

An Ayurvedic Management of *Bandhyatava* Associated with Repeated Abortions: A Case Report

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Abstract: In Ayurveda infertility has been explained under *Bandhyatava*. AcharyaHarita has defined *Bandhyatava* as failure to achieve a child rather than pregnancy as *Garbhsravi* or *Mritavasta Bandhya*. AcharyaKashyapa has described *Pushpaghani Jatiharini* with repeated expulsion of fetus at various gestational ages. Description of *Bandhyatva* is available in most of the Ayurvedic classics including *Nidana, Lakshna, Bheda and Chikitsa*. In the current case scenario, *Bandhyatava* is due to repeated abortions. A 28-year female presented to PTSR OPD with history of repeated abortions. To achieve conception and complete the pregnancy the four factors i.e. *Ritu, Kshetra, Ambu & Beeja* should be in appropriate state, patient was planned for *Samshodhana* therapy to normalize these four factors. In Ayurveda the main cause of repeated abortion has been considered as vitiated *Vata dosha* & *Basti* is said to be best treatment for vitiated *Vata dosha*. To study the efficacy of *Samshodhan Karma* along with *Shaman Chikitsa* and *Phala Ghrita Uter Basti* in *Bandhyatava* associated with repeated abortions, patient has been treated with *Samshodhan Karma* & 3 consecutive cycles of *Uter Basti* along with *Shaman Chikitsa*. After the treatment protocol patient conceived and carried a healthy pregnancy & delivered a healthy male baby at term. *Samshodhanachikitsa* along with *Sthanikchikitsa* i.e. *Uter Basti* & *Shamana chikitsa* has promising result in *Bandhyatava* due to repeated abortions.

Keywords: *Bandhyatava*, Repeated Abortions, *Garbhsravi Bandhya*, *Mritavasta Bandhya*, *Samshodhana*, *Shamana*, *Stanik Chikitsa*

1. Introduction

AcharyaHarita has defined *Bandhyatava*¹ as failure to achieve a child rather than pregnancy as *Garbhsravi*² or *Mritavasta*³ *Bandhya*. AcharyaKashyapa has described *Pushpaghani Jatiharini*⁴ with repeated expulsion of fetus at various gestational ages. Description of *Bandhyatva* is available in most of the Ayurvedic classics including *nidana, lakshna, bheda* and *chikitsa*. In the current case scenario, *Bandhyatava* is due to repeated abortions.

2. Material and Methods

Description of Patient: A 28-year female presented to PTSR OPD with complaints of wants to conceive since 1 year. On further enquiry she had history of repeated abortions. Her obstetric history was G2P1L0A1D1. She had IUD at 7 months 2 years back and abortion was 1 year back at 3MGA for which she got her D&E done 1 year back. Patient was evaluated further & all routine investigations of both partners were done. These revealed:

8/12/2021	Hb	10.9 gm/dl
8/12/2021	RBS	84mg/dl
25/12/2021	S. Prolactin	11 mg/dl
19/05/2022	T3	1.08ng/dl
	T4	6.7mIU/dl
	TSH	8.13mIU/dl

USG done revealed normal study.

Husband Semen Analysis	WNL
LH	15.3mIU/ml
FSH	2.8mIU/ml
T3	1.45ng/ml
T4	10.3mg/dl
TSH	1.37mIU/ml
AMH	2.57ng/ml
Hb	11.2 gm%
Urine: Routine/Microscopic examination	NAD
HIV	Negative
VDRL	Non-Reactive
HBSAg	Non-Reactive

By reviewing all the case scenario Patient had Hypothyroidism with TORCH infection. Patient had been motivated for *Ayurvedic Shodhanachikitsa* with shaman chikitsa to achieve healthy conception.

Menstrual history

- Age of menarche: 13 years
- Duration: 1-2 days
- Interval: 42-45 days
- Amount: Moderate
- Associated symptoms: Pain, smell and clots during menstruation does not present

Contraceptive History: Nil

Family History: No history of DM, HTN, PTB and Thyroid dysfunction.

Examination of Patient

Examination	Results
Weight	58 Kg
Height	160cm
BMI	22.65
BP	110/68 mm of Hg
Pulse Rate	86 per minute
Breast examination	NAD
P/S	Cervix: Normal size, regular, no abnormal discharge present
P/V	Cervix: Normal size, regular, firm, mobile, no motion tenderness Uterus: N.S., A.V., mobile, non-tender

Ashtavidha Pariksha

Parameters	Results
Nadi	86 bpm
Mala	Once a day, consistency is semisolid
Mutra	3-4 times/day, PeetabhShwetrana
Jivha	Anavritta
Shabda	Spashta
Sparsha	Anushan sheet
Druk	Nirmal
Akriti	Madhyam

Obstetric History: G2P0LO A1D1, P1L0D1 was IUD at 7MGA (spontaneous) delivered by NSVD 2 years back, A2 was at 5 MGA (spontaneous) D&E done 1 year back.

Treatment planned for patient

Patient was planned for PanchkarmaChikitsa for purification of whole body and shaman chikitsa for all the deranged factors.

After completion of Panchkarma procedure patient was planned for Uttar Basti for 3 days for consecutive 3 cycles after clearance of menstruation. Mode of administration of Uttar Basti was intrauterine.

1 st day	<i>Asthapnabasti with DashmoolTrivritKwatha</i>
2 nd day	<i>Asthapnabasti with DashmoolTrivritKwatha</i>
3 rd day	<i>Asthapnabasti with DashmoolTrivritKwatha</i>
4 th day	Uttar basti with Phala Ghrita
5 th day	Uttar basti with Phala Ghrita
6 th day	Uttar basti with Phala Ghrita

Uttar Basti Procedure**Purva Karma-** Local *snehana* and *svedana*

Pradhana Karma- Patient kept in lithotomy position after evacuation of bladder. Antiseptic painting was done with Povidone solution by using sponge holding forceps followed by draping with eye linen towel. Posterior vaginal wall was retracted with Sims speculum and anterior vaginal wall was retracted with anterior vaginal wall retractor. Anterior lip of cervix was held with vulsellum, and length of uterine cavity was assessed by uterine sound. Phala ghrita was introduced in uterine cavity by using Dispovan (5cc) with infant feeding tube (10 no.) About 2.5 to 3ml Phala ghrita was introduced. Patient was made to lie in supine position for 30 minutes.

Paschat Karma- Patient was made to lie in supine position for 30 minutes. Patient was advised to avoid Vigorous or strainous activities. Light diet was advised to patient.

Shamana Chikitsa X 3 months

Tab. B Long F 10D
Shatavari Kalpa 2 tsf BD with milk
Tab. Thyroxine 50 mcg OD
Tab. Torchnil 1BD
Tab. Antivir 1BD

Result after Treatment: After treatment patient was advised to try for conception, her fertile period was explained. After 2 months of trial patient conceived and started her regular ANC at RGGPG Ayurvedic college & Hospital Paprola.

Treatment planned after conception for first 2 months:

Drug name	Dose
Tab B long F	1 tab. Once daily
Tab. Leptadene	1 tab. BD
Shatavari Kalpa	2 tsf BD with milk

After that she started her Iron/Calcium supplementation daily along with continuation of ShatavariKalpa. USG was done at 8 weeks revealed normal study. Her NT/NB scan was done at 11 weeks found normal. Triple Test done at 11 weeks revealed normal. At 18 weeks anomalies scan i.e. level II USG done revealed normal. Quadruple marker was done at 18 weeks along with anomalies scan had normal study. At 34 weeks her Growth scan was done which was also normal. At 38 weeks 2 days of gestation patient came with labor pains and delivered a healthy male baby by NSVD with RMLE. Baby weight was 2.8 Kg & Baby cry was immediate. Intrapartum & Puerperium Period was uneventful.

3. Discussion

The basic treatment has been divided into two parts *shodhanchikitsa* and *sthanikchikitsa* along with *shaman chikitsa* which is helpful in Bandhyatava due to repeated abortions. For conception Tridosha should be in *sanyaavastha*. On evaluation it has been found that patient had Hypothyroidism. Patient was started with Thyroid medications and Ayurvedic management for TORCH infection. Tablet Antivir (Bhallatak, Dugdika, Kalmegh) have Vishaghana, and Kriminashak i.e. virucidal properties. Tablet Torchnil corrects oxidative stress at the placental level, combats immune complexes, promotes pregnancy as vitiated Vata dosha is predominantly responsible for repeated abortion as well as Bandhyatava. Therefore, for purification of body Samshodhana Karma was done. As for healthy conception Ritu, Kshetra, Ambu and Beeja ⁵should be sampat or pure. After that for Kshetra Shudhi Uttar Basti with Phala ghrita was given. As *Basti* is said best treatment for *Vatadisorders*, As Phala Ghrita⁶ has anti-stress and aphrodisiac properties. It provides strength to reproductive system, act as natural detoxifier & normalize vitiated Vata. *Shaman chikitsa* which includes *vatshamak*, *Vatanulomak*, *Prajasthapak* and *Balya Aushadh*. It is followed by *Shatavari*, *Garbhala Rasa* for maintenance of Pregnancy. *Shatavari* has *Madhur Tikta rasa*, *guru snigdha guna*, *Madhur vipaka* and *Rasayana*. In *Shatpushpa*, *Shatavari Kalpadhyaya* in *Kashyap Samhita* it has been mentioned that *Shatavari* acts as a nectar for women with infertility or women with history of still birth or whose children are weak.⁸ *Shatavari* is rich in folic acid which is critical nutrient

required for the development of the fetus. It is critical for neural development of the foetus and important for the formation of new cells and DNA in the body. Leptadene (Jeevanti+ Kamboji) supports proper implantation of fertilized ovum. So, it is required both before and during the pregnancy to have a healthy baby.

4. Conclusion

In case of Bandhyatava due to repeated abortions we can have better results if we follow the guidelines mentioned in our classics. In this case the patient had repeated abortions and so patient was planned for Panchkarma therapy along with sthanikchikitsa with Uttar Basti & *Ayurvedic* oral medications for consecutive 3 months for conception. After perceiving patient for pregnancy *Jeevaniya* and *Prajasthapniyaushadh* had been started for continuation of pregnancy, as patient has history of repeated abortions. In this case by planning *Sanshodhan* as well as *Shamana chikitsa* accordingly, patient finally conceived & continued healthy pregnancy till term. So, by proper implication of *Shodhana* as well as *Shamana chikitsa* we can achieve better success rate in Bandhyatava in relation to repeated abortions.

References

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