



Review Article

## AYURVEDIC PERSPECTIVE OF RECURRENT PREGNANCY LOSS

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### ABSTRACT

Recurrent Pregnancy Loss (RPL) is defined as two or more failed clinical pregnancies confirmed by sonography or histopathology. In majority of patients the etiology cannot be clearly defined, so it is one of the arduous and composite area in the medical field for both doctors and patients to handle. The etiology of Recurrent Pregnancy Loss can be broadly included under genetic, endocrine, anatomic, environmental and immunological factors. As this is a multifactorial entity and is difficult to pinpoint a specific etiology or pathology in majority of cases, a thorough and detailed history taking along with necessary investigations have to be done. Treatment mainly aims in rectifying the cause and psychological support together with counselling in couples with unknown causes will improve the outcome. In Ayurveda Recurrent Pregnancy Loss can be correlated with *Garbhasravi vandhya* mentioned in *Hareetha samhitha* and *Puthraghni yonivyapath* explained in *Brhathtrayees* based on the clinical features. Ayurveda advises to do *Sodhana* therapy (purificatory procedures) ending with *Uthara vasti* in Recurrent miscarriage cases especially with unknown etiology. *Acarya Hareetha* and *Acarya Caraka* explained *Garbhasravi vandhya* and *Puthraghni yonivyapath* respectively as loss of pregnancy occurring in first trimester. *Susruta* says that in this condition, the fetuses after attaining stability are repeatedly destroyed due to bleeding which indicates second trimester abortions. On conclusion both *Garbhasravi vandhya* and *Puthraghni yonivyapath* can be considered as Recurrent Pregnancy loss explained in modern science.

### INTRODUCTION

Recurrent Pregnancy Loss (RPL) is defined as the sequence of 2 or more spontaneous abortions as documented by either sonography or on histopathology before 20 weeks<sup>[1]</sup>. Majority of Recurrent miscarriage cases following investigations have no identifiable cause in either partner and it is unlikely that one single pathological mechanism can be attributed to their Recurrent miscarriage history<sup>[2]</sup>. It is a relatively common event, occurring in 15%–25% of pregnancies, and increasing in prevalence with maternal age. The causes of recurrent abortion are complex & obscure. More than one factor may operate in a case.<sup>[3]</sup> Parental chromosomal abnormalities, antiphospho-lipid antibody syndrome and a subset of uterine anomalies. Other suspected but not proven causes are alloimmunity, endocrinopathies, environmental toxins and various infections.<sup>[1]</sup>

There are many putative causes of recurrent abortion, however only three are widely accepted: A thorough medical, surgical and obstetric history with meticulous clinical examination should be carried out to find out the possible causes.<sup>[4]</sup> Treatment of recurrent abortion is according to the cause which includes: Treatment of the cause before pregnancy and treatment during pregnancy.

Recurrent pregnancy loss can be correlated with *Puthraghni yonivyapath* and *Garbhasravivandhya vandhya* explained in Ayurvedic classics. *Puthraghni* is a clinical entity characterised by repeated pregnancy loss due to excessive intake of *Rooksha ahara* and *Vihara*. This leads to *Vata prakopa* which in turn leads to *Shonita dusti* and *Artava dusti* which results in repeated pregnancy losses. *Acarya Caraka* considered this as a *Vatika yonivyapath* where as *Acarya Susruta* explained it under *Paithika yonivyapath*. For the management of RPL especially in unexplained losses, Ayurveda advises to do *Shodhana karma* or purificatory therapies ending with *Uttara vasthi*. In majority of RPL cases the cause is unknown. *Sodhana* therapy is helpful in improving the quality of *Beeja* in males and females (sperm and ovum) thus

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begetting a healthy child, which is beneficial in couples with unknown causes of repeated pregnancy losses.

## MATERIALS AND METHODS

This primarily includes references from classical Ayurveda text books, relevant texts of contemporary science and published articles to critically analyse the details and arrive in a conclusion.

## OBSERVATIONS AND DISCUSSION

Recurrent pregnancy loss (RPL), also referred to as recurrent miscarriage or habitual abortion, is historically defined as 3 consecutive pregnancy losses prior to 20 weeks from the last menstrual period. Based on the incidence of sporadic pregnancy loss, the incidence of recurrent pregnancy loss should be approximately 1 in 300 pregnancies<sup>[5]</sup>. It may be primary or secondary (having previous viable birth).

### Etiology

The causes of recurrent abortion are complex & obscure. More than one factor may operate in a case. <sup>[3]</sup> There are many putative causes of recurrent abortion, however only three are widely accepted: Parental chromosomal abnormalities, antiphospholipid antibody syndrome and a subset of uterine anomalies. Other suspected but not proven causes are alloimmunity, endocrinopathies, environmental toxins and various infections. Parental chromosomal abnormalities are a proven cause of RPL. The most common abnormality is a balanced translocation. Risk of miscarriage with a balanced translocation is >25%.<sup>[3]</sup> In women older than 35 years, chromosomal abnormalities explain 80% of recurrences.<sup>[5]</sup> Malformation of the foetus is the prevalent single cause of abortions. Nearly 50% of early abortions are due to gross malformations of the gametes, embryo and foetus.

According to Arredondo and Noble (2006), 8-12% of recurrent miscarriages are caused by endocrine factors. Studies to evaluate these have been inconsistent and generally underpowered.<sup>[1]</sup> Poorly controlled diabetic patients do have an increased incidence of early pregnancy failure.<sup>[4]</sup> The incidence of recurrent abortion is high in polycystic ovarian disease (PCOD) and in patients with raised serum prolactin levels.<sup>[1]</sup> Infection in the genital tract may be responsible for sporadic abortion but its relation to RPL is inconclusive<sup>[4]</sup>. Infection of the uterine lining or endometrium with slow growing bacteria such as mycoplasma or urea plasma has also been associated with pregnancy loss in 5-10% of women with RPL. It is speculated that abortion due to immunological causes is due to impaired maternal immune tolerance to the foreign tissues of conceptus. Presence of auto-antibodies causes rejection of early pregnancy (15%).

### Ayurvedic Review

Recurrent pregnancy loss can be correlated with *Puthraghni yonivyapath* and *Garbhasravivandhya vandhya* explained in Ayurvedic classics. *Garbhasravi vandhya* is

one among the types of *Vandhya* according to *Hareetha* which indicates recurrent miscarriages. *Puthraghni Yoni vyapath* is explained by *Acarya Caraka* and *Susrutha*, where as *Acarya Vagbhata* explained *Jathaghni Yonivyapath*. Except *Vagbhata* all other classics have mentioned main clinical feature as repeated abortion, *Vagbhata* says it to be repeated neonatal deaths. From the explanation it is clear that *Carakacarya* suggested it as first trimester abortions whereas *Susrutacarya* correlate it to second trimester abortions. *Garbhasravi vandhya* mentioned in *Hareetha samhitha* indicates recurrent pregnancy losses and did not have specific comprehensive explanations. This is included as a type of *Vandhya* in *Madhava nidana*, *Vandhyakalpadrumam*, *Rasaratnasamuchayam*, and *Kamasashtra* in different names like *Garbhasravi*, *Sravath garbha* and *Garbhasravini*.

*Acarya Caraka* says that *Vayu* aggravated due to predominance of *Ruksha* properties (due to consumption of *Ruksha ahara* and use of identical mode of life) in the body, repeatedly destroys the foetuses conceived along with vitiated *Sonita*<sup>[6]</sup>. *Chakrapani* explained though in this condition foetuses of both the sexes are destroyed, however the destruction of male foetuses predominates, thus it is termed as *Puthraghni*. *Acarya Susruta* says that in this condition, the foetuses after attaining stability are repeatedly destroyed due to bleeding besides there are other clinical features of disordered *Pitta*; burning sensation and heat<sup>[7]</sup>. Both the *Vagbhatas* opine that when *Vayu* due to *Rukshatha* kills repeatedly the neonates immediately after birth, which have conceived and developed from vitiated *Artava*, then the entity is known as *Jataghni*.

### Etiopathogenesis

Considering both *Garbhasravi vandhya* and *Puthraghni yonivyapath* it is assumed that the *Nidanas* like use of *Ruksha katu amla lavana aharas* (spicy, dry and fried foods, pickles etc) *Akala nidra* or *Anidra* (lack of sleep & improper sleep timings), *Soka*, *Krodha*, *Bhaya* (job stress, depression, mental tensions) can cause *Vata* and *Pitta dosha prakopa*. This inturn will cause *Rakta prakopa* as well and *Rakta pitta dushti* will surely lead to loss of pregnancy. *Rukshadi gunas* of *Vayu* can lead to chromosomal aberrations, reduced endometrial thickness (not favourable for Nidation & continuation of pregnancy) and can contrarily affect even the organogenesis. *Pitta prakopa* can lead to *Rakta dushti* and can cause inflammatory reactions which have an adverse effect on the placentation and proper nourishment to the foetus. All these factors can produce a hostile environment (*Kshethra dushti*) to the growing conceptus which give rise to recurrent abortions. If the quality of *Sukra* and *Artava* is affected then the conceptus will not be healthy to successfully continue the pregnancy. Thus in this condition pregnancy losses will occur even though the lady conceives leading to recurrent pregnancy loss which is termed as *Garbhasravi vandhya*.

**Sadyasadyatha**

The prognosis of *Vandhyatva* depends upon the causative factors i.e., if the *Yonivyapad* or *Artava vyapad* are *Asadya* so will be the outcome of *Vandhyatva*. According to *Carakacharya*, *Vandhya* being a congenital disorder is *Asadya*. *Garbhasarvi vandhya* according to *Hareetha* is *Sadya*.

**Chikitsa**

In *Vandhyatva chikitsa* the treatment should be aimed at rectifying the cause and a single line of management cannot be applied. In our classics *Chikitsa* is advised to give according to the *Dosas* involved. *Shodhana chikitsa* is mandatory before *Samana chikitsa* as it purifies the whole body. *Acarya Caraka* advised *Uttaravasti* with *Ghritha* processed with *Kasmarya* and *Kutaja kwatha* for *Puthraghni yonivyapath*. Pregnancy losses occurs due to various *Nidanas* like *Garbhasaya dushti*, *Beeja dushti* (both male and female), *Beejabhagaavayava dushti* (chromosomal anomalies), general *Dosha dushti* in male or female cannot be assessed only through investigations. This can be revealed through Ayurveda *Prakrithi vikrithi* and *Dosha pareekshas* along with the *Dushti lakshanas*. *Ayurveda* advocates *Sodhana chikitsa* followed by *Samana chikitsa* according to the *Dosha dushti* which is assessed through the *Roga rogipareeksha*. *Sodhana* is the foremost *Chikitsa* in *Ayurveda* which removes the *Doshas*, improves the *Dhatvagni* and helps in the formation of healthy *Sukra* and *Artava* (sperm and egg). *Sthaneeya chikitsa* (local procedures) have important role in *Garbhasaya* and *Yoni sodhana*, restoring the structural and functional normalcy of *Garbhasambhava samagris*. *Utharavasthi* done during *Rithukala* will improve the blood circulation and nerve conduction in the reproductive organs and it also has a nutritive function. *Vishahara chikitsa* like use of *Vilwadi* or *Dooshivishari yogam* is beneficial in removing even minute toxins from our tissues (*Gara visha*, *Dooshi visha* etc). Studies have shown that these *Visha hara agadas* have antioxidant properties, which can counteract the oxidative stress caused by various chemicals in our cells. *Sodhana chikitsa* followed by *Samana chikitsa* based on the *Dosha dushti* along with *Visha hara yogas* in RPL cases with unknown causes bestows the finest results.

**CONCLUSION**

Recurrent Pregnancy Loss is an important reproductive health issue affecting 2%-5% of couples.

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Approximately 15% of all clinically recognized pregnancies result in spontaneous pregnancy failure. Only 30% of all conceptions result in a live birth. RPL is also referred to as recurrent miscarriage or habitual abortion. Recurrent Pregnancy Loss can be co-related to *Garbhasravi Vandhya* explained in *Harita Samhita* and *Putraghni yonivyapath* as per *Brihatrayis*. Repeated early pregnancy loss is the main clinical feature of *Garbhasravi vandhya* mentioned in *Hareetha samhitha* and *Puthraghni yonivyapath* explained by *Carakacharya*. *Susrutacharya* explained *Puthraghni yonivyapath* as fetuses are repeatedly destroyed after attaining stability due to bleeding. So it can be considered as abortions during second trimester. Considering this *Garbhasravi Vandhya* and *Puthraghni yonivyapath* can be correlated with Recurrent Pregnancy Loss with similar clinical features. So the *Chikitsa* of this can be adopted in cases with recurrent pregnancy loss, after considering the clinical features, *Prakrithi* and *Dosha doshti* in patients.

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