

Effect of *Pichu* of *Kaashmari* and *Kutaja Kwatha Siddha Ghrita* in spontaneous Abortions upto 20 weeks of Pregnancy with Unknown cause- A case Study.

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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 foetus 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 aetiologies like anatomic , chromosomal aberrations, infections, humoral immune factors, but 40-50% of aetiology 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 Roga* and *Prasuti Tantra* OPD/IPD.

KEYWORDS: Spontaneous miscarriage, Unexplained, *Pichu*

INTRODUCTION

According to W.H.O Abortion is the expulsion or extraction from mother of an embryo or foetus weighing 500 gm or less when it is not capable of independent survival. This 500 gm. of foetal development is attained approximately at 22 weeks (154 days) of gestation. The expelled embryo or foetus 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 Yonivypada*^[3]

Acharya Charaka has said that *Vayu* aggravated due to predominance of *Ruksha* properties (due to consumption of dry diet and use of identical mode of life) in the body, repeatedly destroy the foetus from vitiated *Shonita* (abnormalities of *Shonita* produced by *Vayu*) called as *Putraghni Yonivyapda*^[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 of *Pichu of Kutaja and Kaashmari Kwatha siddha Ghrita* (Secondary infertility)

MATERIALS AND METHODS

Place of work – OPD/IPD of Stree Rog and Prasuti Department.

CASE REPORT

- A 26 years married (Married life -5years) female patient came to OPD of Stree Rog and Prasuti Tantra department, on 15/06/2021 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 foetus S.A. in 2013
A2-2 month foetus 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/ 2020

General examination

BP -120/70 mm of Hg, Pulse- 80/min, RR- 18-20/min, Weight- 60 kg, Appetite-normal, Thirst –normal, Bowel-Regular, Urine-Normal, Sleep –normal,

Systemic Examination

P/A- soft, non-tender ,No splenomegaly, no hepatomegaly.

P/S-Thick white discharges present, cervix -healthy

P/V- normal, fornices- clear, non-tender

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 month 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 *Tridosh shamaka* as well as *Garbha sthapaka*. 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 *Garbhsthanapan*. 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 *Garbhasthapana*.
- 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) (शा.प्र.९), of 1 kg *Kalka* of *Kaashmari* and 1kg *Kalka* of *Kutaja* was taken (शा.प्र.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 (1tola) 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 above said *Ghrita* was applied vaginally and Cusco's 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.was advised.

OBSERVATION:

A female patient having 2 repeated spontaneous abortions up to 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 (6-7days)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 counseled 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 check-ups 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 *Ghritha* 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.

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