



**AYURVEDIC MANAGEMENT VANDHYATWA, BAD OBSTETRIC HISTORY W.S.R TO
LUPUS ANTICOAGULANT- A CASE STUDY**

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ABSTRACT

Motherhood is boon to a woman. According to WHO 10% of woman are suffering from infertility and 10-20% are afflicted with spontaneous loss of pregnancy before 20th week. If this pregnancy loss is 3 or more times consecutively it is considered as Habitual Abortion. The Habitual Abortion is a heterogenous condition with number of possible causes and lupus anticoagulant infection is one among them. During the formation of *Garbha* due to vitiated *Shonita* the product of conception expels before viability repeatedly is considered as *Putragni Yonivyapad*. This article gives a detailed description of a case of Positive lupus anticoagulant with repeated pregnancy loss treated successfully with Ayurvedic management.

KEYWORDS: Habitual abortion, Lupus anticoagulant Infection (LA), *Putragni Yonivyapad*.

INTRODUCTION

To have healthy progeny maintenance of pregnancy till term is very important. But sometimes due to various causes the pregnancy will not be continued up to term which is very distressing for a couple and obstetricians alike, it affects around 10-20% of pregnancies. If the consecutive pregnancy loss is 3 or more times before the 20th week of gestation is called as Habitual Abortion. There are many possible causes for miscarriages like congenital abnormalities of uterus, endocrine disorders, ovulatory dysfunction and infections. Lupus anticoagulant is one among the possible causes which may lead to repeated pregnancy losses. The lupus anticoagulant (LA), most commonly an immunoglobulin, is an immediate-acting coagulation inhibitor found in a variety of autoimmune disorders and sometimes found in otherwise healthy individuals.^[1] It appears to be directed specifically against the phospholipid's moiety of prothrombinase complex formed by the interaction of factors Xa, Va, platelet phospholipids, and calcium.^[2] It was first described in 1952.^[3] and its strong association with thromboembolic phenomenon, spontaneous miscarriage, and stillbirth was established.^[4-6] In our classics, various references are available for Habitual abortion. *Putraghni Yonivyapad*^[7] is one among the *yonivyapad* explained by our acharyas for repeated pregnancy loss. If any of the *Yonivyapad* is untreated in a due course of time leads to *Vandhyatva*. As explained in classics *Garbhini Paricharya* and *Garbhachalana chikitsa* helpful in maintaining pregnancy and prevents *Garbhapata*. Hence in this article a case of repeated

foetal loss due to positive LA is treated successfully with Ayurvedic management has been discussed in detail.

AIMS AND OBJECTIVES

1. To analyse the *Putragni Yonivyapad*.
2. To analyse Habitual Abortion due to positive lupus anticoagulant.
3. To analyse the *Putragni Yonivyapad* W. S. R. recurrent pregnancy loss due to positive LA.
4. To access the effect of Ayurvedic medicines in the management of *Putraghni Yoni vyapad* W.S.R to positive LA.

Medical history

A 32 years old female Hindu patient who is working as accountant visited OPD of department of Prasuti Tantra & Stree Roga at S.D.M.I.A.H, Bengaluru on 20/2/2020 with complaints of No issues since married life with a history of recurrent miscarriages from 5 years. Her menstrual cycles were regular. She was k/c/o hypothyroidism from past 5 years and was on treatment for the same.

Obstetric history

G₂P₀ A₂ L₀ D₀.

A₁: 5 months -intra uterine death.

A₂: Spontaneous miscarriage at 3 month- spontaneous miscarriage.

After the 2nd miscarriage she visited to our hospital with a report of Lupus Anticoagulant Positive i.e., 61.9 GPL.

Diagnosis & assessment: *Putragni Yonivyapad*, Habitual Abortion due to Lupus Anticoagulant Positive.

Prakriti: *kapha pradhaana vatanubhandi*.

Therapeutic focus

It was mainly classified as

- *Shodhana*
- *Shamana*
- *Samanya garbhini paricharya*
- *Garbha sthapakagana*
- *Garbha chaalana chikitsa*
- *Vatahara chikitsa*

The treatment arranged accordingly

- *Shodhana:* course of *Virechana*, *Snehapana* with *Panchatikta Guggulu Ghrita*.
- *Shamana:* *varunadi Kashaya*, *bilwativati*, *torchnil capsule*, *shatapushpa churna*.

- *Samanyagarbhini parichay*^[8]: *Masaanumasika garbhini paricharya* which is explained in the classics from 2nd month to till term.

2nd & 3rd month: *ksheera*, *madhuroushadha*

4th month: *navaneetha*, *laksha*

5th & 6th month- *ksheera*, *sarpi*

7th month- *ksheera*, *sarpi*, *madhuroushadha*

8th month- *asthanabasti*

9th month- *anuvasana basti* and *yoni pichu* with *dhanwantara taila*.

- *Garbhasthapaka gana:* *Garbharakshakashaya*, *Leptaden*, *cap torchnil*.
- *Garbhachalana chikitsa:* *Draksha*, *Panchavalkala kwatha* 30ml QID. *Nagakesara churna*, *dadima patra churna* etc.
- *Vataharachikitsa:* *Bruhatvata Chintamani Rasa* with *gold 1-0-0*.

Management during pregnancy: Urine pregnancy test positive on 31/8/2020.

No	Complaint	Dietary regimen	Medicines	Garbhachalanachikitsa	Investigations
First trimester	Weakness	According to <i>masanumasikagar bhiniparicharya</i>	<ul style="list-style-type: none"> • <i>BVC</i> with gold 1-0-0 • <i>Panchavalkalaqwatha</i> • <i>Tab. Leptaden 1-1-1</i> • <i>Bilwativati 1-1-1</i> • <i>Cap. Torchnil 1-0-1</i> • <i>Garbharakshaka Kashaya</i> 2tsf TID. 	<ol style="list-style-type: none"> 1. <i>Yestimadhu + draksha + chandanadwaya + milk</i> 2. <i>Nagakesara+ sugar + milk</i> 	<p>Early pregnancy scan - single live intrauterine pregnancy with gestational age of 7weeks 4days.</p> <p>Random blood sugar - within the normal range.</p> <p>Haematological investigations: normal</p> <p>Maternal screening-triple marker-normal</p>
Second trimester	WEAKNESS	According to <i>masanumasikagar bhiniparicharya</i>	<ul style="list-style-type: none"> • <i>BVC</i> with gold (1 tab - OID) • <i>Tab. Leptaden 1-1-1</i> • <i>Bilwativati 1-1-1</i> • <i>Cap. Torchnil 1-0-1</i> • <i>Limiron granules 2tsf-0-2tsf</i> 	<ol style="list-style-type: none"> 1. <i>Ushira + Chandana + Nagakesara + Dhataki Pushpa + Sugar + Gritha + Milk</i> 2. <i>Leaves of Dadima + Chandana + Honey</i> 	<p>Anomaly scan - single live intrauterine pregnancy with gestational age of 19weeks 5days, No obvious congenital abnormalities.</p> <p>Maternal screening (Quadruple Markers test) - Normal</p>
Third trimester	Edema Hypertension	According to <i>MasanumasikaGarbhiniParicharya</i>	<ul style="list-style-type: none"> • <i>BVC</i> with gold (1 tab - OID) • <i>Tab. Leptaden 1-1-1</i> • <i>Bilwativati 1-1-1</i> • <i>Cap. Torchnil 1-0-1</i> • <i>Limiron granules 2tsf-0-2tsf</i> • <i>Kalyanakaghrita 1tsf-0-1tsf</i> 	<ol style="list-style-type: none"> 1. <i>Yestimadhu + Draksha + Chandana Dwaya + Milk</i> 2. <i>Nagakesara + Tagara + Bilva + Karpura + Milk</i> 3. <i>Nagakesara + Sugar + Milk</i> 	<p>Thyroid profile – within normal range.</p> <p>Term scan: Single live intrauterine pregnancy with gestational age of 33 weeks 5days. Liquor: adequate Placenta: grade 2 maturity Estimated foetal weight 2294±229.4grms Foetal heart rate:146bpm</p>

Outcome

She was advised to undergo elective caesarean section due to precious pregnancy and increased weight(109kg). With a written consent she underwent Elective caesarean section and delivered a healthy female baby on 26/03/2021 at 9:53AM with a baby weight of 3.7 kgs.

APGAR score was normal. Both baby and mother were healthy.

DISCUSSION

Shodhana

Pitta and *rakta* are considered as *Dosha* according to *charaka* and *Shusrutha* respectively and any infections in

the body will be due to *Doshadusti* and to normalize the *doshas* in the body and pacify the vitiated *doshas*. *Shodhana Chikitsa* has been explained in the classics which are considered as the best Purificatory therapies in Ayurveda among them *Virechana* is the treatment mentioned for *Pitta* and *Rakthadosha*. TORCH is a viral infection which causes the *rakthadushti* which in turn related with *pitta vikruti*. Hence *virechana* is advised. *Virechana* Drugs having the property like *Ushna*, *Tikshna*, *Sukshma*, *Vyavayi* and *Vikasi* by virtue of their own potency it reaches the vessels and circulates all over body by *Vyanavayu*. Due to their *Ushna* nature, they liquefy the compact *doshas* and because of their *Tikshnaguna*, they separate the adhered *doshas* located in the gross and subtle channels of the entire body, from which *doshas* flows towards the gastro-intestinal tract, this morbid material reaches the stomach and gets propelled by *Apana Vayu*. All these drugs are having *TridoshaShamaka* property thus bringing the *Doshas* to near a state of equilibrium. Role of *Virechana* on one hand is to tackle the pathogenesis and another is to improve better drug absorption. In addition to the acceptability and popularity it is considered as the best treatment for removal of morbid and increased *pitta*, and it is more useful in eradicating the disease originated from the vitiated *pitta doshas* from the body and purifies the blood, by removing the toxins from the body.

Shamanam: The medicines like *varunadikashaya*, Torchnil capsule^[11] are potent ayurvedic medicines that is known to treat disorders aggravation of *pitta* and *kaphadosha*. By the action of anti-viral, anti-inflammatory and anti-oxidant properties.

Samanyagarbhiniparicharya & Garbhinirasayana: *garbhiniparicharya* plays a vital role in maintain a healthy pregnancy. Classics have explained in detail about month wise *garbhiniparicharya* to avoid the

untoward effect to the mother and foetus. Vomiting and nausea are the two main symptoms during the 1st trimester of the pregnancy due to which the pregnant women is not able to consume food in proper quantity, Dehydration which is caused due to this can be prevented with *sheeta* and *madhura rasa dravyas* and thus supply nutrition. Being anabolic in its activity *madhura rasa dravya* helps in maintaining health of both mother and foetus. In 2nd trimester growth of muscular tissue is observed in foetus; hence the mother will need protein in larger quantity which is supplied by using *mamsa rasa* and *navaneetha*. In the beginning of 3rd trimester most of the women suffer from oedema of the feet and other complications of water retention which can be prevented by using *gokshura* which is a natural diuretic. Other drugs of *vidarigandhadigana* help to maintain the health of mother and foetus due to its multiple properties like diuresis, anabolic nature and relieves emaciation, and is *kaphapittaghna*. Constipation is one more complication observed during this time due to presence of gravid uterus over the bowels, it is relieved by enema which helps to maintain the autonomous nervous system to govern the myometrium and help in proper labour. In pregnancy by following the *garbhiniparicharya* and *rasayana* will help to prevent the complications occurring during pregnancy and minimise the intake of medicines.

Garbhachalanachikitsa: Classics have mentioned *garbhachalanachikitsa* in order to prevent early expulsion of fetus and preventing loss of pregnancy.

Acharyas have explained month wise treatment of this condition including maximum of *madhura rasa*, *vipaka* and *sheetha virya dravyas* which provides proper nourishment and stability to fetus and preventing early expulsion.

MONTH	DRUGS	FEATURES
1 st month	<i>Madhuka, Mridwika, Chandana dwaya</i>	<i>Brmhana, Shonithasthapana</i>
2 nd & 3 rd month	<i>Nagakesara, Tagara, Bilva, Karpura</i>	<i>Shonithasthapana, Chardinigraha, Sangrahi</i>
4 th month	<i>Ushira, Chandana, Nagakesara, Dhatakipushpa</i>	<i>Angamardaprashamana, Garbhasthapaka, Chardinigraha</i>
5 th month	Leaves of <i>Dadima, Chandana</i>	<i>Laghu, Brmhana</i>
6 th month	<i>Krishna Mrithika</i> (black Soil)	Essential Minerals - Iron, Calcium, Etc Prevent Parasites Within Gut
7 th month	<i>Ushira, Gokshura, Nagakesara, Lajjalu</i>	<i>KaphaVata Hara, Balya, Brmhana</i>
8 th month	<i>Pippali, Lodhra</i>	<i>Sthambhana(sheeta Guna), ShoolaPrashamana</i>

Garbhasthapakagana: The medicines *Garba Raksha Kashaya*^[12], Lapeden contains drugs like *Bala, Draksha, Badra, Gokshura, Yavani, Panchavalkala*. Acharyas have explained these drugs in *Garbhasthapakaushada* and *Garbhasravachikitsa* for recurrent miscarriages, it includes maximum of *madhura* and *Kashaya rasa*,

Madura vipaka and *sheethaviryadravyas* which provides stability and nourishment to the foetus and preventing early expulsion.

Vataharachikitsa: Maintaining the *prakrutaavastha* of *vatadosha* is important to avoid the complications like

garbhavyapad or *garbhiniyapad*. *bruhatvata Chintamani rasa with gold*, kalyanaka ghrita such preparations help to maintain the normalcy of *vata-dosha*, even it does the *Rasayana* and *balya* effect.

CONCLUSION

Result of this study shows that Ayurvedic treatment protocol plays a vital role in treating *vandhyatva* due to *putragniyonivyapat* and preventing recurrent miscarriages. *Garbha Srava* and *Garbhasthapana chikitsa* mainly helps in *garbhavridhhi* and preventing *chyuti* of *garbha* before *prakruthaprasava kala* by enhancing all *gunas* of *garbha* like *ayu*, *bala*, *Varna*, etc and aiming at healthy foetus to healthy mother. The treatment did not show any type of adverse effects during her antenatal, Intranatal and post-natal period.

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