

# DOES HERBAL MEDECINE INDUCE FRESH RIGOR MORTIS AND COUVELAIRE UTERUS

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## ABSTRACT

Couvelaire uterus or Couvelaire syndrome was much more related to coagulopathy like dysfibrinogenemia or related to hyperkinesia with prolonged labor. Here we report the case that was found, during cesarean section, with couvelaire uterus and fresh intrauterine fetal death without preceding factors like hyperkinesia or predisposing factor like dysfibrinogenemia but with the history of taking herbal medicine at the beginning of labor. Health care workers awareness of herbal medicine impact to the mother and fetus life is necessary to effectively discourage this habit. More deep studies should be conducted to know the pharmacology of this herbal medicine used with parturient in order to reduce maternal fetal morbidity and mortality caused by these drugs.

**Keywords:** herbal medicine - Couvelaire uterus - uteroplacental apoplexy

## RESUME

: Utérus ou Syndrome Couvelaire est le plus souvent associé aux troubles de coagulation comme dysfibrinogénémie ou associé à l'hypercinésie sur travail prolongé. Nous présentons ici le cas, rencontré au cours de césarienne, avec utérus Couvelaire et mort fœtal intra-utérine frais sans facteurs pré-annonciateurs comme hypercinésie ou facteurs prédisposant comme dysfibrinogénémie plutôt avec la prise des médicaments traditionnels au début du travail. Le personnel soignant doit être au courant de l'impact de ces médicaments sur la santé de la mère et des fœtus enfin de décourager cette habitude efficacement. Les études approfondies devraient être menées dans le but de savoir la pharmacologie de ces médicaments utilisés par les parturientes enfin de diminuer la morbidité et mortalité materno-fœtale liée à ces médicaments.

**Mots-clés:** médicament traditionnel - utérus Couvelaire - apoplexie utéro placentaire

## INTRODUCTION

NO WOMAN SHOULD DIE WHILE GIVING BIRTH. During our daily practice in front of the parturient; she as we wish a good outcome, a normal baby without pathology of any kind and a mother in good health conditions, both without delayed complications. But it comes that, despite all efforts to give a normal baby, the outcome became worse especially for baby without prediction. We try to find causes but we do not find.

Worldwide many people associate naturalism and spiritualism, thus considering natural pharmaceuticals to cure than firms' pharmaceuticals and that their side effects sometimes outweigh any health advantages they offer. Duke published that pharmaceuticals kill a thousand times more people than herbs [1].

The famous Gary Null and a few others declared that pharmaceuticals are bigger killers than cancer, cardiopathy, diabetes, or stroke. Firms' pharmaceuticals have been with us less than 150 years. Evidence is that our ancestors left Africa via the Holy Land 2000 years ago (for faith-based literalists), maybe a million years ago (for the less literal), thus our genes, tracing back to our

African/Holy Land ancestors, have had at least ten times more temporal experience with biblical herbs. The further we get from our Paleolithic diet and, more importantly, the more synthetic pharmaceuticals and food additives we ingest, the more liable we are to suffer imbalances. It is not only food additives that hurt us; it is the subtractive as well [1].

With the arrival of modern medicine based on evidences, natural pharmaceutical are not given freely and this makes difficult to outweigh consequences they may cause or to conduct studies for their effects.

## CASE HISTORY

A 26-year-old gravida 2 para 1, was transferred from a health center due to excessive fundal height with term pregnancy and start of latent phase of labor. She was admitted at 1:50 PM, 20th February 2010. Her weight was 69 kg, respiratory rate 20 cycles per min, heart rate was 76 beats per min, and temperature was 37° C. Her last menstrual periods was unknown, fundal height was 41cm, cervix soft and admitting one finger with normal pelvis, fetal heart rate was 140 beats per min using manual fetoscope. Her last baby was born eutocically without any problem but the weight was not remembered. The ultrasound showed the

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biparietal diameter of 95mm, fundic placenta and gravida age was 38 weeks and 2 days with normal fetal heart rate.

The impression was false labor with big baby. The plan was to wait for true labor. At 8:00 PM, the cervix was dilated at 3 cm descent 4/5 but with no objected contractions. Cephalopelvic dispropotion was taken as diagnosis and cesarean section was done using MISGAV LADACH technique.

After opening, the uterus was in tetany status, bluish anterior, posterior and much more the fundus (Figures 1, 2).



The fetus was too bluish and his whole body was in rigor mortis (APGAR 0/10) with too much thick meconium. His weight was 3.3kg. The hemorrhage was moderate.

From what was noticed, no cause was known to cause the death of the baby and his state (all his muscles were rigid and bluish= rigor mortis, testifying death in recent few hours) or the myometrial extravasation. Two days after the operation, the woman revealed she had taken at 1:00PM herbal medicine from her mother-in-law which immediately stopped false contraction she had before.

## DISCUSSION

Widespread extravasation of blood into uterine musculature and beneath the uterine serosa are also occasionally seen beneath the tubal serosa, in the connective tissue of the broad ligaments, and in the substance of the ovaries, as

well as free in the peritoneal cavity. Its precise incidence is unknown because it can only be demonstrated conclusively at laparotomy. These myometrial hemorrhages seldom interfere with uterine contractions sufficiently to produce severe postpartum hemorrhage [2]. Extensive intramyometrial bleeding results in uteroplacental apoplexy [2-3]- so called couvelaire uterus, a purplish and copper-colored, ecchymotic, indurated organ that all but loses its contractile power because of disruption of the muscle bundles [2]. The so called uteroplacental apoplexy, first described by Couvelaire in early 1900s is now frequently called couvelaire uterus [1].

From the interaction we did with the mother, she had not any strong contraction but fewer contractions she had, stopped after ingestion of the drug. This permits us to rule out intramyometrial bleeding related to hyperkinesias.

This mother gave birth her first baby eutocically without abnormal peripartum hemorrhage, this could not rule out the possibility to have dysfibrinogenemia which presents with hemorrhage (25%) or thrombosis (20%) or are asymptomatic (55%) and detected by presurgical coagulation studies [4] because we did none of these investigations. But as she had not any complication related to operation or any history of bleeding, also as all these (intramyometrial bleeding, thick meconium, uterine tetany, lack of strong contractions, dead baby found in tetany ) were produced after taking herbal medicine, we assume that these herbal medicine are the cause. Our case is unique because there are no other reported cases of couvelaire uterus or rigor mortis/intrauterine fresh fetal death related to herbal medicines found with Ovid. No study has been found related to herbal medicine or synonyms in obstetrics and gynecology or with pregnancy. Using the keywords "couvelaire uterus" and "herbal medicine", "intrauterine fetal death" and "herbal medicine" or "uteroplacental apoplexy" and "herbal medicine" no study was found. The only one study found through HINARI Journals relating to couvelaire uterus was due to dysfibrinogenemia.

Herbal medicine are not known pharmacologically thus can negatively impact on pregnancy, labor, to the mother or to the fetus. Discouraging campaigns and deep studies should be conducted to know the pharmacology of this herbal medicine used with parturient in order to reduce maternal fetal morbidity and mortality.

## REFERENCES

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