

## Unit 2: Early Pregnancy Complications

### Unit 2 — Early Pregnancy Complications (Garbha-srava & Garbhapāta) and Ayurvedic Management

#### Overview

This chapter prepares you to handle **early pregnancy complications** using an Ayurvedic, clinic-ready approach. You will learn precise **definitions** (Garbha-srava—threatened/incipient miscarriage; Garbhapāta—spontaneous abortion), **doṣa-agni-srotas** pathogenesis, **risk factors** mapped to **Ṛtu-Kṣetra-Ambu-Bīja-Sattva**, and a **stepwise management** plan that prioritises safety, integration with obstetrics, and **prescription-strength classical medicines** (dose, anupāna, timing, duration, cautions). Because pregnancy is a delicate state, strong **Sodhana** is **contraindicated**; we rely on **Samana** (normalising measures), diet-regimen, and carefully chosen **kṣīrapāka/decoctions/ghṛta** in short, supervised courses.

#### 1) Key Definitions and Clinical Scope

- **Garbha-srava (threatened/incipient miscarriage)**: vaginal bleeding/spotting ± cramp **before viability**, cervix generally closed; fetus may still be viable.
- **Garbhapāta (spontaneous abortion)**: expulsion of conception products; modern correlates—inevitable, incomplete, complete.

**Ayurvedic stance**: Most early bleeding/cramp pictures show **Pitta-Vāta** irritation of **Rasavaha/Ārtavavaha Srotas** on a background of **Agni error** (tikṣṇa or viṣama) and **Apāna Vāta** strain.

#### 2) Pathogenesis (Samprāpti): Doṣa-Dhātu-Agni-Srotas

##### 2.1 The chain

1. **Nidāna** (triggers): heat exposure, anger, late spicy meals, dehydration (**Pitta**); travel, exertion, sleep loss, constipation (**Vāta**); heavy, greasy foods with day sleep (**Kapha-Āma**).
2. **Agni distortion**: **tikṣṇa-Agni** scorches **Rasa** (irritability/bleeding), **viṣama-Agni** destabilises **Apāna** (cramp), **manda-Agni** creates **Āma** (heaviness, nausea).
3. **Srotas involvement**: **Rasavaha/Ārtavavaha** become **irritated or obstructed**, producing **rakta-pravṛtti (bleed)** and **śūla (cramp)**.
4. **Outcome**: If uncorrected—**detachment** and expulsion (Garbhapāta); if corrected—stabilisation.

##### 2.2 Dhātu angle

- **Rasa/Rakta** carry the burden early; when they are impure or overheated, uterine bed becomes reactive.
- **Ojas** must be guarded; fear/insomnia erode Ojas leading to relapse.

#### 3) Risk Factors mapped to Ṛtu-Kṣetra-Ambu-Bīja-Sattva

Determinant	What goes wrong	Examples	Prevention
<b>Ṛtu (season/time)</b>	Monsoon—Agnimāndya; Summer/Śarad—Pitta heat; Winter—Vāta dryness	Monsoon heavy meals/day sleep; summer kitchens/saunas	<b>Ritucaryā</b> 2–3 weeks ahead; seasonal menus; avoid heat



Determinant	What goes wrong	Examples	Prevention
<b>Ksetra (uterine field)</b>	Dry/spasmodic or inflamed terrain	Constipation, dehydration, anger, late nights	<b>Vātānulomana</b> (soft daily stools), hydration as warm sips
<b>Ambu (nutritive flow)</b>	Āma or dehydration	Leftovers, iced drinks; fasting	Fresh warm meals; no iced drinks; steady warm water
<b>Bija (seed)</b>	Preconception depletion/heat exposure	Smoking/alcohol; sauna; laptop on lap	Inter-conception repair; remove toxins/heat; sleep
<b>Sattva (mind)</b>	Rajas/Tamas agitation	Fights, fear, late screens	Digital sunset; daily breath-mind routine

## 4) Clinical Classification (Early Pregnancy)

- **Threatened:** spotting/light bleeding ± mild cramps; vitals stable; cervix closed.
- **Inevitable/incomplete:** heavier bleeding, cramps, cervical changes.
- **Complete:** bleeding subsides after expulsion.
- **Red-flag modifiers:** syncope, soaking pads hourly, unilateral pain/shoulder-tip pain, fever/foul discharge.

## 5) Immediate Triage Protocol — A.C.T.

**A — Absolute rest & environment:** left-lateral rest; cool, dim, quiet room; no intercourse/exertion; avoid heat (hot baths/saunas).

**C — Correct diet & bowels:** warm, **non-pungent** thin gruels/khichri; **coriander-fennel** phāṅṭa sips; keep **bowels soft** (ghee in food, cooked fibre); no chilli/sour/fried/iced.

**T — Triage & tests (integration):** urgent **obstetric evaluation** (location/viability scan; vitals; Hb; blood group/Rh; anti-D when indicated). **Do not delay.**

## 6) Threatened Pregnancy: Preventive & Stabilising Measures

### 6.1 Behavioural guardrails (first 7-10 days)

- **Sleep:** fixed early window; **digital sunset** ≥60 minutes pre-bed.
- **Hydration:** warm sips; no iced drinks.
- **Bowels:** daily soft stools (warm water on rising; unctuous, cooked foods).
- **Heat avoidance:** kitchens/saunas/hot baths; direct midday sun.
- **Emotional climate:** quiet, reassuring company; brief **Nāḍī-śodhana** (no retentions) + **Bhrāmari** once bleeding subsides.

### 6.2 Pregnancy-safe Herbal & Dietary Supports (short, supervised)

Start **only after** scan and obstetric clearance. Use **short courses**, begin low, and stop with any worsening.

#### Core preparations (with posology):

- **Lodhra Cūrṇa** 2-3 g **bd**, **before meals** with **tandulodaka** (rice-water) × **7-10 days**. (*Astringent; avoid in marked Vāta dryness/cramp—cool and lubricate first.*)
- **Uśīrāsava** 10-15 mL **bd**, **after meals** with equal water × **5-7 days** (*short, supervised; stop if heaviness/indigestion.*)
- **Śatāvārī Kṣīrapāka** 50-100 mL **bd**, **after meals** × **2 weeks** (*see method below; avoid if Kapha-Āma/heaviness.*)
- **Godhūma-peya** (thin wheat gruel) small bowls **tds** as food-form Rasāyana.



**Kṣīrapāka method (one dose):** coarse powder **Śatāvarī 10 g + water 200 mL + milk 200 mL** → simmer gently to ~200 mL; filter and serve warm.

**Adjuncts for associated symptoms:**

- **Nausea/aversion (Kapha-Pitta):** **Drākṣā Phāṇṭa** 50–100 mL **bd-tds** between meals × 5–7 days; **jeeraka-jala** warm sips.
- **Heartburn (Pitta):** **Śatāvaryaṣṭaka Ghṛta** 5 mL **od** after meals × 7–10 days; avoid late spicy dinners.
- **Constipation/Vāta colic:** **Sukumāra Ghṛta** 5 mL **hs** with warm water × 5–7 days; **no strong purgation**.

**Strictly contraindicated in pregnancy:** **Rājapravartini Vaṭī**, castor-oil purgation, strong **Śodhana**, mineral rasa-yogas.

## 7) Garbhapāta (When loss is confirmed): Convalescence & Future Prevention

### 7.1 Immediate integration

- Modern completion (expectant/medical/surgical) per obstetrics. Treat the mother thereafter as **Sūtikā** (puerperal state).

### 7.2 Sūtikā-like convalescence (14–28 days)

**Prescription (Vāta-dominant convalescence):**

- **Sukumāra Ghṛta** 5 mL **hs** with warm water × **14 days** (*avoid if loose stools*).
- **Jeerakāriṣṭa** 20 mL **bd, after meals** × **4–6 weeks** (Agni & later Stanya).
- **Daśamūlāriṣṭa** 15 mL **bd, after meals** × **2–4 weeks** for ache/fatigue.
- **External:** **Dhanvantaram/Nārāyaṇa Taila** gentle back/limb abhyanga **od** + warm bath when bleeding settles.
- **Diet:** warm, simple, early dinners; cooked greens daily; steady warm sips; no iced drinks.

**Monitoring:** post-meal lightness, stool regularity, sleep latency, mood. **Red flags** (fever, foul discharge, heavy fresh bleeding, syncope) → urgent review.

### 7.3 Inter-conception prevention (recurrent early losses)

- **Phala Ghṛta** 5 mL **od** empty stomach in **inter-cycle** phase × **6–8 weeks** (only when tongue is clean & bowels regular).
- **Śatāvarī Cūrṇa** 3 g **bd** with warm milk after meals × **8–12 weeks** (avoid Kapha-Āma).
- **Daśamūlāriṣṭa** 15–20 mL **bd** × **4 weeks** for pelvic Vāta ache.
- **Lifestyle:** 7.5 h sleep; no heat toxins (sauna/hot tubs, smoking, alcohol); early dinners; gentle daily movement; couple counselling for Sattva.  
(*Schedule **away** from active attempts during that cycle.*)

## 8) Role of Ṛtu-Kṣetra-Ambu-Bīja in Early Outcomes (Bedside Use)

- **Ṛtu:** Attempt conception within personalised fertile window; in early gestation, **anticipate season**—cool cooked foods in summer, light-warm in monsoon, unctuous-warm in winter.
- **Kṣetra:** Guard bowel rhythm, hydration, and pelvic warmth without heat; avoid travel/exertion.
- **Ambu:** Fresh, warm, simply combined meals; steady warm water; no iced/canned/leftovers.
- **Bīja:** Pre-conception repair—sleep, toxins off, moderate exercise; during early pregnancy, focus on Ojas protection (calm evenings, no conflict).



## 9) Pathya-Apathya (Quick Reference)

Domain	Pathya (favour)	Apathya (avoid/limit)
<b>Meals</b>	Warm, freshly cooked, mildly sweet/unctuous; early light dinner	Late spicy/sour/fried meals; leftovers; iced drinks
<b>Fluids</b>	Warm sips; light coriander-fennel phāṇṭa	Very hot/icy extremes; caffeinated excess
<b>Activity</b>	Left-lateral rest; short calm walks when advised	Travel, exertion, intercourse during bleed
<b>Mind</b>	Digital sunset; brief breath-mind practice; kind company	Fights, late-night screens, isolating worry
<b>Therapies</b>	Gentle back/limb oiling (no abdomen); warm bath when safe	Heat on abdomen; strong purgation; new potent herbs

## 10) Ready-to-Use Prescription Sets

Begin only **after** obstetric clearance; review at **48-72 hours** for acute cases.

### Set A — Threatened bleed (mild), Pitta-Vāta

- **Lodhra Cūrṇa** 2-3 g **bd, ac** with **tandulodaka** × **7-10 d**
- **Shonitsthapan Mahakashaya Kwath** 20 ml tid x 15 days
- **Bolbaddha ras** 250 mg tid x 5 days
- **Uśīrāsava** 10-15 mL **bd, pc** × **5-7 d** (*short*)
- **Śatāvarī Kṣīrapāka** 50-100 mL **bd, pc** × **14 d**
- **Counsel:** strict rest; cool, dim room; warm sips; early dinners; **no intercourse**
- **Stop & refer** if bleeding/pain escalate or new red flags appear

### Set B — Nausea with reflux (Kapha-Pitta)

- **Drākṣā Phāṇṭa** 50-100 mL **bd-tds** between meals × **5-7 d**
- **Śatāvaryaṣṭaka Ghṛta** 5 mL **od, pc** × **7-10 d**
- **Eladi Vati** - suck 1 tab 3-4 times a day
- **Counsel:** small frequent warm meals; avoid chilli/sour; head elevation at night

### Set C — Constipation, Vāta colic (no red flags)

- **Sukumāra Ghṛta** 5 mL **hs** × **5-7 d**
- **Gandharvahastādi Kwath** 15 ml **bd**
- **Counsel:** warm, unctuous meals; abdominal/ back oiling; short slow walks

## 11) Safety & Integration

- **Never delay** obstetric assessment for bleeding, severe cramps, syncope, fever, foul discharge, or unilateral abdominal/shoulder-tip pain.
- In pregnancy, **avoid** emmenagogues (e.g., **Rājapravartinī Vaṭī**), strong purgatives, strong Śodhana, and mineral rasa-yogas.
- Start **one medicine at a time**, low dose; monitor **post-meal feel, stool, sleep, bleeding pattern**; reassess in **48-72 hours**.



## Summary (Rapid Revision)

- **Garbha-srava** and **Garbhapāta** arise from **Pitta-Vāta** irritation over **Agni** errors and **Srotas** dysfunction; correct **diet-sleep-hydration-bowels** first.
- Use pregnancy-safe **Śamana**: **Lodhra** (with rice-water), short **Uśīrāsava**, **Śatāvarī Kṣīrapāka**, **Drākṣā phāṇṭa**, **Sukumāra Ghṛta**—only after scan/clearance.
- Treat confirmed loss with **Sūtikā-like convalescence**, then plan **inter-conception** repair (e.g., **Phala Ghṛta**, **Śatāvarī**), away from attempts.
- Anchor counselling in **Ṛtu-Kṣetra-Ambu-Bija-Sattva** and explicit **red-flag** pathways.

## Assessment

### A. Multiple-Choice Questions (MCQs)

1. The common **doṣa combination** in early bleeding with cramps is:  
A. Kapha-Vāta  
B. Pitta-Vāta  
C. Pitta-Kapha  
D. Tridoṣa equal  
**Answer: B**
2. The **first step** alongside rest in threatened bleed is to:  
A. Begin emmenagogues  
B. Apply heat to abdomen  
C. Arrange urgent obstetric evaluation (scan, vitals, Rh/Hb)  
D. Start strong purgation  
**Answer: C**
3. **Lodhra Cūrṇa** in threatened bleed is best taken:  
A. 2-3 g **bd** with **tandulodaka** before meals  
B. 10 g at night with castor oil  
C. With lemon juice  
D. Only after delivery  
**Answer: A**
4. Which is **contraindicated** in pregnancy?  
A. Śatāvarī Kṣīrapāka  
B. Drākṣā Phāṇṭa  
C. Rājapravartinī Vaṭī  
D. Jeeraka-jala  
**Answer: C**
5. **Sukumāra Ghṛta** is useful for:  
A. Heavy bleeding  
B. Constipation/Vāta colic in pregnancy (small bedtime dose)  
C. Starting labour  
D. Fever with chills  
**Answer: B**
6. A woman with spotting after kitchen heat, spicy late dinner, and dehydration most likely shows:  
A. Kapha-Āma alone  
B. Pitta flare with Apāna strain  
C. Pure Vāta dryness only  
D. Udāna disturbance  
**Answer: B**
7. In inter-conception care after recurrent early loss, a commonly used classical support is:  
A. Kañchanāra-Guggulu  
B. Phala Ghṛta (inter-cycle, small dose)



- C. Rājapravartinī Vaṭī  
D. Large-dose Triphalā nightly

**Answer: B**

8. Which **monitoring triad** best predicts stability in early pregnancy?  
A. Weight, pulse, social media time  
B. Post-meal lightness, stool form, sleep latency  
C. Only haemoglobin  
D. Only fetal movements in first trimester

**Answer: B**

9. A **red flag** needing urgent care is:  
A. Mild evening nausea  
B. Soaking pad hourly with dizziness  
C. Transient aversion to smells  
D. Light brown spotting once

**Answer: B**

10. In threatened bleed, **diet** should be:  
A. Raw salads and iced drinks  
B. Warm, non-pungent thin gruels/khichri with steady warm sips  
C. Dry fasting  
D. Heavy fried foods for “strength”

**Answer: B**

## B. Case Vignettes (Applied)

### Case 1 — “Heat & Hurry” at 8 Weeks

A primigravida reports bright-red spotting after a late spicy dinner and long commute in summer heat. Mild cramps; vitals stable.

#### Tasks:

1. Map the Agni-Doṣa-Srotas pattern.
2. Write a **24-hour plan** using **A.C.T.** (rest, diet, triage).
3. Draft a **prescription** (doses, anupāna, duration) you would start **only after** scan confirms viability and the obstetrician agrees.
4. List **two** escalation signs that mandate immediate transfer.

### Case 2 — Post-loss Convalescence

After incomplete abortion managed surgically, a woman feels weak, sleeps late, has dry stools and backache.

#### Tasks:

1. Prepare a **7-day convalescence plan** (meals, fluids, sleep, abhyanga).
2. Write an **Ayurvedic prescription** (Sukumāra Ghṛta, Jeerakāriṣṭa, Daśamūlāriṣṭa—exact dose/timing).
3. State **two** priorities before the next conception attempt.

## End of Unit 2 — Early Pregnancy Complications