante Natal Care on threatened abortion have to be further pursued.
- If Ayurvedic Ante Natal Care can sustain pregnancies which showed features of threatened abortion, it avoids the need for Medical and Surgical Termination of pregnancy which reduced significant psychological and financial burden on the affected cases.

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*Address for correspondence

Dr Meera R

PG Scholar, Department of Prasutitantra and Streeroga, Government Ayurveda College Hospital for Women & Children, Poojapura, Thiruvananthapuram, Kerala, India.

Email: drmeera@gmail.com

Ph No: 9497771433

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