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Ayurvedic Management and Outcomes of Retained Products of Conception: A Case Series

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ABSTRACT:

This case series highlights the efficacy and safety of Ayurvedic treatments for retained products of conception (RPOC) in five patients. Each patient underwent *Anuvasana Basti* using *Siddharthakadi Taila* and *Niruha Basti* with *Siddharthakadi Kwatha*, administered over a total treatment period of 8 days (max.). Outcomes were assessed via follow-up ultrasounds, haematological tests, and clinical evaluations. All cases achieved successful resolution without surgical intervention, with improved symptoms and stable haematological parameters. One conservatively treated patient had RPOC resolved, while another had a benign ovarian cyst monitored. Findings suggest Ayurvedic therapies have potential non-invasive alternative to conventional procedures.

KEYWORDS: Retained Products of Conception, *Siddharthakadi Anuvasana Basti*, *Siddharthakadi Niruha Basti,* Uterine Health.

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INTRODUCTION:

Placental or fetal tissue in the uterus after birth, miscarriage, or abortion is called retained products of conception (RPOC). RPOC, or retained products of conception, affects 1-5% of pregnancies. [1-5] Vaginal bleeding, stomach pain, and infection are common symptoms of this illness. RPOC mismanagement may lead to uterine infection, hemorrhage, and Asherman's syndrome, which can affect a woman's reproductive health [6-7].

RPOC treatment frequently needs surgery like dilatation and curettage (D&C) or

hysteroscopic removal to reduce these risks [8]. In low-risk cases, conservative measures including medical treatment and diligent monitoring have grown in popularity [9-11]. Therapeutic techniques vary, and the best way to treat RPOC is still debated [12].

From the Ayurvedic perspective, RPOC can be understood under the framework of *Garbhashaya Shesha* (retention of uterine contents), primarily attributed to vitiation of *Apana Vata*. Classical texts emphasize the expulsion of retained contents and restoration of uterine function through *Vata*-balancing therapies. In this context, procedures such as *Uttara Basti* (intrauterine administration), *Matra Basti* (daily unctuous enema), and *Niruha Basti* (medicated decoction enema) are indicated [13,14]. These *Basti* therapies collectively aim to evacuate retained tissues, restore *Apana Vata*, and rejuvenate the reproductive tract.

This case series analyzes real-world cases to provide light on retained products of conception (RPOC) treatment and results. This study examines patient cases to address gaps in the literature, focusing on long-term outcomes and treatment technique recurrence rates. These cases will help evaluate the efficacy and safety of current management methods, which may influence clinical decision making.

CASE DESCRIPTION

Case Report- 1

A 24-year-old woman (G3P1A2) experienced five days of intense vaginal bleeding with clots. A 23 May 2024 transabdominal ultrasound (USG) confirmed RPOC with a 16.7 × 15.1 mm cystic content and enhanced vascularity on Doppler. A 27 May 2024 USG also detected a 32.2 × 20 mm right ovarian cyst.

Laboratory findings included Hb 11.0 gm/dL, normal WBC count, negative HIV, syphilis, and Hepatitis B tests, and a normal coagulation profile (APTT, PT).

Ayurvedic treatment began on 28 May 2024, consisting of Anuvasana Basti (5 days, Siddharthakadi Tail) and Niruha Basti (3 days, Kwatha) in an alternate order. Vitals stabilized during therapy (BP: 122/82 → 110/70 mmHg; Pulse: 98 → 88 bpm) (Table 1).

By the end of treatment, bleeding ceased and clinical recovery was noted. A 5 June 2024 follow-up USG confirmed RPOC resolution, demonstrating Ayurvedic treatment efficacy without surgical intervention (Table 2).

Case Report- 2

A 28-year-old woman (G3P1A2) tested pregnancy-positive on May 10, 2024, and experienced 21 days of vaginal bleeding post-medical termination despite medication, requiring 4–5 sanitary pads daily.

A May 23, 2024 ultrasound confirmed RPOC with a 13.1 mm cystic content, an anteverted uterus, and normal ovaries, with low vascularity on Power Doppler. A May 31, 2024 ultrasound showed moderate RPOC (10.3 mm) but no adnexal masses or free fluid.

Hematological and serological tests revealed mild anemia (Hb 8.6–12.4 gm/dL), occasional abnormal RBC, hematocrit, and platelet levels, and A-positive blood type. HIV, Hepatitis B, Syphilis, and Hepatitis C tests were negative. Coagulation tests were normal despite a slightly elevated APTT.

Treatment included a multimodal approach combining Ayurvedic and allopathic therapies. Anuvasana Basti (3 days, Siddharthakadi Tail)

and Niruha Basti (1 day, Kwatha) were administered alternately. Vitals (BP and pulse) stabilized, and bleeding significantly reduced during therapy (Table 1).

By the end of treatment, the patient's condition improved, bleeding ceased, and vital signs normalized. A June 18, 2024, follow-up ultrasound confirmed complete RPOC resolution, with ongoing follow-ups advised to ensure recovery (Table 2).

Case Report- 3

A 39-year-old woman (G6P3A3) tested pregnancy-positive on May 30, 2024, but experienced five days of bleeding with clots (May 18–22), followed by spotting. Her last menstrual period was April 10, 2024.

A May 31, 2024 ultrasound confirmed RPOC with a 13.1 mm endometrial cavity width, normal uterine echotexture, and power Doppler vascularity, with no adnexal masses or free fluid.

Treatment included 3 days of Anuvasana Basti (Siddharthakadi Tail) and 1 day of Niruha Basti. On June 5, 2024, ultrasound showed RPOC reduced to 8.4 mm. Continued therapy led to June 14, 2024, ultrasound confirming a normal uterine shape, 8.9 mm endometrial thickness, and no retained products (Table 1).

Hematological assessments revealed anemia (Hb 8.5 gm/dL, May 31), improving to 12.4 gm/dL (June 3) and stabilizing at 12.2 gm/dL (June 14). RBC and platelet counts showed minor fluctuations.

Coagulation profiles were stable, with a slightly low APTT (May 31), which normalized by June 14. Serological tests for HIV, Hepatitis B, Syphilis, and Hepatitis C were negative. Beta HCG levels dropped from 111 mIU/ml (May 31) to 3.83 mIU/ml (June 14), confirming RPOC resolution.

Serial ultrasounds and hematological monitoring ensured recovery without surgery. June 14, 2024, ultrasound confirmed no RPOC, with normal hematological parameters and stabilized Beta HCG. The patient was advised to continue monitoring for complete recovery (Table 2).

Case Report -4

A 33-year-old woman (B-positive) presented with early pregnancy complications and symptoms indicative of retained products of conception (RPOC), confirmed by a positive urine pregnancy test. A June 4, 2024 ultrasound showed RPOC (~0.4 × 0.5 cm) with 12.1 mm endometrial thickness, echogenic foci, and no adnexal masses or free fluid. A follow-up ultrasound on June 12, 2024, revealed RPOC resolution, a reduced endometrial thickness (6.4 mm), normal uterus, and a 3.0 × 4.6 cm simple left ovarian cyst with no free fluid.

Hematological findings on June 4, 2024, indicated anemia (Hb: 8.6 gm/dL), a low RBC count (4.02 million/cumm), and hematocrit of 30.0%, while the platelet count (2.77 Lakh/cumm) and total leukocyte count (5620/cumm) were within normal ranges with neutrophil predominance. Coagulation tests showed slightly low APTT (26.7 sec), normal PT (13.60 sec), and INR (1.10). Beta HCG levels were 5.65 mIU/ml (June 4, 2024), consistent with RPOC (Table 1).

The patient was managed conservatively without surgery, with serial ultrasound and Beta HCG monitoring. By June 12, 2024, RPOC had completely resolved, though the left ovarian cyst persisted without requiring immediate intervention (Table 2).

Case Report- 5

A 21-year-old woman presented with concerns related to early pregnancy. An initial Beta HCG test (284.08 mIU/mL) confirmed pregnancy, followed by ultrasound assessments. A May 31, 2024 ultrasound revealed RPOC (1.46 × 0.75 cm) within a 6.22 × 3.74 cm uterus, normal right (3.12 × 1.63 cm) and left (2.67 × 1.95 cm) ovaries, with no free fluid in the pouch of Douglas.

A June 12, 2024 ultrasound showed mild RPOC (14.0 mm), while a June 20, 2024 follow-up ultrasound confirmed a normal urinary bladder, a uterus (3.2 × 4.7 × 6.3 cm) with no mass lesions, and clear ovaries and adnexa. By June 21, 2024, Beta HCG levels dropped to 2.224 mIU/mL, indicating RPOC resolution.

The patient had mild anemia (Hb: 10.9 g/dL) and was advised to maintain health with vitamins and iron supplementation. Regular hematological monitoring was scheduled. HCV, Syphilis, Hepatitis B, and HIV tests were negative, ruling out co-infections (Table 1 & 2).

Table-1: Clinical Profile and Ayurvedic Management Outcomes of Patients with Retained Products of Conception (RPOC) Treated Using Anuvasana and Niruha Basti Protocols

Case ID	Patient Age (yrs)	Clinical Presentation	Diagnosis	Management	Duration	Complications	Outcome
Case 1	24	Heavy bleeding, clots	RPOC	*Anuvasana Basti (120ml), Niruha Basti (480ml)*	8 days	None	Successful resolution of RPOC
Case 2	28	Persistent bleeding post-MTP	RPOC	*Anuvasana Basti (120ml), Niruha Basti (480ml)*	4 days	None	Successful resolution of RPOC
Case 3	39	Bleeding, clots, lower abdominal pain	RPOC	*Anuvasana Basti (120ml), Niruha Basti (480ml)*	8 days	None	Successful resolution of RPOC
Case 4	33	Spotting, lower abdominal pain	RPOC	*Anuvasana Basti (120ml), Niruha Basti (480ml)*	6 days	Simple Ovarian cyst	Successful resolution of RPOC
Case 5	21	Bleeding on/off, mild anemia	RPOC	*Anuvasana Basti (120ml), Niruha Basti (480ml)*	8 days	None	Successful resolution of RPOC

Table-2: BT & AT assessment findings of USG and blood reports:

Before Treatment	After Treatment
1. CASE 1 USG(TVS) (27/05/2024) RPOC~16.7 x15.1 mm with Right simple ovarian cyst~32.2 x20 mm	**1. CASE 1** USG(TVS) (5/06/2024) Normal Scan No evidence of RPOC

(27/05/2024) BETA-HCG- >1309 mIu/ml Hb-11.0 gm/dl TLC-8240/cumm PLT-1.39l/cmm ESR-29 mm/Ist hr ABORh-O positive Viral marker- non-reactive Coagulation profile-WNL	(5/06/2024) BETA HCG- 1.93 mIu/ml Hb-10.8 gm/dl TLC-6600/cumm PLT-2.19l/cmm ESR-46 mm Ist/hr
2. CASE 2 USG (TVS) (31/05/2024) Mild RPOC~10.3 mm (01/6/2024) BETA-HCG- 69.1 mIu/ml Hb-8.6 gm/dl PLT-2.62 L/cmm TLC-7890/cumm ESR- 60 mm/Ist hr ABORh-A positive Viral marker- non reactive Coagulation profile- WNL	**2. CASE 2** USG (TVS) (18/06/2024) No evidence of RPOC. (20/06/2024) BETA-HCG-2.8 mIu/ml (18/06/2024) Hb-10.3 gm/dl PLT-3.25 L/cmm TLC-6570/cumm ESR-31mm Ist hr
3. CASE 3 USG (TVS) (31/05/2024) RPOC ~13.1 mm (3/06/2024) BETA-HCG-111 mIu/ml Hb-12.4 gm/dl PLT-2.33 L/cmm TLC-8230/cumm ABORh-B positive Viral marker- non-reactive	**3. CASE 3** USG(TVS) (14/06/2024) No evidence of RPOC (15/06/2024) BETA-HCG-3.83 mIu/ml Hb-12.2 gm/dl PLT-1.60 l/cmm TLC-8800/cmm ESR-21 mm/Ist hr
4. CASE 4 USG(TVS) (4/06/2024) RPOC~0.4 x 0.5 cm (6/06/2024) BETA-HCG-5.65 mIu/ml Hb-8.6 gm/dl PLT-2.77 L/cmm TLC-5620/cumm ESR-34 mm/Ist hr ABORh-B positive Viral marker-non-reactive	**4. CASE 4** USG(TVS) (12/06/2024) No evidence of RPOC with Left simple ovarian cyst (21/06/2024) BETA-HCG-1.77 mIu/ml Hb-8.5 gm/dl PLT-2.69 L/cmm TLC-4850/cmm ESR-10 mm/Ist hr

Coagulation profile-WNL	
5. CASE 5 USG(TVS) (31/05/2024) RPOC~1.46 x 0.75cm (14/06/2024) BETA-HCG-284.08 mIu/ml Hb-10.9 gm/dl PLT-1.25 L/cmm TLC-3790/cmm ESR-15mm/Ist hr ABORh-AB positive Virak marker- non-reactive Coagulation profile-WNL	**5. CASE 5** USG (PELVIS) (20/06/2024) No evidence of RPOC (21/06/2024) BETA-HCG-2.24 mIu/ml Hb-10.9 gm/dl PLT-1.60 L/cmm TLC-3470/cmm ESR-17 mm/Ist hr

CASE 1

CASE 2

CASE 3

CASE 4

CASE 5

DISCUSSION:

Various approaches to managing retained products of conception (RPOC) have advantages and limitations [14-16]. Conventional methods such as dilatation and curettage (D&C) and pharmacological treatments like misoprostol are effective but carry risks, including uterine perforation, Asherman's syndrome, and gastrointestinal discomfort [17-19]. D&C, despite its high success rate, can impact reproductive health due to complications [20]. Pharmacological treatments like misoprostol induce uterine contractions but may cause pain and require multiple dosages [21].

Yogabasti, an Ayurvedic non-invasive therapy, demonstrated complete resolution of RPOC in all five patients without surgical intervention. Siddharthakadi Niruha Basti improves pelvic circulation and uterine contractions, facilitating RPOC expulsion, while Anuvasana *Basti* lubricates and eases contractions. These treatments restore uterine function and reproductive health with minimal side effects, making them a safer alternative for patients at risk of complications from surgery [22].

Siddharthakadi Basti, a classic Ayurvedic formulation employed in this case series, comprises potent herbs such as *Sarshapa* (*Brassica campestris*), Pippali (*Piper longum*), and *Kushta* (*Saussurea lappa*). These ingredients are characterized by their *Ushna* (hot) and *Tikshna* (sharp) qualities, which stimulate *Apana Vata*, enhance uterine contractility, and aid in the expulsion of retained tissue. *Sarshapa* and *Pippali*, known for their *Katu Rasa* (pungent taste) and *Ushna Virya* (hot potency), contribute to uterine cleansing and the reduction of *Kapha*-vitiated obstructions [23,24]. *Kushta* is well-recognized for its anti-inflammatory, analgesic, and wound-healing properties, thereby supporting endometrial repair [23]. Collectively, these herbs align with the Ayurvedic principles of *Shodhana* (detoxification) and *Rasayana* (rejuvenation), promoting uterine cleansing, reducing inflammation, restoring muscular tone, and enhancing overall reproductive health. Furthermore, existing literature supports the safety profile of *Siddharthakadi Basti*, with minimal reported adverse effects [25]. Additional Ayurvedic interventions, such as Herpes Sprain Poultice with *Vacha* and *Saunf*, further assist in uterine healing and detoxification [26].

Overall, *Basti* and *Siddharthakadi Basti* offer effective, non-invasive RPOC management, integrating Ayurvedic principles with modern healthcare for comprehensive uterine care [27].

CONCLUSION:

The case series reveals that Ayurvedic therapies like *Anuvasana Basti* with *Siddharthakadi Tail* (120ml) and *Niruha Basti* with *Siddharthakadi kwatha* (480ml) may control retained products of conception (RPOC) with symptomatic relief and positive changes in haematological markers. Patient success makes these non-invasive treatments a good option to surgery and drugs. Standardizing RPOC care with Ayurvedic medicines requires further research. Stronger data from larger studies comparing these procedures to established treatments may enable them to be incorporated into clinical practice, offering patients more effective and complete treatment options.

Limitation of study:

This case series is limited by the small sample size (n=5) and the absence of a comparative or control group, which may affect the generalizability of the findings. Additionally, the reliance on clinical observations without consistent use of post-treatment imaging (e.g., transvaginal ultrasound) for all cases may limit objective validation of complete uterine clearance. The short-term follow-up also restricts conclusions regarding long-term reproductive outcomes or recurrence. Moreover, as an Ayurvedic intervention, treatment outcomes may vary based on practitioner expertise and individual patient constitution (*Prakriti*), which were not standardized in this report. Future larger-scale, controlled studies with standardized protocols and extended follow-up are recommended to confirm the safety and efficacy of Yogabasti in RPOC management.

Declaration of patients consent:

Written informed consent was obtained from all patients for the use of their clinical information and treatment details in this case report.

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