

AYURVEDIC MANAGEMENT OF PUTRAGNI YONIVYAPATH W.S.R. TO HABITUAL ABORTION DUE TO TORCH INFECTION – A CASE STUDY

Anusha M¹, Arun Jainar², Santhosh Kumar Arjunagi³, Ujwala Devdas Pai⁴, Raksha Sridhar⁵

¹Assistant Professor, Department of Prasooti Tantra and Stree Roga,

²Associate Professor, Department of Panchakarma

³Professor, Department of Shalya tantra

^{4,5} Interns,

S.D.M Institute of Ayurveda & Hospital, Bangalore, Karnataka, India

Email: anu.nisarga89@gmail.com

ABSTRACT

Motherhood is boon to a woman. According to WHO 10% of woman are suffering from infertility¹ and 10-20% are afflicted with spontaneous loss of pregnancy before 20th week. If this pregnancy loss is 3 or more times consecutively it is considered as Habitual Abortion. The Habitual Abortion is a heterogenous condition with number of possible causes and TORCH infection is one among them. During the formation of *Garbha*, due to vitiated *Shonita* the product of conception expels before viability repeatedly is considered as *Putragni Yonivyapad*. This article gives a detailed description of a case of Positive TORCH infection with repeated pregnancy loss treated successfully with Ayurvedic management.

Keywords: Habitual abortion, TORCH Infection, *Putragni Yonivyapath*

INTRODUCTION

To have healthy progeny maintenance of pregnancy till term is very important. But sometimes due to various causes the pregnancy will not be continued up to term which is very distressing for a couple and obstetricians alike, it affects around 10-20% of pregnancies. If the consecutive pregnancy loss is 3 or more times before the 20th week of gestation is called as Habitual Abortion. There are many possible causes for miscarriages like congenital abnormalities of uterus, endocrine disorders, ovulatory dysfunction and infections. TORCH² (Toxoplasmosis, Rubella, Cytomegalo virus, Herpes simplex) infection is one among the possible causes

which may lead to repeated pregnancy losses. In our classics, various references are available for Habitual abortion. *Putraghni Yonivyapad*³ is one among the *yonivyapad* explained by our acharyas for repeated pregnancy loss. If any of the *Yonivyapad* is untreated in a due course of time leads to *Vandhyatva*. As explained in classics *Garbhini Paricharya* and *Garbha Srava Chikitsa* helpful in maintaining pregnancy and prevents *Garbha Srava*. Hence in this article a case of repeated pregnancy loss due to TORCH infection is treated successfully with Ayurvedic management has been discussed in detail.

Aim and Objectives:

1. To analyse the *Putragni Yonivyapad*
2. To analyse Habitual Abortion due to TORCH infection
3. To analyse the *Putragni Yonivyapad* W. S. R. Habitual Abortion due to TORCH infection
4. To access the effect of Ayurvedic medicines in the management of *Putraghni Yoni vyapad* W.S.R to habitual abortion caused due to TORCH infection.

Medical history: A 35 years old female Hindu patient who is home maker visited OPD of department of Prasuti Tantra & Stree Roga at S.D.M.I.A.H, Bengaluru on 4/5/2018 with complaints of No issues since married life with a history of recurrent miscarriages from 3 years. Her menstrual cycles were regular. She was k/c/o Psoriasis from past 5 years and was on treatment for the same as steroidal application to lesions.

Obstetric history:

G₃P₀A₃L₀D₀

A₁: Blighted ovum –MTP done at 2 months (6 months marriage)

A₂: Spontaneous miscarriage at 5th month: conception through IUI (1 ½ year after marriage)

A₃: Spontaneous miscarriage at 3rd month: natural conception (2 years 1 month after marriage)

After the 3rd miscarriage she visited to our hospital and advised TORCH profile on 26/5/2018 and Herpes simplex IgG, Cytomegalo virus IgG were positive about 103.29U/ml, 1130U/ml respectively.

Diagnosis & assessment: *Putragni Yonivyapad*, Habitual Abortion due to TORCH infection.

Prakriti: *kaphapradhaana vatanubhandi*

Therapeutic focus:

It was mainly classified as:

Shodhana, Shamana, Samanya garbhini paricharya, Garbhasthapaka gana, Garbhini rasayana, Garbha srava chikitsa, Vatahara chikitsa

The treatment arranged accordingly:

- *Shodhana*: course of *Virechana, Snehapana* with *Panchatiktaka Guggulu Ghrita*
- *Shamana*: *Patola katurohinyadi kashaya*, Torchnil capsule, *Guggulu Tiktaka Ghrita*
- *Samanya garbhini parichaya*⁴: *Masaanumasika garbhini paricharya* which is explained in the classics from 2nd month to till term.

2nd & 3rd month: *ksheera, madhuroushadha*

4th month: *navaneetha 1 aksha*

5th & 6th month- *ksheera, sarpi*

7th month- *ksheera, sarpi, madhuroushadha*

8th month- *asthapana basti*

9th month- *anuvasana basti* and *yoni pichu* with *dhanwantara taila*.

- *Garbhasthapaka gana*⁵: *Garbha raksha kashaya*, Leptaden, Ovarin capsule
- *Garbhini rasayana*: *Ashwagandha & Shatavari churna*
- *Garbha srava chikitsa*⁶: *Draksha, Panchavalkala kwatha* 30ml QID.
- *Vatahara chikitsa*: *Bruhat Vata Chintamani Rasa 1-0-0*

Table 1: Management during pregnancy: Urine pregnancy test positive on 2/4/2019

Tri-mester	Complaint	Dietary Regimen	Medicine	<i>Garbhasrava</i> and <i>Garbha sthapaka chikitsa</i>	Investigations
First tri-mester	Weakness, Nausea	According to <i>masanumasika garbhini paricharya</i>	<ul style="list-style-type: none"> • <i>Phalaghrita</i> 1tsp BD, • Tablet Lap-taden 1 TID • <i>Suta shekara rasa</i> 1TID • <i>Madiphala rasayana</i> 2Tsp TID 	<ul style="list-style-type: none"> • <i>Panchavalkala kwatha</i> 30ml QID • <i>Garbharaksha Kashaya</i> 2tsp TID 	Complete Ante natal profile- Normal study USG – single live intra uterine fetus of 6 weeks 1 day

			<ul style="list-style-type: none"> • Capsule Torch nil 1BD • <i>B.V.C with Gold 1-0-0 E/S with honey</i> 		
Second tri-mester	White discharge Per vagina occasionally	According to <i>masanu-masika garbhini paricharya</i>	<ul style="list-style-type: none"> • Tablet Lap-taden 1 TID • <i>Suta shekara rasa</i> 1TID • Capsule Torch nil 1BD • <i>B.V.C with Gold 1-0-0 E/S with honey</i> • Capsule Clingen P/V for 7days • Limiron gran-ules 2tsp BD 	<ul style="list-style-type: none"> • <i>Panchavalkala kwatha</i> 30ml TID • <i>Garbha Raksha Kashaya</i> 2tsp TID 	A single live intrauterine pregnancy with gestational age of 19weeks 6days, No obvious congenital abnormalities. Maternal screening (Quadruple Markers test) – Normal
Third tri-mester	Intermittent pain abdomen at 36 weeks 3 days	According to <i>masanu-masika garbhini paricharya</i>	<ul style="list-style-type: none"> • Tablet Lap-taden 1 TID • <i>Suta shekara rasa</i> 1TID • Capsule Torch nil 1BD • <i>B.V.C with Gold 1-0-0 E/S with honey</i> • Limiron gran-ules 2tsp BD • <i>Dhatri loha</i> 1 BD • <i>Dhanwanta-ram vati</i> 1TID for 5 days 	<ul style="list-style-type: none"> • <i>Panchavalkala kwatha</i> 30ml TID • <i>Garbha Raksha Kashaya</i> 2tsp TID 	Haemetological investigations normal study USG- SLIUF of 34 weeks 6 days adequate fetal growth AFI- 15.4 cms Placenta anterior wall grade 2 maturity

Outcome: She was advised to undergo elective caesarean section since the psoriatic lesions were increasing. With a written consent she underwent Elective caesarean section and delivered a healthy female baby on 24/10/2019 at 3:45PM. APGAR score was normal. Both baby and mother were healthy.

DISCUSSION

Shodhana: *Pitta* and *rakta* are considered as *Dosha* according to *charaka* and *Shusrutha* respectively and any

infections in the body will be due to *Dosha dusti* and to normalize the *doshas* in the body and pacify the vitiated *doshas*. *Shodhana Chikitsa* has been explained in the classics which are considered as the best Purificatory therapies in Ayurveda among them *Virechana* is the treatment mentioned for *Pitta* and *Raktha dosha*. TORCH is a viral infection which causes the *raktha dushti* which in turn related with *pitta vikruti*. Hence *virechana* is advised. *Virechana* Drugs having the property like *Ushna*, *Tikshna*, *Sukshma*, *Vyavayi* and

Vikasi by virtue of their own potency it reaches the vessels and circulates all over body by *Vyana vayu*. Due to their *Ushna* nature, they liquefy the compact *doshas* and because of their *Tikshna guna*, they separate the adhered *doshas* located in the gross and subtle channels of the entire body, from which *doshas* flows towards the gastro-intestinal tract, this morbid material reaches the stomach and gets propelled by *Udana Vayu*. All these drugs are having *Tridosha Shamaka* property thus bringing the *Doshas* to near a state of equilibrium. Role of *Virechana* on one hand is to tackle the pathogenesis and another is to improve better drug absorption. In addition to the acceptability and popularity it is considered as the best treatment for removal of morbid and increased *pitta*, and it is more useful in eradicating the disease originated from the vitiated *pitta doshas* from the body and purifies the blood, by removing the toxins from the body.

Shamanam - The medicines like *Patola katurohinyadi kashaya*⁷, Torchnil capsule⁸, *Guggulu Tiktaka Ghrita*⁹ are potent ayurvedic medicines that is known to treat disorders aggravation of *pitta* and *kapha dosha*, By the action of anti-viral, anti-inflammatory and antioxidant properties.

Samanya garbhini paricharya & Garbhini rasayana: *garbhini paricharya* plays a vital role in maintain a healthy pregnancy. Classics have explained in detail about month wise *garbhini paricharya* to avoid the untoward effect to the mother and foetus. Vomiting and nausea are the two main symptoms during the 1st trimester of the pregnancy due to which the pregnant women is not able to consume food in proper quantity, Dehydration which is caused due to this can be prevented with *sheeta* and *madhura rasa dravyas* and thus supply nutrition. Being anabolic in its activity *madhura rasa dravya* helps in maintaining health of both mother and foetus. In 2nd trimester growth of muscular tissue is observed in foetus; hence the mother will need protein in larger quantity which is supplied by using *mamsa rasa* and *navaneetha*. In the beginning of 3rd trimester most of the women suffer from oedema of the feet and other complications of water retention which can be prevented by using *gokshura* which is a natural diuretic. Other drugs of *vidarigandhadi gana* help to

maintain the health of mother and foetus due to its multiple properties like diuresis, anabolic nature and relieves emaciation, and is *kapha pittaghna*. Constipation is one more complication observed during this time due to presence of gravid uterus over the bowels, it is relieved by enema which helps to maintain the autonomous nervous system to govern the myometrium and help in proper labour. In pregnancy by following the *garbhini paricharya* and *rasayana* will help to prevent the complications occurring during pregnancy and minimise the intake of medicines.

Garbhasthapaka gana and Garbha srava chikitsa: The medicines *Garba Raksha Kashaya*¹⁰, Lapeden and Ovarian capsules contains drugs like *Bala*, *Draksha*, *Badra*, *Gokshura*, *Yavani*, *Panchavalkala*. Acharyas have explained these drugs in *Garbha sthapaka aushada* and *Garbha srava chikitsa* for recurrent miscarriages, it includes maximum of *madhura* and *Kashaya rasa*, *Madura vipaka* and *sheetha virya dravyas* which provides stability and nourishment to the foetus and preventing early expulsion.

Vatahara chikitsa: Maintaining the *prakruta avastha* of *vata dosha* is important to avoid the complications like *garbha vyapad* or *garbhini vyapad*. *bruhat vata Chintamani rasa with gold* is one such preparation which helps to maintain the normalcy of *vata dosha*, even does give the *rasayana* and *balya* effect.

CONCLUSION

Result of this study shows that Ayurvedic treatment protocol plays a vital role in treating *vandhyatwa* due to *putragni yonivyapat* and preventing recurrent miscarriages. *Garbha Srava* and *Garbha sthapana chikitsa* mainly helps in *garbha vridhhi* and preventing *chyuti* of *garbha* before *prakrutha prasava kala* by enhancing all *gunas* of *garbha* like *ayu*, *bala*, *Varna*, etc and aiming at healthy foetus to healthy mother. The treatment did not show any type of adverse effects during her antenatal, Intranatal and post-natal period.

REFERENCES

1. www.who.int
2. D. C. Dutta's textbook of Obstetrics, Edited by Hiralal Konar, New Central Book Agency Publication, 6th edition, 2004; 15: 688, pg- 297, 299, 300,301.
3. *Sushruta Samhita*, with the *Nibandhasangraha* Commentary of *Sri Dalhanacharya*, Edited by *Vaidya Yadavji Trikamji Acharya*, Chaukhambha Surbharati Prakashana, Varanasi, Reprint 2010; 38(13): 824, pg 669
4. *Agnivesha, Charaka samhita* revised by *Charaka* and *Dridabala* with Ayurvedic, commentary by *Chakrapani data*, edited by *Acharya Yadavji Trikamji*, Choukamba, surabharati prakashana, Varanasi, Edition 2013, Pp-738, pg no- 346-347
5. *Agnivesha, Charakasamhita* revised by *Charaka* and *Dridabala* with Ayurvedic, commentary by *Chakrapani data*, edited by *Acharya Yadavji Trikamji*, Choukamba, surabharatiprakashana, Varanasi, Edition 2014, Pg no- 34
6. *Sushruta Samhita* of *Sushruta* with the *Nibandhasangraha* commentary of *Sri Dalhanacharya*, Edited by *Vidya Jadvji Trikamji Acharya & Narayana Ram Acharya Kavyatirta*, Chaukhambha orientalia, Varanasi, UP, 2005, 8th Edition, *Shareera sthana*, 10th chapter, *Sloka No-57*, P-393, Pp;824.
7. *Astangahrudaya sutra sthana15/15, Vagbhata, Astanga Hrudayam* with *Sarvanga sundara* commentary of *Arunadatta* and *Ayurvedarasayana* commentary of *Hemadri*, edited by *Bhisagacharya Harisastri Paradakra Vaidya*, Choukamba Orientalia, Varanasi, Edition 2017, Pg no-235 Dr. Palep's Medical Research Foundation Pvt. Ltd, Torchnil capsules
8. *Astangahrudaya sutra sthana15/15, Vagbhata, Astanga Hrudayam* with *Sarvanga sundara* commentary of *Arunadatta* and *Ayurvedarasayana* commentary of *Hemadri*, edited by *Bhisagacharya Harisastri Paradakra Vaidya*, Choukamba Orientalia, Varanasi, Edition 2017, Pg no- 726-727
9. Ayurpages.com, ayurveda medicines, *kashayam*, *Garbharaksha kashayam*, 16th October 2014.

Source of Support: Nil

Conflict of Interest: None Declared

How to cite this URL: Anusha M et al: Ayurvedic Management of Putragni Yonivyapath W.S.R. To Habitual Abortion Due to Torch Infection – A Case Study. International Ayurvedic Medical Journal {online} 2019 {cited December, 2019} Available from: http://www.iamj.in/posts/images/upload/2359_2363.pdf