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Case Study

AYURVEDIC MANAGEMENT OF RECURRENT PREGNANCY LOSS

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ABSTRACT

Recurrent pregnancy loss is relatively common event occurring in 15-25% of pregnancies and increasing in prevalence with maternal age which in turn leads to infertility. The prognosis for couples with recurrent pregnancy loss is generally good, although the likelihood of a successful pregnancy depends on maternal age and the number of previous losses. Recurrent pregnancy loss can be caused by chromosomal errors, anatomical uterine defects, autoimmune disorders and endometrial dysfunction. This is a case report of a 25 year old female with complaints of inability to conceive a viable fetus even after 1 and ½ years of unprotected sexual intercourse. She has regular menstrual cycles and has been conceived twice but was met with spontaneous abortion in both instances. As per Ayurveda, it could be considered *Garbhasravi vandhya* since both abortions occurred in the first trimester. Treatment plan included internal medications as well as *Sodhana* procedures for future healthy uneventful pregnancy. The integrative approach of Ayurveda offers promising solutions for addressing RPL by focusing on correcting systemic imbalances, improving reproductive health, and enhancing overall immunity. The case study discussed highlights the therapeutic potential of Ayurvedic interventions.

INTRODUCTION

Recurrent pregnancy loss is defined as two or more failed clinical pregnancies confirmed by sonography or histopathology before 20 weeks[1]. It is a relatively common event, occurring in 15%–25% of pregnancies, and increasing in prevalence with maternal age[2]. Indeed, the risk is between 9% and 12% in women aged ≤35 years, but increases to 50% in women aged >40[3]. It can have a profound impact on couples, affecting them in multiple ways. Women may feel a sense of failure, inadequacy, and anxiety about their ability to carry a pregnancy to term, while men may struggle with feelings of helplessness and frustration. The common causes for recurrent miscarriage include genetic, metabolic, endocrine factors, infections, thrombophilia, immunological factors, cervical incompetence and unexplained.

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Male factors also play an important role in healthy pregnancy. Advanced paternal age, many environmental factors, such as cigarette smoking, obesity, exogenous heat, and exposure to toxins, have been associated with increased risks for pregnancy losses. The diagnosis of an early pregnancy loss is relatively straightforward, although progress in predicting and preventing recurrent pregnancy loss has been hampered by a lack of standardized definitions, the uncertainties surrounding the pathogenesis and the highly variable clinical presentation[4]. The prognosis for couples with recurrent pregnancy loss is generally good, although the likelihood of a successful pregnancy depends on maternal age and the number of previous losses. Treatment of recurrent pregnancy loss can include: Correction of hormonal problems, surgical treatment of uterine abnormalities or fibroids, Pre-implantation Genetic Diagnosis (PGD), immunologic treatments, blood thinning medications etc.

In Ayurveda, recurrent pregnancy loss can be correlated with *Garbhasravi vandhya* mentioned in *Hareetha samhitha* and *Puthraghni yonivyapth* explained by *Brhathtrayees* based on the clinical features. Acharya Hareetha and Acharya Caraka

explained *Garbhasravi vandhya* and *Puthragni yonivapath* respectively as loss of pregnancy occurring in first trimester and second trimester. In this case, bleeding occurs before attaining stability i.e., in first trimester, therefore it could be considered as *Garbhasravi vandhya*. According to Acharya Sushruta, *Rutu, Kshetra, Ambu* and *Beeja* are the 4 essential factors responsible for occurrence and continuation of the healthy pregnancy[5]. Ayurveda advises to do *Sodhana* therapy (purificatory procedures) ending with *Uthara vasti* in Recurrent miscarriage cases especially with unknown etiology.

Case Report

A 25 year old female patient came to the OPD of Prasutitantra and Streeroga, Govt. Ayurveda College, Thiruvananthapuram, with complaints of Inability to get a viable child even after 1½ years of unprotected sexual intercourse.

History of Presenting Complaints

She had attained menarche at the age of 13 yrs. At that time her menstrual cycles were regular with duration of 2 days and interval of 28 to 30 days. At the age of 15 yrs her periods got irregular (prolonged duration of 60D). Then she consulted a physician and was diagnosed with PCOS. She took Ayurvedic treatment for the same. After 1 year her periods got regular and on follow up USG no evidence of PCOS was there. She got married at the age of 23 yrs to a NCM of 29 yrs in December 2020. Her periods were regular even after marriage. She got conceived in July 2021. At 6 weeks of gestation she met with a spontaneous abortion. In 2022 March she conceived again, but at 8 weeks of gestation, the pregnancy was lost again through spontaneous abortion.

History of Past Illness

H/o PCOS at 15 yrs - Was under Ayurvedic medication for 1 yr

H/o asthma - Under medication

Takes cetirizine on alternate days for allergy

Menstrual History

28-30D cycle, 2D bleeding

Bleeding - moderate/scanty

No: of pads/day - 2 to 3

Dysmenorrhoea - ++ on D1 and D2 pain starts 2 days prior to menstruation

Personal History

Diet - Mixed , sour, pungent, salty food, uses pickles regularly	Bowel - Normal
Habit - Untimely eating Suppression of natural urges during puberty (*Vegadharana*)	Appetite - Normal
Addiction - Nil	Micturition - Regular
Allergy - Allergic to dust	Sleep – Disturbed

Investigations

31/05/2022

TORCH- IgG positive for CMV

All other blood parameters were normal

Urine routine – Normal

Male partner - Normozoospermia

USG-Abdomen and Pelvis

Liver – 12.6 cm, mildly increased

Uterus – Anteverted, 7.4 × 4 × 4.3 cm, endometrial thickness – 13.4 mm, right ovary – 3.6 × 2.5 cm, left ovary – 3.1 × 2 cm, R.O – dominant follicle – 1.7 ×1.3cm

Grade 1 fatty infiltration of liver

Follicular Study

18/08/2022

Endometrium is 9mm thick, follicle (Rt) – 20 × 15 mm, follicle (Lt) – no change in size

20/08/2022

Endometrium is 10.7mm thick, follicle (Rt) – ruptured, free fluid in POD

Impression – Ovulation

General Examination

Height – 153cm

Weight – 49kg

BMI – 20.93 kg/m^2

Built – Moderately built

Systemic Examination

System affected - Genitourinary system

P/V Examination - Inspection – Vulva – Normal

Labia – Normal

No discharge externally

No cystocele, No rectocele

P/S Examination – Vagina – Discharge absent

Cervix – Mid position, normal size

Erosion - +

Mucoid discharge from ext. os

B/M Examination – Uterus – Anteverted, normal size, mobile

CMT – Negative

No iliac fossa tenderness

Hymen - Ruptured

Treatment

Internal Medications

Medicines	Remarks
Vilwadi Gulika	2-0-2 with ginger juice
Sapthasaram Kashayam	15ml *Kashayam* with 45ml lukewarm water bd before food
Asokarishtam	20ml bd after food
Ashta churnam	1 tsp bd with hot water
Dhanwantaram Gulika	1-0-1
Chyavanaprasam	1 tsp with ½ tsp *Pulimkuzhambu* bd

Treatment Procedures

Procedure	Medicine	Remark
Churna pinda swedam	*Kolakulathadi churnam, Rasna jambeera thalam*	For 3 days
Snehapanam	*Phalasarpis*	7 days (until *Samyak snigdha*)
Abhyanga ushma swedam	*Dhanwantaram tailam + Sahacharadi tailam*	3 days
Virechanam	*Avipathy churnam*	25gm with hot water
Patrapotala swedam	*Dhanwantaram tailam + Sahacharadi tailam*	7 days
Virechanam	*Avipathy churnam*	20gm with hot water
Yogavasti	*Snehavasti - Madhuyashtyadi tailam + Sukhaprasava ghritam* *Kashayavasti - Gandharvahastadi kashayam*	8 days
Utharavasti	*Madhuyashtyadi tailam + Sukhaprasava ghritam*	5 days

RESULT

After the treatment, patient conceived and gave birth to healthy male baby on 21/07/2023 with birth weight 2.8kg and to another male baby on 17/12/2024.

DISCUSSION

Recurrent pregnancy loss (RPL) is a challenging condition where the repeated loss of pregnancies occurs, often due to various systemic, hormonal, genetic, and uterine factors. The integrative approach of Ayurveda offers promising solutions for addressing RPL by focusing on correcting systemic imbalances, improving reproductive health, and enhancing overall immunity. The case study discussed highlights the therapeutic potential of Ayurvedic interventions.

Pathophysiology of RPL in Ayurveda

RPL is predominantly linked to vitiation of *Vata dosha*, specifically *Apana Vata.* Other contributing factors include *Kapha* and *Pitta dushti,* leading to compromised uterine and systemic health. Disturbance at the level of *Rasa* (plasma) and *Artava Dhatu* (reproductive tissue) often results in inadequate nourishment and impaired implantation or retention of the fetus. Impaired *Jatharagni* (digestive fire) and *Dhatvagni* (tissue metabolism) disrupt nutrient assimilation, leading to weak *Sapta Dhatus* and suboptimal reproductive health. Accumulated toxins from improper metabolism weaken *Beeja* (ovum/ sperm) and the uterine environment. So in this case, an Integrative approach is needed for the correction of *Agni* and toxin.

Agni correction

Vilwadi Gulika acts as *Deepana, Pachana*, and *Grahi* while detoxifying at the *Dhatu* level. It aids in eliminating *Gara Visha* (latent toxins), thereby improving the quality of *Sapta Dhatus* and enhancing reproductive health [6].

Sapthasaram Kashaya was selected to correct *Jatharagni*, enhance *Apana Vata* function, and address *Yoni Rogas*.

Asokarishta is effective for *Garbhasaya Sodhana* (cleansing of the uterine cavity) and hormonal balance.

Immunomodulation and Rejuvenation

***Chyavanaprasa*:** Given after correcting *Agni* to enhance *Vyadhikshamatva* (immunity). The rejuvenative properties of *Rasayana* strengthen systemic and reproductive health[7].

***Pulinkuzhampu*:** Acts as a uterine cleanser *(Garbhasaya Sodhana)* while improving uterine receptivity.

Panchakarma Interventions

Panchakarma therapies target *Dosha* elimination and *Dhatu Pushti*, ensuring comprehensive detoxification and nourishment.

***Choorna Pinda Sweda*:** Conducted using *Kolakulathadi Churna* to achieve *Rookshana* and mobilize vitiated *Doshas*.

Snehana

Internal: *Phala Sarpis* was used for its *Agnideepana*, *Srothoshodaka, Vrishya*, and *Vishahara* properties, and also in *Phalasruti* itself it is mentioned as "*Mriyamana prajatanam cha garbhininam cha poojitam*".

External: *Abhyanga* with *Dhanwantharam Thaila* (for uterine healing and tissue nourishment) and *Sahacharadi Thaila* (for *Vata Kapha* balance).

***Virechana*:** Implemented with *Avipathi Churna* to eliminate *Dushta Doshas* and improve *Beeja Karmukatha*.

***Vasthi*:** Targeted the *Apana Vata* with nutrient-enriched medicated enemas to correct *Dhatu Dushti* and support uterine health.

Specialized Therapies for RPL

***Uttaravasti*:** This direct intrauterine therapy was employed during the *Rithukala* (proliferative phase of the menstrual cycle) to normalize *Apana Vata*, cleanse the uterus, and improve endometrial receptivity.

***Madhuyastyadi Tailam*:** Applied as per *Vatasonitha Chikitsa* for its role in correcting *Rakta Dushti* and pacifying *Vata-Pitta*[8].

***Sukhaprasava Ghritam*:** Administered to enhance uterine nutrition, strengthen *Sapta Dhatus*, and facilitate smooth conception and pregnancy.

Pharmacological Considerations

***Deepana* and *Pachana*:** Correct impaired *Agnimandya*, which is crucial in addressing the root cause of metabolic and hormonal imbalances.

***Lekhana* and *Srothoshodhana*:** Remove uterine blockages and improve microcirculation to enhance endometrial health.

Balya* and *Vrishya Dravyas: Strengthen reproductive tissues and improve ovum and sperm quality.

***Prajasthapana* Drugs:** Ensure proper conception, implantation, and retention[9].

CONCLUSION

The described treatment protocol aims to create an optimal uterine environment, improve immunity, and enhance the quality of *Sapta Dhatus*. By addressing systemic and local factors, it restores balance and supports the patient's reproductive health, offering a comprehensive solution to RPL. This integrative Ayurvedic approach demonstrates the potential for achieving sustainable outcomes in managing recurrent pregnancy loss.

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