



Ayurveda Management of Repeated Pregnancy Loss (RPL): A Case Study

A Case Study of RPL

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Abstract

Introduction: Recurrent miscarriage or Recurrent Pregnancy Loss (RPL) is defined as two or more consecutive failed clinical pregnancies documented by ultrasound or histopathology and RPL is estimated to occur in 2%–4% of reproductive-age couples. The most commonly identified causes include uterine anomalies, hormonal disorders and genetic abnormalities. Almost half of the causes remain unexplained and are empirically treated using progesterone supplementation, anticoagulation, and/or immunomodulatory treatments. Ayurveda can bring promising results by *Shodhana Karma* or purificatory procedures ending with *Uttara Basti*.

Case Presentation: The patient in this case had complaint of failure to conceive for 4 years. She had history of 2 abortions and diagnosed with bicornuate uterus in USG at the time of 1st abortion. She turned to Ayurveda at the PTSR Department of ITRA after no conceiving despite allopathic treatment.

Management and Outcome: She was managed with *Virechana Karma*, *Dashamooladi Yoga Basti*, *Madhutailika Basti* and Intra Uterine *Uttara Basti* with *Dashamoola Taila* and *Apamargakshara Taila* along with oral medication. The Ayurvedic management resulted in the patient conceiving within 4 months of treatment, patient followed *Garbhini Paricharya* and delivered a healthy female baby.

Key words: Ayurveda, Repeated Pregnancy Loss, Bicornuate uterus, *Virechana*, *Dashamooladi Yoga Basti*, *Madhutailika Basti*, *Uttara Basti*

INTRODUCTION

Recurrent miscarriage or Recurrent Pregnancy Loss (RPL) is defined as two or more consecutive failed clinical pregnancies documented by ultrasound or histopathologyⁱ and RPL is estimated to occur in 2%–4% of reproductive-age couples.ⁱⁱ Up to 50 percent of patients with RPL have no clearly defined aetiology.ⁱⁱⁱ Causes of RPL includes genetic and anatomical factors, endocrine and metabolic factors, infections and immunological causes. The contributory factors may be demographic, social, medical, psychological, behaviour, obstetric or environmental. A meta-analysis of several studies concluded that congenital uterine defects were present in about 12.6 percent of the patients with recurrent pregnancy loss.^{iv}

Recurrent pregnancy loss can be correlated with *Putraghni Yonivyapad* and *Garbhasravivandhya*, *Vandhya* explained in Ayurvedic classics. *Garbhasravi Vandhya* is one among the types of *Vandhya* according to

Hareeta which indicates recurrent miscarriages. *Putraghni Yonivyapada* is explained by *Acharya Charaka* and *Sushruta* and have mentioned main clinical feature as repeated abortion. In *Vandhyatva Chikitsa* the treatment should be aimed at rectifying the cause and a single line of management cannot be applied. *Shodhana Chikitsa* is mandatory before *Shamana Chikitsa* as it purifies the whole body. Almost half of the causes remain unexplained and are empirically treated using progesterone supplementation, anticoagulation, and/or immunomodulatory treatments. Ayurveda can bring promising results by *Shodhana Karma* or purificatory procedures ending with *Uttara Basti*.

Case Overview

A 31-year-old Female patient, housewife by occupation visited the OPD of *Prasutitantra Evum Streeroga*, ITRA with complaint of failure to conceive for 4 years and married life of 8 years. Her detailed history showed that she attained menarche at the age of 13 years. Her menstrual history was regular with a duration of 3-4 days and interval of 25-26 days of regular cycle with moderate flow. She had a history of 2 consecutive spontaneous abortions in 2016 at 2 months of gestational amenorrhea and in 2017 at 2.5 months of gestational amenorrhea, respectively. D & E was done after both abortions. She was diagnosed with a bicornuate uterus via USG at the time of her first abortion in 2016. She had undergone allopathic treatment but did not achieve satisfactory results. She had been referred higher center (tertiary care center) for further management. The patient is negative for TORCH profile, Immunological profile, HIV and VDRL. Her thyroid function test, renal and hepatic profile and husband's semen analysis were normal and HSG examination revealed patent fallopian tube. Her Hb was 12.2 gm%.

Clinical examination

On physical examination, pallor, icterus, clubbing, cyanosis and lymphadenopathy were absent. Her height – 147 cm (Short stature), weight – 64 kg, BMI was 29.6 kg/m². Her BP was– 110/70 mm /Hg, pulse – 88/min. The patient had no addiction. No abnormality was noted after a detailed systemic examination.

Ashtavidha Pariksha (eight-fold examination) revealed *Nadi Pitta Pradhana Vataja*, *Mootra Pravrutti* was 4-5 times/day, 1-2 times /night. *Mala Pravrutti* 1 time/ day, satisfactory. *Jihva* was *Sama* (whitish-coated). Patient *Aakriti* (general body built) was Overweight.

Dashavidha Pariksha (ten-fold examination) of the patient was done which illustrates that the patient was *Pitta-Kapha Prakriti* (physical built), *Vikriti – Pitta - Vata Pradhana*, *Sara*, *Satva* and *Samhanana* were *Madhyama*. The patient had *Katu*, *Amla* and *Lavana Rasa Priyata* with *Madhyama Abhyavarana Shakti*, *Jaran Shakti*, and *Vyayama Shakti* was *Avara*, which reveals that *Roga* and *Rogi Bala* were *Madhyama*.

Local Examination

The vulva was healthy with no local lesion or growth. On per speculum examination, vagina was normal, cervix healthy and normal in size, and no white discharge was present. On bimanual examination, the cervix was found to be firm, with no cervical motion tenderness. Uterus was anteverted, bilateral adnexa was clear with no tenderness.

Management

The patient underwent Ayurvedic management involving *Virechana Karma* followed by 3 days of *Sansarjana Krama*. In the second month of treatment, she underwent *Dashamooladi Yoga Basti* for 8 days. In the third month of treatment, she underwent *Madhutailika Basti* for 10 days and in the fourth month of treatment, she underwent Intra Uterine *Uttara Basti* with *Apamargakshara Taila* (2.5 ml) and *Dashamoola Taila* (2.5 ml) for 6 days. Along with treatment, ovulation study was conducted and patient was advised to have coitus after ovulation. *Garbhasthapana Yoga*, which includes *Bala*, *Shatavari*, *Brahmi*, *Yashtimadhu*, and *Ashwagandha Choona* (each 1 gm, total 5 gms), was given twice a day with milk on an empty stomach after ovulation for proper implantation of the embryo. During the fourth month of treatment, she conceived,

after conception, *Garbhasthapana Yoga Choona* was continued along with *Amalaki Choona* (3 gm) with *Draksha Jala* and *Sharkara* twice a day until the eighth month of pregnancy, following *Garbhini Paricharya* properly. Timeline is indicated in table no. 01 to 04.

Follow up and outcome

After four months of treatment, she missed her periods, and her urine pregnancy test (UPT) was positive on 17th January 2023 (LMP – 15/12/2022). An ultrasound scan (USG) on 1st February 2023 showed a 6.6-week single gestation with normal cardiac activity and a crown-rump length (CRL) of 6.4 mm. Her nuchal translucency-nuchal bone (NT-NB) and anomaly scan were normal. Subsequent ultrasounds showed normal fetal growth. The patient delivered a full-term healthy female baby vaginally at GGH, weighing 2.400 kg, on 24th August 2023.

Discussion

In this case study, recurrent pregnancy loss (RPL) is due to a uterine anomaly known as a Bicornuate uterus. In Ayurvedic terms, RPL is referred to as "*Garbhasravi Vandhya*" as described by Acharya Harita. The factors essential for the formation of *Garbha* include *Rutu* (season), *Kshetra* (uterus), *Beeja* (sperm and ovum), and *Ambu* (nourishment). In this particular case, the focus is on "*Kshetra Dushti*", which refers to abnormalities or disorders related to the uterus (*Kshetra*). The goal is to create a healthy environment conducive to conception and successful pregnancy.

Yoniroga, *Yoni Shukrashaya Roga* are mentioned as *Virechana Sadhya* diseases as per both Sushruta Samhita and Ashtanga Hrudaya^v^{vi}. Acharya Kashyapa, in his treatise, discusses the effects of *Virechana Karma* (therapeutic purgation) in *Siddhi Sthana*, highlighting that this procedure helps in clarifying the *Dhatu*s (body tissues) and enhances the efficacy of the *Beeja* (sperm and ovum). Acharya Charaka mentions *Srotoshodhana* (purification of bodily channels) as a key component of the *Samyaka Yoga* (proper administration) of *Virechana*. Also, before administering *Sthanika Chikitsa* (local treatment), it is important to perform *Shodhana Karma*.

In *Dashamooladi Yoga Basti - Anuvasan* and *Niruha Basti* helped in *Vata* pacification and *Anulomana*. *Basti* is *Ardha Chikitsa* for *Vata Dosha* and *Vata Dosha* is identified as a primary causative factor for *Yoniroga*. The drugs utilized for preparing *Madhutailika Basti* possess attributes such as *Vrishya* and *Vayahsthapana*. *Shatapushpa*, employed as a *Kalka Dravya* (paste), is separately noted in the Kashyapa Samhita for its unique properties including *Putrprada* (facilitating conception), *Viryakari* (enhancing the potency of ovum and sperm), *Yoni Shukra Vishodhini* (purifying the reproductive organs in females and sperm in males), and *Pushpa Prajakari* (promoting progeny).^{vii} Intra Uterine *Uttara Basti* with *Apamargakshara Taila* and *Dashamoola Taila* having *Vatakaphaghna* and *Lekhana* property, so it scrapes the inner lining of endometrium. Thus, inner fibrosed layer is removed and it rejuvenated later, as endometrium has capacity to regenerate and is antioxidant. Which may finally improve the implantation rates by promoting fertilization and nidation of embryo.

Garbhasthapaka Choorna, with its *Sheeta* (cooling), *Balya* (strengthening), *Vrushya* (aphrodisiac), *Madhura* (sweet), *Rasayana* (rejuvenating), and *Dhatuvrudhhdhikara* (nourishing tissues) properties, supports the proper growth and development of the fetus. *Amalaki Choorna* shares some similar properties like *Vrushya*, *Sheeta*, and *Madhura*, and is also known for being rich in vitamin C.

Table No. 01 Virechana Karma (September 2022)

No.	Procedure	Drug and Dose	Duration
1	<i>Deepana, Pachana</i>	<i>Musta-Shunthi-Haritaki choorna</i> each 1gm twice before food with luke warm water	6 days
2	<i>Snehapana</i>	<i>Goghrita</i>	5 days
3	<i>Saravanga Abhyanga and Bashpa Svedana</i>	<i>Abhyanaga with Bala Taila</i>	4 days
4	<i>Virechana Karma</i>	<i>Trivrutta Awaleha</i> 90 gm at empty stomach with luke warm water Patient had 08 Vega	1 day 27/09/2022
5	<i>Sansarjana Krama</i>	<i>Manda, Peya, Vilepi</i>	3 days

Table No. 02 Dashamooladi Yoga Basti (October 2022)

1.	<i>Niruha Basti</i>	
	<i>Makshika</i>	60 ml
	<i>Saindhav Lavana</i>	12 gm
	<i>Sneha –Dashamoola Taila</i>	60 ml
	<i>Kalka – Vacha Choorna Pippali Choorna Madanphala Choorna Mishreya Choorna Ajamoda Choorna Shatpushpa Choorna</i>	Each 5 gm, total 30 gm
	<i>Kwatha –Dashamoola Kwatha</i>	250 ml
2.	<i>Anuvasana Basti</i>	
	<i>Dashamoola Taila</i>	60 ml

Table No. 03 Madhutailika Basti (November 2022)

<i>Makshika</i>	60 ml
<i>Saindhav Lavana</i>	12 gm
<i>Sneha – Tila Taila</i>	60 ml
<i>Kalka – Shatpushpa Choorna</i>	30 gm
<i>Kwatha – Erandamoola Kwatha</i>	250 ml

Table No. 04 Uttara Basti (December 2022)

Drug administered	Dose	Route	Duration
<i>Apamarga Kshara Taila</i> (2.5ml) + <i>Dashamoola Taila</i> (2.5 ml)	5 ml <i>Taila</i> administered once a day	Intra uterine	06 days

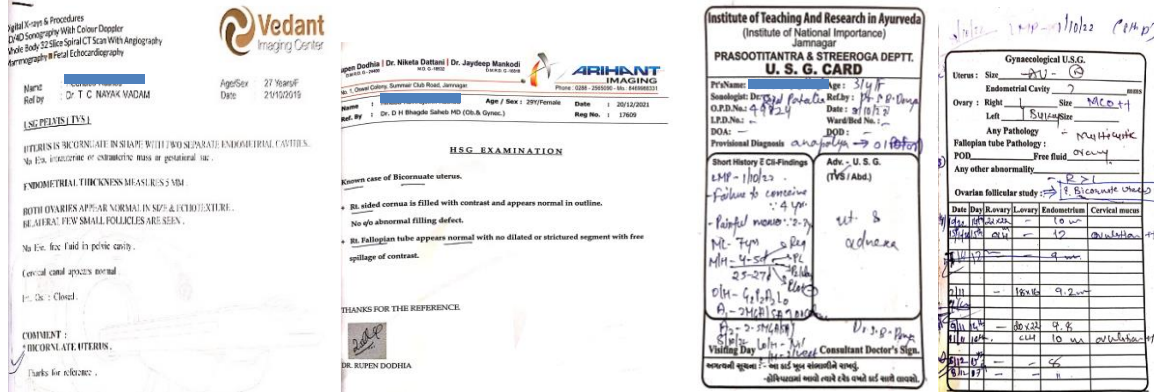


Figure No. 01 USG and HSG shows bicornuate uterus

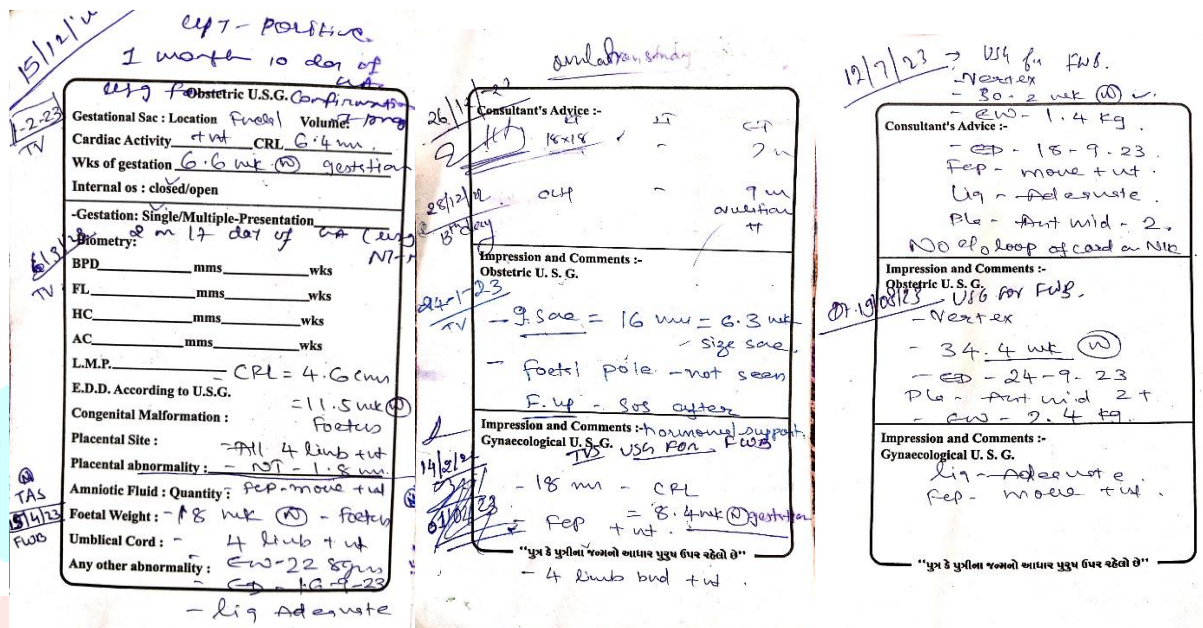


Figure No. 02 USG during pregnancy for fetal well-being

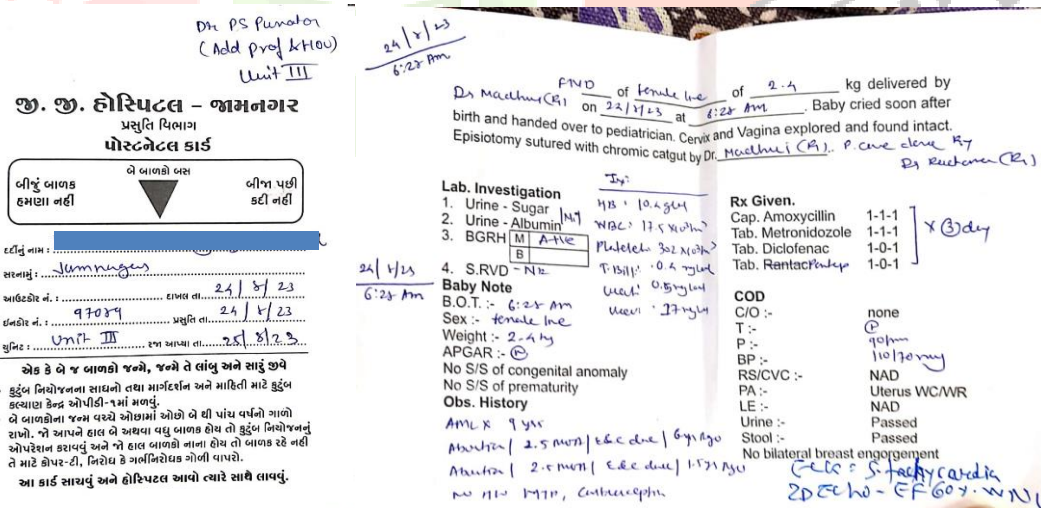


Figure No. 03 Postnatal card of patient shows delivery of healthy female baby

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