



Unit 5: Complications in Obstetrics and Ayurvedic Management

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Overview

This unit trains you to recognise **Garbhopadrava** (pregnancy complications), respond to **Garbha-srava** (threatened/incipient miscarriage) and **Garbhapāta** (spontaneous abortion), manage **Prasava-Vyāpada** (labour complications) without delaying essential obstetric care, and apply **classical prescriptions** with dose, **anupāna** (vehicle), timing, duration, and cautions. **Strong Śodhana** is **contraindicated** in pregnancy; management is **Śamana-first**, diet-regimen centric, and **integrative**.

Note: When a drug is **pregnancy-unsafe/contraindicated**, it is labelled clearly. In pregnancy, prefer **decoctions (kvātha)**, **phāṇṭa**, **kṣīrapāka**, **ghṛta in small doses**, and **food-based Ajāsrika Rasāyana**. Mineral (rasa) preparations are **avoided** unless explicitly indicated **postpartum**. Medicines with visha dravya (purified poison ingredients) are also restricted unless it is purposely indicated.

1) Concept of Garbhopadrava (Pregnancy Complications)

Meaning. Disturbances during gestation threatening the mother (Garbhīṇī) or fetus (Garbha): e.g., **chardi** (nausea/vomiting), **amlapitta** (reflux), **śoṭha** (oedema), **kṛcchra-mūtra** (dysuria), **ruk/śūla** (pain/cramp), **rakta-pravṛtti** (bleeding), **jvara** (fever), constipation, back pain, insomnia, mood disturbance.

Quick map

- **Trimester drift:** Kapha → Pitta → Vāta.
- **Agni:** manda (sluggish) → āma; tīkṣṇa (over-keen) → heat/irritation; viṣama (erratic) → Vāta dysrhythmia.
- **Srotas:** srotorodha (block), ati-pravṛtti (excess outflow, e.g., bleeding), kha-vaiśūnya (emptiness/dehydration).
- **Manas:** Rajas/Tamas aggravate Sādhaka-Pitta and Apāna-Vāta.

First steps in any upadrava: Rest, remove nidāna (heat, late spicy meals, travel, strain, sleep loss), protect hydration with warm sips, keep bowels soft, and triage for red flags (see point 2.1).

2) Garbha-srava & Garbhapāta (Threatened Loss & Spontaneous Abortion)

2.1 Clinical sense

- **Garbha-srava (threatened loss):** spotting/bleeding ± cramp before viability, cervix often closed; viability uncertain → **urgent scan**.
- **Garbhapāta:** inevitable/incomplete/complete expulsion.

2.2 Immediate stance (A.C.T.)

- **Absolute rest**, left-lateral posture, **cool-calm room**; no intercourse/exertion.
- **Cooling-yet-gentle diet:** **warm but non-pungent** khichri/thin gruels; **coriander-fennel phāṇṭa** sips; **no chilli/sour/fried**; maintain **bowel softness** (ghee in food, cooked fibre).
- **Triage & tests (integration):** urgent **obstetric evaluation** (scan; vitals; Hb; blood group/Rh; anti-D where indicated). **Do not delay**.

2.3 Shamana protocol when pregnancy is viable (physician-supervised)

Prescription 1 — “Threatened Bleed, Heat + Cramp” (Pitta-Vāta)

(Use only after obstetric clearance; stop if bleeding increases or pain localises.)

- **Lodhra Cūrṇa** 2-3 g **bd** with **tandulodaka** (rice-water) **ac** × **7-10 days**.
- **Shonit Sthapana Mahakashaya** - 15-20 ml two to three times a day for 7-10 days.
- **Uśīrāsava** 10-15 mL **bd** with equal water **pc** × **5-7 days** (short, supervised; avoid if digestion weak).
- **Śatāvarī Kṣīrapāka** 50-100 mL **bd pc** × **2 weeks** (see *kṣīrapāka* method below).
- **External:** No abdominal massage/heating packs; gentle warm oiling of **back/limbs only**.
- **Diet:** soft, mildly sweet, warm; early dinner; steady warm sips.
- **Cautions:** Avoid astringent over-use in Vāta dryness; **no emmenagogues, no purgatives**.

Kṣīrapāka (milk-decoction) Method — one dose

Coarse powder **Śatāvarī 10 g + water 200 mL + milk 200 mL** → simmer to ~200 mL (slow fire); filter; serve warm.
(Scale per tolerance.)

Prescription 2 — “Habitual Early Loss, Between Pregnancies” (inter-conception).

- **Phala Ghṛta** 5 mL **od** on empty stomach in **inter-cycle** phase × **6-8 weeks**.
- **Śatāvarī Cūrṇa** 3 g **bd** with warm milk **pc** × **8-12 weeks** (avoid if *Kapha-Āma*).
- **Daśamūlāriṣṭa** 15-20 mL **bd pc** × **4 weeks** for Vāta-ache terrain. This should not be taken during pregnancy.
(Schedule **away from** active attempts that cycle.)

2.4 If loss is confirmed (Garbhapāta)

Modern completion (expectant/medical/surgical) as indicated → then **Sūtikā-like convalescence**:

Prescription 3 — “Post-loss Convalescence (Vāta-dominant)”

- **Shoubhagyashunthi Pak** 5 gm twice daily with lukewarm water.
- **Jeerakāriṣṭa** 20 mL **bd pc** × **4-6 weeks** (Agni, Stanya later).
- **Daśamūlāriṣṭa** 15 mL **bd pc** × **2-4 weeks** for ache/fatigue.
- **Diet:** warm, simple, early dinners; cooked greens daily; warm sips.
- **External:** Dhanvantaram/Nārāyaṇa Taila gentle back/limb abhyanga **od** + warm bath.
- **Counselling:** 2 regular cycles before new attempts; sleep hygiene; avoid heat/travel in luteal phase.

Red-flags at any time: soaking pads hourly, syncope, fever, foul discharge, severe unilateral pain/shoulder-tip pain (ectopic), persistent severe cramps → **emergency care**.

3) Common Garbhopadrava with Prescriptions (Pregnancy-safe, supervised)

Always individualise; start **low**, monitor **post-meal feel, stools, sleep, and bleeding**.

Garbhapala Rasa and **Garbha Chintamani Rasa** are most potent safe rasa preparation which can be taken during pregnancy from 1st trimester till delivery. **Phala Ghṛta** is also safe to be taken.

3.1 Chardi (Nausea/Vomiting) — Kapha-Pitta

- **Drākṣā Phāṇṭa** (light raisin infusion) 50-100 mL **bd-tds** between meals × **5-7 days**.
- **Jeeraka-jala** warm sips through day.
- **Eladi Gulika** - suck 1 tab 3-4 times a day.

- **Śatāvarī Kṣīrapāka** 50 mL **hs** if reflux accompanies nausea.
Avoid rasa-yoga (e.g., Sūtaśekhara) in pregnancy.

3.2 Amlapitta (Heartburn)

- **Śatāvaryaṣṭaka Ghr̥ta** 5 mL **od pc** × **7-10 days** if digestible.
- **Kamdudha Rasa** 125 to 250 mg twice daily before meal.
- **Uśīrāsava** 10-15 mL **bd pc** × **5-7 days** (short, if heat signs).
- **Diet:** early dinners; reduce sour/pungent; head elevation.

3.3 Śōtha (Oedema) without red flags

- **Shothagna Mahakashaya Kvātha** 20 mL **bd** × **7-10 days**.
- **Punarnavadi mandur** 250 mg **bd** × 15 days
- **Punarnavāsava** 15 mL **bd pc** × **7 days** (short; monitor fatigue/dryness; stop if hypotension/weakness).
- **Lifestyle:** salt moderation, leg elevation, short walks, hydration as warm sips.
Escalate if BP↑, headache/visual changes, or rapid oedema.

3.4 Kṛcchra-mūtra (Dysuria) — mild, no fever

- **Gokṣura Kṣīrapāka** 50-100 mL **bd** × **5-7 days**.
- **Coconut-water** (moderate) by day if suited.
Avoid Chandraprabhā Vāṭī in pregnancy.

3.5 Vāta colic/constipation

- **Sukumāra Ghr̥ta** 5 mL **hs** with warm water × **5-7 days**.
- **Gandharvahastādi Kwath** 15 mL **bd** with lukewarm water.
- **External:** warm abhyanga to lower back/abdomen; gentle walks.

4) Prasava-Vyāpada (Labour Complications): Physiological Adjuncts + Escalation

Obstetric evaluation takes precedence. Use the following **as adjuncts** that keep **Apāna-Vāta calm** and the mother hydrated, **without** delaying interventions.

4.1 Slow/irregular progress with spasm (Vāta)

- **Environment:** warm, dim, private; **empty bladder** 2-3 hourly.
- **External:** warm oiling (Nārāyaṇa/Dhanvantaram Taila) to lumbosacral area; warm compress.
- **Postures:** upright/forward-leaning; hands-and-knees; side-lying rests.
- **Fluids:** small warm sips (thin rice-gruel).
- **Breath:** long relaxed exhalations; low-tone humming.
Escalate for non-reassuring fetal status/obstruction.

4.2 “Hot & hurried” labour (Pitta)

- Cool the room’s stimulus; encourage tepid water sips (not iced); calm cueing; avoid overheating.
Escalate if maternal fever, fetal distress, or meconium.

4.3 Thick mucus/heaviness (Kapha)

- Brief ambulation; upright positions; light warm sips; avoid heavy foods.
If exhaustion/dehydration → IV/obstetric support.

4.4 Placental stage delay (physiological, stable mother)

- **Skin-to-skin**, quiet room; observe separation signs (gush, cord lengthening, fundal rise then firming); **no traction**.

Escalate with bleeding/atony/time limits per protocol.

No internal medicines to “force” labour. **Castor oil**, strong purgatives, and emmenagogues are **contraindicated**.

5) Role of Pañcakarma & Supportive Therapies

- **During pregnancy: No strong Śodhana** (vamana/virecana/nirūha-basti). Only **external abhyanga**, **mild svedana** (warm compress) for aches; prudent diet correction.
- **After miscarriage or birth (stable):** external oiling; **Ajāsrika Rasāyana**; consider **Mātrā-basti** (30–60 mL kṣīrabala/nārāyaṇa taila **od** × **3–5 days**) **only after** 10–14 days **and** if no bleeding/fever—**specialist supervision**.

6) Integration with Modern Obstetrics

Shared baselines: BP, oedema, urine protein/glucose, CBC/ferritin, blood group/Rh, targeted ultrasound, fetal surveillance in labour.

Red flags (memorise): heavy fresh bleeding, syncope, severe unilateral pain/shoulder-tip pain, fever/foul discharge, sudden oedema + headache/visual change, reduced fetal movements, meconium-stained fluid, non-reassuring fetal heart.

Bridge: While referring, keep mother **lying left lateral**, room calm, **steady warm sips** (if allowed), **void bladder**, reassure.

7) Ready-to-Prescribe Sets

Add **diet-sleep-bowel** instructions and **review at 3–7 days** for acute issues, **2–4 weeks** for chronic terrain.

Set-A: Threatened Bleed (viable pregnancy, mild) — Pitta-Vāta

- Lodhra Cūrṇa **2–3 g bd**, **ac** with **tandulodaka** × 7–10 d
- Shonit Sthapana Mahakashaya Kwath 15–20 ml bd × 14 d
- Uśīrāsava **10–15 mL bd**, **pc** × 5–7 d (short)
- Śatāvarī Kṣīrapāka **50–100 mL bd**, **pc** × 14 d
- Rest; cool-calm room; no intercourse/exertion; early dinners; warm sips
- **Stop & refer** if bleed/pain escalate

Set-B: Amlapitta of Pregnancy

- Śatāvaryaṣṭaka Ghṛta **5 mL od**, **pc** × 7–10 d
- Kamdudha ras 250 mg bd × 7 days
- Uśīrāsava **10–15 mL bd**, **pc** × 5–7 d (if heat)
- Early dinners; reduce sour/pungent; head elevation



Set-C: Oedema (no red flags)

- Shothagna Mahakashaya Kvātha **40 mL od, ac** × 7-10 d
- Punarnavadi mandur 250 mg bd × 15 days
- Punarnavāsava **15 mL bd, pc** × 7 d (short)
- Salt moderation, leg elevation, walks; **refer** if BP/headache/vision changes

Set-D: Post-loss Convalescence (Vāta)

- Shoubhagya Shunthi Paka - 5 gm bd with lukewarm water
- Jeerakāriṣṭa **20 mL bd, pc** × 4-6 w
- Daśamūlāriṣṭa **20 mL bd, pc** × 2-4 w
- Abhyanga back/limbs **od**; warm bath; sleep hygiene

Summary (Rapid Revision)

- **Garbhopadrava** reflects trimester doṣa tides; treat the **lead doṣa** with **pregnancy-safe Śamana** (diet, rest, gentle medicines) and never delay obstetric triage.
- **Garbha-srava/Garbhapāta**: bed rest, cooling Vāta-settling diet, **Lodhra-Śatāvarī** supports **only after** scan and approval; **Uśīrāsava** as **short supervised** course; **no emmenagogues/purgatives**.
- **Prasava-Vyāpada**: adjuncts are **posture-breath-warmth-hydration**; escalate for any red flag.
- **Pañcakarma**: **minimal** in pregnancy; selective **Mātrā-basti** only **postpartum/post-loss** when stable.
- Integration with modern care is mandatory; Ayurvedic strength is **routine discipline, digestion, hydration, sleep, and sattva**.

Assessment

A. Multiple-Choice Questions (MCQs)

1. In threatened miscarriage with heat and cramp (after scan), the **most appropriate** short supervised pair is:
A. Trikaṭu Cūrṇa + Punarnavāsava
B. Lodhra Cūrṇa + Uśīrāsava
C. Rājapravartinī Vaṭī + Castor oil
D. Chandraprabhā Vaṭī + Guggulu
Answer: B
2. In pregnancy, **contraindicated** choices are:
A. Kṣīrapāka of Śatāvarī
B. Strong virecana/emmenagogues
C. Jeeraka-jala
D. Mild Daśamūla Kvātha
Answer: B
3. For antenatal **constipation** (no red flags), a first-line is:
A. Gandharvahastādi Taila small **hs**
B. Strong senna purge
C. Rājapravartinī Vaṭī
D. Triphalā high-dose nightly
Answer: A
4. In labour with **Vāta spasm**, best adjunct set is:
A. Supine immobility + ice water
B. Upright/forward-leaning + warm lumbosacral oiling + rhythmic exhalation
C. Hot sauna + shouting
D. Deep astringent herbs orally



Answer: B

5. Pregnancy dysuria without fever responds to:
A. Chandraprabhā Vāṭī
B. Gokṣura **Kṣīrapāka** + hydration
C. Strong diuretics
D. Rājapravartinī Vāṭī

Answer: B

6. **Punarnavāsava** in pregnancy oedema should be used:
A. Long-term tds
B. As a short supervised course with monitoring
C. Not at all
D. Only at night with empty stomach

Answer: B

7. After **Garbhapāta**, the first fortnight emphasises:
A. Virecana
B. Heavy feasts
C. Vāta-settling + Agni rekindling (e.g., Sukumāra Ghṛta, Jeerakāriṣṭa)
D. Emmenagogues

Answer: C

8. For heartburn in pregnancy, a fitting line is:
A. Uśīrāsava short + Śatāvaryaṣṭaka Ghṛta small dose
B. Trikaṭu Cūrṇa high dose
C. Alcohol at night
D. Castor oil

Answer: A

9. In placenta-delivery (physiological delay, stable), you should:
A. Tug the cord
B. Skin-to-skin, calm room, watch for separation signs
C. Give emmenagogues
D. Force push with closed glottis

Answer: B

10. **Mātrā-basti** is appropriate:
A. In first trimester nausea
B. In active labour
C. Post-loss/postpartum, later, for Vāta constipation/back pain under supervision
D. For antenatal oedema

Answer: C

B. Case Vignettes (Applied)

Case 1 — Early Pregnancy Bleed after Heat/Travel

A 9-week primigravida presents with bright-red spotting and mild cramps after a late spicy dinner and a long road trip. Tongue slightly coated; slept 1 am.

Tasks:

1. Map doṣa-agni pattern.
2. Write a **24-hour plan** (rest, environment, diet, bowels) while arranging **urgent ultrasound/labs**.
3. Draft a **prescription** (doses, anupāna, duration) you will begin **only if** viability is confirmed and obstetrician permits.
4. Name **two escalation signs** that mandate immediate transfer.

Case 2 — Amlapitta of Pregnancy



At 22 weeks, a cook in a hot kitchen reports night heartburn and thirst; dinners late/spicy.

Tasks:

1. Identify the determinant disturbed (Ambu/Agni) and lead doṣa.
2. Prescribe a **7-10 day regimen** with **Śatāvaryaṣṭaka Ghṛta** and a **short Uśīrāsava** trial (dose, timing, cautions).
3. Add **three diet-lifestyle** lines you insist on this week.

Case 3 — Post-loss Convalescence (After Incomplete Abortion Managed Surgically)

She feels weak, sleeps late, has dry stools and backache.

Tasks:

1. Draft a **7-day convalescence** plan with **Shoubhagyashunthi Paka**, **Jeerakāriṣṭa**, **Daśamūlāriṣṭa** (exact dosing).
2. Specify **monitoring parameters** (stool, sleep, appetite, mood).
3. List **two priorities** before trying to conceive again.

End of Unit 5 — Complications in Obstetrics and Ayurvedic Management