

CASE STUDY

# Clinical Outcomes of Ayurvedic Management in Recurrent Pregnancy Loss

Author: Gowsiga. N<sup>1</sup>

Co Authors: Prathima<sup>2</sup>

<sup>1,2</sup>Department of Prasooti Tantra and Stree Roga, Sri Dharmasthala Manjunatheswara College of Ayurveda and Hospital, Hassan, Karnataka, India

## ABSTRACT

### INTRODUCTION

Recurrent pregnancy loss carries a tremendous negative emotional and psychological impact on couples. The risk of recurrent miscarriage increases with maternal age and the number of previous miscarriages. However, about half of all recurrent miscarriages have no identifiable cause or risk factors. In Ayurveda, Garbhasravi Vandhyatwa is a type of infertility where the patient is unable to sustain the pregnancy.

### METHODOLOGY

A female patient aged 24 years with a martial life of 3 years, non-consanguineous marriage, with the history of two consecutive abortion in the past 3 years, missed abortion 2 years back and incomplete abortion 1 year back. Shirodhara, Deepana, Pachana, Snehana and Virechana planned was found to be effective in the management of Garbhasravi vandhyatwa.

### RESULT

Patient conceived after treatment after two consecutive menstrual cycle. Further complications were prevented by following Pathya ahara and vihara. Patient had successfully delivered a healthy male baby with no complications.

### DISCUSSION

It has been said that conception will takes place in a suddha yoni, which is achieved after Shodhana Chikitsa for which Virechana was done, as it is hailed for its Beeja karmukatha property. And Shirodhara helped in correcting Manasika factor which is chief factor responsible for conception and maintenance of pregnancy. The ayurvedic management can act as an anti-stress and antioxidant agent improving the reproductive health of women and increasing their chances of conception and paves way for healthy progeny.

**Key Words** *Garbhasravi vandhyatwa, Recurrent pregnancy loss, Sodhana chikitsa, Virechana, Shirodhara*

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## INTRODUCTION

Recurrent pregnancy loss is a multifactorial condition that may be due to genetic, anatomic, antiphospholipid antibody syndrome,

immunologic, environmental and endocrinological factors<sup>1</sup>. About 15-25% of clinically recognized pregnancies end in miscarriage. Only <5% of pregnant women will

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experience two consecutive pregnancy losses and around 1% of couples will have three or more consecutive miscarriages<sup>2</sup>. Treatment will depend on the cause, careful monitoring and emotional support<sup>3</sup>. Vandhyatwa is characterized by a women's inability to conceive, sustain a pregnancy or deliver a healthy baby. Garbhasravi vandhyatwa which comes under the classification of Vandhyatwa can be correlated with recurrent pregnancy loss. Garbhasravi Vandhyatwa is characterized by patient's inability to sustain pregnancy till term leading to repeated expulsion of the Garbha<sup>4</sup>. Main dosha involved in the pathogenesis of Vandhyatwa is Vata which further results in the production of dushita artava. Vata along with Dushta artava results in rakta darshana and expulsion of Garbha<sup>5</sup>. Here, patient with the history of two recurrent abortion was treatment with Sodhana Chikitsa and followed by Garbhini paricharya, which helped in attaining Sreyasi Praja. Hence, Shodhana chikitsa helps in improving Garbha Sambhava Samagri (Rtu, Kshetra, Ambu and Beeja) and Garbhini parichariya helps in ensuring healthy mother and fetus during the period of pregnancy, during labour and postpartum period.

### CASE REPORT

A female patient aged 24 years came to the OPD of SDM college of Ayurveda and Hospital, Hassan with history of recurrent abortion and anxious to conceive for the past 3 years of married life. Two consecutive recurrent abortions in the past 2 years. One history of missed

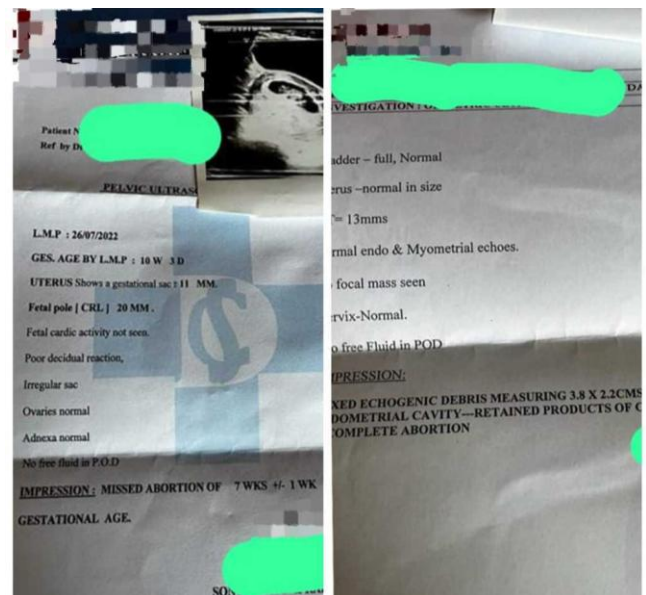
abortion 2 years back and another history of incomplete abortion 1 year back as mentioned in (Table 1) and (Figure 1).

**Table 1** Patient's history of recurrent pregnancy loss

SL.NO	YEAR	USG FINDINGS
1	2022	Missed abortion of 7 week +/- 1 week gestation
2	2023	Mixed echogenic debris measuring 3.8 x 2.2 cm noted in endometrial cavity- Retained products of conception- Incomplete abortion

### Past history

Not K/C/O DM, HTN, Thyroid dysfunction



**Figure 1** Missed abortion on 2022 and Incomplete abortion on 2023

### Personal history

Appetite- Good

Bowel- Regular

Micturition- Regular

Sleep- Sound

Coitus- 3-4 times in a week

Contraceptive history- Nil

### Menstrual history

MC- Regular

Duration- 3-5 days

Interval- 28-30 pads

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Quantity- 2-3 pads/day

Pain- Tolerable

Clots- Absent

Smell- Absent

### General examination

Built- Moderate

Nourishment- Moderately nourished

Tongue- Coated

Height- 156 cm

BMI- 23 kg/m<sup>2</sup>

### Systemic examination

CVS- S1S2 heard, no murmur

RS- NVBS heard

CNS- HMF intact

### Ashtavidha pareeksha

Nadi- Vata-Pitta

Mala- Prakruta

Jihwa- Lipta

Sabda- Prakruta

Sparsa- Anushnasita

Drik- Prakruta

Akruti- Madhyama

### Dashavidha pareeksha

Prakruti- Vata Pradhana Tridosha

Sara- Madhyama

Samhana- Madhyama

Satva- Avara

Vaya- Madhyama

Ahara Sakthi- Madhyama

Vyayama- Madhyama

Pramana- Madhyama

Satmya- Sarva Rasa Satmya

### Investigations

All Hematological and Sonographical investigation were normal.

### Nidana Panchaka

Hetu- Aharaja- Laghu, ruksa Ahara sevana

Viharaja- Pramitasana, Akala bhojana

Manasika- Ati-Chinta, Shoka, Bhaya

Purvarupa- Avyakta

Rupa- Garbha nasha

Upashaya- Nothing specific

Anupashaya- Nothing specific

### Samprati Ghataka

Dosha- Vata Pradhana Tridosha

Dushya- Dhatu- Rasa

Upadhatu- Artava

Agni- Vishama Agni

Ama- Sama

Srothas- Annavaaha, Rasavaaha, Artavaaha

Srotodushti- Sanga

Udbhava sthana- Amashaya

Sanchara sthana- Sarva Sarira

Vyakta sthana- Garbhashaya, Artavaaha Dhamani

Vyadhi swabhava- Chirakari

Rogamarga- Madhyama

Sadhyasadhya- Krcchra Sadhya

## RESULTS

Patient conceived after two consecutive menstrual cycle as seen in Figure 2 & Figure 3. Underwent LSCS, delivered a healthy male baby without complications.

**Table 2** Treatment Protocol

SL.No	PROCEDURE	MEDICATION	Duration
1	Shirodhara	Triphala taila	4 days
2	Deepana Pachana	Chitrakadi vati 2 TID B/F Panchakola	4 days

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		phanta 50 ml TID B/F	
3	Snehapana	Phala ghrta(30ml, 60 ml, 90 ml, Snehabasti- 120 ml)	4 days
4	Sarvanga Abhyanga & Bashpa Sweda	Ksheerabaal taila	3 days
5	Virechana	Trivrt lehya 80 gms + Triphala kwatha 100 ml	1 day

### DISCUSSION

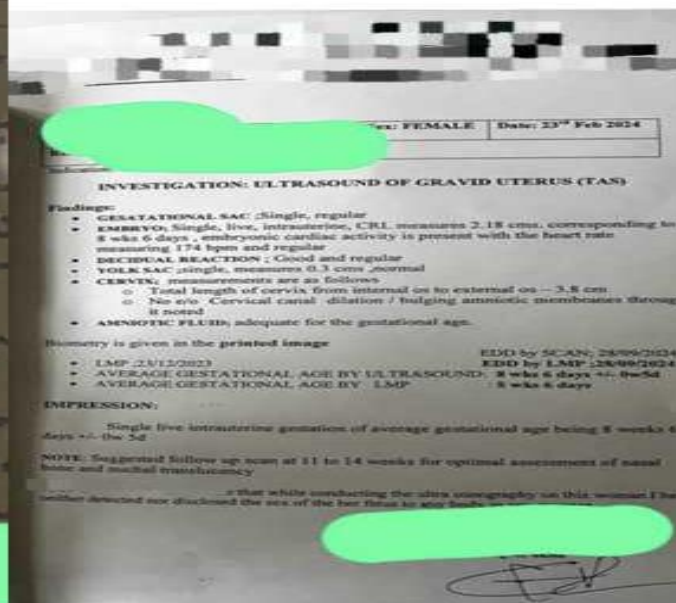
Vatala ahara vihara causes Agni vaishamya leading to Apakwa Uttara Uttara dhatu utpathi which results in Dushita Artava formation. Hence, the treatment protocol (Table 2) adopted should reverse the Samprati resulting in Suddha Artava formation. Deepana Pachana done with Chitrakadi vati and Panchakola phanta is advised to correct the derangement in Dhatwagni, which is responsible for proper production of Artava. This properly formed ahara rasa helps in Garbha Utpathi, Garbha sthapana and Garbha Poshana, by providing sufficient nutrition. Shirodhara with Triphala taila helps in reducing stress and

maintain proper functioning of HPO axis. Further, Shirodhara reduces stress and helps in attaining Soumanasya which is Garbhadharanam Shrestham. Snehana both Abhyantara and Bahya snehana were done. Abhyantara snehana with Phala sarpi which has Agnideepana, Srotoshodaka, Vrishya, Prajasthapana and Yoni pradoshaka properties. Abhyanga with Ksheerabala taila which has Vata samaka and Rasayana property was chosen. Conception will take place in a Suddha Yoni, which is achieved after Sodhana Chikitsa. Sodhana chikitsa helps in Rasadi dhatu poshana, which leads to proper formation of Artava and it further helps for attaining Shreyasi Praja. For Sodhana, Virechana was done with Trivrt Lehya and Triphala Kwatha. Since, Virechana is said to be best treatment for Beeja Karmukatha. Further, by following Garbhini paricharya ensured healthy growth and development of the fetus and an uncomplicated pregnancy.

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**Figure 2-** Early pregnancy scan after treatment completion of 1<sup>st</sup> trimester



**Figure 3-** NT scan showing the successful

**CONCLUSION**

By following general line of treatment like Deepana Pachana and Shodhana helped to improve the overall health and wellbeing of the patient. As, Saumansyam is Garbhadana param Shirodhara helps in correcting Manasika factor which is chief factor responsible for conception and maintenance of pregnancy. Thereby, Ayurvedic management can act as an anti-stress and anti-oxidant agent improving the reproductive health of women and increasing their chances of conception and paves way for healthy progeny.

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