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MANAGEMENT OF RECURRENT PREGNANCY LOSS W.S.R PUTRAGHANI YONIVYAPADA WITH AYURVEDIC REGIMEN: A CASE STUDY

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ABSTRACT

Background: A married Hindu female patient of 37 years of age visited to OPD of National institute of Ayurveda, Jaipur on 19 April 2019 with chief complaint of recurrent pregnancy loss since 7 years. **Methodology**: Patient was interrogated for detailed history about her chief as well as associated complaints. Following detailed history necessary physical examinations and laboratory investigations were carried out to rule out the aetiology. Her TORCH test IgG and IgM antibodies was carried out and she was found to have Rubella IgG, Cytomegalovirus IgG, and HSV IgG antibodies positive. Other investigations including TFT, PRL, USG scan was found to be normal. Based on the complaints diagnosis made was *Putraghani Yonivyapada* (Recurrent pregnancy loss or Habitual abortion). Treatment plan was laid out accordingly on the basis of complaints and etiological factors. She managed to conceive 6 months after the treatment. She was given proper antenatal care with all necessary examinations and advices. **Result:** She delivered a healthy male baby on 20th July 2020 without any event during her antenatal, perinatal and postnatal period.

Keywords: *Putraghani yonivyapada,* Recurrent pregnancy loss, Habitual abortion

INTRODUCTION

Recurrent pregnancy loss or habitual abortion is a condition where there are three or more consecutive pregnancy losses at 20 weeks or less or foetal weight less than 500 gm[1]. A number of causes for habitual abortions has been laid out such as genetic factors, immunological factors, infectious factors, anatomical and idiopathic factors[2] Out of all these infections due to various parasites, viruses, bacteria are one the most important cause for foetal or neonatal morbidity and mortality. Among all those infections TORCH infection (Toxoplasma, Rubella, Cytomegalovirus, Herpes simplex virus) has the ability to cross the placental barriers and thus causing foetal loss, structural abnormalities and developmental effects.[3]

TORCH in Pregnancy:

Toxoplasmosis[4]: It is a protozoan infection that is caused by *Toxoplasma gondii* and the infection is manifested through the encysted organism by eating raw or uncooked meat or through contact with infected rat faeces. It can also be acquired through the placenta. The risk of foetal infection increases with the duration of pregnancy and foetus is only at risk if the mother is seronegative. There are increased risks of abortion, stillbirth and IUGR also the affected baby may develop hydrocephalus, cerebral calcification, chorio retinitis, seizures and mental retardation **Rubella[5]:** German measles or rubella is transmitted through the respiratory droplets. Foetal infection is through trans placental route throughout the pregnancy. Risk of major anomalies when the infection occurs in first, second and third month is approximately 60%, 25% and 10%. The virus predominantly affects the foetus and is extremely teratogenic if contracted within the first trimester. There is increased chances of abortion, stillbirth and congenitally malformed baby.

Congenital rubella syndrome (CRS) predominantly include cochlear deafness, hematologic defects, cardiac defects, bone defects, ophthalmic defects and chromosomal defects.

Cytomegalovirus infection (CMV)[6]:

It is a DNA virus and transmission may be sexual, respiratory droplet or trans placental. Virus is also excreted with urine, cervix and breast milk. CMV may damage the foetal organs throughout gestation. Foetus is affected by trans placental route in about 30-40% cases. The consequences of infection include miscarriage, non-immune hydrops, stillbirth, IUGR, microcephaly, hepatosplenomegaly, mental retardation and sensoneural deafness.

Herpes simplex virus (HSV) infection[7]:

It is transmitted by sexual contact. Genital tract infection is through HSV-2. HSV-1 infection is usually herpes simplex labialis. Primary infection may occur during pregnancy. Increased risk of miscarriage is inconclusive. If the primary infection is acquired in the last trimester there is chance of premature labor or IUGR. Trans placental infection is not usual. The foetus become affected by virus shed from cervix or lower genital tract vaginal delivery.

Ayurvedic View:

In our Ayurvedic classics *Acharya Charaka* has mentioned almost all the gynaecological disorders under the heading of 20 *Yonivyapadas*. *Acharya* has described *Putrghani yonivyapada* also. While describing its detailed description *Acharya* mentioned its *nidana* that the *Vata* vitiated due to the predominance of its *Ruksha guna* leads to the repeated destruction (abortion) of the conceived foetus due to vitiated *Shonita*[8]. *Acharya Sushruta* has also mentioned *Putraghani yonivyapada* under *Pitta Dushti janya* characterised by repeated loss of products of conception after attainment of stability due to *Rakta Samsrava* involving *Pitta dosha* mainly[9]. *Acharya Harita* while mentioning types of *Vandhya* introduced *Garbha stravi Vandhaya*[10] i.e. the lady which remains *Vandhya* due to recurrent *Garbha Strava* (foetal loss).

Case Report: A married Hindu patient of age 37 years visited OPD of National Institute of Ayurveda Jaipur on 19 April 2019 with the chief complaint of recurrent pregnancy loss since 7 years. Patient was also having associated complaint of white discharge P/V on and off with foul smell since 1 year.

Menstrual History: Patient attained her menarche naturally at 13 years of age.

LMP: 06.04.2019

M/H: 2 days / 26-28 days

Detailed menstrual history:

Pattern	Regular
Pain	Painless
Clots	Tiny clots on 1st day
Flow	Decreased
Pad History	
Day 1	1-2 pads
Day 2	1 pad

Obstetric History:

O/H: $G_7P_1A_6L_1$

G_1: FTND x Fch x 8 years ago at hospital

G_2: Induced abortion of approximate 6 weeks of GA x 6.5 years ago (D and C was done)

G_3: Induced abortion of approximate 5 weeks of GA x 5 years ago (D and C was done)

G_4: Missed abortion of approximate 6 weeks of GA x 5 years ago (D and C was done)

G_5: Missed abortion of approximate 6 weeks of GA x 4 years ago (D and C was done)

G_6: Missed abortion of approximate 6 weeks of GA x 3 years ago (D and C was done)

G_7: Missed abortion of approximate 6 weeks of GA x 2 years ago (D and C was done)

Contraceptive History: Nil

Past Medical History: Patient was taking thyroxin 25 µgm since 2 years

Past Surgical History: Patient had not gone under any general, gynaecological or any other surgery.

Family History: Not significant

Personal History:

Diet: Vegetarian, **Appetite:** Normal, **Sleep:** Disturbed, **Bowel habits:** Clear, **Micturition:** Clear, **Allergy history:** Nil, **Addiction:** None

Examinations:

i) Physical Examination:

G.C	Fair
Built	Moderate
Weight	59.4 kg
Height	5'3'
BMI	23.2
BP	120/70 mmHg
Pulse rate	78/min
Pallor	Absent

ii) Systemic examination:

Respiratory system	**Inspection:** B/L symmetrical chest **Auscultation:** AEBE
Central Nervous System	**Orientation:** Patient was conscious and well oriented
Cardiovascular system	**Auscultation:** Normal heart sounds

iii) **Gynecological examination**:

P/S: Cervix: Healthy, No erosions, No Ulcerations, No discharge present, Vaginal walls: Healthy

P/V: Cervix: Downward, Firm, Uterus: Anteverted anteflexed, Normal in size, Freely mobile, Cervical Motion tenderness: Non tender, All Fornics: Clear and non-tender

***Ashtha vidha pareeksha*:**
- *Nadi:* 78/min
- *Mala: Nirama,* once a day
- *Mutra: 4-6 times/ day and 1 times/night*
- *Jivha: Alipta (uncoated)*
- *Sparsha: Anushana sheeta*
- *Druka: Avisheha*
- *Akruti: Madhyama*

***Dashavidha pareeksha bhava*:**
- *Prakuti: Vata-pittaja*
- *Vikruti: Vishmasamveta*
- *Sara: Madhyama*
- *Samhana: Madhyama*
- *Pramana: Madhyama*
- *Satmya: Madhyama*
- *Ahara Shakti:*
- *Abhyavahrana Shakti: Madhyama,*
- *Jarana Shakti: Madhyama*
- *Vyayama Shakti: Madhyama*
- *Vaya: Madhyama*

Laboratory Investigations:

TORCH test:

Rubella IgG: Positive
HSV IgG: Positive
Cytomegalo IgG: Positive
Toxoplasma IgG and IgM: Negative
Rubella IgM: Negative
HSV IgM: Negative
Cytomegalo IgM: Negative
T_3: 0.96 ng/ml, T_4: 10.26 µg/dl TSH: 3.11µIU/ml
Prolactin: 20.22 ng/ml
VDRL: Non-reactive
HIV: Non-reactive
HbsAg: Non-reactive
Hb: 10.2 gm/dl,
RBS: 106 mg/dl

Diagnosis: *Putraghani yonivyapada*

Modern correlation: This case on the basis of complaints and laboratory investigations can be correlated with Habitual abortion due to TORCH infection.

Treatment Given:

Rationality of selection of drug:

Vata has been mentioned to be root cause for the stability and loss of *Garbha*[11]. Also, *Shonita* has been mentioned among the *nidana* of *Putraghani yonivyapada. Madhura rasa prdhana aushdhis* with *Sheeta Veerya* among *Balya, Brihmana, Rasayana* properties are helpful in preventing *Garbha strava* and maintaining the pregnancy. So, the drugs having *Vatashamaka, Raktashodhaka, Madhura rasa, Sheeta veerya, Rasayana, Balya, Brihmana* properties were selected and found to treat recurrent pregnancy loss.

Table 1: Detailed Posology of Oral drugs and *Matra Basti*:

1.	*Bhumi Amalaki Churna: 2 tsf BD with water*
2.	*Bala beeja churna*: 2 gm *Saagvaan beeja churna:* 2 gm *Shatavari churna*: 2 gm - Twice a day with milk
3.	*Putrajeevaka beeja churna:* 3 gm *Shivlingi beeja churna:* 3 gm Twice a day with milk
4.	*Bala taila Matra Basti:* 60 ml - For 7 days after the cessation of menstruation

- The above treatment was administered for 6 cycles.

DISCUSSION

In Ayurveda treatment is simply the *Samprapti Vighatana* i.e. the destruction of the factors responsible for pathogenesis of disease. In our classics various factors are laid down under the term *Samprapti* like *Dosha, Dushya* etc. So before starting the *Chikitsa* of any *Vyadhi* one should always consider the *Samprapti Ghataks* of that particular *Vyadhi*. Based on this *Samrapti Ghataks* in this case can be laid down as follows:

Dosha*: Vata (Apana)Pitta*
Dushya: *Shonita (Rakta)*
Strotas: *Artavavaha*
Strotodushti: *Atiprvruti*
Vyaktisthana*: Artavavaha Strotas*
Avayava: *Garbha-aashya*

Considering the above factors basic line of treatment in case should be *Vatashamaka, Shonitashodhaka /*

Shonitaprasadna, Pittahara, Garbhastapaka and *Agnimandyahra.*

1. ***Bhumi Amalaki*** is having *Tikta, Kashaya, Madhura rasa* with *Madhura vipaka, Sheeta veerya, Laghu, Ruksha gunatamaka*[12]. *Kashaya rasa* is mentioned to *Raktashodhaka* and *Pittahara karma*[13]. *Acharya Bahavamishra* while describing its properties mentioned it to have *Asradoshahara* i.e. one which removes the *Doshas* of *Rakta*. In *Putraghani yonivyapada rakta dushti* have been mentioned so it might have removed the *Dosha* of *rakta* leading to destruction of pathogenesis.

- Also, *Bhumi amalaki* has been experimented and established to have antiviral property[14] so it might have worked on the ruled out to be causative factors in this case i.e. positive Rubella, Cytomegalo and HSV virus antibodies.

2. ***Saangbaan, Shatavari and Bala*** along with milk has been mentioned by *Acharya Sushruta* **in *Masanumasika Garbhastrava hara chikitsa*** in *Sharira sthana* in abortion in1st, 2nd and 6th month respectively[15]. *Laghu Vagbhata* has also mentioned the above drugs while describing the 7 *yogas* for abortions during first seven months of pregnancy[16].

- ***Saagbaan beeja*** are *Snigdha gunatamaka, Kashaya rasa, Katu vipaka and Sheeta veerya*[17]. *Kashaya rasa* is known to pacify the *Doshas of Rakta, Pitta* and *Kapha* and also *Stambhana, Sandhankara* properties[18]. *Saagbaan* is mentioned to have ***Vatahara, Raktapittaprasadana, Garbhasthapana*** and ***Garbhasandhankara*** properties[19] that might have led to remove the *Doshas* of *rakta* and *vata* that are the main *nidana* in this case followed by *Garbhasthapana* (conception) and then *Garbhasandhana* (implantation).

- ***Shatavari*** is having *Madhra, Tikta rasa*, *Madhura vipaka, Sheeta veerya* and *Guru, Snigdha gunamtamaka*[20]. It is mentioned in *Prajasthapaka dashemani* by *Achraya Charaka*. *Shatavari* is having *Vathara, Pittahara*, *Asradoshahara*, *Balya, Vrishya, Rasayana* properties[21]. It is mentioned to have *Garbhastravahara* and *Garbhaposhaka* properties also[22]. One of the chemical constituents of *Shatavari* named Saponin glycoside A4 is reported to have and **anti-abortifacient activity** that works by producing specific and competitive blockade of Pitocin induced contraction and spontaneous motility[23].

- ***Bala*** is having *Madhura rasa, Madhura Vipaka*, *Sheeta veerya* and *Snigdha, Pichilla*, *Guru guna*[24]. *Acharya Charaka* has mentioned it in *Prajasthapana Dashemani. Bala* is said to be *Agreya* (best) among *Balya* and *Vatahara dravyas* that might have lead pacify the *Vikruta Vata* particularly *Apana Vata* along with providing *Bala* (strength) to the *Garbhaashya* followed by *Garbhasthapana* and then by maintaining the pregnancy by its *Garbhastravahara* and *Garbhaposhaka* property.

3. ***Putrajeevaka beeja*** is *Madhura, Katu rasa*, *Madhura vipaka, Sheeta veerya* and *Guru, Snigdha* in *guna*. By *Prabhava* it is having *Putraprada* property due to which it is mainly indicated in *Vandhyatava, Garbhastrava*[25].

- ***Shivlingi Beeja*** are *Katu, Tikta* in *rasa, Katu* in *vipaka, Ushna veerya* and *Laghu, Ruksha, Teekshana gunatamaka*. By *Prabhava* (Specific action) it acts as Uterine tonic[26]. It is having antioxidant, antimicrobial, anti-inflammatory, aphrodisiac, spermatogenic property and is indicated in Infertility, as a uterine tonic[27].

4. ***Bala taila*** has been mentioned by *Laghu Vagbhata*[28]. The other drugs present it in along with *Bala* are *Dashmoola, Meda, Mahameda, Kakoli, Ksheerkakoli, Jeevaka*, *RIshbhaka, Aswagandha, Vidari, Yashti, Mashparni, Mudagaparni, Chandana, Sariva, Kushtha, Tagara, Manjistha.* It has been indicated in all *Vata Vyadhis, Sutika, Balaroga, Jwara, Gulma* etc.

- *Dashmoola* is having the property of *Tridoshahsmaka* specially *Vata Shamaka. Yashti, Sariva, Kakoli, Kasheerkakoli, Sariva, Bala* those drugs have been mentioned by *Acharya* in *Masanumasika Garbha Stravahara Chikitsa*. *Vata* balanced by the *Dashmoola* might have led to restoration of *Vikruta Apana Vata* leading to proper physiologic function hence conception followed by *Garbhastravahara Dravyas* that might have maintained the pregnancy till term in this case.

- *Bala taila* was administered by *Anuvasana Basti* in quantity of 60 ml following cessation of menstruation for 7 alternative days. *Basti* and *Sneha* has been said to be the best treatment for *Vikrruta Vata Dosha*. *Anuvasana basti* mentioned to have *Pushpaphalprada* property.

Result:

- Patient was administered the above treatment for 6 months
- She missed her periods on 17 Oct 2019. UPT was done and it was found to be positive.
- She was given proper antenatal care including all the advice, investigations and examinations.
- Her antenatal, intra-natal, postnatal period was free of any events and she delivered a healthy female baby on 20 July 2020.

CONCLUSION

Recurrent abortion or *Putraghani Yonivyapada* is one of the major challenges of pregnancy. In spite of development in the field of obstetrics and gynecology the exact cause of abortion is not ruled out those day and many cases after being ruled out for cause are not able to treat successfully. Recurrent pregnancy loss not only deteriorates physical health of the lady but most importantly it effects the mental health of patient very badly. This ayurvedic regimen consisting of *Matra basti* and oral medicine was found to be effective to in recurrent pregnancy loss as the pregnancy was carried till term without any antepartum, intrapartum and postpartum event.

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