



EFFECT OF *PICHU* OF *KAASHMARI* AND *KUTAJA KWATHA SIDDHA GHRITA* IN SPONTANEOUS ABORTIONS UPTO 20 WEEKS OF PREGNANCY WITH UNKNOWN CAUSE-A CASE STUDY.

Dr. Rini Bhardwaj^{*1}, Dr. Kalpna Sharma² and Dr. Hemprakash³

¹PG Scholar, Prasuti Tantra and Stree Roga Department, Rishikul, Haridwar.

²Head of Department, Prasuti Tantra and Stree Roga Department, Rishikul, Haridwar.

³Assistant Professor, Prasuti Tantra and Stree Roga Department, Rishikul, Haridwar.

***Corresponding Author: Dr. Rini Bhardwaj**

PG Scholar, Prasuti Tantra and Stree Roga Department, Rishikul, Haridwar.

Article Received on 03/08/2019

Article Revised on 23/08/2019

Article Accepted on 13/09/2019

ABSTRACT

The process of pregnancy from conception until delivery is fraught with numerous potential complications. One such complication is spontaneous miscarriage (abortion) or clinically detectable loss of fetus occurring before 20 weeks of gestation. The incidence of early pregnancy loss post implantation can be as high as 31%. Recurrent spontaneous miscarriage (RSM) is occurrence of three or more consecutive spontaneous miscarriages before 20 weeks of gestation. Some however, consider two or more as a standard. It has been shown to be due to known etiologies like anatomic abnormalities, chromosomal aberrations, infections, humoral immune factors, but 40-50% of etiology remains 'unknown' or 'unexplained'. This has inspired great interest in searching potential causes of spontaneous miscarriages and its probable treatment. In *Ayurveda*, spontaneous abortions occur in *Asraja/Raktyoni/Putraghni Yonivyapada*. Also, *Grabha Sraava* and *Grabhpaata* in *Ayurveda*, also denote abortions. Another concept of *Jaatharini* in *Ayurveda*, says that due to unrighteous acts of the couple the women has repeated pregnancy loss. As *Uttarbasti* of *Kutaja* and *Kaashmari Kwatha siddha Ghrita* is indicated in *Raktayoni, Arajaska, Putraghni Yonivyapada* by *Acharya Charaka*^[1], a case study was done on *Pichu* (due to its convenience to patient instead of *Uttarbasti*) of *Kutaja* and *Kaashmari Kwatha siddha Ghrita* in *Stree rog* and *Prasuti Tantra* OPD and IPD of *Rishikul Rajkiya Ayurved college and hospital*, Haridwar. A 26 year female having no specific causes of secondary infertility was treated with *Pichu* of *Kutaja* and *Kaashmari Kwatha siddha Ghrita* in OPD/IPD of Hospital.

KEYWORDS: Spontaneous miscarriage, Unexplained, *Pichu*.

INTRODUCTION

According to W.H.O Abortion is the expulsion or extraction from its mother of an embryo or fetus weighing 500 gm or less when it is not capable of independent survival. This 500 gm. of fetal development is attained approximately at 22 weeks (154 days) of gestation. The expelled embryo or fetus is called abortus.^[2]

Abortion is classified as spontaneous abortion and induced abortion.

Spontaneous Abortion- The term miscarriage is the recommended terminology for spontaneous abortion. When abortion occurs without medical or mechanical means to empty the uterus, it is referred to as spontaneous abortion.

In *Ayurveda*, according to *Acharya Charaka* due to excessive use of articles capable of aggravating *Rakta* and *Pitta*, the *Rakta* situated in reproductive organs of female gets vitiated by *Pitta*, and then, even after achievement of conception there is excessive bleeding per vagina. This condition is known as *Asraja/Raktyoni Yonivyapada*.^[3]

Acharya Charaka has said that *Vayu* aggravated due to predominance of *Ruksa* properties (due to consumption of dry diet and use of identical mode of life) in the body, repeatedly destroy the fetus from vitiated *Shonita* (abnormalities of *Shonita* produced by *Vayu*) called as *Putraghni Yonivyapada*.^[4]

According to *Sushruta*, *Ritu* (season or fertile period) *Kshetra* (reproductive organ), *Bija* (sperm and ovum), *Ambu* (proper nutrient fluid), clarity or normalcy of *Hridaya* or psychology, properly functioning *Vayu*

(normal nervous system) and Sadbhawas (mother, father, Atma, Satwa, Satmya and Rasa) are important for conception. Abnormality in anyone of these can cause Infertility.^[5]

AIMS AND OBJECTIVES

To Study the effect *Pichu* of *Kutaja* and *Kaashmari Kwatha siddha Ghrita* (Secondary infertility)- A case study.

MATERIALS AND METHODS

Place of work – OPD/IPD of Stree Rog and Prasuti Tantra department. Rishikul Rajkiya Ayurveda college and hospital, Haridwar.

CASE REPORT

- A 26 years married (Married life -5years)female patient came to OPD of stree Rog and Prasuti Tantra department of Rishikul Ayurved hospital, Haridwar, on 15/06/2018 with the chief complaint of wants issue.

Past menstrual history- duration 4-5 days and interval 28-30 days, painful, normal in volume and regular

- Obstetric history- G0 P0 A2.
- A1-1.5 month fetus S.A. in 2013
- A2-2 month fetus S.A.in 2014

Family history- No major complaints in the family
Past history-Took allopathic treatment from other clinics 2 years ago , no surgical history.
Last menstrual period- 4/06/ 2018.

General examination

BP -120/70 mm of Hg, P- 80/min, RR- 18-20/min, weight 60 kg, Appetite-normal, Thirst -normal, Bowel-Regular, Urine-Normal, Sleep -normal
Systemic Examination-

RS- B/L air entry present. no added sound, CVS- S1 and S2 normal, CNS-

conscious, well oriented with person, time and place.
P/A- soft, non tender No splenomegaly no hepatomegaly.
P/S-Thick white discharges present, cervix -healthy
P/V- normal, fornices- clear, non tender
Investigation-

General Tests

- CBC, ABO Rh, BT, CT, TLC, DLC, E.S.R, RBS were normal.
- Serum Test-Thyroid profile-normal, TORCH screening had normal values, HIV-N.R. VDRL-N.R., HbsAg -N.R.
- Urine routine and microscopic- Showed Normal values
- USG (lower abdomen) to exclude anatomical abnormalities was normal.

Semen analysis of husband – normal

Treatment Plan- 5th, 6th,7th,8th,9th,10th,11th day (6-7days)of each cycle after clearance of bleeding P/V of each menstrual cycle for 3 months.

- 1st month 5th,6th,7th,8th,9th,10th,11th day
- 2nd month 5th,6th,7th,8th,9th,10th,11th day
- 3rd month 5th,6th,7th,8th,9th,10th,11th day

A *Pichu* of *Kaashmari* and *Kutaja Kwatha* was administered on these sittings. After treatment of 6-7 days each moth patient was advised to have coitus.

Selection of Drug

Required raw drugs *Kaashmari* and *Kutaja Bark* were identified by *Dravya Guna* Department and selected. Preparation of *Kaashmari* and *Kutaja Kwatha Siddha Ghrita* was made in Hans Pharmacy of Prem Nagar Ashrama (Sidkul) Haridwar. The *Kaashmari* and *Kutaja Kwatha Siddha Ghrita* was selected due to following properties-

Kaashmari

It is *Tridoshshamaka* as well as *Garbhasthapaka*. Due to *Kashaya, Tikta, Madhura Rasa*, it is *Rakta Pittshamaka*. As *Rakta-Pitta* being the root cause of *Raktyoni*, it will help in *Shamana* of *Raktyoni/Asraja* as well as *Garbhsthanpan*. Due to *Ushna Veerya* it is *Vata, Kapha Shaamaka*. It is also *Shothhara*. As *Raktapitta* being the root cause of *Raktyoni* it will help in *Shaman* of *Raktapitta*.

Kutaja-

Due to *Tikta* and *Kashaya Rasa* and *Sheeta Virya*, it is *Raktashodhaka* and *Raktstambhaka*.So it will help to stop bleeding.

Ghrita-

Ghrita is Madhura, Kashaya, Guru, Sheeta helps in *Pittshamana* and *Garbhasthapanana*.

Preparation of Ghrita: *Ghrita Siddha* with *Kaashmari* and *Kutaja Kwatha* was made with (4kg) *Murchita Ghrita* .16 litre decoction of *Kaashmari* and 16 litre decoction of *Kutaja* (1/8 then 1/4 remaining)(३१.३.९),of 1 kg *Kalka* of *Kaashmari* and 1kg *Kalka* of *Kutaja* was taken (३१.३.९/२/८).It was heated (*Madhayam Paaka*) in low flame. *Kashmari* and *Kutaja Kwatha Siddha Ghrita* was cooled by stirring it continuously at room temperature.

Murchana Dravya for Ghrita--

Amalaki, Vibhitak, Haritaki, Nagarmotha, Haridra, Matulungnimbu swaras.

Each content in equal amount (1toला) (ॐ. रत्नावली,ज्वरे) was taken for preparation of *Murchita Goghrita*.

Drug Dose – Quantity which can be soaked in *Pichu* fully.

Procedure-Snehana with *Bala Tailam* was done for 10 minutes followed by *Swedana* with hot water bag was done for 10 minutes in pelvic region both anteriorly and posteriorly.

A Cusco's speculum was applied to visualize cervix. Cervix and vagina were cleaned with betadine antiseptic solution with help of sponges using sponge forcep (in order to clean discharges from cervix). Then a *Pichu* soaked in abovesaid *Ghrita* was applied vaginally and cuscus speculum was withdrawn gently outside the vagina. The patient was allowed to rest for 2 hours.

Follow Up

1st Month-

C/O -Wants issue, Vaginal discharges P/V

T/t- *Pichu* was applied for 6-7 days after menstrual bleeding P/V stopped.

2nd Month –

C/O -Wants issue

T/t- *Pichu* was applied for 6-7 days after menstrual bleeding P/V stopped.

3rd Month –

C/O -Wants issue

T/t- *Pichu* was applied for 6-7 days after menstrual bleeding P/V stopped.

4th Month

C/O – overdue menses of 8 days

UPT advised which was positive, pregnancy confirmed.

Further investigations, USG obs. advised

OBSERVATION

A female patient having 2 repeated spontaneous abortions upto 20 weeks (secondary infertility) was taken for study after proper clinical and laboratory investigation.

This case was thoroughly examined to rule out any cause of recurrent spontaneous abortions but there was no specific cause and unknown cause of abortions was studied.

The effect of the treatment was studied to evaluate its efficacy in the management of spontaneous abortions of unknown cause. The treatment was given on 5th, 6th, 7th, 8th, 9th, 10th, 11th day (6-7 days) of each cycle after clearance of bleeding P/V of each menstrual cycle for 3 months. A *Pichu* of *Kaashmari* and *Kutaja Kwatha* was administered on these sittings and after 6-7 days of treatment patient was advised to have coitus in order to conceive in ovulatory days. Also, patient and her husband was counselled psychologically to remove any stress, live happily take less work load, be physically fit

have tender ,love and caring for each other mutual understanding ,proper hygiene, proper diet etc.

In 4th month patient came with overdue menses of 8 days UPT was positive. USG and other antenatal investigations (like routine as well as doppler USG) were advised also routine medicines like folic acid and other medicines were advised, vaccination (tetanus) was done at proper time. She also had fever during pregnancy for 1 month which was examined and found to be typhoid and was treated with appropriate drugs. Full Antenatal care of Patient was done under regular antenatal checkups in OPD of rishikul Hospital Haridwar under our supervision. She delivered vaginally after 9 months a female baby which was thoroughly examined and found to be healthy. There were no complications during labour and birth of baby to mother and child.

CONCLUSION

Through this study we can conclude that A *Pichu* of *Kaashmari* and *Kutaja Kwatha* was effective in this patient to conceive and to continue pregnancy till birth of baby successfully. It can be concluded that the properties of drugs used like *Raktpittashamaka*, *Garbhasthapaka* worked in favour. Also the role of *Pichu* (method of application of drugs locally) had more absorption through fornices vaginal walls and cervix into the blood circulation or in these organs. It may have worked in increasing *Balya* of these organs in order to continue pregnancy and supply necessary nutrition and hormones to the fetus during pregnancy. Moreover these drugs have played role in increasing the *Satmya* factor of Uterus which became more receptive to hold fetus for 9 months and functioning properly. Also *Vatashamaka* property of *Ghrita* played role in establishing and continuation of pregnancy till term. More researches should be done on *Pichu* of *Kaashmari* and *Kutaja Kwatha* in order to achieve pregnancy and continuing it successfully through *Ayurveda* in order to compete with new modern invasive costly artificial reproductive techniques. As Indian Medicine provides so many wonderful solutions to abovesaid problems of females these methods should be profoundly researched and globally advertised to help humanity.

REFERENCE

1. Charak, charaka samhita, ed. By Satyanarayan Shastri, reprint, Varanashi: chaukhambha Bharati academy, 2003; 30/100-101.
2. D.C. Dutta's, Textbook of Obstetrics, Hiralal Konar, 7th Edition, Ch. 15, 158.
3. Charak, charaka samhita, ed. By Satyanarayan Shastri, reprint, Varanasi: chaukhambha Bharati academy, 2013; Part 2, C.Chi30/16, 842.
4. Charak, charaka samhita, ed. By Satyanarayan Shastri, reprint, Varanasi: chaukhambha Bharati academy, 2013; C.Chi30/28, 844.
5. Sushruta, Sushruta *Samhita*, eds. Ambica D. shstri, Varanashi: chaukhambha bharati academy, 2005; S.S.Sha. 2/33.