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# Ayurvedic management of *Garbhasravi Vandhyatwa* w.s.r. to Recurrent Pregnancy Loss - A Case Study

Princy Prabhu<sup>1</sup>, Sheela Mallikarjun<sup>2</sup>, Sridevi Swamy<sup>3</sup>, Ishwari Patil<sup>4</sup>, Sonalika Hiremath<sup>5</sup>

<sup>1</sup>Post Graduate Scholar, PG Department of Prasuti Tantra & Stree Roga, NK Jabshetty Ayurvedic Medical College and Research Centre, Bidar, Karnataka, India.

<sup>2</sup>Professor, <sup>3</sup>Professor & HOD, <sup>4</sup>Associate Professor, <sup>5</sup>Assistant Professor, PG Department of Prasuti Tantra & Stree Roga, NK Jabshetty Ayurvedic Medical College and Research Centre, Bidar, Karnataka, India.

## ABSTRACT

Pregnancy is the start of an incredible journey that leads to great emotional fulfillment to women. Recurrent Pregnancy Loss (RPL) is defined as two or more failed clinical pregnancies confirmed by sonography or histopathology before 20 weeks. It is relatively common event occurring in 15-25% of pregnancies and increasing in prevalence with maternal age which in turn leads to infertility. The common causes of the first trimester abortion are genetic factors, immune and endocrine factors, infection and unexplained ones in the majority of the cases. In Ayurveda, based on clinical features Recurrent Pregnancy Loss can be correlated with *Garbhasravi Vandhya* mentioned in Harita Samhita and *Putraghni Yonivyapath* explained in Brihatrayees. Ayurveda describes many oral formulations along with *Shodhana Chikitsa* followed by *Sthanika Chikitsas* like *Yoni Pichu*, *Yoni Poorana*, *Uttara Basti* etc. giving effective sequel in *Garbhasravi Vandhyatwa*. Here, a mid aged 26 years old patient presenting with recurrent pregnancy loss was given with few oral medications and *Shodhana Chikitsa* i.e., *Virechana Karma* and *Yoga Basti* followed by *Uttara Basti* for her healthy uneventful pregnancy.

**Key words:** *Garbhasravi Vandhya*, *Recurrent Pregnancy Loss*, *Shodhana Chikitsa*

## INTRODUCTION

Motherhood is a blessing. Female carries most active role in an intra-uterine as well as extra-uterine growth of a child, hence a sound reproductive health is must. To have a healthy progeny, maintenance of pregnancy till full term is important. Recurrent Pregnancy Loss is defined as sequence of 2 or more spontaneous abortions as documented by either sonography or on

histopathology, before 20 weeks (ASRM-2013).<sup>[1]</sup> It is one of the most distressing problems in obstetrics. It causes emotional and personal trauma to a young couple who is planning to start a family. This distressing problem is affecting approximately 1% of all women of reproductive age. The risk increases with each successive abortion reaching over 30% after three consecutive losses.<sup>[1]</sup> The causes of recurrent abortion are complex and most often obscure which can be considered for first trimester abortions are genetic factors, Endocrine and metabolic, Hyperprolactinemia, Infection, Immune factors, inherited Thrombophilia and majority are unexplained. In the second trimester, Defective Mullerian fusion is the main causative factor along with chronic maternal illness, infection and unexplained.<sup>[2]</sup> In Ayurvedic classics, the expulsion of fetus up to fourth month of pregnancy is termed as *Garbha-srava*, there after in fifth and sixth months it is termed as *Garbhapata*.<sup>[3]</sup> Whereas *Bhoja* opines that the period of *Garbhasrava* is upto three months.<sup>[4]</sup> *Putraghni* is a clinical entity characterized by RPL due to excessive *Ruksha Ahara* and *Vihara*. This leads to *Vata Prakopa* vitiating *Shonita* resulting in *Arthava*

### Address for correspondence:

Dr. Princy Prabhu

Post Graduate Scholar, PG Department of Prasuti Tantra & Stree Roga, NK Jabshetty Ayurvedic Medical College and Research Centre, Bidar, Karnataka, India.

E-mail: drprincy1519@gmail.com

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*Dushti*.<sup>[5]</sup> *Garbhasravi Vandhya* is described in Harita Samhita under *Vandhya* classification. Thus, Recurrent Pregnancy Loss can be correlated to *Putraghni Yonivyapad* or *Garbhasravi Vandhyatwa*. Acc, to Acharya Sushruta, *Rutu*, *Kshetra*, *Ambu* and *Beeja* are the 4 essential factors responsible for occurrence and continuation of the healthy pregnancy.<sup>[6]</sup> *Aharaja*, *Viharaja*, *Manasika Nidanas* leads to *Artava Dushti* (menstrual irregularities) and *Apanakshetra Vikruti* which alters the pregnancy/conception. In Ayurvedic classics, numerous formulations have been advised for the treatment of *Vandhyatwa*. *Shodhana Karma (Sarvadaihika)* and *Sthanika Chikitsa (Uttara Basti)* along with oral medications have been taken in this case study. *Shodhana Chikitsa* is helpful in *Bahudosh Avastha* by improving the 4 essential factors and removes *Srotoavarodha* which are responsible for uneventful pregnancy. *Shodhana Chikitsa* like *Virechana Karma*, *Niruha basti*, *Anuvasana Basti* with *Pitta-Asrahara Dravyas* helps in improving the *Jataragni* and *Dhatwagni*, removing *Doshas* and balancing in *Apana Vayu*. *Uttara Basti* normalizes the *Vata* and helps in achieving *Avyapanna Garbha Sambhava Samagri*.

## CASE SUMMARY

### Patient Information

A female patient of 26 years, a doctor, registered in OPD, Department of Prasuti Tantra and Stree Roga, NK Jabshetty Ayurvedic Medical College, Bidar, Karnataka on 1-3-2022 with the complaints of repeated pregnancy loss for 3 times, came for evaluation and to get an uneventful pregnancy.

Patient has 5 years of marital life, belongs to mid socio-economic class.

Menstrual History	Obstetric History (P <sub>0</sub> L <sub>0</sub> A <sub>3</sub> D <sub>0</sub> )
Menarche - @13 years	A <sub>1</sub> - at 6 weeks of pregnancy - Spontaneous Abortion (14/3/2020)
LMP - 9/10/2022	A <sub>2</sub> - at 7 weeks 2 days of pregnancy - spontaneous abortion (20/02/2021)
Regularity - Regular	A <sub>3</sub> - at 7 weeks of pregnancy- spontaneous abortion (2/3/2022)

Interval of Bleeding - 30-35 days	
Duration of Bleeding - 5-6 days	
Amount of Bleeding - 2-3 pads/day	

**History of past illness:** No past medical or surgical history

**Family history:** All the family members are said to be healthy.

### Personal history:

Diet - Vegetarian

Appetite - Good

Sleep - Sound

Bowl - 1-2 times/day

Maturation - 4-5times/day

### General Examination

Built - Lean

Nourishment - Average

Height - 155cm

Weight - 54kg

Blood Pressure - 110/80mmHg

Pulse - 82bpm

Temperature - Afebrile

### Systemic examination

CVS: S1 and S2 heard

CNS: Conscious and Oriented

RS: Bilateral air entry clear

### Local examination

Per abdomen Examination - soft and non-tender

Per Vaginal Examination - Uterus Anteverted and Anteflexed, normal in its size and shape, Both fornices are free.

Per speculum examination - Cervix healthy

**Ashtavidha Pareeksha**

Nadi - 82bpm

Mala - Prakrita (1-2times/day)

Mutra - Prakrita (4-5times/day)

Jihwa - Nirlipta

Shabdha - Prakrita

Sparsha - Prakrita

Drik - Prakrita

Aakriti - Madhyama

**Dashavidha Pareeksha**

Prakriti - Vata-Pitta

Vikriti - Tridoshs, Rasa, Rakta

Satva - Madhyama

Sara - Madhyama

Samhanana - Madhyama

Satmya - Madhyama

Pramana - Madhyama

Ahara Shakti - Madhyama

Vyayama Shakti - Madhyama

Vaya - Madhyama

**Investigations**

- Hb - 10 gm%
- Blood group - B +ve
- WBC - 10,000 cells/cumm
- RBC - 3.5 mil/cumm
- Platelet count - 2 L/cumm
- RBS - 88mg/dl
- T3 - 141ng/dl
- T4 - 10ng/dls
- TSH - 2.059  $\mu$ IU/ml
- Urine Routine - Normal
- HIV, HBsAg - Negative
- Husband factors - Semen Analysis - within normal limits

**Therapeutic Intervention**

Initially, *Satvaavajaya Chikitsa* was adopted explained treatment protocol and with her consent treatment was administered.

*Shamanaushadhi* - *Phalasarpi*, Syp. KP tone, *Dashomoolarishta*

**Preconception - Shodhana Chikitsa**

Virechana Karma			
Duration	Treatment	Medicine	Dose
Day 1- Day 5	<i>Agni Deepana</i> and <i>Pachana</i>	<i>Agnitundi Vati</i>	2 BD
Day 6- Day 8	<i>Snehapana</i>	<i>Phalasarpi</i>	30, 50, 110ml
Day 9 & Day 10	<i>Sarvanga Abhyanga</i> and <i>Bashpa Sveda</i>	<i>Bala Taila</i> and <i>Sveda</i> with <i>Vatahara Dravyas</i>	
Day 11	<i>Virechana</i>	<i>Trivrut Avalehya</i>	50gms

Patient had 15 Vegas *Madhyama Shudhi*

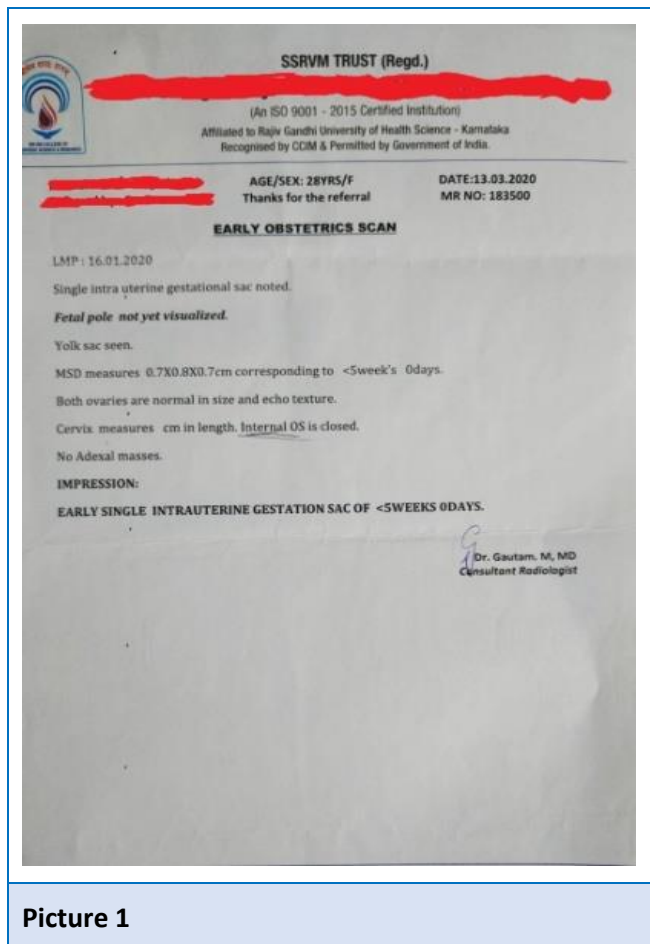
Yoga Basti - for 3 sittings		
<i>Niruha</i> with <i>Dashamula Niruha Basti</i>		
<i>Madhu</i>	40ml	<i>Anuvasana Basti</i> with <i>Shatapushpa Shatavari Taila</i> - 80ml
<i>Saindhava Lavana</i>	5gms	
<i>Shatapushpa Shatavari Taila</i>	100ml	
<i>Shatapushpa Kalka</i>	30gms	
<i>Dashamula Kwatha</i>	400ml	

Uttara Basti - for 3 sittings	
Duration	Dose
5 days for 3 consecutive menstrual cycles (from 7 <sup>th</sup> day of LMP i.e. after cessation of mensus)	2-3ml

Postconception:

Date	Treatment given	Observation
23/11/22 to Throughout pregnancy	<ul style="list-style-type: none"> <li>Phalasarpi 1 tsp BD with milk before food</li> <li>Syp. Mannol 10ml BD after food</li> <li>Tab. Sujat 1BD after food</li> </ul>	<ul style="list-style-type: none"> <li>Pregnancy continued without any signs of abortion.</li> <li>Fetus was healthy and normal growth of fetus was observed.</li> </ul>
Patient was under regular ANC checkup till delivery	<ul style="list-style-type: none"> <li>Tab Orofer XT 1 OD after food</li> <li>Tab Shelcal 1 OD after food</li> <li>Tab Aspisol 75mg 1 OD</li> </ul>	A healthy live female baby was delivered by LSCS, and baby don't have any congenital anomalies.

OBSERVATIONS



Picture 1



Picture 2



Picture 3

Picture 1, 2 and 3 shows recurrent abortions previously to the treatment.

RESULTS

After treatment, patient reported with amenorrhea and found Urine Pregnancy Test positive. Confirmed by USG - Early Pregnancy Scan (Picture 4), as early single

intrauterine pregnancy. Picture 5 shows third trimester scan.

LMP - 9/10/2022

EDD - 16/7/2023

Patient delivered a single male healthy baby on July 18, 2023.

Mode of Delivery - LSCS

DISCUSSION

The importance of a woman lies in her procreative capability, the reason for being worshipped and considered next to god. *Vandhya Yonivyapad* and *Vandhyatwa* are two different entities former being amenorrhea latter is considered as Infertility. Hence, here it's considered as *Vandhytwa*. Ayurveda gives elaborative description of female infertility and its management. *Acharya Harita*, gives 6 types of *Vandhyatwa*,<sup>[7]</sup> *Garbhasravi* being one among them. Prevention is better than cure. In Ayurveda, we get an intricate explanation on *Garbhadana Vidhi* (Preconception Care) which starts from age of marriage and ends with conception. As a *Garbhadhana Purvakarma*, *Shodhana* has been told i.e., *Sneha*, *Sveda*, *Vamana*, *Virechana* & *Basti*.<sup>[8]</sup> Hence it has given more importance to *Rutu*, *Kshetra*, *Ambu* and *Beeja* which are almost required for healthy conception and uneventful pregnancy. In this case patient had spontaneous abortion for 3 times, all her investigations were within normal range contemplating it to be an unexplained RPL. Treatment protocol started from *Agni Deepana* & *Pachana* followed by *Shodhana Karma* (*Virechana* and *Yoga Basti*) and as a *Sthanika Chikitsa Uttara Basti* was administered.

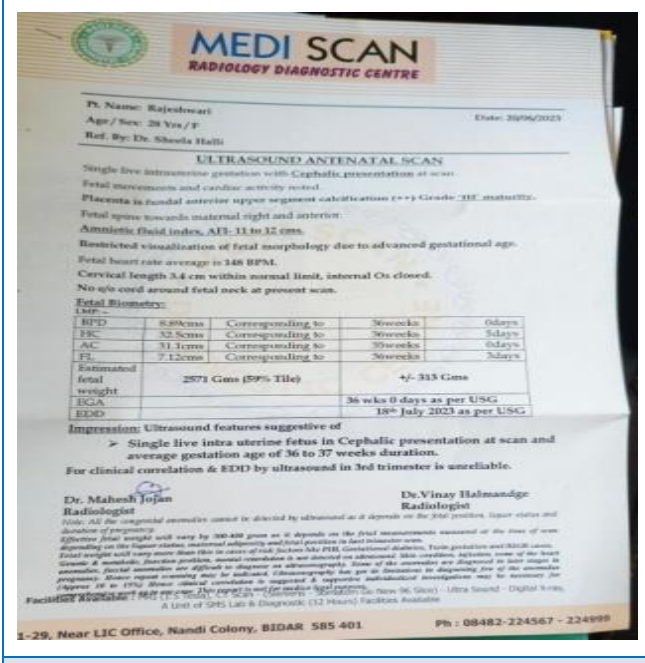
Discussion on treatment

In *Vandhyatwa*, *Chikitsa* should be aimed at rectifying the cause hence a single line of management cannot be applied. In our classics, *Chikitsa* is advised according to *Dosha* & *Dhatu* involved and it is mandatory to start with *Shodhana Chikitsa* as it purifies and normalizes the vitiated *Doshas* and *Dhatus*. *Virechana Karma* does *Srotoshodhana* by pacifying *Pitta Dosha*. *Acharya Kashyapa* tells *Virechana* is helpful in improving the efficacy of *Beeja*.<sup>[9]</sup>

According to *Acharyas*, *Basti* is beneficial in *Yonivyapads*. It is considered as *Ardha Chikitsa*<sup>[10]</sup> thereby considered as superior than the other therapeutic measures due to its various actions like *Samshodhana*, *Samshamana*, *Sangrahana*, *Vajikarana*, *Bramhana*, *Karshana*, *Preenana* and *Vayasthapana*.<sup>[11]</sup> *Basti Karma* is best choice of treatment for *Vata Dosha* and *Vata* associated with *Pitta* and *Kapha*. It exerts both systemic and local effects. *Basti* helps in the correction of *Apana Vata Karma* and also helpful in the



Picture 4



Picture 5

correction of *Jataragni* and *Dhatwagni Dushti* leading to regulation of *Rajah Pravritti* and *Bija Nirmana*.

*Sthanika Chikitsa* in the form of *Uttara Basti* has an important role in *Garbhashaya* and *Yoni Shodhana*. In this case, *Uttara Basti* done after complete cessation of menstruation will improve the blood circulation to the uterus and rejuvenates the endometrium for better implantation.

## CONCLUSION

According to *Taittiriya Aranyaka*, acquiring eminent child is reputation as it liberates from the bonds of ancestors and importance is given to progeny as they are source of love, strength, happiness, professional excellence, fame etc. told by Acharya Charaka.<sup>[12]</sup> Hence in Human life having progeny is like a wealth. In this case *Shodhana Karma* and *Sthanika Chikitsa* have played a vital role for the conception and uneventful pregnancy. The Ayurvedic treatment protocol for RPL is found to be very effective to procure healthy progeny and to maintain mother's mental and physical health.

## REFERENCES

1. Konar Hiralal. DC Dutta's Textbook of Obstetrics, 16<sup>th</sup> Chapter, New Delhi, Jaypee Brothers Medical Publishers, 10<sup>th</sup> Ed:2023, Revised Reprint:2023, 160pp.
2. Konar Hiralal. DC Dutta's Textbook of Obstetrics, 16<sup>th</sup> Chapter, New Delhi, Jaypee Brothers Medical Publishers, 10<sup>th</sup> Ed:2023, Revised Reprint:2023, 161-162pp.
3. Patil Vasant C. Sushruta Samhita, Nidana Sthana, New Delhi, Chaukhambha Publications, 8<sup>rd</sup> Ch, Vol 2, Ed: Reprint 2022:59pp.
4. Upadhyaya Yadunandana, Madhava Nidana with Madhukosha Sanskrit Commentary, 64/2, Varanasi, Chaukhambha Prakashan, ed: Reprint, 2009,431pp.
5. Kushwaha Harish Chandra Singh - Charaka Samhita, Chikitsa Sthana 30/28-29, Vol 2 Ayurveda Dipika Hindi Commentary. Varanasi Chaukhambha Orientalia, Ed:2009: 803pp.
6. K.R Murthy Srikantha, Sushruta Samhita, Varanasi, Chaukhambha Orientalia, Shareera Sthana 2/33, Vol-1, ed. 2004, 26pp.
7. Pandey Vaidya Jaymini, Harita Samhita with Nirmala Hindi Commentary, Trithiya Sthana 48/1-4, Varanasi, Chaukhambha Visvabharati, First ed:2010, 463pp.
8. Kushwaha Harish Chandra Singh - Charaka Samhita, Shareera Sthana 8/4, Vol-1, Ayurveda Dipika Hindi Commentary. Varanasi, Chaukhambha Orientalia, Ed:2011: 853pp.
9. Pandit Hemaraj Sharma, Kashyapa Samhita, Vidyodhini Hindi Commentary, Chaukhambha Sanskrita Sansthana, Kalpa Sthana 6/33, reprint 2018, 390pp.
10. Vagbhata Arunadatta, Hemadri, Astanga Hridaya, Basti Vidhi Adhyaya, 10th ed Varanasi Chaukhambha Orientalia 2011 vol 1, 286pp.
11. Sushruta Dalhana Gayadasa Sushruta Samhita Netra Basti Pramana Pravibhaga Chikitsa Adhyaya 1st ed, Varanasi, Chaukhambha Orientalia 2009 vol 1 pp525.
12. Kushwaha Harish Chandra Singh - Charaka Samhita, Chikitsa Sthana 2/1/21, Vol 2 Ayurveda Dipika Hindi Commentary. Varanasi, Chaukhambha Orientalia, Ed:2009: 49pp.

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