



ISSN 2456-3110

Vol 7 · Issue 10

November 2022

Journal of
**Ayurveda and Integrated
Medical Sciences**

www.jaims.in

JAIMS

An International Journal for Researches in Ayurveda and Allied Sciences



Maharshi Charaka
Ayurveda

Indexed

Effect of Ayurvedic Treatment Modalities on Recurrent Pregnancy Loss

Asha Sreedhar¹, S. Shahinamole², Asha S T³, Shiny S Raj⁴, Anila M⁵, Rajini P⁶

¹Professor and HOD, ²Professor, ⁵Assistant Professor, ⁶Research Fellow, Department of Prasoothi Streeroga, Govt Ayurveda College, Trivandrum, Kerala, India.

³Professor, ⁴Associate Professor, Department of Prasoothi Streeroga, Govt Ayurveda College, Kannur, Kerala, India.

ABSTRACT

Recurrent pregnancy Loss is defined as the sequence of 2 or more spontaneous abortions as documented by either sonography or on histopathology before 20 weeks. It is a relatively common event, occurring in 15%-25% of pregnancies, and increasing in prevalence with maternal age. The causes of recurrent abortion are complex & obscure. More than one factor may operate in a case. Identification and treatment of problems significantly increases the successful outcome in most cases. Recurrent pregnancy loss can be correlated with *Puthraghni Yonivyapath* and *Garbhasravivandhya* explained in *Ayurvedic* classics. *Puthraghni* is a clinical entity characterised by repeated pregnancy loss due to excessive intake of *Rooksha Ahara* and *Vihara* which results in repeated pregnancy losses. *Ayurveda* advises to do *Shodhana Karma* or purificatory therapies ending with *Uttara Vasthi* in recurrent losses. The study design was Prospective single arm interventional study conducted in the OPD and IPD of Govt. Ayurveda college hospital for Women and Children, Poojapura, Thiruvananthapuram with the study population of females of age group 20-38, diagnosed with RPL. IP management was done for 1 month followed by internal administration of *Phala Sarpis* as *Vicharana Snehapana* 10ml twice daily morning and evening ½ hour before food and *Vilwadi Gulika* 1 tab twice daily after food was also given for 2 months. After 15 months after the follow up period, Statistical analysis was done and Percentage of live births was assessed. Even though percentage of live births is 42.3, the success rate can be considered as 46.15% as the 1 patient to be delivered has completed 34 weeks of gestation and successfully continuing the pregnancy.

Key words: Recurrent pregnancy Loss, *Puthraghni Yonivyapath*, *Garbhasravivandhya*, *Shonita Dusti*, *Artava Dusti*

INTRODUCTION

Recurrent pregnancy Loss is defined as the sequence of 2 or more spontaneous abortions as documented by either sonography or on histopathology before 20 weeks.^[1] It may be primary or secondary (having previous viable birth). Spontaneous pregnancy loss is a surprisingly common occurrence, whereas approximately 15% of all clinically recognized pregnancies

pregnancies result in spontaneous loss, there are many more pregnancies that fail prior to being clinically recognized.^[2] More than one factor may operate in a RPL case and after a complete evaluation, the causes of RPL can be determined in two-thirds of cases. The most common factors are Genetic, Anatomic, Endocrine, Infections, Autoimmune and non APS thrombophilias. Identification and treatment of problems significantly increases the successful outcome in most cases. 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. In conventional system of medicine it is advised that the treatment should be directed towards any treatable cause, and may incorporate in vitro fertilization along with preimplantation genetic diagnosis, use of donor gametes, and surgical correction of anatomic abnormalities, correction of endocrine disorders, and

Address for correspondence:

Dr. Rajini P

Research Assistant, Government Ayurveda College, Trivandrum, Kerala, India

E-mail: dr.rajinirahul@gmail.com

Submission Date: 14/09/2022 Accepted Date: 22/10/2022

Access this article online

Quick Response Code



Website: www.jaims.in

DOI: 10.21760/jaims.7.10.3

anticoagulation or folic acid supplementation. Antenatal counselling and psychological support should be recommended to all the couples with RPL, as this helps to improve the pregnancy success rates. Prognosis will depend on the underlying cause for pregnancy loss and the number of prior losses.

Recurrent pregnancy loss can be correlated with *Puthraghni Yonivyapath* and *Garbhasravivandhya Vandhya* explained in *Ayurvedic* classics. *Puthraghni* is a *Yoniroga* characterised by repeated pregnancy losses due to the excessive use of *Rooksha Ahara* and *Vihara* which leads to *Vata Prakopa* further causing *Shonita Dusti* and *Artava Dusti* which in turn results in repeated loss of pregnancy. *Acarya Caraka* classified this under *Vatika Yonivyapath* whereas *Acarya Susruta* considered it as *Paithika Yonivyapath*. *Acarya Susruta* explained that in this condition, the foetuses are repeatedly destroyed due to bleeding besides there are other clinical features of disordered pitta like burning sensation and heat.^[3] Regarding the treatment of Recurrent Pregnancy Losses especially in unexplained cases, *Ayurveda* suggested to do *Shodhana karma* or purificatory procedures ending with *Uttara Vasthi*. In majority of RPL cases the cause is unknown. *Sodhana* therapy is helpful in improving the quality of *Beeja* in males and females (sperm and ovum) thus begetting a healthy child, which is beneficial in couples with unknown causes of repeated pregnancy losses.

Recurrent pregnancy loss can be physically and emotionally taxing for couples, especially when faced with recurrent losses. It is one of the complex and challenging scenarios in reproductive medicine and it is frustrating for the patients, their families, and treating physicians.^[4] From the clinical experience of the principal investigator there was promising results in RPL cases with ayurvedic management, even with cost effective and hormone free treatments, thus the protocol was formulated.

METHODOLOGY

Study Design: Prospective single arm interventional study

Study Population: Females of age group 20-38, diagnosed with RPL

Inclusion Criteria: Females of age group 20-38, diagnosed with RPL

Exclusion Criteria

1. Cardiac patients
2. Uncontrolled DM
3. Malignancy
4. STD
5. Cervical incompetence

Sample size & Sampling technique

Sample size was 35. Assuming the successful outcomes among RPL patients as 30 with 10% absolute precision, 95% confidence interval, the required sample size for this study is 81. The sample size was calculated using the software n Master 2.0. As per previous year's records, the number of RPL patients from the OPD is less, so all the RPL patients attending the OPD during the study period will be included. 33 patients registered in the project and 28 completed IP management. Among them, 26 patients completed the follow up as well.

Procedure

Patients who were diagnosed with RPL by previous obstetric history, Previous Obstetric USG, Treatment history and investigations will be included as per the study tool. Patients will be counselled regarding the treatment procedures, success rates, risk factors & alternative to this approach. Patients were subjected to *Udwarthanam* with *Kolakulathadi Choornam* for 3 days followed by *Acha Snehapana* with *Phala Sarpis* which was given for a maximum duration of 7 days or till *Samyak Snigdha Lakshanas* attained. After this, *Abhyanga* and *Ooshma Sweda* were done for 3 days with *Dhanwantharam Thaila* and *Virechana* was done with *Gandharvahasthadi Tailam*. After *Virechana*, *Yoga Vasthi* was administered - *Snehavasthi* with *Dhanwantharam Mezhukupakam* 100ml & *Kashayavasthi* with *Sapthasaram Kashaya* (480ml), *Dhanwantharam Mezhukupakam* 100ml, *Madhu*

100ml, *Satapushpa Kalka* 30g, *Saindhava* 10g. *Utharavasthi* was done with *Phalasarpis* and done after the first *Asthapana Vasthi* for 3 days under aseptic precautions. After IP management internal administration of *Phala Sarpis* was given as *Vicharana Snehapana* 10ml twice daily morning and evening ½ hour before food for 2 cycles. *Vilwadi Gulika* 1 tab twice daily after food was also given for 2 months. The patients were reviewed after the third cycle and thereafter were asked to report during the study period if they had conceived. Male partner were given *Sadyovirechana* with *Avipathi Choornam* 25g with honey in the morning in empty stomach. After that *Aswagandha Choorna* 10g with milk was given once in the morning for 3 months.

Assessment: Patients were assessed 15 months after the follow up for conception & delivery

Outcome Variable: Proportion of live births after *Ayurveda* treatment for RPL.

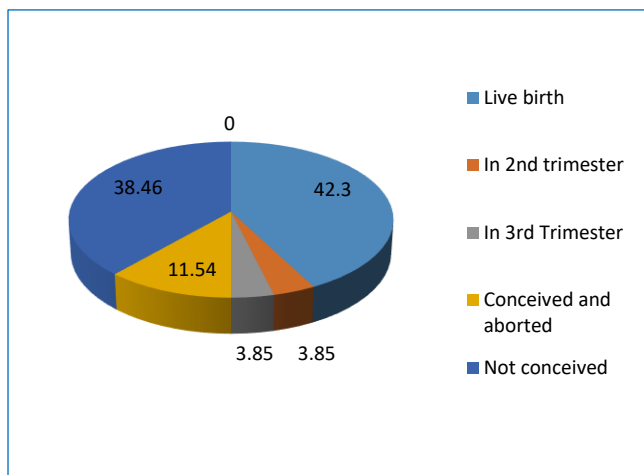
OBSERVATIONS AND RESULTS

Table 1: Distribution of Outcome Variables

Variable	Number	Percentage
Outcome		
Live birth	11	42.30
Conceived and in 2 nd trimester	1	3.85
Conceived (pregnancy continuing beyond 28 weeks)	1	3.85
Conceived and got abortion	3	11.54
Not conceived	10	38.46
Conception		
Conceived	16	61.54
Not Conceived	10	38.46
Total	26	100

Mode Of Conception		
Conceived (Natural)	12	46.15
Conceived (IUI)	2	7.7
Conceived (IVF)	2	7.7
Not conceived	10	38.46
Total	26	100
Delivery Outcome		
Abortion at 5th week	1	6.66
Abortion at 7th week	1	6.66
Abortion at 8th week	1	6.66
Now 2nd trimester	1	6.66
Preterm (31 weeks, Triplets)	1	6.66
Preterm (fluid leakage)	2	13.35
Term	8	53.35
Total	26	100
Type of Delivery		
Normal	3	27.27
LSCS	8	72.73
Total	26	100
Baby Sex		
Male	5	38.46
Female	8	61.54
Total	26	100
Baby Birth Weight		
<2kg	4	30.77
2-2.4kg	3	23.08
2.5-4 kg	6	46.15
Total	11	100

Fig. 1: Graphical representation of Outcome of the Study



DISCUSSION

Recurrent pregnancy Loss is defined as the sequence of 2 or more spontaneous abortions as documented by either sonography or on histopathology before 20 weeks. It affects approximately 1% to 2% of women. The causes of recurrent abortion are complex & obscure. More than one factor may operate in a case. At present there exist a small number of accepted etiologies for RPL. They are genetic factors, anatomic factors, autoimmune factors, Infections, endocrine factors and unexplained factors.^[1] After a complete evaluation, the cause(s) of RPL can be determined in two-thirds of cases. The two main concerns of couples with recurrent pregnancy loss who seek treatment are to explain them the reason for their pregnancy losses and to establish the chance for a successful live born child. The number of prior pregnancy losses also influences the forecast for future success; the chance of recurrence increases as the number increases, in a couple with unexplained RPL.

In Ayurveda Recurrent Pregnancy Loss can be correlated with *Garbhasravi Vandhya* explained in *Haritha Samhitha* and *Puthraghni Yonivyapath* explained in *Brhathtrayees*. In *Vandhyatva Chikitsa* the treatment should be aimed at rectifying the cause and a single line of management cannot be applied. In *Garbhasravi Vandhya Sodhana Chikitsa* followed by *Samana Chikitsa* according to the *Doshas* involved, should be followed. *Acarya Caraka* mentioned that

only in a *Sudha* (healthy) *Yoni* which is achieved after *Sodhana Chikitsa*, conception will occur by the union of healthy gametes along with the descent of *Jiva*.^[5] Therefore *Sodhana Chikitsa* is mandatory before *Samana Chikitsa* to purify the body. For the management of RPL especially in unexplained losses, *Ayurveda* advises to do *Shodhana Karma* or purificatory therapies ending with *Uttara Vasthi*. In majority of RPL cases the cause is unknown. Healthy Ovum in female and healthy sperm in males completely depends on healthy metabolic processes in the body. *Dhathwagni* plays a pivotal role in the transformation of *Rasa Dhatu* to *Shukra Dhatu*, if any derangement in the *Dhatvagni* will results in the formation of improper or unhealthy *Sukra* and *Artava* (ovum) causing infertility or pregnancy losses. *Kashyapacarya* suggested *Virecana* to cure *Vandhyatva*, as *Virecana* can improve the quality of *Beeja*.^[6] He also stated that in *Nashtapushpa*, *Alpa Pushpa*, *Nashta Beeja* and *Akarmanya Beeja Anuvasana* is beneficial as it causes *Yoni Prasadanam* and is beneficial in cases of recurrent abortions, short lived & weak children, weak individuals and those who indulge in sexual activity daily.^[7] Thus *Sodhana* therapy is helpful in improving the quality of *Beeja* in males and females (sperm and ovum) thus begetting a healthy child, which is beneficial in couples with unknown causes of pregnancy losses as well.

Outcome of the Study

The present study conducted in the department of Prasuthithantra Streeroga, Govt Ayurveda College, Trivandrum "Management of Recurrent pregnancy loss with Ayurvedic treatment modalities" was done in 28 patients. In this study among the 26 study patients who completed the follow up, 16 patients got conceived and 3 of them got abortions in the first trimester. 13 patients successfully continued and 11 patients delivered healthy babies. 1 patient is in 2nd trimester and the other patient in 34th gestational week. Among these successful cases 3 of them had previous pregnancy failures even with IVF treatment. About 69.2% of the patients had history of infertility treatments in conventional system of medicine and most of them had no recognisable pathologies in the

investigations (Blood & USG). *Sodhana* therapy followed by *Samana Chikitsa* for a time period of 3 months for the female partner was done to obtain this result. Comparing with the cost and side effects of the hormonal treatments in the Artificial reproductive techniques, Ayurveda bestows a healthy and cost effective method of treatment which not only helps to procure a progeny but also Enhance the physical and mental health of the couple.

Effect of Treatment Protocol

The treatment protocol included *Udwarthana*, *Snehana* (both *Abhyanthara* and *Bahya*), *Swedana*, *Virechana*, *Vasthi* and *Utharavasthi*. *Udwarthana* was initially done before *Snehapana*, which is *Kaphahara*, *Medo Pravilayana* and *Rookshana*. The drug selected for *Udwarthana* was *Kolakulathadi Churna* which is *Vaata Kapha Samana* in nature. The *Agni* of the patient was assessed and *Deepana Pachana* drugs were given if needed. Following *Udwarthana Snehana* is done. *Snehana* is the first line of management in *Vaataja Rogas*, both *Abhyanthara* and *Bahyasneha* were done. The drug used for *Snehapana* was *Phala Sarpis*. *Phala Sarpis* is having *Agnideepana*, *Srothoshodaka*, *Kaphavata Samana*, *Ushna Veerya*, *Madhura Vipaka* and *Vrishya* properties. It has *Deepana*, *Pachana*, *Lekhana*, *Anulomana*, *Shothahara*, *Krimighna*, *Balya*, *Prajasthapana* and *Yoni Pradoshanashaka* actions. For *Abhyanga Dhanwantharam Thaila* is used. It is the drug of choice in *Yoniroga* especially in *Kshatha Ksheena Avastha*. *Swedana Karma* does the *Vilayana* of *Snehothklishhta Doshas* which later moves towards *Koshta*. For *Sodhana* of *Uthklishhta Doshas Virechana* was done with *Gandharvahasthadi Tailam*. *Kashyapacarya* opined that *Virechana* is the best treatment for *Beeja Karmukatha* (improving the quality of *Beeja*). Reproductive organs are situated in *Katisthana* which is the *Sthana* of *Apanavata*. *Vasthi* is the prime treatment for *Vata Dosh*, *Vasthi Karma* indicated in *Alparaja* and *Anarthava* condition does the *Dhathu Pushti* by eliminating the *Dhushta Vata Dosh*. *Uttaravasti* facilitates direct drug administration of *Oushadha* into the uterus. The right time for *Utharavasti Karma* is during *Rthukala*, which is compared with the proliferative phase of menstrual

cycle. It causes the normalization of *Vata* and thus achievement of *Avyapanna Garbha Sambhava Samagri* (healthy uterus, ovum and nutritional factors [*Ambu*]). *Phalasarpis* was the drug selected for *Utharavasti*. *Vilwadi Gulika* was given as the follow up medicine for 2 months along with *Phalasarpis*. *Vilwadi Gulika* mentioned in *Visha Chikitsa* which is indicated in *Ajeerna*, *Gara*, *Jvara* etc. It has *Kaphavata Samana*, *Deepana Pachana*, *Grahi*, *Srothoshodhana* and *Lekhana* properties. As it is indicated in *Garavisha* it helps in the elimination of toxins at *Dhathu* level and thus improves the *Guna* of *Saptha Dhatus* finally resulting in *Sudha Sukra* and *Artava*.

CONCLUSION

The *Ayurveda* treatment protocol for recurrent pregnancy loss was found to be effective. About 42.3% had live births and 1 more patient will deliver within 2 weeks making a success rate of 46.15%. There will be chances of more patients getting pregnant in coming months as well. *Ayurveda* bestows a healthy and cost-effective method of treatment which not only helps to procure a healthy progeny but also enhance the physical and mental health of the couple.

REFERENCES

1. D C Dutta's Textbook of Gynaecology Edited by Hiralal Konar, 7th edition, page 186-192
2. Ford HB, Schust DJ. Recurrent pregnancy loss: etiology, diagnosis, and therapy. Rev Obstet Gynecol. 2009 Spring;2(2):76-83. PMID: 19609401; PMCID: PMC2709325.
3. Srikanthamurthy K. R., Sushruta samhita, edition 2004, Chaukhamba orientalia Varanasi, Utharathantra, Chapter 38, versus 13-14
4. Pillarisetty LS, Mahdy H. Recurrent Pregnancy Loss. 2022 May 8. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2022 Jan-. PMID: 32119347.
5. Ram Karan Sharma, Vaidya Bhagwan Dash. Charaka Samhita Chikitsa Sthana, Vol. 4, Varanasi: Chowkhamba Sanskrit series office; 2013, Chapter 30, sloka.125
6. Prof.P.V.Tewari, Kashyapa Samhita, Chaukhamba Viswabharati, Varanasi, Sidhi sthana Chapter 2, sloka 13

7. Prof.P.V.Tewari, Kashyapa Samhita, Chaukambha Viswabharati, Varanasi, Sidhi sthana Chapter 1, sloka 39,41

How to cite this article: Asha Sreedhar, S. Shahinamole, Asha S T, Shiny S Raj, Anila M, Rajini P. Effect of Ayurvedic Treatment Modalities on Recurrent Pregnancy Loss. J Ayurveda Integr Med Sci 2022;10:13-18.

<http://dx.doi.org/10.21760/jaims.7.10.3>

Source of Support: Nil, **Conflict of Interest:** None declared.

Copyright © 2022 The Author(s); Published by Maharshi Charaka Ayurveda Organization, Vijayapur (Regd). This is an open-access article distributed under the terms of the Creative Commons Attribution License (<https://creativecommons.org/licenses/by-nc-sa/4.0>), which permits unrestricted use, distribution, and perform the work and make derivative works based on it only for non-commercial purposes, provided the original work is properly cited.