



REVIEW OF PSEUDOCYESIS.

Dr. Vijayalaxmi Chindak *

Professor Stree Rog Prasuti Tantra Department, LKR Ayurvedic Medical College and Research Center, Gandhinglaj, Kolhapur. *Corresponding Author

ABSTRACT

Pseudocyesis is a rare condition in which the woman has all signs and symptoms of pregnancy except for confirmation of presence of fetus. Women belonging to lower economic status, who have limited access to healthcare and are under tremendous mental stress of have a baby often get affected by this disease. This disease has traces in ancient times and we can find its description in Ayurveda.

Excerpt from kashyapsanhita (Khilastan) : ' An intense desire to get pregnant due to stress, woman's body produces, signs and symptoms of pregnancy, which may include abdominal enlargement, amenorrhea, nausea, breast engorgement etc.

KEYWORDS :**INTRODUCTION:**

The world Pseudocyesis is formed by the combination of the Greek word *Pseudos* meaning false and *Kyesis* meaning pregnancy. It is also known as phantom pregnancy. In *Ayurveda*, *Kashyapa* describes Pseudocyesis in '*RaktaGulma Adhyay*' as 'when there is an intense desire to get pregnant due to some reason, the woman shows pregnancy signs and symptoms and she starts behaving as if she is pregnant. *Ayurveda* describes these symptoms as '*Douhruda*'. Further the *Kashyapa* explains the 'imbalance of *Vatadosha* affects '*Rasa*' and '*Rakta Dhatu*' and they get accumulated in the uterus. Because of this accumulation, she gets intense urge to eat *Katu* (Spicy), *Amla* (Sour), *Lawan* (Salty) food and this very desire is known as '*Douhruda*'. Because of the psychological stimulation of pregnancy, she shows the signs of breast engorgements and its secretion. Her complexion becomes better and she gets all the clinical features of pregnancy. Considering herself pregnant, she carries the disease for years with her. Due to '*kal*' [time factor] the '*Rakta gulm*' is expelled, as there is an absence of fetal parts in vaginal bleeding, it is called divine '*garbh*' or people consider that the fetus was taken away by '*bhutas*.'

In my Professional life of 34years I have seen two cases of pseudocyesis.

Case Reports:**Case 1:**

- A 38 years woman brought by her relatives at obstetrics and gynecological OPD. Her residence was at a remote area of south west Maharashtra
- Symptoms: Amenorrhea – 6 months, nausea, abdominal enlargement and the woman had felt the fetal movement.
- History: The patient was married for 15 years.
- Poor socio-economic status
- Education: Primary level
- A case of primary Infertility, no history of a known psychiatric or medical illness.
- On physical examination it was observed that the patient had enlarged abdomen, gaseous distention, did not find any fetal parts or fetal heart sound on auscultation.
- Per vaginal examination not done as she was uncomfortable
- Investigations done: Urine pregnancy test was negative.
- Ultrasound done it was normal: No fetus was seen. Uterus was of normal size. Ovaries normal
- Treatment: Gentle counselling and follow up

Case 2:

- A 44-year-old woman, housewife, living in a nuclear

family.

- Education: The patient had Studied up to 7th class
- Financial Status: The patient belonged to Middle-class family
- Medical History: Insignificant history of any illness found.
- Symptoms: 3 months Amenorrhea, giddiness, nausea and loss of appetite.
- History: Married for 24 years.
- 2 children
1st: Female 22 years old
2nd: Male 20 years who had died in an accident recently .
- On examination everything appeared normal.
- On Investigation of Urine pregnancy test was found out negative.
- On Ultrasound, the findings were normal, Uterus was of normal size, both ovaries were normal.
- In spite of investigation which resulted in false pregnancy, she was not sure of it and she had done the investigation multiple times as she believed she was pregnant. After repeated counselling and support from her family members, she accepted the reality.

DISCUSSION:

Pseudocyesis is a psychosomatic disease. The obstetricians are familiar with pseudocyesis since ancient time. Pseudocyesis cases are reported in *Ayurveda*, it is described as '*Bhutahrut garbha*'. *Charak* and *Vagbhata* have described this condition as separate entity while *Sushruta* has included it under *Naigmeshaparut Garbha*. *Kashyapa* has explained it at *Raktgulm Prakaran*, that after expulsion of raktgulm; where fetal parts are not seen, in such scenario, the condition is known as *Divya Garbha*.

Ayurveda duly recognizes the individuality of body [*sharira*] and mind [*manas*] and their inseparable and interdependent relationship in the living body.

The mind [*manas*] has three operational qualities *satva*, *raja* and *tama* and the *sharir* is made up of three *dosha vata*, *pitta* and *kapha*.

Various etiological factors made imbalance in '*Vatadosha*'.

Vatadosha largely represents the energy associated with the activities of nervous system. If functioning of '*vatadosha*' is disturbed then consequences are anxiety, stress, depression. This imbalanced *Vatadosha* causes disturbance not only in mind but also on reproductive system. Regarding this subject, Psychological factors may trick the body into "thinking" that it is pregnancy.

Hetu [etiology]:

- A. Intense desire to have a baby is main etiological factor

and supportive factors are

1. Poverty
2. Lack of education
3. Cultural and religious customs to have a baby,
4. The desire of a male baby affects the psyche of a woman.
5. Repeated abortions, loss of child.
6. Infertility.
7. These are some of the factors along with other factors such as stress due to relationship problems, marital problems cause immense stress to the woman.

Samprapti: *vatprakop* [imbalance of *vattedosha*] causes *Ras* and *Rakt dhātu* to accumulate in the uterus. *Vatprakop* causes amenorrhea which results in woman thinking of being pregnant. Psyche stimulates the symptoms.

Pathophysiology:

The exact pathophysiology is not known till today. Interaction between psychological factors and the reproductive system is probably mediated by hormonal imbalance. It has been supposed that the catecholaminergic pathway, which regulates anterior pituitary hormone secretion, is dysfunctional in woman presenting with pseudocyesis. Deficiency of dopamine can cause elevations in prolactin levels and an elevated ratio of luteinizing hormone to follicular stimulating hormone. This leads to un-ovulation and amenorrhea.

Symptoms:

1. Amenorrhea, for more than 3 months.
 2. Abdomen enlargement
 3. Nausea
 4. Feeling of Fetal movements
 5. Breast engorgement and secretion.
 6. Labour pain
- These symptoms may persist from a few weeks to beyond 9 months.

Signs:

1. On initial observation the posture of patient appeared lordotic
2. During physical examination pigmentation may be noted on the face, abdomen or around the areola.
3. Abdominal distension observed but upon further evaluation, several characteristics are quite different from true pregnancy.
 - The umbilicus in pregnancy is typically everted where as in Pseudocyesis, the umbilical remains everted.
 - Abdominal palpation reveals a tight rubbery sensation and percussion elicits tympany.
 - The abdominal is uniformly round, as opposed to a womb favoring a fetal lie.
 - Fetal parts are not palpable.
 - Fetal heart sounds cannot be heard on auscultation even with fetal doppler.

Investigation:

1. Urine Pregnancy Test: In Pseudocyesis urine pregnancy test comes out negative.
2. Ultrasound: This test is a definitive test to rule out Pseudocyesis because this test includes fetal visualization.

Differential Diagnosis:

One must rule out the following diseases such as Ovarian tumors, Hydatidiform mole, ovarian cysts, ascites, urinary retention in the absence of true pregnancy.

Pseudocyesis should be differentiated with delusion of pregnancy .in delusion of pregnancy associated psychotic features are present.

Treatment= In Ayurveda it has been mentioned that, treatment should be done after ten months of its onset, within

this time it will get expelled automatically. If not expelled then *Shodhan chikitsa* includes *Snehan, swedan, virechan, basti* should be done.

- The doctor should gently break the news to the patient that she is not pregnant.
- Repeated counselling and Psychological support
- Balanced diet and exercise
- Yoga and pranayama

CONCLUSION:

1. From the beginning, Ayurveda had described the physical and mental illnesses ; the interaction and involvement between body and mind in any disease.
2. In Ayurveda it was known that pseudocyesis is a 'somatoform' disease.
3. Definite and differential diagnosis of pseudocyesis was an extremely difficult task in earlier days that's why it has been described along with various alike diseases in *Raktgulm* and *Garbhvyapad*. The treatment part also it has described to wait for ten months.
4. After the invent of sonography as a diagnosis tool, the definite diagnosis of pseudocyesis is possible.
5. Pseudocyesis is more common in underdeveloped region than in developed counties, the incidence has decreased significantly over recent decades with health care access
6. Pseudocyesis is a disease which has cultural, social, economic and medical angle.

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