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A Case Report on Successful Management of Recurrent Pregnancy Loss through Ayurveda

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ABSTRACT

Introduction: Infertility is defined as the inability to achieve a successful pregnancy after 12 months or more of regular, unprotected intercourse[1]. PCOS is a heterogenous endocrinal disorder which majorly contributes to infertility for the ovarian factor. Recurrent Pregnancy Loss (RPL), defined as the loss of two or more consecutive pregnancies before the 20th week of gestation[2]. This paper discusses a successful case report of infertility due to PCOS and recurrent pregnancy loss (RPL), highlighting its management through Ayurvedic therapies.

Case report: 28 years old women presented with irregular menstrual cycle with a history of five consecutive early pregnancy losses (6-8 weeks) within the last 4 years of married life. On evaluation diagnosed as PCOS with TORCH infection positive for Cytomegalovirus and Rubella infections during her second pregnancy even after treatment for the same she ends up with next 3 consecutive miscarriage. Treatment protocol was planned considering the principles of *Garbhasravi Vandhyatwa* i.e., *Virechana, Uttarabasti* and *Shamana Chikitsa*.

Results: The patient conceived after the 2 courses of Ayurvedic treatment and regular follow-up, she delivered a healthy Male baby boy.

Keywords: *Infertility, Repeated Pregnancy Loss (RPL), TORCH Infection, Virechana, Uttarabasti*

1. INTRODUCTION

Mithya Ahara and *Vihara* (improper diet and lifestyle) lead to an imbalance in the *Doshas,* causing an increase in *Kapha*, imbalance in *Vata*, impairment of *Agni*, and disturbance in *Pitta*. This initial imbalance triggers the pathogenesis of PCOS, leading to the formation of *Ama*, which first occurs at the level of *Jataragni* and later progresses to *Dhatwagni.*

The impaired functioning of *Rasa Dhatu* due to *Rasa Dhatwagnimandya* results in ineffective formation of *Upadhatu Artava*. This can manifest as *Beejaroopa Artava* (Anovulation or Oligo ovulation) or *Malaroopa Artava* (hypomenorrhea, oligomenorrhea, or secondary amenorrhea). Abnormal formation of *Rasa* leads to a subsequent imbalance in the *Majjadhatu*, affecting *Mastulungamajja*, which governs all bodily movements and functions. This results in impaired gonadotropin secretion, disrupting the Hypothalamo-Pituitary-Ovarian axis and causing hormonal disturbances. Consequently, the androgenic follicular microenvironment inhibits follicular maturation, leading to anovulation and ultimately resulting in PCOS. When the imbalance in doshas progresses to *Shukradhatu* (reproductive tissue), it results in *Vandhyatwa*.

Agni Dushti is a key factor in the manifestation of menstrual abnormalities. Conditions such as *Pushpaghni Jataharini, Vandhyatwa, Arajaska*, *Nashtartava, Lohitakshaya[3], Granthyartava*, and *Ksheenartava* mimic the clinical manifestations of PCOS, a complex endocrine, metabolic, and genetic disorder often associated with insulin resistance, hyperandrogenism, and an imbalance between luteinizing hormone (LH) and follicle-stimulating hormone (FSH). The functions of *Agni* are associated with the *Pitta Dosha*, which governs all thermodynamic and chemo dynamic activities, including the regulation of enzymes and hormones in the body. Therefore, the altered hormone functions seen in PCOS can also be viewed as a

manifestation of *Agni Dushti*. Multiple hormonal systems play a critical role in regulating various bodily functions, including metabolism and reproduction. Stress hormones, such as glucocorticoids (e.g., cortisol), inhibit the body's primary sex hormones, GnRH, thereby suppressing ovulation and sexual activity.

Recurrent Pregnancy Loss (RPL), defined as the loss of two or more consecutive pregnancies before the 20th week of gestation, affects a significant number of women worldwide. The aetiology of RPL is multifactorial, encompassing genetic, hormonal, anatomical, and infectious factors. Among infectious causes, the TORCH group of infections—Toxoplasmosis, Rubella, Cytomegalovirus, and Herpes simplex—are well-documented contributors to early pregnancy loss, intrauterine growth restriction, and other pregnancy-related complications[4].

RPL can be understood as *Garbhasravi* and *Asrija Yonivyapath* to some extent[5]. Ayurveda, with its holistic perspective, emphasizes balancing the body's doshas through detoxification therapies like *Virechana Karma, Yoga Basti*, and *Uttarabasti,* which have shown promise in managing these conditions[6]. This paper presents a successful case report of a patient with PCOS, and recurrent pregnancy loss associated with TORCH infections, detailing the integrative Ayurvedic management approach and its outcomes.

2. PATIENT INFORMATION

28 years old women presented with irregular menstrual cycle with a history of five consecutive early pregnancy losses (6-8 weeks) within the last 4 years of married life. On evaluation diagnosed as PCOS with TORCH infection positive for Cytomegalovirus and Rubella infections during her second pregnancy even after treatment for the same she ends up with next 3 consecutive miscarriage. Later she approached JSS Ayurveda Hospital for further management. On clinical examination her general physical examination was normal, Systemic examination was normal**,** Pelvic Examination P/S, P/V was normal. USG Abdomen & Pelvis suggestive of PCOS**,** TORCH PROFILE - Positive for Cytomegalovirus and Rubella infection. Early Pregnancy Scan on -2021 suggestive of Single live intrauterine gestation of 7 weeks

3. THERAPEUTIC INTERVENTION

Treatment protocol was planned considering the correction of *Agni*, removing *Dhatugata Ama,* and strengthening the *Garbhashaya* and treating the infection. *Virechana* was done using *Deepana* & *Pachana* - Tab Chithrakadi Vati 2-2-2 B/F; Panchakola Phanta 50ml TID B/F. *Snehapana* with Kalyanaka Ghrita & Varunadi Ghrita in *Arohana Krama*. *Sarvanga Abhyanga* and *Bhashpa Sweda* with Mahanarayana Taila x 3 days.

Virechana with Trivrith Lehya 70grams; Draksha Kashaya 200 ml; 22 Vegas– *Kaphanta - Madhyama Shuddi: Samsarjana Krama. BASTI KARMA* followed by consecutive cycle done – *Yogabasti – Niruha Basti* with *Dashamoola Ksheera Basti* 3 days and *Anuvasana Basti* with Mahanarayana Taila for 5 days. *UTTARABASTI* with Mahanarayana Taila for 3 days

4. FOLLOW-UP AND OUTCOMES

Patient underwent (25/4/22) *Yoga Basti* for 8 days *Niruha Basti - Dashamoola Ksheera Basti, Anuvasana Basti* with - Mahanarayana Taila, *Uttara Basti* for 3 days with Mahanarayana Taila. Patient underwent *Virechana Karma* with *Snehapaana* with *Panchatiktaka Guggulu Gritha* For 3 days -(30ml,80ml,120ml), SABS with Brihath Saidhavadi Taila for 3 days *Virechana* with Trivruth Lehya(80gm) + Draksha Kashaya(200ml) had 10 Vegas of *Virechana*. After this follow up patient had her next menstrual cycle on 19/9/2022. Patient came for follow up on 25/10/2022 with h/o amenorrhea and UPT was advised. Patient came with the UPT and USG reports on 27/12/2022. USG on 23/12/2022 – single live intrauterine gestation sac of 8 weeks 2 days. Delivered a healthy male baby on 3/8/2023

5. DISCUSSION

Considering the clinical features, *Samprapthi was* analyzed and the components decided as follows. Polycystic Ovary Syndrome (PCOS) is a heterogeneous disorder of uncertain aetiology, affecting approximately 21% of Indian women of reproductive age, with 30-40% prevalence among teenagers. Notably, 70% of cases remain undiagnosed. PCOS is an endocrine, metabolic, and genetic disorder, often characterized by underlying insulin resistance. Stress hormones, particularly glucocorticoids such as cortisol, inhibit the secretion of gonadotropin-releasing hormone (GnRH), subsequently suppressing ovulation and sexual activity, ultimately leading to infertility[7].

Abnormal *Rasotpatti* leads to disturbances in subsequent *Majjadhatu*, impacting the *Mastulunga-Majja*, which controls all *Jnanacheshtas.* This imbalance results in ineffective gonadotropin secretion, thereby disrupting the Hypothalamo-Pituitary-Ovarian axis and causing hormonal disturbances. In cases of infertility due to PCOS, the use of *Shodana Karma* has proven effective. *Shodana* is a key treatment modality for add/ressing *Rasavaha Srotodushti* and *Santarpanajanya Vikaras*. By cleansing the *Srotas*, normalizing *Agni*, and restoring the *Tridosha (Vata, Pitta, Kapha)* equilibrium, *Shodana* therapy aids in reestablishing systemic homeostasis.

Acharya Kashyapa aptly describes *Virechana Karma* as a treatment that revitalizes the *Beejam Bhavathi Karmukham*[8], addressing disorders of the *Garbhashaya* and conditions arising from *Raktaja Vikaras*. Thus, *Virechana* is considered an

optimal approach for managing such cases[9].

Shodana – Virechana Karma – Garbhadana Samskara – Bheejam Bhavati Karmukam – functioning of Beeja can be understood as ovulation and improving endometrial response for implantation. *Deepana & Pacana – Chithrakadi Vati - Agni Dushti Panchakola Phanta –Pandurogahara, Aruchi*. *Snehapana- Kalyanaka Ghrita – Yoni Rogahara, Vandhyatwa, Graha Roga*, *Abhyanga* with *Mahanarayana Taila – Vatahara*, *Virechana Dravya – Trivrith – Sukha Rechaka, Draksha Kashaya – Vatanulomaka, Rasayana*, *Dashamoola Ksheera Basti – Vatakaphahara, Rasayana, Srotoshodana*. On Discharge *Phalaghrita – Yoni Vikara, Vandhyatwa, Garbhini Roga*, Tablet Leptadine which is Rasayana, Tablet TORCH Free which is Antioxidant and Antiviral. In this present case patient is given *Shodana (Virechana) Karma, Yogabasti* and *Uttarabasti* followed by *Shamana Aushadhis* and the consequence outcome being patient as conceived and followed regular ANC – *Garbhini paricharya* and delivered a male child weighing 3.3kg. The details of *Shodhana (Virechana* and *Basti*) and *Shamana Aushadhis* have been discussed.

Table 1: Timeline of treatment and its outcome

DATE	TREATMENT	OUTCOME
Febrauary 2022	Virechana was done	Patient had regularization of her menstrual cycle
April 2022	Patient admitted for yoga basti & uttara basti	Patient had regularization of her menstrual cycle
May 2022	Oral medications	Patient had regular but anovulatory cycles
August 2022	Virechana	Regular cycles
September 2022	Oral medication	Patient had regular and ovulatory cycles
October 2022	Pt c/o amenorrhea and advised for UPT	--
November 2022	--	Patient tested UPT positive

6. CONCLUSION

Infertility has seen a significant rise over the past decade, driven by a combination of environmental, social, psychological, and nutritional factors. While managing infertility poses a challenge for gynaecologist's, assurance and counselling play a pivotal role in addressing the issue. Promoting awareness about the importance of marriage at an appropriate age, conception at the right time, and adopting healthy lifestyle practices is crucial. Additionally, fostering human values and encouraging societal discussions around reproductive health can contribute to mitigating the rising incidence of infertility. Above case proper evaluation and timely intervention is adopted and that is the key for success.

7. LIMITATIONS

Since this is a single case study, it calls for a larger sample to be studied, before developing a standard protocol for the treatment for infertility recurrent pregnancy loss.

8. DECLARATION OF PATIENT CONSENT

The author certifies that she has obtained patient consent form, where the patient has given consent for reporting the case and other clinical information in the journal. The patient understand that his name and initials will not be published, and due efforts will be made to conceal her identity, but anonymity cannot be guaranteed.

9. FINANCIAL SUPPORT AND SPONSORSHIP

Nil.

10. CONFLICTS OF INTEREST

There are no conflicts of interest.

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