



**Conceptual study**

**A Conceptual Study of Rakta-gulma with respect to Molar Pregnancy**

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**ABSTRACT:**

Each conception is precious for every couple and they want it to be consummated into a normal and healthy child. Because of various factors, pregnancy cannot be continued. Molar pregnancy is one of the causes of early pregnancy loss which also results in other maternal complications and its recurrence in the next pregnancy. In modern science the etiology of molar pregnancy is unknown and also no any specific treatment is mentioned for its prevention. According to Ayurveda molar pregnancy can be correlated with *Rakta-gulma*. Study of *Rakta-gulma* in details gives an idea about treatment and prevention of molar pregnancy. The placenta is the main source of fetal nutrition. Placental abnormalities cause cessation of fetal nutrition and pregnancy cannot be continued. In *Rakta-gulma*, Woman may feel pregnant due to amenorrhoea, increasing the size of abdomen day by day and nausea-vomiting like symptoms. In this topic, a discussion is made about the conceptual study regarding *Rakta-gulma* in relation to the hydatiform mole.

**KEY WORDS:** *Rakta-gulma*, Molar pregnancy / hydatiform mole, Pregnancy.

**INTRODUCTION:**

In *Ayurveda*, *Gulma* has described in *Brihatrayee* and *Kashyap Samhita*. *Rakta-gulma* is a tumour arising from the blood in the *artava-vahastrotas*. Each conception is precious for every couple and they want it to be consummated into a normal and healthy child. There are many factors which cause early pregnancy loss. Molar Pregnancy/ Gestational Trophoblastic disease is one of the causes of Early Pregnancy loss which results in various maternal complications also.

GTD is cellular Proliferation arising from the placental villous trophoblast. The incidence of Molar Pregnancy is 1 in 400 in India, 1 in 2000 in USA and 1 in 752 in Europe.

In *Ayurveda*, *Gulmavyadhiis* described in *Brihatrayee* and *Kashyap Samhita*. There are 5 types of *Gulma*, which occurs only in females and its own etiology and treatment.

**Concept of Rakta-Gulma:**

According to Acharya *Charaka*, *Sushruta*, *Vagbhata* and *Kashyapa*, *Rakta-gulma* develops only in females, not in males<sup>1,2,3,4</sup>. The cause of it is that the women possess *garbhashaya* (Uterus) and have the regular appearance of *artava* (menstrual bleeding) which is accumulated in *Rakta-gulma*<sup>5</sup>.

**Etiology:**

According to *Ayurveda*, the common causes of *Gulma* can be considered as the causes of *Rakta-gulma*, but *Rakta-gulma* has its own etiopathogenesis and it is different from other types of *Gulma*. All *Acharyas* have described different causes for *Rakta-gulma* as below.

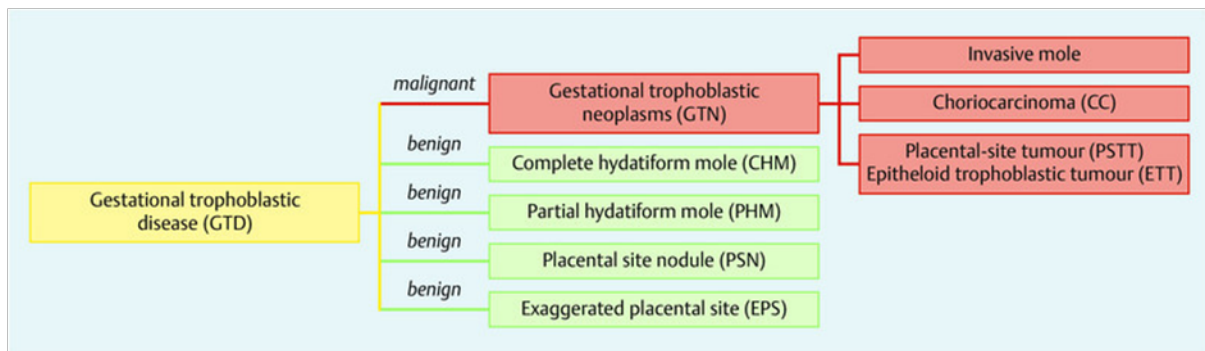
**Causes of Rakta-gulma according to various Acharya :**

**Table No. 1: Causes of Rakta-gulma according to various Acharya**

<i>Charaka Samhita</i>	<i>Sushruta Samhita</i>	<i>Ashtang Hridaya</i>	<i>Kashyap Samhita</i> <sup>13</sup>
<ul style="list-style-type: none"> <li>• Woman who suppresses her natural urges<sup>6</sup>.</li> <li>• Intake of <i>Vata</i> aggravating diet and activity during <i>Amagarbha</i>, <i>Rutukal</i> and immediately after abortion<sup>7</sup>.</li> <li>• Fasting during <i>Rutukala</i><sup>8</sup></li> <li>• <i>Yonidosha</i><sup>9</sup></li> <li>• Excess use of <i>stambhana</i> and <i>lekhana</i> drugs<sup>10</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Improper diet after abortion or delivery and during <i>Rutukala</i><sup>11</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Intake of <i>Vata</i> aggravating diet and activity during <i>Rutukala</i> after delivery and in <i>Yoniroga</i><sup>12</sup>.</li> </ul>	<ul style="list-style-type: none"> <li>• Woman who had abnormal labour and abortion.</li> <li>• Who is carrying <i>Amagarbha</i>.</li> <li>• Indulges in excessive coitus.</li> <li>• Who eagerly want to be pregnant.</li> <li>• <i>Sheetartava</i></li> <li>• Associated with <i>Udavarta</i>.</li> <li>• Intake of <i>Vata-Prakopakaahara</i>.</li> </ul>

According to modern science, causes of molar pregnancy are not definitely known but it appears to be related to the ovular defect. The following factors may be responsible,

- **Faulty Nutrition** - Inadequate intake of protein. Low dietary intake of carotene is associated with increased risk.
- **Disturbed maternal immune mechanism** – rise in gammaglobulin level in absence of hepatic disease and increased association of AB blood group which possesses no ABO antibody.
- **Cytogenetic abnormality** –
- **History of prior hydatidiform mole increases the chance of recurrence.**



**Etiopathogenesis –**

In *Ayurveda*, *Acharya Charaka* has mentioned the *Samprapti* of *Rakta-gulma* as follows<sup>14</sup>,

*Vataprakopaka ahara-vihara* during *Rutukala* and after delivery or abortion

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    graph TD
      A[Vataprakopaka ahara-vihara during Rutukala and after delivery or abortion] --> B[Vitiation of Vata]
      B --> C[Vitiated Vata enters into yonimukha]
      C --> D[Obstructs Artava in Yonimukha]
      D --> E[Every month, this Artava gets accumulate in inside the Kukshi]
      E --> F[Results in enlargement of Kukshi]
      F --> G[Rakta-gulma]
  
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According to modern Science, Molar pregnancies arise from chromosomally abnormal fertilization

**SIGNS AND SYMPTOMS –**

In *Ayurveda*, all *Acharyas* have mentioned different *lakshanas* of *Rakta-gulma* as follows,

**Table No. 2 : Lakshanas of Rakta-gulma according to various Acharya**

Signs and Symptoms	<i>Charaka Samhita</i>	<i>Sushruta Samhita</i>	<i>Ashtang Hridaya</i>	<i>Kashyap Samhita</i>
<i>KukshiVridhhi</i> (monthwise increasing size of abdomen)	+	-	-	+
<i>Shoola-Kasa-Atisara-Chardi-Kaphaprsekadi</i>	+	-	+	-
Stanya-utpatti (Appearance of breast milk)	+	-	+	-
Blackening of Nipple and areola	+	-	-	+
Pedal edema	+	-	-	-
<i>Douhрудotpatti</i>	+	-	+	+
<i>Romaraji</i>	+	-	-	+
Foul smelling of vaginal discharge	+	-	+	-
<i>Yoni atalatwam</i> (Dilatation of Vaginal canal)	+	-	-	-
<i>Gulma</i> quickening	+	-	-	-
<i>Sama-Garbhaling</i>	+	+	+	+
<i>PittajGulmasaman</i>	-	+	-	-
<i>Gulma</i> no quickening	-	+	-	-
No <i>KukshiVridhhi</i>	-	+	+	-
<i>Vata-PittaGulmaroopa</i>	-	-	+	-
<i>Gulma</i> quickening in late pregnancy	-	-	+	-
<i>Vipaka – Panduta–Karshya</i>	-	-	-	+

According to modern science, signs and symptoms of molar pregnancy are as below,

**Signs –**

1. features of early pregnancy.
2. Pallor – Disproportionate to blood loss, may be due to concealed haemorrhage.
3. Features of Pre-eclampsia-like hypertension, oedema and proteinuria. These are present in about 50%.  
The pre-eclamptic process may be due to over-distension of the uterus or due to hyperactivity of the trophoblastic cells.
4. The feel of the uterus is firm elastic due to the absence of amniotic fluid.
5. The fetal parts and fetal movements are not felt.
6. Absence of fetal heart sound.
7. Internal ballotment cannot be elicited in the vaginal examination.

**Symptoms –**

1. **Vaginal bleeding** –it is the commonest presentation and may be preceded by watery or brownish discharge.
2. **Abdominal pain** - it is in varying degree. It may be due to over distension of the uterus, concealed haemorrhage, infection or uterine contractions to expel out the contents.
3. **Vomiting** –it becomes excessive to the stage of hyperemesis. It is related to the excess chorionic gonadotropins
4. **Breathlessness** – due to pulmonary embolization of the trophoblastic cells.
5. **Thyrototoxic features** – tremors and tachycardia are present due to increased chorionic thyrotrophin.
6. **Expulsion of grape-like vesicles per vaginam is diagnostic of the vesicular mole.**

**Investigations –**

1. **Elevated quantitative hCG assay** – in urine or serum is useful. Urinary hCG is usually tested on dilution technique. hCG of 350,000 to 5 million IU/litre above 100 days of pregnancy is strongly indicative.

Serial twice weekly values of rising titre are helpful.

2. **USG** – a) snowstorm appearance of gestation.  
b) Sonolucent spaces due to a blood clot.  
c) Absence of fetal shadow.  
d) Absence of gestation sac at 5-7 weeks.
3. **CBC, ABO and Rh grouping**
4. **TFT's, PIH profile**
5. **Straight X-ray abdomen** – if uterine size more than 16 weeks, a negative fetal shadow may be of help.
6. **Straight X-ray of chest** - for evidence of pulmonary embolism.
7. **CT and MRI**

#### Treatment of Rakta-Gulma –

In *Ayurveda*, various *Acharyas* have mentioned the different time of treatment for *Rakta-gulma* as below,

*Acharya Charaka* – After 10 month<sup>15</sup>.

*Acharya Sushruta* and *Vagbhata* – After passing the period of delivery<sup>16</sup>.

According to *Chakrapani*, If treatment of *Rakta-gulma* done before that mentioned time, it causes *Shonita-ativisruti* (excessive bleeding) and *Garbhashayopaghata* (Trauma to Uterus).

According to *Charaka*, in each type of *Gulma*, the first line of treatment is *Vataghna* i.e. *Snehana* – *Swedana* – *Snigdhavirechana*<sup>17</sup>.

According to *Sushruta*, the treatment of *Rakta gulma* is same as *Pittaja gulma* i.e. *Snehan* and *Madhurdravya Virechana*. He also mentioned a specific treatment for *Rakta-gulma* is *Rakta-vibhedana*. After *Rakta-vibhedana* Treatment like *Raktapradara* should be done<sup>18</sup>.

According to modern science, the management of Molar pregnancy is as follows,

#### 1. Supportive therapy

- to restore the blood loss and to prevent infection
- Serum hCG monitoring.

#### 2. Suction evacuation

3. **Hysterotomy** – in profuse vaginal bleeding, cervix unfavourable for immediate vaginal evacuation.

4. **Hysterectomy** – in age > 35 year with complete family and in perforating mole. Hysterectomy lowers risk of malignancy.

5. **Prophylactic chemotherapy** –inj. Methotrexate 50 mg IM alternate day for 5 days, repeat course

every 2 weeks with haematological monitoring till urinary and serum  $\beta$  hCG becomes negative.

6. **Contraceptive advice** - one year contraception is needed to track hCG level.
7. **Inj. Anti Rh D gammaglobulin** – 100 mcg IM, given to Rh negative woman.

#### CONCLUSION :

*Gulmavyadhi* is described in all *Ayurvedic* text. *Rakta-gulma* is a type of *gulma* which occurs in female only etiology of molar pregnancy is not known exactly but after studying the correlation between *Rakta-gulma* and molar pregnancy, we can use *aushdhi* for e.g. *Deepana*, *Pachana*, *Rutucharyapalana*. Folic Acid is essential since preconception which increases HB% and helpful for fetal growth. Exact etiology of Disease is not known so by taking care of diet, *yogasanas*, *pranayama*. we can prevent etiological factors.

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