



AN AYURVEDIC MANAGEMENT OF REPEATED ABORTIONS (PUTRAGHNI YONIVYAPAD) – SHODHANA AND SHAMANA – SINGLE CASE REPORT

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ABSTRACT

Recurrent miscarriages are characterized as three or more abortions in a row before 12th to 20 weeks. Major causes of miscarriage may be genetic factors, endocrine factors, abnormalities of the uterus or outflow tract, and infections but the specific cause cannot be identified^[1]. *Putraghni*, *jataharini*, *asrija Yonivyapada*, or *Garbhasravi vandhya* are conditions with multiple abortions. In *Shukra pradoshaja vikaras*, *Acharya Charaka* discussed various factors^[2]. In this case study, the patient had two abortions in the first trimester. All haematological and sonological reports were normal, and the diagnosis was unexplained. The patient was treated with *Shodhana chikitsa* i.e., *Virechana* and *shamana chikitsa* (*shamanoushadhis*). Later, a continuation of *snehana*, and *anulomana* was done. As a result, the patient conceived after 2 months of treatment, and no evidence of abortion was found.

Keywords: recurrent abortions, *Putraghni*, *jataharini*, *Garbhasrava*

INTRODUCTION

Recurrent miscarriage is defined as a sequence of two or more spontaneous abortions as documented by either sonography or histopathology before 20 weeks

(ASRM -2013). The incidence of recurrent miscarriage is 1% in India. The risk increases with each successive abortion reaching over 30% after 3 con-

secutive losses^[3]. Infertility is defined in detail based on its causative factors, and clinical presentations. Some such contexts are *jataharini*, *Putraghni* and *asrija yonivyapad*. The expulsion of the foetus up to the fourth month is known as *Garbhasrava*^[4]. Considering causes mentioned in the classics seems similar to modern science. Indulgence of *Aharaja*, *vihara-ja* and *manasika nidana* like stress-induced hormonal disturbances leads to *apana kshetra dushti*, *vataprakopa* which causes disturbances in menstruation like painful menstruation and *garbha* development. Considering *hetu*, *sthana*, and clinical symptoms *shodhana chikitsa* like *virechana*, *basti* holds promising results. Considering the need for *shodhana* in this case, firstly patient showed a history of miscarriage twice, which shows *Vatadushti*, *srotas* involved are *rasavaha* and *artavavaha* *srotas* which are *matrija* *avayava*. The second one is *kshetra* involvement which is *apana vata kshetra*. Mentioning the above symptoms is *bahudoshavastha*, hence, needs *shodhana*. Thorough examination, investigations, and sonological examinations were done. *Shamanoushadhis* like *Phalaghrita* and *krimi vikara kadha* have been given, and periodically follow up were taken.

Case report: Present complaints, Unable to conceive since 2018 after 04 years of married life. Miscarriage twice in a first trimester

History of present illness

A 28-year female patient, married life 04 years housewife, was healthy, as per the information given by her, she had a miscarriage after 2 months of conception in the year 2020 first. After the second conception in 2021 again had a miscarriage after 3.5 months. After all investigations, she underwent a conservative line of management. She is having low back aches occasionally for which she has undergone an Ayurvedic line of management. She observed a gradual weight loss after 1 year of marriage. Further investigation no specific history such as trauma, or infection found.

History of past illness

she observed gradual weight loss after marriage

occasional low back ache for which she had taken the Ayurvedic line of management.

n/k/c/o – diabetes, hypothyroidism. PCOD

no specific history of pelvic infections; no H/O D&C

Familial history – not specific

Menstrual history -

Menstrual cycle- regular, lasts for 4 days, pain in the abdomen on first 2 days of menstruation.

Interval – 30-32 days

Blood flow- normal in first 2 days

Clinical findings

Built – normal

Height – 5.2 ft

Weight – 60 kg

Gait – normal

Blood pressure – 120/70 mmHg; pulse – 68/min

Temp- 98.3 °F

Systemic examination

Cardiovascular – normal rhythm, no added sounds

Respiratory – normal vesicular breathing sounds

Central nervous system- normal. HMF intact

Urogenital system – healthy cervix with no discharges, and tenderness.

Per vaginal - normal size, bilateral free fornix

Diagnostic assessment

Hemogram

ESR

considering the history of back aches and weight loss

RBS

LFT – within normal range

RFT - within normal range

Female fertility panel - within normal range

TFT - within normal range

Ultrasonography – no specific abnormality detected

Atura pariksha

- *Prakriti* – *pitta-kapha* *satva* – *avara*
- *Vikriti*- *artavavaha srotodushti*,
- *Rasavaha Aharashakti*- *madhyama*
- *Sara* - *Asthisara vyayamashakti* – *madhyama*
- *Samhanana*- *madhyama* *vaya* – *taruna*
- *Pramana* – *madhyama*
- *Satmya* – *madhyama* *satmya*

- Rasa satmya- katu, lavana

Treatment protocol

Shamanoushadhi for the first 15 days

Date	
17/01/2022	1. Krimi vikara kadha 2. Swadishta virechana choorna 1 tsf bd with kosha jala

On the next follow-up planned virechana –

On 2/02/2022 - Deepana- pachana – Sootashekhara rasa

Agnitundi vati 2 TID with hot water

Snehapana with Phala ghrita^[5] – carried out for 4 days till samyak snigdha lakshana achieved

25 ml – 3/02/2022

50 ml – 4/02/2022

100 ml – 4/02/2022

150 ml – 5/02/2022

Vishramakala – one day

Pathya-apathya – 1. Intake of laghu ahara, drava, ushna ahara – Green gram soup and rice

06/02/2022 Bashpasweda with dashamoola kwatha

Observations on the day of Pradhankarma

7/02/2022 Virechana with trivrit leha with lukewarm water at 9:30 am

Observation –

Initiation of vega at 10:30 am and one episode of vomiting

Vomitus- watery

The patient was stable and no abdominal discomfort, fatigue, or vomiting was observed afterwards.

Vega Nivrutti at 6:30 pm

Vegas – 18

Shuddhi – madhyama, kaphanta

Laingiki shuddhi – shariralaghava, Vatanulomana, vit-pitta-kaphanta nirgamana was attained.

Samasarjana krama given for 5 days

The first and second days (morning – afternoon – evening) – Ganji water with one pinch of salt

Third and fourth days – peya (semisolid rice) and vilepi (daliya)

Fifth day – Shalianna with ghee

Shamanoushadhis prescribed for 15 days

Date	
08 /02/2022	1. Jeevantyadi Kashaya ^[6] 15 ml TID 2. Phalaghrita 10 ml bd (before food) 3. Ovarian 1-1-1

Observations and Results

Considering apana kshetra and artavavaha srotodushti evaluated by the history of painful menstruation for one day. Initially anulomana and followed by shodhana chikitsa was planned. During and after virechana patient did not show any complications. 18 vegas excluding purisha vegas were observed.

23/02/2022 – **patient conceived**, no fresh complaints after virechana

Pregnancy was continued and the USG report shows the healthy status of the baby.

Suggested regular follow-up every 15 days

DISCUSSION

Infertility is defined by Haritha as jataharini, Putraghni in which recurrent abortions have been observed in the first trimester or second trimester. Causative factors were broadly explained by Acharya charaka. Such as Beejadosha(genetic factors), Vataprakopaka nidana, krimi i.e., pelvic infections, shoka-bhaya-chinta which can be correlated with stress-induced disturbances in the hypothalamo-pituitary axis, Pittaprakopaka ahara which includes Atikatu-lavana rasa pradhana ahara which are observed in the history of the patient.

As far as infertility due to kshetra and beeja dosha is concerned, Acharya Kashyapa has mentioned that Virechana is the best line of management in beeja and artava dushti. After proper administration of virechana, only these results are going to be achieved^[7]. Virechana Karma has a direct effect on Agni sthāna (hampered Agni is one of the initiating factors information of vitiated Raja). It pacifies the vitiated Kapha and Vatadosha and removes only Vaikarika Pitta only & thus does Raktashodhana. It does the quality of Srotovishodhana, so it will help in eliminating the disease from its root(Rasavaha and Raktavaha srotas) rather than temporary relief from Artava Vikaras (menstrual disorders).

Ghrita is one of the Uttama Sneha, which is specially indicated for vandhya or Apraja, due to Vatapittahara and Agnideepana guna, Siddhasadhita ghrita like Phalaghrita is the drug of choice. Trivrit being Sukha virechana is indicated in vandhya (Putraghni yonivyapad) does raktaprasadana and artava shuddhi After Samyakyoga of virechana if does dhatusthiratva and prasadana. In accordance with that stability in endometrial tissues proper plantation of fertilized ovum takes place^[8].

CONCLUSION

Recurrent miscarriage is seen about 1% of all women of reproductive age and the risk increases with each successive abortion. According to Acharya Haritha, these conditions come under *Garbhasravi vandhya*. Considering nidana, dosha-Doosha sammurcchana, lakshanas, etc. shodhana and shamana gave an ex-

pected result. The patient conceived and to date no miscarriage documented. Sonological reports showed the healthy status of the baby.

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