

ROLE OF VIRECHANA KARMA IN PUTRAGHNI YONI VYAPAD W.S.R TO HABITUAL ABORTION - A CASE STUDY

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ABSTRACT

Putraghniyonivyapad is a type of *pittajayonivyapad* that occurs due to vitiation of *dush-tashonita* (i.e. *artava*), it leads to repeated death of child after attaining stability of foetus. This phenomenon can occur repeatedly which is called as Habitual Abortion. Habitual or recurrent abortion leads to secondary infertility. It is due to chromosomal abnormalities or other genetic causes, metabolic disorders, structural defects of the cervix or uterus, immunological disorders & environmental factors. TORCH (Toxoplasmosis, Rubella, Cytomegalo virus, Herpes simplex) infection is one of the possible causes which may cause repeated pregnancy loss. To have a successful motherhood, continuation of pregnancy till term is equally important as achieving conception. But sometimes the foetus will be expelled out of the womb before the period of viability. While explaining the treatment for *yonivyapadchikitsa* it is mentioned that *pancakarma* is the best line of *chikitsa*. So in this article a case of positive TORCH infection with repeated pregnancy loss treated successfully with *Virechana karma* is discussed.

Keywords: Habitual abortion, *Putraghni*, TORCH.

INTRODUCTION

A condition where there are three or more consecutive pregnancy losses at 20weeks or less or with foetal weight less than 500gms is termed as recurrent pregnancy loss or habitual abortion¹. The causes of recurrent preg-

nancy loss are genetic factors, endocrinal factors, immunological factors, idiopathic, anatomical factors & infectious causes². And the other causes are environmental factors like

intake of coffee/tea, alcohol, nutritional deficiency, life style changes, obesity & others.

Infections in pregnant women are an important cause of foetal & neonatal mortality & morbidity. Foetal infection can be caused by virus, bacteria & parasite. In these, TORCH (Toxoplasmosis, Rubella, Cytomegalo virus, Herpes simplex virus) infection is one which crosses the placental barrier effects foetus in the form of foetal loss, structural anomalies & developmental defects³. *Putraghniyoni vyapad*⁴ is one among twenty *yonivyapad* it occurs due to vitiation of *shonitadusti* leads to destruction of foetus. When *yonivyapad* is not treated in time it leads to *Vandhytwa*. As explained in classics *panchakarma* is the line of treatment for *yonivyapad* & *Jeevaniya*, *Balya*, *Rasayanadravyas* are helpful in maintenance of pregnancy. Hence in this article a case of repeated pregnancy loss occurs due to TORCH infection is treated with *virechana karma* & *Ayurvedic* medication has been discussed.

AIMS & OBJECTIVES:

- To understand the cause & pathophysiology of *Putraghniyonivyapad* w.s.r. to Habitual abortion
- To evaluate the efficacy of *virechana karma* in *Putraghniyonivyapad* due to TORCH infection.

CASE REPORT:

A 25 year old female patient, who is a house wife visited to the OPD of *Prasooti Tantra and streeroga* of SDM college of Ayurveda & Hospital Hassan, on 1st August 2013 with complaints of anxious to conceive since 2yrs. Associated with irregular menstruation since

2yrs. Patient was having irregular menstrual cycle of 3-4 days / 45 – 60 days.

PAST HISTORY:

No H/O DM/HTN/hypo / hyperthyroidism / any other major / minor surgical & medical history

FAMILY HISTORY:

No H/O of consanguineous marriage. All the family members are said to be healthy.

MENSTRUAL HISTORY:

Menarche: 12yrs

LMP: 29/07/13

Menstrual history: 3-4 days / 45-60days (since 2yrs), 2-3 pads/day. Dysmenorrhoea present associated with clots / foul smell.

Married life: 2yrs

OBSTETRICAL HISTORY:

H/O of 2 spontaneous abortion at 1 ½ month & 2 ½ month.

GENERAL EXAMINATION:

- Built: moderate
- Nourishment: Moderate
- Pulse: 72 b / min
- BP: 120/80 mm of Hg
- Temperature: 98.4 F
- Respiratory Rate: 18 cycles / minute
- Height: 150 cm
- Weight: 58 kg
- Tongue: coated
- Pal-
lor/Icterus/Cyanosis/Clubbing/Oedema/Lymphadenopathy: Absent

SYSTEMIC EXAMINATION:

- CVS: S1 S2 heard no murmurs

- RS: normal vesicular breathing sound present
- CNS: well oriented & conscious
- P/A: soft, no tenderness, no organomegaly.
- Bimanual examination: Uterus Anteverted / Ante flexed /Normal size / Fornices free
- Per speculum examination: vagina normal; cervix healthy, no white discharge / erosion

ASHTA VIDHA PARIKSHA:

- Nadi - 72 b / min
- Mala - Once / day
- Mutra – 3-4 times/day
- Jivha – lipta
- Shabda – prakrutha
- Sparsha - AnushnaSheeta.
- Druk – prakrutha
- Akriti - Madhyama.

DASHA VIDHA PARIKSHA

- Prakruti – Vatakaphaja
- Vikruti – Madhyama
- Bala – Madhyama
- Sara – Madhyama
- Samhanana – Madhyama
- Satmya – Mishra rasa satmya
- Satva – Madhyama
- Aharashakti – Abhyavaranashakti – Madhyama
- Jaranashakti – Madhyama
- Vyayamashakti – madhyama
- Vaya – Madhyama

INVESTIGATIONS:

Ultra-sonography of abdomen & pelvis: normal study.

Thyroid function test: 1.97 MIU/ML (28/01/12)

Table 1: TORCH TEST REPORT

Before treatment (28/01/12)	After treatment (24/08/13)
	Toxoplasmosis: 12.2IU/MI
Cardiolipin antibody IgM– 0.93mpl/m	Cytomegalo virus: 171.4 RU/mL
Rubella IgG: 156.06 RU/mL	Cytomegalo virus: 171.4 RU/mL
Cytomegalo virus: 254 RU/mL	Rubella: 104.3 Iu/mL

TREATMENT:

Table 2:Deepanapachana with chitrakadivati for 3 days given.

Date	Treatment given	Observation
05/08/13 to 08/08/13	Snehapana with sukumaragritha	Samyaksnigdhalakshanaobserved.
09/08/13 to10/08/13	Sarvangaabhyanga with ksheerabalataila	
11/08/13	Virechana with trivruttlehya 80gms with drakshaKashaya 100 ML	No of virechanavegas : 18 Madhyamashuddhi
After virechana	Pushpadanwa rasa 2tid along with phalagritha ½ tsf before food for 3 months.	Amenorrhoea of 1 ½ month. LMP on 25/01/14. UPT test was positive.
Patient was under regular antenatal check-up throughout pregnancy	▪ Advised folic acid supplementation & progesterone supplementation for 3 months.	Pregnancy continued without abortion. Foetus was healthy& normal growth observed

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| | ▪ Iron & calcium given till delivery. | |
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DIAGNOSIS:

Putraghniyonivyapad due to TORCH infection.

TREATMENT OUTCOME:

Patient delivered a single live male baby through LSCS, on 13/10/2014.

Baby weight 3.8kg.

No anomalies observed.

DISCUSSION

Acharyas are mentioned for achieving healthy conception five factors⁵ are responsible i.e. *nimitta, Atma, Prakruthi, vridhhi & kukshipramana* of *garbha*. *vata* is the major cause for *yonivyapad*. When there vitiation of *beejadasha & arthavadosha* it leads to *Putraghni yonivyapad*⁶. In *Putraghni yoni vyapadvata* gets aggravated by the *rukshahara & vataviharas*. *Rukshaguna* of *vata&dustaraktha* are the main factors, vitiated *vata* may affect the ovum at the time of conception or it may affect the foetus later on & cause abortion⁷. *Acharyasushruta* explained that *pitta dusti* is the cause for *putraghni yoni vyapad*. Due to the *ushna, teekshnaguna* of *pitta dosha* hampers the growth & maintenance of *garbha*.

*Sukumara gritha*⁸ indicated in all types of *yoniroga & vataroga*. *Virechana karma* eliminates *pitta dosha & does srotoshodana*. Hence in this case *vatadosha & pitta dosha* is affecting *garbha*, so as per opinion of *acharyasvirechana* is advised. Thus the treatment is planned on the basis of Ayurveda principles.

MODE OF ACTION OF VIRECHANA⁹:

The *virechanadravyas* have the *gunas* like *usna, tikshna, sukshma, vyavayi, vikasi*. Due to their *vyavayiguna* they get circulated quickly into large and small blood vessels of the body. Due to *vikasiguna*, the *malas* are detached from their respective *dhatu*s. By virtue of its *usna* and *teekshnagunas* the accumulated *doshas* get liquefied and disintegrate into small particles of cellular level. Owing to the presence of *sukshmaguna* the *malas* or *doshas* start floating because the body has already attained *samyaknigdhata* and then through the smallest capillaries which go towards *koshta* the vitiated *doshas* and *malas* ultimately reach *amashaya*. And from here due to the predominance of *prithvi* and *jalamahabhoota* they are expelled in downward direction through anal route.

CONCLUSION

As compared to earlier the incidence of RPL & incidence of TORCH infections increasing that may be because of changes in life style, change in food habits & environmental changes. In many cases of RPL even after knowing the causes the treatment is difficult, but in Ayurveda the treatment is good & gives a success rate. So in this case for detoxification of *doshas* *virechana* advised, gives a positive. So, she delivers a live male baby without any congenital anomalies.

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