

# Retained Products of Conception (RPOC) and Its Ayurvedic Management: A Review

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## ABSTRACT

"Retained products of conception" (RPOC) refers to the trophoblastic tissue that remains after an early or mid-trimester abortion, a vaginal delivery, or a cesarean section. About 1% of pregnant women experience retained products of conception (RPOC), which are cases of placental tissue that is still in the uterus after delivery and results in severe postpartum hemorrhage. In *Ayurvedic* texts RPOCs may be correlated with incompletely ejected *Ama Garbha* which causes constant trouble to a woman, it may be treated with pungent medications until it is completely expelled.

Ayurveda has suggested *shodhan* treatment in RPOC that can be carried out with various *ushna*, *tiksha* drugs having *garbhashaya shodhan* properties and also if required *shodhan* can be carried out with surgery also. *Shodhan* medicine is convenient over the surgical procedure.

*Ayurvedic* Oral medications are effective in the case of RPOC because it may avoid surgery, therefore intrauterine adhesions and Asherman's syndrome, which are clinically represented by irregular menstruation, infertility, and repeated miscarriage, can be avoided. This review is focused on RPOC, its *Ayurvedic* correlation, and effective management as mentioned in *Ayurvedic* literature and in research work carried out by *Ayurvedic* scholars.

**Key Words** RPOC, *Ama Garbha*, *Ayurvedic* management

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## INTRODUCTION

"Retained products of conception" (RPOC) refers to the trophoblastic tissue that remains after an early or mid-trimester abortion, a vaginal delivery, or a cesarean section<sup>1</sup>. It often results in severe long-term complications like endometritis and the formation of intrauterine adhesions (IUAs), which may cause secondary infertility. Other frequent clinical signs include abnormal bleeding, abdominal pain and/or fever, and a

persistently dilated cervix<sup>2</sup>. About 1% of pregnant women experience retained products of conception (RPOC), which are cases of placental tissue that is still in the uterus after delivery and results in severe postpartum hemorrhage<sup>3,4</sup>.

Most common ultrasonography findings that support the diagnosis are - A heterogeneous intracavitary hyperechoic focal mass, a fluid layer, a poorly defined endometrium-

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myometrium interface, and/or increased and uneven endometrial thickness.

In order to improve the accuracy of the diagnosis, a color Doppler examination should be performed: It can be easier to classify RPOC based on its vascularity and to differentiate it from a haematoma when blood flow within the mass is visible<sup>5</sup>.

### AYURVEDIC CORRELATION

According to Ayurveda, up to the fourth month of pregnancy, the expulsion of the fetus is called *Garbha-srava* because the products of conception are in liquid form, but after the fifth and sixth months, it is called *Garbha-pata* because the products of conception have reached stability and are solid<sup>9</sup> in nature.

*Acharya Bhela* claims that *Ama Garbha* is expelled because of *Garbha vyaapti* or fetal disorders<sup>10</sup>. According to *Acharya Bhoja*, the period of *Garbhasrava* lasts up to three months, during which the expulsion of the conceived product occurs in pieces due to the incomplete formation of the placenta, amniotic membrane, and its fluids, and after which the mechanism of abortion resembles labor in miniature<sup>11</sup>.

Depending on the patient's state, there are many management options for RPOC, including medical treatment, surgical intervention, and expectant management. The most widely used medication for abortion in modern medicine is misoprostol. But to some extent, surgical intervention is necessary if misoprostol is

unsuccessful. Simple D&C is the most popular surgical technique. Unprepared intrauterine manipulation in the presence of RPOCs with rich blood flow may result in uncontrollable severe bleeding, necessitating a potentially unnecessary hysterectomy or uterine artery embolization to protect the uterus. Hypervascular RPOCs constitute a clinical dilemma<sup>6</sup>. Hence, prior to trying dilatation and curettage in any RPOC case, vascularity should be assessed using a color doppler to prevent the risks of major hemorrhage and hysterectomy<sup>7</sup>.

### MANAGEMENT

According to Ayurveda, incompletely voided *Ama garbha* causes a woman trouble constantly; as a result, it should be treated with pungent medications until it is completely expelled<sup>12</sup>

Wine should be administered to the woman after the expulsion of fetal content to clean or completely evacuate the uterus and relieve pain. After drinking wine, a fat-free beverage with *laghupanchamula* medication should be administered. If a lady isn't inclined to drink wine, she should be given either a fat- and salt-free gruel made with *uddalaka* and *tila* and digestive medicine, or a rice, *tila*, or *uddalaka*, and rice beverage made with *Brhatpancamula* decoction and *pancakola* paste.

Bleeding causes the *agnimandya*. Stress of operative procedure and mental state of patient i.e. sadness and fear of operative procedure reduces the ability to digest hence fat free

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beverage is advised.

Dietetics should last as long as the pregnancy did, which means that if the pregnancy lasted two months, the dietetic regimen should last only two days<sup>13</sup>. *Venugranthi*, *kulattha* and *haridra* decoction should be prescribed in cases of short-term abortions. It is advantageous to prepare a fat- and salt-free potion with appetizing drugs<sup>14</sup>.

A fat-free diet combined with satisfying ingredients capable of preserving her strength should be given until the *kleda* of *dosas* and *dhatu*s produced by *ama* is cleared. Following the complete ejection of the *ama garbha*, the woman should follow a diet consisting of *jivaniya*, appetizing, digestive, anabolic, *madhur*, and *vata*-suppressing medications, *basti* as well as *snehapana* (oral use of oil or *ghrta*)<sup>15</sup>.

A woman who had an abortion should not be given *snehana* (oleation). The woman should be given *ruksha* (dry) and *pachana* (digestive) drugs/substances for ten days before systematically using oleation. If oleation is being used, blood, *kleda* (moisture) and *mala* (impurities) are kept in the uterus and induce many incurable illnesses<sup>16</sup>. Old jaggery blended with appetizing medicines or *abhayarista* etc. should be given to relieve pain in the abdomen and bladder region<sup>17</sup> and regain the strength.

Ayurvedic treatment for the Retained product of conception, *Nagkeshar churna* and *Chandraprabha Vati* orally and vaginal wash with *Triphala Churna* and *Sphatik bhasma* for 2 months. After receiving two months of Ayurvedic treatment, RPOC is treated, and p/v bleeding is

stopped. Ayurvedic treatment is therefore effective in the case of RPOC because it bypassed surgery. Intrauterine adhesions and Asherman's syndrome, which are clinically represented by irregular menstruation, infertility, and repeated miscarriage, may result from surgery<sup>18</sup>.

For the effective management of retained products of conception, *Dashmool Kwatha*, *Ajmodadi Churna*, *Triphala Guggulu*, and *Prataplankeshwar Rasa* are used for 7 days. These Ayurvedic formulations consist of *Ruksha*, *Lekhaniya*, *Vatanuloman*, *Ushna*, *Tikshna*, and *Garbhasaya sodhana*, which facilitate complete evacuation of the products of conception<sup>19</sup>.

## DISCUSSION

- *Nagkeshar Churna*: An imbalance in *Pitta Dosh*a is the cause of bleeding diseases. On the treatment of bleeding problems, *Nagkeshar* has some effects. Considering that it might aid in lowering pain, inflammation, and bleeding. *Nagkeshar* drug has predominance of *Kashaya Rasa*, less *Tikta Rasa*, *Laghu*, *Ruksha Guna*; *Ushna Virya*; *Katu Vipaka* and *Kapha Pitta Prashamana* action. In *Raktarsha*, Acharya *Charak* described *Nagkeshar*. *Chandraprabha Vati* has *Rasayana* (rejuvenator), *Balya* (strengthen), and *Vrushya* (aphrodisiac) characteristics, which have the combined effect of stabilising tissues and preventing cell damage<sup>20</sup>. Additionally helping to stabilise tissues and stop cell deterioration are the antioxidant qualities.

- *Dashmoola Kwatha* serves as a tonic and

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detoxifier for the uterus<sup>21</sup>.

- *Ajmodadi churna* is one of the most significant *Amapachana* (Ama digestion) medicines. Therefore, the retained product of conception interferes with the body's *Dhatus* by acting as toxins/ *Ama/Visha* in the body. Consequently, it improves in *Ama's* digestion. An anti-inflammatory action is provided by *ajmodadi churna*<sup>22</sup>.
- *Triphala guggulu* is very helpful in getting rid of toxins and balances all three of the body's *doshas*. It has a great detoxifying effect.
- *Prataplankeshwar rasa* detoxifies the body and cleanses the uterus<sup>23</sup>.

## CONCLUSION

Treating RPOC with ayurvedic medications is effective in case of RPOC. Ayurvedic medications in RPOC can prevent intervention by surgery for emptying uterine cavity. If oral medications are ineffective in evacuating the uterine cavity, *garbhashaya shodhan* has to be achieved by using the most appropriate procedure.

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### REFERENCES

1. Capmas P, Lobersztajn A, Duminil L, Barral T, Pourcelot AG, Fernandez H. Operative hysteroscopy for retained products of conception: Efficacy and subsequent fertility. *J Gynecol Obstet Hum Reprod* 2019;48:151-4.
2. Smorgick N, Barel O, Fuchs N, Ben-Ami I, Pansky M, Vaknin Z. Hysteroscopic management of retained products of conception: Meta-analysis and literature review. *Eur J Obstet Gynecol Reprod Biol* 2014;173:19-22.
3. Weissbach, T.; Haikin-Herzberger, E.; Bacci-Hugger, K.; Shechter-Maor, G.; Fejgin, M.; Biron-Shental, T. Immediate postpartum ultrasound evaluation for suspected retained placental tissue in patients undergoing manual removal of placenta. *Eur. J. Obstet. Gynecol. Reprod. Biol.* **2015**, 192, 37–40.
4. Hoveyda, F.; MacKenzie, I.Z. Secondary postpartum haemorrhage: Incidence, morbidity and current management. *Bjog* **2001**, 108, 927–930.
5. Kamaya A, Petrovitch I, Chen B, Frederick CE, Jeffrey RB. Retained products of conception: Spectrum of color Doppler findings. *J Ultrasound Med* 2009;28:1031-41.
6. Khushboo Jha, K. Bharathi, Sonu, M.S. Anu. A Case Report on Effective Management of Retained Product of Conception Through Ayurveda Regimen. *International Journal of Ayurveda and Pharma Research.* 2021;9(2):23-28.
7. Veena Aseeja, Department of Gynecology and Obstetrics, MMIMSR, Mullana, by the Turkish-German Gynecological Education and Research Foundation - Available online at [www.jtgga.org](http://www.jtgga.org) doi:10.5152/jtgga.2012.31
8. Foreste V, Gallo A, Manzi A, Riccardi C, Carugno J, Sardo AD. Hysteroscopy and retained products of conception: An update. *Gynecol Minim Invasive Ther* 2021;10:203-9.
9. Sushruta, Sushruta Samhita with Nibandha Samgraha Commentary of Shri Dalhanacharya edited by Vaidya Jadav ji Trikam Acharya, Śārira Sthana 2/18, Chaukhamba Subharati Prakashan, Edition 2018.
10. Premvati tewari, Ayurvediya Prasutitantra evam Striroga part1, prasuti tantra, second edition:1999, page no.320.
11. Premvati tewari, Ayurvediya Prasutitantra evam Striroga part1, prasuti tantra, second edition:1999, page no.321.
12. Premvati tewari, Ayurvediya Prasutitantra evam Striroga part1, prasuti tantra, second edition:1999, page no. 336.
13. Paradakara Bhisagacarya HSS (eds.). *Astang Hridayam sharir sthana 2/10,11* Chaukhamba Subharati Prakashan; Varanasi; India; 2016
14. Sushruta, Samhita with Nibandha Samgraha Commentary of Shri Dalhanacharya edited by Vaidya Jadav ji Trikam Acharya, Śārira Sthana 10/157, Chaukhamba Subharati Prakashan, Edition 2018.
15. Astanga Samgraha, Vol-I, Kaviraj Atridev Gupta & Rajvaidya Pandit Sri Nanda Kishor Sharma Bhisagacarya, Edition-2002, Sharirasthan, September 10<sup>th</sup> 2024 Volume 21, Issue 2 **Page 125**

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Chapter 4/10.

15. Sushruta, Samhita with Nibandha Samgraha Commentary of Shri Dalhanacharya edited by Vaidya Jadav ji Trikam Acharya, chikitsa Sthana 31/50,51 Chaukhamba Subharati Prakashan, Edition 2018.

16. Sushruta, Samhita with Nibandha Samgraha Commentary of Shri Dalhanacharya edited by Vaidya Jadav ji Trikam Acharya, Śārira Sthana 10/57, Chaukhamba Subharati Prakashan, Edition 2018.

17. Sonam jangid et al: Ayurvedic Management of Retained Product of Conception: A Case Report. International Ayurvedic Medical Journal {online} 2023

18. Khushboo Jha, K. Bharathi, Sonu, M.S. Anu. A Case Report on Effective Management of Retained Product of Conception Through Ayurveda Regimen. International Journal of Ayurveda and Pharma Research. 2021;9(2):23-28

19. Sharma, P.V. (1956). Dravya Guna Vignana (Sanskrit). The Chaukhamba Vidya Bhavan, Benaras, India.

20. Dr. Jagdev Singh <https://www.ayurtimes.com/dashmool-dashamoola-dashamula/>

21. H. N. Aswatha Ram, Neeraj K. Sriwastava, Inder K. Makhija, and C. S. Shreedhara Anti-inflammatory activity of Ajmodadi Churna extract against acute inflammation in rats J Ayurveda Integr Med. 2012 Jan-Mar; 3(1): 33–37.

22. Hari Sadasiva Shastri Navre, Editor. Ashtanga Hrudayam of Vagbhata, Sharira Sthana

Chapter 2, Verse 13, Chaukhamba Sanskrit Sansthan, Varanasi, Reprint 2012, p. 379.