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"*GARBHASRAVA* (RECURRENT MISCARRIAGE): AN AYURVEDIC PERSPECTIVE ON PATHOGENESIS AND THERAPEUTIC APPROACHES"

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ABSTRACT:
Introduction: Recurrent miscarriage (*Garbhasrava*) is a distressing reproductive disorder affecting nearly 1–2% of women globally, with multifactorial etiologies including genetic, hormonal, anatomical, and immunological causes. Ayurveda, through its unique concepts of *Beeja (gametes)*, *Kshetra (uterine environment)*, *Rutu (fertile period)*, and *Ambu (nutritional factors)*, provides a comprehensive framework for understanding recurrent pregnancy loss. **Methods:** A systematic review of Ayurvedic classical texts (*Charaka Samhita*, *Sushruta Samhita*, *Ashtanga Hridaya*, *Kashyapa Samhita*) was undertaken to extract references on *Garbhasrava* and its management. Modern literature was searched using PubMed, Scopus, and Google Scholar with keywords: "recurrent miscarriage," "Ayurveda," "herbal medicine," and "immunological infertility." Inclusion criteria involved clinical trials, review articles, and case reports (2000–2024), while studies unrelated to Ayurveda or reproductive health were excluded. **Results:** Ayurvedic texts identify *Garbhasrava* as a condition arising from *dosha* vitiation, uterine abnormalities, weak maternal tissue (*dhatu kshaya*), and improper lifestyle. Management includes preventive measures (*garbhadharana samagri*), *Rasayana* therapy, *Shodhana* (detoxification), and *Shamana* (palliative therapy) with formulations like *Ashwagandha*, *Shatavari*, *Lodhra*, and *Pushpadhanwa Rasa*. Modern studies reveal the efficacy of these herbs in hormonal balance, immunomodulation, and endometrial receptivity. *Panchakarma* procedures, particularly *Basti* and *Uttarbasti*, demonstrate encouraging results in recurrent miscarriage cases. **Discussion:** Ayurvedic approaches emphasize holistic correction of maternal health, uterine strengthening, and fetal nourishment, which align with modern findings on endocrine and immunological regulation. However, robust clinical trials and mechanistic studies are limited, necessitating integrative research.
KEYWORDS: Ayurveda, *Garbhasrava*, Miscarriage, Reproductive health, *Shodhana*

INTRODUCTION

Recurrent miscarriage (*Garbhasrava*) is a major reproductive health issue, defined in modern medicine as the loss of two or more consecutive pregnancies before the age of fetal viability. [1-2] It affects nearly 1–2% of couples worldwide and has profound physical, emotional, and social impacts. Causes may include chromosomal anomalies, endocrine disorders, uterine malformations, infections, autoimmune diseases, and unexplained idiopathic factors. [3] Despite technological advances in reproductive medicine, nearly half of cases remain unexplained, highlighting the need for holistic approaches. [4]

In Ayurveda, *Garbhasrava* is described as the repeated expulsion of the fetus before the gestational period, attributed to vitiation of *doshas*, weakness of uterine structures, improper lifestyle, or deficient maternal nourishment. [5-6] Texts like *Charaka Samhita* and *Kashyapa Samhita* discuss factors impairing fetal retention and prescribe regimens for uterine strengthening, nutritional support, and maternal rejuvenation. Therapies such as *Rasayana dravyas* (rejuvenatives), *Shodhana* (purification), and dietary/lifestyle modifications are central to its management. [7-8]

The aim of this review is to explore the Ayurvedic understanding of *Garbhasrava* and its therapeutic interventions in light of modern scientific evidence. [9] The objectives are: (i) to summarize classical references on *Garbhasrava*, (ii) to review modern studies on Ayurvedic formulations and Panchakarma therapies in miscarriage management, and (iii) to critically evaluate outcomes and identify future research prospects. [10]

MATERIALS AND METHODS

A comprehensive literature review was conducted between January and July 2025. Primary Ayurvedic references were drawn from *Charaka Samhita, Sushruta Samhita, Ashtanga Hridaya, Kashyapa Samhita*, and *Bhaishajya Ratnavali*. Secondary sources included commentaries and published Ayurvedic compendia. [11]

For modern evidence, databases such as PubMed, Scopus, Web of Science, and Google Scholar were searched using the terms: "Ayurveda AND recurrent miscarriage," "Ayurveda AND *Garbhasrava*," "herbal medicine AND miscarriage," and "*Panchakarma* AND infertility." [12]

Inclusion criteria: [13]

- Studies published between 2000–2024.
- Clinical trials, case reports, observational studies, and reviews focused on miscarriage or infertility treated with Ayurveda or related interventions.
- Articles in English and Sanskrit with valid translations.

Exclusion criteria: [14]

- Non-reproductive Ayurvedic interventions.
- Studies lacking clinical or experimental data.
- Duplicates and non-peer-reviewed sources.

All selected studies were analyzed thematically under Ayurvedic pathogenesis, herbal formulations, *Panchakarma* interventions, and integrative approaches. [15]

OBSERVATION AND RESULTS

1. Ayurvedic Concept of *Garbhasrava*

In Ayurveda, *Garbhasrava* refers to repeated miscarriage or abortion occurring before fetal viability. The term originates from "*Garbh*" (fetus) and "*Srava*" (flow/expulsion). It is described in *Charaka Samhita* (Sharira Sthana 4/30) and *Kashyapa Samhita* as premature expulsion of the fetus due to maternal, fetal, or environmental causes. Unlike modern definitions, Ayurveda emphasizes *dosha* vitiation, weakness of *garbhashaya (uterus)*, defective *Beeja (gametes)*, and improper maternal diet/lifestyle.

2. Etiopathogenesis

According to classical references, the causes (*nidana*) of *Garbhasrava* include:

- **Vitiated *Doshas*** – Particularly aggravated *Vata* causes expulsion, *Pitta* leads to bleeding, and *Kapha* causes improper fetal growth.
- ***Beeja Dosha*** – Genetic or gametic defects impair conception and fetal development.
- ***Kshetra Dushti*** – Defective uterine environment (*garbhashaya dushti*) results in implantation failure or miscarriage.
- ***Rutu Asatmya*** – Improper timing of conception or unfavorable ovulatory conditions.
- ***Ahara-Vihara*** – Malnutrition, excessive exertion, suppression of natural urges, and

indulgence in incompatible food (*viruddhahara*).

- **Maternal diseases** – *Raktapradara* (bleeding disorders), *Atikarshya* (emaciation), and *Atisara* (diarrhea) weaken maternal tissues leading to miscarriage.

This holistic understanding parallels modern etiologies like hormonal imbalance, uterine malformations, infections, and autoimmune disorders.

3. Clinical Features *(Lakshana)*

Ayurvedic texts describe *Garbhasrava* symptoms as:

- Vaginal bleeding (*raktasrava*)
- Lower abdominal pain (*shoola*)
- Loosening of fetus (*garbha sanga*)
- Loss of fetal movements (*garbhapravritti*)

These align with modern symptoms of threatened or inevitable miscarriage.

4. Preventive Approaches *(Nidana Parivarjana & Garbhadharana Samagri)*

Prevention is emphasized through:

- **Preconception care:** *Pumsavana karma*, *Rasayana therapy* to strengthen gametes.
- **Lifestyle regulation:** Avoidance of excessive exertion, stress, sexual intercourse during early pregnancy.
- **Dietary regimen:** Use of milk, ghee, *shashtika shali* rice, *mudga yusha* (green gram soup), and *draksha* (raisins) to promote uterine stability.

5. Management Approaches

a) Shamana Chikitsa (Palliative Therapy)

- Use of herbs to pacify aggravated doshas and strengthen uterine tissues.
- Common formulations include:
  - *Lodhra (Symplocos racemosa)* – hemostatic, uterine tonic.
  - *Shatavari (Asparagus racemosus)* – phytoestrogenic, improves endometrial receptivity.
  - *Ashoka (Saraca indica)* – regulates uterine bleeding, improves implantation.
  - *Yashtimadhu (Glycyrrhiza glabra)* – anti-inflammatory, nutritive.
  - Formulations: *Pushpadhanwa Rasa, Phala Ghrita, Garbhapal Ras*.

b) Shodhana Chikitsa (Purificatory Therapy)

- Detoxification (*Shodhana*) ensures a healthy uterine environment prior to conception.
- *Vamana* and *Virechana* regulate *Kapha* and *Pitta* doshas.
- *Basti* (medicated enema), especially *Uttara Basti*, is considered most effective for uterine cleansing and strengthening. Clinical evidence supports *Basti* in improving ovarian function and reducing unexplained infertility/miscarriage risk.

c) Rasayana Therapy

- *Rasayanas* rejuvenate tissues, enhance *ojas* (vitality), and improve conception capacity.
- Examples: *Shatavari Rasayana, Guduchi Rasayana, Ashwagandha Churna*.
- These are comparable to modern concepts of immunomodulators and adaptogens.

6. *Panchakarma* Interventions

- *Uttara Basti* with *Phala Ghrita* or *Triphaladi Taila* improves uterine receptivity.
- *Matra Basti* with *Kshirabala Taila* supports hormonal balance.
- Clinical studies (Patil et al., 2017; Jagtap et al., 2020) show significant reduction in miscarriage recurrence after Panchakarma therapy.

7. Modern Scientific Correlations

- **Immunological aspects:** Ayurveda's *Ojas* depletion parallels modern immune dysfunction leading to recurrent pregnancy loss (RPL).
- **Hormonal regulation:** Phytoestrogens in *Shatavari* and *Ashoka* balance estrogen-progesterone levels.
- **Hemostatic action:** *Lodhra* and *Ashoka* reduce uterine bleeding by modulating coagulation pathways.
- **Nutritional support:** Ghee-based formulations improve maternal nutrition, essential for fetal sustenance.

8. Review of Modern Studies

- *Shatavari* demonstrated estrogenic and progesterone-modulating effects in animal and human trials.
- *Ashoka bark extract* showed positive effects in dysfunctional uterine bleeding.
- Clinical trial (Nagarjuna et al., 2018) reported improved pregnancy outcomes in women receiving *Uttara Basti* with medicated ghrita.

- A 2022 PubMed-indexed study highlighted immunomodulatory action of *Guduchi* in recurrent miscarriage.
- Combined Ayurvedic regimen (herbal + Panchakarma + lifestyle) reported >70% live birth rate in women with recurrent miscarriage (case series, 2019).

DISCUSSION

The Ayurvedic perspective on *Garbhasrava* provides a holistic understanding that resonates with modern scientific concepts. Classical texts attribute miscarriage to *dosha vitiation* and weakness of *garbhashaya*, while modern medicine cites hormonal, immunological, and anatomical causes. Both traditions recognize that maternal systemic health plays a central role in pregnancy sustainability. [16]

One of the strengths of Ayurveda is its emphasis on preconceptional care, through *Rasayana therapy* and *Shodhana*, which prepare the body for conception. This aligns with modern recommendations for pre-pregnancy counseling, nutritional supplementation, and lifestyle modifications. The Ayurvedic principle of *Beeja, Kshetra, Ambu, Rutu* is conceptually similar to genetics, uterine environment, nutrition, and timing of conception. [17]

Herbs such as *Shatavari*, *Ashoka*, and *Lodhra* demonstrate promising results in recurrent miscarriage due to their phytoestrogenic, hemostatic, and uterine tonic properties. Modern pharmacological studies support their role in hormonal modulation and improving endometrial receptivity. However, most studies are small-scale and lack randomized controlled trial (RCT) validation. [18]

Panchakarma therapies, especially *Basti* and *Uttara Basti*, have shown encouraging clinical outcomes in unexplained infertility and miscarriage. Modern interpretation suggests these therapies may improve uterine blood flow, reduce pelvic inflammation, and enhance hormonal signaling. Still, the absence of mechanistic research creates a significant knowledge gap. [19]

A limitation in current Ayurvedic research is the lack of standardization in herbal formulations, dosage, and therapy protocols. Moreover, methodological flaws such as small sample size, lack of blinding, and poor outcome measures weaken clinical evidence. Integrative approaches, combining Ayurvedic therapies with assisted reproductive technologies (ART), may hold future promise but require rigorous validation. [20]

Future prospects include:

- Conducting multicenter RCTs on Ayurvedic formulations in miscarriage prevention.
- Exploring biomolecular pathways of herbs like *Shatavari* (estrogen receptor binding) and *Guduchi* (immunomodulation).
- Establishing standardized Panchakarma protocols for recurrent miscarriage.
- Promoting integrative care models that combine holistic Ayurveda with modern reproductive endocrinology.

Thus, while Ayurveda offers a unique and comprehensive approach to *Garbhasrava*, bridging traditional wisdom with modern evidence is essential for global acceptance. [20]

CONCLUSION

Recurrent miscarriage (*Garbhasrava*) remains a challenging condition in reproductive medicine, with many cases lacking clear etiology. Ayurveda offers a multidimensional framework to address this disorder, focusing on *dosha balance, uterine strengthening, nutrition, and maternal rejuvenation*. Classical references highlight the importance of *Beeja, Kshetra, Rutu,* and *Ambu* in conception and fetal sustainability, providing a preventive as well as therapeutic perspective.

Ayurvedic management integrates *Shodhana* (detoxification), *Shamana* (palliative measures), and *Rasayana* therapy along with dietary and lifestyle modifications. Herbal drugs such as *Shatavari, Ashoka, Lodhra,* and *Guduchi* have shown promising effects in hormonal regulation, uterine toning, and immunomodulation. Panchakarma interventions, particularly *Basti* and *Uttara Basti*, have been reported to improve conception rates and reduce miscarriage recurrence.

Modern studies increasingly validate these interventions, though large-scale clinical trials and mechanistic research remain limited. The convergence of Ayurvedic principles with current scientific evidence underscores the relevance of holistic care in reproductive health.

In conclusion, Ayurveda provides not only therapeutic options but also preventive strategies that could significantly reduce the burden of recurrent miscarriage. Integrative research, protocol standardization, and interdisciplinary collaboration are crucial to establish evidence-based guidelines for global acceptance of Ayurvedic management in *Garbhasrava*.

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