AYURVEDIC MANAGEMENT VANDHYATWA, BAD OBSTETRIC HISTORY W.S.R TO LUPUS ANTIMOAGULANT- 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 heterogeneous 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 Putraghi 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), Putraghi 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. Putraghi 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 Vandhyatwa. As explained in classes Garbhini Paricharya and Garbhachalana chikitasa helpful in maintaining pregnancy and prevents Garbhapatra. 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 Putraghi Yonivyapad.
2. To analyse Habitual Abortion due to positive lupus anticoagulant.
3. To analyse the Putraghi Yonivyapad W. S. R. recurrent pregnancy loss due to positive LA.
4. To access the effect of Ayurvedic medicines in the management of Putraghi 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.

Prakriti: kapha pradhaana vatamubhandhi.

Therapeutic focus
It was mainly classified as
- Shodhana
- Shamana
- Samanya garbhini paricharya
- Garbha shhapakagana
- Garbha chaalana chikitsa
- Vatahara chikitsa

The treatment arranged accordingly
- Shodhana: course of Virechana, Snehapana with Panchatiktaka Guggulu Ghrita.
- Shamana: varunadi Kashaya, bilwadivati, torchnil capsule, shatapushpa churna.


<table>
<thead>
<tr>
<th>No</th>
<th>Complaint</th>
<th>Dietary regimen</th>
<th>Medicines</th>
<th>Garbhachalanachiktsa</th>
<th>Investigations</th>
</tr>
</thead>
</table>
| 1st trimester | Weakness | According to masanumukagarr biniparicharya | - BVC with gold 1-0-0  
- Panchavalkalaqatwa  
- Tab. Leptaden 1-1-1  
- Bilwadivati 1-1-1  
- Cap. Torchnil 1-0-1  
- Garharakshaka Kashaya 2tsf TID. | 1. Yestimadhu + draksha + chandanadwadya + milk  
2. Nagakesara + sugar + milk | Earlypregnancy scan - single live intrauterine pregnancy with gestational age of 7weeks 4days. |
| 2nd trimester | WEAKNESS | According to masanumukagarr biniparicharya | - BVC with gold (1 tab - OID)  
- Tab. Leptaden 1-1-1  
- Bilwadivati 1-1-1  
- Cap. Torchnil 1-0-1  
- Limiron granules 2tsf-0,2tsf | 1. Ushira + Chandana + Nagakesara + Dhataki Pushpa + Sugar + Gritha + milk  
2. Leaves of Dadima + Chandana + Honey | Random blood sugar - within the normal range. |
| 3rd trimester | Edema Hypertension | According to Masanumukagarr biniparicharya | - BVC with gold (1 tab - OID)  
- Tab. Leptaden 1-1-1  
- Bilwadivati 1-1-1  
- Cap. Torchnil 1-0-1  
- Limiron granules 2tsf-0,2tsf  
- Kalyanakaghrita 1tsf-0,1tsf | 1. Yestimadhu + Draksha + Chandana Dwaya + Milk  
2. Nagakesara + Tagara + Bilva + Karpura + Milk  
3. Nagakesara + Sugar + Milk | Anomaly scan - single live intrauterine pregnancy with gestational age of 19weeks 5days, No obvious congenital abnormalities. Maternal screening (Quadruple Markers test) – Normal |

Outcome
She was advised to undergo elective cesarean section due to precious pregnancy and increased weight(109kg). With a written consent she underwent Elective cesarean 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 Doshadusi and to normalize the doshas in the body and pacify the vitiated doshas. Shodhana Chikitsa has been explained in the classics which are considering 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 rakhtadoshti which in turn related with pitta vikrut. 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 Vyamavayu. 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 Virechanaon 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.

Samanyagarbhiniarparicharya & Garbhiniarasyaya: garbhiniarparicharya plays a vital role in maintain a healthy pregnancy. Classics have explained in detail about month wise garbhiniarparicharya 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 kaphapittagatha. 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 following the garbhiniarparicharya and rasayana will help to prevent the complications occurring during pregnancy and minimise the intake of medicines.

Garbhchaalanachikitsa: Classics have mentioned garbhchaalanachikitsa 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.

<table>
<thead>
<tr>
<th>MONTH</th>
<th>DRUGS</th>
<th>FEATURES</th>
</tr>
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<tbody>
<tr>
<td>1&lt;sup&gt;st&lt;/sup&gt; month</td>
<td>Madhuka, Mridwika, Chandana dwaya</td>
<td>Brmhana, Shonithasthapanasa</td>
</tr>
<tr>
<td>2&lt;sup&gt;nd&lt;/sup&gt; &amp; 3&lt;sup&gt;rd&lt;/sup&gt; month</td>
<td>Nagakesara, Tagara, Bilva, Karpura</td>
<td>Shonithasthapanasa, Chardinigraha, Sangraha</td>
</tr>
<tr>
<td>4&lt;sup&gt;th&lt;/sup&gt; month</td>
<td>Ushira, Chandana, Nagakesara, Dhatkipushpa</td>
<td>Angamardraprasammana, Garbhaslapaka, Chardinigraha</td>
</tr>
<tr>
<td>5&lt;sup&gt;th&lt;/sup&gt; month</td>
<td>Leaves of Dadima, Chandana</td>
<td>Laghu, Brmhana</td>
</tr>
<tr>
<td>6&lt;sup&gt;th&lt;/sup&gt; month</td>
<td>Krishna Mrithika (black Soil)</td>
<td>Essential Minerals - Iron, Calcium, Etc Prevent Parasites Within Gut</td>
</tr>
<tr>
<td>7&lt;sup&gt;th&lt;/sup&gt; month</td>
<td>Ushira, Gokshura, Nagakesara, Lajjalu</td>
<td>KaphaVata Hara, Balya, Brmhana</td>
</tr>
<tr>
<td>8&lt;sup&gt;th&lt;/sup&gt; month</td>
<td>Pippali, Lodhra</td>
<td>Shambhana(sheeta Guna), Shoolaprasamana</td>
</tr>
</tbody>
</table>

Garbhashapakagana: The medicines Garba Raksha Kashaya[12], Lapteden contains drugs like Bala, Draksha, Badra, Gokshura, Yavani, Panchavalkala. Acharyas have explained these drugs in Garbhashapakasvada and Garbhasrayachikitsa for recurrent miscarriages, it includes maximum of madhura and Kashaya rasa, Madura vipaka and sheethaviriyadravyas which provides stability and nourishment to the foetus and preventing early expulsion.

Vataharachikitsa: Maintaining the prakrutsaavastha of vatadosha is important to avoid the complications like
garbhavyapad or garbhinivyapad. bruhatvata Chintamani rasa with gold, kalyanaka ghrita such preparations help to maintain the normalcy of vatadosha, even it does the Rasayana and balya effect.

CONCLUSION
Result of this study shows that Ayurvedic treatment protocol plays a vital role in treating vandhyatwa due to putragniyonivyapat and preventing recurrent miscarriages. Garbha Srava and Garbhashtapana chikitsa mainly helps in garbhavriddhi 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.

REFERENCES