

**EFECCACY OF MASANUMASHIK GARBHASRAVAHARA DRUGS UPTO 18 WEEKS ON
GARBHA SRAVA W.S.R. TO RECURRENT PREGNANCY LOSS- ACASE REPORT**

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ABSTRACT

Having a child is ultimate desire not only to the mother but to the whole family. God has gifted woman with the ability to keep the human species alive via giving birth to new ones. Each and every pregnancy is unique and special in its own way as every woman shows different characteristics and complications at the time of pregnancy. Now a days recurrent pregnancy loss is one of the most challenging complications during pregnancy. Ayurveda gives a vast knowledge about formation and development of “*Garbha*” and its pathology. Acharya Sushruta termed the expulsion of foetus up to fourth month of pregnancy is termed as “*Garbhsrava*” because the products of conception are liquid, thereafter in fifth and sixth months it is termed as “*Garbhapata*” because by this period the foetal parts have attained some stability or have become solidify. Acharya Sushruta has described the treatment to prevent this month-wise pregnancy loss. Present study was framed to establish an Ayurvedicway of management to recurrent pregnancy loss requiring minimal hospital visits. Considering the prevalence of this disease, we have planned this study and selected *Masanumashik Garbha Sravahara* drugs as *Ksheer Paka* which is given orally.

KEYWORDS: *Garbha Sarva, Garbha Pata, Masanumashik Garbha Sravahara Chikitsa.*

INTRODUCTION

Ayurveda is always described as a holistic science. Word Ayurveda itself is a combination of two words that is *Ayu* means life and *Veda* which means science, so the Ayurveda is the science of life that deals with each and every aspect of life. Both men and women are gifted a special power of reproduction, but a woman shares the major responsibility. Women has the power to give a childbirth which is a most miraculous and mesmerizing processes of nature. Pregnancy loss and miscarriage always strike fear into the hearts. Experiencing the loss is very difficult and painful for the couples involved. Recurrent miscarriage is one of the most distressing, stressful disorders encountered in reproductive age group. According to WHO about 75% miscarriages occur before the 16th week and of these about 80% occur before the 12th week of pregnancy. Abortion incidence in India it is estimated that 15.6 million abortion take place per year.

CASE REPORT

A 28year old married woman visited the OPD of *Prasuti Tantra* and *Stree Roga*, Rishikul Ayurvedic Medical College and Hospital, on 10 November 2023 with UPT

positive and having previous history of pregnancy losses and c/o of thick white discharge p/v with backache since 10 days. No Past history of H/O DM/HTN/Thyroid dysfunction or any other medical or surgical history. No history of similar problem in any of the family members. Her Married life is about 10 years and she is a Vegetarian and her Appetite is Good, Bowel is Once / day, Regular, Micturition is 4-5times/day 1-2times/Night, Sleep is Sound.

Menstrual history

Age of Menarche	12 yrs
Menstrual cycle	3-5 days / 28-32 days
L.M.P	30/09/2023
E.D.D	06/07/2024
P.O.G	6 weeks

Obstetric history – G5P2A2L0

P1- 5 years female child died d/t dog bite 3 years back
P2- 8 months male child died d/t high fever 5 month back

A1- 3.5 month of gestation age S.A. 3 years back

A2- 2 month of gestation age S.A. 2 years back

General examination

Built– Moderate	Weight – 68 Kg
Nourishment - Moderate	Height – 156 cm
Pulse rate – 76 bpm	Lymph node- not palpable
Temperature – 98.4 ⁰ F	Thyroid gland- not enlarged
B.P – 126/80 mmhg	Pallor- absent
Respiratory rate -18/min	Oedema- absent

P/A:	Inspection: Normal contour of abdomen, umbilicus is centrally placed. Palpation: Soft abdomen, Tenderness absent, No organomegaly present. Percussion: No fluid thrill present. Auscultation: Bowel sound present.
P/S:	Thick mucoid discharge +, cervix- healthy, OS- parous, Fornices clear.
P/V:	AV uterus, Thick mucoid discharges +, Tenderness absent on all vaginal walls

Intervention: *Masanumashik Garbha Sravahara* drugs as *Ksheer Paka* which is given orally up to 18 weeks or 4 months.

Masanumasika Garbhasrava Chikitsa (SU.SHA.10)

1. Month- *Yasthimadhu, Shaakbija, Ksheera Kakoli, Suradaru.*
2. Month- *Ashmantaka, Kala Tila, Manjistha,*

Shatavari.

3. Month- *Vrikshadani, Priyangu, Utpala, Ksheera Kakoli, Sariva.*
4. Month- *Ananta, Sariva, Raasna, Yasthimadhu, Padma.*

Dose of medicine- 2 Pala (96ml) BD before meal.

OBSERVATION AND RESULTS

Table 1: Changes in signs and symptoms Pregnancy and Current pregnancy after treatment.

Signs and Symptoms	Pregnancy (Without treatment)	Pregnancy (With treatment)
Vaginal discharges	Thick discharge present with foul smell	Absent
Pain (Uterine contraction)	Present	Absent
Pain in lower abdomen	Present	Absent
Backache	Moderately present	Mildly present
Bleeding p/v	Present	Absent

DISCUSSION

Vata maintain abnormality in reproductive organs, *Kapha* is main dosha governing first trimester to give Stability to foetus and *Rasa* and *Pitta* are responsible factors for foetal nutrition in first trimester. This phenomenon will necessarily contribute in preventing the process of abortion in present scenario of life. Common causes of miscarriage in the first trimester are genetic factors, endocrine disorders, thyroid abnormalities, infections, ectopic pregnancy, molar pregnancy, blighted ovum or genetic termination. Our Acharyas have given numerous causes of *Garbha Srava* and *Garbha Pata* which are known as *Garbha Upghatkar Bhava*. They may be categorized as *Aaharaj* and *Viharaj Bhav*. *Aaharaj Garbh Upghatkar Bhava* includes *Ushna, Tikshna, Vidahi*, consumption of excessive *Kshara*, emetics, purgatives, all negative emotions like anger frustration, stress, grief, due to coitus, travelling in a carriage, riding on a horse, journey on foot, staggering or stumbling, falling from height as a palace, etc, compression, running fast, sleeping or sitting in uneven place can be included in *Viharaj Bhav*. Causes of *Garbha Srava* may also be categorized as *Sharirik, Manasik*, and *Aagantuj*, the same is described in contemporary science. Pregnant women should follow *Nidan Parivarjan*, and the medicines described. The maximum drugs described by Acharya Sushruta are *Garbh Sthapak, Garbhashaya Shothahar,*

Balya, Rasayan, Shonit Sthapana, Chhardi Nashak, Vishaghna, Krimighna, Sothahara, Madhur rasa, Sheet Virya which helps to provide nutrition to maintain a healthy pregnancy.



निःशुल्क जाँच योजना (Free Diagnostic Services)

National Health Mission, Government of Uttarakhand



Patient Name	: SWEETY	Registered On	: 31/Jan/2024 11:43:16
Age/Gender	: 28 Y 0 M 0 D/F	Collected	: 31/Jan/2024 11:44:10
UHID/MR NO	: UKNH.0001661080	Received	: 31/Jan/2024 15:00:15
Visit ID	: UK036-2324-008727	Reported	: 31/Jan/2024 17:46:34
Ref Doctor	: Dr.RUKUSAR PARVEEN	Status	: Final Report
		Contract By	: CHC BAHADARABAD

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
Blood Group (ABO & Rh typing) ** , Blood				
Blood Group	B			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
Rh (Anti-D)	POSITIVE			ERYTHROCYTE MAGNETIZED TECHNOLOGY / TUBE AGGLUTINA
RAPID PLASMA REAGIN ** Sample:Serum	NON REACTIVE			FLOCCULATION TEST

Interpretation:

Note: Titers of 1:8 and above are significant

Comments:

This is a screening test for syphilis which is useful for following the progression of disease and response to therapy. Rising titers are of immense value in confirming the diagnosis. Biological false positive reactions exhibit low titers and are seen in conditions like Viral fevers, Mycoplasma infection, Chlamydia infection, Malaria, Immunizations, Pregnancy, Autoimmune disorders & past history of treponemal infection, It is advisable to confirm the diagnosis by tests such as TPHA & FTA-ABS.

Prothrombin Time (PT) ** Sample:Plasma	12.00	Sec	11-15	MECHANICAL CLOT DETECTION
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Interpretation:

The test is used for the determination of the blood clotting factors II, V, VII and X (factors assays), for monitoring oral anticoagulant therapy, for diagnosis of acquired or inherited bleeding disorders.

Complete Blood Count (CBC) **

TLC (WBC)	8,370.00	/Cu mm	4000-10000	ELECTRONIC IMPEDANCE
RBC Count				
RBC Count	4.18	Mill./cu mm	3.7-5.0	ELECTRONIC IMPEDANCE
Haemoglobin	9.50	g/dl	1 Day- 14.5-22.5 g/dl	



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DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
			1 Wk- 13.5-19.5 g/dl 1 Mo- 10.0-18.0 g/dl 3-6 Mo- 9.5-13.5 g/dl 0.5-2 Yr- 10.5-13.5 g/dl 2-6 Yr- 11.5-15.5 g/dl 6-12 Yr- 11.5-15.5 g/dl 12-18 Yr 13.0-16.0 g/dl Male- 13.5-17.5 g/dl Female- 12.0-15.5 g/dl	
Blood Indices (MCV, MCH, MCHC)				
MCV	70.60	fL	80-100	CALCULATED PARAMETER
MCH	22.70	pg	28-35	CALCULATED PARAMETER
MCHC	32.10	%	30-38	CALCULATED PARAMETER
RDW-CV	15.60	%	11-16	ELECTRONIC IMPEDANCE
RDW-SD	43.10	fL	35-60	ELECTRONIC IMPEDANCE
Platelet count				
Platelet Count	2.59	LACS/cu mm	1.5-4.0	ELECTRONIC IMPEDANCE/MICROSCOPIC
PDW (Platelet Distribution width)	15.90	fL	9-17	ELECTRONIC IMPEDANCE
P-LCR (Platelet Large Cell Ratio)	40.80	%	35-60	ELECTRONIC IMPEDANCE
PCT (Platelet Hematocrit)	0.30	%	0.108-0.282	ELECTRONIC IMPEDANCE
MPV (Mean Platelet Volume)	11.70	fL	6.5-12.0	ELECTRONIC IMPEDANCE
DLC				
Lymphocytes	19.00	%	25-40	ELECTRONIC IMPEDANCE
MXD %	7.00			
Polymorphs (Neutrophils)	74.00	%	55-70	ELECTRONIC IMPEDANCE
ESR				
Observed	20.00	Mm for 1st hr.		
Corrected	6.00	Mm for 1st hr.	< 20	
PCV (HCT)	29.50	%	40-54	



Mukesh Mishra

Dr Mukesh Mishra (MBBS MD PATH)

CHANDAN DIAGNOSTIC CENTRE

Add: Old Ranipur Mod Tibadi Road Goyal Motors Building Haridwar-240147

CIN : U85110DL2003PLC308206

उत्तराखण्ड सरकार जन जन की सरकार
उत्तराखण्ड सरकार की पहल निःशुल्क जाँच की सुविधा



SIN No: 64859214



निःशुल्क जाँच योजना (Free Diagnostic Services)

National Health Mission, Government of Uttarakhand



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UHID/MR NO	: UKNH.0001661080	Received	: 31/Jan/2024 15:00:15
Visit ID	: UK036-2324-008727	Reported	: 31/Jan/2024 15:53:25
Ref Doctor	: Dr.RUKUSAR PARVEEN	Status	: Final Report
		Contract By	: CHC BAHADARABAD

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Interval	Method
Glucose Random **	81.30	mg/dl	< 200 Normal ≥ 200 Diabetes	GOD POD
Sample: Plasma				

Interpretation:

- Kindly correlate clinically with intake of hypoglycemic agents, drug dosage variations and other drug interactions.
- A negative test result only shows that the person does not have diabetes at the time of testing. It does not mean that the person will never get diabetes in future, which is why an Annual Health Check up is essential.
- I.G.T = Impaired Glucose Tolerance.

LIVER FUNCTION TEST(LFT) **, Serum

Bilirubin (Total)	0.46	mg/dl	0.3-1.2	JENDRASSIK & GROF
Bilirubin (Direct)	0.05	mg/dl	< 0.30	JENDRASSIK & GROF
Bilirubin (Indirect)	0.41	mg/dl	< 0.8	JENDRASSIK & GROF
SGOT / Aspartate Aminotransferase (AST)	23.70	U/L	< 35	IFCC WITHOUT PSP
SGPT / Alanine Aminotransferase (ALT)	17.60	U/L	< 40	IFCC WITHOUT PSP
Alkaline Phosphatase (Total)	67.00	U/L	42.0-165.0	IFCC METHOD
Protein	6.30	gm/dl	6.2-8.0	BIURET
Albumin	3.46	gm/dl	3.4-5.4	B.C.G.
Globulin	2.84	gm/dl	1.8-3.6	CALCULATED
A:G Ratio	1.22		1.1-2.0	CALCULATED

RENAL FUNCTION TEST (DEHRADUN) **, Serum

Potassium	3.78	m Mol /L	3.5-5.3	ISE
Sodium	139.20	m Mol /L	135-148	ISE
Uric Acid	3.10	mg/dl	2.5-6.0	URICASE
Urea	19.10	mg/dL	15-45	UV-GLDH KINETIC
Calcium	9.40	mg/dl	8.5-10.2 mgdl spot urine- 0.50- 35.70 mg/dl	ARSENAZO III
Creatinine	0.58	mg/dl	0.5-1.20	MODIFIED JAFFES



Mukesh Mishra

Dr Mukesh Mishra (MBBS MD PATH)

CHANDAN DIAGNOSTIC CENTRE

Add: Old Ranipur Mod Tibadi Road Goyal Motors Building Haridwar-249107

CIN : U85110DL2003PLC308206

उत्तराखण्ड सरकार जन जन की सरकार
उत्तराखण्ड सरकार की पहल निःशुल्क जाँच की सुविधा



SIN No: 6485921401



निःशुल्क जाँच योजना (Free Diagnostic Services)

National Health Mission, Government of Uttarakhand



Patient Name	: SWEETY	Registered On	: 31/Jan/2024 11:43:16
Age/Gender	: 28 Y 0 M 0 D/F	Collected	: 31/Jan/2024 11:44:10
UHID/MR NO	: UKNH.0001661080	Received	: 31/Jan/2024 15:00:15
Visit ID	: UK036-2324-008727	Reported	: 31/Jan/2024 18:25:01
Ref Doctor	: Dr.RUKUSAR PARVEEN	Status	: Final Report
		Contract By	: CHC BAHADARABAD

DEPARTMENT OF IMMUNOLOGY

Test Name	Result	Unit	Bio. Ref. Interval	Method
HBsAg Australia Antigen ELISA) ** Sample:Serum	NON REACTIVE	AU/ml	<1.0 Non Reactive >1.0 Reactive	CLIA

Interpretation:

This is the initial detectable marker found in serum in the incubation period of HBV infection. The titer of HbsAg peaks at or shortly after the onset of elevated serum enzymes. The clinical improvement and decrease in enzyme concentration is paralleled by fall in HbsAg titers and subsequently disappearance. The duration of HbsAg Reactive is variable depending upon the clinical course of disease. HbsAg is detected in serum a month after the exposure, peaking in the preicteric phase and disappearing 1 - 13 weeks after the onset of enzyme abnormalities. Persistence of HbsAg after the complete clinical recovery indicates a carrier state. Vaccination against HBV does not cause HbsAg Reactive. Causes of HbsAg Reactive are acute HBV infection and reactivation of chronic HBV infection. Results with value <0.178 will be given as Non Reactive.

HCV-Total antibodies to Hepatitis C Virus (Anti HCV) ** Sample:Serum	NON REACTIVE	AU/ml	<1.0 Non-reactive >1.0 Reactive	CLIA
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Interpretation:

The hepatitis C virus HCV is now the cause of 90% post transfusion hepatitis it is also found in drug addicts and also contributes to sporadic acute viral hepatitis—HCV is a RNA flavi virus and the incubation period may be short (1-4 weeks) or long (6-12 weeks). chronicity of infection is reported in > 10%. The frequency of post transfusion hepatitis can be definitely reduced with help of serological assays available for HCV. Results with value <0.333 will be given as Non Reactive.

Note: - HCV RNA test by using PCR Assay is helpful as an additional or confirmatory test.

HIV 1+2 (AIDS) ** Sample:Serum	NON REACTIVE	AU/ml	<1.0 Non-Reactive >1.0 Reactive	CLIA
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Interpretation:

- 1)A Non Reactive result implies that no Anti HIV – II antibodies have been detected in the sample by this method. This means that either the patient has not been exposed to HIV-I or HIV-II infection or the sample has been tested during the “WINDOW PHASE” (before the development of detectable levels of antibodies)
- 2)A Reactive result suggests the possibilities of HIV-I and / or HIV-II infection. However these results must be verified by a confirmatory test (IFA / WESTERN BLOT I-II) before pronouncing the patient REACTIVE for HIV-I and / or HIV-II infection. Results with value <0.293 will be given as NON REACTIVE.



Helpline :

8393846720, 7060762777, 0135-7962526

Laboratory Test Report

Name of Patient	: Mrs. SWEETY	Test Request ID	: 31442311160001
Age/Gender	: 28 Yrs/Female	Specimen Drawn ON	: 16-Nov-2023 04:17PM
Collected AT	: NAVJEEVAN PATHOLOGY & RESE	Specimen Received ON	: 17-Nov-2023 06:40AM
Referred BY	: Dr. PRAVESH TOMER	Report DATE	: 17-Nov-2023 01:37PM
Sample Type	: Serum - 32649247		
Ref Customer	:		

TORCH 10 PROFILE (IGG & IGM)

SEROLOGY

Test Name	Result	Biological Reference Range	Method
TORCH 5 PROFILE (IgG)			
Toxoplasma Gondii IgG	0.36	Negative <0.9 Equivocal 0.9-1.1 Positive >1.1 Activity Index	Enzyme linked immunosorbent assay (ELISA)
Rubella (German Measles) IgG	0.85	Negative <0.9 Equivocal 0.9-1.1 Positive >1.1 Activity Index	Enzyme linked immunosorbent assay (ELISA)
Cytomegalovirus IgG	3.81	Negative <0.9 Equivocal 0.9-1.1 Positive >1.1 Activity Index	Enzyme linked immunosorbent assay (ELISA)
Herpes Simplex Virus 1 IgG	1.64	Negative <0.8 Borderline 0.8-1.2 Positive >1.2 S/Co	ELISA
Herpes Simplex Virus 2 IgG	0.59	Negative <0.8 Borderline 0.8-1.2 Positive >1.2 S/Co	ELISA
TORCH 5 PROFILE (IgM)			
Toxoplasma Gondii IgM	0.47	Negative <0.9 Equivocal 0.9-1.1 Positive >1.1 Activity Index	Enzyme linked immunosorbent assay (ELISA)
Rubella (German Measles) IgM	0.53	<0.8 : Negative 0.8-1.2 : Borderline >1.2 : Positive S/Co	Enzyme linked immunosorbent assay (ELISA)
Cytomegalovirus IgM	0.68	Negative <0.9 Equivocal 0.9-1.1 Positive >1.1 Activity Index	Enzyme linked immunosorbent assay (ELISA)
Herpes Simplex Virus 1 IgM	0.71	Negative <0.8 Borderline 0.8-1.2 Positive >1.2 S/Co	ELISA
Herpes Simplex Virus 2 IgM	0.35	Negative <0.8 Borderline 0.8-1.2 Positive >1.2 S/Co	ELISA

Comments : TORCH is an acronym for a group of infectious diseases that can cause illness in pregnant women and may cause birth defects in their newborns. The TORCH panel is a group of blood tests that detect the presence of antibodies produced by the immune

This report has been validated by

Chauhan


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NAVJEEVAN PATHOLOGY & RESEARCH CENTRE

Computerised Lab Equipped with Automated Biochemistry Analyser AU480 (Bachman Coulter), Harmon
Analyser Access 2, Bachman Coulter, Fully Automated Culture Report, 5 Part Cell Counter, Mini-Vidas, TChroma III, Electrolyte Analyser, Coagulometer Etc.

Patient ID	102313365	Registration Date	16/11/2023 10:34:21
Patient Name	Mrs. SWEETY	Collected Date / Time	16/11/2023 10:35:24
Gender / Age	Female 28 Yrs	Reported Date / Time	16/11/2023 13:38:05
Referred By Dr	Dr. Pravesh Tomer	AltRef. No	
Specimen	Plain		

Test Name	Value	Unit	Biological Ref Interval
TOTAL THYROID PROFILE			
Total T3	131.00	nmol/L	80.00 - 180.00
Total T4	8.81	µg/dl	5.93 - 13.29
TSH	3.885	uIU/mL	0.30 - 6.16

Checked By : 
Pathologist
It is a Digital Signature
No Need of Further Sign

8.00 A.M. To 8.00 P.M.
SUNDAY : 8.00 A.M. to 2.00 P.M.

Navjeevan Pathology & Research Centre

All investigations have their own Limitations which are imposed by the Limits of sensitivity and specificity of individual assay procedures.
● If the results are alarming or unexpected in relation to clinical findings, it is advisable to contact the lab immediately for possible remedial advice.
● Reference ranges (Normal Values) Vary from lab to lab and method employed.

NEW
Dhanwantri
ULTRASOUND & X-RAY CENTRE

Gangotri Complex, Chandracharya Chowk,
Ranipur More, HARDWAR- 249407 (U.K.)

9897070780
Dr. Ravindra Goyal
M.B.B.S., M.D. (Radiodiagnosis)
Regn. No. 31762 (UPMC)
Regn. no 706 (UKMC)
PC PNDT Regn. No. A.A./CMO/PNDT-10

Mrs.Sweety
Dr.Pravesh Tomar

16.11.2023

LOWER ABDOMINAL SONOGRAPHY

UTERUS *Uterus is gravid. Its shape and position appear normal. There is single gestation sac with viable foetus seen in the uterus.*

CRL - 5.57 mm G.A- 6 Weeks 3 days +/- 1 Week

HR - 168 / minute

EDD (USG) - 08 / 07 / 2024

ADENEXAL REGION *Are clear.*

CUL-DE-SAC *No free fluid collection seen in cul-de-sac region.*
No pelvic mass or lymphadenopathy seen.

IMPRESSION *Sonologically single viable foetus approx. 6 weeks 3 days +/- 1 week gestational age.*

मैं Sweety घोषणा करती हूँ कि
अल्ट्रासाउण्ड/ इमेजिंग के द्वारा मुझे किसी भी प्रकार से अपने गर्भस्थ
शिशु का लिंग पता नहीं करना है।
हस्ताक्षर (गर्भवती महिला)
स्वीटी

■ गर्भवती कन्या भ्रूण की जाँच एवं हत्या दण्डनीय अपराध है।

I, Dr. Ravindra Goyal (name of the person conducting ultrasonography/image scanning) declare that while conducting ultrasonography/image scanning on
Ms. Sweety (name of the pregnant woman) I have
neither detected nor disclosed the sex of her foetus to any body in any
manner.

Dr. Ravindra Goyal
(All Jurisdiction Haridwar Court only)

● 1.5 Tesla MRI ● Multislice C.T. Scan ● 4D Colour Ultrasound ● Digital X-ray ● Mammography ● OPG

NEW

Dhanwantri

ULTRASOUND & X-RAY CENTRE

Gangotri Complex, Chandracharya Chowk,
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9897070780

Dr. Ravindra Goyal

M.B.B.S., M.D. (Radiodiagnosis)
Regn. No. 31762 (UPMC)
Regn. no 706 (UKMC)
PC PNDT Regn. No. A.A./CMO/PNDT-10

Mrs.Sweety

Dr.Pravesh Tomar

05.01.2024

OBSTETRICAL SONOGRAPHY (LEVEL I)

UTERUS *Uterus is gravid.Its shape and position appear normal.There is single gestation sac with viable foetus seen in the uterus.*

BPD - 25.0 mm

G.A- 14 Weeks 3 days +/- 1 Week

CRL - 75.99 mm

G.A- 13 Weeks 5 days +/- 1 Week

HR - 158 / minute

EDD - 04 / 07 / 2024

Placental thickening seen anteriorly approaching to lower uterine segment.

Amniotic fluid is adequate in amount.

Nasal Bone appear normal.

Nuchal translucency is 1.09 mm.

Stomach bubble appear normal.

Ductus venosus blood flow appear normal.

Cervical length is 3.8 cm. Internal os is closed.

ADENEXAL REGION *Are clear*

CUL-DE-SAC *No free fluid collection seen in cul-de-sac region.*

No pelvic mass or lymphadenopathy seen.

IMPRESSION *Sonologically single viable foetus approx. 14 Weeks 1 day +/- 1 Week gestational age.*

मैं Sweety घोषणा करती हूँ कि
अल्ट्रासाउण्ड/ इमेजिंग के द्वारा मुझे किसी भी प्रकार से अपने गर्भस्थ
शिशु का लिंग पता नहीं करना है।

हस्ताक्षर
(गर्भवती महिला)

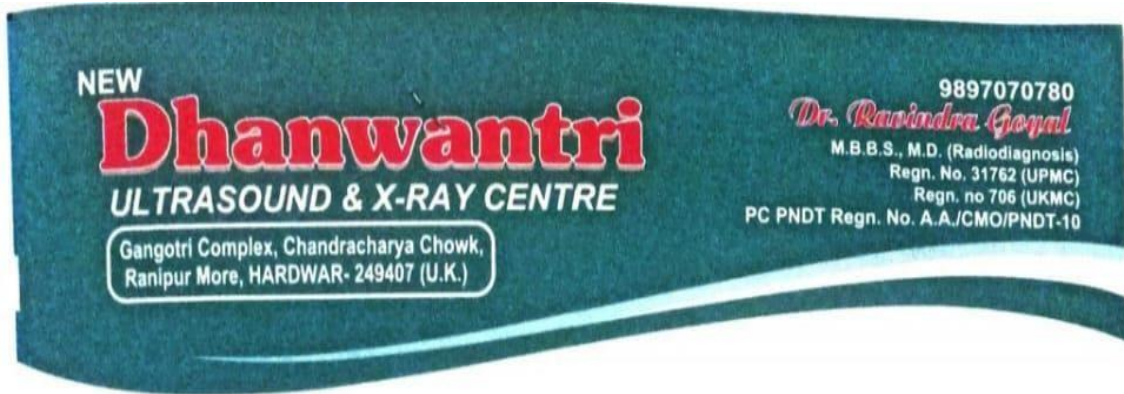
■ गर्भवती कन्या भ्रूण की जाँच एवं हत्या दण्डनीय अपराध है।

I, Dr. Ravindra Goyal (name of the person conducting ultrasonography/image scanning) declare that while conducting ultrasonography/image scanning on
Ms. Sweety (name of the pregnant woman) I have
neither detected nor disclosed the sex of her foetus to any body in any
manner.

Dr. Ravindra Goyal
(All Jurisdiction Haridwar Court only)

● 1.5 Tesla MRI ● Multislice C.T. Scan ● 4D Colour Ultrasound ● Digital X-ray ● Mammography ● OPG





Name – Mrs.Sweety
Ref by- Dr.Pravesh Tomar

Age – 28 Yrs / F
Date- 03.03.2024

OBSTETRIC ULTRASOUND (Level II)

Real time USG of the pelvis shows a gravid uterus with a single live foetus in breech presentation. The foetal cardiac activity appear normal. Foetal movements are normal. The foetal structures are well defined.

The placenta is anteriorly approaching to lower uterine segment with grade I maturity.

Three vessels cord do not reveal any obvious abnormality. Two umbilical arteries are seen.

The amniotic fluid is adequate in amount.

The internal os is closed. Cervical length is 4.0 cm.

The various Sonographic measurements are as follows :

BPD – 5.27 cm corresponding to 22 weeks 1 day of gestation.

FL – 3.69 cm corresponding to 21 weeks 6 days of gestation.

AC – 17.44 cm corresponding to 22 weeks 3 days of gestation.

HC – 19.79 cm corresponding to 22 weeks 0 day of gestation.

EFBW- 474 gm +/- 69 gm

EDD - 06/07/2024

HEAD: Both lateral ventricles appeared normal. The cerebral hemispheres and the cisterna magna appears normal. Cisterna magna is measuring 8.4mm. No intracranial calcification is identified.

SPINE: Entire spine visualized anteriorly in longitudinal and transverse axis. Vertebrae and spinal canal appeared normal. No obvious evidence of neural tube defect.

NECK: No cystic lesion seen around the neck.

FACE: Foetal face seen in the profile views.

THORAX: Heart appears in the mid position. Both lungs seen. No evidence of pleural or pericardial effusion. No evidence of SOL in the thorax.

ABDOMEN: Abdominal situs appeared normal. Stomach bubble seen. Normal bowel pattern appropriate for the gestation seen. No evidence of ascites. Abdominal wall intact. Fetal kidneys are well visualized. UB is normally distended. There are no cysts seen with in the abdominal cavity.

LIMBS: All foetal long bones appear normal for the period of gestation.

IMPRESSION- Sonologically single viable foetus approx. 22 weeks 1 day +/- 2 weeks of gestation age.

All congenital anomalies may not be detected on particular single scan as it depends on gestational age, amniotic fluid and lie of foetus. Foetal echocardiography is modality of choice to rule out congenital foetal heart disease.

मैं Sweety घोषणा करती हूँ कि
अल्ट्रासाउण्ड/ इमेजस्केनिंग के द्वारा मुझे किसी भी प्रकार से अपने गर्भस्थ
शिशु का लिंग पता नहीं करना है।

हस्ताक्षर
(गर्भवती महिला)

■ गर्भस्थ कन्या भ्रूण की जाँच एवं हत्या दण्डनीय अपराध है।

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Dr. Ravindra Goyal

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● 1.5 Tesla MRI ● Multislice C.T. Scan ● 4D Colour Ultrasound ● Digital X-ray ● Mammography ● OPG



CONCLUSION

The present case study entitled as " EFECACY OF MASANUMASHIK GARBHASRAVAHARA DRUGS UPTO 18 WEEKS ON GARBHA SRAVA W.S.R. TO RECURRENT PREGNANCY LOSS." reveals about the preventive aspect of *Garbhasrava* through an Ayurvedic approach. Studying results of Masanumashik *Garbha Sravahara* drugs during the treatment there after no abortion took place and the maternal health and foetal growth is well maintained and continue a healthy pregnancy.

ACKNOWLEDGEMENT

I adore and express my loyal regards to my guide and my parents for their valuable support.

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