



Research Article

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AYURVEDIC INTERVENTION IN THE MANAGEMENT OF MISSED ABORTION: A CASE STUDY

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ABSTRACT

Missed abortion is a condition where the fetus is dead and retained inside the uterus for a variable period. Ayurveda explains Garbhapatana Dravyas [abortifacient drugs] for the management of the dead fetus. It not only expels the products of conceptus efficiently but also safely; especially in early pregnancy, without undue harm to the pregnant lady or her uterus. A female patient with 11 weeks and 6 days of pregnancy complaining of vaginal spotting with mild pain in lower abdomen was treated initially considering it as threatened abortion then with correlation with USG, it was diagnosed as missed abortion and managed accordingly with Ayurvedic treatment protocol with combination of Tankana 500 mg, Arogyavardhini 500 mg, Hingwashtaka Churna 3g, Triphala Churna 3g and Kashaya of Dashamoola & Erandamoola 10 ml each twice a day. With 2 doses of the medicines taken 12 hours apart, the patient developed pain in abdomen and p/v bleeding. Looking into the condition, patient was advised to repeat the medicines again after 2 hours of the last dose to induce further contraction of the uterus. Within next 5 hours, there was complete expulsion of the products of conception with complete cessation of bleeding and pain, without any complications. Missed abortion can be managed effectively by Ayurvedic drug combinations besides the modern management of missed abortion involving misoprostol and other surgical interventions. Ayurvedic drugs having abortifacient properties can be used safely as an efficient alternative in regular gynecological practices in the management of missed abortion.

Keywords: Missed abortion, Ayurvedic abortifacient drugs, Garbhapatana.

INTRODUCTION

In Ayurveda classics, Amagrabhachyuti [abortion] and various other miscarriages are incorporated under Garbha Vyapad [disorders of foetus] ¹. Loss of Garbha till 4th month of pregnancy is explained as Garbhasrava, as the expulsion of the products of conception are in liquid or semi solid form and the fetus has not yet attained stability. Loss of fetus after the 4th month is termed as Garbhapatana ². Thereafter when the fetus dies within the uterus it is termed as Mruta Garbha ³.

Pregnant women indulging in various inappropriate lifestyles and food habits as mentioned in Garbhopaghatakara Bhavas [factors responsible for destruction/abnormality of the fetus] ⁴, their Doshas gets vitiated and the normal functions are hampered resulting in expulsion of the conceptus before the viability period ⁵ or even the death of the fetus inside the Garbhashaya.

General symptoms ⁶ of Garbhasrava are Vedana [pain] and Pushpadarshana [bleeding] where in, the pain is due to Prakopa [vitiation] of Apana Vata [Vata responsible for expulsion] and bleeding is due to expulsion of Ama-garbha [embryo] and vitiation of Artava-vaha-srotas [menstrual blood carrying channels].

Considering the management of the above said conditions, Acharya Sushruta has mentioned - Avishahye Vikare Tu Shreyo Garbhasya Paatanam ⁷ i.e. such conditions are to be managed by inducing abortion, or else it adversely affects the maternal health. Ayurvedic classics considers the dead fetus as a Shalya [foreign body] and hence Antargarbha Shalya Nirharana [extraction of dead fetus] has been advised ⁸. Thus, complete evacuation of the uterus by Garbhapatana / Garbha Shatana

Aushadhi [abortifacient drugs] or by Shalya Karma [surgical intervention] is illustrated.

Case History

A 20-year-old Hindu female, primi gravida with LMP on 30/4/16 and married life of 8 months, visited the Prasutitantra & Streeroga, O.P.D., I.P.G.T.&R.A., Jamnagar on 22/07/2016, with 2 months 22 days amenorrhoea complaining of spotting per vagina since 1 day, associated with generalized debility. UPT was positive according to the patient. General condition of the patient was healthy. Pallor and edema were absent. BP 110/80 mm of Hg, pulse rate 70/min, respiratory rate 20/min and temperature 98.6 °F. Per abdomen examination revealed slight tenderness in the lower abdomen during palpation. Per vaginal examination was with-held to avoid undue handling of uterus, considering the situation.

Patient was admitted in the I.P.D., Prasutitantra & Streeroga ward, I.P.G.T. & R.A., Jamnagar. Complete bed rest with head low position and light diet was advised. Supportive management was given to stop the bleeding with Raktastambhaka Yoga orally, Krishnamrutika Lepa application on abdomen as local therapy. Shadanga Paneeya was administered orally to normalize the vitiated Pitta. IV fluid RL 1 pint was given considering the general weakness. (Table 1).

In the same day evening, patient complained of p/v bleeding associated with pain in abdomen for which Inj. K-Stat (Ethamsylate 250 mg) 2 doses were given 6 hours apart as an emergency management. Next day i.e., on 23/7/2016, routine investigations were carried out which were within the normal limits. USG was also done, revealing the features suggestive of missed abortion (Figure 1) and therefore treatment was revised accordingly with Garbhapatana drugs (Table 2)

Table 1: Drugs given for maintenance of pregnancy

Sl.	Drugs	Quantity	Form	Dosage
1.	Raktasthambhaka Yoga ¹⁶	3 g	Powder (orally)	Twice a day (with water)
	Ashoka ¹⁷ [<i>Saraca asoca</i> (Roxb.) Willd.], (<i>Leguminosae</i>)	1 g		
	Arjuna ¹⁸ [<i>Terminalia arjuna</i> (Roxb. ex DC.) Wight & Arn.], (<i>Combretaceae</i>)	1 g		
	Shuddha Sphatika (Potash Alum) ¹⁹	250 mg		
2.	Krishnamrutika Lepa ²⁰ application on lower abdomen	10 g	Paste	6 th hourly
3.	Shadanga Paneeya ²¹ without Shunti [<i>Zingiber officinale</i> Roscoe], (<i>Zingiberaceae</i>)	10 ml	Decoction (orally)	Twice a day
4.	IV Fluid Ringer Lactate	500 ml	Parenteral route	30 drops/min

Table 2: Drugs to induce expulsion of conceptus

Sl.no.	Drugs	Quantity	Form	Dosage
1.	Arogyavardhini ²²	500 mg	Powder	Twice a day (with warm water)
	Tankana (Borax) ²³	500 mg		
	Hingwashtaka ²⁴	3 g		
	Triphala Churna ²⁵	3 g		
2.	Dashamula Kwatha ²⁶	10 ml	Decoction	Twice a day
	Erandamula Kwatha ²⁷	10 ml		

Table 3: Drugs prescribed during discharge from the hospital

Sl. no.	Drugs	Quantity	Dosage
1.	Dashamula Kwatha	10 ml	Twice a day
2.	Arogyavardhini	500 mg	Twice a day
	Triphala Churna	3 g	
3.	Yogaraja Guggulu ²⁸	500 mg	TID

Table 4: Probable mode of action of the drugs

Sl No.	Drugs	Properties causing Abortion	Properties preventing complications of abortion such as infection etc.	Ref
1.	Arogyavardhini	Cytotoxic activity, Lekhana [scraping], Deepana [stomachic], Pachana [digestive], Bhedana [tearing], Vatanulomana [carminative], Krimihara [Antihelminthic]	Anti-inflammatory, Antipyretic, Analgesic, Antiviral Actions	29
	Tankana	Pungent, hot potency, Tikshna Guna [penetrating], Deepana, Pachana, Vatanulomana, Artava Pravartaka [emmanagogue]	Anti-inflammatory and Antimicrobial	30
	Triphala Churna	Artava Pravartaka, Deepana, Pachana, Vatahara and Purgative	Anti-inflammatory, Antipyretic, Analgesic, Antibacterial, Antifungal, Antiviral and Antiseptic Action	31
	Hingwashtaka Churna	Pungent, hot potency, Deepana, Pachana, Vatanulomana, Artava pravartaka, Garbhashaya Sankochakara [contraction of the uterus]	Carminative	32
2.	Dashamula Kwatha	Vatahara, Deepana, Pachana, Oxytocic ³³	Anti-inflammatory, Antipyretic, Antibacterial, Diuretic, Hemostatic, Analgesic, Rejuvenating, Induce contraction of the uterus	34
	Erandamula Kwatha	Amapachana, Vatahara, Garbhashaya Shodhana	Katishulahara, Udarashulahara, Jwarahara, [relieves backache, pain abdomen and fever], Anti inflammatory	35



Figure 1: Uterus with retained products



Figure 2: Uterus after retained products expelled

In the night, patient complained of severe pain abdomen and p/v bleeding, for which she was advised to repeat the medicines again after 2 hours of the last dose. Within next 5 hours there was complete expulsion of the products of conception. Patient was stable throughout. Pain in the abdomen reduced completely and bleeding was stopped. P/v examination revealed normal size of uterus with no signs of active bleeding. Vital data were normal. USG after expulsion (Figure 2) of the conceptus showed empty uterine cavity with no retained products and regular endometrium.

Patient was discharged on the same day with medicines as mentioned in Table 3, to further cleanse the uterus, relieve any pain and prevent any infections. Patient consent was obtained.

RESULTS AND DISCUSSION

Though first trimester vaginal bleeding may be due to various conditions, it is said that the obstetrician should always assume it to be a threatened abortion and carefully assess the patients⁹. Similarly, in this case, first & foremost, Pariharya Garbhasrava [threatened abortion] management was followed for Garbha Sthapana [maintaining the pregnancy]¹⁰. Mrudu Shayana Eshad Avanata Shirasam [comfortable bed with head low position]¹¹ and Sheeta Pradeha [application of cold pack on the lower abdomen]¹² was also advised.

After diagnosing it as missed abortion, the Ayurvedic management of Mruta Garbha/ Antargarbha Shalya [dead fetus] was followed wherein Garbhapatana was induced by the use of Ayurvedic abortifacients¹³.

In the contemporary science, medical management of missed abortion using misoprostol is an acceptable alternative to surgical therapy. But when misoprostol fails, surgical intervention in the form of curettage has to be done to expel the products of conception. These medical managements always have the risk related to bleeding p/v, pain, mild fever, incomplete evacuation, blood coagulation disorders and side effects due to anesthesia. Infections, uterine perforation, cervical laceration etc. complications may also be seen post D & E due to instrumentation.¹⁴

In the present case, effective management of missed abortion was brought about by the Ayurvedic formulations having Lekhaniya, Ushna, Ruksha, Tikshna, Vatanulomana, Grabha Shatana and Garbhashaya Shodhana properties which facilitates the complete evacuation of the products of conception, with efficient uterine contractions, thereby even minimizing the blood loss. Along with the above actions, the drugs also had anti-inflammatory, analgesic, antimicrobial actions which aided in relieving the pain and in preventing further infections and complications. (Table 4).

Discharge medicines were prescribed for Garbhashaya Shuddhi [cleansing the uterus], Vedana Sthapana [relieve pain] and Amapachana [digestion of Ama]. These drugs (Table no.3) cause Shoshana of Dushita Doshha, Dhatu and Kleda¹⁵, thereby normalizing the Agni, Doshha, Dhatu and thus collectively facilitate early recovery of the patient.

CONCLUSION

This case of missed abortion was effectively managed by Ayurvedic drugs. There was total expulsion of the conceptus with complete cessation of pain and bleeding without requiring any invasive procedures. The patient did not have any

complications. In the 1st trimester of pregnancy, management of missed abortion with Ayurvedic drugs is safe and also economical with minimum hospital stay.

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