

## Unit 3: Mid and Late Pregnancy Complications

### Unit 3 — Mid & Late Pregnancy Complications and Ayurvedic Management

#### Overview

Mid (second trimester) and late (third trimester) pregnancy are physiologically **Pitta-Kapha** and **Vāta** leaning respectively. Complications in these trimesters—**Garbhasrava/Upadrava** such as edema (Śoṭha), anaemia (Pāṇḍu), reflux, dysuria, preterm pains, back/hip pain, insomnia, mood disturbance, and concerns like **fetal malposition**—arise when **Agni** wavers and **Doṣa** overshoot in vulnerable **Srotas**. This chapter gives you a **prescriber-level, clinic-ready** map: doṣa-samprāpti, safe classical medicines with **dose + anupāna + timing + duration + cautions**, integrative thresholds for referral, **Pathya-Apathya** (diet and regimen), and trimester-safe **Yoga/relaxation** to settle **Apāna Vāta** and protect **Ojas**.

#### Classical anchor (Vāta's role in pelvic functions)

“अपानः पाय्ववस्थोऽधः शुक्रमूत्रपुरीषगर्भनिष्क्रमणे ।” — *Aṣṭāṅga Hṛdayam, Sūtrasthāna 12/6*

(Apāna Vāta, situated in the pelvic outlet, regulates the expulsion of semen, urine, faeces and fetus.)

## 1) Garbhasrava & Upadras of the Second and Third Trimesters

### 1.1 Second trimester (Pitta-Kapha synergy)

- **Common upadras:** Amlapitta (heartburn), heat intolerance, pruritus, **Śoṭha** (dependent edema without red flags), dysuria, constipation if routines slacken.
- **Risks if unchecked:** hot bleeding (Pitta), urinary infection, progressive oedema, irritability, sleep loss, anaemia unmasking.

### 1.2 Third trimester (Vāta rise)

- **Common upadras:** preterm pains (Vāta spasm), back/hip pain, insomnia, constipation, anxiety, **malposition/persistent malpresentation** concerns, reflux relapse due to pressure.
- **Risks if unchecked:** exhaustion, poor labour preparedness, obstructed progress, late bleeding.

**Bedside rule:** Always decide first if the picture is **physiological discomfort** or a **red flag** (heavy fresh bleeding, fever with pain, syncope, severe headache/visual change with oedema, markedly reduced movements, meconium-stained fluid). Red flags → **urgent obstetric care**; Ayurveda supports but **never delays** referral.

## 2) Ayurvedic Interpretation of Edema, Anaemia, and Hypertension-like States

### 2.1 Edema (Śoṭha) in pregnancy

- **Samprāpti:** Monsoon/late-day heaviness + day-sleep → **Kapha-Āma** with **Rasavaha Srotas srotorodha**; salt and late dinners aggravate. If heat is prominent, **Pitta** joins; if exhaustion, **Vāta** complicates.
- **Differentiate:**
  - *Benign dependent swelling* (evening ankles, soft) vs.
  - *Red-flag oedema* (sudden, with headache/visual symptoms, upper-limb/facial swelling) → refer.

**Prescription (benign edema; short course, supervise):**



- **Punarnavāsava** 15 mL **bd**, **after meals** with equal water × **7 days** (stop if fatigue/dryness).
- **Shotha Har Mahakashaya Kvātha** 20 mL **bd** × **7-10 days**.
- **Punarnavadi mandur** 250 mg **bd**
- **Counsel:** moderate salt, elevate legs, gentle walking, **warm sips**, no day-sleep, early light dinner.
- **Escalate** if BP rises or headache/vision change appears.

## 2.2 Anaemia (Pāṇḍu) in pregnancy

- **Samprāpti:** **Manda-Agni** → **Āma** muddling **Rasa-Rakta**; poor appetite, fatigue, pallor; Pitta may irritate (burning, reflux) if iron is forced into a hot gut.
- **Integration:** Co-manage with **modern iron/folate**. Use classical supports that are widely used in pregnancy under supervision.

### Prescription (Pāṇḍu; supervise, start low):

- **Dhātrī Lauha** 250 mg **bd**, **after meals** × **8-12 weeks** (monitor constipation/heartburn; pause during febrile illness).
- **Punarnava Maṇḍūra** 250-500 mg **bd**, **after meals** × **8 weeks** (watch for gastritis; avoid with active reflux—cool Pitta first).
- **Drākṣā Avaleha** 1 tsp **bd pc** × **4-6 weeks** if appetite is low and Pitta is not high.
- **Diet Pathya:** cooked greens, black raisins (soaked), dates (small), ghee in food if tongue clean; **no iced drinks/late spicy dinners**.
- **Monitor:** Hb/ferritin per obstetric schedule, stool pattern, heartburn, post-meal feel.

## 2.3 Hypertension-like states (Ayurvedic lens, not a classical disease name)

- **Reading:** **Raktavaha Srotas irritability** with **Pitta-Vāta** reactivity and **Sādhaka Pitta** (stress) + **Vyāna Vāta** (vascular tone) disturbance.
- **Golden rule:** **Modern antihypertensive and pre-eclampsia protocols are primary**. Ayurveda supports with mind-diet cooling and routine discipline only.

### Pregnancy-safe supportive stance (adjuncts):

- **Arjuna Kṣīrapāka** 50-100 mL **bd**, **after meals** × **10-14 days** (Hṛdya, gentle).
- **Uśīrā-jala** (vetiver-infused cool water at room temperature) sips by day in hot months (avoid chilled/iced).
- **Mind routine:** evening **Nāḍī-śodhana** (no retentions) 5 min + **Bhrāmari** 3-4 min; lights-out by 10 pm.
- **Strictly avoid:** rasa-yoga sedatives, emmenagogues, strong purgatives, and **Sarpagandhā** products in pregnancy.

## 3) Management of Garbhiṇī Vyāpada Including Fetal Malposition

### 3.1 Preterm pains / Vāta spasm (no cervical change; triage first)

- **Environment:** warm, dim, quiet; left-lateral rest; **empty bladder**; hydrate with warm sips.
- **Internal (short, supervised):** **Sukumāra Ghṛta** 5 mL **hs** × **5-7 days** (if bowels dry; avoid in looseness).
- **External:** gentle **Nārāyaṇa/Dhanvantaram Taila** rubbing to lumbosacral area **bid**; warm compress.
- **Refer** with rhythmic intensifying pains, fluid leak, or bleeding.

### 3.2 Back/hip pain, pelvic girdle discomfort

- **Logic:** Vāta rise + ligamentous laxity + posture.
- **Measures:** alternate-day **abhyanga**, warm bath, soft lumbopelvic wrap (not tight), pillows for side-lying, frequent position change, **hands-and-knees rocking**.
- **Vedanasthapana Mahakashaya Kwath** 15 mL **bd pc** × **2-4 weeks**.

### 3.3 Fetal malposition/persistent malpresentation (e.g., breech, transverse)

- **Ayurvedic view:** Vāta disarray in the **Kṣetra** with poor pelvic softness/rhythm.
- **Safe Ayurvedic adjuncts (do not promise version):**
  - **Postural therapy** (from 32–36 wks if comfortable): *hands-and-knees, forward-leaning inversion over pillows/edge of bed for 30–60 sec 1–2×/day, left lateral with pillow behind back, pelvic tilts.*
  - **Abhyanga** to abdomen **only as light strokes in clockwise circles** (comfort-touch; **no deep massage**), plus back/sacrum oiling.
  - **Breath-mind calm** to reduce abdominal wall guarding.
- **Integration:** Discuss **External Cephalic Version (ECV)** eligibility with obstetrician at 36–37 wks. **No internal manipulations** outside obstetric care; **no castor-oil purgation/emmenagogues.**
- Note: During labour, it automatically rotates and comes to cephalic presentation in many normal cases.

## 4) Prescriber's Toolkit (Mid/Late Trimester, Pregnancy-Safe)

Start **one** medicine at a time, **low dose**; continue **5–10 days** for acute issues, **2–8 weeks** for terrain; stop with any adverse cue; review **post-meal feel, stool, sleep.**

### 4.1 Edema (benign)

- **Punarnavāsava** 15 mL **bd, pc** × 7 d
- **Shothahar mahakashaya Kvātha** 40 mL **od, ac** × 7–10 d
- Punarnava mandur 250 mg bd
- **Pathya:** salt moderation, early dinner, leg elevation, walk 20–30 min.
- **Contra:** continue if red flags? **No**—refer.

### 4.2 Anaemia (Pāṇḍu)

- **Dhātrī Lauha** 250 mg **bd, pc** × 8–12 w
- **Punarnava Maṇḍūra** 250–500 mg **bd, pc** × 8 w
- **Adjunct:** **Drākṣā Avaleha** 1 tsp **bd, pc** × 4–6 w (if appetite low).
- **Caution:** reflux/constipation; cool Pitta, soften bowels; integrate modern iron/folate.

### 4.3 Heartburn (Amlapitta)

- **Śatāvaryaṣṭaka Ghṛta** 5 mL **od, pc** × 7–10 d
- **Uśīrāsava** 10–15 mL **bd, pc** × 5–7 d (short, heat signs only)
- Kamdudhā Ras 250mg bd
- **Pathya:** early light dinner; head elevation; no chilli/sour at night.

### 4.4 Dysuria (afebrile)

- **Gokṣura Kṣīrapāka** 50–100 mL **bd** × 5–7 d
- **Hydration:** warm sips by day; avoid very spicy/sour.
- **Refer** if fever/flank pain.

### 4.5 Vāta colic/constipation & preterm-like irritability (non-labour)

- **Sukumāra Ghṛta** 5 mL **hs** × 5–7 d
- **External:** abhyanga + warm compress; **no strong purgation.**

**Strict pregnancy contraindications here: Rājapravartinī Vaṭī**, castor-oil purgatives, strong Śodhana, rasa-yogas; deep abdominal massage; overheating fomentation.

## 5) Preventive Care — Pathya-Apathya Āhāra & Vihāra (Mid/Late Pregnancy)

Domain	Pathya (wholesome)	Apathya (to avoid/limit)
Meals	Fresh, warm, simply combined; lunch main; <b>early light dinner</b>	Late spicy/sour feasts; leftovers; iced/canned drinks
Hydration	Warm sips through day; room-temp cooling infusions in heat (coriander-fennel, uśīra)	Dehydration; very hot or iced extremes
Bowels	Daily soft stools—cooked fibre + a little ghee if tongue clean	Suppression of urges; laxative overuse
Activity	20–30 min gentle walk; posture changes; left-lateral rest	Prolonged standing; heavy lifting; day-sleep
Sleep & mind	Digital sunset ≥60 min; lights-out ≈10 pm; brief breath-mind	Night screen marathons; conflicts late evening
Heat	Shade, loose cotton, lukewarm bath	Hot kitchen/sauna/hot tubs; sun at noon

## 6) Yoga & Relaxation (Safe, Trimester-Wise)

**No inversions** in late pregnancy; **no forced breath retentions**, deep twists, jumping, or strong abdominal work. Practise after a light meal gap.

### 6.1 Second trimester (build & stabilise)

- **Asana:** Cat-cow, supported Baddha Koṇāsana, side-lying leg lifts, gentle hip openers, ankle pumps.
- **Breath-mind:** **Nāḍī-śodhana** (no retentions) 5 min + **Bhrāmari** 3–4 min.
- **Goal:** keep Pitta calm, Kapha mobile.

### 6.2 Third trimester (Vāta settling & descent readiness)

- **Asana:** hands-and-knees rocking, supported squats (if comfortable), side-lying releases, pelvic tilts; frequent **left-lateral** rest.
- **Breath-mind:** soft **ujjāyī-like** relaxed exhalations (no holds) + **Bhrāmari**.
- **Labour prep:** rhythmic exhale/humming practice; posture changes with awareness.

## 7) Integration with Modern Care — Do Not Miss

- **Edema + headache/visual changes, RUQ pain, sudden weight gain** → rule out hypertensive disorders.
- **Reduced fetal movements** (gestation-appropriate criteria) or **persistent malpresentation** near term → obstetric assessment (incl. ECV discussion).
- **Dysuria with fever/flank pain** → UTI/pyelonephritis work-up.
- **Preterm symptoms** → cervical assessment; tocolysis/steroids per protocol.

Ayurvedic measures **support** comfort, digestion, sleep, and Vāta-Pitta balance; they **do not replace** emergency pathways.



## Summary (Rapid Revision)

- Second trimester is **Pitta-Kapha**; third trimester **Vāta**—know the tide to predict **Upadravas**.
- **Śōtha** = Kapha-Āma with Rasavaha obstruction; manage briefly with **Punarnavāsava + Daśamūla** and regimen; escalate for red flags.
- **Pāṇḍu** = Rasa-Rakta compromise over Manda-Agni; use **Dhātrī Lauha/Punarnava Maṇḍūra** under supervision with diet correction and modern iron.
- Hypertension-like states: treat as **Raktavaha irritability with Pitta-Vāta—modern therapy first**; Ayurveda adds **Arjuna Kṣīrapāka**, cooling, and mind-calm.
- **Garbhiṇī Vyāpada** such as preterm pains/backache/malposition are **Vāta-centred**: warmth, oiling, posture, rhythm; discuss **ECV** when indicated.
- Prevention is **Pathya-Apathya + Yoga/relaxation** tailored to trimester, season, and constitution.

## Assessment

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

1. Dependent evening ankle swelling with normal BP most closely matches:  
A. Vāta rise with kha-vaiśūnya  
B. Kapha-Āma with Rasavaha srotorodha  
C. Pure Pitta in Rakta  
D. Udāna Vāta disturbance  
**Answer: B**
2. A pregnancy-safe support for benign oedema (short, supervised) is:  
A. Punarnavāsava 15 mL bd after meals × 7 days  
B. Castor-oil purge at night  
C. Rājapravartinī Vaṭī  
D. Strong sauna daily  
**Answer: A**
3. The doṣa pathogenesis most typical in third-trimester preterm-like cramps without cervical change is:  
A. Pitta only  
B. Vāta spasm (Apāna dysrhythmia)  
C. Kapha stagnation  
D. Udāna aggravation  
**Answer: B**
4. For pregnancy anaemia (Pāṇḍu), a commonly used classical prescription is:  
A. Dhātrī Lauha 250 mg bd after meals  
B. Hingvāṣṭaka Cūrṇa high dose  
C. Triphalā 10 g hs  
D. Astringents during heavy reflux  
**Answer: A**
5. In hypertension-like states in pregnancy, the correct stance is:  
A. Replace antihypertensives with herbal sedatives  
B. Modern protocol first; adjunct **Arjuna Kṣīrapāka** + cooling routine  
C. Strong virecana for Pitta  
D. Sarpagandhā products routinely  
**Answer: B**
6. For persistent breech near term, the Ayurvedic-safe counsel includes:  
A. Internal manipulations and castor oil  
B. Hands-and-knees, forward-leaning postures, light abhyanga; discuss **ECV** with obstetrician  
C. Deep abdominal massage  
D. Strong Basti  
**Answer: B**



7. Heartburn in late pregnancy is best addressed with:
- Satāvaryaṣṭaka Ghṛta 5 mL od after meals + early dinner
  - Trikaṭu high dose at night
  - Vinegar and chilli to “kindle Agni”
  - Iced sodas with meals

**Answer: A**

8. A red flag that mandates urgent referral is:
- Soft evening ankle puffiness alone
  - Markedly reduced fetal movements for gestational age
  - Constipation once in 3 days
  - Mild daytime pruritus only

**Answer: B**

9. For benign oedema, which **Apathya** should be highlighted?
- Early light dinner
  - Day-sleep and salty late snacks
  - Gentle walking
  - Warm water sips

**Answer: B**

10. The verse “अपानः पाय्वस्थोऽधः ... गर्भनिष्क्रमणे” primarily reminds the clinician about:
- Sādhaka Pitta’s role in emotions
  - Apāna Vāta’s governance of pelvic eliminations and fetal expulsion
  - Kapha’s role in mucus
  - Vyāna’s role in sweating

**Answer: B**

## B. Case Vignettes (Applied)

### Case 1 — “Monsoon Swell” (Week 24)

A primigravida presents with evening ankle swelling and heaviness after late dinners; BP 110/70, no headache/visual change. Tongue mildly coated; naps in the afternoon.

#### Tasks:

- Map the doṣa-srotas pattern.
- Write a **7-day plan** with **Punarnavāsava + Daśamūla Kvātha** (dose, timing, duration) and Pathya.
- List two **red-flags** that would override your plan and trigger referral.

### Case 2 — “Hot Heart” (Week 26)

A chef working in a hot kitchen reports night heartburn, thirst, and irritability. Dinners are spicy and late; sleep after midnight.

#### Tasks:

- Identify the disturbed determinant (Ambu/Agni) and doṣa lead.
- Prescribe a **10-day** regimen using **Satāvaryaṣṭaka Ghṛta** (dose/timing) with diet-sleep corrections.
- Add one **short course** adjunct you may consider and its caution.

### Case 3 — “Turn, Little One?” (Week 35 Breech)

A multipara with breech presentation and normal vitals asks about “natural turning.”

#### Tasks:

- Explain the Ayurvedic lens (Vāta in Kṣetra) and **safe** adjuncts (postures, light abhyanga, breath-calm).
- Note the **integration step** with obstetrics and timing.



3. List **three** things you will **not** do or prescribe in this scenario.
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**End of Unit 3 — Mid & Late Pregnancy Complications and Ayurvedic Management**

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