



ROLE OF AYURVEDIC MANAGEMENT IN *PUTRAGHNI YONIVYAPADA* W.S.R. TO HABITUAL ABORTION

[Sangeeta Gupta](#)¹, [Sidheswar sathua](#)², [J.P. Chourasiya](#)³, [Sunil Patidar](#)⁴

¹Associate Professor of Dept of Prasuti Tantra & Stri roga, Govt. Dhanvantari Ayurvedic College, Ujjain, India.

²HOD & Professor of Department. Of Prasuti Tantra & Stri Roga, Govt. Dhanvantari Ayurvedic College, Ujjain, India.

³Principal, HOD of Dept. Of Panchkarma Govt. Dhanvantari Ayurvedic College, Ujjain & Dean Faculty of Ayurveda in MPMSU, India.

⁴AMO, Dept. Of Prasuti Tantra & Stri Roga, Govt. Dhanvantari Ayurvedic College, Ujjain, India.

Corresponding Author: Sagupta1972@gmail.com

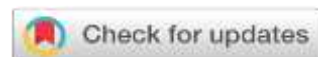
<https://doi.org/10.46607/iamj0110082022>

(Published Online: August 2022)

Open Access

© International Ayurvedic Medical Journal, India 2022

Article Received: 14/05/2022 - Peer Reviewed: 26/05/2022 - Accepted for Publication: 08/08/2022



ABSTRACT

Women living in the present scenario is very stressed, unhealthy, and unhygienic due to hectic schedule & bad food habits. Therefore, nowadays, Infertility becoming one of the major causes affecting the social & psychological aspect of Women's life. To have healthy progeny, maintenance of pregnancy till the full term is very important, but sometimes due to some unknown factors' pregnancy could not be continue till a term which becomes panic for couples. Recurrent pregnancy loss (Habitual Abortion) is a form of infertility in which three or more miscarriages occurs. On the basis of signs & symptoms mentioned in Ayurvedic classics, habitual abortion can be correlated with *Putraghni Yonivyapad*. In this case study, we present a case of 31 years old female patient with one and half month's amenorrhoea along with a bad obstetric history of three recurrent abortion. According to vitiated dosha, dushya, koshtha, prakriti of the patient, we have given *Phala Ghrita*, Capsule Torchnil, and *Swarna Yoga* in recommended dose to prevent abortion. Due to proper antenatal care & treatment regimen, the patient delivered a full-term single live male baby per vaginally on 26 March 2022 with 2.4 kg. No birth anomalies were

detected. The selected *Shamana Aushadhi* was found to be very effective in the management of *Putraghni Yonivyapada* w.s.r to Habitual abortion caused due to TORCH infection.

Key words - *Putraghni Yonivyapada*, Habitual Abortion, Pregnancy, Infertility.

INTRODUCTION

To have healthy progeny, proper 9 months antenatal regimen till the full term is very important, but sometimes due to unknown factor pregnancy could not be continued till a term which becomes a panic for couples. Miscarriages are common, occurring in 15- 20% of all pregnancies. Epidemiological studies have revealed that 2 % of women experience Recurrent pregnancy loss. Recurrent pregnancy loss (Habitual Abortion) can be physically & emotionally taxing for couples, especially when faced with recurrent lose. Recurrent pregnancy loss (Habitual Abortion) is a form of infertility in which three or more miscarriage occurs with no intervening pregnancies. In Ayurvedic classics, Recurrent pregnancy loss can be correlated with *Putraghni Yonivyapad* on the basis of sign & symptoms mentioned. *Acharya Charak* stated pathogenesis of *Putraghni Yonivyapad* in which *vayu* gets vitiated due to predominance of *rooksha ahara-vihara* which destroys the fetus repeatedly due to aggravated *Shonita & Artava* because of vitiated *Vayu dosha*¹. The line of treatment mentioned in classics is *Madhura, Sheeta, Balya & Rasayana dravya* which helps in preventing *Garbhasrava* & maintain healthy pregnancy². In this case study, we present a case of 31 years old female patient with a bad obstetric history of three recurrent abortion.

According To Ayurveda

Etiopathogenesis Of *Putraghni Yonivyapad*³ –

NIDANA –

Acharya Sushruta says that -

- ✚ Excessive coitus, travelling in a carriage, riding on horses, etc.
- ✚ Falling from height, staggering, compression, running, trauma by any weapon
- ✚ Suppression of urge
- ✚ Consumption of excessive dry, hot, or pungent diet
- ✚ Excessive use of *kshara*, emetics, purgatives

All these factors cause detachment of the fetus from the uterus due to trauma thus it gets aborted.

SAMPRAPTI –

- ✚ Intake of *Nidana*
- ✚ *Vatadi Dosha Prakopa*
Charak – *vata* predominant, *Sushrut* – *Pitta* predominant
- ✚ Dominant *doshas* reaches *Garbhashaya*
- ✚ It leads to *Garbha srava* or *Garbha vinasha* (Abortion)

SAMPRAPTI GHATAK –

- ✚ *Dosha* – *Vata* predominance *pitta*
- ✚ *Dushya* – *Shonita & Artava*
- ✚ *Sthana* – *Yoni* (*Garbhashaya*)
- ✚ *Roopa* – *Sthitam Hanti Garbham* (Repeated destruction of the fetus)

It describes consecutive repeated foetal loss thus correlated with Recurrent pregnancy loss (habitual abortion).

Case study –

A 31year old female patient visited *Stree roga & Prasuti tantra* OPD of Govt. *Dhanvantari* Auto. Ayurvedic college & hospital on 17 august 2021 with the chief complaint of 2 months Amenorrhoea & also present fear & anxiety of past 3 consecutive repeated abortions.

Patient having a regular menstrual cycle of 4-5/30 days. She got her last menses on 18 June 2021 & then after she didn't get her menses in the next month. Then she performs UPT at home which was positive. Then she visited the ayurvedic hospital for proper ANC with fear and anxiety of repeated pregnancy loss.

Past history –

No history of DM/ HTN/ Thyroid disorder or any other major medical/ surgical history.

Past abortion history –

4 years before, the patient was healthy. Then after 6 months of marriage, she gets pregnant and after 2

months, she observed abdominal pain along with bleeding, so her doctor advised her to take MTP pills for complete abortion. Then after 6 months of 1st abortion, she conceived, and she follow all precautions with regular ANC checkup but this time USG report show no cardiac activity in foetus so her doctor suggested to induce abortion through MTP pills. Then 3rd time she again conceived but this time foetus was under intra uterine growth retardation (IUGR) at 6 months of pregnancy, so her gynecologist suggested to perform induced abortion.

Family history – No history of abortion in any of the family members.

Menstrual history –

Investigation – (on 17/08/2021)

Menarche – 12 years, Menstrual cycle – 4-5/30 days, No. of Pads/day – 2 pad /day, Last Menstrual period – 18/06/2021, E.D.D.- 04/04/2022

Obstetric history – G-4, P-0, A-3, L-0

General examination –

- Built – Moderate
- Nourishment – Moderate
- Pulse – 78/ min
- B.P.- 110 / 80 mmHg
- R.R.- 14 / min
- Weight – 48kg
- Pallor/ Icterus/ Cyanosis/ Clubbing/ Edema/ Lymphadenopathy – Absent

Table 1:

LAB TESTS	VALUES
UPT	Positive
Blood group & Rh	O positive
Hb%	11.3 g/l
RBS	94 mg/ dl
Urine pus cell	2-4 / hpf
Urine epithelial cell	2-4 / hpf
VDRL	Negative
HbsAg	Negative
HIV	Negative

Observation -

USG Findings –

- ❖ USG Anomaly Scan On 02/12/2021: single gestation corresponding to a gestational age of 22 wks. 3 days gestational age assigned as per LMP.
Placenta – posterior no previa
Presentation – cephalic
Liquor – normal
No gross congenital anomaly was seen.
EFW – 446 +/- 65 gms
- ❖ USG on 28/02/2022: single live intrauterine fetus of 31 wks. 3 days of maturity were seen in longitudinal lie & cephalic presentation.
FHR – 144/min
EFW – 1.7 kg +/- 241gms

Treatment regimen –

- Counselling of patient done.

- Shaman chikitsa chosen according to the *Dosha, Kala, Kosta, Prakriti & Dosha Avastha*.

Table 2:

Date	Drug	Dose & Dosage	Observation
From 17/08/2021 to 06/09/2021	1. <i>Sitopladi Churna</i> - 2gm 2. <i>Swarnamalini Vasanta Rasa</i> – 500mg 3. <i>Guduchi Satva</i> – 500mg 4. <i>Kamdudha Rasa</i> – 250 mg (Above 4 drugs combine to form formulation and taken for 20 days)	1 tsp x B.D. with honey (After meal)	This formulation is given for the initial days of pregnancy as it works as immunomodulator & exhibits <i>Deepan- Pachana karma</i>
From 17/08/2021 till delivery	<i>Phala Ghrita</i>	1 tsp x OD with warm milk (in the morning)	It provides nourishment to the womb & maintain healthy hormone level for proper growth of the fetus.
From 17/08/2021 till delivery	Cap Torchnil	1 x TDS (After meal)	It acts as an immune booster along with antiviral & antimicrobial action to prevent any infection.
From 17/08/2021 upto 16/09/2021	Folic acid supplementation, 1 OD	-	The patient was under regular ANC check-up till delivery
From 17 /09/2021 till delivery	Iron and calcium tablets, both 1 OD	-	The patient was under regular ANC check-ups till delivery

Diagnosis

According to Ayurveda - *Putraghni Yonivyapad*

According to Modern science – Habitual abortion is due to TORCH infection.

Result - Female patient delivered a full-term single live male baby vaginally on 26 March 2022 with a 2.4 kg weight. No birth anomalies were detected.

DISCUSSION

Pregnancy is a starting point of an incredible journey that leads to great emotional fulfillment for a woman. According to our ayurveda, it is said that *Ritu, Kshetra, Ambu & Beeja* are four essential factors for healthy progeny⁴. Defect in *Beeja & Kshetra* plays a major role in the occurrence of *Putraghni Yonivyapad* (Habitual Abortion). *Vata* is predominant *Dosha* to cause abortion. Therefore, increased intake of *Vatavardhaka Ahara- Vihara* leads to *Shonita & Artava dushti* which results in *Garbhapat* (miscarriage).

The formulation given to the patient for early 20 days contain *Swarna Malini vasanta rasa, Guduchi Satva, Kamdudha Rasa & Sitopaladi Churna*. This drug is selected on the basis of patient condition. In this *yoga*,

Swarna Malini vasanta rasa is chosen as it has imitated the action of all antibiotics, so it kills the microbes & stop their growth in the body. It acts as immune-modulator medicine which support pregnancy as well as the growth of the fetus. *Giloy Satva* acts as a catalyst which speeds up the metabolism of the drug in the body and prevents the formation of *Ama* in the body. The *Torchnil Capsule*⁵ contain *Yashtimadhu, Guduchi, Kantakari, Dantabeeja, Ushira, Rasna, Manjishta, Pippali* which corrects oxidative damage at the placental level and possess anti-viral & antimicrobial action. *Ushira & Dantabeeja* exhibits *Sthambhana* properties which prevent abortions. *Pippali* acts as *Rasayana* which prevent infection during

pregnancy by enhancing immunity. *Phala Ghrita*⁶ promotes nourishment to the womb & provide a healthy immune response against external stressor affecting women's reproductive system. It possesses a *Sweet, Bitter & Astringent* taste along with *Sheeta virya* which balances *Vata & Pitta doshas*. It is worshiped by the women whose child dies repeatedly & thus helps to prevent abortion & cure infertility⁷. Thus, the medicines used in this case study having *Garbhasthapaka Gana, Srotośodhana & Rasayana* property along with *Madhura, and Sheeta Guna* which helps in preventing *Garbhasrava* (Abortion).

CONCLUSION

Habitual Abortion is a common complication now-a-days leading to childlessness. It is a big emotional setback for couples. TORCH infections are the major cause of recurrent pregnancy loss & which may lead to a congenital defect. Treatment regimen used in this case has *Rasayana, balya, Garbhasthapaka & Srotośhodhaka* property as well as an immunomodulator, antimicrobial and antiviral properties to promote full-term normal delivery of a healthy foetus. In the above case study, a 31year old patient suffered from a past history of three habitual abortions was visited at OPD of *Stri roga & Prasuti tantra* for ayurvedic treatment. Then regular Antenatal visits and ultrasonography observations gave a positive result and at last, the Patient delivered a full-term single live male baby vaginally on 26 March 2022 with a 2.4 kg birth weight without any complications. No birth anomalies were detected in newborn children. So, we can say that the selected *Shamana Aushadhi* was found to be very effective in the management of *Putraghni Yonivyapad* when used with proper *Yukti*. Hence it proves that our thousands-year-old principles yield good results to combat infertility-related issues of the present era.

REFERENCE

1. Agnivesa, Dridhabala, Charak Samhita, Ayurveda Deepika Commentary, Chikitsa Sthana, Yoniroga Adhyay 30/28, edited by Kaviraj shree Narendranath Sengupta and shree Balachandran Sengupta, kalikat-anagarya publication, Kolkata , Vol 3, 1850:3459
2. Vagbhata, Astanga Sangraha with Sasilekha Sanskrit Commentary by Indu, Edited by Dr. Shiv Prasad Sharma, Chaukhamba Sanskrit Series Publication, Varanasi, 2008; 39(81):965.
3. Divya Pawar, Sameer Golap. Ayurvedic approach to *Putraghni Yonivyapada* w.s.r. to Habitual Abortion due to TORCH infection – case study. AYUSHDHARA,2020;7(3):2776-2780.
4. Sushruta Samhita, Nibandhasangraha commentary of shri Dalhanacharya, Edited by Vaidya Yadavji Trikamji, Chaukhamba Surbharati Prakashana, Varanasi, Reprint 2010:2(33)824,348.
5. <https://www.ayurvedinfo.com/2019/08/28/torchnil-capsule/>
6. <https://www.ayurvedinfo.com/2012/02/24/phala-ghrita-benefits-dosage-how-to-use-side-effects-ingredients-reference/>
7. Prof. Premvati Tewari, *Ayurvediya Prasutitantra Evam Striroga* Part II, Chaukhambha Orientalia, Varanasi, Reprint edition 2014.

Source of Support: Nil

Conflict of Interest: None Declared

How to cite this URL: Sangeeta Gupta et al: Role of Ayurvedic Management in Putraghni Yonivyapada W.S.R. To Habitual Abortion. International Ayurvedic Medical Journal {online} 2022 {cited August 2022} Available from: http://www.iamj.in/posts/images/upload/2041_2045.pdf